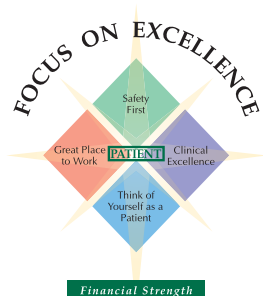


Focusing on the people and initiatives that distinguish Christiana Care Health System

Jan. 16, 2012

VOLUME 23, NUMBER 1

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



IN THIS ISSUE

Inside

Kidney transplant leadership	2
Symposium tackles Defining Value in a Surgical Environment	3
Transitional Surgical Unit	4
New Nursing clinical ladder recognizes excellence	6
Clinical trial of OSPREY stent for peripheral artery disease	7
Recognizing and treating pulmonary hypertension	8
Dr. Collier appointed Master, American College of Physicians	9
Publishing, Presentations, Appointments, Awards	12

Christiana Care is a private, not-for-profit regional health care system that relies in part on the generosity of individuals, foundations and corporations to fulfill its mission. To learn more about our mission, please visit christianacare.org/donors.

PLEASE RECYCLE FOCUS

Kidney Transplant Program turns five



From left, Kidney Transplant Program team members Helen Chang-DeGuzman, M.D., Stephanie Gilibert, M.D., Terina Williams, BSN, RN, Eileen Edge, MSW, LCSW, Megan Dill, Geri LiBetti, RN, BSN, CCTC, Catalina Read, RN, BSN, CCTC, Nadia Hellenga, Pharm.D, Emily Pruitt, RN, MSN, Loretta Perry, Grace Franceschini, Laura Bishop, MS, RD, LDN, Gail Eastman, MSN, APN-C, Barbara Demyanovich and Velma Scantlebury, M.D.

Jan. 15 marked the fifth anniversary of adult kidney transplants being performed in Delaware.

To date, Christiana Care has performed 104 transplants, with the number of procedures increasing every year of the program. A transplant program close to home is now a fact of life throughout Delaware. A second transplant clinic in Lewes allows patients from the central and southern counties in Delaware to be seen more easily by members of the team.

4C welcomes transplant patients

During the program's early years, patients received postoperative care in the Transitional Surgery Unit. Over the past year, the team has educated and formed close working relationships with the nursing staff on 4C, which allows our kidney transplant patients to return directly to a private room on a regular nursing unit.


The 4C staff, under the direction of

Sharon Urban, MSN, has delivered excellent care to patients.

"Being close and home grown is very important," says S. John Swanson, M.D., FACS, chief, of the Christiana Care Kidney Transplant Program. "The familiarity of people from Delaware taking care of people who also are from Delaware is very comforting."

Same team provides care continuum

The same multidisciplinary team members follow transplant recipients after discharge from their transplant hospital stay.

After discharge, patients may opt for follow-up care through a collaborative project with Christiana Care Visiting Nurse Association, which extends the support systems for transplant patients by providing home care visits immediately after discharge and continuing as needed until they are confident in caring for their new kidneys. 


SEE P. 2

KIDNEY TRANSPLANT PROGRAM

Dr. Swanson leads nationally noted program

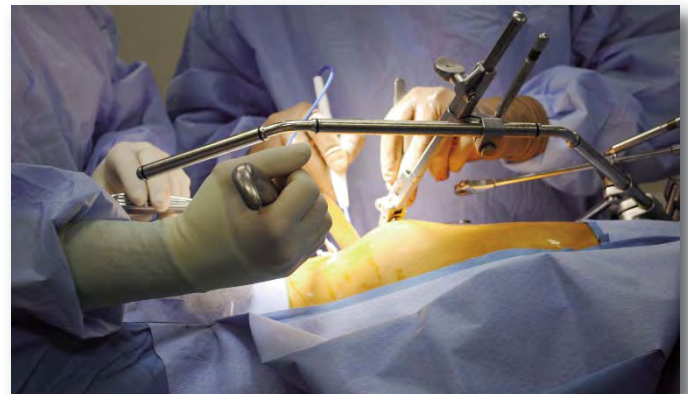


S. John Swanson III, M.D.

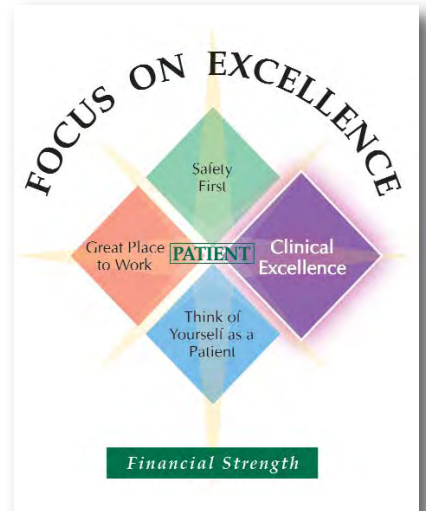
S. John Swanson III, M.D., became Christiana Care's first chief of Transplant Surgery in July 2006, after serving as chief of Kidney Transplant Surgery at Walter Reed Army Hospital. He retired from the U.S. Army, Medical Corps, as a colonel in 2005. Dr. Swanson performed the 100th kidney transplant procedure at Christiana Care in September 2011. 

✓ Learn more about our kidney transplant team and recent patients at www.christianacare.org/kidneytransplant.

Of the 104 kidney transplant procedures performed to date, 34 percent have included a living donor.



<http://transplantblog.barnesjewish.org>



See pp. 5 and 19 to read about two special kidney transplant cases at Christiana Care.

Transplant program

**By the numbers:*

1,100: Patients evaluated	5: Transplants directed by families to a known recipient
413: Patients currently on waiting list	4: Average days of hospital stay
104: Transplants performed	1: National Kidney Registry "Paired Donation Program" cases completed
44: Average months patients wait for organ donation	1: National Kidney Registry "Paired Donation Program" cases waiting
71: Transplants enabled by deceased donors	
33: Transplants enabled by living donors	

* December 2011

Institute's symposium helps define value in surgical setting

Christiana Care's Value Institute hosted a symposium, "Defining Value in the Surgical Environment" to further define value in the surgical environment. Speakers included Robert Laskowski, M.D., CEO and president of Christiana Care Health System, Richard J. Derman, M.D., chair of Obstetrics and Gynecology, and Michael Rhodes, M.D., chair of Surgery. Nearly 300 health care workers were in attendance at the symposium, which is a lead-up to the larger Christiana Care Value Institute Symposium on April 30, 2012. Barbara Levy, M.D., the former president of the American Association of Gynecologic Laparoscopists and a frequent guest on the Oprah Winfrey show, was the keynote speaker.

Levy, a practicing gynecologist in Seattle, Wash., said that with the right steps in place, gynecologists can successfully perform hysterectomies on an outpatient basis. Hysterectomies historically have kept women in the hospital for about two or three days. During her presentation, Levy cited research that showed that the average outpatient hysterectomy costs substantially less than the inpatient procedure. The research also showed that the vast majority of outpatient hysterectomies did not require subsequential hospitalization.

"We have incredible prejudice on what we think works best," Levy said. "But what we need to do is look for meaningful outcomes With outpatient hysterectomies, you can save 20 percent to 25 percent in costs."

For example, if surgeons administer DVT prophylaxis and carefully handle the patient's tissue, among other actions, they can increase the likelihood that the outpatient hysterectomy will be successful, Levy said.

During the conference, doctors also heard from Mark J. Garcia, M.D., FSIR. Garcia is the chief of interventional radiology at Christiana Care and one of few interventionalists nationwide who specializes in the treatment of chronic clots.

Garcia showed how embolization is used for the treatment of uterine fibroids. His presentation included information that showed how fibroid embolization is both clinically effective and cost-efficient when compared to other surgical methods. ☺



Above, OB/Gyn Mick Ostrum, M.D., engages a Symposium guest on the topic of C-Sections. **Left,** numerous tables devoted to defining value in a surgical setting drew the attention of Symposium participants.



Right, Michael Rhodes, M.D., and Richard Derman, M.D., chairs of Surgery and Obstetrics & Gynecology, respectively, opened the Symposium with remarks to more than 250 in attendance.



Changes on Transitional Surgical Unit boost value, satisfaction



Timothy Sweeney, RN, and Latisha Gilliam, RN, review how their patients are doing at a shift change on the Transitional Surgical Unit, in front of new high-tech white boards that provide essential patient information such as scheduled tests, diet, activity level, and therapy appointments.

All across Christiana Care Health System, physicians, nurses, staff, volunteers and even patients and families are sharpening their focus to find more value in health care resources.

The 12-bed Transitional Surgical Unit (TSU) is an excellent example of how some efforts succeed in making the most of health care resources.

Thanks to a dynamic, innovative initiative, the TSU was able to help reduce patient upgrades to the Intensive Care Unit by 50 percent. The TSU's diverse patient population has conditions ranging from traumatic brain injury to gunshot wounds, to other high-acuity patients in need of specialized treatment, but not necessarily an intensive care unit. "Our goal was to learn how we could care for these higher acuity patients in ways that both benefit the patient and reduce the expenses associated with upgrades to the ICU," says Nurse Manager Danielle Weber, BSN.

Education was an important part of the plan. All nurses are Advanced Cardiac Life Support certified and can give Level C medications.

Some improvements, such as bedside reporting at shift changes, involved changes in routine that did not require additional technology or funding. Bedside reporting better enables nurses to detect when patients are not improving or are mentally confused.

"By taking a more visible approach, it is more readily apparent if there is a change in the patient's condition during the shift," Weber says.

Rounding includes family spokesperson

Each day, a friend or relative designated as the family spokesperson is invited to visit at 9 a.m., when nurses — frequently accompanied by doctors — make bedside rounds. That gives families an opportunity to ask questions or voice concerns.

"In the TSU, we strive to promote patient- and family-centered care,"

says Joan Pirrung, APRN, Trauma Program Manager who was the TSU nurse manager until last November.

The unit's medical director, Gerard Fulda, M.D., says initially doctors worried that the new rounding procedure would be a drain on time. Not so.

"What we have found is that [bedside reporting] is actually more efficient because often doctors can talk to patients and families at the same time instead of separately," Dr. Fulda says. "There also are occasions in which a relative volunteers an important observation or piece of information about the patient that helps the doctor to determine the best plan of care."

Helped redefine TSU mission

The project also presented an opportunity to more clearly define the mission of the TSU.

Under the initiative, heightened standards were rolled out, including:

- Taking vital signs every two hours and reading EKG strips every eight hours or sooner if there is a change.
- Focused assessment every two hours, including wounds, IV drug drips or drainage systems.
- Full, head-to-toe assessment of patients every four hours.

Enhanced white boards brought the unit a Focus on Excellence Award and high marks from patients and relatives, with an 88 percent improvement in satisfaction in communication from post implementation surveys specific to the whiteboards.

The boards include such essential patient information as scheduled tests, diet, activity level, and appointments for physical therapy, occupational therapy and speech therapy. A message center enables patients and

Transition to value

CONTINUED FROM P.4

relatives to write notes to doctors and nurses.

"Our pre- and post-survey results showed improved staff, physician, patient and family satisfaction in regards to the communication board," Pirrung says. "The transformation of the unit has been incredible and will only get better with the patient always placed at the center."

In a six-month span in 2010, the 50-percent decline in ICU upgrades resulted in savings of \$45,500, based on one day of care and the difference between the TSU daily charge of \$1,400 and ICU charge of \$2,700. In addition, patient falls fell 66 percent.

"Christiana Care has empowered nurses to have a say in how their units are run," Weber says. "As a nurse of 16 years, I can say that is a wonderful feeling. We are making a difference for patients, their families and the health care system," Weber says. "It's not easy to change your whole way of thinking, but we did it, as a team." 🌀

Transitional Surgical Unit (TSU)

TSU is an intermediate care environment that includes, but is not limited to:

- Patients who may need intermittent use of a ventilator or weaning from a ventilator.
- Patients may have IV drug drips that require close monitoring.
- Patients with extensive wounds that need close attention and dressing changes.
- A nurse for every two to three patients, depending on the severity of patient's illness or injury.
- Bedside telemetry machines that measure heart rate, blood pressure, breathing rate, blood-oxygen level and electrocardiogram information and send this data to computer screens.
- Patients withdrawing from alcohol.

Bond of lifelong friends is closer than ever through organ donation



Kidney transplant recipient Bob Tobiason (right) received a donor kidney from lifelong friend, Bob Hayes.

Bob Tobiason and Bob Hayes have been buddies for more than 30 years — since they were boys growing up in Wilmington's Albertson Park neighborhood. They married sisters. They both sell auto parts.

When Tobiason, 42, learned he needed a kidney transplant, Hayes was the first to volunteer to be tested for a match, even though the two men are not related.

"We have always been like brothers," says Hayes, 44. "As it turns out, I was such a good match for Bob that the people in the transplant program asked if we were related."

Thanks to vast improvements in drugs that suppress organ rejection, the pool of live kidney donors has grown deeper, says S. John Swanson, M.D., chief of transplantation surgery.

"You don't have to be a sibling — or even a blood relative," Dr. Swanson says. "In fact, spouses make up one of the largest growing groups of donors."

Dr. Swanson performed the first kidney transplant at Christiana Care on Jan. 15, 2007. Thirty-two people

received organs and a new shot at life in 2011, including Tobiason, who returned to work six weeks after his May 11 surgery.

Hayes did not expect any reward beyond the good feeling for helping. But word of his generosity got around, and he received a special merit award from Cranston Heights Fire Company, where he is a volunteer, for saving a life by being a living kidney donor.

"Life threw me a curve ball — but I was able to hit it out of the park, thanks to my friend and the great team at Christiana Care," Tobiason says.

Previously, patients had to go to Philadelphia or Baltimore for care. Dr. Swanson says some individuals who desperately needed a transplant opted not to get on the waiting list for a donor because they did not want to go out of state for treatment.

About one-third of transplant patients at Christiana Care receive a kidney from a living donor. There are significant advantages to live donation, including eliminating the wait for an organ from a deceased donor, which can take four years or longer. 🌀

New Nursing clinical ladder tiers recognize, reward excellence



From left, Dot Fowler, RN, Marsha Babb, RN, and Theresa Rollo, RN, interview Adeyinka Reid, RN.

Two new tiers on Nursing's clinical ladder offer the health system's almost 3,000 registered nurses greater opportunity for professional advancement, while ensuring an even safer clinical environment for patients.

On Dec. 11, the ladder expanded to four tiers from two, adding rungs for Level I novice/advanced beginner RNs, as well as a Level IV for expert RNs and empowering nurses to chart their own career advancement paths. For RNs wishing to pursue graduate degrees, certification or clinical specialty, and yet remain at the bedside, the new Levels III and IV offer greater opportunity for recognition and compensation without needing to leave direct patient care for other positions.

"Until now, the only option for recognition or promotion was to move into administration, research or educational positions," explains Dot Fowler, MSN, RN, BC, APN, administrative advisor for Nursing's Professional Advancement Council (PAC). By offering Career Advancement of RN Excellence through Synergy (CARES), we now have the transformative opportunity to further develop and reward nurses who elect to apply their

advanced knowledge and experience at the bedside."

The Christiana Care Nursing Care Delivery Model is based on the American Association of Critical Care Nurses Synergy Model, which recognizes experience and the unique relationship between

nurses and patients. Research reveals that each additional year of nursing experience on a clinical unit corresponds to five fewer patient deaths.


Nurses drove decisions

The extended ladder is the result of years of planning by more than 150 direct-care nurses representing their colleagues on PAC (formerly the RNII Council), explains former PAC chair Crystal Pollock, RNII, C.

Dannette Mitchell, BSN, RN, CCRN, one of the longest serving PAC representatives, explains that the expansion of Nursing's clinical ladder validates the work of the nurse at the bedside, rewarding years of experience, knowledge and clinical expertise. "It offers those of us who love our work at the bedside to remain where our professional passion is, while giving us something to strive for."

Mitchell adds that the involvement of nurses on the council was integral to the successful launch of the expanded ladder. "We are the nurses at the bedside—on the front lines—representing our fellow workers, the nurses this ladder will affect."


Marsha Babb, MS, BSN, RN, CNOR,

who currently chairs PAC and was among the first Christiana Care nurses to apply for the RNII position back in 2002, describes the new ladder as "a transformational change in nursing." Her motivation for more than six years on PAC to help bring the expansion to fruition is fundamental as she speaks on behalf of her nursing colleagues. "We are worth it." 

Expanded clinical ladder

Level I is a six-month first step on the ladder for all newly hired RNs with less than six months experience. Its focus is on training, mentoring and nursing excellence. Nurses at Level I soon advance to **Level II/Competent RN**, where they may choose to remain or to continue their climb to higher levels.

Level III marks proficiency and is most closely aligned to what has been the RNII designation to date. **Level III/Proficient RNs** must have at least five years of professional nursing experience, with two of those years in the current clinical specialty; a BSN or active enrollment in a BSN program; professional certification; and other qualifications as described on the Nursing portal's Professional Advancement Council homepage.

In addition to the Level III requirements, **Level IV/Expert RNs** (available this spring), must either hold an MSN or be actively enrolled in a master's program. These nurses must also chair or lead a Shared Decision Making council or task force or demonstrate other system-based leadership experience. Level IV RNs also hold leadership positions on local or national professional organizations and in community-based volunteer capacities. 

Stent system improves outlook for peripheral artery disease

'OSPREY' device more flexible, adapts better to superficial femoral arteries

Christiana Care is among the first health care organizations in the U.S. to participate in a unique international medical trial involving a new stent system developed in Japan for treating peripheral artery disease (PAD).

The Occlusive/Stenotic Peripheral artery REvascularization study, dubbed "OSPREY" will test a new, more flexible stent system for use in the superficial femoral artery, a long curvy artery in the thigh supplying blood to the leg.

James Philhower is one of the patients

or hip muscles while walking or climbing stairs. Typically, the pain goes away with rest, but flares up again when walking resumes.

Most cases of PAD are manageable with lifestyle changes and medical therapy; however, left untreated this condition can lead to gangrene and amputation of the affected limb. The disease affects approximately 8 million Americans.

Philhower's circulation in his right leg was so bad he suffered with painful "pins and needles" for months.



James Philhower of New Castle enrolled in a clinical trial for a new type of flexible stent system to treat vascular disease of the superficial femoral artery, with results he says are "like a new world."

"The value of this study ... to the physicians at Christiana Care is that it allows us to stay at the forefront of technology and participate in developing and assessing new devices and techniques for treating cardiovascular disease."

Daniel A. Leung, M.D.

enrolled in the trial. He calls the results "amazing."

"The value of this study, and others like it, to the physicians at Christiana Care is that it allows us to stay at the forefront of technology and participate in developing and assessing new devices and techniques for treating cardiovascular disease," says Daniel A. Leung, M.D., Christiana Care vascular and interventional radiologist. "Our patients also benefit because they have access to new technology that is not generally available."


Stents of this type may improve outcomes for patients with PAD, which causes narrowing or occlusion of the artery, restricting blood flow to the extremities. Symptoms include cramping, pain or tiredness in the leg

"It was so bad I could barely walk," he says. "We decided to go with the new stent, and it improved 100 percent. It's just like a new world, really."

The pilot program is part of a larger Harmonization by Doing (HBD) initiative, a cooperative effort led by the U.S. Food & Drug Administration, the Japanese government's regulatory body, and Terumo Medical Corp., a U.S.-based subsidiary of Terumo Corp. of Tokyo. Terumo manufactures the MISAGO stent system.

The OSPREY study will take place simultaneously at centers in the U.S. and Japan, a research approach designed to speed the time it takes to gain government approvals and bring the device to market. "It's exciting that

we're able to pilot this program here and get the device to market more rapidly," says Angela DiSabatino, RN, MS, manager of Cardiovascular Clinical Trials. "Ultimately it's a good thing for our patients."

"This stent is made to be more flexible," says Krista Brazell, RN, BSN, OSPREY study coordinator. "Some of the stents traditionally used are too rigid to really get through the curves of the superficial femoral artery. This new design makes the stent more flexible and able to be turned and shaped to fit inside the vessel." 

Multidisciplinary approach fosters effective treatment of rare but serious pulmonary hypertension

Pulmonary hypertension (PH), abnormally high blood pressure in the blood vessels of the lungs, is a rare but serious disease.

Vastly different from essential hypertension (see the chart below), pulmonary hypertension causes the right side of the heart to work harder than normal and can lead to shortness of breath, chest pain, dizziness, fainting, leg swelling and other symptoms.

A chronic disease, PH affects people of all ages and ethnic backgrounds. Raising awareness in the community and among medical professionals is key to earlier diagnosis and treatment.

"Taking care of people who have pulmonary hypertension requires special expertise, from coordinating their complex medical needs and finding the best drugs to manage their breathing and heart troubles, to obtaining insurance authorization for drug therapies," says Pulmonary Arterial Hypertension Nurse Navigator Sharon Jones, RN, MSN, CCM.

The PH program at Christiana Care takes a multidisciplinary approach to treatment, bringing together a pulmonologist, a nurse practitioner, a clinical nurse specialist, a nurse navigator, and a clinical pharmacist to provide specialized care for inpatient and outpatient adults. Working together, the team shapes and continually refines an individual plan of care.

In recent years, many new medical treatments have emerged to help patients better manage their symptoms.

Pulmonologist Gerald O'Brien, M.D., began treating patients with PH 19 years ago when he was the director of the lung transplant team at Temple University Hospital.



Members of the Pulmonary Hypertension team, from left, Megan Farraj, PharmD, Maureen Seckel, RN, APN, APRN-BC, CCNS, CCRN, Carol Gray, FNP, Jaynette Tirado, Social Worker, Sharon Jones, RN, MSN, CCM, and Gerald O'Brien, M.D.


"In the beginning, there were few treatment options, but now we have medications in all forms — pills, intravenous and subcutaneous infusions, and even inhaled therapies that we can offer. Most patients require triple therapy for the best outcomes, and we strive to reduce the progression of the disease and improve the functional class of our patients," Dr. O'Brien says.

The outpatient PH clinic at Christiana Hospital, part of the Center for Heart and Vascular Health, is in room 1070. Clinic patients have access to the state-of-the-art cardiac catheterization lab, non-invasive cardiac testing,

cardiopulmonary stress testing, pulmonary function lab testing and many other services.

"When patients are admitted, the team works closely with nursing to ensure continuity of care," Jones says.

Patients on intravenous, subcutaneous or inhaled therapy must be on 3D, the pulmonary stepdown unit, under the care of specially trained nurses. Every nurse on 3D attends an annual pulmonary hypertension workshop developed by the unit's education council. The workshop was submitted for a Christiana Care Focus on Excellence award, representing the success and dedication of the staff in caring for this unique patient population. Chanel Etty, a 3D nurse who has taken care of pulmonary hypertension patients for five years, takes pride in having these specialized skills and has seen an increase in pulmonary hypertension patients during this time. "I find it very rewarding to be a part of a select group of nurses that have expertise in this area," Etty says.

Other program features include a monthly patient-led support group and access to new or investigational treatments through participation in industry-sponsored clinical trials. 

For more information, contact the Pulmonary Hypertension Team at 302-733-1663.

PULMONARY HYPERTENSION V. ESSENTIAL HYPERTENSION	
PULMONARY HYPERTENSION	ESSENTIAL HYPERTENSION
High blood pressure in the blood vessels of the lungs	High blood pressure in blood vessels of the rest of the body
Gradually increasing shortness of breath, dizziness, fainting or swelling of the legs	Known as the 'silent killer' due to the lack of outward symptoms
Diagnosis often difficult and requires intense diagnostic testing including echocardiogram and (gold standard) right heart cath	Easily diagnosed with serial blood pressure readings
Treatment includes pills, intravenous and subcutaneous continuous infusions and inhaled therapy	Treatment includes pills, diet and weight loss
Treatment can be obtained in a specialty center with a treatment team or a trained pulmonologist or cardiologist	Treatment can be obtained from a primary care physician, cardiologist or nephrologist

Comparing pulmonary hypertension with essential hypertension, commonly known as high blood pressure.

Virginia U. Collier, M.D., elected Master of American College of Physicians

Virginia U. Collier, M.D., FACP, the Hugh R. Sharp Jr. Chair of the Department of Medicine at Christiana Care, joins a select group of doctors elected to Mastership of the American College of Physicians (ACP). She is the fourth Master ever elected by ACP from the state of Delaware.

Masters are highly accomplished individuals distinguished by the excellence and significance of their contributions to the ACP and the field of medicine.

"A Master is a citizen physician, educational innovator, humanist and learner-teacher who inspires those around him or her and sets the standards for quality in medicine," says Tanveer P. Mir, M.D., MACP, chair of the ACP awards committee. As a

Master, Dr. Collier can use the initials MACP after her name to mark the designation.

Dr. Collier finished a second three-year term as a Regent of ACP in April 2010. From 2000-2004, she served as governor of the Delaware Chapter of ACP. She received the ACP Delaware Chapter Laureate Award in 2009. Dr. Collier has served on many ACP committees and subcommittees.

Dr. Collier is the recipient of numerous awards for her contribution to medical education. In 2002, she was the inaugural winner of the Accreditation Council for Graduate Medical Education Parker Palmer Courage to Teach award. In 2003, she received the Leon A. Peris Memorial Award of Jefferson Medical College



Virginia U. Collier, M.D., FACP

Pulmonary Associates joins Christiana Care Health System

Pulmonary Associates became part of the Christiana Care Health System network of services effective Jan. 1 with the new name Christiana Care Pulmonary Associates.

The group has relocated with primary care offices in Greenville, Middletown and Springside Plaza, where pulmonary teams partner with primary care providers affiliated with Christiana Care.

Christiana Care Pulmonary Associates offers the following specialty services:

- Pulmonary Medicine
- Critical Care Medicine
- Pulmonary Hypertension
- Sleep Disorders
- Cystic Fibrosis & TB
- Smoking Cessation
- Pulmonary Function Testing

- Interventional Pulmonary Medicine
- Health and Wellness Coaching

Physicians in the group:

- Michael Benninghoff, D.O.
- Vinay Maheshwari, M.D.
- John Chabalko, M.D.
- Farid Moosavy, M.D.
- Donald Collins, M.D.
- Gerald O'Brien, M.D.
- Michael DePietro, M.D.
- Badrish Patel, M.D.
- John Goodill, M.D.
- Tuhina Raman, M.D.
- Mark Jones, M.D.
- Albert Rizzo, M.D.
- Joseph Kestner, M.D.

For more information about Christiana Care Pulmonary Associates, call 302-368-5515.

for excellence in clinical teaching and for being an exemplary role model in academic medicine.

Dr. Collier attended the Johns Hopkins School of Medicine, Baltimore, and performed her medical internship and residency on the Osler Medical Service at the Johns Hopkins Hospital, where she also completed a fellowship in nephrology. She joined Christiana Care in 1989 as director of the Fourth Year Student Program in the Department of Medicine. She is professor of medicine at Thomas Jefferson Medical College, Philadelphia.

ACP is a national organization of internists — physicians who specialize in the prevention, detection and treatment of illnesses in adults. It is the largest medical-specialty organization and second-largest physician group in the U.S. ACP membership of 132,000 includes internists, internal medicine subspecialists and medical students, residents and fellows. ●

Take baby steps toward a healthy *you* year!



It's a new year, a time when many of us resolve to make positive changes in our lives.

If the idea of a drastic revamp leaves you cold as a snowdrift, take things in small steps that you can readily manage.

Even the New Year's baby crawls before he walks.

Want to eat healthier?

A great way to start improving your diet is by eating more nutritious foods that are high in fiber. In fact, a recent two-year study published in the *Journal of Nutrition* found that increasing fiber by 8 grams for every 1,000 calories resulted in 4.5 pounds of weight loss over the year.

To reach that goal, serve up the Super Seven, a septet of foods that are packed with fiber. These seven food items include:

- Apples (eat the skin, too)
- Green beans
- Sweet potatoes (hold the butter)
- Raspberries
- Strawberries
- Chickpeas (a/k/a garbanzo beans)
- Pumpkin (try it in soup, instead of pie).

In addition to helping us to lose weight, research suggests that a diet rich in plants — fruits, veggies and grains — may reduce our risk of several cancers.

Don't stop after you polish off the apple. You need exercise, too. Physical activity helps to keep our hearts and bones strong—and it's a great stress buster!

The Centers for Disease Control and Prevention says healthy adults need at least 150 minutes of moderate exercise each week, such as brisk walking.

That might sound like more than you

can manage. But the goal is less daunting if you break it into small chunks of time, exercising for 10 minutes three times a day, five days a week.

Use those walking trails

You can get on the right path by taking advantage of the walking trails at work. The key is to exercise at a moderate or vigorous rate, such as running, for at least 10 minutes. A leisurely stroll simply won't get the job done.

We also can establish good habits by substituting one activity for another. Instead of taking the elevator up one or two flights, resolve to take the stairs.

Say "no" to soda and "yes" to water or sugar-free lemonade. Sip your coffee with cream? Add fat-free milk, instead. While you're at it, spread a schmear of low-fat cream cheese or sugar-free jam on your bagel.

Over time, baby steps add up, bringing us closer to our fitness goals. ☺

Join Lose for Life Weight Loss Challenge!

Join Christiana Care's 3rd Annual Lose for Life: A Healthy Weight Challenge. The challenge highlights the link between consistent exercise, stress relief and weight control. The 8-week program runs from Jan. 23 to March 16.

Sign up for the Challenge starting Jan. 16 on the Wellness Website: Caring for Yourself, our new secure, dedicated and confidential website you can access directly from the green bar on the Portals. Look for a sign-up feature at the top of the Wellness page.

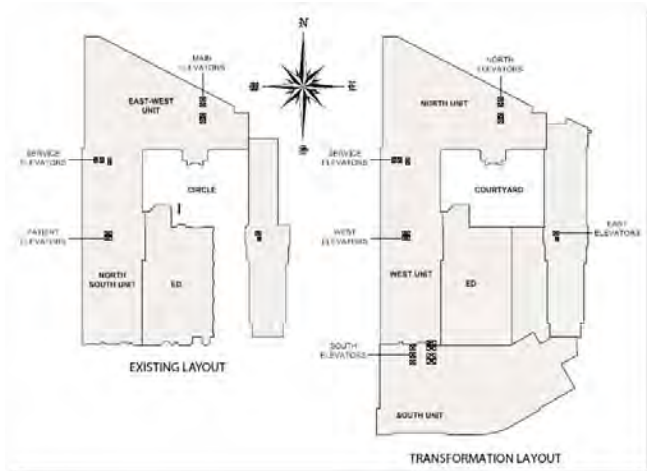
Log your weekly efforts, review the support articles and participate in quizzes. Complete all 8 weeks and you are eligible for a grand prize of \$300 cash.

Included in this year's challenge is a friendly site competition. The overall challenge is for employees to log 100 minutes of exercise each week for 8 weeks. As an added motivator, you will be able to see the average minutes logged at each site. All personal information is confidential. The site only reports group data.

Join the Challenge and make your health and wellness a priority in 2012. ☺

WILMINGTON CAMPUS TRANSFORMATION

Wilmington Hospital renumbering process initiated



Wilmington Hospital room numbers and naming conventions changed in December. This chart depicts the fundamental logic to the renaming. For example, the north units align with the north end of the facility, closest to the Brandywine River.



Patrick Fugeman, director of Design & Construction, with Nursing Resources' Karen Amato, posts a temporary sign redesignating Room 548 on the fifth-floor, Wilmington Hospital ACE Unit as Room 5W02.

Department of Orthopaedic Surgery gift supports Wilmington campus



Orthopaedic Surgery Department members presented a check for \$100,000 to support Wilmington Hospital's transformation. On hand for the event were, from left, Randeep Kahlon, M.D., Matthew Eichenbaum, M.D., Christopher Casscells, M.D., Eric Johnson, M.D., J. Rush Fisher, M.D., James Rubano, M.D., Alex Bodenstab, M.D., Evan Crain, M.D., Matthew Handling, M.D., David Solacoff, M.D., Leon Rasis, M.D., Steven Dellose, M.D., Michael Pushkarewicz, M.D., Craig Smucker, M.D., Drew Brady, M.D., Brian Galinat, M.D., Shaun Smith, PA-C, Damian Andrisani, M.D., Elliott Leitman, M.D., Andrew Gelman, D.O., J. Douglas Patterson, M.D., Daniel Grawl, PA-C, and Paul Kupcha, M.D.

Publishing, Presentations, Appointments, Awards

Publishing

Mitchell Saltzberg, M.D., et al., published "Variability in Measurement of BNP in Routine Evaluation of Heart Failure (VAMPIRE) in the *Journal of Clinical & Experimental Cardiology* 2011 S:2.

Heather Bittner Fagan, M.D., Nicholas Petrelli, M.D., et al, published an article, "Obesity and Cancer Screening according to Race and Gender," in the *Journal of Obesity*, vol. 2011, Article ID 218250, 10 pages, 2011. doi:10.1155/2011/218250.

Heather Bittner Fagan, M.D., et al, published an article, "Race/Ethnicity, Gender,

Weight Status, and Colorectal Cancer Screening," *Journal of Obesity*, vol. 2011, Article ID 314619, 6 pages, 2011. doi:10.1155/2011/314619

Deborah Ehrenthal, M.D., with **Matthew K. Hoffman, M.D., MPH, Gordon Ostrum, M.D.**, and **Senior Biostatistician Xiaozhang Jiang**, published "Neonatal outcomes after implementation of guidelines limiting elective delivery before 39 weeks of gestation," in the *Journal of Obstetrics and Gynecology*. Nov 2011; 118(5):1047-55.

Matthew Hoffman, M.D., MPH et al., published:

"Nonspontaneous late preterm birth: etiolo-

gy and outcomes," in the *American Journal of Obstetrics and Gynecology*. Nov 2011; 205(5):456.e1-6. Epub 2011 Aug 16.

"Gestational age of previous twin preterm birth as a predictor for subsequent singleton preterm birth," in the *American Journal of Obstetrics and Gynecology*. Oct 2011; 204(1):S211.

Nancy Sloan, senior clinical researcher, et al., published "Introduction of misoprostol for prevention of postpartum hemorrhage at the community level in Senegal," in the *International Journal of Gynecology & Obstetrics*; Dec 2011; 115(3):251-5.

Anthony Sciscione, D.O., and colleagues published, "Increasing Maternal Body Mass Index and Characteristics of the Second Stage of Labor," in the *Journal of Obstetrics and Gynecology*. Dec. 2011; 118(6):1309-1313.


Jody Zisk, D.O., Amy Mackley, RNC and **David A. Paul, M.D.**, published: "Is small platelet mass associated with IVH in very low birth weight infants," in the *Journal of Perinatology*. Dec 2011.

Robert G. Locke, D.O., MPH published "Optimizing patient/caregiver satisfaction through quality of communication in the pediatric emergency department," in *Pediatric Emergency Care*. Nov 2011.

Daniel J. Meara, M.D., D.M.D., director of Training and Research for Oral and Maxillofacial Surgery, published "Continuous Infusion of Bupivacaine for Pain Control after Anterior Iliac Crest Bone Grafting for Alveolar Cleft Repair in Children," in the November 2011 *Cleft Palate-Craniofacial Journal*.

Margot Savoy, M.D., MPH, FAAFP and **Denise Lyons, MSN, GCNS-BC**, published, "Creating a Multimedia Interprofessional Geriatric Resource Website", in the January/February 2012 issue of *MEDSURG Nursing*.

The following were published in the November 2011 *Respiratory Care Journal* and presented as Open Forum posters at the American Association for Respiratory Care International Respiratory Congress:

- "Cost Reduction Using Aeroneb Solo in a Medical ICU Ventilator Population," **John S. Emberger, BS, RRT, FAARC, Joel M. Brown II BS RRT, and Lori Killian, MBA RRT-NPS RPFT AE-C.** 

Upcoming events

National Wear Red Day is Friday, Feb. 3. Wear red while dining-in at a participating restaurant and receive a free heart-healthy menu item. Visit www.christianacare.org/wearredday to see participating restaurants.

2nd Annual S.T.O.R.K. Day will be Tuesday, Feb. 7. S.T.O.R.K. — short for Sharing Topics of Research and Knowledge — features speakers from our Labor & Delivery, NICU, Parent Education, Pediatrics and Research teams. Register at 7 a.m., conference will be from 8 a.m. - 4 p.m. in the John H. Ammon Medical Education Center. Cost for Christiana Care employees is \$10. Contact Cheryl Swift, cswift@christianacare.org. For information about nursing or continuing education hours.

Register today for the 2012 **Foundations of Faith Community Nursing Program**, Feb. 24-25, March 2- 3 and March 9-10. Friday sessions are 4:30 to 9 p.m. Saturday sessions are 8 a.m. to 5 p.m. The program faculty includes International Parish Nurse Resource Center Faculty Educator La Vaida Owens-White, MSN, RN, FCN, and Christiana Care Health System, Community Health Outreach Manager Nora Katurakes, RN, MSN, OCN. The 12 • **FOCUS** Jan. 16, 2012

vision of this program is to generate new ministries and promote healthy communities. It prepares registered nurses, licensed practical nurses and lay health ministers to begin ministering in their congregations. All sessions are at Christiana Care's Helen F. Graham Cancer Center. The program costs only \$75, which is due with registration. Scholarship funds are available. For more information about the program, or to register, call 302-623-4661. For contact hours details call Cindy Waddington at 302-623-4707.

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/cardioconference. A free community lecture, **Women & Heart Disease**, Thursday, Feb. 9 at 7 p.m. at the Ammon Medical Education Center, features Barbara Albani, M.D., Robin Horn, M.D. and Sandra Weiss, M.D., who will discuss screening for heart and vascular problems and how to keep your heart healthy. R.S.V.P. by Feb. 2. Call 302-623-2273 or at www.christianacare.org/womenheartdisease.

Publishing, Presentations, Appointments, Awards

■ "Correlation of Time Constants with Time Low and Release Volume in Airway Pressure Release Ventilation, **John S. Emberger BS RRT FAARC, Francis Gott III MBA RRT, Joel M. Brown II, BS, RRT.**

■ "Electrical Impedance Tomography Used To Monitor Regional Ventilation For A Patient With Pneumonia: A Case Study," **John Emberger BS RRT FAARC, Joel M. Brown II, BS, RRT, Vinay Maheshwari M.D., Gerard Fulda, M.D., and John Getchell, RN.**

"Feasibility of Electrical Impedance Tomography (EIT) for Bedside Patient Use," **John Emberger BS RRT FAARC, Joel M. Brown II, BS, RRT, Vinay Maheshwari M.D., Gerard Fulda, M.D., and John Getchell RN.**

"Impact of Increased Staffing and Dedicated Respiratory Team on Liberating Patients from Mechanical Ventilation," **John S. Emberger, BS, RRT, FAARC, Francis Gott III, MBA, RRT, Lori Killian, MBA, RRT-NPS, RPFT, AE-C, Joel M. Brown II, BS, RRT, and Melani Murphy, MBA, RRT.**

"Analysis of Two Different Ventilation Strategies During Interventional Rigid Bronchoscopy," **Joel M. Brown II BS, RRT, John S. Emberger, BS, RRT, FARRC, Brett Booker, RRT, and Gerald O'Brien, M.D.**

"Bench Study of Two Battery Backup Units For The 3100b," **Joel M. Brown II, BS, RRR and John S. Emberger, BS RRT FAARC.**

Presentations

Ursula Guillen, M.D., presented a poster, "The Development of a Decision-aid to Guide Counseling of Parents Facing Imminent Extreme Premature Delivery" at the Society for Medical Decision Making National Meeting in Chicago.

Omar Khan M.D., MHS, chaired the session on Global Health in Medical Education at the meeting of the American Public Health Association in Washington, D.C. in October.

Edwin L. Granite, D.M.D., chair and program director of Oral and Maxillofacial Surgery, presented "Screening for Head, Neck and Oral Cancer" to the Department of Family Medicine Residency Training Program.

Laura Dechant, APN, MSN, CCRN, CCNS presented "Catheter Directed Thrombolysis — The Next Frontier for Arterial and Venous Thromboembolism Treatment" and "The Other Side of Cardiac Cath Lab: Balloon Valvuloplasty and PFO Repair" at TRENDS in Critical Care Conference, Valley Forge, Pa.

At the American Association for Respiratory Care International Respiratory Congress in November:

Keith Lamb, AS, RRT, presented "The RT's Role in Therapeutic Hypothermia," "List Serve's Social Network or Near Live Consultation," and "Unplanned Extubations."

John Emberger, BS, RRT, FAARC, presented "Ventilator Graphics: Visualizing Infant-Ventilator Synchrony," "Extreme Ventilation for Status Asthmaticus: Heliox and Inhaled Anesthetics," and "APRV: Lung Recruitment While Spontaneously Breathing."

Appointments

David Krasner, D.O., passed the necessary board examination and is now a Diplomate of the American Board of Bariatric Medicine.

Kim Evans and Stephanie Cooper of Imaging Services are now Certified Radiology Administrators, the only credential that recognizes medical imaging management excellence.

Omar Khan M.D., MHS, was selected by the Canadian Public Health Association to serve as an evaluator for the Strengthening of Public Health Associations (SOPHA) program. He will travel to Nicaragua for the first round of evaluations.

Robert L. Witt, M.D., FACS, served as a panelist for Management of Progressive/Recurrent Differentiated Thyroid Cancer at the Thyroid Cancer Symposium at Thomas Jefferson University in November 2011.

Linda Laskowski Jones, RN, MS, ACNS-BC, CEN, FAWM, has been named to the Board of Directors for the Appalachian Center for Wilderness Medicine.

Thomas L. Bauer, M.D., is currently serving as the president-elect of the Philadelphia Academy of Surgery, and will serve as PAS president in 2013.

Awards

Stephanie Rogers, RN, received the Christiana Care 2011 Nurse Ambassador Award.

Edwin L. Granite, D.M.D., chair and program director of Oral and Maxillofacial Surgery, received the Emeritus Service Award at the annual Medical Staff meeting of St. Francis Hospital for service from March 1963-March 2005. Dr. Granite was president of the Medical Staff from 1982-1985.

June Estock, MSN, RN, CPHQ, received Lean Black Belt Certification from the Institute of Industrial Engineers in December 2011. The belt reflects demonstrated mastery in Lean process improvement. ☺

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.

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. ☺

Holiday memories, 2011: sharing, fellowship and fun



Clockwise, from top left, Christiana Care President and CEO Bob Laskowski, M.D., celebrates with our volunteers at Deerfield; Santa Claus (George Potts, RN) and Mrs. Claus (Stephanie Potts, OT), drop in at Christiana Hospital 2C; Opera Delaware sings Dec. 6, in the Christiana Hospital Main Lobby; Junior Board members and guest helpers delivered 425 poinsettia plants to patients at Christiana Hospital; Volunteers of the Wilmington Hospital Patient and Family Advisory Council invited family members to share a holiday celebration with fellow volunteers, staff and hospital leadership; the Brass5 ensemble of the Philadelphia Freedom Band played Dec. 11 in the lobby of the Center for Heart and Vascular Health.



Dr. Otto is Delaware's first ABO-certified optometrist



John Otto, OD

John Otto, O.D., recently became board certified in Optometry. This is a noteworthy achievement as Dr. Otto is the first ever in Delaware and currently the only optometrist in the state to receive certification by the American Board of Optometry (ABO). The ABO's process of board certification and maintenance of certification demonstrates the dedication to providing exceptional patient care through a rigorous, voluntary commitment to lifelong learning.

Three from Christiana Care recognized at annual YMCA Black Achiever's Awards Program



From left, Tony Thornton, Sr., CSP, of Occupational Safety, Christine Hargrove, PCT, of Wilmington Hospital 4N Nursing, and Latesha Rashay Collick, PCC-ENT, Wilmington Hospital, were nominated for the YMCA's annual award.

Three Christiana Care colleagues received recognition Dec. 8 at the YMCA's annual Black Achievers in Business and Industry Awards Ceremony at the Center on the Riverfront in Wilmington.

The event, attended by about 500, featured guest speaker Soledad O'Brien, CNN anchor and special correspondent. 🟢

Physician group focuses on patient satisfaction, efficiency

Sixteen primary care offices and a growing number of specialty practices

At the Medical Group of Christiana Care, doctors have different specialties, varying levels of experience — and a single cohesive culture.

Owned by Christiana Care Health System, the Medical Group is part of a sweeping, dynamic vision for care that is excellent, consistent, convenient and cost effective.

“We work together as a multispecialty group that utilizes best practices and measurable results to deliver safe, accessible, quality, health care to patients,” says Alan Greenglass, M.D., senior vice president and medical director.

A growing trend, employed physician groups are an important part of health care’s evolution into a service that is focused on customer satisfaction and efficiency, in addition to safety and care.



Employed physician groups play an important role in Christiana Care’s emphasis on customer satisfaction and efficiency, safety and care.

“We work together as a multispecialty group that uses best practices and measurable results to deliver safe, accessible, quality, health care.”

Alan Greenglass, M.D.

Of the 1,400 doctors who practice at Christiana Care, 300 are employed by the health system. About 150 physicians, nurse practitioners and physician assistants are involved directly in the care of patients.

In addition to 16 primary care practices, there are a number of specialties under the Medical Group umbrella. They include: dermatology, eye care, OB/GYN, pediatrics, rheumatology and urogynecology. The Medical

Group also encompasses the Center for Diabetes and Metabolic Diseases, Christiana Care Hospitalist Partners, the Delaware Center for Fetal & Maternal Medicine, HIV/AIDS care, a kidney transplant program and Surgical & Critical Care Specialists, the state’s only Level 1 trauma center.

The HealthCare Center at Christiana, sited across from the Christiana Hospital campus, provides ready access to doctors’ offices, a pharmacy, radiology and physical therapy.

“The Practis is very convenient for the patient,” says

Medical Group executive director Robert Bycer.

In a time of reduced fees for Medicare and other reforms, administering a practice is proving increasingly cumbersome for many care providers. The number of doctor searches for hospital employment doubled from 23 percent in 2005 to 56 percent in 2010, according to Merritt Hawkins, a physician job search firm.

According to an Accenture study, the

rate of hospital-employed physicians will grow by 5 percent each year during the next three years.

Christiana Care acquired its first practice, a medical group in Salem County, N.J., in the early 1990s. But it wasn’t until 2005 that a strategy for a group practice model began to take shape.

In addition to salary, Medical Group benefits include paid vacation, health insurance, a generous retirement plan and a week each year for continuing medical education. There also are rich opportunities to collaborate and contribute to a shared vision.

“They’ve made a conscious decision to become part of a larger organization,” Bycer says. “We’re not in our silos any more.”

The Medical Group also provides clear expectations for both providers and their patients, who can count on regular office hours and standardized operations. An operating council meets monthly to share concerns and ideas.

“Providers and patients benefit from consistency in billing and other procedures,” Dr. Greenglass says. “The same rules apply in Middletown as in New Castle.”

With practices located in Delaware, Pennsylvania and South Jersey, patients have greater flexibility. Because providers in the Medical Group share access to electronic health records, it is easier for doctors to collaborate. Tests and other procedures aren’t duplicated.

“If you can’t get to your doctor in Hockessin, the doctor in Smyrna has access to your records,” Bycer says. “He can take care of you then report back to your regular doctor.”

Massage therapy volunteers help comfort oncology patients

When the Delaware Chapter of the American Massage Therapy Association (AMTA) reached out to the Helen F. Graham Cancer Center with an offer to provide volunteer massage therapy to oncology patients and their caregivers, the Mind, Body, & Spirit Wellness program did some massaging of its own to make sure the program succeeded.

"We connected with people in Infection Control, Compensation, and Volunteer Services," says Susan Guerino, RN, Nurse Navigator for the Mind, Body, Spirit Wellness Program. "The [local] AMTA chapter found therapists with additional training in oncology massage therapy who wanted to volunteer," she says. Then Volunteer & Student Services Administration coordinated background checks for proof of licensure, additional training in oncology massage, and other details proof of PPD, influenza vaccine, etc. The process took about six months.

The upshot was clearance for seven volunteer massage therapists to begin offering services. The program began Oct. 24, 2011 and continued through Nov. 11, 2011, performing massages in the Cancer Care Management Department.

A total of 55 appointments were scheduled, of which 37 were oncology patients and 17 were caregivers. Massage appointments varied in length from 30 to 45 minutes.

"This was a good collaborative effort that greatly benefited our patients," says Nicholas Petrelli, M.D., Bank of America endowed medical director of the Helen F. Graham Cancer Center. "Patients overwhelmingly expressed relief in the amount of stress and pain they experienced."

"We greatly appreciate the generosity of the volunteers not only for their service but for their care and compassion for our patients," adds Cynthia Waddington, RN. "It allowed us to offer a healing modality that our patients are very interested in." 🌀



Ellyn Hutton
massages
oncology
patient
Edward
Gebhardt.



Susan Guerino, RN, BSN, L.Ac, Christine Eckery, LMT and Ellyn Hutton, RN, BSN, LMT, helped make the volunteer massage therapy program a success at the Helen F. Graham Cancer Center.

Oncology Massage

Addresses the full spectrum of cancer-related issues:

- Physical effects of cancer
- Side effects of various cancer treatments
- Psycho-social and emotional consequences of cancer.

Is gentler than and differs from regular massage:

- Lighter pressure and touch.
- Unique positioning and bolstering for pain relief, support and comfort.
- No deep tissue massage.

The oncology massage therapist is aware of:

- Pre-treatment/diagnosis
- Treatment
- Post-Treatment/survivorship
- Advanced disease/relapse
- Physical and emotional conditions during each stage.

Formulary update - December

FORMULARY ADDITION			
Medication – Generic/Brand Name	Strength / Size	Use / Indication	Comment
Hydroxocobalamin injection / Cyanokit	5 gm vial	Treatment of known or suspected cyanide poisoning	Replaces cyanide antidote kit
Levothyroxine injection /Synthroid	100 mcg vial	Treatment of hypothyroidism	
Risperidone dispersible tablet / Risperdal M	0.25-, 0.5-, 1- & 2-mg tablets	Treatment of agitation associated with delirium or dementia	
Ticagrelor /Brilinta	90 mg tablet	Treatment of acute coronary syndrome	
Vecuronium injection	20 mg vial	To facilitate endotracheal intubation, and relax skeletal muscles during surgery and mechanical ventilation	
FORMULARY DELETIONS			
Acetaminophen oral solution(drops) 80 mg/0.8 mL	Removed to avoid medication errors with the 160 mg/5 mL formulation as the manufacturers phase out the 80 mg/0.8 mL concentration.		
Cyanide antidote kit	Replaced with Cyanokit		
Droperidol injection	Removed because of low utilization associated with black box warning		
Nefazodone	Removed because of low utilization		
MEDICATIONS NOT ADDED TO FORMULARY			
Lurasidone (Latuda)			

Therapeutic notes

HMG CoA reductase inhibitors, more commonly referred to as statins, have been well established as the drug of choice for reducing LDL cholesterol. Multiple clinical trials have shown the benefits of statins in reducing total mortality as well as reducing the incidence of myocardial infarctions, strokes, and peripheral vascular disease. These agents are reasonably well tolerated, but have been known to cause myopathy in some patients. Signs and symptoms of myopathy include muscle pain, weakness, and an elevated creatinine kinase level. In rare cases this myopathy can develop into rhabdomyolysis, a severe form of myopathy. Recent clinical trials have been conducted comparing high dose simvastatin to low dose simvastatin. The results demonstrated only an additional 13.5mg/dL reduction in LDL with simvastatin 80mg compared to simvastatin 20mg, but a significantly increased risk of myopathy with the 80mg simvastatin dose. This increased risk of myopathy seems to outweigh the small benefit in LDL lowering that can be achieved by this higher dose. In light of this new information, the FDA issued a new warning in June regarding the use of Zocor (simvastatin) 80mg and products that contain 80mg of simvastatin, such as Vytorin (ezetimibe/simvastatin) 10/80mg. The FDA is recommending that patients not be initiated on 80mg of simvastatin. Any patients who are not achieving adequate LDL lowering with 40mg of simvastatin should not have their dose increased. Instead, prescribers should consider choosing one of the other more potent statins or an alternative cholesterol lowering agent. They also recommend that use of simvastatin 80mg be restricted to patients who have been stable on this dose of the medication for at least 1 year without experiencing any adverse effects. In addition, the FDA has mandated revisions to the labeling for simvastatin and simvastatin containing products to include the new warnings and dosage guidelines. The new dose limitations are outlined in **Figure 1**.

Previous Labeling	New Labeling
Do not exceed 10mg simvastatin daily with:	Do not exceed 10mg simvastatin daily with:
<ul style="list-style-type: none"> Gemfibrozil Cyclosporin Danazol 	<ul style="list-style-type: none"> Verapamil Diltiazem
Do not exceed 20mg simvastatin daily with:	Do not exceed 20mg simvastatin daily with:
<ul style="list-style-type: none"> Verapamil 	<ul style="list-style-type: none"> Amlodipine Ranolazine
Do not exceed 40mg simvastatin daily with:	
<ul style="list-style-type: none"> Diltiazem 	

Figure 1.

has taken steps to ensure the safety of patients receiving Vytorin. This includes reviewing the medications ordered concomitantly with Vytorin and making recommendations to the prescriber when necessary. In the event that patients are ordered Vytorin 10/80mg, which contains 80mg of simvastatin, the pharmacy will review whether this is a medication that the patient had been on at home or if it is a new start. If the patient had been stable on it at home for greater than 12 months no further action will be needed. If it is a new medication for the patient or an increase from a lower dose the pharmacist will contact the prescriber to remind them of the new warnings and recommend alternative therapy. 🌿

Due to their favorable adverse effect profile and low incidence of drug interactions, the preferred statins at Christiana Care are pravastatin and atorvastatin. Christiana Care currently has an automatic substitution for single ingredient statins. Although simvastatin alone is not currently on the formulary, it is available at CCHS in the combination product Vytorin (ezetimibe/simvastatin). In light of the recent labeling changes, the CCHS pharmacy department

Spouse proves to be an excellent match

Henry Rose, 37, a Wilmington firefighter and emergency medical technician with three small children when he was diagnosed with kidney failure in November 2008, didn't want to lose any time getting better.

"I wanted to have the transplant as soon as possible because I did not want to be in a situation in which I was on dialysis and not able to provide for my family," he recalls.

His wife Erica was a good match but Henry was hesitant to allow her to donate. The cause of his kidney disease was unknown. What if it was genetic in origin and one of their children needed a donor some day?

Erica's reply: "Let's think positive."

On June 2, 2009, Rose received his transplant, without ever having to go on dialysis.

"He was able to go back to saving lives — and living his own life," says S. John Swanson, M.D., FACS, chief, Christiana Care Kidney Transplant Program. "Having a spouse who was able to donate made all the difference." 🗣️



When Wilmington firefighter Henry Rose needed a kidney, his wife, Erica encouraged him to stay positive.

Seminar focuses on perioperative trends and practices

A seminar focusing on the latest trends and practices in Perioperative Services on Saturday, Feb. 25 features key note speaker, Sharon Anderson, RN, BSN, MS, FACHE, senior vice president Quality & Patient Safety.

Topics to be presented at the seminar include:

- Transplant tourism and the organ black market
- Diagnosis and treatment of pancreatic cancer
- Abdominal wall reconstruction

- Healing touch
- Pediatric head trauma
- Efficient safe patient care.

Planned and sponsored by the Christiana Care Perioperative Professional Nurse Council (PPNC), the seminar is free for Christiana Care staff. Preregistration is required. Please contact Maureen Connelly, PPNC chair at maconnelly@christianacare.org for any questions. Registration will be available through the Education Center on the portals. 🗣️



**New Knowledge, Innovations
and Improvements**



CHRISTIANA CARE
HEALTH SYSTEM

External Affairs

P.O. Box 1668

Wilmington, DE 19899-1668

www.christianacare.org

PRSRT STD

U.S. POSTAGE

PAID

WILMINGTON DE

PERMIT NO. 357

'Heart to Soles' program targets foot diseases among city's homeless

Nurses, orthotists and two surgeons from Christiana Care's Department of Orthopaedic Surgery provided free foot exams and education about foot care to more than 50 people who are homeless in downtown Wilmington. The event, hosted by the Sunday Breakfast Mission, provided free shoes, socks and exams as part of a national program called Heart to Soles.

At the request of Paul Kupcha, M.D., and Robert Steele, M.D., the Rev. Tom Layman, executive director of Sunday Breakfast Mission, recruited men and women at the shelter who have diabetes to receive the exams and free shoes. Red Wing Shoes provided 50 pairs of new shoes through the Heart to Soles program, and Independence Orthotics provided 20 pairs of specialty shoes for people with advanced diabetic foot conditions. 🌱



From left, Danielle Chavez, Paul Kupcha, M.D., and Val Flamer were volunteers in the Heart to Soles program at the Sunday Breakfast Mission in Wilmington. The program provides foot exams, health education and free shoes and socks to people who are homeless and have diabetes-related foot problems.



PRINTED ON
RECYCLED PAPER