

Healthcare
Solutions

Recognizing our Donors' Investment

2010 ANNUAL REPORT
VISITING NURSE | HOSPICE ATLANTA





Dear Friends and Supporters:

We want to express our gratitude to donors, partners, volunteers and staff who have given generously this year. Your commitment to our mission and your investment of time, dollars and energy in our healthcare solutions are valued by the Atlanta community. With your support, we were able to provide professional healthcare at home to 22,000 patients and their families this past year.

For the 6th straight year we generated positive patient outcomes, positive patient satisfaction and positive financial results. *HealthInsight*, a quality improvement organization, ranks our organization number one in positive clinical outcomes among Atlanta's comprehensive home healthcare providers and in the top 20 percent of home health companies nationwide. We have delivered healthcare to residents from Conyers to Rome, from Mableton to Gainesville, and from Sandy Springs to College Park. As a reflection of our stewardship, we paid off the remaining balance of our bank loan, becoming debt free for the first time in over 25 years. This is a significant landmark.



The healthcare needs of metro Atlanta are growing at a faster pace than most major U.S. cities. Our population is aging. Seniors are the biggest users of healthcare and represent 73% of our patients. As Atlanta matures, Visiting Nurse and Hospice Atlanta will be ready to care for our population. Two of our strategic solutions were designed to better serve our senior patients and families: Physician HouseCall™ and Healthy Transitions™. With programs like these, we are on the leading edge of delivering healthcare at home.

One of our goals is to develop thoughtful, strategic, collaborative programs focused on reducing the total cost of healthcare in Atlanta. To make this a reality, we continue to work closely with our highly-valued hospital, physician and payer partners. We aim to keep up with the growing need in our existing Atlanta market, while staying focused on long-term cost management to mitigate an ongoing reduction in reimbursement from Medicare. In an increasingly challenging market, these steps will help us fulfill our mission to improve the lives of those we serve.

Visiting Nurse and Hospice Atlanta are your nonprofit community providers of healthcare at home. Our focus is always on the patients we help 24 hours a day, 365 days a year. But we cannot accomplish this without the community's ongoing investment. We look forward to collaborating with you, our donors and partners, in 2011 and beyond.

Sincerely,

Mark Oshnock
President and CEO

Jay Harris
Board Chair

Changes In Healthcare Prompt an Increased Need for Solutions

Donors and Partners Invest In Our Strategies

In 2010, we witnessed a major shift in America's healthcare landscape, creating new challenges particularly for providers of healthcare at home. Visiting Nurse's response has been to anticipate changes and the associated challenges by developing new programs to solve today's healthcare demands. We are empowering patients to manage their own care at home under the guidance of our clinical experts. Our donors and partners, Board of Directors, Advisory Board and employees continue to invest in Visiting Nurse, whether it is with time, creativity, clinical expertise or financial support.

This is why we continue to be a healthcare leader and the number one provider of home healthcare and hospice in Georgia.

OUR CHALLENGE:

Less mobile seniors are at risk for frequent emergency room visits, hospitalizations and nursing home placement. Most seniors want to live at home, whether it is in their house, apartment or a senior living community. Many have no primary care physician.

OUR SOLUTIONS:

Physician HouseCall™ – No other home healthcare organization in Georgia offers this service. By bringing back the house call, we provide dependable, personalized medical care to seniors with chronic or acute illnesses. Our unique program is designed to educate patients and caregivers to manage chronic conditions at home, and to call on our physicians and nurse practitioners when their conditions are more acute.

Our first HouseCall physician, Dr. Edward A. Espinosa, joined us in October. Among the patients he has treated at home was an elderly man with dementia who was at risk for yet another hospitalization because of a high fever, pneumonia and sepsis, a potentially serious inflammatory condition. Worried about his condition, the patient's wife called Physician HouseCall™ at 7:00 pm on a rainy winter night. By 9:00 pm, Dr. Espinosa was at the patient's bedside, completing tests. He treated the patient with intravenous fluids and antibiotics, measures traditionally reserved for emergency rooms and hospitals, and stayed until late that evening to ensure the patient's condition was not worsening. The next day, the patient's temperature was normal, and he was able to eat and drink.

Healthy Transitions™ – Healthy Transitions is intended for residents of senior living facilities, particularly those with multiple chronic health conditions or a history of frequent hospitalizations or emergency department visits. Our Care Coordination Coaches work directly with clients to assess their needs and connect them with the appropriate resources.

In 2010, we expanded the program to 16 senior living facilities, allowing residents to age in place successfully. Furthermore, our hospital readmission rate of 5% was far below the national average of 28% and our goal of 12%. This low re-hospitalization rate points to the success of the Care Coordination Coach role. We are enormously grateful to our donors for caring about Atlanta's senior population and supporting the initial phase of Healthy Transitions™.

Patient satisfaction surveys reveal patients and their family members improve their disease management skills and have a better understanding of how to access community resources. "If anyone can get me help," said one client, "my coach can. I haven't been in the hospital for over two years. Before that, I was in the hospital a lot. My doctor says I am in better shape now...even better than before."

Telemonitoring – Our Board and donors recognized the need for this highly efficient and patient-friendly technology. The investment has paid off, though there is significant need for more equipment. The telemonitoring device is a self-management tool that allows patients to monitor their blood pressure, temperature, weight and other vital signs; results are sent electronically to Visiting Nurse. The system helps patients feel safer, provides clinicians daily reports on patients' vital signs, and alerts them to any dangerous changes in their condition. Through diligent monitoring, Visiting Nurse improved patient outcomes and lowered re-hospitalization rates, generating significant savings for the entire healthcare system.

OUR CHALLENGE:

Patients experience fragmented, disconnected care when transitioning from hospital to home.

OUR SOLUTIONS:

Visiting Nurse is fostering partnerships with our community's major hospital systems to develop effective and efficient care models to manage high-risk patients across the continuum of care.

- "High-risk" Cardiac Program – We launched this program with four partners – Piedmont Hospital, DeKalb Medical, North Fulton Hospital and St. Joseph's Hospital – to help reduce hospitalizations. One patient who is on the heart transplant list used to live in fear of dying in the night. Short of breath and scared, she called 911 and was taken to the emergency room at least once a week. Now a Visiting Nurse patient, she monitors her vital signs with our in-home telemonitoring system and calls her home healthcare nurse specialist for support, day or night. In the five months since she has been on our program, our patient visited the ER only once.
- Emory Healthcare Partnership – Starting in February 2011, Emory Healthcare System selected Visiting Nurse as one of their two home healthcare providers. The facilities participating are Emory University Hospital, Emory University Hospital Midtown, Emory Hospital's Center for Rehabilitation Medicine (CRM), Emory University Orthopedics and Spine Hospital in Tucker, and the Wesley Woods Center. We are in constant communication with Emory to ensure we successfully care for our patients.
- Gwinnet Medical Center Partnership – In October 2010, Visiting Nurse was added to the home healthcare provider list serving the Medical Center's patients after they are discharged. We anticipate enormous opportunities for expansion here, in part because Gwinnett County is now the second most populated county in Georgia. We look forward to working closely with the Gwinnett Medical Center in 2011, strengthening our presence in this vibrant community.
- Grady Health System – We have formed a partnership with Grady Health System to care for their patients upon discharge. This is an important collaboration between two of Atlanta's nonprofits committed to serving our community.

OUR CHALLENGE:

Medical advances have made it possible for patients to receive extraordinary, curative care for life-limiting diseases such as advanced cancer, end-stage cardiac or respiratory disease. Even if they are not ready or eligible to enter a hospice program, these patients may need pain management, emotional and spiritual support.

OUR SOLUTION:

We provide palliative care, a supportive bridge between home healthcare and hospice. Like hospice, palliative care focuses on the patient and family as a whole, managing both physical and emotional symptoms. “I love this program,” says the wife of one patient. “The doctor comes to our home in Stone Mountain. The nurse makes sure we have the equipment my husband needs. The social worker helps us with the paper work. The chaplain visits and encourages us. All we have to do is call. I didn’t know what palliative care was until our Kaiser doctor at Piedmont recommended it. I can’t believe how fast we get the care and help we need. It’s such a blessing for us.”

Kaiser Palliative Care Program – The palliative care services delivered with our partner Kaiser Permanente Georgia grew significantly in 2010 and exceeded their and our expectations, serving an average of 60 people each day. This highly collaborative program has won awards, was the subject of a presentation at Kaiser’s annual conference, and has become a model for other Kaiser Centers.

OUR CHALLENGE:

To find an alternative, economical method to deliver home healthcare to patients in response to changes in reimbursement.

OUR SOLUTION:

We launched a Clinical Support Center. One specially trained, 15-person group now manages the phones for all our divisions – Home Healthcare, Hospice, Care Management and Physician HouseCall™ – ensuring that patients and families get help quickly and in real time. The Support Center is staffed by both administrative and clinical employees. The Center also provides a platform for us to provide more healthcare virtually in the future.

OUR CHALLENGE:

We cannot rely upon Medicare reimbursement and private insurance to cover our services in full. In the final regulations on the Home Health Prospective Payment System Update for 2011, the Centers for Medicare and Medicaid Services (CMS) mandated cuts that exceed those legislated in the healthcare reform law of 2010. Medicare home healthcare provider rates were cut across-the-board approximately five percent in 2011 alone.

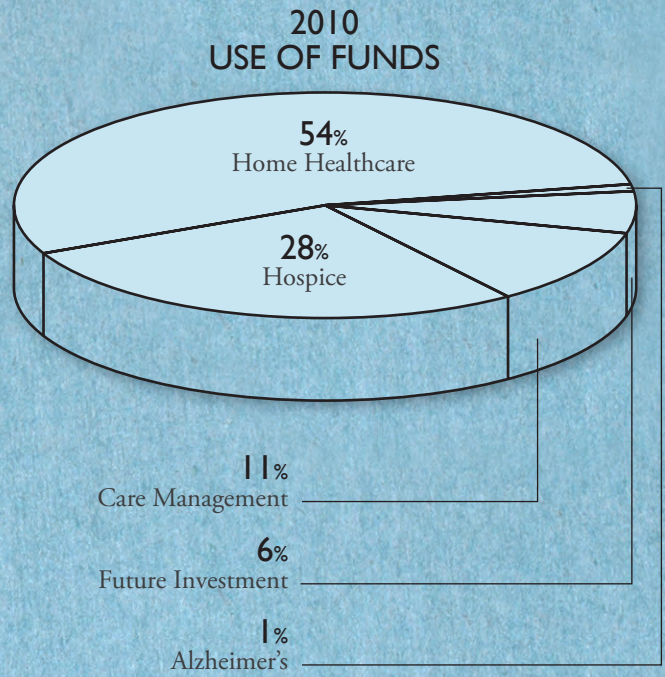
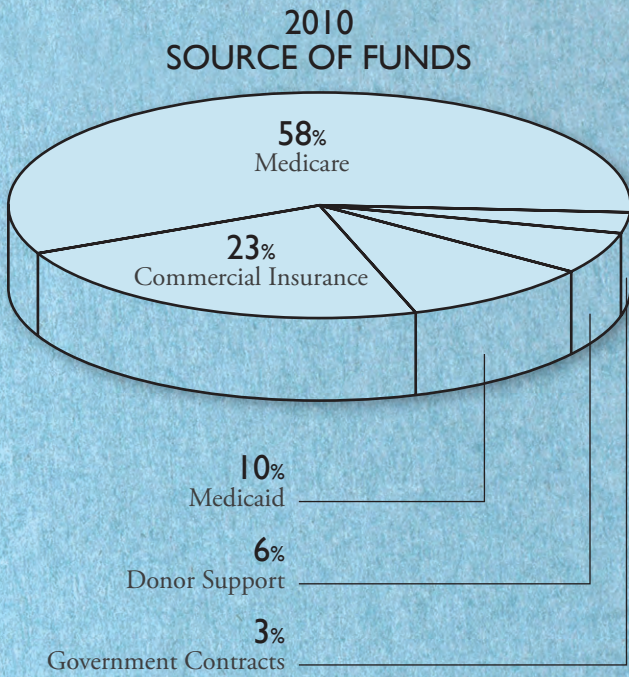
“Nonprofit home health providers simply cannot sustain this level of cuts and maintain the healthcare services that vulnerable patients rely upon,” stated Andy Carter, President and CEO, Visiting Nurse Associations of America. “VNAA worked hard to negotiate with Congress healthcare reform provisions designed to protect vulnerable patients from devastating cuts to Medicare home healthcare reimbursement over the next ten years. We are disappointed that CMS has regulated additional Medicare cuts beyond the Affordable Care Act.”

OUR SOLUTION:

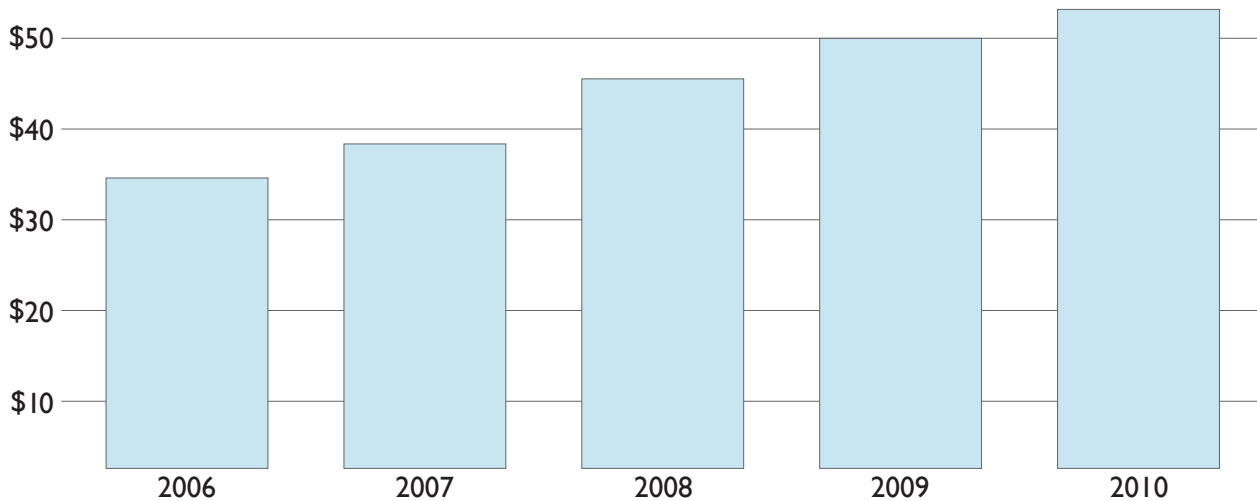
To continue to design and implement cost-effective and efficient methods to managing patient care at home with responsive customer service. To do so, we continue to need the support and investment from our donors and partners.

Financials

The cost of the comprehensive and specialized care provided by Visiting Nurse | Hospice Atlanta often exceeds reimbursement received from payer sources such as Medicare, Medicaid, and commercial insurers. The total cost of providing uncompensated services under the Visiting Nurse | Hospice Atlanta charity care program totaled \$2.3 million in 2010. In addition, Care Management Services, a cost reimbursed program, provided \$5.9 million of services in metro Atlanta in 2010 in collaboration with various government and community organizations. All amounts reflect results for the year ending 2010.

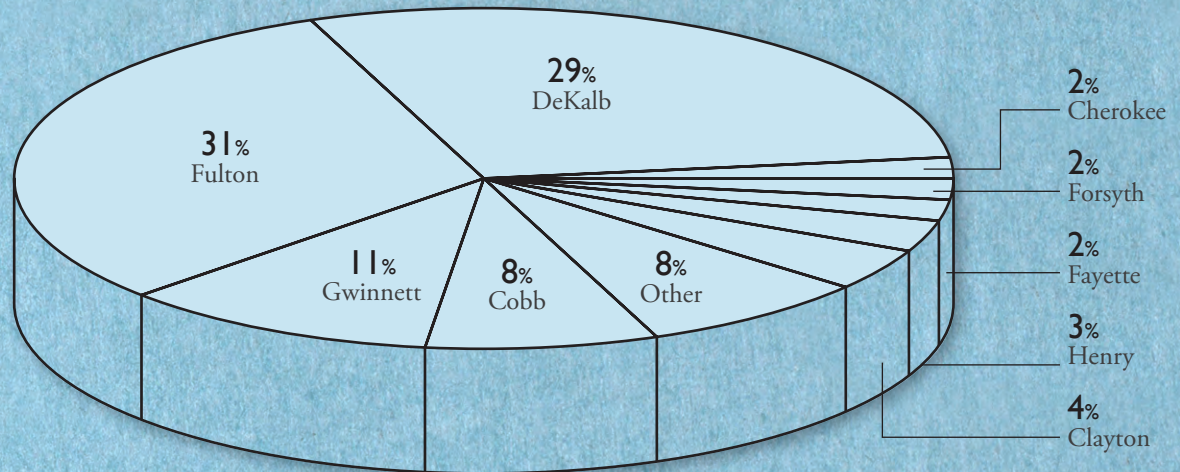


NET REVENUES IN MILLIONS

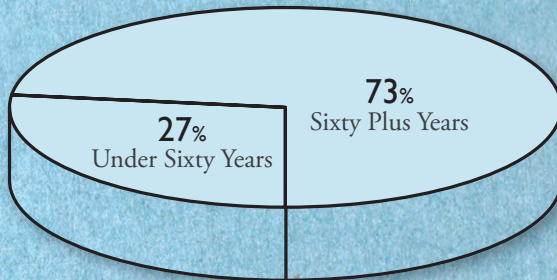


Patient Demographics

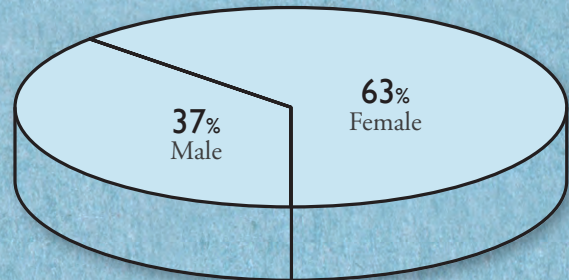
PATIENTS SERVED BY COUNTY



AGE



GENDER



	NUMBER OF PATIENTS SERVED	AVERAGE LENGTH OF STAY (DAYS)
HOME HEALTHCARE	15,127	39
HOSPICE	1,819	45
CARE MANAGEMENT	4,601	1,297
TOTAL	21,547	

Thanks to our many donors,
\$3.64 million was given
to support our care and invest in healthcare solutions.

Donors

The following is a list of contributors who have given \$1,000 or more during the period between January 1, 2010 and December 31, 2010.

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www.vnhs.org. If your name has been
omitted or reported incorrectly, please
accept our sincere apology and notify
the Office of Advancement at
(404) 215-6010.*

Big-To-Do

After a week of rain, Sunday, April 25, 2010, dawned clear and sunny, perfect conditions for family fun at the 19th annual Big-To-Do at Zoo Atlanta. \$125,000 was raised for The Children's Program.

Our thanks to co-chairs Molly Lynch and Deborah Miller and their stellar committee. Stay tuned to our website, www.vnhs.org, for information about the 20th anniversary Big-To-Do, Sunday, May 1, 2011.

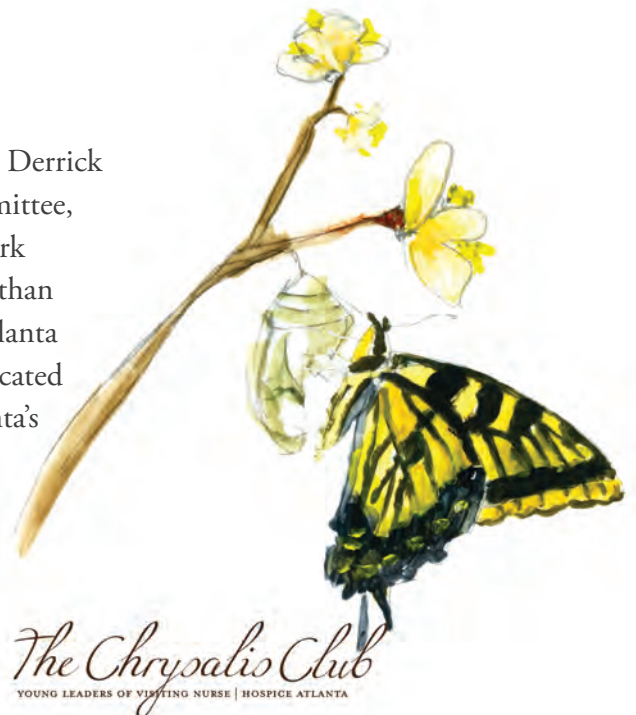


The Fall Benefit

In the Moment: A Celebration of Life brought 280 guests to the elegant Georgian Terrace Hotel in Midtown on September 25, and netted \$225,000 for our palliative care program. The evening honored long-time advocate and Board member, Starr Moore, who described the event as a “magical evening.” We are enormously grateful to the event committee, led by chair Pamela Chawkin, for their dedicated work. Special thanks to our premier sponsors: BB&T, Dignity Memorial and Northside Hospital, and our Angel Donor, Eula C. Carlos and her family.

Party with a Purpose

Chrysalis Club co-founders Wick and Gardiner Garrard, Paige and Derrick Vohs, and Barb and David Ghegan, along with the 2010 Host Committee, welcomed 100 guests at the home of Jim and Terry Coil in Ansley Park for the second annual “Party with a Purpose.” The event raised more than \$15,000 for renovations to the Community Room at the Hospice Atlanta Center. The Chrysalis Club was launched in 2009 by a group of dedicated supporters whose mission is to engage Visiting Nurse | Hospice Atlanta’s next generation of volunteer leadership. The Club designs volunteer, networking, and educational opportunities to build awareness and support among young community leaders.



The Chrysalis Club
YOUNG LEADERS OF VISITING NURSE | HOSPICE ATLANTA

October 1, 2010 – December 31, 2010

The following people were thoughtfully remembered with a gift in their name:

In Honor of

Dr. Linda Britton
Mrs. Eula C. Carlos
Mrs. Pamela Chawkin
Mr. and Mrs. Wayne Cornwell
Mrs. Shirley Deering
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In Memory of

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