KATHRYN H. BOWLES, PH.D., RN, FAAN, FACMI

BUSINESS ADDRESS

University of Pennsylvania, School of Nursing 418 Curie Boulevard, 340 Claire Fagin Hall Philadelphia, PA 19104 215-898-0323 bowles@nursing.upenn.edu February 2021

HOME ADDRESS

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EDUCATION

Certificate	1999	National Library of Medicine Fellowship, Marine Biological Lab, Woods Hole, MA Medical Informatics
PhD	1996	University of Pennsylvania Philadelphia, PA Major: Nursing
MSN	1990	Villanova University Villanova, PA Major: Nursing Education, Summa Cum Laude
BSN	1978	Edinboro University of Pennsylvania Edinboro, PA Major: Nursing, Magna Cum Laude

ACADEMIC POSITIONS

2012 - present	Professor and van Ameringen Chair in Nursing Excellence Director of the Health Informatics Minor University of Pennsylvania School of Nursing, Senior Fellow, Leonard Davis Institute of Economics Fellow, Institute of Biomedical Informatics, Perelman School of Medicine Philadelphia, PA
2013-2019	Adjunct Professor of Nursing, Hong Kong Polytechnic University, Hong Kong
2012 - 2016	Director of the Center for Integrative Sciences in Aging, University of Pennsylvania School of Nursing

2003 - 2012	Associate Professor with Tenure Director of the Health Informatics Minor, Director of Nursing Research, Visiting Nurse Association of Greater Philadelphia (1997-2005) Senior Fellow, Leonard Davis Institute of Economics Biobehavioral Health Sciences Division University of Pennsylvania School of Nursing
2001 - 2003	Assistant Professor Foundational Science Division University of Pennsylvania, School of Nursing
1997 - 2001	Research Assistant Professor University of Pennsylvania, School of Nursing
1996 - 1997	Research Associate Adult Health and Illness Division University of Pennsylvania, School of Nursing
1994 - 1996	Research Assistant Comprehensive Discharge Planning and Home Follow-up University of Pennsylvania, School of Nursing
Spring 1994	Teaching Assistant Human Development (NU 51) University of Pennsylvania, School of Nursing
1993 - 1994	Writing Fellow and Teaching Assistant Writing Across the University Program Introduction to Professional Nursing (NU 50) University of Pennsylvania, School of Nursing
1992 - 1993	Instructor Adult Health, Department of Nursing College of Allied Health Sciences Thomas Jefferson University Philadelphia, PA
1982 - 1986	Assistant Instructor, Critical Care and Adult Health St. Joseph's Hospital, School of Nursing Syracuse, NY

CLINICAL & ADMINISTRATIVE POSITIONS

2014 - present	Vice President for Research and Director of the Center for Home Care Policy and Research, Visiting Nurse Service of New York (VNSNY)
2011 - 2015	Co-Founder and Scientific Advisor for RightCare Solutions, a start-up software company based on the NINR funded program of research (acquired by naviHealth, a Cardinal Health company in 2015)
2016 - 2018 2004 - 2014	Beatrice Renfield Visiting Scholar, VNSNY
1990 - 1992	Staff Development Coordinator & Clinical Instructor Cardiopulmonary and Medicine Care Programs Thomas Jefferson University Hospital and College of Allied Health Sciences Philadelphia, PA
1986 - 1990	Independent Critical Care Nurse Contractor Skilled Nursing Incorporated
1980 - 1982	Critical Care Staff Nurse, Charge Level Intensive Care and Cardio-thoracic Surgery Units St. Joseph's Hospital Syracuse, NY
1979 - 1980	Critical Care Staff Nurse Coronary Care Unit St. Joseph's Hospital Fort Wayne, IN
1978 - 1979	Clinical Nurse General Hospital and Intensive Care Units Centre Community Hospital State College, PA

CERTIFICATION/LICENSURE

PA Licensure RN 226564L

HONORS/AWARDS/MEMBERSHIPS IN HONORARY SOCIETIES

2018	Claire M. Fagin Distinguished Researcher Award, University of Pennsylvania School of Nursing
2017	Harriet H. Werley Award, Best Nursing Informatics Paper at the American Medical Informatics Association Annual Symposium. Washington, DC
2017	Best Student Paper at the American Medical Informatics Association Annual Symposium. Washington, DC (pre-doctoral mentee Susan Keim).
2017	Senior Methodologist Award, Omaha System Partnership
2017	Inducted into the Sigma Theta Tau Nursing Research Hall of Fame
2016	Inaugural Speaker at the M. Louise Fitzpatrick Distinguished Lecture
2014	American Academy of Nursing Edge Runner
2013	van Ameringen Endowed Chair in Nursing Excellence
2012	Ralston House Endowed Term Chair of Gerontological Nursing
2012	Fellow in the American College of Medical Informatics
2012	Biobehavioral Health System Department Award for Faculty Mentorship
2012	Barbara J. Lowery Doctoral Student Organization Faculty Award
2011	Summer Institute of Nursing Informatics Best Research Paper Award
2011	Recipient of the first Omaha System Nursing Research Award
2010	Finalist for the Harriet Werley Award for best nursing paper at the American Medical Informatics Association International Conference, Washington, DC
2010	2010 Eastern Nursing Research Society Distinguished Contributions to Nursing Research Award
2009	Rutgers Annual International Nursing Technology Recognition Award for the Advancement of Computer Technology in Healthcare
2009	Espirit Award given by the Visiting Nurse Service of New York to the Beatrice Renfield Evidence Based Practice Fellows Program for

	contributions to practice and research
2008	Nursing Research Award, Heart Failure Society of America
2008	Profiled in Madison Who's Who of Executives and Professionals
2007	Fellow of the American Academy of Nursing
2004-2014	Beatrice Renfield Visiting Nurse Scholar, Visiting Nurse Service of New York
2002	Medical Informatics Marine Biological Laboratory/National Library of Medicine Course Fellow - Woods Hole, MA. Certificate, Spring Course.
2002	Distinguished Alumni Award, Edinboro University of Pennsylvania
2001	Leadership in Nursing Research Medallion, awarded by the Villanova University School Nursing Alumni Society
2001	Lillian Sholtis Brunner Award for Innovative Practice in Nursing, awarded by the University of Pennsylvania Society of the Alumni
2001	Nominee for the Harriet Werley Award for best nursing paper at the American Medical Informatics Association International Conference, Washington, DC
1990	Professional Practice Award, Thomas Jefferson University Hospital
1990	Villanova University Academic Achievement Award
1989-1990	Professional Nurse Traineeship, Villanova University, School of Nursing Graduate Division
1978	Magna Cum Laude, Edinboro University of Pennsylvania

RESEARCH

Doctoral Dissertation

An Evaluation of the Omaha Classification System in the Hospital Care of the Elderly. University of Pennsylvania, 1996. [Dissertation Abstracts International (May 1997), DAI-B 57/11, publication number AAT 9712893].

Funded by: Data-Driven Practice Grant: Johnson and Johnson Medical Systems and the American Association of Critical Care Nurses. \$1,000.00; and Alpha Nu Sigma Theta Tau Research Scholarship, Villanova University, \$1,000.00. Mary D. Naylor, Chairperson.

Present Funded Research Grants

<u>I-TRANSFER Improving TRansitions ANd Outcomes oF SEpsis suRvivors</u>. (R01 NR016014-03) 02/08/2021-11/30/2025 **Role: PL** Bowles, PI). NIH/NINR: \$390,748

Homecare-CONCERN: Building risk models for preventable hospitalizations and emergency department visits in home care. (1R01HS027742-01) 09/01/2020-08/31/2024 **Role: Co-I.** (Topaz, PI). AHRQ: \$6,526

Improving patient prioritization during hospital-homecare transition: A mixed methods study of a clinical decision support tool. (R01 NR018831), 09/01/2020-08/31/2024 **Role: Co-I** (Topaz, PI), NIH/NINR: \$24,743 sub direct costs

Individualized Care for At Risk Older Adults (T32 NR009356-07) 07/01/2019-06/30/2024 Role: Co-PI (Bowles/Naylor, PI), NIH/NIN: \$465,640

Transforming residential palliative care for persons with dementia through behavioral economics and data science (P30 AG064105), 09/15/2019-05/31/2024 **Role: Co-I** (Halpern, PI), NIH/NIA: \$302,160

Improving Self-Care of Informal Caregivers of Adults with Heart Failure. (R01 NR018196) 01/23/2019-11/30/2023 Role: Co-I. (Riegel, PI), NIH/NINR: \$382,133

Determining Readiness for Discharge from Skilled Home Health Services: Optimizing Services to Impact Outcomes. 01/01/2021-06/30/2023 Role: Co-I. (O'Connor, PI) Betty Irene Moore Fellowship for Nurse Leaders: \$29,745 sub direct costs

Reducing disability following hospital discharge in vulnerable older adults: the CAPABLE intervention. (R01 AG056607) 07/01/2017-06/30/2022 Role: Site PI/Co-Investigator. (Szanton, PI), NIA/NIH: \$24,903 sub direct costs

Making Healthcare Safer for Older Adults Receiving Home Health Care Services after Hospital Discharge (R01 HS026599) 08/01/2019-05/31/2022 Role: Site PI (Arbaje, PI), AHRQ: \$26,742 sub direct costs

PA-20-070: Evaluating home healthcare agency and home healthcare professional responsiveness to safety threats during older adults' care transitions in the era of COVID-19. (R011HS026599-02S1) 02/01/2021-01/31/2022 Role: Co-I. (Arbaje, PI), AHRQ: \$12,904 sub direct costs

Improving Self-Care of Informal Caregivers of Adults with Frontotemporal Degeneration. (R01 NR018196-Suppl) 09/01/2020-8/31/2021 **Role: Co-I.** (Riegel, PI), NIH/NINR: \$248,999

Completed Research

Predicting and Preventing Pediatric Hospital Readmissions. (R01 HS023538) 7/1/15 - 6/30/19, **Role: Co-Investigator**, AHRQ: \$71,872

Individualized Care for At Risk Older Adults. (T-32. NR009356). 07/01/14 - 6/30/19 Role: Co-Principle Investigator, NINR: \$238,112

Information Needs of Homecare Nurses during Admission and Care Planning. 4/1/16 - 3/31/19 Role: Co-Investigator, AHRQ: \$159,695

Electronic Health Record Use, Work Environments & Patient Outcomes. 9/1/16 - 8/31/18 Role: Co-Investigator, AHRQ: \$159,695

<u>A longitudinal network study of Alzheimer's and dementia care in relation to disparities and outcomes</u> 3/1/2018 - 8/31/2018 **Role: Co-I**, NIA/NIH: \$9,940 sub-award

Data Preparation Pilot to Identify Fall Risk Characteristics and Fall Risk Reduction Interventions in EHR data. 11/1/16 - 10/31/17,

Role: Principal Investigator, Office of Nursing Research, University of Pennsylvania School of Nursing: \$15,000

Sepsis Survivors' Post-Acute Outcomes: Impact of Early Home Health and MD Visits. 9/25/15 - 7/31/17, Role: Co-Principal Investigator, NINR: \$594,630

<u>Technology Application to Enhance Discharge Referral Decision Support</u>. 07/01/2014 - 06/30/2016 **Role: Co-Investigator**, NINR: \$749,637

Determining Readiness for Discharge from Skilled Home Health Services: A Mixed Methods Study. 07/01/2014 - 06/30/2016

Role: Co-Investigator, National Hartford Center for Gerontological Nursing Excellence, John A. Hartford Foundation: \$120,000.

Decision Support: Optimizing Post-Acute Referrals and Effect on Patient Outcomes. (2R01NR007674) 10/1/10 - 6/30/16 Role: Principal Investigator, NINR: \$651,823 annual; total \$2,929,626

Do Unique Clinical Risk Profiles Predict Hospitalization Among Community-Dwelling Older Adults? 09/01/13 - 8/31/15

Role: Co-Investigator, NewCourtland Center for Transitions and Health: \$10,000

<u>Transitional Telehealth Home Care: REACH</u>. (R01NR00209) 6/1/11 - 5/31/15 **Role: Co-Investigator**, NINR: \$145,543 Annual Direct Costs sub award Understanding Racial and Ethnic Disparities in Outcomes of Medicare Home Health Care. (R21) 09/01/2012-08/31/2014

Role: Co-Investigator (Davitt, PI), National Institute on Aging

<u>Identifying Critical Factors in Determining Readiness for Discharge from Skilled Home Health</u> <u>Services</u>. 05/01/2013 - 04/30/2014

Role: Co-Investigator, Eugenie and Joseph Doyle Research Partnership Fund. Visiting Nurse Services of New York, Center for Health Policy Research: \$4,645.

Identifying Critical Factors in Determining Readiness for Discharge from Skilled Home Health Services. 05/01/2013 - 04/30/2014

Role: Co-Investigator, Eugenie and Joseph Doyle Research Partnership Fund, Visiting Nurse Services of New York, Center for Health Policy Research: \$4,645

<u>Comparative Effectiveness of Intensive Home Health and MD Visits in Health Failure</u>. (R01 HS020257) 9/30/11 - 3/31/14 **Role: Co-Investigator** (Murtaugh, PI), AHQR: \$12,444 sub-award

Patient and Provider Perspectives on Reasons for Hospital Readmission. Role: Co-Investigator (Kimmel, PI), Patient Centered Outcomes Research Institute (PCORI): \$249,925

Barriers and Facilitators to Implementation and Adoption of EHR in Home Care. (R21) 9/01/11 - 8/31/13 Role: Co-Investigator (Sockolow, PI), AHRQ: \$275,000 sub-award

<u>Pilot of New Care Delivery Model-Combination Two Evidence-Based Interventions, The Patient</u> <u>Centered Medical Home [PCMH] and Transitional Care Model [TCM]</u>. 07/01/11 - 06/30/13 **Role: Co-Investigator** (Naylor, PI), Gordon and Betty Moore Foundation & Hillman and Jonas Foundations: \$1,000,000

<u>Technology Application to Enhance Discharge Decision Support</u>. (R43NR013609-01) 10/1/12 - 3/31/13 **Role: Co-Principle Investigator**, NINR

Exploration of Homecare Agency Admission Process for Older Adults: A Qualitative Pilot Study. 01/01/2012-2/31/2013 Role: Co-Investigator/Mentor (Topaz, PI), Frank Morgan Jones Fund

Individualized Care for At Risk Frail Elders. 7/1/08 - 6/30/12 **Role: Co-Investigator** (Naylor, PI), The Ruth L. Kirschstein National Research Service Award (NRSA) for Institutional Research Training (T32) NINR: \$2,126,550

Marian S. Ware Alzheimer Program: Continuity of Care Component. 07/01/09 - 06/30/12 **Role: Co-Investigator** (Naylor, PI), National Philanthropic Trust (PG): \$1,200,000 <u>Getting the Right Care for the Right Patient: Breaking the Cycle of Heart Failure Readmission</u>. 1/1/11 - 12/31/11 **Role: Principal Investigator**, Edna G. Kynett Memorial Foundation: \$30,500

<u>Feasibility Testing of the Early Screen for Discharge Planning (ESDP) and the Discharge Decision</u> <u>Support System (D²S²) on Discharge Planning and Patient Outcomes</u>. 4/1/11 - 10/31/11 **Role: Principal Investigator**, NewCourtland Center for Transitions and Health, University of Pennsylvania: \$10,000

<u>Feasibility Testing of the Early Screen for Discharge Planning (ESDP) and the Discharge Decision</u> <u>Support System (D²S²) on Discharge Planning and Patient Outcomes</u>. 1/1/11 - 8/31/11 **Role: Principal Investigator**, Frank Morgan Jones Fund. Center for Integrative Science in Aging, University of Pennsylvania: \$6,800

Assessing Health Related Quality of Life: Elders in Long Term Care. 09/01/06 - 08/31/11 **Role: Co-Investigator** (Naylor, PI), National Institute on Aging/NINR: \$2.9 million

Enhancing Care Coordination (R01 AG023116-01A1) 09/15/05 - 08/31/11 **Role: Co-Investigator** (Naylor, M. PI), National Institutes of Health (NIH), National Institute on Aging: \$311,077 annual direct cost

A Pilot Study of the Feasibility and Effect Size of the Early Screen for Discharge Planning and the Discharge Decision Support System on Discharge Planning and Patient Outcomes. 10/1/10 - 5/31/11 **Role: Principal Investigator**, Leonard Davis Institute of Health Economics, University of Pennsylvania: \$12,000

Impact of Length of Stay and Number of Home Visits on Rehospitalization. The Ruth L. Kirschstein National Research Service Award (NRSA) for Pre-doctoral Training (F31) 09/01/2008-8/31/2010. **Role: Principal Investigator/Mentor** (Pre-Doctoral Student Investigator, Melissa O'Connor), NINR

Promoting Self Care Using Telehomecare: Impact on Outcomes. (R01-NR008923) 9/8/2005 - 5/31/10 Role: Principal Investigator, NIH/NINR: \$1,200,132 direct; \$1,680,672 total

<u>eCare for Eldercare, Children, Youth, and Families Consortium</u>. 12/01/2009-06/30/2010. **Role: Faculty Mentor/PI** (Melinda Steis, post-doctoral fellow), Pennsylvania State University. Level II Funding: \$23,000

<u>Testing the Discharge Decision Support System (D²S²)</u>. 09/01/2008 - 08/31/2009 **Role: Principal Investigator**, School of Nursing, University of Pennsylvania, Investing in the Future Fund: \$7,000

Minimizing Problems after Discharge. (T32 NR009356) 3/1/08 - 2/28/09 **Role: Faculty Mentor/PI** (Diane Holland, post-doctoral fellow), \$120,000 Demonstrating the Feasibility of Obtaining and Using Electronic Data to Develop Case Studies for Discharge Referral Decision Making. 4/12/07 - 7/1/07

Role: Principal Investigator, School of Nursing, University of Pennsylvania, Investing in the Future Fund: \$3,500

Transitional Care Model for Elders. 7/01/04 - 6/30/07

Role: Co-Investigator (Naylor, PI), The Jacob and Valeria Langeloth Foundation: \$77,108 (Phase1 direct costs); *(overlap)* \$254,853 (Phase 1 total)

<u>Managing Chronic Illness: Comparing Telemonitoring and Telephone Interventions</u>. (R01-DP0000215) 9/1/05 - 11/30/06

Role: Principal Investigator, National Center for Chronic Disease Prevention and Health Promotion: \$148,800

Empowering Elders through Technology. 12/01/2003 – 11/30/2005 **Role: Co-Investigator** (Dansky, PI), Robert Wood Johnson Foundation, Penn subcontract: \$46,380

Factors to Support Effective Discharge Decision Making. (RO1 NR07674-01) 09/01/2001 – 08/31/2005 **Role: Principal Investigator**, NIH/NINR: \$842,912 total costs

Coordinating Care Between Hospital and Home: Translating Research into Practice, Phase I. (Grant No.: 20040068) 2/01/04 - 04/30/05 **Role: Co-Investigator** (Naylor, PI), The Commonwealth Fund: \$210,543 direct; \$229,492 total.

Exploration of the Associations among OASIS Data Elements and Outcomes of Home Care. 03/01/2003 – 02/28/2004 Role: Principal Investigator, Frank Morgan Jones Fund: \$5,427

<u>Assessing Health Related Quality of Life among Frail Older Adults</u> [Assisted Living component]. 09/01/2002 – 08/31/2003 **Role: Co-Principal Investigator** (Naylor, Co-PI), Ralston House: \$50,000

<u>Health Related Quality of Life Among Frail Older Adults</u>. 05/01/2001 –04/30/2003 **Role: Co-Principal Investigator** (Naylor, Co-PI), Presbyterian Foundation for Philadelphia: \$150,000

Assessing Health Related Quality of Life among Frail Older Adults [Assisted Living component]. (P30, NRO5043-03) 09/01/2001 – 08/31/2002

Role: Co-Principal Investigator (Naylor, Co-PI), University of Pennsylvania Center for Health Outcomes, NIH/NINR: \$10,000

<u>Health Related Quality of Life Among Frail Older Adults</u>. 09/01/2000 – 08/31/2001 **Role: Co-Principal Investigator** (Naylor, Co-PI), Presbyterian Foundation for Philadelphia: \$150,000

Decision Analysis of Hospital Discharge Referral Decisions. 09/01/1999 – 08/31/2000 Role: Principal Investigator, Frank Morgan Jones Fund: \$5,000 <u>Integration of Clinical and Research Databases for LIFE</u>. 1999 – 2000 **Role: Co-Investigator** (Naylor, PI), Presbyterian Foundation for Philadelphia: \$50,000

<u>A Comparison of Tele Video and Telephone Reassurance for High Risk Elders with Congestive Heart</u> <u>Failure</u>. 05/01/1999 – 04/30/2000 **Role: Principal Investigator**, Edna G. Kynett Foundation: \$73,000

Comparison of Tele-Video, Telephone Reassurance, and Home Care for Elders with Congestive Heart <u>Failure</u>. 04/30/1998 – 05/01/1999 **Role: Principal Investigator**, Edna G. Kynett Foundation: \$50,000

<u>Measuring Health Status and Quality of Life of Frail Elders</u>. 1998 - 1999 **Role: Co-Investigator** (Naylor, PI), Presbyterian Foundation for Philadelphia: \$50,000

<u>Use of Tele-Home Care to Improve Home Health Services</u>. 09/01/1997 – 12/31/1999 **Role: Clinical Project Manager** (Dansky, PI), Department of Commerce: \$603,610

Individualized Care for Alzheimer's Patients and Their Caregivers: A Pilot Study. 1997 - 1998 Role: Project Manager (Naylor, PI), Frank Morgan Jones Foundation: \$5,000

<u>PUBLICATIONS</u> Journal Articles: Research, Peer Reviewed [*indicates data based]

*Sockolow P, **Bowles KH**, Topaz M, Koru G, Hellesø R, O'Connor M, Bass EJ. (2021). The time is now: informatics research opportunities in home health care. *Applied Clinical Informatics*, 12: 100-106.

*Ryvicker, M., Barron, Y., Shah, S., Moore, S., Feldman, P., Noble, J., **Bowles, KH**., Merrill, J. (in press). Clinical and Demographic Profiles of Home Care Patients with Alzheimer's Disease and Related Dementias: Implications for Information Transfer across Care Settings, *Journal of Applied Gerontology*.

*Luth, E., Russell, D., Xu, J., Lauder, B., Ryvicker, M., Digham, R., Baughn, R., **Bowles, KH**, Prigerson, H. (2021). Survival in hospice patients with dementia: The effect of home hospice and nursing visits. *Journal of the American Geriatrics Society*. Diabetes, Renal Disease and Sepsis: Hospital Readmissions among Sepsis Survivors receiving Home Care, to the Journal of the American Society of Nephrology. In press.

*Whitehouse, C., Jordan, L., Murtaugh, C., **Bowles, KH**. (under review) Diabetes, Renal Disease and Sepsis: Hospital Readmissions among Sepsis Survivors receiving Home Care, *Journal of the American Society of Nephrology*.

*Kutney-Lee, A., Brooks Carthon, J.M, Sloane, D.M., **Bowles, K.H.**, McHugh, M.D., & Aiken, L.H. (2021). Electronic health record usability: Associations with nurse and patient outcomes in hospitals. *Medical Care*. In press.

*O'Connor, M., Moriarty, H., Schneider, A., Dowdell, E. B., & **Bowles, K. H**. (2021). Patients' and caregivers' perspectives in determining discharge readiness from home health. *Geriatric Nursing*. 42(1):151-158, PMID: <u>33444923</u>, DOI: <u>10.1016/j.gerinurse.2020.12.012</u>

*Bowles, KH., McDonald, M., Barrón, Y., Kennedy, E., O'Connor, M., Mikkelsen, M. (E-pub ahead of press). Surviving COVID-19 after Hospital Discharge: Symptom, Functional, and Adverse Outcomes of Home Health Recipients. *Annals of Internal Medicine*. PMID: <u>33226861</u>, PMCID: <u>PMC7707212</u>, DOI: <u>10.7326/M20-5206</u>

*Hirschman, KB., **Bowles, KH**., Garcia-Gonzalez, L., Shepard, B., Walser, T., Thomas, GL., Stawnychy, MA., Riegel, B. (E-pub ahead of press) Lessons learned from the implementation of a video health coaching technology intervention to improve self-care of family caregivers with heart failure. *Research in Nursing and Health Care.* PMID: <u>33341950</u>, DOI: <u>10.1002/nur.22100</u>

*Stoddard, MD., Russell, D., McDonald, MV., Dignam, R., **Bowles, KH**., Prigerson, HG., Chughtai, B. (E-pub ahead of press). Nurse Perspectives on Urinary Incontinence in the Home. *J Pain Symptom Manage*. PMID: <u>33271313</u>, DOI: <u>10.1016/j.jpainsymman.2020.11.028</u>

Jones, C., **Bowles, KH**. (2020). Emerging Challenges and Opportunities in Home Health Care in the Time of COVID-19. *Journal of the American Medical Director's Association, JAMDA*. 21(11): 1517–1518. PMCID: <u>PMC7498200</u>, PMID: <u>33138933</u>, DOI: <u>10.1016/j.jamda.2020.09.018</u>

Zolnoori, M., McDonald, M., Barrón, Y., Cato, K., Sockolow, P., Onorato, N., Sridharan, S., **Bowles, K.H.**, Topaz, M. (in press). Improving patient prioritization during hospital-homecare transition: A protocol of a mixed-methods study of a clinical decision support tool implementation. J Int Med Res: Res Protocols [ACCEPTED July 2020]

*Sockolow, PS., **Bowles, KH.,** Le, N., Potashnik, S., Yang, Y., Pankok, C., Champion, C., Bass. E. (2020). There's a problem with the problem list: Incongruence of patient problem information across the home care admission. *Journal of the American Medical Director's Association, JAMDA*. DOI: <u>10.1016/j.jamda.2020.06.032</u> PMID: 32736995

*Champion, C., Sockolow, P, **Bowles, K**, Potashnik, S., Yang, Y., Pankok, C., Le, N., McLaurin, E., Bass. E. (2020). Getting to complete and accurate medication lists during the transition to home health care. *Journal of the American Medical Directors Association*. DOI: <u>https://doi.org/10.1016/j.jamda.2020.06.024</u>.

*Keim, S., Ratcliffe, S.J., Naylor, M.D., **Bowles, K.H.** (2020). Patient factors linked with return acute healthcare use in older adults by discharge disposition. *Journal of the American Geriatrics Society. In press. DOI:* 10.1111/jgs.16645.

*Sockolow, PS., **Bowles, KH,** Wojciechowicz, C, Bass, EJ. (2020). Incorporating home health care nurses' admission information needs: Informing data standards. *Journal of the American Medical Informatics Association. In press.*

Thompson, HJ., Santacroce, SJ., Pickler, R., Allen, JK., Armer, JM., Bakken, S., **Bowles, KH**......Weiss, SJ. (2020). Use of individual development plans for nurse scientist training. *Nursing Outlook. 17:* Mar 17:S0029-6554(19)30404-X. doi: 10.1016/j.outlook.2020.01.001. Online ahead of print.

*Courtright KR, Jordan L, Murtaugh CM, Barron Y, Deb P, Moore S, **Bowles KH**, Mikkelsen ME. (2020) Risk factors for long-term mortality and patterns of end-of-life care among Medicare sepsis survivors discharged to home health care. *JAMA Network Open* 2020;3(2):e2000038.

*Bowles, K. H., Murtaugh, C. M., Jordan, L., Barrón, Y., Mikkelsen, M. E., Whitehouse, C. R., ... Feldman, P. H. (2020). Sepsis Survivors Transitioned to Home Health Care: Characteristics and Early Readmission Risk Factors. *Journal of the American Medical Directors Association, 21*(1), 84–90.e2. PMID: 31837933. DOI: 10.1016/j.jamda.2019.11.001

* Chase, J. D., Russell, D., Huang, L., Hanlon, A., O'Connor, M., & **Bowles, K. H.** (2020). Relationships Between Race/Ethnicity and Health Care Utilization Among Older Post-Acute Home Health Care Patients. *Journal of applied gerontology: the official journal of the Southern Gerontological Society*, *39*(2), 201–213. PMID: 29457521. PMCID: PMC6344331 (available on 2021-02-01). DOI: 10.1177/0733464818758453

* Luth, E., **Russell, D., Ryvicker, M., Bowles, K.,** Dignam, R., Czaja, S., Brody, A., Prigerson, H. (2019: e-published ahead of print) *Race, ethnicity, and other risks for live discharge among hospice patients with dementia.* Journal of the American Geriatrics Society.

*Topaz M, Murga L, Bar-Bachar O, McDonald M, **Bowles K.** (2019). NimbleMiner: An Open-Source Nursing-Sensitive Natural Language Processing System Based on Word Embedding. *Computers, Informatics, Nursing, 37*(11): 583–590. PMID: 31478922. DOI: 10.1097/CIN.00000000000557

*Irani, E., Hirschman, K. B., Cacchione, P. Z., & **Bowles, K. H.** (2019). The Role of Social, Economic, and Physical Environmental Factors in Care Planning for Home Health Care Recipients. *Research in Gerontological Nursing*, 1–8. PMID: 31834411. DOI: 10.3928/19404921-20191210-01 [Advance online publication]

*Topaz, M., Naylor, M. D., Holmes, J. H., & **Bowles, K. H.** (2019). Factors Affecting Patient Prioritization Decisions at Admission to Home Healthcare: A Predictive Study to Develop a Risk Screening Tool. *Computers, Informatics, Nursing*. PMID: 31804243. DOI: 10.1097/CIN.000000000000576 [Advance online publication]

*Russell, D., Luth, E., Ryvicker, M., **Bowles, K.**, Prigerson, H. (2019) Live Discharge from Hospice Due to Acute Hospitalization: The Role of Neighborhood Socioeconomic Characteristics and Race/Ethnicity. *Medical Care*. PMID: 31876664. DOI: 10.1097/MLR.000000000001278 [Advance online publication]

*Whitehouse CR, Long JA, Mcleer-Maloney L, Daniels K, Horowitz DA, & **Bowles KH**. (2019). Feasibility of Diabetes Self-Management Telehealth Education for Older Adults during Transitions in Care. *Research in Gerontological Nursing*, 1-8. PMID: 31834415. DOI: 10.3928/19404921-20191210-03 [Advance online publication]

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Journal Articles: Non-Peer Reviewed Research/Other

Bowles, K.H. (2009). Telehealth: Strategies for successful, cost-effective implementation. *Asian Hospital and Healthcare Management*. Available at <u>http://www.asianhhm.com/information-technology/teleheath</u>. [Invited manuscript].

Bowles, K.H. (1997). Application of the Omaha System to hospital care. Health Net, 10(3), 6.

Bowles, K.H., & Lynch, M. (1992). These products and procedures prevent needle sticks. *RN*, 55(7), 42-45.

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O'Connor, M, Bowles, KH. (2020). Telehealth and mHealth. Research in Nursing and Health. 44(1), 3.

Topaz, M., Radhakrishnan K., Masterson-Creber R., & **Bowles K.H.** (June, 2012). Putting evidence to work: Using standardized terminologies to incorporate clinical practice guidelines within homecare Electronic Health Records. *Online Journal of Nursing Informatics* (OJNI), *16*(2), Available at http://ojni.org/issues/?p=1694.

Topaz, M. & **Bowles, K. H.** (February, 2012). Electronic health records and quality of care: Mixed results and emerging debates. Achieving meaningful use in research with information technology column. *Online Journal of Nursing Informatics* (OJNI), *16*(1). Available at http://ojni.org/issues/?p=1262.

Published Abstracts (* indicates data-based)

*Chase, J.D., Jordan, L., Whitehouse, C.R., Bowles, K.H. (2020, accepted). Unmet caregiving needs are associated with cognitive functioning among older sepsis survivors. 2020 Gerontological Society of America Annual Scientific Meeting, Philadelphia, PA. Paper

*Riegel, B, Hirschman, K, **Bowles, KH**, et al. (2020). Challenges Using Technology in a Health Coaching Intervention, Early Lessons Learned. 2020 Gerontological Society of America Annual Scientific Meeting, Philadelphia, PA. Paper

*Sockolow, P., Bass, E.J., **Bowles, K.**, <u>Yang, Y.</u>, Potashnik, S., Wojciechowicz, C. & Le, N. (2018). Electronic health record design recommendations for a rural home care agency's admission process. *International Conference on Home Healthcare and Hospice Information Technology (H3IT)*, October 6, 2018, Grapevine, TX.

*∞Jones CD, Jones J, **Bowles KH**, Flynn L, Masoudi FA, Coleman EA, Wald HL, Boxer RS. (2018). Home health nurse perspectives on communication after discharge: Results from a statewide survey. Oral presentation, Society of General Internal Medicine. April 14, 2018.

*Bowles, KH, Ratcliffe, SR., Naylor, MD., Whitehouse, C., Keim, S. (2017). Decision support for postacute care referrals: Development and implementation. *Innovations in Aging*. Vol 1, S 1.

*O'Connor, M., Moriarty, H., Hanlon, A., Dowdell, E., **Bowles, KH.** (2017). Determining readiness for discharge from skilled home health services: A mixed methods study. Innovations in Aging, Vol 1I, S1.

*Irani, E., Hirschman, K., Cacchione, P., **Bowles, KH.** (2017). Exploring home health nurse decisionmaking regarding visit plan development. *Innovations in Aging. Vol 1*, S 1.

*Chase, J, Huang, L., Russell, D., Hanlon, A., O'Connor, M., Robinson, K., **Bowles, KH.** (2017). Racial and Ethnic Disparities in ADL Disability after Hospitalization among Older Home Care Recipients. *Innovation in Aging, Vol. 1*, S1.

*Russell, D., Szanton, S., Feinberg, J., **Bowles, KH**. (2017). A pilot study assessing in-home activity performance among vulnerable older adults in New York City. *Innovation in Aging. Vol 1*, No. S1. DOI: 10.1093/geroni/igx004.186.

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*∞Ahmad, F.Z., Barg, F.K., **Bowles, K.H.**, Alexander, M., Goldberg, L.R., French, B.C., Kangovi, S., Gallagher, T.R., Paciotti, B., & Kimmel, S.E. (2013). Comparing perspectives between patients, caregivers, and clinicians on heart failure management. Circulation, 128(22 Suppl). Available at <u>http://circ.ahajournals.org/cgi/content/meeting_abstract/128/22_MeetingAbstracts/A11098</u>

*∞Hirschman, K.B., Hanlon, A.L., Davies, J., Bixby, M.B., & **Bowles, K.H.,** Bradway, C., McCauley, K., & Naylor, M.D. (2013). Experience with care: The transitional care model for hospitalized cognitively impaired older adults. *Gerontologist, 53*, 371-372.

*∞Hirschman, K.B., Hanlon, A.L., **Bowles, K.H.,** & Naylor, M.D. (2013). Does the percentage of palliative care interventions impact burden or quality of life in hospitalized cognitively impaired patients and their family caregivers? *Gerontologist*, *53*, 378.

*∞Naylor, M.D., **Bowles, K.H.,** Foust, .J.B, Abbott, K., Hirschman, K.B., & Zubritsky, C. (2012). Conceptualization and design of health related quality of life among long-term services and supports recipients. *The Gerontologist*, *52* (Suppl 1), 728.

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*∞Naylor, M.D., Abbott, K.M., Hanlon, A.L., Hirschman, K.B., Prvu Bettger, J., Zubritsky, C., Foust, J., & **Bowles, K.H.** (2010). Changes in health and quality of life among diverse elderly recipients of long term care. *Gerontologist*, *50*(S1), 222.

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* ∞ Hirschman, K.B., Bradway ,C., **Bowles, K.H.**, Ha, B.O., Williams, T.V., & Naylor, M.D. (2010). Challenges in research recruitment of hospitalized older adults with cognitive impairment. *Gerontologist*, *50*(S1), 48.

* ∞ O'Connor, M., & **Bowles, K.H.** (2010). The relationship between functional status and hospitalization among geriatric home care recipients. *Gerontologist*, 50(S1), 518.

*∞**Bowles, K.,** O'Connor, M., Naylor, M.D., Riegel, B., Weiner, M.G., & Glick, H. (2010). Telehomecare: Using technology to improve access to skilled home care. *Gerontologist, 50*(S1), 542.

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Bowles, K.H., Riegel, B., Naylor, M.D., O'Connor, M., & Hirschman, K.H. (2010). The effect of telehomecare on health status. *Gerontologist*, *50*(S1), 519.

* ∞ **Bowles, K.H.,** & Horowitz, D. (2008). The advantages and disadvantages of disease management when randomly assigned to be delivered via telehealth or telephone. *Journal of Cardiac Failure, 14*(6), 6S.

*Dansky, K.H., & **Bowles. K.H.** (2006). Poster presentation: Impact of telehealth on heart failure outcomes. *Circulation*, *113*(21), e794.

*∞**Bowles, K.H.,** & Martin, K.S. (2006). Three decades of Omaha System research: Providing the map to discover new directions. In *Consumer-centered computer-supported care for healthy people—NI06: Proceedings of the 9th International Congress on Nursing Informatics* (994). H-A Park, P Murray, C Delaney (Eds.). Amsterdam, the Netherlands: IOS Press.

∞Martin, K.S., Elfrink, V.L., Monsen, K.A., & **Bowles, K.H**. (2006). Introducing standardized terminologies to nurses: magic wands and other strategies. In *Consumer-centered computer-supported care for healthy people—NI06: Proceedings of the 9th International Congress on Nursing Informatics* (596-599).H-A Park, P Murray, C Delaney (Eds.). Amsterdam, the Netherlands: IOS Press.

* ∞ **Bowles, K.** (2005) Barriers and facilitators of collaborative management of heart failure. *Gerontologist, 45* (special issue II), 592-593.

∞Martin, K., **Bowles, K.H**., Elfrink, V.L., & Monsen, K.A. (2004). A Book of abstracts: NANDA, NIC, NOC 2004: Working together for quality nursing care: striving toward harmonization, March 24-27, 2004, Chicago, Illinois. Integrating practice, education, and research: the Omaha System. *NANDA International 2004*, 53.

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Martin, K.S., **Bowles, K.H**. (2018). The nurse in home health and hospice. In *Foundations for Population Health in Community/Public Health Nursing*. Lancaster, J. and Stanhope, M. (eds.), 5th edition. Elsevier,: St. Louis, MO, Chapter 30.

Martin, K.S., **Bowles, K.H**. (2011). The nurse in home health and hospice. In *Public health nursing*. Lancaster, J. and Stanhope, M. (eds.), 8th edition. Mosby, Inc.: St. Louis, MO, Chapter 41.

Naylor, M.D., Hirschman, K.B., **Bowles, K.H.**, Bixby, M.B., Konick-McMahan, J., Stephens, C. (2007). Care coordination for cognitively impaired older adults and their caregivers. In *Charting a course for high quality care transitions*. E.A. Coleman (Ed.). Haworth Press: New York, NY.

Bowles, K.H., Clark, K. (2006). Discharge planning. In *The Encyclopedia of elder care: The comprehensive resource on geriatric and social care*. Berkman, B.J., et al. (Eds.). Springer Publishing Company: New York.

Bowles, K.H. (2005). Omaha System in nursing research. In *The Omaha System*.(2nd edition). Martin, K.S. (Ed.). Health Connections Press: Omaha, NE.

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Naylor, M., **Bowles, K.H.**, Campbell, R., McCauley, K. (2001). Discharge planning: design and implementation. In *Critical care nursing of the elderly*. (2nd ed.). Foreman, M.D., Fulmer T.T., Montgomery, K.S., Walker, M. (Eds.). Springer: New York, pp. 197-212.

Bowles, K.H. (2000). Discharge planning. In *The Encyclopedia of elder care: The comprehensive resource on geriatric and social care*. Berkman, B. J., et al. (Eds.). Springer Publishing: New York.

Alternative Media (Audio-Visual Productions)

Technology Trends in Home Care, 2011. McKesson Corporation. San Francisco, CA.

Time-Out Penn State '99. Tele-Home Care.

PATENTS AND COPYRIGHTS

Patent Pending for RightCare Solutions, decision support tool for discharge referral decision making. Application filed June 2011, 46483-6007-PI-US/600771

RECENT LECTURES BY INVITATION, SPEECHES AND WORKSHOPS

Conference Paper and Abstract Presentations: INTERNATIONAL

Sockolow, P., Bass, E.J., Yang, Y., Le, N. B., Potashnik, S.& **Bowles, K. H.** (2019). Availability and quality of information used by nurses while admitting patients to a rural home care agency. MedInfo 2019, August 26-30, 2019, Lyon, France, 798 – 802.

Sockolow, P., Le, N. B., Yang, Y., Potashnik, S., Bass, E.J., & **Bowles, K. H.** (2019). Incongruence of patient problem information across three phases of home care admission: There's a problem with the problem list. MedInfo 2019, August 26-30, 2019, Lyon, France, 803-807.

Sockolow, OS., Bass, EJ., Yang, Y., Lee, NB., Potashnik, S., **Bowles, KH.** (2019). Availability and Quality of Information Used by Nurses While Admitting Patients to a Rural Home Health Care Agency. Conference proceedings for the 17th World Congress of Medical and Health Informatics, *MedInfo, 2019*, Lyon, France.

Lo, Y., Lynch, S. F., Urbanowicz, R. J., Olson, R. S., Ritter, A. Z., Whitehouse, C. R., ... **Bowles, K. H.** (2019). Using Machine Learning on Home Health Care Assessments to Predict Fall Risk. Conference Proceedings for the 17th World Congress of Medical and Health Informatics, *MedInfo, 2019*, Lyon, France.

Sockolow, P., Le, N. B., Yang, Y., Potashnik, S., Bass, E.J., & **Bowles, K. H**. (2019). Incongruence of patient problem information across three phases of home care admission: There's a problem with the problem list. Conference proceedings for the 17th World Congress of Medical and Health Informatics, *MedInfo 2019*, August 26-30, 2019, Lyon, France

Bowles, KH. (2018). *Discharge Decision Support System (D2S2) Software: A tool for avoiding rehospitalization*. Fourteenth International Seminar in Nursing. University of the Andes, Santiago, Chile. Invited keynote.

Bowles, KH and O'Connor, M. (2018). *Use of Technology to Provide Better Care to Older Adults: Telehealth Technologies.* Fourteenth International Seminar in Nursing. University of the Andes, Santiago, Chile. Invited keynote.

Bowles, K.H. (2016). Information challenges in patient transition. *Nursing Informatics (NI) 2016* Geneva, Switzerland June 26-29.

Sockolow, P.S., Bass, E., **Bowles, K.H**. (2016). Homecare Nurses' Decision-Making During Admission Care Planning. *Nursing Informatics (NI) 2016* Geneva, Switzerland June 26-29.

Sockolow, P.S., **Bowles, K.H.**, & Rogers, M. (August 2015). Health Information Technology Evaluation Framework (HITREF) comprehensiveness as assessed in electronic point-of-care documentation systems evaluations. In: Sarkar IN, editor. *15th World Congress on Health and Biomedical Informatics (MedInfo 2015)*. August 19-23, Sao Paulo, Brazil.

Bowles, K.H., & Heil, E. (June 2014). From unmet clinical need to entrepreneurship: Taking your informatics solutions to market. *Nursing Informatics 2014*. Taipei, Taiwan.

Sockolow, P.S., **Bowles, K.H.**, Rogers, M., Adelsberger, M.C., Chittims, J.L., & Liao, C. (June 2014). Opportunities in interdisciplinary care team adoption of electronic point-of-care documentation systems. *Nursing Informatics 2014*. Taipei, Taiwan.

Bowles, K.H. (2013). Building a program of research in discharge decision support. Hong Kong Polytechnic University, Hong Kong, China. (invited)

Bowles, K.H., Holland, D.E., & Potashnik, S. (2012). Implementation and testing of interdisciplinary decision support tools to standardize discharge planning. *NI 2012: Advancing Global Health Through Informatics*. Montreal, Canada.

Sockolow, P.S., Liao, C., Chittams, J.L., & **Bowles, K.H.** (2012). Evaluating the impact of electronic health records on nurse clinical process at two community health sites. *NI 2012: Advancing Global Health Through Informatics*. Montreal, Canada.

Monsen, K.A., Kerr, M.J., Secginli, S., Poulsen, J.K., Martin, K.S., & **Bowles, K.H.** (2012). A Nursing informatics research network: The Omaha System Partnership for Knowledge Discovery and Health Care Quality. *NI 2012: Advancing Global Health Through Informatics*. Montreal, Canada.

*Kang, Y., Prabhu, V.V., Steis, M.R., Kolanowski, A.M., Fick, D.M., & **Bowles, K.H.** (2010). Integrating information from family caregivers for eldercare. *2010 Industrial Engineering Research Conference. A. Johnson and J. Millers, eds. Proceedings.* Cancun, Mexico.

Bowles, K.H., & Horowitz, D. (2008). The advantages and disadvantages of disease management when randomly assigned to be delivered via telehealth or telephone. *Heart Failure Society of America*. 12th *Annual Scientific Meeting*. Toronto, Canada. [Award winner]

Bowles, K.H. (March 2007). Using information technology to improve outcomes for older adults. *International Symposium on Biomechanics, Healthcare and Information Science*. Japan Institute of Advanced Science and Technology, Kanazawa, Japan. [Invited]

Bowles, K.H., & Dansky, K.H. (Jan 2005). Outcomes of a telehealth research program with chronically ill home care patients. *The International Nursing Conference on Prevention and Management of Chronic Conditions: International Perspectives*. Bangkok, Thailand.

Bowles, K.H. (May 2005). New 2005 version of the Omaha System developed and ready for implementation. *Nursing on the Move: Knowledge, Innovation, and Vitality. 23rd Quadrennial Congress. International Council of Nurses.* Taipei, Taiwan.

Bowles, K.H. (May 2005). Promoting successful post hospital transitions for elders and family caregivers. *Symposium within Nursing on the Move: Knowledge, Innovation, and Vitality. 23rd Quadrennial Congress. International Council of Nurses.* Taipei, Taiwan.

Bowles, K.H. (May 2005). Information technology to support the care of older adults. *National Aged Care Informatics Conference*. Hobart, Tasmania. [Invited Keynote Speaker]

Bowles, K. H., Naylor, M.D., Holmes, J., Liberatore, M., & Nydick, R. (June 2003). Building a decision support system with expert knowledge. 8th International Congress in Nursing Informatics. Rio De Janeiro, Brazil.

Bowles, K.H. (1999). The performance of the Omaha System with acute care documentation. *11th International Nursing Research Congress*. London, United Kingdom. [Dissertation Results]

Conference Paper and Abstract Presentations: NATIONAL and REGIONAL

Bowles, KH. Technology/Human Factors. National Hartford Center for Gerontological Nursing Excellence Leadership Conference. Virtual presentation October 27, 2020. Invited.

Zolnoori, M., McDonald, M., Cato, K., Sockolow, P., Onorato, N., Barrón, Y., Sridharan, S., **Bowles, K.,** Topaz, M. Using data science to explore reasons for late start of care nursing visit in home healthcare. Annual International Conference on Home Healthcare, Hospice, and Information Technology (H3IT) conference, Virtual. [Podium presentation]. 2020.

Chase, J.D., Jordan, L., Whitehouse, C.R., **Bowles, K.H**. (2020). Unmet caregiving needs are associated with cognitive functioning among older sepsis survivors. 2020 Gerontological Society of America Annual Scientific Meeting, Philadelphia, PA. Paper

Luth, E., Russell, D., Prigerson, H, Dignam, R., Lauder, B., Baughn, R., Bowles, KH. Nurse Visits, Site of Care and Hospitalization Among Hospice Patients with Dementia. 2020 Gerontological Society of America Annual Scientific Meeting, Philadelphia, PA. Paper

Riegel, B, Hirschman, K, **Bowles, KH**, et al. (2020). Challenges Using Technology in a Health Coaching Intervention, Early Lessons Learned. 2020 Gerontological Society of America Annual Scientific Meeting, Philadelphia, PA. Paper

Bowles, KH. (2020). LEAD: Leveraging Tech with Core Expertise. Women in Tech, Villanova University. February 1, 2020. Invited.

Sockolow, P., Le, N., Potashnik, S., Bass, E.J. & **Bowles, K.** (2019). There's a problem with the problem list: Discordance of patient problem information across the home care admission. International Conference on Home Healthcare and Hospice Information Technology (H3IT), October 12, 2019, Seattle, WA.

Champion, C., Sockolow, P., **Bowles, K.**, Potashnik, S., & Bass, E.J. (2019). Variation in medication lists during the transition to home health care: How can health information technology help? International Conference on Home Healthcare and Hospice Information Technology (H3IT), October 12, 2019, Seattle, WA.

Bass, E.J., Pankok, C., Yang, Y., Potashnik, S., **Bowles, K. H.**, Sockolow, P.S. (2019). A staged approach for facilitating joint end-user, vendor, and multi-disciplinary subject matter expert input to health information technology recommendations. 2019 International Symposium on Human Factors and Ergonomics in Health Care, March 24-27, 2019, Chicago, Ill.

Bowles, KH. (April 2019). Guiding Clinicians to Optimize Selection of Patients for Post-Acute Care. Post-Acute Care Conference, University of Colorado, Aurora, Colorado. [invited].

Bowles, KH, Whitehouse, CR, Barron-Vaya, Y, Feldman, P, Jordan, L, Deb, P, Murtaugh, C. (2018). Adding Precision to Visit Patterns: Effects of Early Home Health Nursing Visits and Outpatient Followup. Council for the Advancement of Nursing Science - 2018 State of the Science Congress on Nursing Research, Washington, DC. [Paper Presentation; published abstract].

Bowles, KH. (2018). Adding Precision to Discharge Referral Decision Making with Clinical Decision Support. Council for the Advancement of Nursing Science - 2018 State of the Science Congress on Nursing Research, Washington, DC. [Paper Presentation; published abstract].

Bowles, KH, Barron-Yaya, Y, Feldman, P, Jordan, L, Deb, P, Whitehouse, CR, Murtaugh, C. (2018). Profiles of Sepsis Survivors Entering Home Healthcare: Clues to Prioritize Care for Medicare Beneficiaries. Gerontological Society of America Annual Scientific Meeting, Boston, MA. [Paper Presentation; published abstract].

Whitehouse, CR, **Bowles, KH**, Jordan, L, Chase, JA, Murtaugh, C. (2018). Prevalence and Significance of Geriatric Syndromes After Hospitalization for Sepsis Among Home Health Recipients. Gerontological Society of America Annual Scientific Meeting, Boston, MA. [Presentation; published abstract].

Whitehouse, CR, Long, J, Mcleer Maloney, L, Horowitz, DA, & **Bowles, KH**. (2018). Telehealth Delivery of Diabetes Education during Transitions of Care. Eastern Pennsylvania Geriatric Society (EPGS) 26th Annual Research Night, Philadelphia, PA. [Presentation].

Whitehouse, CR, Long, J, Mcleer Maloney, L, Horowitz, DA, & **Bowles, KH.** (2018). Virtual Education for Older Adults with Type 2 Diabetes during Transitions. American Diabetes Association 78th Scientific Sessions, Orlando, FL. Diabetes; 67(Supplement 1). [Presentation; published abstract].

Whitehouse, CR, Long, J, Mcleer Maloney, L, Horowitz, DA, & **Bowles, KH.** (2018). A Feasibility Study for the use of Technology during Transitions of Care for Older Adults with Type 2 Diabetes Mellitus. ENRS 30th Annual Scientific Sessions, Newark, NJ.

Chase, J., Huang, L., Russell, D., Hanlon, A., O'Connor, M., & **Bowles, K. H.** (2018). Emergency Room Visits in Older Post-Acute Home Health Care Patients: Does Race/Ethnicity Matter? Midwestern Nursing Research Society Annual Research Conference. The Future of Nursing Research: The Economic Realities and Creative Solutions. Cleveland, Ohio.

Bowles, KH. (2018). A business idea from practice: Never doubt your ability to innovate! *Take your nursing innovation to the Marketplace. Nursing Innovation Workshop.* Case Western Reserve University. Cleveland, Ohio. [Invited keynote speaker].

Bowles, KH. (2018). Solutions for an ailing health system: From research question to business opportunity. *Penn Nursing Alumni Event*. Los Angeles, CA. [invited].

Bowles, K.H. (2017). Managing the hospital to home transition: Advice for caregivers. *Empowering women through education and social policy: Transforming elder care.* NGO Health Committee. Church Center for the United Nations. New York, New York. Invited keynote

O'Connor, M., Moriarty, H., Hanlon, A. L., Dowdell, E., & **Bowles, K. H.** (2017). Determining Readiness for Discharge from Skilled Home Health Services: A Mixed Methods Study. International Association of Gerontology and Geriatrics. World Congress of Gerontology and Geriatrics. San Francisco, California.

Sockolow, P., Bass, E. J., **Bowles, K. H.**, Holmberg. A., Quan, W., Yang, Y., & Potashnik, S. (Nov. 2017). Data visualization of home care admission nurses' decision-making. *AMIA 2017 Annual Symposium*, November 4-8, 2017, Washington DC.

Bowles, KH. (Oct. 2017). From Clinical Question to Business Opportunity. *Cleveland Clinic* 5th Annual Nursing Innovation Summit. Keynote speaker. October 23, 2017. Cleveland, Ohio

Bowles, KH. (June 2017). Reducing Readmissions with Evidence Based Discharge Planning. *Cracking the Code on Healthcare Spotlight Event. Healthcare Business Academy.* Rochester, NY. [invited keynote].

Bowles, K.H. (April 2017). The Four Essential Ingredients to Entrepreneurial Success. *Ohio State University Interprofessional Innovation Symposium*. Columbus, Ohio. (Keynote).

Bowles, K.H. (2016). What we know about home health care refusals and patient/caregiver engagement in discharge planning. United Hospital Fund and the Alliance for Home Health Care Quality and Innovation Roundtable. New York, NY. [invited]

Bowles, K.H. (2016). Research Using EHR Data and Informatics. 5th Annual Penn Medicine Nursing Research Conference. Catalyzing Research in Nursing Practice. Philadelphia, PA. [invited]

Bowles, K.H. (2016). Innovations in Discharge Planning and Transitions: The Three Rights of Post-Acute Care. The Dr. Louise Fitzpatrick Distinguished Lecture in Nursing Research. Bryn Mawr Hospital, Bryn Mawr, PA [first recipient] **Bowles, K.H.** (2016). From research to market: Commercializing your clinical decision support. American Medical Informatics Association Annual Symposium. Chicago, IL. [Invited]

Hirschman, K., Vega, A., Hanlon, A., Bradway, C., **Bowles, K.H.**, McCauley, K., Pauly, M., & Naylor, M.D. (2016). Reducing caregiver burden among caregivers of cognitively impaired older adults post hospitalization. Gerontological Society of America Annual Scientific Meeting. New Orleans, LA.

O'Connor, M., Moriarty, H., Hoban, M., & **Bowles, K.H.** (2016). How do we know they are ready? Gerontological Society of America Annual Scientific Meeting. New Orleans, LA.

Chase, J., Hirschman, K., Hanlon, Z. Huang, L., **Bowles, K.H.**, & Naylor, MD. (2016). Determinants of physical function among older adults new to long-term services and supports. Gerontological Society of America Annual Scientific Meeting. New Orleans, LA.

Bowles, K.H. (2016). Discharge decision support system prevents readmissions, reduces costs. Northeastern University Innovation Summit and Hackathon. Boston, MA. [Invited Keynote Speaker]

Topaz, M., Trifilio, M., Maloney, D., & **Bowles, K.H.** (2016). Improving patient prioritization during homecare admission: A pilot study. Home Healthcare and Hospice Information Technology Conference (H3IT), Chicago, IL.

Nock, R., Sefcik, J., Chase, J.A., Flores, E., Zampini, A., Bradway, C., Potashnik, S., & **Bowles, K.H.** (2016). Post-acute care: Why older adults may refuse services. The Gerontological Society of America 69th Annual Scientific Meeting. New Lens on Aging. New Orleans, LA.

Chase, J.A., Liming, H., Hanlon, A., **Bowles, K.H.**, & Naylor, M.D. (2016). Determinants of physical function among older adults new to long-term services and supports. The Gerontological Society of America 69th Annual Scientific Meeting. New Lens on Aging. New Orleans, LA.

Hirschman, K.H., Hanlon, A., **Bowles, K.H.**, & Naylor, M.D. (2016) Reducing caregiver burden among caregivers of cognitively impaired older adults post hospitalization. The Gerontological Society of America 69th Annual Scientific Meeting. New Lens on Aging. New Orleans, LA.

O'Connor, M., Moriarty, H., Hoban, M. B., **Bowles, K.H**. (2016). How do we know they are ready? Determining readiness for discharge from skilled home health services. The Gerontological Society of America 69th Annual Scientific Meeting. New Lens on Aging. New Orleans, LA. [Paper Presentation]

Bowles, K.H. (2016). Building Discharge Referral Decision Support from Electronic Health Records. Grand Rounds Abington Memorial Hospital. Abington, PA. [invited].

Bowles, K.H. (2016). What are the lessons learned in secondary use of electronic health record data for outcomes evaluation? *Nursing Knowledge: 2016 Big Data Science Conference*. University of Minnesota, Minneapolis, MN. [Invited]

Bowles, K.H. (2016). The role of Leonard Davis Institute pilot money in gaining venture capital investment in RightCare Solutions. Wharton School, University of Pennsylvania. [Invited, Lecture to LDI Board of Directors]

Bowles, K.H. (2016). Innovations in discharge planning: A journey from Clinical Question to business opportunity. National Institute of Nursing Research 2016 Director's Lecture. Washington, D.C. [Invited].

Bowles, K.H. (2016). Barriers and solutions to developing and implementing clinical decision support. Presented at the Academy of Medicine and Office of the National Coordinator workshop on Optimizing Clinical Decision Support, Washington, DC. [Invited]

Bowles, K.H. (2016). Decision support algorithms for discharge planning: A journey from clinical question to business opportunity. *Spring 2016 Healthcare Informatics Speaker Series*. Philadelphia, PA. [Invited Keynote]

Bowles, K.H., Demiris, G., & Dykes, P.C. (December 2015). The Use of Health Information Technology to Improve Care and Outcomes for Older Adults. Presented at the Monthly HIMSS Nursing Informatics Task Force Webinar. [invited]

Bowles, K.H. (November 2015). Promoting entrepreneurship in nursing. *Third Annual Norman Volk Discourse. Hartford Center Leadership Conference*. Orlando, FL. [Invited Panel Member]

Bowles, K.H., Flores, E., & Nock, R. (November 2015). What's hot in nursing informatics research? *American Medical Informatics Association Annual Symposium*. San Francisco, CA. [Invited]

Bowles, K.H. (November 2015). Using electronic case summaries to elicit multi-disciplinary expert knowledge about referrals to post-acute care. *H3IT Conference*. Nashville, TN.

Bowles, K.H. (October 2015). Transitions of care policy dialogue. *American Academy of Nursing Annual Conference: Transforming Health Informing Policy*. Washington, D.C. [Invited Panel Moderator]

Bowles, K.H. (October 2015). From an unmet clinical need to entrepreneurship: Improving discharge planning. *National Gerontological Nurse Association 30th Anniversary Convention*. Indianapolis, IN. [Invited Plenary Session]

Topaz, M., Lai, K., Dowding, D., Lei, V., Zisberg, A., **Bowles, K.**, & Zhou, L. (October 2015). Using natural language processing to automatically identify wound information in narrative clinical notes: Application development and testing. Home Healthcare and Hospice Information Technology (H3IT) Conference, Nashville, TN. [Podium Presentation]

Holland, D., Vanderboom, CE., Ingram, CJ., Dose, AM., Wild, E., Mandrekar, J., Austin, CM., Delgado, A., **Bowles, KH.** (July 2015). Describing transitional palliative nursing care using the Omaha System. *3rd Annual International Home Care Nurse's Organization Conference*. Chicago, IL

O'Connor, M., Madden-Baer, R., & **Bowles, K.H.** (July 2015). Identifying critical factors in determining readiness for discharge from skilled homecare services. *3rd Annual International Home Care Nurse's Organization Conference*. Chicago, IL

Bowles, K.H. (May 2015). Health care delivery innovation. University of Pennsylvania School of Nursing 2015 Alumni Weekend. Philadelphia, PA. [Invited Panel Speaker]

Bowles, K.H. (May 2015). Healthy aging: Maintaining independence. *University of Pennsylvania School of Nursing 2015 Alumni Weekend*. Philadelphia, PA. [Invited Panel Speaker]

Bowles, K.H. (April 2015). Clinical decision support for transitions in care. *Health IT Enabled Quality Improvement*. A clinical decision support workshop. University of Pennsylvania. Bioinformatics Institute, Philadelphia, PA.

Bowles, K.H. (April 2015). Striving for the triple aim in homecare: How can HIT help? *Omaha System International Conference*. Eagan, MN

O'Connor, M., Madden-Baer, R., & **Bowles, K. H.** (2015). Paper presentation. Identifying Critical Factors in Determining Readiness for Discharge from Skilled Home Health Services. The International Home Care Nurses Organization 3rd Annual Conference. Home Care: Providing Collaborative and Holistic Care. Chicago, Illinois.

Bowles, K.H. (February 2015). A program for research: From clinical question to business opportunity. *Grand Rounds, Presbyterian.* Philadelphia, PA. [Invited]

Bowles, K.H. (January 2015). Achieving the triple aim in home care and hospice: How IT can help. *Institute of Medicine and the Alliance for Home Care Quality and Innovation Symposium*. Washington, DC. [Invited Panel Speaker]

NewCourtland Center for Transitions in Health (O'Connor, M., Hanlon, A., Megani, S., Masterson-Creber, R., **Bowles, K.H.**, Riegel, B., Van Cleave, J., Marcantonio, S., Coburn, K., Greenberg, S., Davitt, J., Sefcik, J., Topaz, M., Kong, D., & Naylor, M. (2015). Do unique clinical risk profiles predict hospitalization among community-dwelling older adults? *Eastern Nursing Research Society 27th Annual Scientific Sessions*. Washington, DC. [Paper Presentation]

Jarrin, O., **Bowles, K.H.**, Murtaugh, C., &Zhu, C. (November 2014). Predicting early versus later readmission among home health care patients with heart failure. *Gerontological Society of America's* 67th Annual Scientific Meeting. Washington, DC.

Bowles, K.H. (November 2014). Striving for the Triple Aim in Homecare and Hospice: How can HIT help? 3HIT conference. Washington, DC.

Bowles, K.H. (November 2014). A program for research: From clinical question to business opportunity. *Grand Rounds, Hospital of the University of Pennsylvania*. Philadelphia, PA. [Invited]

Bowles, K.H. (November 2014). A Program for research: From clinical question to business opportunity. *Hartford Foundation Board of Directors' Meeting*. Washington, DC. [Invited]

Bowles, K.H. (October 2014). The Use of information technology to improve community-based care. *PA Consulting Group*. New York, NY. [Invited]

Bowles, K.H. (October 2014). Electronic Health Records: Opportunities for Putting Health in the EHR. American Academy of Nursing Transforming Health, Driving Policy Conference. Policy Dialogue. Washington, DC. [invited]

Bowles, K.H. (October 2014). A program for research: From clinical question to business opportunity. *Webinar, Delaware Valley Health Informatics Systems Society.* [Invited]

Bowles, K.H. (September 2014). The future of home care workshop. *Institute of Medicine and the Alliance for Home Care Quality and Innovation Workshop*. Washington, DC. [Invited Panel Speaker]

Sockolow, P.S., & **Bowles, K.H.** (June 2014). Making sense of mixed methods findings from two informatics evaluations exploring congruent and divergent results. *Mixed Methods International Research Association*. Boston, MA.

Bowles, K.H. (May 2014). The impact of discharge decision support on reducing readmissions. *Reducing Readmissions Summit.* Los Angeles, CA. [Invited]

Bowles, K.H. (April 2014). A program of research: From clinical question to business opportunity. *University of Missouri Research Day*. Columbus, MO. [Keynote Address]

O'Connor, M., **Bowles, K.H.,** Feldman, P., St. Pierre, M., Jarrin, O., Shah, S. & Murtaugh, C. (2014). Frontloading and intensity of skilled home health visits: A State of the Science. *Eastern Nursing Research Society 26th Annual Scientific Session*. Philadelphia, PA. [Invited Presentation]

Barron, Y., Murtaugh, C.M., Peng, T.R., Moore, S., Zhu, C., Sui, A., Deb, P., & **Bowles, K.H.** (2013). Healthcare utilization before and after hospitalization of heart failure patients discharged to home health care. *Gerontological Society of America Annual Scientific Meeting*. New Orleans, LA.

Hirschman, K.B., Hanlon, A.L., Davies, J., Bixby, M.B., **Bowles, K.H.**, Bradway, C., McCauley, K., & Naylor, M.D. (November 2013). Experience with care: The transitional care model for hospitalized cognitively impaired older adults. *Gerontological Society of America's 65th Annual Scientific Meeting*. New Orleans, LA.

Hirschman, K.B., Hanlon, A.L., **Bowles, K.H.**, & Naylor, M.D. (November 2013). Does the percentage of palliative care interventions impact burden or quality of life in hospitalized cognitively impaired patients and their family caregivers? *Gerontological Society of America's* 65th Annual Scientific Meeting. New Orleans, LA.

O'Connor, M., Naylor, M.D., Hanlon, A., & **Bowles, K.H.** (2013) Impact of frontloading of skilled nursing visits on the incidence of 30-day hospital readmission. *Academy Health Annual Research Symposium*. Washington, DC.

Topaz, M., Molkina, D., Koru, G., Masterson-Creber, R., Jarrin, O., Rhadhakrishanan, K., O'Connor, M. & **Bowles, K.H**. (2013). We're all in our own little island: A qualitative exploration of patient information exchange during admission to home health agency. *American Medical Informatics Association Annual Symposium*. Washington, DC. [Invited]

O'Connor, M., Hanlon, A., Naylor, M.D., & **Bowles, K.H**. (2013). Impact of length of stay and number of skilled nursing visits on hospitalization following home health discharge. *International Home Care Nurses Organization Inaugural Conference: The Future of Health Care is at Home*. Cleveland, OH. [Invited]

Bowles, K.H. (2013). If you change it, we can't exchange (and other cautions about EHR research). *Omaha System International Conference*. Eagan, MN. [Keynote Address]

Bowles, K.H., Hanson, B., & Miller, P. (2013). Leveraging technology in the fight against readmission. *Reducing Readmissions World Congress*. Washington, DC.

Topaz, M., Shalom, E., Masterson-Creber, R., Radhakrishnan, K., & **Bowles, K.H.** (2013). Generating nursing specific, time-oriented, hierarchical computer interpretable guidelines: Tools used and lessons learned. *First International Conference on Research Methods for Standardized Terminologies*. Eagan, MN. [Podium Presentation]

Topaz, M., Shalom, E., Masterson-Creber, R., Radhakrishnan, K., Monsen, K.A., & **Bowles K.H.** (2013). Developing nursing computer interpretable guidelines: A feasibility study of heart failure guidelines in homecare. *AMIA Annual Symposium Proceedings 2013*. Washington, DC. [Paper Presentation, students' paper competition finalist]

Radhakrishnan, K., **Bowles, K.H.**, Hanlon, A.L., & Topaz, M. (2013). Association of patient characteristics and telehealth alerts with key medical events experienced by patients with heart failure (HF) in homecare. *American Medical Informatics Association Annual Symposium*. Chicago, IL.

Murtaugh, C., Peng, T., Feldman, P., **Bowles, K.H.**, & Shah, S. (2013) The challenge of reducing heart failure patient rehospitalization: A National profile of variation in risk and care practices following hospital discharge to home health care. *Academy Health Annual Research Symposium*. Washington, DC.

Bowles, K.H., & Holland, D.H. (November 2012). Impact of discharge planning decision support on 30 and 60 day readmissions. *American Medical Informatics Association Annual Symposium*. Chicago, IL.

Heil, E., Bhaskar, M., Tanzer, M., & **Bowles, K.H.** (November 2012). Discharge decision support to identify high risk patients and reduce readmissions. *American Medical Informatics Association, Annual Symposium*. Chicago, IL. [Theater Demonstration]

Bowles, K.H., Rosenberg, M., Potashnik, S., & Naylor, M. (2012) .Putting nursing data to work: Building decision support from the EHR. *Gerontological Society of America. Charting New Frontiers in Aging*. San Diego, CA.

O'Connor, M., Hanlon, A., Naylor, M. D., & **Bowles, K.H.** (2012). The impact of number of home health skilled nursing visits on hospitalization and death. *Gerontological Society of America. Charting New Frontiers in Aging*. San Diego, CA. [Invited Symposium Presentation]

O'Connor, M., Hanlon, A., Naylor, M. D., & **Bowles, K.H.** (2012). Controlling for confounding covariates in non-experimental study designs: An Application of the full-matching method and propensity score analysis. *2012 State of the Science Congress on Nursing Research*. Washington, DC [Invited Presentation]

Hirschman, K.B., Naylor, M.D., Hanlon, A.L., **Bowles, K.H.,** Bradway, C., McCauley, K.M., & Pauly, M. (2012). Improving transitions in care from the hospital to home for cognitively impaired adults and their family caregivers. *5th Annual NIH Conference on the Science of Dissemination and Implementation*. Bethesda, MD.

Bowles, K.H., & Holland, DH. (2012). Implementing decision support tools to enhance care for older adults. *Thomas Jefferson University Hospital Quality Forum*. Philadelphia, PA.

O'Connor, M., Hanlon, A., Naylor, M.D., & **Bowles, K.H.** (2012). Impact of length of stay and number of skilled nursing visits on hospitalization following home health discharge. *National Nurse's Week*. *Penn Care at Home*. Bala Cynwyd, PA. [Invited Presentation]

Bowles, K.H. (2011). Patient care delivered through expert knowledge. *Domain Associates Health Information Technology Day*. San Diego, CA. [Invited Presentation]

Hirschman, K.H., Naylor, M.D., & **Bowles, K.H.** (2012). Improving transitions in care from the hospital to home for cognitively impaired adults and their family caregivers. *5th Annual NIH Conference on the Science of Dissemination and Implementation*. Bethesda, MD.

O'Connor, M., Adelsberger, M., & **Bowles, K.H**. (2011). Positioning your telehealth program for success: Be prepared to meet the challenges. *Gerontological Society of America. Lifestyle Lifespan*. Boston, MA. [Invited Abstract Presentation]

Bowles, K.H., & Naylor, M.D. (2011). Transitional care: Implementation/measurement challenges and lessons learned. *New Jersey Health Initiative, Robert Wood Johnson Foundation Grantees Meeting*. Princeton, NJ. [Invited Presentation]

Bowles, K.H. (2011). Evidence-based solutions for transitional and post-acute care. *Knowledge in Motion: Interdisciplinary Evidence-based Care 2011 Conference. Meridian Health.* New Brunswick, NJ. [Invited Presentation]

Bowles, K.H., & Naylor, M.D. (2011). Evidence-based strategies for discharge planning and transitional care. *2011 Emory Healthcare Quality Conference, Emory University Hospital*. Atlanta, GA. [Invited Presentation]

Bowles, K.H. (2011). Evidence-based strategies for discharge planning and transitional care. *Visiting Nurse Association of Atlanta Annual Quality Conference*. Atlanta, GA. [Invited Presentation]

Martin, K.S., **Bowles, K.H.,** & Monsen, K.A. (November 2011). Omaha System and meaningful use: Applications for practice, education, and research. *American Public Health Association Annual Meeting*. Washington, DC.

Monsen, K.A., Martin, K.S., & **Bowles, K.H.** (October 2011). Health promotion outcomes in family home visiting. *American Academy of Nursing Annual Meeting*. Washington, DC.

Bowles, K.H. (September 2011). How to translate research into clinical practice. *Second Annual Research Symposium, Pennsylvania Hospital Research and Evidence-based Council.* Philadelphia, PA. [Invited Presentation]

Bixby, M.B., Hirschman, K.B., **Bowles, K.H.**, Bradway, C.W., McCauley, K.M., & Naylor, M.D. (2011). Transitional care needs of hospitalized cognitively impaired (CI) adults and their family caregivers. *Gerontological Advanced Practice Nurses Association, Annual Educational Conference & Business Meeting*. Washington, DC.

Bowles, K.H. (May 2011). Evidence-based solutions to effective hospital discharge referral and transitional care. *McKesson Corporation Executive Leadership Conference*. St. Louis, MO. [Invited Presentation]

Bowles, K.H., Mattio, S., Hirschman, K., & Naylor, M.D. (April 2011). Problems and symptoms of cognitively impaired elders associated with caregiver burden. *Omaha System International Conference*. Eagan, MN. [Invited Presentation]

Bowles, K.H. (March 2011). Challenges of a smooth transition: Informatics research solutions. 23rd Annual Scientific Session Eastern Nursing Research Society. Philadelphia, PA.

Davitt, J., Frasso, R., Bourjolly, J.N., & **Bowles, K.H.** (January 2011). Understanding racial/ethnic disparities in home health care outcomes: The clinical practice factors. *Society for Social Work and Research 15th Annual Conference*. Tampa, FL.

Bowles, K.H., & Holland, D.E. (2010). Discharge decision making: Identifying patients who need postacute care. *Eagen Home Care*. New Orleans, LA. [Invited Presentation]

Bowles, K.H., & Holland, D.E. (2010). Discharge decision making: Identifying patients who need postacute care. *Preventing Hospital Readmissions, Transitional Care Strategies. New York Presbyterian Hospital*. New York, NY. [Invited Presentation] **Bowles, K.H**., & Holland, D.E. (November 2010). Discharge planning: Early assessment, transition decision making, and identifying post-acute needs. *Gerontological Society of America's 63rd Annual Scientific Meeting*. New Orleans, LA.

Bowles, K.H., Riegel, B., & Naylor, M.D. (November 2010). Nursing research informatics applications. *37th American Academy of Nursing Annual Meeting and Conference*. Washington, DC.

Bowles, K.H., Riegel, B., Weiner, M.G., Glick, H., & Naylor, M.D. (November 2010). The effect of telehealth on heart failure self-care. *American Medical Informatics Association Annual Symposium*. Washington, DC.

Davitt, J., & **Bowles, K.H.** (November 2010). Disparities in home health care outcomes: Exploring practice factors. *138th American Public Health Association Annual Meeting*. Denver, CO

Bowles, K.H., Holland, D.E., & O'Connor, M.A. (October 2010). A research and clinical partnership to improve the identification of hospitalized patients in need of post-acute care. *National Association for Home Care and Hospice.* 29th Annual Meeting and Exposition. Dallas, TX.

Bowles, K.H., Hirschman, K.B., Bixby, M.B., McPartland, E., Kapustka, H., & Naylor, M.D. (September 2010). Meaningful use of electronic data from the Omaha System. (Symposium - Enhancing Transitional Care for Cognitively Impaired Older Adults and their Family Caregivers). *2010 State of the Science Congress on Nursing Research*. Washington, DC. [Paper Presentation]

Bowles, K.H. (September 2010). How to session: How to transition from hospital to home. *Heart Failure Society of America, 14th Annual Scientific Meeting.* San Diego, CA. [Invited]

Bowles, K.H., Hirschman, K.B. Bixby, M. B., Kapustka, H., McPartland, E., & Naylor, M.D. (September 2010). Meaningful use of electronic data from the Omaha System. (Symposium - Enhancing Transitional Care for Cognitively Impaired Older Adults and Their Family Caregivers. *2010 State of the Science Congress on Nursing Rese*arch. Washington, DC. [Paper Presentation; published abstract].

Sockolow, P.S., Lehmann, H.P., **Bowles, K.H.**, Abbott, P.A., & Weiner, J.P. (July 2010). Using the concurrent triangulation approach to evaluate the impact of an electronic health record on clinician satisfaction and patient outcomes in long term care. *6th Annual International Mixed Methods Conference*. Baltimore, MD.

Bowles, K.H., Riegel, B., Glick, H., Weiner, M., & Naylor, M.D. (June 2010). Impact of telehomecare on readmission in heart failure. *Academy Health Annual Research Meeting*. Boston, MA. [Paper Presentation]

Bowles, K.H. & Holland, D.E. (April 27, 2010). An evidence-based care transition model to advance pre-screening and discharge planning. 2nd Annual National Forum on Reducing Hospital Readmissions. Philadelphia, PA. [Invited]

Bowles, K.H., Levin, R., Lauder, B., Ferrara, L., & Wright, F. (March 24, 2010). The evidence-based practice improvement model: Merging two paradigms. 22nd Eastern Nursing Research Society Scientific Sessions. Providence, RI.

Bowles, K.H. (2010). Challenges and solutions to effective discharge planning and transitional care. *2010 Center on Aging Summer Institute*. University of Minnesota, St. Paul, MN. [Invited Keynote]

Sockolow, P.S., Lehmann, H.P., **Bowles, K.H.**, & Weiner, J.P. (July 2009). Are nurses happier after an electronic health record is implemented at a nurse-managed practice for the elderly? *Summer Institute in Nursing Informatics*. Baltimore, MD.

Cato, J., **Bowles, K.H.**, & Abbott, P. (2009). Corporate and academic collaboration: Creating the technology link between education and service. *26th Annual International Nursing Technology Conference*. Washington, DC [Invited Keynote]

Bowles, K.H. (2009). A view about translational research. *The Omaha System International Conference*. *Solving the clinical data-information puzzle*. Minneapolis/St. Paul, MN. [Invited]

Bowles, K.H., & Correll, P. (2009). Generating and using Omaha System data. *The Omaha System International Conference. Solving the clinical data-information puzzle*. Minneapolis/St. Paul, MN. [Invited]

Martin, K.S., **Bowles, K.H**., Correll, P.J., & McEwen, M.M. (2009). Omaha System Partnerships: Advancing practice, documentation, and information management. *137th American Public Health Association Annual Meeting*. Philadelphia, PA.

Bowles, K.H. (2009). The Renfield EBPI Fellows Program: Evaluating Outcomes. *Eastern Nursing Research Society Scientific Sessions. Improving Health Through Nursing Interventions*. Boston, MA.

Bowles, K.H., & Naylor, M.D. (2009). The Transitional Care Model. 2009 Aging in America Conference. American Society of Aging. Las Vegas, NV. [Invited]

Bowles, K.H. (2009). Starting the transition off right: Identifying patients who need post-acute care. *National Gerontological Nursing Association 2009 Annual Convention. Opening Plenary Session.* St. Louis, MO. [Invited Keynote]

Bowles, K.H. (2009). The electronic patient record: What's in it for nursing? *Montefiore Hospital Annual Nurses' Week Address*. Bronx, NY. [Invited Keynote]

Bowles, K.H. (2009). Strategies for successful cost-effective telehomecare: Lessons learned through research. *ACI's Premier Conference on Home Telehealth and Remote Patient Monitoring for Hospitals and Health Systems*. Philadelphia, PA. [Invited]

Naylor, M.D., Kurtzman, E.T., **Bowles, K.H.**, McCauley, K., & Krakauer, R. (2008). Transitional care of older adults: Translating research into practice. *National State of the Science Congress in Nursing Research*. Washington, DC. [Invited]

Holland, D. E., & **Bowles, K.H**. (2008). Translation, cultural adaptation, and psychometric testing the English version of the Problems After Discharge Questionnaire. *61st Annual Gerontological Society of America*. Washington, DC

Naylor, M.D., **Bowles, K.H.**, Hirschman, K.B., & Abbott, K. (2008). Similarities and differences of HRQoL among elders in LTC. *61st Annual Gerontological Society of America*. Washington, DC.

Naylor, M.D., Hirschman, K.B., **Bowles, K.H.**, McCauley, K., Bradway, C.K., Clark, C.M., & Schwartz, J.S. (2008). Hospitalized elders with cognitive impairment and their families. *61st Annual Gerontological Society of America*. Washington, DC.

Bowles, K.H., O'Connor, M., Clark, K., & Seibert, K. (2008). Promoting self-care with telehomecare: lessons learned in balancing culture and technology. *4th IASTED International Conference on Telehealth and Assistive Technologies. Telemedicine: From Science to Service*. Baltimore, MD. [Invited Panel Presentation]

Bowles, K.H. (2008). How to organize and deliver effective home care services: Perspectives on telehealth. *American Heart Association Scientific Sessions*. New Orleans, LA. [Invited]

Bowles, K.H. (2008). Developing a program of research. Career advice and lessons learned. *Yale University Doctoral Student Seminar*. New Haven, CT. [Invited]

Bowles, K.H. (2008). Transitions in care for older adults: Patient profiles. *The New York Academy of Medicine*. New York, NY. [Invited]

Bowles, K.H. (2008). Using information science to improve health care for older adults. A program of research. *Division of Health Sciences Informatics Seminar Series. Johns Hopkins University*. Baltimore, MD. [Invited]

Bowles, K.H., Foust, J.B., Levin, R., & Vetter, M.J. (2008). Building bridges in the academic nursing and health care practice settings: The Renfield Fellows Program. *Pace University Center for Nursing Research, Clinical Practice, and International Affairs Scholarly Colloquium*. New York, NY. [Invited]

Bowles, K.H. (October 2007). Envisioning technology for holistic health care in the 21st century: Newer approaches, alliances and entrepreneurship. *Oakland University*. Rochester, MI. [Invited]

Bowles, K.H. (September 2007) Promoting self-care using telehomecare: A Program of research. 11th Annual Scientific Meeting, Heart Failure Society of America. Washington, DC. [Invited]

Bowles, K.H. (2007). Factors to support effective discharge referral decision making. *Yale University Center for Excellence in Chronic Illness Care*. New Haven, CT. [Invited]

Bowles, K.H. (April 2007). What's next for practice, research, and education: Developing a research agenda. *The Omaha System International Conference*. Minneapolis, St. Paul, MN. [Invited]

Bowles, K.H. (2007). Grand Rounds: Developing a discharge decision support system; A program of research. *Mayo Clinic*. Rochester, MN. [Invited]

Bowles, K.H., & Horowitz, D. (2006). Disease management-homecare's niche? Continuing the tradition through changing times. Conference sponsored by the Pennsylvania Homecare Association. *Pennsylvania State University*. State College, PA.[Invited]

Dansky, K.H., & **Bowles, K.H.** (May 2006). Impact of telehealth on heart failure outcomes. 7th Scientific Forum on Quality of Care and Outcomes Research in Cardiovascular Disease and Stroke. American Heart Association. Washington, DC.

Bowles, K.H. (2006). Using Omaha System terminology. *Long Term Care Health IT Summit. American Association of Homes for the Aged.* Baltimore, MD. [Invited]

Bowles, K.H. (February 2006). Developing a decision support system for discharge referrals. *NICHE Leadership Conference*. New York, NY. [Invited Keynote Speaker]

Horowitz, D., & **Bowles, K.H.** (2006). Managing chronic illness: Comparing telemonitoring and telephone evidence based interventions. *Technology Conference, Pennsylvania Homecare Association*. Camp Hill, PA. [Invited]

Bowles K.H., Martin, K.S., & Naylor, M.D. (2006). Using the Omaha System to describe what is inside the black box. *NANDA, NIC, NOC Conference, 2006.* Philadelphia, PA.

Bowles, K.H., Holmes, J., Liberatore, M, Naylor, M, Nydick, R., Heil, E.,& Clark, K. (July 2005). Using clinical data to generate expert knowledge and build decision support. *16th International Nursing Research Congress, Renew Nursing through Scholarship*. Kona, HI.

Bowles, K.H. (2005). E-Health: From research to practice. E Healthcare: From research to practice. *Pennsylvania Homecare Association, Pennsylvania State University.* State College, PA [Invited]

Colaco, B., Dansky, K.H., & **Bowles, K.H.** (June 2005). Effects of telehealth on the self-management of heart failure. *Academy Health Annual Research Meeting*. Boston, MA. [Paper Presentation]

Bowles, K.H. (2005). Barriers and facilitators of collaborative management of heart failure. 58th Annual Scientific Meeting of the Gerontological Society of America. Orlando, FL.

Bowles, K.H. (April 2005) Building an academic program of Omaha System research. *Omaha System International Conference: A Key to Practice, Documentation, and Information Management.* Minneapolis, MN. [Invited]

Bowles, K.H. (2005) Barriers and facilitators of collaborative management of heart failure. In Improvement in quality of care for older adults with heart failure: An Interdisciplinary approach (Symposium: M.D. Naylor Chair).*58th Annual Scientific Meeting*. Orlando, FL.

Bowles, K.H., & Baugh, A. (October 2004). Telehomecare state of the science for care of the chronically ill. *National Congress on the State of the Science in Nursing Research*. Washington, DC.

Martin, K.S., **Bowles, K.H.**, Elfrink, V.L., & Monsen, K.A. (March 2004). Integrating practice, education, and research: The Omaha System. *NANDA, NIC, NOC*. Chicago, IL.

Martin, K.S., **Bowles, K.H.**, Elfrink, V.L., & Monsen, K.A. (March 2004). Working together for quality nursing care: Striving toward harmonization. *NANDA, NIC, NOC*. Chicago, IL.

Bowles, K.H. (2003). A Quarter century of Omaha System Research. *The Omaha System: A Key to Practice, Documentation, and Information Management. The Second Annual Omaha System International Conference.* Milwaukee, WI.

Bowles, K.H. (2003). Nurse and patient reactions to televideo in home care. *Psychiatric/Gerontological Nursing Update*. Philadelphia, PA. [Invited]

Bowles, K.H., Holmes, J., Naylor, M.D., Liberatore, M., & Nydick, R. (November 2003). Expert consensus for discharge referral decisions using online delphi. *Biomedical and Health Informatics: From Foundations to Applications. American Medical Informatics Association Symposium.* Washington, DC.

Naylor, M.D., **Bowles, K.H.**, Konich-McMahan, J. A., & Bixby, M.B. (October 2003) Transitional care of frail elders. 6th International Conference on Care Management, Care Management in an Aging Society. Philadelphia, PA. [Symposium]

Bowles, K.H., Marcus, S., & Basfield-Holland, E. (2002). Outcomes of televideo versustelephone follow-up of high risk CHF home care patients. *Sigma Theta Tau International State of the Science Congress*. Washington, DC.

Stephens, C., Naylor, M, & **Bowles, K.H**. (2002). Transitional care needs of hospitalized cognitively impaired older adults and their caregivers. *Sigma Theta Tau International State of the Science Congress*. Washington, DC.

Bowles, K.H. (2001). A Natural experiment: Impact of PPS on home care utilization and quality outcomes. *Academic Practice Rounds, School of Nursing, University of Pennsylvania*. Philadelphia, PA. [Invited]

Bowles, K.H., Schwartz, S., Hollingsworth, S., Nichols, S., & Caplan, A. (2001). From e-commerce to e-healthcare: The Challenges of the new economy. *Distinguished Alumni Panel. Wharton School, University of Pennsylvania.* Philadelphia, PA.[Invited]

Bowles, K.H. (2001). Data, research, and dissemination. *The Omaha System: A Key to Practice, Documentation, and Information Management. The Omaha System International Conference.* St Paul, MN.

Bowles, K.H., Peng, T., Qian, R., & Naylor, M. (2001). Informatics application provides instant research to practice benefits. *American Medical Informatics Association Annual Symposium. A Medical Informatics Odyssey*. Washington, DC.

Bowles, K.H. (2001). Treatment priorities in the frail elderly. *American Heart Association Scientific Sessions*. Anaheim, CA.

Basfield-Holland, E., **Bowles, K.H.**, & Salvucci, L. (2001). Identifying high risk patients for targeting telehome care monitoring. *Expanding the Practice of Medicine through Telecommunications Technology*. 6th Annual Meeting and Exposition of the American Telemedicine Association. Fort Lauderdale, FL.

Bowles, K.H., Dansky, K.H., Baum, E., & Snow, J. (October 2001). Team-based approach to e-health decisions. *Telehealth 2001 Conference and Exhibition. Improving the Business of Healthcare*. American Telemedicine Service Providers and the Health Information and Management Systems Society. Orlando, FL.

Bowles, K.H. (2000). Individualized care for alzheimer's patients and their caregivers. *Annual Frank Morgan Jones Fund Lecture*. Foulkeways, Gwynned, PA [Invited]

Bowles, K.H. (2000) Technology in home care. *American Society of Aging, Summer Series*. Philadelphia, PA. [Invited]

Bowles, K.H. (2000). PACE Research: What have we learned. *American Society of Aging, Summer Series*. Philadelphia, PA. [Invited]

Bowles, K.H. (2000). Telemedicine in home health care. *Hospital Association of Pennsylvania*. Harrisburg, PA. [Invited]

Bowles, K.H. (2000). Televideo visits improve self-management of diabetes among homebound elders. 18th Annual International Nursing Computer and Technology Conference. Arlington, VA.

Bowles, K.H. (2000). Decision analysis of hospital discharge referrals. *Gerontological Society of America* 53rd *Annual Scientific Meeting*. Washington, DC.

Bowles, K.H. (1999). Use of televideo visits to improve home health services. *Bala Nursing and Retirement Center*. Bala Cynwyd, PA. [Invited Speaker for National Nurses Week]

Bowles, K.H. (1999). Lessons from the field. *Telecommunications in Home Health Care. Linking Patients to Providers Through Information Technology.* Pennsylvania State University, University Park, PA. [Invited] **Bowles, K.H.** (1999). Using tele-home care to improve home health services for diabetic patients. *National Association for Home Care's 18th Annual Meeting and HOMECARE Expo.* San Diego, CA. [Invited]

Bowles, K.H. (1999). Nursing Special Interest Group Symposium: Movers and Shakers: Nurses, the Bedrock of Quality. *Gerontological Society of America* 52nd Annual Scientific Meeting. San Francisco, CA. [Invited]

Bowles, K.H. (1999). The effect of tele-home care on the self-management of diabetes in homebound elders. *Gerontological Society of America 52nd Annual Scientific Meeting*. San Francisco, CA.

Bowles, K.H. (1999). Home care referrals: A Vulnerable link in the continuum of care. *State of the Science Congress: Better Health Through Nursing Research*. Washington, DC.

Bowles, K.H. (1998). Choosing the right nursing classification system for your needs. *Information Technology in Health Care: Challenges and Opportunities. University of New Hampshire, Sigma Theta Tau International Conference.* Manchester, NH.

Bowles, K.H. (1998). The Status of nursing information in the efforts to computerize the patient record. *Sigma Theta Tau, Alpha Nu Chapter Research Day*. Villanova University, Villanova, PA. [Invited]

Bowles, K.H. (1998). The use of tele-home care to improve home health services. *Department of Commerce, Telecommunications and Information Infrastructure Assistance Program.* Washington, DC.

Brooten, D., **Bowles, K.H.**, Kirby, A., & Miovech, S. (1997). Comparison of advanced practice nurse functions using four nursing classification systems. *75th Annual Scientific Sessions of Sigma Theta Tau International*. Indianapolis, IN. [Symposium]

Bowles, K.H. (1997). An Evaluation of the Omaha System in the hospital care of the elderly. 9th Annual Scientific Sessions, Eastern Nursing Research Society. Philadelphia, PA.

Brooten, D., Deatrick, J., Ash, L., **Bowles, K.H.**, et al, (1997). Comparison of advanced practice nurse functions using seven nursing classification systems: The Omaha System. 9th Annual Scientific Sessions, Eastern Nursing Research Society. Philadelphia, PA. [Symposium]

Bowles, K.H. (1996). Classification of advanced practice nurse functions using the Omaha System. *Faculty Research Seminar, International Center of Research for Women, Children and Families*, University of Pennsylvania, Philadelphia, PA.

Poster Sessions: INTERNATIONAL

Bowles, K.H., Topaz, M., Kang, Y., Holland, D.E. (October 2014). Characteristics and outcomes of older adults who refuse post-acute care services. *Gerontological Society of America Scientific Meeting*. Vancouver, Canada.

Topaz, M., Masterson-Creber, R., Radhakrishnan, K., Shalom, E., **Bowles, K.H.** (2013). Identifying guidelines for heart failure patients with co-morbidities: an Alarming issue for home health nursing. *Multi-morbidity Management Conference, The Cheryl Spencer Institute for Nursing Research*. Haifa, Israel.

Sockolow, P.S., **Bowles, K.H**. (2013). Interdisciplinary care team adoption of electronic point-of-care documentation systems: An Unrealized opportunity. *Medinfo 2013, the 14th World Congress on Medical and Health Informatics*. Coppenhagen, Denmark.

Bowles K.H., & Martin K.S. (2006). Three decades of Omaha System Research: Providing the map to discover new directions. In *Consumer-Centered Computer-Supported Care for Healthy People—NI06: Proceedings of the 9th International Congress on Nursing Informatics* (994). H-A Park, P. Murray, C. Delaney (Eds.). Amsterdam, the Netherlands: IOS Press.

Poster Sessions: NATIONAL AND REGIONAL

Chase, J., Hanlon, A., Lozano, A., & **Bowles, K.** (March 17-20, 2016). Mobility loss among hospitalized older adults: Who is at risk? *MNRS 40th Annual Research Conference*. Milwaukee, WI.

Nock, R. H., Chase, J. D., Potashnik, S., Ratcliffe, S., Holmes, J. H., Naylor, M., & **Bowles, K.H.** (October 2015). An innovative method to elicit expert knowledge for building decision support. *8th Annual Mid-Atlantic Healthcare Informatics Symposium*. Philadelphia, PA.

Ahmad, F., Barg, F.K., **Bowles, K.H.,** Alexander, M., Goldberg, L., French, B.C., Kangovi, S., Gallagher, T.R., Paciotti, B., & Kimme, IS.E. (November 2013). Comparing perspectives between patients, caregivers, and clinicians on heart failure management. *American Heart Association Scientific Sessions*. Dallas, TX.

Bowles, K.H., Holland, D.E., Postashnik, S.L., & Topaz, M. (October 2013). Discrepencies between clinicians' decisions and patients' acceptance of post-acute care referrals (PAC). *Gerontological Society of America Scientific Meeting*. Denver, CO.

Radhakrishnan, K., & Bowles, K.H. (March 2013). Role of heart failure (HF) patient characteristics on telehealth alert generation. *Society of Behavioral Medicine 34th Annual Meeting & Scientific Sessions*. San Francisco, CA.

Bowles, K.H., Holland, D., Potashnik, S., & Topaz, M. (2013). Discrepencies between clinicians' decisions and patients' acceptance of post-acute care (PAC) referrals. *Gerontological Society of America Scientific Meeting*. New Orleans, LA.

O'Connor, M., Hanlon, A. & **Bowles, K.H.** (2013). Impact of frontloading of skilled nursing visits on the incidence of 30-day hospital readmission. *Gernotological Society of America Annual Scientific Meeting*. New Orleans, LA. [Invited]

Topaz, M., Molkin, D., Jarrin, O., Radhakrishnan, K., O'Connor, M., & **Bowles, K.H**. (2013). Who shall we visit first? Great variation in how home health prioritizes patients' first home visit. *66th Gerontological Society of America Annual Scientific Meeting*. New Orleans, LA.

Topaz, M., Molkina, D., Koru, G., Masterson-Creber, R., Jarrin, O., Radhakrishnan, K., O'connor, M., & **Bowles, K.H.** (2013). We're all in our own little island: A Qualitative exploration of patient information exchange during admission to home health agency. *American Medical Informatics Association Annual Symposium.* Washington, DC.

Bowles, K.H., Holmes, J., Naylor, M.D., Ratcliffe, S.J., Potashnik, S., Topaz, M., & Diaz, Z. (2013). Putting nursing data to work: Building decision support for identifying patients at risk for poor post discharge outcomes. *Electronic Data Methods Forum for Comparative Effectiveness Research, Academy Health*. Baltimore, MD.

Monsen, K., **Bowles, K.H.**, & Erdogan, S. (2013). Omaha System partnership for knowledge discovery and healthcare quality. *Minnesota E-Health Summit*. Minneapolis, MN

Topaz, M., Radhakrishnan, K., Masterson-Creber, R., Shalom, E., & **Bowles. K.H.** (2013). Five step process to create nursing-specific, computer interpretable, clinical practice guidelines. *The Omaha System International Conference*. Eagan, MN.

Topaz, M., & **Bowles, K.H.** (2013). The Omaha System: A Systematic review of the recent literature. *The Omaha System International Conference*. Eagan, MN.

Topaz, M., Masterson-Creber, R., Radhakrishnan, K., Shalom, E., & **Bowles, K.H**. (2013). A lack of guidelines for the care of elderly patients with heart failure and other co-morbidities: An Alarming issue for home health nursing. *66th Gerontological Society of America Annual Scientific Meeting*. New Orleans, LA. [Late Breaker Poster]

Topaz, M., Rao, A., Masterson-Creber, R. & **Bowles, K.H.** (2013). Educating clinicians on new elements incorporated into the electronic health record: theories, evidence and one educational project. *6th Annual Mid-Atlantic Healthcare Informatics Symposium*. Philadelphia, PA.

O'Connor, M., Hanlon, A., & **Bowles, K.H**. (2013). Impact of frontloading of skilled nursing visits on the incidence of 30-day hospital readmission. *Gerontological Society of America Annual Scientific Meeting*. New Orleans, LA. [Invited]

Vanderboom, C., Vincent, A., Luedtke, C., Limburg, P., & **Bowles, KH**. (2012). Patient readiness to use technology for self-management of fibromyalgia: A pilot study. *Midwest Nursing Research Society 36th Annual Research Conference*. Dearborn, MI.

O'Connor, M., Hanlon, A., Naylor, M. D., & **Bowles, K.H.** (2012). The impact of length of stay on hospitalization. *Annual Research Meeting. Academy Health.* Orlando, FL. [Invited]

O'Connor, M., Hanlon, A., Naylor, M. D., & **Bowles, K.H.** (2011). Insufficient time in home health: The impact of length of stay on hospitalization. *Building Academic Geriatric Nursing Capacity Leadership Conference, John A. Hartford Foundation*. Boston, MA. [Invited]

O'Connor, M., & **Bowles, K.H.** (2011). Answering gerontological research questions using large data sets. *Gerontological Society of America. Lifestyle Lifespan*. Boston, MA. [Invited]

O'Connor, M., & **Bowles, K.H**. (2011). Answering gerontological research questions using large data sets. *Institute of Aging Annual Retreat, University of Pennsylvania*. Philadelphia, PA. [Invited]

O'Connor, M., & **Bowles, K.H.** (2011). Answering gerontological research questions using large data sets. *Doctoral Student Organization Spring Colloquium*. Philadelphia, PA. [Invited]

Bixby, M.B., Hirschman, K.H., McPartland, E., Bradway, C., McCauley, K., **Bowles, K.H.**, & Naylor, M.D. (2010). What are the transitional care needs of family members of cognitively impaired older adults during an acute episode of illness? *Institute on Aging*, Philadelphia, PA.

Davitt, J.K., Frasso, R., Bourjolly, J., & **Bowles, K.H.** (November 2009). Uunderstanding racial and ethnic disparities in home health outcomes: The clinical practice factors. *American Public Health Association, Annual Meeting*. Philadelphia, PA.

Martin K.S., & **Bowles K.H.** (October 26, 2008). Three decades of Omaha System research: Providing the map to discover new directions. *136th American Public Health Association Annual Meeting and Exposition*. San Diego, CA.

Holland, D.E., Mistiaen, P., Knafl, G., & **Bowles, K.H**. (2008). The English translation, cultural adaptation, and testing of the Problems after Discharge Questionnaire. *American Academy of Nursing Annual Meeting & Conference*. Scottsdale, AZ.

Holland, D.E., Rhudy, L.M., & **Bowles, K.H**. (2008). Resilience in an aging society: Risks and opportunities. *Illuminating Hospital Discharge Planning Practice: Staff Nurse Decision Making. Gerontological Society of America 61st Annual Scientific Meeting*. National Harbor, MD.

Bowles, K.H., & Martin, K.S. (2007). Three decades of Omaha System Research: Providing the map to discover new directions. *Midwest Nursing Research Society Annual Conference*. Omaha, NB.

Bowles, K.H., Ratcliffe, S.J., Holmes, J.H., Liberatore, M., Nydick, R., & Naylor, M.D. (2007) Discharge referral decisions made by experts compared to hospital clinicians and the patients' 12-week post-discharge outcomes. *The Era of Global Aging: Challenges and Opportunities. Gerontological Society of America 60th Annual Scientific Meeting.* San Francisco, CA. **Bowles, K.H.**, Holmes, J.H., Liberatore, M., & Naylor, M.D. (2006). Methods for eliciting expert knowledge. 33rd Annual Meeting and Conference. Integrating Physical and Mental Health Care. American Academy of Nursing. Miami, FL.

Bowles, K.H., & Martin, K.S. (November 2004). Three decades of Omaha System Research: Providing the road map to discover new directions. *American Academy of Nursing 31st Annual Meeting and Conference. Leadership for Health: Building on the Past, Creating the Future.* Washington, DC.

Bowles, K.H. (2000). Decision analysis of hospital discharge referrals. *18th Annual International Nursing Computer and Technology Conference*. Arlington, VA.

Bowles, K.H. (1999). Use of tele-home care to improve the care of homebound diabetics. *Aging* Unafraid, A Symposium for Successful Aging. Mid-Atlantic Regional Office of the U.S. Department of Health and Human Services, Philadelphia Corporation for Aging. Philadelphia, PA.

Bowles, K.H. (1997). Expansion of the Omaha System to acute care. *15th Annual International Nursing Informatics Conference*. Atlantic City, NJ.

Bowles, K.H. (1997). Performance of the Omaha System with acute care documentation. *American Academy of Nursing Conference*. Washington, DC.

Bowles, K.H. (1996). An Evaluation of the Omaha Classification System in the hospital care of the elderly. *Rutgers University 14th Annual International Nursing Informatics Conference*. Morristown, NJ. [Preliminary Dissertation Results]

Brooten, D., Deatrick, J., Ash, L., **Bowles, K.H**., et al. (1996). Comparison of advanced practice nurse functions using seven nursing classification systems. *Sigma Theta Tau Research Day, Temple University*. Philadelphia, PA.

MEMBERSHIPS IN PROFESSIONAL & SCIENTIFIC SOCIETIES & OFFICES HELD

2017-2018	Member, New York Organization of Nurse Executives and Leaders
2011-2013	Co-Chair of Informatics Expert Panel
2010-2017	Member, Academy Health
2010-present	Member, Gerontological Society of America
2008-present	Member, Eastern Nursing Research Society
2007-present	Member, American Academy of Nursing
2001-present	Member, American Medical Informatics Association

2000-2004	Member, American Heart Association, Council of Cardiovascular Nursing
1999-2002	Member, Gerontological Society of America
1997-1999	Member, Regional Nursing Centers Consortium
1996-present	Member, American Nurses Association
1996-1999	Member, Eastern Nursing Research Society
1990-present	Member, Sigma Theta Tau, International Nursing Honor Society, Alpha Nu
1980-1999	Member, American Association of Critical Care Nurses (AACN)

SELECTED PROFESSIONAL ACTIVITIES

2020-2022	Expert Advisory Group Member for National Science Foundation grant, Expeditions in Computing: Immersive Care. Cornell University. PI: Eskin
2020	Invited workgroup member AHRQ Research Summit on Transforming Care for People Living with Multiple Chronic Conditions. November 17-18.
2020	Search Committee Member for the Director of Extramural Programs, National Institute of Nursing Research, National Institutes of Health.
2020	Special Issue Editor: O'Connor, M and Bowles, KH. (2020). Telehealth and mHealth, <i>Research in Nursing and Health Care.</i> 44(1), 1-261.
2019	National Advisory Committee for R21/R33 Advancing Interdisciplinary Science of Aging through Identification of Iatrogenic Complications: The UF EHR Clinical Data Infrastructure for Enhanced Patient Safety among the Elderly (UF- ECLIPSE). University of Florida, College of Nursing
2018	Mathematica Cognitive Impairment Measures Expert Work Group
2018-2022	Post-Acute Care Senior Advisory Committee. R13 funded conference grant. University of Colorado
2016	Panel member at the Innovation Summit: Pioneering Discovery at the Intersection of Nursing and Engineering. Rory Meyers College of Nursing, New York University.
2016	Electronic Clinical Quality Measures for Eligible Professionals: Cognitive Impairment Expert Work Group. Mathematica Policy Research.

2016	National Academy of Medicine and the Office of the National Coordinator for Health Information Technology meeting series participant for Optimizing Strategies for Clinical Decision Support. Washington, DC
2016-2020	Appointed to the National Institute of Nursing Research National Advisory Council.
2015	Technology and Innovation Focus Group. Robert Wood Johnson Foundation. [invited]
2015	Program Committee for the Second Annual Home Health and Hospice Information Technology conference (H3IT), Nashville, TN
2015	Second International Conference on Research Methods for Standardized Terminologies, University of Minnesota, April 15, 2015, Planning Committee Member.
2014	Innovative Questions for Health Promotion and Wellness, Invited Workshop at the National Institute of Nursing Research.
2013-present	Adjunct Professor Hong Kong Polytechnic University
2012-2013	National Quality Forum Health Information Technology Care Coordination, Expert Panel Member
2012	Invited expert panel member, National Committee for Quality Assurance (NCQA) for developing a publication about the Plan All-Cause Readmission measure
2011-2013	Gerontological Society of America Health Science Section Executive Committee
2011-2012	Editorial Board Member, Smart Homecare Technology and Telehealth Journal.
2011	Grant reviewer for the Small Business Innovation Research grants. NIH
2011	Study section panel member. Technologies for Healthy Independent Living. National Institute of Health
2011-2013	Chair Elect and Chair of the American Academy of Nursing, Nursing Informatics Expert Panel
2011-2012	International Program Committee. 5 th IASTED International Conference on Telehealth. Innsbruck, Austria

2011-present	Senior Editor and expert contributor for the Online Journal of Nursing Informatics.
2011-present	Grant reviewer and site visitor for the Robert Wood Johnson Foundation Transitional Care Initiative
2011-present	Manuscript reviewer for <i>Health Services Research</i> . Manuscript reviewer for <i>Applied Clinical Informatics</i> .
2011	Grant reviewer for the Health Research Council of New Zealand.
2010-present	Invited member of the Information Technology Committee of the Gerontological Society of America.
2010-present	Advisory board member for the VNS of New York Care Transitions Project funded by the Commonwealth Fund.
2010-pesent	American Medical Informatics Association Meetings, Committee Member
2010	Invited member of the Decision Support Workgroup at the Office of the National Coordinator for Health Information Technology, Department of Health and Human Services, Arlington, VA
2010	Abstract Reviewer, Academy Health Annual Research Meeting, Health Information Technology Track
2010	Session Chair, Consumer Applications of Health Information Technology. Academy Health Annual Research Meeting. Boston, MA
2009-present	Study section grant review member for Agency for Healthcare Research and Quality (AHRQ), Health Care Information Technology Research (HITR) Study Section.
2009-present	Editorial Board member Journal of Nursing Science.
2009	Appointed to the CMS sponsored Technical Expert Panel to develop measures for transitions in care. Denver, CO
2009	Grant reviewer for NIH Healthcare Delivery and Methodologies Institutional Review Group. Special Emphasis Panel. NINR
2009	Panel member to discuss research priorities for National Institute of Nursing Research Advancing Nursing Science through Comparative Effectiveness Research

2009	Appointed to the National Quality Forum's (NQF) Steering Committee for Endorsing Preferred Practices and Performance Measures for Measuring and Reporting Care Coordination.
2009	Health Manpower Development Program Invited expert. Ministry of Health Singapore. Two week consultation on telehealth, transitional care, decision support, the electronic record and home care.
2009	Interviewed and Quoted in Home Health Line Oct. 26, 2009; 34(41), 8. Pennsylvania's Chronic Care Management Program: Business Opportunities for Home Health Agencies.
2008-2010	Board of Directors for Health Systems Solutions. A telehealth and information technology company serving the home care market. New York, NY.
2008-present	Grant reviewer for the ZonMw's 'Diseasemanagement Chronische Ziekten' Programme. The Netherlands. (Disease Management and Telehealth Technology).
2008	Invited Consultant on the Improving Safe Transitions Technical Expert Panel to develop standardized measures for improving continuity of care for Medicare beneficiaries transitioning between health settings. Sponsored by Centers for Medicare and Medicaid Services. Baltimore, MD.
2007-2010	Member of the Health Information Technology Standards Panel, Population Health Technical Committee, American National Standards Institute. Commissioned by the Office of the National Coordinator of Health Information Technology.
2007-present	Board of Directors of the Online Journal of Nursing Informatics.
2007-present	Research Collaborator. Mayo Clinic, Rochester, MN
2007-present	Information Science expert for the International Council of Nurses.
2007-present	Manuscript Reviewer for BMC Health Services Research.
2007	Invited Consultant on the Technical Expert Panel to provide input on a Post-Acute Care Assessment instrument mandated by Congress and funded by the Centers for Medicare Services. Baltimore, Maryland.
2006-present	Member, Informatics Expert Panel, American Academy of Nursing
2006-present	Professional Advisory Committee member, Visiting Nurse Association of Greater Philadelphia.

2006, 2007	Member of the International Program Committee for Telehealth, Calgary, Canada
2006-2007	Workgroup Member to recommend the standards for measuring functional status in the Continuity of Care Record for long term care services. Center for Aging Services Technology and the American Health Information Management Association.
2006	Grant reviewer for the Netherlands Organization for Health Research and Development.
2006	Grant reviewer for the Maryland Industrial Partnerships Program
2006	Medical Informatics Association's Annual Symposium.
2005-present	Manuscript reviewer for Computers, Informatics, Nursing.
2005-2007	Member of the Pennsylvania Senate Committee on Technology in Health Care Working Group
2005	Manuscript reviewer for General Internal Medicine
2005	Scientific Program Committee. Applications of Informatics Track American
2005	Expert Reviewer for the Veterans Administration Evidence-Based Practice Center, Office of Nursing Research. Assessing the Evidence Base for Information Systems and related nursing practice that improve patient care and outcomes.
2004	Invited by Dr. David Brailer, National Coordinator for Health Information Technology, to attend the Secretarial Health Information Technology Summit, July 20-23, 2004.Washington, DC. Sponsored by Secretary Thompson's Office.
2004-present	Manuscript reviewer for Social Science and Medicine
2004-present	Manuscript reviewer for Journal of Cardiovascular Nursing.
2003	Grant reviewer for the Technology Opportunities Program, Department of Commerce, Washington, DC
2003-present	Manuscript reviewer for Medical Care.
2002-present	Manuscript reviewer for International Journal for Quality in Health Care.
2002-present	Telehome Care Consultant. Philadelphia Corporation for Aging, Supporting Older African American Caregivers: Assessing Needs, Building Skills, and Maintaining Health.

2002-2005	Secretary and Member of the Education Committee of the American Medical Informatics Association.
2002-2005	Secretary and Member of the Meetings Committee of the American Medical Informatics Association.
2002	Member of the Advisory Committee and Consultant. Patient's Communication of Rehabilitation Outcomes via the Web. Dr. Mary Segal, Principal Investigator, Department of Rehabilitation Medicine, University of Pennsylvania.
2001-present	Invited speaker (2001) and participant in a national workshop to evaluate and determine updates and changes to the Omaha System, an international nursing classification system. St. Paul, MN.
2001-present	Member of the Board of Directors of the Consortium of Omaha System International.
2001-present	Manuscript reviewer for Nursing Research.
2001-2002 2000	Member of the Special Awards Committee for the Villanova University School of Nursing 50 th Anniversary Celebration Quoted in a <u>New York Times</u> article, March 6, <u>Virtual Visits for Shut-ins</u> .
2000	Interviewed by <u>The Business Journal</u> , San Jose, CA, on the Future of Telehome Care.
2000	Consultant for the Hill-Rom Home Care Advisory Panel. Charleston, SC.
2000	Moderator for American Heart Association 73 rd Scientific Session. Innovative management strategies for CV patients in the outpatient setting. New Orleans, LA.
2000	Videotaped interview on <u>Using Tele-Home Care to Improve Home Health</u> <u>Services</u> for Pennsylvania State University Public Relations Department. Aired on national television in February.
1999	Invited participant at research agenda development conference on Home Care Technologies for the 21 st Century. Sponsored by the National Science Foundation, Catholic University, and the Food and Drug Administration. Rockville, Maryland
1999	Interviewed by Pennsylvania State University for report to the Pennsylvania legislators on <u>Using Tele-Home Care to Improve Home Health Services</u>

1999	Reviewer for the national guidelines for telehome care for the American Telemedicine Association
1999-2000	Issue Editor, Journal of Cardiovascular Nursing, 14(3), Transitional Care
1999-2000	Editorial board member of Home Health Focus, St. Louis: Mosby, Co.
1998	Testimony to the National Committee on Vital and Health Statistics, Classification Issues of the Omaha System in Connection with the Requirements of the Health Insurance Portability and Accountability Act of 1996 (PL 104-191)
1996-2005	Director of Nursing Research for the Visiting Nurse Association of Greater Philadelphia.
1992-1993	Planning Committee Member for Annual DVNEA conference
1992-1993	Sigma Theta Tau, Alpha Nu fund raising and research committee member
1990-1993	Chairperson of Resource Coordination Committee, Delaware Valley Nurse Educator's Association (DVNEA)

UNIVERSITY OF PENNSYLVANIA ACTIVITIES

School of Nursing and University Committees

2021	Task force member- faculty mentorship workload review committee
2021	Task force member-review of tenure track review criteria
2020	Member of Academic Freedom Committee
2020	Elected member of the Dean's Reappointment Committee
2019	University of Pennsylvania School of Nursing Search Committee member for a Practice Professor in Statistics
2018-2019	Chair of Personnel Committee
2017-2018	Chair Elect of the Personnel Committee
2016	Chair task force to revise the Practice Professor appointment and promotion criteria
2016	Chair, task force to evaluate reappointments for endowed chairs

2012-present	Personnel Committee
2009-2011	Chair, Nominations and Committee Appointments Committee
2008-present	Faculty Lead for implementation of the Eclipsys Information System into the nursing curricula
2008-2010	Personnel Committee
2006-2007	Chair of the Faculty Senate
2005-2006	Member of the Quality Management Committee for LIFE
2004-2005	Faculty Search Committee Co-Chairperson
2003-2004	Nominations Committee Chairperson
2003-2004	Vice Department Chairperson, Biobehavioral Health Sciences Division
2002-2004	Faculty Search Committee Member
2002	Scholarship Subcommittee of the Strategic Planning Committee
2001-present	Guest lecturer in NU 50, 104, 106, NU 159, NU 270, NU 550, NU 651, NU 751, NU 767 on nursing informatics
1999-2004	Member of the Education and Research Committee for LIFE
1996-1997	Member, Search Committee for Associate Dean of Graduate Studies
1994-1995	President of the Doctoral Student Organization
University Committees	

2017	Member of President's Innovation Prize selection committee
2010-2013	Chair of the Doctoral Curriculum Committee, Nursing Graduate Group
2009	Member of the Search Committee for a Founding Director, Penn Institute for Biomedical Informatics and Associate Dean, Information Technology, University of Pennsylvania School of Medicine.
2006-2007	Member of the University Council Committee on Academic and Related Affairs

2004-present	Committee to Use Penn Medicine IT Systems to Improve Research (Brian Strom, Chairperson)
1999-present	Member of the Core Faculty of the Circle for Health Informatics University of Pennsylvania, School of Nursing
1999-present	Senior Fellow, Leonard Davis Institute, Wharton School of Business, University of Pennsylvania, School of Nursing

DOCTORAL DISSERTATION COMMITTEES

Erin Kennedy. (in progress 2nd year). Determining Barriers to Achieving Optimal Post-Acute Care for Older Adults. University of Pennsylvania School of Nursing. Chair.

SooYoung Park (2019). reader candidacy exam.

Sue Keim (2015-2018). Factors that predict readmission among older adults. University of Pennsylvania School of Nursing. Committee Chair

Ashley Ritter (2015-2018). Understanding the terms, conditions and costs of advance practice nurse collaborative practice agreements. University of Pennsylvania School of Nursing. Committee Co-Chair

Elizabeth White (2015-2018). A cross-sectional study to examine the effects of nurse work environment on patient and nurse outcomes in nursing homes. University of Pennsylvania School of Nursing. Committee member.

Elliane Irani. (2014-2017). Exploring nurse decision making regarding the practice of frontloading and visit intensity among Medicare home care recipients. University of Pennsylvania School of Nursing Committee Chair.

Emilia Flores (2014-2017). A Multi-Method Evaluation of a Guideline Based Clinical Decision Support Intervention on Provider Ordering Behavior, System Acceptance and Inter-Professional Communication. University of Pennsylvania School of Nursing. Committee Chair

Justine Sefcik (2010-2016). A multi-methods observational study of persistent vocalizations in nursing home residents with advanced dementia. University of Pennsylvania School of Nursing. Committee Member – Reader

Sandy Jost. (2009-2016). Nurses as knowledge work agents: measuring the impact of clinical decision support system on nurses' perceptions of their practice and the work environment. University of Pennsylvania School of Nursing. Committee Chair

Maxim Topaz. (2009-2014). Factors to support effective patient prioritization at admission to home care. University of Pennsylvania School of Nursing. Committee Chair

Youjeong Kang. (2009-2014). Predictors of rehospitalization in older adults with heart failure receiving telehomecare. University of Pennsylvania School of Nursing. Committee Chair

Michael Fatchko. (2009-2012). The effect of virtual exercise on functional fitness in older adults. University of Pennsylvania School of Nursing. Committee Member

Melissa O'Connor. (2008-2012). The impact of length of stay and number of home visits on the number of and time to readmission after home care. University of Pennsylvania School of Nursing. Committee Chair. (NRSA Sponsor) (John A. Hartford Foundation Pre-Doc Award Sponsor).

Paulina Sockolow. (2006-2009). Measuring clinician satisfaction and evaluating an electronic health record at a "PACE" geriatric care site. Johns Hopkins University School of Public Health, Committee Member.

Elaine Siow. (2007-2011). Impact of continuity in nursing care on patient outcomes in the pediatric intensive care unit. University of Pennsylvania, Reader.

Cindy O'Sullivan. (2007-2011). Use of the Omaha System to describe the relationship between patient problems and nursing interventions for ovarian cancer patients receiving transitional care. Yale University School of Nursing, Committee Member.

Katherine Hostvedt. (2004-2008). Nursing homes as organizations: The effects of organizational system characteristics on resident and nurse outcomes. University of Pennsylvania School of Nursing, Committee Member.

Tae Youn Kim. (2003-2005). Knowledge discovery modeling for building a decision support system: Prevention of hospital acquired pressure ulcers. University of Pennsylvania School of Nursing, Committee Member.

Yu Ru Lin. (2000-2005). The impact of the prospective payment system on psychiatric home health care for depressed older adults. University of Pennsylvania School of Nursing, Reader.

Qualifying Exams and Candidacy Exams

Erin Kennedy. (2020). Systematic Review of Prediction Models for Post-Acute Care in Discharge Planning. University of Pennsylvania School of Nursing, Qualifying Exam Chair

Susan Keim. (2016). Identifying Preventable Readmissions. A systematic Review of the Literature. University of Pennsylvania School of Nursing, Qualifying Exam Chair

Rebecca Nock. (2016). Health coaching for older adults. State of the science. University of Pennsylvania School of Nursing, Qualifying Exam Chair.

Emilia Flores. (2014). Clinical decision support: A systematic review of the literature. University of Pennsylvania School of Nursing, Qualifying Exam Chair.

Sandy Jost. (2011). The knowledge worker: A concept analysis. University of Pennsylvania School of Nursing, Qualifying Exam Chair.

Maxim Topaz. (2011). The Omaha System: A systematic literature review. University of Pennsylvania School of Nursing, Chair.

Michael Fatchko. (2010). The effects of technology on the rehabilitation of stroke survivors. University of Pennsylvania School of Nursing, Chair.

Melissa O'Connor. (2009). Hospitalization among Medicare-reimbursed skilled home care recipients: A State of the Science. University of Pennsylvania School of Nursing, Qualifying Exam Chair

Katherine Hostvedt. (2007). Issues associated with using administrative datasets for nursing outcomes research. Reader.

Judy Draper. (2006). Concept analysis of acute urinary incontinence. University of Pennsylvania, Reader.

Post-Doctoral Fellows

Dr. Christina Whitehouse. (2016-2018). Diabetes transitions in care- Bridging the gap between hospital and home. T-32 Post-doctoral Fellow, University of Pennsylvania School of Nursing.

Christine Jones, MD. (2016-2017). Communication and information transfer from hospital to home care. K08 fellow National Institute of Aging. University of Colorado.

Dr. Jo-Ana Chase. (2015-2017). Factors associated with decline in mobility among hospitalized older adults. T-32 Post-doctoral Fellow, University of Pennsylvania School of Nursing.

Dr. Olga Jarrin. (2012-2014). Understanding the role of nursing factors in home care patient outcomes. T-32 Post-doctoral Fellow, University of Pennsylvania School of Nursing.

Dr. Melissa O'Connor. (2012-2013). Impact of frontloading skilled nursing visits on 30-day readmissions. T-32 Post-doctoral Fellow, University of Pennsylvania School of Nursing.

Dr. Kavita Radhakrishnan. (2011-2012). Risk-stratification of telehealth high-severity alerts using a Decision Support System (DSS) model. T-32 Post-doctoral Fellow, University of Pennsylvania School of Nursing.

Dr. Tidarat Pahchhowong. (2010-2011). Predicting delay in seeking treatment for peripheral vascular disease. Post-doctoral student - Mahidol University, Thailand. (co-mentor with Dr. Riegel)

Dr. Melinda Steis. (2009-2010). eCare for eldercare. T-32 Post-doctoral Fellow, University of Pennsylvania School of Nursing.

Dr. Diane Holland. (2008-2010). Minimizing problems after discharge. T-32 Post-doctoral Fellow, University of Pennsylvania School of Nursing; Nurse Researcher, Mayo Clinic, Rochester, MN.

Dr. Usavadee Praditkul. (2007). Transitional care after open-heart surgery. Post-doctoral student - Mahidol University, Thailand.

MENTORED PROFESSIONALS

Christina Whitehouse Assistant Professor, Villanova College of Nursing		
Elizabeth Luth	Post-doctoral Fellow, Mount Sinai School of Medicine	
Alicia Arbaje	Assistant Professor of Medicine, Johns Hopkins University	
Christine Jones	Clinical Assistant Professor of Medicine, University of Colorado	
David Russell	Evaluation Scientist, Visiting Nurse Service of New York	
Miriam Ryvicker	Research Scientist, Visiting Nurse Service of New York	
Melissa O'Connor	Assistant Professor, Villanova College of Nursing	
Paulina Sockolow	Assistant Professor, Drexel University	
Rosemary Polomano	Associate Professor, School of Nursing	
Pam Cacchione	Associate Professor, School of Nursing	
Anne Kutney-Lee	Assistant Professor, School of Nursing	
Joan Davitt	Assistant Professor, School of Social Policy and Practice	
Rolanda Coverson	2008 minority student in the Bridges to the Doctorate Program	

Advisor of Senior Inquiry, Independent Studies, and Internships:

Patricia Dunlap	2013 Nursing Administration Practicum
Melissa O'Connor	2013 Applied Health Informatics Practicum, Johns Hopkins University
Katherine Houng	2013 Senior Inquiry: How do mobile health applications affect patient outcomes along the healthcare continuum?
Lauren Linder	2012 Applied Health Informatics Practicum, Johns Hopkins University
Melissa Rosenberg	2012 Senior Inquiry
Sienna Barbeau	2012 Senior Inquiry
Maxim Topaz	2011 University of Pennsylvania Research Residency
Youjeong Kang	2011 University of Pennsylvania Research Residency

Phillip Asare	2010 Master's Student in Electrical Engineering. Clinical advisor for master's thesis on technology for remote monitoring of community dwelling older adults.	
Sandy Jost	2010 University of Pennsylvania Research Residency	
Deborah Ariosto	2007-2008 University of Maryland doctoral student research internship	
Tom Phillips	2007 World Health Organization Communities of Practice	
Elizabeth Powell	2006 Informatics Internship at Virtua Hospital	
Eric Heil, Elizabeth Faulkner, Ronica Licciardello 2005-2006 Senior Capstone Project Advisor in		

Systems Engineering

Hui Chen Tseng 2005 Data Mining Independent Study