Call it kismet. A half-century ago, as Princeton Hospital was looking to establish a community mental health center, a facility called Princeton House — just two miles up the road — was available.

The original Princeton House was envisioned in the late 1960s as a nursing and convalescent center for Broadway performers. The actors’ retreat never materialized, however, and Princeton House opened instead as an alcohol treatment center. Patients were scarce, financial losses mounted. By the spring of 1971, the owners were ready to sell.

Princeton Hospital’s board of trustees appreciated Princeton House’s potential to bring needed services to the community. A handshake and a $2.2 million check later, Princeton House was part of Princeton Hospital.

Hospital officials hosted a community open house on July 18, 1971 to celebrate the opening of a new Princeton House. Two days later, the first 30 patients were admitted.

The original building is still there, but the organization — now known as Princeton House Behavioral Health — has grown exponentially. Princeton Hospital, now Princeton Medical Center (PMC), and Princeton House are divisions of Penn Medicine Princeton Health, which has been part of the University of Pennsylvania Health System since 2018.

“Our board showed remarkable foresight by investing in behavioral health care at a time when it was often misunderstood and underappreciated,” said Princeton Health CEO James Demetriades. “Through five decades of devotion and innovation, our people built Princeton House into a regional behavioral health leader and a lifeline for our community.”

Marguerite Pedley, PhD, senior vice president, Princeton House Behavioral Health, said some things that make Princeton House special are the heartfelt dedication of devotion and innovation, our people built -and a spirit of innovation, our people builtPrinceton House into a regional behavioral health leader and a lifeline for our community.”

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The heartbeat of Princeton House Behavioral Health is its people.

— Marguerite Pedley, PhD

SERN ICE VICE PREIDENT

See some of their stories on page 2!

Health System HIGHLIGHT

Continued on page 2

At Penn Medicine, we understand that one wakeup call is not enough, and we are committed to doing more to reverse this cancer disparity. Each year, to ensure we are continuously focused on our patients, we establish system-wide Penn Medicine “team goals” for every domain of our mission. Last year, we included a system-wide goal to increase the number of Black patients who are up-to-date on their recommended colorectal cancer screenings. As you’ll read in the article on page 4, it’s a cross-disciplinary effort that makes it easy to get this lifesaving test — with resources deployed from our primary care clinics to church parking lots to patients’ own cell phones.

Achieving success and improving health outcomes requires our collective efforts and we are proud to be engaged in this important work with our patients.

Continue reading the full story, “Screening for Colorectal Cancer by Mail, Text, and Drive-Through,” on page 4!
Starting this month, the Trauma Division at PPMC joins with the United States Navy as the first civilian hospital to enter into a unique new military partnership. It is part of a broad effort to increase expertise for military clinicians and fellows on a recommendation from the National Academies of Sciences, Engineering, and Medicine to integrate military trauma teams into the nation’s best trauma centers where they can maintain the skills necessary for deployments to austere environments.

While deployed, the Navy Trauma unit may see more cases in six months than a civilian trauma center would see over the course of years, but between deployments, these same clinicians won’t see much major trauma at all. Placing them in select civilian hospitals between deployments enables uninterrupted exposure and proficiency both for the individual and the team.

The new three-year partnership will directly address these challenges. This novel program will integrate 11 members of the Navy with the PPMC Trauma division and the academic clinical departments of Surgery, Anesthesia, Emergency Medicine, and more, to provide intensive clinical and leadership training.

While other services of the military have partnered with civilian hospitals, the Penn Trauma and U.S. Navy Partnership is unique. “This partnership will work to develop a blueprint for other future partnerships and will serve as a test bed for curriculum and leadership development,” said C. William Schwab, MD, the founding chief of Penn Medicine’s Trauma Program, a professor emeritus of Trauma Surgery, and a veteran of the Navy himself. “This program with the U.S. Navy will broaden members’ experience in a trauma setting between deployments and layer in team-based training with the goal of producing a unit that is prepared for the rapid deployments to remote and hostile environments.”

“Many members of the Penn Medicine community have ties to the military, both through their own service and the service of family members. Penn Medicine has a deep appreciation for the sacrifices involved in serving our country, so we are grateful for this opportunity to contribute to these efforts. We know the value of pairing top-level clinical experience with high-functioning teamwork,” said Neil Ravi, COO of Orthopedics, who is helping lead the program. “Penn Medicine is thrilled to strengthen this relationship and continue to celebrate and support our staff and their families who have served.”

“This partnership will be truly bi-directional,” added Gene Coffman, MBA, associate chief financial officer helping lead the program. “Penn Medicine’s Trauma Division is incredibly talented at training teams to work collaboratively in order to provide the best possible care to patients, and the U.S. Navy team brings a wealth of experience and skills. We’re also eager to collaborate with the Navy and Department of Defense on groundbreaking research that will advance how we care for patients and improve outcomes, both in the hospital and on the battlefield.”

The People

The heartfelt of Princeton House Behavioral Health, according to Marguerite Pedley, PhD, senior vice president, is its people. “You can have the finest quality service,” she said, “but if there isn’t a soul behind it and there isn’t a sense of that compassionate caring that’s really driving you toward excellence and innovation then it won’t have the same impact on our patients and our community.”

Robbi Alexander, PhD, APN, administrative director of psychiatric services, Princeton Health, and director of the Princeton Center for Eating Disorders, said Princeton House is its own community. Staff members tend to stay long-term and they get to know each other well. Alexander started at Princeton House in 1979 as a charge nurse. She has left several times for new opportunities over the past 42 years but, as she noted, she always comes back. “I truly believe that Princeton House is the best continuum for mental health in this state certainly and probably in this whole tri-state area,” she said. “It’s pretty proud of that and our clients and the staff who worked diligently to make that happen.”

Nancy Zorochin, a senior community relations representative, started with Princeton House as a nurse in 1980 and worked in admissions from 1988 to 2006. One of her fondest memories is a call she took from a man who had been an inpatient in 1980. He was memorable in part because he had a unique name. Twenty years later, he called admissions out of the blue. “He said, ’Princeton House saved my life and I wanted to say thank you,’ Zorochin recounted. “When he told me his name, I said, ’I was your nurse.’ It was such an amazing moment. That’s what keeps me here.”

Sonora Reynolds, DNP, RN, director of patient care services, has been with Princeton House for over 30 of its 50 years. In 2020, she was living in New York and working a job she liked at Bellevue Hospital. She had never heard of Princeton House until she saw the posting for her current position. After a series of virtual interviews, she was invited to meet the staff. The interview lasted for hours. She was impressed that everyone she met — housekeepers, nurses, doctors, maintenance and engineering staff — was focused on quality care and meeting the patients’ needs. “I didn’t think anything would ever compare to Bellevue until I came here,” Reynolds said. “Care is embodied here. It’s palpable. Everybody, in addition to providing great care, actually cares greatly. And that made me want to be here.”

Hear more from these and other Princeton House employees in the video online, “50 Years of Providing Hope, Innovating Care, and Changing Lives.”

Princeton House’s growth in size and its types of care got underway slowly at first. When now-retired executive Wohl joined Princeton House in 1990, it still operated only the one location. The following year, Princeton House opened its first dual diagnosis program to serve patients with co-occurring psychiatric and addiction issues.

That approach is now standard at Princeton House, where more than half of the patients have co-occurring disorders, Schofield said. Most psychiatrists on the staff have multiple board certifications and are well-equipped to work with dually diagnosed patients.

Specialized Care for Patients’ Needs

Since 1992, programs for inpatient and outpatient treatment have become more specialized, based on both patient feedback and the latest scientific evidence. Princeton House has developed programs customized for seniors, children, adolescents, young adults, and both women and men who have experienced trauma. In 2013, Princeton House launched First Responder Treatment Services, an innovative inpatient offering for law enforcement officers, first fighters, EMS, active military personnel, and veterans.

Princeton House’s outpatient services entail three to five days a week of full- or half-day treatment and serve two crucial roles: They can be a stepdown for patients who were hospitalized and are transitioning to home, or they can help avert hospitalizations for people in the community who are experiencing difficulties.

Over the years, as Princeton House developed new partial hospital and intensive outpatient programs, it opened satellite outpatient centers to bring those services closer to people across central and southern New Jersey. The newest center in Eatontown opened in 2015, and plans are underway to expand the outpatient center in North Brunswick, adding 8,000 square feet of space to accommodate the Women’s Program and Child/Adolescent Program.

“If you look back over the last 20 years, we have moved every center at least once,” said Peter Thomas, PhD, vice president, outpatient services. “And we’ve expanded the centers multiple times after we’ve moved. The growth has been very steady over many years.”

The tremendous growth of Princeton House over the last half century translates to a greater impact, helping more individuals cope with their behavioral health challenges and thrive. Princeton House closely tracks patient outcomes, comparing patients’ level of functioning at admission and upon discharge.

“When they leave, after six or eight weeks with us, they are markedly improved,” Thomas said.

Those results continued through the pandemic, even when outpatient programs were provided virtually.

The successful patient outcomes highlight Princeton House’s value as a community resource. No one is untouched by psychiatric or substance use issues, Thomas said.

“As a society, we’ve become more accepting of mental health treatment and substance use treatment as a part of life,” he said. “It’s less stigmatized because everyone ultimately is affected in some way. I think the pandemic, in particular, has highlighted the impact of isolation, loss, and fear. All those different things that we collectively have gone through bring us together to understand them in a different way.”

The People

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Princeton House Behavioral Health Marks Golden Anniversary

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Coming to a Vending Machine Near You: HEALTHY SNACKS

We’ve all been there. Luncheontime rolls around, and you realize that you forgot to pack a sandwich. Or, maybe you need a mid-afternoon boost of energy. In these instances, it’s easy to be tempted by a sugary snack or a convenient fast-food option. Luckily, at Penn Medicine, patients, families, and employees have access to delicious and nutritious food options.

As a health system, UPHS aims to provide an environment that supports and enhances health and wellbeing — and food and drink options are no exception. Penn Medicine participates in the Good Food, Healthy Hospitals (GFHH) initiative, a partnership between the Philadelphia Department of Public Health, the Hospital and Healthsystem Association of Pennsylvania, and the Pennsylvania Department of Health. The GFHH initiative, funded by grants from the Centers for Disease Control and Prevention, engages Pennsylvania healthcare institutions to create a culture of food and health through the foods and beverages purchased, prepared, and sold each day. By participating, UPHS has signed a pledge and committed to implement standards for foods and beverages that fall into five categories: vending machines, overall purchasing, food and beverages served to patients, food and beverages served in cafeterias, and catering.

As part of the initiative, sugar-sweetened beverages were phased out in 2019 to support health and hydration. Now, in an effort to make snacking as easy and nutritious as possible, the health system is working to make changes to its vending machines. Next time you are shopping for a snack, you may notice you have access to healthier options. In fact, to attain GFHH compliance, 65 percent of the options in vending machines in Health System locations must meet the definition of a healthy or healthier snack option.

“Healthy food and snack options have incredible benefits on our overall health,” says Janna Rothschild, senior employee health and well-being coordinator, UPHS.

The right food choices can help increase nutrient intake, sustain energy levels, or help an individual recover from exercise. UPHS is proud to participate in the GFHH initiative to provide healthy options, and we look forward to continuing to enhance the food and drink options available in our hospitals.

To read more about the Good Food Healthy Hospitals initiative, visit https://foodfitphilly.org/gfhh/.

Steven Fukuchi, MD, Reaches 1,000 ROBOTIC SURGERIES

Chester County Hospital (CCH) welcomed robotic-assisted surgery to its range of offerings in 2011 with urologic and gynecologic surgeons performing multiport robotic surgeries. Two years later, the program expanded into general surgery, with Steven Fukuchi, MD, being one of the first general surgeons at the hospital to be credentialed for standard robotic procedures and in the use of single-site technology.

Now, less than a decade later, Fukuchi is celebrating a major professional milestone: He has performed 1,000 robotic-assisted surgeries. This achievement reflects the operations where he was the primary surgeon on the case.

Fukuchi, who followed in his father’s footsteps to become a physician, chose general surgery as his specialty in medical school because of the sense of completion and immediate gratification he felt at the end of an operation. He gained his initial interest in robotic-assisted surgery while supporting his urology and gynecology colleagues. He quickly realized that the technology offered valuable improvements over standard techniques and applications for his own patients and has been an advocate for the innovation ever since.

“The beauty of this technology is that you can see and feel everything, gaining an overall sense of the abdomen as if it were fully open, all through a small incision,” Fukuchi said. “It reduces hospital stays, gets patients back to their everyday lives more rapidly, and there is a drastic reduction in the need for narcotics to manage pain. I’m fortunate to be able to offer this method of treatment to my patients and to have a great team by my side to assist in the procedures.”

Prior to undergoing surgery, many will ask if the “robot” is going to do the surgery, to which Fukuchi explains that there is not a button he can push that says “remove gallbladder” or “take out sigmoid colon.” He goes on to assure his patients that he is still manipulating the robotic arms and making intraoperative decisions about what to do next in the operation.

Performing 1,000 robotic-assisted surgeries as a general surgeon is no easy feat. Fukuchi is now the third general surgeon in all of Penn Medicine, and one of only five in the entire Delaware Valley region, who have achieved this milestone.

James Kozub, PA-C MHA, the Robotics Coordinator at CCH, shared that “having the general surgeons embrace robotic surgery so early in the process has had a huge impact on the program. The benefit of general surgeons using robotic technology allows the hospital to offer minimally invasive complex hernia repairs, gallbladder surgeries, spleen removals and stomach operations. Most notably, though, are the number of colon resections done robotically at CCH. Fukuchi led the charge of using the robot to perform this procedure in 2013.

In addition to Fukuchi’s personal milestone, the Robotics Program at Chester County Hospital hit 5,000 robotic-assisted cases in April 2021 — just 10 years after its inception.

NICU Wall of Hope: Stories of Courage and Inspiration

“Our baby had arrived but was very sick and struggled to breathe. I cried, alone in my room, hooked up to an electric pump, wishing my baby was well enough to be with me. Kind nurses cared for me as I recovered. Always at the forefront of my mind was my tiny little baby resting quietly in his isolette a short walk away in the NICU.”

Sarah, a mother of two boys, recalls the prematurity of her younger son, Jack Richard, weighing 2 lbs, 9 oz. at birth. By the time Jack was ready to leave the hospital, saying goodbye to the NICU staff who cared for him was an emotional experience.

“How do you thank someone for sustaining your child’s life? For caring not just for your child, but for your entire family? These wonderful people have left lifelong impressions on our family. We are forever changed because of their kindness, compassion, excellent care, and love.”

Penn Medicine Lancaster General Health’s Women & Babies Hospital is home to Lancaster County’s most advanced Neonatal Intensive Care Unit (NICU), caring for newborns as early as 23 gestational weeks. While the NICU team provides a highly supportive and nurturing environment for families, having a baby in the NICU is still a stressful and scary experience for parents. A parent focused on their baby’s illness may be unable to look beyond their current situation and feel hopeful about the future.

“The NICU team was like our extended family. They put care and concern for our baby and our family first. I was able to care for Jack, with the knowledge and support of the NICU team.”

Margi Bowers, MSN, MHA, RN, NE-BC, nurse manager of the NICU, proposed the design and installation of a Wall of Hope display in the halls outside the unit.

The wall will feature professional photographs of healthy, former NICU patients who are thriving today, each holding a photo of themselves as a “preemie” from their NICU stay. Words of inspiration from the families will be included in the display along with each patient’s gestational age and weight at birth.

“Our purpose for the Wall of Hope is to support and inspire the families that find themselves entering the NICU. The images of beautifully growing children who have ‘graduated’ from our unit will welcome these families and offer a sense of hope, comfort and encouragement,” Bowers said.

The project is being coordinated by a committee representing LG Health’s NICU, Marketing and Pediatric teams and is expected to be completed by mid-fall.

Corinne Rhodes, MD, a Penn Medicine primary care physician, shows a mailed-home colorectal cancer screening test kit.

“Screening for Colorectal Cancer by Mail, Text, and Drive-Through

“It’s not one thing that’s causing the disparity. It’s a series of small failures at every step. When you add those small failures together, you get a big disparity like this,” said Richard Wender, MD, chair of Family Medicine and Community Health and chair of the National Colorectal Cancer Roundtable.

Penn Medicine’s efforts to increase colorectal cancer screening and decrease disparities have shown early signs of success. In the last fiscal year, 70.41 percent of Penn’s Black adult patients age 50 to 75 were screened for colorectal cancer, up from a baseline of 69.7 percent almost a year earlier and similar to the screening rate for white non-Hispanic patients. Not only is that higher than the overall 68.8 percent rate in Penn’s Black adult patients age 50 to 75 of Internal Medicine, and Washington, in partnership with community groups and churches. Guerra and Washington along with Akinbawale Oyalo, MD, MSPH, of Gastroenterology, also worked with the Colon Cancer Alliance (CCA), Independence Blue Cross Blue Shield, and WURD, Philadelphia’s African American owned and operated talk radio station, to promote colorectal cancer screening especially among Black Philadelphians who can sign up online to receive a test kit.

In both types of community campaigns, if someone tests positive, nurse navigators help them schedule a colonoscopy. If they are uninsured, they may help them find a free clinic or even sign up for health insurance.

“It just shows that you can reach out to patients directly and side-step some of those barriers that might otherwise prevent people from getting this type of cancer screening,” Oyalo said.

At five drive-through/walk-through events, the team gave out 251 test kits, and 202 kits were returned — at over 80 percent, a high rate for this kind of test.

“As an academic health center, we want to embrace the responsibility to care for the people in our communities where we’re located,” Wender said. “That’s what will get us in the driver’s seat in our communities where we’re located.”

Continued from page 1

“Penn Therapy & Fitness Site on Spruce Welcomes Patients

July 6 marked the opening of Good Shepherd Penn Partners’ 26th outpatient treatment site — Penn Therapy and Fitness on the 7th floor of Pennsylvania Hospital’s Spruce Building. The site offers a spacious waiting room, two large gyms, and five private therapy rooms, and is conveniently located within the same facility as the Penn Medicine Spine Center.

“Physicians can send their patients to one facility for the integrated diagnosis and treatment for conditions impacting the spine, back, and neck,” said William Welch, MD, FACS, FICHS, chair of Neurosurgery and medical director of the Spine Center at Pennsylvania Hospital. “They’ll have the confidence of knowing their patients will receive advanced, evidence-based care in expert therapy all in one location.”

Penn Therapy & Fitness Site on Spruce Welcomes Patients

Penn Medicine employees. Access PennMedicine.org/SystemNews

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