

LIFE

LIVING INDEPENDENTLY FOR ELDERS



2008

Annual

Report

LIFE/Penn Nursing Annual Report 2008



Modeled after the national PACE program, Living Independently for Elders (LIFE) is dedicated to advancing a unique interdisciplinary service delivery system of all-inclusive health care for frail seniors in West and Southwest Philadelphia. These seniors, faced with probable nursing home placement, are offered the choice through LIFE to instead remain in their community and receive their care in the sanctity and comfort of their own home. As the only PACE practice to be owned and operated by a school of nursing, LIFE supports these choices by delivering care that is member-centered, compassionate, and quality-driven.



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It's all about letting the story take over.
--Robert Stone

Dear Friends:

The writing of this 2008 Annual Report marks LIFE's 10 year anniversary as a *Program of All-inclusive Care for the Elderly*- the first and still largest program of its kind serving frail seniors in the Commonwealth.

Much can be said and celebrated about the past 10 years at LIFE. In fact, the better part of this report will comprise a recently published Penn Nursing *upFront*TM magazine article chronicling our storied past as the only PACE program in the country to be owned and operated by a School of Nursing. The accomplishments of LIFE, both over time and over the past year are well illustrated through words which will follow. But it is no doubt the accompanying images of our members and staff that embody the heart, soul and likely future of our place in the West Philadelphia community.

So let the story take over.

Wayne D. Pendleton
CEO



LIFE Reflections

"My view, you know, is that the ultimate destination of all nursing is nursing of the sick in their own homes..."

But no use to talk about the year 2000." **FLORENCE NIGHTINGALE, 1861**

It stands four stories high at the corner of 45th and Chestnut, surrounded by rows of turn-of-the-century brownstones and engulfed by a fleet of white vans aligned in front of its entrance. Inside, men and women mingle over lunch, and a handful of gentlemen gather around a billiards table, ready to play their third game of the day. A woman swivels in her chair, mirror in hand, to admire her new hairstyle, while four ladies wait in line to meet with the visiting optometrist. Black and white photographs adorn the walls, beautiful portraits of people who have spent the last years of their lives coming here each day. Some of them can still be seen walking through the building.

Welcome to LIFE. Modeled after the national Program of All-inclusive Care for the Elderly (PACE) plan, the mission of Living Independently For Elders (LIFE) is to advance a unique, interdisciplinary system of all-inclusive healthcare for frail seniors in West and Southwest Philadelphia, 95 percent of whom are African American. Funded by Medicare and the Commonwealth of Pennsylvania's Department of Public Welfare, LIFE offers these seniors, faced with probable nursing home placement, the choice to instead remain in their community, live in their homes, and receive care in the LIFE center, newly housed at 4508 Chestnut Street.



Dean Emerita Norma Lang, renowned for her work on nurse-led care, was instrumental in developing and sustaining LIFE.

Studies on the PACE model have repeatedly shown improved quality of care, patient and caregiver satisfaction, and savings of 15-30 cents on the dollar compared to nursing home care. "Living independently – and safely – while receiving the best quality of care is really the goal of our administration in terms of long-term living in Pennsylvania," explains Rosemarie Greco, director of the Governor's Office of Health Care Reform and current chair of Penn Nursing's Board of Overseers. "Many people would benefit greatly if we had more LIFE centers throughout the Commonwealth."

The program at 4508 Chestnut is one of 11 PACE models in the state. It was the first and remains one of the few sites in the nation to be owned and operated by a school of nursing. September 2008 marks the 10-year anniversary of LIFE at Penn, but its story begins more than a decade ago.

In many ways, this is a story that started when some of the most creative minds in nursing realized the need for academic nursing practices to provide direct care to patients, learning opportunities for students, and rich sources of data for researchers studying a range of health concerns. Under the direction and support of then-Dean Norma Lang, who was renowned for her work on nurse-led care, a variety of practices emerged at Penn Nursing, such as a community-based practice for incontinence; a center for stroke victims; a partnership with the Philadelphia Corporation for Aging to help elderly patients who suffered from dementia; the Health Annex, which provided primary healthcare to an underserved southwest Philadelphia community; and finally, the Collaborative Assessment & Rehabilitation for Elders (CARE) Program, modeled after the British geriatric day hospital to offer specialized short-term rehabilitation to older people following hospital discharge or illness.

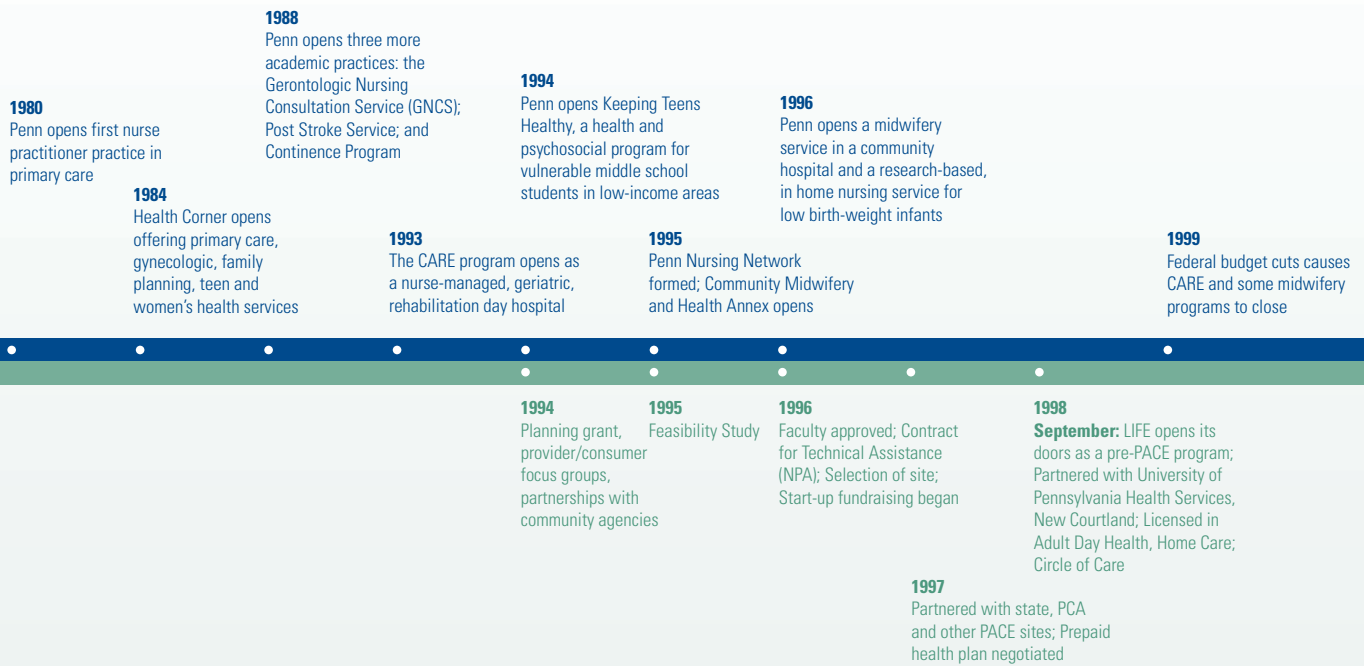


The "founding mothers of LIFE" Dr. Lois Evans (far left), Dr. Mary Naylor (second from left), and Dr. Karen Buhler-Wilkerson (far right) pose with Chris Allen (second from right), the first executive director of LIFE.

CARE collected data in its nurse-focused electronic health record system to illustrate improved outcomes for patients and highlight the effectiveness of advanced practice nurses, but it closed in 1998, after the Balanced Budget Act restricted Medicare funding. While housed in a small space that could accommodate no more than 20 people at a time, CARE served more than 800 older adults over its tenure. It was one of the School's earliest and longest-running examples of a research-based academic nursing practice.

In fact, says Professor Lois Evans, PhD, RN, FAAN, chair of the Family and Community Health Division and former executive director of the CARE Program and director of Academic Nursing Practices, "LIFE is, in many respects, an important culmination of our experiences with Penn's gerontologic nursing practices of the '90s."

In 1994, as Penn Nursing practices were evolving, professors Mary Naylor, PhD, RN, FAAN, an expert in transitional care, and Karen Buhler-Wilkerson, PhD, RN, FAAN, an authority on community-based care, were awarded a \$100,000 planning grant from The Ralston House, a small Philadelphia philanthropy dedicated to



LIFE Timeline

* Source: Evans, L.K., & Lang, N.M. (Eds)(2004). *Academic nursing practice: Helping to Shape the future of health care*. New York, NY: Springer Publishing Company, 102-108.

supporting research, education and services in the care of the elderly. Their goal was to explore community-based initiatives that would benefit West Philadelphia elders while showcasing evidence-based models of care. Together – and with the assistance of Dr. Lang, PhD, FRCN, RN, FAAN and Dr. Evans, the van Ameringen Professor in Nursing Excellence – they turned to the PACE model.

They researched PACE sites throughout the country, including the On Lok Senior Health Center, where the model originated in San Francisco's Chinatown more than 30 years ago. On Lok grew out of the community's concern for vulnerable, frail older adults living at home, and, true to the PACE model of care, it reflected the largely Asian population it served. For those elders, PACE represented a fundamental shift in the way health services were attained – participants had access to the entire spectrum of primary care, adult day care, hospital, nursing home, and home care, all coordinated and provided by a single organization. For Penn Nursing, the model, which was tailored to the culture of the heavily African American West

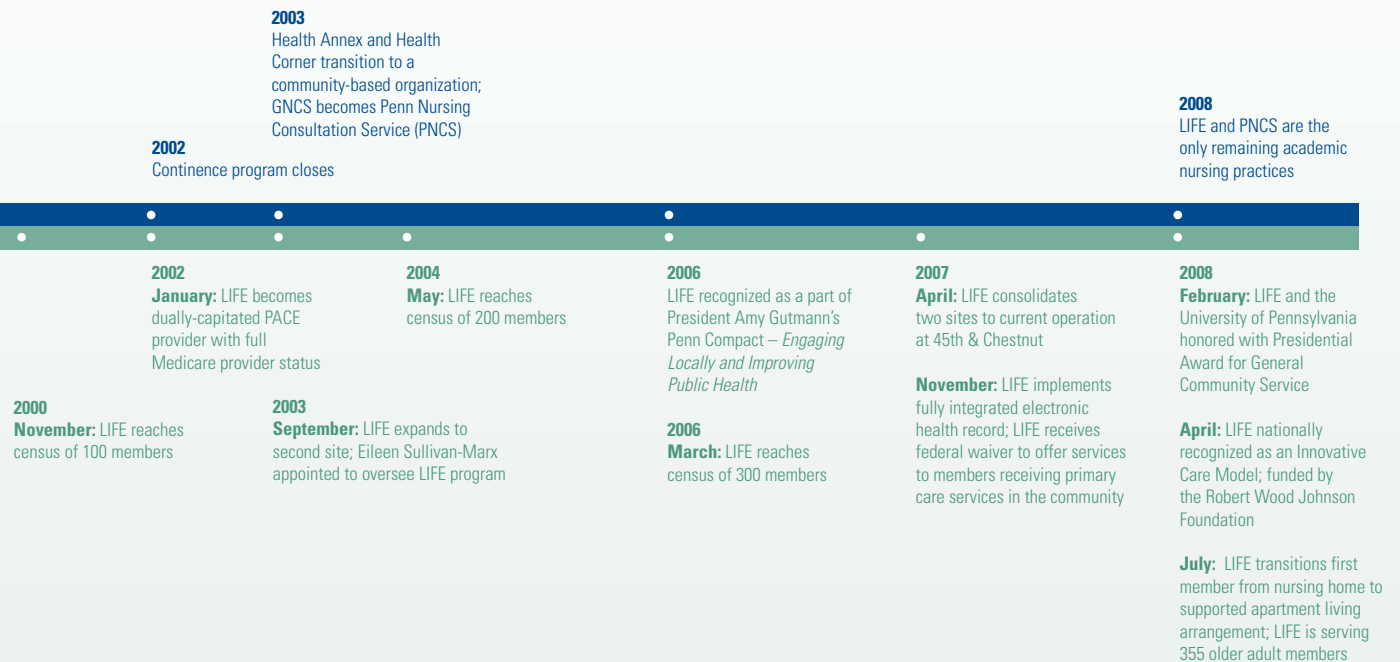
Philadelphia community, supported the School's vision and academic mission, and it enabled the full expression of nursing's ideals and values.¹

To avoid confusion between the elderly-care model and Pennsylvania's pharmaceutical program of the same acronym, one of Dr. Buhler-Wilkerson's many roles was to create a new name for PACE programs in the state. It was a task she approached by going into a senior housing center in West Philadelphia, meeting with nearly a dozen residents, and explaining to them this new model of care. "What do you think about this?" she asked. "What would you call it?" An African American woman, who had not spoken much, beamed and exclaimed, "It's living independently, and we've been waiting for this for years."

"They got it, and they wanted it, and they wondered where we had been," Dr. Buhler-Wilkerson remembers. "As a totally integrated, interdisciplinary program, this was such an un-American approach to care, but it was our job to show that this model solved so many problems in delivering community-based care."

It was also their job to find a way for such a model to thrive within an academic setting. Withstanding doubts from medical colleagues and others, the "founding mothers of LIFE" nevertheless secured funding and established the center as a legitimate practice. Penn Nursing has "always had an investment in academic practice," says Dr. Naylor. "Our hope for LIFE was an environment that showcased best practices and simultaneously provided fertile ground for new scholarship where we could continue to raise questions for nurse scholars to answer."

Their goal of creating a model of research, practice, and teaching began in the fall of 1998, when LIFE opened at 4101 Woodland Avenue. Nursing, medicine, social work, pastoral care, physical therapy, occupational therapy, and psychiatry all combined to provide one-stop care to a vulnerable, local population. The site has since grown and twice moved – first branching out to 39th and Market Street, where it operated from the ground floor of a HUD building, and then, in May 2007, when it found a permanent spot at the ironic site of an abandoned nursing



home on the corner of 45th and Chestnut. Through all the changes and moves, one constant remains: LIFe is a team model with a nursing foundation.

"I believe from the inception of this program, there has been a different standard, a service-level commitment that springs from the School of Nursing," says LIFe CEO Wayne Pendleton, LSW, ACSW. "This program of all-inclusive care for elders is what it says. It's everything. And it works because of the interdisciplinary team."

Tamara Zurakowski, PhD, RN, a gerontological nurse practitioner and practice professor at Penn Nursing, has worked at LIFe for the past three years on the Spruce Team, one of the four treatment teams named after West Philadelphia streets and comprised of full- and part-time nurse practitioners, a collaborating physician, and social worker.

All of the LIFe members are Medicaid-eligible, and as Dr. Zurakowski explains, many have had limited access to healthcare throughout their lives. A large percentage, therefore, enter the program "with a lot of healthcare baggage."

Diabetes is rampant. Other conditions include: end organ damage, high blood pressure, eye damage, kidney damage, and peripheral vascular damage. "You might not see these problems in a group of people of an equal age but who have been integrated into the health system," she says.

Thankfully, Dr. Zurakowski adds, LIFe offers members high quality care to enhance their lives. "When Florence Nightingale talked about nursing care, she wasn't thinking about hospitals so much. She was thinking about people living in their homes with nursing knowledge that helps them live healthier and more satisfying lives," she says. "That's really what we're back to doing here. We had gone away from that for a while, but I think we're really going back to a model of care that was successful and deeply satisfying to nurses as well as to patients."

Members certainly agree. "LIFe has preserved me," says William King, 81. "Everybody here knows me and watches over me. They take care of my medical

problems, my hearing, my eyesight. LIFe has prolonged my life."

And the lives of others. At 65, Lillie Mashore credits the program with improving her health. She has kicked a 30-year smoking habit, reduced her insulin from 75 units to 50, lost 24 pounds, and adopted other healthy behaviors. "I want to take care of myself better now," she says. "We needed this program a long time ago. In the three years I've been coming here, it has already helped me so much."

Seventy-one-year-old Bob Hale has attended LIFe for the past four years and shares this view. When Mr. Hale, a retired carpenter and masonry contractor, first came to the center, he could hardly walk and barely used his hands. "Now I can run," explains this self-described "woodsman," who likes to spend his free time building bird houses and jewelry boxes. "[The staff] took care of me the way I needed," he adds, "and it made me feel even more independent."

Members cite the treatment teams and interdisciplinary staff for making the



Carrol Stella, a recreation therapy specialist at LIFE, discusses an arts and crafts project with member Roslyn Busbee.



center, as Mr. Hale describes, “a wonderful place to be.” Carol Patterson, a caregiver who assists the physical therapist, began volunteering for the program nearly a year after her mother passed away. “The way she was treated was so wonderful, I wanted to give back,” Ms. Patterson says of her mother, who attended LIFE for a year. “It’s a blessing to help.”

“The value of this model of care,” adds Michael Wert, chair of the LIFE Executive Committee, “is measured by how it improves peoples’ lives, how well it provides healthcare to a frail population, how well it survives, economically. LIFE performs on all of these fronts. All you have to do is walk around the facility and see the members’ faces and know that you’ve got something great.”

With members and their families at the heart of LIFE’s mission, the integration of practitioners, scholars, and students remain at the soul of advancing the delivery of care.

Boasting an annual revenue that exceeds \$33 million, LIFE is able to reinvest in education and research, and “that leads to improved quality of care,” says Eileen Sullivan-Marx, PhD, CRNP, RN, FAAN, and the Shearer Term Professor for Healthy Community Practices. As Associate Dean for Practice and Community Affairs, Dr. Sullivan-Marx oversees the LIFE program.

In some senses, it is a place where Dr. Naylor’s vision of “fertile ground for new scholarship” has been achieved. Current and recent research conducted at LIFE include: Dr. Sullivan-Marx’s focus on exercise outcomes in frail, older adults; Associate Professor Stella Volpe’s study

Associate Professor Joseph Boullata’s

research on psychogeriatric medications; Assistant Professor Lisa Lewis’ study of spirituality and hypertension self care; and Dr. Naylor’s scholarship on quality of life measures in older adults.

“We are a research-intensive school, so it is important that a school-owned practice like LIFE develops innovative care delivery models and innovative programs,” says Professor of Pediatric Nursing-Clinician Educator Jane Barnsteiner, PhD, FAAN, who, alongside Assistant Professor of Gerontological Nursing Christine Bradway, PhD, CRNP, RN, serves as faculty advisor to LIFE. “The population we serve at LIFE consists of frail elders,” adds Dr. Bradway, “which is why our scholarship must really say something big about how to best care for this vulnerable group of older adults.”

In addition to the scholarship generated, LIFE educates more than 200 students across disciplines each year, from nursing students who start clinical rotations there as sophomores to business majors interested in the self-sustaining, multi-million-dollar-revenue-generating operation.

It could be said that the story of LIFE is just getting started, but in its 10 years, there is already so much it has achieved. Its population has grown from less than a dozen registered members to an average daily census of 355 people, the majority of whom are transported to and from the center each day in LIFE-run vans that travel to nearly a dozen Philadelphia zip codes. For driver Clifton Nesmith, the job goes “above and beyond sitting in the seat and turning the wheel.” Whether he is delivering food and medication to members’ homes or escorting blind members to the triage area for their insulin shots, “I’m here to help them,” he says. And LIFE member

Eddie Washington, 74, is always happy to see his face in the mornings. “If the van runs late, I get nervous,” she says.

As LIFE CEO Wayne Pendleton puts it, “We are part of the community in many different ways.” In addition to providing care for a frail, medically complex local population, the center is also an employer to the neighborhood, with 54 percent of the LIFE staff comprised from within the catchment area. “Sometimes we don’t realize the socioeconomic impact of the program – not just for the members, but for the people who live in the community,” adds Board Chair Rosemarie Greco. Serving as both provider and employer, she says, LIFE also allows family caregivers the option of working rather than remaining at home during the day to care for their ailing loved ones.

Since its inception, the Circle of Care – a section of the center designed to help those members with most limited cognitive function – has grown in both membership and activities. For example, the creation of an award-winning art therapy program that combines the potent resource of art with the creative process has helped stimulate memory and cognition in members, many of whom are most in need of such resources. For Ms. J, who began coming to LIFE shortly after losing her husband, moving into her daughter’s home, and being diagnosed with Alzheimer’s disease, art therapy served as a way to recreate the story of her life. Through drawings and pictures, she was able to recount her accomplishments and memories, ranging from her pride in her children to the beautiful rose bushes she grew.²

2 Johnson, C.M., & Sullivan-Marx, E.M. (2006). Art therapy: Using the creative process for healing and hope among African American older adults. *Geriatric Nursing, 27*(5), 309-316.



BOB HALE, 71, MEMBER: “[LIFE is] a wonderful place to be... [The staff] took care of me the way

I needed and it made me feel even more *INDEPENDENT.*”

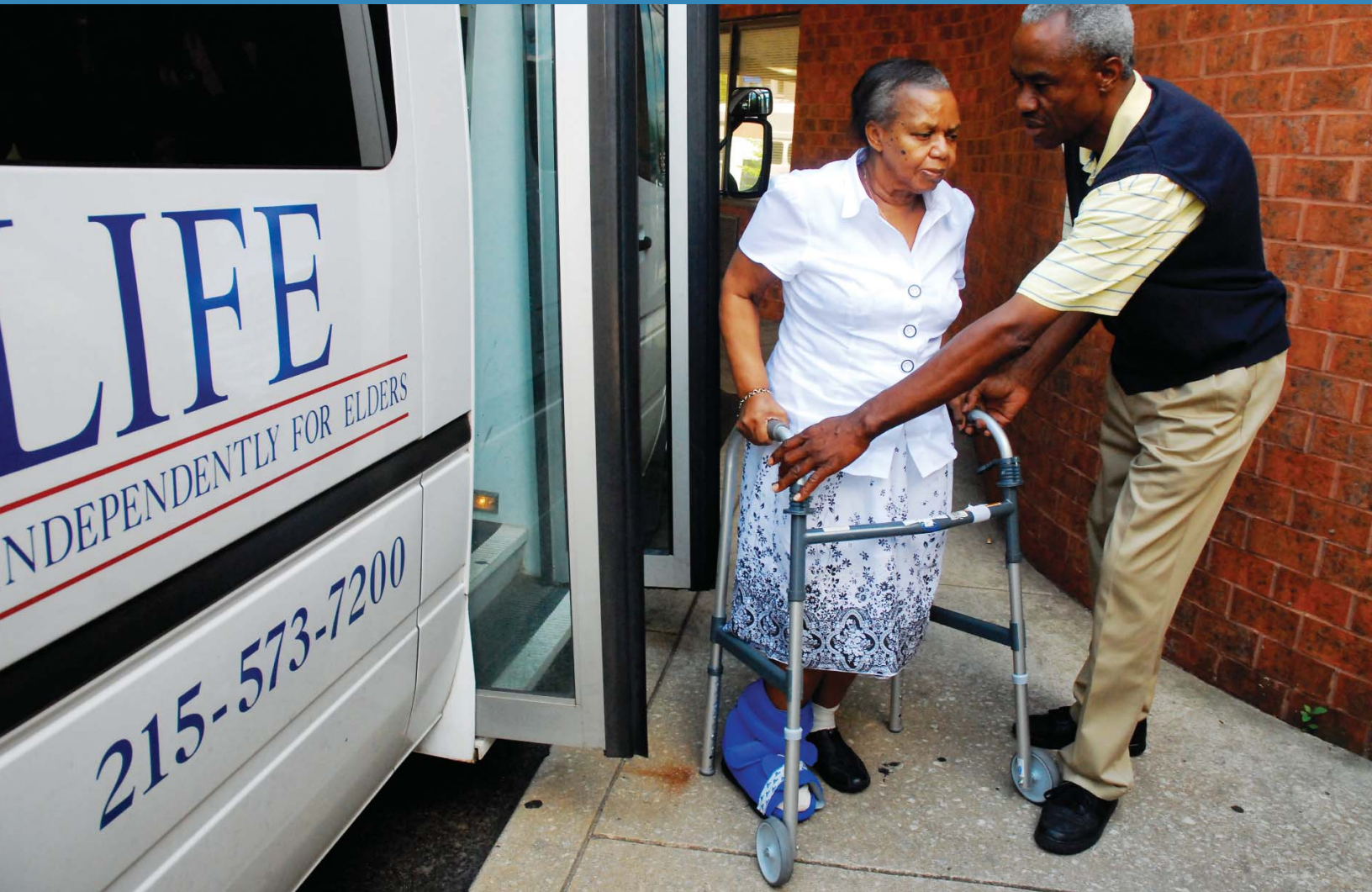


LIFE member Bob Hale, a retired carpenter and masonry contractor, spends his free time building bird houses and jewelry boxes. When he first came to the center four years ago, he had difficulty walking and using his hands.

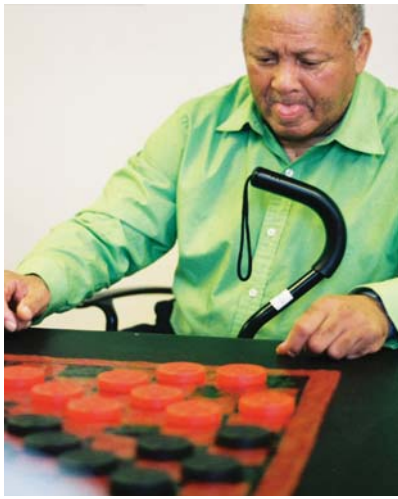


WILLIAM KING, 81, MEMBER: "LIFE has preserved me, Everybody here knows me and watches over me.

They take care of my medical problems, my hearing, my eyesight. LIFE has *PROLONGED MY LIFE.*"



Driver Clifton Nesmith helps LIFE member Marie Morency out of the van, which picks her up from her West Philadelphia home and drops her back each day.



Member Albert Williams enjoys a game of checkers.

LIFE has recently become the one of the first PACE sites to implement a fully-functional Electronic Health Records (EHR) system that converts all paper medical records into electronic ones. Utilizing the ANA-recognized Omaha System, a classification system for nursing terminology, the EHR standardizes and classifies patient problems, nursing interventions, and patient outcomes. "It helps us describe nursing practice and the kinds of problems our members have," says Associate Professor Kathryn Bowles, PhD, RN, FAAN. An expert in the Omaha System who advised the LIFE staff on the EHR system, Dr. Bowles adds that by creating and standardizing an electronic record, LIFE can examine what interventions were used in patients of a particular demographic to improve quality of care for all. This past spring, the EHR Super User/ Implementation Team was cited by the University of Pennsylvania's Models of Excellence Program for "accomplishments that reflect initiative, leadership, collaboration, increased efficiency, and a deep commitment to service." The team – made up of LIFE employees Vince Romano, Mary Austin, Nicole Blackwood, Shinia Bradley, Christine Brewer, Adele Bruch-Appel, Mary Capella, Wanda Cooper, Stephanie Glover, LaTonya Holmes, Irene Kaufmann,

LIFE member Lessie Brown prepares a meal as part of an occupational therapy cooking project.

and others – received a Model of Excellence Honorable Mention Award for implementing the electronic health record system to improve coordination, documentation, and quality of care for the elderly participants at LIFE.

And the accolades don't stop there. In 2006, the American Academy of Nursing named Dr. Sullivan-Marx an "Edge Runner," defined by the AAN as a person who "develops innovative solutions that eventually become mainstream solutions." In 2007, after LIFE relocated to 4508 Chestnut, *The Philadelphia Inquirer* ran a front page feature on the program's success. Earlier this year, LIFE was also recognized by the Robert Wood Johnson Foundation's Health Services Network as one of 24 national, innovative health models for its nursing-centered approach to long-term care. Featured on the homepage of the Innovative Care Delivery Models

website, www.innovativecaremodels.com, LIFE was chosen for its cost-effectiveness, sustainability, and replicability in a wide array of health settings. Also, in 2008, Penn received the Presidential Award for General Community Service, the highest federal recognition a university can receive for its commitment to volunteering, service-learning and civic engagement. The University earned this honor for its many community service projects, including a certain program designed for the care of elders in West Philadelphia.

The statistics, too, speak volumes. LIFE has experienced a 60 percent census growth and 150 percent revenue growth over the last four years. Within the next few years, membership levels are projected to exceed 500.

Simply put, this is one life story that gets better with age.



LIFE-changing scholarship

The Living Independently For Elders (LIFE) program at 4508 Chestnut Street paints a telling picture of what aging looks like in West and Southwest Philadelphia. Ninety-five percent of the members are African American. The average member is 80 years old, suffers from eight medical conditions, takes eight medications, and experiences three or more limitations in daily activities.

“Cultural competence” is often used to describe the need for care that speaks directly to the cultural intricacies that exist within diverse patient populations. For our faculty who strive to change the world through research that is both evidence-based and tailored to community needs, LIFE offers a unique opportunity to produce scholarship that will impact the lives of all older adults, starting with the ones who live next door. Dr. Eileen Sullivan-Marx, PhD, CRNP, RN, FAAN, the Associate Dean for Practice and Community Affairs who oversees the LIFE center and the Shearer Term Associate Professor for Healthy Community Practices at the School of Nursing, therefore describes the LIFE center as “a living interactive environment to learn how to deliver the best care.”

Currently, she and Miriam Stirl Term Associate Professor Stella Volpe, PhD, RD, LD/N, FACSM, are examining the outcomes of an exercise regimen for older African American women in a Program of All-inclusive Care for the Elderly setting at LIFE.

In our rapidly aging society, where about one in eight Americans is 65 years of age or older, fewer older adults are adequately exercising. By the age of 75, one in three men and one in two women do not get the exercise they need, and overweight, older adults are at greater risk for hypertension, stroke, diabetes mellitus, and other pulmonary problems. Consequently, the national need for weight management in

the elderly is evident, and LIFE, with 61 percent of African American women in the program overweight or obese, serves as a great exemplar of this need.

Funded by the Dean’s Investment for the Future and entitled “Short-term Exercise on Body Weight in Overweight Elderly African American Women,” the goal of the study is to evaluate the effectiveness of a short-term (16 weeks, four days per week) aerobic training program on body weight and on quality and variability of gait in elderly African American, urban community-dwelling women attending a long-term care facility. Dr. Volpe and her research team – which includes co-investigator Dr. Sullivan-Marx, project manager Tim Ackerson, MSSW, research associate Ingrid Sidorov, MSN, and Arcadia University professors Rebecca Craik, PhD, PT and Kathleen Kline Mangione, PhD, PT, GCS – expect this exercise program to decrease body weight by at least seven percent and improve the gait of their participants.

For their pilot project, they will randomly select 25 participants who will attend three to four 45-55 minute exercise sessions a week. The supervised exercise program will consist of proper warm-up, a main exercise period with multiple bouts of walking, and a cool-down period. Body weight, height, body mass index, waist circumference, energy expenditure, energy intake and gait analysis will be recorded at baseline, eight weeks, and 16 weeks of the study.

Serving as both a resource for finding participants and a site for conducting the

research, LIFE plays an integral role in the logistics of the study. Transportation is provided, participants incur no costs, and members already attend the program at least three days per week for medical or other treatments. Finally, LIFE provides a unique opportunity for an exercise program to be sustainable, even after grant funding is completed.

“From a public health standpoint, this study is significant because, with the increased prevalence of obesity, especially among African American women, any simple and safe method of disease mitigation could have a major impact on the health of our nation,” says Dr. Volpe.

The U.S. Census Bureau has found that the top health problems in the West and Southwest Philadelphia communities include high blood pressure, obesity, diabetes mellitus, heart problems, and back pain and allergies, all of which can be improved through exercise.

Dr. Sullivan-Marx is working on a separate study that examines different outcomes of an exercise program, such as improved gait speed and physical performance, with Dr. Volpe and physical therapist researchers Drs. Mangione and Craik of Arcadia University as co-investigators. The study, entitled, “Outcomes of an Exercise Program for Older African American Women in a PACE Model,” marks the second time that this interdisciplinary research team has partnered to generate scholarship that aims to improve the health of older adults through exercise.

Funded by the Commonwealth of Pennsylvania Department of Health, Dr. Sullivan-Marx’s two-year study aims to test the effects of a 16-week exercise program (which differs slightly from Dr. Volpe’s program in terms of energy expenditure for weight loss) to measure whether strength and endurance have



Professor Stella Volpe is currently examining the effectiveness of a short-term aerobic training program on body weight and quality of gait in elderly African-American women attending a long-term care facility.



STELLA VOLPE, PHD, RD, LD/N, FACSM: "From a public health standpoint, this study is significant because, with the increased prevalence of obesity, especially among African American women, any simple and safe method of disease mitigation could have a *MAJOR IMPACT* on the health of our nation."



Tim Ackerson, project manager on Dr. Volpe's study, places an accelerometer to measure energy expenditure on a LIFE participant's wrist.



LISA LEWIS, PhD, RN: "Being a new scholar and new to Penn, *HAVING ACCESS*

to a resource like LIFE was very instrumental in moving forward with my research."



LIFE member Helen Brown discusses how religion helps her manage her medications with Dr. Lisa Lewis, whose current scholarship examines the relationship between spirituality and health outcomes.

Dr. Boullata's research examines the effectiveness of antipsychotic medications in individuals to see if members who take the drugs really do fare better when on the medicine.



increased, memory and thinking improved, and the likelihood of depression avoided for 80 older African American women who attend LIFE, including some who may be cognitively impaired.

LIFE serves as an ideal site for the study in many ways: members receive comprehensive care in one setting; information on their clinical data is available with permission and would be uniform for all participants; and finally, participants typically attend the program three to four times per week, and thus, would be available for interviews with research personnel. "The full commitment and partnership of LIFE has made this project possible," Dr. Sullivan-Marx explains. The Council of Elders, an advisory group of nearly a dozen LIFE members, have helped her research team by sharing their experiences as members, and two caregivers at LIFE, Victoria Mott and Vanessa Covington, have taken a lead role in the study by conducting the exercise programs.

To date, preliminary analysis has shown that gait speed improves three-fold in the women, all of whom have chronic illness and are frail by geriatric standards. Dr. Sullivan-Marx is seeking NIH funds to evaluate this study design across several PACE programs.

In an earlier study, Drs. Fang Yu, Lois Evans and Sullivan-Marx examined the effects of a rehabilitation program for older adults, 77 percent of whom were African American. They found that those with cognitive impairment experienced improvements in functional gain and rehabilitation success just as those with normal cognition, demonstrating that rehabilitation should be covered by Medicare and payers for older adults with cognitive impairment. Dr. Sullivan-Marx's current scholarship extends this work to test an exercise program for older African American women with chronic illness and functional impairment.

Prior research has shown that older African American women have higher rates of mortality than their Caucasian counterparts. Moreover, preventative measures, such as prescriptive exercise programs, are less likely to be emphasized by clinicians, paid for by providers, and adopted by older African American women.

Findings from Dr. Sullivan-Marx's study would therefore enhance an understanding of the efficacy of a structured exercise program for older African American women living in urban settings with and without cognitive impairment. "From a larger perspective," Dr. Sullivan-Marx adds, "policy makers would be informed about benefits of support for exercise programs in this vulnerable population."

While much of the research conducted at LIFE is, like Dr. Sullivan-Marx's scholarship, designed to inform and improve the quality of life for older adults nationally, Associate Professor of Pharmacology and Therapeutics - Clinician Educator Joseph Boullata, Pharm D, RPh, BCNSP, is studying how research that is conducted nationally affects the members of LIFE, individually.

Specifically, he is using a single-patient study design to better answer the question of whether a second generation antipsychotic (SGA) is effective in an individual member or not.

SGAs, the newer class of antipsychotic medication used to manage some elderly patients with dementia-associated psychosis, were thought to be at least as effective as older agents but with fewer side effects. In large clinical trials, however, this has been difficult to show due to significant variability between subjects. Dr. Boullata's current scholarship therefore analyzes the benefits and overall need of such geropsychiatric medications in individual members at LIFE.

Twenty members will participate in this year-long study funded by the Penn Research Foundation. The double-blinded, randomized, multiple crossover, single-patient trial will test the effectiveness of olanzapine, an atypical antipsychotic used to treat schizophrenia and bipolar disorder, compared with a placebo. Each enrolled member will undergo six consecutive, six-week periods (total 36 weeks) being randomized to take either an SGA or an identical-appearing placebo during each 6-week period.

Members will be evaluated every two weeks using the Brief Psychiatric Rating Scale and the Clinical Global Impression instruments. Complaints of side effects made by the subject or family member to the primary care provider will be documented and routine documentation of body weight, serum glucose, and triglycerides will be reviewed.

"What we want to answer is whether members really did fare better when they were on the drug," says Dr. Boullata. "But what we think is, for many, there may not be much of a difference." And because side effects from these medications include serious cardiac complications that could lead to an increased risk of death, he adds, "If someone isn't getting the benefit of the drug, then they don't need to take it."

Dr. Boullata's study serves as an example of research that directly answers questions for members at LIFE, but there are other faculty members whose scholarship, designed for a broader population, has been enriched through LIFE.

Professor Mary Naylor, PhD, RN, FAAN, is currently conducting a study at three different types of long-term care (LTC) centers – 26 nursing homes, 27 assisted

Laura DiGiovanni, a research coordinator on Dr. Naylor's team, interviews LIFE member Eddie Washington. Dr. Naylor's five-year study examines quality of life for elders who are newly admitted to long-term care centers.



living facilities, and six home and community-based care centers, one of which includes Penn Nursing's LIFE program. Her goal is to examine changes in biological and physiological factors, symptom status, functional status, emotional and behavioral status, general health perceptions, and perceived overall quality of life among elders newly admitted to an LTC option and compare these differences across the three settings.

"Health-related quality of life has been identified as a focal outcome for quality assessment in elders receiving LTC, but we know very little about the natural progression for these elders in health and quality of life," says Dr. Naylor, the Marian S. Ware Professor in Gerontology. "As a result, elders and their families have inadequate information upon which to assess the quality of various LTC options, and clinicians and policy makers do not have the knowledge base to assure high quality, cost-effective services."

Her five-year, \$2.87 million NIH-funded study has already enrolled 212 subjects, 15 of whom are from the 4508 LIFE site. Dr. Naylor's project findings have the potential to guide needed health policy for the growing population of the chronically ill and disabled older adults by providing a distinction of what quality of care means to these elders.

It is also the first study to measure health-related quality of life outcomes in patients and members with cognitive impairments. "Through this study, we will be able to hear the voice of elders and understand how they feel their health and quality of life has changed since this recent transition," explains project manager Katherine Abbott, PhD, MGS.

Another example of how LIFE has informed and enriched research geared toward a broader population is well evidenced in the work of Assistant Professor Lisa Lewis, PhD, RN. Two years ago, she collected data from LIFE that explored the spiritual process associated with medication adherence among older African American women diagnosed with hypertension. Her findings, presented at the American Heart Association earlier this year, were disseminated in the national media, with articles in *The Washington Post* and *U.S. News & World Report*.

Through her qualitative study, Dr. Lewis found that spirituality helped older black American women with high blood pressure stick to the drug regimens that keep the condition under control. The 21 African American women whom she sampled, with an average age of 73, had been diagnosed with hypertension for an average of 16.7 years and were taking an average of 3.3 prescriptions to battle the condition.

Research has shown that older black Americans tend to have poorer anti-hypertensive medication adherence than either younger blacks or white patients, even though adherence helps reduce hypertension-related health problems and deaths.

All the women Dr. Lewis interviewed said they used their spirituality to manage their medication adherence. As part of this process, identified as "Partnering with God to Manage My Medications," the women accepted personal responsibility for adhering to their medication regimen and used their spirituality as a resource to make decisions to remain adherent, cope

with medication side effects, and increase their ability to deal with barriers that kept them from sticking with their medicines.

As one LIFE member noted in the study, "When I stay connected to my God, when I'm really spiritual, it just doesn't seem so difficult anymore. It's like I'm in tune to everything..."

The findings from this study, which suggest that incorporating patients' beliefs into hypertension treatment may help them draw on inner resources to improve medication adherence, has helped inform Dr. Lewis' current scholarship. Her latest study samples 300 older African Americans in an urban community to examine the relationship between spirituality and health outcomes.

"This study is built around the framework that individuals' attitudes, beliefs, and perceptions about their disease can be used to develop interventions to manage the disease, and spirituality is one of those cultural beliefs that warrant investigation," says Dr. Lewis.

At LIFE, a large majority of members sing gospel hymns and participate in Bible studies, a reflection of the spiritual and religious culture so deeply rooted in the African American community. For Dr. Lewis, it serves as a "good population to understand what other African Americans of a similar background might be thinking."

"Being a new scholar and new to Penn, having access to a resource like LIFE," she adds, "was very instrumental in moving forward with my research."

Real LIFE education

The educational experience offered at the Living Independently For Elders (LIFE) program is, in the words of Dr. Christine Bradway, faculty advisor at LIFE and Assistant Professor of Gerontological Nursing, "a mutual, wonderful relationship in which members benefit from students, who bring what they learn from the classroom to the center, and students learn effective ways to directly apply what they have been taught in a practice setting."

Bradway, PhD, CRNP, RN, takes many of her students to LIFE. In addition, she says, the nurse practitioners at LIFE precept many of the master's students in the Gerontology Nurse Practitioner program.

Anna Song Beeber, GNu'00, PhD'05, CRNP, RN, was first exposed to LIFE through her clinical placement there as a student in the Adult and Geriatric Nurse Practitioner (A/GNP) program. Working with the interdisciplinary team for six months and learning how the team collaborated to manage the care for such frail older adults, Dr. Beeber was "amazed at how close monitoring of chronic illness and effective communication with families could make it possible to keep a nursing home-eligible senior in the community."

After finishing the A/GNP program and while completing her PhD at Penn Nursing, Dr. Beeber maintained an interest in community-based long-term care programs. Her dissertation topic therefore explored how older adults and their families chose PACE services as an alternative to the nursing home.

Her qualitative study found older adults enrolled in the program due to shared circumstances, such as an acute event or crisis, an older adult's or caregiver's drive to avoid nursing home placement, and a caregiver's recognition of relief from care demands. Once these needs were identified, Dr. Beeber found, families typically learned of PACE through happenstance or word of mouth.



Penn Nursing seniors Tushana Fowlin, Ja-Tee Irene Lee, and Alexis Udalovas completed 80 clinical hours at LIFE this summer as part of the required Nursing in the Community course.

The implications for clinical practice were demonstrated through her findings. "If PACE is going to be a sustainable alternative to nursing home care, efforts need to focus on moving the enrollment process beyond happenstance," she wrote in "Luck and Happenstance: How Older Adults Enroll in a Program Of All-Inclusive Care For The Elderly (PACE)," which appeared in *Professional Case Management*. "Nurses and other healthcare professionals are positioned to help older adults and families plan for long-term care by understanding the availability of local community services, developing contacts with local community and long-term care services, and considering what information older adults and their families need, especially during acute care discharges, primary care encounters, and queries for nursing home services."

As a tenure-track Assistant Professor of Nursing at the University of North Carolina at Chapel Hill School of Nursing, Dr. Beeber's scholarship remains centered on helping older adults and their families obtain the community services they need to prevent or delay nursing home placement. It is a research interest, she says, "that was inspired by my work at LIFE."

"While there are older adults who do genuinely need nursing home care, current research suggests that there are a group of older adults in nursing homes that could return to the community if they had access to community services," she explains. "Unfortunately, in many places in our country (especially rural areas) there is a severe shortage of community services."

While LIFE has served as the impetus for gerontological research interests in students like Dr. Beeber, for others, the center provides an environment to learn how to provide the best quality of care.

This past spring, LIFE served as the site of Kelsey Freres' first clinical placement. A master's student in the Family Health Nurse Practitioner program, Ms. Freres completed 120 clinical hours at the center, entering with limited experience in geriatrics but leaving, she says, "a much stronger practitioner."

Before starting her clinicals, she researched the LIFE model of care. She read about frail elders. She studied the Circle of Care unit, where members with severe cognitive impairments receive comprehensive care and are involved in art therapy as a means to communicate and manage their emotions. On her first day, she felt nervous.



Nurse Practitioner Betsy Dalton watches as Master's student Kelsey Freres examines LIFE member William Bolton. Ms. Freres credits the center, the staff, and the members for making her "a stronger practitioner."



KELSEY FRERES, STUDENT:

COLLABORATE





Senior Cheng Taing reviews LIFE member Delores Quinton's medical information.

The morning started, as it always does, with the treatment team's meeting. The nurse practitioner, physical therapist, social worker, and collaborating physician were all so welcoming, Ms. Freres remembers. "Until then, I had never worked in a place where everyone gets together each morning to brainstorm ideas. The more you collaborate, the better your solutions."

Caring for members in the Circle of Care unit was, she adds, "a great experience, a great opportunity to treat complex medical problems and closely monitor members' acute and chronic conditions." The various events conducted in the Circle, like tea parties and doll playing, also afforded her a glimpse into the lives of the people for whom she was caring. "Watching them play with dolls, for example, you could see how nurturing they must've been with their own children," Ms. Freres explains. "Working at LIFE draws you to the person, not the member."

Her experiences at LIFE were most enhanced by her mentor/preceptor, Betsy Dalton, a longtime nurse practitioner and leader of the Circle of Care. "She guided me through this experience and taught me how to navigate the care of frail and cognitively impaired members while also reminding me to not lose focus of the person behind the member," says Ms. Freres. "I would not have had such a wonderful experience and grown so much as a practitioner without her guidance."

And for Ms. Dalton, MSN, CRNP, nursing students like Ms. Freres serve as both teachers and students. "The NP students come with the most current theoretical information regarding caring for the elderly, which is helpful for me because their questions make me think about clinical management for our members in different, better ways," she says. And at the same time, Ms. Dalton adds, "we are able to show students how to manage the

healthcare for the frail elderly with cognitive impairments by using patience, ingenuity, and certainly respect for the challenges each of our members face on a daily basis. It is exciting for me as a preceptor to see the students rise to the challenges. Caring for someone with advanced dementia is a real gift for a student because it is the member who is the real teacher here."

Other students agree. For the eight nursing undergraduate seniors who completed clinical hours at LIFE this summer, the members – and the model of care at the LIFE center, itself – showcased the ways in which classroom lectures are translated into practice.

The students completed 80 hours there as part of the required Nursing 341: Nursing in the Community course. Class objectives included: synthesizing nursing approaches to the care of individuals, families, groups, and the community by applying the principles of public health science, including primary, secondary and tertiary prevention; synthesizing knowledge from nursing and related biopsychosocial sciences in providing community-based nursing care; and finally, applying the ecological model in identifying nursing practice roles and responsibilities across community health settings, including the specialties of home care, public health, school, and occupational health nursing.

"In a hospital, you're dealing with patients who are acutely ill, and typically, your role is to provide discharge instructions," says N341 clinical instructor Susan Sacks, MSN, APRN. "In the community, whether you're doing home visits or working at LIFE, you get to know your clients holistically and you learn about their concerns and fears."

Nursing senior Cheng Taing experienced this first-hand when she and a fellow student accompanied a LIFE nurse to members' homes for health visits. "It was not just

taking care of a member's immediate problem," she recalls. "It was a lot more comprehensive." The visit involved: counting pills, putting them into medisets, explaining the medications, explaining the side effects, and calling in prescriptions – in addition to the routine tasks of providing wound care, measuring blood pressure, and administering insulin shots.

As part of the N341 course, students conduct home visits, where they provide direct care under nurse supervision, and they also work in the LIFE center, where their duties range from performing nursing assessments to treatment plans to education sessions.

At the start of the course, members were asked to identify areas in which they would like more knowledge and information. Common responses included arthritis, pain management, and sleep. Each week, the students then researched these topics and tailored half-hour educational sessions specifically for members.

Seniors Alexis Udalovas and Ja-Tee Irene Lee led an informative session on sleep and ways to improve quality of sleep. After cautioning members on the risks of taking sleeping medication, detailing potential side effects and warning of adverse reactions with other drugs, Ms. Udalovas and Lee offered non-medicinal options to increase quality of sleep. "Keep a regular sleep schedule. Avoid caffeine after noon. Limit naps or take power naps, if you need to," Ms. Lee explained to a room of nearly 30 members. After completing the presentation, the students conducted a short true-or-false quiz, recapping much of what they had taught. Not one member had a wrong answer.

"Education is a key component of nursing," says Ms. Udalovas. "As students, we can share our knowledge with members. But really, it's the members and the staff here at LIFE that do such a wonderful job of teaching us."

LIFE 2008 Financials

Balance Sheet										
ASSETS										
									<u>2008</u>	<u>2007</u>
CURRENT ASSETS										
Cash									\$ 600	\$ 600
Due from University									4,634,193	4,057,725
Accounts receivable, net of allowance for doubtful accounts of \$166,505 in 2008 and \$90,424 in 2007									150,874	274,213
Estimated settlement with third-party payor									2,220,690	1,555,959
Advances to suppliers									-	30,826
Total current assets									7,006,357	5,919,323
PROPERTY AND EQUIPMENT										
Vehicles									619,618	417,692
Furniture and equipment (includes leasehold improvements)									537,615	545,499
Software									165,630	103,209
									1,322,863	1,066,400
Less accumulated depreciation									470,872	299,240
Net property and equipment									851,991	767,160
Total assets									<u>\$7,858,348</u>	<u>\$6,686,483</u>
Liabilities and Divisional Unrestricted Net Assets										
CURRENT LIABILITIES										
Current portion of long-term debt									\$ 300,000	\$ 300,000
Accounts payable and accrued expenses									2,493,031	3,203,534
Payroll related liabilities									292,957	265,688
Total current liabilities									3,085,988	3,769,222
Long Term Debt									180,109	480,109
Total liabilities									3,266,097	4,249,331
Divisional Unrestricted Net Assets									4,592,251	2,437,152
Total liabilities and divisional unrestricted net assets									<u>\$7,858,348</u>	<u>\$6,686,483</u>

Statement of Operations						
Revenue					<u>2008</u>	<u>2007</u>
Patient revenue					\$ 30,028,406	\$ 25,860,375
Contributions revenue					-	149,141
Sponsored program revenue					-	63,862
Total revenue					<u>30,028,406</u>	<u>26,073,378</u>
Expenses						
Salaries, benefits and contract labor					7,011,036	6,857,976
Medical claims and services					8,982,740	7,545,692
Professional fees					408,360	158,244
Supplies and other					11,332,106	10,191,600
Depreciation					171,632	97,777
Provision for doubtful accounts					76,082	160,058
Total operating expenses					<u>27,981,956</u>	<u>25,011,347</u>
Income from operations					2,046,450	1,062,031
Non-operating income (loss)						
Investment income					108,649	210,976
Other non-operating expenses					-	(750,000)
Total non-operating income (loss)					<u>108,649</u>	<u>(539,024)</u>
Excess of revenue over expenses					2,155,099	523,007
Other Changes In Divisional Unrestricted Net Assets						
Transfer from University					-	621,703
Change in divisional unrestricted net assets					2,155,099	1,144,710
Divisional unrestricted net assets, July 1					<u>2,437,152</u>	<u>1,292,442</u>
Divisional unrestricted net assets, June 30					<u>\$ 4,592,251</u>	<u>\$ 2,437,152</u>

LIFE- Council of Elders

Ms Helen Brown

Ms Caroline Greene

Mr. Robert Hale

Ms Vivian Lites



Mr. Ruth Rodriguez

Ms Lillie Mashore

Ms Bernice Harrison

Ms Christine Flowers

Ms Ellen Jones

Mr. Otis Bradley

Mr. Henry Bratc





LIFE- Governance and Senior Leadership

The LIFE Executive Committee

- Michael Wert (Chair), Board Chair of St. Mary Medical Center
- Afaf Meleis, Dean, University of Pennsylvania School of Nursing
- Eileen Sullivan-Marx, Associate Dean, University of Pennsylvania School of Nursing
- Pat Burke, Vice Dean, University of Pennsylvania School of Nursing
- Anthony Buividas, Managed Health Care Consultant
- Jane Barnsteiner, Professor, Family & Community Health of Penn Nursing
- Christine Bradway, Assistant Professor of Gerontological Nursing at Penn Nursing
- Betty Adler, Senior Counsel, Corporate Patient Services, University of Pennsylvania
- Kathleen Barron, Executive Director, Temple University Hospital, Episcopal Campus
- Johan Hoegstedt, Vice President of Global Marketing, AstraZeneca
- Wayne Pendleton, CEO, LIFE/Penn Nursing

The LIFE Senior Leadership Team

- Afaf Meleis, Dean, University of Pennsylvania School of Nursing
- Eileen Sullivan-Marx, Associate Dean, University of Pennsylvania School of Nursing
- Pat Burke, Vice Dean, University of Pennsylvania School of Nursing
- Trudi Sippola, Director of HR, University of Pennsylvania School of Nursing
- Patricia Adams, HR Manager, University of Pennsylvania School of Nursing
- Wayne Pendleton, CEO, LIFE/Penn Nursing

The LIFE Senior Management Team

- Wayne Pendleton, CEO
- Mary Austin, Nursing Practice Director/Acting Clinical Director
- Bruce Kinosian, Medical Director
- Bob Gregor, Director of Finance
- Wanda Cooper, Center Director
- Luciana Hyatt, Director of Marketing
- Patricia Adams, HR Manager
- Lisa Santilli, Health Information Supervisor/HIPAA Privacy Officer
- Vincent Romano, Senior Project Manager, Information Technology
- Cherry Sturdivant, Office/Facility Manager

