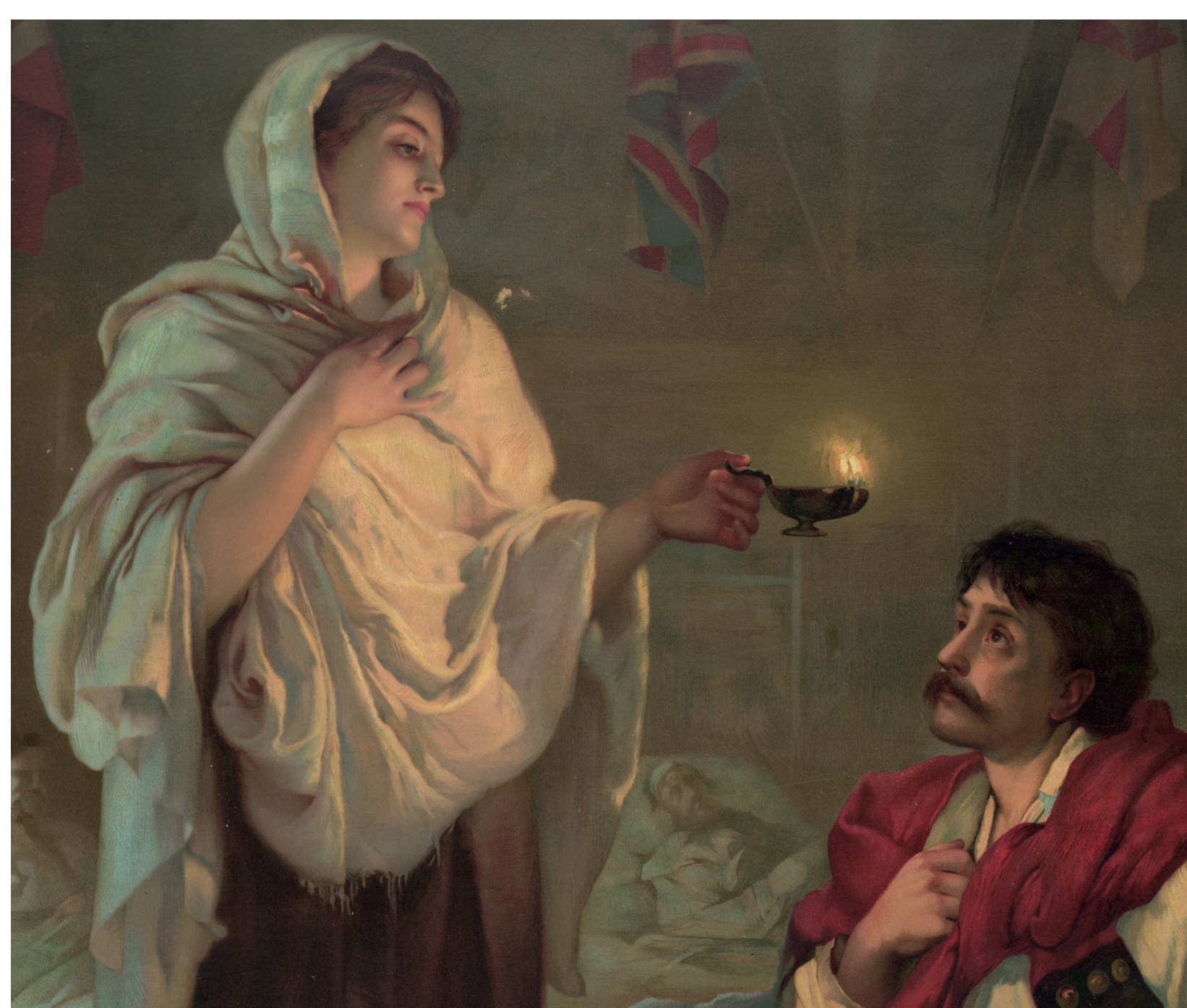


In the mid-1800s ...

Florence Nightingale became known as the founder of modern nursing and was called the “Lady with the Lamp” by wounded soldiers who were comforted by her care during her visits to check on them at night.



Inspired by Nightingale, Lillian Wald coined the term “public health nursing” in 1893 and started the Visiting Nurse Service of NY thanks to support from prominent philanthropists. Wald’s efforts were shared throughout the country, and by 1913 there were hundreds of VNA organizations supported by their communities.



1913

In 1913, a visionary local woman by the name of

Norma Snow

identified an opportunity to improve access to care for people in the City of Rochester. In a growing community with many poor residents and no local hospital, affordable medical care at home was an urgent need.

As president of the Rochester Women’s Club, Norma led the efforts to establish the Rochester Visiting Nurse Association by securing support from other charitable organizations and doctors in the city.

Grace L. Reeds was the first visiting nurse and made 1,100 visits in the first year. Visits were paid for on a sliding scale,



and more than a quarter were classified as charitable cases.

The VNA was first led by Dr. John Bates as President and Norma as Vice President until 1929. Norma became President at that time and remained in this role until her death in 1948 at the age of 85.

1920s

After World War I and the Spanish Flu Epidemic, the Red Cross continued to make important contributions to the health of veterans and civilians thanks to their visiting nurses. The use of automobiles had become more common, and the Rochester nurses received a car with support from the Rochester Chapter of the Red Cross.

Rochester VNA employed two nurses who provided



care beyond bedside nursing. A 1923 Rochester Courier article explains that their work “embraces social welfare work, a great deal in the line of preventive medicine, relief of distress, and the care of school children.” It was reported that the nurses made more than 5,200 visits in 1922, an average of 16 visits per day.

1920s – 1950s



Nurse Violet Bliskey

The nurses’ office space in City Hall was increased to two rooms as two nurses shared the workload, one mainly

1930s

in the schools, the other as public health nurse. Besides bedside nursing, much of the work consisted of health education for families, including hygiene and nutrition, pre- and postnatal visits, as well as immunization clinics.

1940s

Patient and community education in nutrition and fighting infectious diseases like diphtheria were a focus in the 1940s. The two nurses from Rochester VNA continued to expand their knowledge in public health nursing, and they often worked

beyond their normal hours to meet the demand. Due to the growing need for visiting nurses in neighboring towns, Beulah Thayer, June Liberty, Helen McLaughlin, and Helen Nute of the Farmington Women’s Club took the lead in organizing the Farmington Visiting Nurse Association in 1947.

At the annual meeting of the Rochester VNA (RVNA) in 1956, nurse Violet Bliskey reported that she made 1,946 visits in 1955. The majority of calls were

1950s

made free of charge thanks to individual donations through Community Chest fund drives, as well as some support from city contributions, the Red Cross, and insurance reimbursement. Mrs. Lillian Foss Cooper served as the third president of RVNA from 1949 to 1969.



Violet Bliskey and Lillian Cooper in 1970.

1960s

After the Medicare program had been established in 1965, Raymond Conley, Executive Director of the Portsmouth Rehab Center, had the goal to improve services to patients in rural communities. In 1967, he received a grant to fund a part-time nurse coordinator, Mrs. Cynthia Blood, and he



Barbara Drew, RN

established a satellite program called the Rural District Health Council (RDHC). Since the Rochester VNA was already well-established and mainly served the greater Rochester area, the RDHC aimed to serve Strafford, Barrington, Middleton, and New Durham (and later Milton and Farmington) to provide access to visiting nurse services.



Cynthia Blood, RN

1960s – 1970s

1970s

In March 1970, the RDHC entered into an agreement with the N.H. Bureau of Maternal and Child Health (MCH) to provide family planning visits.

A few years later, Well-Child Clinics sponsored by RDHC, in cooperation with the N.H. State Department of Public Health, were held monthly,



Dr. Wendy Tinklepaugh

and other health clinics were scheduled throughout the year.

Ardala Houle, RN, started working at the RDHC in 1972 and was appointed as the Executive Director in 1977. In 1972 there were 1,057 skilled nursing visits made, and 706 children were seen at the Well-Child Clinics. In 1975, the services of home health aides were added to improve patient care.

At the Rochester VNA, polio clinics were offered for school-age children, and senior citizens received assistance with the paperwork involved in Medicare.



Nursing Supervisor Marie Dexter, Executive Director Ardala Houle, Nurse Elizabeth Coons

1980s

Shortened hospital stays increased the need for acute medical care at home, and visiting nurses began on-call 24/7 services. Rochester VNA (RVNA) employed six nurses, several nurse's aides, and clerical staff. Physical, speech, and occupational therapy were also offered through a contracted service.

In 1987 the Farmington VNA disbanded and gave the

remaining funds to the Rural District Health Council (RDHC) and the Farmington School District. By the end of the decade, RDHC launched an appeal in the amount of \$16,000 to purchase a computer. The computer, with a home health software package, would allow staff to devote more professional time to patient home visits, better planning, and greater security of records.

1980s – 1990s

Rochester Visiting Nurse Association turns 75

Early days of just five nurses, five aides, three desks recalled

By PATRICIA O'CONNOR
Democrat Staff Writer

ROCHESTER — The Rochester Visiting Nurse Association celebrated its 75th anniversary Sunday afternoon at its new headquarters on Rochester Hill Road.

Al Ratcliffe, president of the association, led guests on a tour through the new facility.

"We used to be in the Sarah Kendall building and there were five nurses with only three desks and

awarded equally to Spaulding High School and the Visiting Nurse Association," Ratcliffe said.

The move to Rochester Hill Road was also aided by a capital fund drive which began last summer.

About \$25,000 was raised, which was used to purchase carpeting and furniture for the new offices, Ratcliffe said.

"We received tremendous support from local businesses and organizations," Ratcliffe said.



1990s

In 1992, the Rural District Health Council changed its name to Rural District Visiting Nurse Association (RDVNA). RDVNA and RVNA became part of the Coalition of Strafford County Home Care Agencies to provide homemaking services with county and state funding. Due to decreased Medicare funding and for-profit competition, RDVNA and RVNA initiated merger discussions.

In the mid-1990s, RDVNA Board Member Charlotte Klaubert worked with Nursing

Coordinator Julie Reynolds to create a more structured volunteer program. Volunteers played an important role in community outreach, office support, senior companionship, and hospice care.

Due to patients being discharged "sooner and sicker," new technologies were used to respond to complex medical needs. In 1998 six Telehealth units were purchased, for \$6,000 each, to provide remote monitoring of patients at home.



Charlotte Klaubert, Volunteer



Nurses Julie Reynolds and Nicki Smith in 2000

2000

On January 1, Rural District VNA & Hospice and Rochester VNA merged to become Rochester/Rural District Visiting Nursing Services & Hospice (R/RDVNS & Hospice), with a combined workforce of about 100 people.

Linda Hotchkiss, Director of RDVNA, was instrumental in leading the merger to ensure the



Linda Hotchkiss, CEO

sustainability of VNA services in the region. The merger was necessary in response

to diminishing federal dollars and to enhance services provided to the community. Linda became the Executive Director after the merger and continued in

her leadership role until her retirement in January 2013.

During her time as Executive Director, Linda received the 2005 Home Care Service Award from the Home Care Association of NH for her significant contributions to home health care at both state and community levels.

RVNA and RDVNA to merge

Quality patient care won't be interrupted in Rochester or Rural District

by Robyn Duke and John Nolan

ROCHESTER - The Rochester Visiting Nurse Association (RVNA) and the Rural District Visiting Nurse Association (RDVNA), headquartered in Farmington, officially announced this week their intention to merge. The reason for doing so is to enhance community health services by consolidating resources and expertise, at a time when federal dollars are being cut.

While both agencies have remained financially healthy, despite the recent cutbacks in federal funds, they feel that they can operate more efficiently by joining forces.

"This is better for the communities," said RVNA spokesperson Judy Ouellette, adding that the merger will not disrupt patient care in any way.

Two votes in favor

Both VNA boards of directors have voted for the merger - RVNA on May 20, and the RDVNA on May 27.

According to Mary Kibbe, a board member and former president of RDVNA, the next move is for both boards of directors to meet jointly with a facilitator from Pennsylvania, in order to work out many of the details involved in the consolidation.

This joint meeting had been set for Saturday, June 19, but this has been postponed for a week or so.

From this meeting, it is hoped that a working board can emerge - perhaps consisting of as many as 18 people, according to RDVNA Director Linda Hotchkiss, who feels that each of her nine communities must be represented - and the figure, of course, matched by RVNA existing board members.

What is remarkable about this merger, according to Kibbe, is that it is being spearheaded by the directors of the agencies, Hotchkiss and Ann Clark of RVNA - and both directors know that at the end of the process, one of them will lose their job.

Hotchkiss, a nine-year veteran with RDVNA says, "It demonstrates just how important it is. The needs of the communities, in the long term, will be better served with the amalgamation".

Hotchkiss added that while there will be savings by combining the administrations, no fewer people would be served, and indeed, some programs may be enhanced. Therefore she doesn't see any reduction of hands on caregivers.

For now, both agencies will continue to run out of their respective operations, but when the merger is complete, both agencies could move into a single building at an undetermined location, or even run one building as H.Q. and the other as a satellite office.

The combined agency may also adopt a new name.

Background

The RVNA, which also has a Maine license, has been serving the southern Maine and Strafford County regions since 1913. They currently have a staff of about 60 part- and full-time employees.

The RDVNA was formed in 1969. With a staff of 54 employees, RDVNA serves the more rural areas of the state, working mostly in northern Strafford and Rockingham counties. They currently care for patients in Farmington, New Durham, Middleton, Milton, Strafford, Barrington, Northwood, Nottingham and Deerfield - towns with a combined population in excess of 30,000, making them larger than the city of Rochester.

See VNA's, page 27

2000s



Ribbon Cutting with Board President Greg Smith, Janet Cornish (RVNA), Ann Schulz (RDVNA)



2007

A new Adult Day Center opened to address the needs of the community and provided respite for caregivers who needed some additional support and time away from care responsibilities.



Adult Day Center

2001

In February, R/RDVNS & Hospice started doing business as Your VNA. By mid-2001, Your VNA moved into a new 9,000 square foot building at 178 Farmington Road in Rochester. The new building replaced two older locations, bringing 104 full- and part-time staff together. Eventually, the name Your VNA was retired, and the organization became known as Rochester District VNA (RDVNA).

2010

RDVNA had discontinued Hospice services in 2007 after another Hospice became a strong entity in the county. By 2010, that Hospice had been acquired by a for-profit company, prompting RDVNA to reinstate its Hospice license to provide a full continuum of care for patients. By the end of 2011, 84 patients had been admitted to Hospice.

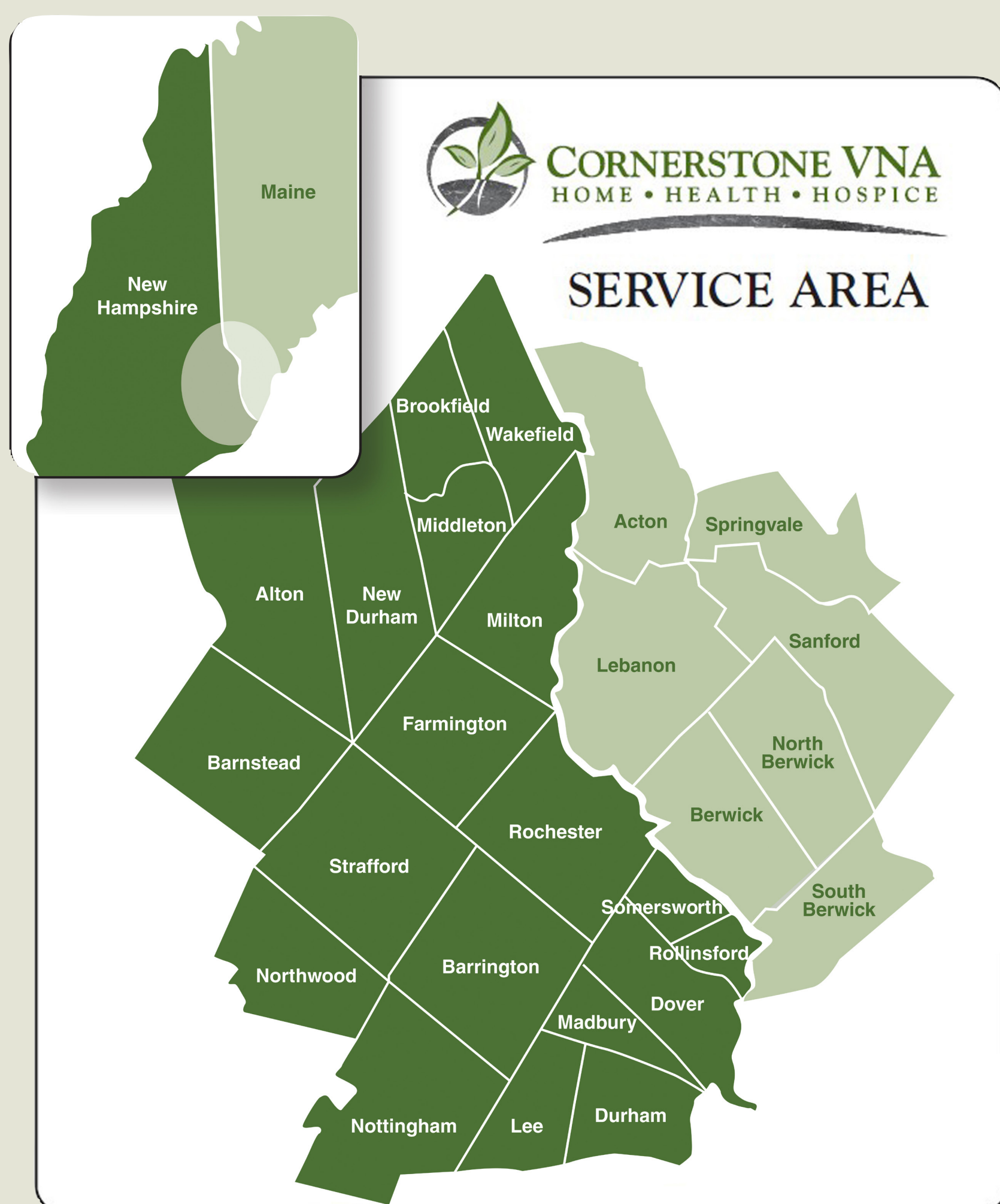
2012

To ensure sustainability, RDVNA considered geographic expansion in NH and into ME and a name change to Cornerstone VNA. The Adult Day Center closed due to decreasing participation, which provided an opportunity to offer private duty services to support individuals who wanted to “age in place” and remain independent at home.

2010 – 2013

2013

Cornerstone VNA turns 100 years old! This was a year of celebration and recognition of providing trusted, compassionate, and expert health care in 25 communities.



numerous promotions over the years before becoming CEO.

In honor of our 100-year anniversary, Cornerstone VNA proudly launched a Major Gift Initiative called the “Century Circle.” This special fund was established to support the professional growth of our staff through educational opportunities and specialty certifications.



In January, Julie Reynolds stepped into the CEO position upon the retirement of Linda Hotchkiss, who had led the VNA for over two decades. Julie



Julie Reynolds, RN, MS

first joined Cornerstone VNA as a Nursing Coordinator in 1994 and received

Our new private duty program was branded as Life Care to complement our other programs, including Home Care, Hospice Care, and Community Care.

Ongoing research and development guided our expansion plan into the Greater NH Seacoast area and lower York County in Maine.

2014

Cornerstone VNA expanded to serve Newmarket, Newington, Greenland, Portsmouth, New Castle, Eliot, York, Kittery, and Rye. A new Palliative Care program was launched to improve the quality of life for patients living with chronic illnesses, and a Nurse Practitioner was hired to lead the program. Also, our

Hospice Care program became a proud partner with the *We Honor Veterans* initiative to support veterans at the end of life.

In recognition of our success, we received the Corporate Fund Award for Excellence in Nonprofit Management.



2015

In addition to providing ongoing monthly wellness clinics through our Community Care program, we launched a free Educational Series for health professionals, businesses, and community groups. Our clinical experts developed presentations on more than 20 topics, reflecting

our commitment to providing health education and support to our local communities.



2014 – 2016

2016

We implemented numerous technology enhancements, including a new Electronic Medical Record system. The use of electronic tablets by field staff greatly improved the accuracy and efficiency of documentation and patient care in the field. Our original Telehealth units from 1998 were replaced by a sophisticated new program to enhance the care provided to patients with chronic illnesses. We began with 40 leased Telehealth



VcNA leaders Linda Hotchkiss, Cathy DiPentima, and Julie Reynolds

tablets, which were more user-friendly for patients and included a video chat feature, allowing for visual patient assessments. Also, our Life Care program established a family caregiver support network, including special events.

To build a culture of philanthropy, a new Fund Development Board Committee established the Norma Snow Legacy Society for planned giving and the Kiddie Cornerstone Fund to support pediatric patients and their families.



Anne Carle, RN, Telehealth Nurse

2017

Another year of growth, more technology improvements, and new opportunities. Our focus on specialty services to provide the most advanced care and support at home gave staff many opportunities for growth through certification. Chronic Care Management, initiated in 2011, continued to grow exponentially to include numerous chronic diseases.

2018

In response to requests from providers and patients in southern Carroll County, we expanded our service area once again to include Effingham, Wolfeboro, and lower Ossipee.

We began feeling the impact of a very tight labor market, especially for private duty services, resulting in an increased focus on recruitment strategies.

2018 – 2020

2019

Palliative Care continued to grow as a specialty program to include three Nurse Practitioners.

Due to continued growth, the Home Care team was restructured to include three team managers who would oversee staff and patients within three defined territories, creating a more efficient and patient-centered workflow.



In recognition of our continued growth and success, we received the 2019 Health Care Business of the Year Award from Business NH Magazine.

2020

2020 was a historic year for Cornerstone VNA and the world. The COVID-19 pandemic became a reality for our region in early March. We were well prepared to weather this unprecedented public health crisis thanks to our emergency preparedness efforts, and we continued caring for patients without skipping a beat. We were able to double our Telehealth program from 40 to 80 units to best serve our most vulnerable and medically complex patients. We shifted our support groups and special events to virtual formats, keeping

our community connected.

Despite the challenges of the pandemic, we continued to grow. In October we broke ground to expand our building and renovate our existing space. This building project was needed since the number of staff and our service area had doubled over the past 10 years. We were proud to be named Health Care Business of the Decade by Business NH Magazine in recognition of our accomplishments.



2021

In January, we officially expanded our service area to include the towns of Stratham, North Hampton, Hampton, Hampton Falls, and Seabrook, bringing the total number of towns served in NH and ME to 43.

Our construction project was completed in August, and our team members began to settle into their new spaces. Many office staff continued to work remotely or opted for a

hybrid work schedule, which offers greater flexibility for staff and space as Cornerstone VNA continues to grow.

The predicted nursing shortage, coupled with the pandemic, significantly impacted the health care sector. Recruitment of new staff, along with the retention of our award-winning team, continued to be a focus.



New wing for Hospice and Health Information, expanded meeting and training spaces, and a new patio.

2021 – 2023

We received many awards, and our team continued to go “above and beyond,” which became our theme for 2022. With more than 40 certified specialists, our commitment to providing specialty services continued to set us apart from our competitors.

2023

As we celebrate our 110th year, we proudly honor our history and how far we’ve come with a total of 175 staff and 60 volunteers. Throughout our 43 towns, we provided over 76,000 visits to more than 5,000 patients



Our generous donors, businesses, and foundations also went above and beyond and played an important role in the success of our organization. They provided donations to fund patient needs, program initiatives, and professional staff development.

through our five programs: Home Care, Hospice Care, Palliative Care, Life Care-Private Duty, and Community Care.

Norma Snow’s passion for helping others continues to inspire us as we advance our mission of providing quality patient care, clinical excellence, and advanced technology.

2022