



GOOD SHEPHERD
PENN PARTNERS

Official Therapy Provider for  Penn Medicine

2014 Community Report

WE'VE GOT THE PASSION





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A message from the executive director

Thank you for reading the Good Shepherd Penn Partners 2014 community report!

Fiscal year 2014 was one of great change for Good Shepherd Penn Partners. Our organization continued to grow, with the addition of three new outpatient therapy sites. Our leadership team also grew this past year with new appointments at every level of care, putting staff in the right place where they can make the most impact.

While each of our service lines faced its own unique challenges throughout the year, all have reasons to be proud and hopeful for continued growth in 2015.

One area of growth cannot be understated—the strengthening of our bond with Penn Medicine. Whether through the expansion of services at Penn Medicine community practices, the sharing of our collective clinical expertise or the everyday outstanding care we provide Penn Medicine patients, the ties that bind our two organizations continue to deepen.

On behalf of the Good Shepherd Penn Partners leadership team, I thank you for your contributions to our organization and invite you to read more about the exciting accomplishments across our organization in this year's report to the community.

Thank you,



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



(l to r): Ralph Muller, CEO, Penn Medicine;

Lisa Marsilio, Executive Director, Good Shepherd Penn Partners;

John Kristel, CEO, Good Shepherd Rehabilitation Network

Leadership Update

New leadership to support continued growth

2014 brought with it several leadership changes across Good Shepherd Penn Partners, putting staff in the right place where they can most impact the care of our patients and well-being of our more than 700 full, part-time and per diem staff.



Lawanda Goehring

Specialty Hospital at Rittenhouse

Lawanda Goehring, DHA, MSN, APRN, BC, was appointed administrator for the Specialty Hospital at Rittenhouse, as well as chief nursing officer for Good Shepherd Penn Partners. Lawanda had served as interim administrator for the Specialty Hospital and CNO.



Andrew Goldfrach

Penn Institute for Rehabilitation Medicine

Andrew Goldfrach, MHA, joined Good Shepherd Penn Partners as the administrator for the Penn Institute for Rehabilitation Medicine. Andrew provides day-to-day leadership of the PIRM, overseeing management and operation of the facility. He also serves as a liaison between all inpatient rehabilitation stakeholders, including governing bodies, clinical staff, patients/families and the community.



Kathy Magnes

Kathy Magnes, BSN, RN, NHA, also joined the organization as the director of nursing for the Penn Institute for Rehabilitation, providing additional leadership and support for the nursing team.



Kim Grosch

Therapy Services

Kim Grosch, MSPT, formerly director of therapy services, was promoted to vice-president of therapy services, overseeing Good Shepherd Penn Partners therapy at every level of care. She also took on an added focus on strategic growth and outpatient development.



Christian Mongrain

Christian Mongrain, MPT, joined Good Shepherd Penn Partners as the director of acute care therapy services, providing oversight of therapy staff at the acute/subacute level, as well as Rittenhouse inpatient therapy.



Kathy Talvitie

Kathy Talvitie, PT, DPT, was appointed regional therapy manager, overseeing site operations at the Radnor, Arcadia, Jenkintown, Media and Valley Forge outpatient locations.

Rittenhouse Administration

Susana Jones joined Good Shepherd Penn Partners in the newly-created role of director of transitions in care, responsible for developing facility-specific sales and marketing plans to promote census growth and manage acuity mix across the organization.



Susana Jones

Susana also took on oversight of case management from Rob Fritch, director of community education. Rob will focus on building Rittenhouse inpatient referral volume, as he provides greater administrative support for clinical liaison, admissions and data management teams.



Cora Young

Cora Young, MSW, LSW, formerly lead case manager, was promoted to manager of case management, giving more structure to the department while allowing Cora to focus on organizational growth.



Justina Green

Good Shepherd Penn Partners Administration

Justina Green, MS, PHR, joined Good Shepherd Penn Partners as division manager, talent development. Justina will oversee HR talent management and development for the organization.



Andrea Williams

Andrea Williams, BSN, RN, LNC, joined Good Shepherd Penn Partners as the divisional director, risk & regulatory compliance. Andrea is responsible for planning, organizing and directing all activities related to our patient safety and risk programs.

Shaping the future of rehabilitation

In January, **Lisa Marsilio** was appointed a three-year term with the American Hospital Association (AHA) as a member of the governing council of the AHA Long-Term Care and Rehabilitation Section. As a governing council member, Lisa will advise the AHA on public policy issues, advocacy positions, emerging issues and member service strategies, as well as serve as a conduit back to the field.

Lisa's participation in the governing council for the Long-Term Care and Rehabilitation section is a first for Good Shepherd Penn Partners and the AHA. She is one of 24 individuals representing health care leadership from some of the country's leading rehabilitation, long-term care, and skilled-nursing provider organizations and systems.



The Good Shepherd Penn Partners senior leadership team,

(l to r): Kim Grosch, Andrew Goldfrach, Dr. Timothy Dillingham, Lisa Marsilio, Dr. Michael Grippi, Lawanda Goehring

Organizational Finances and Growth

Continued growth for all services

Good Shepherd Penn Partners generated a strong margin of \$9.5 million in fiscal year 2014, with a healthy contribution margin of 11.92 percent. Throughout the year, the organization adjusted to transitions in leadership, evolving referral patterns, changes to the care delivery model for patients and extreme winter weather that impacted every level of care.

Inpatient rehabilitation exceeded budgeted admissions, while implementing significant reductions in overall operating expenses.

Long-term acute care finished the fiscal year with a positive margin variance thanks to four consecutive months of above budget margin to close 2014.

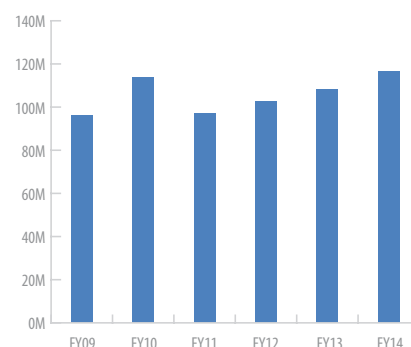
Outpatient therapy and inpatient rehabilitation saw continued year-over-year growth, the fourth consecutive year for the PIRM and sixth straight year of volume growth for Penn Therapy & Fitness.



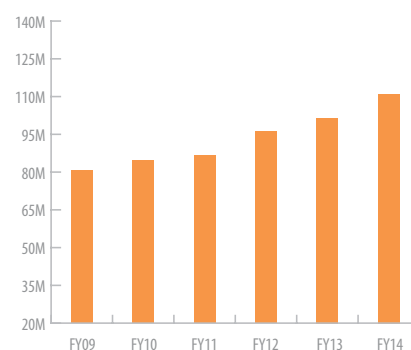
Good Shepherd PennPartners Volume Growth

Admissions/Patient Visits, FY09–14

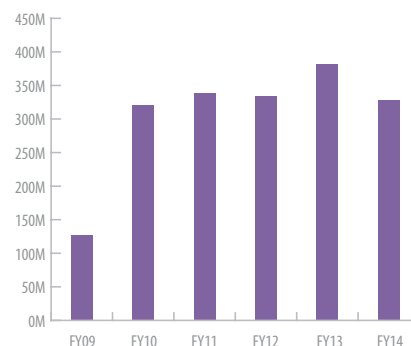
Penn Institute for Rehabilitation Medicine



Penn Therapy & Fitness



Specialty Hospital at Rittenhouse



Financial Overview

	<i>FY 2014</i>	<i>FY 2013</i>
PATIENT UTILIZATION		
Penn Institute for Rehabilitation Medicine Admissions	1170	1078
Specialty Hospital at Rittenhouse Admissions	334	388
Penn Therapy & Fitness Visits	121821	108981
FINANCIAL PERFORMANCE		
Unrestricted Revenues, Gains and Other Support		
Patient Service Revenues,		
Net of Doubtful Collections	\$50,688,619	\$47,316,964
Less: Charges Provided as Free Care		\$ 1,240,536
Net Patient Service Revenues	\$49,992,729	\$46,515,382
Professional Service Revenues	\$29,807,017	\$33,011,141
Other Operating Revenues	\$ 39,690	\$ 53,196
Net Assets Released from Restrictions	\$ 38,488	\$ 46,951
Contributions	\$ 3,669	\$ 4,231
Gain on Disposal of Property and Equipment	\$ 0	\$ 0
Total Unrestricted Revenues, Gains and Other Support	\$79,881,593	\$79,630,901
EXPENSES		
Salaries and Wages	\$40,697,050	\$41,228,182
Supplies and Other Expenses	\$17,188,841	\$16,067,742
Employee Benefits	\$10,049,785	\$10,640,336
Professional Fees	\$ 1,591,120	\$ 894,779
Depreciation and Amortization	\$ 832,298	\$ 711,356
Interest	\$ 0	\$ 204,325
Total Expenses	\$70,359,094	\$69,746,720
Revenues in Excess of Expenses	\$ 9,522,499	\$ 9,884,181
Dividends Paid to Members	\$ 6,870,000	\$10,427,500



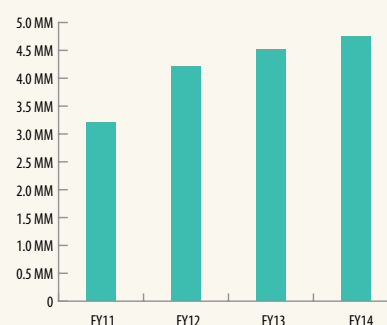
New Good Shepherd CFO joins our board

Ron Petula, CPA, senior vice president of finance and Chief Financial Officer (CFO) for Good Shepherd Rehabilitation Network, was appointed to the Good Shepherd Penn Partners Board of Directors. Ron joined Good Shepherd in 1999 and was promoted to CFO in May 2014. He will serve as the head of the finance committee for the Good Shepherd Penn Partners board.

Uncompensated Care & Community Support

During fiscal year 2014, Good Shepherd Penn Partners provided charity care and community support valued at \$4.745 million, or about 6.7 percent of expenses—a 6.25 percent increase from the previous fiscal year and a 13.65 percent increase over the past two years. The table below delineates the components included in this category.

Quantifiable Community Benefits



	FY 2014	FY 2013	FY 2012
BENEFITS FOR INDIVIDUALS LIVING IN POVERTY			
Charity Care at Cost	\$ 254,090	\$ 281,000	\$ 648,000
UNREIMBURSED COSTS OF PUBLIC PROGRAMS			
Medicaid			
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	\$ 3,487,090	\$ 3,110,000	\$ 2,991,000
BENEFITS TO THE BROADER COMMUNITY*			
Community Health Improvement Services	\$ 26,000	\$ 45,000	\$ 12,000
Health Professions Education	\$ 1,076,000	\$ 1,193,000	\$ 1,054,000
Subsidized Health Services	\$ 2,000	\$ 1,000	\$ 0
Research	\$ 19,000	\$ 115,000	\$ 106,000
Community-Building Activities	\$ 6,000	\$ 0	\$ 12,000
Community Benefit Operations	\$ 29,000	\$ 2,000	\$ 0
Total Quantifiable Benefits to the Broader Community	\$ 1,258,000	\$ 1,356,000	\$ 1,184,000
Total Quantifiable Community Benefits	\$ 4,745,090	\$ 4,466,000	\$ 4,175,000
Community Benefits as a Percentage of Total Expenses	6.70%	6.40%	6.70%
Interest		\$ 204,325	
Total Expenses	\$70,359,094	\$69,746,720	0.87%
Revenues in Excess of Expenses	\$ 9,522,499	\$ 9,884,181	-3.80%
Dividends Paid to Members	\$ 6,870,000	\$10,427,500	-51.78%

*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, visit www.chausa.org and click on Our Work.

Outpatient Therapy Services



Outpatient expansion highlights 2014

Outpatient expansion continued to be a focus for Good Shepherd Penn Partners, with new sites opening in Jenkintown (July), Media (November) and Valley Forge (March).

Overall outpatient volume exceeded 2013 visits by more than 12 percent—despite being significantly impacted by last winter's extreme weather. The 121,821 outpatient visits were an increase of more than 50 percent since fiscal year 2009.

Of the sites not opened in 2014, 10 of 11 exceeded 2013 volume. The largest increases were seen at Rittenhouse (+19 percent), Yardley (+13.8 percent) and Woodbury Heights (+11 percent). In addition, Radnor also experienced double-digit growth, finishing the year 10 percent above 2013 volume.

More opportunities for growth remain, including the opening of the new University City outpatient site in August 2014 and additional opportunities in Bala Cynwyd and Chester County.



Outpatient Therapy Services

Outpatient therapy in the heart of downtown Jenkintown


In July, Good Shepherd Penn Partners expanded its outpatient therapy services to Jenkintown, Montgomery County, making it the 12th Penn Therapy & Fitness site.

Penn Therapy & Fitness at Jenkintown offers expert rehabilitation for those in need of sports or general orthopedic therapy, including patients requiring post-surgical rehabilitation, spine therapy or treatment of sports-related injuries. McKenzie-trained therapists offer expertise in the care of back, neck and extremity issues.

Penn Therapy & Fitness at Jenkintown is located in the heart of downtown Jenkintown in the Rydal Square building, located at 500 Old York Road.

Penn Therapy & Fitness at Jenkintown features McKenzie-trained therapists for back and neck issues





Penn Therapy & Fitness at Media is conveniently located in the Penn Medicine Media Internal Medicine building

Partnering with Penn Medicine for therapy in Delaware County

Good Shepherd Penn Partners opened a 13th outpatient practice in November, launching Penn Therapy & Fitness at Media within the Penn Medicine Media Internal Medicine building.

Penn Therapy & Fitness at Media provides outpatient physical therapy for those in need of sports or general orthopedic therapy, including post-surgical rehabilitation, spine therapy and treatment of sports-related injuries. Therapists specialize in treating vestibular disorders, balance deficits and sports-related concussion patients. Its convenient 605 W. State Street location gives patients access to complementary clinical services from Penn Medicine.

Orthopedic and lymphedema services in Valley Forge

In March, Good Shepherd Penn Partners opened its 14th outpatient therapy site in Berwyn, Chester County—the first Penn Therapy & Fitness practice to serve Chester County.

Penn Therapy & Fitness at Valley Forge offers expert rehabilitation for those in need of sports, orthopedic or lymphedema therapy and cancer-related rehabilitation. The site is located in the Chesterbrook Dental building at 1201 West Swedesford Road—just minutes from the Penn Medicine Valley Forge campus. Patients receiving primary or specialty care, or those being treated at the Abramson Cancer Center at Valley Forge, now have easy access to rehabilitation services from Penn Medicine's official therapy provider.

Brian Leggin, PT, DPT, OCS, formerly of our Penn Presbyterian Medical Center site, provides physical therapy for those in need of sports or general orthopedic therapy, including post-surgical rehabilitation, shoulder therapy and treatment of sports-related injuries.

Jane Kepics, PT, DPT, CLT-LANA, formerly of our Radnor site, cares for patients requiring cancer rehabilitation and lymphedema therapy. Jane's experience in treating lymphedema with Complete Decongestive Therapy is unmatched in the Delaware Valley.

Jane Kepics and Brian Leggin offer experienced care for cancer rehabilitation and shoulder injuries





We moved to help you move more freely

On August 4, 2014, the Penn Therapy & Fitness locations at 3624 Market Street and Penn Presbyterian Medical Center moved to a new 28,900 square foot space in the Penn Medicine University City building at 38th and Market Streets. This new location will enhance our ability to provide patients with the most comprehensive therapy and rehabilitation available in the region.

Penn Therapy & Fitness University City offers the full range of outstanding therapies patients have come to expect from our Market Street and Penn Presbyterian sites—including a new, full-service aquatic therapy pool. The state-of-the-art University City building also offers a full range of services from Penn Medicine, including family medicine, orthopedic surgery, neurology, rheumatology and more.

Penn Therapy & Fitness University City is the largest outpatient therapy site in the region

(l to r): Kevin B. Mahoney, L. Scott Levin, MD, FACS, Jeffrey A. Drebin, MD, PhD, Ralph W. Muller, Lisa M. Marsilio, Michele M. Volpe, J. Larry Jameson, MD, PhD



An innovative—and unconventional—new therapy for Parkinson's patients

Good Shepherd Penn Partners is committed to offering the latest innovative treatments for patients with Parkinson's disease, including an exciting new program called Rock Steady Boxing.

Rock Steady Boxing aims to maximize the mental, emotional and physical potential of people with Parkinson's disease through a rigorous exercise plan focused on overall fitness, strength training, reaction time and balance. The program is adapted from traditional boxing drills and exercises are intended to extend the perceived capabilities of the participant. Recent research suggests that intense exercise programs like Rock Steady may delay the progression of Parkinson's symptoms.

"Shadowboxing and sparring help you gain that high level of amplitude. Boxing forces you to maintain the bigness of movement," says Joellyn Fox, lead physical therapist at

the Dan Aaron Parkinson's Rehabilitation Center, located at Good Shepherd Penn Partners' Pennsylvania Hospital outpatient practice.

"People feel strength and speed," adds Heather Cianci, our other Rock Steady-certified therapist. "They're energized. After boxing, they're more animated and feel more confidence."

Cianci and Fox received Rock Steady certification last August thanks to a grant from the Parkinson's Council. The program was featured in a front page story in last April's *Philadelphia Inquirer*.



Patient profile: A seamless recovery

Physical therapy from Penn Therapy & Fitness helped John Glick, M.D., experience a seamless recovery following knee replacement.

Earlier this year, Dr. Glick, Professor of Medicine at the Abramson Cancer Center at the Hospital of the University of Pennsylvania, struggled to walk without a cane.



"I was basically crippled," says Dr. Glick. "I used a cane and I could barely get in and out of my car."

Healthy knees are required to perform basic daily activities and when arthritis or injury severely damage a knee, it can be impossible to walk without experiencing significant pain. Frustrated with his inability to get around well, Dr. Glick decided to get a total knee replacement.

After the surgery at Penn Presbyterian Medical Center this spring, Dr. Glick transitioned through the Penn continuum of care to attend physical therapy at Penn Therapy & Fitness at Rittenhouse, where he quickly healed and regained function.

"I was back to work three and a half weeks after the surgery," says Dr. Glick. Michele Horowski, PT, DPT, SCS, lead therapist, worked closely with Dr. Glick during his two months' outpatient therapy. "When Dr. Glick first began therapy, he wanted to come in five days a week," says Michele.

"He was enthusiastic but we insisted that he come in only three days per week to give his body time to heal. We said, 'That's great but believe me, you'll be sore!' He really listened to what was prescribed and was excited to work toward his goals."

Total knee replacements are extremely common, with over 600,000 performed each year. Typical recovery times range from three to six months for patients to regain complete function.

"Michele pushed me hard," recalls Dr. Glick, "but it was great. I was a month ahead of schedule. Now I'm back to playing golf and I just went for a two-mile hike."

Rittenhouse Inpatient Services

New competency requirements enhance spinal cord injury program

The spinal cord injury/disorder team at Good Shepherd Penn Partners designed a new competency program to enhance education throughout the entire Penn Medicine continuum of care.

An interdisciplinary team designed the new competency using model system data, current evidence-based practice and literature-based information, as well as the Paralyzed Veterans of America as resources.

“The program will progress in phases,” says Elena Newland, PT, DPT, senior II physical therapist. “The goal of phase one is to create a core interdisciplinary team to act as a resource for other clinicians in the care of patients with spinal cord injury/disorder. The ultimate goal will be to educate each clinician that comes into contact with this patient population. During the next planning stages, we’ll seek to educate clinicians at other locations and levels of care.”

When a spinal cord injury/disorder patient enters a healthcare system, they will most likely pass through the

entire continuum and attend lifetime follow-up visits. With approximately 11,000 new spinal cord injuries each year in the United States, this population requires special treatment that this new standardized competency education seeks to accommodate.

“Spinal cord injury/disorder crosses more organ systems than most other injuries and requires complex treatment,” says Kristin Gustafson, DO, Director of Spinal Cord Injury and Disorders Services for Penn Medicine, “which is why speaking the same language and providing the same foundational education is so important for our clinicians.”

The new competency training was launched in 2014 at the Penn Institute for Rehabilitation Medicine. The program takes seven hours to complete and can be done piecemeal during times that provide the least disruption to patient care.

The new SCI competency program was created by an interdisciplinary team from throughout the Rittenhouse campus



Inpatient rehab puts mother of Rittenhouse employee on the road to recovery

Every morning, patients, visitors and staff are greeted by Rolanda Harris, the friendly face behind the counter at the Rittenhouse Roast coffee kiosk, located in the first floor lobby at Penn Medicine Rittenhouse. Last summer, one Penn Institute for Rehabilitation Medicine patient was particularly happy to see Rolanda every day—her mother, Deborah.

Deborah first began to experience symptoms of fatigue, shortness of breath and lethargy in July 2013. Though she has asthma, her inhalers were not giving her the relief they usually provided. Unable to pack her own hospital bag, Deborah was rushed to a hospital, where clinicians uncovered alarming vitals: an unusually low pulse and a dangerously high temperature. Due to the severity of her state, Deborah spent a week in the intensive care unit.

“When I woke up,” Deborah recalls, “I was wearing an oxygen mask and had a tube down my throat.”

“I was a nervous wreck,” shares Rolanda, who has worked in food services at Penn Medicine Rittenhouse for almost six years. “Alexis (assistant director, food services at Rittenhouse) drove me to the hospital to see my mom and I was shaking.”

After two stays in the ICU—the second following a breathing scare one night—Deborah was diagnosed with a blood clot in one of her legs. She was immediately given medication to dissolve the blood clot and admitted to the

Penn Institute for Rehabilitation Medicine to aid in her recovery.

“It meant so much that I could go up on the floor and visit her,” shares Rolanda. “I cried tears of joy on that first day.”

Clinicians used propping and wrapping techniques to reduce the swelling in Deborah’s legs and feet. As the swelling decreased, therapists worked on her ability to walk and climb stairs. After two weeks, she was discharged to home with Rolanda.

“I was so impressed with the care I received here,” says Deborah. “I played games like bingo and listened to oldies in the third floor dining room. All the activities gave me something to look forward to.”

“I was so relieved that my mom could come here. She’s a social woman, so I introduced her to everyone,” says Rolanda. “She met the whole hospital and she still loves to come back and visit everyone.”

Rittenhouse Inpatient Services

Transitional rehab helps triple amputee patient exceed expectations

Ryan Alburger, a 25-year-old Philadelphia native, has undergone various heart procedures throughout his life—including an aortic valvotomy and the placement of a Melody Pulmonary valve—to treat a congenital heart defect.





In July 2013, Ryan's mother found him unresponsive.

Ryan was rushed to the hospital, where he was found to be suffering from septic shock and an extremely high fever. Clinicians identified an infection in one of the replaced heart valves, sending blood clots throughout his system.

Ryan developed gangrene of the right hand and right and left lower legs from the blood clots. Before arriving at the Hospital of the University of Pennsylvania, Ryan underwent a tracheostomy. While his legs and right forearm were amputated, clinicians at HUP were able to save his left hand.

Ryan was transferred to the Specialty Hospital at Rittenhouse on September 16, with a goal of building his strength to the point where he could tolerate the three hours of physical therapy per day required for inpatient rehab.

"Ryan went to the LTACH when he still wasn't able to tolerate the three hours of therapy," notes Christopher Gorrell, PT, DPT, a specialist in amputee rehabilitation. "I met him a day or two later and he was barely able to stay awake through a short period of time. The LTACH therapists really helped him progress his out-of-bed tolerance."

Therapists on the LTACH worked with Ryan to increase his strength, helping him to stay awake for longer periods of time so he could stand and transfer into a wheelchair. Respiratory therapy worked to wean him off his trach collar in less than a week after his arrival on the unit. Once his trach was removed and Ryan was strong enough, he was admitted to the Penn Institute for Rehabilitation Medicine on September 27.

Upon transfer, Ryan's initial therapy regimen was very basic; he practiced getting out of bed and transferring himself to his wheelchair. Ryan was quickly fitted with prosthetics so he could begin learning how to use these devices. Through his variety of physical therapy activities—including basketball to practice balancing on his new legs, playing card games to acclimate him to his prosthetic arm, and even learning how to button his shirt by himself—Ryan prepared to reclaim what he refers to as "normal life."

"The therapists really motivate you and are there when you need them," says Ryan. "They get you going and get you through your rehab."

Gorrell worked extensively with Ryan during his time on the unit. "Ryan's prosthetics were all made by the same company. They are all ultra-light carbon fiber with flexible inner liners, which allow for more comfort and lighter weight," says Gorrell. "The feet are dynamic response, which allow him to walk over uneven surfaces. Once Ryan is completely acclimated, he will even be able to run on these prosthetics."

"Ryan made huge progress during his time here," says Gorrell. "When he transitioned from the LTACH, he was barely able to stay awake or be out of the wheelchair for more than a few minutes. We graduated him to walking on the floors with a cane and his prosthetics. He far exceeded what most patients are able to do."

Ryan was discharged in late January, when he resumed living with his parents in Northeast Philadelphia. He continues outpatient physical therapy at Penn Therapy & Fitness at Rittenhouse. "I really don't know where I'd be without my therapists in my corner; they really helped me just get back to normal again."

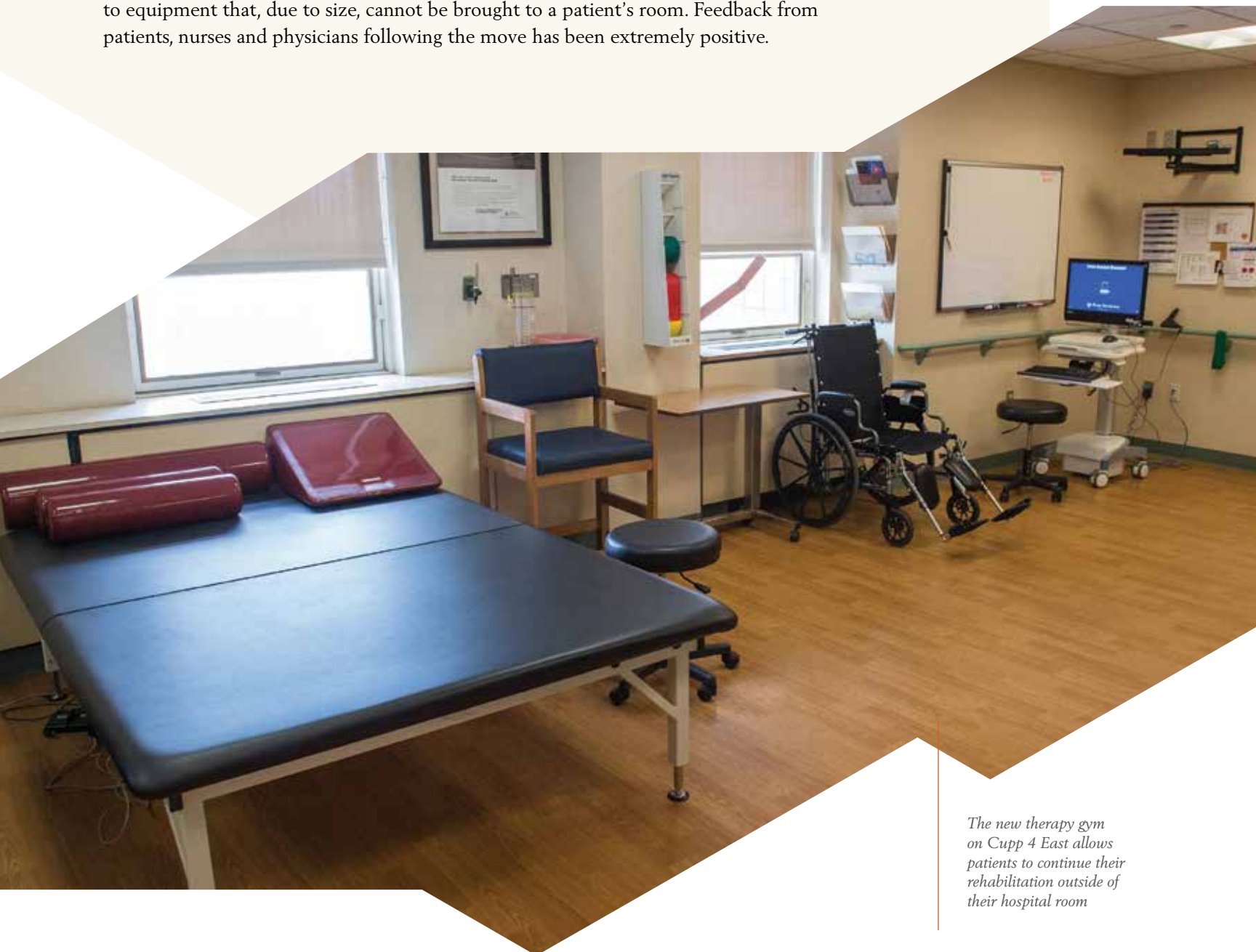
Acute & Sub-Acute Therapy

New space helps Presby patients get up and moving


In April, Good Shepherd Penn Partners and Penn Presbyterian Medical Center unveiled a new therapy gym in Cupp Pavilion 4 East. For the first time ever, Good Shepherd Penn Partners acute care therapists have a dedicated gym space for patient care.

Penn Medicine funded the conversion from an underutilized exercise space to a working therapy gym, while new equipment—including walkers, wheelchairs, a new mat table for supine exercise and practice stairs—was purchased with a \$12,000 grant from the Board of Women Visitors.

Therapists care for a range of diagnoses in the new space, including orthopedic, cardiac and general med surgical patients. The gym allows patients to receive care out of their hospital room, getting them up and moving about the hospital while providing access to equipment that, due to size, cannot be brought to a patient's room. Feedback from patients, nurses and physicians following the move has been extremely positive.



The new therapy gym on Cupp 4 East allows patients to continue their rehabilitation outside of their hospital room



"I'm excited to be here. Working together with other smart, dedicated clinicians to do what's best for the patient has influenced and informed my own practice."

—Joe Adler, acute care therapist

Two decades of excellence in acute care therapy

"The grass is greenest where you water it the most," states Joe Adler, PT, DPT, CCS who celebrated his 20-year anniversary with Penn Medicine and Good Shepherd Penn Partners this past year. His lengthy tenure as an acute care therapist includes a body of research; APTA board certification; teaching appointments at Arcadia, Drexel, University of the Sciences and Widener; and daily job satisfaction. The New York native jokes, "Penn was my first and only employer as a physical therapist."

This combination of gratifying work, continuous professional advancement and mentoring of new clinicians has held Joe's interest for the past two decades.

"I'm excited to be here. Working together with other smart, dedicated clinicians to do what's best for the patient has influenced and informed my own practice," says Joe. "Even after 20 years, I still learn something every day. Regardless of your environment, the feedback and depth of your working relationships is very important. I honestly look forward to coming to work every day."

Joe describes his work in the acute care setting as 'autonomous,' stating, "I have ownership over my decisions, yet they are based on the input of my colleagues. Once you understand this dynamic, it can be a very empowering environment."

In addition to his teaching appointments, Joe has run the acute care therapy internship at HUP for almost 10 years.

"I have a unique opportunity because I am a full-time clinician and am also experienced in the academic environment. Bridging the gap between the two is highly important. We want to embed ourselves in the curriculum, which creates a better experience for students and allows us to understand what students are currently being taught."

Penn's emphasis on professional development has played a big part in Joe's commitment to the health system. He was supported in obtaining the APTA's board certification in cardiovascular and pulmonary physical therapy and in contributing to various research studies.

Joe began his career as an outpatient therapist before transitioning to an inpatient rehab unit—both models where he didn't feel completely comfortable. Finally, after nearly four years, Joe found his home in acute care.

"Acute therapists fill a very important niche," says Joe. "We tie up the loose ends for patients by defining the plan. Once they understand they are working towards function, the whole equation changes."

The walls in Joe's office are covered with photos of role reversal, where grinning patients push Joe in a wheelchair—displaying their physical progress.

"I'm 52," he says. "At the end of the week, I get tired. But the one-on-one connection I feel with patients is what this is all about."

Research & Education

Leaders in therapy research

Last year, 44 Good Shepherd Penn Partners therapists presented research and educational presentations at nineteen professional conferences at the state, national and international levels. Five articles were published in peer-reviewed journals and multiple awards and special recognition received. Good Shepherd Penn Partners leadership is incredibly proud of the efforts our clinicians make to advance the field of rehabilitation. Congratulations to our therapists for an extremely successful 2014!

Educating therapists at the APTA CSM

Good Shepherd Penn Partners was well represented at this year's American Physical Therapy Association Combined Sections Meeting (APTA CSM) in Las Vegas. The weeklong program brings together therapists from across all of APTA's 18 specialized therapy groups to learn from and network with more than 11,000 clinicians from across the country.

Physical therapists from across the Good Shepherd Penn Partners continuum of care presented six educational sessions, three research platforms and seven research posters (*see Research & Education Honor Roll for details*). In addition, 25 Good Shepherd Penn Partners therapists attended for all or part of this year's meeting.

Research & Education Honor Roll

Shoulder Center of Kentucky 16th Annual Shoulder Symposium, The Rotator Cuff: Do We Really Know What We are Treating? July 30-31, 2013; Lexington, Kentucky

Rehabilitation following Rotator Cuff Repair:

Standard vs. Delayed
Brian Leggin, PT, DPT, OCS
Education Session

Outcome following Nonoperative Rehabilitation of Rotator Cuff Disease

Brian Leggin, PT, DPT, OCS
Education Session

The Mid-Atlantic Shoulder and Elbow Society Meeting September 20, 2013; Philadelphia, PA

The Stiff Unstable Elbow
Laura Walsh, MS, OTR/L, CHT
Panel Discussion

Rehab Challenges After Rotator Cuff Surgery
Marty J. Kelley, PT, DPT, OCS
Moderated Panel Discussion

World Parkinson Congress October 2-4, 2013; Montreal, Canada

A Novel Approach to Testing Freezing of Gait in Patients with Parkinson's Disease: the Clover Test
Heather Cianci, PT, MS, GCS
Joellyn Fox, PT, DPT
Poster Presentation

Using Timed Tasks to Determine Change after LSVT® BIG Treatment in Three Patients with Young Onset Parkinson's Disease
Heather Cianci, PT, MS, GCS
Joellyn Fox, PT, DPT
Poster Presentation

2013 APTA Educational Leadership Conference October 4-6, 2013; Portland, Oregon

Integrating Management Principles and Skills into a Final Physical Therapy Clinical Education Experience
Nicole Dugan, PT, DPT, MSOD, CLT-LANA
Tiffany Prince, PT, DPT, OCS
Eric Folkins, PT, DPT, OCS
Oral Presentation

American Society of Shoulder & Elbow Therapists (ASSET) Conference, October 12-15, 2013; Las Vegas, Nevada

A Comparison of Range of Motion Strength and Function in Patients with Rotator Cuff Tears with a Healthy Population
Brian Leggin, PT, DPT, OCS
Marty J. Kelley, PT, DPT, OCS
T. Buck, L. Clark, A. Gizzi
J. Jablonski, B. Murray
M. Niro-Zazworskey
Oral Presentation

Long-Term Outcome Following Non-Operative Management of Rotator Cuff Tears
Brian Leggin, PT, DPT, OCS
T. Buck, A. Gizzi
J. Jablonski, L. Clark, B. Murray
M. Niro-Zazworskey
Oral Presentation

Outcome Following Non-Operative Management of Rotator Cuff Tears
Brian Leggin, PT, DPT, OCS
Marty J. Kelley, PT, DPT, OCS
T. Buck, L. Clark, A. Gizzi
J. Jablonski, B. Murray
M. Niro-Zazworskey
Oral Presentation

2013 American Academy of Orthopaedic Manual Physical Therapy (AAOMPT) Annual Conference October 16-20, 2013; Cincinnati, Ohio

Multimodal Treatment of Brachial Plexus Palsy in a Patient with Clavicular Fracture
Michael Karl, PT, DPT, OCS
Poster Presentation

36th American Society of Hand Therapy (ASHT) Annual Meeting, October 24-27, 2013; Chicago, Illinois

The Use of Mobilizations with Movement (MWM) in a Case Series of Patients Diagnosed with Lateral Epicondylitis (LE)
John Bellace, PT, CHT
Jennifer Dekerlegand, MPT
Poster Presentation

Pennsylvania Physical Therapy Association (PPTA) Conference, October 24-27, 2013; Seven Springs, Pennsylvania

Rehabilitation of a Complex Patient with Wallenberg Syndrome

Anne Whiting, PT
Kjisten Torkelson, OTR/L
Presenter: Colleen Chanler, PT, MHS
Poster Presentation

Outcomes of Patients Receiving Physical Therapy for Temporomandibular Joint Disorders (TMD)

Heather North, PT, DPT
Diana Hearn, PT, DPT, OCS
Cheryl Cocca, PT, DPT, OCS
Tim Bayruns, PT, DPT, OCS
Jen Dekerlegand, MPT
Poster Presentation

Implementation of a Physical Therapy Consult Service for the Emergency Department Observation Unit

Colleen Chanler, PT, MHS
Esther Bae, MPT, DPT
Stacey Solomon, MPT
Oral Presentation

Physician Referral to Outpatient Physical Therapy for Treatment of Cancer Related Fatigue (CRF)

Jane Oeffner, PT, DPT, MBA
Andrea Branas, MSE, MPT, CLT
Oral Presentation

Acute Care Special Interest Group: "Hospital Acquired Deconditioning: An Evidence Based Review"
Colleen Chanler, PT, MHS

Education Session Pennsylvania Occupational Therapy Association (POTA) Conference, November 8-9, 2013; Pittsburgh, Pennsylvania

Outcomes in Postoperative Patients with Ventricular Assist Devices

Malachy Clancy, MOT, OTR/L
Poster Presentation

Rehabilitation of a Complex Patient with Wallenberg Syndrome

Kjisten Torkelson, OTR/L
Anne Whiting, PT
Poster Presentation

Occupational Therapy Groups in the Chronically Critically Ill
Deb Diangelo, MS, OTR/L
Poster Presentation

Sleep—The Forgotten ADL
Malachy Clancy, MOT, OTR/L
Education Session

Beginning the Journey from Clinic to Academia
Lawrence Stevenson, MOT, OTR/L
Education Session

American Speech-Language-Hearing (ASHA) Association Convention, November 14-16, 2013; Chicago, Illinois

The Science & Practice of Big & Loud: An Interdisciplinary Approach to Treating Parkinson's Disease
Heather Cianci, PT, MS, GCS
Education Session

Lower Extremity Update 2013

November 22-23, 2013; Philadelphia, PA

Hamstring Injuries: Prevention and Rehabilitation

Marty Kelley, PT, DPT, OCS

Education Session

Practical Applications of Lower Extremity Outcome Measures

Brian Leggin, PT, DPT, OCS

Education Session

Current Concepts in the Prevention of ACL Injuries

Rehabilitation Following Articular Cartilage Procedures

Rehabilitation of Achilles Tendonitis vs. Tendinosis

Brian Eckenrode, PT, DPT, OCS

Education Session

Pathogenesis and Rehabilitation of Ankle Instability

Marisa Pontillo, PT, DPT, SCS

Education Session

Anatomy and Biomechanics of the Foot/Ankle Complex

Cheryl Cocca, PT, DPT, OCS

Education Session

Clinical Examination of the Hip and Knee

Molly Dang, PT, DPT, OCS

Holly Jo Harvey, PT, DPT

Tiffany Prince, PT, DPT, OCS

Workshop

Clinical Examination of the Foot and Ankle

Cheryl Cocca, PT, DPT, OCS

Marisa Pontillo, DPT, SC

Workshop

Functional Exercise Progression for Return to Activity

Jeffrey O'Neill, PT, DPT, OCS

Allison Greene, DPT

Gina Serago, DPT

Workshop

Sports Physical Therapy Section (SPTS) Team Concept Conference, December 4-8, 2013; Henderson, Nevada

Examination and Treatment of Scapular Dysfunction

Marisa Pontillo, PT, DPT, SCS

Oral session

Upper Extremity Outcome Instruments

Marisa Pontillo, PT, DPT, SCS

Oral session

American Physical Therapy Association's Combined Sections Meeting February 3-6, 2014; Las Vegas, Nevada

ABC's of Vestibular Rehabilitation

Betsy Grace Georgelos, PT, MS, NCS

Pre-Conference Course

From the Playground to the Workplace: Managing Bullying in Healthcare

Jane Oeffner, PT, DPT, MBA

Education Session

Health Policy and Administration Section

Implementation of a Competency-Based Mentorship

Program for Advanced Lymphedema Practice

Joy Cohn, PT, CLT-LANA

Rebecca Golden, PT, CLT-LANA

Bryan Spinelli, PT, MS, OCS, CLT

Education Session

Oncology Section

Shoulder Disorders: ICF-Based Clinical Practice Guidelines

Marty Kelley, PT, DPT, OCS

Joseph Godes, PT, DPT, MA, OCS

Phillip McClure, PT, PhD, FAPTA

Lori Michener, PT, PhD, ATC

Education Session

Orthopedics Section

Rehabilitation Considerations for the Female Athlete

Marisa Pontillo, PT, DPT, SCS

Education Session

Sports Physical Therapy Section

Reliability of a Newly Developed Physical Assessment for

Breast Cancer-Related Lymphedema: LABAT-Lymphedema

Assessment of Breast, Arm, and Torso

Bryan Spinelli, PT, MS, OCS, CLT

Joy Cohn PT, CLT-LANA

Platform Presentation

Oncology Section

Reference Values for the Y Balance Test and Single-Leg

Hop for Distance in Collegiate Athletes

Marisa Pontillo, PT, DPT, SCS

Platform Presentation

Sports Physical Therapy Section

Outcomes of Patients Receiving Physical Therapy for

Temporomandibular Joint Disorders

Cheryl Cocca, PT, DPT, OCS

Diana Hearn, PT, DPT, OCS

Timothy Bayruns, PT, DPT, OCS

Heather North, PT, DPT

Jen Dekerlegand, MPT

Poster Presentation Orthopedics Section

PIPSS: A Portable Instrumented Postural Stability System to

Assess Dynamic Postural Stability

Betsy Grace Georgelos, PT, MS, NCS

Poster Presentation Research Section

A Comparison of the Portable Instrumented Postural

Stability System (PIPSS) to the Balance Error Scoring

System (BESS)

Betsy Grace Georgelos, PT, MS, NCS

Poster Presentation Research Section

A Comparison of Two Taping Techniques (Kinesio and

McConnell) and Their Effect on Shoulder Pain in High School

Athletes During Functional Activities

Billy Moore, PT, DPT

Poster Presentation Sports Physical Therapy Section

Implementation of an Acute Care Physical Therapy

Treatment Algorithm in the Management of Scrotal Edema

Bill Pino, PT, DPT

Joe Adler, PT, DPT, CCS

Jen Dekerlegand, MPT

Poster Presentation Acute Care Section

A Comparison of Range of Motion, Strength, and Function in

Patients with Rotator Cuff Tears in a Healthy Population

Brian Leggin, PT, DPT, OCS

Poster Presentation Orthopedics Section

Outcome following Non-Operative Management of

Rotator Cuff Tears

Brian Leggin, PT, DPT, OCS

Platform Presentation Orthopedics Section

Long Term Outcome following Non-Operative Management

of Rotator Cuff Tears

Brian Leggin, PT, DPT, OCS

Poster Presentation

Orthopedics Section Pennsylvania Physical Therapy Association's Southeast District (SED) Combined Sections Meeting, March 22, 2013; Philadelphia, PA

Temporomandibular Joint Disorder and the Use of Passive

Range of Motion Devices and Their Effectiveness in

Treating Trismus in the Head and Neck Cancer Population:

A Systematic Literature Review

Tim Bayruns, PT, DPT, OCS, CSCS

Poster Presentation

A Novel Approach to Testing Freezing of Gait in Patients with

Parkinson's Disease: the Clover Test

Heather Cianci, PT, MS, GCS

Joellyn Fox, PT, DPT

Poster Presentation

Using Timed Tasks to Determine Change after LSVT®

Big Treatment in Three Patients with Young Onset

Parkinson's Disease

Heather Cianci, PT, MS, GCS

Joellyn Fox, PT, DPT

Poster Presentation

Outcomes of Patients Receiving Physical Therapy for

Temporomandibular Joint Disorders

Cheryl Cocca, PT, DPT, OCS

Poster Presentation

Is Exclusive Use of the Standardized Position Essential for

Accurate and Reliable Goniometric Measurements at the

Wrist?

Wendy McCoy, PT, CHT

Arcadia Students

Poster Presentation

Physician Referral to Outpatient Physical Therapy for

Treatment of Cancer Related Fatigue

Jane Oeffner, PT, DPT, MBA

Poster Presentation

A Medically Complex Patient After Quadruple Amputation: A

Case Study Examining the Provision of Acute Rehabilitation

in the Acute Hospital Setting

Jane Oeffner, PT, DPT, MBA

Poster Presentation

Evidence Based Rehabilitation of Rotator Cuff Disease:

Non-operative and Post-operative Management

Brian Leggin, PT, DPT, OCS

Education Session

Philadelphia Hand Rehabilitation Foundation 40th Symposium: Surgery and Rehabilitation of the Hand with Emphasis on Tendon and Nerve, March 22-24, 2014; Philadelphia, PA

Scapular Nerve Injuries—Examination and Intervention

Marty Kelley, PT, DPT, OCS

Education Session

Assessment and Management of Rotator Cuff Pathology

Marty Kelley, PT, DPT, OCS

Brian Leggin, PT, DPT, OCS

Education Session

Clinical Examination of the Shoulder

Marty Kelley, PT, DPT, OCS

Brian Leggin, PT, DPT, OCS

Education Session

American Occupational Therapy Associations Annual Conference and Expo, April 3-6, 2014; Baltimore, Maryland

Sleep: The Forgotten ADL

Malachy Clancy, MOT, OTR/L

Education Session

Acute Care Occupational Therapy Intervention for Patients

with Mechanical Circulatory Device Support

Malachy Clancy, MOT, OTR/L

Poster Presentation

An Interdisciplinary Oncology Group for Hospitalized

Patients

Meredith McElroy, MOT, OTR/L

Laura Schaffner, MS, OTR/L

Poster Presentation

Acute Care Assessment of Cognition in the Oncology

Population

Marisa Hart, MS, OTR/L

Laura Schaffner, MS, OTR/L

Poster Presentation

National Association of Long Term Hospitals (NALTH) Annual Meeting, May 1-2, 2014; Washington, DC

Nasendoscopy for Swallowing and Airway Management in

the Long Term Acute Care Hospital (LTACH) Setting

Randy Dubin, MA, CCC-SLP

Michael Grippi, MD

Poster Presentation

Mediware Rehabilitation Annual Conference June 9-12, 2014; Scottsdale, Arizona

Custom Medilinks Outcome Report to Improve Efficiency and

Accuracy of Clinical Outcome Measure Reporting

Chris Kauffman, MSPT

Oral Presentation

Medilinks-Epic interface for Charting

Chris Kauffman, MSPT

Webinar

Brain Injury Association of Pennsylvania (BIAPA) Conference, June 15-17, 2014; Lancaster, PA

A Case Series Comparing Pusher and Wallenberg

Syndrome Outcomes

Carol Wamsley, PT, DPT, BS

Poster Presentation

PUBLICATIONS

Peer Reviewed:

1. Kelley MJ, Shaffer MA, Kuhn JE, Michener LA, Seitz AL, Uhl TL, Godges JJ, McClure P. Response. *J Orthop Sports Phys Ther*. 2013 Dec;43(12):934-6.
2. Kelley MJ, Shaffer MA, Kuhn JE, Michener LA, Seitz AL, Uhl TL, Godges JJ, McClure PW. Shoulder pain and mobility deficits: adhesive capsulitis. *J Orthop Sports Phys Ther*. 2013 May;43(5):A1-31.
3. Severance G, Walsh L. Rehabilitation following bilateral forearm transplantation in the quadrilateral patient: review and recommendations. *Techniques in Hand and Upper Extremity Surgery*. 2013 Dec;17(4):215-20.
4. Pontillo M., Spinelli BA, Sennett BJ. Prediction of In-Season Shoulder Injury from Preseason Testing in Division I Collegiate Football Players. *Sports Health: A Multidisciplinary Approach*. Epub March 7, 2014.
5. Bunting-Perry L, Spindler M, Robinson K, Noorjian J, Cianci H, Duda J. Laser light visual cueing for freezing of gait in Parkinson disease: A pilot study with male participants. *Journal of Rehabilitation Research Development*. 2013. 50(2): 223-30.
6. Heather Cianci, PT, MS, GCS contributed to the publication: van der Marck MA, et al., Consensus-based clinical practice recommendations for the examination and management of falls in patients with Parkinson's disease. *Parkinsonism and Related Disorders*. (2014) April;20(4):360-9.
7. GSPP was acknowledged in the following publication: Chen L, Mao J, Fernandes S, Galantino ML, Wensheng G, LaRiccia P, Teal V, Bowman A, Schumacher R, Farrar J. Integrating Acupuncture with Exercise-Based Physical Therapy for Knee Osteoarthritis: A Randomized Controlled Trial. *Journal of Clinical Rheumatology*. 2013 Sep;19(6):308-16.

Textbooks:

Kelley, MJ, Leggin, BG, Basti, JJ. Shoulder Rehabilitation Chapter found in *Textbook of Hand and Upper Extremity Surgery*. Weiss, AC, Goldfarb, CA, Hentz, VR, Raven, RB, Slutsky, DJ, and Steinmann, SP (eds). The American Society for Surgery of the Hand, Chicago, IL, 2013.

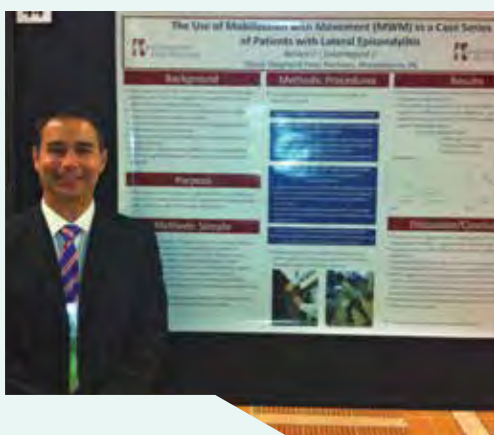
Pontillo M, Eckenrode BJ. Contributing authors. *Meniscal Surgery: Management and Techniques*. "Rehabilitation after meniscal repair". Springer, 2013.

Other Publications:

Chandler C, McDevitt M. Reviewers for the article "Class III Obese Patients: The Effect of Gait and Immobility on Patient Falls" as published in the September 2013 *Pennsylvania Patient Safety Advisory*.

Pontillo M. Contributing author: The Female Athlete. "Management of Upper Extremity Dysfunction in the Female Athlete". *SPTS Home Study Course*: Published 2014.

Fox J. Therapy Tip of the Day: The Importance of Family and Friends. *Penn Transmitter* Fall 2013.



AWARDS, HONORS AND RECOGNITION

Pennsylvania Physical Therapy Association (PPTA) Acute Care SIG Award

Jane Oeffner, PT, DPT, MBA

The Pennsylvania Physical Therapy Association Acute Care Special Interest Group's award is provided to a therapist for service, clinical excellence, operational support, teaching and research in the area of Acute Care.

Selected to represent Association of Society of Shoulder & Elbow Therapists (ASSET) on the American Academy of Orthopaedic Surgeons: Appropriate Use Criteria on Optimizing the Management of Full-Thickness Rotator Cuff Tears writing panel

Brian Leggin, PT, DPT, OCS

Selected as one of two Physical Therapists representing the Association of Society of Shoulder & Elbow Therapists (ASSET) on the interdisciplinary writing panel for rotator cuff tears. This panel created and published "appropriate use criteria (AUC)" to assist orthopedic surgeons on the operative/non-operative management of patients with rotator cuff tears.

World Parkinson Conference (WPC) special invitation for Poster Tour

Heather Cianci, PT, MS, GCS

Joellyn Fox, PT, DPT

The WPC Program Committee invited selected authors to participate in the organized Posters Tours at the conference. Only 25% of the abstracts submissions were selected for Poster Tours.

Honorable Mention for the National Association of Long Term Hospital's 2014 Goldberg Award

Randy Dubin, MA, CCC-SLP

Received an Honorable Mention and qualified for poster display at the 2014 National Association of Long Term Hospital's Conference.

Selected as member of the National Parkinson's Foundation Fall Task Force

Heather Cianci, PT, MS, GCS

Co-authored a publication providing consensus-based clinical practice recommendations for the examination and management of falls in Parkinson's Disease.

Selected to co-present the first joint venture webinar organized by the *Journal of Orthopedic and Sports Physical Therapy* (JOSPT) and the *Journal of Bone and Joint Surgery* (JBJS)

Marty Kelley, PT, DPT, OCS

Presented a summary of his recent manuscript titled, "Shoulder pain and mobility deficits: adhesive capsulitis" with over 1,900 participants attending the seminar.

Collaborative Projects

Lung Transplant Body Composition Study

Laura Friedman, PT

Assisting with data collection

A Randomized Multicenter Trial Comparing Sirolimus plus Prednisone, Sirolimus Extracorporeal Photopheresis plus Prednisone, and Sirolimus/Calcineurin Inhibitor plus Prednisone for the Treatment of Graft-versus-Host Disease

Andrea Branas, MSE, MPT, CLT

Assisting the Penn Medicine Bone Marrow Transplant team with data collection

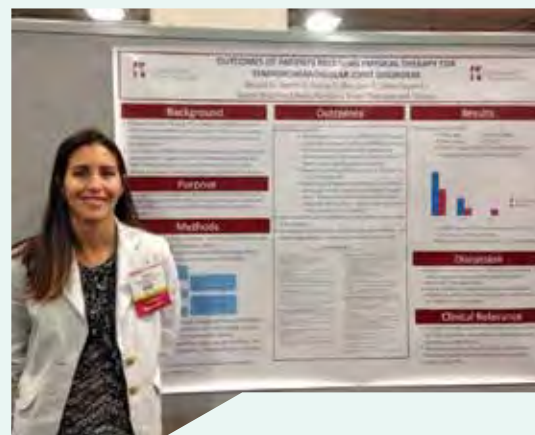
WISER Survivor Study

Bryan Spinelli, PT, MS, OCS, CLT

Joy Cohn, PT, CLT-LANA

Collaborative project with Katie Schmitz (Principal Investigator), Associate Professor in the Department of Biostatistics and Epidemiology, University of Pennsylvania

Bryan Spinelli serving as Co-Investigator on the study



Validity of Clinical Assessments of Resting Scapular Alignment and Scapulothoracic Movement Patterns

Marisa Pontillo, PT, DPT, SCS

Bryan Spinelli, PT, MS, OCS, CLT

Collaborative study with Dr. Dave Ebaugh, Drexel University

The Relationship Between Core Stability and Shoulder Injuries in Athletes

Marisa Pontillo, PT, DPT, SCS

Collaborative study with Drexel University

The Effect of Breast Cancer Treatment on Shoulder Complex Motion and Coordination

Bryan Spinelli, PT, MS, OCS, CLT

Collaborative study with Dr. Dave Ebaugh, Drexel University

The Effect of Positioning on Goniometric Measurements

Wendy McCoy, PT, CHT

Collaborative study with Arcadia Students

Decision Support Study

Jen Dekerlegand, MPT

Paid expert assisting Dr. Kathy Bowles from the Penn School of Nursing to review patient cases

Thera-Drive

Carol Wamsley, PT, DPT

Aaron Thrush, PT, DPT, MHS

Collaborative study with Dr. Michelle Johnson, Associate Professor in the Department of Rehab Medicine at the University of Pennsylvania

Developing Geriatric Resource Nurse-Led Interprofessional Collaborative Practice

Colleen Chandler, PT, MHS

Consultant for funded nursing study at the Hospital of the University of Pennsylvania

A Quality Improvement Project Exploring the Use of the Functional Status Score Intensive Care Unit (FSS-ICU) in a Level 1 Trauma ICU

Joe Adler, PT, DPT, CCS

Jen Dekerlegand, MPT

Collaborative study with Arcadia Students

ASPIRE Study

Elsa Amaral, PT

Sarah Martyn, PT, DPT

Assisting the Hemophilia Team collect functional outcomes data

Systematic Review Spinal Cord Injury

Elena Newland, PT, DPT

Collaborative study with Arcadia Students

Functional Outcome Measures for Head and Neck Patients

Meredith Pauly, MA, CCC-SLP

Tiffany Hogan, MA, CCC-SLP

Collaborative study with Dr. Steven Cannady from the Department of Otorhinolaryngology

Dedicated Service

Celebrating Dedicated Service

In January, Good Shepherd Penn Partners honored 89 employees reaching 5, 10, 15, 20 and 25 year service time milestones in calendar year 2013 at the annual Dedicated Service Awards.

2003 marked a special milestone, as Good Shepherd Penn Partners celebrated its five-year anniversary. In those five years, the organization has grown its services and doubled its number of employees. This year's Dedicated Services Awards honored 72 employees who joined Good Shepherd Penn Partners from the start five years ago, as well as others who trace their roots back further to Penn Medicine. All have contributed to an outstanding five years.



25 Years

Ann Ehrich—Penn Institute for Rehabilitation Medicine
Lawrence Gatti—Pennsylvania Hospital
Ann Morace—Penn Institute for Rehabilitation Medicine

20 Years

Joseph Adler—Hospital of the University of Pennsylvania
Kim Grosch—Good Shepherd Penn Partners Administration
Robert LaBelle—Penn Therapy & Fitness
Robin Stott McNulty—Hospital of the University of Pennsylvania

15 Years

Scott Becker—Penn Therapy & Fitness at Rittenhouse
Joseph Grugan—Pennsylvania Hospital
Kimberly Katchen—Penn Institute for Rehabilitation Medicine
Edward Lennon—Institute for Rehabilitation Medicine
Keith Ryan—Penn Institute for Rehabilitation Medicine

10 Years

Cheryl Cocca—Penn Therapy & Fitness at Arcadia
Christopher Hughes—Penn Presbyterian Medical Center
Marisol Sanchez—Penn Institute for Rehabilitation Medicine
Won Sung—Penn Therapy & Fitness at Market Street
Ann Wholey-Bisesi—Good Shepherd Penn Partners Case Management

5 Years

Lizi Abraham—Penn Institute for Rehabilitation Medicine
Alice Aguadera—Penn Institute for Rehabilitation Medicine
Tanisha Allen—Penn Institute for Rehabilitation Medicine
Elsa Amaral—Penn Therapy & Fitness at Market Street
Nadine Amsterdam—Hospital of the University of Pennsylvania
Sonali Asopa—Specialty Hospital at Rittenhouse
Marietta Atenza—Institute for Rehabilitation Medicine
Anthony Bartholomew—Good Shepherd Penn Partners Therapy
Darlene Beaufort—Penn Institute for Rehabilitation Medicine
Marie Beck-Dougherty—Good Shepherd Penn Partners Liaison
Patricia Benco-Morris—Institute for Rehabilitation Medicine
Shantay Billups—Specialty Hospital at Rittenhouse
Chakita Bolton—Penn Institute for Rehabilitation Medicine
Latoya Brewington—Penn Institute for Rehabilitation Medicine
Juanita Cadete—Penn Institute for Rehabilitation Medicine
Linda Cajimat—Penn Institute for Rehabilitation Medicine
Sana Calabrese—Specialty Hospital at Rittenhouse
Denise D'Adamo—Shepherd Penn Partners Liaison
Deborah DiAngelo—Specialty Hospital at Rittenhouse
Howard DiSanto—Penn Therapy & Fitness at Radnor
Brian Eckenrode—Penn Therapy & Fitness at Weightman Hall
Marketta Edwards—Institute for Rehabilitation Medicine
Kevin Emmons—Specialty Hospital at Rittenhouse
James Ferriabough—Institute for Rehabilitation Medicine
Victoria Ferriabough—Penn Institute for Rehabilitation Medicine
Jennifer Frazer—Penn Therapy & Fitness at Pennsylvania Hospital
Julie Galen—Specialty Hospital at Rittenhouse
Charleen Gordon—Penn Institute for Rehabilitation Medicine
Cleola Gould—Penn Institute for Rehabilitation Medicine
Leah Gruenberg—Good Shepherd Penn Partners Admissions
Noreen Guido—Penn Institute for Rehabilitation Medicine
Gail Horsey—Penn Institute for Rehabilitation Medicine
Anne Hufenberger—Specialty Hospital at Rittenhouse
Jamillah Jackson—Penn Institute for Rehabilitation Medicine
Greg Jones—Good Shepherd Penn Partners Respiratory Therapy

Geveneen Kluska—Specialty Hospital at Rittenhouse
Marion Kuhn—Penn Institute for Rehabilitation Medicine
Heather LaRocco—Specialty Hospital at Rittenhouse
Kathleen Lavin—Penn Institute for Rehabilitation Medicine
Lisa (Jarrett) Lawson—Specialty Hospital at Rittenhouse
Michael Little—Good Shepherd Penn Partners Central Supply
Susana Mallar—Penn Institute for Rehabilitation Medicine
Hans Marchant—Penn Institute for Rehabilitation Medicine
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Bernard McAndrew—Penn Institute for Rehabilitation Medicine
Kelly Mea—Pennsylvania Hospital
Laura Murphy—Specialty Hospital at Rittenhouse
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Jane Oeffner—Penn Presbyterian Medical Center
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David Rajczy—Penn Presbyterian Medical Center
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Joel Romano—Good Shepherd Penn Partners Central Supply
Danielle Rose—Good Shepherd Penn Partners Human Resources
Rachel Sahn—Penn Therapy & Fitness at Market Street
Lindsay (Wolf) Stotts—Penn Institute for Rehabilitation Medicine
Michael Tabourne—Good Shepherd Penn Partners Central Supply
Margieta Tandoc—Penn Institute for Rehabilitation Medicine
Shirley Thacker—Good Shepherd Penn Partners
Saleithia Thomas—Penn Institute for Rehabilitation Medicine
Tamisha Tillery—Penn Institute for Rehabilitation Medicine
Analyn Trinidad—Penn Institute for Rehabilitation Medicine
Geraldine Turner—Specialty Hospital at Rittenhouse
Nadia Van Gelder—Good Shepherd Penn Partners
Bakia Walker—Good Shepherd Penn Partners
Brian Walters—Good Shepherd Penn Partners Respiratory Therapy
Carol Wamsley—Penn Institute for Rehabilitation Medicine
Erica Wilson—Specialty Hospital at Rittenhouse



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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, 2013 to June 30, 2014.

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 Mr. and Mrs. Joseph A. Petsko
 Ms. Christine Phillips
 Mr. and Mrs. George P. Poulos
 Radian Group, Inc.
 Mr. and Mrs. Joseph A. Randazzo
 Mr. and Mrs. Arthur Rosenthol
 Ms. Dorothy M. Ruffin
 Mrs. Sheela D. Sataloff
 Dr. and Mrs. Alan D. Schreiber, MD

Mrs. Helen P. Shillito
 Mr. David Shrimpton
 Ms. Karen G. Strauss
 Ms. Catherine Swan-Gross
 Ms. Maria T. Swartz
 Ms. Estella L. Thomas
 Mr. Kevin M. Toland
 Ms. Anuradha Tripathy
 Mr. Shephali Trivedi
 Mr. and Mrs. Garrett M. Vallone
 Ms. Jane H. Vasile
 Mr. and Mrs. Ellis Wachs
 Mr. and Mrs. Kirkor Yilancioglu

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

*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*

Third Annual XOXO cocktail gala

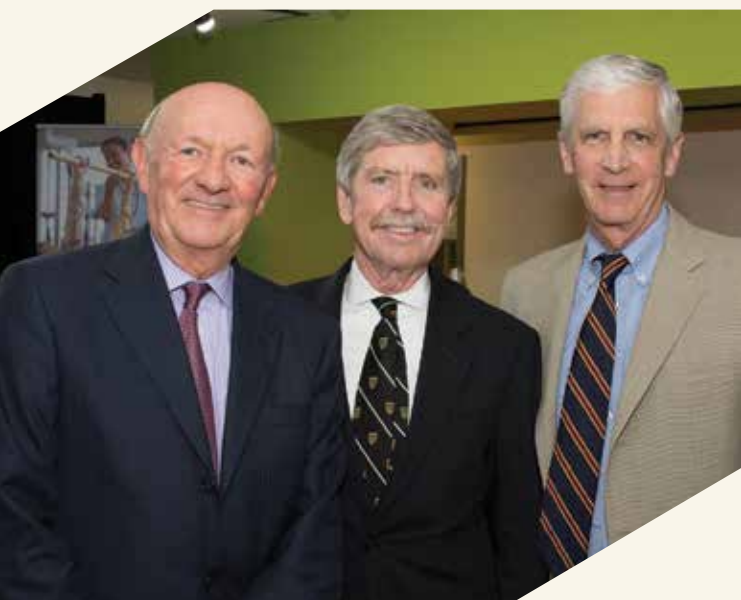
On Friday, May 16, Good Shepherd Penn Partners hosted its third annual XOXO Cocktail Gala, benefiting neuro and assistive technology.



Physical, occupational and speech therapists at Good Shepherd Penn Partners use neuro and assistive technologies to increase function and independence for thousands of patients. Funds raised from the event are helping Good Shepherd Penn Partners continue to provide the latest technology to patients in the Philadelphia region, including the variable assist Ekso robotic exoskeleton.

More than 170 attendees helped support this year's Gala, held on the second floor of the Penn Medicine Rittenhouse building. In addition, a variety of individuals and organizations contributed as sponsors, including our partners from throughout the Penn Medicine continuum event. Special thanks to Penn Medicine Physical Medicine & Rehabilitation for their continued support of this event.

The annual gala is made possible by the dedication and ingenuity of the Gala Committee whose 15 members met on a monthly basis leading up to the special evening.

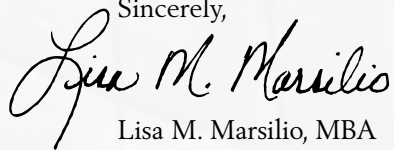


I've got the passion.

Passion is such an important part of providing effective healthcare—and it's something I see every day at Good Shepherd Penn Partners. From our Rittenhouse nursing and physician staff, to our therapists embedded in 20 different locations throughout the Delaware Valley, the team at Good Shepherd Penn Partners is passionate about helping return our patients to function and independence.

On behalf of our nearly 700 passionate 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". The signature is fluid and cursive, with the first letters of the first and last names being capitalized and prominent.

Lisa M. Marsilio, MBA

Executive Director, *Good Shepherd Penn Partners*



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

OUTPATIENT LOCATIONS

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

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

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

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

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

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

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

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

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

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

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

Penn Therapy & Fitness Sports Medicine Center
235 S. 33rd Street (Weightman Hall)
Philadelphia, PA 19104
215-615-4402

Penn Therapy & Fitness University City
3737 Market Street, Suite 200
Philadelphia, PA 19104
215-349-5585

Penn Therapy & Fitness at Valley Forge
1201 West Swedesford Road, 3rd Floor
Berwyn, PA 19312
610-644-4645

Penn Therapy & Fitness Woodbury Heights
1006 Mantua Pike, Suite B
Woodbury Heights, NJ 18097
856-686-8270



Good Shepherd Penn Partners
1800 Lombard Street
Philadelphia, PA 19146
877-969-7342

www.pennpartners.org

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.



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