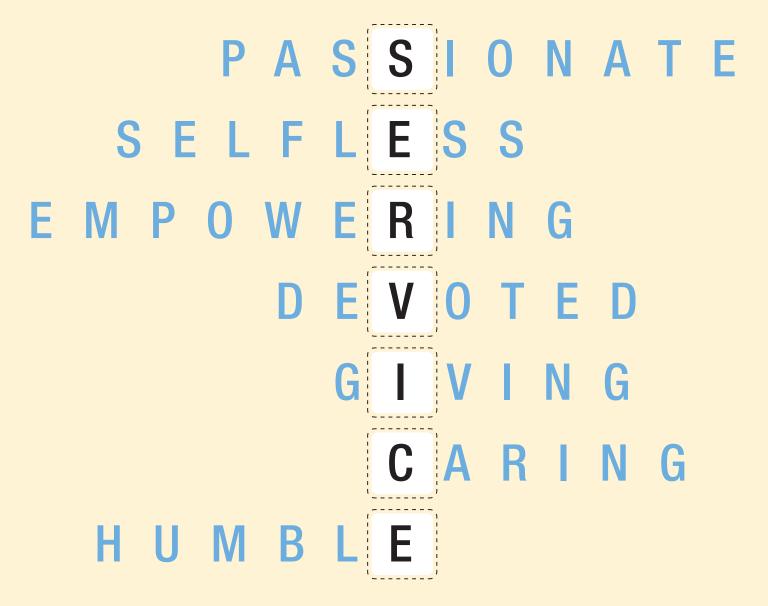
LOOK HOMEWARD

A publication for the supporters o Visiting Nurse Health System



Delivering Value-Based Services

Sequestration Puts Programs at Risk Federal Budget Cuts Require Planning for Uncertainty

Congress failed to reach a budget deal and sequestration went into effect, imposing across-the-board budget cuts to federal programs. As of April 1, healthcare providers, including Visiting Nurse, had their Medicare reimbursement cut by two percent.

Debate continues about the impact these cuts will have on patient care. The impact will only be evident as time unfolds, but the uncertainty surrounding the extent of the Medicare reimbursement cuts are putting further strain on the services that Visiting Nurse provides.

Will we eliminate services for high cost pediatric patients?

Will we cut back on our High Risk program aimed at those patients who require a higher level of clinical oversight to avoid hospital readmissions?

Will we be able to continue to offer uncompensated respite services for caregivers of Alzheimer's patients?

Will the most vulnerable patients in our community who are more difficult and costly to care for, such as the uninsured patients we receive from Grady Hospital, continue to benefit from our services?

We are currently planning for the impact of sequestration across our at-risk programs. Doing so will require increased support from our community to allow us to provide the care our patients need, regardless of their ability to pay.



LETTER FROM THE PRESIDENT



Dear Friends.

Managing the business of a large healthcare provider requires extensive record keeping and reporting, not only to coordinate patient care but to manage internal resources as well. We have access to industry data that we compare our results against, and internal reports that track our own performance. But one aspect of our business that's harder to quantify is the inspiration behind the excellent service we deliver.

Sure, we have a mission statement that reads "To improve the lives of those we serve;" we hire people whose personalities connect with our mission, and we gauge our success in a variety of ways from partner referrals to costs saved to improvements in our community's overall health. However, the small gestures by our clinicians speak to the values behind the exemplary service they provide.

I always hear of clinicians who buy non-standard supplies for patients without seeking reimbursement. Or a nurse who bought dinner for a patient's father when he showed up unexpectedly and felt faint. Or a nurse who cooked a quick breakfast for a patient who was hungry. One social worker moved bedroom furniture when a patient's hospital bed was delivered.

These seemingly insignificant actions cannot be found on any report. Oftentimes our managers and our partners are not aware of these kind gestures. One might say we are providing service above-and-beyond the call of duty. We prefer to say this is how we work on a daily basis, because it's the right thing to do.

We are thankful to all of our staff and supporters who enable us to provide value-driven service to our patients.

Sincerely,

Mark Oshnock President and CEO

Visiting Nurse Health System

Nonprofit Service

It's About What Really Matters

In our 2012 annual report "Our Values Create Value," Visiting Nurse reflected on the values that we hold working for a nonprofit. Those values include dedication to our profession, compassion for our patients, and delivering excellence with integrity, all while considering what is best for the patient and their family. We also presented testimonies from our partners, the community and our patients about the value they received from those values. Looking back on this set of core values at Visiting Nurse, we see they are all united by an underlying desire to serve.















Alice Hodges, a Visiting Nurse physical therapist, speaking to the values of integrity and compassion she brings to the excellent service she provides her patients, said "To serve them best, I always take the time to listen to their needs. I always put them first. I am honored that I have been invited to enter their home to help in their recovery while they are homebound and unable to leave. I also try to look at the whole picture. If a patient needs a glass of water or something out of the refrigerator, I take those few extra minutes to properly set them up before I leave their home."

Another physical therapist with Visiting Nurse, Anna Fidler, when asked what serving means to her, responded with a humble answer typical of those who put others first. "Our job *is* service. I just feel like if we are not serving others, what is the point of our work?"

People serve for a variety of reasons, but mainly we serve because we want to. Perhaps a family member's experience made an impact, or an individual witnessed an injustice that needed to be corrected. Maybe it's simply due to a belief that the reason we are put on earth is to serve others from a source of love and compassion. Many of you reading this are currently serving others in a variety of capacities as healthcare clinicians, as volunteers on the front lines, and as donors whose generosity provides the foundation for service.

The rewards are great when people serve from the heart. Patients see the physical results of the clinical treatment, but the spiritual and emotional value they receive are just as important. Bill, a recalcitrant wound care patient of Sandy Larson, a Visiting Nurse registered nurse, wrote a letter expressing his gratitude, saying that Sandy was "encouraging me" and "extremely patient with me," and "taught my wife how to take care of my wounds." Sandy's service went beyond changing bandages, and she put it simply by saying, "Sometimes taking time, even when you feel you do not have a minute to spare, and by looking deeply, small miracles can happen."

Serving from a deeper source results in changes in patients as well as families and caregivers. "When I enter a patient's home, I try to be very in-the-moment," says Sandy. "I stop and sincerely listen and make genuine eye contact along with showing compassion for the patient's suffering. These types of authentic actions can transform a patient's negative state of mind into one of insight."

As a result of excellent service, patients who experience positive outcomes unknowingly strengthen and reinforce the service values in their caregiver. Debbie Eagleheart, RN, felt this when she said, "Each success brings a sense of fulfillment that you just can't buy." She relays a story that illustrates this point: "I had a patient I called Big Ben. He had been a farmer all his life, still wore overalls and although he looked strong as an ox, he had Type 2 diabetes and I had seen him a couple of times for leg wounds and diabetic teaching. Big Ben and his wife could not read but

they knew numbers fairly well and we always managed. One day I got the call to admit him to teach insulin administration. I was so worried about the potential disasters that could befall him that I called the doctor's office with my concerns and asked if he was *sure* this was necessary. The doctor said his insulin resistance was not responding to oral meds anymore. Well, I individualized the teaching and brought as many pictorial materials as I could find. When I discharged him, he was one of the most stable diabetics I had ever had. I remained in that area for a couple more years but he never needed home care again. I always smile when I think of him. Funny how being of service becomes a gift to yourself."

It is this approach to service that makes Visiting Nurse unique among Atlanta's home healthcare providers. We are motivated by our dedication to serving the community. As a nonprofit, one of the ways we serve is to take on lessprofitable cases to help our community, such as long-term care. We deliver services where gaps exist, such as respite care for caregivers of Alzheimer's patients. We provide services

for a disproportionate share of patients who are indigent, underinsured, and who might have the most expensive diagnoses, for which we receive limited reimbursement. For instance, compared to other agencies we served more patients with poorly controlled diabetes (10% vs. 7%), heart failure (11% vs. 6%) and hypertension (19% vs. 10%), as reported in the VNAA Vulnerable Patients Study from 2011. Last year, Visiting Nurse provided \$4.9 million in care to metro Atlanta's underinsured.

Even though our primary

purpose is to serve, we are still subject to market forces and must adapt to manage within a drastically changing healthcare landscape. Medicare has been, and continues to be, a prime target for reductions as the federal government strives to reduce the national deficit. In an effort to improve care and reduce spending, the Affordable Care Act introduced Accountable Care Organizations (ACOs). Under this model, Medicare will make a single global payment to an ACO who will then distribute the payment to all entities involved in the

patient's care. It is critical that nonprofit organizations like Visiting Nurse remain one of the selected providers for ACOs. We embody the values of service and perhaps provide better care because of those values. The high costs and minimal reimbursements associated with many underinsured patients can cause even the most well-intentioned for-profit providers to limit the number of patients they serve from this population. Since we are guided by a charitable purpose—to provide high-quality care to every patient regardless of their ability to pay—our community's health could be undermined if for-profit providers come to dominate the home healthcare market.

Beyond our values, to secure our place as the chosen provider for ACOs Visiting Nurse must stay on the forefront of advances in healthcare at home, and make significant investments to do so. One form this investment takes is through innovative services such as our HouseCall program, the only one of its kind in Georgia, which brings primary care into the homes of chronically-ill seniors while cutting the overall costs of healthcare. In addition, investing in state-of-the-art technology

> will allow us to better serve our patients, such as methods to streamline back office processes and gain efficiencies in work flow and clinician routing solutions. Without community support for these investments, a vital piece of the greater Atlanta healthcare system would be disadvantaged.

Our values are at the heart of our organization, which adds value to our partners, our patients and to the community. Anna Fidler sees the rewards of providing healthcare in a nonprofit environment. "I want the emphasis to be on patient care, not quotas." Alice

Hodges expressed the freedom she feels when the profit motive is removed. "I love that I am working for a nonprofit organization when providing for my patients' needs. This type of organization truly allows me to put my patients first and properly serve them without always being focused on the finances of the organization."

More proof that, as we explored in our annual report, the cycle of "Our Values Create Value" continues.



Alice Hodges Physical Therapist



"I just feel like if we are not serving others, what is the point of our work?"

Anna Fidler Physical Therapist

An Amazing Volunteer Writes About Service His Personal Journey Led to Hospice Work

Visiting Nurse Health System has nearly 300 volunteers who serve to improve the lives of others.

Zach Binney has a modest approach to the important work he does, which is typical of those who give of themselves. We are grateful he chose to volunteer at our Hospice Atlanta Center. His patients are too.

My name is Zach Binney. I was born and raised in Atlanta, but headed off to The University of Chicago for my undergrad studies. At the beginning of my second year in the fall of 2005, my mom, a then-49-year old nurse-midwife, was diagnosed with late-stage ovarian cancer; she would die three and a half years later in April 2009. Mom's cancer initially went into remission but came back during my senior year. At the time I was writing my Bachelor's thesis for the History, Philosophy, and Social Studies of Science and Medicine major. The way that I coped with Mom's now terminal illness was to learn as much as possible about end-of-life care in the U.S., and I eventually ended up writing my thesis on insurance coverage of hospice care in the U.S.

After graduating I went to Washington, D.C., where I was a hospital cancer consultant for almost three years. Instead of focusing on the economic implications of what medical equipment to buy, I wanted to focus more on how to better care for people at the end of life, which I believe needs vast improvement in this country, by and large. To do this I decided to go back

to graduate school and get a Master's in Public Health (MPH) in Epidemiology, with a focus on doing research into how we can improve palliative and hospice care to patients with serious life-limiting illnesses. In August 2011 I was accepted to Emory where I met a couple of fantastic advisers who allowed me to become involved with the Emory

Palliative Care Center. I am currently a research analyst there and will become the Associate Director of Research Programs and Innovation in May 2013.

I'm not a doctor, nurse, or other clinician. I'm more of a translational scientist, which basically means I design studies and analyze data all day to figure out how we can better care for patients using palliative and hospice care. I'm in Microsoft Excel databases, not patient rooms. When that's the only aspect of your work, it's easy to lose track of why you do what you do: to improve patients' lives (which may have the happy byproduct of lower healthcare costs and other system-wide benefits!). To get that human element is really why I do what I do at the Hospice Atlanta Center.



I began volunteering there in January 2012. I chose Visiting Nurse because I knew I wanted to volunteer with a local non-profit hospice and the Hospice Atlanta Center was where Mom spent roughly the last ten days of her life. She received excellent care from the staff at the Hospice Atlanta Center and Weinstein, and I wanted to give back to those who had cared for her so well.

I started as a Center volunteer, manning the front desk, doing odd administrative jobs, and visiting with patients. I also applied my computer and data analytics to help out with a few special technology projects, but this hasn't been the main focus of my work. In the fall of 2012 I also began visiting home hospice patients. I developed regular weekly visit

FEATURE

relationships with two vastly different patients—a 93-year-old with heart failure and a 36-year-old with Multiple Sclerosis—who both passed away after two to four months of visits. Although it's hard to squeeze these visits in with dinner; he would've eaten alone on his last Thanksgiving had I not been there. That'll stick with me for a while. It's odd, but I probably saw these folks more often than I talk to my own grandmother.

"(Mom) received excellent care from the staff at the Hospice Atlanta Center... and I wanted to give back to those who had cared for her so well."

"... he would've eaten alone on his last Thanksgiving had I not been there."

Zach Binney

a full university course load and a roughly 30-hour per week job, I felt that these patients counted on me and really benefited from even just an hour a week of someone coming by to say hi and let them know they're thinking of them. The 93-year-old patient is a great case in point. I ate Thanksgiving lunch with him before going over to join my own father and a family friend for

I also went to the Camp STARS for Children last November. I lost my mom when I was 22. All of these kids were younger, but I think the principle is similar whether you lose someone at 14 or 22. You're just figuring out how to establish yourself in life, and very few people around you know what it's like to lose a close relative. Just

being able to share those experiences is a helpful two-way street, and I hope to be able to return next November.

Volunteering makes me better at my day job so I don't get so easily lost in spreadsheets and databases. It also helps me communicate better with my doctor and nurse colleagues who see these patients day in and day out.

I was drawn to the end-of-life care field from a close personal experience, and that's the same thing that drew me to Visiting Nurse when I was looking for somewhere to volunteer. It's great work that's not meant for everyone, but when you have a rotten experience you can either sulk about and ignore it or turn that angry, sad, depressive energy into something positive. That's what I've tried to do. Those of us with that personal experience are the best ones for this work; it's our responsibility to make the experiences of others better than our own.



DZach with his mom, Amy Plager, and her brother Matt.



Springtime Is Here, and So Are Seasonal Allergies

A Health Tip from Visiting Nurse

Springtime means flowering trees, fragrant flowers and spending more time outside. For many people, spring also means seasonal allergies, sneezing, congestion, headaches and watering eyes. Before you decide to stay inside until allergy season ends, lifestyle changes can help relieve and prevent allergy symptoms:

- Check local TV, radio or the Internet for pollen counts and forecasts.
- Limit outdoor activities when pollen counts are high.
- Avoid outdoor activity in the early morning when pollen counts are highest.
- Stay indoors on dry, windy days. The best time to be outdoors is after a good rain, which helps clear pollen from the air.
- Keep indoor air clean by using your air conditioner. Use high efficiency filters and follow regular maintenance schedules.
- Leave windows closed at home and in your car to keep pollen out.
- Use a portable HEPA filter in your bedroom.
- Clean floors often with a vacuum cleaner that has a HEPA filter.

By making these simple changes, you will be able to enjoy the beautiful weather without waiting for the season to quickly pass.

This Health Tip is provided by Carla Dawkins, Case Manager with Visiting Nurse.

FEATURE













Grateful Patient Recognizes Outstanding Care Visiting Nurse Team Praised for Providing Hope and Health

This letter demonstrates what delivering quality service means to the Visiting Nurse staff and to a bedridden patient.

Dear Ladies and Gentlemen:

I am writing to express my great pleasure and delight in my care team from Visiting Nurse. When your services started, I had no idea who Visiting Nurse was. The Obamacare insurance program I was on at the time was so new, my hospital could not figure out how to place a home health order, and initially sent Visiting Nurse to me as an indigent. Not understanding how these placements were done through nursing companies, I assumed Visiting Nurse must be a bottom rung provider to get stuck with someone with this sort of placement.

The care I received and the professionalism of my team quickly dispelled that notion. I can say without reservation all of them are simply awesome, excellent, and any other positive superlative you can think of. I received more than simply excellent care, I was placed with people who cared, had compassion, who connected with me in ways that only a caregiver who really cares can

"Taking care of people means everything to me. I get a lot out of it, just as much as the person getting the help."

> Ollie Brown Home Health Aide

do. They took the time to explain the procedures, the 'hows and whys.' They looked at what my family was doing, and trained us in better and safer ways. They coordinated with each other, my kidney team, and my primary care physician. They have been strong advocates for me, and have worked hard to get me the best care possible. In short, I was expertly cared for as a whole person-body, spirit, and soul.

Perhaps the most important thing your staff has brought me is hope, simple hope. Sandy Larson, a registered nurse who is truly a master of her craft, and Carol Phillips, another skilled and professional registered

nurse, were brought in to perform a general evaluation, monitor an infection (cellulitis), and help clear up some wound damage. They have far exceeded that mandate by instructing me and my family in techniques to make my life better. The cellulitis is gone and the wounds are healing, all under their expert care. It is quite easy to see why Sandy is involved in training other nurses. It is very obvious to me that her knowledge of nursing is both deep and wide, and she is also highly effective at communicating new ideas and concepts to both nursing personnel and lay family members. Visiting Nurse could not choose a better trainer.

Ollie Brown is also a valued team member, a kind and gentle caregiver who has shown me that it was possible to take a few more steps toward normalcy in my life while stuck in this bed. I have found that I could move past so called "spit baths" with pre-packaged wipes and instead enjoy a real bath with soap and water.

I have been bed bound since 2009 and out of it only a few times when taken by stretcher to a doctor or hospital. Nancy Nurnberg, another veteran physical therapist expert, is working to coordinate various resources to get me into a wheel chair, and out of this room where I have spent the last several years. She has worked through several possible solutions in order to find the best one to personalize for me. This will be an absolutely huge gain in my quality of life.

Lori Palatchi, a caring and gentle soul, is not only showing me how to build upper body strength, but has addressed my needs even when they were far outside the bounds of her field of occupational therapy. She has contacted my primary care physician and other providers to let them know of what she saw as problems and to ensure I got the help I needed. With her help, I know that I am well cared for, and I expect to be ready for the chair when it comes.

William Boatwright is simply incredible. Over the past few years, I have worked with several physical therapy instructors. They came, they put in their time, and left me feeling all was hopeless. William, however, connects with me, gives me the encouragement I need, makes me work hard, and leaves me feeling tired but ready to push ahead to the next step. He already has me sitting on the side of the bed, something I had not done for two or three years. Perhaps most important, William is refusing to take the wheel chair as the final step, but instead, has given me hope of standing and one day walking again. I feel like he has helped me find goals I can reach, and he has the skills to personalize a program to get me there.

All in all, Visiting Nurse caregivers are awesome. The highest praise I know how to give them is to say that every last one of them rock. They have made my life so much better I do not want any other home health care providing service to me. When another company called looking to provide service, I politely refused and took steps to ensure the placement went with Visiting Nurse.

I trust you will let all of your people know how much their care, kindness, compassion and expertise have meant to me, and I hope you will keep this memo in mind when it comes to review time. I appreciate the care your company has given me, and I will gladly recommend Visiting Nurse to all comers. Thank you.

Serving From Our Four Branch Offices

Visiting Nurse employs almost 800 staff serving the 26 counties surrounding greater Atlanta, the majority working remotely in the homes of their patients. All staff are based out of one of four branch offices and the Hospice Atlanta Center. Branch locations in Sugarloaf, Sandy Springs, Fayetteville and Kennesaw provide local office services and a stronger community presence for our employees.

Two branch managers oversee each office with a support staff consisting of clinical coordinators, logistic coordinators, quality improvement personnel, branch analysts, certified wound ostomy nurses, and high-risk nurses. Each office has up to 80 field personnel including registered nurses, physical therapists, occupational therapists, speech therapists, licensed medical social workers, and home health aides.

Although each office adheres to the same Visiting Nurse philosophy of care, they have their own distinct identities and enjoy competing with each other to provide the best care possible. The Sugarloaf office in Gwinnett County has a patient census of about 600 in





Hall, Forsyth, Gwinnett, and DeKalb counties, as well as part of Monroe and Barrow counties. The Fayetteville office serves over 550 patients in areas north from Temple, Villa Rica, Carrollton, Lithia Springs, and Douglasville to downtown Atlanta, and areas south from Whitesburg, Newnan, Fayetteville, and Riverdale to College Park. The Kennesaw branch delivers services to approximately 700 patients located in nine counties northwest of Atlanta, including Floyd, Bartow, Pickens, Cherokee, Polk,





Haralson, Paulding, Cobb and Fulton. The staff in the Sandy Springs branch serves 680 patients in DeKalb, Rockdale, Newton, Jasper and Butts counties, and parts of Henry, Walton and Fulton counties. Included in this area are the cities of Decatur, McDonough, Conyers, Covington, Monticello and south Atlanta.

Each office plays a vital role in ensuring our patients receive the care they need from skilled practitioners in their own community.

Residential Program at the Hospice Atlanta Center

One More Way to Serve Our Patients

Visiting Nurse Health System offers the Residential Program at the extraordinary Hospice Atlanta Center, a unique housing option ideal for patients and families who require or prefer 24/7 hospice nursing oversight in an inpatient setting.

Opened in 1996, the Hospice Atlanta Center is used to care for end-of-life patients with acute symptoms, or as respite care for our home hospice patients whose caregivers need time to rest or attend to personal matters. Through the Residential Program the facility and its services are also available for extended periods of time for patients to live their last days, weeks or months of life as comfortably as possible. The program is especially appropriate for those who have lived alone and may have no one to care for them as their care needs increase. For some, the

Residential Program offers care family members may be unable to provide. Others may lack home settings suitable for providing hospice care.

Patients of the Residential Program have access to the same services as any other patient at the Center.

- Round-the-clock nursing and assistance with personal care needs provided by licensed practical nurses and certified nursing assistants under the supervision of a registered nurse.
- Three meals a day delivered to the resident's room.
- Housekeeping services.
- Accommodations for family and friends to stay overnight.
- Visits from the hospice team, including a physician, registered nurse, social worker, spiritual care provider, bereavement counselors and volunteers.



The hospice team members work closely with the Residential staff to manage pain and other symptoms as well as address emotional and spiritual concerns. Hospice residents may choose to receive care from their own primary physician.

Although Medicare does not pay for the Residential Program, room and board are offered at a reasonable private-pay rate.

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For more information call Visiting Nurse hospice services at 404-869-3000.

Visiting Nurse Appoints Medical Director

Leena Dutta, M.D. Oversees Hospice Program

Visiting Nurse Health System is pleased to announce the appointment of Leena Dutta, M.D. as Hospice and Palliative Care Medical Director. Dr. Dutta is responsible for providing medical oversight for our hospice program at home and at the extraordinary Hospice Atlanta Center. "I am honored to be the new Medical Director for Visiting Nurse Health System. They are the most patient focused organization in Atlanta," said Dr. Dutta.

Board certified in Internal Medicine and Hospice and Palliative Care Medicine, Dr. Dutta has worked with various hospice organizations throughout her career, and demonstrated a passion for caring for patients who require specialized care at the end of life. Dr. Dutta says, "In hospice, we provide not only medical care, but pharmaceutical, nursing,

spiritual and social care. Hospice seeks to provide this holistic care to the terminally ill when the focus of care is not curative treatment but symptom management and comfort. Hospice is there to educate, counsel and guide patients and families through the end of life."



Dr. Dutta's career includes working as a hospitalist in Florida and Georgia delivering comprehensive medical care to hospitalized patients and, most recently, implementing a hospitalist program at North Fulton Hospital.

Dr. Dutta joins Dr. Laura Waddle, board certified in Internal Medicine and Pediatrics, and Dr. Toni Rossi, board certified in Internal Medicine, to oversee patients at home and the extraordinary Hospice Atlanta Center.

Tax Changes Provide Incentive to Donate Appreciated Stock

Have you reviewed your investment portfolio lately? Under the American Tax Relief Act of 2012 passed by Congress on January 1, 2013, tax rates have increased on both ordinary income and capital gains for high income individuals. These changes create a greater incentive to donate appreciated securities, particularly since the combined effective tax rates have increased from 15% to as much as 23.8% for certain high income individuals. If you have stock that has increased in value and you have held it for more than a year, a contribution of such stock, instead of cash, will be more tax efficient for the donor and will result in greater benefit to the charity.

For example, assume you own stock that has been held for more than a year that you purchased for \$5,000 and it is now worth \$15,000. If you sell the stock and donate the proceeds to a qualified charity, you will pay tax upon recognition of the \$10,000 gain. Assuming a 23.8% capital gains rate, you will pay additional federal income taxes of \$2,380. If you donate the balance of the proceeds to a charity you will make a net gift of \$12,620. In addition, your adjusted gross income is increased by the gain recognized, which may have the effect of reducing the benefit of itemized deductions and personal exemptions.

However, if you donate the stock directly to a qualified charitable organization, no gain is recognized on the disposition of the property, and you will receive a larger charitable deduction - the full fair market value of the stock. See the table for the benefit difference at a 39.6% tax

rate. In this example, the charity benefits by receiving \$2,380 more value, and the donor benefits by not paying capital gains tax of \$2,380, and receiving a charitable deduction of \$5,940.

Now may be the time to review your investment portfolio and consider a stock gift to your favorite charity. Be sure you have held the stock for at least a year, and as always, please consult your tax professional with any specific questions on your individual situation.

W. Edward "Eddie" Phillips is a principal in the Tax practice at Draffin & Tucker where he focuses on the healthcare industry.



The Nightingale Society honors donors who have included Visiting Nurse in their estate plans or have made another type of planned gift to support our mission.

If you have made a planned gift to Visiting Nurse, we would like to honor you! Please let us know by calling 404-215-6015 or emailing lisa.robinson@vnhs.org.

	Donor Sells Stock	Donor Gives Stock
Cost of Stock	\$5,000	\$5,000
Stock Appreciation	10,000	10,000
Value of Stock	\$15,000	\$15,000
Donor's Capital Gain Tax	(2,380)	<u>.</u>
Net Proceeds to Charity	\$12,620 	\$15,000
Tax Benefit of Charitable Contribution to Donor	\$4,998 ————	\$5,940 ————
Net Tax Benefit to Donor	\$2,618	\$5,940

To obtain more information on how you can contribute stock to Visiting Nurse, please see our website at www.vnhs.org and click on the heading How You Can Support Us and the caption Giving Stock for all of the details or contact the Advancement Office at 404.215.6010.

Families Enjoyed a Day of Winter Fun at the 2013 BIG-TO-DO

Nearly 1,000 Tickets Sold to Benefit the Children's Program





The 2013 BIG-TO-DO, held February 10 on Snow Mountain at Stone Mountain Park, raised more than \$70,000 (net) for direct pediatric patient care as well as an additional \$80,000 in pro-bono media coverage to raise awareness for the pediatric program.

Kids of all ages had fun snow tubing, making snowmen, shooting snowballs, climbing through the snow tunnels, making s'mores over an open fire and dancing with the Snow Angel.

To see more photos and watch a heartwarming video by Clark Hilton of Rusticus Films visit: vnhs.org/support-us/big-to-do



2014 Save-The-Date

Plan your next snow day adventure with us on Sunday, February 9, 2014!

To follow our progress, Like us at facebook.com/VNHS.BIG.TO.DO



CURRENT EVENTS







Thank you to all of our BIG-TO-DO supporters! The following have donated \$1,000 or more:

The Anise Wallace Foundation The Arnold Foundation, Inc./Buckhead Lion's Club

Arrow Exterminators

Mr. & Mrs. James A. Carlos Ms. Lynn P. Cochran Schroder Dignity Memorial Mr. & Mrs. David Ghegan The John N. Goddard Foundation Kimberly-Clark Corporation The Kroger Company Gay & Erskine Love Foundation, Inc. McKesson Medical - Surgical Home Care

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Mr. & Mrs. Matthew R. Nozemack Palliative Pharmacy Solutions, Inc. Pershing Yoakley & Associates Printpack, Inc. Palmer Proctor Mr. & Mrs. Stephen M. Raeber Sons Automotive Group Troutman Sanders, LLP Ms. Sharon S. Umphenour Verizon Wireless

Mr. & Mrs. Charlie H. Morgan

Ms. Starr Moore

Northside Hospital

Moncrief Heating & Air Conditioning, Inc.

We would also like to thank our media partners: WSB-TV Family2Family, B98.5FM, Appen Newspapers, Marietta Daily Journal, Neighbor Newspapers, and Fairway Outdoors.







4th Annual Party with a Purpose Hosted by The Chrysalis Club

Proceeds Help Fund Hospice Care for Those In Need

Tom Greene; Mary Katherine Greene; Parker Jones



Kathy Olmstead; Brooke McGill; Denise Miller



n December 14, 2012, The Chrysalis Club held its 4th annual Party with a Purpose in support of hospice programs at Visiting Nurse Health System. More than 120 guests attended the party at the beautiful home of Bruce Cohen (pictured right), who serves on the Board of Directors for Visiting Nurse.

This year's party raised more than \$12,000 to fund uncompensated hospice care. Visiting Nurse delivers more than \$600,000 in end-of-life care each year to families whose resources do not cover the services they need at such a difficult time.

The party also cultivates awareness of hospice and the important role it plays in our community. Chrysalis Club member Tripps Moog spoke about his family's recent experience with hospice during his father's terminal illness and death earlier in the year. He stressed the importance of understanding hospice services before they are needed in order to alleviate the anxiety that accompanies such emotionally difficult decisions.

Special thanks to the Host Committee for putting together such a wonderful event, and to our sponsors: National Distributing Company, A Peach of a Party Catering, Atlanta Beverage Company and Paper Affair.

To see more photos visit: vnhs.org/support-us/2012-party-with-a-purpose





Founding members: Tripps Moog, event speaker; Barb Ghegan

MEMORIAL AND HONORARY GIFTS

January 1 - March 31, 2013

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

In Honor of:

Ms. Pam Bentlev

The Kaufman & Szlasa Families

Ms. Shirley Hardt

Mrs. Esther Rawn

In Memory of:

Mr. Isiah Allen, Jr.

Col. Loren Anderson, USAF (Ret.)

Ms. Carmen Artime

Mr. Willie Barnett

Dr. Herman Boaz

Mr. Thomas Bolton

Mrs. Jean Bond

Mr. Marvin Bond

Mr. David Botsford

Mrs. Christine G. Bowling

Ms. Doris M. Boyd

Mr. James Brooks

Mrs. Joan Caso

Dr. Russell Cioffi

Mr. Allen Creagh

Ms. Helen Davis

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Saturday, September 28, 2013

The Ritz-Carlton, Atlanta (Downtown)

Honoring Bill and Eleanor Cheney

For their generous, long-time support of our Alzheimer's Program

Jerome and Sue Lienhard, Co-Chairs