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 of Pennsylvania 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.

Continued on page 2

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/lg-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.

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 sprang 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 Tresuvan. 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, Jeannmarie 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 the public with improved outcomes.

Continued on page 4
“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

LG Health Recognized for Employee Wellness Programs

“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. As an 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. 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 belief 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.”

PPMC PREPARES THE COMMUNITY TO COME TO THE RESCUE
“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 evolved … and advanced. Today HUP is one of the top centers for high-risk obstetrical care in the region.

Expanding and updating the intensive care nursery (ICN) is also essential. Its current four “open bay” model with 38 bassinettes is “overcrowded,” said Michael Posenscheg, MD, medical director of the ICN. Private rooms would provide a quieter environment for the patients, but this model may eliminate the “line of sight for nurses, which allows them to respond quickly and to get help quickly,” Posenscheg 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 ICU 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 our online to learn more: 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 Huffenberger’s background as a tall-ship captain, and more.

Access the issue online at PennMedicine.org/magazine.

Subscribe to the email editions of this and other Penn Medicine publications at 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 allows 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 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.

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. The present is evident as you pass the statue of William Penn donated in the nineteenth century. 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. The sense of balance the atmosphere creates.

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.”

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 Weeremeyer, both of her knees.

Weeremeyer 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.”

“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 allows 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.