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## IN THIS ISSUE:

### 4 MEDICAL HOME WITHOUT WALLS >

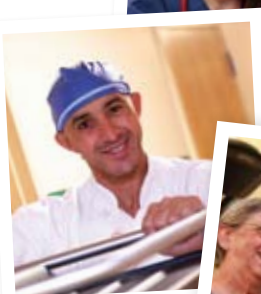
Taking “super users” under wing may spare them a trip to ED

### 6 A SAFER NICHE >

Christiana Care nurses provide exemplary geriatric care

### 14 BLOGGING FOR WELLNESS >

Learn how to make staying healthy engaging, interesting and fun



## Christiana Care earns A in patient safety



Cherie Barnes, RN, administers antibiotics to a patient prior to surgery at Christiana Hospital. Christiana Care's high rate of compliance in pre- and post-surgical patient care contributed to its A grade from Leapfrog.

**F**or the second time this year, Christiana Care Health System achieved an A Hospital Safety Score by The Leapfrog Group, an independent national nonprofit run by employers and other large purchasers of health benefits.

The A score was awarded in the latest update to the Hospital Safety Score—the A, B, C, D or F scores assigned to U.S. hospitals based on preventable medical errors, injuries, accidents and infections. Leapfrog compiled the score under the guidance of the nation's leading experts on patient safety.

Christiana Care was one of only 58 percent of hospitals retaining the A grade since Leapfrog's initial Hospital Safety Score report in June 2012. With 50 percent of hospitals in Delaware receiving the A grade, the state ranks third in the U.S. in preventing errors and avoiding harm, according to Leapfrog.

Based on scores from more than 2,600 hospitals, Leapfrog awarded an A to 790 hospitals, a B to 678 hospitals, a C to 1,004 hospitals, a D to 121 hospitals and an F to 25 hospitals.

“The A grade from Leapfrog demonstrates our commitment to patient safety and transforming our care—serving our patients as expert, caring partners in their health each and every day,” said Sharon Anderson, RN, MA, senior vice president of

## The Christiana Care Way

**We serve our neighbors as respectful, expert, caring partners in their health. We do this by creating innovative, affordable systems of care that our neighbors value.**

See article on page 3.

CONTINUED

## Christiana Care earns A in patient safety

Quality and Patient Safety. "Providing high quality care and ensuring patient safety are always our top priorities. This recognition is testimony to the hard work of our doctors, nurses and entire hospital team."

"Hospitals that earn an A have demonstrated their commitment to their patients and their community," said Leah Binder, president and CEO of The Leapfrog Group. "I congratulate Christiana Care for its safety excellence and look forward to the day when all hospitals will match this standard."

Calculated under the guidance of The Leapfrog Group's nine-member Blue Ribbon Expert Panel, the Hospital Safety Score uses 26 measures of publicly available hospital safety data to produce

a single score representing a hospital's overall capacity to keep patients safe from infections, injuries, and medical and medication errors.

Besides The Leapfrog Group, the measures come from the Agency for Healthcare Research and Quality (AHRQ), the Centers for Disease Control and Prevention (CDC), the Centers for Medicare and Medicaid Services (CMS) and the American Hospital Association. The measures include:

- Surgical infection prevention.
- Falls and trauma.
- Central line associated bloodstream infection.
- Post-operative pulmonary embolism/deep-vein thrombosis.



Members of the Blue Ribbon panel include: John Birkmeyer (University of Michigan), Ashish Jha (Harvard University), Lucian Leape (Harvard University), Arnold Millstein (Stanford University), Peter Pronovost (Johns Hopkins University), Patrick Romano (University of California, Davis), Sara Singer (Harvard University), Tim Vogus (Vanderbilt University), and Robert Wachter (University of California, San Francisco).

To see Christiana Care's scores and how they compare locally and nationally, visit the Hospital Safety Score website at [www.hospitalsafetyscore.org](http://www.hospitalsafetyscore.org), which also provides information on how the public can protect themselves and loved ones during a hospital stay. ●



## The Junior Board of Christiana Care announces 2012 Medicine Ball fundraising success



From left, Medicine Ball Fundraising Committee members Ann Kappel, Angela Case, Georgia Brereton, Doris Moulton and Jeanne Checkel; Christiana Care Chief Nursing Officer Diane Talarek and Chief Human Resources Officer Audrey vanLuven; Midge Bernhardt, Mary Herr, Chris Frysztacki, Diane Thomas, Junior Board president, Irene Larson, and Judy Kirlan, Medicine Ball chair.

The 2012 Medicine Ball sponsored by the Christiana Care Junior Board, raised a generous \$67,000 to support nursing and allied health scholarships. The ball's years of support of nursing and allied health scholarships totals a significant commitment of \$763,128.

Two hundred eighty-seven people attended the ball at the Queen Theater in Wilmington on April 20.

The 2013 Medicine Ball will support nursing and allied health scholarships again this year; a commitment which truly benefits patients and their families. Although it is a non-event year, the Junior Board will still need your gifts for nursing and allied health scholarships in 2013. Invitations to support the Medicine Ball will be mailed in the spring. ●



## Partners in care—at the bedside and behind the scenes

By Cheryl Katz, Vice President, Pathology and Laboratory Services



**I**t's easy to remember The Christiana Care Way when we're in direct contact with our patients. A nurse at the patient's bedside, sitting at eye level with the patient and using the AIDET mental checklist to communicate clearly and respectfully is the very picture of The Christiana Care Way in action.

But the key to transformation lies in understanding how The Christiana Care Way guides all of us, in every interaction, every day—even behind the scenes.

How does a phlebotomist serve her neighbors as a respectful, expert, caring partner? The caring manner and expert technique with which she approaches each patient has a lasting effect on the patient's experience of Christiana Care. Offering to let the patient participate in the selection of the best site to collect the blood (which arm, which vein), can empower the patient during this unpleasant experience. AIDET—acknowledge the patient and family, introduce yourself, explain what you're going to do and how long it will take, and thank the patient and family for the privilege of providing them service—is the communication tool that guides this interaction.

The phlebotomist also can be a respectful, expert, caring partner to the nurses, physicians, dietary and environmental services staff, patient escorts and other members of the care team. AIDET is a tool that we should use with each other. When we treat each other with courtesy and respect, our patients take notice. When we leave a patient's room by saying, "Thank you for letting me be of service today. Someone else from your care team will be in to check on you within the next hour or so," it shows the patient and family that we're all working together, and that we trust each other to do what's best for the patient.

How does the pathologist or lab technician serve his neighbors as a respectful, expert, caring partners? The blood specimen that he receives in the lab has lost its "voice of the patient." It cannot speak up and say whose arm it came from. Our team of laboratorians is acutely aware that each specimen must be treated with the same care and respect with which we treat our patients when we directly interact with them.

We recently expanded efforts to bring the medical laboratory scientists into the patient-centered care initiative at Wilmington Hospital by having them go with the phlebotomist to meet the patients whose blood they analyze daily. This experience reinforces the connection and partnership that we have with our patients.

Laboratory staff have the greatest opportunity to demonstrate The Christiana Care Way through daily interactions with colleagues. We create value with clear, respectful communication. We create value by ensuring that the equipment we purchase for patient testing meets the needs of our clinicians and the needs of the community. We create value when we work together as a team, leveraging the knowledge and expertise of each member in service to the patient.

How many opportunities do we all have, in our varying roles throughout the health system, to take this same mindful approach to our work? Daily, we are stewards of our patients' privacy and confidential information. We are stewards of Christiana Care's reputation as a health system that is committed to the highest standards of excellence. We have many opportunities throughout the day to explain, teach and provide empowering information to our patients, visitors and colleagues.

When The Christiana Care Way guides our work, it doesn't matter if we're at the patient's bedside or "behind the scenes." We are expert, caring partners to everyone we serve in the course of a day.

Thank you for giving me the opportunity to partner with you. ●

### THE CHRISTIANA CARE WAY

We serve our neighbors as respectful, expert, caring partners in their health. We do this by creating innovative, effective, affordable systems of care that our neighbors value.



## Medical Home Without Walls provides care to the homeless, disenfranchised



Erica Locke, M.D., (left) and social worker Tracy Pearson meet with Anthony Iubatti in a park in downtown Wilmington. Iubatti, who is homeless, is a patient in the Medical Home Without Walls program, which aims to provide high-quality, coordinated care to people who might otherwise receive their only health care through frequent visits to the emergency department.

“We will connect them with resources in the community, such as shelters, food banks and medical insurance,” said Tracy Pearson, the team’s social worker and health coach. “We are building relationships with other organizations so we can work together to help these people.”

“These are patients with complex medical problems, as well as high risk factors, such as homelessness and substance abuse,” said Diane Bohner, M.D., medical director of Patient and Family Centered Care and Resource Management. “Caring for neighbors in need, regardless of their ability to pay, is consistent with The Christiana Care Way. If we can help to keep a patient healthy in the community it greatly improves the patient’s quality of life, as defined by the patient. It also saves the health system the cost of hospitalization, which is about \$1,300 a day.”

Medical Home Without Walls is part of Christiana Care’s Care Link Services. Care Link Services encompasses all Christiana Care programs related to population health—an approach that tackles the health issues of specific groups, such as homeless people. Other Care Link Services programs and activities include the Visiting Nurse Association’s disease management program, the Independence at Home project for chronically ill seniors, two Patient Centered Medical Homes practices, the efforts of hospital-based care managers/social workers and Bridging the Divide, a program for patients with chronic heart disease. ●

Christiana Care has launched a dynamic initiative called Medical Home Without Walls to reach “super users” of the acute-care system, a group that comprises fewer than 10 percent of all patients but accounts for more than 20 percent of all hospital visits.

By visiting patients at their home or shelter, accompanying them to medical appointments and addressing social ills such as hunger, addiction and domestic violence, the program provides coordinated care to people who might otherwise only receive care through frequent visits to the emergency department.

Medical Home Without Walls is modeled on a successful program in Camden, N.J., that reduced health care costs 56 percent by dramatically decreasing the need for emergency care. A dedicated, multidisciplinary team identifies super users and then connects them with a medical home, coordinates clinical care and focuses on their psychological and social needs.

**“Caring for neighbors in need...is consistent with The Christiana Care Way.”**

— Diane Bohner, M.D.

“Doctors can write prescriptions all day, but they can’t buy the medicine and make patients take it,” said Erica Locke, M.D., a third-year resident in emergency and family medicine who helped to launch the program. “This program is about trust—patients working with a doctor or nurse and realizing that their health is their own, and they have a say in it.” She said this hands-on initiative has the potential to transform the lives of patients who feel disenfranchised from the mainstream health care system.

Dr. Locke and social worker Tracy Pearson shadowed a team in Camden to gain firsthand experience before launching Christiana Care’s program in Wilmington. In its initial stage, Medical Home Without Walls focuses on patients in three ZIP codes who do not have health insurance. Many of the patients are homeless.



## Clinical Research Nurses improve patient care and nursing excellence



Front row, from left; Jackie Laucirica, RN; Amy Mackley, RN, APN; Barbara Tambourelli, RN, CCRC; Jennifer Mann, RN; Christy Poole, RN, Thelma Kempista, RN, OCN, CCRP; Kathy Greenbaum, RN, MSN, CDE, CCRC; Back row, from left: Stephanie Lynch, RN, BSN; Kathy Combs, RN, OCN, CCRP; and John Getchell, RN.

Fellow staff members and colleagues who want to know how their contributions help improve patient care should be interested in ongoing clinical research at Christiana Care, according to members of Christiana Care's Clinical Research Nurse Council (CRNC).

With Nursing Department approval, Melissa Bollinger, RN, BSN, MBA, and Stephanie Lynch, RN, BSN, CCRC, championed creating the council to enhance the professional growth and image of clinical research nursing through education and certification. Creating a supportive environment of research nursing excellence was one of the council's first goals, which led to the development of a survival guide located in each department and on the council homepage located on the CRNC SharePoint.

Clinical research nurses work in many research areas, such as cardiology, emergency medicine, cancer pharmacology, National Cancer Institute studies, trauma and critical care, obstetrics and gynecology, neonatology, infectious disease, medicine and endocrinology.

There are 840 clinical trials under way at Christiana Care this year, surging from the 2011 total, 709, according to CRNC leaders.

"Patient care providers don't always recognize it, but routine tasks such as taking and recording vital signs, drawing blood at specified points in time, or informing clinical research staff about patients who potentially could enroll in a study, can impact clinical trial results," said Kathleen Combs, RN, OCN, CCRP, cancer research manager at the Helen F. Graham Cancer Center. "Just about every cancer treatment available today is a direct result of clinical research," said Combs.

Nurses involved in clinical research develop and maintain a communication network between individual departments and senior leadership, promote recognition and reward clinical research nursing excellence. They also support a climate of nursing excellence and leadership by providing a planned, systematic and collaborative approach to enhance research nursing education.

"Clinical research is a critical pathway to better patient care both in the inpatient and the outpatient settings," said OB/GYN Research Manager Lynch. "Through the council we develop and maintain a communication network between all the research groups, departments and senior leadership. In addition, the council strives to identify obstacles and recommend opportunities and strategies for improvement. We also educate the nursing staff that by participating in research studies, we might improve the patient's outcome. We do this to improve patient care and promote nursing excellence and leadership." ●

## 2012 PEEPS Awards recognize staff for safety

The Injury Prevention Department PEEPS Program held a workshop Oct. 23 highlighting safe patient handling solutions for recent hospital incidents. Scenarios were based on actual events that have led to staff injury, with discussions and demonstrations of how to avoid similar occurrences in the future. Awards annually recognize individuals who have been strong supporters of the PEEPS mission of safety. ●

From left, PEEPS award winners Alice Segerstrom RN, Wendy Wintersgill RN, Patient Escort manager Nanci Hamilton, Angela Treasure, PCT, James Halbert, DPT, and Robin Pearce, DPT.



## Christiana Care earns Exemplar designation for outstanding elder care

Christiana Care is one of only eight hospitals in the United States to achieve “Exemplar” status for the care it provides the elderly under the NICHE (Nurses Improving Care for Healthsystem Elders) program.

NICHE is the premier designation indicating a hospital's commitment to excellence in the care of patients age 65 and older. The Exemplar status recognizes Christiana Care's “ongoing, high-level dedication to geriatric care and pre-eminence in the implementation and quality of system-wide interventions and initiatives that demonstrate organizational commitment to the care of older adults,” according to NICHE.

“The NICHE designation and the Exemplar status signal our commitment to provide patient-centered care for older adults, serving them as expert, caring partners in their health,” said Virginia U. Collier, M.D., the Hugh R. Sharp Jr. Chair of Medicine.

“Through our participation in the NICHE program, we are able to offer evidence-based, interdisciplinary approaches that promote better outcomes, positive experiences and improved care for the older adults in our care,” said Diane Talarek, RN, senior vice president of Patient Care Services and chief nursing officer. “This leads to greater satisfaction rates for our patients, their families and our staff.”

Following NICHE guidelines, Christiana Care established the We Improve Senior Health Program (WISH) in 2001. Under the leadership of program coordinator Denise Lyons, GCNS, and medical director Patricia Curtin, M.D., WISH is a collaborative effort among nurses, physicians, pharmacists, rehabilitative therapists, social workers, dietitians and other staff to improve the care that Christiana Care delivers to senior patients in all settings.

Since the program began, Christiana Care has trained more than 1,500 health care providers who have become members of the Senior Health Resource Team. They serve as unit-based resources to address the diverse problems of seniors who are in the hospital. Also, Christiana Care

provides inpatient Acute Care for the Elderly units at Christiana Hospital and Wilmington Hospital.

“Christiana Care's evaluation demonstrated a tremendous ability to meet the needs of the older adult patient,” said Liz Capezuti, Ph.D., RN, FAAN, director of NICHE and the Dr. John W. Rowe Professor in Successful Aging at the New York University College of Nursing. “The hospital's high intensity level in marshaling geriatric nursing resources and support to enhance care marks it as a leader in the field.” ●

ACE (Acute Care for the Elderly) units at Christiana Hospital and Wilmington Hospital are key components of the internal support network that helped Christiana Care earn designation as a NICHE Exemplar Hospital, recognizing outstanding hospital care for people age 65 and older.



The Exemplar status—the highest of four possible program levels—was assigned following a rigorous self-evaluation of the current state and future goals of the NICHE program at Christiana Care. The requirements include:

- Implementation of the NICHE geriatric resource nurse model and evidence-based guidelines on all applicable units, including specialty units.
- Implementation of systemic aging-sensitive policies.
- Inclusion of the input of patient, families and community-based providers in planning and implementation of NICHE initiatives, and assuming regional and national leadership roles.



## A patient and family centered approach to workplace violence

A hospital is a place for healing. As a safety-first organization, Christiana Care is committed to the safety of our employees, physicians, patients, families and visitors. This includes fostering a climate of respect and partnership throughout Christiana Care. It also includes being sensitive to the potential for violent behavior early, and using a team approach to prevent it.

At an Ethics After Work panel discussion sponsored by the Christiana Care Ethics Committee and the Delaware Academy of Medicine, Christiana Care Director of Public Safety Bruce Blackburn and other panelists offered guidance to help staff prevent violence in the workplace.

As a safety-first organization, Christiana Care has a zero-tolerance policy for violence. As a patient- and family-centered organization, Christiana Care commits to partnering with our patients and their families in their care.

Blackburn highlighted initiatives to ensure the safety of patients and staff that include expanding the Behavior Emergency Assistance Team, and development of an Emergency Department workplace violence policy and a lockdown policy that can be implemented immediately if needed. By conducting regular safety drills and reviewing security policies throughout the year, Blackburn's team ensures

that procedures are continually refined to meet changing needs. The security team works in close partnership with local police departments and with medical staff.

"Workplace violence is something we all need to take ownership of—not only being aware, but formally reporting such instances when necessary," Blackburn said.

Rose Brownstein, RNC, said there usually are red flags that signal a risk of potential trouble. "Violence occurs on a continuum," Brownstein said. The number-one marker is a history of violence. When taking a patient's history, staff should consider any history of violence, social and family life, early exposure to violence, financial instability and other stressors, access to weapons and gang activity. Assess the patient's appearance, looking for gang tattoos, scars, dress, hygiene and body language, and don't be afraid to talk about violence.

"Ask, 'Do you have thoughts of harming yourself or others?'" she said. "If you have any suspicion, you can intervene by simply asking. Don't ignore threats." Enlist staff support, and notify security or constables in the unit.

Donna Casey, RN, newly appointed director of Nursing for Cardiovascular/Critical Care, who co-chairs the Ethics Committee, cited the Nursing Code of Ethics, including the provision that nurses practice with "compassion and respect for the dignity, worth and uniqueness of every individual." But she challenged the group to think about how that can be done when "you fear the patient might harm you, or when you know that patient has been violent."

How to balance the rights and dignity of a patient with the safety of self, staff and other patients may not always be immediately clear, Casey said, but violence in the workplace should never be considered "part of the job." ●

From left, Dominic Kayatta, manager of Patient Relations, Rose Brownstein, RNC, and Bruce Blackburn, director of Public Safety, field questions from staff at a symposium on workplace violence.



### ..... VIOLENCE-PREVENTION TIPS .....

- ✓ Watch for changes in behavior or concern expressed by family members.
- ✓ Create a plan. Identify one family spokesperson as the main contact, and meet with family members daily.
- ✓ Work as a team. Include nurses, staff, security, physicians.
- ✓ Hold a debrief following events.
- ✓ Identify ways to improve support at points of escalation.
- ✓ Make expectations clear to staff, patients and family.
- ✓ Involve Patient Relations to work with the patient, family and staff to come up with a plan that works for all involved.
- ✓ Support for staff is available through Human Resources to help employees in resolving workplace disputes or those involved in domestic violence. The Employee Assistance Program offers confidential support 24 hours a day at 877-595-5284 or in the Work/Life section of HR Online.

## Free shoes and foot exams provide comfort and health to city's most vulnerable



Paul Kupcha, M.D., provides a free foot exam during the Hearts to Soles event on Nov. 26. About 80 people, many homeless and diabetic, received free shoes, socks and medical attention.

As a Type 2 diabetic, Donnell Morrisson knew that he needed to pay extra attention to his feet. Diabetes can damage nerves, making it less likely for a person with the disease to feel an injury on the skin of the foot until an infection develops.

For a long time, Morrisson's feet remained vulnerable to injury because he wasn't wearing shoes that fit.

"I know it's important for me to take care of my feet because I'm a diabetic, but I don't have the means to buy good shoes right now," said Morrisson, 49.

For Morrison and others in desperate need of comfortable, protective shoes, the holiday season arrived a month early.

Christiana Care Health System's Department of Orthopaedic Surgery provided new shoes, socks and foot exams for free to about 80 people—many of them homeless—on Monday, Nov. 26,

at the Sunday Breakfast Mission, a homeless shelter in Wilmington. The event is part of a campaign by a national organization known as Our Hearts to Your Soles, whose mission is to provide the less fortunate with shoes and free foot examinations. Guess? Inc. provided 60 pairs of new shoes through the organization, and Independence Orthotics provided 50 pairs of specialty shoes for people with advanced diabetic foot needs.

"This whole event is a blessing for me," said Morrisson, who found size 10 shoes that fit well. "I'll be able to walk without pain, and I'll be able to get more cardio exercise in, now that I have better shoes."

Paul Kupcha, M.D., section chief of Foot and Ankle Surgery, is the local coordinator for the event. Dr. Kupcha said that foot health can provide a clue to a person's overall health. Joint stiffness, for example, can indicate arthritis;

tingling and numbness can be connected to diabetes; swelling can indicate high blood pressure or diseases of the heart and kidneys.

"We are able to do physical exams to see whether they are suffering from chronic problems, and we are able to follow up with them," said Dr. Kupcha, who has been volunteering with Our Hearts to Your Soles for five years. "A lot of the people that we saw were wearing worn-out shoes, so by getting them the shoes that fit right, we also are protecting them from frostbite."

Dr. Kupcha also examined Pauline Barry, 71, of Wilmington, who came to the event because she experiences pain in her feet due to arthritis.

"It's really nice to be wearing comfortable shoes again," Barry said. "This is a great event, and it helps out our community."

Hypertension, respiratory illness and foot problems are the three most common health issues that the homeless face, said Rev. Tom Laymon, executive director of the Sunday Breakfast Mission.

"The fact that the homeless walk everywhere they go means that their feet take a worse beating than most people suffer," Laymon said. "So the ability for them to get shoes that fit and see a doctor means that you're helping them out." ●



## Teamwork, expertise will be hallmarks of Middletown ED



From Left, Linda Laskowski Jones, MS, RN, ACNS-BC, CEN, vice president, Emergency Services & Trauma; Heather Farley, M.D., FACEP, assistant chair, Department of Emergency Medicine; and Kara Streets, MS, RN, CEN, manager, review a blueprint of the Middletown Emergency Department, which will open this spring.

**I**n a town-hall setting, Christiana Care leaders provided an update to staff about the freestanding Middletown Emergency Department, scheduled to open in April.

Linda Laskowski Jones, RN, MS, Christiana Care's vice president of Emergency, Aeromedical & Trauma Services, said 15 full-time nurses will be hired from within the health system to staff the new facility. The initial census at the Middletown Emergency Department is expected to be about 15,000. Staffing will increase as the census grows.

Employees interested in staffing the Middletown Emergency Department will need to be comfortable working in an independent environment and must possess "expert clinical skill sets right out of the gate," said Laskowski Jones during the update Nov. 12 at the John H. Ammon Medical Education Center.

"The emergency department in Middletown will probably be a more challenging place to work since the workers won't have the ICU resources to back them up," she said. "We also anticipate having a lot of pediatric patients, so all our staff will need to be competent in pediatric care."

The Middletown facility will feature 24-hour emergency care, 18 treatment rooms, and on-site laboratory and imaging

services. Most patients who require admission are expected to be transferred to Christiana Hospital.

In designing the facility, Christiana Care incorporated LEAN production principles, said Heather Farley, M.D., FACEP, assistant chair, Department of Emergency Medicine. Developed by the Japanese automobile giant Toyota and now used in the health care industry, LEAN principles focus on eliminating waste, maximizing value and continually improving processes. Emergency leaders also visited freestanding emergency departments in Virginia, North Carolina and Washington, D.C.

"We want to create an environment where teamwork is at the center of what we're doing," Dr. Farley said. "We also want to make sure that we are providing a family approach to care."

People in the community have told Christiana Care leaders that there is great demand in the community for emergency health care services, said Kara Streets, MS, RN, CEN, who will be the manager of the Middletown Emergency Department.

"Our Middletown neighbors really want us there," said Streets, who currently serves as the nurse manager of Christiana Care's Clinical Decision Unit. "We're going to continue our outreach efforts to the community, and we'll be participating in a lot of community events, such as the annual Peach Festival." ●

## Handoff process improvements enhance efficiency and care



Physicians and team members from Nursing, Social Work and other areas gather in the ED to meet with the patient and decide whether the patient should be admitted or can be safely discharged.

**H**andoffs—the process of transferring responsibility for a hospital patient’s care from one person or team to another—are important moments in which good communication is imperative. Teams throughout Christiana Care are developing new ways to ensure that handoffs occur with the highest possible level of accuracy and safety. The newest of these processes, the collaborative handoff procedure (CHOP) in the Wilmington Hospital Emergency Department, brings three separate departments together at the bedside to determine whether a patient should be admitted to the hospital as an inpatient or be discharged.

“Patient safety research indicates that ineffective communication among health care professionals is one of the leading causes of medical errors and resulting patient harm,” said Sharon Anderson, RN, MA, senior vice president, Quality and Patient Safety. “I see the collaborative handoff procedure as an innovative method to further our efforts to improve quality and safety at Christiana Care.”

Research by the departments of Emergency Medicine, Family & Community Medicine and Medicine helped develop the process. The goal was to establish a new system to improve efficiency and reduce potential for gaps in care that might occur when it is unclear who has responsibility for the patient.

“CHOP bypasses common ED distractions and ensures consistent, excellent communication,” said Lisa Maxwell, M.D., program director, Department of Family & Community Medicine. The system focuses solely on admissions under the Internal Medicine and Family Medicine teaching services.

Dr. Maxwell said rules from the Accreditation Council for Graduate Medical Education mandating that residents work fewer consecutive hours resulted in more shift changes and increased handoffs.

“We always knew that handoffs were critical times,” she said. “This change inspired us to take a closer look at the way we handle those transitions.”

In the Emergency Department, smooth and speedy transitions are crucial. Heather Farley, M.D., assistant chair, Department of Emergency Medicine, points to the Medical ICU Alert Team program, in which teams from the Emergency Department and Medical Intensive Care Unit have a face-to-face handoff at the patient’s bedside.

The new collaborative handoff process is groundbreaking because it involves Family Medicine, Emergency Medicine and Internal Medicine.



Under CHOP, inpatient doctors and team members from Nursing, Social Work and other areas gather in the Emergency Department to meet with the patient and emergency team to determine whether the patient should be admitted or can be safely discharged. If admitted, the patient's status posts immediately. If the patient is going home, the team makes arrangements for follow-up care. Previously, doctors conferring about a patient's admission communicated in a series of telephone conversations.

Under CHOP rules, if the team needs more information before deciding whether or not to admit, they take about 30 minutes to gather more facts and then reconvene.

CHOP is in effect 24/7 and does not replace synchronized Wilmington admissions, a team process rolled out in 2009 in which the patient is simultaneously evaluated by a team that includes doctors, a nurse, a pharmacist, a case manager, and a social worker.

"This process is complementary to what the synchronized Wilmington admissions team is doing, happening concurrently," Dr. Maxwell said.

## Communication is key

For the past three years, clinicians throughout Christiana Care have been participating in debriefings on cases with unexpected outcomes, said Kathleen McNicholas, M.D., JD, medical director for Performance Improvement.

"We discuss things in a non-punative, supportive way. We talk about what happened and what we can do better," she said. "Communication is the root cause of many problems, and it is important for us to use our voices."

Although effective communication is difficult to quantify, improved handoff procedures and patient tracking play an important role in establishing a culture of excellence that adds value for patients and their families.

CHOP is funded by the Christiana Care Chairs Leadership Council. Researchers are collecting data on the process to determine its impact on such factors as length of stay, the time from the patient's arrival at the ED to admission, returns to the ED within 72 hours and readmissions to the hospital within 30 days. Researchers also will gather input on both patient and provider satisfaction. ●

## Wilmington ED staff receive HIV Community Advocate Award

The Emergency Department at Wilmington Hospital received an HIV Community Advocate Award from the Beautiful Gate Outreach Center and the AIDS Task Force on Nov. 18 for an HIV screening pilot study.

ED staff at Wilmington tested more than 500 people for HIV in the waiting room in a pilot program since February 2012. Five patients who tested positive after being screened by the program are receiving treatment at Christiana Care and the Beautiful Gate organization. ED staff continues to educate and decrease the spread of HIV by offering free testing.

Susan Angeline, RN, MSN, CEN, nurse manager, and Paula Fasano-Pietrazak, RN, BSN, CEN, accepted the award on behalf of the entire ED staff.

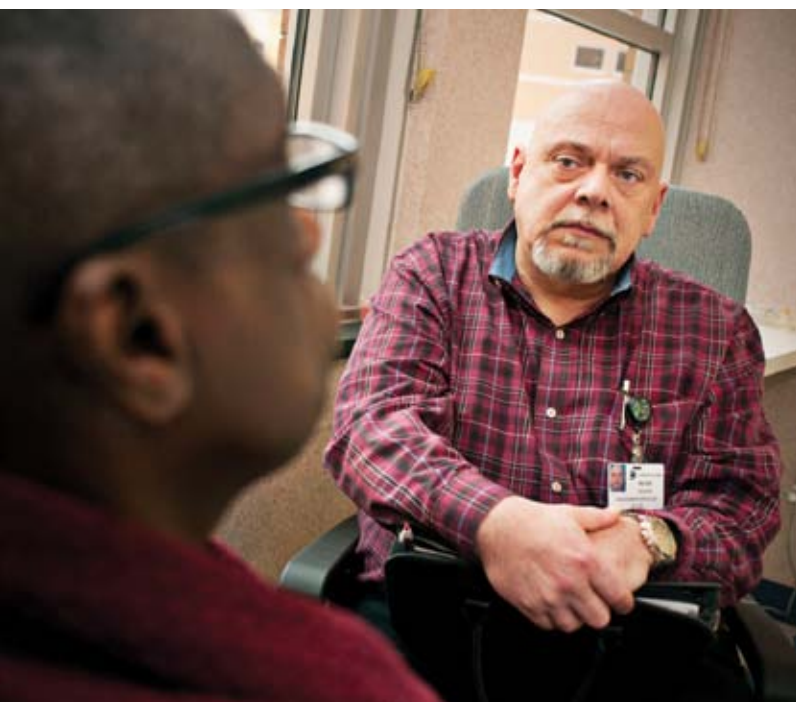
Delaware's HIV/AIDS rate continues to rank among the top 10 U.S. states per capita. ●



From Left, Linda Laskowski Jones, MS, RN, ACNS-BC, CEN, vice president, Emergency, Aeromedical & Trauma Services; Suzanne Tait, Counselor/HIV Testing, Beautiful Gate Outreach Center; Jaimee Messick, RN, BSN, CEN; Paula Fasano-Pietrazak, RN, MSN, CEN; Susan Angeline, RN, MSN, CEN, nurse manager, Wilmington Hospital Emergency Department; and Karen Swanson, BSN, CCRC, ACRN, research coordinator.



## Innovative substance abuse program Project Engage reaches 1,000-patient milestone



Peter Booras, engagement specialist, counsels a patient in Project Engage. The program has connected more than 1,000 hospital patients with resources to help them overcome substance abuse problems.

In the program, engagement specialists counsel patients and encourage them to go directly into treatment when they leave the hospital. Their mission is to remove barriers to care by arranging for placement in treatment programs, as well as such basic needs as food, clothing and shelter.

"If they need a ride to treatment, we will give them a bus pass—or drive them there," Dr. Horton said.

So far, results are encouraging.

"About 30 percent of the people we see are willing to follow through with treatment," said Bev Wilson, program manager.

About 600 patients were engaged in the last year alone. To meet demand, the program will add three engagement specialists in early 2013. They will focus on patients in the Emergency Departments at Christiana and Wilmington hospitals.

Project Engage also offers an opportunity to gather data that will give researchers a better understanding of addiction. Of the patients engaged in between 2008 and 2010, two-thirds are male; about half are white. The average age is 46. More than half—58 percent—abused alcohol, followed by crack cocaine at 22 percent.

In 2009, patients who received treatment for substance abuse recorded 33 percent fewer hospitalizations and 38 percent fewer Emergency Department visits. In 2010, hospitalizations were down 38 percent and Emergency Department visits declined 12.7 percent.

Future data will help to delineate health care costs that result from not addressing addiction.

"There is cost associated with inaction," Wilson said. "We believe that providing appropriate care can save money." ●

More than 1,000 patients have been assisted through Project Engage, a rapidly expanding program that saves lives and money by engaging people with substance abuse problems at the hospital bedside and linking them with resources in the community that can put them on the path to wellness.

"Many of these patients cycle repeatedly in and out of the hospital or the Emergency Department," said Terry Horton, M.D., chief of Christiana Care's Division of Addiction Medicine and medical director for Project Engage. "We are encouraged by the success we have had in both reducing patient's suffering, as well as their health care costs."

In the September 2012 issue of *Addiction Science & Clinical Practice*, an article authored by Dr. Horton and other researchers from Christiana Care, University of Pennsylvania, Delaware Physicians Care Inc. and Brandywine Counseling and Community Services, published early data from Project Engage.

### 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 Ron Sherman at 302-623-2873.



## NICU improvements put babies and families first

**T**he work of the new Family Centered Care Team in Christiana Care's Neonatal Intensive Care Unit stands out as an example of how powerful seemingly small changes can be.

The NICU always has focused on the medical needs of the baby, but a multidisciplinary team established in April focuses "much more on the needs of the family as a whole," neonatologist Carlos Duran, M.D., said. The Nursing-led effort involves everyone in the unit, from Environmental Services to Physical Therapy.

The NICU has focused on changes that improve communication with families and helps families become participants rather than bystanders in their babies' care.

Brochures have long been used to help parents understand their babies' potential medical complications, but the NICU team recently revised those materials with input from families.

"We're asking them what they want, and looking at everything we give to families to make sure it's in simple language that

they can easily understand," Dr. Duran said.

Written on whiteboards in each room are the names of the baby and that day's attending staff, a measure that brings parent communication down to a comfortable, first-name basis.

Another key family-centered improvement has been to give parents more opportunities to cuddle their babies. Hospital staff historically have been reluctant to disturb a quietly sleeping baby, but research now shows that infants sleep better when being held. And parents want to hold their babies.

"We have some nurses who really encourage families to pick up their babies, whether they are awake or asleep," Dr. Duran said. "Our goal is that no parents should be sitting there unable to hold their baby. It's a huge deal for them."

The changes are in line with efforts throughout Christiana Care to align with the principles of patient and family centered care.

"Christiana Care is focusing like never before on ways to put patients and families at the center of the health-care process, making sure they are engaged and respected in treatment decisions," said Diane Bohner, M.D., medical director for Patient and Family Centered Care and Resource Management. "Partnering with patients and families is a key component of The Christiana Care Way."

Christiana Hospital is the only delivering hospital in Delaware offering Level 3 neonatal intensive care, which is the highest level of capability. ●



Front row, from left: Kathleen Bonis, respiratory staff development specialist; Jacque Eubanks, RN; Sherron Rodriguez, R; Kimberley Reid, RN; Bonnie Chavez, BSN, RNC, interim nurse manager, NICU; and Joel M. Brown II, BSRT, RRT, FAARC. Back row: Barbara McKinney, Pharm.D; Jennifer Stevenson, social worker; Carlos Duran, M.D., neonatologist; Pam Green, BSED OTR/L, clinical supervisor, Pediatric Rehab; and Laura Holloway, RN.

### IN MEMORIAM • DIANA BROOKS (d. October 31, 2012)

*Diana Brooks began her work with Christiana Care in 1998. Diana's co-workers in Surgical Materials Distribution at Christiana Hospital remember her fondly: Diana was a bright, caring and outgoing person, affectionately known as "Buttercup." She was hardworking and always looked for solutions to problems. Diana's smile could light up a room. There will never be another Diana.* ●







## Rheumatologists David P. Michel, M.D., and Eric M. Russell, D.O., optimistic about new ways to help people with arthritis

Rheumatologists David P. Michel, M.D., and Eric M. Russell, D.O., may know a big reason that doctors in their specialty scored highest on a happiness scale in a Physician Lifestyle Report that was part of a 2012 Medscape/WebMD poll.

Major factors in their satisfaction are advances that have helped patients with chronic inflammatory diseases in recent years, Michel and Russell said.

An example is the 2002 licensing approval of etanercept (Enbrel), a medication that can be injected by patients at home and used to treat psoriatic arthritis and related diseases.

“To see a patient get better trumps any other reason why a doctor might be satisfied” in his or her practice, Michel said.

In July, Drs. Michel and Russell joined the Medical Group of Christiana Care (MGCC), in part because both are believers in a patient-centered approach where education and follow-through—by patient and doctor—is a key component in achieving success.

“Their availability to patients and referring physicians fills a substantial need for the specialty in the community and will save many patients from having to travel longer distances for their care,” said Robert Bycer, vice president and executive director of MGCC.

Both doctors are members of the American College of Rheumatology, which is witnessing a growing demand for specialists with expertise in treating diseases such as osteoarthritis, fibromyalgia, lupus, gout and rheumatoid arthritis.

Drs. Michel and Russell have joined Susan L. Cowdery, M.D., and Shakaib S. Qureshi, M.D., section chief of Rheumatology. Russell spends three weeks of every month at the Lancaster Pike Center and one week at the Medical Arts Pavilion. For Michel the schedule is reversed.

Dr. Michel studied periodic syndrome diseases, such as familial Mediterranean fever, during a fellowship at the National Institutes of Health in Bethesda, Md. At Christiana Care, he’s followed up with some of the patients he saw there.

Many of the periodic syndrome diseases are defined by gene defect and feature recurring episodes of fever along with abdominal, chest and joint pain. Michel also has extensive experience in treating lupus.

As a fourth-year medical student, Dr. Russell was introduced to rheumatology when he rotated through Christiana Care.



David P. Michel, M.D.



Eric M. Russell, D.O.

He worked with Dr. Qureshi, finding rheumatology a practice he enjoyed. (His wife, Linsey O’Donnell, D.O., did her residency at Christiana Care and is now a geriatrician and palliative medicine physician in family medicine at Christiana Care.)

Dr. Russell, who had a joint fellowship in Rheumatology at Drexel University’s College of Medicine and Hahnemann University Hospital, has studied the response of sarcoidosis to infliximab therapy (Remicade) with promising results. The research he worked on will be published in an upcoming issue of the *Seminars in Arthritis and Rheumatism*.

Both doctors say they are excited by rapid advancements in targeted therapies, available in the last dozen years. Such therapies make use of biologic agents that copy the effects of substances made by the body’s immune system.

Some of the better-known agents offer help to patients suffering from rheumatoid arthritis, which affects 2 percent of the population, Dr. Russell said. The agents include etanercept (Enbrel), adalimumab (Humira) and anakinra (Kineret).

Musculoskeletal ultrasound is another advance that has interested Russell, and he’s been able to bring this new tool to his consultations. The ultrasound can show joint erosion, inflammation and other pathologies—as well as the success of treatments—to doctor and patient.

The benefits of ultrasound received a good deal of professional discussion at the annual meeting of the American College of Rheumatology this November.

“It’s a very popular tool and provides us with images we use for patient education,” Dr. Russell said. ●

## Warm up to winter fitness

**W**hen the winter wind howls, don't get blown off the fitness track.

Most folks can safely exercise outdoors in cold weather, according to recommendations by the American College of Sports Medicine.

But some people are better off indoors where it's nice and warm. If you have asthma, heart problems or Raynaud's disease, a condition that causes narrowing of the blood vessels, touch base with your doctor for guidance.

Before you head outdoors, do a common-sense check. Consult the latest weather update. Slip a cellphone in your pocket and let someone know where you are heading. If it will be dark before you return, don a reflective vest.

Dress warmly, but don't overdo it. Several thin layers of clothes—starting

with a synthetic layer that will wick perspiration away from your skin—will keep you more comfortable than one heavy layer. And don't forget your hat and gloves.

If it is below freezing, lightly cover your nose and mouth with a scarf. This will help to warm the air before you breathe it into your lungs. Are roads and walkways icy? Better to jog or walk indoors than to risk a fall.

If you don't belong to a fitness center, invest in a workout DVD. Or take a brisk, 20-minute walk around the mall. You also will find balance exercises and winter workouts on the wellness website.

Frostbite and hypothermia are a very real risk when the mercury dips to 20 degrees or below. Make certain you cover your nose, cheeks and ears when you go out—

or stick to the treadmill until the weather gets warmer.

If you experience intense shivering, slurred speech, poor coordination and fatigue get help for possible hypothermia. Frostbite signs are numbness or a stinging sensation. If the symptoms don't go away after you warm up, seek treatment.

Even when there is snow on the ground, it is important to wear sunscreen and lip balm. Ditto for dark glasses to protect your eyes against glare. Drink water before, during and after your workout—even if you do not feel thirsty.

If there is a breeze, plan your route so that you are heading into the wind at the beginning. By the time you head home you will likely have worked up a sweat—and if the wind is at your back, you will be less chilly. ●

## EVENTS

### Webinar "Patient and Family Involvement in Change-of-Shift Report"

"Patient and Family Involvement in Change-of-Shift Report," a webinar, will be featured on **Thursday, Jan. 17, 1-2:30 p.m.**, in the Wilmington Conference Center and in Room 1100 at Christiana Hospital.

Bringing nurse change-of-shift report to the bedside is integral to enhancing patient safety. Discussion of the patient with the patient and family present raises several challenges for the nursing staff. The webinar will identify benefits and explore strategies to support patient and family involvement in shift-change report.

Nurses, physicians and staff are encouraged to attend this presentation. Refreshments will be provided. The webinar is a presentation of the Institute for Patient and Family Centered Care. Christiana Care's Think of Yourself as a Patient Steer Committee is sponsoring the event.

Seating is limited. Register via the Education Center. Use code INSV7418. Each participant is required to sign an attendance sheet to receive a certificate of completion after the webinar.

### Save these dates for two events this spring:

**The 24th Annual Update in Cardiology**, Saturday, March 2, from 7:30 a.m. to 4 p.m., at the John H. Ammon Medical Education Center on the Christiana Hospital Campus.

The inaugural **Neurovascular Disease Symposium**, Friday, May 10, from 7:30 a.m. to 4:15 p.m., at the John H. Ammon Medical Education Center. Invitations will be mailed and emailed after New Year's Day. ●

### Nominees sought for Jefferson & Spirit of Women Awards for spring Champions of Service Celebration

Through programs such as the Jefferson and Spirit of Women awards, Christiana Care Health System recognizes extraordinary individuals who devote themselves to making a difference in the lives of our neighbors and the communities we serve.

Christiana Care is seeking nominees now for these awards to be presented at an event this coming spring. Nominations are due by Jan. 28, 2013.

Winners will be selected based on their contributions to their communities through work, volunteering and service activities. Please submit your nomination today to honor some extraordinary person you know at the Champions of Service Celebration April 30, 2013.

To learn more about the awards and to nominate someone for consideration via the portal visit the <http://inet/ExternalAffairs/-championsofservice>. ●



## Staff News

### **Diana Dickson-Witmer, M.D., FACS, appointed Christiana Care Breast Center medical director**



Diana Dickson-Witmer, M.D., FACS, has been named medical director of the Christiana Care Breast Center at the Helen F. Graham Cancer Center.

She previously served as the associate medical director of the Breast Center and now takes over as medical director for Emily Penman, M.D., who is taking on additional responsibilities at Christiana Care's Department of Surgery.

Dr. Dickson-Witmer has been a member of the surgical teaching staff at Christiana Care since 1983. She also is a clinical assistant professor of surgery at Jefferson Medical College in Philadelphia.

She recently served as vice chair of the Standards Revision Task Force for the Commission on Cancer of the American College of Surgeons. This task force, with input from 50 national organizations, developed the commission's new standards for cancer centers throughout the country.

Dr. Dickson-Witmer is a member of the Education Program Committee of the American Society of Breast Disease and a member of the Alliance for Clinical Trials in Oncology, serving on both the Prevention Committee and the Cancer Care Standards Development Committee.

A 1976 graduate of University of Florida's College of Medicine, Dr. Dickson-Witmer served a residency there. She also was the chief surgical resident at Christiana Care in 1982.



### **Donna Casey named director of Patient Care Services**

Donna Casey, BSN, MA, RN, NE-BC, FABC, has been promoted to director of Nursing for Cardiovascular/Critical Care, from her post as nurse manager of the Intensive Care Unit at Wilmington Hospital, where she has served for 10 years. Donna reports directly to Chief Nursing

Officer Diane Talarek, RN, MA, NE-BC, senior vice president, Patient Care Services.

Donna received a master's degree in clinical biomedical ethics from the University of Virginia Graduate School of Arts & Sciences; a bachelor's degree in Nursing from the University of Virginia School of Nursing and an associate's degree in Nursing from the State University of New York- Farmingdale. She is a fellow of the Advisory Board Company and earned Nurse Executive Certification from the American Nurses Credentialing Center.



### **Stephanie Cooper appointed vice president, Imaging Services**

Stephanie Cooper has been promoted to vice president, Imaging Services with overall responsibility for Christiana Care Health System imaging, including inpatient and outpatient imaging operations. Cooper has been manager and director of Outpatient

Imaging Services since 2004 and has extensive imaging and management experience. She joined Christiana Care in 1975 as a radiologic technologist and advanced into CT, interventional radiology and MRI. She served as chief MRI technologist beginning in 1990 and was named the Christiana Care Breast Center manager 1999. She received radiology administrator certification from the AHRA in 2011 and an executive fellowship from the Advisory Board Academy in 2008.



### **Kim Evans promoted to director of Outpatient Imaging**

Kim Evans has been promoted to director of Christiana Care Outpatient Imaging Services from her post as operations manager for Outpatient Imaging Services, where she served since 2007. Evans has extensive imaging experience at Christiana Care starting in 1986 as a staff

radiologic technologist and mammographer, an allied health instructor, education coordinator, marketing representative and business development analyst. ●

## Publications

**Charles J. Schneider, M.D., et al.,** "Head and Neck Carcinoma in the United States," the First Comprehensive Report of the Longitudinal Oncology Registry of Head and Neck Carcinoma, Cancer, December 1, 2012.

**Anthony Sciscione, D.O., et al.,** for the Eunice Kennedy Shriver National Institute of Child Health and Human Development Maternal-Fetal Medicine Units Network, Bethesda, Md.:

- "Customized versus Population Approach for Evaluation of Fetal Overgrowth." *Am J Perinatol.* 2012 Nov 12. PMID:23147078
- "Perinatal Outcomes in Hispanic and Non-Hispanic White Women with Mild Gestational Diabetes." *Obstet Gynecol.* 2012 Nov;120(5):1099-1104. PMID: 23090528
- "Vitamin D status and recurrent preterm birth: a nested case-control study in high-risk women." *BJOG.* 2012 Dec;119(13):1617-1623. doi: 10.1111/j.1471-0528.2012.03495.x. Epub 2012 Oct 19. PMID: 23078336

**Anthony Sciscione, D.O., and Kelly Ruhstaller, M.D.,** "Double-balloon catheter results in higher rate of vaginal delivery within 24 hours when compared with dinoprostone vaginal insert." *Evid Based Med.* 2012 Nov 2. PMID: 23125235.

**Richard J. Derman, M.D., MPH,** The Marie E. Pinizzotto, M.D. Endowed Chair of Obstetrics & Gynecology, "Antenatal Corticosteroids Trial in Preterm Births to Increase Neonatal Survival in Developing Countries." *Reprod Health.* 2012 Sep 19;9 (22)

**Deborah B. Ehrenthal, M.D., M.P.H., Melanie L. Chichester, BSN, RNC,** et al., "Maternal Risk Factors for Peripartum Transfusion," *Journal Of Women's Health* Volume 21, Number 7, 2012

**Gerard J. Fulda, M.D.,** director of Critical Care, and **Forrest O. Moore, M.D.,** edited a Q and A book

titled "Surgical Critical Care and Emergency Surgery."

**Hisham M. Sherif, M.D., FACS,** and **Ray A. Blackwell, M.D., FACS,** "Successful Coronary Artery Bypass in Ehlers-Danlos Type IV Syndrome Case Report and Review of the Literature." *Tex Heart Inst J.* 2012; 39(5): 699-702.

**Hisham M.F. Sherif, M.D., FACS,** "Cardiothoracic surgical critical care: Principles, goals and direction," *International Journal of Surgery,* 2012. Vol. 10, Issue 3, Pages 111-114.

**Hisham M.F. Sherif, M.D., FACS,** "Developing a curriculum for cardiothoracic surgical critical care: Impetus and goals" *J. Thorac. Cardiovasc. Surg.,* April 2012; 143: 804 - 808.

**Haritha Vellanki, M.D., Michael Antunes, M.D., Robert Locke, D.O., MPH, Theresa McGreevy, NNP, Jacki Eubanks, RN, Mike Western, John Emberger, BS RRT-ACCS FAARC, Amy Mackley, RNC, and David A. Paul, M.D.** "Decreased incidence of pneumothorax in very low birth weight infants following increased monitoring," *Pediatrics.*

**Beatriz De Jongh, M.D., Robert Locke, D.O., MPH, David A. Paul, M.D., and Matt Hoffman, M.D., MPH,** "The differential effect of maternal age, race/ethnicity and insurance on neonatal intensive care unit admission rates." *BMC Pregnancy and Childbirth.*

## Presentations

**David Zabel, M.D., FACS,** "Improving outcomes in open abdominal wall reconstruction utilizing synthetic mesh," General Surgery Grand Rounds at Columbia University Hospital.

**Audrey Van Luven,** senior vice president and Chief Human Resources officer, was the key note speaker for the annual dinner and awards ceremony for the Delaware Chapter of the ACE Network Women in Higher Education.

**Joel M. Brown, FAARC,** recently appointed a fellow of the American Association of Respiratory Care, presented will also be going to Hong Kong, China to provide a series of lectures for a Nurse Practitioner/Physicians group and Health System in Hong Kong. Brown gave about 20 hours of lectures and rounding at five hospitals during the visit from Dec. 10 to Dec. 14.

**Robert Witt, M.D., FACS,** three lectures at the Endocrine Surgery Cancer Update held at the University of California, San Francisco, "Surgery for Well-differentiated Thyroid Carcinoma"; "The Primary Parathyroid Surgery: Technical Issues"; and "Thyroid Cancer and Molecular Biology: What the Surgeon Should Know." Dr. Witt also served on two panel discussions of thyroid surgery and parathyroid surgery.

**Timothy Shiuh, M.D.,** a poster, "An Emergency Medical Services Sepsis Protocol With Point-of-Care Lactate Accurately Identifies Out-of-Hospital Patients With Severe Infection and Sepsis" at the American College of Emergency Physicians in Denver. Abstract authors include Shiuh, **Thomas Sweeney, M.D., Rebecca Rupp, D.O., Barbara Davis, RN, BSN, CCRC** and **James Reed III, Ph.D.**

**Neil Roy, M.D.,** a poster, "Decreases in Emergency Department Length of Stay 10 Months After Implementation of Computer Provider Order Entry." at the American College of Emergency Physicians in Denver. Abstract authors include Roy, **Heather Farley, M.D., Richard Bounds, M.D., James Reed III, Ph.D., Debra Marco, RN, BSN, CCRC,** and **Jason Nomura, M.D.**

**Richard Bounds, M.D.,** a poster, "Emergency Medicine Residents' Self-assessments Play a Critical Role When Receiving Feedback from Evaluators" at the American College of Emergency Physicians in Denver. Abstract authors include Bounds and **Barbara Davis, RN, BSN, CCRC.**

CONTINUED P. 19





## Visiting Nurse Association celebrates 90th year



Ninety years ago, the Visiting Nurse Association (VNA) began its mission of caring for sick Wilmington residents who needed nursing attention in order to live healthy and independently at home. With a staff of nine nurses and one supervisor, the VNA provided care for some 300 patients and conducted some 9,000 visits annually. They walked or rode in horse-pulled carriages to reach their patients.

From those early beginnings, the Christiana Care Visiting Nurse Association today has developed into an award-winning home health care services provider that conducts 300,000 visits each year while serving more than 11,000 patients. Our multidisciplinary team of nurses, therapists, social workers and aides work with other

community providers using the latest technology so that patients can remain where they want to be, at home. ●



### PUBLICATIONS, PRESENTATIONS APPOINTMENTS & AWARDS

**Jason Nomura, M.D.**, a poster, "EMF Dual Screen Modality as an Ultrasonography Educational Tool" at the American College of Emergency Physicians in Denver. Abstract authors include Nomura, **Christy Poole, RN, BSN, CRNI, CCRC, Melissa Bollinger RN, BSN, MBA, CCRC, James Reed III, Ph.D., and Paul Sierzenski, M.D.**

**Paul Sierzenski, M.D.**, a poster, "Defining the Six ACGME Core Competencies Appropriate for Emergency Ultrasonography Training: An Emergency Ultrasonography Directors Survey" at the American College of Emergency Physicians in Denver. Abstract authors include Dr. Sierzenski, **Christy Poole, RN, BSN, CRNI, CCRC, John Powell, M.D., Jennifer Mink, M.D., David Cook, M.D., James Reed III, Ph.D., and Jason Nomura, M.D.**

**Kathryn Groner, M.D.**, a poster, "Observational Study on the Safety of Out-of-Hospital BLS Application of CPAP in the Dyspneic Patient" at the American College of Emergency Physicians in Denver. Abstract authors include Groner, **Patrick Matthews, M.D., and Melissa Bollinger, RN, BSN, MBA.**

### Appointments

**Anthony C. Sciscione, D.O.**, to the National Board of Medical Examiners Step II Committee and Women's Health Task Force.

**Stephen Pearlman, M.D., MSHQS**, named Chair of the Committee on Neonatal Coding of the Section of Perinatal Pediatrics of the American Academy of Pediatrics. He also serves on the Executive Committee of the Section.

The Professional Advancement Council congratulates and welcomes six new RN IIs: **Nancy Meier** (Joint Replacement Center), **Christine DeRitter (5D), Amy Tuer (6E), Kimberly Travis (CVCCC), Angela Kay Ross (6B), and Heather Bracken (4D).**

### Awards

**Heather Farley, M.D.**, received the American College of Emergency Physicians (ACEP) Horizon Award, recognizing individuals within the first five years of ACEP Council service who demonstrate outstanding contributions and participation in Council activities.

**Brian Levine, M.D.**, was recognized at the EMRA Awards Ceremony for his work with editing the Antibiotic Guide for the past several editions. ●

## FDA Limitations on Acetaminophen in Prescription Products

By Connie Yu, Pharm.D, BCPS; Suraj Rajasimhan, Pharm.D, BCPS

Acetaminophen, one of the most commonly used analgesic and antipyretic agents, is formulated in both over-the-counter (OTC) and prescription products. The majority of prescriptions that contain acetaminophen are combination products with opioids, such as hydrocodone/acetaminophen (Vicodin®, Lortab®), oxycodone/acetaminophen (Tylox®, Percocet®), and codeine/acetaminophen (Tylenol with Codeine #3®, Tylenol with Codeine #4®).

Although safe and effective when used at therapeutic doses, overuse of acetaminophen can lead to severe hepatic injury. From 1998 to 2003, acetaminophen was the most common cause of acute liver failure in the US, with 48% of acetaminophen-related cases due to accidental overdose. In various studies, patients were found to have mistakenly exceeded the recommended dose of acetaminophen when using an OTC product, prescription product, or both. Surveillance systems reported that accidental poisonings that resulted in major injury occurred most frequently with prescription opioid combination products.

Due to the concerns for hepatic toxicity related to the use of acetaminophen, the US Food and Drug Administration (FDA) requested in January 2011 that drug manufacturers reduce the amount of acetaminophen in combination prescription products to no more than 325 mg per dose. Additionally, the FDA requested that a Boxed Warning regarding the potential for hepatotoxicity and a Warning about the potential for hypersensitivity reactions be added to the labeling of all prescription drug products containing acetaminophen. Manufacturers were asked to comply with these actions by

January 14, 2014. The FDA directive does not affect acetaminophen-containing OTC products as information regarding potential hepatic injury is already a requirement on OTC labeling.

The drug company Abbott has conformed with the FDA request ahead of the 2014 deadline, recently making available newly reformulated Vicodin® products and discontinuing the original formulations that contained higher doses of acetaminophen. The reformulated brand products contain 300 mg of acetaminophen (in lieu of the original 500-750 mg) and an unchanged amount of hydrocodone. Although Abbott has discontinued their original formulation, generic hydrocodone/acetaminophen in original dose combinations are still available from generic manufacturers. The FDA has given manufacturers until January 14, 2014 to comply with dose and labeling changes; until that date, combination products containing greater than 325 mg of acetaminophen may still be on the market according to the individual manufacturer's discretion and product availability. Christiana Care will change to the lower dose acetaminophen products once an adequate supply is available.

By limiting the amount of acetaminophen in prescription combination products to 325 mg, the risk of overdose due to accidental ingestion of excessive pills may be reduced. When prescribing combination products containing acetaminophen, prescribers should be aware of the increased risk of hepatic injury with use of acetaminophen at doses greater than 4 grams per day and patients should be counseled about the risks associated with excessive acetaminophen use (Figure 1). ●

**Figure 1: Counseling for patients being prescribed combination opioid and acetaminophen products**

- Do not exceed the acetaminophen maximum daily dose of 4000 mg.
- Do not use more than one acetaminophen-containing product at a time.
- Read all labels for prescription and OTC medications. Ask the pharmacist if your prescription pain medication contains acetaminophen.
- Do not drink alcohol when taking medications that contain acetaminophen.
- Stop taking your medication and seek medical help if you think you have taken more acetaminophen than directed.

### References:

FDA drug safety communication: Prescription acetaminophen products to be limited to 325 mg per dosage unit; boxed warning will highlight potential for severe liver failure. U.S. Food and Drug Administration. 21 Jan 2011. Available at <http://www.fda.gov/Drugs/DrugSafety/ucm239821.htm>. Accessed 17 August 2012.

Hoff R. Reformulation and discontinuation announcement: introduction of newly reformulated VICODIN® (hydrocodone bitartrate and acetaminophen tablets, USP) and discontinuation of current formulation of VICODIN. Abbott Laboratories. U.S.

Pharmacist e-Connect Flash. April 2012. Available at <http://www.uspharmacist.com/email/ECF1229.html>. Accessed 17 August 2012.

Prescription drug products containing acetaminophen; actions to reduce liver injury from unintentional overdose. 76 Federal Register 10. 14 January 2011. 2691-7.

VICODIN, VICODIN ES, VICODIN HP 5, 7.5, 10 mg (hydrocodone)/300 mg (acetaminophen) [package insert]. North Chicago, IL. Abbott Laboratories. May 2012.



## Christiana Care and La Comunidad Hispana partner to present Vive tu Vida

Christiana Care Health System and La Comunidad Hispana, a health and social service agency serving the Hispanic community, partnered to present Vive tu Vida (Get Up! Get Moving), a community event that provided free health screenings and health education to participants on Saturday, Oct. 6, in Kennett Square, Pa.

More than 200 people joined Christiana Care's Rosa Colon-Kolacko, Ph.D., MBA, senior vice president and chief diversity officer, System Learning, and Family Medicine resident Marielena Velez, M.D., on the one-mile Christiana Care Family Walk. The fun continued throughout the day with live music, dancing, pony rides, health and fitness screenings and other activities designed to raise awareness of the importance of a healthy lifestyle.

"As the stroke program coordinator for Christiana Care, I deal a lot with acute stroke treatment," said Mary Ciechanowski, MSN, RN, ACNS-BC, CCRN. "Christiana Care is committed to prevention. This event is a great opportunity to teach Hispanics about healthy lifestyle modification, since many are at high risk for cardiovascular disease."

Staff representing Christiana Care's Center for Heart & Vascular Health, Christiana Care Cardiology of Southern Chester County, Rehabilitation, Orthopaedics and Kidney Transplant were on hand to provide health and wellness advice. Christiana Care also provided three medical interpreters to assist the staff during the event. ●



Marielena Velez, M.D., talks to teens about nutrition and healthy meal portions at Vive tu Vida, a community event held in partnership with La Comunidad Hispana in Kennett Square, Pa.

## FORMULARY UPDATE—NOVEMBER 2012

### FORMULARY ADDITIONS

MEDICATION—GENERIC/BRAND NAME	STRENGTH / SIZE	USE / INDICATION	COMMENT
<b>Glucarpidase Injection / Voraxaze</b>	1,000 units/vial	Treatment of elevated, potentially toxic serum methotrexate concentrations because of renal dysfunction, or other causes of delayed elimination	<ul style="list-style-type: none"> <li>Prescribing limited to hematologists and oncologists</li> <li>Will be ordered as needed; not stocked because of expense</li> </ul>

### FORMULARY DELETION

<b>Atenolol injection</b>	No longer manufactured
<b>Nortriptyline oral solution</b>	No longer manufactured
<b>Scopolamine 0.25% ophthalmic solution (Isopto Hyoscine)</b>	No longer manufactured



## 10th Annual Domestic Violence Forum highlights issue that affects 1 in 4 women

During the forum on domestic violence, Ulysses "Butch" Slaughter Jr., gave a dramatic talk about his own life journey.

In the decade since it first was recognized as a National Community Center of Excellence in Women's Health, Christiana Care has been working not only to help victims of domestic violence, but also to raise awareness and save lives by promoting prevention through an annual community forum.

Christiana Care recognized the 10th anniversary of this endeavor by hosting a pair of events to further community outreach. A Spanish-language forum was held Oct. 20 during the Strong and Healthy Latinas conference, along with the main 10th Annual Domestic Violence Prevention Forum, held Nov. 8 at Delaware Technical & Community College in Wilmington.

The Nov. 8 event, "Raise the Red Flag to End Domestic Violence," featured a powerful presentation by domestic-violence survivor Ulysses "Butch" Slaughter Jr., who spoke about growing up in a violent household and, at age 12, listening to his father kill his mother. Slaughter, a successful

author, teacher and recent guest on the "Dr. Phil" show, spoke about his journey from fear to hatred and ultimately forgiveness, and the lasting impacts of domestic violence on his life.

Organizers paired his presentation with a call to action, asking the audience to not only be aware of domestic violence, but to intervene and take action to stop it when they see it happening around them.

"He was told to take it, to listen and to watch," moderator Vincent Poppiti, former chief judge of the Family Court of Delaware, told a rapt audience of 180 after Slaughter's presentation. "Our message tonight is different: learn, observe and do something."

Liz O'Neill, project director, Department of Family and Community Medicine, noted that one in four women will be affected by domestic violence in her lifetime, making domestic violence a significant women's health issue that cuts across all ethnic, educational and economic groups.

"Over the past 10 years, we've recognized that awareness is good, but it's not good enough," she said. "The idea of 'Raise the Red Flag' is that domestic violence oftentimes is viewed as a private matter. People are reluctant to intervene, but it often takes someone who knows about it from the outside looking in to raise the red flag, intervene safely and provide resources before it escalates."

Funding was provided by the Department of Obstetrics and Gynecology. ●

## Dr. Laskowski participates in health forum



Robert J. Laskowski, M.D., MBA, Christiana Care President and CEO, joined a panel of experts at a forum Nov. 20 discussing how the

Affordable Care Act will impact Delawareans.

Held at Clayton Hall on the University of Delaware Campus, the forum was the latest installment of The News Journal's "Imagine Delaware" series, which is designed to expand public dialogue on issues critical to the state of Delaware.

Dr. Laskowski spoke about The Christiana Care Way and our efforts to find and create innovative systems that can keep health care costs affordable for patients.



"Our mission is simple," Dr. Laskowski said. "Our job is to help our neighbors get healthy when they are sick. When they are healthy, our job is to keep them healthy."

More than 300 people attended, including several Christiana Care employees. ●

*Photos courtesy of The News Journal.*



## 21-year tradition makes annual mammograms a social occasion for New Castle seniors

Only a few years ago, Joan Gartley dreaded her annual mammogram. That was before she became part of a group that has turned cancer screenings into an enjoyable social event.

“By yourself, you sit and worry,” says the 62-year-old New Castle woman, who was successfully treated for breast cancer five years ago. “With a group, it’s fun.”

On Oct. 23, Gartley and 31 other women from the Howard Weston Senior Center in New Castle made a day of it. They dressed in pink, put on their lipstick and took a bus to the Christiana Care Helen F. Graham Cancer Center to get mammograms.

It’s an annual event for the seniors at Weston, says Sandra Krett, the center’s executive director. The tradition began 21 years ago, when Christiana Care sent a mobile screening van to the center. For the past 11 years, the women have been coming to Christiana Care.

As they awaited their appointments at the Breast Center, the women played bingo on pink punch cards. They held a raffle for insulated lunch bags from Avon Foundation for Women, which provides an annual Breast Health Outreach Program grant to help fund outreach and education for women through Christiana Care’s Community Health Outreach and Education Program.

After the women completed their screenings, they climbed back on the bus and headed off to a leisurely lunch at HomeTown Buffet in Newark.

Carmen Rief, 80, of New Castle came at the encouragement of her neighbor, 71-year-old Ruth Guarente. Rief knows the risk of developing breast cancer rises as women grow older. About

half of all cases are diagnosed in women over age 65, according to the National Institutes of Health. “Ladies in my age group need to take care of ourselves,” she says.

Krett notes that she knew at least one woman from the Weston group has been called back for more testing or treatment in 16 out of the first 20 years the seniors have been having mammograms.

Her mother, Audrey Thompson, who was 75, had never had a mammogram before. The test revealed a malignant mass in her breast. Krett’s mother was treated successfully and resumed a healthy and productive life for another 10 years before dying of natural causes. “My mother agreed to be tested to support the program—and it was a good thing she did,” Krett said.

Christiana Care is committed to making screenings readily available to people in the community, improving access to quality care that saves lives.

“For the seniors, the convenience of having a bus ride to their appointment and getting help in filling out paperwork removed obstacles to getting a mammogram,” says Nora Katurakes, RN, MSN, OCN, manager, Community Health Outreach and Education at the Graham Cancer Center. Sharing the experience with friends also is a great motivator.

“Women at this age may no longer have a spouse or partner, and this group offers them support,” she says. “Also, some of the women are caregivers—and the encouragement for them to put themselves first at this annual screening is so important.” ●

Women from the Weston Senior Center pose with members of the cancer outreach team for a group photo after their mammograms. For 21 years, the seniors have made their annual mammograms into a fun outing.





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Access to  
health  
screenings  
make a  
difference  
in the  
community

Elizabeth Bradley, APN, Center for Heart & Vascular Health at Christiana Care, assists Doris Murphy, 81, of Wilmington, left. Murphy received a bone density scan and took home information on screening for colorectal cancer.

Christiana Care makes health care convenient and accessible to people in the community year round through its outreach and education programs. By removing barriers to care, people can get the help they need when illnesses are in their earliest, most treatable stages. People also can learn to prevent diseases and injuries through healthy behaviors, such as not smoking, keeping a balanced, healthy nutritious diet, avoiding distractions like texting while driving, practicing safe sex and many other behaviors.

At Make a Difference Day, an annual program sponsored by Christiana Care at Wilmington Senior Center, more than a dozen residents and attending physicians staffed "Ask the Doctor" tables where people could get answers to common questions about health and wellness.

Many who attended the program left "knowing their numbers," including body mass index—an indicator of obesity—blood pressure, and bone density. ●