



# House Calls

WINTER 2012

VISITING NURSE ASSOCIATION HEALTH GROUP

VOLUME 23 NO. 1

## VNA Health Group Moves Forward on Mary Ann Christopher's Strong Legacy

After nearly three decades of dedicated service to VNA Health Group, Mary Ann Christopher recently left the organization to assume the position of President and Chief Executive Officer of the Visiting Nurse Service of New York.

Mary Ann joined VNAHG in 1983. During her decade-long tenure as CEO, she spearheaded a geographic expansion that has transformed the organization from a two-county provider to one that is statewide. She led the development of a unique continuum of services, including home health care, hospice care, community-based prevention and outreach initiatives, clinics for the poor, and school-based health care. In recent years, Mary Ann skillfully steered the organization through a myriad of federal and state policy changes, directed a second capital campaign that resulted in the organization's new, modern headquarters, and launched a name change and comprehensive branding initiative. Her leadership has been marked by the sustained commitment to ensuring that the most vulnerable have access to health care services irrespective of circumstance.



Mary Ann Christopher chats with a mom and her toddler at the Red Bank Primary Care Center. The VNA of Central Jersey Community Health Centers were founded during Mrs. Christopher's tenure as CEO.

*“Mary Ann provides an exquisite example of mission-driven leadership... She was the messenger of our mission and through her we have all become messengers.”*

**Theresa Beck, MPA, RN, CHPN®**  
Chief Mission Officer and  
Vice President, Community Initiatives

As Mary Ann prepared to transition to her new position at VNSNY, she sat down with *HOUSE CALLS* to reflect upon her years at VNA Health Group.

**HC:** *You have said that, in many ways, you have “grown up in community health nursing” during your tenure at VNAHG. What are some of your fondest memories?*

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## A Standard for Leadership

We bid farewell to Mary Ann Christopher with both regret and gratitude, and we congratulate her on her new position as President and CEO of the Visiting Nurse Service of New York. She has been an extraordinary leader, nurse, and friend, personifying for nearly 30 years the excellence of our organization. And, although we are sad to lose Mary Ann, we are also excited for her as she embarks on a new career challenge.

From her earliest days working directly with the vulnerable elderly to the last decade as our president and CEO, Mary Ann has set the gold standard for what a mission-based organization should be. Her leadership has been marked by a sustained commitment to the principle that the most vulnerable must have access to health care services irrespective of their circumstance.

As VNA Health Group continues to observe our centennial year, we thank Mary Ann for ensuring that the organization remained true to its founding mission. Every project we have undertaken, every grant or donation we have sought, every venture or partnership we have entered, and every policy challenge we have overcome – all have been aimed squarely at advancing our safety-net mission.

Working collaboratively with the Board, Mary Ann has set us on a course for the future. Her stewardship has taken our mission beyond our original borders. She has spearheaded a geographic expansion that has transformed the agency from a two-county provider to a statewide organization, caring for more than 120,000 individuals each year.

Thank you, Mary Ann. Thank you for your friendship, your leadership, and the remarkable contributions you have made. We are all better as a result of your service to this organization.

Sincerely,

Thomas M. Thees, Chairman  
Interim President and CEO



# HouseCalls

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**Visiting Nurse Association  
Health Group**

For patient care information call:  
**800-862-3330** or visit  
[www.vnahg.org](http://www.vnahg.org)

### Our Mission

Visiting Nurse Association Health Group is a voluntary, nonprofit organization dedicated to the promotion, restoration and maintenance of the health status of individuals and the community.

Competence and compassion are the cornerstones of VNA Health Group service delivery.

### VNA Health Group Members:

Visiting Nurse Association of  
Central Jersey (VNACJ)  
176 Riverside Avenue  
Red Bank, NJ 07701

### Regional Offices:

Visiting Nurse and Hospice Services  
204 Creek Crossing Boulevard  
Hainesport, NJ 08036

Essex Valley Visiting Nurse Association  
274 South Orange Avenue  
Newark, NJ 07103

### Partners:

Robert Wood Johnson Visiting Nurses  
[www.rwjvn.org](http://www.rwjvn.org)  
972 Shoppes Boulevard  
North Brunswick, NJ 08902

Cape Visiting Nurse Association  
[www.capevna.org](http://www.capevna.org)  
1940 Route 9 North  
Cape May Court House, NJ 08210

VNA of Englewood  
VNA Health Group + Englewood  
Hospital & Medical Center  
Joint Partnership  
75 Demarest Avenue  
Englewood, NJ 07631

## VNA Health Group Moves Forward *continued from page 1*

**MAC:** I have so many wonderful memories, so many moments of friendship, collaboration and lives enriched that are etched in my soul. I have indeed grown up in nursing at this amazing organization, and the people, the patients, and the mission have meant so much to me. I enjoyed literally every day I worked at VNAHG. One moment that comes to mind happened more than 26 years ago, when we went to the Monmouth County Freeholders for the creation of a Mobile Outreach Clinic Program (MOCP) for the most vulnerable and disenfranchised populations. We were assured seed money of \$25,000 that launched into a major gift from The Robert Wood Johnson Foundation. It was then that I realized that a large philanthropic community was willing to support cutting edge, mission-based programs, and truly appreciated the impact we could make as a safety-net organization.

Another vivid memory is the first children's bereavement day we held. It was then that I saw how just a single day could do so much to heal a child's broken heart, how it could facilitate the journey of recovery from the loss of a loved one through the simple activities of storytelling, memory boxes, and music. For me, that day underscored the resiliency and goodness of people, and the role VNAHG plays in all types of healing.

*“Mary Ann Christopher does not have a job; she does not have a career; she has a ministry.”*

**Denise Devine**  
*Vice Chair, VNAHG Board of Trustees*

There are really too many examples to name. Certainly the enactment of an expanded scope of practice in New Jersey for Advance Practice Nurses, which evolved into a model that became a platform of care for Federally Qualified Health Centers. Our work in Newark with the Greater Newark Healthcare Coalition, comprised of hospitals, home care and community partners, comes to mind as well, as it underscored that we can achieve so much more through collaboration. I chaired the Monmouth County Human Services Advisory Council, which gave me the unique opportunity to work with government officials, community leaders, senior citizens, and inter-professional community partners—a 20-year benefit of being influenced by healthcare human services giants offering a ministerial approach to community-based care.

I also will recall how The Robert Wood Johnson Foundation has given me the opportunity to be the

*“When we select people to lead our initiatives we take the greatest care possible to ensure they are people of the highest character, those who will influence and show the way to the next generation. Those are the characteristics that we saw in Mary Ann Christopher as we chose her to lead our New Jersey Nursing Initiative efforts.”*

**Sue Hassmiller, Ph.D., RN, FAAN**  
*Senior Adviser for Nursing  
The Robert Wood Johnson Foundation*

co-lead for the Institute of Medicine Initiative on the Future of Nursing, which shows the value of nursing, leadership and collaboration. Great leadership, great friends, giants in medicine, healthcare visionaries—all focused on an initiative of all the things I have valued in my own personal journey. This has been special, as well.

**HC:** *You often talked about maintaining a steadfast commitment to mission-driven health care, regardless of the changing policy landscape, the challenges of reduced reimbursement, and the evolution of the role of VNAHG in the larger delivery system. Talk about that.*

**MAC:** This is the very foundation of this organization, a promise that was made a century ago and one that I felt must always be reaffirmed. It was in our DNA each day we came to work. We were called to be the safety-net provider, the place people turned to when there was no other place to turn. All of the programs we launched, the technologies we implemented, and the expansion we implemented in recent years were about sustaining this commitment. We needed to be where a need was being unmet, and where our mission-based approach to care could make a difference. I believe we kept that promise, and I am very proud of that. VNAHG is embedded in the health and human services “fabric” of our community in a very tangible way.

**HC:** *Your tenure was marked by real change in the organization. Can you share your thoughts on the evolution that occurred under your leadership?*

**MAC:** It was truly a period of transformation, both for me and for VNAHG. Over the last decade, in particular, we collectively expanded an extraordinary two-county service delivery system to all corners of our state. In so doing, we have initiated and fostered invaluable new partnerships and joint ventures that allowed VNAHG to develop a uniquely broad continuum of community-based services. The organization has been effective in advancing

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## VNA Health Group Moves Forward *continued from page 3*



Mary Ann Christopher with children and teen volunteers at the 2011 Children's Day. The annual event is sponsored by the VNAHG Hospice Program to help children journey to recovery following the loss of a loved one.

cross-continuum inter-professional team models that address issues like hospital recidivism, such as the Monmouth Medical Center collaboration for managing cardiac patients, and, in development, a safe haven project for homeless veterans in Newark. We built new relationships and positioned VNAHG as a nationally recognized, mission-focused leader.

**HC:** *Talk a bit more about the importance of growth, particularly at this time of great change in health care.*

**MAC:** Growth is critical to ensure that an organization has the resources to sustain its vital role, to go where the need is most acute and address disparities in access to care. The viability of not-for-profit providers such as VNAHG is dependent on maintaining a vision for the future, for seeing not only what you are today, but what you can and should be tomorrow. This is especially critical in a mandated, regulated, reimbursement climate. There is great value in creating the strongest organizational structure possible. It opens new doors not only for new revenue, but for influencing policy at the state and national levels.

**HC:** *A key part of your job was to work with the Board of Trustees. Please share what that relationship meant to you.*

**MAC:** I was blessed to work with a Board that provided unwavering, 1000 percent support to me, both as president and CEO and in my prior roles. Every trustee cares deeply about the present and the future of the organization, and recognizes and values the past as a foundation for the future. They

have never questioned what's being done in the name of mission. They provide a great deal of time, their extraordinary talents, and their resources. Who I am today has been shaped in very large part by the Board and the constancy of its support.

**HC:** *VNA Health Group has been blessed with extraordinary support from the community it serves. Could you talk about the legacy of giving as a hallmark of the organization?*

**MAC:** VNAHG simply could not do what it does each day without every aspect of community support. It underpins everything, from the ability to provide access to care to the ability to advocate for policy changes that transform lives. This support comes in so many forms, from generous donations to the time dedicated by volunteers to the partnerships with community organizations that share the call to service and wish to help VNAHG pursue its mission. During my 29 years, we were truly affirmed by the relationships and collaborations with community partners. This support had one constant—it was always patient-focused. Whether the need was for food stamps or for a long-term-care bed, we were never turned away. Whether it was collaborating with a homeless shelter or calling a hospital CEO, we were always able to find a way to develop a joint

*“Mary Ann has a special way of putting others at ease and bringing out the best in all of us. She is a dynamic and compassionate individual as well as an inspirational leader.”*

**Ann Nappi**, Certified Home Health Aide  
VNA Health Group

venture for community-based services. This speaks to a cultural characteristic of New Jersey—one of caring and collaboration—that is not often told.

**HC:** *Healthcare delivery is changing significantly. Talk about the challenges ahead and the work you did to position VNA Health Group to meet these challenges.*

**MAC:** The greatest challenge is the pressure on reimbursement and the transition from a predominantly public-payer system to a private-payer system. We are challenged as a healthcare community to mitigate the fragmentation in delivery that results in unnecessary costs and negates quality in patient outcomes. At VNAHG we forged a partnership agenda to be the premier provider of community-based services but in a flexible model that responds to local needs. The results are evident already; they can be found in the dramatic reduction in re-hospitalization through the Monmouth Medical

*“Thank you, Mary Ann, for teaching us about linkages and partnerships, for sharing your knowledge and insights, and for inspiring us to achieve excellence and never to compromise standards.”*

**Kathleen Knight, MSN, RN, FNP**  
Visiting Nurse Service of New York,  
former VNAHG clinician

Center collaboration for chronic care management of heart failure patients and the resultant ability to provide a vulnerable, disenfranchised population with a medical home and fewer visits to the emergency department. It can be seen in the Institute of Medicine’s physician-nurse relationship model, and new product offerings for nursing assessments with insurance companies. No one has to do it alone. It is the strong belief that partnerships work that uniquely positions VNAHG for a successful future.

**HC:** *Judith Stanley Coleman, former VNA Health Group chairman of the board, meant a great deal to you, personally and professionally. Could you talk about her and her legacy?*

**MAC:** Judy epitomized what we are as an organization, sustaining the mission of our founders each day through her unmatched energy, passion, forethought and generosity. She never hesitated to embrace new opportunities for growth. She believed that all people were entitled to care and she didn’t let small hurdles or big mountains stand in her way, or our way. This is a relationship business

and she bore witness to how important that was to who we were. She had extraordinary love of philanthropy that inspires us all. She believed we were the best and so we are. She loved this organization, and it showed.

**HC:** *What are you most proud of in regard to VNA Health Group and how do you view its future?*

**MAC:** I am proud of many things, but certainly that VNAHG is recognized as the “go to” organization for policy, and for helping to transform how to identify, deliver and pay for the care people need. VNAHG is invited to the table to resolve these questions because of the caliber of its 1,600 staff and volunteers. The future is bright. I am confident that a group will be here saying the same thing on the eve of this organization’s second centennial celebration. I am most proud that, during my tenure, VNAHG stayed true to its calling, never wavering from its safety-net role. One life at a time, it has made a difference.

*“Mary Ann Christopher is a leading national voice on a wide range of health care issues. She regularly interacts with key decision makers on Capitol Hill and at the state level to develop legislative and regulatory policies to enhance the quality of health care, and the quality of life, of those her agency serves.”*

**Frank Pallone, Jr.**  
U.S. House of Representatives, Dist. 6, NJ



At the 2011 Annual Meeting, Mary Ann Christopher, left, welcomed (l to r) former N.J. Gov. Brendan T. Byrne, honorary chair of VNA Health Group’s centennial celebration to be held in June; Denise Devine, vice chair, VNA Health Group; Mindy Minerva, chair, VNACJ Foundation; and Monsignor William J. Linder, VNA of Central Jersey Trustee and founder and CEO of the New Community Development Corporation, Newark.

**HC:** *Please share some personal reflections on the colleagues and volunteers you worked with at VNAHG.*

**MAC:** It is perhaps most extraordinary that I never heard any employee or volunteer say anything other than “yes” when a task was put before them. Holidays, weekends, overnights—often in conditions far from ideal—this team of professionals and volunteers always responded. We operated in a framework that servant leadership is everything. The mission is so powerful that it inspires us all. It is a privilege to be asked. How great that 29 years ago my work began in the field and on the ground and 29 years later, I am invited to go to a Newark homeless shelter. I get the same feeling today that I did then. It is what inspires you to do this work, to make a difference for someone else.

The people I worked with at VNAHG touched my soul, and helped reaffirm my belief in the power of community healthcare. The friendships, both personal and professional, will stay with me as I embark on this new challenge. 

# Providing Care at the Point of Need

VNAHG offers care on multiple levels. We provide primary care, helping to identify or prevent or treat illness. **Primary care** may be a patient's first contact with the health care system with regard to a particular illness. Our WIC provider recently functioned as a primary care provider for 2-year-old Evan. **Secondary care** includes services provided by health professionals who generally do not have first contact with patients. They can include physician-prescribed rehabilitative services, such as those we provided for Ellen. **Tertiary care** is provided by specialists, such as the dental care provided to Tracy at the VNA of Central Jersey Community Health Center. Here's how we helped Evan, Ellen and Tracy.

## WIC Saves a Life

In late July, Sharon and Stephen, along with their 2-year old son Evan, visited our VNA Health Group Women, Infants and Children (WIC) Supplemental Nutrition Program location in Long Branch, NJ to obtain food vouchers and nutritional counseling. As part of the standard visit, a WIC consultant performs health screenings on the children, including blood tests. The results of Evan's blood tests were alarming, revealing an abnormally low blood count, and his parents were advised to take him immediately to the emergency department at Monmouth Medical Center.

Sharon and Stephen were mystified, as their son had recently received a clean bill of health from his pediatrician. But the WIC nutritionist's insistence and level of concern

convinced the family to follow her advice. Upon examination, Evan was admitted to the hospital for tests; results were sent to Children's Hospital of Philadelphia (CHOP) and ultimately to St. Jude's Children's Research Hospital in Memphis, Tenn., for a final diagnosis. In early August, Sharon and Stephen were told that Evan had acute lymphoblastic leukemia, a cancer of the white blood cells that are necessary to combat infection.

But this little boy is a fighter, and today he is at home, playing with his toys. Physicians will soon meet with Sharon and Stephen to discuss Evan's long-range plan of care.

"I believe that the people at WIC saved Evan's life," says Sharon. "He did not show any signs of being sick. The people at the emergency room said his blood count was so low that he could have died. I feel we were truly blessed." For more information on WIC, go to [www.vnacj.org](http://www.vnacj.org) and click first on *In the Community*, and then on *Children and Family*.

## Partners in Caring

It has been 34 years since Bob proposed marriage to Ellen, but the memory is still fresh in her mind. "I was sitting on his lap and as he tried to kiss me, he dropped me on the floor," Ellen says with a laugh. But every day since, Bob has been a stalwart support for his wife.



Bob and Ellen

Ellen has had to deal with a series of challenging health issues, including kidney problems that require her to receive regular dialysis. In 2009 Ellen was diagnosed with a neurological problem that affected her ability to walk, and last year she developed a serious infection that led to amputation of a toe. Bob has partnered with Cape Visiting Nurse Association in providing Ellen with the care she requires, and became certified to provide his wife's dialysis at home. He has done all he can to make Ellen's life easier in other ways, even modifying their Sea Isle City home to hold an elevator.

Physical therapy from Cape VNA has been essential to Ellen's progress. Licensed physical therapist Gayle Cogan first visited Ellen in 2009 to address neurological problems. Gayle worked with Ellen several times each week to help her build endurance and regain mobility.

Following her foot surgery, Ellen was readmitted to Cape VNA for home nursing and rehabilitation. A Cape VNA registered nurse visits weekly to monitor Ellen's condition, and once again Gayle is Ellen's physical therapist. She works



Evan with his mother, Sharon.



Ellen with Gayle Cogan, her physical therapist.

with her patient to strengthen her muscles, ensure a normal gait and good balance. Today, Ellen is able to place her full weight on her foot.

“With home care, I receive personalized attention, directed to my needs,” says Ellen. “I think that really helps me to improve more quickly. I know that I would not be doing this well without the help of Cape VNA.” *For more information on rehabilitative therapies, go to [www.vnacj.org](http://www.vnacj.org) and click first on In the Home, and then on Rehabilitation Therapy.*

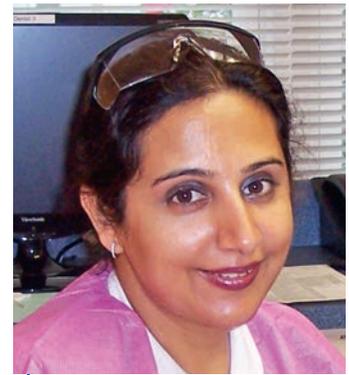
### ‘A Healthy Mouth in a Healthy Body’

The VNACJ Community Health Center is a Federally Qualified Health Center offering comprehensive primary care. Now it also offers dental care.

“When it comes to dentists, I’m a big coward,” says Tracy, the mother of six adult children. For 20 years Tracy’s fear and the cost of dental care served as excuses to avoid visiting the dentist. Yet here she is, in the dentist’s chair at the VNACJ Community Health Center (CHC) in Asbury Park.

Why now? “I have been coming to the health center for my primary care for 12 years,” she says. “I trust these people. When I saw the sign in the waiting room announcing dental care, I asked the receptionist to sign me up. I saw the dentist two days later.”

Low cost dental services are scarce. But with the 2009 American Recovery and Reinvestment Act providing funding for construction and equipment, the CHC was able to build three treatment rooms complete with state-of-the-art equipment. Bindu Sachdeva, DDS, is the CHC’s dentist. She has been involved from the very beginning, developing policies and procedures and working with a consultant to equip the examination rooms.



Bindu Sachdeva, DDS

For each patient, Dr. Sachdeva carries out a full oral exam and develops a treatment plan. Care includes a full range of preventive services such as cleanings, fillings, and treatment of gum disease. Two area oral surgeons provide care in their offices for CHC patients who require specialty services such as oral surgery, crowns and bridges.

Gary Linington, executive director of the CHC, sees many benefits in the provision of primary care and dental care in the same facility. “The main goal is to have a healthy mouth in a healthy body,” he says.

The CHC dental service participates in Managed Medicaid and commercial insurance. For those with no insurance, it offers a sliding scale fee based on income. The Medicaid coverage makes all the difference for Tracy, who is currently unemployed. She says, “These are great people. They put me at ease and take care of me.”

*For information and to schedule an appointment, call 732-774-6333. The VNACJ Community Health Center is located at 1301 Main Street, Asbury Park.*



Tracy needs a root canal. Dr. Sachdeva explains the procedure. (On page 1 Tracy is shown with dental assistant Barbara Engel.)



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## Welcome, VNA of Englewood

Visiting Nurse Association Health Group entered into a joint venture Nov. 22 with Englewood Hospital and Medical Center to provide home health and hospice care. Reflecting the new collaboration, the joint venture is named VNA of Englewood.

Englewood Hospital and Medical Center is an affiliate of Mount Sinai School of Medicine, offering inpatient and outpatient services to more than 1 million residents each year in northern New Jersey and nearby counties in New York. The hospital has served residents of Bergen County for more than 100 years.

VNA Health Group, now in its 100th year, is the largest nonprofit community healthcare provider in New Jersey. It is known for customized care solutions using the most advanced technology, including comprehensive cardiac care, diabetes management, infusion therapy, wound care, telehealth in-home monitoring, joint replacement rehabilitation, geriatric care management, and specialized clinical programs for children. These services are now available to all VNA of Englewood patients.



## VNA Health Group Services

### In-home Services

- Community Health Nursing
- Certified Hospice Services
- Bereavement Counseling
- Palliative Care
- Home Health Aides
- Home Infusion/IV Therapy
- Medical Social Work
- Nutrition Counseling
- Physical Therapy
- Occupational Therapy
- Speech Pathology
- Private Duty Services
  - Nursing
  - Live-in's
- Emergency Personal Response System
- Telehealth Program
- Volunteer Program

### Community-based Programs

- AIDS/HIV Services
- Bereavement Counseling for Adults and Children
- Case Management Services for Long-term Care
- Community Health Education
- Immunization Programs
- Maternal Child Home Visitation Programs
- Mobile Outreach Clinic Program
- Primary Care
- Public Health
- Special Child Health Services/ Early Intervention
- Senior Wellness
- School-based Health Programs
- Services to Day Care Centers
- Speakers Bureau
- Volunteer Program
- WIC Supplemental Nutrition Program