



Visiting Nurse Association
of Chittenden and Grand Isle Counties

Strategic Plan

2011-2013

ACKNOWLEDGEMENTS

From all accounts, most people who participated in the VNA's recent strategic planning process found it to be an exciting and rewarding experience. On behalf of the VNA Board of Directors, I have special thanks for all of the staff and agency leadership team members who participated. Your wisdom and input has been invaluable. I also want to thank our community partners, clients, volunteers and board members who enriched this process by challenging the VNA to think boldly and radically so we can transform tomorrow's challenges into new opportunities for success.

I also want to recognize the Strategic Planning Team's leadership in helping to shape the plan in a transparent way, utilizing all of the input from the nine strategic planning discussion groups whose diverse membership and fresh thinking will contribute to reshaping the VNA culture. Behind the scenes, thanks go to our core strategic planning team that came under the influence of an amazing design/facilitation/editorial team of Susan McCormack and Karyn Vogel. This ambitious six-month process would not have been possible without the coordination of Connie Stabler and Deb Boutin-Bolam who handled all of the important logistics, and the skills and commitment shown by Beverly Boget.

Thanks to all.

Hal Colston
Board Chair

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INTRODUCTION

Strategic planning is one of the most important functions of a board of directors. When we fail to plan, we plan to fail. This is especially true in today's environment which includes new competition, health care reforms at the federal and state levels, and rapidly changing demographics.

Research has proven that a group of people marked by diverse thinking and experiences can outperform a group of experts in solving problems. With this in mind, we adapted the study circles model to gather the input of nearly 150 diverse voices in a six-month period. This improved upon our previous strategic planning process that involved a smaller number of people over a one and a half year timeframe.

The plan that has resulted from this new process positions us for success as we lead in the Brave New World. The board also felt it was important to look at a three-year window instead of our traditional five-year planning period. Where our 2006-2010 plan helped us to prepare for change, our 2011-2013 plan is focused on making necessary change. As we put this plan into action, we are mindful of the federal reform initiatives set to begin in 2014.

This strategic plan will guide the Board as we develop policies and exercise our fiduciary responsibilities; it will also be used to inform the work plans of the VNA staff. Ultimately, this plan calls on all of us to ***Engage. Connect. Innovate. Care.***

Be the change, lead the way.

Hal Colston
Board Chair

OUR “BRAVE NEW WORLD”

Since 1906, the Visiting Nurse Association has continuously changed with the times—“tranquility” and “monotony” cannot be found in our agency lexicon. It is clear to us now in 2010, and looking ahead to the coming years, that our cadence of change has hastened. We have dubbed these quick-march shifts our “Brave New World.” Below are some key aspects of this Brave New World—

- Recently enacted federal health care reforms
- Evolving health care systems in Vermont and our region
- Chronic underfunding of Vermont’s Medicaid program
- Recently announced federal Medicare funding cuts for home health and hospice
- New competition for home care and hospice
- Our struggling national and Vermont economies
- Rapid changes in our demographics—in both ethnic and aging terms
- Growing awareness of our need to improve compensation for VNA staff
- 21st Century culture and technology

The VNA is taking many proactive steps to succeed. As Hal notes in his introduction, this new plan continues a tradition of sound leadership of a large and complex health care organization, which has regularly engaged in deliberate strategic planning. In addition, the plan addresses the need for a proactive response to the VNA’s quickly evolving environment.

The pages that follow reconfirm and slightly refine our Mission, Vision and Values statements. More important, they identify our primary strategies for addressing our Brave New World—greater engagement with all levels of VNA staff; joining our proactive leadership with that of our partners in the changing health care scene; and capitalizing on opportunities to improve our business results.

For the next three years, this document will be part prescription, part GPS driving directions, and part stimulus for our ongoing deliberation and decision-making.

Implementing the plan will challenge us to improve the way we do things, learn from one another, listen to our advisors, strengthen present relationships and enter into new ones. We anticipate and welcome the constructive dialog, strategizing and action that will be sustained by this new plan.

Church Hinds
President & CEO

PLAN AT A GLANCE

“The VNA is a forward-thinking organization committed to our changing community.” — VNA COMMUNITY SUPPORTER

“We used the VNA’s current strengths to make suggestions about the future.”
— DISCUSSION GROUP PARTICIPANT

1 Engage staff at all levels of the organization to innovate and respond to change.

- Equip staff with technology and connectivity to improve our operations, care and efficiency.
- Implement new approaches to orientation, training, professional development, and recruitment, that motivate staff to become pioneers of ever-improved care.
- Launch diverse innovation teams to help implement strategic objectives and improve internal systems.



3 Be a proactive leader in health systems change and innovation.

- Respond to health reform by developing best evidence-based clinical care pathways that connect our care with providers across the care continuum.
- Identify, initiate and pursue opportunities to collaborate with other organizations to further health systems change and innovation.



- Use expert input to complement our ongoing internal efforts to improve the efficiency and effectiveness of our operations.
- Expand, improve, or introduce new programs or practices to grow our business and enhance our financial performance.
- Redesign programs or practices where revenues do not cover expenses.

2 Strategically strengthen and grow our business.

VISITING NURSE ASSOCIATION OF CHITTENDEN AND GRAND ISLE COUNTIES



Mission
The VNA cares for individuals and families through health and related services in homes and other community settings.



“Research has proven that a group of people marked by diverse thinking and experiences can outperform a group of experts solving problems.”

— HAL COLSTON
Chair, VNA BOARD OF DIRECTORS

Engage. Connect. Innovate. Care. www.vnacares.org

MISSION, VISION AND VALUES

As we position the VNA to meet the challenges of tomorrow, we continue to be guided by our purpose, our aspirations, and our central beliefs —the VNA’s “Mission,” “Vision” and “Values.” These statements serve as our touchstones, compass and boundary markers. As touchstones, they bring us to a common ground, a shared frame of reference across our diverse programs and services. As our compass, they help us to discern our organizational way and to clarify and reinforce our sense of direction. As boundary markers, they remind us that border lines are useful ways to focus our work and to assess what is within or beyond our intended scope. These fundamental statements reinforce all the VNA does today and they will continue to guide our future decisions, priorities, and choices.

VNA MISSION STATEMENTS - “What do we do and why?”

Our Legacy Mission (*dating from our founding in 1906*)

To serve all who turn to us in their time of need

Our Contemporary Mission (*dating from 2005*)

The VNA cares for individuals and families through health and related services in homes and other community settings.

VNA VISION STATEMENTS - “To what do we aspire?” “What do we wish to accomplish?”

Best Possible Care

- Highest levels of recovery, independence and well-being for those we serve
- Flawless transitions from home to other care settings to home

Best Place to Work and Volunteer

- Highest levels of personal achievement of those we employ
- Enrichment for all who volunteer to help us

Enduring Presence and Service

- Capacity and flexibility to position our agency for its second century of caring

Exemplary Leadership

- At the vanguard in our community, state, and the home health field

MISSION, VISION AND VALUES

VNA VALUES STATEMENTS - “What guides us in our work?” “What can be expected of us?”

Accountability

- Accountability:
 - ⇒ to our clients and families, and to our communities
 - ⇒ to each other — our staff, volunteers and Board
 - ⇒ to collaborators with whom we share our Mission
- Responsiveness to change in our communities’ demographics and among those we serve
- Advocacy on behalf of those we serve
- Leadership and talents shared for broader good in our community and state
- Effective stewardship of our resources

Excellence

- High quality programs, services and results
- Continuous learning and improvement
- Innovation in what we do and how we do it
- Skilled leadership, management and supervision

Integrity

- Equitable care for all who need us
- Prudent stewardship of resources
- True to spirit and principles of community-based nonprofit organizations
- Compliance with legal, regulatory and professional obligations
- Ethical practice, leadership and decision-making

Compassion

- Sympathetic concern for the needs and circumstances of those we serve
- Responsiveness to those needs and circumstances
- Holistic in our outlook and approach to caring
- Service provided without judgment or prejudice

Service

- In all agency relationships, internal and external to the VNA, we will:
 - ⇒ Be dependable and professional
 - ⇒ Be courteous and respectful
 - ⇒ Be caring and compassionate
 - ⇒ Address others’ needs in a timely fashion
- Engagement and innovation constantly bettering our care and service

STRATEGIC GOALS AND OBJECTIVES

This Strategic Plan is a reflection of extensive work by nearly 150 participants including VNA staff, board members, volunteers, community partners and clients. Nine in-depth strategic planning discussion groups, three strategic planning team retreats and the work of the core planning group led us to a set of recommendations that provide the foundation for what follows. In addition, the plan is also informed by our ongoing efforts to improve the efficiency and effectiveness of our agency services. By taking deliberate strategic action as we strengthen our current operations, the VNA will be well prepared to thrive in the “Brave New World.”

Three Strategic Goals provide the basic framework for this plan. These goals represent what we have collectively decided is most important to the VNA’s success. They will inform and energize all of our efforts over the next three years.

Strategic Goals

1. Engage staff at all levels of the organization to innovate and respond to change
2. Strategically strengthen and grow our business
3. Be a proactive leader in health systems change and innovation

Each **Strategic Goal** is further defined through nine **Objectives**. These objectives spell out the primary work that will bring the strategic goals to life. Yearly work plans and agency goals adopted by the VNA board will help us accomplish our objectives and track our progress.

Implementing this plan will challenge us to improve the way we do things, learn from one another, listen to our advisors, strengthen present relationships and enter into new ones. As you read through these strategic goals, objectives and action ideas, we invite you to think about what you can do to help the VNA succeed in the Brave New World.

STRATEGIC GOALS AND OBJECTIVES

Strategic Goal # 1:

ENGAGE STAFF AT ALL LEVELS OF THE ORGANIZATION TO INNOVATE AND RESPOND TO CHANGE

Objective 1A. Integrate technology in our practice and programs, and continuously seek new ways to employ technology to improve our effectiveness and efficiency in all that we do.

Objective 1B. Develop new approaches to our orientation, training, professional development, and recruitment to motivate staff and volunteers to become pioneers of ever-improving care and play an active role in advancing the VNA's strategic goals.

Objective 1C. Establish three Innovation Teams comprised of individuals with diverse knowledge, perspectives and positions. Provide training and support as these teams work to address at least one internal systems issue and further at least two strategic objectives. Support opportunities (in addition to the Innovations Teams) for staff to participate in addressing our strategic goals.

Strategic Goal # 2:

STRATEGICALLY STRENGTHEN AND GROW OUR BUSINESS

Objective 2A. Enhance efforts to improve the efficiency and effectiveness of our internal operations by capitalizing on expert input and implementing industry best practices.

Objective 2B. Establish plans to expand, improve, or introduce one or more new programs or practices for the purpose of increasing our business and enhancing our financial performance.

Objective 2C. Improve financial performance by redesigning one or more programs or practices where revenues do not cover expenses.

STRATEGIC GOALS AND OBJECTIVES

Objective 2D. Initiate an agency advancement plan beginning in December 2010 that promotes the VNA and capitalizes on technology and other new ways for interacting with customers, referral sources, donors, and policy makers. When fully in place, this plan will include marketing, business development, and public advocacy.

Strategic Goal # 3:

BE A PROACTIVE LEADER IN HEALTH SYSTEMS CHANGE AND INNOVATION

Objective 3A. Develop and market at least one clinical care pathway that responds to health reform, reflects best practice for clients with chronic conditions and connects our care with providers across the care continuum. Complete additional clinical care pathways for each focus area of the Vermont Blueprint for Health.

Objective 3B. Identify, pursue and initiate three or more opportunities to collaborate with other organizations to further health systems change and innovation in the interest of more coordinated, effective and efficient health care delivery.

APPENDICES

The Planning Process

The VNA Board of Directors sought to develop a strategic planning process that would best position the VNA to be successful in a rapidly changing health care environment. To achieve this goal, they initiated a process to:

- Leverage input from a broad range of VNA constituents to inform the strategic plan.
- Build on ongoing work to seek out expert advice in improving systems and operations.
- Develop a plan for the next three years in a six-month planning horizon.

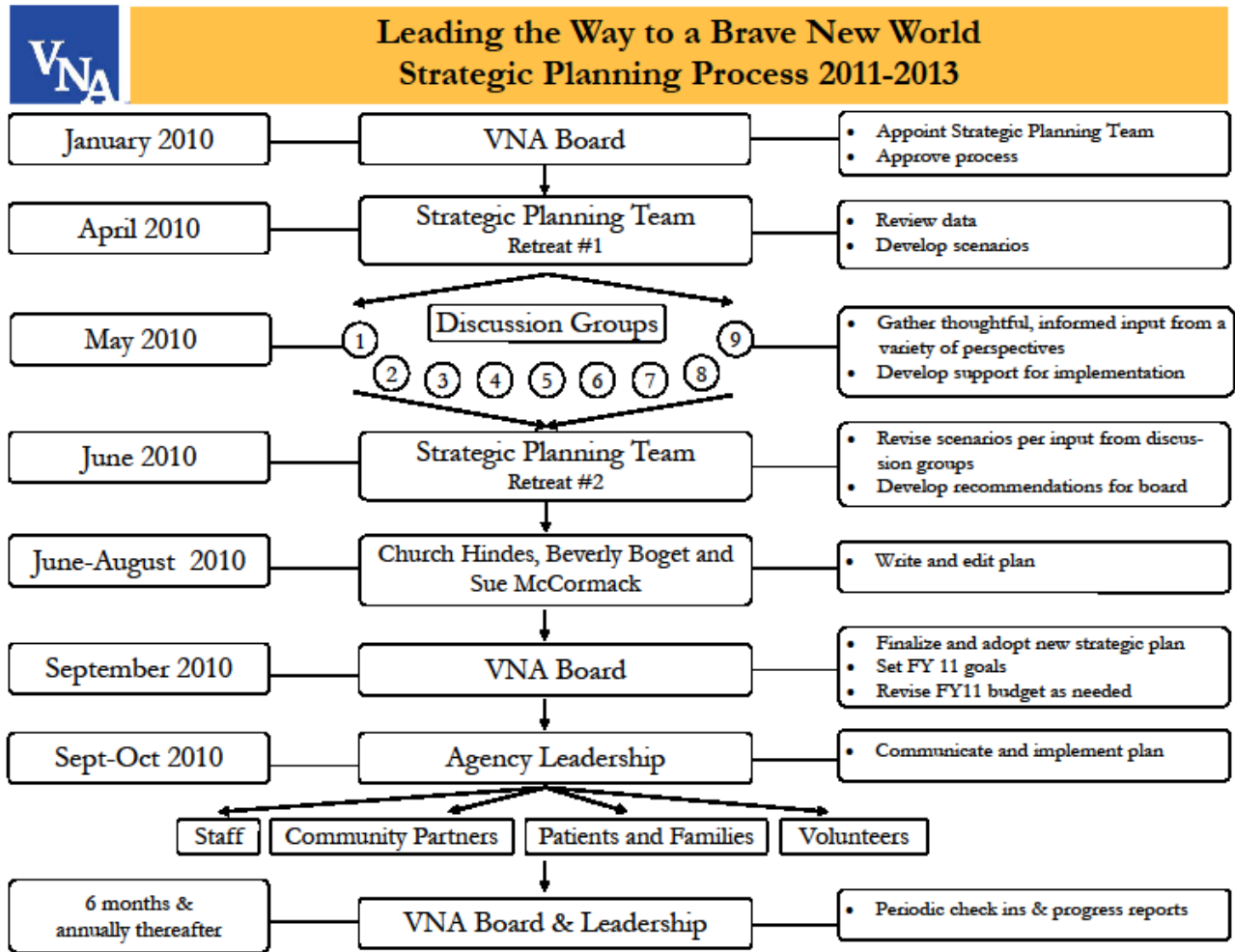
A discussion group model was selected as a way to engage a wide-range of constituents in the process and encourage innovative thinking. Nine groups of nine to thirteen members met for six hours each, and, using a process based in appreciative inquiry, provided insightful ideas that formed the core of the strategic plan.

The process also included a review of the mission, vision and value statements developed during the 2006-2010 strategic planning process. Through this process participants engaged in important conversations about what made the VNA stand out to the community that we served. This discussion was captured visually in a word cloud called a *Wordle*.

A diagram showing the complete strategic planning process and the VNA Wordle are on the following pages.

APPENDICES

VNA Strategic Plan Flow Chart



APPENDICES

Planning Process Participants

VNA Board of Directors 2010 and 2011

Mary Botter	Kathleen Keleher
Jessica Comai Brumsted	Leslie MacKenzie
Chuck Bunting	Jim Madison
Hal Colston	Karen Marshall
Melissa Dever	Samuel McDowell
Anne Doremus	James Miller
Zoe Erdman	Mark Pitcher, MD
Megan Frenzen	Ernest Pomerleau
Alfred Gobeille	Allan Ramsay, MD
J. Churchill Hindes	Kerin Stackpole
Mitzi Johnson	Nancy Wright

Core Planning Team

Hal Colston, Chair, VNA Board of Directors
Church Hindes, President and CEO
Pat Donehower, Vice President of Clinical Services
Beverly Boget, Director of Planning and Government Relations
Susan McCormack

APPENDICES

Strategic Planning Team

A Strategic Planning Team comprised of Board, leadership, staff and community members was convened and provided invaluable advice and support for the process. Core Planning Team members included:

VNA Board of Directors

Hal Colston, Chair

Kerin Stackpole, Vice-Chair; Chair of Agency Integrity & Government Relations Committee

Jim Miller, Treasurer; Chair of Finance and Operations Committee

Jim Madison, Chair of Staffing Committee

Ernie Pomerleau

Melissa Dever

VNA Leadership and Staff

Church Hindes, President and CEO

Pat Donehower, RN, Vice President for Clinical Services

Sid Rockliss, Vice President for Finance and Administration

Beverly Boget, Director of Planning and Government Relations

Ellen Leff, RN, Director of Adult Home Care

Claire McCabe, RN, Manager of Intake and Referral Services

Rob Sharpe, Manager of Facilities and Operations

Martha Brown, PT, Staff Consultant, Rehabilitation Team

Tom Paquette, LICSW, Hospice Program

Martha Marciel, LICSW, Case Manager, Long-Term Care Program & Social Worker, Adult Home Care

Community Partners

Penrose Jackson, Director, Community Health Improvement, Fletcher Allen Health Care

Martha Maksym, Director of Community Investments, United Way of Chittenden County

Discussion Group Participants

Jill Allen, Client, VNA Long-Term Care Program

Lynn Avery, Member, VNA Long-Term Care Program Advisory Committee

John Barbour, Executive Director, Champlain Valley Agency on Aging

Carol Bitter, Team Coordinator, VNA Family and Children's Services

Mary Botter, VNA Board of Directors

Deb Boutin-Bolam, Administrative Assistant, VNA Clinical Services

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Maleka Clarke, Activities Assistant, VNA Adult Day Program
Collin Clary, Technical Support Specialist, VNA Family and Children's Services
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Jessica Comai Brumsted, VNA Board of Directors
Roger Cooke, Volunteer, VNA Education and Quality
Marilyn Crimmins, Family Member of VNA Long-Term Care Client
Eileen Curtis, RN, Team Manager, VNA Adult Home Care Ancillary and South Rural Teams
Betsy Davis, Former VNA Board Member
Michele Denault-Reynolds, LNA, VNA Adult Home Care
Melissa Dever, VNA Board of Directors
Dale Devino, LNA, Vermont Respite House
Ann Dillenbeck, Children's Integrated Services Director for Chittenden County
Molly Dillon, VNA Honorary Board Member
Pat Donehower, RN, VNA Vice President of Clinical Services
Anne Doremus, VNA Board of Directors
Tammy Dubuque, Accounts Receivable Specialist, VNA Accounts Receivable Department
Lucy Dupont, RN, VNA Intake and Referral Department
Toki Eley, RN, Director, VNA Family and Children's Services
Zoe Erdman, VNA Board of Directors
Bonnie Finnigan, Director, VNA Human Resources Department
Linda Fishell, VNA Hospice Volunteer
Karen Floyd, Personal Care Attendant, VNA Community Care Connection & Long-Term Care
Mike Garrett, Manager, VNA Quality and Education Department
Larry Goetschius, Executive Director, Addison County Home Health
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Danielle Hartwick, Manager, VNA Family Room
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David Hedelund, Controller, VNA Accounting Department

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Ellen Leff, RN, Director, VNA Adult Home Care
Mary Loney, RN, VNA Hospice
Jim Madison, VNA Board of Directors
Martha Marciel, MSW, Adult Home Care
Erica Marks, Hospice Volunteer Co-Coordinator, VNA Hospice
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Linda Martinez, RN, Manager, VNA Adult Day Program
Claire McCabe, Manager, VNA Intake and Referral Department
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Sandy McDowell, Director, Program Implementation, Vermont Information Technology Leaders
Pat McGarry, RN, VNA Adult Home Care
Angel Means, Director, VNA End-of-Life Care
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Allison Mercure, Assistant Manager, VNA Accounts Receivable Department
Jim Miller, VNA Board of Directors
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Carol Morse, RN, VNA Wellness Services
Gertrude Moundouti, Personal Care Attendant, VNA Long-Term Care
Sara Munro, Volunteer, VNA Camp Knock Knock
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Arsi Namdar, Chief Information Officer, VNA Information Technology Department
Tom Paquette, MSW, VNA Hospice
Terry Paquin, Team Manager, VNA Rehabilitation Team

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Ernie Pomerleau, VNA Board of Directors
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Lusenge Sirwayo, Personal Care Attendant, VNA Long-Term Care
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Connie Stabler, Executive Assistant, VNA Office of the President
Kerin Stackpole, Vice-Chair, VNA Board of Directors
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Beth Sytzma, RN, VNA Adult Home Care
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Julia Tardif, Auditor, VNA Medical Records Department
Deb Tucker, Supervisor, VNA Traumatic Brain Injury Program
Tammy Villnave, Technical Support Specialist, Intake and Referral Team
Liz Vogel, VNA Community Volunteer
Robin Way, Executive Director, Champlain Islanders Developing Essential Resources (C.I.D.E.R.)
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Maria Wicker, RN, VNA Adult Home Care
Nancy Wright, VNA Board of Directors
Pat Wright, RN, VNA Private Care
Nancy Young, Family member, VNA End-of-Life Care



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