

VISITING NURSE ASSOCIATION  
& HOSPICE OF VERMONT AND NEW HAMPSHIRE



# CELEBRATING 100 YEARS AT HOME WITH CARE

**T**he visiting nurse movement of the Upper Valley can be traced back to 1907, when a few trail-blazing nurses took it upon themselves to provide care to patients in their homes. Nearly one hundred years later, the mission of caring for patients in their homes remains resolute at the Visiting Nurse Association & Hospice of Vermont and New Hampshire. ▶

B Y K I R S T E N G E H L B A C H



Credit: Visiting Nurse Association & Hospice of Vermont and New Hampshire

**The goal of home care is to educate the patient and the caregivers in achieving optimal health and to attain independence and functioning at home.**



Credit: Visiting Nurse Association & Hospice of Vermont and New Hampshire

**Visiting nurses provide medical support to families serving over 1,000 patients a year, including critically ill babies.**

Today's agency employs over 300 nurses and serves 86 towns along the Connecticut River Valley from central Vermont to the Massachusetts border. Medical care is provided to more than 6,000 people a year who are recovering in their homes from hospitalization or a recent illness. The agency also provides hospice, maternal and child healthcare, as well as other services.

While technology, medical techniques, and funding sources have changed over the years, the service remains the same: neighbor helping neighbor. Nurses continue to go door to door and care for people in their homes, no matter their ability to pay.

To celebrate the rich history of the Upper Valley visiting nurses, five nurses share their stories. ▶



Credit: VNA of America

**The Windsor Club purchased the first automobile for the town's visiting nurse in 1919.**



Credit: Dawn M. Pines

**Frances Connor, RN, began visiting patients at home in 1963.**

### A DIFFERENT KIND OF NURSING

Frances Connor, RN

Frances Connor, RN, stepped into “a different kind of nursing” while working part time nights at Mary Hitchcock Memorial Hospital. She started visiting homes in 1963, as follow up for patients leaving the hospital.

Every day was an adventure. She would deliver birth certificates to new mothers and take a few moments to visit with their babies. She bathed and changed dressings two times a day for a patient with multiple sclerosis paralyzed from the waist down. “I provided care plus moral support for the patient’s mother.”

She was chased by a goose on Goose Pond Road and was greeted at the front door of a would-be patient with a revolver. After several visits, Connor persuaded the patient to go to a Concord home for the elderly.

She kept a simple day sheet with the names of the patients she visited, collecting \$1.50 for a regular visit and \$3 for an extended visit, only if people could pay. That was until Medicare required that nurses write everything down. “All the record keeping was a challenge, and it did cut down on my time with the patients,” she said.

“I enjoyed nursing. It was a great experience. The doctors would call, and we would coordinate the patient care. I would visit as

often as I thought was necessary. While people don’t always want help, they would let me check in, and I would take it from there,” Connor said.

### □FEEL SO BLESSED TO BE ABLE TO DO THIS WORK□

Ruth Jenks, RN

The Utility Club of Lyme organized a visiting nurse committee in 1957 to develop an hourly nursing service for the town. Miss Hattie Wise stored the nurses’ equipment and supplies in her home on the Lyme green. The initial charge for an hour visit was \$1. The Utility Club paid for the nurses’ supplies and provided transportation to the patients’ homes.

Ruth Jenks, RN, became one of the original visiting nurses in Lyme after the Lyme Home Health Agency was created in 1968. She explains, “We had four nurses. All of us worked part time because we had children to care for. We often brought our children with us on patient visits because there was no childcare available at the time. The patients enjoyed seeing the children; it brought joy to their days.”

Jenks knows firsthand that it takes a village to raise a child. She tells the story of one elderly neighbor who insisted on staying in her home and working on her farm, and that it took the involvement of the

whole community to support this effort.

“My visit was always interesting. It was not unusual to go to her home in the middle of winter and find a new calf in her kitchen, warming near the stove.

“Caring for her was a community effort. My son Peter and his Boy Scout troop would carry firewood into her house so she would always have enough to keep her home warm,” she says. “The farmer down the road cut her hay and would check in on her and call me if she needed my attention.”

One day, the farmer found her outside on the ground after an apparent stroke. “The only way we could get her to the hospital was by police car with me at her side,” she says.

“I loved nursing, especially taking care of old people,” Jenks says. “There were a lot of nights when I couldn’t sleep wondering, ‘Could I have done more?’ I felt so blessed to be able to do this work.”

### □THE FIRST HOSPICE OFFICE WAS IN MY LIVING ROOM□

Fran Field, RN

When Fran Field moved to Hanover in 1967, she had years of visiting nurse experience as both a nurse and a manager of an agency in Connecticut. “I was astonished to see so few well developed agencies,” in the Upper Valley she writes.

One nurse worked out of the Town Hall



Credit: Dawn M. Pines

**1960. Lyme Home Health Agency nurses bring their sons along. From left to right: Ruth and Peter Jenks; Emily and Peter Olmstead; Kit and Steven Hewes**

in Hanover, another out of Town Hall in Lebanon. One nurse was backed by residents in Lyme. There were no nurses in Enfield, Canaan, Norwich or White River Junction. "It didn't take long for those of us who were interested to do something about the whole two-state scene."

Field's determination and vision helped create several firsts. She persuaded Mary Hitchcock Memorial Hospital to create the position of discharge planning coordinator. This gave her the opportunity to follow patients' progress and coordinate care and to make contacts in the community. After moving from Hanover to Lebanon, she worked with several Lebanon citizens to start the Lebanon Area Health Council.

Inspired by a cancer patient support group at Dartmouth-Hitchcock Medical Center, Field became "deeply involved in no time, and the first Hospice office was in my living room."

The Visiting Nurse Alliance was eventually contracted to provide management services for the Hospice. Later, the two organizations combined to form the Visiting Nurse Association & Hospice of Vermont and New Hampshire.

Today, as in the early years, volunteers are at the heart of the Hospice. Specially train-ed volunteers provide vital assistance, emotional support, companionship and respite care.

### TAKING A LEADING ROLE IN CARING FOR PEOPLE

Betsy Davis, RN, MPH

Betsy Davis, RN, MPH, and a nurse since the 1960s, was recruited to the Upper Valley in 1987, where she became director of three area agencies—Randolph, Woodstock, and Springfield—for Gifford Hospital. Through this collaborative effort, nine agencies and six hospice volunteer organizations worked together to form the Hospice Regional Network.

"This was the beginning of many projects where we all worked together," says Davis. Eventually the seven agencies merged into one. Davis served as the president and CEO of the agency until she retired in 2002.

"We recognized that we needed to strengthen home care in the region. It took an extraordinary group of people with a



Credit: VNA of America

clear vision for the future," Davis recalls. In 1993, the agency received full accreditation from the Joint Commission on Accreditation of Healthcare Organizations.

"There is no doubt that the merger was the right thing to do," says Davis. "The VNA is the best kept secret. No other program has so much power in terms of healing, caring for people in their homes. Visiting nurses can take a leading role in how we care for people with chronic illness and for an aging population."

### CARE IS CARE

Linda Cullen, RN

"I always knew I wanted to be a nurse," recalls Linda Cullen, RN. When she was in seventh grade, Cullen shadowed Sally Patten, a Hanover nurse. Later, while teaching at the nursing school at Mary Hitchcock Memorial Hospital, Cullen would fill in as a visiting nurse when Frances Connor went on vacation. Thirty years and many patients later, Cullen says, "It's a joy. It's not a job."

She admits that a lot has changed over the years. Strict federal Medicare requirements have reduced the scope of services provided, but the agency has found a way to provide the care people need. A patient's medical information is now recorded on laptop computers. Telemonitors prompt patients to check their blood pressure, weight, heart rate and glu-


**While medical techniques have changed over the 100-year history of the local home nursing movement, nurses continue to go door to door caring for people in their homes.**



Credit: Visiting Nurse Association & Hospice of Vermont and New Hampshire

**Linda Cullen, a visiting nurse for over 30 years, has seen first hand that caring for people in their homes makes a difference.**

cose and electronically transmit the information to a nurse for review.

One theme remains the same throughout the history and into the future, "care is care," Cullen says. "By caring for people in their homes we make a difference." 

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