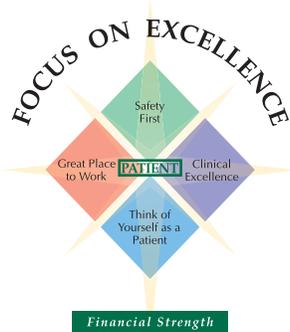


Focusing on the people and initiatives that distinguish Christiana Care Health System

Sept. 16, 2011
VOLUME 22, NUMBER 12

A publication from
Christiana Care Health System
External Affairs
P.O. Box 1668
Wilmington, DE 19899-1668
www.christianacare.org



Collaboration with Wistar Institute will speed bench discoveries to patient bedside



The Wistar Institute, an international leader in biomedical research, joins strengths with the Helen F. Graham Cancer Center's exceptional cancer treatment and patient care.

IN THIS ISSUE

Inside

Engineering tissue for future artificial salivary glands	3
Value Improvement Teams study cost and consequence	4
Flu shots: Let's get it done!	5
Seamless patient tracking by Soarian software	6
Project SEARCH interns	9
Better dressing through nanotechnology	10
Community benefit: Dental implant services	13
Caring for Yourself: Substance abuse	20

Christiana Care Health System's Helen F. Graham Cancer Center and The Wistar Institute, an international leader in biomedical research, have entered into an historic partnership to collaborate on translational cancer research with the aim of bringing the latest discoveries in cancer research to cancer patients in the community.

The partnership combines Wistar's strengths in basic biomedical research with the Helen F. Graham Cancer Center's exceptional cancer treatment and patient care. The goal of the translational cancer research collaboration is to "translate" or advance research discoveries made in Wistar's labs into early phase (phase I and II) clinical trials with patients at the Helen F. Graham Cancer Center.

"Forming this partnership with one of the foremost cancer research

institutions in the nation will be greatly beneficial to finding cures and treatment options for many cancers," said Christiana Care president and CEO Robert J. Laskowski, M.D., MBA.

"This collaboration is exciting news for Christiana Care and our cancer program, but most importantly, for our patients and neighbors in the community."

"While Wistar scientists have made great progress in understanding the biological basis of cancer, we are only part of the continuum of translational research that yields new therapies for cancer patients," said Russel E. Kaufman, M.D., president and CEO of The Wistar Institute. "By joining with such an outstanding clinical partner as the Helen F. Graham Cancer Center, our hope is that, together, we can bring our laboratory discoveries to

CONTINUED, P.2

Collaboration will speed discoveries from lab to patient

WISTAR INSTITUTE, CONTINUED

patients more quickly and improve public health, overall.”

At 24 percent, the Graham Cancer Center has one of the nation’s highest patient accrual rates into cancer clinical trials, far above the national average of 4 percent. Designated since 2007 as one of the original National Cancer Institute’s Community Cancer Centers, the Helen F. Graham Cancer Center is also one of the most technologically advanced and largest cancer programs on the East Coast, recording more than 170,000 patient visits last year.

Established in 1894, The Wistar Institute has been a National Cancer Institute Cancer Center since 1972 and has focused its basic biomedical research on understanding the causes and treatment of cancer. The Institute’s Cancer Center has a history of significant advances in cancer genetics, cancer biology, tumor immunology and virology.

Pioneering gene research

Wistar’s accomplishments include identifying genes associated with breast, lung and prostate cancer, developing monoclonal antibodies used to study the pathways and proteins involved in tumor development and contributing to improved cancer treatments and diagnostic tests. The Institute works actively to transfer its inventions to the commercial sector to ensure that research advances with the potential to benefit public health move from the laboratory to the clinic as expeditiously as possible.

Translational cancer research transforms scientific discoveries arising from laboratory, clinical, or population studies into clinical applications to reduce cancer incidence, morbidity



and mortality. Using this approach to research and treatment, scientists and clinicians bring the latest findings from laboratory bench to bedside and, when necessary, back into the laboratory very quickly. It is vital to finding cures and treatments for cancer.

Many of today’s standard treatments for cancer began in clinical trials. Patients who volunteer to participate in clinical trials often have the first chance to benefit from effective new therapies. Early phase trials evaluate how a new drug should be given (by mouth, injected into a vein, or injected into the muscle), how often, and at what doses. They also evaluate how well the new drug works against a particular kind of cancer.

Focused Research

Areas of initial research in the Wistar-Christiana Care partnership will focus on colon cancer stem cells, targeted treatments for melanoma and novel approaches for molecular profiling, and treatment of advanced and metastatic disease.

For example, Wistar scientists recently demonstrated in mice that low doses of an anti-cancer drug currently in development, called Gamitrinib, sensitize tumor cells to a second drug called TRAIL, also in development. The drug combination kills tumor cells in mice and in human glioblastoma

(the most common and aggressive form of brain cancer) cells. The Helen F. Graham Cancer Center may provide human glioblastoma cells to Wistar for further preclinical study through its Tissue Procurement Collection, one of only a few non-university-based programs in the country to collect human tissue samples to help scientists learn more about the growth and development of cancer through the NIH Cancer Genome Atlas Project. After further preclinical development, the drug combination based on Wistar science may be offered to Helen F. Graham Cancer Center patients in a phase I clinical trial.

“Eighty-five percent of oncology care is given in the community at places such as the Helen F. Graham Cancer Center,” said Dario C. Altieri, M.D., director of The Wistar Institute Cancer Center and Robert and Penny Fox Distinguished Professor. “This partnership will bring cutting-edge cancer research to these patients, while also providing outstanding opportunities for collaboration with our clinical colleagues that will inform our laboratory work and hopefully, ultimately, lead to better cancer therapies.”

“Collaborative initiatives between the two Institutions will focus on specific translational oncology research projects, with the goal of enhancing opportunities for joint funding and joint publications between scientists at Wistar, the Graham Cancer Center and other institutions,” said Nicholas J. Petrelli, M.D., Bank of America Endowed medical director of the Graham Cancer Center. “The National Cancer Institute-supported facilities of both organizations will interact and share resources and expertise as appropriate to advance collaborative research projects.”

Growing hope for cancer patients' dry mouth condition

Researchers at Christiana Care aim to grow cells that secrete both protein and fluid

Researchers at the Center for Translational Cancer Research (CTCR) at the Helen F. Graham Cancer Center are making important strides toward the creation of artificial salivary glands, a breakthrough that will ultimately provide relief for thousands of patients who can no longer produce saliva as a result of radiation treatment for upper respiratory cancer.

Robert Witt, M.D., chief of the Multidisciplinary Head and Neck Oncology Center at the Graham Cancer Center, and Swati Pradhan Bhatt, Ph.D., a post-doctoral fellow at University of Delaware, are working on ways to grow cells taken from patients before radiation on a 3D bio-material-based scaffold that will mimic salivary gland functions.

"The scaffold allows cells to grow more the way they do in a real human environment," Dr. Witt says.

Significant progress engineering tissue

In recent years, researchers have made significant progress in engineering cartilage, bone and bladder tissue. In 2008, doctors in Sweden implanted a laboratory-made windpipe that contained the patient's own cells into a man with late-stage tracheal cancer.

"Those structures are less complicated than glands," Dr. Witt says. "We have further to go to get to the place where the cells can perform their function."

CTCR is a vibrant partnership between Christiana Care's Helen F. Graham Cancer Center, the University of Delaware, A.I. duPont Hospital for Children/Nemours, and the Delaware Biotechnology Institute, who share a common vision to improve cancer research and delivery.

"Dr. Witt's project in collaboration

with Dr. Bhatt is an example of the type of cutting-edge translational cancer research that is ongoing at the CTCR," says Nicholas Petrelli, M.D., medical director of the Helen F. Graham Cancer Center. "Bringing clinicians together with scientists is the key to new cancer treatments and prevention. The CTCR is also an environment which allows students and residents to learn the techniques of cancer research with a better understanding of cancer biology."

The salivary spheres engineered in the project at CTCR can form lumens, essentially the inside spaces of a tubular structure, such as the ducts that water passes through in salivary glands.

"Lumen formation is important because we need a place for the saliva to be secreted," Dr. Bhatt says.

The next step is to deliver growth factors that will enable the cells to branch out and cover the entire scaffold so that they will be able to secrete abundant protein and fluid.

Implants could be 10 years out

Dr. Witt says it could be 10 years or more before artificial salivary glands are implanted in patients. The procedure will offer a sweeping improvement in quality of life for the 40,000 patients each year in the United States who develop xerostomia, an abnormal dryness of the mouth, after radiation treatment.

Without saliva, patients have difficulty swallowing. They are vulnerable to tooth decay. They often lose weight and are undernourished.

"They don't eat well because food doesn't taste good," Dr. Witt says.

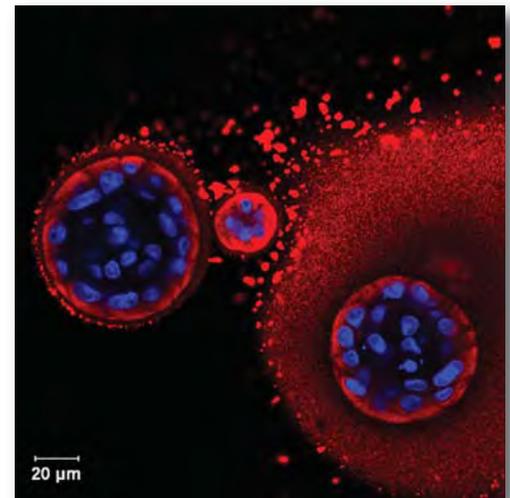
Currently, medications provide little relief.



Robert Witt, M.D.



Swati Pradhan Bhatt, Ph.D.



At the Center for Translational Cancer Research, a promising 3D culture system for growing salivary gland cells.

"The patients carry a water bottle," Dr. Witt says. "That's the treatment."

What researchers learn in developing salivary glands also could benefit work on other glands, such as the prostate, mammary and thyroid.

"Tissue engineering/regenerative medicine is an exciting, emerging approach in modern medicine as it involves the delivery of living tissue," Dr. Bhatt says. "The scope is so wide and this project has much promise." 

How much is that suture in the window?

Value Improvement Teams study cost and consequence

Like most consumers, Helen McCullough, D.O., compares prices and product performance when shopping for things like groceries or cars. But it wasn't until recently that Dr. McCullough, Christiana Care medical director for Gynecologic Surgery, learned the price tags on various instruments and procedures in the operating room, as part of her work with the Gynecologic Surgery Value Improvement Team. The team has a dynamic initiative focused on establishing the optimum balance between top-notch care and cost-efficient treatment for hysterectomy patients.

"Our charge was to look at our services and pick them apart," says Linda Daniel, director of performance improvement/care management for Women's and Children Service Line. "Are they cost effective? Are they evidence-based, will they improve patient outcomes?"

In a presentation at a recent meeting

of Christiana Care CEO Robert J. Laskowski, M.D.'s President's Cabinet, Dr. McCullough illustrated how the choices doctors make impact the cost of health care.

In one hand, she held a reusable Masterson clamp and suture. The cost: \$10-\$15.

In the other hand, she held a

system, as well as the impact on patients and society as a whole.

"Unfortunately, given the unprecedented levels of spending in health care, we do not regularly evaluate the benefits of the care we deliver in terms of both quality and cost," says Sharon Anderson, senior vice president for Quality and Patient Safety.

"The first thing we say to our scrub techs is 'don't unwrap anything unless we need it.'"

Helen McCullough, D.O.
Medical director, Gynecologic Surgery

disposable stapler that allows the doctor to place absorbable sutures. The cost: \$600 for a single use.

"We found that there was no significant difference in outcome," Dr. McCullough says. "If that disposable stapler doesn't need to be opened, Christiana Care just saved \$600."

Adds Gretchen Makai, M.D., director of Minimally Invasive Surgery, "This is a clinician-led project. It's not to cut corners; it's to make certain that patients get the best care."

Sometimes, using a more expensive instrument makes sense. Dr. Makai points to the harmonic scalpel, a \$400 disposable tool used in laparoscopic hysterectomy that simultaneously cuts and efficiently coagulates tissue. "The patient has less pain, can leave the hospital earlier and get back to her life with her family and her job in much less time," she says. "When you look at the benefits to the patient, the health care system and the community, it is money well spent."

Simple changes for cost consciousness

Dr. Makai and Dr. McCullough say their heightened cost consciousness has resulted in a simple change in procedure in the operating room that eliminates the waste caused by discarding unused disposable instruments.

Surgeons are highly trained in procedures and techniques. But most are not educated on costs of specific instruments and materials.

Department Chair, Richard Derman, M.D., notes that all of health care will be challenged to utilize resources wisely without compromising the safety or quality care for our patients.

Determining value is a complex dance that balances costs to the health care



Helen McCullough, D.O.

"The first thing we say to our scrub techs is 'don't unwrap anything unless we need it,'" Dr. McCullough says. "We want to raise awareness among surgeons that there are costs involved in everything we do." ☺



Gretchen Makai, M.D.

Value Symposium to help connect the dots

Dr. McCullough and Dr. Makai will share what they have learned in a presentation, "Report of 18 Month Assessment of Value Comparisons in Christiana Care Gynecologic Surgery," Dec. 14 at the Value Symposium at the John H. Ammon Medical Education Center.

The Symposium, scheduled from 7 a.m. to 1:30 p.m., will focus on value in the OR for all surgeons, as well as issues associated with uterine artery embolization, use of robotics, potential pitfalls on the use of surgical mesh and the rise of ambulatory hysterectomy.

Dr. Makai and Dr. McCullough are hopeful the Value Symposium in December, focusing on surgery, will be a springboard for raising awareness throughout the surgical community.

"We would like all divisions of surgeons to be aware of what we will be discussing and to recognize the opportunity to see how their behaviors and choices impact the bottom line," Dr. McCullough says. "The surgeons, nurses and scrub techs will take away a new level of consciousness about value and product costs." ☺

Let's get it done this flu season!

On-site flu shot stations make vaccinations easy

As a staff member of Christiana Care Health System, we know you take your responsibility for the care of our patients very seriously. It is because of you that Christiana Care has earned an outstanding reputation for offering superlative, patient-centered care to the 600,000 patients we serve yearly.

Influenza and related complications hospitalize approximately 226,000 Americans and more than 36,000 die from the flu every year. In fact, influenza, which vaccination can prevent, is the sixth leading cause of death in the United States.

As a health care professional, you know all too well that influenza can cause serious health complications for our patients, especially those with compromised immune systems. It can also create major staffing shortages when health care workers become ill themselves, compromising our ability to provide optimal care.

Christiana Care tries to make this as convenient as possible by offering employees, Medical-Dental Staff and volunteers free flu shots at Employee Health and other locations. This year, we will also set up on-site flu shot stations to allow you to receive the shot

as you arrive to or leave work.

Let's give our community its best shot at staying healthy. This year, let's all get the flu vaccine. ☺

☑ Watch the portals for a complete schedule of times and locations for the flu shot stations.

Save Oct. 13 for a Girls Night Out!

Join Christiana Care and the women in your community as we laugh, play and learn at our second annual *Girls Night Out* event.

Come for the free food and music, plus gifts for all attendees and raffles throughout the evening. Stay for mini-lectures on cancer prevention and heart health. Bring a friend or loved one and get screened for breast cancer,

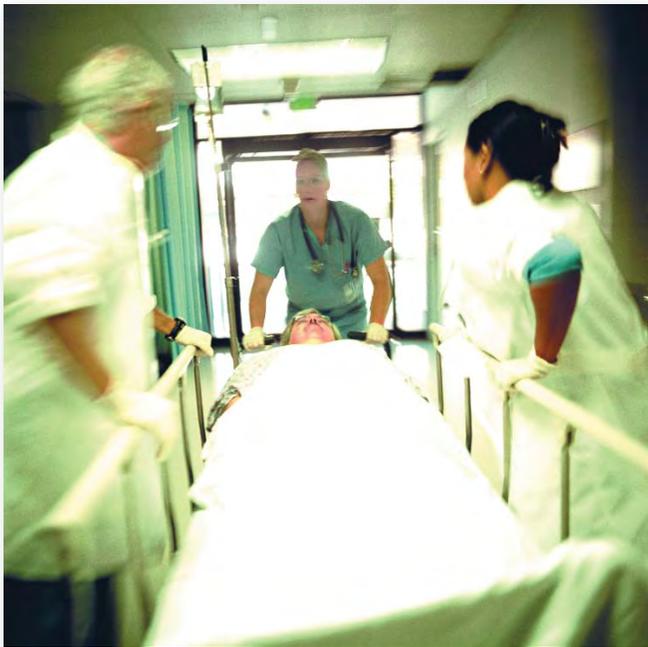
heart and bone disease.

Schedule your mammogram for on-site at this event! Call 302-623-4200.

Don't miss this free health event – call 800-693-2273 to register today.

Thursday, Oct. 13, 5 to 8 p.m. at the Christiana Care Breast Center, Helen F. Graham Cancer Center, 4701 Ogletown-Stanton Rd., Newark, Del. ☺

A look ahead at Soarian, the next step in registration, billing



affected, as well. Those users will continue to access the same tool and view the same screens, but their data may look different than it does today.

“Even if you don’t use the HIS system, you likely receive information from the Data Warehouse,” Brentlinger says.

The implementation will impact electronic medical records because they are dependent on HIS for data today. While we

are not changing systems, users of those systems may see some changes because of the Soarian implementation.

Ultimately, Soarian will broaden Christiana Care’s foundation for future patient care, while increasing access to data for both internal and external users. The system will significantly reduce the need to re-enter data, saving time.

To help meet the dual demands of providing exceptional patient care and complying with future government regulations, Christiana Care will launch a new system that tracks patients seamlessly, and enhances billing. Phase 1, the Acute Implementation of Soarian Financials, slated for implementation Sept. 15, 2012, will replace the HIS system. Patient registration will go live that day in all inpatient areas, the Emergency Department, and all ancillary departments. Billing also will go online.

“Soarian will provide us with a single master patient index, which we don’t have today,” says Nichol Brentlinger, Soarian program manager. “We will know which services our patients have, whether they visit one of our doctors or come into the hospital.”

Soarian users will not be the only ones feeling the impact of the new system. Anyone who retrieves information from the Data Warehouse will be

“The commitment from our leaders, from our community, from our patients and all those folks who work day-to-day inside Christiana Care who will use the system; the investment of their time and their acceptance of the change will allow us to implement Soarian as the platform for the future,” says Randy Gaboriault, chief information officer and vice president of Information Technology.

Phase 2 of the project involves the upgrade to the Soarian software to ensure compliance with regulations regarding ICD-10 codes.

Phase 3, the Physician Practice Implementation, will begin with our first Physician Practices being brought live. This phase is designed to enhance billing.

“I really do believe Soarian will be transformative for our patients because it will make access to Christiana Care easier and more clear to our patients,” says Tom Corrigan, chief financial officer and senior vice president of Finance. Employees throughout the system will be updated regularly as the Soarian launch approaches. ☺

Dr. Giberson earns masters degree in Academic Medicine

Acute care surgeon Frederick Giberson, program Director for Christiana Care’s Surgical Residency Program, received a master’s degree in Academic Medicine from the Keck School of Medicine at the University of Southern California.

“This is a real accomplishment for a busy trauma surgeon,” commented Michael Rhodes, M.D., chair of the Department of Surgery. ☺



Frederick Giberson, M.D.

ICD-10 reinvents classification of diseases in the U.S.

The next revision of the international classification of diseases codes from the World Health Organization is two years and two weeks away from implementation, but already it looms large in the minds of our nation's providers from coast to coast.

"It is a huge, transformative initiative, and the whole country is going live on the same day," says Peggy Lynahan, manager of the ICD-10 program. "It's like health care's own Y2K."

"It is a huge, transformative initiative, and the whole country is going live on the same day It's like health care's own Y2K."

Peggy Lynahan
ICD-10 program manager

Starting Oct. 1, 2013, the next (10th) revision of the codes, ICD-10, will be required for claims by everyone covered by the Health Insurance Portability and Accountability Act (HIPAA), not just for Medicare patients. That means codes for medical diagnosis, both inpatient and ambulatory, and inpatient procedures must be according to ICD-10.

ICD-10 is already the coding system in place for claims and transactions in 25 other developed countries, including most of Europe, Canada, Australia and Thailand.

"This will enable the United States to be in a position to share information relating to disease and morbidity statistics with other countries in more specific ways," Lynahan says. In other countries, codes refer only to diagnosis. In the U.S., in addition to diagnosis, there will be codes for inpatient procedures.

Christiana Care has been preparing for the transition for two years, complet-

ing an impact assessment and laying the groundwork for the new system.

"ICD-10 will be a transformative change in health care that will enable us to better measure the quality, safety and efficacy of the care we deliver," says Sharon Anderson, senior vice president for Quality and Patient Safety.

Formally known as the The International Statistical Classification of Diseases and Related Health Problems, 10th Revision, ICD-10 will enable health care systems to track many new diagnoses, allowing more than 155,000 different codes.

Improving quality and quantity of data will help improve quality measurement and outcomes, public health, research, monitoring and reimbursement.

Health care providers will not be able to submit ICD-9 codes for services provided on or after Oct. 1, 2013, according to the Centers for Medicare and Medicaid Services. Conversely, providers cannot implement ICD-10 before that date, even if their systems are in place.

Lynahan believes it is highly unlikely that deadline will be extended.

"CMS is giving clear indications that they are not moving this date back," she says. "When it is time to make the change, we will be ready." ●

InformationWeek magazine says 'Steal this idea!'

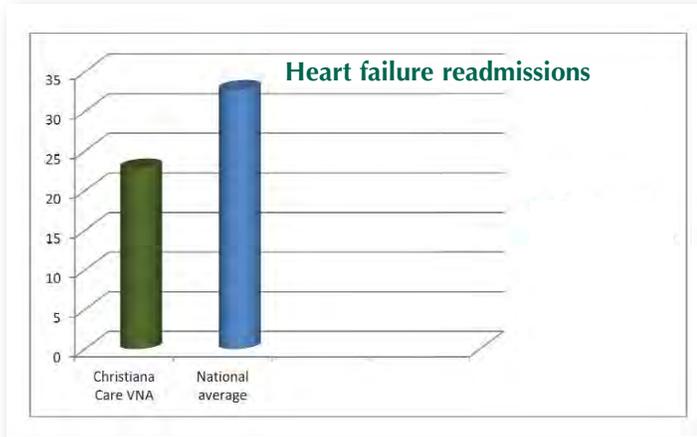


Christiana Care's use of large computer monitors to better manage Emergency Department trauma rooms has been selected as one of "20 IT innovative ideas to steal" by *InformationWeek 500* magazine.

The magazine also ranked Christiana Care in the top 500 (number 232) of North American enterprise IT. The publication annually shines a spotlight on IT innovation by identifying and recognizing business technology teams that have made a notable difference in how their companies do business.

It is difficult to make the list. According to the magazine, qualifying companies must complete a rigorous application about their business technology strategies. The process is both quantitative and qualitative, whereby applicants are ranked based on their responses to a questionnaire and are also evaluated based on the innovation they outline in an essay submission. ●

VNA telemonitoring helps prevent heart failure readmissions



Patients with heart failure enrolled in the Christiana Care Visiting Nurse Association telemonitoring program are much less likely to be rehospitalized than the national average, according to statistics by Strategic Healthcare Programs (SHP).

In the program, nurses from the VNA work closely with patients to electronically monitor such vital signs as weight, blood pressure and the oxygen levels in the blood so patients can make adjustments as soon as their numbers indicate a problem. Nurses also help patients to set goals and maintain heart-healthy diets.

In New Castle County, 22.8 percent of heart failure patients were readmitted to the hospital within 30 days of discharge. That is significantly lower than the 32.7 percent of patients readmitted nationwide, says SHP, a developer of monitoring technology.

Technology enables nursing relationships

“The program provides much more than technology,” says Gale Bucher, RN, MSN, director of Quality & Risk Management, Christiana Care VNA.

“Nurses educate patients and coach them so they understand their treatment plans.”

Nurses work with patients to establish personal goals, such as being able to walk to a neighborhood coffee shop to meet friends.

“One of our nurses persuaded a patient to serve turkey on Easter instead of ham, which is much higher in sodium,” she says.

Christiana Care VNA rolled out telemonitoring in 2005. The telemonitor is a device that patients use in their homes to transmit their vital signs and other information to a health care provider. In addition, the telemonitor asks patients “yes/no” questions about their symptoms. A nurse at the central monitoring station evaluates the information and may call the patient to talk about any symptoms, diet or medications.

The nurse also can use the data for clinical decisions, including contacting the doctor to discuss a change in the plan of care.

Adding equipment that does not require a telephone land line has enabled VNA to reach more heart failure patients who can benefit from telemonitoring.

“But it isn’t just the equipment,” Bucher says. “How the equipment is used and placing the equipment with the right patients plays a big part in our success.”

VNA reduces hospitalizations and falls

Christiana Care Visiting Nurse Association is reducing the number of hospitalizations and falls of home health care patients. Last year the VNA achieved a 18.8 percent hospitalization rate for Medicare patients, compared to a national rate of 25 percent. Also, patients requiring emergency care because of falls dropped to 0.8 percent, a 10 percent improvement from 2010 and better than the national rate of 1.4 percent. That translates into saving approximately 50 VNA patients from serious injury because of falls.

CHRISTIANA CARE COMPLIANCE HOTLINE

Christiana Care’s **Compliance Hotline** can be used to report a violation of any regulation, law or legal requirement as it relates to billing or documentation, 24 hours a day, 7 days a week.

All reports go directly to Compliance Officer Ronald B. Sherman.

Callers may remain anonymous.

The toll-free number is:
877-REPORT-0 (877-737-6780).

To learn more about Corporate Compliance, review the Corporate Compliance Policy online or

**contact Mr. Sherman
at 302-623-2873.**

Focus on:

Project SEARCH internship program for students with disabilities

A kick-off open house in August launched Christiana Care Project SEARCH, a nine-month school-to-work program for students with disabilities.

Christiana Care is the first employer in Delaware to join the national program. Nine students started internships in several departments starting Aug. 30.

“Christiana Care Project SEARCH provides real-life work experience to students with intellectual and developmental disabilities, helping them make successful transitions from school to productive adult life,” says Carvella Jackson, professional recruiter in Recruitment Services.

At the open house, students and their parents received an introduction to Christiana Care, mingled with departmental managers and asked questions.

Participation in Project SEARCH offers Christiana Care access to a trained labor pool, reduced recruitment costs, improved retention rates in high-turnover positions, workforce diversity, and local, state and national recognition.

Students spend the first two weeks of the program completing orientation in Christiana Care’s culture and facilities. Worksite rotations begin immediately following the orientation phase of the program and typically include three to four sites per student by the end of the program.

Job coaches, teachers, managers and students work together to identify worksites based on the student’s previous work experience, interests and skills assessment. For each worksite rotation, students prepare a resume, interview with the department manager and arrange scheduling.

Students can spend several weeks to



Christiana Care welcomed students and parents at the Project SEARCH open house. The nine-month school-to-work program provides internship opportunities for students with disabilities. Leading a tour for the group, at right in green jacket, is Sr. Human Relations Representative Carole L. Hines.

several months at each worksite, depending on the complexity of the job, tasks they need to learn and how they perform. Project SEARCH began

in 1996 at Cincinnati Children’s Hospital Medical Center. There are now more than 140 sites in 40 states, Australia and the United Kingdom. ☺

Employee generosity drives Crisis Leave Bank

Funds helping colleagues in time of need since 2007

Since its inception in December 2007, the Crisis Leave Bank continues to receive very generous support from the employees of Christiana Care. These funds have provided financial assistance of over \$115,000 to 56 employees during catastrophic emergencies or life crises.

Contributions are received throughout the year; however this year, for the third year in a row, employees have also had the opportunity to contribute during the open enrollment process. We have continued to receive overwhelming support through this initia-

tive and are very pleased to announce this year nearly 300 employees donated over 1,700 paid leave hours for a total of over \$74,000!

Thank you for your continued support in making Christiana Care a great place to work and making the Crisis Leave program a huge success.

We would like to extend a sincere thank you to everyone who has supported the Crisis Leave program over the last year through their donations. For a list of donors, check the portals. ☺

New hi-tech dressing speeds healing, decreases pain, lasts longer

Imagine a dressing that molds itself to every crevice in a wound, relieves the patient's pain and doesn't have to be changed for up to 30 days.

Thanks to advances in technology, the dressing is a reality for patients at Christiana Care's Wound Care and Hyperbaric Medicine Center.

Adrienne Abner, RN, NE-BC, CWS, director of the center, got an in-depth look at the way the transforming powder dressing works at the Symposium on Advanced Wound Care, sponsored by the Association for the Advancement of Wound Care and the Wound Healing Society

"This dressing is especially helpful for patients who have limited dexterity or a living situation that makes it difficult to practice proper hygiene because the patient never needs to touch the wound," she says.



Wound Care and Hyperbaric Medicine Center Medical Director Nicholas O. Biasotto, D.O., and Director Adrienne Abner, RN, NE-BC, CWS, found a better bandage and lost no time before using it to improve patient care.

The barrier between the wound and the environment is created by crystals developed through nanotechnology, the science of engineering materials on an atomic or molecular scale to make microscopic devices. The crystals are applied to the wound, where they combine with the body's natural moisture and a bit of added saline solution.

"That produces a flexible mold that feels almost like a very thin, pliable plastic," Abner says. "The only thing that can get in or out is vapors."

In the past year, more than 40 patients at the outpatient wound center at Christiana Care have used the dressings for such conditions as inflammatory wounds, burns, and open, draining wounds. The dressing also has benefited patients with diabetes or venous and arterial dis-

ease who have wounds that have stalled the healing process.

"We have seen how this product can jump-start the healing process, as well as decrease wound pain within a matter of minutes," Abner says.

The dressing also can be used under a cast or a compression wrap. According to the manufacturer, it can last for up to 30 days, although the wound center currently leaves the dressings in place for no longer than two weeks, and, only in selected cases.

Upfront, the product costs more than a traditional gauze dressing. But, because the dressing lasts longer and requires less maintenance, it saves money in the long run.

Better, longer lasting dressing

"A dressing that can stay on for a whole week is cost effective because a visiting nurse doesn't have to go out and change it and the patient doesn't have to buy supplies to maintain the dressing on their own," Abner says.

Because the seal covers exposed nerve endings, the dressing also spares patients the physical and emotional toll of pain, as well as the cost of pain medication.

"Within minutes, we have seen patients' pain level drop from 10 to 2," she says.

After a year in use, Abner says the dressings have been effective in enhancing both healing and patient satisfaction.

"Patients see a world of difference in quality of life," she says. ☺

✓ To refer patients to the Christiana Care Wound Care Center, call 302-765-4132.



Surgical Critical Care Complex joins ICU infection study

The Surgical Critical Care Complex (SCCC) at Christiana Hospital is one of just 22 intensive care units (ICUs) nationwide chosen to participate in only the second multicenter, randomized trial in infection control. The Agency for Healthcare Research and Quality (AHRQ), the Centers for Disease Control, The Joint Commission and a research team including Yale and the University of Maryland lead and fund the study nationwide. Hospital epidemiologist Marci Drees, M.D., and SCCC Medical Director Gerard Fulda, M.D.,

lead the study at Christiana Care. The Benefits of Universal Gown and Gloving (BUGG) study aims to determine whether using gowns and gloves for all patient contacts (instead of only for patients in contact isolation for known resistant bacteria) decreases acquisition of the resistant bacteria and health care-associated infections. The SCCC began a two-month baseline collection in August. During this time, nursing staff will obtain admission and discharge surveillance cultures for methicillin-resistant

Staphylococcus aureus (MRSA) and vancomycin-resistant enterococci (VRE) for all patients admitted to the unit.

After the baseline period, the SCCC will be randomized to either continue usual care (gloves and gowns for patients in contact isolation only) or to universal gloves and gowning (for all patients) for 12 months. ☺

✓ For more information, contact Dr. Drees via pager 9575, or Patty McGraw, RN, MS, CCRC, at 733-4166, or hospital pager 8849.

With certification, nurses prove specialized heart-failure skills

The Center for Heart & Vascular Health announced that four Christiana Care Nurses received certification from the American Association of Heart Failure Nurses (AAHFN) after passing the first-ever exam offered by American Nurses Credentialing Center (ANCC).

Congratulations to Carolyn M. Moffa, MSN, RN, FNP-C, CHFNP; Susan Felicia, MSN, RN-BC, PCCN, CHFNP; Patricia Wessell, MSN, RN, CCRN, CHFNP; and Heather Hastings, RN II, BSN, PCCN, CHFNP.

"The Heart Failure Program is very fortunate to have the most Heart Failure Certified nurses in the State," says Mitchell Saltzberg, M.D., medical director of the Heart Failure Program. "The achievement of this milestone exemplifies the dedication of the staff and the expertise of the Heart Failure nursing staff in general. Great job!"

Certification assures that a nurse is well qualified to provide specialized care, and provides formal recognition

of specialized knowledge in heart failure care in the increasingly competitive field of heart failure care. ☺



From left, Susan Felicia, Carolyn M. Moffa, Heather Hastings, and Patricia Wessell.

Centering on our patients, for all the right reasons



The Pledge stands. Last October at Wilmington Hospital hundreds of Christiana Care colleagues, led by President & CEO Bob Laskowski, M.D. (left), signed a giant pledge promising to partner with patients and families.

communicate openly and clearly.

“Patients and their families have always been at the center of our care,” said Penny Seiple, vice president, Patient Care Services. “But it’s exciting to see the difference that these specific behaviors can make once staff begin to understand why a Patient and Family Centered approach is successful. When the transformation begins and you see happier patients and happier staff.”

October is Patient and Family Centered Care Awareness Month, and at the Christiana and Wilmington campuses, efforts are under way to expand initiatives that are transforming the patient experience.

“Patient and family centered care is an approach to the planning, delivery and evaluation of health care that is grounded in mutually beneficial partnerships among health care providers, patients and families,” says Janice Nevin, M.D., chief medical officer. Dr. Nevin championed patient- and family-centered care as senior vice president, Christiana Care Wilmington, when it formally launched in an October 2010 ceremony.

Putting it into practice

“It recognizes the vital role that families play in the health care process, and it does this by restoring dignity and control to the patient and the patient’s family,” Dr. Nevin says.

The core concepts of patient and family centered care are: respect and dignity; information sharing; participation; and collaboration. These principles are behind initiatives in both hospitals, including:

- **AIDET** (acknowledge, introduce, duration, explanation and thank you): This communication tool ensures that patients and visitors feel welcome and at ease, and promotes open communication among families and hospital staff.
- **Bedside shift reporting:** A standardized approach to hand-off communication that can ease patient anxiety and engage the patient and family in decision making.
- **Hourly rounding:** A practice that helps nurses and support staff to better anticipate and meet patient needs.
- **Patient whiteboards:** Shared communication tools that invite everyone involved in the patient’s care to com-

Established an Advisory Council

Wilmington has also established a Patient & Family Advisory Council, in which former patients and family are enlisted to provide feedback and help staff develop and test new initiatives.

“Patient and family centered care is providing us with tools and new ways of thinking that will increase patient satisfaction and lead to better outcomes for our patients,” said Janet Cunningham, vice president, Professional Excellence, and associate CNO.

Patient and family centered care is not just for nurses and physicians. Everyone at Christiana Care can use this approach to improve service to our patients and each other. ●

✍ *Watch for events and information throughout the month of October to learn more, and visit <http://depts/PFCC> on the portal.*

Dental implant service changes patients' lives

Years after breaking four bottom teeth in a motorcycle accident, Christopher Grzybowski couldn't enjoy steak or corn on the cob, his two favorite dishes at family cookouts.

With help from dentists and oral surgeons from Christiana Care, Grzybowski received implants at the Wilmington Hospital Health Center. Implants are an expensive procedure, and the center provides the service to patients at substantially reduced rates.

"They feel like my natural teeth," says Chris, 46. "I am eating steak and corn on the cob again. That is wonderful."

Beyond his dental problems, Chris suffers from disabilities as a result of his injuries. He is legally blind and has difficulty with short-term memory.

Dentures not a good option

"Something removable, like a partial denture would have been very difficult for Chris to manage and would not have felt like his own natural teeth," says Howard W. Zucker, D.D.S., section chief. "With the implants, Chris eats well and smiles well." Chris learned about the program through his mother, Catherine Grzybowski of Wilmington, a retired registered nurse who worked at Christiana Care for 42 years. Chris returns to the health center for regular checkups, where he always receives a warm greeting from the staff.

"This program is a tremendous resource, and the people here are very patient in working with Chris," his mother says. "These dentists are not only skilled, they are dedicated and caring."

Since the 1950s, as part of Christiana



Laura Lemon's more beautiful smile was restored at Christiana Care's Wilmington Hospital Health Center

Care's mission to provide charity care to the community, the Department of Oral & Maxillofacial Surgery and Hospital Dentistry has offered uninsured and underinsured patients like Chris a wide variety of needed dental services at cost. Services range from routine dental care to complex reconstructive maxillofacial surgery and restorative dentistry.

On site and in the community

Under the direction of Edwin L. Granite, D.M.D., the department works closely with community-based dentists and Christiana Care dental residents to provide many of these services on a volunteer basis. The department also provides care for uninsured and underinsured patients at clinics in the community, including Westside Family Healthcare and Henrietta Johnson Medical Center, both in Wilmington.

Since the implant program was established 20 years ago, it has provided more than 1,500 implants, Dr. Zucker says. These restorations range from single crowns to complete oral rehabilitations. Between July 1 2009 and June

30, 2011, more than 50 patients received a total of 111 implants.

Dr. Zucker and restorative dentists James C. Baker, D.D.S., David Isaacs, D.M.D., and Sohaib Usmani, D.M.D., supervise residents and work with patients to restore their smiles. Department staff, Dr. Edwin L. Granite, Dr. Daniel J. Meara and community oral and maxillofacial surgeons perform such procedures as bone grafts to build up bone before an implant is placed, when need-

ed. Community oral surgeons Ray Petrunich, D.D.S, Louis Rafetto, D.M.D., and Peter Subach, D.M.D., also participate in the implant surgery program and serve as attending dentists that supervise the oral surgery residents during the necessary surgical procedures.

Patients need implants for many reasons; the most common being decay and periodontal disease. Patients may also require advanced restorative dentistry involving implants placement because of trauma or congenitally missing teeth.

Laura Lemon, a 21-year-old woman with Down Syndrome, had two congenitally missing incisors and the remaining two front teeth required extractions after a long period of therapy. Her beautiful smile was restored with an implant supported bridge.

"They took excellent care of her," says Mark Lemon of North Wilmington, Laura's dad. "Laura liked her doctors because they were so kind and reassuring, and she came through it like a trooper." 🌟

📞 For more information, call the Wilmington Hospital Health Center at 302-428-4410.

Poignant reminders of patients line memorial walkways

Dedication event, Helen F. Graham Cancer Center



Dedication event, Center for Heart & Vascular Health



Nov. 4, 2011 ... Nov. 4, 2011 ... Nov. 4, 2011 ... Nov. 4, 2011 ... Nov.

Why go to the Christiana Care Annual Medical-Dental Staff event?

Christiana Care Medical-Dental Staff's Annual Art Exhibit and Dinner is an event that all member doctors are entitled to attend.

Top reasons to go:

- You can bring your spouse or partner and enjoy delicious hors d'oeuvres, terrific entrée choices, and an open bar. *It's free.* Your annual dues cover the cost.
- You'll get to cheer and help celebrate with those selected for the Commendation for Excellence and the Rising Star awards and more.
- Many of your colleagues will exhibit in the art show.
- You can network with other physicians and Christiana Care leaders and discuss current events.
- You can get together, reestablish contacts and see old friends and colleagues.



Patient advisory group helps build a bridge of understanding

Enrolling in a cancer clinical trial can raise a myriad of questions for patients and families.

Our patients can also provide important feedback based on their experience in a research study.

Now, a special group of people have formed a committee to help build a bridge of understanding between patients and the multidisciplinary teams of physicians, nurses, social workers and others providing care for patients participating in ongoing clinical studies at the Helen F. Graham Cancer Center.

This is the first committee of its kind in Delaware, led by cancer survivors who participated in clinical trials offered by Christiana Care.

Having a patient's perspective on clinical trials provides many important benefits to both patients, families and care providers, such as:

- Increasing awareness.
- ways to educate patients and the community and dispel myths.
- Helping the community understand what a clinical trial is and the importance of a clinical trial.
- Limiting/reducing the overwhelm-



Clinical Trials Advisory and Advocacy Group members, from left, include John Mantakounis, Robert Pietschmanin, Joan Lockett, Cathy Holloway, Viola Smith, Lelia Hamroun, Lisa Cerullo-Gilroy, Stephen Grubbs, M.D., Angela Tilton MSN, RN, and Gladwyn Downes, BSHS/M, CRA.

ing feelings in the decision making process.

- Connecting prospective clinical trial participants with survivors who have been through clinical trials so patients can make better-informed decisions.
- Coordinating seminars and other outreach projects to help educate patients and the community.

- Involving patients in future goals, such as involvement in protocol development, enhance accruals, provide the patient perspective to researchers designing clinical trials.

- Hosting celebrations for clinical trial participants. ☺

✓ For more information on the Clinical Trials Advisory and Advocacy Group, call 302-623-4450.

New mail order pharmacy web page available

Christiana Care's Employee Mail Order Pharmacy now has a web page available you can access on the portals to help with all of your mail order prescription needs. To get there, go to HR Online, click on the Health & Wellness link at the top of the page and find the "Employee Mail Order Pharmacy" link on the left side under the "Your Wellness" heading.

Here, you can:

- Refill your prescription via the web.
- Print out the Christiana Care Mail Order Pharmacy Form.
- Set up your prescriptions for the Auto Refill Program.
- Find tips to ensure you receive your medication quickly as well as other information that you may find helpful. ☺

Christiana Care offers lung surgery patients new valve to improve healing

A less invasive procedure available now at Christiana Care is helping treat patients who experience persistent air leaks following lung surgery.

Interventional pulmonologist Gerald O'Brien, M.D., is using a new, umbrella-shaped intra-bronchial valve (IBV™) to stop air from entering the section of the lung that has the air leak. This allows the lung to heal normally without the need for additional surgery.

"Temporary air leaks in the lung are not uncommon after lung surgery or injury, but until now prolonged leaks typically required much more aggressive surgical techniques to block them," says Dr. O'Brien. "Our expertise with the IBV system means patients need no longer travel out of state to receive this minimally invasive technology."

Using a flexible bronchoscope, Dr. O'Brien inserts the IBV valve on the end of a catheter into the bronchial tree to stop the leak. Multiple valves can be placed at one time while the patient is under sedation or anesthesia. The procedure takes under an hour, and the patient can breathe independently the same day. The IBV valve is designed to be removable and



Gerald O'Brien, M.D.

may stay in place for up to six weeks while the lung heals.

Dr. O'Brien says a pivotal U.S. study is underway that could lead to more widespread application of the IBV as a treatment for severe emphysema. Use of the valve to treat the patients as described above is currently under the FDA's limited "humanitarian use guidelines." ●

Nominations sought for Nurse-Physician Ambassador Awards

Doctors: Do you work with a nurse who exhibits great communication skills, teamwork and collaboration with the physician community?

Nurses: Do you work with a physician who exhibits great communication skills, teamwork and collaboration with nurses?

Why not nominate them for an ambassador award?

The Professional Nurse Council (PNC) will e-mail a link soon to nurses and physicians providing access to nomination forms on the Physician and Nursing Portals.

✓ For more information contact the chair, Matt Young, RN, PNC, myoung@christianacare.org, or co-chair Pam Boyd, RN, PNC pboyd@christianacare.org.

Revised visitor guidelines better define 'family'

Revised visitor guidelines published by Christiana Care in August are helping to better define some important words, such as "family" and "partner" and provide the clearest possible lines of communication among nursing staff, patients, and visitors.

As used in the guidelines, the patient's "family" can mean any person who plays a significant role in the patient's life, such as a spouses, domestic partners, those joined by civil unions or, significant others (of both different and same sex), and other individuals according to each patient's preferences. Such persons are not always legally related to the patient.

"Family" also includes a minor patient's parents, regardless of the gender of either parent.

Visits from family members, friends and clergy are an important part of the healing process," says Tim Rodden, Christiana Care's director of Pastoral Services. "Our visitation policy provides a safe environment that promotes patients' physical and emotional well-being, provides time for patient rest and allows time for medical therapies and nursing care."

Christiana Care encourages visitors to communicate directly with the nurse caring for the patient to discuss visiting arrangements and share information about the patient," Kayatta says. "In return the nurse can provide direction and suggestions for coordinating visiting times according to each patient's care needs, preferences and the needs of the family. ●

Students at Imaginations take on Great Kindness Challenge

Kids choose to say it with cookies

The children and staff at Imaginations Early Childhood Development Center united on Aug. 13 as part of The Great Kindness Challenge, a day devoted to performing as many acts of kindness as possible, presented across America by Kids for Peace. From a list of 50 suggested kind

acts, the children chose to give cookies to three organizations that serve some of the neediest folks in Wilmington: Connections Homeless Café, The Sunday Breakfast Mission and the Ministry of Caring Childcare Center. ☺

✓ For more information about Imaginations, call 733-5437.



Adults shown in the photos are Imaginations teachers Shameka Piper (blue shirt), and Leslie Lewis (green shirt), helping the children bag cookies for The Great Kindness Challenge.

¿Sabías que?

Christianacare.org está disponible en español!

Visítenos hoy en www.es.christianacare.org!

**HUMAN RESOURCES
FREQUENTLY CALLED
NUMBERS**

HR Service Center
(Benefits/General HR Policy Questions): 302-327-5555.
Employee Information and Rumor Hotline:
302-428-INFO (4636).
Employee Relations:
302-733-1121.
Employee Assistance Program (EAP): 1-877-595-5284.

**Got commuters' blues?
Chill out in a carpool**

There are many good reasons for Christiana Care employees to consider carpooling to work. You can:

- Avoid high gasoline costs.
- Reduce air pollution.
- Lower stress caused by driving.
- Get a preferred parking permit for your group.

If you don't know anyone to carpool

with, you can register with RideShare of DE, which works with individuals to help them find carpooling partners. What's more, the program will guarantee your ride home. Please register you car pool group today with RideShare of DE. ☺
✓ Call Christiana Care Public Safety at 733-3742 for details.

'Promotoras' promote breast health to Latinas in community

Through Christiana Care, Latinas are learning about breast health and cancer screenings, essential information they can share with others as Promotoras—promoters of health education—to Delaware's rapidly growing Hispanic community.

"If you teach someone, then ask her to go talk to her family, her community, you raise awareness that cancer is not a death sentence," says Nora Katurakes, RN, MSN, OCN, Christiana Care's manager of Community Health Outreach and Education.

Josefina Hernandez, 51, knows firsthand how important it is to get an annual mammogram. Her regularly scheduled screening detected Stage 1 breast cancer, an early form of the disease that is highly treatable. "I would have never found out that I had cancer if I hadn't had my mammogram," she says. "Now, I tell my kids, my sisters, my family, so that they will know."

At a recent workshop at the Helen F. Graham Cancer Center and Woodlawn Library, Hernandez and other Promotoras-in-training learned facts about breast health and the effectiveness of early detection and treatment in saving lives.

"Culturally, Latinas don't see a need to go the doctor's unless we are sick," says Sharon Gomez, outreach coordinator. "Through the Promotoras, we are emphasizing screenings that can detect a problem before someone feels sick."

Among Hispanic women, breast cancer is the leading cause of cancer death, according to the American Cancer Society (ACS). Hispanic



With help and guidance Nora Katurakes, RN, MSN, OCN, Christiana Care's manager of Community Health Outreach and Education (far left) Christiana Care is training Latina women to be "promotoras"—liasons between the health care system and the community—to encourage Hispanic women to get appropriate breast cancer screenings and learn about breast health.

women are 20 percent more likely to die from breast cancer than non-Hispanic white women diagnosed at the same age, often because the cancer is diagnosed at a later stage, according to ACS.

Within the past year, 41.7 percent of Hispanic women had a mammogram, compared to 53 percent of non-Hispanic white women. Throughout the year, Christiana Care's outreach staff works with Hispanics and people in other underserved communities to make health care more accessible. "We frequently get calls from people who do not have insurance and others who do not have primary care physicians, asking if they can get help," says Joceline Valentin, a bilingual outreach coordinator at the Community Outreach and Education program at the Helen F. Graham Cancer Center. "We tell them 'yes,' and that we will meet them at appointments to interpret."

The Community Health Outreach and Education Department obtained a grant for a lay health educator program from the American Recovery and Reinvestment Act through the National Cancer Institute National Community Cancer Centers Program. The two-year grant pays for a full-time bilingual community outreach worker.

Susan G. Komen for the Cure Philadelphia affiliate also pays for a bilingual outreach coordinator. In addition to the Promotoras, the program includes training medical assistants at federally qualified clinics to promote screenings, starting with breast health and eventually including tests for cervical and colon cancer.

"Our goal is to have 300 people receive screenings as a result of this program," Katurakes says. "Each one of the Promotoras represents a connection in a family network who can reach others we might not otherwise have an opportunity to help." 

Help is available for alcohol and drug abuse

Road to recovery starts with knowing the common symptoms and warning signs



It isn't easy to talk with people close to us about substance abuse. It can be even more difficult to see the warning signs in ourselves.

Yet drinking and drug abuse are serious problems that impact performance in the workplace, as well as personal relationships.

According to the Department of Labor, 11 percent of working adults have alcohol problems, costing employers 500 million lost work days annually. In addition, 8.3 percent of the U.S. population age 12 or older (21.8 million people) currently use illicit drugs.

"It's important for people who have problems with drugs or alcohol to know that help is available to them," says Mark A. LoGiudice, benefits manager at Christiana Care. "The Employee Assistance Program pro-

vides free, confidential counseling for employees, as well as their eligible family members."

You might have noticed a shift in attitude and personality. People who are abusing drugs and/or alcohol often stop seeing friends and start hanging out with a different crowd. They lose interest in hobbies and things they used to enjoy doing. Eating and sleeping habits may also change.

Here are other common warning signs of alcohol or drug abuse:

- Sudden changes in behavior.
- Irritability or hostility.
- Depression.
- Paranoia.
- Lying and secretive behavior.
- Unpredictability.
- Repeated requests to borrow money.
- Valuable items in the household go missing.

There also are physical symptoms of substance abuse. These include: red or dilated eyes, slurred or incoherent speech, slow or abnormal reflexes, and grinding teeth and other nervous behaviors.

If you suspect someone you know has a problem with drugs or alcohol — or you are concerned about your own behavior — you can call a toll-free number for help. You can speak confidentially with a GuidanceConsultant adviser at the EAP who can provide resources and information, as well as free counseling for you and your eligible family members. ☎

✓ To learn more, call 877-595-5284 or go to guidanceresources.com.

Therapeutic notes

Drug shortages continue to impact patients and clinicians

By Tep Kang, Pharm.D., BCPS

If you are managing a patient in the hospital, there's a chance that you might not have access to the usual drugs that are used to treat your patient because of increasing prescription drug shortages. Clinicians, patients, regulators and hospitals are facing significant challenges in managing the unprecedented surge in drug shortages.

The purpose of this article is to provide a dialogue between a pharmacist and a clinician on the issue of drug shortages.

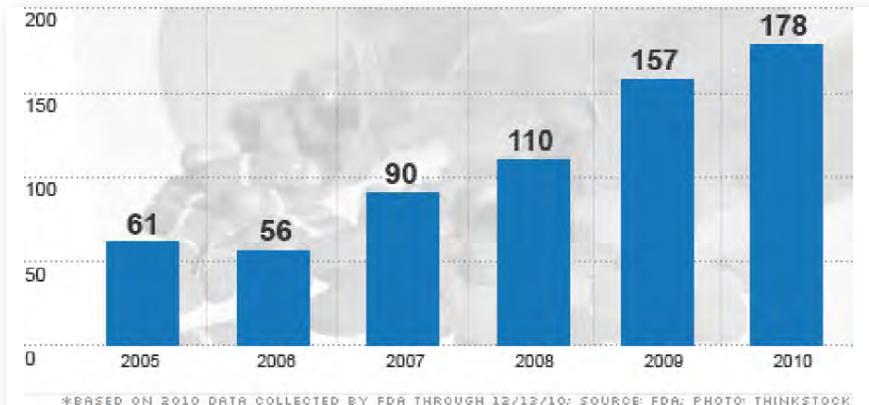
Clinician: Why are we seeing shortages?

Pharmacist: There are many reasons for drug shortages. One of the main reasons is the merging of pharmaceutical companies leaving only one or two companies making key drugs. If one of the companies has difficulty obtaining some raw materials, it can very quickly produce a drug shortage. Other reasons include manufacturing and quality problems, delays, or the discontinuation of older drugs in favor of newer and more profitable drugs.

Clinician: Are there notable trends?

Pharmacist: Yes. The problem has been worse for the past few years. In 2010, the FDA reported 178 drug shortages compared to 90 three years ago (Graph 1). Most shortages involve older, generic drugs administered by injection or intravenously. The shortages range from cancer drugs (cytarabine) to electrolytes (potassium phosphate) to multitrace elements (MTE-4).

Clinician: Will someone notify me ahead of time when there's a pending drug shortage?



FDA Report of Annual Drug Shortages (2005-2010).

Pharmacist: Yes, whenever possible. We will notify and provide you with an update of our current supply. We will also update you on when we will exhaust our current supply. Unfortunately, most manufacturers do not give us much lead time between the announcement of the drug shortage and the last time we could purchase the drug. Once announced, it is not unusual for the pharmacy to be completely out of the drug.

Clinician: How does Christiana Care address critical drug shortages?

Pharmacist: Christiana Care Pharmacy provides a continual supply of medication for patient care, even in the face of drug shortages in the market, with our primary goal being uninterrupted patient care. Some strategies include:

- Monitoring medication supply news, frequent communication with suppliers.
- Monitoring usage/inventory and reallocating supplies.
- Repackaging drugs from large vials into smaller, single-use doses.
- Employing dosage conservation
- Recommending the use of a different drug.
- Keeping staff up-to-date with the availability status.

Clinician: Is anyone doing anything about this at national level?

Pharmacist: Regulators and clinicians are working with pharmaceutical companies to address the problem. Currently, there is some federal legislation (H.B. 2245 and S.B. 296) calling for an early warning system for drug shortages. In other words, the laws would require pharmaceutical companies to provide six months lead time before a drug is no longer available.

Clinician: What key drugs are in short-supply now at Christiana Care?

Pharmacist: To list a few: potassium phosphate injectables, n-acetylcysteine, multitrace elements, fluorouracil, daunorubicin, and cytarabine.

Clinician: What can I do to help with the shortages?

Pharmacist: Depending on the drug in short supply, in general, avoid the use of the drug, consider dosage conservation, or use alternative therapy.

Clinician: How long does a typical drug shortage last?

Pharmacist: Depending on the drug, it could range anywhere from one week to several months. It is not unusual for a drug to be in short supply for at least 3 to 6 months before it becomes available again. ☺

Around the horn: A cornucopia of smart food choices



In its second year atop the Helen F. Graham Cancer Center, the “rooftop garden” added a bed for vegetables to its thriving herb selections, with support from Leon’s Garden World on Elkton Road. This year we have various herbs, as well as cucumbers, tomatoes, eggplant, Jalapeno peppers and small white pumpkins. “Each year, we have to wait for the goslings from the nesting geese to hatch and be rescued since they have developed an interest in nesting on the roof,” says gardening aficionado Elena C. Schumaker, RD. The garden club includes people from several areas in the Cancer Center, who all take turns watering. ☺



Occupational Safety Specialist Marcus Suhr, a member of the Environmental Stewardship Committee, helps First State School students Heniah Collier Ellis (left) and Taylor Reilly check the ripeness of pears at the committee’s garden, maintained by Christiana Care staff near the radio towers at Christiana Hospital.



Anthony Graves, center, of New Castle, and Aionna Williams, right, of Wilmington (both 13), survey a woman on Rodney Square about eating habits and attitudes on access to healthy foods, shopping locations and exercise.

Camp FRESH, a nine-week summer program conducted by Christiana Care’s Center for Community Health has been pushing healthy food choices since 2007. Each year, new recruits from five urban Wilmington neighborhoods join with teens returning from the previous year and community partners, such as the Delaware Center for Horticulture to build on the program and work in the Camp FRESH garden and farmers’ markets. The teens also meet at Christiana Care’s

Eugene du Pont Preventive Medicine & Rehabilitation Institute for educational lessons related to improving their health and the health of their communities. Topics include health advocacy, nutrition, weight management, sexual health, drug and alcohol education, community organizing, communication and planning for the future. ☺

✓ For information about Camp FRESH or the Camp FRESH Community Garden & Farmer’s Market, call 302-428-6525.

Upcoming events

Mindfulness workshops

Want to learn to apply the practice of mindfulness to make better food choices? Combine the outer wisdom of nutrition and exercise with your inner wisdom of awareness to create a healthier, more balanced relationship with food? Each session will include a nutrition topic and a mindful meditation activity. Patients, staff and community members are welcome to attend any Wednesday workshop, 6-8 p.m., Sept. 21 and 28, Oct. 5, Oct. 12, and Oct. 17, at the Helen F. Graham Cancer Center, East Entrance, Room #2205. A \$25 fee covers the entire six-week program. To register call: 302-623-4500. For more information contact Cindy Waddington, RN, MSN, AOCN at 623-4707, or Elena Schumacher, RD, CSO, LDN at 623-4877.

The **third Annual H.O.P.E. Run** is Sunday, Oct. 3 at the Ardens. Early Registration Deadline Sept. 25. Register at Active.com or at Delaware Running Co. in Greenville.

Kidney Transplant Workshop

for patients and families requiring information on transplantation before and after the start of dialysis, Sunday, Sept. 25, at the Christiana Hilton 100 Continental Drive, Newark. Free.

11:30 a.m. - brunch; noon - 3:30 p.m. - presentations and roundtable discussions. To register call 800-693-CARE (2273).

Kidney Transplant Basics, a session for nurses,

will be 8 a.m. - 4 p.m. Tuesday, Oct. 18, at White Clay Creek Country Club, 777 Delaware Park Boulevard. Features a free light breakfast and lunch served. Register by Sept. 30. Call 302-623-3816 or register through the I-net Education Center.

Breast Center Fall Festival is Thursday, Oct. 6, 11 a.m.-1 p.m., in Suite 1400, the Breast Center at the Helen F. Graham Cancer Center. Features a book signing, breast health education, Breast Center tours, pink ribbon items on sale benefitting the Breast Center Special Needs Fund, giveaways, door prizes and refreshments.

The **4th Annual Wilmington Kidney Walk** takes place on Sunday, Oct. 16 at the Riverfront. Register online at <http://www.kidneywalk.org/>. Everyone who signs up get a free T-shirt. For more information, call 623-3812.

The Heart Failure Summit, slated on Friday, Oct. 21, 7 a.m. to 3:30 p.m. at the University of Delaware John M. Clayton Hall. Register by Oct. 3. Call 733-1507.



The 25th Annual AIDS Walk Delaware

The 25th Annual AIDS Walk Delaware will be held at the Wilmington Riverfront on Saturday Oct. 1. This year, participants will be able to choose a timed 5K run or an untimed 5K walk.

Can't make the Oct. 1 date? Relax. Subsequent walks will be held in Rehoboth on Oct. 8 and in Dover on Oct. 15. ☺

✔ You can join the Christiana Care HIV Program teams by visiting the web site at www.aidswalkdelaware.org or by calling Darrell Sparks at 255-1346 for more information.

Are you ready for a disaster?

September is National Disaster Preparedness Month.

Christiana Care's Office of Emergency Management is has been offering a slate of educational sessions throughout September, with classes remaining on Sept. 20, 23, 27 and 30. Representatives from the American Red Cross and Citizen

Corp., offer displays and presentations at a variety of locations. Learn how to assemble a personal or family emergency preparedness kit and know when to shelter in place and when to evacuate in the event of a disaster.

Check the portal or register via the

Education Center, using key words "preparedness" or "family" to find the locations and times convenient to you. ☺

✔ For more information on disaster preparedness, visit the American Red Cross at www.redcross.org.



CHRISTIANA CARE
HEALTH SYSTEM

External Affairs

P.O. Box 1668

Wilmington, DE 19899-1668

www.christianacare.org

PRSRT STD
U.S. POSTAGE
PAID
WILMINGTON DE
PERMIT NO. 357

Remembering 9-11: Christiana Care’s quick response



Christiana Care joined with the state of Delaware and other health care providers in an ambulance caravan to respond to the terrorists attacks on New York City’s World Trade Centers.

Within hours of the Sept. 11, 2001 terrorist attacks, Christiana Care, working with the Delaware Emergency Management Agency, dispatch 24 ambulances and nearly 100 responders to assist teams caring for victims from “ground zero,” the World Trade Centers in New York City.

The task force left at 4:30 p.m., bound for the emergency medical services staging area at the Meadowlands stadium complex in East Rutherford, N.J.

“We do drills, but this was the first time we’ve created a task force such as this to travel to a distant site to provide aid,” said task force leader Robert Rosenbaum, M.D. “We traveled farther than any other unit at that location.”

For its prompt response to the tragedy, the Delaware House of Representatives formally commended Christiana Care’s Emergency and Trauma team for their selfless dedication and rapid response by rushing to aid those affected by the tragic attacks of Sept. 11, 2001. 🌱



PRINTED ON
RECYCLED PAPER