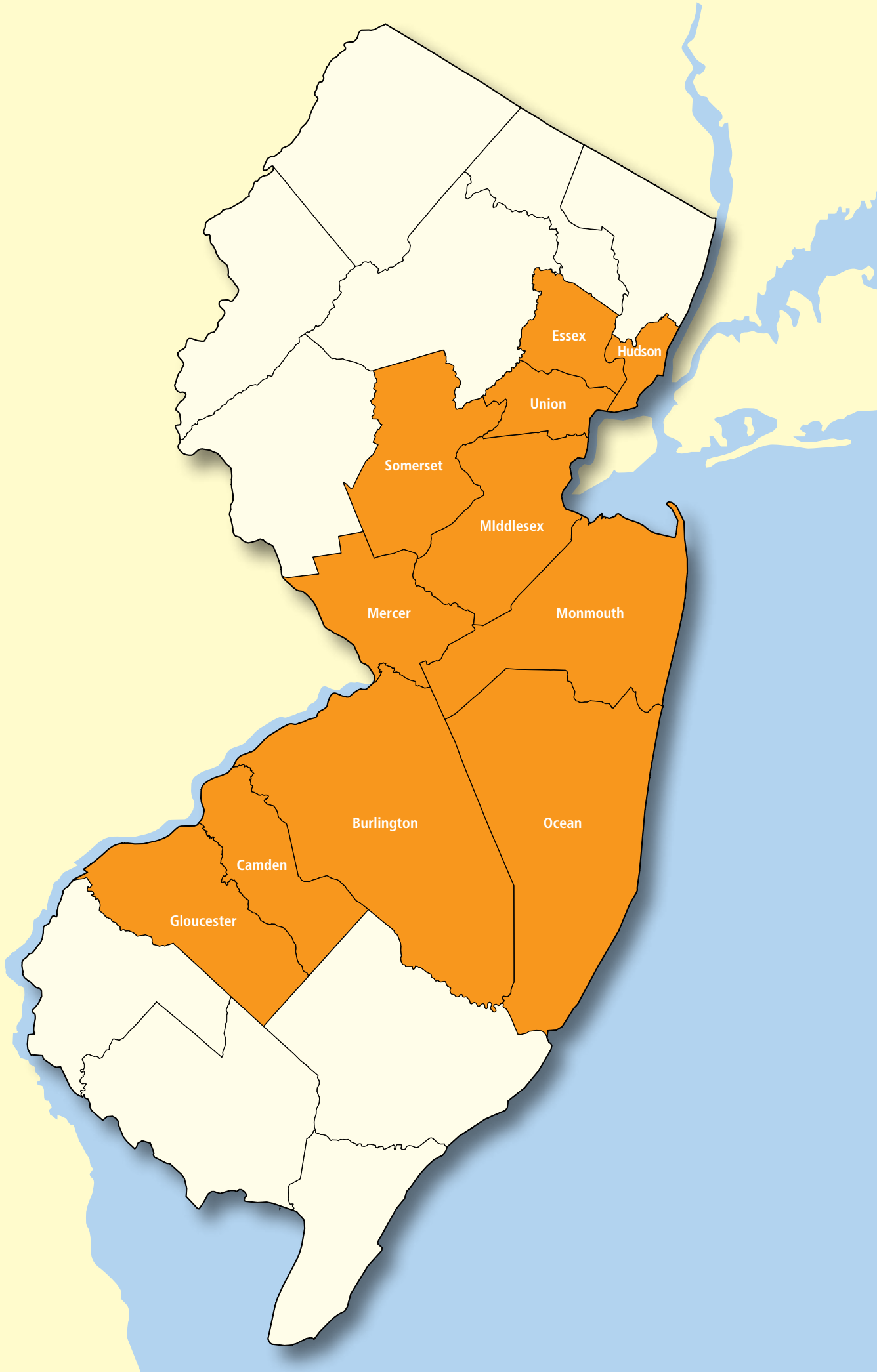


EXPANDING OUR REACH





Over the course of our 97 years, Visiting Nurse Association of Central Jersey has become a leading provider of home health care, hospice care and community-based health services. In 2008, we expanded our reach in response to a growing need for high-quality, community-based care.



GEOGRAPHICALLY

We are expanding geographically. In 2008 we affiliated with a sister VNA and developed a joint venture with a major hospital. We continue to pursue opportunities to serve communities across New Jersey.



CLINICALLY

With an aging population and shorter hospital stays, VNACJ is providing care for an ever-increasing number of patients with complex and life-threatening conditions.



TECHNOLOGICALLY

Our enhanced state-of-the-art systems improve record-keeping, communication, and oversight of fragile patients.



PHILANTHROPICALLY

Donors to VNACJ are finding unique and meaningful ways to provide financial and volunteer support.



We moved ahead with determination and confidence, knowing that our efforts would fortify the future of VNACJ.

From the Chairman

The year 2008 was one of economic uncertainties, and how it would play out was unclear. What was clear was that Visiting Nurse Association of Central Jersey must continue its vital mission. To that point, it was a year of tough decisions, focused operational strategies and a dedicated commitment to sustain and enhance the strength of our organization.

Our board members were challenged to expand their roles and responsibilities, to address evolving healthcare policies; to evaluate new market growth; and to create a broader, more comprehensive philanthropy and fund-raising plan in a time of limited resources. We moved ahead with determination and confidence, knowing that our efforts would help fortify the future of VNACJ.

We expanded programs in Burlington and Gloucester counties through a new affiliate, Visiting Nurse and Hospice Services. Members of the VNHS board provided new perspective on and insight into patient needs in southern New Jersey. A partnership with Robert Wood Johnson University Hospital joined two of the region's premier healthcare providers to serve individuals in Mercer, Middlesex, Somerset and Union counties.

The involvement and dedication of our volunteers has been inspiring. Once again, more than 1,000 volunteers came together to lay the groundwork for the second Stately Homes By-the-Sea Designer Show House. Our remarkable VNACJ Thrift Shop volunteers raised \$212,000 in support of agency services. Surpassing all expectations in a tough economy, their efforts helped to reduce the impact of program cuts and reduced funding. Combined with charitable donations and grants, these dollars help to support our services to fragile and disenfranchised populations.

I am grateful for the guidance and support of our trustees and the generosity and dedication of our volunteers. Their efforts, combined with the high-quality, compassionate care of VNACJ staff, enable us to expand the reach of our mission to the growing number of individuals in need.

Judith Stanley Coleman



As our neighbors across the state turned to us in need, we, through your generosity, responded - extending a helping hand and expanding our reach.

From the President and CEO

This year more than ever community-based organizations are called to honor their mission as safety net providers. As the world reels from economic challenge, the growing number of unemployed, and rising healthcare costs, organizations within our VNA family serve as the anchor for the region's most vulnerable: the elderly with chronic disease, the poor, the disadvantaged and the uninsured. As our neighbors across the state turned to us in need, we, through your generosity, responded — extending a helping hand and expanding our reach.

This expanded reach enabled us to serve patients as far south as Harrison Township in Gloucester County and as far north as Roselle Park in Union. This expanded reach offered the stability of the Nurse Family Partnership to a new mother in Tinton Falls, hospice services to a dying mother of four in Marlton, and the message of influenza prevention to community-based residents in Westfield. Just as we forged new relationships with Visiting Nurse and Hospice Services and Robert Wood Johnson Visiting Nurses, today we look forward to new opportunities with our colleagues at Essex Valley VNA as we come together to perpetuate their 107 year history of commitment to community.

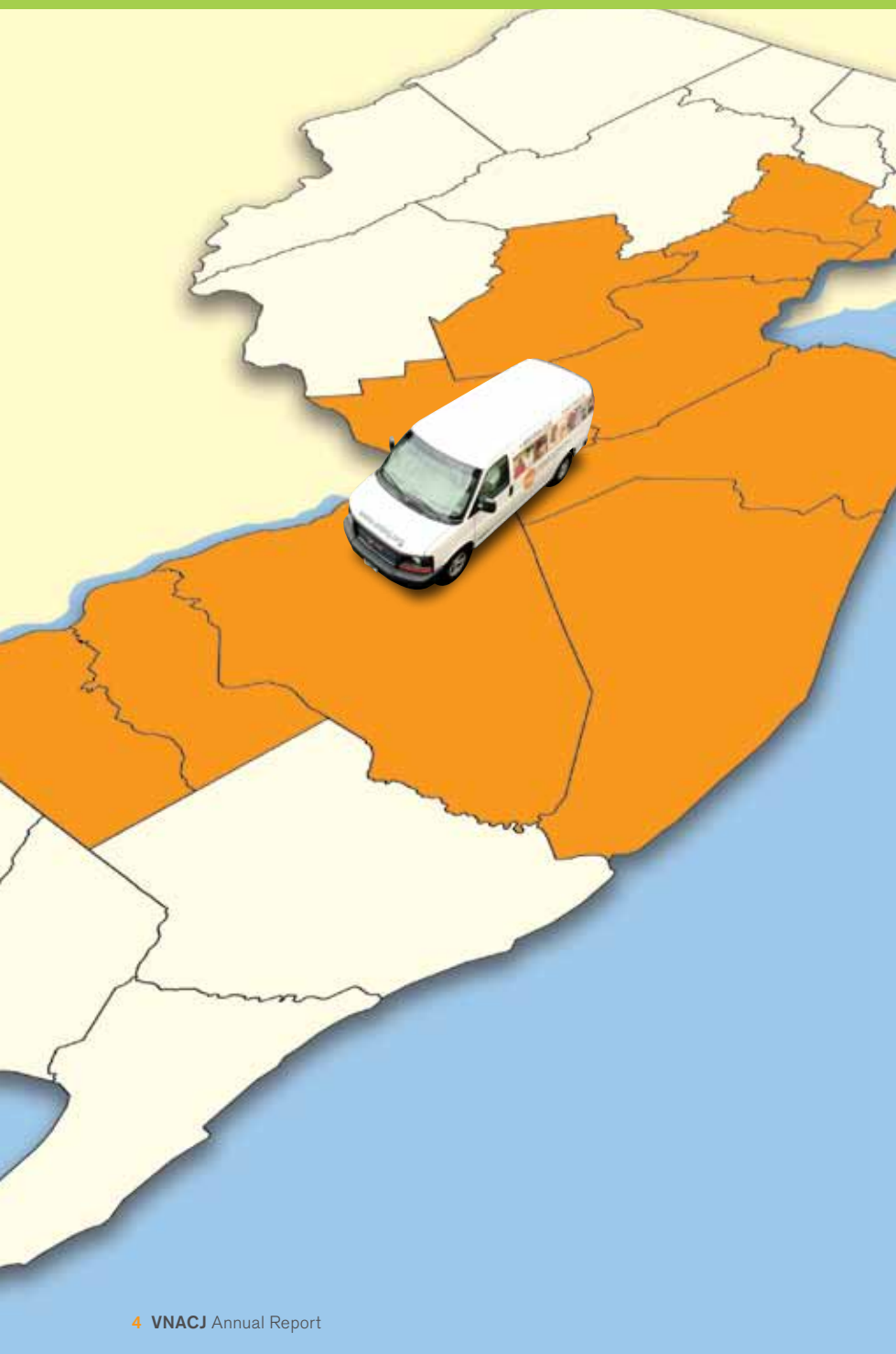
This expanded reach allowed us to form relationships with hospitals and physicians to provide a telehealth component for the management of congestive heart failure, manage the care of a patient with a ventricular assistive device, and provide palliative and inpatient hospice care for patients and families at end of life. Our expanded reach was as much about prevention as it was about intervention as we fostered literacy through the Community Health Center's Reach Out and Read program, high school achievement through our school-based program, dignity through on-site ministry to the homeless and senior independence through our health monitoring and maintenance program.

Our expanded geographic, clinical and technological reach was made possible because of the philanthropic reach of you, our champions and supporters. Through your individual donations, special events support, volunteerism, grants, organizational collaborations, and advocacy, you ensure the continuance of our tradition as a community-based safety net provider. How blessed we are to have your constancy and commitment as we drive toward a century of caring.

Mary Ann Christopher

GEOGRAPHICALLY

The year 2008 was unprecedented in terms of geographic growth. We partnered with two health providers, combining our experience and expertise and expanding our service area across New Jersey.



Stalwart, he embraces the future

Bob has always been the type of person willing to take a chance. That's why he maneuvered his way through a circle of admirers at a singles event to ask Mimi, his partner of 10 years, to dance. That's why he brought home the small, brown-eyed puppy that has since become queen of the house, despite Mimi's vehement wish for "no dogs." And, that's why he participates in clinical cancer trials even after a 25-year battle with prostate cancer.

Bob, a retired postal service employee, and Mimi enjoyed spending summers at the shore on their boat and taking back-road motorcycle excursions. Six years ago, while on a bike trip to Key West with some friends, Bob checked his blood pressure at a local pharmacy. His blood pressure tested normal but his heartbeat was extremely low – only 33 beats a minute, while the average adult heart beats about 72 times a minute at rest. When he returned home, he visited a cardiologist who determined that Bob needed a pacemaker to correct his heartbeat.



Bob with Rick Zarsadias, RN; with Mimi and their dog Maggie; and with Carol Connolly, RN.

With Mimi’s assistance, Bob had been keeping a careful watch on his diet and taking vitamin supplements for both his cancer and his heart. He was preparing to take part in his third clinical cancer trial, at Memorial Sloan Kettering Cancer Center in New York. Bob and Mimi were determined to make the most out of life.

But one morning on his way out for an appointment, Bob said he was not feeling well. Mimi found him sitting in the car shaking violently and nearly unconscious. She called 911, and Bob was rushed to the hospital with a 105-degree fever. The diagnosis was sepsis, a pervasive bloodstream infection that caused him to go into shock. Ultimately, the doctors determined the infection had spread to Bob’s pacemaker, and

they removed it. Ten days later, Bob was able to return to his Warren Township home.

There to meet him were our nurses from the Specialized Care department and our new affiliate, RWJ Visiting Nurses. Carol Connolly, RN visits three days a week to provide nursing care, checking Bob’s vital signs and watching for any outward signs of infection.

Specialized Care Nurse Rick Zarsadias oversees administration of the intravenous antibiotic that treats the infection. The IV antibiotic is infused into Bob’s arm using a pump and a PICC line. Rick visits Bob once a week to monitor and flush the line, draw blood and change the dressing. Because the antibiotic requires daily infusion,

Rick has taught Carol and Mimi how to operate the pump, flush the line and administer the antibiotic between his visits.

“There is a lot involved with Bob’s care right now,” says Carol. “In addition to his cancer and infection he has some challenges with pain management.” Carol expresses her admiration for her patient and for Mimi, Bob’s major caregiver.

“Carol and Rick have been great,” says Bob. “They have really taken an interest in me as a patient and a person. I feel like they really care. I am feeling much better now,” he adds. “But I can’t go on the next clinical trial until I am off the antibiotics.” From the look in Bob’s eye, it is clear that as soon as he is able, he will jump at the chance.

A Robert Wood Johnson-VNACJ collaboration
extends our joint commitment to caring
for a Somerset County patient with complex needs.

Patients in Burlington, Camden and Gloucester counties benefit from compassionate hospice care.

Hospice is her second family

In the small town of Tabernacle, in a white house with a ginger cat on the front step, Florence is surrounded by her loving family—her son, John; daughter-in-law, Kyle; and granddaughter Valerie.

Her sister, Lydia, often stops in to play Scrabble. Her daughter, Judy, lives nearby.

These days, the house amid the trees is often visited by members of Florence's "other family." They are from the Visiting Nurse and Hospice Service, an affiliate of VNA of

Central Jersey serving Burlington, Camden and Gloucester counties.

Florence has cardiac disease and was admitted to VNHS for home care following her hospitalization in September 2008. With the support of her health provider, nurse practitioner Alice Poys, Ph.D., APN-C, Florence was admitted to hospice in November. "Her heart was working at about ten percent of normal capacity," says Denise Miller, RN, Florence's hospice nurse. "She had many health care needs."

Through the VNHS hospice program, an interdisciplinary team provides comfort care for patients who have been diagnosed with life-limiting illness. Denise Miller visits once a week. Certified Home Health Aide Sharon Schwartz is there five times a week to help with chores and personal care. Fr. John Shimchick, a pastoral care counselor, comes once a week to talk ("He's very nice," says Florence). Hospice social worker Joan McNerny, too, provides emotional support.

During her visits, Denise monitors Florence's heart and lungs, and also focuses on pain management



Florence with her granddaughter, Valerie.



Stretch, the cat; Florence with Denise Miller, RN.



and her patient’s safety and emotional wellbeing. She educates Kyle and John on medications and medication changes. The entire team supports Florence and her family regarding end-of-life changes and care. “They are now better able to cope physically and emotionally,” says Denise.

Florence was widowed in 2001. She moved from Manahawkin on the Jersey Shore in 2006 to live with her son and his family. They find her “an easy patient” who loves to occupy herself with crafts and crossword puzzles.

In addition to serving as Florence’s primary caregivers, John and Kyle run small businesses that have suffered in the economic downturn. For them, Bonnie Mangle, VNHS’s director of special programs, was able to arrange a weekend respite, with a New Jersey respite care program paying the cost of a certified home health aide to care for Florence. The couple felt rejuvenated following their weekend away.

They are grateful for the services hospice provides. “The program is very good, and makes us feel

supported,” Kyle says. “One weekend when Mom had heart palpitations and became confused, we called and the weekend nurse came right away. It helped a lot.” She adds, “If you have any questions, they’ll find the answers.”

Florence has a great relationship with the members of her “second family.” “Denise is a sweetheart,” she says. “I keep telling her we’ve got to stop meeting like this.”

HOSPICE CARE

We believe that life is a journey and that ‘end of life’ is an important part of that journey. It is a time for reminiscence, reunion, acceptance—even laughter. It is a time to reclaim the spirit of life and the peace of fulfillment.

Hospice services include:

- Nursing care
- Palliative care and symptom management
- Medical social work
- Certified home health aide care
- Rehabilitative therapies
- Spiritual counseling
- Alternative therapies

Hospice care is available around the clock, including weekends, in order to support the patient and family during this emotional time. In addition VNACJ and VNHS offer bereavement counseling for families, friends and children who have lost a loved one.

CLINICALLY

The health care system is moving seriously ill patients from acute care settings to home more quickly than ever before. Every day, members of our home care team are called upon to provide expert care for medically fragile patients of all ages.



Superman aims for a record

“Welcome home, Superman!” The banners were hung throughout the house in South Plainfield by Stan’s older sister, Florence. Outside, a team of health professionals and family members awaited her brother’s arrival. Stan was finally coming home.

Five months earlier, feeling numbness in his arm and back, Stan (then 77) was taken by ambulance to Muhlenberg Hospital suffering from a heart attack. He experienced complications as a result of a blood clot and went into cardiogenic shock, a major complication that is often fatal. He was immediately transported to Newark Beth Israel Medical Center for emergency surgery.

“When Stan arrived at Newark Beth, he was in severe cardiogenic shock as a result of his heart attack,” says Tony Martin, acute care nurse practitioner with the VAD (ventricular assist device) program at

Stan at Newark Beth Israel Medical Center with Tony Martin, acute care nurse practitioner, and Mark Zucker, MD, director of the heart failure and cardiac transplant unit.



Left, Stan greets Andrea Ingram, RN. Center, Stan with Andrea Ingram, Peter Salamone, physical therapist, and Ana Campana, certified home health aide. Right, Stan looks at an LVAD.

Newark Beth Israel Medical Center. “His native heart was no longer able to support his circulation and without immediate intervention, he would not have survived.”

When presented with his prognosis and the possible treatment options, Stan consented to the implantation of a Left Ventricular Assist Device (LVAD). An LVAD is a mechanical pump which is attached to the patient’s own heart and takes over the work of the left ventricle, the large pumping chamber that sends oxygenated blood throughout the body. The device was originally created as a temporary device to bridge people to heart transplantation.

With improving technology and smaller, more dependable devices being developed in recent years, the application of this technology has been broadened to include a larger population of patients with late stage heart failure, including those like Stan, who do not meet the criteria for heart transplant. Over 1,000 of the devices like Stan’s have been implanted throughout the world.

“This is not something you see every day,” says VNACJ’s Andrea

Ingram, RN, who has been Stan’s primary nurse for the past two years. “I was assigned to manage Stan’s home care, but none of us, not even the hospital staff, really knew what that was going to mean.” Andrea provides the nursing care necessary to keep Stan healthy and is responsible for obtaining any additional services he may need. She visits five days a week to provide wound care and draw blood, and teaches Stan about his medications, diet, and exercise.

Andrea also arranged for a full array of rehabilitative services (physical, occupational and speech therapies). She secured a certified home health aide to assist Stan with daily activities, and scheduled service from Meals on Wheels.

“We work hard to take care of all Stan’s needs. We even have a podiatrist come to the house,” Andrea comments. Stan makes monthly trips to Newark Beth where he is seen in the VAD clinic. During his clinic visits, his device is connected to a computer, so that any abnormalities in device function can be detected early and addressed.

“Stan is really doing well at home,” says Donna Blicharz, RN, VAD coordinator at Newark Beth. “We attribute much of his success and event-free post-implant period to the wonderful care he is receiving from VNACJ and the dedication of his primary nurse, Andrea.”

In October, it will be two years since Stan received the LVAD. Andrea reports that he has remained infection-free and out of the hospital.

Stan hopes to make the “Guinness Book of World Records” as the longest living person on an LVAD. Sitting in the living room with his sister Theresa and brother-in-law, John, he reflects on his second chance at life. “Every day I wake up, I feel glad to be alive,” he says. “I have a lot of wonderful people supporting me. I try to repay them by keeping my sense of humor and living each day to the fullest.”

“Suhani is a walking miracle, a real fighter.”

Suhani's mother, Bahiravi



Suhani at home with Peggy Kovach, RN, case manager, left, and her parents, Bahiravi and Sahish.

On the road to a brighter future

In September 2003 Sahish and Bahiravi had a baby girl they named Suhani, the Indian word for “beautiful.” When she was 18 months old Suhani developed a fever. “No matter what we did, it wouldn’t go down,” recalls Sahish, her father. Suhani then went into respiratory arrest.

Rushed to the hospital from the family’s home in Englishtown, Suhani was diagnosed with toxic shock syndrome (TSS), a rare and life-threatening infection caused by toxins circulating in the bloodstream. “For the next few months, everything was a blur. Our lives were turned upside down,” says Sahish.

Suhani was sent to an intensive care unit at Robert Wood Johnson University Hospital where she remained for two months. Because she could not breathe on her own, doctors performed a tracheostomy, a surgically created opening in the neck leading directly to the trachea or breathing tube. But Suhani continued to suffer from respiratory distress and underwent multiple reconstructive surgeries in New Jersey and New York hospitals before being discharged.

After spending six months in hospitals, Suhani was finally able to come home. She was referred by her physician for early intervention services through VNACJ’s Special Child Health Services and Early Intervention Program. Peggy Kovach, RN, is her case manager. “When I met Suhani, she was petrified of people, and no one but her family could come near her. For the longest time, I would just wave to her through the door,” says Peggy.

“My first priority was to make sure Suhani had the services she needed. She needed nursing and developmental therapy, but because she was so frightened we had to tread very carefully to gain her trust. It took quite a while.”

Peggy’s next priority was to help the family keep their baby daughter at home. She arranged for private nursing through a special Medicaid program. To help overcome Suhani’s fear and to minimize additional stress-related breathing issues, Bahiravi, Suhani’s mother, was taught how to keep Suhani’s trachea clean and clear.

Suhani and her father travel out of town every two weeks for medical evaluation and maintenance care.

Peggy helped the family obtain transportation and housing for those trips and helped them apply for special funding to defray their monumental medical costs. In time, she arranged for in-home schooling and therapies through the county school district. Against all odds, Suhani, now 5, is thriving.

“She loves to learn. The teacher says she is very bright,” said Bahiravi. “She doesn’t want to miss out on anything and now she is learning to communicate through sign language. It is very exciting for us.”

Sahish adds, “We always listen to Peggy and respect what she says. We know she is looking out for us. She has helped our family more than I can say.”

Although Suhani will require further surgery, doctors are hopeful that she will be able to breathe on her own and speak in her own way by the time she is 12. Bahiravi holds her smiling daughter close. “Suhani is a walking miracle, a real fighter,” she says. And with the help of a loving, supportive family, her case manager Peggy, and a team of healthcare providers, Suhani continues her miraculous journey – one brave step at a time.

ABOUT POLYPHARMACY



Left, John with Casper. Right, John reviews his medications with Esther Adekunle, RN.

Multiple medications require expert care

A World War II veteran, John is eager to speak with a visitor about his service aboard a U.S. Navy destroyer. Displaying the outgoing nature that made him a successful bartender and restaurant manager, he speaks with pride of his family and their accomplishments.

John retains a fiercely independent spirit, despite a health status compromised by congestive heart failure (CHF), chronic obstructive pulmonary disease (COPD), coronary artery disease, hypertension, osteoporosis, and osteoarthritis. He also has a history of seizures. When John was first admitted to VNACJ he was taking 21 medications for these conditions. It was determined that John was at risk for complications from “polypharmacy,” which is the use of eight or more medications. Under VNACJ’s polypharmacy protocols, the number of medications John takes has since been reduced from 21 to 12.

At 89, John is very much a participant in his own care, according to Esther Adekunle, RN, who has been visiting John twice a week since January

2008. On each visit Esther carries out a complete physical assessment, checking vital signs and watching for any worsening signs and symptoms of congestive heart failure. “I also teach John about the disease process,” she says. “He understands, for example, that if his weight increases to a certain level, his medication must be increased. And if his weight stays at the higher level, his physician must be notified.”

John lives in Oakhurst with his daughter and son-in-law, and two granddaughters age 14 and 10, to whom he is very close. “They keep me young and on my toes,” says John. Then there’s Casper, an American bull terrier who is a devoted companion. In 2004, when John had a heart attack and fell in the middle of the night, Casper woke the family and John was rushed to the hospital. “I think he saved my father’s life,” says his daughter, Marie.

Expert nursing care and precise medication management have helped to stabilize John’s health, and he has remained out of the hospital for more than eight months. “This has been a better year for John,” says Esther.

John is grateful for Esther’s care. “This is a real nurse,” he says.

- Polypharmacy is defined by the National Quality Institute as the use by a patient of eight or more medications.
- Polypharmacy has the potential to create adverse drug reactions that result in falls or other serious injury.
- At VNACJ every nurse is prompted by an automated system to look for drug interactions and to call the patient’s physician if there is the possibility of an interaction.
- VNACJ polypharmacy protocols recommend simplifying medication schedules and, where possible, reducing the number of medications the patient is taking.
- For patients with more than eight medications, more time is allowed for medication management and teaching.



TECHNOLOGICALLY

An advanced technological infrastructure improves communication and enhances patient care. Our employees utilize the latest in hand-held computers for real-time record keeping; physicians and nurses monitor their patients via the Internet.



‘Web portal’ links physicians to home care patients

Physicians who refer patients to VNACJ for home care are now able to follow their patients’ progress 24 hours a day. From the computer in his or her office—or anywhere with an Internet connection—a physician can use a “Web portal” to survey the comments from a nurse or rehab therapist at each home visit; check a patient’s vital signs; and review a patient’s current medications.

“In a way, this is the home care version of patient rounds in a hospital,” says Ashley Wharton, chief operating officer.

The physician logs on to the secure site using his or her password, and pulls up an easy-to-understand menu of choices, including a list of current and former patients. Clicking on a name then brings up a complete record of the services provided to that patient as well as the nursing assessment. Vital signs

David Richards, MD and Julieta Doclosen, RN, view a patient record via the Web portal.



Left, Isaac Dweck, MD with Ashley Wharton, chief operating officer. Right, Rony Michele, RN, uses a hand-held computer to update a patient record.

and key indicators, such as a patient's weight, are entered by visit and also displayed in graph form, to reveal a trend over time. The medication list helps the doctor to spot potential drug interactions. "We've done everything we can to make this process user-friendly, and have modified the service based on physician feedback," Mr. Wharton says. "We recognize that physicians may not have any desire to spend time learning a new computer system, but our portal is intuitive and can be used almost without training."

The Web portal offers a number of conveniences for a doctor and his or her office staff. For example, VNACJ must have a physician's order to provide patient care. The Web portal enables a physician to refer new patients electronically, review his or her orders, and sign them using an electronic signature.

The system also simplifies record keeping, billing, and gathering of information required by Medicare. "The portal is a really good idea," says David Richards, MD, an oncologist with offices in Monroe and Somerset, who serves as medical director of the VNACJ hospice program. "I can get instant feedback on my patients, and it also streamlines the order process. I don't have to sign so many pieces of paper."

He adds, "The hospitals are doing more with electronic medical records, so it's good to be able to make that transition with home care, too."

Another physician who has embraced the benefits of the Web portal is Isaac J. Dweck, M.D., whose family practice is in West Long Branch. Like Dr. Richards, he values having access to his patients' status at any hour of the day.

"The VNACJ Web portal is an efficient and vital tool for any practitioner," Dr. Dweck says. "It is quick and easy, and provides necessary medical information for all of my patients receiving home care. I find it especially useful during evening and weekend hours when a patient's chart is not available. Being able to log on to the Web portal allows me to make more accurate medical decisions and it totally eliminates the need to send paperwork by mail or fax," he adds. The system also simplifies record keeping, billing, and gathering of information required by Medicare.

Ashley Wharton sums it up: "Our Web portal is great for doctors and a tremendous benefit for patients."

"The VNACJ Web portal is a vital tool. It allows me to make more accurate medical decisions."

Isaac Dweck, MD

Telehealth monitoring provides a technological safety net for home care patients with unstable medical conditions.

Telehealth services help a 79-year-old to stay safely at home

Josephine, 79, who has both congestive heart failure (CHF) and diabetes, had a stroke in June

2008. Following a brief period in a rehab facility, she was able to return to her Long Branch home thanks to the capable and comforting presence of her daughter, Joanne, and care from Visiting Nurse Association of Central Jersey. Now, a dedicated nurse, Kathy

Kweder, R.N, and the most current technology add up to increased health care security for Josephine.

Following her stroke, Josephine received VNACJ nursing care and physical therapy through Medicare. She qualified for Global Options, a long-term-care program based on age and income requirements.

Josephine and her family worked with a care manager to create an individualized plan of care based on a comprehensive assessment of Josephine's healthcare needs. In her case, those needs are skilled nursing and help from a personal care assistant. (PCA). The presence of the PCA makes it possible for Joanne to go to work.

Josephine was referred to VNACJ by Monmouth Medical Center as part of a VNACJ/MMC collaborative program for patients with CHF. An assessment by the hospital indicated that she was a candidate for telehealth monitoring, a technological safety net for home care patients with unstable conditions such as CHF and diabetes.

With telehealth Josephine electronically transmits key



Josephine with her daughter, Joanne, who enters information into the telehealth unit.



Josephine with Kathy Kweder, RN.

indicators to VNACJ, where a telehealth nurse monitors her status daily. Kathy visits Josephine every two weeks to assess her condition, review her diet, check her blood pressure and lung function, and check for any swelling in her feet. She also reviews her patient's telehealth records at each visit.

"Telehealth is an important part of our care protocol," Kathy says. "It helps to keep patients like Josephine stable and reduces the need for re-hospitalization."

Josephine's daughter, Joanne, assists her mother with all telehealth functions. "Joanne is a great caregiver," says Kathy Kweder. "She is very compliant with our health care plan and knows when to call for help. If there's even a slight increase in Josephine's weight

(indicating fluid build-up) we can adjust her medication."

Joanne feels reassured by telehealth monitoring and the support she receives from Kathy Kweder. "If I go away for the weekend, Kathy will stop by just to check on my mother," Joanne says. "She lives right here in our community, and it's good to know she's nearby. We have a great support system."

ABOUT TELEHEALTH

- The telehealth program provides patients with a monitor that electronically transmits a patient's health information to VNACJ for daily review.
- Each morning, seven days a week, a patient enters his or her weight, blood pressure and blood glucose readings into a home terminal and answers a series of questions on key indicators, such as shortness of breath.
- A significant change in any of these vital signs triggers an alarm at VNACJ to indicate the need for appropriate intervention, such as an adjustment in medication pre-ordered by the patient's physician, or an immediate nursing visit.
- The patient's physician is notified of the change in the patient's status and provided with a report.

For patients like Josephine, telehealth monitoring can decrease anxiety and reduce the number of hospitalizations.



PHILANTHROPICALLY

Community support is essential to our mission. Our donors have diverse approaches to giving, but are one in the knowledge that their gifts enhance the quality of life for individuals, families and communities.



Design for a Purpose

In seeking support, organizations often invoke “the three T’s”- time, talent and treasure. Beginning in early 2008, VNACJ received these gifts in full measure in the planning and production of the 2009 designer show house at Sheep’s Run, Rumson. There were thousands of hours of time contributed over a period of 18 months. There was talent in abundance—the creative gifts of the interior and landscape designers, and managerial skills of the chairs and their committees. And there was treasure. Inspired by the generosity of a philanthropic family, the event attracted the support of more than 11,000 tour-goers from Brooklyn to Bay Head.

Plans were laid that resulted in an organizing committee of 53, a talent bank of nearly 70 interior designers, artisans, and landscape designers, and a corps of daily operations volunteers numbering more than 1,100. Said Mindy Minerva, show house chair emeritus, in speaking to the VNACJ Board of Trustees, “I can think of no other

The grand staircase at Sheep’s Run.



Left, Nancy Mulheren with (l to r) Charlotte Moss, show house honorary chair, and Sandy and Vanessa Mulheren. Right, some of the 1,100 show house volunteers gathered in the living room at Sheep's Run.

organization that could mobilize so many volunteers for their cause.”

From the beginning, volunteers have been central to VNACJ and its mission. The organization was founded by volunteers in 1912, when a small group came together for the purpose of helping their community's most disadvantaged citizens. Committed to providing care to people in all walks of life, those visionaries extended their compassionate reach to include premature infants, disabled children, the chronically ill, the frail elderly, and the poor.

Philanthropists and community volunteers proudly continue that tradition today, through gifts large and small; through a priceless hour

spent reading to a patient at her bedside; and through months of teamwork on special events like the Stately Homes By-the-Sea Designer Show House held at Sheep's Run.

The compassionate care provided by VNACJ was “top of mind” at the show house, whose overall theme was “Design for a Purpose.” Many of the designers were motivated to participate through the experiences of family members and friends who were recipients of home health care and hospice services. The 650 people who attended a sold-out preview party were offered the opportunity to pledge their support for school-based programs, complex care, elder care, family wellness services, and hospice care. VNACJ information was visible in the souvenir journal.

The show house garnered more than \$400,000 for VNACJ services and programs. Thanks to the generosity of so many, more infants will receive immunizations; the homeless in our community will be visited by a nurse in shelters and at soup kitchens; expectant mothers will receive critical prenatal care from a certified nurse midwife at a VNACJ Community Health Center; and those near the end of life will receive the loving touch of hospice care, without regard for their ability to pay.

VNACJ extends sincere appreciation to all who supported the show house. And we are grateful to our volunteers who, in their outreach, have expanded community awareness of the care VNACJ provides.

VNACJ and the committee of the Stately Homes By-the-Sea Designer Show House offer their deepest gratitude to the Mulheren family, owners of Sheep's Run, who lent their estate for a great cause.

“As you grow older, you will discover that you have two hands, one for helping yourself, and the other for helping others.”

**Sam Levenson, as quoted by
Audrey Hepburn in ‘Life’s Lessons’**

Riding for a Cause

David is a detective with the Neptune Police Department and a founding member of a motorcycle club, “The Numbskulls.” The club was created in 2005 as a group for professionals in the Monmouth County area who like to ride, and has grown to more than 40 members. In 2006, the club started an annual pig roast and ride as a purely social event, but in 2008 members decided they wanted the event to take on new meaning as a fund-raiser for charity. They decided to charge a fee and donate the proceeds to VNACJ in memory of David’s mother, Amy, in gratitude for the exceptional care she received from the hospice program.

When it became known that the event would be held in Amy’s name to benefit VNACJ, tickets to the event sold out and people had to be turned away. Many donated more than the ticket price, and even the 50/50 raffle winner donated his winnings back to the VNA. In the end, the club’s gift came to more than \$3,000.

“Our family is grateful to the VNA for the genuine caring and support my mother received during her illness. It was her wish that all donations in her memory be directed to VNA of Central Jersey,” says David. “When people learned that the funds would go to the VNA, we started hearing so many stories of how they, too, had been touched by VNACJ’s care and compassion.”

Amy had a gentle, caring spirit and strong, unwavering faith. She was beloved by her family and many friends, and returned their love with a deep devotion. When Amy was diagnosed with terminal cancer at the age of 52, she was referred to VNACJ to receive hospice care at home. Hospice uses an interdisciplinary team approach to support both the patient and family; Amy received nursing care, social work services and home health aide care, as well as music therapy and pet therapy.

“Amy was a beautiful woman—gracious, elegant and vivacious, with a loving nature,” says Jo Ann Korb, R.N, who was Amy’s case manager. “Amy greatly admired Audrey Hepburn, and I think they were made from the same mold.” She recalls that Amy was inspired by Ms. Hepburn’s book, “Life’s Lessons,” as the way to live a meaningful and purposeful life.

VNACJ thanks the members and friends of the motorcycle club for their generosity. Acts of kindness like theirs sustain the mission of VNACJ. They enable VNACJ to reach out a hand to help those in need, and affirm the legacy of Amy’s own life’s lessons.



Left, David and members of the motorcycle club presented a check to President and CEO Mary Ann Christopher and Chairman Judith Stanley Coleman. Right, a photo of Amy.



Elizabeth with Nancy Montserrat, director of development.

Gifts from the heart

No one who visits Elizabeth ever leaves hungry. Visitors to her Rumson home are invited to join her in a cup of tea; neighborhood children know the precise location of the “cookie drawer.” A warm and sociable woman of 94, Elizabeth wants to nurture her community, too. Philanthropy (from the Greek words for “love for one’s fellow man”) is part of her life.

Elizabeth worked for 52 years for an agricultural and chemical company in New York. An accomplished violinist in her younger years, she later donated her Stradivarius to Rumson-Fair Haven High School. Her husband Frank, an engineer, died in 1991. Elizabeth arranged a series of planned gifts to Visiting Nurse Association of Central Jersey in Frank’s memory. They were an expression of gratitude for the care he received from VNACJ.

In 2008 Elizabeth was hospitalized following a fall. When she returned home she called on VNACJ, which provided an array of services including nursing, therapy, and home health aide assistance that allowed Elizabeth to remain in her home. “I don’t know what I would

have done without the VNA,” she says. “Morning, noon, and night they’re always on call.”

There are several important reasons that people give to charitable organizations. Like Elizabeth, they give because they have commitment to a particular cause. They have a desire to share, viewing their wealth as a trust to be administered for the good of the community. And they receive great personal satisfaction from helping others.

These reasons often take precedence over financial benefits to the donor—such as saving on taxes—but those should not be overlooked. Planned gifts are generally part of a larger financial plan; they take into consideration income tax savings, the needs of heirs and a reduction of estate and probate costs.

Each person has his or her own motives for giving. Some are humanitarian and some financial, and some just come from the heart. Elizabeth’s gifts to VNACJ honor her late husband and affirm her appreciation for the organization’s programs and services. “I am proud to support the VNA. They do wonderful work,” she says.

PLANNED GIFTS TO VNACJ

There are as many ways to make a donation as there are needs to be met. Some of the choices VNACJ offers are:

- Bequests
- Charitable Gift Annuities
- Charitable Remainder Trusts
- Memorials and Endowments
- A Remainder Interest in Your Home (live there for life)
- Donor-Advised Funds
- Pooled Income Funds
- Charitable Lead Trusts

A planned charitable gift to VNACJ can have substantial benefits for you, your family and your community. A good way to start is to visit the VNACJ Web site, click on “How You Can Help,” and explore the information under Planned Giving. The site also offers information for your professional advisor. Or, you or your advisor may call Nancy Montserrat, Director of Development, at 732-219-6605.

A Tribute to Excellence

VNACJ proudly honors members of the staff who received national, state and local recognition in 2008.

National Award

John McCarthy
Certified Home Health Aide
VNACJ Hospice Program
2008 Clinician of the Year Award
Visiting Nurse Associations of America

State and Regional Awards

Jo Ann B. Korb, RN
Staff Nurse
VNACJ Hospice Program
2008 Nurse of the Year
New Jersey Hospice and Palliative
Care Organization

Ann Painter, RN, MSN
Director of Clinical Operations, VNHS
Operations Team
Monmouth University
2008 MSN Leadership Award

Eileen M. Toughill, RN, APN, Ph.D.
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University of Medicine & Dentistry
of New Jersey School of Nursing
2008 Dean's Award for Preceptor
Excellence

VNACJ Awards

Morcia Johnson
Certified Home Health Aide
Home Health Aide of the Year

Edward Jones
Regional Maintenance Coordinator
Doris A. Septen Award to the Employee
of the Year

Vita Leach
VNACJ Thrift Shop Vice President
2008 Rosemary Cook VNACJ Thrift
Shop Leadership Award

Heidi Perlman, MSPT
Physical Therapist
Therapist of the Year

Ruth Pierre
Certified Home Health Aide
Home Health Aide "Rookie of the Year"

Melissa Rafter, MSW, LCSW
Social Worker
Social Worker of the Year

Suzanne M. Reynolds, RN, BSN
Community Health Nurse
Nurse of the Year

Emil Schroth, III
Judith Stanley Coleman Award for
Exceptional Service to the Community

Barbara A. Smith, RN, BSN
Manager, Community Care Alternatives
Marcia Granucci Leadership Award

John McCarthy



Jo Ann Korb



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Emil Schroth, III, center, received the 2008 Judith Stanley Coleman Award for Exceptional Service to the Community. With him are (l to r) Mary Ann Christopher, President and CEO; his parents, Janet Schroth and Emil Schroth, Jr.; and Judith Stanley Coleman, Chairman.





Left, A scene from the annual Children's Day, for children who have lost a loved one. Right, Pauline DePalma, center, manager of volunteers, with junior volunteers from Red Bank Catholic High School.

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Left, At their May luncheon, VNACJ Thrift Shop volunteers presented a donation of \$212,000. Right, Ana and Rick Blank and their son, Winston, with a friend at Riverwind, the annual children's country fair sponsored by the VNACJ Children's Auxiliary.

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Barbara Collins, a 30-year thrift shop volunteer, with Elizabeth Bitsko, 16, the shop's youngest volunteer.

Children's Auxiliary

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Debra Williams
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Left, Holiday Dinner Dance Chairs William and Teresa Egan and Vincent and Jean Zales. Center, VNACJ Golf Classic winners were (l to r) Virginia Treacy, Ryan and Todd LaLiberte, and Kathy O'Connell. Right, Jan Warshauer, left, garden club liaison, and VNACJ Chairman Judith Stanley Coleman, right, presented the Best in Show award for the annual Holiday House Tour garden club competition to Linda Mallan and (not pictured) Ibbly Hertz.

Special Events

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 Jay Feigus
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Mr. and Mrs. William J. Egan III, *Co-chairmen*
 Dr. and Mrs. Vincent Zales, *Co-chairmen*

Mr. and Mrs. Richard Burrus
 Kathy Cashes
 Patty Haverstick
 Cheryl Morris
 The Hon. Jennifer Naughton

Middlesex County Dinner and Fashion Show

Minnie Campbell
 Fern Kulman
 Debra Samuel
 Blanquita Valenti
 Barbara Wright

Holiday House Tour

Marianne Avigdor, *Co-chairman*
 Janice Barry Fannan, *Co-chairman*
 Gwynne Sugg, *Co-chairman*

Kathy Cashes
 Patricia Elsas
 Nonnie Godvin
 Regina Godvin de Gersdorff
 Cheryl Morris
 Mary Morton
 Jan Warshauer

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In the tradition of Geraldine L. Thompson, our founder, members of the Legacy Society are individuals who are interested in the agency's future and dedicated to its mission. The Society was established to honor those who designate the agency as the recipient of a bequest or other planned gift.

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Home News Tribune
Mary Owen Borden Foundation (CHC)

Monmouth Park Charity Fund
(VNACJ & CHC)
N.J. AIDS Partnership
N.J. Natural Gas Company (CHC)
The Horizon Foundation for
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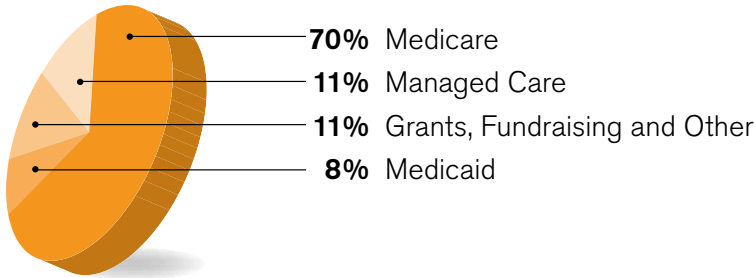
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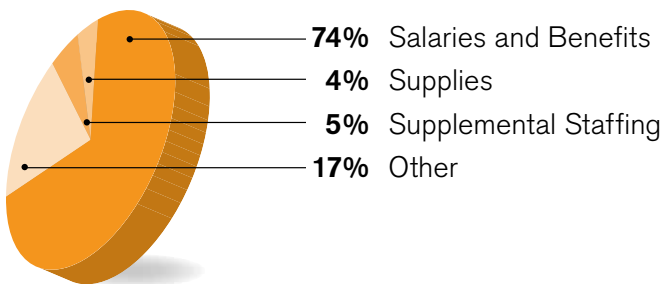
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Division of Employment & Training
Division of Mental Health &
Addiction Services
Division of Social Services

2008 Financial Information

2008 Revenue



2008 Expenses



\$1.3 million in charitable care was provided to individuals and underfunded community-based programs.

2008 Statistics

18,506

Total Home Care and Hospice Patients

84,718

Total Patients, Community-based Programs

770,534

Total Units of Service

STAFFING BY DISCIPLINE	
Nurses	41%
Home Health Aides	23%
Therapists, Social Workers, Nutritionists	14%
Other disciplines (including support staff)	22%

HOME CARE PATIENTS BY AGE	
85 and older	27%
75-84	29%
65-74	16%
20-64	24%
Birth-19	4%

PREVENTION BY THE NUMBERS

Here are some of the ways VNACJ public health programs promoted a healthier community in 2008:

34,054

women and children received nutritious foods and nutrition counseling through the WIC program.

12,614

People attended health presentations and health fairs.

10,648

People received vaccinations to prevent influenza and pneumonia.

2,391

Seniors participated in health promotion programs offered at senior housing and senior clubs.

1,911

Children and teens received care from nurse practitioners in their schools.

1,348

Uninsured men and women received cancer screenings through the Cancer Education and Early Detection program.

1,050

Residents of boarding homes, motels and homeless shelters received nursing care from VNACJ community health nurses.



The VNACJ Community Health Center has expanded from one location to four since its founding by VNACJ in 1992. The CHC was designated a Federally Qualified Health Center in 1994. In 2008, a new Asbury Park center opened its doors, allowing expanded primary care and prenatal services to residents. Shown at the ribbon cutting are (l to r) CHC Trustee Dorothy Smith; VNACJ Chairman Judith Stanley Coleman; U.S. Rep. Frank Pallone, who was instrumental in obtaining funding for the new building; and CHC Executive Director Gary Linington.

In-home Services

- Community Health Nursing
- Certified Hospice Services
- Bereavement Counseling
- Palliative Care
- Home Health Aide Services
- Home Infusion/IV Therapy
- Medical Social Work
- Nutrition Counseling
- Physical Therapy
- Occupational Therapy
- Speech Pathology
- Private Duty Services
 - Nursing
 - Live-in's
- Emergency Personal Response System
- Telehealth Program
- Volunteer Program

Community-based Programs

- AIDS/HIV Services
- Bereavement Counseling for Adults and Children
- Case Management Services for Long-term Care
- Community Health Education
- Faith-based Initiatives
- Immunization Programs
- Mobile Outreach Clinic Program
- Parenting/Job Readiness
- Primary Care
- Public Health
- Special Child Health Services/ Early Intervention
- Senior Wellness
- School-based Health & Youth Programs
- Services to Day Care Centers
- Speakers Bureau
- Volunteer Program
- WIC Supplemental Nutrition Program



Visiting Nurse Association
of Central Jersey

176 Riverside Avenue, Red Bank, NJ 07701

www.vnacj.org

**Visiting Nurse Association
of Central Jersey**
800-862-3330

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