

VNA History

1919	Efforts to organize a VNA in Spokane are interrupted by involvement with WWI.
1942	A "bedside nursing program" (named the Visiting Nurse Association) is organized in Spokane under the direction of Marjorie Lyon.
1943	Visiting Nurse Association Incorporated January 6, 1943, to provide nursing services throughout the City of Spokane to persons served by the Tuberculosis League (22%); infants and children previously served by the Family Welfare Association (26%); and service through the Red Cross (52%) to families of men in the Armed Forces. Charge for visit Mother and Baby: \$1.50 first hour, \$1 second hour. 5% victory tax to be charged. First six months of service January - June 1943: 3,730 calls to 970 patients.
1944	Nurses are exempt from Federal income tax and Federal Social Security tax. (Oh for the good old days!)
1945	Doubling in cases for care of Rheumatic Fever - service for TB steady - Whooping cough on the increase.
1947	VNA becomes a United Way agency (then known as the Community Chest).
1948	VNA merges with City Health Department for improved cost effectiveness and efficiency.
1966	Medicare begins paying for home health care as part of the new Social Security Act. VNA leaves affiliation with the City Health Department in July, and receives notice of Medicare Certification in August.
1967	VNA's Annual Budget: \$63,000.
1971	VNA losing \$1,600 month. In July, the VNA Board votes on a motion to cease operations July 30, giving employees two week notice. Mrs. Marjorie Lyon abstains from voting (ultimately saving VNA). On July 27, at a special meeting of the Board, the motion of July 21 to cease operations of VNA is rescinded.
1974	VNA provides 90% of home health care visits in Spokane. (Today's estimate is 65%.)
1976	Legislation. "The Older Americans Act," expands funding for home services for the elderly. VNA experiences a pattern of record volumes of home visits over the next few years.
1983	A name change: VNA Home Health Care Services.
1984	Medicare implements a prospective payment system for hospital care for the elderly (the "DRG" - diagnosis related groups - system provided payment to hospitals by patient's diagnosis rather than daily rates). The results included earlier hospital discharges and rapid growth in need for skilled home health care.
1985	VNA's Foundation is established to ensure the continuation of our mission of serving all who need VNA services . . . regardless of ability to pay. VNA launches Continuing Care Inc., a private duty home care service, and in 1986, becomes partners with Sacred Heart and Holy Family hospitals in CCI's ownership. VNA reaches record volume of annual visits - 50,053 and automation (computerization) of office and business systems begins.
1989	New wardrobes for patient care staff as "blue & white" becomes history. The VNA Foundation becomes inactive as the Board decides that Development & Fund Raising, which is becoming more important for the achievement of VNA's Mission, will be managed within the VNA.
1990	Record number of visits are set almost weekly, as VNA's rate of growth is 31% over the previous year. Continuing Care, Inc, is closed. VNA's first community newsletter, "At Home With VNA," is published.
1991	The Marjorie Lyon Training Center & Resource Library is opened and dedicated in honor of our founder.
1992	VNA celebrates 50 years of caring service to the community.
1993	Visit Volumes exceed 103,000. VNA moves into larger building at 3901 E. Main Street, doubling office space available to staff.
1995	4,500 patients are served through 125,000 visits. Staff number: 245. FTEs: 160. In the first 5 years, VNA's Development Program has raised over \$250,000 for support of VNA's charitable mission.

1996	Multiple market forces, including the impact of Managed Care, led to a reduction in total visits to 85,000 and the layoff of expert, valued employees. Although more patients are admitted to services, there is a reduction in number of visits to patients. VNA remains financially strong and excels in quality of services.
1997	After one year of planning and fulfillment of VNA's strategic priorities, and in response to an invitation from Providence Services, VNA becomes a sponsored ministry of the Sisters of Providence, St. Ignatius Province, on March 1. Visits per patient per admission average 45 visits.
1998	All Providence entities in Eastern Washington agree to merge governing boards to create Providence Services Eastern Washington (PSEW) with one governing Board. The Vision of PSEW is defined as "An aligned system providing a continuum of care for Eastern Washington, convenient to and supporting encounters between patients and clinicians that ensure the viability of the Providence mission and ministry into the future." Two VNA Board members, Rick Fike and Sue Devaney, are appointed to the new PSEW Board. The VNA Board of Directors transitions to an Advisory Board. VNA remains a distinct corporate entity, a freestanding home health organization under Providence. The VNA President & CEO report to the PSEW President & CEO.
1999	Continued pressures from payers to decrease visits per admission challenge VNA to maintain quality services while increasing teaching to patients and caregivers. VNA staff responded with continuing creativity and expertise resulting in 22 visits per patient per admission. 48,000 visits provided to 2,200 patients. Charity care provided is at record level of \$270,000.
2000	The Sisters of Providence of the St. Ignatius Province and the Sacred Heart Province merge to form the Mother Joseph Province—the sponsor for Health, Education and Human Service Ministries throughout the Western United States. On October 1, the Medicare payment system changes to a prospective payment methodology—the most sweeping change in Medicare Home Health since the inception of Medicare in 1965. VNA thoroughly prepares for this change and transitions smoothly while continuing to provide quality, complex services.
2001	VNA begins to provide TeleHealth visits to patients using state of the art video technology. This allows VNA clinicians who are in the office to have interactive video connections with patients, enhancing assessments and teaching.
2002	VNA celebrates 60 years of caring, quality services to the Spokane Community. As the largest Home Health provider in Eastern Washington, VNA admitted more than 2,700 patients and provided over 44,000 home visits with a staff of about 120. Complex care is provided by a growing number of expert clinicians including certified diabetic educators, certified enterostomal therapists and skin care nurses, IV clinicians, cardiac care clinicians, end-of-life care clinicians, specialty rehab clinicians and pharmacists. VNA begins providing single-lead ECG monitoring for cardiac patients using a specially-equipped Palm Pilot. VNA receives a significant bequeath from the estate of Denny Murphy, former VNA Board member and long-time friend and supporter of VNA. The funds provide a substantial increase to the VNA Educational Endowment Fund; enable the purchase of state-of-the art clinical equipment; and provide needed funds to support the charity care needs of many patients.
2003	Effective August 1, Provide Health Care (PHC) replaces Providence Services Eastern Washington (PSEW) as the corporate name for the regional delivery network of 12 health care ministries (including VNA) serving north-eastern Washington. In December, the Centers for Medicare & Medicaid Services (CMS) began to make outcome data for Home health patients served by Medicare-certified agencies public on its web site. This information, <i>Home Health Compare</i> , provides comparative data from home health agencies on the outcomes of care as measured by 11 standardized indicators. VNA's outcomes exceed the State, Regional and National outcomes.
2004	VNA begins an employee-funded Mission Fund to support staff participating in mission trips or other ministry outreach.
2005	VNA starts a Home Infusion Pharmacy to better meet the complex care needs of our home health patients.
2006	Providence Services join to form a new corporate sponsor, Providence Health & Services, for all Providence ministries in Alaska, Washington, Oregon, Montana and California, including VNA.

<p>2006</p>	<p>VNA is selected as one of the “HomeCare Elite,” the inaugural compilation of the most successful home care providers in the nation based on Medicare quality, improvement and financial performance data. To qualify, VNA was in the top 25 percent nationally in all three measured areas. VNA provided \$800,000 in charity care for home health and home infusion, which was 10 percent of patient revenues. VNA reaches a historic high patient census of 420.</p> <p>VNA begins using CoaguChek meters, which provide instant results of INR levels for patients on oral anticoagulation treatment.</p> <p>Franklin Browne, MD, internist with Physicians Clinic of Spokane and VNA’s Medical Consultant for nearly 20 years, retires from practice.</p>
<p>2007</p>	<p>VNA changes from a paper-based documentation system to POCD (Point of Care Documentation) on tablet computers using BeyondNow software products (HomeWorks and RoadNotes) from Cerner. Extensive training began in the summer with the first patient opened to service using POCD on October 1 for post-surgical care and rehab following a knee replacement. All VNA patients were transitioned to the Cerner System by December 31. This is the single biggest project in the history of VNA and is the culmination of almost two years of planning and implementation involving the entire organization.</p> <p>Due to changes in treatment protocols and reimbursement, VNA closes its Home Infusion service in order to better meet charitable needs in home health.</p> <p>Dan Dionne, MD, internist with Physicians Clinic of Spokane, becomes VNA’s new Medical Consultant.</p>
<p>2008</p>	<p>VNA develops a Neuro Rehab program under the direction of William Britt, MD, a Neurologist, adding to its existing specialty teams including Cardiac, Diabetes Palliative Care, and Skin, Wound & Ostomy.</p>
<p>2009</p>	<p>VNA’s official name changes to Providence VNA Home Health.</p> <p>VNA patient care staff is organized into six multidisciplinary care teams serving specific geographic areas to better facilitate patient care, communication and efficiencies.</p> <p>Regional contracts enable VNA to begin serving many more patients with private insurance, including Premera, Group Health, and Cigna.</p> <p>On the weekend of Nov. 21, VNA moved to 611 N. Perry Street in the Iron Bridge Corporate Complex, sharing space and resources with Pathology Associates Medical Laboratories.</p>