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Continued on page 2
Telehealth Art Therapy: HELPING YOUTH BUILD RESILIENCE

Creative activities like art therapy help children and adolescents increase their sense of well-being and emotional resilience, enabling better day-to-day functioning. So it is no surprise that Princeton House Behavioral Health incorporates creative therapies into everyone’s treatment. Yet the need for social distancing can pose challenges for such a hands-on process.

“Art therapy before COVID-19 took place in a room where we had a wide range of supplies,” said Linda Baker, MA, LAC, allied clinical therapist at Princeton House’s outpatient site in Moorestown, N.J. “It was easy to interact with the kids and for them to interact with each other and stay focused on the task since we were all together in one place.”

During the pandemic, in-person art therapy was not an option. Princeton House converted to virtual programming, but not everyone had access to art supplies and virtual therapy made it more difficult for the young patients to bond with each other.

To address these challenges, Baker explored third-hand art therapy, a concept developed by Dr. Amy Bailey, an Austism painter and a pioneer in the field of art therapy. The approach, often used with individuals who have physical disabilities, essentially allows the therapist to become the patients’ hands.

Baker aims her computer’s camera at a blank poster board and then works with the group members to create a character, beginning with the shape of the face and body, before ways that were impossible just a year ago. A new platform called Switchboard transforms Virtual Visits

In several industries, digital transformation — the integration of digital technology into an organization, fundamentally changing the way it operates — has grown significantly over the past several years, said Srinath Adusumalli, MD, MSHIP, assistant chief medical information officer for Connected Health, and clinical innovation manager with the Center for Health Care Innovation. But until COVID hit, the advances had not fully hit health care.

Today, Penn Medicine has a robust digital hub that makes thousands of virtual outpatient visits possible, operating efficiently and smoothly in

moving onto his or her expression, clothes, and even the background setting. In the following session, the participants develop a backstory for the character.

Art therapy facilitates healing through externalizing internal struggles — as a result, the characters and their stories often reflect issues that the group members are facing. Once the story is completed, it is read aloud to the group.

“It has been a wonderful way to help them build resilience by allowing them to project their concerns in a safe and creative way and receive instant support and feedback,” Baker said. “And because of the interactive approach, they are more likely to remember what they are hearing and experiencing.”

Targeting Mental Health: Support When It’s Needed

Across the country and the world, the COVID-19 pandemic has had a devastating impact on people’s mental as well as physical health, particularly those on the front lines who experience increased feelings of stress, anxiety, frustration, exhaustion… and just being overwhelmed. Early on Penn Medicine recognized the need to provide easy access to mental health resources.

Knowing the psychological effects would be long lasting, a multidisciplinary team — which included members of the Workforce Wellness Committee, the Center for Health Care Innovation, and faculty of Psychiatry — created COBALT. The digital platform supports employees’ mental health issues with a wide range of resources, including mental health and wellness content, live groups, and individual virtual support.

At its peak last spring, Switchboard supported 6,000 visits a day. Although the number decreased after the initial surge, the second surge raised it again. Now the total number of Penn Medicine’s telehealth visits since the pandemic has surpassed one million!

What’s the future of virtual visits at Penn Medicine? Adusumalli said add-on functionality will continue, particularly for inpatient support as Penn Medicine expands into the Mercy Hospital project and HUP East, its new inpatient facility scheduled to open this fall. But much depends on insurance reimbursement and federal regulations once the public health emergency state is rescinded.

While virtual visits cannot be used for all patient visits, from a clinical standpoint, some degree of this type of care will persist. Patients like it and it’s needed.

From the start the demand was overwhelming; COBALT had 10,000 visits in the first couple months. The scale of the need made it possible to increase COBALT’s offerings quickly and establish the value of offering such a platform for anyone who might need this type of accessible mental health support.

Today, COBALT has significantly expanded. For example, the site now offers group sessions led by experts — such as Thea Gallagher, PhD, director of the Outpatient Clinic at the Center for Treatment and Study of Anxiety in Psychiatry — on timely topics, such as election stress and responding to racial injustice. This allows employees to band together and support one another with a trained facilitator. And one-on-one providers expanded to include chaplains, nutritionists, resilience coaches and sleep experts. COBALT is also now used as a tool for team managers. So far over 100 of these customized sessions have been held.

While still offering these resources for employees for the foreseeable future, COBALT is also returning to its pre-COVID vision. Last year, the Penn Integrated Care program, which embeds mental health teams in primary care practices, started a pilot using the digital assessment, triage, and scheduling tool that has been built using COBALT. This will take the platform to the next step in evolving this pandemic-era innovation toward broader, lasting improvements in care — getting everyone the help they need as soon as they need it.
Personalize Your Plate During National Nutrition Month

It is never too late or too early to eat healthfully, so this March, in celebration of National Nutrition Month, the focus is on you. Recognizing that there is no one-size-fits-all approach to nutrition, the Academy of Nutrition and Dietetics has made this year’s theme “Personalize Your Plate.” Throughout the month, review the USDA 2020-2025 Dietary Guidelines (https://bit.ly/3eU7uEQ) and join the WellPicked team for a series of virtual sessions to learn how you can personalize your nutrition to fit your unique body, goals and tastes.

The WellPicked team will cover nutrition-related themes and issues to help employees enhance their well-being. Topics include fat diets and blanket approaches to healthy living, weight and chronic disease management, personalized meals and recipes, and macronutrient adjustments.

“While all of the topics are critical and applicable, the session about macronutrients — which include the carbohydrates, fats and proteins that make up everything we eat — is my favorite,” said Janna Rothschild, UPHS senior employee health and well-being coordinator. “During this particular session, we’ll discuss how to customize individual diets to meet macronutrient needs. Every participant will leave with something valuable!”

Selene Platt, LIMS application analyst at CCH, frequently participates in WellPicked virtual programs, and she has benefited from working with members of the WellPicked team. Mitch Sherman, UPHS employee health and well-being specialist, Emily McPeak, employee well-being coordinator, and Rothschild.

ROBOTIC PLATFORMS PAVE THE WAY for Personalized Surgical Procedures

For many Americans, simple tasks like climbing the stairs or taking a walk can become unbearably painful for their injured or arthritic knees. While knee replacement is extremely common, no two knees are the same: That’s why precision matters.

Surgical robots have been adopted across disciplines to help surgeons plan and execute procedures with game-changing accuracy, and the Department of Orthopaedics is no exception.

“Manual instrumentation has served us well, but even if a replacement is successful it relieves pain and improves function, a patient may not think their knee feels completely natural,” said Gwo-Chin Lee, MD, an orthopaedic surgeon at Penn Presbyterian Medical Center. “Targeting one single alignment isn’t necessarily foolproof for every patient.”

However, combining the surgical team’s expertise, intraoperative imaging, and the precision offered by robot assist devices can allow for more personalized care. For example, in January, Lee was able to use a new robotic arm to cut the exact amount of bone needed and pinpoint the optimal position of the implant based on his patient’s anatomy.

“Robotic devices can provide real-time feedback on things like alignment and ligament balance,” he said, noting that this assistance can also enhance the accuracy of hip replacements. Robotic devices may not inherently improve the outcome of every procedure, but Lee is interested in expanding research on how these tools can help surgeons identify alternate implant positions and fuel advances in the field.

As demand for knee replacements rises and technology evolves, Lee anticipates that robotics will be integrated into the majority of these procedures in the not-so-distant future. “Not only do these devices bring us to the forefront of joint replacement, but they can round out the armamentarium of tools we have to deliver excellent care.”

ORTHOPAEDIC SURGEONS PARTNER on Complex Knee Replacement at CCH

Of the more than half a million Americans who undergo knee replacement surgery each year, few have cases as complicated as Ken Strawhecker’s. In fact, he was one of the most complex knee replacements ever performed at Chester County Hospital; a multi-part procedure that involved two orthopaedic surgeons working together over several months. Cht Simmons, MD, chief of Orthopaedic Surgery at CCH, and L. Scott Levin, MD, chair of Orthopaedic Surgery at the Perelman School of Medicine.

Partnerships like this are becoming increasingly common between pairs of Penn Medicine hospitals, in this case Chester County Hospital and the Hospital of the University of Pennsylvania. The goal of this “systemness” is to keep more medically complex patients in their own community instead of having them travel downtown for care. Strawhecker was the beneficiary of this philosophy.

After a car accident caused severe open fractures of Strawhecker’s knee and femur, he underwent multiple surgeries, which ultimately led to severe scarring and bone deformity.

A knee replacement was his only option. But first he needed surgery to create an adequate and stable soft-tissue envelope around the bony structures. Levin, who also is a plastic surgeon and specialist in microsurgical techniques for soft-tissue reconstruction, was just the specialist for the job. He performed a free flap procedure, transplanting living tissue with its blood supply from the patient’s thigh to the knee. Three months after recovering from the procedure — which Levin likened to “reupholstering” the knee — Strawhecker was ready for his knee replacement surgery.

On the day of the second surgery at CCH, Levin carefully raised the free flap, giving Simmons access to the inside of the knee. Simmons used a specialized implant to help make up for the severe ligament damage and deficiency that was present.

After a successful surgery, Strawhecker has several months of recovery and rehabilitation ahead of him, but after years of exponentially worse pain he’s looking forward to a better quality of life. “I’m not trying to be a super athlete,” he said, “but it’ll be icing on the cake if I can play a pickup game of basketball with the guys at work.”

and representatives from across the institution, to chart the course for ACT that will transform our culture and bring about substantive change.

Over the last few months, virtual meetings across Penn Medicine have gathered raw, honest feedback from over 5,000 Penn Medicine faculty, staff, and students. Now, strategies are being developed and put in place to drive actions which will help mitigate bias and advance diversity, equity, and inclusion.

LEARN MORE about this interactive, collaborative process at www.med.upenn.edu/inclusion-and-diversity/act-actions-for-cultural-transformation.html
LEADERSHIP TRANSITIONS

Two New CEOs to Lead Penn Medicine Entities

James Demetriades is the new CEO of Penn Medicine Princeton Health. Demetriades has a strong record of establishing and enhancing outstanding clinical programs, increasing patient satisfaction levels, and working collaboratively with physicians and employees at all levels of the organization to achieve quality, performance improvement, and financial goals.

John J. Herman has become the new CEO of Penn Medicine General Health. He brings to LG Health a commitment to community care and experience developing high reliability organizations and productive partnerships to provide highly personalized care alongside options for the most advanced medicine.

"All these years later, I still remember the decency, kindness, and respect of the people who worked at Pennsylvania Hospital. And it’s still such a big part of my life. It really becomes a part of you."

Our gratitude and best wishes to Jan J. Bergen, who retired as LG Health president and CEO after six years and to Barry S. Rabner, who stepped down as Princeton Health CEO after 19 years. Read more about leadership transitions at pennmedicine.org/news/internal-newsletters/system-news.

Taking the Meaning of “Pennsy Family” to a New Level

Ask any Pennsylvania Hospital employee to describe their workplace, and odds are high that the word “family” will come up. This sentiment isn’t just common among current staff; even former employees like Denair (“Dee”) Milliner still feel a strong connection.

Her 41-year career at PAH began when she became a phlebotomist at the Institute of the Pennsylvania Hospital in 1970, which provided inpatient psychiatric care until its closure in 1997. Though there were some challenging experiences (“Some patients didn’t want a Black woman drawing their blood,” she said. “But after they found out I was gifted with a wonderful touch, I was requested”), she also forged lifelong friendships.

From 1995 until her retirement in 2011, she also worked with the midwives, Food & Nutrition, and OB/GYN. She vividly recalls bringing her children in for Take Your Kids to Work Day and celebrating the retirement of longtime administrator H. Robert Cathcart while wearing colonial dress in the summer heat.

And Milliner doesn’t have to look at old photos for memories of Penny to rush back — she just has to look at her family. In 1953, she was born in PAH’s Lying-In Hospital (now the Spruce Building), and she went on to give birth to her own children at PAH. Her daughter delivered one of her children at PAH, as well. The latest addition, Namiko, was born to her granddaughter at PAH this past June. Milliner was able to cheer on her great-granddaughter via Facebook Live as she entered the world.

“All these years later, I still remember the decency, kindness, and respect of the people who worked at Pennsylvania Hospital. And it’s still such a big part of my life,” she said. “It really becomes a part of you.”

One Year with COVID-19

A Seasoned Pulmonologist and Photographer Looks Through a New Lens

We had these very, very structured meetings over video conference. I started to reflect on what I was really seeing on my screen. Behind my colleagues were their kitchens, a hotel room where they were staying, maybe a kid’s head would poke up in the shot. Some people were unshaven and appeared exhausted. And on top of that, they were not behaving like they normally did when we would meet in conference rooms.

How do you think your photos compare to other photos of frontline workers and medical experts that we’ve seen this year?

All the photos of the ICU I’ve seen have been of a stressful, sad place. What I like about these videoconferencing photos is that they are images of those same people in a more personal environment where you have to think twice to realize, “This is an ICU doctor.” It’s a much more personal view.

The people in my shots are still being clinicians in those moments, in those back-room meetings. And those meetings and that collaboration are what made us excel. We have a lot of doctors to cover our ICUs and were able to appoint a lot of people, with research expertise, to the behind-the-scenes work, at least some of the time. All of that work behind the scenes, done when we don’t “look” like doctors, was key to helping people recover successfully.

Do you think of your colleagues any differently now that you’ve had this intimate and vulnerable glimpse of them?

Seeing their homes can give you some insight into their personalities or seeing them unshaven or less “groomed” can make you see them in a more human or personal light. But the main experience I had here was how professional, how capable, how highly-able to communicate these people were. I saw my colleagues demonstrate the kind of communication you expect from air-traffic controllers or communications with astronauts in outer space, or with the military on the battlefield. And I was very impressed.

What’s different now versus the beginning of this pandemic? What does it mean looking back on this time now?

We have come so far. We are better able to treat people with mild to severe COVID symptoms. We have vaccines that will protect people from this coronavirus. We have more research on which to base standards of care.

Our virtual meetings are different, too. We “ready” ourselves for the camera, and I think that luxury of not having to jump right in, without concern for appearances or comfort or niceties, is symbolic. We have confidence. We are now lucky enough to be able to worry a little over the small things like fixing our hair. Read more about Hesse-Flaschen’s behind-the-scenes view of COVID-19 at https://bit.ly/3uHLV6L.

DIFFERENCE MAKERS

WEDDING IN PATIENT’S ROOM GRANTS A FINAL WISH FOR FAMILY

The COVID-19 pandemic has impacted multiple aspects of daily life — but it can’t stop love. When David Rochkind learned his mother was being treated for COVID-19 at Lancaster General Hospital, he didn’t want to risk his mother not being present when he married his fiancée, Sherry Hausman. His one request was that his mother would be there to see him get married. Arline Rockland was experiencing severe COVID-19 complications and the family knew they didn’t have much time left with her.

Knowing the family’s story, 7 Frederick nurse manager Kimberly Resh, MSN, decided her team would help create an unforgettable family moment. Along with Justin Cavaghan, RN, and Carolyn Hauck, director of Chaplaincy Services, the team went from health care workers to wedding planners.

After receiving approval to visit Arline at LGH, the bride and groom traveled from New Jersey to Lancaster to be with her when the two tied the knot. With chaplain Keith Eshenbecher presiding, the couple was married January 7 next to Arline.

“Arline smiled throughout the ceremony,” Resh said. “Our staff is happy that their family was able to make a memory that will last a lifetime.”

Arline passed away on January 9, and the 7 Frederick team was honored to be a part of a special moment in their patient’s life.

DO YOU HAVE A DIFFERENCE MAKER ON YOUR TEAM? If so, let us know! Email sally.sapega@ pennmedicine.upenn.edu

Penn Medicine, an affiliate of the Difference Makers who represent the Penn Medicine Experience (PMX) in action. PMX is a consistent standard across all of our entities and work locations to make every encounter an opportunity to build enduring connections with patients, families, visitors and colleagues, which is a foundational part of the University of Pennsylvania Medicine experience.

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