

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

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## New heart valve prosthesis offers lifeline

*Transcatheter approach may be an option when surgery is not*



Georgia Harb (center), who was among the first patients to receive a transcatheter heart valve at Christiana Care's Center for Heart & Vascular Health, saw cardiologist James Hopkins, M.D., (left) and cardiovascular surgeon Hiep C. Nguyen, M.D., on her first follow-up visit. Looking well, Harb said "... I have COPD and couldn't have surgery. It turned out I was a candidate, and I'm very grateful."

Christiana Care is among a select group of hospitals in the U.S. implanting the first FDA-approved heart valve replacement that doesn't require open heart surgery.

A cardiac team here treated the first four patients in February with the Sapien Transcatheter Heart Valve, a new option for patients with severe aortic stenosis for whom surgery is too risky.

"We were one of the first sites to get approval to do it," said Erik Marshall, M.D., medical director of Christiana Care's echocardiology lab, one of a group of specialists trained to perform the procedures. Others, who make up two teams, include cardiac surgeons

Michael Banbury, M.D., and Hiep Nguyen, M.D., and cardiac interventionalists James Hopkins, M.D., Wasif Qureshi, M.D., and Ajith Kumar, M.D. Only 150-250 U.S. hospitals are being approved by valve developer Edwards Lifesciences to use the device. As a top U.S. hospital for cardiac care, Christiana Care has the patient volume, medical expertise, equipment and facilities Edwards required, said Billie Speakman, executive director, Heart & Vascular Interventional Services. "We had 256 aortic valve replacements in 2010, and we're targeting a portion of that population," she said. "We're anticipating starting out with 20 (Sapien valves) in the first

CONTINUED FROM P. 1

year, taking up to 57 by year five.” The procedure offers a less traumatic, potentially life-saving alternative for patients with age-related aortic stenosis, a narrowing of the valve that allows blood to flow from the major artery of the heart. The Sapien valve has been used since 2007 in Europe and was approved in November by the Food and Drug Administration for patients who are not candidates for open heart surgery because of other health problems.

The valve is made of cow tissue and polyester on a steel-mesh frame that is compressed into a pencil-width catheter and threaded from a small incision in the leg through the femoral artery to the site of the diseased aortic valve. There, the new valve is deployed and becomes immediately functional.

While it’s not appropriate for use in all patients who can’t undergo open heart surgery, it is likely to offer a lifeline to increasing numbers of patients as the population ages and the number of people with comorbidities that preclude surgery increases, said Dr. Banbury. The procedure puts less stress on the body than open heart surgery, he said, and “people recover more quickly.”

One who appears to be doing just that is Georgia Harb, 80, who was sitting up in bed two days after undergoing the trans-aortic valve replacement. Before coming to Christiana Care, she said, she was experiencing weakness and breathlessness, which she thought were caused by chronic lung problems. After collapsing while out on a walk near her Newark home, she was brought to Christiana and learned she needed a new aortic valve.

“But I have COPD and couldn’t have surgery,” she said. “It turned out I was a candidate (for the new procedure), and I’m very grateful.”

## Society of Thoracic Surgeons awards top rating for Christiana Care heart surgery

For the third consecutive year, the Center for Heart & Vascular Health at Christiana Care Health System has received the highest designation given to hospitals — a three-star rating for quality of heart surgery — from the Society of Thoracic Surgeons (STS).

The STS has established a comprehensive rating system that compares the quality of heart surgery among hospitals across the country. Medical professionals widely regard the rating as the gold standard by which to evaluate heart surgery programs.

Analyzing data from July 2010 to June 2011, the Society awarded Christiana Care its highest rating, the coveted three stars. Fewer than 15 percent of the heart programs in the nation achieved this level in the survey. Christiana Care is one of 1,007 participants in the STS database.

Data from STS show that Christiana Care performs more than twice as many heart surgery procedures as the national average.

“We are honored to receive the three-star rating,” said Timothy Gardner, M.D., medical director and past

national president of the American Heart Association. “Our higher surgical volumes, combined with increasingly complex and challenging conditions in patients being operated on

here, account for our national leadership position among heart surgery programs.”

“We attribute our top national rating to the excellent work of

our entire medical team,” adds Michael Banbury, M.D., the W. Samuel Carpenter III Distinguished Chair of Cardiovascular Surgery at Christiana Care.

The STS ratings system gathers data on 11 separate quality standards for patient care during and following coronary artery bypass graft surgery. The standards are comprehensive and broad-based and cover medical care before surgery, operative care, care following surgery and patient outcomes. Together, these data form a composite score to determine a hospital’s overall cardiothoracic clinical performance.

Founded in 1964, the STS is a not-for-profit organization representing almost 6,400 surgeons, researchers and allied health care professionals. ●



“We’re optimistic,” says Dr. Banbury, “about the potential for patients who once had few options to regain health and enjoy active years ahead. As with all innovative technologies,” he said, this one will “continue to mature and develop.”

Christiana physicians have been aware of the Sapien valve as it proceeded through clinical trials, Speakman said.

“Our physician community has been paying attention, because it is a less-invasive approach than replacing the aortic valve, and we wanted to be in forefront of implementing it as soon as it was approved,” she said.

The procedure won’t replace open heart valve replacement surgery, but will “be used in tandem with it,” Dr. Banbury said. “Programs will offer both.” ●

## \$152,000 AstraZeneca grant funds innovative heart program

James W. Blasetto, M.D., chairman of the AstraZeneca HealthCare Foundation, left, presents a check to Kathleen McNicholas, M.D., medical director of the Connections for Cardiovascular Health Outreach Prevention Program, and Michael Rosenthal, M.D., chairman of the Department of Family and Community Medicine at Christiana Care.



The AstraZeneca HealthCare Foundation has awarded a grant of more than \$152,000 to Christiana Care Health System's Cardiovascular Outreach Prevention Program.

The program targets underserved, low-income African-American teens and adult women.

Engaging teens, to increase both their knowledge and confidence in their ability to make healthy lifestyle changes, and teaching skills to improve the heart health of significant adult females in their lives, are key program strategies.

"We believe very strongly that if there is a health partnership between family members they'll do a lot better," says Michael Rosenthal, M.D., chair of the Department of Family & Community Medicine.

Christiana Care was one of only 20 grant winners nationwide for the AstraZeneca HealthCare Foundation's Cardiovascular Connections for Cardiovascular Health, which was launched in 2010 and awards grants of \$150,000 and up to U.S.-based nonprofits that are performing innovative work in cardiovascular health.

The Cardiovascular Outreach Prevention Program will enhance existing health education programs, including No Heart Left Behind (heart health education for teens and adult participants) and Camp FRESH (educating urban teens on healthy lifestyles). Nemours Health and Prevention Services will provide training for the new cognitive-behavioral component, COPE/TEEN (Creating

Opportunities for Personal Empowerment/Thinking, Emotions, Exercise, Nutrition). COPE/TEEN provides health education and teaches cognitive-behavior skills to support adolescents' belief in their ability to adopt healthy lifestyle behaviors.

"We are so thrilled that AstraZeneca has found value in this," said Kathleen McNicholas, M.D., the medical director in the Department of Performance Improvement. "This program works, and we will continue to prove it works."

Christiana Care's program is "aimed at low-income teens and women and is responding to the urgent, unmet needs in the community," said James W. Blasetto, M.D., chairman of the AstraZeneca Healthcare Foundation. 

## New drug combinations target breast and lung cancers

*Clinical studies introduce new cancer therapies, shingles vaccine*



Research nurses at the Helen F. Graham Cancer Center are participating in an increasing number of Phase I pharmacology trials testing new cancer fighting drug combinations. From left, Renitia Pulliam, RN, patient Aurea Harden, Katie Alexander, RN, and Michele Johnson, RN.

**T**wo breast cancer trials currently underway at the Helen F. Graham Cancer Center are already showing promise, says the Christiana Care's principal investigator, Michael Guarino, M.D. "The hope is that by targeting to growth pathways, we get better results," he says.

In one trial, trastuzumab, a drug known to be effective in treating certain types of cancers, is linked with another antibody called pertuzumab and the combination creates a dual blockade to delay spreading of the disease.

Another trial links trastuzumab and a toxin, Maytansine, to form a com-

pound that targets and poisons cancerous cells while sparing normal cells and reducing chemotherapy side effects.

Says Dr. Guarino: "The concept is simple. If we can find a target in the cancer cell, we can hit that target and knock out the bad guys without hitting the good guys." His group is also using new drug compounds to attack non-small cell lung cancer, which comprises some 85 percent of all lung cancer patients.

Patients with widespread lung cancer who no longer respond to first-line therapy can benefit from a drug called

erlotinib which, combined with a chemical called ARQ – 197, provides another way to target two different tumor cell growth pathways.

Still another clinical trial, in partnership with the Hoosier Oncology Group, compares standard chemotherapy with or without ZD6474, a drug that inhibits cancer cell growth by preventing the growth of new blood vessels that would help the cancer to grow, as well as by targeting a growth receptor on cancer cells.

Pancreatic, lymphoma and lung cancer phase I trials are also underway, according to Dr. Guarino.

### Questing for new vaccines

Trials exploring vaccines for shingles, an extremely painful inflammation of the sensory nerves caused by the same virus as chicken pox, are in progress.

Healthy people recover from shingles, sometimes with chronic pain. But in patients who are elderly and have suppressed immune systems, shingles can cover the body and become life threatening. Chronic pain also can be much worse in these patients.

The currently available live virus vaccine is not recommended for these patients for fear of giving them an active infection. Researchers are trying to determine if a vaccine using the killed shingles virus works as well.

"We believe the killed vaccine is safer, but is it effective?" Dr. Guarino asks. "Learning the answers to these important questions is revolutionizing the way we care for people with cancer." ●

✍ *Have a question about pharmacology research and/or clinical trials at the Helen F. Graham Cancer Center? Call 302-623-4450.*

## Delaware cancer mortality and incidence rates continue to plummet

The cancer death rate in Delaware dropped 18 percent from 1993-97 to 2003-07, according to the report "Cancer Incidence and Mortality in Delaware, 2003-2007." Delaware's progress outpaces the U.S. rate, a 12.1 percent drop, during the same period. These statistics emerged during news conference that included a number of high-profile speakers: State Sen. Bethany Hall-Long (D-Glasgow), and a Christiana Care Trustee, Department of Health and Social Services Secretary Rita Landgraf, Division of Public

*"In Delaware, we have eliminated a racial disparity in colorectal cancer."*

Stephen S. Grubbs, M.D.

Health Director Karyl Rattay, M.D., Nicholas J. Petrelli, M.D., and the Bank of America-endowed medical director of the Cancer Center, and Stephen S. Grubbs, M.D., medical oncologist, managing partner of Medical Oncology Hematology Consultants, and the principal investigator for the Community Clinical Oncology Program.

The latest report also notes that the incidence and mortality rates for all site cancers in Delaware continued to decline. Between 1993-1997 and 2003-2007, Delaware's all-site cancer mortality rate for males decreased 22.4 percent compared to the U.S. rate of 15.7 percent. During the same period Delaware's all-site cancer mortality rate for females decreased 15.2 percent, compared to the national rate of 10.9 percent.

The most impressive results have been in colorectal cancer. A group formed in 2001 to advise the governor and lawmakers on ways to reduce cancer rates, known as the Delaware Cancer Consortium, has prioritized increased

screening for colorectal cancer through colonoscopies and sigmoidoscopies that has led to earlier detection to catch cancer before it spreads. This initiative subsequently has decreased both the incidence and death rate from colorectal cancer and has eliminated the racial disparity through outreach and education.

"In Delaware, we have eliminated a racial disparity in colorectal cancer," said Dr. Grubbs, a member of the consortium. "I challenge any state to show they have eliminated a health disparity statewide."

Dr. Petrelli also credited the work of the Cancer Center's Community Health Outreach and

Education Program navigators, a team that is dedicated to helping Delawareans learn more about what causes cancer and the risk factors involved. He also praised other local hospitals and their outreach teams.

The cancer rates can be reduced "when you have the resources and the talented people like we do who go tirelessly into the community to find people who are at risk," said Dr. Petrelli.

Grubbs said the colorectal cancer screening initiative has saved the state about \$8.75 million, thanks to fewer cancer cases and earlier detection.

Secretary Landgraf praised Christiana Care's efforts in encouraging people to get cancer screenings through the state's Screening for Life program, which provides the payment for cancer screening tests to qualified Delaware adults.

There have been 3,924 unique people screened by Christiana Care through the Screening for Life program, according to the Delaware Division of Public Health. ●

## Phase 1 clinical trials help answer important questions



Nicholas J. Petrelli, M.D.

Christiana Care is increasingly becoming part of new, Phase I clinical trials, such as the studies described on the preceding page, says Nicholas Petrelli, M.D., Bank of America endowed medical director of the Helen F. Graham Cancer Center.

Phase I trials involve a small number of patients and are on the leading edge in determining if a drug or treatment is safe. The results help answer important questions, such as "What is the best dose?" and "What are the side effects?"

Having more Phase I pharmaceutical trials for people with cancer at the Helen F. Graham Cancer Center is an encouraging trend for Delaware.

"The combination of both the National Cancer Institutes Community Clinical Oncology Program and the Pharmaceutical Program here at Christiana Care means that patients in Delaware do not have to leave the state for cutting-edge treatment," says Dr. Petrelli. "They can get that treatment at the Helen F. Graham Cancer Center." ●

## Newborn blood oxygen test helps diagnose birth defects



Louis Bartoshesky, M.D.  
Chairman, Department of Pediatrics

**B**abies born at Christiana Care Health System now are being tested for potentially fatal heart defects within their first two days of life, allowing them to receive immediate care if necessary, thanks to a new pulse oximetry initiative.

The simple, 15-minute screening can identify a number of critical congenital heart defects in babies who may otherwise appear healthy. These defects, while rare – affecting 3 to 4 children in every 1,000 live births – can be fatal if not diagnosed and treated immediately after birth.

“When babies are 24 to 28 hours of age, a nurse attaches a tiny electrode to one hand and one foot to measure oxygen saturation in their blood,” said

Louis Bartoshesky, M.D., chairman of Christiana Care’s Department of Pediatrics. “The test can take place either at the mother’s bedside or in a treatment room and is not invasive. There are no needles, just electrodes measuring skin color at those sites. It identifies children whose blood oxygen level is lower than it should be.”

A test that shows a newborn’s oxygen to be higher in their hand than their foot, for example, can indicate a narrowing of the aorta, one of the several potential critical congenital defects.

If the screening produces any type of abnormal result, the newborn’s primary care physician and an on-site pediatric hospitalist will be alerted immediately, Dr. Bartoshesky said. 

## A new team will respond to urgent needs for patients under 13

**A** pediatric rapid response team (Peds RRT) initiated this month responds to urgent needs for any

patient under 13 throughout Christiana and Wilmington hospitals.

The Peds RRT at Christiana Hospital

includes a pediatric hospitalist, pediatric Emergency Department RN or Neonatal Intensive Care Unit RN (based on patient’s location), a pediatric respiratory therapist, and other support personnel. At Wilmington Hospital, a smaller team responds and facilitates transfer to the Emergency Department for further care as needed.

Any staff member can initiate a pediatric rapid response based on acute change in status and/or concern for the patient. The patient’s family member can also initiate a response with the help of the nursing staff. The Peds RRT can be initiated by completing the Peds RRT web form, which will be located on the portal homepage, in the box on the left of the screen, near the existing RRT web link. 



A pediatric rapid response team conducts a mock Peds RRT drill before the March 12 program launch. From left, Mike Western, RRT, Amy Whalen, RN, Jamie Rosini, Pharm.D., and Laura Lawler, M.D., chief pediatric hospitalist.

## National magazine ranks Christiana Care among nation's best training organizations

As a training institution, Christiana Care Health System ranks 60th among the Top 125 organizations by *Training*, a professional development magazine.

The magazine for training, human resources and business management professionals ranks training organizations across all industries using quantitative/qualitative criteria apportioned at 70%/30%, respectively. Christiana Care landed on the list for the first time.

"The recognition from *Training* reflects Christiana Care's commitment to learning and development and our organization's culture of learning," says Rosa Colon, Ph.D., senior vice president, System Learning and Chief Diversity Officer.

"We decided traditional training functions, with their emphasis on data collection, classroom work and didactic orientation, are unlikely to help us to develop as a true 'learning organization,'" explains Dr. Colon. "By focusing instead on helping our colleagues learn about themselves, their strengths and capabilities, and developing better ways to deliver care, training helps fulfill our mission of assisting the people we serve."

In 2011, the systemwide Learning and Education Council, chaired by Dr. Colon, designed the Christiana Care Health System Learning Institute and launched a three-year strategic plan to integrate all common learning processes and support services into one easily accessible system.

"Continuous learning, quality improvement and career development, paired with a spirit of inquiry and learning, are goals in the daily work of all employees," Dr. Colon says, adding: "The Institute's offerings address key Christiana Care needs;



Celebrating Christiana Care's national recognition as training organization by *Training* magazine, from left, Tamekia Thomas, Robert Dressler, M.D., vice chair of the Department of Medicine, Loretta Consiglio Ward, Carys Price, Lonie Sculley, Rosa Colon, Ph.D., senior vice president, System Learning, and chief diversity officer, Jerry Brannen, Michelle Collins, Karina O'Brien, and Christine Sowinski.

contribute to the well-being, satisfaction and motivation of staff; and cultivate robust educational partnerships and affiliations with other organizations."

Here's a look at *Training's* evaluation process, using quantitative/qualitative criteria apportioned at 70%/30%, respectively.

On the quantitative side, an outside research company scores the application on five sections, including:

- Training program/scope (25%).
- Evaluation/metrics (25%).
- Human resources (20%).
- Training infrastructure and delivery (20%).
- Tuition reimbursement (10%).

On the qualitative side, *Training* judges look for:

- Demonstrable results.
- Progress of programs.
- Innovation.
- Success factors.
- Training strategically linked to business goals.

- Corporate commitment to training.
- Potential applicability of best practices companywide and to other organizations and industries.
- Ingenuity of outstanding initiatives and their potential to become best practices.

The qualitative score also depends on how well an organization demonstrates training role in achieving corporate strategic goals.

A group of Christiana Care employees attended *Training's* annual event in Atlanta Feb. 14 to network with other organizations and to receive the award and recognition.

"Attending the Top 125 event and talking to people from other organizations helped us recognize the great work in learning that we're doing here," says Tamekia Thomas, Critical Care education coordinator. "There are many things we are doing that other employers aren't, which shows how much motivation we have." ☺

## Up close: Sandra A. Weiss, M.D., interventional cardiologist



Sandra A. Weiss, M.D.

Sandra A. Weiss, M.D., completed post-doctoral training fellowships in both interventional cardiology and cardiovascular medicine at the University of Chicago Medical Center. She received her undergraduate degree from Northwestern University in 2000, and she is a 2004 graduate of the University of Chicago Pritzker School of Medicine, where she received the Internal Medicine Departmental Award and the American Medical Women's Association Award.

Dr. Weiss completed her residency in internal medicine at Brigham and Women's Hospital in Boston. She is certified by the American Board of Internal Medicine and has certifications from the American Heart Association in Advanced Cardiac Life

Support and Basic Life Support.

She is a member of the American College of Cardiology, the Society of Cardiovascular Angiography and Intervention and the American College of Physicians.

Dr. Weiss is involved in research of the coronary stent system in patients with new coronary artery disease as well as other research projects. She has published several peer-reviewed articles and abstracts. 🌐

### Catheterizing through the radial artery said to be safer, simpler

The radial approach to cardiac catheterization — entering through an artery in the patient's wrist, rather than the femoral artery in the groin area — offers many advantages, according to Sandra A. Weiss, M.D., an interventional cardiologist at the Center for Heart & Vascular Health.

"A radial approach is safer, with less bleeding or risk of vascular complications," she says.

Immediately after the procedure, patients can walk and move around resulting in less need for nursing care, she says. "The patient needs only to wear a little inflatable bracelet to cover the cath insertion site for one to three hours.

With all of these advantages, "People are often pleasantly surprised that we are using this approach," Dr. Weiss says.

Dr. Weiss performs catheterizations through the radial artery in 80% to 85% of her cases, while interventional procedures around the country are just the reverse -- entering through the wrist in about 15% of the time, she says.

There are reasons why the radial approach to catheterization is not an option and the femoral artery is preferred, Dr. Weiss says.

Such exceptions include:

- A procedure calling for larger gauge catheter must still use groin.
- Patients who have had bypass surgery, or a heart attack.
- Many elderly patients. 🌐

✔ For more information about heart and vascular interventional services at Christiana Care's Center for Heart & Vascular Health, call 302-733-4600.

#### CHRISTIANA CARE COMPLIANCE HOTLINE

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

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

*Callers may remain anonymous.*

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

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

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

## Social Work honored for values, ethics and principles

The Delaware chapter of the National Association of Social Workers has awarded Christiana Care's Social Work Department its highest honor: social work agency of the year for 2012.

The award recognizes a human services organization that exhibits the values, ethics and principles of the National Association of Social Work and the social work profession. "We are honored to receive this recognition," says Linda

*"It rightfully belongs to our strong team of professional, service driven, innovative social workers who support each other, their clients, Christiana Care and the community."*

Linda Brittingham, Director of Social Work

Brittingham, corporate director of Social Work. "It rightfully belongs to our strong team of professional, service driven, innovative social workers who support each other, their clients, Christiana Care and the community." They work hard to strengthen the overall community safety net, the network of social workers in the state and to advance the profession itself.

Social workers at Christiana Care provide inpatient and outpatient services to a variety of clients, ranging from newborns to the elderly. The team provides services to people with needs beyond their medical condition, from those who lack insurance or are under-insured to those who have no resources, to those who have psychosocial issues or are homeless.

During 2011, the Social Work team at Christiana Care provided services to more than 23,000 patients.

The department will receive the award at the Annual Social Work Celebration and Awards Ceremony March 27 at the Duncan Center in Dover. 📍

The National Association of Social Workers Delaware Chapter recognized Christiana Care's Department of Social Work as its Agency of the Year. Our Social Work staff of 43 served more than 23,000 clients in 2011. Appearing in the adjacent photos are many of the Wilmington Hospital-based and Christiana Hospital-based team members.



**Wilmington Hospital-based Social Work team**



**Christiana Hospital-based Social Work team**

## Staff wearing distinct uniforms helps patients feel secure

Christiana Care nurses are showing off their new Navy blue uniforms this month.

But it's not simply a fashion statement. Our nurses adopted standardized uniforms this month for good reason.

Research shows that clearly distinguishable uniforms give patients a better sense of security and safety. They also enhance the quality of care because patients know immediately whom to go to for help.

Now, even more good can come from the conversion.

Anyone wishing to donate scrubs may drop them off the week of March 19. Christiana Care will donate the uniforms to Medical Missionaries, a non-profit organization. 🌱

### Scrubs drop-off information

#### Schedule

**Time:** 7 a.m. to 3:30 p.m. Monday, March 19 and Tuesday, March 20.

**Place:** 2D, Christiana Hospital (former Coronary Intensive Care Unit, or CICU).

**Time:** 7 a.m. to 3:30 p.m. Wednesday, March 21 and Thursday, March 22.

**Place:** Wilmington Hospital, Environmental Services, located at the Park Entrance ("PE" on the elevator button).

Scrubs must be in good condition and must not be embroidered with personal identifiers or logos.

*Call Karen Maykut at 733-2633 to volunteer for the scrub collection project.*



Robert Phillips, RN, and Monica Quansah-Graham, RN, at the Center for Advanced Joint Replacement.



Kaitlin Johnson, RN, left, and Tamara Schoell, RN, 5 North, Wilmington Hospital.



Victoria Nanguang, RN, 4 North.



Darnita Jeffers, RN, and Allison Kok, RN, 5 North.



## Training for emotional, clinical encounters improves when actors bring scenarios to life

**T**he “patient,” a trembling 20-year-old woman in a hospital room, hallucinates a terrifying snake.

Her nurse enters the room and tries to calm her, tells her he will take care of the snake and asks her permission to move closer and check her vital signs.

A doctor enters the room. The nurse reports that the woman is a college student brought in by her roommates. “She’s been vomiting and acting strangely,” the nurse explains. “Her friends said she drinks a quart of vodka every day, but that she hasn’t had a drink in a couple of days.”

“Why are you talking to her if you want information from me?” the patient shrieks. The doctor and nurse begin talking to the patient to calm her while also discussing a treatment plan.

Suddenly, a voice from an overhead speaker interrupts stating: “The simulation is over.”

The room is a staged set in the Virtual Education and Simulation Training Center, housed in the John H. Ammon Medical Education Center at Christiana Hospital. Other rooms at the training and simulation center house trauma and operating rooms and intensive care areas, with computers, life-like robots replete with simulated human responsiveness, and special monitors and equipment appropriate to the settings. But in this room the simulation involves living persons.



Megan Sherkey, RN, tries to calm a “hallucinating” patient, (played by UD Nursing student Sarah-Joy Akhimien) in a learning session at the Virtual Education and Simulation Training Center.



Internal Medicine resident Matthew Moon, M.D., above, assesses the patient in a simulated encounter depicting alcohol withdrawal at the Virtual Education and Simulation Training Center.

“This is definitely about the human factor,” says Tabassum Salam, M.D., regarding the alcohol-withdrawal scenario just enacted for training purposes. “You can’t communicate emotions through a robot.”

Christiana Care has partnered this year with the University of Delaware Theater Department to help create realistic training sessions. In the session described above, Allan Carlsen, program director for the new Standardized Patient Program at the University of Delaware, coached UD nursing student Sarah-Joy Akhimien on how to act out the symptoms of alcohol withdrawal. He advised her about the intensity of hallucinations and defiance often observed in patients and how such patients might respond to questions from the health care staff.

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## Theater traini\_X TR\_ enhance education

CONTINUED FROM P.12

Standing outside near a two-way mirror were Dr. Salam and Ann-Marie C. Baker, BSN, RN-BC, CPAN, a staff education specialist. Carlsen and Kainoa Harbottle, an adjunct theater professor at UD, joined them to observe the players.

Dr. Salam used a checklist during the 10-minute session, while Baker bookmarked the video recording with short notes for use during a debriefing that followed.

Dr. Salam says it's a useful teaching tool for doctors and nurses, who face no negative consequences for their active participation. Instead, the health care staff may receive constructive criticism from a patient, such as they used too much medical terminology or they didn't make enough eye contact with the patient. They may hear that they were so focused on reviewing charts and checking IV lines that the patient felt ignored.

"This is another way to practice working in a team," Dr. Salam says. "This is all about personal development."

The simulation program with a "standardized patient" has improved communication between the Internal Medicine residency and nursing programs, says Michelle L. Collins, MSN, RN-BC, ACNS-BC, manager of Nursing Professional Development and Education at Christiana Care. Collins also says it has built a sense of collaboration that has spilled over into other continuing education applications.

"Working as a part of a team on this project has helped to establish positive, new relationships as an additional benefit," says Collins. ☉

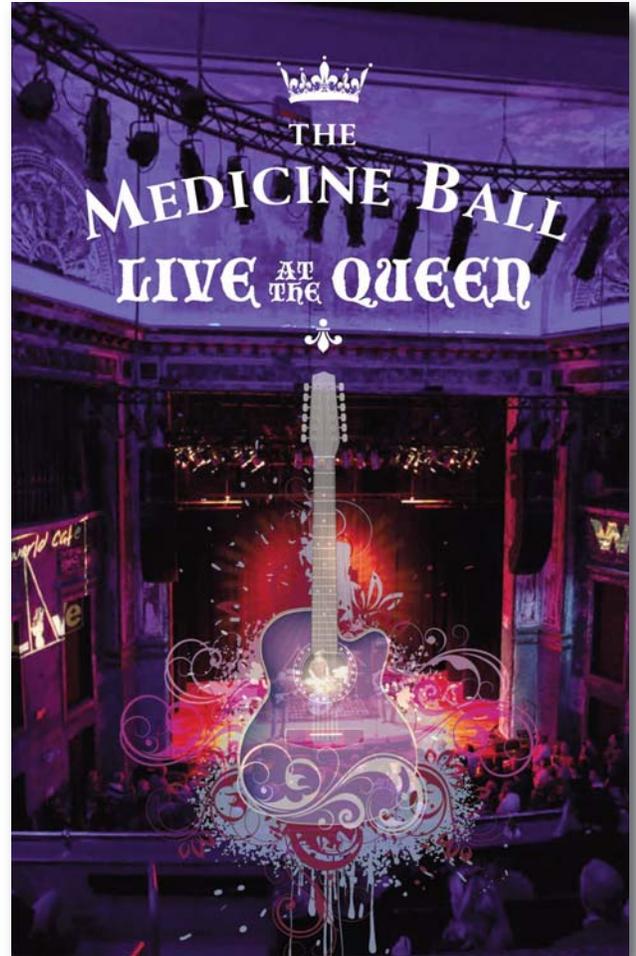
## Save the date: April 20 For the Medicine Ball Live at the Queen

The Junior Board of Christiana Care invites you to a sizzling musical experience in Wilmington's historic Queen Theatre, from 7-11 p.m. on Friday, April 20.

Enjoy live entertainment, food and fun as our Christiana Care physician-musicians take the stage for an evening that promises to be our most eclectic and extravagant Medicine Ball yet.

The Queen, at 500 N. Market St., Wilmington, is the city's newest and hippest venue, and the Medicine Ball is sure to produce an amazing fusion of funky vibes, soaring architectural spaces and a sense of contributing to a very worthy cause.

Proceeds will support nursing and allied health scholarships at Christiana Care Health System. ☉



☞ *For more information call 866-969-7787.*

## Fair helps those exploring health care careers

Are you working in health care and looking to advance your education or expand your career options?

"Exploring Careers in Health Care" Career Fair, 5-7 p.m., April 3, at the John H. Ammon Medical Education Center might be your best opportunity to meet representatives from a variety of health care fields all in one place.

While this is not a recruitment event, you will have the chance to explore educational options from the following colleges and universities:

- Arcadia.
- Delaware Technical and Community.
- Cecil.
- Goldey Beacom.
- Immaculata.
- Widener.
- Wilmington.
- Delaware.

The Fair is sponsored by the Learning Institute Center for Employee and Career Development. ☉

☞ *For more information call 302-733-2709.*

## Stephen Grubbs, M.D., elected to American Society of Clinical Oncology board



Stephen S. Grubbs, M.D.

Christiana Care Medical oncologist Stephen S. Grubbs, M.D., has been elected to a three-year term on the board of directors of the 30,000 member American Society of Clinical Oncology (ASCO), the world's leading professional organization representing physicians who treat cancer. He begins his term on June 1.

Dr. Grubbs, managing partner of Medical Oncology Hematology Consultants located at Christiana Care's Helen F. Graham Cancer Center, was elected to a community oncology seat on the board, where he can bring the community-oncologist perspective to ASCO deliberations. ASCO is governed by a 19-member Board of Directors, which oversees the organization's activities and strategic direction. In addition to the president and treasurer, ASCO's board comprises oncology leaders elected to represent one of five distinct areas, including the community oncology seat, within the oncology field.

"This is a tremendous accomplishment

for Dr. Grubbs and the Helen F. Graham Cancer Center," says Nicholas J. Petrelli, M.D., Bank of America endowed medical director. "Dr. Grubbs' vision and leadership have helped make the Helen F. Graham Cancer Center at Christiana Care a national role model for cancer care."

An accomplished researcher and author of many scientific and clinical papers, Dr. Grubbs also serves as principal investigator for Christiana Care's Community Clinical Oncology Program. He was recently elected to the board of directors and executive committee of the newly formed Alliance of Clinical Trials in Oncology. The Alliance merges three National Cancer Institute funded research cooperative groups into one, leveraging their talents and resources more quickly to bring the latest cancer control, prevention and treatment clinical trials to patients at community cancer centers.

A graduate of Thomas Jefferson Medical College, Dr. Grubbs completed his residency and internship in Internal Medicine at Christiana Care and finished a Hematology-Oncology fellowship at Dartmouth-Hitchcock Medical Center in 1984.

He received the David King Clinical Scientist Award from the Association of Community Cancer Centers in 2007 and the National Cancer Institute bestowed on him with the Director's Service Award in July 2011 for advising the NCI director on the Clinical Trials Advisory Committee.

A Clinical Assistant Professor of Medicine at Thomas Jefferson University Medical School and past president of the Medical Society of Delaware, Dr. Grubbs serves on the Delaware Cancer Consortium's Advisory Council and chairs its Early Detection and Prevention Subcommittee.

## Publishing, Presentations Appointments, Awards

### Publishing

**Mary M. Stephens, M.D., MPH, Beth A. Fox, M.D., MPH** and **Lisa Maxwell, M.D.**, published "Therapeutic options for the treatment of hypertension in children and adolescents," in *Clinical Medicine Insights: Circulatory, Respiratory and Pulmonary Medicine* 2012;6 13-25. Read it now [www.la-press.com](http://www.la-press.com).

**Greg Cooper, RN**, published "Examining Childhood Bullying and Adolescent Suicide: Implications for School Nurses," in *The Journal of School Nursing*.

**Claudine T. Jurkovitz, M.D., MPH, Daniel Elliott, M.D., MSCR**, et al., published "Physician Utilization, Risk-Factor Control, and CKD Progression Among Participants in the Kidney Early Evaluation Program (KEEP)," in the *American Journal of Kidney Diseases*. 2012;59(3)(suppl 2):S24-S33.

**James M. Gill, M.D.**, et al., published *Electronic Clinical Decision Support for Management of Depression in Primary Care: The Primary Care Companion for CNS Disorders*; 2012; 14(1)

### Appointments

In the Department of Obstetrics & Gynecology:

**Matthew Hoffman, M.D., MPH**, has been promoted to vice chair, Education and Research.

**Deborah Ehrenthal, M.D.**, has been promoted to director, Health Services Research for Women and Children.

**Mary Stirparo, RN, BSN**, has been promoted to director, Ambulatory Care Services.

**Lynn C. Jones, FACHE**, has been appointed to the Joint Commission's Home Care Advisory Council.

### Awards

**Arlene Bincsik, RN**, director of the HIV Program at Christiana Care, will receive the Sister Dolores Macklin Red Ribbon Guardian Angel Award from the Delaware HIV Consortium for her efforts to improve the overall health of individuals with HIV/AIDs and empower them to live richer and healthier lives.

## Anesthesia Services PA celebrates 25 years of growth and success



At the ASPA's 25th Anniversary gala in February, from left, Sharon Anderson, senior vice president, Quality & Patient Safety; original founding anesthesiologists Charles Goodman, M.D., and Richard Hindin, M.D., Executive Director Eileen Masterson-Carr, Eugene Tolpin, M.D. (also an ASPA founder and the medical site director at Wilmington Hospital), Janice Nevin, M.D., MPH, Christiana Care's Chief Medical Officer, and Audrey Van Luven, senior vice president, Human Resources.

In 1987, the Christiana Care Department of Anesthesiology comprised 29 anesthesiologists. Among those were Eugene Tolpin, M.D., Richard Hindin, M.D., Charles Goodman, M.D., Richard Weiss, M.D., and Charles Attig, M.D., and newcomer Lennart Fagreaus, M.D., Ph.D., recruited that year as a new department chairman.

It also was in 1987 (Feb. 20), that these five anesthesiologists formed a new corporation, Anesthesia Services, PA (ASPA), which today provides exclusive anesthesia services for Christiana Care Health System and a number of other health care facilities in Delaware and neighboring Maryland.

At a Feb. 25 celebration, ASPA, Christiana Care Health System colleagues and other invited guests celebrated their incorporation and the past 25 years of growth and success at a gala at Deerfield Golf and Country Club.

"We celebrated many things besides the 25-year anniversary," says ASPA Executive Director Eileen Masterson-Carr. "We've become the 10th largest anesthesia practice in the nation, providing careers and employment for 40 physicians, 95 certified registered nurse anesthetists, two advanced practice nurses, a physician assistant and 12 administrative staff.

In addition to its strong commitment to excellence and patient safety, ASPA's vision is to be an employer of choice, Masterson-Carr says. "In 2011, ASPA treated more than 70,000 patients." The group also is a dedicated supporter of various local charitable organizations.

We recognize the important role we play in the communities we serve and continue to explore new opportunities for our team members to share their talents beyond the scope of the acute care facilities. ☺

## Information Technology team wins ComputerWorld's Laureate award

For creating a unique software that enables patients to self-assess their symptoms, Christiana Care won a 2012 Laureate award from International Data Group's *Computerworld* Honors Program.

*Computerworld* honors companies demonstrating visionary applications of information technology promoting positive social, economic and educational change.

Christiana Care won its award in the health category, one of 10 classifications that received more than 500 nominations.

"This award is a wonderful honor for Christiana Care and is evidence of innovative thinking and collaboration of our clinical and Information Technology staff to improve the care we provide our patients," says Karen Gifford, Christiana Care's director of Information Technology.

"What the Computerworld Honors Laureates so clearly demonstrate is technology's role in moving society forward," says John Amato, vice president and publisher of *Computerworld*.

"Computerworld acknowledges and applauds the outstanding work being done by individuals and organizations to successfully use technology to improve the quality of our lives and that of future generations."

Christiana Care's winning software program, called *Insight*, enables patients to use a tablet-based, clinician-friendly wireless format to report the severity of their symptoms and how they affect their quality of life. Patient feedback helped develop the program.

Cancer patients first used the tool in a pilot program in May 2010 followed by heart failure patients. Christiana Care's Information Technology team is launching a new release this year for a wider patient audience for use with an Apple iPad. ☺

# CDC recommends Gardasil® vaccine for boys and young men

(Human papillomavirus quadrivalent vaccine, recombinant)

By Jaclyn M. McGinness, Pharm.D.

Approximately 20 million people are currently infected with genital human papillomavirus (HPV) and it is the most common sexually transmitted disease in the United States. About half of sexually active people are thought to become exposed to HPV at some point in their lives, especially adolescents and young adults 15 through 24 years of age. The incidence of genital HPV infections is similar in both women and men.

Several studies have shown that Gardasil® will help prevent against oral, anal and penile cancers in men and young boys. Initial studies showed that the vaccine protects boys from HPV-related genital warts and the reason for the Centers for Disease Control and Prevention's (CDC) recommendation was largely due to the additive protection against HPV-related cancer in young boys and men. Although the vaccine primarily targets cervical cancer, the number of men who acquire HPV-related cancers and the associated deaths are nearly equal in both men and women. About half of sexually active men are

carriers of HPV, and having young men vaccinated with Gardasil® also can aid in preventing transmission to women to help curb cervical cancer.

Gardasil is one of two FDA-approved vaccines for preventing HPV-related infections. It protects against four HPV types: HPV 16 and 18, as well as HPV 6 and 11, which cause 90% of genital warts. Gardasil was originally approved in 2006 to be used in girls and women ages nine through 26 to prevent cervical, vulvar, vaginal and anal cancers, genital warts (condyloma acuminata), and cervical, vulvar, vaginal, and anal intraepithelial neoplasias (precancerous lesions). In 2009 the FDA expanded the vaccine's use to include boys and men nine through 26 years of age for the prevention of anal cancer, genital warts, and anal intraepithelial neoplasias. The quadrivalent vaccine is administered as 0.5 ml per dose intramuscularly in a three dose series: 0, 2 and 6 months.

The CDC's Advisory Committee on Immunization Practices (ACIP) initially recommended that girls 11 and 12 years of age receive the 3-dose vaccination. Gardasil was also recommended for

girls and women ages 13 through 26 years who have not yet been vaccinated or who have not received all three doses. Previously, the CDC stated that physicians could vaccinate boys and young men with Gardasil since it has an FDA labeled indication, but did not recommend it in the immunization schedule. On Oct. 25, 2011 ACIP approved recommendations for routine vaccination of boys 11 or 12 years old with Gardasil, and suggested that vaccination can be initiated as early as age 9. It was also recommended that boys ages 13 through 21 who have not been previously vaccinated should be given a catch-up dose. The CDC stated that men ages 22 through 26 may be vaccinated but the vaccine is not recommended for routine use. The age bracket of 11 or 12 was chosen since immune responses to the vaccine are at their highest as it is also well before boys would become sexually active, allowing for a greater antibody protection to HPV-related infections. This recommendation also adds to already existing controversy about whether children need to be immunized against a sexually transmitted disease. 🌐

## Formulary update February 2012

| FORMULARY ADDITIONS  |   |  |                    |
|--|---|--|--------------------|
| Medication – Generic/Brand Name                            | Strength / Size   | Use / Indication                                   | Comment            |
| Etonogestrel subdermal implant / Nexplanon®                | 68 mg   | Prevention of pregnancy                            | Replaces Implanon® |
| Tetanus and Diphtheria toxoids adsorbed vaccine / Tenivac® | 2 Lf units diphtheria and 5 Lf units tetanus per 0.5 mL dose  | Active immunization against diphtheria and tetanus | Replaces Decavac®  |
| THERAPEUTIC INTERCHANGE                                    |   |  |                    |
| Abelcet® to AmBisome®                                      | <ul style="list-style-type: none"> <li>Abelcet® ≤ 1 mg/kg/day → AmBisome® at same dose</li> <li>Abelcet® &gt; 1 mg/kg/day to 5 mg/kg/day → AmBisome® 5 mg/kg/day</li> <li>Abelcet® &gt; 5 mg/kg/day → AmBisome® at same dose</li> </ul> |  |                    |
| CHRISTIANA CARE MEDICATION POLICY                          |   |  |                    |
| Dronedaron (Multaq)  | Only cardiologists can initiate new treatment with dronedaron among hospitalized patients. All prescribers can order treatment with dronedaron to continue upon patient admissions to the hospital.                                     |  |                    |
| Alteplase infusions  | Independent double check of preparation, dose, rate and infusion pump programing by 2 practitioners is required prior to administration.  |  |                    |
| Oral cytotoxic medications                                 | Designated level A for administration. Exempt from medication administration restrictions applicable to parenteral antineoplastic medications.  |  |                    |
| Pharmacist-managed renal dosing                            | Ceftaroline, lamivudine and rivaroxaban have been added to this program   |  |                    |
| FORMULARY DELETIONS  |   |  |                    |
| Ascorbic acid drops (83 mg/mL)                             | Removed from Christiana Care Formulary because this product is no longer manufactured. Ascorbic acid liquid (100 mg/mL) remains available.  |  |                    |
| Ergotamine sublingual tablets                              | Removed from Christiana Care Formulary because of rare use. Cafergot tablets and suppositories remain available.  |  |                    |
| Etonogestrel subdermal implant / Implanon®                 | Replaced with redesigned etonogestrel subdermal implant Nexplanon®  |  |                    |
| Levothyroxine injection 200 mcg vial                       | Removed from Christiana Care Formulary because it is no longer manufactured. The 100 mcg vial remains available.  |  |                    |
| Td vaccine (Decavac®)                                      | Replaced by tetanus and diphtheria toxoids adsorbed vaccine (Tenivac®).   |  |                    |

## Good Catch program pinpoints safety issues



Staff Education Specialist Gwen Ebbert, RN, explains one of the first submissions in the new Good Catch program to Executive Assistant Judy DiMichele. The program is designed to increase safety awareness and drive our culture of learning.

Christiana Care's new "Good Catch" program recognizes employees who report safety concerns that might cause injury or harm to patients, visitors or fellow employees. "The program will increase safety awareness and support our culture of learning," said Patient Safety Program Manager Chris Carrico, RN, MSN, CPHQ.

"Good Catch" is a collaboration among Nursing, Respiratory Therapy, the Blood Bank, Medication Safety, Injury Prevention, Patient Escort, Environmental Services, Risk Management, Residents, External Affairs and Patient Safety.

Look for the first group of "Good Catch All Stars" this

month after the team reviews all Safety First Learning Reports and Good Catch paper forms. The team will pay special attention to reports with outcome descriptions of "corrected before it reached the patient" and "no evidence of injury or harm."

In addition to the Safety First Learning Report, staff can submit a paper form to report a good catch that might not involve a patient, visitor, or employee (Turn in the information to any manager or fax to 623-2978.)

✔ Look for the form on the Portals under Safety First Learning Reports-Good Catch Referral and under Forms on the Nursing Portal.

### Good Catch Team Contacts

For more information, contact any of these Good Catch Program team members:

|                  |                  |                   |                  |                   |                  |
|------------------|------------------|-------------------|------------------|-------------------|------------------|
| Felisha Alderson | Diane Eckles     | Lorie Meck        | Susan Perna      | Allison Steuber   | Sharon Urban     |
| Carol Arnold     | Kerry Fulton     | Khaira Mitchell   | Janice Rehm      | Sonya Stover      | Michelle Wheeler |
| Dean Bennett     | Jeanne Grace     | Melani Murphy     | Scott Reynolds   | Cecilia Strecker  | Jessica White    |
| Chris Carrico    | Nanci Hamilton   | Diane Neff        | Nelly Rios       | Cindy Taylor      | Anita Witzke     |
| Mary Cay Curran  | Jennifer Johnson | Carmen Pal        | Nancy Ross       | Paula Tomanovich  | Teresa Zack.     |
| Gwen Ebbert      | Ken Love         | Theresa Panchisin | Kristina Santoro | Terrence Townsend |                  |

## Neurologists bring advanced training in MS, Parkinson's care



Alexandra Landen, D.O.



Jason Silversteen, D.O.

When Christiana Care Neurology Specialists welcomed Jason Silversteen, D.O., and Alexandra Landen, D.O., in 2010, Christiana Care gained the state's first fellowship-trained neurologists in each area.

Alexandra Landen, D.O., is the only fellowship-trained, movement disorders specialist practicing in the "I-95 corridor" between Philadelphia and Baltimore. She also is the only specialist in this same area using deep brain stimulation (DBS) therapy.

Dr. Landen joined Christiana Care Neurology Specialists in 2010, after completing fellowship training in movement disorders at Georgetown University Hospital, Washington, D.C.

Used primarily to treat Parkinson's disease, essential tremor, and dystonia, DBS involves surgically placed deep-brain stimulators which, once programmed, allow patients to have better function with less medication.

Using smaller medication dosages and lessening side effects and complications that can come with their longer-term use of drugs currently in use for treating Parkinson's disease and other movement disorders are clear objectives in providing DBS treatments. However, appropriate use of DBS depends on the efficacy of the medication used before initiating DBS. "If medication hasn't worked, DBS generally is not done," she explains. Dr. Landen is involved in clinical research regarding efficacy and safety of one such medication, Azilect (rasagiline mesylate).

Whether appropriate treatment is medication alone or a combination of medication and DBS, Dr. Landen says, "my hope is to get Parkinson's patients diagnosed and under treatment a bit sooner than they have typically been, which will translate into improvements in both care and patients' quality of life."

Dr. Silversteen arrived in August after completing a multiple sclerosis (MS) fellowship at the University of Texas Southwestern (Dallas) and began focusing on providing better care for MS patients, who number more than 1,600 in Delaware.

Dr. Silversteen's vision is to create a comprehensive multiple sclerosis center at Christiana Care.

"The functions of such a center are already operating," he says. "I'm looking to provide a comprehensive approach that includes expert symptom management, education, research opportunities and adding a nurse practitioner certified in MS to assist patients," he says. Besides actively building his practice, Dr. Silversteen trains neurology residents and is involved in the clinical advisory committee of the Delaware Chapter of the National Multiple Sclerosis Society.

Dr. Silversteen is also involved in clinical trials; he is testing new uses for two MS therapies:

- Tysabri as a first-line agent for those who've never been on another drug first. "The injectible medication has not been used this way other than in severe cases," he says, but "it's quite effective and shows good response early in disease progression."
- Gilenya, the first-ever oral MS medication, to determine whether a .25 mg dose, which tends not to have the negative side effects of the more typical .5 mg dose, can be as beneficial to patients. In addition, his research compares both doses of Gilenya with a more standard treatment, injectable Copaxone. ●

## Learning Institute annual event slated May 1-2

Save the dates  
May 1-2!

Christiana Care's annual **Celebration of Education and Research** — sponsored by the Learning Institute's Center for Educator Development, Evaluation and Research — is becoming an annual rite of spring at Christiana Care.

Leading up to the main events that kick off the month of May, this year's Educator's Wall of Fame, where educators and researchers showcase innovative programs and practices during 2011, will go on display at the Ammon Education Center and other select locations starting in mid-April.

Be sure to attend the special celebration events May 1-2, with an exciting slate of activities, including guest speaker David Metcalf, Ph.D., a recognized expert in designing and researching web-based and mobile



David Metcalf, Ph.D.

## Upcoming events

**"Perinatal and Neonatal Palliative Care: Diagnosis through Departure,"** a Christiana Care symposium at John H. Ammon Medical Education Center, will be 7:15 a.m. - 4:30 p.m., Monday, March 26. Register online at [cchs.cloud-cme.com/neonatal](http://cchs.cloud-cme.com/neonatal).

The **Visiting Nurse Association free Caregiver** cosponsored by C.A.R.E. Delaware, is 5 - 6:30 p.m., April 17, April 24 and May 1, at the John H. Ammon Medical Education Center. The Division of Services for Aging and Adults with Physical Disabilities is offering a series of workshops for family and other caregivers supporting loved ones healing at home, focusing on Community Resources, Managing Day to Day Tasks of Daily Living, and Reducing Stress.

Saturday, April 21 is Delaware's first state-wide **Parkinson's Day** sponsored by Christiana Care's Department of Rehabilitation, at the John H. Ammon Medical Education Center. Speakers, including neurologists, physical and occupational therapists, plus representatives from the Michael J. Fox Foundation for Parkinson's Research. They will join patients, caregivers and clinicians to discuss advances in Parkinson's Disease research, treatment

and resources. The event is from 9 a.m. to 4 p.m. Admission is \$10. Lunch will be provided. Call Dale Gregore at 302-428-6732 for more information.

The **5th Annual Renal and Hypertension Symposium** will be 7:30 a.m. - 2:30 p.m., Saturday, April 28, at the John H. Ammon Medical Education Center. This year's educational activity will examine therapies for the management of pain, as well as anti-diabetes mellitus medications in chronic kidney disease, and the use of antibiotics in acute renal failure. Preregistration is required. Register now at [cchs.cloud-cme.com/renal](http://cchs.cloud-cme.com/renal).

Save this date for the **49th Annual William J. Holloway Infectious Disease Symposium: 7:30 a.m. - 4 p.m.**, Tuesday, May 8, at the John H. Ammon Medical Education Center.

Christiana Care is a proud supporter of the **22nd Annual Philadelphia Affiliates- Race for the Cure on Mother's Day** - Sunday, May 13. The Helen F. Graham Cancer Center is sponsoring a bus to the walk starting point. Please consider joining the Christiana Care Health System team. Register online now at [www.race.komenphiladelphia.org](http://www.race.komenphiladelphia.org). For more information or to sign up for the bus call 302-623-4661.

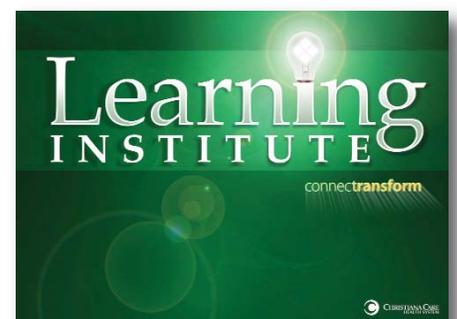
technologies, from the Institute for Simulation and Training at the University of Central Florida.

Dr. Metcalf's lecture, on May 1, titled "Innovations in Healthcare and Medical Education," provides examples of mobile technology, virtual worlds, games and simulations that leverage Web 2.0 technologies to improve education and health. Register through the Education Center.

Plan ahead now to attend on May 2 the Best Practices Expo, where educa-

tors and researchers can share their innovative practices through table displays and demonstrations. ☺

✍ *Don't forget to vote for your favorite Wall of Fame entry.*



## 'Get Your Plate in Shape' — and your body will follow

**M**arch is National Nutrition Month, a time when the Academy of Nutrition and Dietetics urges people to "Get Your Plate in Shape."

Start by adjusting the amount of food on your plate. Instead of a slab of meat with a smattering of vegetables and a mound of starch on the side, make certain at least half your serving comprises fruits and vegetables.

Fresh is best: But with canned veggies, choose varieties marked "no salt added" or "low sodium." Or you can simply dump them into a colander and rinse away the salt with tap water.

Limit the protein on your plate to three ounces. Choose leaner cuts of poultry, such as chicken breast rather than the thigh. Experiment with different varieties of fish, such as tilapia and flounder, rather than red meat. Before

you know it, you will be hooked on salmon.

Also consider proteins that come from plants, such as tofu and edamame, which are both from the soybean family. Choose bread and crackers made from whole grains instead of refined flour.

Compare the nutritional content of foods so that you can make smart choices. A medium-size baked sweet potato contains 104 calories and almost no fat. A medium order of fries



has a whopping 430 calories, 45 percent of which come from fat.

Got milk? That's great because it's a major source of calcium. But choose skim milk for your breakfast cereal. It offers the same nutritional benefits as whole milk but without the calories. If you can't tolerate lactose, try lactose-free milk or soy milk that has been fortified with calcium.

Cross soda off your shopping list, as it's high in both sugar and sodium. Keep water and lemon slices in the fridge.

The way we cook our food also makes a big difference in the fat content. Instead of fried shrimp or chicken, go for proteins that are steamed, grilled or broiled. Avoid shortening and butter and embrace heart-friendly oils, such as canola and olive oil. And season your dishes with herbs and spices instead of salt.

Get your plate in shape — and your body will follow. 🍏



### Update in Cardiology provides latest heart medicine news

More than 200 neighbors joined our panel of heart experts as they discussed the latest in heart and vascular treatments and screenings along with tips for keeping heart healthy. The panel discussion led by Dr. Weintraub included Drs. Barbara Albani, Robin Horn and Sandra Weiss.

## Garbage out, compost in: Cafeteria recycling is win-win

Wilmington Hospital serves more than 600 meals each day, according to Mike Wariwanchik, the hospital's Food & Nutrition supervisor.

In the process, twice weekly, Food and Nutrition staff fill eight special receptacles, each holding 96 pounds of left-over food and food byproducts: peels, rinds, coffee grounds, egg shells and table scraps," Wariwanchik says.

What makes the receptacles special is that the contents are composted (naturally recycled) to transform them into natural fertilizers for local gardens — including several gardens at Christiana Hospital.

A vendor picks up the food scraps, mixes it with matter from other sites, and adds worms and pests to catalyze decomposition. In just a few weeks it becomes natural, nitrogen-rich fertilizer for farms and gardens.

That amounts to:

- 96 pounds times eight containers times twice a week for a total of 1,536 pounds of food scraps weekly.
- A year's worth works out to about 40 tons
- More than 16 tons of excellent compost.

Thanks to committed Environmental Services plus Food and Nutrition staff and environmental stewardship at Christiana Care, much less waste is going to landfills and more gardens are nourished with natural fertilizers. ☺

✔ *Want to see where some of the compost is going? Join the gardening team at Christiana Hospital and grow vegetables for the cafeteria, patients and their families. Contact Marcus Suhr at 302-733-3787 for more information.*



Anthony Chambers, cook II, discards some banana peels in a special blue recycling bin in the kitchen at the Wilmington Hospital cafeteria, where recycling garbage for gardening compost is now routine.

### Calendar this!

Christiana Care celebrates the 2012  
**Great Place to Work Week** this year

June 4-8.

Stay tuned to the Portals  
for more information.

## Colleague Pat Lincoln praises Wound Care Center teamwork



From left, Nurse Assistant Diana Fuller, Medical Director Nicholas O. Biasotto, D.O., Admin Assistant Kei-Shanda Saddler, and colleagues took some of the bite out of an unusual infectious disease case caused by a patient's encounter with poisonous spiders.

## Wound Care and Hyperbaric Medicine Center welcomes new program director



Jennifer Mulrooney

Christiana Care Wound Care and Hyperbaric Medicine Center welcomed Jennifer Mulrooney as its new program director in February.

Mulrooney comes to Christiana Care with a background in health care management as a wound care center director in Philadelphia and as an education specialist teaching physicians and other medical professionals in Harrisburg, Pa.

She is a 2004 graduate of the University of Delaware, where she earned a bachelor of science in Leadership and Consumer Economics.

Mulrooney can be reached by phone at 302-765-4132 or by e-mail at [jmulrooney@christianacare.org](mailto:jmulrooney@christianacare.org).

The following letter in praise of care and treatment at the Wound Care Center was sent to Lynn C. Jones, FACHE, senior vice president of Post Acute Care Services.

Dear Mr. Jones,

I just have to take a minute and tell you of the exemplary care my sister is receiving at the Wound Care Center at Riverside.

Barbara developed four non-healing wounds as a result of spider bites. She started treatment with Dr. [Nicholas] Biasotto last November.

I was so worried for her. The wounds were deep, infected and getting worse every day. As soon as we entered the wound care center it was obvious we were in a well-organized, skilled and knowledgeable program with a team approach to care.

Dr. Biasotto is now Barb's favorite doc, with excellent surgical skills, and a wonderful bedside manner. Barb loves all the nurses and considers Diana Fuller to be "her nurse."

I would also like to mention that Kei-Shanda Saddler at the front desk welcomes everyone by name, is polite and respectful, and knows the answers to everyone's questions.

Dr. Hauer, her infectious disease doctor, says the last culture reports were very good.

From actual instructions for wound care, to nutrition, to general health, the team at the Wound Care Center is teaching us to see the total picture.

Please let everyone know how thankful Barb and I are that we have this exemplary team. You should be so proud!

Take care,

**Patricia S. Lincoln, RN, BSN, ACRN**

Site Director Delaware Local Performance Site  
Pennsylvania/MidAtlantic AIDS Education and Training Center

## NICU alumna uses 1st birthday as a chance to give back

The letter reprinted below came from a Claymont family whose baby born at Christiana Hospital received Neonatal Intensive Care and is now thriving.

*Dear Friends at Christiana Care,*

*My husband, Stefan Roberts, and I were elated to find that we were expecting a baby, after having suffered a miscarriage and going through IVF (in-vitro fertilization). We had anticipated the birth of our first child for so long. Little did we know that she would come sooner than expected!*

*Shelby Joy Roberts was born on Dec. 13, 2010 at 27 weeks and 3 days, and weighed just 2.59 pounds. She needed neonatal intensive care and remained in Christiana Hospital's NICU until Feb. 18, 2011 — nine weeks after being born!*

*We were so grateful for the service and care that was provided to Shelby during her stay in the NICU that we decided to do something special to commemorate her first birthday. Instead of gifts for Shelby, we asked all of our friends and family to purchase a premie outfit to be donated to the NICU in Shelby Joy's name.*

*When we delivered the clothes along with diapers, a Boppy pillow, and other necessities, I was overjoyed to see some of the same nurses who took care of Shelby while she was in the NICU.*

*Shelby now weighs more than 20 pounds and has had no health issues since her discharge from the NICU. My husband and I believe that her story is a testament to the dedication and knowledge of the doctors and nurses who nurtured Shelby Joy... and because of you, she "shall be joy!"*

*With warmest regards,*

Tracey N. Roberts

Below, with Shelby Joy and Tracey Roberts (center) at Christiana Hospital are NICU nurses, from left, Candy Jefferies, RN, Jennifer Lemuix, RN, Leslie Dolivo, RN, Tamie Hotchkiss, RN, Shannon Smallwood, RN and Hilary Rupe, RN.





**CHRISTIANA CARE**  
HEALTH SYSTEM

External Affairs

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## VNA liaison Carol Smith, RN, helps rescue stricken bank employee



Carol Smith, RN

Christiana Care Visiting Nurse Association (VNA) community liaison Carol Smith, RN, has all of Delaware as her territory, so it was a lucky break for a banker in Millsboro that Smith was in town Jan. 23 when he went into cardiac arrest.

“Our satellite office in Millsboro primarily serves as a stop-in location for the 150 local staff — nurses, therapists and home health aides — who visit patients after a physician has ordered skilled care,” Smith says.

“The office does not always have someone present, so it was fortunate that I was still there.

According to Smith, bank employees found their colleague unresponsive in his office.

“When they went in his office he was not breathing,” says Smith. “At that point they came to get me. I performed CPR until an emergency medical services team arrived in less than five minutes.”

“Our staff covers all of Delaware and we do exceptional things for our community every day,” says Christiana Care VNA President Lynn C. Jones. “We do more than 800 home visits across the state every day to help keep our patients well and independent and at home, and this case is yet another example of the difference that we make for our neighbors and communities.”



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