NORWELL - It is the little agency that could and would. While so many others did not survive, it has and gained a leadership position in a statewide network.

The **Norwell Visiting Nurses Association** was launched in 1920 in the wake of the 1918 flu pandemic after Amy Sylvester saw the need for better health care for her neighbors. The Norwell mother sold pies at the Marshfield Fair to help raise enough money to support one nurse; soon a second was added. A home visit cost 50 cents. After 15 years, the nurses were given an office in town hall; in the 1950s other services such as physical therapy came on board. The cost of a visit had doubled to $1.
Today the NVNA and Hospice is a $20 million agency serving 27 communities, averaging 600 daily visits with a staff of 285, including 89 nurses, and a reputation for excellent care, efficiencies and progressive thinking. As it marks its 100th year, it is meeting the challenges of another pandemic, the coronavirus, not so unlike the Spanish flu that led to its founding.

“This has just underscored our mission of serving the community and while our revenue took a 40 percent hit in April, we are starting to come back and our forecast is we will be back on target by October,” Renee McInnes, CEO and executive director, said.

During the past two months of lockdown, she said, people stopped going to doctors and emergency rooms, hospitals were not performing elective surgeries, and home health nurses were cautious about going into people’s homes. As visits fell off, the agency’s robust telemedicine program stepped up; nurses used iPads and smart phones to make virtual visits with patients or connect them to doctors online when they could.

Because the VNA received federal stimulus funds and state help with personal protective equipment, it did not have to furlough staff.

“People are being encouraged to go to the doctor again and we started to see an uptick in visits in May,” McInnes said. Medicare pays for 70 percent of its caseload; the average patient age is 79.

A look back over the past 50 years shows how a combination of strong leadership, strategic community connections and an ability to anticipate trends and meet the needs of those it served led to success.

A turning point came when the federal Medicare program began to cover home health care in 1986. The next year, the board hired Meg Doherty, of Norwell, a nurse who trained and worked at Boston City Hospital, as its director. Doherty embarked on a series of advances.

Described as entrepreneurial and progressive, she cultivated a vision of home health care that was a step or two ahead of other agencies. Appointed to various state boards, she had connections.

Tough times were ahead, however, with the federal budget cuts in 1997. One-third of home health agencies dissolved or merged. Instead, the Norwell VNA decided to remain independent and borrowed money to expand. The bold strategy paid off.

The agency had a reputation for quality care and commitment to both the patient’s and the family’s comfort. Federal law allows home care patients to
choose their agency and after some lean years, **Norwell VNA** began to build itself back up.

Doherty and her team also had a knack for reaching out to the community to explain what they did. The nurses had invited town officials to accompany them on rounds to see the care they gave. They worked with local fire, police, schools, churches, councils on aging and housing.

When the first student nurses came on board, it was a recognition that home health was the wave of the future - patients were getting discharged earlier from the hospital. There was new pride in the role; visiting nurses had to be able to assess and intervene quickly.

By 2005, Norwell was the only independent nonprofit home health care agency remaining on the South Shore.

When it saw gaps in services, it filled them. In 2000, a support group for caregivers of people with dementia was started. In 2008, the hospice division was added. In 2013, the **South Shore's first nonprofit hospice home** opened with an affiliation to the cancer support community. In 2014, palliative care was started.

![NVNA and Hospice Chief Executive Officer Renee McInnes. (Mike Mejia/For The Patriot Ledger)](image_url)
As Doherty said, “We did something 3,000 other home health care agencies didn’t do; we survived.”

Critical help came from a strong network of volunteers from Milton to Plymouth. The board of directors brought a range of expertise needed to keep pace with changing regulation and government funding. The finance committee, advisory board, Friends group and other fundraising arms all added different strengths.

When Doherty retired in 2016, she had worked with and helped train her replacement, McInnes, a veteran nurse who most recently was vice president of business development. “I share Meg’s enthusiasm and passion for home care and its necessary place at the health care table,” McInnes said.

In mid-2020, McInnes said, the challenges include yet another new federal payment structure, endless documentation to get paid, a growing client roster, a shortage of qualified nurses and rising healthcare costs.

She vows to continue progressive leadership, to keep asking “What can I do to better the system?” and “to look at a future of survival and remaining independent.”

“Home health care is a business but the commitment to the community hasn’t changed,” she said.

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