

# SYSTEMNEWS



AUGUST 2019

◀◀◀ INSIDE!



## RE-IMAGINING How HUP Delivers Care ONE MISSION. ONE TEAM. ONE HUP

As construction continues on the Pavilion — Penn Medicine's new \$1.5 billion inpatient facility — transformative changes at the Hospital of the University of Pennsylvania (HUP) are in the works too.

When the Pavilion project was first announced, people began to speculate about HUP's future. Some thought all services would move to the Pavilion and HUP would close. Others said it would become a University building. **Regina Cunningham, PhD, RN**, HUP's chief executive officer, has consistently been quick to address — and squash — these

and other myths. "The Pavilion is part of HUP," she said. Along with the Perelman Center, "it is all one campus. One mission, one team, one HUP."

With more than half of HUP's clinical services moving to the new facility across the street, however, a re-imagining of the Health System's flagship hospital will give services remaining on the "west side" of the HUP campus the breathing room they need to expand and bring patient care to new levels. "We are transforming how we organize and deliver care," she said. "That's what's so exciting about the future of HUP. It's a once-in-a-lifetime opportunity."

### A Brief History

When plans were made to relocate the University to West Philadelphia, an additional 6.9 acres were purchased (at a cost of \$500) to ensure that the hospital, which opened in 1874, had plenty of room to expand. And grow it did, with new buildings added along both 34th and Spruce Streets. But because HUP is landlocked — surrounded on each of its sides by, respectively, the University, Children's Hospital, and the two streets — it could only expand so far.

As established services grew and new ones came on board, changes were made. Outpatient practices were moved out

of the hospital but, still, available space remained limited. As a result, changes were not always made in a strategic way, Cunningham said. "Services that logically should fit together clinically are offered in different parts of the hospital."

But that will change as part of the new vision. Care will be organized by specific patient populations and patients with related clinical needs will be located in closer proximity. For example, the cardiac surgery intensive care unit will be located next to the cardiac surgery step down unit, making the flow of patients more efficient and the care of patients seamless. This type of organization is associated with improved outcomes.

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## Health System HIGHLIGHT ▶ from CEO Kevin Mahoney



**More than 130 people die from an opioid overdose every day in the United States, and that number is barely waning — but teams across Penn Medicine are working hard to reverse that trend, together with public agencies, community partners, and the public.**

By using evidence-based bundles of care to control our patients' pain, our Health System has reduced the number of prescribed opioids by millions of tablets in just the last two years. We're providing better, more advanced and personalized care, and we're keeping our patients safer along the way.

While we work together as a health system across the whole region we serve, our individual entities and practices are

also working locally. Lancaster General Health, for instance, was recently recognized by the Hospital and Healthsystem Association of Pennsylvania (HAP) as recipients of the Community Champions Award. LG Health's work with community partners on a combination of service access, prevention, and recovery initiatives has helped slash overdose opioid deaths by more than a third in 2018 in the Lancaster area. You can read more online at [PennMedicine.org/system-news/lgh-hap](https://www.pennmedicine.org/system-news/lgh-hap).

As you'll read below, at PPMC's Center for Opioid Recovery and Engagement (CORE), community outreach and education are all key components of helping people get on the road to recovery. Knowing what to do — and having the resources to do it — saves lives. Everyone has a part to play.

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## PPMC PREPARES THE COMMUNITY TO COME TO THE RESCUE

University of Pennsylvania senior **Sydney Gwynn** was downtown when she suddenly heard calls for help and found a crowd surrounding an unconscious man in the midst of an opioid overdose. Rather than panicking, she sprung to action. She was carrying a dose of NARCAN (naloxone) — a nasal spray designed to reverse an overdose — that she had received just a few days earlier at Penn Presbyterian Medical Center's Opioid Use Disorder Town Hall. Prepared to offer emergency assistance, Gwynn quickly retrieved the NARCAN from her bag, tapped into the knowledge and confidence she gained at the event, and saved a life.

In organizing the town hall held earlier this summer, **Jeanmarie Perrone, MD**, director of Medical Toxicology, and **Nicole O'Donnell**, a certified recovery specialist at PPMC's Center for Opioid Recovery and Engagement, had three main goals: illustrate how the emergency department and CORE serve as gateways to treatment for patients with opioid use disorder; clear up confusion surrounding addiction and treatment options; and empower individuals to carry and use NARCAN in their communities.

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# AWARDS AND ACCOLADES



## CUNNINGHAM NAMED ONE OF 50 MOST INFLUENTIAL

Congratulations to **Regina Cunningham, PhD, RN**, the chief executive officer of HUP, who was chosen as one of 50 Most Influential Clinical Executives by *Modern Healthcare*. She is among a prestigious group of national leaders of federal health agencies, top hospitals and academic medical centers, and innovators named to the list.



► (From left) Marie Robinson, president of the CCH Women's Auxiliary; Kathy Stocker, and Michael Duncan.

## CCH VOLUNTEERS: An Essential Part of Daily Operations

In 2018, Chester County Hospital volunteers logged in close to 46,000 hours and assisted with more than 11,000 discharges and errands. They also crafted 1,890 baby hats, 713 chemotherapy caps and scarves, and 424 Chester Bears. In other words, the hospital would be a very different place without the care and support of its volunteers.

"I'm always getting nice letters, thanking our volunteers for enhancing a patient's experience," said **Kathy Stocker**, director of Volunteer Service, at a special recognition luncheon for the volunteers. One such letter described the above-and-beyond efforts of a volunteer transporter, who helped the elderly parents of a patient who came in for a colonoscopy. The transporter was only supposed to take the patient to her procedure, but he also looked after her parents. "He took them to the waiting area and showed them how to use the coffee machine. The patient said she was really comforted that the volunteer took the time to do that for her parents and helped them feel comfortable."

On any given day, 50 to 60 hospital volunteers not only help with patient discharges, but also collect and deliver mail (87,525 pieces of it in 2018), transport blood, see that floral arrangements arrive at bedsides, and change bedding. They also chat with patients, helping ease the wait for test results in the Emergency Department (ED). And, for children in the ED, they bring a friend along in the form of a handmade, stuffed Chester Bear.

The luncheon was an opportunity not just to say "thank you" but to also say "we couldn't do this without you." Hospital President and CEO **Michael J. Duncan** showed the volunteers what's possible, in part, because of their efforts. Focusing on the hospital's largest expansion in its history, he noted that, with the additional 250,000 square feet under construction, the hospital's need for volunteer support is only going to continue to grow.

## LG Health Recognized for *Employee Wellness Programs*

"As a health care organization, we have a responsibility to provide extraordinary care for our patients and to be a community leader as a workplace that supports employee wellness," said **Brynn Kline**, manager of Corporate Health.

This commitment to provide a variety of wellness programs has brought Penn Medicine Lancaster General Health a Platinum Well Workplace award for the fourth consecutive year. Presented by Lighten Up Lancaster County, *LiveWell* Lancaster County and Central Penn Business Group on Health, the award recognizes companies that have developed exemplary programs supporting the health and well-being of their employees.

For 15 years, *MyHealthyLiving*, LG Health's employee wellness program, has helped to inspire employees to take charge of their health and well-being by practicing healthy behaviors. "By providing tools and resources that are easy to practice, we integrate wellness as an important component of day-to-day habits," Kline said. "Creating a supportive work culture is a key priority

and is accomplished through leadership messaging, healthier food initiatives, a tobacco-free workplace and offering innovative programs to empower employees to make healthy choices, while earning financial incentives."

This focus has made a considerable impact on employee health. For example, 43 percent of program participants have moved to a healthier weight range, 71 percent of users with stage 2 high blood pressure have improved to a healthier stage, and 36 percent of participants with prediabetes are now in the low-risk range.

**"Our approach to well-being continues to focus on awareness, education and behavior change. We recognize each employee is at a different place in their own health and wellness journey and understand the importance in offering a variety of programs in various learning environments."**

- Brynn Kline



► Serena Bolinger, health coordinator of the Lighten Up Lancaster County Coalition, presents Brynn Kline with the Platinum Well Workplace award.



## Health System HIGHLIGHT

Continued from page 1

### PPMC PREPARES THE COMMUNITY TO COME TO THE RESCUE



► (From left) Bryant Rivera, Jeanmarie Perrone, and Nicole O'Donnell.

"If you watch someone come and go from rehab, you might think nothing works, but there are ways to get people into treatment, and it can be successful and transformative," Perrone said. While describing the roles that Suboxone (buprenorphine), Vivitrol (naltrexone), and methadone can play in medication assisted treatment, she added, "It's definitely not one-size-fits-all, but just like treating any other chronic disease, there shouldn't be barriers to care."

After receiving stabilizing medications, patients are connected with CORE staff who help them acquire "additional stabilizers,"

such as secure housing, insurance, and a support system. Whether a patient is ready to explore next steps like inpatient treatment or opts to talk about harm reduction strategies, like utilizing syringe services and carrying NARCAN, "they know we're going to show up for them. Even if we're just bringing them Pop-Tarts because they're hungry, they realize soon enough that we're just going to keep coming back and checking in," O'Donnell said.

But, just as Gwynn realized, this work isn't contained to the hospital, and Perrone and O'Donnell can't do it alone. In addition to distributing NARCAN, they started an interactive dialogue with the audience about the importance of being a first responder, the process of administering a dose, and what to expect afterward. They also took the opportunity to bust some myths that, O'Donnell noted, "really add to the stigma and the fear of helping." For example, the beliefs that touching fentanyl will immediately cause an overdose or that mistakenly giving NARCAN to someone who isn't overdosing will harm them are both false.

"The ultimate goal is to have more people on the ground carrying NARCAN and positioned to offer help," Perrone said. "Even if you don't feel you can be the person to use it in a rescue situation, if you're carrying it, someone's going to feel comfortable enough to administer it. So many people have been affected by opioids through friends, family, or coworkers. We can all improve our dialogue and actions around this."

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# RE-IMAGINING How HUP Delivers Care

## ONE MISSION. ONE TEAM. ONE HUP



► Photo credit: Alumni Association of the Hospital of the University of Pennsylvania School of Nursing collection, Barbara Bates Center for The Study of The History of Nursing, School of Nursing, University of Pennsylvania.

“When nurses have competencies to address particular patient populations, we know that they provide more proactive care based on anticipated needs; this drives quality and minimizes complications,” she said. “Members of the clinical teams need to communicate with one another. When you work in geographic proximity, it enhances communications and care.”

While many of the clinical services remaining at HUP will be updated to increase efficiency and improve patient care and outcomes, the process will begin with Women’s Health. With OB/GYN chair **Deborah Driscoll, MD**, at the helm, preliminary discussions for renovating this department are starting, with the development of a vision for the future of Women’s Health at HUP.

### A New Look at Women’s Health

When it opened in 1889, HUP’s Obstetrics and Gynecology Department was the first maternity hospital in the city. It included five labor and delivery (L&D) rooms, a nursery, and a sunroom. Because most women gave birth at home at that time, only 30 babies were delivered at the hospital that first year.

Fast forward 130 years. HUP’s obstetrical service delivers thousands of babies each year; over 4,300 last year alone! And as patient needs have changed over the decades, care has evolved ... and advanced. Today HUP is one of the top centers for high-risk obstetrical care in the region.

Although very much in the early stage of planning (no renovations can even begin until the move into the Pavilion in 2021), a task force is examining many potential changes to Women’s Health, all focused on creating a space that will be “functional and flexible to adapt as care needs change, as well as a comfortable, cared for, inviting place for patients,” Driscoll said.

Right now most of HUP’s OB/GYN inpatient services are “stacked” on two floors of adjacent buildings. Labor and Delivery and the intensive care nursery (ICN) are on Ravdin 7 and 8

while Silverstein 7 and 8 are home to the postpartum “mother and baby” unit as well as gynecology inpatients. The proximity of these units helps clinical staff provide better care across the continuum, but the lack of “breathing room” presents challenges.

For example, pregnant patients requiring in-hospital monitoring, such as those with congenital heart disease, often stay on the gynecology unit. And postpartum moms who need a higher level of care than may be available on the postpartum unit stay on L&D, filling beds needed for women in labor. Driscoll’s vision of a new Women’s Health service includes separate units for each of these patient populations. And she would also like to include a unit for gynecologic oncology patients who are often very ill, with private patient rooms that offer “enough space for family support, which is so important,” she said.

Results from current OB/GYN pilot projects with the Center for Health Care Innovation will also play a role in the redesign. For example, the “Healing at Home” pilot showed that the majority of participants who had an uncomplicated vaginal delivery preferred to go home a day early. By accelerating newborn processes that take place prior to discharge by a full day and then supporting postpartum moms with two-way text messaging 24/7 and lactation consultation visits at home, the length of stay in the pilot was reduced one full day.

A randomized control trial will start this fall but, “if we were to offer this option to our patients, it would essentially generate 1,000 additional bed days, based on the number of deliveries we do and the number of uncomplicated vaginal births. This trial will inform just how many postpartum beds we should have in addition to providing the support that new mothers need.”

The Helen O. Dickens Center for Women, which primarily cares for those from underserved communities, is “one of the busiest practices at HUP, with over 58,000 visits a year and contributing to over 50 percent of our delivery volume,” Driscoll said.

However, a lack of space is holding them back from expanding services. For example, Driscoll would like to use a pre-natal care group model at the Center, in which moms-to-be share experiences and learn about nutrition, relationships, labor and delivery, and newborn care. “This model has been shown to improve maternal and infant outcomes and reduce pre-term birth rates,” she said. “We implemented the program on a small scale last year. If we had more space, this model could be more widely used.”

### Emergencies and Premies

Because seconds count in an obstetrical emergency, the shifting of emergency care from HUP to the Pavilion is very much on the minds of OB/GYN leaders. “We’re concerned about the time it will take for patients to get through the tunnel to L&D,” Driscoll said. For the past 18 months, a task force has been examining possible redesigns for HUP’s Perinatal Evaluation Center and ED triage. Currently, women more than 16 weeks pregnant who come to HUP’s ED are sent directly to the evaluation center, a quick elevator trip up to Ravdin 7. Women in earlier stages of pregnancy are first triaged in the ED.

“Potentially I’d like to have a triage unit at HUP West for all pregnant women, regardless of gestational age. We need to think about alternatives and, in partnership with the ED, have a more efficient care model.”

- Deborah Driscoll, MD



Expanding and updating the intensive care nursery (ICN) is also essential. Its current four “open bay” model with 38 bassinets is “overcrowded,” said **Michael Posencheg, MD**, medical director of the ICN. Private rooms would provide a quieter environment for the premies, but this model may eliminate “the line of sight for nurses, which allows them to respond quickly and to get help quickly,” Posencheg said. He’d also like to include nearby “communal spaces” where families can eat and talk together as well as additional overnight rooms for families, “away from the stress of the ICN environment.” To help make decisions, leaders from OB/GYN and Neonatology are traveling to see new ICNs in other hospitals. “We’re drawing upon both their successes and their failures to design the best for our babies.”

In redesigning both Women’s Health and HUP itself, staff engagement is critical. “I want to hear from those on the ground who are providing the day-to-day care for our patients and watch how staff across disciplines work as a team,” Driscoll said. “They understand patient needs but I also want to meet their needs as well, to create a work space that is efficient, welcoming and supportive.”

Cunningham agreed. Transforming HUP “is something that’s bigger than any one of us but it’s something all of us can do together.”

Keep up with the latest news on all the changes across the HUP campus. Visit us online to learn more: [PennMedicine.org/OneHUP](http://PennMedicine.org/OneHUP).

## SEVEN STUDENTS’ JOURNEY THROUGH MEDICAL SCHOOL — AND MORE!

Claire Hirschmann, a wilderness educator, found her way to emergency medicine. Gina Chang, a cellist, developed her passion for public health and pediatrics. Mariah Owusu-Agyei, a financial analyst, immersed herself in research in her native Ghana.

Medical school is a different journey for everyone. In the latest issue of *Penn Medicine* magazine, you can follow these and other Penn students’ unique paths over four years. The Spring/Summer 2019 issue also features a long-running Penn-led study of chronic kidney disease, telemedicine leader and nurse Ann Hufferberger’s background as a tall-ship captain, and more.

Access the issue online at [PennMedicine.org/magazine](http://PennMedicine.org/magazine).

Subscribe to the email editions of this and other Penn Medicine publications at [PennMedicine.org/news/subscribe](http://PennMedicine.org/news/subscribe).





Penn Medicine Supports Staff Who Serve in the Military

Sengpheth Phengvath always knew she wanted to serve in the military. Her family fled Laos during the Vietnam war and settled in the United States as refugees. Her desire to care for the wounded and give back to the country that took her in is what prompted her to go into nursing and join the Navy Nurse Corps. When she received her deployment orders in 2016, her colleagues in the main operating room at the Hospital of the University of Pennsylvania threw her a going away party and, during her nine-month deployment in the Navy Nurse Corps in Djibouti, they held fundraisers to send her care packages.

“Penn Medicine is committed to serving the needs of those service members who continue to serve while employed here,” said Paula Crawford-Gamble, MSN, CRNP, Penn Medicine Veterans Care Concierge liaison. This includes following the recommendations of the Employer Support of the Guard and Reserve (ESGR), a Defense Department program that promotes cooperation between civilian employers and their National Guard or Reserve employees. Under those guidelines, Penn Medicine allots up to two weeks each year for employees to attend annual military training and will pay the difference between the military base rate of pay and their usual rate of pay.

As Crawford-Gamble explained, the Combat to Care program offers services to assist the veteran with integrating both the tuition benefits the veteran receives from the GI Bill and Penn Medicine so they can take advantage of the many educational opportunities to promote professional growth. Combat to Care is managed through Human Resources and the Veterans Care Excellence Program (VCEP). In addition, the VCEP program helps to streamline the process of navigating health care benefits with those from Veteran Affairs.

“Over time, as Penn Medicine has experienced more and more members being mobilized, the organization has updated policies and procedures to support military members in order to fulfill the requirements of the DOD but also to meet the needs of our employees that serve our country,” she said. “We’re always asking what else can we do, what more can we do.”

Dustin Lahiff, a project manager with Real Estate and Architecture in Corporate Services, is also an operations officer in the Army Reserve and has to take leave several weeks a year for military training.



“I can tell you right now Penn has probably been the best place I’ve worked when it comes to military leave,” he said. “And it’s not just because I’m working here.”

Lahiff said that while previous employers have had trouble understanding why he has to take time off and didn’t reimburse him for lost wages, Penn makes the process easy and always accommodates him if he needs to take more than the allotted two weeks off per year.

When Phengvath returned from Djibouti, she said the 90-day transition period that Penn allots before returning to work under ESGR guidelines was necessary. Her unit, in addition to throwing her a welcome back celebration, also gave her a week to adjust to working in the operating room again and adapt to any changes from her year away.

“Having a current military member is a positive addition to the staff,” said manager George Bordi. “I think employees can learn from her unique experiences.”

To inquire about military leave benefits specific to each entity, staff should contact their manager or HR generalist.

For more information about the Veterans Care Excellence Program, contact Crawford-Gamble at Paula.Crawford-Gamble@pennmedicine.upenn.edu or 215.220.9566.



► Helen Werremeyer (l), who underwent two knee replacements, with Elizabeth Shokoff, at the “graduation” from the Jim Craigie Center for Joint Replacement.

JOINT CENTER “GRADUATIONS” OFFER A FUN TWIST ON PATIENT EDUCATION

Graduation is a time to celebrate a grand accomplishment and reflect on the long journey that led you there. At Princeton Medical Center (PMC), patients graduating from the Jim Craigie Center for Joint Replacement are celebrating a new hip. Or a new knee. Or, in the case of Helen Werremeyer, both of her knees.

Werremeyer was among a handful of patients at a recent graduation hosted by Elizabeth Shokoff, RN, the Center’s orthopaedic nurse navigator. Held the day after surgery for most patients, the ceremony begins with a celebratory toast

of sparkling water and a light brunch of muffins and cookies before Shokoff provides a detailed explanation of everything patients should expect in their post-surgical recovery and rehabilitation. In short, the graduations function as discharge education classes for the joint replacement patients.

The graduations are intended to be fun and interactive, Shokoff said. Patients may bring a coach — a friend or family member who will help with their post-discharge care — and they also get an opportunity to meet fellow patients,

share common experiences, and prepare to transition from hospital to home. The information covered in the presentation is also provided to patients in book form, along with Shokoff’s contact information for any follow-up questions or concerns.

The graduation ceremony ends with patients receiving diplomas and t-shirts bearing the joint center’s “I Reclaimed My Life” tagline. “The graduations are a fun twist on patient education,” Shokoff said. “They also give us a way to thank patients for choosing Princeton Health.”

SHARING COLOR AND CREATIVITY with the PAH Community

Take a stroll through the grounds of Pennsylvania Hospital, and you may find yourself struck by the sense of balance the atmosphere creates. The balance between the past and present is evident as you pass the statue of William Penn donated in the nineteenth century and the cupola recovered after a twentieth-century demolition, all surrounded by greenery and flowers, old and new. The green spaces also strike a balance, between serenity and liveliness, welcoming patients looking for a therapeutic healing space.

Lead horticulturist Dan Bangert and his team are responsible for all this and more. Passersby are enjoying summer flowers now, but Bangert’s mind is already two seasons ahead, planning out PAH’s first-ever winter pots and displays. While some plants make an appearance each year — the wisteria and azaleas are well over 100 years old — Bangert finds inspiration for new themes, colors, and textures everywhere.

“Sometimes it will be as simple as somebody telling me about a plant they like, and other times I’ll see an awesome outfit and think, ‘Let’s see if there’s a flower that looks like that,’”

Bangert said. “Once I have the concept, I’ll figure out how to place something with big leaves next to something with skinny leaves, then add something fuzzy next to that.”

Not only is the outcome of his hard work visually stunning, but it has a positive impact on the patients, staff, and community members who see it. He described a poignant experience with a woman whose husband had passed away just as he started at PAH three years ago. She continues to visit a spot on the property that reminds her of her husband, and she and Bangert shared a hug earlier this spring. “It’s nice knowing that my job created an atmosphere where it was possible for us to share that experience.”

