



GOODSHEPHERD
PENN PARTNERS

Official Therapy Provider for  Penn Medicine



GOOD SHEPHERD PENN PARTNERS

2013 YEAR IN REVIEW



**RECOGNIZED
NATIONALLY
APPRECIATED
LOCALLY**

A MESSAGE FROM THE EXECUTIVE DIRECTOR

July not only rang in a new fiscal year for Good Shepherd Penn Partners – it also marked a special accomplishment for the organization, as we celebrated our five year anniversary.

We have come a long way in just half a decade, growing our services and doubling our number of employees. While I've been with the organization for only a portion of those five years, I still feel a sense of pride in the accomplishments we've made together.

Fiscal year 2013 has been our most successful year to date, in terms of census, patient service, financial stability and the strengthening of our clinical and support staff. Add these to the recognition we have received across all levels for the quality of our care, and the result is a strong organization that continues to grow just five years after our inception.

On behalf of the Good Shepherd Penn Partners leadership team, I thank you for your contributions to an outstanding five years and invite you to read more about the exciting accomplishments across our organization in this year's *2013 Report to the Community*.

Thank you,



Lisa M. Marsilio, MBA
Executive Director
Good Shepherd Penn Partners



LISA M. MARSILIO, MBA
EXECUTIVE DIRECTOR

JOHN KRISTEL, MBA, MPT
BOARD CHAIR, PRESIDENT & CEO

In this report:

Leadership Team	2
Organizational Growth	4
Financial Overview	5
The Penn Institute for Rehabilitation Medicine	7
Rapid Recovery for Coma Patient	9
Outpatient Therapy	10
The Specialty Hospital at Rittenhouse	12
Acute Care for Newborn Patients	14
Education	15
Research	16
Supporting Our Community	18
Honor Roll of Donors	19

LEADERSHIP TEAM

EVOLVES WITH CHANGES AT THE TOP

Fiscal year 2013 saw several board-level leadership changes that will shape the future of Good Shepherd Penn Partners in 2014 and beyond.

After 16 years leading Good Shepherd Rehabilitation Network, Sara T. “Sally” Gammon, F.A.C.H.E., announced her retirement as president and CEO effective July 2013.

Gammon served as the first Chair of the Good Shepherd Penn Partners Board of Trustees.



Gammon joined Good Shepherd in 1997 and led the organization with energy and creativity, transforming it from a local rehab provider and home for the disabled to a nationally recognized post-acute care system. She provided strategic leadership in the creation of Good Shepherd Penn Partners and continued to be a guiding force for the organization.

With Good Shepherd Penn Partners and its Allentown-based parent company, Sally oversaw 412 inpatient beds, 34 outpatient sites and more than 2,000 employees. The growth shown throughout her tenure would not have been possible without her hard work and dedication.

Gammon was instrumental in making Good Shepherd Penn Partners a reality. As Penn Medicine sought an outside partner with post-acute expertise, they turned to Sally and her Good Shepherd colleagues. The joint venture ultimately grew from her early conversations with Penn Medicine leadership.

“I had the pleasure of working under Sally during my years with Good Shepherd. Her leadership was an inspiration throughout my tenure,” notes Good Shepherd Penn Partners executive director Lisa Marsilio. “Her mentoring and role modeling continue to assist me to this day as I grow professionally and personally.”

A NEW LEADER

WITH LOCAL TIES

On June 1, John Kristel, MBA, MPT, took on the dual roles of president and chief executive officer of Good Shepherd Rehabilitation Network and chair of the board for Good Shepherd Penn Partners.

Kristel joined Good Shepherd Rehabilitation Network following a four-year term as chief executive officer of Carlisle Regional Medical Center in Carlisle, Pennsylvania. Prior to this, he served as CEO of Berwick Hospital Center in Berwick, Pennsylvania, and as Associate CEO of Pottstown Memorial Medical Center in Pottstown, Pennsylvania.

John has strong Philadelphia roots. He grew up in Bucks County and was schooled in the city. From 1998 to 2006, he worked for Tenet Health System in Philadelphia in increasingly responsible roles, including: chief operating officer of Graduate Hospital; director of operations, director of rehabilitation and the medicine clinic, and manager of physical therapy, all at Hahnemann University Hospital in Philadelphia.



“Good Shepherd Penn Partners is a vital part of Good Shepherd Rehabilitation Network – it changes the landscape in terms of what Good Shepherd can do in the future,” says Kristel. “We have always been an outstanding provider of rehabilitation and post-acute services in the Lehigh Valley, but now we are partnered with one of the premier health systems in the country. We have an opportunity to show the healthcare world what we bring to the table in terms of post-acute partnerships; and I think health systems will be impressed.”



ADDITIONAL BOARD CHANGES

In addition to John Kristel's appointment as board chair, the Good Shepherd Penn Partners board of directors saw two other board changes confirmed in June.

Timothy R. Dillingham, MD, MS, chief medical officer and physiatrist-in-chief for the Penn Institute for Rehabilitation Medicine, was appointed vice-chair of the Good Shepherd Penn Partners board (in addition to his board membership), following the departure of Michael J. Dandorff, former senior vice president of strategy and business development for Penn Medicine.

Roy Schwartz, MBA, vice president, managed care and payer relations for Penn Medicine, was appointed as a new board member.

“The growth of Good Shepherd Penn Partners over the past five years would not have been possible without Sally Gammon's hard work and dedication – she will certainly be missed,” said Lisa M. Marsilio, MBA, executive director for Good Shepherd Penn Partners. “I am excited to work with John, Roy and Dr. Dillingham as we continue to build upon the foundation of success established under Sally's leadership.”

ORGANIZATIONAL GROWTH

ACROSS ALL SERVICES HIGHLIGHTS 2013

Fiscal year 2013 was one of growth for Good Shepherd Penn Partners, with strong patient volume across all service lines thanks to a strengthening of the partnership between Good Shepherd Penn Partners and Penn Medicine, at all levels of care.

For the year, inpatient rehabilitation and outpatient therapy continued their strong financial performance carried over from 2012. Outpatient therapy finished the year 15 percent above 2012 margin, thanks to consistent patient volume and a higher than budgeted net revenue per visit. In addition, outpatient denials were down to 1.7 percent of billed charges, a decrease from the prior year's denial rate of 2.6 percent.

The Penn Institute for Rehabilitation Medicine finished the fiscal year with an operating margin of \$1.826 million, a 66 percent

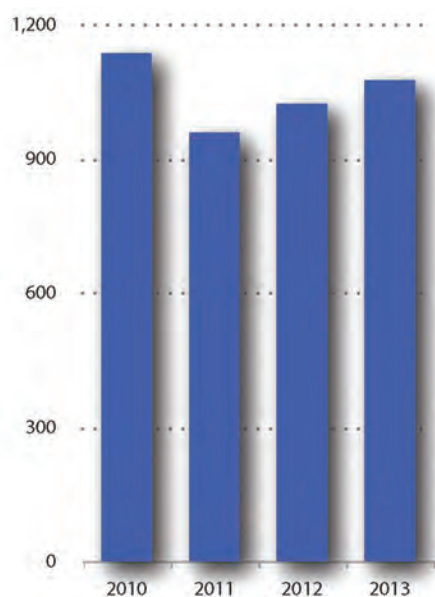
increase from 2012 margin and the result of achieving budgeted daily census combined with consistently higher than average length of stay.

The Specialty Hospital at Rittenhouse also saw stronger margin performance compared to the previous year. Total operating margin for the Specialty Hospital improved 41 percent from fiscal year 2012.

Referrals and admissions from Penn Medicine hospitals continued to rise through fiscal year 2013, as case management and social workers were educated on the benefits of keeping patients within the continuum of care. Outpatient visits grew as existing Penn Therapy & Fitness locations thrived within Penn Medicine campuses. New outpatient locations were also planned, to complement existing Penn community practices throughout the Delaware Valley.

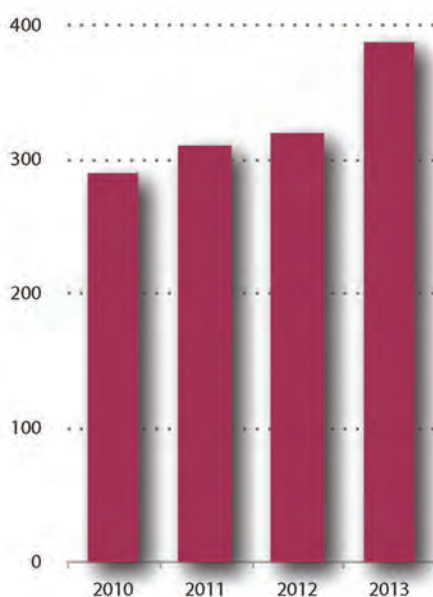
ADMISSIONS

Penn Institute for
Rehabilitation Medicine



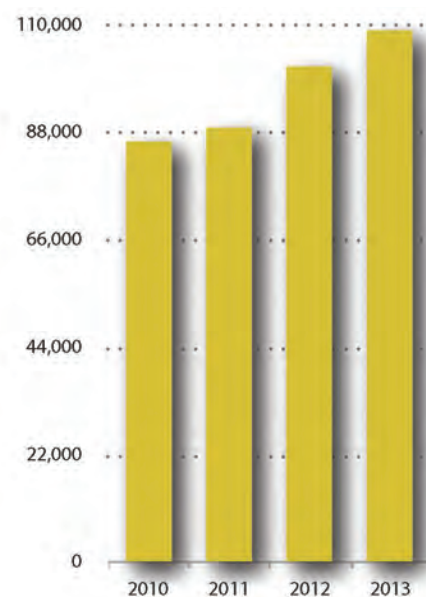
ADMISSIONS

Specialty Hospital
at Rittenhouse



OUTPATIENT VISITS

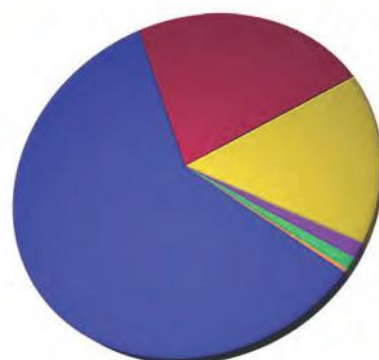
Penn Therapy
& Fitness



FINANCIAL OVERVIEW

	FY 2013	FY 2012	% Change
PATIENT UTILIZATION			
Penn Institute for Rehabilitation Medicine Admissions	1,078	1,025	5%
Specialty Hospital at Rittenhouse Admissions	388	320	21%
Penn Therapy & Fitness Visits	108,981	101,648	7%
FINANCIAL PERFORMANCE			
Unrestricted Revenues, Gains and Other Support			
Patient Service Revenues,			
Net of Doubtful Collections	\$ 47,755,918	\$ 41,868,710	4%
Less: Charges Provided as Free Care	1,240,536	2,657,875	-53%
Net Patient Service Revenues	46,515,382	39,210,835	19%
Professional Service Revenues	33,011,141	29,472,773	12%
Other Operating Revenues	53,196	31,201	70%
Net Assets Released from Restrictions	46,951	21,449	119%
Contributions	4,231	5,151	-18%
Gain on Disposal of Property and Equipment	0	0	0%
Total Unrestricted Revenues, Gains and Other Support	79,630,901	68,741,409	16%
EXPENSES			
Salaries and Wages	41,228,182	36,155,186	14%
Supplies and Other Expenses	16,067,742	14,048,916	14%
Employee Benefits	10,640,336	10,184,205	4%
Professional Fees	894,779	873,405	2%
Depreciation and Amortization	711,356	525,493	35%
Interest	204,325	251,625	-19%
Total Expenses	\$ 69,746,720	\$ 62,038,830	12%
Revenues in Excess of Expenses	\$ 9,884,181	\$ 6,702,579	47%
Dividends Paid to Members	\$ 10,427,500	\$ 5,800,000	80%

BREAKDOWN OF EXPENSES



- Salaries and Wages | 58%
- Supplies and Other Expenses | 23%
- Employee Benefits | 16%
- Professional Fees | 1%
- Depreciation and Amortization | 1%
- Interest | 0%

GOOD SHEPHERD PENN PARTNERS UNCOMPENSATED CARE AND COMMUNITY SUPPORT

During fiscal year 2013, Good Shepherd Penn Partners provided charity care and community support valued at \$4.466 million, or about 6.4 percent of expenses – a 6 percent increase from the previous fiscal year and a 39 percent increase over the past two years. The table below delineates the components included in this category.

	FY 2013	FY 2012	FY 2011
BENEFITS FOR INDIVIDUALS LIVING IN POVERTY			
Charity Care at Cost	\$ 281,000	\$ 648,000	\$ 215,000
UNREIMBURSED COSTS OF PUBLIC PROGRAMS			
Medicaid	2,829,000	2,343,000	2,059,000
Other Indigent Programs			
Community Health Improvement Services			
Health Professions Education			
Subsidized Health Services			
Financial and In-Kind Contributions to Other Community Groups			
Community-Building Activities			
Total Quantifiable Benefits for Individuals Living in Poverty	\$ 3,110,000	\$ 2,991,000	\$ 2,274,000
BENEFITS TO THE BROADER COMMUNITY*			
Community Health Improvement Services	45,000	12,000	4,000
Health Professions Education	1,193,000	1,054,000	828,000
Subsidized Health Services	1,000	0	0
Research	115,000	106,000	82,000
Community-Building Activities	0	12,000	31,000
Community Benefit Operations	2,000	0	0
Total Quantifiable Benefits to the Broader Community	\$ 1,356,000	\$ 1,184,000	\$ 945,000
Total Quantifiable Community Benefits	\$ 4,466,000	\$ 4,175,000	\$ 3,219,000
Community Benefits as a Percentage of Total Expenses	6.4%	6.7%	5.8%

**This category represents those community benefit activities that are undertaken by Good Shepherd Penn Partners employees but are not otherwise enumerated. They include hosting of community health screenings and educational sessions, educational opportunities for aspiring healthcare professionals and community-building activities.*

When calculating the benefits that it provides to the community, Good Shepherd Penn Partners conforms to the conservative standards set by the Catholic Health Association (CHA). For more information on the CHA standards, visit www.chausa.org and click on Our Work.

THE PENN INSTITUTE FOR REHABILITATION MEDICINE

Recognizing high quality
inpatient rehabilitation



In late September, surveyors from the Commission on Accreditation of Rehabilitation Facilities (CARF) visited the Rittenhouse campus for a two-day site review as part of Good Shepherd Penn Partners' inpatient rehabilitation re-accreditation process – leading to CARF reaccreditation for the following programs:

- Comprehensive Rehabilitation Program
- Inpatient Stroke Rehabilitation Program
- Brain Injury Inpatient Rehabilitation Program
- Amputee Inpatient Rehabilitation Program

CARF International accreditation is the highest level of recognition a rehabilitation hospital can receive for its quality of care and patient outcomes.

The CARF survey team evaluated the inpatient rehabilitation process, outcomes for the patients served and quality initiatives/improvements for specialty groups. They interviewed front-line staff, reviewing charts and speaking with patients. Surveyors



were particularly impressed with the clinical teams; their final report highlighted the passion of Good Shepherd Penn Partners clinicians, noting that staff, patients and payers spoke to the “incredible” care provided by the rehabilitation team.

One surveyor who had connections to the area offered the most telling feedback, noting that she now knows where to send her family should they need post-acute care. To prove this point, less than a week later, a relative of the surveyor was admitted to the Specialty Hospital at Rittenhouse for continued care following their hospitalization.



THE PENN INSTITUTE FOR REHABILITATION MEDICINE



Quality care across multiple levels

The Penn Institute for Rehabilitation Medicine was also surveyed by The Joint Commission in March, as part of the Hospital of the University of Pennsylvania's triennial reaccreditation. The Joint Commission site surveyor was effusive with praise for what he described as Good Shepherd Penn Partners' "calming, tranquil, impeccably clean" environment of care and the clinical expertise of the inpatient care team.

The surveyor complimented the seamless integration of Penn Medicine and Good Shepherd Penn Partners – from acute therapists at the Hospital of the University of Pennsylvania, to Good Shepherd Penn Partners' strong relationship with Penn Medicine's team of physical medicine and rehabilitation physicians on the Rittenhouse campus.



“The therapists brought me back from the state of a baby. It was just like a miracle happened to me. I wasn’t able to talk. I wasn’t able to walk or anything. Then out of nowhere, I was able to walk and talk—so it was just magic before my eyes.”

Erik Simmons



Following coma, former athlete sees rapid return to health

Two years after a traumatic injury that put college athlete Erik Simmons in a coma, he walks into the lobby of the Good Shepherd Penn Partners Rittenhouse campus for outpatient therapy, looking completely unscathed.

Simmons was struck in North Philadelphia by a hit-and-run driver on April 6, 2011. Upon emerging from a five-week coma, the nineteen-year-old was admitted to the Penn Institute for Rehabilitation Medicine’s brain injury recovery unit.

“I understood everything [upon admission],” recalls Simmons, “but I wasn’t able to talk. Before the accident, I was an athlete—so I was determined. I just have so many years of life to live here.”

“It’s always hard to know with brain injury patients how far they’re going to recover,” says Kelli Williams, Ph.D., a neuropsychologist and the brain injury program coordinator, “because when the brain is initially injured,

you can’t tell which cells have been killed outright and which are just damaged until the cells come back online.”

Williams sits at her fourth floor desk, flipping through a number of videos she took of Simmons mere days after his arrival. In one video, Simmons looks weak, drowsy, but still manages to reach for a toothbrush and put it in his mouth. This immediate recognition of objects served as foreshadowing for Simmons’ short sprint back to health.

As an athlete, Simmons was familiar with pushing his body’s limits. “Where he got in five weeks,” says Joe Muniak, OTR/L, an assistant therapy manager who worked extensively with Simmons, “we were estimating three months judging by our experience with people around his age range and the severity of his injury.”

This rapid healing of the body before the brain is referred to as post-traumatic amnesia, in which “They have absolutely

no ability to remember anything new,” says Williams, “so they can be walking around and not have any idea that they’re even in a hospital.”

Simmons quickly cycled through these stages. Through the help of Hani Cohen, MA, CCC-SLP, Simmons used a computer to begin communicating with clinicians. Finally, on May 2 (almost a month after his admission to the brain injury unit) Erik Simmons began to talk.

“A big part of the brain injury unit is finding the motivator in people,” says Muniak. “We would do a lot of competitive games with Erik. I think anyone that comes from a sports background is very goal-oriented—they want to win and they want to achieve.”

Forced to readjust his goals of being an athlete, Simmons now seeks to volunteer on the inpatient floors and pays regular visits to the therapists that facilitated his rapid recovery.

OUTPATIENT THERAPY

A photograph of a man in a white t-shirt with a dog graphic walking on a treadmill in a gym. A therapist in a blue polo shirt is assisting him. The background shows other gym equipment and a person in the distance.

“Our outpatient therapists saw more than 12,000 additional patient visits this year than in fiscal year 2011. I could not be more proud of the work done by our therapists. As we continue to grow, the opportunities for outpatient expansion are truly exciting.”

Lisa Marsillo, MBA
Executive Director
Good Shepherd Penn Partners

PHYSICAL



SPEECH



OCCUPATIONAL



ORTHOPEDIC



SPORTS



NEUROLOGIC



OUTPATIENT EXPANSION FUELS ORGANIZATIONAL GROWTH

Fiscal year 2013 saw Good Shepherd Penn Partners open its eleventh and twelfth outpatient sites, offering outpatient therapy services for oncology patients at the Perelman Center for Advanced Medicine, as well as general sports and orthopedic physical therapy in Jenkintown.

Two more outpatient sites are in various stages of development for fiscal year 2014. Sites in Valley Forge and Media, Pennsylvania, are slated to open in the second and third quarters of 2014. Both sites are located within or adjacent to Penn Medicine outpatient campuses.

Such growth was echoed across established Penn Therapy & Fitness sites. For the year, outpatient visits exceeded growth targets by 1.5 percent. The 108,981 outpatient visits were an increase of 7.2 percent from fiscal year 2012 and a 34 percent increase since the launch of Good Shepherd Penn Partners in fiscal year 2009.

SERVING OUR REGION WITH EXCELLENCE AND EXPERTISE

The Perelman Center for Advanced Medicine



Penn Center for Specialty Care



Penn Therapy & Fitness at Jenkintown



Philadelphia locations:

- Rittenhouse
- Market Street
- Penn Presbyterian
- Pennsylvania Hospital
- Weightman Hall
- Perelman Center



Outpatient rehabilitation for Abramson Cancer Center patients

The Perelman Center outpatient site serves as a gateway to the range of therapy services available from Good Shepherd Penn Partners. Staff provides short-term physical and occupational therapy and, when needed, refers to other Penn Therapy & Fitness outpatient sites.

The National Comprehensive Cancer Network guidelines for treatment of cancer related fatigue recommend that rehabilitation should begin with a cancer diagnosis. Comprehensive rehabilitation can help patients feel better, from diagnosis through survivorship. Making rehabilitation services available in the same location as their treatment offers convenience and ease of access for patients.



Physical therapy for a high-demand community

Penn Therapy & Fitness at Jenkintown provides outpatient physical therapy for those in need of sports or general orthopedic therapy, including patients requiring post-surgical rehabilitation, spine therapy or treatment of sports-related injuries. Clinical specialties include general orthopedic rehabilitation, treatment of sports-related injuries, post-surgical rehabilitation and spine therapy. Physical therapists also have advanced training in back, neck and upper-extremity issues.

The new Jenkintown site complements Penn Therapy & Fitness at Arcadia, a small site lacking the space for expansion, despite high patient demand. Penn Therapy & Fitness at Jenkintown is well positioned to meet the needs of existing Arcadia patients who may be better served by a site closer to home, while also serving the general rehabilitation needs of the vibrant Jenkintown community.



The therapy site of tomorrow at Penn Presbyterian

Fiscal year 2013 also saw the announcement of a new 27,400 square foot facility in the under-construction Penn Center for Specialty Care in Philadelphia. This new site, located on the Penn Presbyterian campus, will consolidate the Market Street and Penn Presbyterian outpatient practices. It will feature expanded orthopedic and hand therapy treatment areas and state-of-the-art neurological capabilities, plus additional amenities that will improve the overall patient experience.

Incorporating outpatient services into the Penn Center for Specialty Care allows for the expansion of therapy currently provided at Penn Presbyterian and Market Street, while ensuring greater integration with Penn orthopedics. Combining these sites also offers an opportunity to better integrate orthopedic and hand therapists from the two locations. Those therapists already work together in special interest groups and provide coverage at alternate sites.

Penn Therapy & Fitness at the Penn Center for Specialty Care is scheduled to open in August of 2014.





Recognized as one of only
seven hospitals in
Pennsylvania for Excellence
in Healthcare Compliance

THE SPECIALTY HOSPITAL AT RITTENHOUSE

Among the best for quality
and patient safety

On October 16, Michael Wolf, Acting Secretary of Health for the Commonwealth of Pennsylvania, presented Good Shepherd Penn Partners and the Specialty Hospital at Rittenhouse with the state's first award for "Excellence in Health Care Compliance." The award was presented following the Specialty Hospital's deficiency-free state recertification in 2012 – one of only seven facilities (out of 244) to receive this award.

At its 2012 survey, Department of Health surveyors observed Good Shepherd Penn Partners staff going "above and beyond" in checking processes for patient care. The survey team was extremely thorough; often going beyond what was required for such a review. Yet clinical staff proved knowledgeable of the environment of care and prepared for the evaluation.

The Excellence in Health Care Compliance Award was developed to identify and positively reinforce facilities demonstrating excellence in meeting state regulations.

"As the industry regulators, we understand the importance of identifying best practices and recognizing the strengths that we have here in Pennsylvania," Wolf said. "This new award was developed to identify facilities demonstrating excellence in meeting state regulations and to positively reinforce those actions."

The Department of Health licenses and oversees hospitals statewide including acute care hospitals, long-term acute care hospitals, critical access hospitals, rehabilitation hospitals, children's hospitals and psychiatric hospitals. In addition, the department conducts about 2,000 inspections annually, including licensure and certification surveys, follow-up surveys and complaint investigations.

Facilities receiving the award were required to have no health citations during the last state licensure survey and no major life safety code deficiencies on the last building inspection. All department-licensed hospitals were eligible for the awards and did not need to apply to be considered.



The EWS team evaluates a patient at bedside within 30 minutes of an electronic alert.

Detecting sepsis early for improved patient safety

For non-clinicians, sepsis is often equated with infection – yet the underlying symptoms of sepsis are detectable much earlier than when infection may finally appear. Sepsis is the 11th leading cause of death in the United States and incidences of the condition continue to rise. Waiting to treat only when infection appears may increase potential for worsening of symptoms and even mortality.

In June, Good Shepherd Penn Partners launched the early warning system for sepsis (EWS), for patients treated at the Specialty Hospital at Rittenhouse. EWS aids clinicians in identifying potential sepsis patients early, before the condition has time to progress. It's a novel approach to patient safety that the clinical team adopted from its colleagues at Penn Medicine's acute care hospitals.

EWS uses a patient's electronic medical record to aggregate six clinical indicators of sepsis, evident both at the bedside and in

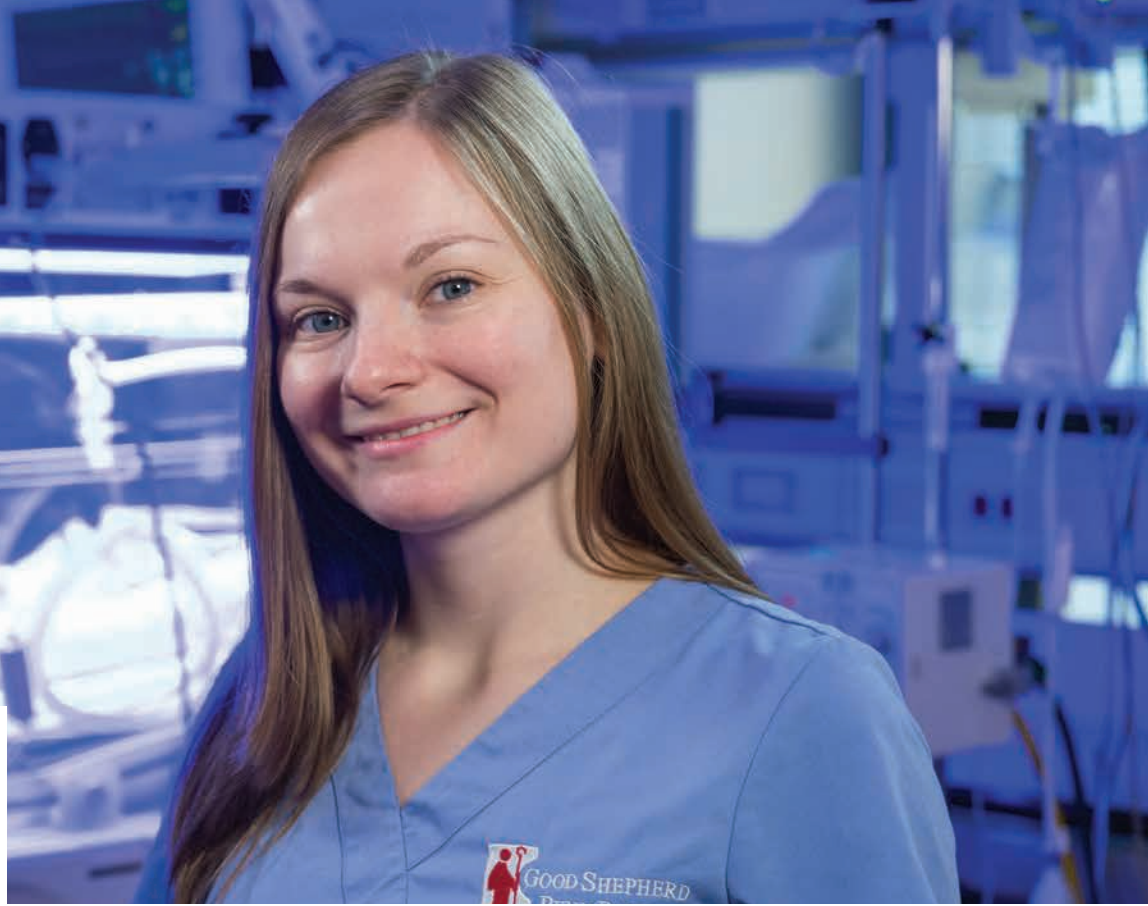
On the cutting edge of using technology to prevent patient infection

routine lab measures. Develop enough symptoms and an alert is sent electronically to members of that patient's care team, who observe the patient and determine if additional treatment is appropriate. The goal is to complete this bedside evaluation by a physician, nurse and other members of the team within 30 minutes of the alert.

More leading acute care health systems across the nation are adopting EWS, though Good Shepherd Penn Partners sits at the forefront of using this automated technology for post-acute care. EWS is an essential tool for maintaining the health of those under our care – particularly the complex, high risk patients treated at the Specialty Hospital at Rittenhouse.

ACUTE CARE

Care begins at birth for acute intensive care nursery therapists



Goal setting is an important part of the rehabilitation process following an illness or injury. Returning to work. Relearning a skill. Gaining independence again. But for a handful of therapists working in Penn Medicine's two intensive care nurseries (ICN), the patient goals are more basic – and at the same time, much more challenging.

Good Shepherd Penn Partners therapists work with newborns and their parents at Pennsylvania Hospital and the Hospital of the University of Pennsylvania. These ICNs offer the highest level of care for sick and premature infants with special medical needs.

Therapists treat newborns in the most high-risk situations, from birth through to their transition home.

“During my acute care clinical rotation in PT school, my instructor was treating a premature infant who appeared in distress. She opened the isolette doors, placed her hands on his back and head and held

them there – what I now know to be positive support,” says Anastasiya (Stacy) Ruiz, PT, MSPT, an advanced clinician I at Pennsylvania Hospital. “To the naked eye, it may seem that this intervention was unskilled, but one could see the change in the infant; he calmed in less than a minute, his vital signs stabilized and he transitioned to a sleep state.”

This experience helped draw Ruiz to working with newborns. She serves as the primary therapist at Pennsylvania Hospital's ICN, where she is supported by a physical therapist and a speech therapist. In addition, a full-time occupational therapist will soon be joining her team.

At HUP, four therapists care for newborns at the hospital's ICN. “We work closely with the nursing and medical teams to determine the appropriate time of day for intervention and what that intervention would look like, given the infant's medical status,” notes Nicole Rudolph, MOT, OTR/L, a senior I occupational therapist at HUP. “We ask for consults on infants that meet certain criteria and can be involved as early as the first day of life.”

The HUP team spends roughly 20 hours a week providing occupational and speech

therapy, caring for up to 20 infants. “We attempt to treat each infant once or twice a week,” says Rudolph. “We follow them through their stay, with a focus on parent education.”

Ruiz sees around eight patients as part of her six hours of weekly ICN coverage, working with more than 400 babies each year. She treats a range of complications, seeing some of the smallest premature babies (< 30 weeks with very low/extremely low body weight). Once consulted, she sees her patients through their ICN stay. “As the infant develops, my interventions change to facilitate development and provide appropriate family teaching.”

Working with this population offers its own unique challenges – as well as rewards. Ruiz finds her work with parents particularly satisfying. “The ability to help caregivers care for and bond with a child they are scared to touch or hold was what truly drew me to neonatal care.”

For Rudolph, seeing her patients progress is its own reward. “These infants are so delicate and each small gain they make is amazing. If I can contribute to their progress in any way, I'm happy.”

EDUCATION

Continuing education for improved care

Good Shepherd Penn Partners spearheaded a number of continuing education programs throughout fiscal year 2013 to educate our staff and our colleagues throughout the Philadelphia area.

This year, Good Shepherd Penn Partners hosted more than 120 clinicians from multiple disciplines across Penn Medicine at two Spinal Cord Injury Interdisciplinary Symposiums in March and April.

The symposiums aimed to create a common educational base from which to expand our ability to care for SCI patients across both health systems. Members of the Good Shepherd Penn Partners clinical team presented on a range of topics pertinent to the care of this population, from physician and therapy services to nutritional needs, pastoral care and more. Nursing, physical therapy and case management attendees received CEUs and contact hours for their participation.

Good Shepherd Penn Partners hosted three additional continuing education courses throughout the fiscal year. In January,

Randy Dubin, MA, CCC-SLP, lead speech pathologist for Good Shepherd Penn Partners, hosted 29 clinicians at the Hospital of the University of Pennsylvania for “Nasendoscopy for Voice & Swallowing Assessment,” a two-day continuing education course designed to increase participants’ knowledge and skills necessary to perform a nasendoscopy.

In February, Jane Oeffner, PT, DPT, MBA, inpatient therapy site manager at Penn Presbyterian Medical Center, hosted more than 100 clinicians for “Acute Care and Beyond: Managing Your Patients’ Medical Complexity Across the Therapy Continuum of Care.” The one-day course focused on utilizing the latest evidence to manage and incorporate the medical complexity of any patient in any setting to ensure safe and effective therapy.

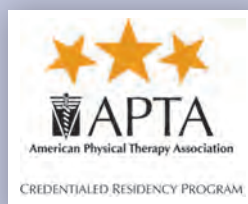
Later in April, Dubin led “Multidisciplinary Approach to Dysphagia & Airway Management” for speech pathologists and allied health professionals seeking to advance their knowledge and skills in the areas of dysphagia, voice and airway management.

Recognized for excellent therapy education

Good Shepherd Penn Partners’ two outpatient physical therapy residency programs were credentialed by the American Physical Therapy Association (APTA) and the American Board of Physical Therapy Residency and Fellowship Education for five years, effective June 30.

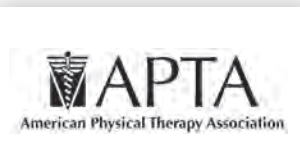
The orthopedics residency program is only the second program in the Philadelphia area to be credentialed by the APTA. The women’s health program, meanwhile, is only the seventh such program in the entire nation to meet the high standards of the APTA.

APTA credentialing highlights the quality of education that program participants receive. Both programs last 50 weeks, with 35 hours of work training plus 10 hours of mentorship per week.



Being credentialed by the APTA is the culmination of more than five years of program development efforts. In total, more than 35 therapists across multiple Penn Therapy & Fitness outpatient sites support the two residency programs.

Setting standards for PT education



In October, researchers from the American Physical Therapy Association visited Good Shepherd Penn Partners for two days, as part of the organization's participation in the Physical Therapy Education in the Twenty-First Century Site (PTE-21) study.

PTE-21 looks to identify innovation and excellence in physical therapist academic and clinical education. Good Shepherd Penn Partners was one of two clinical sites (along with Madonna Rehabilitation Hospital in Lincoln, Nebraska) chosen for the study. Massachusetts General Hospital and the University of Delaware will serve as the project's academic sites.

The October visit consisted of interviews, focus groups and clinical observations, including meetings with fifty-five staff members and review of one hundred documents providing evidence of our excellence in clinical education.

While the researchers had expected to find evidence of such excellence throughout our programs, they were amazed at the consistent theme that emerged from those interviewed at every site, every level – one of commitment to providing education and mentoring to staff, students, residents and interns.



The researchers noted that such a commitment does not grow from a handful of individuals, but must be supported from leadership down, to managers and individual therapists.

After the researchers have visited all sites chosen to participate in the study, they will use the themes identified through six months of research to create a Delphi survey and develop recommendations to present to the APTA.

Their findings will serve as the foundation for a larger national study involving more institutions and have the potential to influence the physical therapy community for years to come. “This is one of the first systematic major research attempts to look at clinical education quality,” says Colleen Chanler, PT, MHS, site manager for occupational, physical and speech therapy at the Hospital of the University of Pennsylvania, “which is a large portion of the educational experience for PT students.”

RESEARCH

At Good Shepherd Penn Partners, advancing research in the field of rehabilitation goes hand-in-hand with providing outstanding care for patients.

In fiscal year 2013, therapy research was presented at sixteen professional conferences, including the state, national and international levels. Three articles were published in peer-reviewed journals and four Good Shepherd Penn Partners employees were honored with awards and/or travel grants for their research presentations.

Thirteen Good Shepherd Penn Partners therapists presented at this year's American Physical Therapy Association Combined Sections

Advancing rehabilitation through research

Meeting, held January 21-24 in San Diego. Attended by more than 10,000 therapists nationwide, this annual event focuses on 18 program sections over the course of five days. Good Shepherd Penn Partners therapy staff presented in five different sections with a total of eight presentations—four education sessions and four research poster presentations.

In addition, acute care team leader Joe Adler, MSPT, CCS, was named program chair of the cardiovascular and pulmonary section at this event. Daniel Malone, a former employee of Good Shepherd Penn Partners, passed the torch to Adler and now assumes the role of president for this section.

CONFERENCE PRESENTATIONS:

Proceedings of the 36th Conference of the American Society of Biomechanics, August 15-18, 2012; Gainesville, FL

Preliminary Study of Changes in Trunk Forward Bend Aberrant Patterns Post Core Stabilization Intervention: *Won Sung*, Peemongkon Wattananon, Scott Biely, Marco Cannella, Sheri Silfies (Poster).

10th National Lymphedema Network (NLN) International Conference, September 5-9, 2012; Dallas, Texas

Good Shepherd Penn Partners Survey for Edema in the Head and Neck (GSPEHN): Preliminary Development and Validity, *Nathan Bridgeman*, Bryan Spinelli (Oral Presentation).

Pennsylvania Occupational Therapy Association (POTA) Conference, September 28-29, 2012; Lancaster, Pennsylvania

A Medically Complex Patient after Quadruple Amputation: A Case Study Examining the Provision of Acute Rehabilitation in the Acute Hospital Setting: Keith Aker, Dylan Brillhart, Joe Natale, Jane Oeffner (Poster Presentation).

Mild Traumatic Brain Injury: An Acute Care Perspective: *Marisa Hart, Laura Schaffner* (Educational Presentation).

Immobilization and Deconditioning: Examining Effects of Early Mobility: *Malachy Clancy, Jesse LoBreglio* (Educational Presentation).

Ventricular Assist Devices Across the Continuum: *Malachy Clancy, Suzanne McDevitt, Lena Yuen*, (Educational Presentation).

35th American Society of Hand Therapy (ASHT) Annual Meeting, October 18-21, 2012; San Diego, California

Development and Implementation of a Multidisciplinary and Multi-Centered Hand Transplantation Therapy Program for the Quadrimembral Patient: *Gayle Severance*, Laura Walsh (Poster Presentation).

Pennsylvania Physical Therapy Association (PPTA) Conference, October 25-28, 2012; Lancaster, Pennsylvania

The Pelvic Floor: Bridge to Stepping Out of Your Clinical Comfort Circle: *Denise Hartzell Leggin, Nicole Dugan* (2 ½ day Educational Session).

Acute Care & Physical Therapist Assistants Special Interest Groups: "Flags and Falls. What Can You Do to Be Proactive and Preventative?": *Colleen Chancler* (Educational Session).

Neurologic Special Interest Group: "Physical Therapy Management of Post-Concussive Syndrome": *Elizabeth Grace Georgelos* (Educational Session).

American Society for Reconstructive Transplantation (ASRT) 3rd Biennial Meeting, November 15-17, 2012; Chicago, Illinois

Use of an Alternative Functional Assessment Tool for the Hand Transplant Patient: *Gayle Severance, Laura Walsh* (Educational presentation at the Hand Therapy Mini-Symposia).

American Academy of Physical Medicine and Rehabilitation (AAPM&R), 2012 Annual Assembly, November 15-18, 2012; Atlanta, Georgia

Trunk Neuromuscular Control is Impaired in Patients with Mechanical Low Back Pain and Improves Following a Lumbar Stabilization Program: *Won Sung*, Sheri Silfies, Matthew Abraham, Chris Plastaras (Invited Oral Presentation).

Connections: Advancing Care Through Science Conference, November 16-18, 2012; Phoenix, Arizona

Pilot Study of a Web-Based Weight-Loss Intervention for Young Adult (YA) Cancer Survivors: *Carrie Stricker*, Dr. Kathryn Schmitz, Andrea Branas (Poster Presentation).

35th International Symposium on ALS and Motor Neuron Disease, December 5-7, 2012; Chicago, Illinois

Exercise and ALS: A Survey of Health Care Professionals: *Shelly Lewis, Scott Rushanan* (Poster Presentation).

American Physical Therapy Association's Combined Sections Meeting, January 22-24, 2013; San Diego, California

The Use of Trunk Stabilization for the Treatment of Anterior Hip Pain: A Case Series: *Won Sung*, Sara Forsythe, Tiffany Prince, Jeffrey O'Neil (Poster presentation to the Orthopaedic Section [Hip/Knee]).

Use of Manual Therapy in the Treatment of Traumatic Distal Tibiofibular Syndesmosis Injury: *Sara Forsythe* (Poster presentation to the Orthopaedic Section [Ankle]).

The Burden on Caregivers of Persons with Mental Health Disorders and Physical Disabilities in Low and Middle Income Countries: A Literature Review: *Aaron Thrush*, (Poster presentation to the Health Policy and Administration Section).

Prevalence of Scoliosis in a Cohort of Patients with Pelvic Pain: *Lisa Tate*, (Poster presented to the Women's Health Section).

An Evidence-based Update on Management of Patients With Rotator Cuff Disease: Non-operative and Postoperative Rehabilitation: *Brian Leggin, Marty Kelley* (Educational Session to the Orthopedics Section).

Red Flags of Lymphedema: *Rebecca Golden, Joy Cohn, Jenna Fried* (Educational Session to the Oncology Section).

Feeling the Squeeze? Strategies to Capture and Increase Productivity in the Delivery of Physical Therapy in the Acute Care Setting: *Jane Oeffner* (Educational Session to the Acute Care Section).

An Evidence-Based Approach to Strength Training in Breast Cancer Survivors: *Andrea Branas, Joy Cohn, Dr. Kathryn Schmitz* (Educational Session to the Oncology Section).

American Physical Therapy Association's Innovation Summit 2013, Collaborative Care Models, March 7-8, 2013; Alexandria, Virginia

Strength After Breast Cancer (SABC): *Andrea Branas, Joy Cohn, Nicole Dugan, Dr. Kathryn Schmitz* (Invited Poster Presentation).

American Occupational Therapy Associations Annual Conference and Expo, April 24-28, 2013; Indianapolis, Indiana

Immobilization and Deconditioning: Examining Effects of Early Mobility in the Medically Complex Patient: *Malachy Clancy* (Educational Session).

Mild Traumatic Brain Injury: Acute Care Perspective on Vision and Cognition: *Marisa Hart, Laura Schaffner* (Poster Presentation).

Third Annual National Association of Neonatal Therapists (NANT) Conference, May 2-4, 2013; Fort Worth, Texas

The Implementation of Comprehensive Occupational Therapy Services in a Level III Intensive Care Nursery: *Nicole Rudolph, Lawrence Stevenson, Suzanne Spiro* (Poster Presentation).

American Thoracic Society (ATS) International Conference, May 17-22, 2013; Philadelphia, Pennsylvania

Barriers To Early Mobilization of Critically Ill Patients: *Rita N Bakhru, Barry D. Fuchs, Kelly Butler, Joe Adler, Jessica Fuller, Ashlee Newberry, William D. Schweickert* (Poster Presentation).

Identifying Opportunities to Reduce Documented Cases of Aspiration Pneumonia: *K. Mirsaedi-Farahani, Carolyn Crane Cutilli, Patricia G. Sullivan, Randy Dubin, Lee A. Fleisher, Rachel Rapaport Kelz, Neil Fishman, Maryam Behta* (Poster Presentation).

Brain Injury Association of Pennsylvania (BIAPA) Annual Conference, June 24-25, 2013; Lancaster, Pennsylvania

The Stoplight System: Communicating about Safety on an Acute Brain Injury Rehabilitation Unit: *Jillian Stark, Kjisten Torkelson, Dr. Kelli Williams, Joe Muniak, Heather Dillon, Dr. Miriam Segal, Dr. Michael Rhee* (Poster Presentation).

American Physical Therapy Association (APTA) Annual Conference, June 26-29, 2013; Salt Lake City, Utah

Physician Referral to Outpatient Physical Therapy for Treatment of Cancer Related Fatigue (CRF): *Jane Oeffner, Andrea Branas* (Poster Presentation). (*APTA Conference 2013 Special Recognition).

PUBLICATIONS:

FitzGerald MP, Payne CK, Lukacz ES, Yang CC, Peters KM, Chai TC, Nickel JC, Hanno PM, Kreder KJ, Burks DA, Mayer R, Kotarinos R, Fortman C, Allen TM, Fraser L, Mason-Cover M, Furey C, Odabachian L, Sanfield A, Chu J, Huestis K, Tata GE, **Dugan N**, Sheth H, Bewyer K, Anaeme A, Newton K, Featherstone W, Halle-Podell R, Cen L, Landis JR, Probert KJ, Foster HE Jr, Kusek JW, Nyberg LM; Interstitial Cystitis Collaborative Research Network. A Randomized Multicenter Trial of Myofascial Physical Therapy in Women with Interstitial Cystitis/Painful Bladder Syndrome and Pelvic Floor Tenderness. *J Urology*. 2012. June; 187: 2113-2118.

Thrush A, Rozek M, Dekerlegand JL. The Clinical Utility of the Functional Status Score for the Intensive Care Unit (FSS-ICU) at a Long Term Acute Care Hospital: a Prospective Cohort Study. *Physical Therapy Journal*. 2012. Dec; 92(12): 1536-45.

Kelley MJ, Shaffer MA, Kuhn JE, Michener LA, Seitz AL, Uhl TL, Godes JJ, McClure PW. Shoulder Pain and Mobility Deficits: Adhesive Capsulitis. Clinical Practice Guidelines Linked to the International Classification of Functioning, Disability, and Health From the Orthopaedic Section of the American Physical Therapy Association. *J Orthop Sports Phys Ther*. 2013 May; 43(5):A1-31.

AWARDS & HONORS:

Physical Therapist Education for the 21st Century Innovation and Excellence in Physical Therapist Academic and Clinical Education: *Colleen Chancler, PT, Various therapists participated in the interview process*.

GSPP was selected by the American Physical Therapy Association (APTA) as one of two clinical sites nationally to participate in this research study that aims to set industry-wide standards for therapist education.

Invited to present in the Best Musculoskeletal Medicine Research Poster Presentation session at the 2012 Annual Assembly of the American Academy of Physical Medicine and Rehabilitation: *Won Sung*

Oral presentation titled, "Trunk Neuromuscular Control is Impaired in Patients with Mechanical Low Back Pain and Improves Following a Lumbar Stabilization Program."

Awarded American Physical Therapy Association's Annual Conference 2013 Abstract Special Recognition: *Jane Oeffner, Andrea Branas*

Poster Presentation titled, "Physician Referral to Outpatient Physical Therapy for Treatment of Cancer Related Fatigue (CRF)". Poster was displayed during the conference with special recognition and online in the Virtual Conference.

Recipient of the Elaine Meadows Research Scholar Award for the APTA CSM 2013 Meeting: *Lisa Tate*

Poster presentation titled, "Prevalence of Scoliosis in a Cohort of Patients with Pelvic Pain". Award provides travel reimbursement to a Women's Health Section research presenter.

Invited to present at the 2013 American Physical Therapy Association's Innovation Summit on Collaborative Care Models: *Andrea Branas*

Poster presentation titled, "Strength After Breast Cancer (SABC)". One of eighteen innovative models of physical therapy practice selected to present at this conference.

IN OUR COMMUNITY

Supporting charitable care in the community

On Friday, May 10, Good Shepherd Penn Partners hosted its second annual Diamond Gala in support of the organization's Charitable Care Fund.

The fund provides qualified patients with the post-acute and rehabilitation services they need to reach their full potential. Good Shepherd Penn Partners provided \$4.46 million in quantifiable community benefits in fiscal year 2013.

More than 166 community members supported this year's Gala, which transformed the Lombard Street-facing parking lot into an elegant tented outdoor venue. For the second year, Haverford jeweler Cooke & Berlinger helped raise additional funds through jewelry sales. In addition, Kusangala, a diverse and energetic music troupe led by certified music therapist and harpist Gloria Galante, performed for guests.

Silver sponsorship for this year's gala was provided by Penn Medicine, while a variety of other individuals and organizations contributed as bronze sponsors. This annual event is made possible by the dedication and ingenuity of the Diamond Gala Committee whose twelve members meet on a monthly basis leading up to this special evening.

SECOND ANNUAL

Diamond





and Gala

Honor Roll of Donors

Thank you to the following individuals and organizations whose generous support has strengthened our mission and positioned Good Shepherd Penn Partners and our patients for success. This report covers contributions from July 1, 2012 to June 30, 2013.

RESEARCHERS

Craig H. Neilsen Foundation

LEADERS

Board of Women Visitors
Roger and Ann McNamee

FELLOWS

The Dexter F. & Dorothy H. Baker
Foundation

BUILDERS

Penn Medicine

MEMBERS

Anonymous
Anonymous
Mr. Spencer Anderson
Mr. and Mrs. Peter Andrews
Mr. George Boutros
Mrs. Diane DiSandro
Mr. and Mrs. Adrian E. Dollard
Harris myCFO, LLC
Independence Prosthetics-Orthotics,
Inc.
Mr. and Mrs. Blake C. Marles
Morrison Management Specialists

Onward Healthcare, Inc.
PAH Department of Nephrology
Penn Presbyterian Medical Center
Qatalyst Group, LP
Physical Medicine & Rehabilitation
Department
Mr. and Mrs. Ralph J. Roberts
Stevens & Lee, PC
TEVA Neuroscience
The Parkinson Council

BENEFACTORS

Axis Construction Management, LLC
Dr. and Mrs. David J. Bozentka
Mr. and Mrs. Daniel C. Confalone
Emstar Medical Transportation
Sally Gammon
Mr. Robert A. Gorman
Miss Danielle M. Gower
Dr. and Mrs. Michael A. Grippi
IBM - Employee Services Center
IOD Incorporated
ISS Solutions
Mr. John A. Kristel, MBA, MPT
Mr. William Kupchunas and
Ms. Guylaine Gagnon
Mr. and Mrs. Peter Leone

LW Consulting, Inc.
Mr. and Mrs. David Marsilio
Ms. Betsy McCarthy
Mr. and Mrs. Edward M. Nigro
Ms. Ellen Noteware
PPL Corporation
Dr. Peter D. Quinn, DMD, MD
TD Bank

SUSTAINERS

AE Litho Offset Printers, Inc.
Amputee Coalition
Mr. John Bellace
Mr. Albert P. Black, Jr
Mr. and Mrs. Michael A. Bonner, III
Mr. and Mrs. Albert C.
Boris-Alexbrone, III
Mrs. Stephanie Brandow
Ms. Eileen Britton
Dr. and Mrs. R. Michael Buckley, Jr
Ms. Amanda Burch
Dr. and Mrs. Ronald Carabelli
Mr. and Mrs. Robert J. Caroccio
Ms. Coleen Chancler
Mr. and Mrs. Leonard J. Cimini, Jr
Mr. Michael M. Clair
Mr. Paul Coff

Ms. Hillary B. Cooke
Mr. and Mrs. Joseph P. Cooney
Ms. Pamela D. Cooper
Ms. Rebecca L. Craik
Dr. Timothy R. Dillingham and
Dr. Liliana E. Pezzin
Mr. and Mrs. James Dollard
Dr. David M. Finkel, MD
Mr. and Mrs. Joseph F. Foderaro, Sr
Ms. Julie Galan
Mr. and Mrs. Lawrence A. Gatti, Jr
GMG Studios Inc.
Ms. Danette R. Gotta
Mrs. Daryl Ann Gower
Mr. and Mrs. David Grosch
Mr. and Mrs. Sylvain Guet
Mr. Lyle A. Hallowell
Mr. Kenneth G. Hausman and
Mrs. Ellyn Lazares Hausman
Hospital Central Services, Inc.
Mr. Frank J. Hyland
IMC Construction
J. P. Mascaro & Sons
Ms. Vail L. Jacoby
Jewish Federation of Greater
Philadelphia
Mr. and Mrs. John M. Joyce

Honor Roll of Donors

SUSTAINERS (CONT'D)

Mr. and Mrs. Martin Kelley
Mr. and Mrs. Robert J. LaBelle
Mr. and Mrs. Anthony Lanzone, II
Mr. and Mrs. Pierre A. LaRocco
Lavin, O'Neil, Ricci, Cedrone
& Disipio
Dr. L. Scott Levin
Dr. and Mrs. Robert Lipshutz
Mr. David Lyons and
Dr. Pamela Shields
Mr. and Mrs. Samuel Miranda
NCCFI
Ms. Laura M. Nebel
O'Brien & Ryan, LLP
Ms. Georgine A. Olexa
Mr. and Mrs. Travis H. Peyton
Mr. and Mrs. Jeffrey G. Redoutey
Dr. Mitchell Schnall
Schultz & Williams
Mr. and Mrs. Eli Shapiro
Ms. Patricia G. Sullivan
Ms. Kathy G. Talvitie
Harold M. Ting, PhD
Mr. and Mrs. Richard Tipperman
Dr. Anthony F. Verdi
Vision Benefits of America
Ms. Carol A. Wamsley
White-Harris
Mr. Gary Williams
Mr. Jeffrey K. Wong

FRIENDS

Anonymous
Ms. Tobe Amsterdam
Ms. Doris L. Anderson
Mr. George E. Atwood
Ms. Stephanie Barbagallo
Ms. Susan Barruzza
Ms. Eleanor V. Bencivengo
Mr. and Mrs. Brian Bisesi
Ms. Catherine M. Bonner
Mr. Emanuel Boussios
Brain Matters, LLC

Ms. Nancy M. Brown
Mr. Andrew Bryant
Mr. Gene R. Cadwallader
Ms. Grace M. Cicallesi
Mr. and Mrs. William L. Coffey
Ms. Marcia R. Cohen
Mrs. Geneva Cooley
Ms. Patricia R. Cooney
Mr. and Mrs. John J. Copeland
Mr. and Mrs. Allen C. Corbin, Sr.
Mr. and Mrs. James T. Coyle
Edward C. Cronin, III
Mr. Joseph Dalessio
Ms. Elizabeth C. Dandrea
Mr. and Mrs. Theodore Davidson
Carmine and Debra DeSanto
Mr. Roger D. Dishong
Mr. and Mrs. Francis D. Donaghy
Mr. and Mrs. Richard D. Donze
Mr. Linwood L. Drain
Mr. John E. Dull
Nerve Dumorney
Ms. Susan Duncan
Mr. and Mrs. Donald O. Edwards
Mr. Stephen E. Edwards
Ms. Cynthia J. Eiseman
Mr. Joseph F. Ellmer
Mr. and Mrs. Ronald Ervais
Ms. Kathleen A. Fahey-Hosey
Mr. and Mrs. Thomas J. Finarelli
Mr. and Mrs. Richard Finch
Mr. Calvin Fisher
Ms. Dianne E. Fisher
Mr. and Mrs. George S. Fisher
Mr. John Foderaro
Mr. and Mrs. Joseph F. Foderaro, Jr.
Dr. and Dr. Steven I. Foldes, MD
Ms. Beverly E. Frascione
Mr. and Mrs. Jerrod A. Frezel
Mr. Robert W. Fritch
Sandra Galman
Ms. Kathryn M. Giardina
Mr. Marco V. Giordano
Mr. and Mrs. Robert L. Giuntoli

Mr. and Mrs. Donald Glassman
Mr. Eli Glatstein
Mr. and Mrs. Nathaniel Goodson
Ms. Susan Gould
Ms. Mary Greco
Mrs. Marie L. Harkins
Ms. Marylou B. Herman
Ms. Linda L. Hicks
Mr. and Mrs. Albert W. Hill
Ms. Josephine Hirsch
Mr. and Mrs. Stuart B. Hirschhorn
Ms. Patricia Hooks
Ms. Catherine D. Hooven
Lionel and Cheri Hunter
Ms. Stephanie Iannarone
Ms. Chelsea D. Isbel
Ms. Susan O. W. Jaffe
Ms. Deborah A. Johnson
Mr. and Mrs. James L. Johnson
Mr. and Mrs. Apostolos T.
Kambouroglou
Mr. and Mrs. John J. Kane, Jr.
Mr. and Mrs. Michael Katz
Mr. and Mrs. Sidney B. Katz
Ms. Diane E. Kennefick
Mr. and Mrs. Dov Kimberg
Ms. Annise Kornberg
Ms. Sandra Kuby
Ms. Lynda A. Kuhar
Mr. and Mrs. Roger B. Lawrence
Mrs. Joan F. Levicoff
Mr. and Mrs. Thomas Lyons
Ms. Carolyn Mac Donald
Mr. Anthony Mauro
Ms. Denise McGinn
Ms. Donna McGraw
Mr. and Mrs. David L. McGrew
Mr. Edward E. Mettinger, Jr.
Ms. Carolyn T. Moore
Mr. and Mrs. William Moore
Shakunthala Narasimhulu
Ms. Geraldine D. Nicholas
Mr. and Mrs. Henry J. O'Hara
Mr. and Mrs. James P. Penza

Ms. Nancy E. Polisano
Mr. and Mrs. Michael A. Pressman
Ms. Angela Quattrone
Mrs. Carol J. Quintin
Radian Group, Inc.
Ms. Brenda G. Rendleman
Ms. Veronica Rich
Ms. Christina A. Rigterink
Robert Licitra Company
Mr. and Mrs. Arthur Rosati
Mr. and Mrs. Alan E. Roth
Ms. Dorothy Ruffin
Mr. John W. Sankey, Jr.
Ms. Lois A. Santer
K. D. Sataloff
Mr. and Mrs. John M. Schulke
Mr. and Mrs. Frank T. Schwartz
Ms. Rochelle Shakti
Mr. Eli Shapiro
Mr. David Shrimpton
South Street Scrubs
Mr. Joseph H. Spencer
Mr. and Mrs. David T. Staples
Ms. Estella L. Thomas
Mr. Kevin M. Toland
Mr. and Mrs. Anthony T. Triolo
Mr. and Mrs. Alfred Troilo
Mr. Jeffrey R. Tucker
United Way of Camden County
Mr. Joseph A. Varacalli
Mrs. Peggy A. Varghese
Ms. Christine L. Webb
Mr. Arthur Whereat
Ms. Annie B. Williams
Mr. James N. Williams, Jr.
Mr. Jeffrey Wilson
Mr. Thomas Wilson
Ms. Sondra R. Wirtshafter
Mr. and Mrs. Robert M.
Wrzesniewski
Kamhuen Yufu
Ms. Geraldine V. Zachery
Katharine and Paul Zimmerman

GIFT LEVELS

VISIONARIES	\$100,000 +
INNOVATORS	\$50,000 – \$99,999
RESEARCHERS	\$25,000 – \$49,999
LEADERS	\$10,000 – \$24,999
FELLOWS	\$5,000 – \$9,999
BUILDERS	\$2,500 – \$4,999
MEMBERS	\$1,000 – \$2,499
BENEFACTORS	\$500 – \$999
SUSTAINERS	\$100 – \$499
FRIENDS	UP TO \$99

Thank you

If there is a correction, please accept our sincerest apology and contact Good Shepherd Penn Partners Development Office at 215-893-2585 or GSPPGiving@uphs.upenn.edu

So many individuals played a part in making Good Shepherd Penn Partners' fifth year our most successful one. Our leadership team, in tandem with our front line staff, and in partnership with our Penn Medicine colleagues, all contributed to gains we made in fiscal year 2013. I want to thank them all for their hard work and dedication to making this organization a success.

Penn Medicine has been a particularly supportive partner in helping fuel this growth, from senior leadership and executive directors at the three Penn Medicine hospitals, to case management, social work and clinicians referring to Good Shepherd Penn Partners facilities. The relationships we have nourished this past year have been a crucial component to the success we have seen and are vital for continued success in fiscal year 2014 and beyond.



On behalf of our more than 600 employees, thank you for taking the time to learn about the exciting developments in our organization over the past year. We look forward to serving the Philadelphia community for many years to come.

Sincerely,

A handwritten signature in black ink that reads "Lisa M. Marsilio".

Lisa M. Marsilio, MBA
Executive Director, Good Shepherd Penn Partners

GOOD SHEPHERD PENN PARTNERS

RECOGNIZED
NATIONALLY

APPRECIATED
LOCALLY

GOOD SHEPHERD PENN PARTNERS LOCATIONS

INPATIENT REHABILITATION

Penn Institute for Rehabilitation Medicine
1800 Lombard Street
Philadelphia, PA 19146
877-969-7342

LONG-TERM ACUTE CARE HOSPITAL

Specialty Hospital at Rittenhouse
1800 Lombard Street
Philadelphia, PA 19146
877-969-7342

ACUTE CARE HOSPITAL LOCATIONS

Hospital of the University of Pennsylvania
3400 Spruce Street
Philadelphia, PA 19104
Hospital operator: 215-662-4000

Penn Presbyterian Medical Center
51 N. 39th Street
Philadelphia, PA 19104
Hospital operator: 215-662-8000

Pennsylvania Hospital
800 Spruce Street
Philadelphia, PA 19107
Hospital operator: 215-829-3000

SKILLED/SUB-ACUTE LOCATIONS

Penn Center for Continuing Care
51 N. 39th Street
Philadelphia, PA 19104
215-662-9403

Penn Center for Rehabilitation and Care
3609 Chestnut Street
Philadelphia, PA 19104
215-386-2942

Skilled Care Center at Pennsylvania Hospital
800 Spruce Street
Philadelphia, PA 19107
215-829-7200

OUTPATIENT LOCATIONS

Penn Therapy & Fitness at Arcadia
Health Science Center, Suite 102
450 South Easton Road
Glenside, PA 19038
215-572-4060

Penn Therapy & Fitness at Bucks County
777 Township Line Road
Suite 180
Yardley, PA 19067
215-968-0145

Penn Therapy & Fitness at Cherry Hill
409 Route 70 East
Cherry Hill, NJ 08034
856-216-0047

NEW Penn Therapy & Fitness at Jenkintown
500 Old York Road, Suite 230
Jenkintown, PA 19046
215-886-0414

Penn Therapy & Fitness at Market Street
3624 Market Street, Ground Level-West
Philadelphia, PA 19104
215-349-5585

NEW Penn Therapy & Fitness at Media
605 W. State Street, Suite 101
Media, PA 19063
610-565-1041

Penn Therapy & Fitness
at Penn Presbyterian Medical Center
1 Medical Office Building, Suite 110
38th Street and Market Street
Philadelphia, PA 19104
215-662-9155

Penn Therapy & Fitness
at Pennsylvania Hospital
330 S. 9th Street
First Floor
Philadelphia, PA 19107
215-829-7767

NEW Penn Therapy & Fitness
at the Perelman Center
3400 Civic Center Blvd.
1st Floor West (adjacent to Patient & Family
Services)
Philadelphia, PA 19104
215-662-4242

Penn Therapy & Fitness at Radnor
250 King of Prussia Road, Suite 2C
Radnor, PA 19087
610-902-2300

Penn Therapy & Fitness at Rittenhouse
1800 Lombard Street, First Floor
Philadelphia, PA 19146
215-893-2500

NEW Penn Therapy & Fitness at Valley Forge
1201 Chesterbrook Blvd
Berwyn, PA 19312
Coming soon in 2014!

Penn Therapy & Fitness at Weightman Hall
235 S. 33rd Street (Franklin Field complex)
Philadelphia, PA 19104
215-615-4402

Penn Therapy & Fitness at Woodbury Heights
1006 Mantua Pike, Suite B
Woodbury Heights, NJ 08097
856-686-8270



Official Therapy Provider for  Penn Medicine

Good Shepherd Penn Partners creates world-class patient-centered rehabilitation and post-acute care services by defining evidence-based practice and fully integrating care throughout the continuum. Our vision, "Partnering to realize life's potential," reflects both the values of our parent organizations and our commitment to collaborative patient care focused on a return to function and independence.

GOOD SHEPHERD PENN PARTNERS

1800 LOMBARD STREET, PHILADELPHIA, PA 19146

877-969-7342

goodshepherdpennpartners.org