Making History in South Carolina

New Yorker Documentary Features Texas Nurse, Moms

USA Today: Nurses 'Most Promising Solution' on Infant Mortality

On the Front Lines of the Flint Water Crisis
Nurse-Family Partnership is primed to help more mothers and babies after South Carolina Gov. Nikki Haley in February announced the nation’s first Pay for Success initiative in maternal and infant health.

A pilot project has wrapped up and outreach workers are now enrolling new moms.

"Every mother deserves a good start in South Carolina and every baby deserves a good start," Haley said on Feb. 16 during a press conference at the capitol in Columbia, S.C. where the governor announced the launch.

Pay for Success is a new model for funding programs that work. Investors — in this case, philanthropic supporters — pay up front for programs proven to drive change. South Carolina leaders will make "success payments" to reimburse the funders only if Nurse-Family Partnership’s efforts successfully reduce the rate of infant mortality.

Nurse-Family Partnership CEO Roxane White saluted the courage of South Carolina leaders, families and philanthropists, who have dedicated $17 million to fund the South Carolina Nurse-Family Partnership Project. State leaders will use the private funds plus $13 million in Medicaid funds to provide the Nurse-Family Partnership program to an additional 3,200 new mothers over the next four years.

White thanked mothers for bravely welcoming nurses into their homes to forge long-term relationships, drive two-generation change and break the cycle of poverty.

NFP Moms Join Outreach Team

VENUS MALIN
Outreach Coordinator,
Charleston
Venus worked for NFP in Charleston and has expertise in health systems, early childhood education and English as a second language.

DEONA SCOTT
Outreach Worker,
Charleston
Deona will soon graduate from NFP and is eager to share her enthusiasm with new moms.

CHASITY TODD
Outreach Worker,
Conway
Chasity has a background in customer service and is eager to use social media to boost awareness of NFP.

SHANNON CAPUANO
Outreach Worker, Cayce
A passionate supporter who has been an NFP mom, Shannon specializes in customer service. A Certified Nursing Assistant, she’s eager to increase awareness about NFP in the Columbia area.
My journey into motherhood was not roses and rainbows.

I struggled along the way accepting that I now was a young mom and a single parent who, at the time, had not yet graduated from college. I had fears of becoming a lost soul, a statistic, another young black woman lost in her pain and failed dreams.

After Jameer was born, I faced yet another hurdle that I thought would never happen to me. I began to suffer from postpartum depression. I was jittery and afraid. I bonded with Jameer, but I didn’t think I was capable of being a good mother....I prayed that the pain and emptiness would go away because I knew in my heart that Jameer was given to me for a special reason.”

When Nurse Pam came to visit me at home in those first days, I tried to pretend that I was OK. But she saw right through my act and insisted I get help from my doctor. With prayers, medication for depression and Nurse Pam’s non-stop support, I recovered from those dark days.

There were plenty of struggles, but Nurse Pam never put up with my pity parties. When I was tired, she encouraged me to keep moving forward. When I was working full time while also finishing college, all the while being a single mom, she insisted I could succeed...Nurse Pam made me feel like I could do anything. Now I’m giving Jameer that same message.

Nurse Pam pushed me. Because of her dedication to seeing me succeed, I graduated cum laude from college. Because of her enduring love, I had the drive to be a great mother. Because of her support in my time of need, my son and I will continue to strive for greatness.

Nurse Pam vigorously instilled a saying in me: ‘The race is not give to the swift nor to the strong, but to she who endures to the end.’

Excerpted from Nurse-Family Partnership graduate Iantheya Brown’s speech at the South Carolina Capitol on Feb. 16 during a press conference with Gov. Nikki Haley. Thanks to Iantheya for sharing her story.
Hope Shines in New Documentary from The New Yorker

Find Inspiration. Watch Lone Star Nurse.

The film features young moms, like Catalina, who became pregnant at 15 and had to figure out how to care for her daughter, Kylie, while her own mother was in jail. Another mom, Monique, faces life totally alone after both her parents died before she was 18. While pregnant, she walked miles to and from work and often came home to an empty refrigerator. Producer Dawn Porter explores how nurse, Nicole Schroeder, transforms her Gulf coast community, finding hope and opportunity amid poverty and despair.

The Nurse-Family Partnership Program, Port Arthur Health Department
- Nurse Nicole Schroder’s caseload: 26 moms, 22 babies
- Texas: 5th highest teen pregnancy rate in the U.S.
- Total clients at Port Arthur agency: 105, 95 of whom have had their babies
- Nurses: 4 with about 25 clients each
- Nursing supervisor: cares for an additional 5 clients
- Waiting list: 48; high demand every month
- Number of home visits last month: 168
- Average miles traveled each month by each nurse: about 1,000
- Service area: 4 counties — Hardin, Chambers, Jefferson and Orange
- Service area: 2751 square miles

Special thanks to the Port Arthur Health Department, Nurse Supervisor, Karla Quigley, Nurse Nicole Schroeder, our dedicated Nurse-Family Partnership teams in Texas and our amazing clients who are overcoming obstacles every day.

Help more moms and babies in Port Arthur.
DONATE HERE
Voices: Lone Star Nurse

“The Nurse-Family Partnership program truly impacts young mothers. The nurses go in to their lives for that two years and give them information and encouragement that literally changes their lives forever.” Judith Smith, Director of Health, Port Arthur

My parents died when I was young and it still kind of affects me because I just want them here with me.” Monique Washington, holding son, Kyrian

“I am so, so proud of you. You know that, right? I know that doesn’t take the place of your mom. But I think you’re awesome,” Nicole, nurse
USA Today reporter Jayne O’Donnell recently highlighted the stubborn gap in rates of infant mortality for African American babies and others. She found that nurse home visiting programs are the “most proven and promising” way to drive down premature births and deaths. Still, not everyone who is eligible is benefiting.

Huge racial disparities persist despite slow infant mortality drop

By Jayne O’Donnell, USA Today

FALLS CHURCH, Va. — Despite a 13% drop in the national infant mortality rate over nearly a decade, there remains a stubborn gap between the rates for black Americans and other racial groups as well as between some Southern states and the rest of the country.

The most proven and promising way to reduce the disparities in premature births that lead to death — home visits by nurses — got a boost in the Affordable Care Act, but is reaching only a fraction of those in need, policy experts say. The ACA funding of nurse home visits covered just 115,000 families in 2014, while about 1.8 million births a year — nearly half — are covered by Medicaid, the health care program for low-income families. Still, a 2012 report by the Pew Charitable Trusts found fewer than a third of state Medicaid programs fully covered home visits.

Black infants overall continue to die at a rate more than twice that of white babies and some parts of the country have racial gaps that are far wider. Black mothers are also twice as likely to have costly premature births due to factors including poor access to health care and existing health problems, which contributes to the United States having one of the highest death rates among developed countries.
Abuse Experts: Nurse-Family Partnership Keeps More Kids Safe

A new report from The Commission to Eliminate Child Abuse and Neglect Fatalities cites Nurse-Family Partnership as a critical evidence-based program proven to reduce fatalities.

Twelve commissioners appointed by President Obama and Congress in 2014 began a two-year process of studying and reviewing deaths from abuse and neglect. They released their final report on March 17.

Key findings included:
• Children who die from abuse and neglect are overwhelmingly young; approximately one-half are less than a year old, and 75 percent are under 3
• We know a lot about what puts children at risk, but there are few promising solutions and only one evidence-based practice shown to reduce fatalities—the Nurse-Family Partnership.

New Federal Bulletin Highlights Medicaid Coverage for Home Visiting

Pregnant women and young children who receive assistance through public health programs soon could have better access to nurse home visitors across the country. Federal officials at the Center for Medicaid & CHIP Services (CMCS) and the Health Resources and Services Administration (HRSA) on March 2 issued a Joint Information Bulletin to assist states in designing benefit packages for women and children.

The Bulletin provides background on the Maternal, Infant and Early Childhood Home Visiting Program (MIECHV), typical services of a home visiting program and components of home visitation programs that may be funded through HRSA and Medicaid.

“The Washington Post Editorial Board: It’s Time for Action

Keeping At-Risk Children Out of Harm’s Way

“Previous efforts by the federal government to tackle the issue have not succeeded, and unfortunately the commission found few examples of evidence-based solutions. One notable exception is the home-based Nurse-Family Partnership. The commission held up that program as a model.”

“The Nurse-Family Partnership requested this guidance. We are pleased that the Bulletin encourages states to use Medicaid coverage along with other federal, state and local funds to support home visiting services and also offers interested states to request technical assistance,” said Karen Kalajjian, a member of the Nurse-Family Partnership National Service Office’s Policy, Government and Affairs department.

The guidance can be used to encourage state governmental agencies to work together to maximize Medicaid coverage of home visiting services that are eligible for Medicaid. Read the full joint bulletin.
Fighting the Heroin Epidemic, Fighting for Clients

Nurse Michelle Krantz had a bad feeling when her client kept canceling appointments. Cora and her husband, Eddie, both had a history of heroin addiction. With their first baby due in February, they were trying to stay clean. But on Jan. 8, Eddie, 28, relapsed, causing a serious car crash, overdosing and nearly dying before doctors revived him.

Three days later, Cora, 26, admitted that she, too, was using again. She landed back in jail in rural Sauk County north of Madison, Wis., where farms dot the landscape and heroin use has spiked dramatically as it has around the country.

Michelle faced a major challenge helping the couple transform themselves into parents.

“They are each other’s triggers. They use together, so that’s a huge risk factor to them. It’s been a battle.”

Still, the Nurse-Family Partnership supervisor and nurse got busy trying to plant some flowers in a rough patch of dirt.

She visited Cora weekly in jail, advocating for proper health care. When jail officials tried to bar Cora from contacting her husband, Michelle called meetings with jail and county officials and insisted they develop policies to help Cora succeed. Keeping Cora and Eddy apart was futile. Yes, the two had a bad past. But the promise of a new baby offered hope.

While Cora felt the sting of criticism from almost everyone, Michelle suspended judgment.

“This baby is coming. It’s happening. This person is a human being who has made a mistake. What do we do to make it better now?” Michelle said.

Michelle helped Cora prepare for the birth and set healthy goals. Doctors gave Cora a drug to wean her from heroin. Meanwhile Eddie agreed to a strict drug court regimen including frequent testing and got back on Vivitrol, a drug that interrupts heroin highs and had helped Eddie stay clean in the past. Doctors prepared for a baby who would be born addicted.
Emma Lynn arrived on Feb. 15 while Cora was still serving time. Jail protocol barred Cora from telling her husband, family or friends that she was in labor. The jail agreed, however, to tell Michelle. Normally nurses don’t attend births, but supervisors made an exception. Michelle arrived at the hospital at 4 a.m. and took pictures as Emma arrived at 8:01 a.m. In the past, jail officials had allowed new mothers just 12 hours of recovery. Michelle fought for two days so she could help Cora bond with Emma and start breastfeeding.

When Cora returned to jail, hospital officials allowed Eddie to stay with his daughter as the infant detoxed. Along with coping with Neonatal Abstinence Syndrome, Emma had inhaled some meconium during the birth and was on oxygen at first. Still the outlook is good.

“She’s the cutest baby,” Michelle said. “She’s relaxed and Eddie, who’s a big tough guy, loves dressing her in glitter pants. She’s doing very well. Her growth is good.”

Ten days after Emma’s birth, Cora got out of jail, went through detox and like her husband, has subjected herself to strict supervision from the county’s drug court and regular doses of Vivitrol.

In the meantime, Michelle has received numerous referrals for pregnant women in the jail, who know her as “the nurse who fought for Cora.”

Thanks to Michelle’s work, jail officials have adopted new policies.

“Nurse-Family Partnership (NFP) can do amazing things. NFP gave me the good base to advocate for my client and make system change. Every pregnant woman is going to have better care now because we started asking questions.”

Michelle knows her client could relapse. Both Eddie and Cora come from families that have struggled with drugs. Eddie was born while his own mother was in jail for cocaine use. Cora’s mother died recently from a heroin overdose and her brother faces criminal charges for supplying the lethal drugs.

Despite tough odds, Michelle has learned to be the beacon of hope.

“Don’t give up on them because they’ve probably already given up on themselves,” she said. “I know this is not ideal. They don’t have a good track record. But this is the best chance they may ever have.”

Heroin in the Heartland

Abuse rising fastest in the Midwest

Overdose deaths nearly quadrupled between 2002 and 2013.

Use among young adults ages 18–25 has doubled.

Young men use heroin the most, but use among young women has doubled.

Flint’s Nursing Team Doubles to Combat Water Crisis

Before health officials acknowledged the water in Flint, Michigan was poisoning residents, Charity refused to drink it.

“I look at the Flint River every day and I knew I couldn’t do it. It’s nasty. They’ve found diapers and trash and bodies in it.”

Throughout her pregnancy last year, Charity, 21, spent money to lug home 10-gallon jugs of water even though she didn’t have a car.

Today, she won’t let her 3-month-old son, Xavier, touch or ingest tap water. She uses bottled water to feed and bathe him, even wiping his bottom with water she knows is clean.

Despite her vigilance, Charity remains afraid of lead poisoning and plans to get Xavier’s blood lead levels tested.

“I’m terrified,” Charity said. “I don’t want the Flint water to cause mental problems….I want him to graduate from high school and college and be whatever he wants to be.”

As Charity navigates new motherhood in a city facing the nation’s most crippling health crisis, nurse Annie Heit is at Charity’s side, reassuring her every step of the way.

 lead poisoning and plans to get Xavier’s blood lead levels tested.

Like a medical missionary of sorts, Heit and her husband chose to move from Virginia to Flint about a year ago. The couple wanted to make a difference in an underserved community. Then suddenly Heit found herself on the front lines of an unthinkable crisis.

As Mattie Pearson, director of Women and Children’s Services at Hurley Medical Center who oversees the Nurse-Family Partnership program in Flint has said, “You would never even imagine this could happen in the U.S. I was raised in Flint. I have grandkids right in the middle of it. Our neighbors and our elderly are dealing with this. You can’t even believe it happened.”

Lead poisoning is especially scary because it causes permanent damage.

“Prevention is key and that’s why nurses are so vital.

“We give them information on Vitamin C, iron and calcium. I make sure the water filter is installed correctly and that they have the ability to get bottled water,” Heit said.
Heit, herself, lives in Flint with her husband and 5-year-old daughter. She feels lucky that her home has newer pipes and safe water. But many in Flint fear they will face problems for years. While Heit can’t fix the massive infrastructure problems that have led to the crisis, she can ease some of the emotional distress.

“I can’t help everyone, but I can help some. It’s empowering doing a job on the front lines,” said Heit, who currently has 25 clients, 17 of whom have babies.

Both Heit and Pearson say most Flint residents now have plenty of bottled water. What they need is a safe system.

“There’s not an easy fix. It seems as though it’s going to be quite a few years before all the lines are removed. It’s a long-term problem,” Pearson said. “Fortunately our nurses are here for the long haul.”

Charity plans to stay in Flint since her extended family is there. She wants Xavier to know his grandparents. She’s tired of showering in dirty Flint water, but will keep Xavier away from the water and with Annie’s guidance, will continue to stimulate his brain.

“He laughs a lot. I read to him. I sing to him. We dance. We have tummy time. We play with toys. We go for walks if it’s not too cold. We do it all!”

When worries about lead bother her, Charity knows Annie will soon be there.

“When she comes, she always has a smile on her face. It makes me feel like everything’s going to be all right.”
Sharing cute photos, videos, parenting advice and community events is what this group is all about. Moms at the Gregg County Nurse-Family Partnership program in Longview, Texas are using Facebook to build a mom-community of support.

“What started in my mind as a “breastfeeding group” quickly turned into a simple, all-inclusive group for our clients. We decided not to limit the group for breastfeeding support because we had so many moms asking for a general support group,” said Jessica Garner, one of the nurse home visitors in Longview and administrator of the Facebook group.

“Our goal is to post stories and ideas that will pertain to our clients and help them be the best moms they can be.”

Longview moms have turned their private Facebook site into a unique space to share informative and entertaining information. All content from moms gets approved by a Longview staff member before it’s shared with the group. That way, the group remains a supportive learning environment that sparks many fun and useful conversations.

Days of the week are now designed with a topic like Motivational Monday, Tip Tuesday, and Wacky Wednesday. “Our best client engagement came from a giveaway post that asked clients to introduce themselves and say a couple things they love about being a mom or being pregnant. We had great responses! Another post that got a lot of attention was a “Wacky Wednesday” post where we asked what their baby’s name would be if they named them after their pregnancy cravings,” said Garner.

Creating a safe space is key. Garner adds moms by invitation only and group members are the only ones who can see the posts and share information.

“I love the Facebook group and the opportunity it provides for us to not only contact our clients, but also share important information with them such as safety tips and job fairs. I would like to see more client participation and client posts, but I feel that will come with time and letting our clients know that they are welcome to post on the page without fear of judgment.”

“Hopefully our page will grow as our clientele also grows!”

Spread the word; know a mom who needs NFP?
Have her call 866-864-5226
PBS NewsHour examined how nurses help mothers boost their babies' brain development and language skills so they will be better prepared for school.

“All of that earliest (attachment between moms and babies) sets in motion a positive cycle of interaction that leads to significant reductions in children’s behavioral problems when they enter school and significant improvements in their language development.”

Dr. David Olds
Nurse-Family Partnership founder

“It seems so simple, but if (babies) only hear 500 words an hour versus 3,000, it makes a huge difference and it’s a lasting difference.”

Nurse Kimberly Hirst

Special thanks to our Colorado partners at Invest in Kids and at Denver Health Medical Center where supervisor Rosie Soto helped connect the NewsHour producers with nurse Kimberly Hirst, client Sinai Herrera, and graduate Stormee Duran.

Thanks to to Kathi Blomquist of Ramsey County Public Health in Minnesota and Jayne Kauzloric of King County in Washington and their nurses for participating in video shoots so we could provide footage showing how home visits look.
Capturing Great Moments!
Congratulations to Daisy Sosa! She will be graduating in May from the Maternal and Family Health Services Nurse-Family Partnership program in Pennsylvania and is attending college full time as she pursues her dream of becoming a nurse.

Daisy, mother of 22-month-old Julian, received the $500 Kathy A. Dickerson Memorial Scholarship and plans to follow in the footsteps of her nurse, Deborah Rutkoski.

“She greatly influenced my choice of becoming a nurse because I saw her as a wonderful role model who was always willing to help me...I want to give my son a better life and show him that education is always important regardless of the obstacles I had to face,” Daisy said.

“The program has taught me many wonderful skills from how to properly breastfeed to teaching my child sign language.”

Rutkoski said Sosa is destined for success. “She is a patient, kind mom who has been dedicated to the growth and learning development of her young son.”

The scholarship was created in 2007 to honor the passion of the agency’s first Nurse Home Visitor who passed away during her time with the agency.

We love sharing your news and photos. Send to marketing@nursefamilypartnership.org.
Ready, Set, Innovate!

About three dozen nurses from across the U.S. joined leaders from the Prevention Research Center and the National Service Office to work with Silicon Valley innovation guides from HopeLab and Gravity Tank.

Their mission for three days at the end of March in Denver: dream up solutions to make nurses’ lives easier, keep moms more engaged and grow Nurse-Family Partnership (NFP).

Even nurses who had lost touch with their artistic former selves were soon whipping up drawings, costumes and artistic renditions of smart phone and tablet apps, then acting out their creations. And those who didn’t think they had a techie bone in their bodies soon got in touch with their inner code developer.

“I built an app,” said Dashé Lawton, a nurse from Shelby, Carolina. “It’s exciting!”

The hackathon was part of the Innovation Advisory Committee’s work. Nurses from Alaska to Florida and North Carolina to California worked on how to streamline support for clients, boost their engagement, simplify nurses’ jobs and better connect nurses with one other. With help from their tech coaches, the nurses also tackled how to boost awareness of NFP, reduce costs and tap alums as recruiters.

Among those reveling in the new ideas was Dr. David Olds, founder of the NFP model. He beamed as the nurses shared innovation after innovation.

“There was such creativity here and such an opportunity to make us better,” Olds said.

Leading the three-day session was Fred Dillon, Director of Product Development for HopeLab, the California-based research and development organization of the Omidyar Group, which represents the interests of Pam and Pierre Omidyar, the founder of eBay.

“We have a saying at HopeLab,” Dillon told the group. “Lead with fun and health will follow.”

The nurses had plenty of fun as they engaged in what Dillon calls “a human-centered design approach”, where designers listen closely to end users (in this case, the nurses and the families they support) to develop solutions that will work for them. The next step for him and his team will be to start prototyping and testing some of the technology solutions.

With limited funds, not all the ideas will result in new systems or apps. But Dillon’s group could be piloting some new solutions by 2017.

There was such creativity here!
AMONG THE IDEAS THE NURSES FLOATED:

**NFP Accelerated Graduation**
A path for moms who are doing great to finish early. continuing education credits

**N2N App**
A dynamic, interactive community with podcasts to connect NFP nurses, save them time and increase nurse retention.

**Learn 2 Earn**
A way for nurses to earn continuing education credits while taking NFP-related lessons on their smart phones and tablets.

**May is Mom Strong Month**
An effort through corporate partnerships and videos to show all moms are connected and to create a new annual awareness month.

**Life School 4 High School**
A program to give clients high school credit for NFP participation.

**NFP Pay it Forward – 1-800-NFP-ALUMS**
A texting program where graduating NFP clients could serve as advisors for pregnant women who are considering signing up.

**Funder-Cation**
An interactive tablet app that allows funders to educate themselves by drilling down on data and to watch video testimonials that explain complexities, like some moms are doing so well they leave the program early.

**We Care App**
A smart phone app that would provide moms appointment reminders, texts with supportive messages between visits and education about developmental milestones.

**Grow with me @ NFP**
An app that allows moms to track their babies’ growth and the clients’ goals.

**NFPlay**
An app that "gamifies" learning content for clients.

**The My NFP app**
An app that streamlines scheduling, by allowing moms to sign up for wait lists and automatically reschedules appointments if nurse has a last-minute opening.

**DocuStream**
An app that streamlines all paperwork. The dream for DocuStream: someday nurses would have wrist watches or headsets that would allow them to “talk in” immediate updates while driving after a visit.
LOOK WHO'S TALKING...

We love all your tweets! Keep spreading the word.
Ever feel like there is so much going on that you’re starting to forget the “why I do this work” or feel like there is so much to be done that the “how I do this work” doesn’t matter or doesn’t matter as much?

Recently, when visiting some nurses and a family, there was a moment to reflect on the balance and the importance of remembering who we are as we work to reach out to more families, to keep funding in place, and to address the increasing gaps between the needs of families and available resources.

I’ve had the honor of visiting over two dozen moms in their homes this past year and I always hear the same theme. Prior to enrolling with NFP, life felt overwhelming; life challenges were overpowering and crushing hopes, dreams and plans. And then, an amazing, caring nurse entered the home and the NFP effect started. Meeting and engaging with a caring nurse who is kind, supports goal setting and planning, and helps find resources changed their parenting and their life. Nurses brought the relationship (the how) and the content (the why) to their home and life.

We know why of implementing a strong and successful NFP program requires an entire team of cross-functional experts. It’s hard work to obtain funding, keep reaching out for referrals, converting referrals to enrollment, and doing data entry, data entry and data entry to prove that the work has been done. And we know that funders demand more each year and the standards increase; competition for scarce resources grow and the proof that the work has been done increases. As the US works to expand health coverage, the demands for return on investment, proof of outcomes, and cost-effectiveness increase and threaten to crush the relationship building, “the how.” And, it often feels overwhelming!

So, we also need to understand and ensure that we have cross-functional teams who work on the “how.” How do we stay focused on relationships and present with families and “how” we find great referral sources, how we work together on complicated funding. When I’m in the field or at my desk, I try to stop and remember that each and every one of us cares deeply about both the why and the how. It’s a tension and balance we strive to maintain every day!

We see moms facing seemingly insurmountable challenges with housing, addiction, school, and work while they are also focusing on how to be a great parent. And, I’m reminded to think about both the how and the why of our work. Enrollment matters, funding matters, data matters and so does how we solve these complex problems together. If we imagined every community with NFP reaching more and more families and we are working together, opening our hearts and homes to each other, we can truly change the future!
Listening to Moms

Moms in the Nurse-Family Partnership program will be heard in a different way thanks to the Listen for Good grant. Listen for Good is an initiative of the Fund for Shared Insight, which is dedicated to building the practice of listening to the people organizations seek to help. Nurse-Family Partnership was awarded $60,000 as a two-year grant to do just that — develop new ways to listen to our moms.

Nineteen nonprofits were selected in the Fund for Shared inaugural cohort of the Listen for Good grant. The grant will allow Nurse-Family Partnership to gain quality feedback from NFP moms and then share the feedback with the participating moms.

Thank you to the Fund for Shared Insight!

New Board Member

Sanjay Shah, a principal with Deloitte Consulting LLP, has joined our board. He will be heading a new technology committee aimed at harnessing technology to help nurses reach clients as efficiently as possible.