

Visiting Nurse Association of Central Jersey Annual Report 2009

Caring and Collaboration

“We share a mission: to help people have the independence they cherish.”





Fifty nurses from 50 states travelled to Washington in May 2009 to raise awareness of the impact on patients of proposed Medicare budget cuts for home care and hospice services. VNACJ Community Health Nurse Kim Pahira, RN, represented the State of New Jersey.

For nearly a century
VNACJ has built the relationships,
forged the friendships, and
established the working partnerships
that help us nurture, protect and sustain
the individuals and families who rely on us
in times of need.

When we are called upon,
we bring our legendary clinical excellence
and compassionate care, and we bring more:
the perspective that comes from our
interaction with colleagues in government,
health policy, and social services;
vast health systems and individual practices.
For those who need us we bring the power of

Caring and Collaboration

From the Chairman



“As our organization grows, we share our core values with our new partners and are in turn enhanced by their legacies of service.”

The Visiting Nurse Association of Central Jersey family grew in 2009 from serving six counties to 12. Expansion into Union, Mercer and Somerset counties was achieved through a joint venture with Robert Wood Johnson University Hospital. The acquisition of Essex Valley Visiting Nurses expanded our service area into Essex and Hudson counties. And in December VNACJ finalized a contract with the Cape May Health Department for management services and clinical oversight of their home care program. As our organization grows, we share our core values with our new partners and are in turn enhanced by their legacies of service.

In a time of economic uncertainty and a rapidly changing healthcare environment, our trustees provide unparalleled support and guidance for our organization and its strategic growth. We are mindful that with growth comes the responsibility to safeguard and promulgate our grassroots mission.

We have continued to work with legislators and policy makers, industry advocates and local communities to ensure that the most vulnerable continue to be cared for in the setting of their choice. In 2009 our agency

secured more than \$9.9 million in grants in support of in-home and community-based programs. We are also grateful for the grassroots support of our fund donors and those who give generously through special events. And we are thankful for our loyal volunteers. Among their efforts in 2009, our second designer show house, Stately Homes By-The-Sea at Sheep's Run, raised \$415,000. A donation of \$225,000 from the VNACJ Thrift Shop reinforces the importance of that organization and its ongoing role. We congratulate the thrift shop volunteers on cutting the ribbon to their newly expanded facility.

Collaboration with our stakeholders is especially important in the current climate—whether it happens in Washington, Trenton, or our local neighborhoods. We have learned strong lessons from our 98 years of experience. We know that powered by collective expertise and goodwill, with fulfillment of mission as our goal, we will surely chart the right course.

A handwritten signature in black ink that reads "Judith Stanley Coleman".

Judith Stanley Coleman

From the President and CEO



“For each person, each family, our caring and collaboration have made a life-changing difference.”

The past year has brought unprecedented change in health care delivery as organizations seek to meet growing need within a new imperative. As economic challenges drive more and more patients to mission-based community health organizations, we at VNACJ and affiliates have opened our doors ever wider. As deliberations and decisions in Washington, DC and Trenton cast a new paradigm for health care delivery, we stand committed to embrace the future while simultaneously honoring our commitment of caring for every patient regardless of ability to pay.

Dedicated to strengthening the message of mission-based organizations statewide, we have continued to expand our reach with a presence now in 12 of New Jersey's 21 counties. Recognizing that VNAs have a crucial role in addressing the issues of hospital recidivism, limited utilization of hospice and palliative care and lack of access to preventive and primary care services, we have responded by joining with partners across the continuum to develop models to ensure that patients transition effortlessly across the healthcare delivery system.

VNACJ has simultaneously been the constant and the catalyst for

our communities during this time. Through the vision of our Board, generosity of our donors, commitment of our staff and collaboration with our community partners, we have touched the lives of more than 127,000 people. You, the champions of our mission, have helped us to embrace the underserved at the community health centers, foster the growth and development of children with special needs, bring hope to the traumatically brain injured, honor the legacy of the homebound elderly, and infuse peace and comfort into the lives of the terminally ill. We thank you for affording us the privilege of entering the sacred spaces of our neighbors' lives.

A handwritten signature in black ink that reads "Mary Ann Christopher".

Mary Ann Christopher

Living ‘with heart’

A 15-year-old learns to manage a life-threatening chronic condition.

For Amber, soon to be a sophomore at Newark High School, the past year has been far from typical. In April 2009, while playing around at school, Amber fell from a classmate’s back and broke her arm. It wasn’t until a month later, when her father felt a bump on her arm, that Amber complained of an unusual soreness. An emergency room X-ray confirmed the fracture but also indicated the presence of a malignant growth.

Amber was immediately admitted to Newark Beth Israel Hospital for testing and then began her first course of chemotherapy. Over the next few months she continued to receive chemotherapy in an effort to shrink the tumor prior to surgery. The tumor was removed, and Amber received her last dose of chemotherapy on Christmas

Day. When the teenager was discharged, doctors cautioned her family that the treatments could affect her heart and that she would be tired. Four months later, Amber contracted a cold and had difficulty breathing. By the time she reached the hospital, she was in the throes of a severe asthma attack.

Amber was diagnosed with congestive heart failure, a condition where the heart is unable to pump sufficient blood to the rest of the body. After spending another month in the hospital, Amber was released home under the care of Peter Enge, BSN, CPN, a certified pediatric and specialized care nurse working with Essex Valley Visiting Nurse Association, a VNACJ affiliate. From Peter, Amber and her family are learning how to keep Amber’s condition under control. “Amber is doing really

Amber’s mother, Cynthia, and Peter Enge, a certified pediatric and specialized care nurse, are her biggest supporters.



well,” says Peter. “Her age does pose a challenge. We have to find a balance between mom’s responsibility and Amber’s. She needs to recognize any significant changes in her condition and know when to call the doctor. She has to check her blood pressure each day and keep track of her medications to make sure she doesn’t run out.” Because Amber will live with CHF for the rest of her life, it is critical that she learns to take responsibility for managing her own health.

Amber and her mother, Cynthia, have learned from Peter the importance of diet, exercise and medications. Amber checks her vital signs each morning before breakfast and is learning how to read her pulse. “Amber’s condition has affected the entire family,” says Cynthia, who has four other children at home and whose husband had open heart surgery in 2008. “We don’t use salt and very little sugar. We don’t keep chips or sodas in the house. The kids understand that this is what they have to do for their dad and sister to be healthy, and they do it willingly.”

Amber has rehabilitation therapy three times a week to strengthen her elbow and shoulder. Although she cannot fully extend her arm above her head, she has no problem fishing, swimming or making a two-point shot playing basketball, her favorite sport. “As long as I don’t feel out of breath or dizzy, I can do just about anything. The hardest part is trying not to yell at my four brothers,” says Amber with a smile. “They drive me crazy, but Peter says that yelling can make my blood pressure go up.”

A most important partnership

The nurse-patient relationship has a powerful impact on overall patient health and satisfaction. Patients and families count on nurses to keep them informed, to connect them to their physicians and other caregivers, to listen to them, to ease their anxiety, and to watch over and guide them during their healthcare experience.

Chronic care models stress self-management by patients, coaching by healthcare providers, and collaborative goal-setting.

- Self-management: Skills to solve problems, confidence or self-efficacy
- Coaching: Conversation that guides changes in healthcare behaviors
- Goal Setting: Creating goals that are SMART (specific, measurable, attainable, realistic, timely) and patient identified

Nursing leaders such as the late Hildegard Peplau view nursing as an interpersonal process, and have identified qualities highly valued by patients. Some of these are:

- Clinical excellence: When patients recognize that they are receiving high-quality care, they begin to reduce anxiety and build trust.
- Trust: Continuing interaction, attentiveness, competence, comfort measures, warm personality and provision of information are key components for building trust.
- Emotional support: Patients appreciate knowing that someone cares what happens to them.
- Humor: A positive outlook helps patients cope with their situation. Humor helps patients to deal with difficult matters and address their fears.

Peter’s clinical competence along with his humor and encouragement engage Amber in her health process. “Amber takes her health seriously and is doing a great job but she is still a typical teenager. A little fun in the process helps,” he says. The nurse - patient relationship may be the most important collaboration of all.

Amber keeps a daily record of her blood pressure.



“Her heart appears to be strong and is pumping the way it should,” states Peter. “The whole family is working hard to ensure that Amber is as healthy as possible. It is fulfilling to teach someone so young and to see her doing so well.”

Since receiving her diagnosis, Amber has been able to continue her schooling both in the hospital and at home. But she is eager to join the other 10th graders in high school in September. With the help of VNACJ specialized care nursing and the support of Amber’s family, it appears her wish will come true.

*Says Amber,
“I can do just about
anything.”*

Faithful companions

A Moorestown man leads a full life in his own home.
A certified home health aide makes it possible.

Gordon, 67, is rich in the things that matter. He lives in his own home with his dog, Wendy, a chocolate Labrador. He has good friends. He enjoys playing the clarinet, saxophone and harmonica. He has a deep faith, and regularly reads the Bible and sings his favorite hymns. He reads magazines and listens to tapes.

Born in Mount Holly, Gordon lost all sight at the age of 9, the result of excessive oxygen administered at birth. After graduating from the Overbrook School for the Blind in Wahpeton, N. D., Gordon returned to New Jersey where he attended trade school. He worked first for an armaments company and then in a machine shop. Later, he obtained a job in Philadelphia where he walked six long blocks

through the city to his job developing film. “It was a long walk, man,” he says.

And Gordon still takes long walks with Wendy, who came to him from The Seeing Eye, Morristown, in 2001. From Gordon’s apartment in a Moorestown housing complex, the two explore favorite routes to the town of Maple Shade or into downtown Moorestown. Wendy knows the way, but Gordon tells her which path to take. They make friends along the way—like George, a retired postal worker who met Gordon while on his Moorestown postal route. “My truck was obstructing the sidewalk and the dog came to a halt,” George remembers. “Gordon asked me not to do that anymore.”

Certified Home Health Aide
Janet Neary provides services
that allow Gordon to remain
in his own home.



Allies in caring

"The goal of home health care is to help each and every individual attain his or her optimum level of health," says Bonnie Mangle, director of special programs for Visiting Nurse and Hospice Services. "We actively seek out resources that will make it possible for people like Gordon to remain in their homes and out of institutions as long as it is safe and appropriate."

To locate funds to provide home health aide services for those who are unable to pay the cost of care, Ms. Mangle turns to an ally: the Burlington County Office on Aging and its Executive Director, Jeanne Borkowski. "Support for home health aide services is available through a social services block grant from the New Jersey Department of Health and Senior Services," Mrs. Borkowski explains. "Our office administers the state grant."



Each year, Ms. Mangle responds to the Office on Aging's "request for proposal," submitting a grant request on behalf of VNHS clients who need home health aide services. Gordon is one of about 40 individuals whose home health aides are currently funded by the grant.

"Our service to clients is built on alliances such as our relationship with the Office on Aging," Bonnie Mangle says. "We share a mission: to help our clients retain the independence they cherish."

Jean Borkowski, MS, RD, with Bonnie Mangle.

Key to Gordon's retaining his independence is the help he receives from Janet Neary, a certified home health aide with Visiting Nurse and Hospice Services, a VNACJ affiliate. Janet visits Gordon every Tuesday and Thursday to do laundry, shopping, meal preparation and other chores. (Lunch, on a recent day, was a tempting grilled cheese sandwich, a banana, pie and coffee.) Without home health aide support, Gordon's life would look very different. Thanks to Janet, he is able to enjoy his independence.

"Janet is very important to me," he says. "For example, she has to do the laundry because we now have digital machines that I can't read. Janet is really good, and I try not to work her too hard!"

For Monday and Friday meals, Gordon boards a bus that takes him to the senior citizens' nutrition center at the AME church. He often

provides musical entertainment at the nutrition center and also at Moorestown's Harbor Baptist Church. But there's no place like home, a cozy, one-bedroom apartment where Gordon has lived since 1995. Three Braille Bibles and several Braille hymnals are on a table in the hall. And in the living room, Wendy occupies her special place on a burgundy mat just below the window.



*"We share a mission:
to help our clients
retain the independence
they cherish."*

‘Paying it forward’

A mother builds a support network for parents of children with special needs.

Phillip, 15, Krissy, 13 and Kie, 9 are Registered Native American Indians, unique among their Middletown classmates. Their father, Phillip, is from the Laguna Indian tribe in New Mexico. Their mother, Karen, is of Italian and Russian descent. Her tenacity in assuring her children’s development affirms the family’s pathfinder spirit.

Early on, Karen was concerned about Phillip’s development, and by the time he was 4, his social differences were apparent. In the meantime, 2-year old Krissy had not started talking. Karen reached out to the Division of Developmental Disabilities (DDD) for assistance, and was referred to VNACJ’s Special Child Health Services (SCHS) and Early Intervention (EI)

programs. There she met Mary Remhoff, the program manager.

Phillip was evaluated and diagnosed with pervasive development disorder, a form of autism. Because Phillip was 4, he was referred to SCHS which provides services to children from birth to age 21. Since Krissy was under 3, she was eligible for early intervention. EI services are provided to children from birth to 3 years of age. Krissy received help from a speech therapist for her central auditory processing disorder. An early intervention case manager worked with Karen and the school district to develop a pre-school program for Krissy.

SCHS gave Karen information on a Statewide Parents Advocacy Network

Karen with Krissy, Phillip and Kie. Her concern for their development led her to advocate for others.



(SPAN) workshop designed to teach parents about their children's educational rights and how to plan for individual student needs. Armed with SCHS support, Karen was able to advocate for her children's rights and became a valuable resource for other parents. When a SPAN Resource Specialist position became available at VNACJ, Karen was the perfect person for the job. She held the job until the birth of her third child, Kie, in 2000.

Over the years, Karen has stayed active in parent and community support groups. In 2009 SPAN offered to train 35 volunteers as resource parents. "I thought back on conversations with Mary about the idea of creating a parent network at the VNA," said Karen. "I knew it would be the perfect place for a parent resource center."

Mary was thrilled. "It was a wonderful opportunity to support families with concerns about their children. They could learn about the training offered by SPAN and the services provided by SCHS and EI. They could also benefit from the experience of volunteer parents who can relate to them on a very personal level."

"The VNA helped me understand that parents have the power to help their children, and that has made a big difference in my children's lives," Karen says. "I am happy to share my knowledge with other parents."

Advocacy and empowerment

VNACJ's Special Child Health Services and Early Intervention Programs collaborate with families, empowering parents to help their children who have special needs. SCHS works with the Statewide Parent Advocacy Network (SPAN), providing office space and resource materials for the SPAN Parent Resource Center. The center's 35 volunteers work from VNACJ's Red Bank office answering questions and providing information to parents throughout Monmouth County. Many of the parents are referred to Special Child Health Services or Early Intervention for assessment of their children.

VNACJ also collaborates with the New Jersey Department of Health and Human Services, Department of Family Services (DYFS), the Department of Children and Families, the Pediatric Council on Research and Education (PCORE) and the American Academy of Pediatrics to create a New Jersey consortium of care for children and youth with special healthcare needs.

In 2009, more than 4,400 children and their families received access to necessary services through VNACJ's SCHS and EI. The new Parent Resource Center offers one-on-one contact with trained parent volunteers who help parents access services and develop appropriate educational plans. Says Mary Remhoff, "We know that when groups work together to help a family, it achieves better outcomes for both the family and the child."



Mary Remhoff, MSN, CNS, APN, (in the dark jacket) with volunteers of the SPAN Parent Resource Center.

Phillip and Krissy are a testament to Karen's drive. Krissy, now 13, is an honor student in middle school; she has been on the honor roll since third grade. Phillip, at 15, is a high school freshman, an honor student and a member of the track team. He is in regular classes 90 percent of the day. He is doing grade level work and will be fully integrated next year. Says Mary Remhoff. "It's heartwarming to see parents and the community working together to make sure their children succeed."

"We know that when groups work together to help a family, it achieves better outcomes for both the family and the child."

Someone to Watch Over Me

How patients with unstable cardiac conditions are benefiting from VNACJ's collaboration with Monmouth Medical Center

What if a visiting nurse could have a constant presence in a patient's home—a guardian to watch over her patient with an unstable cardiac condition? VNACJ's telehealth program provides just that sort of watchful presence, using state-of-the-art telecommunications technologies to augment in-home nursing care for patients with congestive heart failure (CHF). The program includes a successful collaboration between VNACJ and Monmouth Medical Center, Long Branch, who since January 2008 have worked together to identify the hospital's patients who can benefit most from telehealth monitoring.

One such patient is Jennie, who was hospitalized twice at Monmouth Medical Center for surgical procedures. Following the surgery, she had been home for only two days when she

suffered a heart attack. She called her son, a physician, and Jennie was rushed by ambulance to the emergency room. She underwent a heart catheterization, an imaging procedure that allowed her physician to view the functioning of her heart. Following treatment, Jennie spent a week in the hospital recovering and then was discharged to a rehabilitation facility to further her improvement.

After Jennie returned to her Oceanport home, VNACJ's Jean Lamberti, RN, arrived to provide her care. In addition, VNACJ arranged for installation of telehealth monitoring equipment. Jennie had learned about telehealth from Janice Androsiglio, RN, a VNACJ liaison at Monmouth Medical Center, and from medical center clinicians. Christine Feuker, RN, manager of

Jennie with Jeanne Lamberti, RN.



Promising results

In the VNACJ collaboration with Monmouth Medical Center, a patient with CHF is followed throughout the hospital stay by nurses and physicians. Planning for after-discharge care begins upon admission. “Teaching the patient begins on day one,” says Monmouth’s Sharon Holden, administrative director of cardiopulmonary and renal services. “Each patient receives an education booklet that emphasizes the importance of diet, weight control and medication compliance.” The VNACJ liaison visits the patient, demonstrates the use of the telehealth monitor, and reviews home care services that will occur upon discharge.

Telehealth is living up to its potential: it has improved outcomes through enhanced patient self-care knowledge and compliance. It has lowered healthcare costs by reducing the rate of re-hospitalizations and decreasing the length of hospital stays when appropriate.

At Monmouth, results have been very promising. “Patients who enrolled in 2008 were much less likely to be readmitted,” says Allan Tunkel, M.D., chair of Monmouth’s department of medicine. “About one-third of those who did not enroll in the program had to be readmitted, while only 18 percent of the enrolled patients were readmitted. And the results are even better this year.”

As a result, Monmouth Medical Center was invited to make a presentation at the Institute for Healthcare Improvement (IHI) International Conference and has since been designated a “Mentor Hospital” for the care of CHF patients, one of 14 hospitals nationwide and the only New Jersey hospital to receive such recognition.

Christine Feuker, RN, BSN, right, manager of telehealth for VNACJ, shows the new, smaller telehealth base unit to (l to r) Judith Fancelli, RN, C, BS, director for business initiatives at VNACJ; Eleanor Rapolla, RN, BSN, director of case management at Monmouth Medical Center; Sharon Holden, RDCS, BSN, MPA, administrative director of cardiopulmonary and renal services, and Allan R. Tunkel, MD, director of the department of medicine.



telehealth at VNACJ, introduced telehealth to Jennie again by telephone, and the equipment installer also reviewed the procedure.

Jennie learned to take readings of her vital signs: blood pressure, weight, glucose, and the amount of oxygen in her blood. She entered the numbers and answered some yes-or-no questions about important daily changes, such as fatigue and medication compliance. She transmitted the information daily via the monitor to Christine Feuker. Mrs. Feuker was available to intervene as needed, allowing potential problems to be avoided. “One time,” Jennie remembers, “they called me and asked me to re-take my blood pressure. It turned out to be fine.”

After three weeks Jennie was found to be sufficiently stable that she could begin to visit Monmouth Medical Center’s Joel Opatut Cardiopulmonary

Rehab program for a follow-up exercise regime, and she was discharged from VNACJ service. Jennie says, “The presence of the telehealth equipment made me feel secure. I was a little anxious and the monitoring made me feel as if someone were here at home watching out for me.”

In March 2009 U. S. Representatives Frank Pallone and Rush Holt, and U.S. Senators Frank Lautenberg and Robert Menendez secured \$238,000 in federal funding for VNACJ that allowed the purchase of new, state-of-the-art telehealth equipment. The base unit is much smaller. It transmits information using Bluetooth wireless technology, so patients no longer need to plug the equipment into their telephone lines. The components—base unit, scale, glucometer and pulse oximetry device—fit snugly into their own blue-and-white tote bag.

“The presence of the telehealth equipment made me feel secure.”

Partners in Comfort

A collaboration between VNACJ and CentraState Medical Center benefits the hospital's patients who are near the end of life, and their families.

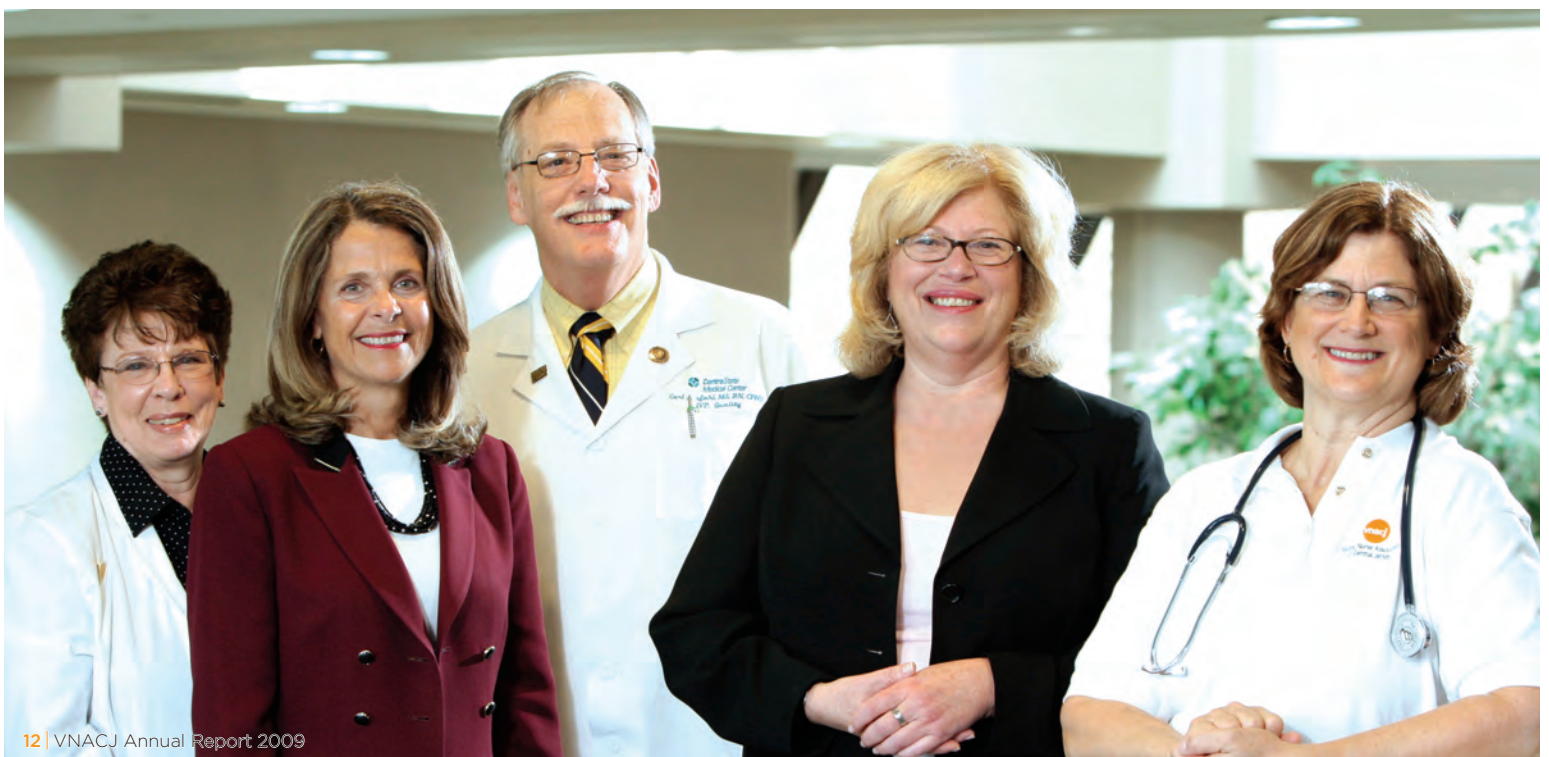
Members of the team bringing hospice services to patients at CentraState Medical Center are (l to r) Mary Ann Cole, RN, CentraState palliative care nurse; Loretta Spoltore, MS, RN, VNACJ vice president, hospice and palliative care; Carl Ausfahl, MS, RN, CPHQ, CentraState AVP, quality and performance improvement; Sara Ross, MSW, LCSW, VNACJ hospice social worker; and Lisa Roberts, RN, VNACJ hospice nurse.

VNACJ's Lisa Roberts, RN, a home care hospice nurse, spends much of her working life in a hospital setting. While it may seem a contradiction in terms, Ms. Roberts' presence at CentraState Medical Center, Freehold, embodies an effective, decade-long relationship between acute care and home care. For hospital patients near the end of life and for their families, Ms. Roberts mobilizes the VNACJ hospice team to provide pain management, complementary therapies, and counseling by a hospice social worker and spiritual counselor.

Her partner in arranging care is MaryAnn Cole, RN, a CentraState palliative care nurse. Patients eligible

for palliative care are those who have long-standing illnesses or conditions that do not improve, and for whom providing comfort measures is the primary treatment. Ms. Cole's expertise allows her to recognize when it is appropriate to suggest hospice care for certain palliative care patients. "Coordination of care from acute care to hospice care is essential in order to provide our patients and families with a smooth transition during a difficult and emotional time," she says. "We all work together and it makes a huge difference."

When a patient is recommended for hospice care, Lisa Roberts meets with the family. "At our first meeting, a



Comprehensive hospice care

Hospice care is for any person, of any age, who has a terminal illness. The hospice philosophy of care lies in the belief that everyone has the right to dignity and comfort and that our loved ones should receive the necessary support to make that possible.

When VNACJ provides care for patients in the hospital, the hospice team includes the patient's personal physician, a VNACJ hospice nurse and a VNACJ hospice social worker. In addition, the following hospice services are available to patients in an acute-care setting.



Pastoral care brings to hospice the intangible aspect of spirituality. For those who have no formal affiliation, VNACJ pastoral care may be a patient's only spiritual support. Members of VNACJ's pastoral care team visit patients of all faiths and religions.

Complementary therapies include music, pet and massage therapies as well as Reiki.

Music therapy elicits emotions and memories that bring solace and a sense of calm during a stressful time. Music therapists assess each patient and family to determine how music can be most beneficial.

Reiki is a gentle, holistic and natural art that touches body, mind and spirit and helps to bring about relaxation.

Bereavement counseling is provided by certified counselors and social workers and is available to all who have lost a loved one. Groups for adults and children are scheduled throughout the year. Individual counseling is also available.

Tia Edwards-Brock, MA, MT-BC, music therapist for the VNACJ Hospice Program.

family may just have learned that their loved one is terminally ill, or they may have learned that a treatment is not working. It is a very stressful time for a family," she says. "They may transition through all the stages of grieving in the first 24 hours. In other cases the information may not be sudden, but the timing is something they are not ready for."

At the first meeting, Ms. Roberts is frequently accompanied by Sara Ross, a VNACJ hospice social worker, who helps families adjust to their impending loss. "Our conversations are open-ended," Ms. Ross says. "We talk about the hospice philosophy. We find out the family's perception of the patient's illness and whether they would consider hospice care. We talk about relationship issues and other family issues to see if they can be resolved." Some families who choose hospice may ask to take their loved one home. In other situations it may not be possible or desirable for the patient to return home. Each

situation is unique. Patients are of all ages—small children through the very elderly; patients may have large families or no family at all, in which case a guardian is consulted.

When it is decided that a hospice patient will remain at CentraState, the hospital continues to provide the patient's personal care while VNACJ manages the patient's clinical care with a physician's oversight. "I make a daily visit to make sure that the patient is comfortable as his or her condition changes near the end of life, and will answer any nursing questions the family may have," Lisa Roberts says.

In 2009, VNACJ provided hospice care for 124 patients at the medical center. There is no designated hospice unit, so hospice patients are found in a number of areas in the hospital. "The hospital staff are sensitive to when a patient is on hospice. There is wonderful end-of-life care at CentraState," says Sara Ross.

"We all work together and it makes a huge difference."

All the right moves

Physical therapy helps a woman clear the hurdles that would keep her from an active lifestyle.

Dr. Arthur Mark (standing) of Seaview Orthopedics, Ocean, collaborates with VNACJ's rehab department on specific rehabilitation protocols for his patients. Here he meets with (l to r) Quinette Wiggins, CALA, VNACJ business development manager; Martin Karsh, PT, VNACJ clinical rehab manager; and Micheal Gibson, Seaview Orthopedics' director of marketing.

On a sunny summer day, Clara, 74, descends the three steps from her Neptune apartment and strolls down the sidewalk with just a little support from the cane she holds in her right hand. It's not so remarkable unless you know that she's had two total hip replacements and one "revision" in her left hip. And that in subsequently being hospitalized for cellulitis, a serious and painful skin infection, she lost much of the strength in her left leg.

Concerned that his formerly active patient might permanently lose her mobility, Dr. Arthur Mark, an orthopedic surgeon with the Seaview Orthopedic Group, Ocean, felt that rehabilitative care would help

Clara regain her strength. "I believe VNACJ's rehab therapy is the ideal choice as the bridge between hospital care and living independently," says Dr. Mark, whose specialty is total joint replacement. "It helps me feel more confident that my patients can transition safely back to their homes."

VNACJ works collaboratively with orthopedic groups like Seaview to develop home rehabilitation protocols that address both traditional surgical procedures and the newer, minimally invasive and resurfacing techniques. Specific physician protocols developed for post-operative care are loaded into VNACJ's electronic medical record system.



Physical Therapist Gerald Azzolini was assigned to Clara's case. His first step was to do a comprehensive evaluation. "Because of issues with her right leg, Clara is more dependent on her left side. Her left hip had developed arthritis and just started to 'wear out.' She did well following previous hip surgery and had returned to an active lifestyle. But now she was weak from being in the hospital," Mr. Azzolini says. "Clara had a complex medical situation that included diabetes, hypertension and cellulitis, and while she was being stabilized medically she was losing ground in terms of her strength and mobility."

For her part, Clara was very much aware of the importance of rehabilitative therapy to her future wellbeing. "Jerry had a huge impact on my recovery," she says. "He came three days a week and we would do exercises and walk down the hallway. I could feel and see the improvement. I appreciate Jerry's encouragement and support."

The therapist developed a specific plan of care and reviewed it with Dr. Mark and with Clara. "We put precautions in place to ensure that there would be no further injury," he says. The restrictions on Clara's movement would stay in place until Dr. Mark decided that her progress allowed them to be removed.

In-home rehabilitation services

VNACJ offers comprehensive in-home rehabilitation services that include:

Occupational therapy: Licensed occupational therapists work with patients in terms of developmental, physical, emotional and social issues to regain optimal independence in activities of daily living. The occupational therapist will evaluate a patient's environment, adapt it to an individual's special needs, and make suggestions for customized equipment.

Physical therapy: Registered physical therapists help individuals to regain strength, mobility and independence in their daily activities quickly and safely. Working closely with a patient's physician, the therapist develops a comprehensive plan of care that may include exercise, walking, assessment of durable medical equipment, and a safety evaluation of the home and environment. Registered therapists are experienced in caring for all types of injuries, including post-surgical joint replacement rehabilitation; neurological, orthopedic, pulmonary and cardiovascular disorders; and sports injuries. Joint replacement services are specially designed for patients undergoing orthopedic surgery.



Speech and language pathology: Licensed speech/language pathologists work closely with patients to improve speech, language and swallowing disorders. Speech impairments may be associated with neurological conditions, hearing loss, head and neck injuries, and strokes and developmental issues. The speech pathologist performs a complete speech, hearing, audiological and physical evaluation prior to developing a plan of care.

VNACJ offers home safety and medical equipment evaluations in addition to the rehabilitation therapies listed above.

Physical Therapist Gerald Azzolini helped Clara return to her active lifestyle.

With Gerald Azzolini's support Clara was able to walk once again. "We gradually increased the length of her walks to build up strength, endurance and function," he says. "With Clara our goal was to restore her to the same level of functioning she enjoyed before she was hospitalized." Goal achieved.

"VNACJ's rehab therapy is the ideal choice as the bridge between hospital care and living independently."

The art of living

Following a kidney transplant, a professor proves a good student.

Marlene, a life-long educator, has learned that the art of living requires patience, a positive attitude and the support of people who care. After losing both kidneys in successive operations as a result of cancer, she waited more than three years for a kidney transplant. During that time, she faced a cancer recurrence and underwent three years of dialysis, a minimum requirement prior to her transplant, to ensure that she was cancer-free.

After two unsuccessful attempts, an appropriate kidney was located and Marlene was admitted to Robert Wood Johnson University Hospital for her transplant. Due to post-surgery complications and the need for extended rehabilitation, three months

passed before Marlene was able to come home. She was discharged to the competent care of Liela Hall, RN, at Robert Wood Johnson Visiting Nurses.

“When I came home, I was still very weak,” said Marlene. “I was using a walker, taking 21 different medications, and dealing with assorted medical equipment.”

Marlene developed high blood sugars as a result of the steroids she needed to take before and after her surgery. Liela’s main goals were to teach Marlene how to care for her new kidney, treat her anemia and regain good health. During her visits, she taught both Marlene and Gerald, Marlene’s husband of 52 years, about her care. They learned how to manage

Marlene with one of her own paintings. Following her kidney transplant, one of her goals was to be able to paint again.



her multiple medications, administer her own injections and use a glucometer to monitor her blood sugar. Liela focused on Marlene's diet, helping her reduce her sugar and sodium intake. As a result of Liela's suggestions for dietary changes, the determined patient has received a good bill of health from her doctors.

"Liela has been a tremendous help. She has given us wonderful advice," smiles Marlene. "She uses a truly wholesome and holistic view. I have learned so much about how to take care of myself and stay healthy."

"Both Marlene and Gerald have been very proactive in terms of Marlene's health," explained Liela. "She is doing everything she should be doing to take care of herself. Just look at her you can really see the results!"

Gerald has played a large role in Marlene's progress. He keeps track of all Marlene's medications; he sorts them and monitors when it is time to reorder. He maintains an exact record of her health history. They both watch their diets and make time to exercise.

Marlene and Gerald lead active lives. They love to volunteer, visit museums, and travel, especially to see their three sons, their daughters-in-law and five grandchildren. They are now retired, he from a professorship at Rutgers, the State University of New Jersey, she as Director of General Education for Hudson County Community

A continuum of care

Robert Wood Johnson Visiting Nurses began operations on January 1, 2009, in a partnership between Robert Wood Johnson University Hospital and the Visiting Nurse Association of Central Jersey. Services include nursing, rehabilitation therapy, certified home health aide care, medical social work, home infusion, palliative care and hospice care.

"This is a wonderful opportunity to bring two leading healthcare providers together to ensure that patients have a smooth transition from hospital to home—a high-quality continuum of care," says Ellen Gusick, RN, BSN, executive director of RWJVN.

"As we look at ways to reduce healthcare costs, collaboration is one of our primary strategies," says Dr. Joshua Bershad, chief medical officer and senior vice president of medical affairs at Robert Wood Johnson University Hospital. "The partnership of a tertiary academic medical care center and a superb community-based home care organization is a perfect example of this type of collaboration."

One of the current strategies being reviewed by the partnership is the implementation of a transitional care model to provide comprehensive in-hospital planning and home follow-up for high-risk patients. The goal is to ensure continuity of care and reduce complications and the incidence of re-hospitalization. RWJUH and VNACJ believe their shared expertise will enable an enhanced model of care and offer opportunities to improve quality and reduce costs.



Ellen Gusick of Robert Wood Johnson Visiting Nurses meets with RWJVN trustees Joshua Bershad, MD and Daniel J. Messina, Ph.D, FACHE, LNHA. Mr. Messina is chief operating officer of CentraState Medical Center.

College, Jersey City. Gerald continues to teach part-time at Rutgers' Osher Lifelong Learning Institute, which offers continuing education courses for people over 50. Marlene, an avid painter, takes art classes at the Institute, where she is a member of the advisory board. "When I came home, I wanted to be able to paint again," said Marlene. "Liela assured me that it was an obtainable goal." It's clear that Marlene's life, like her art, is once again colorful and vibrant.

"I have learned so much about how to take care of myself and stay healthy."

“Yes, I can”

After seven years in a nursing and rehab facility, Betsy now lives in her own apartment. Her determination and a dedicated VNACJ case manager made it happen.

One day in June 2001 when Betsy was driving her 4-year-old son, Ian, to the park, a motorist ran a red light and crashed into her car. Betsy, then 28, was transported to the hospital where she was placed on life support. Although she was initially declared “brain dead,” determined family members located a neurologist who felt there might be hope for her survival. And after five weeks in a coma, Betsy awakened, paralyzed and unable to speak.

She lived at JFK Center for Head Injuries, Edison, for seven years, and as the days passed her determination grew: she wanted to go home. Members of the staff—physiatrist Dr. Caroline

McCagg, social worker Patricia Hufnagle, and occupational therapist Linda Thompson—reached out to Pruthvika Patel, a regional staff nurse for the New Jersey Department of Health and Senior Services’ office of Community Choice Options. Ms. Patel explained the many requirements that would need to be satisfied before Betsy’s wish could come true. The final piece fell into place when an uncle agreed to share her living quarters in Finn Towers, a Woodbridge residence for seniors and the disabled.

On October 21, 2009, Betsy entered her new home. Furnishings included a hospital bed, a power wheelchair (with an infrared switch that opens and

Betsy, left, with VNACJ’s Nora Luftman, RN, her case manager.



It takes a collaboration

Betsy's life at home is supported by a spectrum of services. Nora Luftman, RN, serves as her case manager. VNACJ provides case management services for residents of six counties, including Middlesex County, who are elderly and/or disabled and live at home. Nora says, "I cannot take the credit for Betsy's success. Many people care about her. Mostly, it is Betsy's desire to live independently that made this happen."

The services Betsy receives are funded by Global Options (GO), an initiative within the N. J. Department of Health and Senior Services (NJDHSS), which provides supportive services for people who require a nursing-home level of care. "GO" is a waiver program offering alternatives to institutional care through Medicaid, the health program funded jointly by the individual states and the federal government. Individuals like Betsy who return home from an institutional setting must first receive clinical and financial approvals from Medicaid.

A plan of care was established by the family, the nursing home, the community-based case manager and the NJDHSS Community Choice Counselor. Betsy's Community Choice Counselor is Pruthvika Patel. "Betsy wanted to be out in the community. She is always positive and felt sure it would happen," says Ms. Patel. "But It could not have happened without ongoing case management from VNACJ."

Pruthvika Patel, left, Betsy's Community Choice Counselor with Barbara Smith, RN, BSN, manager of community care alternative programs for VNACJ.



closes her front door), and a lift for transferring from bed to chair. Also waiting for Betsy was VNACJ case manager Nora Luftman, RN, who helped Betsy move in and spent the day making sure that everything her patient needed was in place. She instructed Betsy on the use of her medications, made sure the necessary medical equipment had been delivered, and introduced herself to the building manager. Nora also made arrangements for the nursing care, home health aide service, and initial rehab therapy which Betsy would require.

With the help of speech therapists, Betsy has regained her ability to speak. Currently, Larissa Barskya, RN, visits her twice a week. With Larissa's guidance, Betsy has been able to stabilize her diet and has discontinued all regulating medications. Essential support comes from a good friend who is a nurse and from the home health aides, who provide care

morning and evening, seven hours a day, seven days a week. With their help, Betsy can accomplish the activities of daily living.

Nora maintains contact with the providers who care for Betsy—her nurse, home health aides, representatives of the N. J. Department of Health and Senior Services, and the Schwartz Medical Equipment Company. She calls Betsy at least once a month, and visits quarterly. "It is an honor for me to be part of Betsy's life," Nora says.

Betsy is adept at driving her chair by controlling the joystick with her right hand. She goes out and about in her community to visit friends. In June, she attended Ian's graduation from middle school. "I am happy here, and can come and go as I please," Betsy says. "I had asked the doctor if I could live on my own, and she said, 'Yes, you can.'"

"Betsy's return to the community could not have happened without ongoing case management from VNACJ."

A Tribute to Excellence

VNACJ proudly honors members of our staff who received national, state and local recognition in 2009.

National Awards

Andrea Parkhill, RN, MSN
Community Health Nurse
Inspired Comfort Award

Mary Remhoff, MSN, CNS, APN
Manager, Special Child Health Services and Early Intervention
New York Times Tribute to Nurses Leadership/Research Award

Lisa Dillon Zwerdling, RN
Staff Nurse Preceptor, Home Care
Clinician of the Year
Visiting Nurse Associations of America

State and Regional Awards

Denise Andino, RN
Staff Nurse
VNACJ Nurse Family Partnership
New Jersey Chapter March of Dimes
Maternal Child Health
"Not Your Average Nurse" Clinical Award

Kimberly A. Druist, RN
Staff Nurse
VNACJ Nurse Family Partnership
New Jersey Chapter March of Dimes
Maternal Child Health Nurse Innovator

VNACJ Awards

Kathy Donovan
Physical Therapist
Rehabilitative Therapist of the Year

Diana Gunnis
Certified Home Health Aide
Personal Care
Home Health Aide of the Year

Joy Hermesen
VNACJ Thrift Shop Vice President
Rosemary Cook Volunteer Leadership Award

Nancy Keagle, MSW
Social Worker
Social Worker of the Year

Eileen Mazzei, RN
Staff Nurse Preceptor
Robert Wood Johnson Visiting Nurses
Nurse of the Year

The Hon. Frank Pallone, Jr.
Congressman, 6th District, NJ
Judith Stanley Coleman Award for
Exceptional Service to the Community

Mary Lou Palumbo
Manager, Finance Department
Doris A. Septon Employee of the Year

Mary Remhoff, MSN, CNS, APN
Manager, Special Child Health Services and Early Intervention
Marcia Granucci Leadership Award

Dorothea Lynn Shelly
Certified Home Health Aide
Personal Care
Home Health Aide "Rookie of the Year"



Award winners (l to r)
Lisa Dillon Zwerdling, RN;
Eileen Mazzei, RN; and
Mary Remhoff, MSN, CNS, APN.

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VNACJ Chairman Judith Stanley Coleman welcomed the Essex Valley Visiting Nurse Association to the VNACJ family at the 2009 Annual Meeting. With her are Monsignor William J. Linder, founder and CEO of the New Community Corporation, former parent organization of the EVVNA, and Donnett Brown, EVVNA's executive director.

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Left: The VNACJ WIC (Women, Infants and Children) Supplemental Nutrition Program providing nutritious foods and counseling to mothers and children continues to be the largest in New Jersey. Right: The VNACJ Healthy Families program provided more than 7,200 visits to at-risk mothers and children in 2009. Elba Pesquera (center), supervisor of Perth Amboy Healthy Families, holds one of the program's newest additions. She is joined by program participants.



2009 Advisory Boards



Left: Protecting the Protectors – Barbara Bell, RN, VNACJ community health nurse gives H1N1 flu shots at a first responders' flu clinic sponsored by the Monmouth Regional Health Commission. Right: Staff from Essex Valley Visiting Nurse Association, a VNACJ affiliate, were joined by Newark Mayor Corey Booker, third from right, during a flu clinic at the annual New Community Corporation family day.

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Jill Drummond



Jean Moore, former VNHS executive director, 1964-1972, and Stephen Smith, (2nd from left) VNHS trustee since 1994, were honored at the 50th Anniversary Celebration of the Visiting Nurse and Hospice Services, a VNACJ affiliate.

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Alison Friedel
Daren Hutchinson
Claire Knopf
Eileen O'Hern Luby
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Leida Rodenburg
Diane Romanowski
Peggy Sansone
Jeanne Shanley
Lynn W. Spector
Christine Stout
Dawn Stout
Susan Veech
Laura Whisnand

Left: VNACJ Chairman Judith Stanley Coleman, center, thanks the chairs of the Stately Homes By-the-Sea Designer Show House at Sheep's Run.
Right: Chairs and committee members of the festive Holiday Dinner Dance held to benefit the VNACJ Hospice Program.



VNA of Central Jersey Thrift Shop Children's Auxiliary

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(L to r) Mary Ann Christopher, VNACJ president and CEO; Jacqueline Zurla, thrift shop president; and Theresa Beck, VNACJ chief mission officer, in front of the thrift shop, located in Manasquan.

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Laura Whisnand
Debra Williams
Lauren Wolfe
Heather Yockel

Left: Members of the Children's Auxiliary enjoyed a picture-perfect day at Riverwind, the annual children's country fair. Right: Dignitaries, trustees and staff cut the ribbon at the celebration of the newly expanded VNACJ Thrift Shop.



2009 Donors

Geraldine L. Thompson Legacy Society

In the tradition of Geraldine L. Thompson, our founder, members of the Legacy Society are individuals who are interested in the agency's future and dedicated to its mission. The Society was established to honor those who designate the agency as the recipient of a bequest or other planned gift.

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 Division of Social Services
 Planning Board
 Community Development Division
 Workforce Investment Board
 Division of Employment & Training

In 2009 VNACJ nurse practitioners averted 32,000 hours of school absenteeism while serving 1,792 students throughout five New Jersey school districts.

Nurse practitioners are advanced practice nurses who assess, diagnose and treat health conditions. In the photo, Catherine Donohue, a certified pediatric nurse practitioner, examines a student at the Red Bank Charter School.



PREVENTION BY THE NUMBERS

Here are some of the ways VNACJ promoted a healthier community in 2009:

35,913

women and children received nutritious foods and nutrition counseling through the WIC program.

28,379

people received vaccinations to prevent influenza and pneumonia. (includes H1N1)

9,519

individuals of all ages received vital primary care services regardless of ability to pay.

2,261

seniors participated in health promotion programs offered at senior housing and senior clubs.

1,792

children and teens received care from nurse practitioners in their schools.

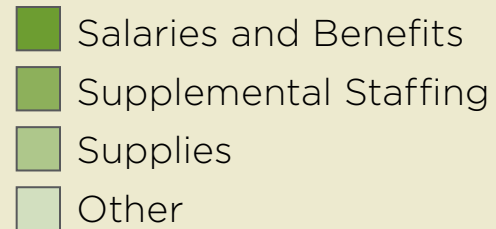
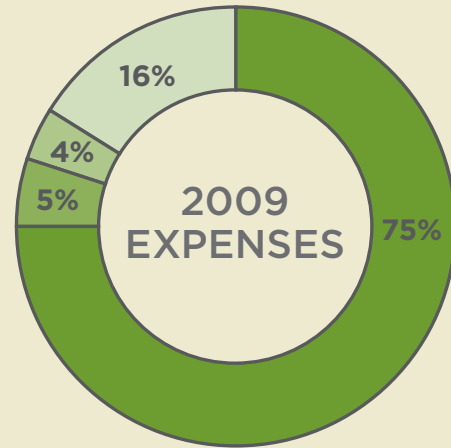
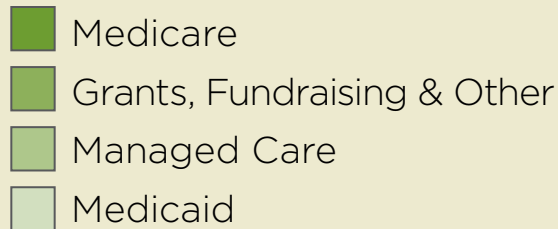
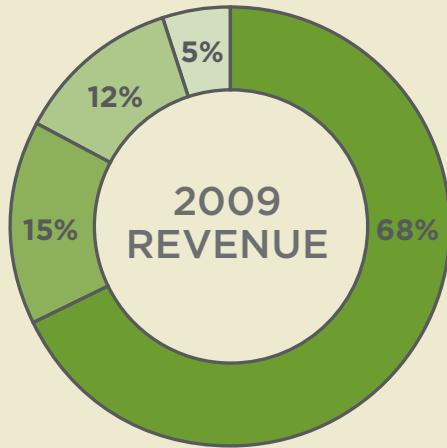
1,666

residents of boarding homes, motels and homeless shelters received nursing care from VNACJ community health nurses.

903

uninsured men and women received cancer screenings through the Cancer Education and Early Detection program.

2009 FINANCIAL INFORMATION



\$ 1.5 million in charitable care was provided to individuals and underfunded community-based programs.

2009 STATISTICS

21,019

Total Home Care and Hospice Patients

106,000

Total Patients, Community-based Programs

939,333

Total Units of Service

STAFFING BY DISCIPLINE

Nurses	34%
Home Health Aides	25%
Therapists, Social Workers, Nutritionists	15%
Other disciplines (including support staff)	26%

HOME CARE PATIENTS BY AGE

85 and older	26%
75-84	29%
65-74	17%
20-64	26%
Birth-19	2%



In-home Services

Nursing, 24/7
 Hospice and Palliative Care
 Certified Home Health Aide Services
 Home Infusion/IV Therapy
 Medical Social Work
 Nutrition Counseling
 Occupational Therapy
 Physical Therapy
 Speech Therapy
 Private Duty Services
 • Nursing • CHHAs • Live-In's
 Telehealth
 Emergency Personal Response System
 Volunteer Program

Community-Based Programs

AIDS/HIV Services
 Bereavement Counseling for Adults and Children
 Case Management Services for Long-term Care
 Cancer Education & Early Detection
 Community Health Education
 Faith-based Initiatives
 Healthy Families
 Immunization Programs
 Mobile Outreach Clinic Program
 Nurse Family Partnership
 Prenatal Care
 Job Readiness
 Primary Care
 Public Health

Special Child Health Services/ Early Intervention
 Senior Wellness
 School-based Health & Youth Programs
 Services to Day Care Centers
 Speakers Bureau
 Volunteer Program
 WIC Supplemental Nutrition Program

Back cover: In 2009, more than 650 expectant mothers received critical prenatal care at the VNACJ Community Health Center, which provides primary care services to individuals of all ages, and prenatal care. In the photo are Nicole and her husband Mike with (l to r) Tadhg, 2 weeks; Ailish, 18 months; and Sinead, 3 years. The three children were delivered by VNACJ CHC certified nurse midwives.



Visiting Nurse Association
of Central Jersey

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www.vnacj.org

Visiting Nurse Association
of Central Jersey
800-862-3330

Visiting Nurse
and Hospice Services
800-792-8603

Essex Valley Visiting
Nurse Association
800-862-3330

Robert Wood Johnson
Visiting Nurses
888-997-9584

VNACJ
Community Health Center
732-774-6333