

Improving the delivery of care

# FROM NURSING RESEARCH TO HEALTH POLICY



CARE TO CHANGE

# THE WORLD.™

Professors Mary Naylor,  
Julie Sochalski, and  
Julie Fairman are building  
the science to shape  
health policy.



“There is no setting where healthcare is delivered that does not rely on nurses. Consequently, nurses have critical knowledge to bring to policymakers on how to improve the *DELIVERY OF CARE.*” **DR. SOCHALSKI**

**Penn Nurses shape health policy**

Since 1989, Professor **Mary Naylor, PhD, RN, FAAN**, has led an interdisciplinary program of research designed to improve the quality of care, decrease unnecessary hospitalizations and reduce healthcare costs for vulnerable community-based elders. The Transitional Care Model has been adopted by the University of Pennsylvania Health System and local insurers are reimbursing the UPHS for this service. Legislation has been introduced that would provide high-risk Medicare beneficiaries with access to this approach to care management.

A national and international expert in health policy and the healthcare workforce, Associate Professor **Julie Sochalski, PhD, RN, FAAN**, is no stranger to Washington D.C. As the AARP/AAN Senior Fellow, she works with the staff and leadership at AARP and the Center to Champion Nursing in America, a joint initiative of AARP, the AARP Foundation, and the Robert Wood Johnson Foundation, as a strategic advisor on policy initiatives that advance the delivery system reforms needed to achieve the national goals for health reform.

Meanwhile, Professor **Julie Fairman, PhD, RN, FAAN**, has been selected to participate in the 2009-2010 IOM Nurse Scholar-in-Residence Program, sponsored by the American Academy of Nurses, American Nurses Association, and American Nurses Foundation. She has spent the year working on a project that dovetails with her work on a third book manuscript, which is supported by the Robert Wood Johnson Investigator in Health Policy Fellowship with the new IOM *Initiative on the Future of Nursing*. Both projects are tightly linked to the transformation of the nursing profession that will be needed to quickly and effectively respond to health policy reform debates. The IOM Nurse Scholar-in-Residence Program allows nurse leaders to engage in a prominent role in health policy development at the national level.



“A highly creative meshing of history and policy may provide the *INNOVATIVE STRATEGIES*

necessary to overcome problems present in American healthcare since the turn of the century.” **DR. FAIRMAN**

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**A massive 7.0 earthquake shook the island of Haiti on January 12, 2010 causing unimaginable destruction. See related stories on page 36 and the back cover.**

# The synergy of nursing science, clinical practice, and health policy

I am writing this magazine introduction amidst the second biggest snowstorm to hit Philadelphia in 15 years. Although it caused the University to shut down for an unprecedented two days and forced the School of Nursing to postpone our planned celebration for the Board of Overseers, hosted by President Gutmann, it did not dampen our buoyant spirits.

We entered 2010 – the start of a new decade – celebrating the success of the largest campaign ever for a school of nursing. Thanks to the outstanding leadership of our Campaign co-chairs, Pedie Killebrew and Andie Laporte, and with the incredible generosity of the members of the Board of Overseers and friends of the School, we achieved the goals of the \$75 million *Where Science Leads* Campaign. The funds raised will support our transformation in the 21st Century by enabling bright, passionate students to access a Penn Nursing education through scholarships; by creating endowed chairs to recruit and retain stellar faculty; by renovating our building, classrooms, and labs to create a dynamic environment that supports student innovation; and by expanding the impact of our programs to meet the needs of the underserved worldwide. The Kresge Foundation so strongly believed in our mission that they challenged us to raise \$73.5 million by December 31st with the promise to close the Campaign. Our alumni, students, faculty, staff, Board, and friends mobilized forces and helped us achieve what was deemed impossible for any school of nursing in the U.S., indeed globally, to reach our goal on time. To all of you out there who have given of your time, support, and funds, we are humbled and grateful.

But in the midst of Mother Nature's storm, this issue celebrates the beginning of spring and the synergy our faculty and alumni

create in science, practice, and policy. It is not enough to be at the cutting edge of advancing knowledge, and without translating science into policies and legislation that affect the wider population, we would be doing a disservice to healthcare. This magazine highlights how Penn Nursing is leading the way in creating models of care that improve quality of life while decreasing costs.

Healthcare – the very word itself – is nursing. Unlike the medical model – which treats illness, cures disease, and cares for patients in times of sickness – the nursing model is a model of healthcare for individuals – preventing illness, managing disease, and caring for patients not just in times of sickness, but before symptoms begin and long after they end.

Most illness doesn't respond to an instant cure. Chronic conditions often become neglected conditions that become crisis conditions that can't be treated in any one setting (see pages 5-6). Mentally ill patients with HIV who self-medicate themselves with street drugs aren't "cured" in a one-time visit to the emergency room (see page 25). Older adults who suffer heart attacks often leave the hospital only to return shortly after, creating a revolving door of hospital readmissions that stems from the fragmented care they receive in acute care and primary care settings (see page 13).

We have an established, but flawed, way of delivering and paying for care. A patient goes into the hospital, receives care, and leaves. We go through our lives across healthcare settings, but, as a system, we deliver care in a silo. And therein lies the impact of nursing science on health policy. Health is a never-ending process. The nursing model turns to families, communities, and patients themselves as managers of care.

In November, experts from across the University and Commonwealth gathered at Penn Nursing to participate in a robust discussion, entitled, "Reforming Health CARE: In the Public Interest." Organized by Professor Linda Aiken, the purpose of the dialogue was to assess healthcare delivery reform, the building block on which the future healthcare system rests.

As Richard "Buz" Cooper, professor at Penn Medicine, stated at the Reforming Health CARE panel, "we have an illness system and a health maintenance system – a Department of Defense and a Department of State – that are different from each other." The system would be better, he said, "if physicians did what they are trained to do, which is largely illness care, and nurses did what they are largely trained to do, which is wellness care."

At Penn Nursing, it is our goal that the nation will turn to nursing models that have been shown to improve quality of life while decreasing costs. Perhaps this means turning to the LIFE (Living Independently For Elders) model of care, which allows frail older adults the option to receive all of their healthcare needs in one coordinated center and live in their homes for as long as possible (pages 8-10). Or perhaps this means utilizing advanced practice nurses to manage the care of chronically ill patients from the hospital to their home to prevent them from being readmitted to the hospital (page 13). Whatever the model, one thing is clear: when nurses (and nursing models of patient care) are included in the redrafting of healthcare legislation, the end result saves money, and more importantly, improves quality of life.

As I was reviewing this magazine in my home office, I couldn't help but pause to admire the spectacular view of Fitler Square

**DEAN AFAF I. MELEIS:** "...our hope is that the nation will turn to solutions that are intrinsically and

uniquely nursing in their approach to *PATIENT CARE*... solutions that treat patients across a continuum

of settings, across their lifespan."



Dean Meleis and the Board of Overseers join the Where Science Leads Campaign. Penn Nursing made nursing school history, raising \$77.5 million for student scholarships, faculty support, capital improvements, and programs and research. For more on the Campaign, see pages 34-35.

and marvel at the beauty of our City, lulled to sleep in a blanket of snow. The sun reflected from the foot-long icicles that dangled from my windowsill, illuminating my office, and it dawned on me that this blizzard – which shut down the School, the University, the City of Brotherly (and Sisterly) Love, understandably causing much public resentment and anger in the process – could actually be viewed as an apt metaphor for healthcare reform.

To say people were sick of the snow would be an understatement, and to say there is public anger regarding the current state of healthcare would not do the sentiment

justice. But the four feet of snow that held Philadelphia hostage for days ultimately turned into a beautiful, much awaited spring. And there is hope yet for the future of our healthcare system. This magazine aims to illustrate our vision and answer.

At Penn Nursing, our hope is that the nation will turn to solutions that are intrinsically and uniquely nursing in their approach to patient care, solutions that don't treat patients solely in the hospital or simply for one disease; but rather, solutions that treat patients across a continuum of settings, across their lifespan. Without addressing how nurses and nurse-run clinics are part of

the solution to healthcare reform, healthcare reform will not happen. When nurses are included in the redrafting of healthcare legislation, the end result is cost-cutting and life saving. Nurses are poised to translate research into practice, and in the process transform healthcare delivery.

**AFAF I. MELEIS, PhD, DrPS (hon), FRCN, FAAN;**  
the Margaret Bond Simon Dean of Nursing;  
Council General, International Council  
of Women's Health Issues; and  
International Council of Nurses  
Global Ambassador for the Girl Child

## Using nurses to reform the delivery of primary care

*In the 1970s, as a practicing nurse in emergency departments, I witnessed firsthand the bimodal healthcare distribution that continues to exist today. Either patients would see a specialist and receive fragmented care or they lacked health insurance and wound up in the emergency room with acute illnesses. It was a problem then, but there was an investment from the federal government and support from private foundations to reinvigorate the primary care system. That changed as tougher constraints were placed on primary care providers, with many since leaving the profession because of reimbursements and financial limitations.*



*At some point in this country, we, as consumers of healthcare, will realize that we need to go back to receiving our care from primary care providers because we can't continue to do things as is, where we either run to specialists or don't have access to care. Primary care provides continuity of care, promotion of health, improves function, and individualizes care. Today we see a shortage of primary care providers – nurse practitioners, physicians and physician assistants. For example, some emergency rooms in Pennsylvania experience an unusually high volume of patients – many of whom don't require emergent care – because primary care practices in some counties are no longer able to enroll new patients.*

*Primary care is essentially nursing care; moreover, nurses are prepared to promote health, improve health outcomes, and holistically address comprehensive coordination of care. Prescription for Pennsylvania has relied heavily on nurse practitioners to increase access to healthcare in the Commonwealth by expanding the workforce of providers. Penn Nursing's own Living Independently For Elders program is yet another example of how nurses provide primary care for the most vulnerable older adults in the City of Philadelphia who remain living in the community for life.*

*It is unfortunate that we have remained a disease-focused healthcare system in the United States. While we do have procedural billing codes for very specific healthcare prevention interventions that are evidence-based and proven to be effective, these codes are not covered by insurers. Rarely do we get paid to sit down with a patient and discuss behavioral health changes. There must be an investment from the private and public sector – and from society and consumers – who want a change in the way care is delivered, and nurses will be there as part of the solution.*

**EILEEN SULLIVAN-MARX, PhD, CRNP, RN, FAAN**  
**Shearer Term Associate Professor for Healthy Community Practices and**  
**Associate Dean for Practice and Community Affairs**

## Rx for PA: Expanding the workforce to improve access and contain costs in healthcare reform

In August 2009, Pennsylvania Governor Edward Rendell penned a Letter to the Editor of *USA Today* offering a solution to an often overlooked problem in the healthcare debate: how the shortage of primary care physicians could undermine the quest for universal coverage.

Highlighting a solution offered by the Pennsylvania reform plan, namely the use of highly skilled and licensed non-physician providers to fill the physician shortage – he wrote, “One innovation is staring us in the face – certified, registered nurse practitioners who can help make the dream of healthcare a reality for all.”

Three months later, during a Penn Nursing panel discussion, *Reforming Health CARE: In the Public Interest*, professor Richard Cooper, MD, of Penn Medicine recognized the innovative solutions to our healthcare dilemma.

“We have a collision in time and space between too few physicians to deal with the illness war and the health war, which is largely a primary care war,” he said. “We have to talk about primary care, not as it has been discussed in any of the legislation, but as it has been defined in Pennsylvania. Pennsylvania will be the example in reforming healthcare.”

Prescription for Pennsylvania, or Rx for PA, was launched in 2007 to improve the quality, affordability, and accessibility of healthcare in the Commonwealth. While all of the legislative proposals that make up Rx for PA have not passed, a set of bills that expanded the scope of practice for non-physician health professionals were adopted, including laws that enable nurse midwives to prescribe drugs and allow certified registered nurse practitioners to prescribe medications, order home health and hospice care, and order physical and occupational and respiratory therapy. These regulatory changes have helped increase access to care by expanding the workforce of primary care providers.

Numerous studies have shown the effectiveness of nurse practitioners, including the landmark 2000 *JAMA* publication from Columbia University demonstrating the care provided by NPs to equal that of physicians.<sup>1</sup>

“Some of the best weapons we have are nurse practitioners, nurses, and physician assistants,” said Governor Rendell, as he launched Prescription for Pennsylvania in the Penn Nursing lobby more than three years ago.

### **Penn Nursing and the chronic care model in Pennsylvania**

On May 21, 2007, Governor Rendell issued Executive Order 2007-05, creating the Pennsylvania Chronic Care Management, Reimbursement and Cost Reduction Commission. The commission’s purpose is to design the infrastructure needed to implement and support the Chronic Care Model throughout Pennsylvania, thereby producing quality outcomes and cost effective treatments for patients with chronic diseases.

Under the Chronic Care Model, which was developed in the 1990s by Edward H. Wagner, MD, MPH, of the MacColl Institute for Healthcare Innovation, multidisciplinary teams of healthcare providers work with patients to better manage chronic conditions to help prevent the onset of other ailments.

Mary Naylor, PhD, RN, FAAN, the director of the Center for Health Transitions and the Marian S. Ware Professor in Gerontology at the University of Pennsylvania’s School of Nursing, was appointed to the Commission. The Commission co-chair is Rosemarie Greco, chair of the Board of Overseers for Penn Nursing.

“At Penn Nursing, our mission is to generate nursing science to promote person-centered, effective and efficient care for the diverse range of people served by our profession,” said Dr. Naylor. “Evidence generated by Penn Nursing scholars is contributing substantially to the major goals of the Commission,



### **UTILIZING APNs TO SOLVE PROVIDER SHORTAGE IN RURAL INDIA**

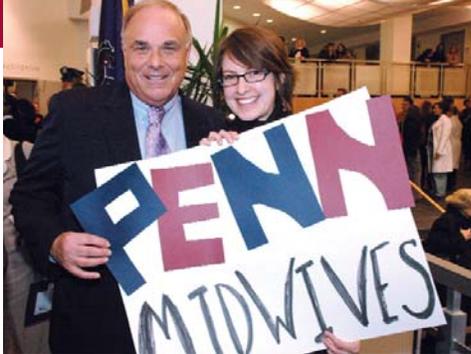
*Utilizing APNs to deliver primary care has potential in the United States and far beyond. In an effort to help develop nursing, nurse practitioner, and primary care practice in rural India, the University of Pennsylvania School of Nursing has partnered with IKP Center for Technologies in Public Health (ICTPH), a non-profit research organization in southern India that aims to develop models of nursing care to address health problems in rural parts of the country.*

*“To improve public and maternal health, nurses must have the opportunity to practice to their full capacity and advance their skills through expanded education and training as nurse practitioners who work with community health workers and the full healthcare team,” said Shearer Term Associate Professor and Associate Dean for Practice and Community Affairs Eileen Sullivan-Marx. Dr. Sullivan-Marx is an international NP leader with ICTPH and is helping develop a replicable model to change health policy in India.*

*The development of APNs and NPs would provide much-needed care in a country that has never relied heavily on the nursing model. Penn Nursing holds a year-long partnership with ICTPH to explore utilizing advanced practice nurses to deliver healthcare in remote rural populations.*

*“With 75% of Indian medical practitioners positioned at urban locations and 72% of the Indian population residing in rural locations, there is an overarching need for human resource innovation for delivering health,” added Dr. Zeena Johar, president of ICTPH. “This partnership provides an opportunity for ICTPH to unlock and translate the Penn Nursing legacy of pioneering the U.S. nurse practitioner movement for the Indian subcontinent.”*

1 Munding, M., Kane, R., et. al. (2000). Primary care outcomes in patients treated by nurse practitioners or physicians. *JAMA* 283 (1), 59-68.



Governor Edward Rendell with former Penn Nursing midwifery student Jennifer Jagger, Nu'05, GNU'08, at the launch of the Rx for PA healthcare plan

namely, to improve the health outcomes of Pennsylvanians coping with chronic illness while reducing healthcare costs.”

According to a report released by the Commission<sup>2</sup>, chronic diseases are the leading cause of death and disability in the Commonwealth, accounting for 80 percent of all healthcare costs and 76 percent of all physician visits.

“Chronic conditions often become neglected conditions which become crisis conditions,” the report stated. “Much of the hospital and emergency room costs for patients with chronic conditions would be unnecessary if patients simply received evidence-based care in a setting where multiple practitioners and health educators can easily communicate and collaborate,” it continued.

The Chronic Care Model in Pennsylvania is now at the end of its second year.

“We believed that if we made it a patient-centered healthcare approach, where the physician, CRNP, pharmacist, physicians assistant, and surrounding community wraps around the individual, with the individual taking accountability for their own health, then we will be able to deliver better care more efficiently and save money,” said Rosemarie Greco, Commission co-chair and chair of the Board of Overseers at Penn Nursing. “We already have anecdotal proof that this has happened in southeastern Pennsylvania.”

The model has since been rolled out across the state, and “we will be better able to track its metrics and outcomes,” added Ms. Greco.

### **Senior Care and Services Study Commission chaired by Penn Nursing professor**

The Senior Care and Services Study Commission was created in May 2008 to assess the senior population’s current and future need for care and services in the Commonwealth. It is chaired by Eileen Sullivan-Marx, PhD, CRNP, RN, FAAN.

Dr. Sullivan-Marx, the Shearer Term Associate Professor for Healthy Community Practices and Associate Dean for Practice and Community Affairs, is the only nurse on the 19-member commission, which aims to review current care, services, and resources available to Commonwealth residents 65 years and older; project the future need for care and services through the year 2025; evaluate the ability of current systems to meet the projected needs; and make policy recommendations as to how the projected needs can best be met.

“This is not a study to determine what needs to be done now, but one that takes a longer view,” says Dr. Sullivan-Marx. “What will the needs of this population be and how do we meet them? That’s a policy question rooted in nursing care.”

### **The role of Penn Nursing faculty in removing barriers for midwives**

Most, if not all, members of the Penn Nursing faculty are heavily involved in professional organizations (see pages 20-21). For Penn Nursing midwives and clinical preceptors, this includes leadership roles on the American College of Nurse Midwives (ACNM) and the Pennsylvania Association of Licensed Midwives (PALM), among others. It was associations with these two organizations, specifically, that played an instrumental role in making Pennsylvania the final state in the country to allow nurse midwives to write prescriptions for their patients.

Advanced Senior Lecturer Mary Kathleen McHugh, MSN, and three colleagues from the ACNM and PALM were “negotiators for the state.” With support from Ms. Greco, then the director of the Governor’s Office of Health Care Reform, they traveled to the capitol, testified before the legislature, and met with congressmen, legislative staffers, legal counsel, and the Pennsylvania Medical Society to begin the process of changes that would be made to the original draft of the bill that gave nurse-midwives prescriptive authority (HB 1255).

McHugh and Term Associate Professor in Women’s Health Bill McCool, PhD, CNM, RN, were also involved in committees of the ACNM to educate legislators on the role and scope of practice for midwives, who care for many of Pennsylvania’s underserved pregnant women.

“We work in poorer, rural counties where there are no obstetricians. We work with Amish and Mennonite women who want home births,” explained McHugh. “We work where doctors don’t want to go, and we work very autonomously for the care of normal, healthy women. We therefore needed legislation for prescriptive authority to recognize that.”

### **Three years later: how nurses have improved care in the Commonwealth**

Three years since Prescription for Pennsylvania was passed, the legislation has shown the impact of comprehensive healthcare reform initiatives that turn to nursing for solutions.

A full evaluation of Rx for PA has not been completed, but one statistic suggests that the initiative is improving access: 55 new retail clinics have opened in the state, with 250 NPs providing 500,000 visits.

In December, at a national forum in Philadelphia hosted by the Institute of Medicine and The Robert Wood Johnson Initiative on the Future of Nursing, Governor Rendell addressed the role of nurses in reforming care and reshaping delivery systems.

“Those who say healthcare reform is too complicated, too difficult, that it can’t be done, that we can’t cut or control costs – they’re dead wrong,” he exclaimed. “They don’t know that the secret weapon – and it shouldn’t be a secret – to increasing access and affordability are nurses, nurse practitioners, and physician assistants.”



## APNs CAN HELP HEALTH REFORM, AND PENN RESEARCH CALLS FOR A FEDERAL INVESTMENT IN NURSING EDUCATION TO INCREASE WORKFORCE

*One of the greatest healthcare needs is for more nurses to become educators, advanced practice nurses, and leaders in complex healthcare organizations; however, only one-third of new nurses graduate from initial nursing programs with a college degree that qualifies them for graduate study. New public subsidies for nursing education should therefore target baccalaureate and graduate education for nurses, according to a June 2009 Health Affairs article by researchers from the Center for Health Outcomes and Policy Research (CHOPR) at Penn Nursing.*

*Fewer nurses who are originally educated with associate's degrees go on to achieve master's or Ph.D. degrees, exacerbating the current dearth of nurses who can be faculty and educate the next generation. The nation is projected to face a shortage of 500,000 nurses by 2025.*

*"We are proposing increased federal funding under Title VIII and through Medicare and other mechanisms to support nursing education so we have more nurses at the hospital bedside," said Linda H. Aiken, PhD, RN, FAAN, FRCN, the study's lead author and professor of nursing and sociology at the University of Pennsylvania. Administered by the Health Resources and Services Administration, Title VIII of the Public Health Service Act provides funding for nursing workforce development.*

*"Nursing is one of the most popular choices for college students today, but thousands of prospective students are waiting for admission because of capacity limitations resulting from faculty shortages and undergraduate enrollment caps imposed by financially strapped colleges and universities," said Dr. Aiken, director of CHOPR. "With targeted public investments in expanding baccalaureate nursing school enrollments, we can take advantage of historically high interest in nursing as a career to solve the nation's nursing shortage well into the future."*



# Penn Nursing helps revolutionize the way low-income, frail, older adults receive care in West Philadelphia

It has been toured by nurses from Japan, physicians from South America, health leaders from New Zealand, India, and Dubai. And on Thursday, December 3rd, the lobby of the Living Independently For Elders (LIFE) center welcomed the committee members of the Robert Wood Johnson Foundation's Initiative on the Future of Nursing.

In collaboration with the Institute of Medicine, the Initiative is a two-year effort to find solutions to the continuing challenges facing the nursing profession, and to build upon nursing-based solutions to improve quality and transform the way Americans receive care. Its committee members include the president of the AARP, the former CEO of Aetna U.S. Healthcare, and former director of the Congressional Budget Office.

The 18 members had gathered in Philadelphia on December 3rd for a national forum on *Community Health, Public Health, Primary Care, and Long-Term Care* that was to take place in the afternoon. But they started the day with a firsthand view of what community health, public health, primary care, and long-term care looks like for some of West Philadelphia's most vulnerable seniors.

**Owned and operated by the School of Nursing, LIFE allows low-income seniors who would otherwise need nursing home care the option to instead remain in their home and receive all preventive, primary, acute, and long-term health services at the LIFE center**



Since 1998, the Living Independently For Elders center has provided all-inclusive healthcare to more than 650 Southwest and West Philadelphia seniors, seven of whom have been attending the program since its inception more than a decade ago. Owned and operated by the School of Nursing, LIFE allows low-income seniors who would otherwise need nursing home care the option to instead remain in their home and receive all preventive, primary, acute, and long-term health services at the LIFE center, housed at 4508 Chestnut St. Through the program, nursing, medicine, social work, pastoral care, physical therapy, occupational therapy, and psychiatry all combine as a team to provide one-stop care to a vulnerable, local population.

## The LIFE model of care

At the core of LIFE is a strong nursing foundation. All patients, known as "members," receive their care from an interdisciplinary team comprised of two nurse practitioners, a primary care nurse, medication nurse, homecare nurse, and medical office assistant. These teams manage the complex health, functional, and psycho-social problems faced by elderly clients.

"The nursing model of health promotion, disease prevention, and risk management is why we've been successful in improving the health of our members," says Professor-Clinician Educator Jane Barnsteiner, PhD, FAAN, who serves as a faculty advisor to LIFE.

Health promotion campaigns have resulted in an award-winning immunization rate. In fact, no members were hospitalized during the 2008 winter with influenza.

"Things happen here that just couldn't happen in a physician's office," says Karen Nichols, MD, the first medical director at LIFE. Dr. Nichols spends about 20 percent of her time in practice, treating members. "We have the opportunity to see members more

than anyone's primary care physician ever could," she adds. "That early detection can stop hospitalizations."

The "triage unit" is a large room on the ground floor where members can go to if they feel ill or if a caregiver notices changes in their health. On that same Thursday afternoon, the room is filled with different members receiving fluids, IV antibiotics, and wound care treatment.

Having a nursing foundation and a team approach to care makes every person who interacts with the patient a health assessor.

Each morning, 16 vans, owned by LIFE and the Penn Department of Transportation, pick up members from their homes, located within a 12-mile radius of 45th and Chestnut Streets, and drop them off at the center. As "first responders" who interact with the members almost daily, the drivers are often the first to know when a member hasn't eaten or when somebody feels drowsy as a result of their medications.

## Payment and practice

As a Program of All-Inclusive Care for the Elderly (PACE), LIFE provides round-the-clock, community-based care to more than 396 older adults each day. The average member is 78 years old, African American, suffers from eight medical conditions, takes eight medications, and experiences three or more limitations in daily activities. Ninety-six percent have circulatory health problems, 84% have musculoskeletal disorders, and 86% have mental disorders including dementia and depression. All have some limitation in functional activities of daily living, such as walking (65%) and doing housework and chores (94%).

The program is regulated and funded by the Centers for Medicare and Medicaid Services. "We're a health plan and a health provider," says Associate Dean for Practice and Community Affairs Eileen Sullivan-Marx, PhD, CRNP, RN, FAAN. In recognition

of her leadership of the LIFE program, the American Academy of Nursing named Dr. Sullivan-Marx an “Edge Runner,” defined by the AAN as a person who “develops innovative solutions that eventually become mainstream solutions.”

Through a capitated payment – a lump sum from Medicare that is also combined with state Medicaid funds – LIFE is able to pay for a variety of comprehensive services even beyond the primary and acute care offered at the center, such as hospitalizations, dialysis, nursing home care, and medications. The capitated payment aligns the financial interests of both the provider (LIFE) and patient (“member”) so that providers can deliver all services participants need rather than be limited to those reimbursable under the fee-for-service systems.

The program is a model of integrating fiscal responsibility, access to service, and quality of care using a Medicare/Medicaid capitated, per member, per month rate.

LIFE saves 15 cents on the dollar compared to nursing home care and saves the Pennsylvania Department of Welfare 15-20 percent annually in Medicaid reimbursement costs. But the impact of the program is more than just cost-saving. LIFE members experience fewer visits to the emergency department, decreased hospitalizations, decreased nursing home care, and longer time living in the community compared to a similar group of older adults.

### **A LIFE-long impact**

When the center first opened, it served 10 members from West and Southwest Philadelphia. Today, it serves 373, with an average daily attendance of 200 people. LIFE began with a \$1.2 million investment from the University and now boasts an annual budget that exceeds \$36 million.

“LIFE has prolonged my life,” says member Lillie Mashore, who credits the program with her ability to quit a 30-year smoking habit, reduce her insulin from 75 units to 50 units, and lose more than 24 pounds.

Committee members of the Robert Wood Johnson Foundation’s Initiative on the Future of Nursing tour Penn Nursing’s LIFE center for a firsthand account of healthcare for some of West Philadelphia’s most vulnerable seniors



### **ADVANCING SCIENCE AND EDUCATION THROUGH PRACTICE**

*“PACE programs are the wave of the future, and so we need to invest in training more people on how they work and how to improve outcomes within this model,” says Shearer Term Associate Professor Eileen Sullivan-Marx, PhD, CRNP, RN, FAAN.*

*As Associate Dean for Practice and Community Affairs, Dr. Sullivan-Marx oversees the LIFE center, and since 2001, she has been funded by the U.S. Department of Health & Human Services, Health Resources and Service of Administration (HRSA), to train and educate registered nurses and nursing personnel in community-based, long-term care programs on how to promote health and healthy lifestyles for older adults.*

*She just completed a two-year study, funded by the Commonwealth of Pennsylvania Department of Health, that examined the impact of a 16-week exercise program for 80 African American*

*women who attend LIFE, including some who are cognitively impaired. She found that their strength and endurance increased, their memory and thinking improved, and that the likelihood of depression was significantly avoided.*

*Now, she is principal investigator on a three-year HRSA-funded study that would train nurses and nursing personnel to implement the exercise program in three other LIFE sites in Philadelphia.*

*“There is currently no training in this regard for nurses in community-based long-term care,” Dr. Sullivan-Marx explained. “Our exercise program will be disseminated nationally through our strong partnerships with the National PACE Association, Commonwealth of Pennsylvania Office of Long Term Living, the Penn Nursing Consultation Service, and Hartford Center for Geriatric Nursing Excellence, in association with the Geriatric Education Center of Greater Philadelphia.”*



Associate Professor Pamela Cacchione consults with a LIFE member. Since 1998, LIFE has provided all-inclusive healthcare to more than 650 Southwest and West Philadelphia seniors, seven of whom have been attending the program since its inception more than a decade ago.

## LIFE'S FIRST CLINICIAN EDUCATOR APPLIES A NEW MODEL OF CARE TO THE "CIRCLE OF CARE"

*Bridging more than 20 years clinical experience as a geriatric nurse practitioner in long-term care settings with her research expertise in sensory impairment and delirium, Associate Professor of Geropsychiatric Nursing Pamela Cacchione, PhD, APRN, is working to implement a research-based model of care for LIFE members who suffer from cognitive impairments such as dementia and Alzheimer's Disease.*

*As LIFE's first Clinician Educator – a standing faculty position that is unique to Penn Nursing in that faculty members have a percentage of their time specifically devoted to clinical practice – Dr. Cacchione is using the Needs-Driven Dementia Compromised Behavior Model to reduce disruptive behaviors for nearly 40 members who suffer from limitations in cognitive function and receive their care in a special section of the center known as the Circle of Care.*

*Many of these members can pose an elopement risk through their exit-seeking behaviors and their subsequent disruptive behaviors that include wandering,*

*aggression, and problematic vocalizations (loud, repetitious exclamations). As a result, Dr. Cacchione is examining, "what needs of theirs are not being met and how do we frame their behaviors so that nursing interventions can be implemented to prevent potential elopement and reduce problematic behaviors?"*

*After having education sessions with the nursing staff of the LIFE program and individual consultations with members, she has developed interventions that address various emotional, psychological, physiological, and social needs. For instance, minor changes in the physical and spatial layout have included changing members' views of the windows and closing the blinds in the afternoon so that the sight of the LIFE vans does not trigger their anxiety. The center is considering staining the glass on the windows as an additional intervention.*

*"Our goal," Dr. Cacchione explained, "is to avoid pharmacological interventions as much as possible by instead implementing nursing interventions that meet the needs of members and keep them safe."*

When LIFE opened in 1998, it was a financial gamble with little external support.

"We wanted to serve frail elders in West Philadelphia and we wanted it to last," says van Ameringen Professor in Nursing Excellence Lois Evans, PhD, RN, FAAN, one of the four "founding mothers" of the program. "It was a great motivator that far exceeded expectations and has taken hold throughout the entire state."

As the first such center in Pennsylvania (and the only to be owned and operated by a School of Nursing), LIFE has served as a model for the 10 other programs in the Commonwealth.

LIFE has recently implemented a fully-functional Electronic Health Records system to convert all paper medical records into electronic ones. LIFE was also recognized by the Robert Wood Johnson Foundation's Health Services Network as one of 24 national, innovative health models for its nursing-centered approach to long-term care.

"Living independently – and safely – is the goal of long-term living in Pennsylvania," says Rosemarie Greco, former director of the Governor's Office of Health Care Reform and current chair of Penn Nursing's Board of Overseers. "Many people would benefit greatly if we had more LIFE centers in the Commonwealth."

## Changing healthcare legislation through nursing research

*It's a refrain we've become all too familiar with: the United States spends more on healthcare, in total and per capita, than any other country, yet it leaves nearly 50 million persons with no healthcare coverage and fails to meet many quality and safety markers that a multi-trillion dollar investment should yield. Extending affordable coverage to the entire population will require a fundamental shift in how we organize, deliver, and finance healthcare services.*



*This critical nexus – getting from where we are to where we need to be – is where nurses are increasingly stepping up with evidence on how to better organize and deliver healthcare services. This evidence has found a very receptive audience among key legislators influencing the shape of healthcare reform. Mary Naylor has demonstrated that nurse-directed transitional care services – care which fortifies and manages the transition between healthcare settings – has been a linchpin in reducing unnecessary readmissions among those with serious, complex chronic illness for whom hospital care is all too frequent and fraught with poor outcomes. Linda Aiken has shown how Medicare's investment in graduate nursing education will produce a nursing workforce that will assure access and yield much higher quality outcomes for Medicare beneficiaries, and through that improve health outcomes for the nation overall. The impact of nursing's evidence has not been limited to the halls of the nation's capital. Laws in 10 states restricting nursing overtime have been informed by seminal research from Ann Rogers, who has shown the causal link between mistakes in care and long shifts, mistakes which can lead to adverse events that have both cost and quality consequences.*

*Providing legislators with concrete solutions on how to invest our healthcare resources wisely – i.e., paying for care with demonstrated potential – has great dividends for healthcare services and the public's health.*

**JULIE SOCHALSKI, PhD, RN, FAAN**  
**Associate Professor of Nursing**

# Using nurses to stop the revolving door of hospital readmissions for chronically ill older adults

Larry Shapiro was apprehensive. Only one week after his heart surgery for a major heart defect, he found himself back in the hospital with a 103-degree fever and chills. After ruling out the swine flu and MRSA, the doctors diagnosed him with a staph infection, and, as he explains it, “cut me open again.”

“I had never even heard about the program,” says the South Philly native, “but when Michelle came in the room and told me about it, I thought, ‘This is probably something I need.’”

“The program” is the Transitional Care Model (TCM), and Michelle is Michelle Whetzel, CRNP, RN, Mr. Shapiro’s advanced practice nurse (APN).

The Transitional Care Model utilizes APNs to provide comprehensive in-hospital planning and home follow-up for chronically ill, high-risk older adults hospitalized for common medical and surgical conditions. Developed by Marian S. Ware Professor in Gerontology Mary Naylor, PhD, RN, FAAN, the TCM is based on more than 20 years of large-scale, randomized, clinical, NIH-funded trials that have demonstrated reductions in preventable hospital readmissions for primary and co-existing health conditions, improvements in health outcomes, enhanced patient satisfaction, and average savings of \$5,000 per Medicare patient.

“The healthcare system is very complex and exceedingly difficult to navigate,” says Dr. Naylor. “Older patients and their family caregivers often get lost.”

Adds Ms. Whetzel, an APN who implements Dr. Naylor’s transitional care model for patients in the University of Pennsylvania Health System, “I joke that I wouldn’t have a job if it weren’t for the current state of our healthcare system.”

More than 20 percent of older Americans suffer from five or more chronic conditions, and their chronic illness trajectory is characterized by frequent changes in health. They require care services from numerous providers across several settings, and they take medications for various illnesses. Currently, very few “frequent fliers” of the

healthcare system – older patients who go from hospital to home and back again – have access to seamless care systems.

But for those like Larry Shapiro who do, quality of life improves and the likelihood of finding themselves in a revolving door of hospital readmissions is greatly reduced.

“Michelle was at my house the day after I left the hospital,” he says. “When she noticed problems with my vital signs, she contacted my cardiologist, and they didn’t just dismiss it.”

Dr. Naylor, director of NewCourtland Center for Transitions in Health, is working to make sure all older adults who could benefit from the Transitional Care Model are able to do so.

Her team has formed partnerships with leaders of the Aetna Corporation and Kaiser Permanente Health Plan to translate and integrate TCM for use in everyday practice and assess its effectiveness among at-risk, chronically ill older adults. The model has been identified as a “high value” proposition by Aetna leaders. As a result of improvements in health outcomes, reductions in rehospitalizations and total healthcare costs, and increased member and physician satisfaction observed to date, the University of Pennsylvania Health System has adopted TCM, and Independence Blue Cross of Philadelphia is reimbursing the Health System for TCM services provided to its members.

The Medicare Transitional Care Act (H.R.2773), modeled on the TCM, was introduced by Congressmen Earl Blumenauer (D-OR) and Charles Boustany (R-LA) to provide reimbursement of transitional care services to high-risk Medicare beneficiaries throughout episodes of acute illness. A companion bill was sponsored by Senators Susan Collins (R-ME) and Jeanne Shaheen (D-NH).

Testifying before the U.S. Senate Committee on Finance, Dr. Naylor highlighted the need for a transitional care benefit that would “enhance the healthcare experience for millions of older Americans and their family caregivers, improve their health outcomes,

and achieve substantial savings for the Medicare program.”

Dr. Naylor has received much outside support for her innovative model.

“At AARP, we view this idea [transitional care] as a common-sense strategy to help patients stay as healthy as possible while easing pressure on their caregivers and saving money. Shouldn’t that be what health reform is all about,” wrote AARP President Jennie Chin Hansen in a *New York Times* Letter to the Editor.

In a *Washington Times* Letter to the Editor, Patricia Ford-Roegner, the CEO of the American Academy of Nursing (AAN), highlighted Dr. Naylor and TCM as an example of how “Americans all over the country are experiencing better health outcomes thanks to the care coordination led by nurses.”

Last year, Dr. Naylor received “Nursing’s Nobel” – the Baxter International Foundation’s Episteme Award – in recognition of her research and development of TCM. In 2007, she was named to the inaugural class of Edge Runners by the AAN, an initiative funded by the Robert Wood Johnson Foundation and directed by AAN to recognize nurses who have developed care models and interventions that demonstrate significant clinical and financial outcomes.

But perhaps the greatest support for Dr. Naylor and the Transitional Care Model comes from the patients and their APNs.

Mr. Shapiro has not been readmitted into the hospital since he was discharged last November, and he recently took a month-long vacation to Florida. He now walks five miles a day.

“We’re serving a patient population that needs us, and we’re keeping the ‘frequent fliers’ out of the hospital,” says Ms. Whetzel, who worked with Mr. Shapiro. “The Transitional Care Model makes so much sense because it provides continuity of care, patient education, and patient advocacy – all of the things that are currently missing.”

Dr. Mary Naylor's Transitional Care Model helps prevent a revolving door of hospital readmissions by utilizing APNs who provide comprehensive in-hospital planning and home follow-up for chronically ill, high risk older adults hospitalized for common medical and surgical conditions

## DR. NAYLOR CHAIRS NEW ALLIANCE FOR LONG-TERM CARE SERVICES

*Dr. Mary Naylor, the Marian S. Ware Professor in Gerontology, will serve as Chair of the newly created Long-Term Quality Alliance (LTQA), a group comprised of the country's leading health, consumer, and aging advocates. The mission of the alliance is to ensure that the 10 million-plus Americans needing long-term services and supports receive the highest quality of care in whichever setting the care is delivered, including in home and community-based settings such as assisted living facilities and adult day care.*

*The Alliance will focus initially on important healthcare issues that have been identified as national health priorities, including improving transitions in care and avoiding unnecessary hospital admissions among frail and chronically ill people. Dr. Naylor says that these two areas offer the greatest promise for improving the quality of consumer experiences as well as reducing costs.*

*"Although long-term services and supports have a major impact on health, health costs, and quality of life for millions of frail and chronically ill people, efforts to improve the quality and value of this sector, especially outside of the institutional setting, have been absent from the national healthcare debate," said Dr. Naylor.*

*The LTQA Board is comprised of 30 leaders from organizations representing caregivers, consumers, nursing homes, foundations, the federal government, private payers, among others, including Mark McClellan, the former administrator for the Centers for Medicare & Medicaid Services, and Carolyn Clancy, the director of the Agency for Healthcare Research and Quality.*



# Changing policies for mandatory overtime and nursing workforce legislation

## Changes in mandatory overtime for nurses

Groundbreaking research conducted by Associate Professor Ann Rogers, PhD, RN, FAAN, is still cited as the basis for changes in state legislation to restrict the use of mandatory overtime for nurses.

Her 2004 study, "Hospital Staff Nurse Work Hours and Patient Safety" found the risk of error increases three-fold when nurses work 12.5 consecutive hours or more. It was the first study to establish a clear link between long hours worked by nurses and an increased risk of mistakes on the job.

The VA Hospital System, which is the largest employer of RNs in the country, has limited the work hours of nurses based on data from her study. To date, 13 states have enacted restrictions in law. They are: Connecticut, Illinois, Maryland, Minnesota, New Jersey, New Hampshire, New York, Oregon, Pennsylvania, Rhode Island, Texas, Washington, and West Virginia. Two states



– California and Missouri – have provisions in their regulations. In 2009, North Carolina legislated the study of mandatory overtime as a staffing tool.<sup>3</sup>

"Policy changes aren't always data-driven," concedes Dr. Rogers. "But that's why our findings are so important. You can't ignore the numbers."

The impact of her research extends beyond policy changes in the United States, and most recently, Dr. Rogers serves as co-chair on an expert panel, "Preventing and Managing Fatigue in Health Care" for the Registered Nurses' Association of Ontario. In this position, she works to create evidence-based practice guidelines that have the potential to affect Canadian nurse work hours.

## TWO PENN NURSING ALUMNI ARE POLICY ACTIVISTS ON THE HILL AS RWJ HEALTH POLICY FELLOWS

*Two Penn Nursing alumni – Sheldon Fields, PhD, RN, FNP, and Margaret Wilmoth, PhD, RN, FAAN – have been selected as prestigious Robert Wood Johnson (RWJ) Foundation Health Policy Fellows for 2009-2010. They join eight other health professionals who will work in a congressional office or the executive branch to provide health policy leadership on Capitol Hill.*

*Awarded by the RWJ and administered by the Institute of Medicine, the Health Policy Fellows program is a year-long, full-time work assignment on the Hill. Working directly with elected officials and congressional staff, Fellows have the opportunity to draft legislative proposals, arrange hearings, brief legislators for committee sessions and floor debates, and*

*serve as a liaison between elected officials and the executive branch, interest groups, trade associations, think tanks, and the healthcare community.*

*Dr. Fields' research focuses on HIV/AIDS prevention and treatment strategies for young men of color. He completed his doctoral study at Penn under the direction of Professor Loretta Sweet Jemmott, PhD, RN, FAAN, and is an associate professor at the University of Rochester School of Nursing. Dr. Wilmoth's work is in the subspecialty of psychosexual oncology. She has developed two psychometric measures of sexuality and has award-winning publications stemming from her research and international collaborations. She is a professor of nursing at the University of North Carolina, Charlotte.*

## Changes in nursing workforce legislation

"Policymakers, managers, and the public often do not understand the relevance of nursing research to real-life decisions," says Professor Linda Aiken, PhD, RN, FAAN, FRCN. "The key to linking research to current debates is to frame research findings in the context of current debate and policy decisions."

Dr. Aiken's 2003 *JAMA* paper showing that each 10% increase in the proportion of hospital bedside care nurses with at least a baccalaureate degree was associated with a 5% decline in mortality has been cited in legislative debates in support of more federal funding for baccalaureate education.

<sup>3</sup> Mandatory Overtime (2010). American Nurses Association.

Her landmark study found that for each additional patient added to a nurse's workload, the risk of death increases by 7 percent for surgical patients. Patients in hospitals with a 1:8 nurse-to-patient ratio have a 31 percent greater risk of dying than patients in hospitals with 1:4 nurse-to-patient ratios. It was influential to California's safe-staffing law that mandated hospitals must maintain a minimum of one nurse per five patients on medical-surgical units.

"When we studied the impact of hospital nurse staffing on mortality, our study took place in Pennsylvania, a state without pending nurse staffing legislation," she said. "However to illustrate how our findings could be applied more broadly, we used our findings in Pennsylvania to estimate how hospital mortality might vary under the ratios being debated in California that varied from four to eight patients per nurse. Our finding that every patient added to a nurses' workload was associated on average with a 7% increase in hospital mortality following common surgical procedures was influential to decisions about the final regulations implemented in California. It helped make our paper relevant to audiences that might not have thought that they would be interested in nursing prior to reading the paper."

Dr. Aiken, the Claire M. Fagin Leadership Professor in Nursing and director of the Center for Health Outcomes and Policy Research, has also contributed to the growing literature demonstrating that nurse practitioners improve access and quality at affordable costs that has been useful in inserting language in primary care pilots and demonstrations that enable qualified advanced practice nurses to lead and participate in interdisciplinary primary care models.

In 2008, Dr. Aiken was named one of *Modern Healthcare* magazine's "100 Most Powerful People" for the third time.



#### PENN RESEARCH AND FEDERAL FUNDING FOR SEX EDUCATION

*The Obama administration has eliminated funding for abstinence-only education and is supporting a range of programs to prevent teen pregnancy, provided they are based in rigorous science.*

*One such study by husband-and-wife researchers John and Loretta Jemmott has generated much national attention and renewed the discussion about sex education. Published in the February 2010 issue of the Archives of Pediatric and Adolescent Medicine, a journal of the AMA, it found that an abstinence-only education program without a moralistic tone can delay tweens from having sex.*

*Their abstinence-only interventions did not preach saving sex for marriage or disparage condom use. It instead focused on assignments to help sixth- and seventh graders understand the drawbacks to sexual activity at their age.*

*About one-third of the preteens and their fellow classmates who received an eight-hour abstinence lesson had sexual intercourse within two years of the class. Of the students who reported that they were sexually active during the study, there were fewer reports of recent sexual activity from the abstinence-only intervention participants (20.6 percent) compared to the control participants (29.0 percent).*

*The authors cautioned that before any policy issues are discussed, more research is needed to determine the efficacy of abstinence-only education for different populations, including replication of a*

*study like this in young African Americans. "Policy should not be based on just one study, but an accumulation of empirical findings from several well-designed, well-executed studies," said John Jemmott, PhD, the Kenneth B. Clark Professor of Communication at the Annenberg School for Communication.*

*A total of 662 African American students in grades 6 and 7 participated in this randomized controlled trial, which was held on Saturdays in classrooms at four public schools participating in the study. The students were randomly assigned to an 8-hour abstinence-only intervention, an 8-hour safer sex-only intervention, an 8- or 12-hour combined abstinence and safer-sex intervention, or an 8-hour health-promotion control group. Participants in the comprehensive intervention had reduced reports of multiple sexual partners compared with the control group (8.8 percent vs. 14.1 percent).*

*"Our program focused on waiting until you're responsible enough to handle the consequences of sex, and it got kids to delay sex in an honest and respectful way that didn't preach to them or denigrate contraception," explains co-author Loretta Sweet Jemmott, PhD, RN, FAAN, the van Ameringen Professor in Psychiatric Mental Health Nursing and director of the Center for Health Disparities Research. "We need to invest in things that work. While the adults are arguing about this, teenagers are getting pregnant."*

## Translating research into hospital policies and practices

*We are living in a fast-moving world where our understanding of what can be achieved in healthcare is constantly being reframed by advances in science and technology. A major challenge in healthcare is valuing the continual discovery of new knowledge, assessing it for appropriateness for inclusion in care delivery, and putting into practice the knowledge that exists. Getting people to change the way they do things, even with the latest evidence, is very difficult. Tailoring the research findings to fit the local setting makes it easier for clinicians to take on new practices. The challenge we face remains how to increase the rate of adoption and continue the movement from a profession based on ritual and tradition to using a wide range of evidence.*



*Working as a clinician educator – which included stints as Director of Nursing Practice and Research at The Children’s Hospital of Philadelphia and Director of Translational Research at the Hospital of University of Pennsylvania – allowed me to have simultaneous roles in academia and healthcare delivery settings. It permitted me to bring a scholarly approach to translating research into practice in the hospital and bring the reality of what occurs in practice to my teaching and my own research.*

*Measuring outcomes to changes in practice in individual healthcare settings can grow to eventually change national practice policies as the practices gradually become the standard of care. It becomes a way of saying, “this is what excellence looks like,” and it’s expected that most healthcare settings in the country should be practicing that way. This is one of the reasons that led to the “pay for performance” policy for the Centers for Medicare and Medicaid Services, which enacted policies regulating payment reimbursements for nursing sensitive quality indicators such as falls prevention and pressure ulcer prevention measures.*

*Integrating the latest evidence into practice and measuring the outcomes leads to improvement in the quality of care. For example, dietician and adjunct professor Dr. Irene Olsen studied the intrauterine growth curves for infants and found the old curves were not representative of the population. Intrauterine growth curve standards are now being reassessed based on her research and this will lead to more appropriate and safer care for both expectant mothers and neonates. Associate Professor Eileen Lake has done extensive work on nurse environments and found that babies in NICUs with higher nurse-to-patient ratios and more BSN nurses have better health outcomes and lower mortality rates. Historically, hospital executives have looked at reducing the number of RNs and substituting them with lesser skilled staff as a way to cut costs, but her findings show that it’s not about “bodies,” but rather the quality of care provider. Their research has the potential to be adopted in hospitals across the country, and perhaps impact national policy as well.*

**JANE BARNSTEINER, PhD, FAAN**  
**Professor of Pediatric Nursing – Clinician Educator**

## New growth curves for premature infants reflect the racial diversity of the U.S.

Since the 1960s, pediatrics has relied on growth statistics derived by Dr. Lula Lubchenco, known familiarly as the “Lula Gram” or the “Lubchenco Curves.” But Adjunct Assistant Professor Irene Olsen, PhD, RD, LDN, whose specialty is the growth assessment of premature infants, decided there needed to be a more up-to-date method reflecting the diverse population of the U.S.

“You measure and weigh these infants each day and measure their intakes and outputs. What they get for nutrition is primarily through tubes,” said Dr. Olsen. Thus, she said, knowing what is “normal” size for a premature baby at each age is vital to knowing how to guide its nutrition and support healthy growth and development.

Dr. Olsen’s research has expanded far beyond the 5,000 nearly all-white babies Lubchenco measured in Denver at mid-Century to records of more than 400,000 babies from 1998-2006 that reflect the diversity of American children. If taken as the standard, they may well become the “Olsen Curves.”

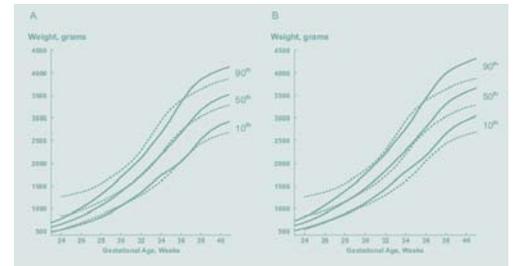
What Dr. Olsen has found is that overall, the younger premature babies today are smaller and the older term or near-term babies tend to be bigger than in the past. She has theorized in part that because more sick premature babies survive now, their birth weights tend to be smaller, but as mothers are now bigger and gain more weight during pregnancy, those babies who go to term may tend to be larger. Further, she said that the Lubchenco study was done solely in Denver, indicating the effect that city’s high altitude may have shown in the data – although this point remains controversial in the literature.

The new growth curves were published in the February issue of *Pediatrics*, The American Academy of Pediatrics’ journal. On average, the new curves have lower average weights, lengths, and head circumferences at younger gestational ages than the Lubchenco curves until 30-36 weeks and higher average growth measurements at older gestational ages.

Small-for-gestational-age (SGA) and large-for-gestational-age (LGA) are commonly used to define high-risk groups of infants who receive extra attention in the NICU. SGA infants are at risk for growth and neurodevelopment delays, and LGA infants are at risk for early hypoglycemia and later, for metabolic syndrome.

On average, 42 percent of the infants considered to be small-for-gestational age based on the new curves were considered appropriately-sized on the Lubchenco curves, and 27 percent of the infants considered to be large-for-gestational age based on the new curves were considered appropriately-sized based on the Lubchenco curves.

“The misclassification we found using the old Lubchenco unisex curves may lead to many small infants not receiving the care they need because they are classified as average;



New weight-for-age gender-specific curves (solid line) for girls (A) and boys (B) compared with Lubchenco unisex curves (dashed line; start at 24 weeks<sup>16</sup>). Adapted from Groveman.<sup>20</sup>

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younger but larger infants may be overlooked because they are misclassified as average; and older infants may be mistakenly targeted for extra NICU attention because they are misclassified as large,” said Dr. Olsen. “This could lead to misdirection of NICU resources and potentially suboptimal infant outcomes.”

**Dr. Irene Olsen measures the head circumference of a young infant in the NICU. She has developed a new set of weight, length, and head circumference growth curves to assess preterm infants.**





**EILEEN LAKE, PhD, RN, FAAN:** “Our goal is that these findings will help *CHANGE HOSPITAL POLICIES.*”

We want to show why managers should match nurses’ education and experience with babies’ acuity and complexity of care at all times of day.”



## Babies in NICUs are at greater risk for developing infections when nurses have poor support

Babies in neonatal intensive care units (NICU) with higher nurse-to-patient ratios and higher proportions of BSN-prepared and NICU-experienced nurses are less likely to develop hospital-acquired infections, to suffer brain hemorrhage, and to die, according to data from the first large-scale, national study of nursing resources and NICU outcomes.

Principal investigator Eileen Lake, PhD, RN, FAAN, and her team are examining whether acuity-adjusted nurse staffing and practice environments account for variation in NICU patient outcomes. Preliminary data from the two-year study show that units with better educated nurses have lower mortality rates.

"There is a tradeoff in efficiency," says Dr. Lake, associate professor in nursing and associate director of the Center for Health Outcomes and Policy Research. In her study of 104 NICUs, she has found that hospitals with more BSN-nurses need fewer nurses to achieve the same outcomes as hospitals whose units were mostly staffed with a higher proportion of nurses from diploma and associate degree programs.

Initial findings also show that while the proportion of nurses-per-baby across acuity levels is constant during the weekdays, staffing levels are lower on nights and weekends, and high-acuity babies are the ones who get fewer nurses on these "off" shifts.

"Our goal is that these findings will help change hospital policies," says Dr. Lake. "We want to show why managers should match nurses' education and experience with babies' acuity and complexity of care at all times of day."

On a national level, she hopes the study underscores the need for federal funding for nursing education. At the hospital level, the goal is to increase nursing support in the NICU.

Nurses are the primary caregiver in keeping a tiny patient alive. In a professional, well-run NICU, a nurse might notice subtle signs that could be an infection. The baby gets prompt attention and a crisis is averted.

"Hospitals that put such steps in place will get results in the form of fewer infections. And they're likely to have fewer cases of complications like bleeding in the brain," says Dr. Lake. "Such complications are expensive to treat, lead to long-term developmental problems, and push up hospital costs through longer stays."

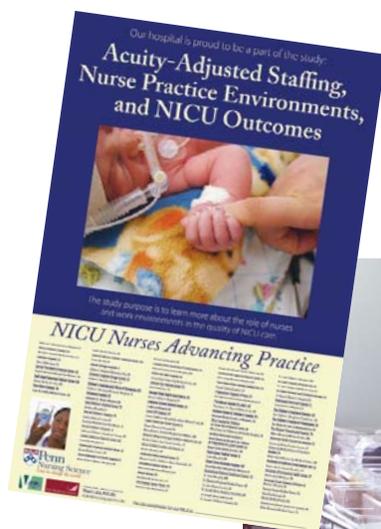
### HAPPY NURSES EQUAL HAPPY PATIENTS

*Penn researchers at the Center for Health Outcomes and Policy Research (CHOPR) at the University of Pennsylvania have found that patients report higher satisfaction in hospitals where nurses practice in better work environments or with lower patient-to-nurse ratios.*

*The Institute of Medicine has highlighted patient-centered care as one of six priority areas for improvement in the U.S. healthcare system, and the Centers for Medicare and Medicaid Services require hospitals to demonstrate patient satisfaction through a national survey in order to qualify for full payment, demonstrating the financial incentive for hospitals to enhance patient satisfaction.*

*The study found that the percentage of patients who would definitely recommend a hospital was more than eight percent higher in hospitals that offered better nurse work environments than ones with poor work environments and more than four percent higher in better nurse work environments than average ones. Further, hospitals that improved their nurse work environments from poor to better and reduced nurses' workloads by one patient would expect to move from the 16th percentile to the 50th percentile, in terms of percentage of patients who would recommend their hospital.*

*"Improving nurse work environments, including nurse staffing, may improve patients' experiences and their quality of care," says CHOPR Director and Claire M. Fagin Leadership Professor in Nursing Linda Aiken, PhD, RN, FAAN, FRCN, the study's lead author. The national study involving 98,000 nurses in 430 hospitals was published in the June issue of the prestigious policy journal Health Affairs.*



## Nursing leadership at Penn: A historical perspective

*Nursing leadership has long been a part of the Penn tradition and its curriculum. As the number of nursing doctorates grows and nurses become more vocal, their role as leaders in healthcare become even more prominent. But nursing leadership started with a few brave individuals.*

*Imagine being a student at the Training School of the Hospital of the University of Pennsylvania in 1890. Mary E.P. Davis would have been your Superintendent (or, in today's term, Dean). Jane A. Delano would have been your primary instructor. These two women embodied all you wanted to be as a nurse: strong, independent, devoted to their patients, and dedicated to educating a new generation of clinicians to follow in their footsteps. You would not at all be surprised to learn that they assumed critically important leadership roles in the early decades of the 20th century. Davis was one of a small group of nurses who founded the American Society of Superintendents of Training School for Nurses, later renamed the National League for Nursing Education. She championed the battle of those educators wanting more theoretical and classroom approaches to teaching the discipline of nursing. In 1900 she realized a long-held dream. With little money but much faith she helped launch the American Journal of Nursing, finally giving voice to the professionalizing aspirations of the new discipline.*

*Jane Delano led practice. She was a superb administrator. By 1909 she had assumed the leadership of the newly created United States Army Nurse Corps, the Red Cross Nursing Service, and the American Nurses Association assuring vigorous and effective nursing responses across the United States to disasters, epidemics, and emergencies, and, by 1914, war. When the United States entered World War I in 1917, Delano had already recruited and mobilized the nurses needed for military service. She was devoted to the nurses who served. She died in 1919 in France while on an inspection tour of their Red Cross facilities. In recognition of her leadership, Delano posthumously received the Distinguished Service Medal for her exceptional service to the government of the United States.*

*Then there were clinicians. An excellent exemplar is Presbyterian's Rose Pinneo whose work in the 1950s helped create coronary care units and the specialty of coronary care nursing. Where once we focused only on the remarkable accomplishments of those in formal leadership positions, we now also recognize the leadership of those in day-to-day clinical practice.*

*Penn Nursing has a long tradition of healthcare leadership, as well as a long tradition of supporting and disseminating the scholarship that makes the historical leadership of nurses more widely known. As editor of the Nursing History Review, I can see how the research published there has broadened definitions of healthcare leadership and change. At this critical time in our nation's history, it's important to remember the role nurses have played in improving care for all.*



**PATRICIA D'ANTONIO, PhD, RN, FAAN**

**Associate Professor of Nursing and Associate Director of the Barbara Bates Center for the Study of the History of Nursing  
Edge Runner, American Academy of Nursing**

## Changing healthcare through leadership roles for nurses

From serving as presidents of national nursing organizations to editors of journals, Penn Nursing faculty hold numerous leadership positions that provide them a public platform to educate policy makers on the unique nursing perspective. In this role of nurse and health expert, they bring the right information, at the right time and place, and with the right people, to change something that creates a ripple effect throughout the country.

For example, when the Physician Payment Review Commission (PPRC) of the American Medical Association (AMA) enacted the Resource-Based Relative Value Scale, a schema to determine how much money medical providers should be paid through Medicare, each organization representing a provider worked to establish relevant values for the many billing codes. From 1992 to 2003, Eileen Sullivan-Marx, PhD, CRNP, RN, FAAN, represented nursing to this process. It was a role that influenced more than \$45 billion, annually, in how fees for nurses are paid.

Every day, nurse practitioners across the country see and treat patients, but it is their billing codes that give value to that work. “Before that, nursing care was discussed without nurses being in the room or at the table,” says Dr. Sullivan-Marx, the Shearer Term Associate Professor for Healthy Community Practices and Associate Dean for Practice and Community Affairs.

Dr. Sullivan-Marx is one of many Penn Nursing faculty members who have given voice and authority to nursing when health policy decisions are made. Through leadership roles, both within the profession and beyond, faculty articulate the value of nursing and the key discoveries of nursing science.

In one of the most concrete examples of how Penn Nurses influence health policy, Associate Professor Julie Sochalski, PhD, RN, FAAN, has spent the past year commuting between Philadelphia and Washington D.C. as the Senior Fellow for the AARP and American Academy of Nursing.

Deploying well-honed policy skills, Dr. Sochalski brings to Congressional leaders and key health policy stakeholders compelling evidence and policy initiatives that offer strategic opportunities to reform the ways that healthcare is delivered and financed.

“There is no setting where healthcare is delivered that does not rely on nurses,” says Dr. Sochalski. “Consequently, nurses have critical knowledge to bring to policymakers on how to improve the delivery of care. Indeed, it is our social obligation.”

By working with leading organizations like the AARP and AAN, the “ripple effect” of her work impacts national policy at a critical time in health reform. Professor Julie Fairman, PhD, RN, FAAN, is the 2009-2010 Nurse Scholar-in-Residence at the Institute of Medicine (IOM), working with the Robert Wood Johnson Foundation Commission on Investing in the Future of Nursing at the Institute of Medicine, chaired by former Health and Human Services Secretary Donna Shalala, PhD. The cornerstone of the work of the Commission will be to conduct a major study that will produce a transformational report on the future of nursing.

“I believe that historical research should be a key informant to the work of the Commission; history provides the foundation to address the important strategic issues of our times,” she explained. “Enduring problems such as the nurse shortage, the shape of nursing education and the care of indigent and chronically ill populations are rooted in the history of healthcare, particularly the history of nursing. A highly creative meshing of history and policy may provide the innovative strategies necessary to overcome problems present in American healthcare since the turn of the century.”

Penn Nursing has long been committed to affecting policy changes through leadership roles. Associate Dean for Academic

Programs Kathleen McCauley, PhD, ACNS-BC, RN, FAAN, FAHA, served as former president of the American Association of Critical-Care Nurses, leading the largest specialty nursing organization in the world. Under her presidency, AACN launched its Standards for Establishing and Sustaining Healthy Work Environments. She moderated a press conference and Webinar in Washington to brief healthcare stakeholders on the need for and potential impact of these standards, which has since had a national influence over how organizations transform their environments to make them collaborative practice settings where patients receive optimum care.

Professor Barbara Riegel, DNSc, RN, FAAN, FAHA, has worked extensively with the American Heart Association (AHA), and was the first and only nurse on a panel to develop guidelines for people who had just suffered heart attacks. She later sat on a mother committee overseeing all clinical guidelines for the AHA. “That’s where policy is put into place as it relates to clinical care,” she says. “I joined this effort because the people who sit on the panels influence what goes into guidelines.”

As former chair of the National Board of Directors of the American Lung Association, Terri Weaver, PhD, RN, FAAN, made frequent trips to Capitol Hill, testifying before Congress and meeting with legislators to discuss issues that affect the quality of life for those with lung diseases, such as air pollution emissions and tobacco control.

“I view this as public health nursing on a macro level,” says Dr. Weaver, the Ellen and Robert Kapito Professor in Nursing Science, chair of the Biobehavioral Health Sciences Division, and incoming dean of the College of Nursing at the University of Illinois-Chicago (see page 28). “As nurses, part of providing care comes from making sure there is legislation to promote health. These organizations provide many vehicles – legislative, educational, and programmatic – to broadly affect healthcare nationally and internationally.”

## The new power of nursing

*Nurses have a long history of generating new knowledge to situate practice questions. By the 1960s to 1970s, a generation of nurse scholars expanded the boundaries of nursing knowledge to focus more assuredly outward on the patient rather than on nurses, their education, and the specific functionality of their work routines. They began to inductively reason about the relationship of the individual to the society and individual ideas to larger institutions. At this point, the hospitals themselves were also changing in response to public expectations that useful treatments could be provided in these spaces and patients previously thought to be unsalvageable, were in fact, now surviving but suffering from the sequela of chronic diseases. The concept of rooming in developed by Claire Fagin came from her research during this time.*



*Nurse scientists in the 1970s and 1980s developed an intellectual genealogy through new educational opportunities at the baccalaureate and graduate level that provided the foundation for reintegrating practice and education. As more nurses gained the opportunity to enter institutions of higher learning, one that was not always open to them because they were primarily women in a profession that was not seen as intellectually challenging, they began to conceptualize nursing as a discipline with scientific underpinnings and thrived in the scientific community of academic institutions. Research team Neville Strumpf and Lois Evans illustrated the dangers of restraint use in the elderly population, and provided the evidence for radically changing care of the elderly.*

*And, from the 1990s to the present, a growing cadre of nurse scholars armed with new scientific knowledge and partnering with colleagues in other disciplines, has broadened the kinds of questions asked and the methods used. It is no longer unusual for nurses to lead basic science investigations, nor for nurse scientists to use qualitative methods to illuminate patients' experiences to lend new direction to quantitative inquiry. The researchers featured in the accompanying article are evidence of the new power of nursing science, and they take their science a step further by building in strong clinical applications and publishing their findings in a wide range of multidisciplinary traditional or web-based journals. These studies are moving the science forward and influencing patient care at multiple levels, and their impact is apparent across the patient care spectrum.*

**JULIE FAIRMAN, PhD, RN, FAAN**

**Professor of Nursing and Director of the Barbara Bates Center for the Study of the History of Nursing**

## Nursing interventions to improve health outcomes

### Nursing intervention to improve outcomes for critically-ill children

Professor Martha Curley, PhD, RN, FAAN, has received the largest grant ever awarded to an independent investigator to develop a nurse-led intervention that manages the discomfort experienced by very sick children on life-saving ventilators.<sup>4</sup>

The \$12 million grant, awarded by the National Institutes of Health, will be devoted to conducting one of the most comprehensive studies ever undertaken in pediatric critical care.

The children, who will range in age from infant to 18 years, are typically the victims of trauma, pneumonia, bronchiolitis, asthma and other conditions, and are often critically ill, requiring the insertion of breathing tubes into the throat to assist ventilation. The study will involve more than 2,750 patients in 22 of some of the most prestigious pediatric hospitals in the U.S.

“Our goal is to tightly manage sedation so that children can be weaned from mechanical ventilators earlier in hopes they will have fewer complications and spend less time in the hospital while continuing to ensure they are comfortable,” said Dr. Curley, the principal investigator of the

**Dr. Martha Curley is developing a nurse-led intervention to manages the discomfort experienced by very sick children on lifesaving ventilators.**



study. “Too much sedation can actually prolong hospital stays by preventing the body from healing quickly and can cause additional health problems.”

Using their clinical judgment, nurses will implement a goal-directed comfort algorithm guiding titration of sedative drugs. This new procedure changes the collaborative nature of critical care to immediately benefit the patient by having nurses, those closest to the patient, make decisions about how best to help very sick children be comfortable.

Researchers will follow a team of physicians, nurses, clinical pharmacists, respiratory therapists and others who will jointly set daily goals for sedation management. Nurses will then administer medications in adherence with the overall goal, rather than awaiting a specific order. The new technique will be assessed to see whether the number of days spent on a ventilator can be safely and humanely reduced to promote patient recovery.

“The truly collaborative, interdisciplinary approach used in this study is very exciting,” added Dr. Patricia A. Grady, director of the National Institute of Nursing Research, which is co-funding this grant along with the National Heart, Lung, and Blood Institute. “This approach may not only decrease the amount of time patients are required to be on a ventilator, it may shorten the time they spend in the hospital, improve their long-term outcomes, and lower the overall cost of care.”

### Nursing interventions for pain management

Nursing interventions are typically always complex, multi-faceted, and require more than one step. This is especially true for nursing interventions to control and manage pain.



Research indicates that as many as 83 percent of nursing home residents experience pain that often goes unrecognized or is inadequately treated<sup>5</sup>. Although evidence-based guidelines are available to assist staff with assessment and management of pain, Associate Professor of Nursing Mary Ersek, PhD, RN, FAAN, has found a significant gap between actual practice and current best practices. She has developed a pain management algorithm – coupled with an educational intervention – to help nursing home staff use current guidelines to assess and manage persistent pain experienced by elderly residents. She is testing this approach in an NIH-funded randomized control trial<sup>6</sup>. Data collection involving nearly 500 nursing home residents of 28 facilities in the Seattle area is almost complete.

The pain management algorithm is a series of decision-making tools that begin with regular, comprehensive pain assessment matched to residents’ cognitive status and proceed through analgesic therapy appropriate to the character, severity, and pattern of pain. The algorithm is based on Dr. Ersek’s earlier research and was adapted in collaboration with geriatric pain experts.

But, she says, the question remains “how do we get nursing staff to use this, learn

4 The project was supported by NIH Research Grant 1 R01 HL086622-01A1 funded by the National Heart, Lung, and Blood Institute (NHLBI) and the National Institute of Nursing Research (NINR) of the National Institutes of Health

5 AGS Panel on Persistent Pain in Older Persons. (2002). The management of persistent pain in older persons. *Journal of the American Geriatrics Society*, 50(6 Suppl.), S205-S224.

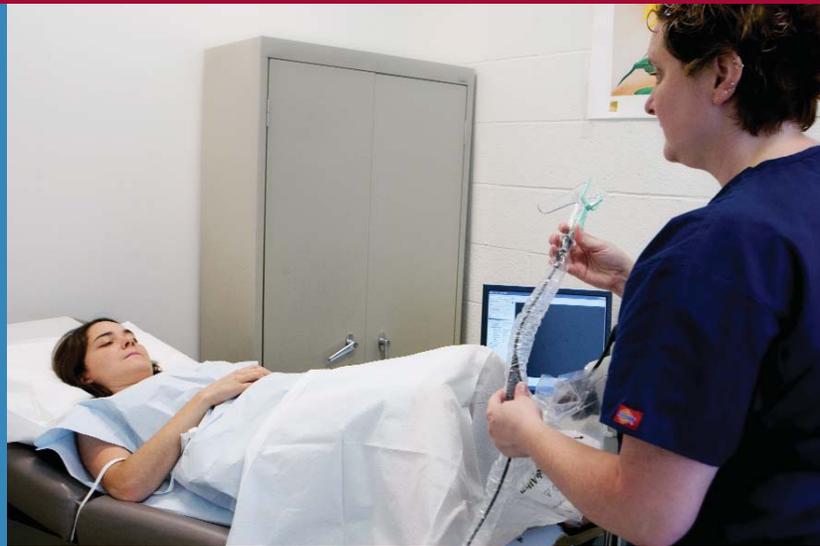
6 Nursing home pain management algorithm clinical trial, R01-NR009100

## NURSING RESEARCH HAS IMPLICATIONS FOR THE CRIMINAL JUSTICE SYSTEM

*Female victims of sexual assault with dark skin are less likely than females with light skin to have their injuries identified, documented, and treated, leaving them disadvantaged in both the healthcare and criminal justice systems, according to a Penn Nursing study that has ramifications for both.*

*According to the National Crime Victimization Survey, black women have higher numbers of rape/sexual assault cases than white women, and one of the main reasons women do not report sexual victimization is "lack of [physical] proof" that an incident occurred.*

*"The novel findings from this study have clinical ramifications for those performing forensic sexual assault exams," said principal investigator and Lillian S. Brunner Professor of Medical-Surgical*



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*Nursing Marilyn Sommers, PhD, RN, FAAN. "Practitioners need to increase their vigilance when examining individuals with dark skin to ensure all injuries are identified, treated, and documented."*

*Dr. Sommers' study, in which 120 black and white volunteers underwent a forensic*

*examination after consensual sexual intercourse, found that nearly three times the number of injuries to the external genitalia (such as a tear, abrasion, redness, or swelling) were identified in white women. Significant disparities were only evident for external genitalia (as opposed to the internal genitalia or anus).*

this, and incorporate this into their everyday practice? Several evidence-based pain management guidelines are freely available, but they usually don't get implemented."

Using the principles of Roger's Diffusion of Innovations Theory to implement the algorithm, Dr. Ersek's program emphasizes the education of nursing home staff in its use; in applying the algorithm to hypothetical and real case studies; establishing "pain teams" comprised of opinion leaders who are experts in using the algorithm; and using and supporting strategies to embed the algorithm into everyday, ongoing pain management practices. "The goal is to change not just the care residents receive, but to change their clinical outcomes – to decrease their pain and improve their quality of life," she says.

Associate Professor of Pain Practice – Clinician Educator Rosemary Polomano, PhD, RN, FAAN, is developing and testing new instruments to measure pain outcomes and quality of care for pain management.

Emerging technologies for analgesia have required a new set of measures to assess ease of care by nurses and ease of use by patients. Dr. Polomano, along with colleagues from the pharmaceutical industry, has developed and tested two instruments to quantify experiences with the use of traditional and new analgesic delivery systems. From the nurses' perspective, The Nurse Ease of Care Questionnaire has 22 items addressing three aspects of patient care: time-efficiency (time-consuming), ease of use/convenience, and satisfaction.<sup>7</sup> Patients now have a Patient Ease-of-Care (EOC) Questionnaire, which includes 23 items capturing confidence with device,

comfort with device, movement, dosing confidence, pain control, knowledge/understanding, and satisfaction.<sup>8</sup> The first of their kind, these multidimensional instruments will have important implications for evaluating quality outcomes with patient-controlled analgesia technology.

With a team of national pain experts, Dr. Polomano just completed a study at two academic medical centers to revise the American Pain Society Patient Outcome Questionnaire.<sup>9</sup> This new questionnaire can be used by clinicians to document pain- and treatment-related outcomes in hospitalized adults and conduct performance and quality improvement initiatives.

7 Harding, G., Vallow, S., Leidy, N.K., Olson, W., Hewitt, D.J., Polomano, R., Nelson, W., & Schein, J.R. (2007). Ease of care with patient controlled analgesia systems: Questionnaire development and validation. *Journal of Advanced Nursing*, 59(5), 530–541.

8 Harding, G., Vallow, S., Olson, W., Hewitt, D.J., Nelson, W., & Schein, J.R., & Polomano, R.C. (2010). Development and validation of a new instrument to evaluate the ease of use of patient-controlled analgesia modalities for patients in the postoperative setting. *Journal of Medical Economics*, 13, 42–54.

9 Gordon, D.B., Polomano, R.C., Pellino, T.A., et al. (In press). Revised American Pain Society Patient Outcome Questionnaire (APS-POQ-R) for quality improvement of pain management in hospitalized adults – Preliminary psychometric evaluation. *Journal of Pain*.

## Developing the evidence base to improve outcomes in the mental health system

The American mental health system of 30 years ago looked very different. Patients were treated in psychiatric institutions by nurses and doctors who worked in their specialty field, implementing interventions that often lasted months.

Today, most inpatient psychiatric admissions occur in general hospitals, where lengths of stay rarely exceed a week. When patients leave, their medications have changed and they rarely see a psychiatrist until a month later. In the meantime, medication side effects are common and few patients have access to providers that can address their concerns. Consequently, they stop medications and remain in acute psychiatric states.

People with acute mental illness do not receive safe and effective care primarily because of a fragmented health system where obtaining timely health and mental health services is extremely difficult. General hospitals have become the de facto acute psychiatric care system in the community, but “the services provided are brief and ineffective without healthcare and mental healthcare follow up,” explains Nancy Hanrahan, PhD, RN, CS, the Dr. Lenore H. Kurlowicz Term Assistant Professor in Nursing. “The change from institutional care to general hospitals was developed with good intentions of integrating people with mental illness back into the community, but the policy was not fully implemented or based on research.”

### The psychiatric nursing workforce

One area of Dr. Hanrahan’s research is to evaluate the psychiatric nurse workforce. Two-thirds of the 90,000 psychiatric nurses are employed in hospitals, only four percent are younger than 30, and 70 percent are graduates of associate or diploma programs.

“These nurses work tirelessly and effectively at keeping patients with mental illness safe, but the workforce has been deskilled,” she says.

Of even more concern are the findings from Dr. Hanrahan’s latest research<sup>10</sup> showing that psychiatric nurses experience high burnout (46%), high levels of job dissatisfaction

(40%), and a significant percentage plan to leave their job in the next year (23%). Eighty-four percent reported an increase in the number of assigned patients, and 59 percent reported insufficient RN staffing, which had significant effects on quality of care, from patient falls (44%), to wrong medications (19%), to work injuries (42%), among others.

### The mentally ill patient population

Still, the majority of care occurs outside of the hospital. Along with principal investigator Michael Blank, Dr. Hanrahan has helped lead a five-year, \$3 million dollar study<sup>11</sup> that measured the effectiveness of using advanced practice psychiatric nurses to perform tailored home-based interventions for 236 mentally ill persons infected with HIV. When HIV medications are not taken with at least 80 percent adherence, the virus might mutate, rendering medication ineffective. People with mental illness and with HIV are at an even higher risk for non-adherence to prescribed regimens because of many factors, including cognitive impairment, depression, and substance abuse. Completed in 2008, the investigators found the 12-month nursing intervention lowered HIV viral loads, reduced mental health symptoms, and decreased substance abuse.

“For these patients, access to physicians and psychiatrists is poor and many are reluctant to go the doctor’s office,” Dr. Hanrahan explains. “In this intervention, our nurses went into the community and their homes.”

Penn Nursing lecturer June Roman, MSN, RN, was one of the advanced practice psychiatric nurses (APNs) that went “into their world” – into homeless shelters, halfway houses, and apartments. She recalls one that had no lock, just a two-by-four hinged between the doorknob and floor for security; the two tenants would climb out of the window when they wanted to leave.

It was in their homes and neighborhoods, that she met the subjects in the study on a weekly basis, teaching them how to self manage their medications, discussing their health concerns, communicating with their

case managers, coordinating their care amongst their many physical and mental health providers, and providing the basic healthcare that they needed.

With more than 40 years experience as a psychiatric nurse, Ms. Roman has witnessed firsthand the difference between hospital and community nursing in this vulnerable and sadly neglected population.

“As a hospital nurse, I thought I was doing such a great job in preparing people to leave,” she says. “It was an eye-opener for me to find out what did and did not happen once they were gone.”

### An interdisciplinary approach to improve this intervention

Nurses have the potential to transform care for mentally ill patients in coordinating their care once they leave the hospital.

Using an interdisciplinary approach, Dr. Hanrahan hopes to merge the Critical Time Intervention (currently being tested by Social Policy and Practice Associate Professor Jeffrey Draine, PhD, MSW, on men with mental illness who are going from prisons back into the community) with the Transitional Care Model (developed by Dr. Mary Naylor to transition older chronically ill patients from hospital to home; see page 13).

Dr. Hanrahan has designed a novel integrated care management program built on evidence based practice used in other populations. The intervention will use APNs to provide health and mental health services as individuals transitioning from a psychiatric hospitalization back into their homes.

“These patients don’t simply go from hospital to home. They go from hospital to shelters to the streets to jails and then back to the hospital,” she says. “It’s our belief that nurses can help change that cycle and improve their health.”

10 Hanrahan, N. P. (2010). Relationship of psychiatric nurse work environments and nurse burnout in acute care general hospitals. *Issues in Mental Health Nursing, 33*(1).

11 Nursing intervention for HIV regimen adherence among the seriously mentally ill, National Institutes of Health, R01-NR008851



## Penn Nursing honors the passing of Dr. Karen Buhler-Wilkerson

Karen Buhler-Wilkerson, PhD, RN, FAAN, nursing professor, historian, author, and co-creator of an innovative care program for poor and frail elderly, died February 13 at the Pavilion at the Hospital of the University of Pennsylvania from complications of ovarian cancer, first diagnosed in 2004. She was 65.

Dr. Buhler-Wilkerson taught at the University of Pennsylvania School of Nursing from 1972 until her death. Having retired in 2006 as a Professor of Community Health, she continued, as Professor Emerita, to write for scholarly journals, advise doctoral students, consult on grants and special projects, and participate in professional organizations and on advisory boards. During her illness, she completed a seminal paper published in *The Milbank Quarterly* on "Care of the Chronically Ill at Home: An Unresolved Dilemma in Health Policy in the United States." In the final months of her illness, as a recipient of intensive, sophisticated and technical care at home, she often remarked how much more she was learning about the complexities of care for the chronically ill and hoped to write further about it one day.

Dr. Wilkerson's final paper, completed with her partner, Penn nursing professor Neville Strumpf, will be published this summer. Aptly titled "Living with Cancer," the paper details a journey of more than five years, a story "reaffirming the centrality of expert and compassionate care, along with timely and honest communication, as crucial to the preservation of integrity, dignity, control and hope in the face of serious illness."

Dr. Strumpf described Karen's approach to her illness as "unflinching, honest, brave, and determined," amply demonstrated by the acquisition of a rambunctious standard poodle shortly after her diagnosis, and the purchase of her dream car, a 1986 Porsche 911, following a recurrence of the cancer in 2009. Last summer, on a vacation in the Adirondacks, she joyfully demonstrated how such a machine can easily travel 100 mph over a mountain pass.

"Professor Wilkerson was integral to the 20th century renaissance of research in the history of nursing and healthcare," said her long-time Penn colleague, nursing professor Joan Lynaugh. She published three books and 40 articles, but is best known for her award-winning book, *No Place Like Home: A History of Nursing and Home Care in the United States*. Fascinated by place, and its influence on the delivery of healthcare, Dr. Wilkerson traces home care from its earliest beginnings in 1813, by the Ladies Benevolent Society in Charleston, South Carolina, where Karen spent much of her later childhood, to its reinvention with the Visiting Nurse Service, under the leadership of Lillian Wald, in New York City in the late 19th and early 20th centuries. The story culminates with the role of Medicare in the delivery of home care services, a story still unfolding today.

From 1995 until her retirement, Dr. Wilkerson directed the internationally renowned Barbara Bates Center for the Study of the History of Nursing at the School of Nursing, University of

Pennsylvania, and mentored the scholarly careers of many students and colleagues. In keeping with her views and values about care at home, Dr. Buhler-Wilkerson was crucial to the founding of Penn Nursing's LIFE program, Living Independently For Elders, which provides daily care for 500 poor and frail residents of West Philadelphia who otherwise would be placed in nursing homes.

"Dr. Wilkerson was a phenomenal leader whose vision will transcend time. Her book is now considered a classic, and her contributions to home care and care of elders will help many people for years to come. The innovative LIFE program that she co-established will always be remembered as the model for care for vulnerable populations, helping elders to remain in their own homes for as long as possible," said Dean Afaf I. Meleis.

Dr. Buhler-Wilkerson received her BSN and MSN degrees from Emory University and her PhD from the University of Pennsylvania. She twice received the Lavinia L. Dock Award for Exemplary Historical Research and Writing from the American Association for the History of Nursing (in 1989 and 2001), as well as the Agnes Dillon Randolph Award for Significant Contributions to the Field of Nursing History from the Center for Nursing Inquiry at the University of Virginia School of Nursing in 2000. She became a Fellow of the American Academy of Nursing in 1989 and received the Emory University Alumna Award of Honor in 1990.

In lieu of flowers, contributions can be made to the Karen Buhler-Wilkerson Faculty Research Fund at the Barbara Bates Center for the Study of the History of Nursing. Checks can be made out to the Trustees of the University of Pennsylvania and mailed to the School of Nursing at Penn, 418 Curie Blvd., Philadelphia, PA 19104-4217. Donations can also be made online at [www.nursing.upenn.edu/history](http://www.nursing.upenn.edu/history).

## Penn Nursing News



### Penn Nursing appoints new Associate Dean for Research

After an extensive and comprehensive search process, the University of Pennsylvania School of Nursing has named Yvonne J. Paterson, PhD, as Associate Dean for Research, effective July 1, 2010. In this position, she will manage the School's research agenda, which includes policy making, developing benchmarks, operating the Office of Nursing Research, and promoting and facilitating all research activities of the faculty and doctoral students.



Dr. Paterson is currently a Professor in the Department of Microbiology, Associate Dean for Post-doctoral Research Training, and Director of Biomedical Post-doctoral

Programs at the University of Pennsylvania School of Medicine. She is also a member of the University of Pennsylvania Cancer Center and the Center for AIDS Research.

Dr. Paterson has considerable administrative experience that includes developing and overhauling research policies, and providing training for eight hundred post-doctoral fellows across the University. She is highly regarded not only for her exquisite science, but also for her proactive mentorship, consensus building management style, outstanding efforts to enhance trainees and faculty diversity, and overall commitment to justice and equity throughout academic careers.

Dr. Paterson, a continually federally funded researcher, is a cancer immunologist with an interest in immunotherapy for breast and cervical cancer. The research performed in Dr. Paterson's laboratory is dedicated to harnessing immune systems to provide cures for, or protection against, neoplastic and infectious diseases.

### Dr. Bruner concludes term as Interim Associate Dean for Research

Independence Professor of Nursing Education Deborah Watkins Bruner, PhD, RN, FAAN, will step down from her position as Interim Associate Dean for Research on July 1 in order to take over her new role as Principal Investigator for the Radiation Therapy Oncology Group Clinical Community Oncology Program. In this position, she will be the first female PI of a National Cancer Institute sponsored Clinical Trials Cooperative Research Group.

As Associate Dean for Research since May 2009, Dr. Bruner managed faculty and student research, keeping the School at the top of NIH funding for nursing research. Penn Nursing currently ranks first, despite its relatively small number of faculty members. She also worked to make the Biobehavioral Research Lab a "University-wide 'niche market'" in the areas of vitamin D analysis and inflammatory cytokines, both of which play a role in global public health issues such as obesity and chronic disease.

"There is no discipline that serves as a better bridge in translating the discoveries of bench science into clinical practice and community health," she says. "At Penn Nursing, we have incredible human capital – from senior scientists to junior scientists to students – who work to do this."

Dr. Bruner has worked with the Office of Nursing Research to improve organizational dynamics, which included: providing more advanced intranet tools for grants management, regulatory processes, and support; merging the pre- and post-grant management departments to provide better continuity of services; and improving metrics for grant management evaluation.

"Dr. Bruner's leadership in the School's research mission has been inspirational in keeping faculty members, staff, and students at all levels focused on our scholarly goals," said Dean Afaf I. Meleis.

### City honors Penn/Sayre partnership

The Penn Nurse Practitioner/Sayre High School partnership was honored with a Proclamation from Mayor Michael Nutter, stating "It is fitting and appropriate that the City of Philadelphia officially recognize with this Citation – University of Pennsylvania Pediatric Acute Chronic and Pediatric Oncology Nurse Practitioner Students and Sayre High School Students and congratulate them on their outstanding work: Academically Based Community Service – educating and assessing children in the community for risk factors of diabetes."

In addition, each student received a personal citation from City Council, signed by Councilwoman Blondell Reynolds, honoring the students for "loyal dedication to the Penn/Sayre Partnership Program and Sayre High School."

Through the Penn/Sayre program, nurse practitioner students assessed and gathered research from elementary school-aged children in the Sayre Beacon After School Program to prevent obesity and diabetes in children. Since 2005, students from Sayre High School and the University of Pennsylvania Nurse Practitioner program have collaborated to address

type 2 diabetes and obesity. Acting as guest lecturers, Penn Nursing students have spoken to Sayre High School students about normal versus abnormal growth, development and body mass index, as well as provided instructions on how to evaluate children for diabetes risk factors.

These Penn students also evaluated 233 children in West Philadelphia's Sayre Beacon After School Program for diabetes risk factors. The findings yielded results that 30 percent of respondents were at-risk for type 2 diabetes. As a response, growth charts and letters about the survey findings were sent to the children's parents.



Photo by Michelle Holshue



**Penn professor Terri Weaver to become Dean of the College of Nursing at the University of Illinois – Chicago**

Terri E. Weaver, PhD, RN, FAAN, the Ellen and Robert Kapito Professor in Nursing Science and chair of the Biobehavioral Health Sciences Division at the University of Pennsylvania School of Nursing, will become the new dean of the College of Nursing at the University of Illinois – Chicago, effective August 2010.

Dr. Weaver has been a valued member of the Penn Nursing faculty for 20 years and chair of the Biobehavioral and Health Sciences Division for more than seven. Under her leadership, the Division saw a 40 percent increase in research funding, clarified its identity and role with a name change, launched an award system for all division faculty, implemented a faculty mentorship program, and fully integrated the academic support staff into its mission.

"Dr. Weaver is an energetic and imaginative leader who will bring the UIC College of Nursing to new levels of scholarship and research intensity," said Dean Afaf I. Meleis. "We will miss her insightful and keen scientific mind and wish her the best in her new role. I personally will miss her partnership in our leadership team."

Dr. Weaver is internationally recognized for her research in sleep disorders. Her research focuses on the effect of daytime sleepiness on daily behaviors, and on assessment of treatment outcomes. She developed the gold-standard instrument to assess daily functioning in sleep disorders and just completed an international clinical trial of continuous positive airway pressure for milder obstructive sleep apnea.

She is a Fellow of the American Academy of Nursing, former chair of the National Board of Directors of the American Lung Association, and current member of the Board of Directors of the Sleep Research Society.



**PENN NURSING WELCOMES NEWEST FACULTY MEMBER**

*Ann Kutney-Lee, PhD, RN, has been appointed to the rank of Assistant Professor of Nursing in the Standing Faculty tenure track, effective January 1, 2010.*

*Dr. Kutney-Lee's scholarship is focused on the effects of nursing care organization on health outcomes and how systems can be redesigned to work more efficiently to improve patient care. Her program of research is particularly concentrated on the care of the most vulnerable patient populations, such as those with chronic health conditions who are hospitalized for a medical-surgical reason.*



**Marilyn Stringer Promoted to Professor of Women's Health Nursing – Clinician Educator**

Marilyn Stringer, PhD, CRNP, RDMS, has been promoted to the rank of Professor of Women's Health Nursing – Clinician Educator effective July 1, 2010. Dr. Stringer is both nationally and internationally recognized for her research, practice, and presentations on women's health particularly as it relates to prenatal and postnatal populations. She translates her research into practice by lowering the incidence of preterm births during high risk pregnancies in environments other than acute care facilities.

**Patricia D'Antonio Promoted to Tenured Associate Professor of Nursing**

Patricia D'Antonio, PhD, RN, FAAN, has been granted tenure within the rank of Associate Professor of Nursing effective July 1, 2010. Dr. D'Antonio, associate director of the Barbara Bates Center for the Study of the History of Nursing, is a famed expert in the history of nursing and nursing practice with highly funded research and observations that have been considered to be paradigm changing.



**Martha Curley Promoted to Professor of Nursing**

Martha Curley, PhD, RN, FAAN, CCRN has been promoted to the rank of Professor of Nursing effective July 1, 2010. Dr. Curley is a nationally and internationally recognized figure in pediatric critical care nursing and has made important contributions to protocols that are used to guide practice in Pediatric Intensive Care Units around the world. Her scholarship is related to the clinical management of critically ill infants, children, and their families.

## Message from the Penn Nursing Alumni President



### Dear Penn Nursing Alumni,

At about the time you receive this magazine, Penn Nursing will be hosting the Penn-ICOWHI 18th Congress, Cities and Women's Health: Global Perspectives. Experts in varied disciplines and attendees from around the world will meet to address the pressing issue of urban women's health. This four-day conference exemplifies the global reach Dean Meleis has brought to the school. Programs like this remind me of one of the many reasons that I am proud to be a Penn Nursing alumnus. The ideas and initiatives developed at Penn Nursing are cutting-edge, positioned to have significant local and global impact.

As President of Penn Nursing Alumni, I am thrilled to be part of such a visionary and action-driven organization. My goal, and that of the Alumni Board, is to bring Penn Nursing to you – electronically, on paper, and in person – and to connect you back to Penn Nursing.

Our online presence is continually enhanced as we increasingly explore uses for social media sites like Facebook, Twitter, LinkedIn, as well as communications tools like email, the Penn online alumni community and career network, the Urban Women's Health ecommons site, and more.

Penn Nursing is also on the road. Over the past five years, we have hosted or participated in alumni programs and events in Atlanta, New York, Baltimore, Los Angeles, San Francisco, London, Connecticut, Shanghai, Hawaii, Chicago and New Jersey. In November 2009, a preview Urban Women's Health program was enthusiastically attended by more than 135 Penn alumni and friends in Miami. Similar programs are being planned for San Francisco, New York, and London over the next two years.

For those who have the opportunity to visit campus, we are consistently working to bring you the latest academic content. At Alumni Weekend in May 2010, Dr. Jennifer Pinto-Martin, director of the Pennsylvania Center for Autism and Developmental Disabilities Research and Epidemiology, will lead a discussion on "the whys of autism." As the prevalence of autism grows, this session will be informative and thought-provoking for a broad audience.

All of this outreach is made possible by the work of your fellow alumni who serve on the Nursing Alumni Board and its committees. I invite you to consider joining a committee, running for a board position or sending us your feedback and suggestions. Together, we are caring to change the world.

**NAOMI HIGUCHI, Nu'86, GNu'92, GNC'97**

### Alumni Weekend: May 14-16, 2010

All Penn Nursing alumni – undergraduate and professional, including HUP Nursing alumni and friends, are invited to learn, engage and connect as part of Penn Nursing's Alumni Weekend programming. For a detailed agenda see page 37. To register, call Penn Nursing at 215-573-7743 or visit our website at [www.nursing.upenn.edu/alumni](http://www.nursing.upenn.edu/alumni).

### Career Networking

Are you interested in helping students and fellow alumni who need career guidance? Or are you looking for a Penn Nursing mentor? The Penn Alumni Career Network (PACNet) is a searchable database of alumni who volunteer to provide career-related guidance and support to current students and fellow alumni. Search PACNet based on career field, geography, undergraduate and/or graduate degree, and more! Sign up to be a resource through Penn's online community at [www.alumniconnections.com/penn/](http://www.alumniconnections.com/penn/).

Watch for details on how you can meet graduating seniors and network in person at Alumni Weekend!

### Did you Vote?

The Penn Nursing Alumni Board represent you in planning events, selecting award recipients, and creating outreach and professional development opportunities. Make your voice heard by voting for Board members who best represent you. To learn more about this year's candidates and vote, go to [www.nursing.upenn.edu/alumni](http://www.nursing.upenn.edu/alumni)

### Want to know more?

Contact Penn Nursing Alumni Relations  
Phone: 215-746-8812  
Email: [nursalum@pobox.upenn.edu](mailto:nursalum@pobox.upenn.edu)  
Web: [www.nursing.upenn.edu/alumni](http://www.nursing.upenn.edu/alumni)

### President

Naomi H. Higuchi, Nu'86, GNu'92, Cherry Hill, NJ

### Vice President for Alumni Support

Terri Cox-Glassen, Nu'9, Glendale, CA

### Vice President for Student and School Support

Mary M. Knapp, GNu'84, Bay Head, NJ

### Secretary

Brian Bixby, GNu'97, Philadelphia, PA

# Alumni Notes

## 1940s

**Edna Vansant Ellis, HUP'44**, writes, "I have been caring for my husband with dementia. He is now in a nursing home and has adjusted well. He is in very good health and is often aware of his short comings. I would love to hear from any of the 'old timers' at [eellis@maine.edu](mailto:eellis@maine.edu)."

## 1950s

**Margaret H. Crothers, HUP'53**, retired from school nursing for Lancaster City Schools in 2003 and is the mother of two daughters who are BSN grads from the University of Pittsburgh and Duke.

**Patty Yocum Bloom, HUP'56**, writes, "Just want to say how very much my years at HUP have helped me all my life. I had various interesting and productive jobs, including working in my husband's orthopedic office for 10 years. When he was diagnosed with non-Hodgkin lymphoma in 1990, I used all of my nursing skills to care for him until his death in 2008. My daughter graduated from Penn Med in 1995 and practices orthopedic hand surgery in Oregon. My son is an MRI technician in Burlingame, CA. I am retired but think I still have some good nursing, and fun, years ahead. I would love to hear from some old 'Hupettes'."

## 1960s

**Claudia A. Palmer, Nu'61**, is retired from nursing but has been volunteering in the medical field. She has been a coordinator of school visits to hospitals for 20 years and also spent 25 years as an EMT/nurse on volunteer ambulance corps. She now works as a volunteer in the ER of her local hospital.

**Deborah Director Liebman, Nu'63**, writes, "Just wanted you to know that the 75th Anniversary Issue made me wish I was a young BSN student at Penn now. Such opportunities and choices – so different from in my day! It prompted me to make a gift to the school. Thanks!"

**Dr. Leslie A. Hoffman, Nu'63**, is professor and chair of the acute and tertiary care department at the University of Pittsburgh nursing school. In May she received the first Outstanding Educator Award from the American Thoracic Society for her lifetime contribution in education and mentoring.

**Theresa Giampetro Nu'64, GNu'65**, received the Louise T. Bertachhi Founder's Award in April from the Cumberland County Women's

Hall of Fame for establishing nursing programs at Vineland High School and Cumberland County College in New Jersey.

**Nancy Asquith, Nu'68**, has been working at a rural health primary care clinic since 1996, doing mainly pediatric and women's health. "I may be Penn's oldest graduate, still working full time at 73! Have been an RN 49 years! Hope to visit in 2010!"

**Beverly Tyler, HUP'68**, writes, "My daughter Lindsey recently graduated from Johns Hopkins' accelerated BSN program and has been accepted at Penn for her master's."

**Liz Roessler Carter, HUP'69**, is enjoying both retirement and being a grandmother. She can be reached at [lizc71948@msn.com](mailto:lizc71948@msn.com).

**Marylouise Welch, Nu'69**, is a professor of nursing and director of the graduate nursing program at St. Joseph College in Connecticut, where she recently received the 2009 Rev. John J. Stack Teaching Excellence Award.

## 1970s

**Marie Savard, HUP'70, Nu'72**, was a recipient of the National Osteoporosis Foundation's Generation Award. She has just published her fourth book, *Ask Dr Marie: Straight Talk and Reassuring Answers to Your Most Private Questions*, and was nominated to serve another five-year term as a Trustee of the University of Pennsylvania.

**Sharon Donley, HUP'72**, served as a Navy Nurse Corps Officer during Desert Storm, with Fleet Hospital 15, in the sands of Saudi Arabia. She resigned her commission achieving rank of Lieutenant Commander.

**Susan L. Benson, GNu'73**, graduated in May from the University of Colorado with a doctorate in nursing practice.

**Lori Pfleckl Pierangeli, HUP'74**, and **Patty Osbourn Hannon, HUP'74**, are working together as associate professors in the department of nursing at East Stroudsburg University. Both Lori and Patty received their PhD's in nursing; Lori from Binghamton University and Patty from Penn State University. They can be reached at: [Lpierangeli@po-box.esu.edu](mailto:Lpierangeli@po-box.esu.edu) and [Phannon@po-box.esu.edu](mailto:Phannon@po-box.esu.edu).

**Gloria J. McNeal, GNu'75, GR'98**, has been appointed the Founding Dean of the Mervyn M. Dymally School of Nursing at

Charles Drew University of Medicine and Science, Los Angeles, California. Well recognized for her telehealth research initiatives, she published the protocols of care that led the transitioning of critical care nursing practice beyond the traditional walls of the ICU. As a Navy Nurse Corps Officer, she earned three promotions from Ensign to Full Lieutenant, and the National Defense Service Medal and Meritorious Unit Commendation citations.

**Mary Ellen (Merva) Kenworthy, Nu'76** and Bill Kenworthy, W'76 celebrated their 30th wedding anniversary in September 2009 at the Empress Hotel in Victoria, B.C. In October 2009 Mary Ellen celebrated 25 years as a women's healthcare nurse practitioner. She has been employed in the Phoenix area since 1992.



**Dr. Christina Bergh Jackson, Nu'78, GNu'83**, is a holistic nurse practitioner and professor of nursing at Eastern University in St. Davids, PA,

where she received the 2009 Lindback Distinguished Teaching Award in May. She is thankful to Penn faculty for preparing her for a rewarding clinical and academic nursing career. Her son Tyler is 16 years old.

## 1980s

**Alice J. Zal, Nu'80**, was chosen in May as president-elect of the Pennsylvania Osteopathic Medical Association. She is a staff member at Mercy Suburban and Montgomery Hospitals and a clinical assistant professor of family medicine at the Philadelphia College of Osteopathic Medicine.

**Joan R. Bloch, GNu'81, GR'01**, writes, "I received an NIH K-33 award: Perinatal Disparities between foreign born and US born Black mothers. Two of my four children have graduated college and have chosen healthcare careers."

**Karin Polifko, GNu'83**, is vice president of operations and academic affairs for the Remington Colleges. She and her husband, Jay, are the proud parents of two little girls from China, ages 7 and 9. Karin and her family live in Gainesville, FL, and would love to connect with other alumni in the area at [kpolfko@cox.net](mailto:kpolfko@cox.net).

**Gladys Muoro, GNu'83**, has been working at the American University of Beirut Medical Center for the past 30 years and is now the Assistant Hospital Director for Nursing Services. "Against all odds, we have achieved magnet designation," she writes.

**Angela Wurster, Nu'87, GNu'91**, is the chief operating officer for Clinical Care Associates at the University of Pennsylvania Health System (UPHS). She has been with UPHS since 1989 and is well regarded for initiating several programs at Penn, including the Lung Transplant Program and the National Emphysema Treatment Trial Program. Angela will now oversee operations at 41 locations throughout Pennsylvania and New Jersey.



**Divina G. Grossman, GRN'99**, currently holds the appointment of dean at the College of Nursing and Health Sciences at Florida International University

and has been appointed the university's founding vice president for engagement. Grossman will provide leadership for the development and coordination of partnerships with key local, state, national and global stakeholders and will spearhead a university-wide effort to coordinate and expand internship opportunities for graduate and undergraduate students.

### 1990s

**Ruthlyn Greenfield-Webster, Nu'92**,



writes, "As a member of the U.S. National Team, I competed in the 2009 Outdoor Masters Track and Field World Championships in Finland. I placed third

in the Women's Triple Jump, earning a bronze medal for the team, and ranking third in the world at the championships. Also, a small article I wrote 'Living Life with Passion,' which chronicles my journey as a nurse, athlete, wife, mother, and entrepreneur, was published in the August issue of Network News of the American Association of Legal Nurse Consultants. I can be reached at GWLegalRNConsult@aol.com or on Facebook."

**Elizabeth Conboy Bartone, Nu'98**, and her husband John, are proud to announce the birth of their son, Giancarlo Biagio Bartone, on Sept. 17, 2008, at 7:38pm; he weighed 7lbs. 5oz., and was 21 inches long. They live in Derby, CT and work at Yale-New Haven Hospital.

**Maria Magliacano, Nu'98**, and husband Marc W'96 are thrilled to announce the birth of their daughter Ava Rose, on April 2 in Connecticut; she joins big sister Lily, 3.

**Megan Wright Mueller, Nu'98**, writes, "My husband, Dr. Thomas Mueller, and I proudly welcomed the birth of our first child, Estella Grace, on April 25. I am a healthcare associate with the law firm of K&L Gates LLP and Tom is a urologist in private practice in New Jersey. We are also very excited about relocating back to Philadelphia in August."

**Amanda Sparks Abbott, Nu'98**, and her husband, Daniel, are proud to announce the birth of their daughter, Lila Etienne, on Sept. 15 in San Diego; she joined big sister Caroline, 2."

**Michelle Isaacs Bodenstein, Nu'99**, and husband, Matthew C'98 G'04, are excited to announce the birth of their second child, Zachary Ryan, on March 16. He joined big brother Josh, who celebrated his second birthday just days before. They live in Wynnewood, PA."

**Marian L. Farrell, GNC'99**, was recently presented with the 2009 Nursing Education Award from The Pennsylvania State Nurses Association. The award recognizes a member of PSNA who contributes to the advancement of nursing education and demonstrates strength of character, commitment and competence. A professor of nursing at The University of Scranton, Farrell joined the nursing faculty at the university in 1990. She serves as vice president of the Susan G. Komen for the Cure Northeastern Pennsylvania affiliate and had served previously as its president and as a board member.

### 2000s

**Rachel Seligman, Nu'00, GNu'01**, married Andrew Kenis on Oct. 25. They live in Philadelphia, where she is a nurse practitioner at Thomas Jefferson University and he is an associate in the trial department of Duane Morris LLP.

**Lori Huntley Ortman, Nu'01, GNu'06**, and husband Tim are proud to announce the birth of their first child, Kristopher David Ortman, on July 14. They live in Bucks County, PA.

**Donna Gentile O'Donnell, GR'04**, wrote the book, *Provider of Last Resort: The Story of the Closure of Philadelphia General Hospital* and participated in the Penn Book Fair in October 2009 as part of the 125th *Daily Pennsylvanian* Anniversary Weekend.

**Christopher S. Lee, GNu'05, GR'09**, is the recipient of The Martha N. Hill New Investigator Award, which recognizes the outstanding contributions of investigators in understanding, preventing and treating cardiovascular diseases. The title of the abstract, paper and presentation is "Biomarkers of Myocardial Stress and Systemic Inflammation are Lower in Patients Who Engage in Heart Failure Self-Care Management."

**Jennifer Harvan Galczynski, Nu'05, GNu'06**, writes, "I married Stephen Galczynski on April 5, 2008, and we recently had our first child, Evan Stephen, on Aug. 28. I am currently employed by Prime Health Network as a nurse practitioner."

**William Danchanko, GNu'06**, was promoted to lieutenant commander in the U.S. Navy in July; he works at the Naval Medical Center in San Diego as an oncology nurse practitioner and clinical specialist.

**Deborah A. Sampson, GR'06**, was named the 2009 Barbara Brodie Nursing History Research Fellowship Awardee. Dr Sampson has also been named the American Academy of Nurse Practitioners State Nurse of the Year for New Hampshire. She is an assistant professor at the University of Michigan in Ann Arbor.

**Kerith Finegan, Nu'08**, married Jay Hiatt C'06 on April 25 at Woodland Presbyterian Church in West Philadelphia. They met at a Bible study and started dating after he asked her out on the steps of the Engineering building. They just bought a house in West Philadelphia; she is a registered nurse and he is a high school teacher.

**Jake Bevilacqua, Nu'09**, recently returned from Haiti where he worked as part of a relief effort. He is a Hillman Scholar, currently working in a burn unit in New York.

## In Memoriam

**Grace Barnhart Kreider, HUP'33**, passed away on April 13, 2009, 14 days short of her 97th birthday. Grace recently donated her uniform, nursing cap and original cape to the archives at the Center for the Study of the History of Nursing at Penn. Even more importantly, she donated her scrapbook of 1932/1933 with photographs of the hospital and pictures of doctors and classmates. Until five months before her death, Grace lived alone thanks to the support of her three children and their spouses, and grandchildren.

**Geraldine Audrey Uhl Easley, HUP'46**, passed away on November 19, 2009 at the age of 84 from scleroderma. She was a proud graduate of Penn.

**Mary Ann Savard, HUP'46**, of York, PA, passed away on September 29, 2009. Her daughter is Dr. Marie A. Savard, HUP'70, Nu '72, M'76, GM'80.



**Genevieve Schram Baxter, HUP'48**, passed away September 10, 2009, after a lengthy illness. She worked as a registered nurse for over 40 years.

**Clara Nordberg Jordan, Nu'53, GNu'63**, passed away on December 24, 2009, at the age 90. A resident of Philadelphia for many years and a professor of nursing at Penn from 1968-1980, she is survived by sisters Lillian Crosby and Nellie Causebrook and by many nieces and nephews.

**Charlotte Elizabeth Jacobs, HUP'53**, passed away on October 18, 2009 at the age of 77. Charlotte was preceded in death by Robert S. Jacobs, Sr., her loving husband of 42 years. She was a practicing RN for 46 years and retired from Civil Service nursing in 1988 after 22 years of nursing at Army and Air Force hospitals in El Paso and Lubbock. After moving to Canyon Lake, TX she was a substitute nurse and home health nurse.

**E. Jean Deeter, Nu'55**, Mechanicsburg, PA, passed away on December 2, 2009. She was the former Director of Nursing at Harrisburg Hospital. She served as a first lieutenant in the U.S. Army Nurse Corps in Korea from 1945-46.

**Phyllis Spahr Beatty, Nu'55**, of Seminole, Florida, passed away on May 29, 2009.

**Duane Kathryn Riley Ratliff, HUP'58**, passed away on November 25, 2009.

**Dr. Brenda Asher Wentzell Owens, Nu'60, GNu'63**, passed away in Fayetteville, NC on December 13, 2007. She was retired from Delaware County Community College where she was awarded emeritus status as a professor of nursing.

**Alice Anne Eagle Mongeon, HUP'62**, passed away at home April 28, 2007, surrounded by her entire family. Her family shares, "She is now at peace and no longer suffering after her long and courageous battle with cancer. Alice had a varied and interesting career in nursing for 34 years. She met the love of her life, Dr. Charles J. Mongeon, in CA and they were married on November 15, 1980. Alice treasured Charlie's four children and later their children, who called her grandma. After her retirement she was able to accompany her husband during his fourth career as the 'Love Boat Doc' when he worked for Holland America and Windstar Cruises from 1996 to 2003. Alice enjoyed traveling the world, especially during their years on cruise and sailing ships."

**Marie E. Snyder, Nu'67**, a psychiatric nurse and an attorney of East Harwich, MA, passed away on November 21, 2009.

**Anne N. Duerr, Nu'81, GNu'83**, of Erie, PA, passed away on March 24, 2009. She was a nurse who was retired from Erie Home Health Services.

**Katherine Winkler, GNu'87, GNu'06**, of Wyndmoor, PA, was a nurse-midwife at Booth Maternity Center and Pennsylvania Hospital and passed away on September 14, 2009. She also worked the immigrant population in South Philadelphia.

**Stefan Peter Herbert Maar, Nu'98, GNu'04, GNu'08**, passed away suddenly on January 17, 2010, at the age of 32. He was born in Duesseldorf, Germany to Dr. Herbert Maar and Anneliese Graunke Maar. He moved with his family in 1987 to Wilmington, DE. After receiving his Bachelor of Science in Nursing from Penn, he worked as a registered nurse at A. I. duPont Children's Hospital. He later moved to The Children's Hospital of Philadelphia during which he earned both a Master's of Science in Nursing with a focus in Health Care Administration and a Master's of Science in Nursing as a Nurse Practitioner.

**Karen Buhler Wilkerson, Professor Emerita**, passed away on February 13. For more on her legacy, see page 26.

# HUP Alumni News

## Dear HUP Alumni,

The start of spring presents each of us with an opportunity to reflect on the past and prepare for the future. For the HUP Alumni Association, the past year was filled with several activities and accomplishments that bring pride to our organization. We had two luncheons in the spring and fall and the attendance at each was inspiring. It is wonderful to see so many alumni reconnecting and sharing old memories.

In a very moving tribute to the HUP legacy, the dedication of the HUP Nursing Legacy Fountain – donated by Mary Anne Spolar Gamba, HUP '65, and the Gamba Family Foundation – occurred as part of the fall luncheon. The program was an emotional tribute to five HUP nurse leaders who were recognized as "Pathfinders." Dean Afaf Meleis recognized the work of Dr. Marie Savard, HUP'70, Nadine Landis, HUP'46, Dr. Shirley Sears Chater, HUP'53, Ruth Watson Lubic, HUP'40, and Dr. Lillian Sholtis Brunner, HUP'40. The alumni in attendance at the dedication were given the opportunity to add their name as well, writing their names and graduation year on the stones surrounding the three bubblers in the garden. I invite all HUP alumni to stop by the garden and add your name during your next visit to Fagin Hall.

This year brought us sadness too with the loss of Iris Machlan Gross HUP'46. Mrs. Gross was my director when the school closed and I will always remember her for being an innovative teacher and advocate of accreditation. But mostly, I honor her for keeping her promise to maintain an excellent curriculum until the doors closed. She ensured that the Class of '78 was as well educated and prepared to assume our roles as nurses and nurse leaders as all of those who proceeded. May the thought of Mrs. Gross inspire you (like she has inspired me) to give just a little more effort to your patients and colleagues today.

Our alumni board also strives to support the nursing profession. Each May, we work with the Philadelphia Foundation to identify students we can support in their pursuit of a nursing career. I'm proud to say that we awarded five scholarships to deserving students this year. The alumni association would like to be able to continue to support those students and I encourage you to donate to the Philadelphia Foundation when possible.

Another way we committed ourselves to the future of nursing was through our individual donations to the successful Penn Nursing Kresge Challenge, part of the *Where Science Leads* Campaign. Many HUP alumni donated money to the HUP Nursing Legacy, thereby strengthening our partnership with Penn Nursing. It was a wonderful privilege to be part of both preserving the past and supporting the future of nursing.

Finally, this year we look ahead to our 125th Reunion that will be held at the Doubletree Inn, Philadelphia, on September 30-October 2, 2011. Kathy Shaver Amron, HUP '76, has been painting fast and furiously, preparing for the art installation that the HUP Alumni Association will be donating to Penn's School of Nursing and proudly displayed in Fagin Hall. The alumni board – along with our greatest supporter, Dean Meleis, is very excited about this project. Make sure you save the date!

As you can see from the few activities mentioned above, the HUP Alumni Association is alive and well. We will not be, though, if we do not get new people to serve on the board. I strongly encourage you to consider running for an office. The alumni board is made up of a terrific group of dedicated, dynamic women who are committed to keeping the HUP legacy alive. Won't you join us?

May this New Year bring you peace and happiness!

**Margaret Moffett Iacobacci, HUP'78**



## Save the Date!

**125th Reunion**

**September 30 – October 2, 2011**

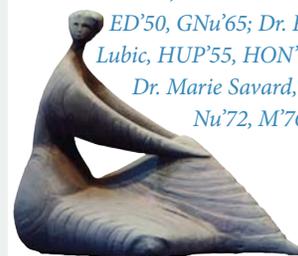
## What happened to Alumni Hall?

*During Phase II renovations to Penn Nursing, upgrading the 3rd and 4th floors of Fagin Hall, Alumni Hall was temporarily removed from the 3rd floor. Phase III renovations will offer significant upgrades to the student classrooms and study spaces, including a new student lounge that will connect with the returning Alumni Hall. The panels and display space will return, along with a new computer kiosk that will allow alumni to use QuakerNet, Penn's online alumni directory. Renovations will take place in the summer of 2010.*

## Penn Nursing dedicates rooftop garden to HUP nurses and honors five alumni

*Five alumnae of the Hospital of the University of Pennsylvania Nursing School were honored on Saturday, Oct. 10th for their contemporary impact on healthcare and strong reflection of the HUP legacy. At the formal ceremony, their names were inscribed on stones surrounding HUP Legacy Fountain, located in the center of the atrium garden of Claire M. Fagin Hall.*

*The five "Pathfinders" include: Dr. Lillian Brunner, HUP'40, ED'50, HON'85; Dr. Shirley S. Chater, HUP'53, Nu'56, HON'97; Nadine Landis, HUP'46, ED'50, GNu'65; Dr. Ruth Watson Lubic, HUP'55, HON'85; and Dr. Marie Savard, HUP'70, Nu'72, M'76, RES'80.*



# Penn Nursing Makes History

*More than 4,200 donors contributed \$77.5 million to Where Science Leads*

Rising to meet an incredible challenge, Penn Nursing alumni, friends, faculty, staff and parents committed \$9.5 million in the final three months of the School's *Where Science Leads* Campaign en route to exceeding our \$75 million goal – the largest private School of Nursing fundraising effort in the nation's history.

Throughout the course of the Campaign, which launched in 2003, the Penn Nursing community demonstrated their commitment to innovation, preeminence and distinction, responding to the needs of the School and a challenge from the Kresge Foundation to reach the \$73.5 million mark by December 31, 2009. The Kresge Foundation pledged January 1, 2009, to provide the final \$1.5 million to complete the Campaign. This final gift will provide funding for the new student lounge, alumni hall and other student-centered additions on the 2nd floor, which is slated for completion this fall.

More than 4,200 donors have helped to solidify the impact of Penn Nursing by increasing our capability to hire and recruit top faculty, provide student scholarships, expand and improve our educational and administrative facilities and launch visionary local and global practice programs. In total, the *Where Science Leads* Campaign raised \$77.5 million for its four priorities: \$15 million for student scholarships, \$16.5 million for faculty support, \$24.5 million for capital improvements and \$21.5 million for programs and research.

"Completing this Campaign is such a testament to the dedication of our Penn Nursing community, the confidence in the science of our School and the willingness to connect their legacy with the foundation for our future," said Dean Meleis. "The efforts of this Campaign will impact science that will last for generations."

The most significant achievements of the *Where Science Leads* Campaign include:

- More than 35 endowed and term scholarships were created or renewed, providing \$15 million to support students who would otherwise not be able to attend Penn Nursing. Each year, scholarships support nearly 115 undergraduate and 50 graduate students, providing financial assistance that allows these future leaders to focus on changing the world instead of worrying about how to afford tuition. Currently, around 75 percent of all nursing undergraduate students and 66 percent of master's nursing students receive grant-based financial assistance. Since the launch of Penn Nursing's *Where Science Leads*
- Campaign, Penn Nursing has celebrated the addition or renewal of 50 endowed scholarships and raised nearly \$14 million in endowed and term scholarships and other student support.
- Gifts totalling \$16.5 million created new endowments funds to support faculty and research. These funds include the creation of 6 new full, partial and term chairs including part of a University Penn Integrates Knowledge (PIK) chair and the full endowment of a research center focused on health transitions.
- Now named Claire M. Fagin Hall, Penn Nursing's home has received \$24.5 million to transform the entrance, second third and fourth floors, and the Mathias J. Brunner Instructional Center. These capital improvements include the addition of a new climate control system that has decreased the School's carbon footprint by almost 10 percent – a savings of energy great enough to power a 8,500 square-foot emergency room for an entire year.
- Penn Nursing supporters have committed \$21.5 million to expand the impact of Penn Nursing's programs to give local, national and global applications to our groundbreaking research. From 2003 to the present, these efforts have offered cutting-edge clinical teaching opportunities to our students, helped to meet the needs of underserved populations worldwide and created new research directions while supporting existing centers in biobehavioral health, health equities, transitional care, gerontology, healthy policy and outcomes and nursing history.



On Saturday, November 7, 2009, more than 100 Penn Nursing alumni, students, faculty, friends and parents started Homecoming Weekend off on the right foot, marching from Fagin Hall to College Green for the Penn Nursing Kresge Challenge Walk.

Walkers were joined by the Penn Quaker, Florence Nightingale and the Phillie Phanatic as they helped the School take another step toward completing the *Where Science Leads* Campaign by December 31st!

**For more information on the impact of the *Where Science Leads* Campaign, please watch your mailbox for the final *Where Science Leads* newsletter.**

# WHERE SCIENCE LEADS

*To new discoveries that transform care  
To a new generation of students and scholars  
To impact in communities across the globe  
To a community of over 4,000 donors who joined the challenge  
And gave Penn Nursing the foundation to **Care to Change the World.***



## JOIN US

*in celebrating and learning more about the impact of your support  
at Alumni Weekend – May 14-16, 2010.*

## Lecturer Debra Abraham was working in Haiti at Hôpital Albert Schweitzer when the earthquake struck

**Debra Abraham, a longtime lecturer at Penn Nursing, had been in Haiti for five hours before the earthquake hit. She found herself treating victims with skull fractures, spinal cord injuries, and amputations:**

"Five hours after arriving in Port Au Prince for what I thought would be my "routine" annual service trip to Hôpital Albert Schweitzer, located in rural Deschapelles approximately 70 kms north of Port Au Prince, the earthquake hit.

In 2002, the opportunity to teach CPR to the nursing staff at HAS came up via an email at the School of Nursing, at Penn. I have been going once or twice a year since then to provide professional development education, nursing leadership training, and patient care in the hospital and its more rural clinics. Having just completed a post master's nurse practitioner program, in adult primary care, in December, I never realized my "first day on the job" would be doing triage after one of the worst natural disasters in history. Nothing could have prepared me for what I saw.

I was staying with a friend, Zulta, a Haitian midwife, in her house when there was a loud explosive sound followed by escalating vibrations of the earth. As things were falling off the walls, we grabbed her kids and ran outside. The house behind ours was razed. People were screaming, chanting, praying and looking towards the sky. Of course we had no way of knowing what was happening until a few hours later when we turned on the car radio and listened to an international French radio station. There were no local broadcasts yet and needless to say I never had access to CNN. All communications were down and my first thoughts were for my family, especially my children, thinking I could be dead.

The next morning, a friend of Zulta's who lived in Delmar, one of the hardest hit areas, came to the house asking for supplies to help her neighbors. The friend's house had been destroyed. Zulta had some gauze, betadine, sutures, and ampicillin. I had Motrin, granola bars and a few other things. The town was totally devastated. For the most part, the wounded were centrally located and we started doing what we could. We were the first on site. Once we started to treat, the word got out and parents were bringing their children and relatives to us. The injuries were extensive- spinal cord injuries, compound fractures, amputations, a skull fracture and many lacerations and abrasions. As you can imagine, most needed more than gauze and betadine. People had splinted their own limbs with cardboard boxes or wood and dressed wounds with clothing. I felt helpless in some respects but in retrospect I know we provided support and comfort to many.

Less than 48 hours after the earthquake, we headed into Port Au Prince to see if we could locate an internet phone or similar. We quickly realized that was not going to happen. Dead bodies had already been lined up on the streets covered in sheets or plastic, for the most part. The odor from the corpses

was overwhelming. Thousands of people were walking looking for a parcel of land on which to stake their claim; many carrying suitcases or mattresses. I arrived in Deschapelles, two days after the earthquake, and the first thing I did was to call home from an internet phone at a local kiosk.

I spent the remaining 10 days at HAS working triage for a few days and then on the wards caring for hundreds of patients. Normally an 85-bed hospital, the numbers swelled to 500 with patients arriving from Port Au Prince daily. Needless to say, supplies were quickly depleted and we ran out of pain medication and some basic supplies which were later replaced as surgical teams from Canada and the US arrived. With mixed feelings, I returned home on January 25th, via Santo Domingo, in the Dominican Republic.

I cannot express the respect I have for the endeavors at HAS and their ongoing need for funding. If there is one thing I would like everyone to know... in spite of the horrible conditions of daily life, in the poorest country in the western hemisphere, I am constantly amazed by the grace, dignity, and resolve of the Haitian people even under such extreme adversity."



"I felt helpless in some respects, but in retrospect I know *WE PROVIDED SUPPORT AND COMFORT* to many."

Penn Nursing Lecturer **DEBRA ABRAHAM, MSN, BSN, RN**

**April 7-10, 2010**

Penn hosts the International Council on Women's Health Issues (ICOWHI) 18th Congress "Cities and Women's Health: Global Perspectives" at the University of Pennsylvania.

**Saturday, April 10, 2010****Alumni@ICOWHI Sampler**

Penn Alumni Education and Penn Nursing Alumni co-host a breakfast and sampler of the Urban Women's Health Conference, featuring the panel "Transforming Urban Environments: Integrative Models to Build Healthier Urban Communities," which includes Jane Golden (Mural Arts) and Diane Cornman-Levy (Federation of Neighborhood Centers).

**Wednesday, April 21, 2010****Theresa Lynch Society Tea**

Coffee and Conversation with special guest Jennifer Pinto-Martin PhD, MPH, the Viola MacInnes/ Independence Professor of Nursing and the 2009 winner of the Fagin Distinguished Researcher Award.

**Wednesday, April 21, 2010**

Claire M. Fagin Distinguished Researcher Award Lecture with Julie A. Fairman, PhD, RN, FAAN, Professor of Nursing and Director of the Barbara Bates Center for the Study of the History of Nursing. Claire M. Fagin Hall. Philadelphia, PA.

**Wednesday, April 28, 2010**

Retirement event to honor Dr. Mary Ann Lafferty-Della Valle. Claire M. Fagin Hall, Philadelphia, PA.

**Friday, April 30, 2010**

Hillman Scholars Reception, celebrating the graduating Hillman scholars of 2010 and the 20th anniversary of the Penn-Hillman Program. New York, NY.

**May 14-16, 2010****Penn Nursing Alumni Weekend 2010**

All HUP Nursing alumni and undergraduate and graduate Penn Nursing alumni are encouraged to come back to campus. A special invitation goes to classes ending in '0 or '5 – this is your reunion year!

**Saturday, October 30, 2010**

Homecoming Weekend, featuring Arts and Culture programming and the Penn vs. Brown football game.

*For more information on any of these events, please see our website, email [nursalum@pobox.upenn.edu](mailto:nursalum@pobox.upenn.edu) or call 215.746.8812.*

**May 14, 2010****3 – 3:45 PM****Tour of Fagin Hall**

Meet in Arcadia Café (ground floor)

Tour the newly renovated building and preview the upcoming renovations to the second floor.

**3 – 3:45 PM****Tour of the Hospital of the University of Pennsylvania (HUP)**

Meet at main entrance at 34th and Spruce

See what's changed – and remained the same!

**4-5:30 PM****Celebrating Excellence: Faculty and Alumni Awards Program**

Ann L. Roy Auditorium, Claire M. Fagin Hall, 418 Curie Blvd.

A reception follows at 5:30pm in Fagin Hall's Carol Ware Gates Lobby.

**6-8 PM****Penn Nursing Master's Program Dinner**

Claire M. Fagin Hall, 418 Curie Blvd.

New this year, alumni from select master's programs are invited to a reception with current and past program faculty. Contact the Penn Nursing Alumni Office for details. Cost: \$20 per person.

**May 15, 2010****8:30-9:30 AM (registration opens at 8:15am)****Penn Nursing Legacy Breakfast**

4th floor, Claire M. Fagin Hall, 418 Curie Blvd.

New this year, Dean Afaf Meleis invites Penn Nursing "legacy" alumni (Class of 1960 and earlier, and all HUP alumni) for an intimate breakfast and conversation. Seating is limited.

**9:30-10 AM****Continental Breakfast and Registration****10-11 AM****Autism is a Family Diagnosis**

Ann L. Roy Auditorium, Claire M. Fagin Hall, 418 Curie Blvd.

Jennifer Pinto-Martin, MPH, PhD, and the Director of PA CADDRE (Pennsylvania Center for Autism and Developmental Disabilities Research and Epidemiology) will lead a discussion for families, clinicians and researchers on the whys of autism, noting the CDC's December 2009 report findings of an average 57% increase in diagnoses from 2002 to 2006 among 8-year-old children. This session, part of Penn Nursing's Science for Impact, will include information on training for nurses and healthcare professionals to recognize autism disorders and help families manage care and therapy.

**11-11:30 AM****Penn Nursing and the Community: Science for Impact**

Ann L. Roy Auditorium, Claire M. Fagin Hall, 418 Curie Blvd.

Dean Afaf Meleis updates the community on the *Where Science Leads* Campaign and its impact on the community; the Penn-ICOWHI conference on Urban Women's Health; the new strategic plan; and upcoming renovations to Fagin Hall.

**11:45 AM -12:30 PM****Penn Nursing in the Parade**

Patio by Steinberg Conference Center

All Nursing alumni are invited to join as we cheer the success of the *Where Science Leads* Campaign. Can we cheer enough to repeat last year's success in drawing Dr. Gutmann down from the podium to dance with us again?

**12:30-3 PM****Penn Nursing at the Picnic**

Tent at 34th and Walnut Streets

All Nursing alumni (undergraduate, graduate, HUP and School of Education nursing majors) are invited to enjoy a picnic lunch and network with fellow alumni, graduating seniors, faculty and Dean Meleis at the Nursing tent. President Gutmann will make remarks on the impact of the *Where Science Leads* Campaign. Be sure to register for the Nursing tent when signing up.

Claire M. Fagin Hall  
418 Curie Boulevard  
Philadelphia, PA 19104-4217

[www.nursing.upenn.edu](http://www.nursing.upenn.edu)



Responding to the catastrophic earthquake in Haiti, alumnus Jake Bevilacqua, Nu'09, GNu'13, spent a week in Port au Prince, treating victims in a mobile clinic. Mr. Bevilacqua is a Hillman Scholar, currently working in the burn unit at New York Presbyterian Weil Cornell Medical Center.