NEWS from VISITING NURSE AND HOSPICE for VERMONT & NEW HAMPSHIRE





# NURSES DEVELOPING NURSES, BRINGING NURSE RESIDENCY TO HOME HEALTHCARE

As a member of the VNA Health System of Northern New England (VNAHSNNE), VNH has access to a cutting-edge, innovative Nurse Residency program designed specifically for home health registered nurses. There are only a handful of Home Health Residency programs in the country (2% of organizations), only one other in New England (Rhode Island), and no others in Vermont or New Hampshire that focus on care of adults. This provides VNH with a unique recruitment opportunity to combat the growing shortage of registered nurses in home health care.

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## A MESSAGE FROM JOHANNA

YEAR OF THE NURSE 2020|2021 - EXCEL. LEAD. INNOVATE.

As the nation celebrates Nurses Month, I reflect on the incredible impact VNH nurses have on the many who need us. Merriam-Webster defines a nurse as a person who cares for the sick or infirm, but nurses' offer so much more and VNH nurses are excellent examples. From life's beginnings to a person's final days, VNH nurses provide essential services as caregivers, teachers, motivators, and advocates. In recognition of valuable role nurses play across the globe, the World Health Organization extended the 2020 "Year of the Nurse" through 2021 and I am pleased to share examples from the VNH team with you.

COVID-19 has highlighted the immense work nurses do and the importance of home-based care. Unfortunately, organizations across the country are struggling with a shortage of nurses and this has only been exacerbated by the pandemic. At VNH, we are aware that our nurses are feeling the effects of the shortage and like nurse everywhere they struggle with burnout and fatigue. They have been on the frontlines throughout this pandemic working hard to care for our communities. Now more than ever, we see how essential nurses are in keeping people healthy and safe and I am grateful for the VNH nurses and their continued commitment and service. This is why investing in our workforce and building a team to meet the future needs of the communities we serve is VNH's highest priority.

In this newsletter, you will learn about our commitment to new graduate nurses, care innovation through a Clinical Nurse Leader model, and specialty programs developed in partnership with Dartmouth-Hitchcock to meet the needs of our most vulnerable populations. I offer these examples to demonstrate our commitment to serving you and to highlight the creative ways VNH nurses are leading healthcare delivery for the future.

I want to offer my deepest thanks to our nurses, for the amazing work they do every day to provide care throughout our communities, and to our patients for giving us the opportunity to care for you.

Regards,

Johanna L. Beliveau, DNP, MBA, RN President and Chief Executive Officer

# YOUR NEW HEALTHCARE "FLIGHT PLAN"

# Imagine if you will that the airline industry functioned as healthcare did.

Imagine this, you call to book an appointment for your health as you would for a flight, but you don't get to pick the day, there are repetitive forms to fill out for different carriers you get "referred to", the "carriers" don't talk to each other, can't guide you on the forms, or how to make "connecting flights." The captains and crew are aiming for the best quality but work in fragmented systems, as if they were flying without radar, communication with other carriers, or a "flight plan" even though they are highly skilled and dedicated to their "passengers". At first you laugh, but then you wonder how anyone truly gets to their destination or "care goals" in this environment.

VNH services are in high demand and will continue to be as the healthcare landscape continues to shift. Many health systems have struggled with workforce shortages exacerbated by COVID-19, and VNH is no exception. Regional nursing shortages have challenged VNH to adapt to meet the needs of our communities. VNH quickly prioritized patients in need during the pandemic, but to meet home care needs throughout our region, VNH needs to redesign the way care is provided on a broader scale.

VNH front-line clinicians and leadership team continue to demand the highest quality and coordination of care for our patients, throughout the pandemic and as we look to the future. Motivated by the VNH mission and commitment to the communities we serve, the team has asked "how can we" and "what if?" Using knowledge of the region, VNH is redesigning care delivery for home health and hospice patients and families, keeping true to the moto, "excellence today, ready for tomorrow". In the face of significant healthcare delivery shifts, and on the hopeful upcoming exit of a global pandemic, VNH is introducing the role of the Clinical Nurse Leader to our team and community.

A Clinical Nurse Leader (CNL) is a masters prepared nurse with a certification obtained through the American

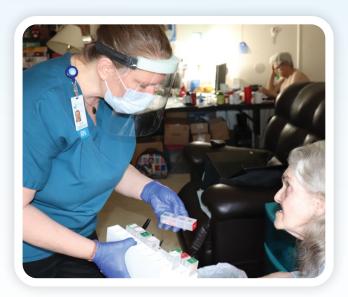
Association of Colleges of Nursing. CNL's are educated in care coordination, patient outcomes, transitions of care, communication, team leadership, and quality improvement. The CNL role is the first new nursing role with an associated degree program developed in over 35 years which prepares the CNL to work in collaboration with an interdisciplinary team, in small and large groups that work together to deliver patient care. Recent articles describe the impact of the CNL in hospital settings, including shorter lengths of stay, improved patient safety, and patient knowledge of their own health. However, until the CNL is given the opportunity and empowered to direct strategies that positively impact population health, healthcare will not fully recognize the potential impact of the CNL role. According to leaders of established CNL programs, only a few healthcare systems

have invested in CNLs outside of the hospital. With this in mind, VNH has embraced the opportunity to recruit CNL's with the growing number of education programs throughout the region.

VNH's pledge includes
"we are driven by a focus
on excellence and a spirit of
innovation, from improving
systems of care to improving
individual lives", which is also
core to the philosophy of the
CNL role. With clinical practice
guidance and care coordination
of a CNL, the direct-care team

can focus on the delivery of personalized, goal-directed care to patients – improving the patient experience and quality outcomes for individuals and populations.

Imagine now the CNL as the air traffic controller in our air travel analogy. The CNL would understand the goals of your destination, know and work with the team in getting you there, watch for trends and patterns to optimize your journey, coordinate with many of the carriers you connect to, understand and implement the latest evidence to optimize the journey, and tailor your "flight" plan to align to your preferences, and the best abilities and knowledge of the care team. Thank you for boarding VNH, where innovation through introduction to the CNL role is in flight, with our collective destination being the very best in care and care delivery for our community.





# CARING FOR A NEWBORN WITH NEONATAL ABSTINENCE SYNDROME

Neonatal abstinence syndrome (NAS) occurs when a baby withdraws from certain drugs when exposed to them in the womb before birth. Nationally, over 20,000 babies are born each year with this syndrome. VNH Maternal Child Health (MCH) nurses work with parents, guardians, grandparents and foster parents, not only to educate them on how to care for a baby with NAS, but to provide additional support alongside the child's primary care physician. The home visiting program offers many benefits to these newborns and their families. The MCH nurse is able to assess how the newborn is adapting to their home environment and work with families on important aspects of care, such as feeding, reducing

CARING FOR SUBSTANCE-**EXPOSED INFANTS** AROUND 11% OF THE RATE OF SUBSTANCE **USE DURING PREGNANCY** BABIES BORN EXPERIENCE IN THE U.S. IS **NEONATAL ABSTINENCE** 6.8 PER 1,000 BIRTHS SYNDROME (NAS) IN 2019, 154,000 PARENTS & CHILDREN BENEFITED FROM MCH HOME VISITS ACCROSS THE U.S. FIVE POINTS OF FAMILY INTERVENTION **INVESTING IN MATERNAL CHILD HEALTH: INCREASES AUTONOMY IN** YOUNG WOMEN **PROVIDES** PARENTING CHILD ABUSE **SUPPORT** AND NEGLECT IMPROVES HEALTH FOR BABIES. MOTHERS, FAMILIES, AND COMMUNITIES **HOW OUR MCH TEAM CAN HELP** EDUCATE AND SUPPORT PARENTS REGARDING IDENTIFY A MEDICAL HOME FOR CHILDREN AND PARENTS GROWTH, DEVELOPMENT, FEEDING, IMMUNIZATIONS AND MORE STATE SUPPORT PROGRAMS

stimulation, calming baby and when to call for help. With communication to the newborn's primary care provider, home visits also reduce the burden of travel to clinic appointments, giving families more time to attend to other needs.

Despite the COVID-19 pandemic, the VNH MCH team was able to continue this important service throughout our region. Using telehealth and monitoring equipment, the nurses were able to provide and coordinate essential care from a distance. Nurses supplied families with equipment, such as a baby scale to monitor weight, and were able to assess the baby through caregiver reports during phone and video visits. Even as community transmission of COVID-19 declines, telehealth will remain an integral part of this program given the success over the last year. It is often more convenient for families and also allows MCH nurses to expand the service to others in need, without the travel time in their day.

MCH nurses also connect parents and caregivers to vital community resources that will assist them when they have met goals and are discharged from VNH services. Resources such as parenting classes and support groups are important for caregivers as they navigate the complexity of caring for a newborn with NAS and the road to health and recovery. As long-time MCH nurse, Karen Pero, RN, describes, "These new parents, guardians, grandparents and foster parents are trying to figure out how to care for these babies and what to expect in the months and years ahead. I'm connecting them with programs that are in the community to help them better care for the child, as well as themselves." Working with Children's Integrated Services in Vermont and the Division of Children and Youth Family Services in New Hampshire, VNH is able to provide the family unit with as much education and early intervention as possible on how to care for a child that is born with this syndrome. The MCH nurse's goal is to ensure that caregivers are confident in their ability to care for the baby, that they know their resources, and feel comfortable communicating with their healthcare team prior to discharging from VNH service. VNH has been privileged to care for 24 NAS newborns and their families over the last year.



# MEET AMANDA FAY

Amanda is the Interprofessional Development Specialist at the Visiting Nurse and Hospice for Vermont & New Hampshire (VNH), with responsibility for mentoring and coaching clinicians, developing the Nurse Residency program, cultivating relationships with partner schools to develop awareness of Home Health and develop competency programs. Prior to her new role she was the Manager of Clinical Education and Evidence Based Practice at VNH. Amanda comes to the VNH most recently from Plymouth State University where she served as an Associate Professor of Nursing. While there she created curriculum based on the needs of the student, designed personal learning plans, re-designed clinical practices to increase competency and developed an assessment program to reinforce competency prior to clinical experience.

Amanda started her career as a staff nurse in an oncology unit before transitioning into the role of a travel nurse. She went on to serve as a nurse educator at Colby-Sawyer college and then into leadership roles at Dartmouth-Hitchcock Medical Center. During that time, she continued to champion nurse education, creating various programs to onboard new nurses into Dartmouth-Hitchcock.

Amanda received her Associates of Science in Nursing from River Valley Community College and her Masters of Science in Nursing Education from Walden University.

#### **NURSES DEVELOPING NURSES** (Continued from cover)

Recruitment for the Nurse Residency program begins by building relationships with local nursing schools and offering students opportunities to explore care in the home as a viable career path. Amanda Fay, MSN, RN, Interprofessional Development Specialist, was charged with expanding student experiences and has had enormous success. Recognizing the pressure on nursing programs to find clinical opportunities for students during the COVID-19 pandemic, Fay took a strategic and proactive approach and created a menu of options available to nursing schools to meet clinical hour requirements. As a result, VNH was able to engage with a number of schools, including Castleton University, Colby Sawyer College, River Valley Community College, Rivier University, University of New Hampshire, and Vermont Technical College. Students participated in clinical simulation, home visits, flu clinics, and the referral management process. These activities provided a comprehensive overview of the ways that nurses provide care to the community and highlighted the interdisciplinary nature of homebased care.

Consequently, VNH has had a surge of applicants to the Nurse Residency Program for the 2021-2022 cohort, meeting our strategic goal of expanding the program and reducing registered nurse vacancies. Under the expanded program, Fay will serve as faculty and primary preceptor to the Nurse Residents. Working collaboratively with the Clinical Managers and RN case managers, Fay will prepare the Nurse Residents for independent practice through clinical reasoning and use of evidence-based practice, starting with basic care needs and progressing to the complex care required by many of VNH's patients.

Fay's passion for clinical education and innovation are a great match for the current needs and growth potential of the Nurse Residency Program. As a result, she was recently named as the next Nurse Residency program

leader for VNAHSNNE. This is a great opportunity for VNH, through a closer relationship with the VNAHSNNE program, to continue to innovate in home-based care, enhance the experience of VNH Nurse Residents, and to support the growth of the regional program.

Fay stated, "The first year of a nurse's career is the most impactful to the development of their professional self and practice. I'm honored and excited to be there as their mentor on this journey."

While the COVID-19 pandemic provided VNH with unique opportunities to increase student participation in home-based care, VNH will continue to focus on the needs of students and developing a clear pathway for new graduates to practice in home health. Early career nurses are critical to our success and play an important role in addressing the nursing workforce shortage for our organization and throughout the region.

# About the VNAHSNNE Nurse Residency Program

The VNAHSNNE is a collaborative membership organization working together to meet the needs of communities throughout Vermont and New Hampshire. VNAHSNNE developed the Nurse Residency program in 2018 in response to the growing shortage of home health nurses in the region. The Nurse Residency Program is a year-long transition to practice program that supports the professional development of new graduate nurses entering home health practice. The program prepares and supports early career nurses with the resources, skills, and tools to become confident professional nurses. Under the guidance of an experienced preceptor, the resident learns how to manage complex clients in a patient centered, team-oriented practice setting.

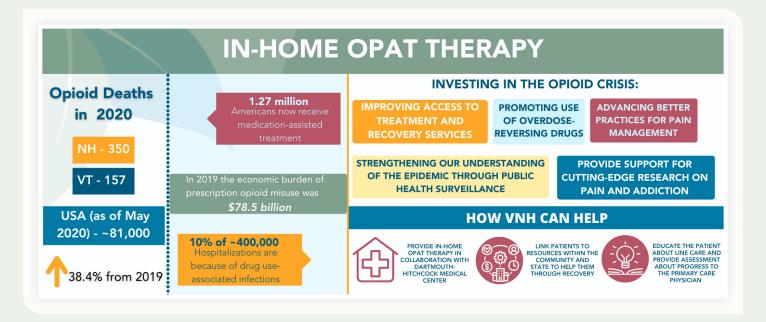
For more information: http://nhvna.org/nurse.aspx



# MEETING COMMUNITY NEEDS ONE PERSON AT A TIME

As the opioid epidemic continues to plague the country and our region, Dartmouth-Hitchcock Medical Center (DHMC) has seen a significant increase in the number of patients with serious infections resulting from injection drug use. People who inject drugs have traditionally been excluded from outpatient IV antibiotic therapy (OPAT) programs because of concerns about misuse of their intravenous access, risk of overdose and additional infection. It has also been difficult to find skilled nursing facilities equipped to care for the unique needs of these patients. This leads to lengthy hospitalizations, keeps people from work, home and families for weeks at a time, and adds significant cost to the healthcare system. Dr. Colleen Kershaw, Infectious Disease physician at DHMC, had a vision - to provide well-coordinated outpatient care that addresses both infection and addiction problems, improves the experience of patients and caregivers, and reduces the overall cost of care. An interdisciplinary team, including VNH leadership and direct-care nurses, collaborated to design a new model of care – one that supports patients where they want to be, at home. This innovative model is based on similar programs in other areas of the country, "We know of other

states that have trialed this program with success, the science supports providing people outpatient recovery services to they can receive IV antibiotics at home. These patients want to be home and continue to work through whatever phase of recovery they are in," said Briana White, Manager, Clinical Quality and Care Management. This program provides the patient care where they are most comfortable — at home and gives them resources to help with their recovery. With the collaboration between OPAT and VNH, the patient receives direct one-on-one support from a dedicated OPAT nurse for triage and oversight, a recovery coach, and home visits from a VNH nurse for line care, assessments and education. Through this interdisciplinary approach, patients receive the best treatment for their infection and the much needed recovery support in their home environment. Johanna Beliveau, President and CEO, emphasized the importance of this work, "This pilot is demonstrating the power of what we can accomplish as a health system. Working together we can improve the care for those living with substance misuse and ultimately reduce overdose deaths in our region. We can make a difference in this epidemic, it starts with one person at time."

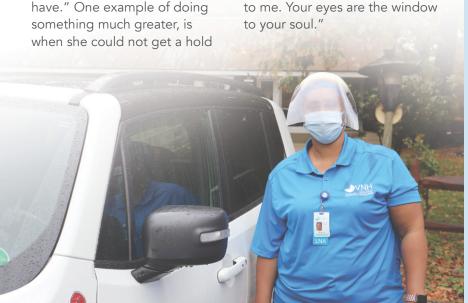


# TRANSITIONING TO HOSPICE CARE

Transitioning to Hospice care can bring questions and fear to the lives of patients and their families. With Licensed Nursing Assistants (LNA) like Elecia Mucheke, or Monique as she prefers to be called, the transition is less frightening and more comforting. LNA's not only offer hands-on support to help with the tasks of daily living but also help people cope with their feelings around end-oflife. "Working in hospice is a privilege, and I love being there for the patient and family in the many different situations they go through," says Monique. "I get to be the strength that they may sometimes lack and sometimes iust a hand to hold."

Her co-workers at VNH witness the impact she has on the lives of patients and recently nominated her for the LNA of the Year Award. Upon receiving the award, Monique said, "Receiving the award feels good; it means I have made a difference in someone's life. To be known by what you do and what you are doing is so much greater than what you have." One example of doing something much greater, is when she could not get a hold

of a patient she was scheduled to see. She called several times, but the phone was disconnected. The patient's daughter decided to go downstairs on the off-chance that Monique would be outside, and she was! Even though it was well past her workday, Monique stayed and cared for the patient. "I am impressed at Monique's dedication and concern. She is a warm, delightful person and my mother adores her. So do my sister and I. We recognize how valuable she is and wanted to let you know about a situation where she truly shined as a dedicated, compassionate professional and as a human being." Monique believes in the work that she is doing at VNH. When asked why she chose to come work at VNH, Monique shared, "I do the work for the people who need me and chose to work for VNH because they went the extra mile to relocate me from Florida to New Hampshire. When I had my in person interview I received great eye contact from the people I met with, that is very important to me. Your eyes are the window



Traci Smith, RN, Nurse Case Manager, joined VNH in 2014.



## TRACI SMITH, RN

joined VNH in 2014.

## Why do you work for VNH?

Providing care in patient's homes offers me an advantage that other care settings do not. I have autonomy to practice at the top of my licensure, but am reassured that my team members and support is just a phone call away. I see patients in their home environment, allowing me to observe how they function and what is important to them and allows me to develop a personalized care plan and set goals with patient input. Overall, I am able to build meaningful relationships with patients and be part of their healing process.

#### What is your role in the patient journey?

I support patients when their primary care provider identifies a need for in-home medical care, or the patient has recently discharged from a hospital and needs supportive medical care provided at home. In many ways I am a teacher as much as I am a nurse, it is important for patients to learn to do things that support their healing and feel confident in their abilities.

# What did it mean to win the Carole Lechtaler Award?

I'm very honored and humbled to receive this award for exemplary professional practice. I truly have to thank all of my team members that work with me in providing wonderful care to my patients. I could not do my job without the support of my team.

Carole Lechtaler Award was named after a nurse who has been with VNH for over 50 years. Peers nominate a Clinician who has provided excellent patient care and improved the care/outcomes for patients and their families, exceeds expectations of their position, positively impacts the community outside of work and contributes and demonstrates commitment to the VNH mission and values.



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I am immensely impressed at Monique's dedication and concern. She is a warm, delightful person and we adore her. We recognize how valuable and compassionate she is.





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