

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

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**PLEASE RECYCLE FOCUS**

## Christiana Care joins elite group of clinical heart failure research centers

Christiana Care is teaming up with two of Philadelphia's major health systems — Thomas Jefferson and Temple University — to form a new National Institutes of Health (NIH) Heart Failure Clinical Research Center.

Christiana Care's Heart Failure Program will provide scientific leadership for the seven-year project, which focuses on small to intermediate, randomized clinical trials devoted to improving outcomes for heart failure patients.

"It is an elite group of research centers, and we are grateful and honored to be named to participate in one of them," said Mitchell Saltzberg, M.D., medical director of the Heart Failure Program at the Center for Heart & Vascular Health and the principal investigator for Christiana Care.

The nine regional NIH centers are collaborating as a national network to find treatments for patients with heart failure, a serious condition that impairs the heart's ability to pump blood, causing severe fatigue, shortness of breath and swelling.

Like collaborations for the study of asthma, autism and rare diseases, this network pools data from patients at multiple sites to strengthen and speed up research, which otherwise would take much longer.

Christiana Care will receive \$269,000 in funding from the National Heart, Lung and Blood Institute at NIH, in addition to proceeds from all network research trials that the health system participates in through 2018.

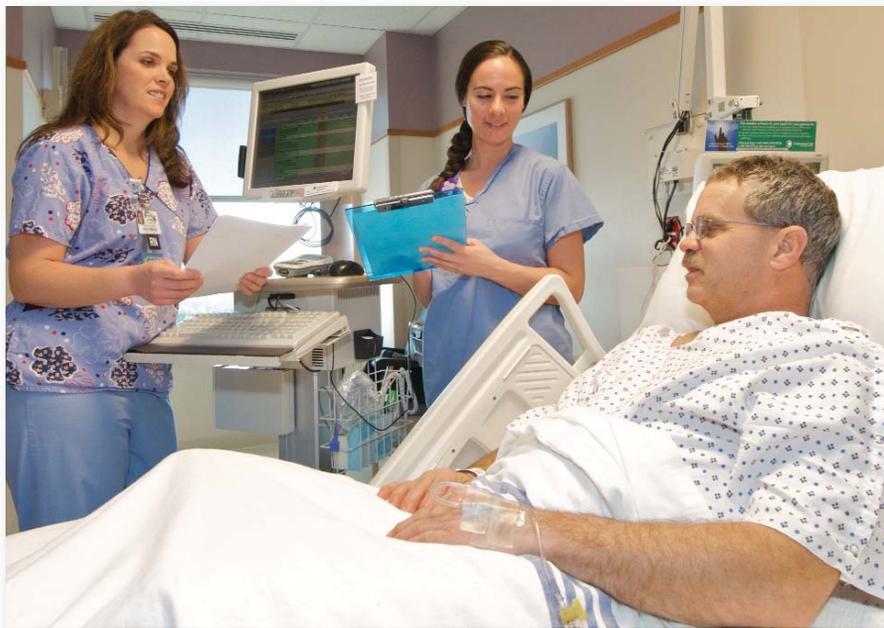


Clockwise, from right, Mitchell Saltzberg, M.D., medical director, Heart Failure Program, Angela DiSabatino, RN, MS, manager, Cardiovascular Clinical Trials Program, and Cardiovascular Research Coordinators Catherine Wade, RN, BSN, Andrea Squire, RN, MSN, and Jacqueline Laucirica, RN, BSN.

Dr. Saltzberg says the award extends beyond financial help. The nine centers link the brightest and best minds in heart failure care from throughout the nation to create a forum for novel theories to advance heart failure treatment options.

"The network allows for a rapid deployment," he said. "It makes it much easier to engage a wide number of doctors with a wide range of experience in research." Clinical trials will be in short- to mid-term cycles, lasting from two to five years. As a first step, Christiana Care is reviewing practices for three procedures to enroll patients in related trials, and expects to participate in nine other clinical trials as a result of the NIH award. ☉

## GetWellNetwork survey reinforces bedside reporting practice



Patricia Poore, RN, left, and Nicole Farrell, RN, include the patient in their bedside report on Unit 7E at Christiana Hospital.

**B**edside reporting is a major component of Christiana Care's Patient and Family Centered Care initiative, which pledges commitment to partnering with our patients and families in their health care decisions.

Through bedside reporting, the nursing staff is best able to welcome patients, their families and friends as our partners and encourage their input. Plus, nursing accountability and communication skills improve.

### The 7E experience

Not long after Nursing Unit 7E, Christiana Hospital, launched bedside reporting, the unit's Education Council decided to measure the nursing staff's level of engagement by asking eye witnesses: the patients themselves.

Nursing Unit 7E cares for spine surgery and bariatric surgery patients. The council requested a question be

placed on the GetWellNetwork, the bedside computer program, asking patients about their experience with bedside reporting.

"The 7E management team and council members monitored bedside report closely at the beginning as staff transformed the report at shift change from a nursing station activity to something that includes the patient and family at the bedside," said 7E Nurse Manager Jennifer Johnson, RN.

"We employed the GetwellNetwork (GWN) to further improve the process and follow up."

The question is: "Have the nurses on 7E come into your room at the change of shift to review your care?" Possible answers include: "Yes," "No," and "I declined to participate." There is also an option to add a comment.

"No" answers prompt an automatic email to the nurse manager for follow-

up with the staff who have cared for that patient.

Between June 2011 and the end of December 2011, 666 patients responded to the prompt with positive feedback.

"Bedside report improves communication with family members and answers their questions ahead of time," said Nicole Farrell, RN, 7E staff.

### Patients appreciate being included

"It also saves time for the nursing staff at the change of shift," Farrell says.

To the GWN query, patients have responded that they have been included in bedside report.

Here are just a few patient comments:

- "It's nice to feel included in my care and knowing what is going on. Great Idea!"
- "The nurses always ask for my input as well."
- "The nurses came into my room and gave report. They were very considerate of my privacy and included me in when clarification was needed. It felt good to be included in the process."

The nurse manager/staff development specialist follows up with staff members who are not engaging patients in bedside report and the number of "No" responses consistently remains low. Because of the great response that 7E saw through the GetWell-Network prompt, seven other units plan to add similar patient surveys.

"The Education Council did a wonderful job launching bedside report on 7E," says Staff Development Specialist Barbara Feeny, RN. "The staff was well prepared for the change. Patients and families prefer being involved in the plan of care and having opportunities to ask questions." ●

## Nursing units receive accolades for improvements

*Nursing Quality and Safety Council launches quarterly unit recognition program*

It's no surprise that Christiana Care is full of caring professionals who strive every day to deliver the best care possible to our patients. To let everyone know about the good work happening at Christiana Care, the Nursing Quality and Safety Council launched a program of quarterly recognition for units that have made significant impacts on patient care.

"The Quality and Safety Council is focusing on sharing successful projects and lessons learned," says Carmen Pal, RN, BSN, PCCN, staff education specialist, Nursing Quality and Safety. Each unit throughout the system is encouraged to share information on initiatives and improvements in their departments.

This quarter, the Surgical Critical Care Complex (SCCC) and the Clinical Decision Unit (CDU) have earned recognition for their improvement projects.

### SCCC reduces infection rates

The Unit-Based SCCC Council lauded several initiatives, including practices that have reduced the occurrence of pressure ulcers, blood stream infections and ventilator associated pneumonia.

- The SCCC identified hospital-acquired pressure ulcers as an opportunity for improvement. To tackle the problem, the department developed a Skin Resource Team with Wound Ostomy and Continence nurse mentoring. The team collaborated with Maintenance and Environmental Services to ensure annual preventive maintenance of patient beds and conducted twice weekly skin rounds with interventions specific to the SCCC population. Pressure ulcer prevalence dropped in the first three months after implementation of the Skin Resource



### Exemplary Professional Practice

Team, and continued to stay low.

- Two other issues the SCCC identified were bloodstream infections and ventilator associated pneumonia.
  - The team reduced bloodstream infections by implementing a combination of practices that includes avoiding femoral sites, using Biopatch, increasing involvement from the Vascular Access Nurses, and "scrubbing the hub."
  - The team reduced the incidence of ventilator associated pneumonia (VAP) through improved compliance with the VAP bundle. The head of bed alarm is used to help ensure that the head of bed remains greater or equal to 30 degrees unless contraindicated. In addition, there is a focus on early mobilization and the use of the beach chair position for the vented patients.

### Clinical Decision Unit initiatives

Another unit that demonstrated remarkable success with improvement initiatives is the Clinical Decision Unit (CDU), which has improved our patients' hospital stay experience by significantly reducing the amount of noise around patient rooms on the

midnight shift.

Patient surveys have shown that noise during the night shift is a major concern. The strength of the CDU's initiative to reduce noise is that it goes beyond simple awareness campaigns. It focuses on implementing concrete strategies for making areas around patient rooms more quiet and relaxing at night. Such strategic changes include:

- Instituting "quiet hours."
- Installing overhead lighting on nurses' desks, as well as dimmer switches to lower the intensity of lighting throughout the unit.
- Providing television earphones for patients to use during quiet hours.
- Eliminating use of the addressograph machines on the midnight shift and decreasing the number of times the pneumatic tube alert beeped. The alert was decreased from 10 beeps per minute to four beeps per minute, allowing the staff the opportunity to respond to the alarm and turn it off in one to two beeps instead of six to eight.
- Encouraging staff to use softer voices.
- Limiting access to the unit on the midnight shift from three doors to one.
- Requesting longer curtains for patient rooms.

The unit also plans to add break-away doors to rooms in the upcoming months.

These two units' successful programs are typical of the kind of good work and constant improvement that happen throughout Christiana Care. The Nursing Quality and Safety Council hopes that sharing these lessons learned will inspire others and improve practices throughout the system. ☺

## HipFIT team works across departments to stem 'epidemic' of hip fractures



Timothy Manzone, M.D. (left), director of Nuclear Medicine, appears in a four-minute video about HipFIT program, along with Brian Galinat, M.D. (below right), and fragility fracture care coordinator Stephanie Fegley, APN (opposite page). View the video in the Health Section at <http://news.christianacare.org/>.

Christiana Care's multidisciplinary hip fracture intervention team (HipFIT) is the heart of a program launched in January by the Department of Orthopaedic Surgery aiming to provide the best practices in treatment and prevention of a very common health problem in our aging population.

More than 300,000 Americans sustain hip fractures each year and more than 400 receive treatment at Christiana Care.

"The underlying problem is fragility of bones as they age," explains Brian Galinat, M.D., Christiana Care's Chairman of Orthopaedic Surgery. "Most commonly, a fracture results from a fall, but someone with a bad case of osteoporosis can simply twist the wrong way, the bone breaks, and then they fall."

### Hip fractures require surgery to heal

"Hip fracture is especially devastating because it doesn't heal without surgical intervention," says Timothy Manzone, M.D., director of Nuclear Medicine for Christiana Care. However, elderly patients can benefit from medication to rebuild bone and reduce the risk of other fractures, and regain a substantial functionality in their lifestyle, despite the risks

associated with surgery and the length and difficulty of rehabilitation.

"Generally it takes six to eight weeks of healing for a hip fracture to tolerate a significant amount of stress, like walking or light exercise," Dr. Galinat explains. "We address follow-up through our nurse practitioners, the patient's primary care physician, OB-GYN, internist, or endocrinologist — whichever provider the patient is most comfortable working with — so we can get them on medication, if appropriate, and tested with a dual X-ray absorptiometry (DXA) bone-density scan. It's all geared toward what's best for the patient."

"One of the most important measurements is bone density," says Dr. Manzone. "The DXA machine gives a numerical value [we can use as a] diagnostic tool. We can combine that measurement with

other risk factors to get an absolute assessment of a patient's risk of fracture over the following 10 years or so, and plot a course of treatment." The bone-density scan is what tells a doctor whether a patient is at risk or not. From there, patients and their physicians can make decisions regarding lifestyle changes and treatment options.

Nurse Practitioner Stephanie Fegley, APN, has taken on the role of "fragility fracture coordinator," a patient care navigator for hip fracture patients.

"Much of the leadership for the HipFIT program came from the Department of Medicine, with Neeta Milasincic, M.D., and Erin Meyer, D.O., helping coordinate education and communication efforts of evidence-based patient care pathways," Dr. Galinat says. "Cardiologist Ehsanur Rahman, M.D., played a vital role in helping better define when a pre-operative cardiology consult is medically appropriate for a hip fracture patient," he adds.

"We also received valuable input from the Departments of Anesthesia (Maria Ufberg, M.D., and Kenneth Silverstein, M.D.) and Emergency Medicine



Brian Galinat, M.D., chair of the Department of Orthopaedics, says the HipFIT program is "all geared toward what's best for the patient."

✓ For more information, call Stephanie Fegley, APN, at 302-428-4600.

## HipFIT

CONTINUED FROM P. 4



Stephanie Fegley, APN, (above) coordinates patient care for HipFIT, a new hip fracture intervention team.

(Thomas Sweeney, M.D.), who helped guide positive changes in the management of this patient population.

“With this effort I have no doubt that we will decrease the number of hip fractures in the local community over the next five years,” Dr. Galinat says. He adds that the overall goal is to reduce future business. “Simple awareness and a willingness to get all the facts are big parts of the equation. It would be ideal if people’s lifestyle habits are on track from an early age — diet, exercise, calcium and vitamin D intake, limiting alcohol, not smoking, getting their DXA scans and medication use when appropriate. Our orthopaedic surgeons have many other things to do. We all need to work together to decrease the fracture epidemic.”

## Center of Medicare Director Jonathan Blum tours Christiana Hospital and speaks about patient care

Christiana Care hosted Jonathan Blum, deputy administrator and director for the Center of Medicare at the U.S. Centers for Medicare and Medicaid Services (CMS) Jan. 30 to speak about accountable care organizations.

Blum is responsible for overseeing the regulation and payment of Medicare fee-for-service providers, privately-administrated Medicare health plans, and the Medicare prescription drug program. Rita Landgraf, secretary of Delaware Health and Social Services, Delaware State Rep. Michael Barbieri and Bettina Riveros, Gov. Jack Markell’s policy adviser on health care, also attended.

Blum also met with Christiana Care’s senior leaders for lunch and received a tour of Christiana Hospital from the perspective of a patient with cardiac problems. He visited the trauma bays at the Emergency Department and the Heart & Vascular Interventional Services facilities.

“We wanted to show him how we would provide care for a patient during the tour, rather than simply just showing him the facilities,” said Christiana Care chief medical officer Janice Nevin, M.D. “Mr. Blum was very interested in understanding what the providers are experiencing in this current environment.”

Upon completion of the tour, Blum gave an overview on accountable care organizations to about 40 Delaware health care stakeholders — mainly leaders of several Delaware health systems and federally qualified health centers.



Jonathan Blum, deputy administrator and director for the Center of Medicare at the Centers for Medicare and Medicaid Services (wearing red tie), toured the HVIS facilities.

An accountable care organization (ACO) is a type of payment and delivery reform model that links provider reimbursements to quality metrics and reductions in the total cost of care for an assigned population of patients.

A group of coordinated health care providers, which can include doctors, hospitals, and nursing homes, form an ACO. The ACO then provides care to the group of patients. CMS has selected 32 health systems to participate as pioneer accountable care organizations. Blum noted that these systems were able to qualify because they already have experience in population health, pay-for-performance and risk-based reimbursement.

“What we heard underscores the message that if we are going to be able to position ourselves for the future, we need to continue to design and experiment with projects built on the principles of an accountable care organization,” Dr. Nevin said.

## Johns Hopkins CEO shares ideas on population health and preparing for health care reform

*Dr. Miller delivers combined Anesthesiology/Surgical Grand Rounds*



Edward D. Miller, M.D., CEO of Johns Hopkins Medicine.

Edward D. Miller, M.D., chief executive officer of Johns Hopkins Medicine (JHM), visited Christiana Care Feb. 15 to discuss how JHM is preparing for health care reform.

Headquartered in Baltimore, Md., JHM is a \$6.5 billion integrated global health enterprise and one of the leading health care systems in the United States.

JHM's preparation for health care reform includes developing a model for achieving "population health" while observing government and gauging the pace at which reform is likely to occur.

Dr. Miller described population health as a model in which a health system supplies all medical care to a population of people, for a premium, per member, per month. For JHM, the model currently includes 205,000 prioritized members, 60,000 Medicare members, 33,000 retired military members, and 52,000 JHM Employee Health Plan members.

Dr. Miller asked "What is needed to achieve population health?" His five-point answer included:

- Data.
- A network of primary care physicians (PCPs).
- Access to hospitals and outpatient facilities.
- Access to specialists.
- Home care.

With respect to the first point, data, he said JHM has invested \$600,000 to install new computerization technology to ensure that the electronic medical record for any patient at any point of care within JHM is the same.

Asked by Department of Surgery Chairman Michael Rhodes, M.D., about the current and anticipated future shortage of primary care providers, Dr. Miller said help from the health system in simplifying the delivery of care should lead more medical school graduates to choose careers in primary care.

Regarding access to hospitals, outpatient facilities and specialists, Dr. Miller referred to JHM's massive rebuilding and renovation projects at the East Baltimore medical campus, including research buildings and clinical and patient care facilities. He also

discussed JHM's acquisition of several area hospitals, such as the 267-bed Howard County General Hospital in the suburban market between Baltimore and Washington, D.C.; the 328-bed Sibley Memorial Hospital, inside the District of Columbia; the 233-bed Suburban Hospital; and the 259-bed All Children's Hospital. As a point of reference, the Johns Hopkins Home Care Group annually treats more than 100,000 adults and children in Central Maryland.

### Numerous factors control pace

Turning to the pace at which health care reform will occur, Dr. Miller suggested a number of influential factors are involved, from debt markets and U.S. elections outcomes, to Medicare incentives for integrated care, states solvency, a Supreme Court mandate decision expected in June 2012, critical mass and the success or failure of health exchanges, and the state of accountable care organizations, or how well providers learn to partner with insurance companies.

### The Value factor

One of the most important factors that will influence the pace of health care reform will be value measurement, Dr. Miller said. "Currently, all [value measurement] is based on process, not outcomes," he said. Johns Hopkins is working on delivering outcome measurements in the near future, he said.

Regarding the impact of possible outcomes of 2012 elections and beyond, Dr. Miller opined that there are some things that Republicans and Democrats do agree on, such as the idea that integrated care drives value and provider risk drives down cost. ☺

## Assessment finds surgeons and staff can add value, cut costs

Surgeons who attended Christiana Care Health System's Value Symposium Dec. 14 received key insights into the function, efficacy, cost, and use of devices during a presentation by Gretchen Makai, M.D., director of Minimally Invasive Gynecologic Surgery, Helen McCullough, D.O., medical director of Gynecologic Surgery, and Richard M. Bowling Jr., CPA, MBA, director of Perioperative Business Operations. The presentation, "Report of 18-Month Assessment of Value Comparisons in Christiana Care Gynecologic Surgery," covered the efforts of several teams to ascertain the value of various treatments and services.

### Value lessons extend to all surgery

While studying the value of abdominal hysterectomy, the GYN teams realized that many value-related issues applied to all operating room procedures — not just gynecological. Their focus broadened to target value in the operating room in general.

"The whole point of the symposium was to ask our colleagues what is truly of value to our patients," Dr. Makai said. "We know what we like to use, and we certainly use what we deem best for our patients. What we have not traditionally considered is cost. The hospital has, to some extent, controlled this for us. We need surgeons and staff to be more proactive in that process."

To engage the entire operating room team in this agenda, members of the General Surgery section and the Department of Gynecology planned a Value Symposium based on a goal to achieve a better understanding of not just the prices of the devices in use the ORs, but also the value of those devices. They asked surgeons and staff

to review and evaluate current practices with respect to the 14 priciest devices used by the Departments of General Surgery and Obstetrics and Gynecology.

To define costs, analysts looked at the quantity of each device used multiplied by the expense of the device. For example, the Strattice Acellular Firm 20-by-25 centimeter graft and the Interestim Neuro Stimulator both cost Christiana Care more than \$10,000 each time they were used, for a total cost of over \$400,000 per year.

### Sometimes higher costs make sense

But these high costs do not mean that such devices should not be considered and used in surgical procedures. "What we are trying to do is better identify the value of what we use," Dr. Makai said. "If the difference in efficacy for two devices is negligible, then it may be better to use the less expensive one. This allows us to put our resources toward more expensive items that do show improved outcomes for patients and providers."

The presentation can serve as a guide for surgeons who now are asked to consider the prices of their equipment in their decision-making processes, especially as Christiana Care, and all health care systems, must look for ways to curb costs over time.

"We, as surgeons, must be our patients' strongest advocates, and cost of care is a concern we can no longer ignore," Dr. Makai said. "We are not trying to save money at our patients' expense. Instead, we hope to provide them with the highest value in care by allowing those who know them best, their providers, to solve the value equation. But we must first learn where we are spending health care dollars to know where we should be spending them." 🌀

Gretchen Makai, M.D., director of Minimally Invasive Gynecologic Surgery advocates shared responsibility for evaluating value and cost in surgery.



Urogynecology specialist Babak Vakili, M.D., lectured on the relative health care value of certain gynecologic surgical repair procedures.



Helen McCullough, D.O., medical director of Gynecologic Surgery, displays a disposable stapler that costs \$600 for one use, comparing it with traditional, reusable surgical tools that could reduce the cost of the sutures to \$15.

## Meaningful Use of Electronic Health Records energizes safe, efficient quality care

On the great frontier of health care reform, Christiana Care is making strides with Meaningful Use, a powerful initiative that harnesses the Electronic Health Record (EHR) system to give providers the information they need to deliver the best possible care. Christiana Care is aligned to meet the requirements for Stage 1 Meaningful Use through the use of PowerChart, Centricity and GEMMS, all certified EHRs for Meaningful Use. The initiative is part of the Health Information Technology for Economic and Clinical Health (HITECH) Act, signed by President Obama in 2009. It provides incentive dollars to providers to meet Meaningful Use requirements before 2015. Health care providers who are not in compliance with Meaningful Use guidelines by 2015 will face financial penalties.

### Beyond dollars and cents

But the bottom line goes far beyond dollars and cents, says Terri Steinberg, M.D., MBA, chief medical information officer.

"Meaningful Use is the right thing to do, for patients and their families," she says. "The government's list of Meaningful Use requirements is aligned with our future plans and will provide financial support to execute our clinical IT strategy."

Under the HITECH Act, Meaningful Use will achieve five goals:

- Improve the quality, safety and efficiency of care, while reducing disparities.
- Engage patients and their families in their care.

- Promote public and population health.
- Improve care coordination.
- Promote the privacy and security of EHRs.

Meaningful Use ensures that the investment in electronic health records impacts the quality of care delivered to patients, says Janice Nevin, M.D., MPH, chief medical officer.

### Reduces medication errors

"For example, electronic prescribing improves legibility, which reduces medication errors," she notes. "It is also more efficient for both the patient and the provider, since the prescription goes directly to the pharmacy."

In addition, clinical outcomes obtained from the electronic health records can help the provider or practice to improve their performance. This is a particularly useful feature in managing chronic diseases, such as diabetes.

Technology also will enable providers to share information, such as data on immunizations and smoking, that will ultimately improve public health, says

*For more information on Meaningful Use implementation, contact Barbara Stout at 302-327-3935.*



Some key leaders involved in the successful completion of Stage 1 of the Meaningful Use initiative include, from left (standing), Terri Steinberg, M.D., Gary Ferguson, Christiana Care chief operating officer, Barbara Stout, Meaningful Use program manager, and Chief Financial Officer Tom Corrigan; (seated), Sharon Anderson, senior vice president, Quality and Safety, Alan Greenglass, M.D., and Chief Medical Officer Janice Nevin, M.D., MPH.

Alan Greenglass, M.D., senior vice president and medical director of The Medical Group of Christiana Care Health System.

"Providers will have access to evidence-based results on treatment alternatives and patient outcomes that will result in high-quality care that is safe, reliable and efficient," he says. "Patients' records will travel with them electronically, wherever they go, which will eliminate repeated tests and other inefficiencies."

"It is a long and complicated path that involves process and education, not just technology," says Barbara Stout, program manager for Meaningful Use. "In essence, Meaningful Use is a unifying force that will remove barriers to care." ☺

## Rep. Carney introduces bill to address drug shortages

U.S. Rep. John Carney (D-DE) announced HR 3839 – The Drug Shortage Prevention Act – designed to address prescription drug shortages, on Jan. 31 at Christiana Care’s Helen F. Graham Cancer Center.

Nicholas Petrelli, M.D., Bank of America endowed medical director of the Helen F. Graham Cancer Center, Stephen Grubbs, M.D., a practicing oncologist and the managing partner of Medical Oncology Hematology Consultants, PA, located at the Graham Cancer Center, as well as Terri Corbo, vice president of Christiana Care Pharmacy Services, joined Carney at the press conference.

### Number of shortages quadrupled

“Since 2005, the number of drug shortages in the United States has quadrupled, and cancer patients have been disproportionately impacted by this troubling trend,” said Carney. “We must ensure that Americans have access to the critical drugs they need to stay healthy and fight back against deadly diseases. The Drug Shortage Prevention Act brings more efficiency to the manufacturing and distribution processes and requires the FDA to take action to prevent drug shortage problems before they begin impacting patients.”

Carney addressed a packed auditorium of oncologists, pharmacists, nurses and social workers at the Helen F. Graham Cancer Center. State dignitaries such as Rita Landgraf, secretary of the state Department of Health and Social Services, and Bettina Riveros, chair of the Delaware Health Care Commission, also were on hand.

Carney’s legislation mandates an expedited review of drugs vulnerable to shortage in order to prevent shortages in the first place. The bill, which



U.S. Rep. John Carney (standing, center) announced HR 3839 – The Drug Shortage Prevention Act – designed to address prescription drug shortages, on Jan. 31 at Christiana Care’s Helen F. Graham Cancer Center. Flanking the congressman are Nicholas J. Petrelli, M.D., Bank of America endowed medical director of the Helen F. Graham Cancer Center, and Stephen Grubbs, M.D., medical oncologist.

is co-sponsored by Rep. Larry Bucshon (R-IN), also requires the FDA to use a more refined regulatory process that addresses manufacturing problems without instigating drug shortages.

The bill also streamlines communications between the FDA, manufacturers, distributors, providers, and patients to ensure that all parties have the information they need to act proactively to prevent shortages from occurring. The Drug Shortage Prevention Act is endorsed by The American Society of Clinical Oncology, the American Society for Parenteral and Enteral Nutrition, AstraZeneca, and the Hematology/Oncology Pharmacy Association.

“My colleagues and their patients face major issues with prescription drug shortages, not only here in the state of Delaware, but across the United States,” said Dr. Petrelli. “My major concern is for the drug shortages that my colleagues have for their patients. In my experience, John Carney has made health care one of his top priori-

ties and has helped us move forward with some major results.”

Six years ago, there were 61 different drug shortages. Last year, there were more than 230. Cancer, anesthesia, and nutrition medicines, which are delivered intravenously rather than in pill form and have a complex, time-consuming, and highly precise manufacturing process, are overwhelmingly affected by these shortages.

“With one drug we even have had to figure out a rationing system,” said Dr. Grubbs. “We’ve been finding ways to get through this challenge, but it has been a struggle.”

Many of these drugs have only one or two manufacturers in the market, so when a manufacturing problem occurs, it can quickly cause a shortage.

“Inadequate medication supplies force the use of alternate medication that can increase the risk of side effects and sometimes is not as effective,” said Terri Corbo, vice president of Christiana Care Pharmacy Services. “The potential risk to patients, whether direct or indirect, is significant.”

## To improve global health, cure diseases at their roots

**Y**ou're on a riverbank and you start to see babies floating by. What do you do?

You jump in and save the babies. But to make a sustainable difference, you also need to look upriver to see who's throwing the babies in.

That is the challenge of improving global health, said Adewale Troutman, M.D., president-elect of the American Public Health Association, in his keynote address to the first Global Health Symposium of the Delaware Health Sciences Alliance, Feb. 4 in the John H. Ammon Medical Education Center.

"We spend so much of our time pulling babies out of the water," he said. For instance, "we spend time screening for hypertension so we can treat people. We don't look to see why they're developing hypertension."

### Unified by a desire for a better world

The symposium attracted about 60 attendees from all four of the alliance partners — Thomas Jefferson University, Nemours, the University of Delaware and Christiana Care — including high school students, medical students, residents, nurses, physicians, researchers and other professionals from disciplines as varied as anthropology, public health, psychology and library science. What unites them is a common interest in improving lives by eliminating health inequities around the world.

"Global health issues affect the most vulnerable," said Omar Khan, M.D., symposium chair. "At the broadest and most fundamental level, our aim is to improve the health of all people in the world."

The symposium is part of a new effort to provide a global health curriculum



At the Delaware Health Sciences Alliance's first Global Health Symposium Feb. 4, Keynote speaker Adewale Troutman, M.D., president-elect of the American Public Health Association, called for more efforts to reduce health inequities.

at Christiana Care. It comes in response to what speakers at the symposium described as a burgeoning desire for education in international health issues.

### Interest in global health cause is high

"There's very high interest in global health, particularly in medical students who come looking for residencies," said John Donnelly, M.D., who interviews many candidates for those positions. "They understand the mission of it. They understand our jobs as physicians should include looking at people around the world that don't have what we have."

That interest is what led Karla Testa, M.D., a medical pediatrics resident, and two other residents, Christopher Prater, M.D., and Audrey Merriam, M.D., to create a survey aimed at gauging residents' demand for a global health curriculum track at

Christiana Care. Of the 105 who responded, 78 percent said it's an important option and 55 percent said they'd be interested in participating.

Encouraged, the team worked with Dr. Donnelly, Dr. Khan and Susan Thompson, D.O., to create a Global Health Curriculum that launched last summer. The two-year program includes 11 faculty or guest lectures each year, two journal clubs and grand rounds. On March 1, Cliff O'Callahan, M.D., faculty of Yale Pediatrics Global Health Track and director of Nurseries at Middlesex Hospital, Middletown, Conn., will present grand rounds at the Ammon auditorium at 8 a.m. The topic: "Global Development Goals (and the role of the individual in changing the world.)"

The lectures are open to all, and have attracted participation from all parts of the health system.

## Progress requires education, collaboration and partnership



Physicians, surgeons, residents, nurses, college professors, high school students and others interested in world health issues attended the first Delaware Health Science Alliance Global Health Symposium Feb. 4, hosted by Christiana Care at the Ammon Medical Education Center.



Some key participants and organizers of the Global Health Symposium include, from left, Reynold Agard, M.D., Karla Testa, M.D., Susan Thompson, D.O., Richard Derman, M.D., epidemiologist Nancy Sloan, Ph.D., and Omar Khan, M.D.

January's talk on helminths and parasites (alliteratively titled "Pick-pocketed by pinworm: the burden of parasites in the developing world") by Wesley Emmons, M.D., drew listeners, including residents, attending physicians and nurses. Kevin Smallwood, a

physician's assistant in the audience, said he is going on a medical mission to Honduras in March and "I thought I could learn more about what I might be seeing there."

Education, not only about specific diseases but also about cultures and

what Dr. Troutman called "the causes of the causes" of health problems is often missing from well-meaning health efforts.

Dr. Troutman, who has worked in many countries with the World Health Organization, in academia and as a local health officer, said he has seen "people who are doing research on people they know nothing about. They drop in, do research and leave, leaving nothing for the community."

That is what Dr. Khan and colleagues say they hope to avoid. Tackling the enormous problems of the developing world in ways that are sustainable, he said, will require education, collaboration among medical and academic institutions and lasting partnerships with the people in communities and countries where the work is being done.

"We don't want to say, 'here's a disaster, here's your stethoscope. Go solve problems,'" he said. "You can't be part of the solution without knowing what the problems are." 🌍

### Global Health Curriculum upcoming lectures

*All talks are at 5:30 p.m. in the Ammon Medical Education Center unless otherwise noted*

- Feb. 23:** **Topic: Tuberculosis.** Lecturer: Anand Panwalker, M.D., Infectious Disease; Room 14.
- March 1:** **Topic: Global Development Goals** (and the role of the individual in changing the world. Lecturer: Cliff O'Callahan, M.D., Yale/Middlesex; Location: Main auditorium, **8 a.m.**
- March 22:** **Topic: Child Health.** Lecturer: Amanda Kay, M.D., pediatrics; Location: A.I. DuPont Conference room, 3rd floor, **6:30 p.m.**
- April 19:** **Topic: Health Systems and the WHO;** Lecturer: Henry Benarey Ph.D.M.Sc.(Hon) World Health Organization; Location: Room 14.
- May 17:** **TBA.**
- June 14:** **Topic: Global Health Careers.** Lecture: Laura Eloyan, MBA, Global Health Specialist at Centers for Disease Control and Prevention. Location: Room 14.

## The Real March Madness: Colorectal Cancer Awareness Month

**C**olorectal cancer is maddening! The disease is curable 80 percent of the time if detected early. But, perhaps because the thought of a colon screening makes most people uncomfortable, colorectal cancer continues to be the no. 2 cancer killer in the U.S and no. 3 in Delaware.

March is Colorectal Cancer Awareness Month. Everyone 50 and older should get screened for colorectal cancer. Prevention is the key so schedule your screening today. Employees can call the Community Health Outreach and Education team for information on Colorectal Cancer prevention and screenings at 623-4661. Information will also be available on our Employee Wellness page.

To help raise awareness of colorectal cancer, the Colon Cancer Alliance designates Friday, March 2 as Dress in Blue Day. So wear something blue, just no jeans.

Get in the game. Get screened and know your risk factors for colorectal cancer. 

## Upcoming events

The 2012 **Update in Cardiology**, March 3 at the John H. Ammon Medical Education Center, will explore recent developments in evidence-based cardiovascular medicine through panel discussions, featured speakers and workshops. Register online by Feb. 24 at [www.delamed.org/cardio-conference](http://www.delamed.org/cardio-conference).



Get ready for another riveting “**MiniMed Lecture Series**,” featuring six weeks of exciting opportunities for adults of all ages and high school students to learn about important trends in medicine and health. Faculty will provide in-depth lectures on important issues in medicine and research, while participants may ask questions, take no tests and earn a certificate of achievement. First up in the MiniMed Lecture Series, on March 15 from 7-9 p.m., is surgical oncologist Joseph Bennett, of the Helen F. Graham Cancer Center, lecturing on approach and treatment options for pancreatic cancer. Participants may register online at [www.christianacare.org](http://www.christianacare.org), or call 800-693-CARE (2273). A similar series featuring experts from Christiana Care Health System begins March 13 at the University of Delaware’s Virden Retreat Center, 700 Pilottown Road, Lewes, with a lecture on minimallyinvasive neurointerventional surgery for strokes and aneurysms, by Gregg H. Zoarski, M.D.

The **Spring Walking Challenge Kickoff — National Start Walking Day**. On Wednesday, April 4, it’s time for all

employees at Reads Way to start walking for fitness and better health. Start time is at noon. The 1-mile walk should take a minimum 20 minutes. Gather at the head of the Reads Way Walking Trial (the main entrance of 11 Reads Way). Join Senior Vice President Audrey Van Luven and Benefits Director Chris Corbo in starting the Spring Walking Challenge on the right foot. Don’t forget to log your health efforts on the Wellness Website: Caring for Yourself.

### Christiana Care celebrates Social Work

**Month** throughout March by hosting several vendor fairs at Wilmington and Christiana Hospital. All employees and visitors are welcome to attend.

#### Vendor fairs at Christiana Hospital:

- Room 1100
- March 6 - Durable Medical Equipment/Transportation.
- March 20 - Home Health Care/Hospice/Private Duty Agencies/Infusion.
- March 29- Nursing Homes/Assisted Living/Acute Rehabs/Long Term Acute Care facilities.

#### Vendor fairs at Wilmington Hospital:

- Conference Center 3/14 - Nursing Homes/Assisted Living/Acute Rehab/Long Term Acute Care facilities 3/28- Home Health Care/ Hospice/ Private Duty/Infusion. For more information e-mail [jtirado@christianacare.org](mailto:jtirado@christianacare.org).

“When Need Becomes Innovation” is the theme for the **2012 Educator Education & Research Celebration** Tuesday and Wednesday, May 1-2 in the John H. Ammon Medical Education Center. Tuesday events include a keynote speaker, awards for the Wall of Fame winners and a reception. Wednesday is the Innovation Expo. Please contact Jerry Brannen for additional information [gbrannen@christianacare.org](mailto:gbrannen@christianacare.org). 

## Transmission Prevention Task Force starts quarterly recognition program for consistent hand hygiene

While Hollywood presents the Oscars this month, Christiana Care also will present its own prize to areas that value excellence in hand hygiene compliance. The honor is the latest component of Christiana Care's campaign to promote and recognize excellence in hand hygiene compliance.

The Transmission Prevention Task Force Prize Patrol will present four awards in 2012 to areas at Christiana Hospital and Wilmington Hospital.

The awards will be presented quarterly in February, May, August and November. For the first quarter of 2012, the winners are Unit 5E at Christiana Hospital and Unit 3W at Wilmington Hospital. The award also will be given for hand hygiene compliance in one of four different categories:

- Best Hand Hygiene Compliance for the Past Year.
- Best Hand Hygiene Rate for the Quarter.
- Best Service Line for the Quarter.
- Most Improved Hand Hygiene Rate during a Six-Month Period. ☺



Unit 5E, Christiana Hospital



Unit 3W, Wilmington Hospital

## John N. Russo, D.D.S., recognized by International College of Dentists for commitment to worldwide, organized dentistry

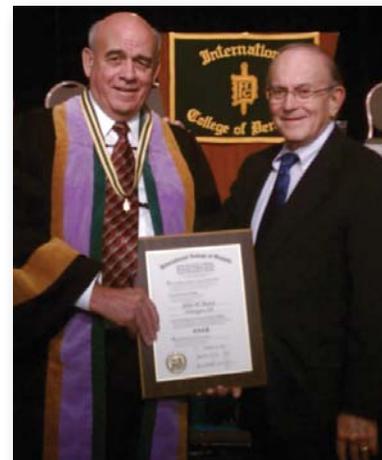
John N. Russo, D.D.S., was inducted into the International College of Dentists (ICD) in recognition of his services to organized Dentistry. The ICD is the oldest and largest international honorary dental organization, established in 1927 with more than 12,000 Fellows. Fellowship in the College is by invitation only and is granted in recognition of an individual dentist's "outstanding professional achievement, meritorious service and dedication to the continued progress of dentistry for the benefit of humankind."

Dr. Russo has practiced dentistry in Wilmington for 48 years and he has been involved in educating General Dentistry Program residents since 1967. He currently leads Christiana Care's General Dentistry section.

He also served as president of the American Academy of General Dentistry, an organization of general dentists dedicated to continuing education.

Dr. Russo received his dental degree from the University of Maryland and undergraduate degree from Mount St. Mary's College, Maryland. ☺

John N. Russo, D.D.S., at the induction ceremony, with Edwin L. Granite, D.M.D., Chairman, Department of Oral & Maxillofacial Surgery and Hospital Dentistry.



## Gerard Fulda, M.D., appointed Chancellor of American College of Critical Care Medicine

**G**erard Fulda, M.D., FACS, FCCM, has been appointed Chancellor of the American College of Critical Care Medicine (ACCM) for a one year term that began Feb. 6.

As Chancellor, Dr. Fulda will preside over all ACCM meetings as well as meetings of the Board of Regents.

Dr. Fulda, Christiana Care's director of Surgical Critical Care and Surgical Research, has been a member of the Society of Critical Care Medicine for 23 years. The Society started the ACCM in 1988.

Appointed an ACCM Regent in 2007, he has been a fellow of the College for 17 years and has served as past president of the Surgical Section of the Society of Critical Care Medicine.



Gerard Fulda, M.D., FACS, FCCM

Dr. Fulda graduated from the University of Maryland School of Medicine in 1983, completed surgical residency at Christiana Care and a fellowship in Critical Care and Traumatology at the Maryland Institute for Emergency Medical Services Systems in 1989 (Shock Trauma Center).

He also is a fellow of the American College of Surgeons and the American College of Chest Physicians, and an associate professor of Surgery at Jefferson Medical College.

He is the principal and co-author of many peer-reviewed and multi-institute publications.

✓ For more information on the ACCM, visit [www.sccm.org](http://www.sccm.org).

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## Laskowski Jones lends bank employees her outdoors expertise



Linda Laskowski Jones, vice president of Emergency, Trauma & Aeromedical Services, gives PNC Delaware employees tips on going outdoors in cold weather.

audience that having an indifferent attitude can put them at risk for a wide range of winter-related health problems.

As a member of the National Ski

Patrol, Laskowski Jones was invited to speak at the bank's downtown Wilmington offices. She told the bank employees of numerous actions they can take to protect themselves from injuries during winter, such as how to avoid frostbite, hypothermia and injuries on the ski slopes, and emphasized that people need to be conscientious about winter hazards.

For example, she says:

- People who aren't in good shape should not be shoveling snow. They

will put themselves at risk for a heart attack.

- Skiers and snowboarders should always wear helmets to avoid concussions.
- When traveling, if your car dies in a deserted area, don't bet against the elements. Stay in your car and call for help. Venturing out on your own can be a deadly decision.

Kathy Cross, assistant vice president for Client and Community Relations for PNC Delaware, said Laskowski Jones's talk was insightful and fit nicely with "PNC Living Well," a comprehensive corporate initiative dedicated to health, wealth and work-life balance for the benefit of PNC employees.

"When it comes to outdoors, Linda is the expert," Cross said. 🗨️

"Mother Nature is not the enemy, she is just indifferent," Linda Laskowski Jones, RN, ACNS-BC, CCRN, CEN, MS, told PNC Delaware employees at an informal lecture about winter safety.

Laskowski Jones, Christiana Care's vice president of Emergency, Trauma & Aeromedical Services, cautioned the

## Publishing, Presentations, Appointments, Awards

### Publishing

**Robert Witt, M.D.**, co-authored a chapter with Xinqiao Jia, Materials Engineering Department at University of Delaware, titled "Tissue Engineering Strategies for Vocal Fold Repair and Regeneration" in the book *Engineering BioMaterials for Regenerative Medicine*.

The American Academy of Otolaryngology has published an on-line course, "Advances in the Management of Papillary Thyroid Cancer," by **Robert Witt, M.D.**, available at <http://www.entnet.org/academy/>.

**Daniel J. Meara, M.D., D.M.D.**, published "Continuous Infusion of Bupivacaine for Pain Control after Anterior Iliac Crest Bone Grafting for Alveolar Cleft Repair in Children," in the Nov. 2011 edition of *Cleft Palate-Craniofacial Journal*.

**Courtney Crannell, RN, MSN, OCN**, published, 6B Oncology/Hematology, published "Chemotherapy Administration: Using Case-Based Scenarios to Assess Chemotherapy Competency," in *Oncology Nursing Forum*, Vol. 39, No. 1, January 2012.

**Stephanie Rogers, RN, Deborah B. Ehrental, M.D.**, et al., published "Women's Perceptions of Centering Pregnancy: A Focus Group Study," in *MCN*, January/February 2012.

### Presentations

At the Society of General Internal Medicine's Mid-Atlantic Regional Meeting, slated for Friday, March 16 at Christiana Care's Ammon Medical Education Center:

■ An abstract titled "Using a standardized adaptive clinical encounter for interprofessional team training," by **Tabassum Salam, M.D., Robert M. Dressler, M.D., MBA, Ann-Marie Baker, RN, BSN, Michelle Collins, RN, MSN and Susan Coffey Zern, M.D.**, has been chosen for an oral presentation.

■ A poster titled "Faculty-Librarian Collaboration on an Evidence-Based Medicine Block Curriculum in Internal Medicine Residency," by **Roy L. Kao, M.D., Ellen M. Justice, MLIS, AHIP, Ene O. Belleh, MLIS, Sharon Easterby-Gannett, MLIS, AHIP, and Daniel J. Elliott, M.D., MSCE, FACP, FAAP**, has been accepted for presentation.

■ A poster titled "Development of a Research Track to Facilitate Resident Research Success: A Work in Progress," by **Marci Drees, M.D., Dan Elliott, M.D., MSCE, Allen Friedland, M.D., and Brian Aboff, M.D.**, has been accepted for presentation.

■ A poster titled "Innovation in Residency Curricula: Incorporating Global Health into Graduate Medical Education," by **Karla Testa, M.D., Chris Prater, M.D., Audrey Merriam, M.D., John Donnelly, M.D., Omar Khan, M.D., and Susan Thompson, D.O.**, has been accepted for presentation.

**Ursula Guillen, M.D.**, published "Relationship between attrition and neurodevelopmental impairment rates in extremely preterm infants at 18-24 months," in *Archives of Pediatrics and Adolescent Medicine*. February, 2012.

**David A. Paul, M.D., Amy Mackley, RNC, Kert Anzilotti, M.D.**, et al., published "Volumetric MRI and MRS and early motor development in premature," in *Pediatric Physical Therapy* Spring, 2012.

**Scott D. Siegel, Ph.D.**, spoke on the topic of Survivorship Programs at the Association of Cancer Executives Annual Meeting in Savannah, Ga., in January.

### Appointments

**Kathleen McNicholas, M.D., J.D., FCLM**, has been accepted as a Fellow of the College of Legal Medicine.

The Professional Advancement Council congratulates and welcomes **Dennis Harris (5D)** as an RN III.

**Rebecca Byrne, RN, FNP**, patient care coordinator at the Center for Advanced Joint Replacement recently passed the board examination to become a Family Nurse Practitioner. ☺

## External Affairs wins Gold CardioVascular Advertising Award

Christiana Care's External Affairs' marketing team is a 2011 Gold Winner in the CardioVascular Advertising Award competition sponsored by Marketing Health Care Today and Creative Images, Inc. Peggy Mika, director marketing communications, and Jennifer Johnston, senior communications manager, developed the winning magazine advertisement (right) promoting Christiana Care's stroke care.

The CardioVascular Advertising Awards is the nation's premier advertising awards program that exclusively recognizes outstanding quality for healthcare marketing in the cardiac and vascular sectors. All entries were reviewed and judged by a diverse panel of healthcare marketing experts. In order to be recognized in the

CardioVascular Advertising Awards, entries must place above 85 percent in the scoring process. ☺

Acute MCA Stroke  
Superior Stroke Care  
CHRISTIANA CARE HEALTH SYSTEM  
Center for Heart & Vascular Health

Ranked #2 in the nation for stroke volume

Christiana Care is one of the most experienced cardiovascular centers on the east coast including a stroke volume that's #2 in the nation. This experience is why more than 8,000 people each year choose Christiana Care to fight the country's #1 killer - heart disease. Learn more at [www.ChristianaCare.org/HeartLenders](http://www.ChristianaCare.org/HeartLenders)

## A day to remember for a lifetime

*Christiana Care employee reaches out to injured veteran*



Respiratory therapist Donna MacVicar, CRT (right) traveled to South Carolina for the annual Lieutenant Dan Weekend, a special event for injured veterans, where she presented a customized mountain bike to Sgt. Andrew Litz (center), who is recovering from injuries sustained in Afghanistan. At left is Sgt. Litz's wife, Heather.

For Christiana Care respiratory therapist Donna MacVicar, it was a weekend she'll never forget. For Sgt. Andrew Litz, it was a bridge to the life he had before suffering devastating injuries while serving in Afghanistan in 2005.

On a recent trip back to her hometown of Beaufort, S.C., MacVicar, a longtime avid cyclist, donated a high-end mountain bike to Litz during an event for severely injured veterans spearheaded by actor and musician Gary Sinise. Beaufort, S.C., is the site of Lt. Dan Weekend, an annual four-day event for severely injured veterans that carries the name of Gary Sinise's "Forest Gump" character, Lt. Dan Taylor.

MacVicar had lived in Beaufort for many years, and worked there as a firefighter.

"I wanted to go down for that event and I wanted to go down for a bike ride. Instead of just going, I wanted to do something a little more from my heart," she said.

When MacVicar approached the event organizers about donating a bike, they identified Litz, who had been a cyclist before his injury, as someone who would benefit from the donation.

Working with Ryan Miller of Gretnabikes in Lancaster, Pa., who had helped MacVicar with her own bikes for many years, she assembled a Cannondale 29'ER mountain bike with tires that would work on either a normal road or a trail, and standard pedals instead of the typical cleat system. The bike shop gave MacVicar a generous 50 percent discount to purchase the bike for Litz.

As with many injured veterans, Litz, who was 25 when he was injured by

an improvised explosive device, is trying to reclaim connections to the life he had before his injuries, which include traumatic brain injury and nerve damage in his neck. Cycling has become a therapeutic activity for him as he adjusts to the realities of his new life.

The Lt. Dan's Weekend organizers wanted to make the donation a public surprise, so they contacted Litz's wife Heather, who helped ensure that he would be at the event. The surprise was successful, and after the event MacVicar worked with a bike shop to disassemble, pack and ship Litz's bike from South Carolina to his home in Texas.

"In Beaufort, this event is a really a big deal," MacVicar said. "It's a military town. Most of my friends there are retired military. It's an event that's full of fun and music, including performances by Sinise's Lt. Dan Band."

The event also evokes strong feelings among the gathering veterans.

"I think I cried three-quarters of that day," MacVicar said. "It was a very moving experience. I got to meet Gary Sinise, which was the icing on the cake. To see what he does for the veterans is just amazing."

But most moving to her was getting to meet Andrew and Heather Litz. She now keeps a photo capturing that meeting on her mantel.

"It was amazing, especially after I met him," MacVicar said. "Everything he's going through, and he's going to be going through it for the rest of his life...."

"His wife said to me that's the first time he's smiled in years." ●

## Wilmington and Christiana hospitals WISH teams retreat at PMRI

*Unit-based champions from all nursing units gather for first combined retreat*

**W**ISH champions from all Christiana Care nursing units held their first combined retreat Feb. 3 at Preventive Medicine and Rehabilitation Institute.

WISH stands for “We Improve Senior Health.” The WISH Champions act as ambassadors for the WISH program, keeping geriatrics in the forefront of their units.

Launched in May 2005, now champions are designated on all Christiana Care nursing units to coordinate unit-specific projects related to geriatric issues.

Mentored by clinical nurse specialists in gerontology, more than 75 percent of the WISH champions are currently facilitating unit-specific projects related to a geriatric issue. Examples of WISH Champion projects include:

- Delirium prevention.
- Identification of depression.



Christiana Care “We Improve Senior Health” (WISH) Champions celebrated their commitment to improving senior health at a recent retreat held at PMRI.

- Fall prevention.
- Maintaining hydration.
- Improving mobility.
- Initiating music therapy.
- Improving nutrition.

Three WISH champion projects are past winners of Focus on Excellence

awards. During the past 4 years, several WISH champions have presented at our yearly WISH retreat and one WISH champion presented her project at a national conference. More than 50 percent of WISH Champions are certified in gerontology. ☺

## Recycling ‘blue wrap’ was an easy decision

**O**perating rooms at Wilmington Hospital recycle enough blue wrap — a polypropylene material used to wrap surgical instruments for sterilization — to fill 24 patient rooms each year.

That’s a new finding by the Environmental Stewardship Committee, a multi-departmental team of health system employees committed to reducing and recycling waste.

Started in late 2011, the blue wrap recycling program at Wilmington Hospital diverts about 40 of the 40-gallon clear trash bags on 250 operating days each year. That’s as many as

10,000 bags kept out of the landfill and fed to recycling plants annually.

“This project was a no-brainer,” says Environmental Services Director Jason Funyak. “Blue wrap is sanitary, never soiled. It makes sense to recycle this stream of waste.” ☺

✓ For more information on the Environmental Stewardship Committee, see their SharePoint site on the portal.



Service Assistant Arnita Ridgeway takes used blue wrap to the recycling area on the Wilmington Hospital loading dock.



## Formulary update - January

FORMULARY ADDITIONS			
Medication – Generic/Brand Name	Strength / Size	Use / Indication	Comment
Capsaicin transdermal patch/ Qutenza	8% single use patch	Management of neuropathic pain associated with postherpetic neuralgia	<ul style="list-style-type: none"> <li>• Use limited to Christiana Care-owned outpatient office practices</li> <li>• Office practice must obtain patient payer preauthorization before requesting product</li> <li>• Pharmacy will obtain for office practice only on an as needed basis</li> </ul>
Ceftaroline injection / Teflaro	400 mg & 600 mg vials	<i>Staphylococcus aureus</i> skin and skin structure infections	Prescribing restricted to infectious disease physicians
Cholecalciferol oral liquid / D-Vi-Sol	400 units/mL	Treatment of vitamin D deficiency	
IncobotulinumtoxinA injection / Xeomin	50 unit vial	Treatment of spasticity	Use limited to Christiana Care -owned office practices
Rivaroxaban / Xarelto	10 mg, 15 mg & 20 mg tablets	<ul style="list-style-type: none"> <li>• Prophylaxis of deep vein thrombosis associated with hip and knee replacement surgery</li> <li>• Reduce risk of systemic embolism among patients with nonvalvular atrial fibrillation</li> </ul>	
CCHS MEDICATION POLICY			
FORMULARY DELETION			
MEDICATION NOT ADDED TO FORMULARY			
Meningococcal conjugate vaccine (Menveo)			

## Therapeutic notes

### Memo: Ordering Vancomycin

The Department of Pharmacy, in collaboration with the Department of Medicine Infectious Diseases Section, was previously granted authority by the Pharmacy and Therapeutics Committee (P&T) to order vancomycin levels to assist prescribers in the safe and efficacious use of vancomycin. The P&T approved protocol states pharmacists may order vancomycin trough levels in the following circumstances:

- patients receiving more than 4 grams of vancomycin daily
- patients receiving vancomycin for the treatment of severe infections that warrant high-

- er goal trough levels (ie: bacteremia, sepsis, pneumonia, meningitis, osteomyelitis)
- patients receiving concomitant nephrotoxic agents
- patients requiring treatment with vancomycin for > 5 days
- patients with rapidly changing renal function or receiving dialysis

Pharmacists do not have the authority to make dose adjustments based on therapeutic drug levels. Pharmacists will communicate with the prescriber and offer dose adjustments when necessary.

The P&T committee has also approved the removal of vancomycin peaks from PowerChart. The best described pharmacodynamic parameter for vancomycin is AUC/MIC. In clinical practice, obtaining multiple vancomycin concentrations (ie:

peak and trough) to determine the AUC and subsequent AUC/MIC can be difficult. Trough concentrations can be used as a surrogate marker for AUC. Vancomycin trough levels have the best correlation with efficacy as peaks are not routinely monitored. A physician now has the ability to order vancomycin and trough levels together or order vancomycin trough levels individually. Vancomycin trough levels should be obtained prior to the 4th dose as this is considered steady state.

Ryback M, et al. Therapeutic monitoring of vancomycin in adult patients: a consensus review of the American Society of Health-System Pharmacists, the Infectious Diseases Society of America, and the Society of Infectious Diseases Pharmacists. *Am J Health-Syst Pharm.* 2009;66:82-98. 

## 'text4baby' enables women to share vital information

*National cell phone network for babies' health catches on in Delaware*

Participating Delaware partners who helped enroll women in text4baby, a free text-messaging service of the National Healthy Mothers, Healthy Babies Coalition, celebrated their top finish in the 2011 national text4baby state enrollment contest.

Text4baby provides a fast and convenient way of communicating health and safety information via cell phones during pregnancy and during the baby's first year of life. By simply texting "BABY" (or "BEBE" for information in Spanish) to 511411, women can register to receive weekly text messages that are in sync with key times based on their baby's due date and at significant points during the baby's first year.

The tips and messages have been developed in collaboration with government and nonprofit health experts.

At the Jan. 30 celebration event at the John H. Ammon Medical Education Center, Sen. Tom Carper (D-Del.) described how seamlessly the Delaware organizations worked



Rita Landgraf, Secretary of Delaware's Department of Health & Social Services, attended the text4baby contest celebration at the Ammon Medical Education Center.

together to help the First State take first place. Those partners included Christiana Care's Obstetrics and Gynecology Department, the University of Delaware's Center for Disabilities Studies and the Delaware Department of Health and Social Services.

Key Delaware leaders who attended the conference included Rita Landgraf, Secretary of Delaware's Department of Health and Social Services, Karyl Rattay, M.D., director of Delaware's Division of Public Health, Lolita

Lopez, president and CEO of Westside Family Healthcare and Rosa Rivera, president and CEO of Henrietta Johnson Medical Center. Both Westside and Henrietta Johnson are federally-qualified health centers.

Over the course of the contest, partners in Delaware used diverse outreach methods, combining media, a state-wide contest and targeted distribution of text4baby materials to every obstetrician in Delaware. These collective efforts helped text4baby register 4.5 percent of eligible moms during the

contest period, nearly doubling the number of participants in the state to a total of 979 users as of October 2011.

"Our patients truly value the text4baby services," said Mary Stirparo, the Christiana Care Obstetrics practice manager. "One patient, after receiving a text sought care at an Ob/Gyn unit and that all came out of text4baby. Thanks to text4baby, this patient ended up giving birth to a healthy baby." ☺

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## Summer VolunTEENS registration opens March 8 for employee's children

The Volunteer and Student Administration team is looking for dynamic teens to participate in our 2012 Summer VolunTEEN program, which runs June 11 through Aug. 10.

Registration for children of Christiana Care employees who have not

participated in the past will occur on March 8 and March 9, from 9 a.m. to 4 p.m., by calling 428-2206, option 5. On Monday, March 12, at 8 a.m., registration opens to the public online at [www.christianacare.org](http://www.christianacare.org).

Students must be available for at least 6 of those 9 weeks and must contribute a minimum of 50 hours of volunteer service or more during the program. Students must be at least 14 years of age by June 11.

Positions are limited and acceptance is on a first-come, first-served basis. ☺



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External Affairs

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## ING DIRECT gift to Wilmington campus aims for better patient experience through technology

Christiana Care Health System received a \$1.3 million gift from ING DIRECT USA that will support technology throughout the Wilmington Hospital Campus to help keep patients and their families better informed during their hospital stays. Thanks to the gift from ING DIRECT USA, the nation's largest direct bank, headquartered in Wilmington, Christiana Care is now significantly closer to completing the transformation project — the most expansive in the health system's history.

The new campus scheduled for completion in 2014 features:

- An Emergency Department doubled in size.



- 120 new patient beds and a new Intensive Care Unit.
  - A nine-story surgical tower.
  - A new 61,000-square-foot medical office building.
  - A newly-designed front entrance and Jefferson Street approach to improve ease of access to the facility.
- ING DIRECT USA's gift is one of the largest made in support of the landmark Wilmington Campus expansion.



Above, Christiana Care President and CEO Robert J. Laskowski, M.D., thanks Arkadi Kuhlmann, President & Chairman of ING DIRECT USA. Mr. Kuhlmann is seated with Delaware Sen. Chris Coons, (left) and Gary Pfeiffer, Chair of the Board of Christiana Care Health System.

The gift reflects the commitment of ING DIRECT USA in supporting Wilmington projects that improve the lives of the families within our community. Similar to the Wilmington Campus transformation, a growing number of hospitals across the nation are harnessing technology to improve the patient's experience while in the hospital. 🌱



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