Princeton Memorial Hospital • 1918 – 1970

Princeton Community Hospital • 1970

Princeton Community Hospital • Autumn 2020
From the Board President

On behalf of the PCH Board of Directors, I invite you to explore the 50-year history of the hospital through the pages of this commemorative brochure.

Much has changed since PCH opened its doors to patients for the first time on December 20, 1970, but one thing has remained consistent – the commitment of our employees to provide the best possible health care to the community.

Our anniversary year, 2020, has been perhaps the most difficult one in our half-century of operation. The COVID-19 pandemic has presented enormous challenges – emotionally, logistically, and financially.

I believe the strengths and characteristics that have been utilized by Princeton Community Hospital’s staff and employees this year are just an extension of how people behave in southern West Virginia. There is a belief that when times are difficult, our first instinct is to stick together, find common ground, begin to prioritize, and start fixing the problem. Fortitude, determination, and unselfishness describe the winning attributes of our employees in 2020, but they are also the characteristics that have fueled our success over the past 50 years.

It is an honor to include in this brochure the insightful recollections of the hospital’s first administrator, Mr. James Dalton. I wish to personally thank him for sharing his memories of the hospital’s founding and its early years.

I am proud of this facility and its history. I am proud of our employees, the medical staff, and the great community we serve. In our quest to meet the challenges of the next 50 years, we remain dedicated to providing quality, comprehensive medical care with the highest level of compassion and respect for every patient.

James “Rusty” Sarver, III
President, PCH Board of Directors

July 12, 1968 • Presentation of the initial Economic Development Administration payment in the amount of $156,000.00 to Princeton Community Hospital. Seated, left to right: Hospital Administrator James Gronna, Project Secretary Mary Alice Houghton, PCHA Board Member Fred Fiske, and PCHA Vice President Harold Tomchin. Standing, left to right: Chief of Staff and PCHA Executive Committee Member James E. Powers, Acting Princeton City Manager W. Oris Barton, Field Coordinator of the Economic Development Administration Carlton P. “Cotton” White, PCHA President James E. Morrison, PCHA Executive Committee Member James W. Thompson, and PCHA Secretary Odell H. Huffman.
Ground breaking for Princeton Community Hospital – March 2, 1967. Left to right: U.S. Senator Jennings Randolph, U.S. Congressman James Kee, Board Member Harry Finkelman, Board Member Harold Tomchin, Chairman of the Board James Morrison, Hospital Legal Counsel Odell Huffman, Chief of Medical Staff James Powers, Board Member James Thompson, and O.D. “Bus” Compton.
In 1965, Princeton was served by Princeton Memorial Hospital, an aging medical facility that suffered from a poor location and continuous overcrowding. That same year, after a study confirmed the need for a new medical facility in Princeton, the Princeton Community Hospital Association (PCHA) was formed.

Under the direction of James E. Morrison, North American Rockwell’s Princeton plant manager and president of the PCHA, the drive to make Princeton Community Hospital a reality began. An appropriate site was chosen, government funding and grants were sought, and most importantly, a community fundraising effort was initiated.

Of the $4.2 million needed to construct the hospital, nearly 20 percent or $800,000 was donated by area residents and businesses over a five-year period. The community’s contribution was key in completing the hospital that bears its name, since much of the hospital’s other funding was contingent on the PCHA collecting sufficient community contributions.

When area residents were asked to help fund construction of the hospital, the campaign slogan referred to their contributions as “the best investment in your life.” Today, the return on that investment is quite evident – in addition to serving Princeton and the surrounding areas with first-rate medical care, PCH is a major consumer of local goods, is civically supportive of its community, and is Mercer County’s largest employer.

On December 20, 1970, Princeton Community Hospital opened its doors with 13 physicians and a staff of 125. Today, we serve our community with over 100 physicians and more than 1,200 employees.

Amid the wonders of modern technology and increasingly efficient medical procedures, our greatest asset remains our people. Without quality physicians, we could not offer progressive medical services. And without our dedicated, caring employees, we would have nothing.
Governor Moore, Congressman Kee Present For Dedication And Ribbon-Cutting at New $4.5 Million Community Hospital Saturday

December 10, 1970 • Princeton Times John Fleming, Editor

Ribbon-cutting and dedication ceremonies for the new $4.5 million Princeton Community Hospital were held last Saturday (December 5, 1970) in sunny but brisk weather, and over 200 persons attended the long-awaited event.

West Virginia Governor Arch A. Moore, Jr. was the main speaker at the ceremonies, and several other dignitaries, including Democratic Congressman James Kee were present.

Gov. Moore told the crowd, “Thousands of people will come through these doors, and this beautiful facility will touch the lives of every family in this community. It is only natural that there is so much of you represented in these bricks and this mortar.”

The dedication ceremonies actually began at noon Saturday with a luncheon attended by 350 invited guests. Princeton Mayor Lacy Shrewsbury issued an official welcome on behalf of the City of Princeton. “I am proud to be part of a community which has men who dream dreams and have vision,” the Mayor stated.

Harry Finkleman, the Master of Ceremonies, introduced a number of special guests including Congressman Kee, Economic Development Administration Representative C. White, Maxwell E. Bender of Block-Mc gibby and Associates, Assistant State Highway Commissioner Jack Stafford, Princeton City Manager Ira Southern, Bluefield Mayor Edwin Elliott, Dr. Allen Dyer, Executive Director of the Southern West Virginia Regional Health Center, and James E. Morrison, North American Rockwell Corporation plant manager, who serves as President of the Princeton Community Hospital Association.

Morrison, who is considered the spearhead of the hospital drive for the past five years, received a standing ovation from the crowd. Morrison, in turn, recognized another
group of special guests including Charleston architect Irving Bowman, Ennio Corte, S. J. Corte and M. A. Corte of Corte Construction Company, Project Superintendent Paul Clegg, Dr. and Mrs. Henderson Graham of Marion, Virginia, and William Clark, Vice President of NA-R of Washington, DC. A congratulatory telegram from Robert Anderson, President of NA-R was also read.

Morrison then told the crowd, “Today we will be dedicating a building that you and I should be very proud of. In it you will find the efforts of many groups ranging from the Federal, State, County, and City governments to the poor, rich, and the middle class who have contributed money and services in order that all might enjoy the fruits of accomplishment.”

Morrison then recognized several individuals who “have been very close to this project.” They included Hospital Administrator James E. Dalton, former administrators R. A. Lawrence, James Williams, James Gronna, and Dr. A. J. Peterson.

Certificates of appreciation were presented to Campaign Secretary Lynn Weaver and members of the Princeton Community Hospital Association Board of Directors Walter Burton, Essie Bailey, James Thompson, Andrew Clark, O. D. “Bus” Compton, Harold Tomchin, Harry Finkleman, Bill Reasor, Odell Huffman, Dr. Frank Holroyd, and Dr. James E. Powers.

Project Secretary Mary Alice Houghton was presented a plaque in recognition of her efforts on behalf of the Association.

Governor Moore told the group at the ceremonies, “This marvelous structure stands as evidence that whatever you set your mind to, you can accomplish. And the same is true for the State of West Virginia. The only limitations we have are the ones we place on ourselves.”

Princeton area residents contributed over $700,000 to the project with financial aid in the form of grants and loans, coming from the Economic Development Administration, the Appalachian Regional Commission, and the Hill-Burton Act.

The Governor added, “This building stands today not as testimony to state or federal government funds, but to the fact that the people of the fine city of Princeton were willing to sacrifice to accomplish their goal.

Following the governor’s speech, Odell Huffman, legal counselor for the Hospital Association, presented a painting of Jim Morrison by Princeton artist Marvin Kessinger to the hospital.

Ennio Corte of Corte Construction Company, then presented a symbolic hospital key to Administrator Dalton.

The transfer of patients into the new structure is to begin during the latter weeks of December.

December 20, 1970 – Charter Patient Wilma Bullins, the first of 41 patients transferred from the old Princeton Memorial Hospital to the new Princeton Community Hospital, was presented a certificate by PCHA President James E. Morrison.
When I arrived in Princeton in the Spring of 1970, I was a 27-year-old, four years out of graduate school, with a spouse and young daughter. I knew that I would be challenged by the situation, and I was awed by what I found. I was to run the Princeton Memorial Hospital and help prepare the Princeton Community Hospital for opening later that year. The board members of both hospitals were impressive people with a great spirit. I reported to both boards. Andy Clark was chair of the Memorial board, and Jim Morrison chaired the Community board. Some members sat on both boards. Mr. Clark was a very successful automobile dealer in Princeton and Mr. Morrison was CEO of the local Rockwell plant. Both men were capable managers with different management styles. The employees of the hospitals were the same people. So, our challenge was to run the old hospital while preparing to staff and operate the new hospital when it opened later that year. My initial assessment was that operations and image for the old hospital needed attention, and the challenge of getting the new hospital completed, staffed, and equipped would require a lot of attention and time. Mr. Morrison and Mr. Clark provided vision and leadership for the management staff.

The boards had done a wonderful job in developing the new hospital fundraising, design, and construction. The staff of the old hospital, who were to be the staff of the new hospital, had great attitudes and eagerness to get the new hospital opened. Cash flow was a major challenge both for continued operations of the old hospital and preparations for opening the new hospital.

A major element of the situation I found was the quality of the management staff. Marliese Mooney was the director of nursing and was serving as co-administrator when I arrived. Bill Reasor was the other co-administrator and chief financial officer. Both were committed to the hospitals and were quite busy with the two jobs. I would describe Ms. Mooney as an angel of mercy. She was a tough manager and was extremely sensitive to patient needs and the needs of her staff. She was respected by all components of the hospital staff. She was particularly effective in dealings with the medical staff.

Pat Skeens (Brown) served as operating room and recovery supervisor. She dealt with many challenges in the old hospital and served as a great resource in moving to the new hospital.

The medical staff numbered fifteen with several of them approaching retirement age. We needed to recruit some specialists and primary care physicians. Physicians who were particularly helpful to management were Jim Powers, Joe McCary, Frank Holroyd, and Drs. Cardenas, Duremdes, Hale, Pace, and later recruits Drs. Wells, Piracha, Koh, Kim and Raub.

Mary Alice Houghton (Parrish) was head of communications and media relations for the PCH board. She became an invaluable member of our team. She was sensitive to the needs of the community and did much to enlighten the audiences about the excitement of the new hospital. She also helped with our volunteers. Our wonderful volunteers were organized on October 29, 1970. I will always recall the date because our second daughter was born at 11:50 that same night, following the organization meeting for the volunteers.

The old hospital had many financial challenges. We needed to improve operating cash flow, meet payroll, and begin building our financial base for the costs of operating in the new hospital. Bill Reasor and his team worked long hours to improve cash flow. He was constantly negotiating with payers and vendors on behalf of both hospitals. There were several times when Mr. Reasor, Ms. Mooney and I agreed to not cash our payroll checks for...
several days to ensure the employee checks cashed. Our vendors of supplies and equipment were patient and supportive, as were insurance companies.

Ms. Mooney was our leader in the plans to move to the new hospital. She had each manager prepare a written plan, and those plans were incorporated into a master plan for the move. We did not know when the new hospital would be completed and certified for operational license, so the plans were based upon assumptions of several dates. Ms. Mooney planned everything related to the actual transfer of patients. Patients would be discharged from Princeton Memorial and directly, seamlessly admitted to Princeton Community hospital in a short period of time. Dr. Wells had some experiences with critical path planning, which were very helpful for all of us.

Several months before the big move-in day, Mr. Seaver, a local funeral director, came to see me with an offer I could not refuse. He assumed responsibility for transportation of the patients between hospitals, using his ambulances and other resources he would recruit from area rescue squads and ambulance companies. His teams would pick up the patients and their belongings at Princeton Memorial and deliver them to their new rooms in Princeton Community—a wonderful service to the hospitals and community.

Another heroic team was our maintenance staff lead by Tom Evans. They coordinated the start of our initial maintenance of our mechanized and electric systems and medical systems.

When at last we identified a probable date for the move, our schedules accelerated and the excitement grew. December 20, 1970, would be the day. We all hoped for decent weather.

Early on the morning of December 20, a major logistics event began. Transportation vehicles lined up at Princeton Memorial to transfer one patient per vehicle. We had requested physicians to help hold down the census by delaying elective admissions, and we had asked family members to bring only necessary personal items to the hospital to reduce the transportation challenges. Simultaneously, supply items needed in the new hospital were transferred by hospital staff. Very few, if any, employees had the day off. Many worked long or double shifts. Mr. Reasor’s staff were responsible for documentation of patient services in the transfer. Employee time records were also involved in the transfers.

I think I recall that we transferred over 30 patients within a two-hour timeframe. Princeton police assisted in traffic control and helped keep the transfer vehicles moving on schedule.

By late morning, Ms. Mooney announced that all patients had settled into their new rooms at Princeton Community Hospital, thanks to the efforts and caring of many people.

I confess that we had operational challenges in the first few weeks in the new building, but I am proud to report that we moved a good hospital operation and some very cooperative patients thanks to the efforts and commitment of many people.

Mary Alice sent letters of appreciation to all of our helpers. If we missed anyone, I apologize and offer a belated “thank you.”

I left Princeton in April of 1972 to accept a job in Texas. I am proud of my association with Princeton Community Hospital and its many supporters.
April 27, 1971 – The signing of the National Hospital Week Proclamation by the City of Princeton. Left to right: PCHA President James E. Morrison, PCH Chief-of-Staff Dr. James E. Powers, Princeton Mayor Lacy W. Shrewsbury (signing), and PCH Administrator James E. Dalton, Jr.

November 22, 1970 – PCH Open House. The Operating Room Staff.

Above: October 29, 1971 – Nurses from the Philippines arrive to fill positions at PCH. From bottom of steps upward: Alicia Pagalilauan, Cecilia Cesilio, Nora Francisca, Belinda Hernandez, Elpa Lagora, Zenaida Nimes, Caridad SyQuimsiam, and Willemina Tabeta. Others from left to right: Princeton City Manager Ira W. Southern, Princeton Mayor Lewis Skeens, William Myers, Father John Savage, Betty DeBoard, PCH Administrator James E. Dalton, Jr., PCH Volunteers President Mary Hickman, PCH Marketing and Public Relations Coordinator Mary Alice Houghton, Director of In-Service Education Reba Staton, Director of Nursing Services Marliese Mooney, PCHA President James E. Morrison, and James W. Thompson.

Left: November 5, 1971 – A nurse from Germany arrives at PCH. Left to right: PCH Marketing and Public Relations Coordinator Mary Alice Houghton, Director of Nursing Services Marliese Mooney, German nurse Rosina Lechner, and Princeton City Manager Ira W. Southern.
Healthcare at PCH in the Early 1970s – A Pictorial Review
May 1972 – A farewell gathering for PCH Administrator James E. Dalton, Jr., left, after his decision to accept a new position in Texas. Sending him off with well wishes were the new hospital administrator William L. “Bill” Sheppard and PCHA President James E. Morrison.

Mr. Sheppard in his office – 1974.

Mr. Sheppard with Kathryn Dooley, RN, December 1980.

William L. “Bill” Sheppard served as PCH Chief Executive Officer from 1972 to 1995.
1970 On November 22, 1970, nearly a month after the hospital’s construction was completed, over 7,000 area residents toured their new hospital for the first time during a community open house. The official dedication ceremony was held on December 5, with Governor Arch Moore delivering the keynote speech. Finally, on December 20, 1970, after more than two years of construction, Princeton Community Hospital opened its doors to receive patients into its 156 beds. Forty-one patients were transported from the old Princeton Memorial Hospital to PCH in one hour and forty-five minutes, in a smooth transition guided by James E. Dalton, Jr., PCH’s first administrator.

Those first 41 patients were served by 13 physicians and a staff of 125. Today, 50 years later, we serve our community with over 100 physicians and more than 1,200 employees.

1971 West Virginia’s first automated, computerized blood screening machine, the Mark X, was installed in the PCH laboratory.

PCH’s Emergency Department physician staff increased to three, and 24-hour emergency care became available.

As demand for the hospital’s services grew, construction of the fourth floor was completed, increasing PCH’s bed capacity to 172.

1972 William L. Sheppard succeeded James Dalton as administrator in May. Mr. Sheppard lead PCH for 23 years - from 1972 to 1995. During his tenure, PCH witnessed unprecedented growth and expansion. In addition, dozens of prominent physicians were recruited including many that are still active with the hospital today.

In June 1972, PCH was granted its full JCAH accreditation. PCH’s Cardiopulmonary department was opened only one month later under the medical direction of Dr. Abdul Piracha.

1974 PCH’s Nuclear Medicine department opened in October under the direction of Dr. Gordon Prescott.

1975 Groundbreaking ceremonies were held July 28 for the addition of north and south wings to the hospital. The $4.6 million project spanned two years and increased the hospital’s bed capacity from 172 to 215.

1977 The Social Services department was established in the hospital’s new south wing, serving as the patients’ link to community resources. In December, the hospital gift shop opened under the operation of the PCH Volunteers.
1978 The Radiology department, now known as Medical Imaging, was expanded to offer new procedures, including ultrasonic scanning.

In July, PCH opened the Sleep Disorders Lab, providing a center for the study and treatment of sleep disorders.

1979 On July 2, nursing assistant Joe Adams was honored for 50 years of service at PCH and PMH during "Joe Adams Day." Over 1,500 employees and area residents came to PCH to honor the long-time employee and noted civil servant.

In September, a new 7-bed intensive care unit was opened, and a few months later, the 11-bed Coronary Care unit became operational, providing a total of 18 critical care beds on 2-South.

1980 Groundbreaking ceremonies for the Princeton Long-Term Health Care Center (now Princeton Health Care Center, then owned by PCH) were presided over by Governor John D. Rockefeller IV. Construction of the facility was completed in less than one year.

1981 A heliport was established on the hospital's south parking lot to accommodate air ambulance service.

1982 PCH's Non-Invasive Vascular Lab was opened under the direction of Drs. Epstein and I. Rana in January.

In May, the PCH Child Development Day Care Center opened, with services available to employees as well as area residents.

1984 CT scanning became available at PCH. In March, the Nursing Administration addition was completed, providing the hospital with additional office space and conference rooms.

1985 24-Hour ExpressCare opened, providing round-the-clock medical care for minor illnesses and injuries.

1986 On February 1, the PCH's Day Surgery unit was established to meet the growing demand for outpatient procedures.

1987 4-West was renovated to accommodate the 26-bed Behavioral Medicine Center.

1988 Magnetic Resonance Imaging and Kidney Stone Lithotripsy became available at PCH through shared mobile units.

Dr. Generoso D. Duremdes, M.D.

1989 Dr. Generoso D. Duremdes began performing laparoscopic gallbladder surgery at PCH in June. He was the first surgeon in southern West Virginia to operate using the new technology. Dr. Duremdes joined PCH as a general surgeon in the fall of 1969.

1990 A new hospital facade was constructed, incorporating additional third-floor space that now serves as the hospital's dialysis unit and a second-floor chapel.

The chapel, with its beautiful stained glass windows, was constructed and furnished solely from funds generated by the PCH Volunteers.

1991 Dr. Theodore Werblin performed the area's first radial keratotomy procedure in the hospital's Day Surgery Center.

1992 The new Princeton Surgical & Diagnostic Services unit opened with 36 rooms and a therapeutic and diagnostic area which includes two operating rooms, 10 procedure rooms, pre-op holding, recovery room, and Oncology.

Princeton Special Care Services opened to provide a 23-bed hospital-based skilled nursing facility for Medicare patients.

The Princeton Community Hospital Foundation was formed for the purpose of supporting projects and activities that contribute to the overall health care mission of the hospital.

1993 In striving to enhance quality and reduce cost, the Medical Imaging Department installed the area's first computerized X-ray system and acquired an advanced computed tomography (CT) system, the first CT system of its kind to be installed anywhere in the United States.

1994 In a step toward fulfilling its mission statement of providing a broad range of health care services, Princeton Community Hospital acquired a home health agency. Both the hospital and the new PCH Home Health earned accreditation from the Joint Commission on Accreditation of Health Care Organizations.

Both the Laboratory and Medical Imaging Departments installed computer systems which help to expedite the diagnosis and treatment of patients. These systems allow the immediate transfer of lab results and X-rays to computer monitors in critical treatment areas for review by physicians.

1995 PCH celebrated twenty-five years of service to the community, and the Board of Directors began to lay the groundwork for meeting the health care challenges of the future.

1996 The PCH Volunteers completed their pledge of
raising $250,000 toward the establishment of the Princeton Health & Fitness Center. The PCH Foundation raised $2.6 million in cash and pledges toward the $3.2 million goal. By raising additional contributions totaling $417,914 before May 1, 1997, the PCH Foundation received $200,000 in a challenge grant from the Kresge Foundation to complete the project.

The Education Department applied for and received approval as a training center for Advanced Cardiac Life Support (ACLS), Cardiopulmonary Resuscitation (CPR), and Pediatric Advanced Life Support (PALS).

The Medical Imaging Department installed a totally digital angiography system, the first of its kind in the United States, which allows physicians to see all blood vessels in the body, making diagnosis quicker and more efficient.

1997 PCH expanded its outreach efforts through telemedicine. With a $300,000 grant/loan from the U.S. Department of Agriculture, the hospital established computerized X-ray linkages to Monroe and Wyoming Counties. The system allowed patients to receive X-rays on state-of-the-art equipment. The images were transmitted through telephone lines to PCH, where specialized radiologists read them and provided immediate reports to the patient’s primary care physician.

Surgeons at PCH were the first in the area to perform a new, highly effective, minimally invasive breast biopsy technique that allows patients to resume normal activities almost immediately. The advanced breast biopsy instrumentation system, known as the ABBI procedure, can be performed under local anesthesia on an outpatient basis. The procedure allows the surgeon to locate the lesion with greater precision, and in most cases remove tissue for biopsy in a single pass.

The Princeton Health and Fitness Center opened in September and built a membership of nearly 5,000 area residents in its first four months of operation.

1998 PCH acquired St. Luke’s Hospital in Bluefield, West Virginia. The facility was later closed, then reopened in 2010 as The Behavioral Health Pavilion of the Virginias.

PCH became the first and only medical center in the region to perform a procedure that pinpoints the spread of cancer more precisely and lessens the need for radical surgery in many melanoma and breast cancer patients. The procedure, called lymph node mapping, uses radioactive dye and minimally invasive surgery to rule out the presence of cancerous cells in the lymph nodes, and can help patients avoid highly invasive surgery to remove them.

PCH constructed a new clinic to replace the aging medical office in Athens, West Virginia.

The Cardiopulmonary Department acquired a state-of-the-art ultrasound system that provides clearer, sharper, and faster imaging for echocardiograph and carotid artery studies.

1999 PCH broke ground for its Phase IV expansion project, which included a new women’s and infants’ center, expanded surgical facilities, a new office building for primary care physicians, and an emergency room three times the size of the existing one.

The hospital enhanced its efficiency with the installation of a pneumatic tube system. The system transports medications, lab specimens, and other small items from department to department, eliminating more than 40,000 trips on foot annually.

In November, PCH went live with the Meditech hospital information system in both the clinical and financial departments. The new system provided integrated information on a need-to-know basis to all areas of the hospital, resulting in improved departmental efficiencies and enhanced patient care.

PCH was described by the trade journal “Modern Healthcare” as a “trailblazer” for its installation of a picture archiving communications system (PACS). The PACS allows medical images to move automatically to different reading stations as the patient moves throughout the hospital, for a filmless radiology system.

2000 Patients suffering from enlarged prostate, or benign prostate hyperplasia (BPH), benefited from a new non-surgical, anesthesia-free technology that uses targeted high energy to destroy the enlarged prostatic tissue. Known as the Targis system, the 90-minute outpatient procedure offers patients an effective treatment without the side effects of drugs or the risks associated with surgery.
The PCH Volunteers paid $150,000 toward their pledge of $400,000 for the Women’s Center slated to open in the spring of 2001. The center’s construction was part of the hospital’s Phase IV expansion project.

With assistance and support from the Day Surgery and Oncology staff and a dozen PCH physicians, the Education Department provided breast cancer screenings to 256 women and prostate cancer screenings to 145 men free of charge during the annual cancer screening held in October.

2001 Princeton Community Hospital offered expectant mothers a contemporary concept in maternal care. The new 9,500 square-foot Women’s Center, located in the Parkview Center, provides a comfortable, caring, family-friendly atmosphere. Large, private birthing suites are equipped with the technology that makes it possible for mother to stay in the same room throughout labor, delivery and recovery, and allows baby to “room-in” as much as mother wishes.

In case of an emergency, all the necessary medical gases and equipment are readily available and quickly accessible, although they remain concealed behind attractive headboard cabinets and art prints until needed. The C-section room waits nearby, ready for immediate use.

Many of the comforts of home, such as a sleeper sofa and a dining table in each suite, provide for relaxed family visitation before and after birth. Extended family and friends can await the birth in a spacious, light-filled atrium. When the baby arrives, they’ll share the joy by viewing the new arrival through large windows in two secure nurseries, one for well babies, the other equipped with the latest technology to care for infants with special needs.

In addition to the new birthing suites, the Women’s Center also contains an attractive, private setting for women’s diagnostic services such as mammography, bone densitometry, body fat analysis and three-dimensional ultrasound.

The Cardiopulmonary Department acquired state-of-the-art ventilators that provide more treatment options so that each patient’s treatment can be tailored to his or her specific needs. The ventilators also offer better monitoring capabilities to help staff see exactly how the patient is responding to treatment.

HeartCare, PCH’s cardiac rehabilitation center, developed the Cardiac Fitness Program at the Princeton Health & Fitness Center. The program emphasizes healthy diet, safe exercise and stress management, and is especially helpful for anyone with heart disease or anyone who has risk factors for heart disease.

2002 Princeton Community Hospital completed the construction of the Parkview Center, including a spacious new surgical suite of nine operating rooms, post-anesthesia care unit and central service area, all equipped with state-of-the-art technology. Extensive renovations were finalized on PCH’s Emergency Department, expanding the department to three times its former size and adding individual patient rooms for privacy.

2003 Princeton Community Hospital reaffirmed its dedication to the establishment of a regional cancer center of excellence with the continued approval of its existing cancer program by the American College of Surgeons Commission on Cancer. This approval is given only to those facilities that have voluntarily committed to provide the best in diagnosis and treatment of cancer and to undergo a rigorous evaluation process and performance review.

PCH’s Sleep Lab received program accreditation from the American Academy of Sleep Medicine (AASM).
The Physical Therapy Department introduced an aquatic therapy program for patients in groups or on an individual basis. Conducted at the Princeton Health & Fitness Center, the program integrates aquatic exercises with the department’s land-based programs to benefit patients with orthopedic, neurological, balance, muscular and cardiopulmonary disorders, as well as those with acute and chronic pain.

2004 Medical Imaging added a new weapon in the fight against cancer: GE’s Discovery ST, a redesigned PET/CT system completely optimized for cancer care. The system integrates a Positron Emission Tomography (PET) scanner with a multi-slice Computed Tomography (CT) scanner and is capable of two-dimensional and three-dimensional imaging. The integrated system offers greater sensitivity, speed, resolution and diagnostic confidence in the treatment of cancer patients.

2005 PCH ranked highest among approved cancer centers in West Virginia, in the American Cancer Society’s South Atlantic Division, and among the highest in community hospital cancer centers nationally. We maintained 99.3 percent concordance with the standard of care. That announcement reflected well on our coordinated multi-modality approach to cancer care. It is truly a team effort; the cancer center at PCH brings together physicians of different subspecialties, nurses, physical therapists, nutritionists, social workers, and educators to deliver unified cancer care.

2006 Princeton Community Hospital developed the region’s only cancer program approved by the American College of Surgeons Commission on Cancer. First approved in 1995, PCH’s Cancer Center of the Virginias was one of only 12 programs in West Virginia to earn this distinction. A recent study by the American College of Surgeons ranked the Cancer Center of the Virginias first in the state, first in the mid-Atlantic states, and among the top performers among approved cancer centers in West Virginia, in the American Cancer Society’s South Atlantic Division, and among the highest in community hospital cancer centers nationally. We maintained 99.3 percent concordance with the standard of care. That announcement reflected well on our coordinated multi-modality approach to cancer care. It is truly a team effort; the cancer center at PCH brings together physicians of different subspecialties, nurses, physical therapists, nutritionists, social workers, and educators to deliver unified cancer care.

2007 PCH CEO Wayne B. Griffith proudly announced the hospital’s commitment to extend its affiliation with two physician groups. Doctors Anesthesia Associates and Professional Imaging, Inc., will continue to serve the hospital and its patients for years to come, assuring patients the high caliber anesthesia and medical imaging services they’ve come to expect at PCH.

2008 The highly anticipated arrival of digital mammography at Princeton Community Hospital this year gave women quicker scheduling, faster exams, and most importantly, exceptional image quality. This state-of-the-art technology in mammography improves the interpretation and results reporting process. That means primary care physicians get their reports faster, and if needed, treatment can begin sooner.

For the health and safety of our patients, staff and community, PCH went smoke-free indoors and out on January 2, 2008. Smoking is now prohibited on our campus.

To ease the transition into an entirely smoke-free environment, PCH provided smoking cessation classes and prescriptions at no cost for employees and their spouses. More than 130 people took advantage of the opportunity to quit smoking.

2009 The PCH Foundation spearheaded three major fund-raising initiatives. The sixth annual golf tournament, the most successful to date, grossed more than $100,000. The event’s proceeds supported the purchase of much-needed laboratory equipment for PCH. The tournaments raised more than $200,000 over six years.

2010 The Behavioral Health Pavilion of the Virginias opened bringing new life to the former St. Luke’s Hospital in Bluefield and an opportunity to grow for Princeton Community Hospital’s Behavioral Medicine Center.

The much-anticipated facility houses 64 inpatient beds - 30 beds dedicated to geriatric use, 24 for general adult use, and a 10-bed
psychiatric intensive care unit. It provided a new home for Princeton’s Behavioral Medicine Center, allowing opportunity for the growth and expansion of the services it offered for many years.

2011

PCH initiated Meditech’s Bedside Medication Verification (BMV) that allows caregivers to utilize bar code scanning technology prior to administering medication and the Tru-D SmartUVC Room Decontamination System that destroys germs on all targeted surfaces within the facility using ultraviolet light.

On November 3, 2011, Princeton Community Hospital became the first hospital in West Virginia to receive breast Magnetic Resonance Imaging (MRI) accreditation from the American College of Radiology (ACR).

Accreditation was awarded after a lengthy and thorough application and review process that began in February. The award acknowledges PCH’s commitment to the highest levels of quality and safety in breast MR.

Dana O. Olson, M.D., a diagnostic radiologist at PCH, was instrumental in guiding the hospital toward accreditation. “It occurred to me in February that it would be possible for Princeton Community Hospital to be the first accredited breast MRI facility in the state of West Virginia. I and others, including our very capable group of committed and driven registered technologists began to work toward that goal,” Dr. Olson explained.

2012

Princeton Community Hospital invested in two new nuclear imaging systems – one for the Radiology Department and one for CardioPulmonary. Both cameras bring the latest in imaging technology to our community.

The Discovery NM630 in the Radiology Department and the Infinia Hawkeye 4 in the CardioPulmonary Department were the latest models of GE Healthcare nuclear scanners and offered greater speed and significantly higher image quality.

The systems enabled confident diagnoses by providing the necessary information in a single image with a single exam that is quick and comfortable for patients. The systems delivered quality images with a lower dose of radiation (as low as half that of standard Nuclear Medicine protocols).

PCH received its fifth three-year accreditation from the American College of Surgeons Commission on Cancer. PCH is one of only twelve hospitals in West Virginia to have this distinction.

Lee E. Smith, M.D., was awarded the 2012 Larry D. Schoenrock Distinguished Service Award, a lifetime achievement award presented each year by the American Board of Facial Plastic and Reconstructive Surgery (ABFPRS) to an individual who has made significant contributions to the facial plastic surgery examination program.

Dr. Smith, an ear, nose and throat specialist and facial plastic and reconstructive surgeon at PCH since 1983, is the first physician in West Virginia to have been honored with this prestigious award.

2013

The hospital invested $2.5 million in the da Vinci surgical system and related equipment that bring the most advanced robotic and computer technology to our team of surgeons. The da Vinci system has been enthusiastically received by our surgeons and patients who on average report less pain and quicker recovery time.

Princeton Community Hospital initiated Survivorship Care Plans and distributed plans to patients after completion of their cancer treatment. The plan is a detailed summary of a patient’s cancer treatment. It includes names and numbers of current health care providers, the health care team, specific treatment plan for each individual patient and their type of cancer. In addition, it includes any side effects during treatment, side effects that caused hospitalizations, recommendations for follow-up care, education on side effects to be aware of after treatment, education on recurrence and second cancers, and a list of resources available to the patient.
2014 The Board of Directors approved the implementation of a clinical affiliation agreement with Charleston Area Medical Center (CAMC).

The announcement followed a comprehensive three-year strategic planning process by the PCH Board of Directors. The purpose of this clinical affiliation was to strengthen both organizations and to enhance the quality of health care in southern West Virginia.

The Breast Center at PCH received full accreditation. The center provides the highest level of quality for breast care, and treats women who are diagnosed with the full spectrum of breast disease.

Princeton Community Hospital’s Microbiology Department acquired several instruments that offer new procedures for state-of-the-art molecular testing.

Molecular testing involves the diagnosis of a disease by determining the presence or absence of the pathogen’s genetic structure within a specimen – its deoxyribonucleic acid (DNA) or ribonucleic acid (RNA).

The Cepheid Gene Xpert instrument gives cost-effective, rapid, sensitive and specific molecular test results. Molecular testing is a “stand alone” test that is recommended by the American Society for Microbiology, along with the Center for Disease Control (CDC).

The Women’s Center introduced “Safer Way to Sleep” – an initiative to promote safe sleep for infants with the Halo SleepSack Swaddle. The SleepSack, designed to reduce the risk of Sudden Infant Death Syndrome (SIDS), replaces loose blankets in the crib that may cover the baby’s face and interfere with breathing. Every infant born at the Women’s Center, leaves the hospital with a Halo SleepSack and safe sleep educational materials. The SleepSacks are provided by the PCH Volunteers with funds raised through the annual Macey Whittaker SIDS Awareness 5K Walk/Run.

2015 Our affiliation with local physician practices led to the creation of Mercer Medical Group ENT and Mercer Medical Group Cardiology, which enhance patient care through the continuation of services and the recruitment of new physicians.

Working in partnership with Charleston Area Medical Center, Princeton Community Hospital offered diagnostic cardiac catheterization, providing an invaluable service to our patients, many of whom must travel outside the area for the procedure.

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TMS is a non-invasive procedure that uses magnetic fields to stimulate nerve cells in the brain to improve symptoms of depression. Transcranial Magnetic Stimulation may be tried when other depression treatments have not worked.
The PCH Foundation Cancer Care Fund was established with an initial gift of $25,000 made by Dr. Gopal Pardasani. As of 2020, the fund had raised more than $225,000, with over $45,000 distributed to assist over 500 PCH cancer patients during their treatment and recovery process with nutritional supplements, medications, supplies, and travel expenses.

2016 In order to provide the highest quality imaging available for our patients, PCH purchased a new device capable of producing high-definition, three-dimensional images of the breast.

3D mammography, also known as breast tomosynthesis, is designed to detect early breast cancer and may be used in conjunction with traditional digital mammography as part of an annual screening or diagnostic mammogram to capture breast tissue layer by layer.

2017 On Tuesday, June 27, 2017, a computer virus, identified as N-Petya (Not Petya), spread rapidly throughout the hospital’s network, destroying nearly every hard drive and computer system that was connected. The malicious attack was crippling but patient care continued with minimal interruption. It took over a year for the hospital to fully recover and bounce back from the attack.

PCH’s Orthopedic Center launched a new comprehensive joint replacement program based on a national best practice model for hip and knee replacements and structured around the fundamental principle of wellness. The program has been enormously successful.

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2018 With ever-greater patient volumes in the Emergency Department where 40 percent of CT examinations are performed, demand increased for safer, more effective imaging solutions. To achieve enhanced image quality and efficiency and greater patient safety with a 75% reduction in radiation exposure, Princeton Community Hospital proudly added two new SOMATOM Definition Edge CT systems to the Medical Imaging department (one fixed and one mobile unit) at a cost of $1.2 million.

The new scanners quickly became the workhorses of the department with the fixed and mobile units together being used to perform over 15,000 scans annually.

2019 New Mercer Medical Group affiliates were established including MMG Nephrology (Dr. Abbas El-Khatib), MMG Neurology (Dr. William A. Merva), and MMG Women’s Health (Dr. Kenneth J. Baker).

PCH became the first hospital in West Virginia to obtain Hip and Knee Certification from DNV GL.
With the recent availability of the FDA-approved Positron Emission Topography (PET) imaging agent, Axumin, or Fluciclovine F18, Princeton Community Hospital became the first and currently the only hospital in West Virginia to offer the latest in prostate imaging for patients with suspected recurrence of prostate cancer based on elevated prostate specific antigen (PSA) levels following prior definitive treatment (prostatectomy or radiation/brachytherapy).

This agent is employed using the new GE Discovery IQ PET/CT scanner to allow identification of local recurrence of prostate cancer earlier than many other available methods.

Radiologist Dana Olson and Director of Diagnostic Imaging Sherri Snead worked persistently to bring this new prostate cancer evaluation option to Princeton Community Hospital.

PCH acquired Bluefield Regional Medical Center in October 2019.

2020 The year has been dominated by the COVID-19 global pandemic.

In mid-March, the hospital suspended all support group meetings and community classes.

Information on CDC guidelines for masking, hand washing, and social distancing was disseminated regularly on the hospital’s website and Facebook page.

On March 24, PCH announced drive-thru outpatient testing for COVID-19.

All Mercer Medical Group clinics and The Behavioral Health Pavilion Outpatient Programs encouraged Telehealth and Virtual Visits.

There was a tremendous outpouring of support from the community in the form of donations of PPE, food, and other much needed supplies. Those making donations included American Electric Power, Black Steel Arms, Bluefield State College Nursing Program, BRMC, Cloud’s Clothing, Concord University, Conn-Weld Industries, CTC Construction, Disaster Aid USA/Princeton Rotary Club, Dr. Kevin Martin, Eastern Door & Glass, Glenwood Park, Home Depot Pro Institutional, Komatsu Mining Corp., Lowe’s of Princeton, Mercer Schools, Nellie Cottie/Peterstown Teachers, Preservati Family, Roller Floral, Salon Sublime, Sara Ballard, Skyway Outdoor, West Virginia Department of Health and Human Resources Center for Threat Preparedness, West Virginia State Police/Princeton Detachment, Little Caesars, Beef Jerky Outlet, Blue Spoon Cafe, Chick-fil-A, Domino’s, Mike and Sandy Connolly, Pita Pit, Lifeline Church, Totally Glazed, First Community Bank, May Insurance Services, and Highlands Fellowship/Bluefield Campus.

PCH publically promoted the safety of its ER during the pandemic and encouraged public not to delay care in an emergency.

May 13 – The West Virginia Air National Guard paid tribute to frontline medical personnel at PCH, BRMC, and Welch with a flyover.

The financial impact of COVID-19 has been great. By the end of April, PCH had experienced a 39% reduction in gross revenue with an estimated shortfall in net revenue of $4.8 million.

On May 29, PCH announced the closure of Bluefield Regional Medical Center due to significant financial losses. Some departments remain open including the Emergency Department, Laboratory, Radiology, Radiation Therapy, and Respiratory Therapy.

Mercer Medical Group Primary Care, under the direction of Nancy Lohuis, M.D., produced educational videos on social distancing and proper mask wearing, Telemedicine, and Telehealth visits through the Patient Portal.

The Behavioral Health Pavilion of the Virginias marked its 10th anniversary.

Interventional cardiac catheterization was performed for the first time at Princeton Community Hospital.

On November 13, 2020, Chief Financial Officer Frank Sinicrope was named the interim CEO.
We Owe Our Success to the Quality of Our Workforce –

The Following Employees Have Spent 40 to 50+ Years with PCH

Pat Riggs, OR Coordinator • 1968

Madelene Howard, OB Tech • 1966

Sandy Hager, Pharmacy Administrative Assistant • 1970

Leona Hendricks, Patient Support Service Manager • 1972

Brenda Stratton, Manager Patient Access/Central Scheduling • 1972

Debbie Meadows, Outpatient Testing Coordinator • 1974
Nina Criss, Senior Surgical Tech • 1975

Robert Burton, Receiving Clerk/ Hazardous Material • 1975

Debbie Pack, RN, ICU Charge Nurse • 1975

Ann Hazelwood, Accounts Payable Clerk • 1975

Diane Himes, RN, Nursing Supervisor • 1976

Judy Spangler, Cashier/Posting Specialist • 1976

Larry Perdue, RN, BSN, Director Surgical/Diagnostic Services • 1976

Nancy Frankenfield, U.S.C. Recovery Room • 1976

Linda Prescott, RN, BSN, Assistant Director Surgical/Diagnostic Services • 1976
Sandy Counts, RN, BSN. The Women’s Center • 1976

Kathy Anderson, LPN. Day Surgery Department • 1977

Marlene Martin, RN, BSN. Director 3-South, 3-West, and Central Telemetry • 1977

Anita Bowling, RN, 2-West Charge Nurse • 1977

Allen Pendleton, Director Materials Management • 1978

Kathryn Dooley, RN. 3-South Orthopedic Center Charge Nurse • 1978

Carol Lynn Stowers, RN, BSN. Day Surgery Department • 1978

Anita Wells, RN, BSN, CLC. The Women’s Center • 1979

Tamara Clark, RN. PACU Charge Nurse • 1980
Dr. Generoso Duremdes joined Princeton Memorial Hospital as a general surgeon in 1969.

In the early years when Princeton Community Hospital was short staffed, Dr. Duremdes recalled spending many nights at the hospital, and going home only to shower.

His feelings toward the community and his devotion to his patients have not wavered during his 50 years of service.

“Everything we do is for the best care of the patient. I always treat patients the way I would like to be treated. I treat patients like family,” Dr. Duremdes said.

Dr. Duremdes became the first surgeon in southern West Virginia to perform laparoscopic gallbladder surgery when he began using the new technology at PCH in 1989.

In 1992, Dr. Duremdes’ son Dr. Gene B. Duremdes joined him at PCH as a general surgeon. With two Dr. Duremdes working so closely, they soon became known as “Dr. Dad” and “Dr. Gene.” By the time his son came onboard, Dr. Dad had already performed over 3,000 laparoscopic gallbladder surgeries at the hospital.
Our Long Term Physicians –

Gopal Pardasani, MD
Anatomic and Clinical Pathology • 1974

Gordon Prescott, MD
Cardiovascular Disease
Internal Medicine • 1974

Naeem Pervaiz, MD
Urology • 1978

Not pictured:
E. Lynn Veneri, DDS • 1970
D. Thomas St. Clair, DDS • 1975

Princeton Community Hospital
Board Presidents

James Morrison • 1965 – 1973
Andy Clark • 1973 – 1978
Walter Burton • 1978 – 1979
Andy Clark • 1979 – 1981
Earl Muse • 1981 – 1986
Edward Horton • 1986 – 1994

Charles Mathena • 1994 – 2003
Thomas Lilly • 2003 – 2008
Abdul Piracha, MD • 2008 – 2009
W. Fred St. John • 2009 – 2017
James “Rusty” Sarver III • 2017 – Current

Note from the Director of Marketing –

I am indebted to two of my predecessors – Communications/Media Relations/Volunteer Coordinator Mary Alice Houghton (1970 to 1994) and Director of Marketing and Public Relations Deborah L. Griffith (1989 to 2008), both of whom were exceptional historians and documentarians.

It is because of their efforts that a detailed record exists of the hospital’s first 40 years.

The past decade has been documented in the pages of the hospital’s in-house newsletter, In the Know. These newsletters, beginning with the July 2011 issue, are available on the hospital’s website. – www.pchonline.org – Click on “News” at the bottom of the page to access all newsletters.

I also wish to thank Mary Alice Houghton’s daughter, Sharon Jones, who generously donated her mother’s hospital archives to the marketing department.

Richard G. Hypes
Director of Marketing (2011 to present)