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The Christiana Care Way

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

See article on page 3.

Stroke Program earns back-to-back 'Gold Plus' quality distinction awards



Christiana Care Stroke Program team leaders, from left, include: Barbara Albani, M.D., director of Neurointerventional Surgery; Jason Nomura, M.D., associate director, Emergency Medicine Ultrasound; Mary Ciechanowski, MSN, RN, ACNS-BC, CCRN, stroke advanced practice nurse; Valerie Dechant, M.D., medical director, Neuro ICU; and Anthony Munson, M.D., medical director, Stroke Program.

Christiana Care's Center for Heart & Vascular Health has received the Get With The Guidelines — Stroke Gold Plus Quality Achievement Award from the American Heart Association for the second consecutive year.

The award recognizes Christiana Care's commitment and success in implementing a higher standard of care by ensuring that stroke patients receive treatment according to nationally accepted guidelines.

Get With The Guidelines — Stroke guides Christiana Care staff in implementing acute and secondary prevention guidelines to improve patient care and outcomes. The program provides hospitals with a Web-based patient management tool, best practice discharge protocols and standing orders, along with a robust registry and real-time benchmarking capabilities to track performance.

The quick and efficient use of guideline procedures improves the quality of care for stroke patients, and may reduce disability and save lives.

The award also recognizes the early detection of stroke by paramedics in the community who notify the Emergency Department to prepare the stroke alert team for a patient's arrival. Prompt calling of 911 for emergency assistance when stroke is suspected can reduce the loss of brain tissue and save neurological function.

CONTINUED FROM COVER



Stroke Program earns back-to-back ‘Gold Plus’ quality distinction awards

“Christiana Care is dedicated to making our care for stroke patients among the best in the country,” says Anthony Munson, M.D., medical director Christiana Care’s Stroke Program. “Providing patients with exceptional stroke care requires quick and efficient treatment because time lost is brain loss.”

Following Get With The Guidelines — Stroke treatment guidelines, many stroke patients are treated soon after evaluation in the Emergency Department with aggressive therapies, including the use of clot-busting medications such as tPA and other antibiotics, and anticoagulation therapy. Their inpatient care and post-hospital treatment are optimized with anti-hypertensive medications, cholesterol-reducing drugs, and smoking cessation counseling directed at preventing future stroke. These therapies all aimed to reduce mortality and disability, and improve the lives of stroke patients. Hospitals must adhere to these measures at a set level for a designated period to be eligible for the achievement awards.

According to the American Heart Association/American Stroke Association, stroke is one of the leading causes of death and serious, long-term disability in the United States. On average, someone suffers a stroke every 40 seconds; someone dies of a stroke every four minutes; and 795,000 people suffer a new or recurrent stroke each year.

In July Christiana Care earned continued Gold Seal of Approval for re-certification as a Primary Stroke Center by The Joint Commission. Christiana Care is a high-volume stroke center, ranking 6th in the nation for the number of cases treated. According to the latest MedPAR (Medicare) data, Christiana Care treated 1,090 cases in 2009.

Christiana Care’s Primary Stroke Center Program includes stroke evaluation, treatment and rehabilitation. The goal is helping patients make the most complete stroke recovery possible. The staff develops an individualized stroke recovery plan and evaluates patients to identify risk factors that can lead to further problems.

“The next level of stroke certification Christiana Care is working toward is comprehensive stroke center designation from the Joint Commission, which encompasses our neurointerventional procedure options and neuro ICU care for the most complex stroke patients,” said Mary Ciechanowski MSN, RN, ACNS-BC, CCRN, Stroke Advanced Practice Nurse.

Christiana Care’s Stroke Program is part of its Center for Heart & Vascular Health, the only center in the region that integrates in a single location and under one roof cardiac surgery, vascular surgery, vascular interventional radiology, cardiology and interventional nephrology. ●



Christiana Care joins national debate on hospital rankings at U.S. News summit

Christiana Care participated in a first-ever *U.S. News & World Report* national summit on hospital ranking systems, held at Mount Sinai Medical Center in New York City on Sept 27.

Timothy J. Gardner, M.D., medical director of the Center for Heart & Vascular Health and director of the Value Institute, was invited to represent Christiana Care at the event, titled “Shaping Health Care Decisions: An Inside Look at Hospital Rankings.”

He joined leaders and specialists from the nation’s best hospitals and academic medical centers, who discussed with top editors from the magazine the methodology behind the annual “Best Hospitals” rankings and how to make them even more useful for consumers. More than 124 representatives from leading hospitals across the country attended.

While panel members agreed the Best Hospital list from U.S. News is among the most comprehensive and useful available, they explored improvements to the methodology. Possible enhancements discussed include adjusting risks for socioeconomic factors and projected health outcomes; measuring scientific and medical innovation, clinical trial participation, investment in and use of cutting-edge information, such as genomics; and overall patient experience.

Dr. Timothy Gardner, (second from right) joins with other summit panelists at Mount Sinai Medical Center in New York (from left) Brent James, M.D., chief quality officer and executive director, Institute for Health Care Delivery Research, Intermountain Healthcare; Peter L. Slavin, M.D., president, Massachusetts General Hospital; Sharon O’Keefe, president, University of Chicago Medical Center; Vinita Bahl, D.M.D., MPP, director of clinical information and decision support services, University of Michigan; Brian Kelly, U.S. News editor and chief content officer.

What does it mean to be “expert, caring partners” in health?

By Janice Nevin, M.D., MPH, Chief Medical Officer



In the language of The Christiana Care Way, the phrase “expert, caring partners” combines our focus on excellence with the principles of patient and family centered care. In many ways, it’s a revolutionary concept that challenges us to change the way we practice medicine.

Christiana Care has a long history of patient-focused care. The Christiana Care Diamond, with the patient at the center, reminds us that everything we do is to benefit the patient.

But how do we know what benefits the patient? The simple answer is that we don’t know unless we involve the patient in decision-making.

Real partnership with our patients means asking questions like “How does this solution work for you?” and “What do I need to know about you that will help me to care for you?”

Last month, the Institute of Medicine released a report called “Best Care at Lower Cost: The Path to Continuously Learning Health Care in America.” It found that fewer than half of patients received clear information on the benefits and trade-offs of treatments for their conditions. And fewer than half of patients were satisfied with their level of control in medical decision making. Among the top 10 recommendations in the report: “Involve patients and families in decisions about health and health care, tailored to fit their preferences.”

We have made great strides in partnering with our patients and families. When we began the Transforming Wilmington project in 2008, I challenged the staff to think about what care should look like inside the new facility. They identified patient and family centered care as the key to rapid, meaningful transformation. We launched the hospital-wide

Patient and Family Advisory Council, and patient care units began to implement practices, including AIDET, bedside shift report, open visitation, and patient and family communication boards.

People are noticing the difference. One visitor to Wilmington Hospital recently wrote: “Every staff member I encountered, whether just walking in the halls, at the information desk, or at nurses’ stations ... greeted me with a smile and hello. My take-away was that staff ... are proud of the work they do and are well versed in the importance of customer satisfaction. In my opinion, the staff reflect a corporate culture of kindness, competency and personal responsibility.”

Today, at both of our hospital campuses, we have champions for patient and family centered care who now have years of experience. I encourage you to reach out to your colleagues who have successfully implemented effective patient and family centered care practices, and ask how you can benefit from their experience. Attend an intensive training seminar hosted by the Institute for Patient and Family Centered Care (<http://www.ipfcc.org>), or invite a physician, nurse or staff member who has participated to be a resource for your team. And take advantage of the resources available to you on the portal at <http://depts/PFCC>. ●

THE CHRISTIANA CARE WAY

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

U.S. News summit FROM P. 2

“U.S. News needs to place a little less reliance on the reputation score component and find other metrics that are relevant, especially to patients,” said Dr. Gardner. “HCAHPS provides useful patient satisfaction data that U.S. News should consider adding,” he said. HCAHPS, or the Hospital Consumer Assessment of Health Care Providers and Systems, is a Centers

for Medicare and Medicaid Services standardized 27-item survey that measures patients’ perceptions of their hospital experience.

The summit marks the first time U.S. News editors have discussed their hospital ranking system in an extensive public forum with the leaders of the institutions being ranked. ●

5E Heart Failure Program nurses achieve great success at earning advanced certification

In just one year, the number of Christiana Care registered nurses certified in heart failure by the American Association of Heart Failure Nurses (AAHFN) has doubled.

“Our Heart Failure Program is very fortunate to have the most heart-failure certified nurses in Delaware,” said Mitchell Saltzberg, M.D., medical director of the Heart Failure Program.

The AAHFN, a national organization, only began offering a national certification exam for the care of heart failure patients in 2011, at an annual conference in Chicago, where the first four from Christiana Care earned their certification: Carolyn M. Moffa, MSN, RN, FNP-C, CHFNP; Susan Felicia, MSN, RN-BC, PCCN, CHFNP; Patricia Wessell, MSN, RN, CCRN, CHFNP; and Heather Hastings, RN III, BSN, PCCN, CHFNP.

At this year’s national conference, Cathy Johnson, RN, CHFNP; Ashley Whittington, RN, CHFNP; Jean Melson RN, PCCN, CHFNP; and Tom Cunningham, RN, CHFNP passed the exam, effectively doubling our team of heart failure certified nursing professionals.

“This certification aligns with our Magnet certification goals to achieve the gold standard recognition for nursing excellence,” said Carolyn Moffa, clinical leader of the Heart Failure Program. Magnet identifies health care organizations that epitomize outstanding quality and professionalism. “By achieving this certification, the 5E nurses demonstrate the outstanding quality and professionalism that Magnet hospitals expect of their RNs. Being certified demonstrates our nurses’ commitment to providing optimal patient care. It’s an established fact that patients have better outcomes when care is provided by certified nurses.” ●



Nurses recently certified in heart failure care include, from left, Cathy Johnson, Ashley Whittington, Jean Melson, and Tom Cunningham.



From left, Susan Felicia, Carolyn M. Moffa, Heather Hastings, and Patricia Wessell, were the first from Christiana Care to be certified in heart failure care by the American Association of Heart Failure Nurses.



Bertice Berry delivers message of thanks to critical care nurses

“When my mom first got sick, I was that family member you all hate to see,” Bertice Berry told a crowd of more than 150 critical care nurses and other Christiana Care Health System employees.

Dr. Berry, a nationally renowned lecturer, author, sociologist and former college professor, spoke at an Aug. 28 event at Christiana Care’s John H. Ammon Medical Education Center. Officially, it was a continuing-education lecture, but the laughter and tears shared between speaker and audience made it clear the experience touched many on a very personal level.

Berry told her audience she initially was scared and highly suspicious of the people caring for her mother. But after watching critical care nurses interact with her mother over the two-year course of her terminal illness, Berry’s attitude changed.

“I got to see up close what nursing really is,” she said. “I had to go through the transition from a crazy relative of a patient saying, ‘Don’t kill my mother!’ to someone saying, ‘Thank you for keeping her here or, if you don’t keep her (alive), thank you for sending her off with love.’”

“I became someone who said, ‘My God, why don’t people know what these nurses do?’ No one ever says thank you.” Berry set about to fix that problem.

She takes on speaking engagements to share her message of thanks and repeatedly has emceed the national conference of the American Association of Critical Care Nurses (an organization that in 2012 awarded Christiana Hospital’s Medical Intensive Care Unit with its second Silver Beacon Award for Critical Care Excellence). This year, Berry offered a personal speaking engagement as grand prize in the



Delaware native and nationally renowned lecturer, author and TV personality Dr. Bertice Berry visited Christiana Care and spoke to a packed house of critical care nurses and other health care staff.

conference’s annual raffle — a grand prize that Christiana Care MICU nurse Val Pelly won.

When Pelly’s name was drawn, it was hard to tell who was more surprised and excited: Pelly and the group of Christiana Care MICU nurses attending the conference, or Berry herself. As Berry noted during her resulting visit to Christiana — during which she toured the MICU and met with critical-care nurses one-on-one before her speech — she was raised in Wilmington and has a special connection to the hospital: Three of her five adopted children were born here, including one who returned for treatment as a severely malnourished 2-year-old and, she said, “was loved back to life” by a Christiana Hospital nurse before Berry adopted him.

“Hearing about what we do from someone on the other side inspires us and let’s us know we’re appreciated,” Pelly said. ●

Karen Q. McDonald, DNP, appointed director at large for National Association of Neonatal Nurses



Karen Q. McDonald, DNP, NNP-BC, has been elected to the National Association of Neonatal Nurses board of directors as a director-at-large.

McDonald joined Christiana Care’s neonatal intensive care team in 2005, the same year that she became licensed as a neonatal nurse practitioner in Delaware and Maryland and a member of the National Association of Neonatal Nurses.

In the NICU, McDonald is responsible for case management of multiple babies with medical and surgical diagnoses in

delivery room, newborn, transitional and intensive care nurseries. She also precepts new nurse practitioners, undergraduate and graduate nursing students, neonatal fellows, pediatric residents and medical students.

She received her doctoral degree in nursing practice in August from the University of Alabama Birmingham School of Nursing, after completing a Capstone scholarly project: “Initiation of a Perinatal/Neonatal Palliative Care Team.” She earned her master’s degree in nursing at SUNY Stony Brook University, Stony Brook, N.Y., and her bachelor’s degree in nursing from the University of Delaware.

She is a member of Sigma Theta Tau International Nursing Honor Society and many other professional nursing organizations. ●

Oral and Maxillofacial Surgery faculty practice launched at Wilmington Hospital

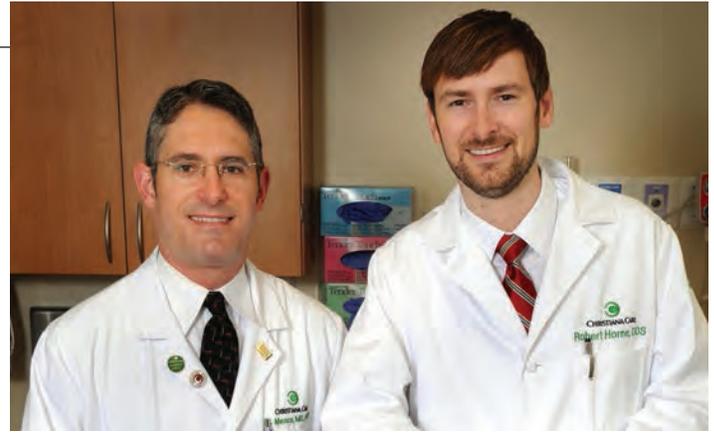
The Oral and Facial Surgery Center, a newly constructed, state-of-the-art, private practice for the Christiana Care Oral and Maxillofacial Surgery full-time faculty, is now open at Wilmington Hospital. The center offers full-scope oral and maxillofacial surgery services for patients with routine or complex needs.

Launched in April 2011 by Daniel Meara, M.D., D.M.D., the residency program director, the practice enhances Christiana Care's stature as a comprehensive, academic teaching hospital with a fully accredited oral and maxillofacial surgery residency program. Upper-level residents train with full-time faculty in this new environment, further enhancing the educational process.

"We are unique in Delaware, an academic model that will serve patients with insurance, for both medical and dental-related oral and facial surgical issues," Dr. Meara says. "Our goal is to make our practice a referral destination for all conditions of the head and neck in order to serve the community as well as employees of Christiana Care."

He notes that patients with complex or high-acuity cases will be cared for even if they are not insured, and the separate resident clinic will continue to care for underserved populations.

Robert Horne, D.D.S., joined the practice in August and serves as associate program director for the residency program. Dr. Horne completed residency training at Christiana Care, and his surgical interests include orthognathic surgery, facial trauma and routine dentoalveolar procedures.



Daniel Meara, M.D., and Robert Horne, D.D.S., now treat patients at the new Oral and Facial Surgery Center in Wilmington Hospital.

"We are enthusiastic about serving the community, the employees and our surgical residents," says Dr. Meara. "This is a perfect opportunity to grow along with Wilmington Hospital and Christiana Care."

An oral and maxillofacial surgeon is a highly trained professional who has completed an additional four to eight years of post-doctoral training specializing in treating the hard and soft tissues of the oral cavity as well as the extended craniofacial region.

The new faculty practice serves many different types of patients, ranging from basic tooth extractions to surgical correction of congenital deformities, facial fracture repair, orthognathic surgery, sleep apnea surgery, temporomandibular joint surgery, removal of pathological lesions and reconstruction, bone grafting, cosmetic procedures, wisdom tooth (third molar) extraction, and dental implants.

The Oral and Facial Surgery Center is located in suite 2W44. The practice complements the Department of Oral and Maxillofacial Surgery and Hospital Dentistry at Wilmington Hospital, which has provided both general dental, as well as oral and maxillofacial surgical care to uninsured and underinsured patients for more than 60 years. ●



ED and Injury Prevention present safe patient lifting poster to national ED physicians scientific assembly

Christiana Care Injury Prevention Educator Terri Burgess, MSPT, CEAS, and her husband, Emergency Medicine attending Brian E. Burgess, M.D., collaborated to present a poster, "Use of Ceiling-Mounted Lifts with Patient Slings in the Christiana Hospital ED Considerably Reduces the Incidence of Injury Among ED and Hospital Personnel Who Are Required to Lift and Transfer Patients," at the American College of Emergency Physicians Scientific Assembly, Oct. 9 in Denver, Colo.

"We wanted to bring attention to Christiana Care's great support for safe patient handling and staff injury prevention," Terri Burgess said. ●

Christiana Care Medical-Dental Staff President-elect Brian Burgess, M.D., and his wife, Terri Burgess, MSPT, CEAS, share a commitment to safe patient handling and injury prevention.

NICU Transport team marks 25 years of small miracles

Like an intensive care unit on wheels, Christiana Care's neonatal transport team has been saving newborn lives for 25 years — providing advanced care at the scene of the birth and transporting babies to hospitals that provide a more advanced level of care.

Established by Christiana Care Health System and the state of Delaware 25 years ago, the team's special ambulance is equipped with the latest technologies, including mobile ventilators, incubators, monitors, IV infusion pumps, a cooling apparatus and other equipment to stabilize sick babies. Conditions that require this crucial service include prematurity, severe respiratory distress, extremely low birth weight due to pre-term labor, and low blood sugar in newborns of diabetic mothers.

The team has transported more than 7,000 infants since it was formed — more than 400 transports per year — and helps babies throughout Delaware and at neighboring hospitals in Maryland, Pennsylvania and New Jersey.

"I was the director of neonatal transport back in 1987," said John L. Stefano M.D., director of neonatology. "It's amazing to me to have witnessed the growth and capability of this program both in terms of clinical expertise and technical advancements."

The team's dedication and spirit is amazing, Stefano said. "Nothing stops them. Blizzards, hurricanes, beach traffic ... I mean, nothing, when a baby is in need of our care."

The clinical team that travels with the ambulance varies depending on the needs of the newborn. The team is composed of nurses, respiratory therapists and neonatal nurse practitioners or physicians who have received advanced training in the care of critically ill newborns. The new cooling "blanket" provides time-sensitive therapy for infants who may be at risk

for injury or long-term handicaps due to lack of oxygen and blood flow to vital organs.

In some cases — a very critical baby a distance away, traffic or roadway problem, or another unusual circumstance that would make ground transport too lengthy — the team travels by a helicopter equipped with a special, lightweight incubator.

"When one of our newborns is sick, we take it very personally," says Nancy Oyerly, director of maternal-child health at Nanticoke Memorial Hospital, one of many Delaware hospitals served by the transport team. "We're grateful to have the support of the team from Christiana Care. Not only do they consult with us on specific cases, but they also invest in training our staff so we can begin the

process of stabilizing these special newborns while we wait for the team's arrival. They even take the time to let us know the outcomes of the babies we entrust to their care."

"The neonatal transport team from Christiana Care has been a godsend for thousands of babies born at outside organizations and who require emergency neonatal services," says Robin Underwood, RN, MSN, CNS, APN, Clinical Nurse Specialist Pediatrics at Bayhealth Medical Center NICU. "The team is not only skilled, but wonderful with families whose baby must be transported to a higher level of care. Their mix of technical expertise and compassion is unparalleled. Thank you for providing our most vulnerable patients with expert care." ●



From left, neonatal transport team members Jill Carpenter, RN; Shawn Sprenkle, RN; Theresa McGreevy, NNP (coordinator); Tamie Hotchkiss, RN; Bridget Eichler, RN; Tammy Search, RN; Ann Will, RN; Lauren Walker, RN; and Mandy Pennington, RN.

Visiting Nurse Association project shows elderly patients fare better when paired with one nurse



From Left, Valerie Hughes RN, Dana Price, senior social worker, Holly Wright APN, Ina Li, M.D., and Rachel Glick, APN, meet weekly to discuss patients and plans of care.

Homebound seniors with chronic conditions who receive care from the same nurse each visit are less likely to require hospitalization and have significantly shorter stays when they do.

That is the finding of Christiana Care's Physician Collaborative Model, in which a VNA nurse joins the Department of Family Medicine's Home Visit Program interdisciplinary team. The model is a part of one of only 15 such pilots nationwide selected by the Centers for Medicare & Medicaid Services to participate in the Independence at Home demonstration pilot.

Ina Li, M.D., the gerontologist who leads the program, has worked closely with Valerie Hughes, RN, to help demonstrate how working with an assigned, individual nurse instead of a rotation of different nurses benefits both patients and providers.

"There is no need to re-explain the case to changing nurses day to day," Dr. Li said. "Val knows the patients well and knows the details of every case."

Hughes' constancy makes her better able to recognize subtle changes in a patient's condition. She meets with Dr. Li and the entire team every Tuesday to discuss patients' progress and make adjustments to the plan of care.

Results of comparing patients enrolled in the Independence at Home project support the benefits of one-on-one familiarity with individual caregivers:

- After six months, hospitalizations of patients in the program decreased 10 percent.
- Patients who were admitted went home sooner, reducing hospital length of stay by 45 percent.
- Patients also reported significant improvement in quality of life, with 80 percent experiencing gains in locomotion.
- More than half of patients are better able to groom and bathe.
- 69 percent of patients showed improvement in ability to dress their lower bodies, which reduces the risk of falls.

"Patient satisfaction is through the roof," Dr. Li said.

Fewer days in the hospital also saves health care dollars. Further, the program doesn't cost more to operate.

The VNA has partnered with the Department of Family Medicine's Home Visit Program since its inception.

"One of our goals as a home health care agency is to add greater value for our patients by establishing a closer working relationship with physicians, who are our partners in care," said Lynn Jones, VNA president. ●



COPD patients breathe easier in new VNA program

Patients with chronic obstructive pulmonary disease (COPD) might benefit from the help of a registered respiratory therapist (RRT) complementing care from the Christiana Care Visiting Nurse Association.

COPD patients typically have a variety of different devices to help them breathe.

The visiting RRT:

- Teaches patients various breathing techniques.
- Examines inhalers and teaches patients on how to clean them.
- Checks nebulizer filters, makes certain masks fit properly and makes recommendations for replacing outdated equipment.
- Patients on how to store their equipment safely and efficiently.

Typically, patients receive a visit from the RRT in place of a nursing visit to better meet their needs. Preliminary survey results indicate adding an RRT to the team significantly increases patient satisfaction. ●

Best practice review



FOOD AND DRUG INTERACTIONS

- Q. WHICH DEPARTMENT IS RESPONSIBLE FOR IDENTIFYING PATIENTS AT SIGNIFICANT RISK FOR FOOD AND DRUG INTERACTIONS?**
- A.** The Pharmacy Department. Pharmacy notifies Food and Nutrition Services daily by a computer-generated report informing them of potential food and drug interactions among patients so they can provide nutrition education. The Pharmacy will inform Nursing of other interactions via the patient label of the initial drug or the Electronic Medication Administration Record (EMAR).
- Q. WHAT ARE THE NURSING DEPARTMENT'S RESPONSIBILITIES FOR PREVENTING FOOD AND DRUG INTERACTIONS?**
- A.** The department is responsible for adjusting the patient's medication administration times after the pharmacy has identified the food and drug interactions on the initial medication order label or EMAR. The nurse will provide the patient upon discharge a Micromedex Aftercare Instruction Sheet or Care Notes, which describes the medication prescribed and the food and drug interactions.
- Q. WHERE IS THE LIST OF FOOD AND DRUG INTERACTIONS LOCATED?**
- A.** Food and Drug interactions can be found by searching the Christiana Care portal for "Pharmacy policies for Food and Drug Interactions, Policy Number 003."

If you have questions about this Best Practice Review, contact the content experts: Deborah Learn Alchon at 733-3556 or Carolyn Attia 733-6099; the Safety Hotline, extension 7233 (SAFE) from within either hospital; or call 623-7233 (SAFE) from outside. For more information, visit the Focus on Excellence, Best Practice Review Q&A area on the portal. ●

InformationWeek ranks Christiana Care among nation's top innovators

Christiana Care Health System has been named to *InformationWeek* magazine's 2012 InformationWeek 500 list for the second consecutive year. The publication calls the health system one of the nation's most innovative users of technology.

The magazine spotlights Christiana Care's Insight program, a tablet-based, self-evaluation tool that enables patients to report the severity of their symptoms and how they affect their quality of life.



Theresa Gillis, M.D., medical director of Oncology Pain and Symptom Management and Rehabilitation Services at the Helen F. Graham Cancer Center, shows a patient the benefits of Insight, which was named to the InformationWeek 500 list.

Insight also won top five honors in the health category from *Computerworld Magazine* earlier this year after the publication named the innovative tool a Laureate Award winner from among 500 nominations.

"We are always looking for — and excited to drive — solutions that help our clinicians," said Karen Gifford, Christiana Care's director of Information Technology. "Making the InformationWeek 500 list testifies to the hard work and collaboration of many people at Christiana Care to serve our patients as respectful, expert caring partners in their health."

Patients with cancer first used the patient-friendly wireless tool in a pilot program in May 2010, followed by patients with heart failure. Christiana Care's Information Technology team launched a new release this year for a wider patient audience and is now making iPads available to patients for the first time.

Patient feedback helped develop the program. Seventy-six percent of patients say that they like using Insight, with 67 percent claiming the tool better prepares them to speak with their doctor. Doctors use the data to spark meaningful conversations with their patients.



Last year, Christiana Care made the InformationWeek 500 list for the first time with its innovative implementation of a two-part, break-through communications and workflow system in the emergency department at Christiana Hospital. The magazine further highlighted one part of the initiative, Christiana Care's use of large touch-screen monitors to better manage trauma rooms, in its annual "20 Innovative IT Ideas To Steal" article.

For more information on the InformationWeek 500, visit www.informationweek.com/iw500/. ●

ThinkFirst Injury Prevention Program salutes Ginny Corrigan

Virginia Corrigan, RN, MSN, who retired as Christiana Care Trauma Program Injury Prevention coordinator, received an award to recognize her many years of service and commitment to preventing traumatic injuries in Delaware. Presenting the award at an annual ThinkFirst celebration event Sept. 26, from left, are former colleagues Pam Woods, ACNS-BC, Linda Laskowski-Jones, MS, RN, ACNS-BC, CEN, Glen Tinkoff, M.D., Joan Pirrung, ACNS-BC, and Marilynn Bartley, FNP-BC. ●



New inpatient hospice unit comforts families during difficult time



Seasons Hospice & Palliative Care held an open house to showcase the new inpatient unit on 6D at Christiana Hospital.

The inpatient unit features 12 private rooms and wheelchair-accessible bathrooms, and a family day room with a full-sized refrigerator, a microwave and café tables for a family dining atmosphere. The patient's family members can experience a home-like setting where they can stay with their loved one 24 hours a day.

"The opening of the inpatient unit at Christiana Hospital completes the circle

of care for Seasons Hospice and the Christiana Care Health System," said Sharon Garrick, Executive Director of Seasons Hospice & Palliative Care. "Patients, families and the community will benefit from expert end-of-life care in an inpatient hospital setting. My staff and I look forward to providing this care."

"Many of our patients are too ill to return to their homes to be cared for by a hospice team," added John J. Goodill, M.D., FACP, FCCP, the chief of Christiana Care's Pain and Palliative Care Section. "Through this new inpatient unit, we are able to bring

hospice care to patients who desire it while they are still at the hospital. This joint effort enables us to provide these patients with round-the-clock hospice care."

The Center to Advance Palliative Care, a national organization that promotes palliative care programs, calls hospital-hospice partnerships a "win-win" for patients with serious illnesses and their families because they:

- Expedite and expand access to a continuum of high quality palliative care services.
- Extend the hospice-hospital partnership through an improved understanding of the resources and constraints of each partner.
- Identify strategies for improving patient and family satisfaction ratings.
- Provide greater access to professional community-based bereavement services for families of deceased patients.
- Enhance access to appropriate reimbursement for palliative care and hospice patients. ●

Middletown Free-standing Emergency Department construction is on schedule to open in Spring 2013

Opening of the Middletown Free-standing Emergency Department, serving the Middletown-Odessa-Townsend area of Delaware, is fast approaching, with services to start in Spring 2013. The 36,500-square-foot facility, built on a 108-acre parcel of land at the crossing of Route 299 and Brick Mill Road in Middletown, will include 19 treatment bays, with two behavioral rooms, two resuscitation rooms and five treatment bays in a "Super Track" area to care for less acute patients. The Emergency Department will be able to handle more than 36,000 residents a year. About 90 new jobs will be created as a result of the opening. ●



The Advisory Board shines a spotlight on Christiana Care's Human Resources Service Center



HR Service Center staff Paula Kasun, Lydia Carter, Cathy Smith, Mary Czech, Dora Beckham, Latasha Nock-Brinkley, Danielle Silva, and Brady Johnson. Team member Shahn Scott is not pictured.

of Excellence — Employee Relations, Compensation, Recruiting Services and Employee Health and Benefits — receive escalated calls from the Service Center.

HR developed its Service Center initially from an employee Benefits Hotline to a Benefits Service Center and now to a full-fledged, high-volume service center. The Service Center handles more than 41,000 calls a year and nearly 700 walk-ins at its Read Way location alone.

The Service Center grew from staff pitching in to answer employee calls on the hotline to five full-time staff members dedicated to answering employee questions and four full-time staff processing more than 35,000 transactions a year. HR Online receives more than a million employee visits a year.

“Our goals were to ensure Service Center staff could promptly answer employee questions and demonstrate exemplary customer service,” says Beckham.

It has done all of that and more. Since the launch of the HR Service Center in 2006, employee satisfaction scores are routinely 97 percent or higher.

The Advisory Board singles out Christiana Care for tackling routine requests at the appropriate staff level and perfecting internal handoffs to ensure that staff members collaborate on the more difficult questions. Service Center staff receive training and have materials on hand so they now achieve an 87 percent resolution on the first call.

Frontline staff use an electronic ticketing process to elevate calls to the specialists who promise followup within 48 hours. ●

For transforming its approach to employee customer service through the HR Service Center, the Advisory Board is shining a spotlight on Christiana Care's Human Resources Department as a best practice to model.

The global research, consulting and technology firm includes several successful features of Christiana Care's HR Service Center in its presentations to hospitals and other businesses. The Advisory Board also recently profiled the Service Center in its HR study titled, “The Highly Productive HR Department: Restructuring HR to Lead an Evolving Health System.”

“Human Resources at Christiana Care is always searching for new ways to improve service to our customers — in this case, our own employees,” says Audrey Van Luven, senior vice president of Human Resources. “We could not have achieved this best-practice

recognition without the dedicated commitment of the entire team.”

In 2006 HR restructured how it handles employee requests for information on a host of complicated issues, ranging from general policy and benefits, to Family Medical Leave Act and the Crisis Leave Bank, to online performance and the internal transfer process.

“HR developed an integrated service delivery model that focuses on delivering the best outcomes and support possible for our employees with a passion for quality and continuous improvement,” says Dora Beckham, manager of HR operations.

This approach to customer service includes HR Online, which allows staff and managers to process their own transactions, and the HR Service Center, which answers calls and processes all the web transactions. The model also incorporates individual Centers

Delivering better quality care under new payment models

National speaker addresses changes coming in wake of reform

One of the biggest drivers of change in health care delivery and costs will be the tremendous expansion of Medicaid under the Patient Protection and Affordable Care Act, according to Stanley Stead, M.D., CEO of the Stead Health Group, a strategic health care consulting group.

Dr. Stead presented “What ‘Accountable’ and ‘Affordable’ Care Mean to Physicians” at a Surgical Grand Rounds in September. Dr. Stead is a national expert on hospital and health care finance with a focus on new and alternative payment systems. Prior to founding the Stead Health Group, he was senior associate director of the University of California Davis Health System for strategic planning, utilization, perioperative services and risk management.

The Congressional Budget Office estimates that Medicaid will expand enrollment by 32 million by 2014. According to Dr. Stead, one third of all people not eligible for Medicare will soon be added to Medicaid.

With a burgeoning Medicaid population and a looming shortage of physicians, health care reform is ushering in new payment models for hospitals and physicians, Dr. Stead said.

“My economic modeling for surgical procedures indicates the shift from uninsured to Medicaid will result in a 9.3 percent increase in case volume,” he said. “The question is whether hospitals and physicians have the capacity to handle this increase.”

The goal of new payment models is to make value a primary driver in treatment decisions. “The models are designed to achieve the same or better patient outcomes at lower costs,” Dr. Stead said.

Two new models under consideration are payment-by-episode and payment for comprehensive care. Episode payments are a single payments for all health care services needed during an entire episode of care, such as all inpatient and outpatient

care for a hip replacement. Comprehensive care payments are condition- or risk-adjusted fees with a single price for all services needed by a specific group of people for a fixed period. For example, this model would pay for all the care needed for a year for all employees of a company who have chronic diseases such as diabetes.

“We will see a mixed system with all of these, including fee for service, in use for a while,” he said. “Bundled payments under these models give the biggest bang for the buck.”

“Standardizing medical devices provided half the savings,” Dr. Stead said. A payment-by-episode demonstration project for orthopaedic services, at Baptist Health System saved \$1 million in just six months. Post-surgical infection rates, length of stay and quality scores improved.

Dr. Stead outlined some of the advantages of a perioperative surgical home model of patient care. He estimates that increased anesthesiologist consultations and techniques to control blood loss during a total joint replacement can achieve nearly \$900 in savings.

“Under this model, managing each patient carefully can change outcomes and deliver significant savings,” he said. ●

Dr. Stanley Stead presenting at Grand Rounds Sept. 13 at Christiana Hospital about hospitals and physicians delivering better patient quality and value under new payment models.





Listening sessions build partnership in health care delivery redesign

In several listening sessions at Wilmington and Christiana hospitals this fall, employees had the opportunity to provide input in the redesign of health care delivery for themselves and their dependents.

As communicated last month, Christiana Care is partnering with employees and physicians to redesign our current processes and create a more effective, affordable system of care. The aim is to develop a care model that adds value, enhances access, and improves quality, safety and overall health and well-being. The initial focus of these efforts is our employees and their dependents.

"I'm glad Christiana Care is taking the time to listen to what employees find valuable," said Carlos Barbosa, pharmacy technician at the Wilmington Campus. "My focus group offered many suggestions on making primary care services more accessible."

Christiana Care has taken many steps over the past few years to improve the health and wellness of its employees, including health risk assessments, biometric screenings and disease management programs. Sixty-four percent of employees are obese or very obese, 74 percent get little or no activity, and 37 percent feel a great deal of stress.

Other data revealed that 37 percent of employees did not see a primary care physician last year. At the same time, Employee Health provided primary care services in more than 18,000 of its 36,000 visits last year.

"In order to know what is valuable to our employees we need to listen to what they have to say," says Chris Corbo, corporate director of Benefits and Wellness. "Redesigning health care delivery can only be successful when there is a true partnership among the organization, our employees and physicians. The best way to make this happen is to learn about their concerns and needs and let them help us build a better way to care for them."

Corbo and Doug Azar, director of Specialty Care Practice Operations at the Medical Group of Christiana Care, led 10 employee listening sessions that explored such topics as:

- Creating a better coordinated and integrated treatment among caregivers.
- Offering onsite access at Christiana and Wilmington hospitals to primary care physician practices.
- Incorporating resources, such as telehealth, patient navigators, case managers and health coaches, to provide easier access and better care.

According to Dan Doherty, RN, staff development specialist in the Emergency Department at Christiana Hospital, "with this redesign of health care delivery, it is clear that Christiana Care wants to reach out to employees to help them be healthier. Working in health care, we don't always have time to take care of ourselves as we should. To see the organization stepping up to do something listening to our needs is encouraging."

Look for updates on the portals about the redesign of the delivery of employee health services. ●



Front row, from left, Gale Duncan, RN, PCC; Daphne Mullett, RN; Richard Derman, M.D.; Marie E. Pinizzotto, M.D., Endowed Chair of Obstetrics and Gynecology; Beverly Smyk, RNC, PCC; MaryAnn Kelder, RNC, nurse manager; Vanita Jain, M.D.; Gordon Ostrum, M.D.; Dina Viscount, RN, Perinatal CNS; Kathy Simpson, RNC; and Sherry Monson, vice president, Women's and Children's Services.

model of care for pregnant women with complications, such as preterm labor or elevated blood pressure.

"The redesigned, 19-bed unit 3A really signals the beginning of a new care path for hospitalized obstetric patients," said Perinatal Clinical Nurse Specialist Dina Viscount, APRN.

In the new model of care, perinatal patients who require intensive care are admitted to the Perinatal Special Care Unit. "But, when the level of care needed requires a change to stepdown or routine care, the patients are transferred or admitted to 3A, where nurse-to-patient ratios are adjusted to provide optimal care," Viscount said. ●

New stepdown unit provides optimal care for women who are hospitalized with pregnancy complications

A ribbon-cutting ceremony at Christiana Hospital in September celebrated the opening of an antenatal stepdown patient care unit for women hospitalized during pregnancy.

The opening was the culmination of an 18-month project in which a multidisciplinary team was tasked with creating a new

Visions of Nursing event inspires nurses to raise expectations for themselves

Kathryn E. Roberts, RN, MSN, CNS, CCRN, CCNS, president of the American Association of Critical Care Nurses, faced a roomful of nurses attending the 21st Century Visions of Nursing 9th Annual Regional Conference for Health Care Professionals at Christiana Care's John H. Ammon Medical Education Center. She challenged her audience: "Dare to ..."

Dare to what? That's up to each of her listeners, she said.

"In each one of us, there is something we can do to make our optimal contribution to our patients, to our families and to ourselves," said Roberts, who has made "Dare to ..." the theme of her year as president.

With input from more than 200 nurses in the audience, a definition of daring emerged. It included bravery, the courage to step out of your comfort zone, taking a risk, speaking up and doing what you believe in, despite your fears.

"It made me think what my goals are and that I need to put the wheels in motion — to stop being afraid of what could happen and take some small steps," said Carla Dimiris, RN, of Hockessin, Del. Dimiris, who teaches certified nursing assistants at the Delaware Skills Center, said her "dare-to" idea had been to go back to school for a higher degree in nursing. Now she's thinking more seriously about it.

Her timing is right. Health care reform and an increasingly complex health care delivery system are creating an urgent need for more highly trained nurses, according to a 2010 report from the Institute of Medicine.

"It is predicted that with 32 million newly insured people (under the Affordable Care Act), by 2020 there will be 700,000 new nursing positions," said Bonnie Osgood, MSN, RN-BC, NE-BC, manager of 4 Medical at Wilmington Hospital, president of the Delaware Nurses Association and co-leader of the Delaware Action Coalition. Osgood outlined the main recommendations of the Institute of Medicine report, "The Future of Nursing," which focused on changes needed in nurses' roles and responsibilities. In Delaware, she said, efforts to implement the report's recommendations began with a task force that, in partnership with the Delaware Nurses Association and the Delaware Healthcare Association, became the Delaware Action Coalition.

The coalition is focusing on key areas: removing practice barriers, implementing residency programs, setting up statewide mentoring for nurses, improving data collection with the Delaware State Board of Nursing, and focusing on education opportunities that will boost the total of nurses with bachelor's degrees to 80 percent by 2020.



"In each one of us, there is something we can do to make our optimal contribution to our patients, to our families and to ourselves."

—Kathryn E. Roberts

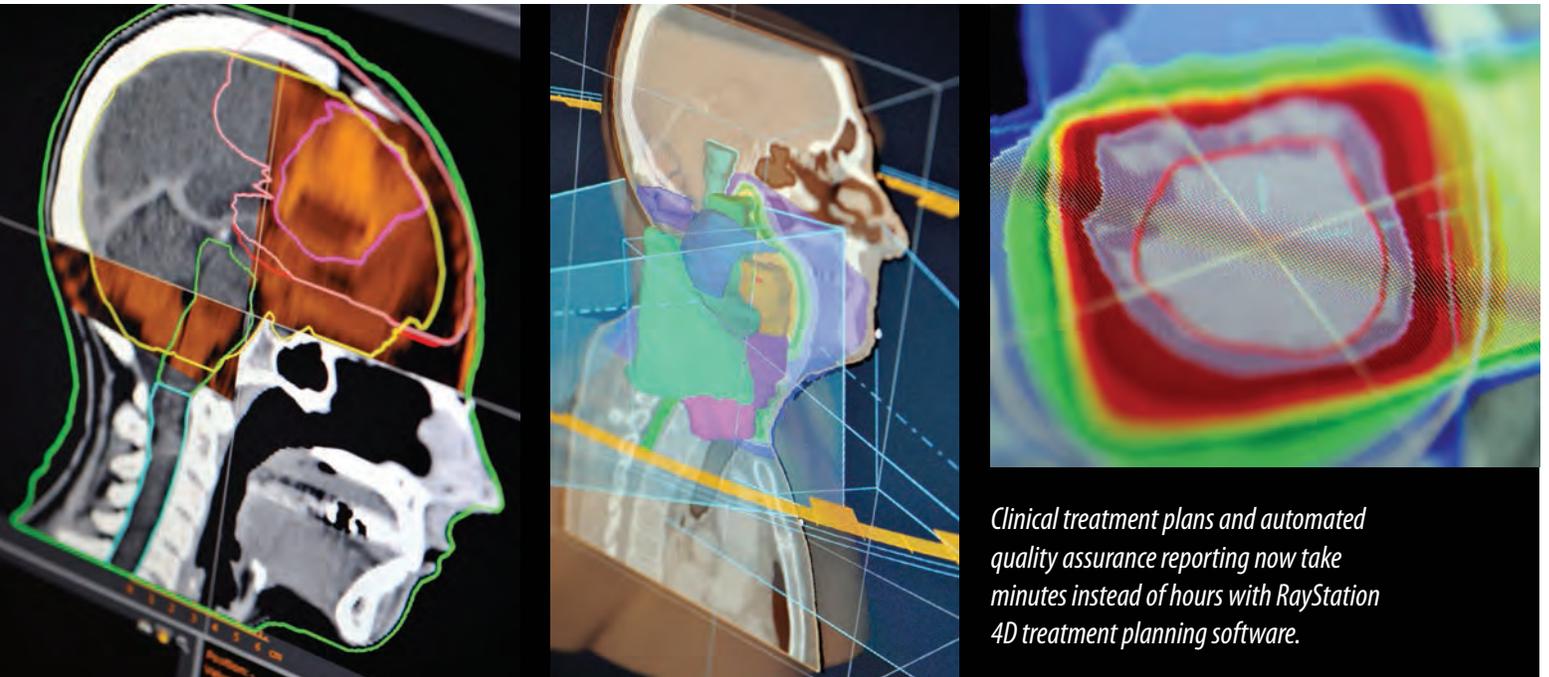
"We're working with the schools, so if a nurse starts in an associate degree program, they can seamlessly transition to a bachelor's program," Osgood said. More information is available from the Center to Champion Nursing in America (championnursing.org).

Other topics during the two-day conference included the impact of preventable patient harm; how to defuse stress with humor and a good attitude; the threat of crime and terrorism in hospitals; and an update on drugs of abuse. The conference also included breakout sessions on 24 topics that included preventing falls in older adults, transplantation, cancer survival, herbal pharmacology and hypothermia.

The 10th annual 21st Century Visions of Nursing conference is scheduled for Sept. 12-13, 2013. ●

Advanced 4D radiation treatment planning at Helen F. Graham Cancer Center

Christiana Care one of only 10 sites in U.S. with tumor-tracking software



Clinical treatment plans and automated quality assurance reporting now take minutes instead of hours with RayStation 4D treatment planning software.

The Helen F. Graham Cancer Center at Christiana Care is only the 10th institution in the United States to install RayStation, a 4D treatment planning software that provides precise radiation treatments for cancer patients with greater efficiency.

4D — the fourth dimension — is time. RayStation 4D software uses special adaptive techniques to adjust for anatomical changes that can occur in tumors and surrounding normal tissues during the course of treatment, allowing far greater control in tumor targeting while sparing normal tissue.

RayStation will be used to plan treatment of cancers of the head and neck, said Firas Mourtada, MSE, Ph.D., D. ABR,

chief of Clinical Physics in Radiation Oncology at Christiana Care.

“Head and neck tumors and surrounding normal organs from the original CT scans are used to create a treatment plan,” he said. “However, they move around during the course of radiotherapy, and thus might require adjustments.”

With standard systems, it can take two or three days to review the progress of a tumor and establish a plan to deliver the precise dose of radiation required to attack the cancer. RayStation condenses that process to about half a day.

Head and neck cancers account for about 3 percent of cancers in the U.S., according to the American Cancer Society. These cancers are difficult to

treat unless they are detected in their earliest stages.

Intensity-modulated radiation therapy or IMRT is so highly conformal that even minor changes in the patient’s anatomy can have profound effects on outcomes, said Adam Raben, M.D., radiation oncologist.

“This technology is revolutionary in that it allows rapid adaptation of our original IMRT treatment plan to re-conform to changes in the patient contour due to weight loss and tumor response,” Dr. Raben said. “Rapid adaptive IMRT is the next wave of technology that can be applied with immediate clinical benefit of additional accuracy and side-effect reduction.” ●



CHRISTIANA CARE COMPLIANCE HOTLINE

Christiana Care’s *Compliance Hotline* can be used to report a violation of any regulation, law or legal requirement as it relates to billing or documentation, 24 hours a day, 7 days a week. All reports go directly to Compliance Officer Ronald B. Sherman. *Callers may remain anonymous.* The toll-free number is: **877-REPORT-0 (877-737-6780)**.

✓ To learn more about Corporate Compliance, review the Corporate Compliance Policy online or contact Ron Sherman at 302-623-2873.

Cancer Center collaborates with Wistar Institute to advance next generation of melanoma therapies

Cancer patients are helping scientists crack the code for treating drug resistant melanoma, the deadliest of skin cancers. Their tumor samples might provide answers for broader treatment options.

Helen F. Graham Cancer Center patients undergoing melanoma surgery have the opportunity to donate tumor samples for study at the Wistar Institute's Melanoma Research Center in Philadelphia, home to the world's largest melanoma cell collection.

"We are providing tumor samples mostly from patients with advanced disease, an area where more melanoma research is needed," explains Michael Guarino, M.D., director of Graham Cancer Center Pharmaceutical Clinical Trials. "What is essentially surgical waste could potentially lead scientists to important new discoveries, and we are in on this right at the ground level."

This latest tissue retrieval project is part of an ongoing collaboration between the Graham Cancer Center, among the first National Cancer Institute (NCI) selected community cancer centers, and Wistar, one of the first NCI-designated cancer research centers.

Incidence of melanoma is rising, particularly among young adults. One currently approved drug to treat melanoma is temporarily effective for about 40 to 70 percent of patients with a known (B-RAF) genetic mutation. However, the drug is not effective for patients not having the mutation. A second available drug is less effective and has more side effects.

Wistar's Melanoma Research Center scientists are studying patients' tumors to identify the genetic drivers of melanoma and to find out why some tumors are resistant to treatment. "Cells isolated directly from patients' tumors are the best source for us to develop new strategies for overcoming melanoma drug resistance, which continues to be a vexing problem," said Center Director Meenhard Herlyn, D.V.M., D.Sc. "The availability of material from patients is critical to our mission of developing new therapies."

Once the hand-delivered tissue arrives at Wistar, the melanoma research team expands the tumor cells using mouse models to preserve them for long-term study in a live environment similar to patient tissue. By studying these tumors, the scientists can more accurately predict whether a new drug will work effectively in patients and potentially increase the success rate of human clinical trials.

"We are testing a number of promising new agents against these melanoma tumors," said Clemens Krepler, M.D., Wistar staff scientist. "But because each type of melanoma and each individual tumor are unique, we need to study tumor cells from a large variety of patients."

Later this year, in a separate collaboration, Dr. Guarino anticipates that a new clinical trial for difficult-to-treat melanoma will open for patients at the Helen F. Graham Cancer Center. ●

Annual Cancer Symposium and Community Clinical Oncology Awards

The Helen F. Graham Cancer Center's 2012 Cancer Symposium highlighted the human papilloma virus (HPV) with presentations by Mark Borowsky, M.D., and Adam Raben, M.D. More than 130 guests attended the event at the John H. Ammon Medical Education Center, which also featured the presentation of the Annual Community Clinical Oncology Awards and posters by more than a dozen students from the Center for Translational Cancer Research and the University of Delaware. ●



From left, award presenter Stephen Grubbs, M.D., with Research Excellence award winners Jon Strasser, M.D., Radiation Oncology, and Cancer Research Nurse Karen Sites, RN, BSN, OCN.



David D. Biggs, M.D., chief of Medical Oncology at Christiana Care, and Research Nurse Supervisor Barbara Marconi, RN, OCN, were among those who received 2012 Research Excellence Awards from the Helen F. Graham Cancer Center at the annual Cancer Symposium.



Neil Jasani, M.D., MBA, appointed vice president for Academic Affairs

Neil Jasani, M.D., MBA, has been appointed vice president for Academic Affairs for Christiana Care Health System.

“Dr. Jasani is well-positioned to lead Christiana Care into the new era of accreditation and education that will increasingly

emphasize interprofessional training and the role our learners play in achieving our quality and safety outcomes,” said Janice Nevin, M.D., MPH, chief medical officer.

Dr. Jasani has an extensive background in graduate medical education, having served as the program director for Emergency Medicine since 2007 and as assistant program director from 1992 to 2007. He also is a national leader in quality and safety, serving as an independent examiner for the renowned Malcolm Baldrige National Quality Award.

Dr. Jasani graduated from Georgetown University School of Medicine and completed his emergency medicine residency at Christiana Care in 1990. He received a physician executive MBA from the College of Business Administration, University of Tennessee. He has authored numerous peer-reviewed publications and presentations.

Dr. Jasani will begin working full-time leading Academic Affairs on Jan. 1, 2013, and will spend the next few months getting used to his new role. ●



Sarah Nagle appointed director of Strategy & Planning

Sarah Nagle has been named Christiana Care director of Strategy & Planning.

Nagle has more than 12 years of experience in strategic planning and business development at Christiana Care. She has managed the market research

and planning activities that support executive decision-making, advancing Christiana Care’s mission to our neighbors and guiding resource allocation in service line development.

She has been involved in the planning of the Wilmington Hospital campus expansion project, the Middletown

Free-Standing Emergency Department and the Concord campus on Route 202. She also plays a key role in developing Christiana Care’s Strategic Vision binder, which communicates our strategy.

Nagle graduated from Randolph-Macon Woman’s College in Lynchburg, Va., with a degree in Psychology and Business & Economics. She received a Masters of Health Administration from the Medical College of Virginia campus of Virginia Commonwealth University in Richmond. She is a fellow in the American College of Healthcare Executives, serves on several healthcare leadership groups and is enrolled in the Advisory Board’s fellowship program. ●

Judy Gadde, M.D., earns place in distinguished diagnostic radiology training program



Diagnostic Radiology (DR) resident Judy Gadde, D.O., has been selected as one of only 80 radiology residents in the nation to participate this year in the Introduction to Academic Radiology program during the 2012 RSNA Scientific Assembly Nov. 25–30 in Chicago.

Dr. Gadde is only the second physician to be accepted as a participant in the program and the first physician since 2000. The program’s objectives are to introduce second-year residents to academic radiology, to demonstrate the importance of research in diagnostic radiology, to illustrate the excitement of academic careers, and to introduce residents to successful clinical radiology researchers.

“In her two and a half years so far at Christiana Care, Judy has proven herself as a dedicated physician, a highly skilled imager, and a clear leader among residents,” DR Residency Program Director Michael B. Sneider, M.D., said. “She accepts new challenges with eagerness and grace, and her results and outcomes are best quality. Dr. Gadde embodies everything that Christiana’s training programs strive to accomplish.”

“This opportunity would not have been possible for me without the quality of teaching and leadership provided by the faculty and staff of Christiana Care’s Radiology Residency Program,” Dr. Gadde said. “They have given me the support and guidance to focus on the academic aspects of radiology, including research, teaching, and leadership opportunities.” ●



Seema Sonnad, Ph.D., named director of Health Services Research for Value Institute

Seema S. Sonnad, Ph.D., is the new director of Health Services Research for Christiana Care's Value Institute.

"I am excited to become part of a team that is working to apply rigorous research in a real-world setting," Dr. Sonnad said.

"The Value Institute is ideally

positioned to collaborate with clinicians on projects that will improve understanding of patient-centered care that is both of the highest quality and cost-effective.

Dr. Sonnad will work with Christiana Care physicians interested in conducting research on health care quality, safety and outcomes, particularly with the group of researchers who have been appointed as Value Institute Scholars.

Timothy Gardner, M.D., director of the Value Institute and medical director of the Center for Heart & Vascular Health at Christiana Care, said Dr. Sonnad will be a valuable asset thanks to her experience designing and conducting collaborative health outcomes research with clinicians at the University of Michigan and the University of Pennsylvania.

"That really positioned her to be a sophisticated and productive researcher," Dr. Gardner said. "She has also been particularly effective in mentoring young researchers."

Prior to completing her doctorate in health services and policy analysis, Dr. Sonnad received a Master of Science degree in statistics from Stanford University (also her undergraduate alma mater), co-founded a medical diagnostics startup company and worked in business development for the Stanford University Hospital. She is interested in a broad range of interdisciplinary and collaborative health services research topics, particularly research on how individuals and organizations make decisions about new technology.

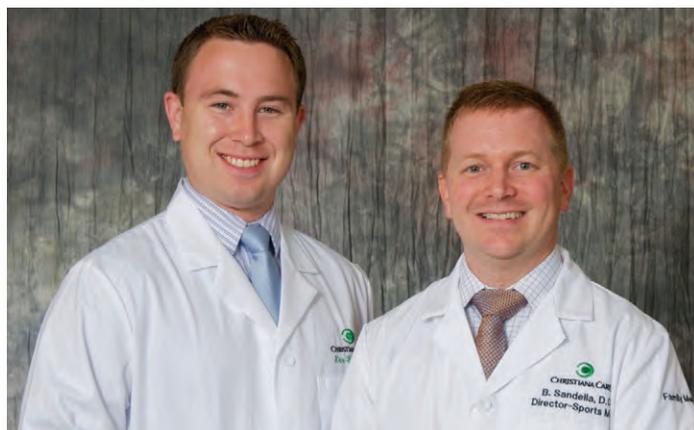
Dr. Sonnad has participated in research leading to more than 120 peer-reviewed publications, including work in surgical outcomes, women in academic medicine, technology diffusion, meta-analysis and guidelines implementation. In addition to her research, she enjoys teaching, and has designed and taught courses on introductory statistics for clinicians, successful publication strategies for academic physicians and outcomes research for devices and diagnostics.

In addition to research and teaching activities, Dr. Sonnad is a longtime member of the Society for Medical Decision Making, serving in many roles, including annual conference co-organizer and trustee. She is a member of the International Society for Pharmacoeconomics and Outcomes Research, associate editor for the American Journal of Managed Care and has served on multiple study sections for the AHRQ, NINR, and SBIR program. ●

Family and Community Medicine welcomes new sports medicine specialists

Bradley Sandella, D.O., joined Christiana Care in July as the director of Sports Medicine and program director for the Sports Medicine Fellowship. He attended the Philadelphia College of Osteopathic Medicine, completed residency at Christiana Care in family medicine went on to the Sports Medicine Fellowship at South Bend (Ind.) at St. Joseph's Regional Medical Center to complete a fellowship in primary care sports medicine. He is qualified as a certified athletic trainer. His interests include musculoskeletal medicine, osteopathic manipulation, student health and procedural medicine.

Kristopher Fayock, M.D., joined Christiana Care as assistant director of the Sports Medicine Fellowship. He attended Jefferson Medical College and completed his family medicine residency and primary care sports medicine fellowship at Thomas Jefferson University Hospital. His interests include musculoskeletal medicine, arthritis care, concussion management and weight-loss management. He also serves as a reviewer for the *Current Sports Medicine Reports* journal. ●



Kristopher Fayock, M.D., and Bradley Sandella, D.O.



Healthy employee success stories

'Alarming' blood work results make a doctor change diet and start exercising

John Madden, M.D., is devoted to taking care of patients in the Emergency Department. He wasn't much concerned about his own health until he received the alarming results of routine blood work.

At 59, Dr. Madden had borderline hypertension. His cholesterol count was high. He also was prediabetic, a condition his doctor suggested treating with medication.

"I was becoming the poster child for metabolic syndrome," he said. "I didn't want to turn 60 and be diabetic and obese."

Dr. Madden and his physician had a conversation. If he lost 20 pounds this year, could he avoid the need for medication? "Learning I was pre-diabetic was like a hammer coming down on me," he said.

As he gained strength he added free weights and calisthenics to his routine.

Setting himself up for success was an important part of his strategy. Meal times in the ED revolve around caring for patients, leaving little time to think about food. Now Dr. Madden brings frozen, low-fat meals to work, as well as baby carrots and bananas for snacks. "No chocolate chip cookies or doughnuts," he said.

He also learned to substitute foods that are lower in fat and calories. For example, he traded the sugary oatmeal and raisin cereal he used to eat for breakfast, which contains 240 calories per serving, for lighter cereals that have only 100-110 calories.



He began to take advantage of online programs on the Christiana Care intranet that promote healthful eating and regular exercise. He plotted his weight loss on a spreadsheet and watched it slope steadily downward.

He benefited from advice and encouragement from Edward Goldenberg, M.D., Preventive Cardiology and Lipid Center medical director, also a friend and the medical director of Christiana Care Employee Wellness.

At home, Dr. Madden went into his basement and turned on the treadmill that had been gathering dust for 12 years. "Lo and behold, it still worked," he said. He started walking and working out for at least 45 minutes four or five days a week.

To keep on track, he weighs himself daily. If he gains a pound, he makes an immediate adjustment. "There are benefits from even simple changes that are compounded over time," he said. "If you lose one pound a month, that is 12 pounds in a year — and 24 pounds in two years."

He made a 2012 New Year's resolution to lose 20 pounds, but recently reached the 50-pound mark. His waistline is eight inches slimmer, his energy level is much higher, and he is looking forward to an active life as he enters his 60s.

"My blood pressure is normal and I'm not pre-diabetic anymore," he said. "I feel great." ●

Showing some muscle in the fight against osteoporosis

As a nursing coordinator, Liz Bross, in her 50s, is always on the go. But she did find time for a couple bone density scan – a test that measures the bone strength.

When the scan was positive for osteoporosis, “I wasn’t completely surprised,” she said. “I knew that I had several risk factors.”

Being tall, slender and white are three indicators that put her at greater risk. And women most often develop osteoporosis after menopause. Osteoporosis disease contributes to hip fractures and other breaks that can lead to disability or early death.

The bisphosphonate therapy prescribed by her doctor to help reverse the bone loss process worried Bross. She was concerned about possible side effects, including a risk for unusual femur fractures among patients who take the medication for many years.

She decided to try treating her osteoporosis through exercise — specifically strength training.

Bross’s research turned up a 12-month study conducted on postmenopausal women in Boston, which determined that the women gained 1 percent in hip and spine bone density with just two days a week of progressive strength training, plus a

75-percent increase in strength and improved dynamic balance.

She began by working out on the treadmill and elliptical machines at the fitness center at Christiana Hospital. Then she built up to making the full circuit of 12 weight-training machines, a one-hour loop. In addition, she takes strength-training classes twice a week that combine weights and aerobic exercise, working with Susan Beamish, a fitness instructor.

Beamish says strength training requires a high level of commitment and consistency to achieve significant gains. “You have to put in the time, and Liz was willing to do that,” Beamish said.

In addition to exercise, eating low-fat dairy products that are rich in calcium are part of Bross’s regular routine.

Two years after her initial bone scan, Bross returned for a follow-up test. “How does that osteoporosis look?” she asked. “You don’t have osteoporosis,” was the reply.

Photo left: Liz Bross, RN, works out with weights to help prevent osteoporosis at the Christiana Hospital Fitness Center, with help from fitness instructor Susan Beamish. ●



FORMULARY UPDATE — SEPTEMBER 2012

FORMULARY ADDITIONS

MEDICATION – GENERIC/BRAND NAME	STRENGTH / SIZE	USE / INDICATION	COMMENT
Buprenorphine /naloxone / Suboxone	2 mg/0.5 mg & 8mg/2mg sublingual tablets	Maintenance treatment of opioid dependence	Initiation of new treatment limited to DATA qualified physicians
Vancomycin Injection	750 mg vial	Treatment of susceptible infections	Line-item extension

CCHS MEDICATION POLICY

High-Dose Influenza Virus Availability	The restriction on the distribution of this dosage form of the flu vaccine was rescinded. The high-dose vaccine is available for administration to inpatients 65 years or older who have no contraindications, as well as outpatients in Christiana Care-owned physician office practices.
Methotrexate Injection	An appropriately trained Labor & Delivery nurse may administer methotrexate to treat an ectopic pregnancy.

FORMULARY DELETIONS

Neomycin oral solution 125 mg/5mL	Removed from the Christiana Care Formulary because it is no longer manufactured.
Procarbazine / Matulane	Removed because of lack of use.
Rosiglitazone / Avandia	Removed from Christiana Care Formulary because of potential risk associated with its use and low utilization. Pioglitazone remains on the Formulary.

Upcoming events

25 A lunch and learn event for **Cultural Competency** will be Thursday, Oct. 25, 11 a.m. to 1 p.m. in Room 1100 at Christiana Hospital, featuring guest speaker H. Duane Taylor, JD, MPP, MCPH, chief operating officer of the Mid-Atlantic Association of Community Health Speakers. Mr. Taylor's topic will be "Cultural challenges associated with providing care to high-utilizing patients."

26 The **Heart Failure Summit 2012** will be held on Friday, Oct. 26, from 7 a.m. to 3:30 p.m. at John M. Clayton Hall on the University of Delaware Campus. Registration is \$75 per person (\$65 for Christiana Care employees). Register online through the I-net Education Center or call 733-1507. Registration includes conference materials, continental breakfast, lunch and refreshments.

27 The **Delaware Orthopaedic Symposium**, Saturday, Oct. 27, from 8 a.m. to 1 p.m., at the John H. Ammon Medical Education Center, is an education conference for orthopaedic surgeons, physicians, nurses, physical and occupational therapists. The symposium provides three education tracks: orthopaedic surgery, primary care orthopaedics and occupational health. Registration is \$50. CMEs and CEUs will be available. Residents and students attend for free. ●

Christiana Care teams raise \$50K for heart health at 2012 Heart Walk

Walking teams from Christiana Care raised more than \$50,000 in the 21st annual Heart Walk, Sept. 9 at the Wilmington Riverfront.

More than 1,000 Christiana Care employees, along with their families and friends, took part in the event, led by this year's chair, Ed Goldenberg, M.D., Preventive Cardiology and Lipid Center medical director, and by Honorary Chair Robert J. Laskowski, M.D., Christiana Care president and CEO.

Congratulations to Team Malatesta, led by Kim Tran, director of Christiana Care's Weight Management Center/ Bariatric Surgery Program, for finishing first in both the walker and fundraising categories. Congratulations, also, to the nine Facilities and Services team captains who collectively raised more than \$12,000 and recruited 183 walkers. ●



Publications

Robert Witt, M.D., and Mary Iacocca, M.D., "Comparing capsule exposure using extracapsular dissection with partial superficial parotidectomy for pleomorphic adenoma," *American Journal of Otolaryngology* 2012; 33(5):581-4.

Gabrielle Snyder Marlow, RD, CDE, LDN, Denise Taylor, MS, RD, LDN, Mary Williams, RD, CDE, CSG, LDN, Denise Netta-Turner, RN, BSN, Danielle Jerome, RD, CDE, LD and Kim Tran, RPh, MBA "A Dietitian-Coached, Health-Centered Employee Wellness Program for a Large Health Care System," in the *Journal of the Academy of Nutrition and Dietetics* 2012;112:A-83.

Presentations

Robert L. Witt, M.D., "Advances in the Management of Papillary Thyroid Cancer," at the American Academy of Otolaryngology-Head and Neck Surgery in Washington, D.C. He also presented "Minimally Invasive Surgery for Salivary Tumors and Stones." on September 10, 2012.

A poster, "A Dietitian-Coached, Health-Centered Employee Wellness Program for a Large Health Care System" by **Gabrielle Snyder Marlow, manager,**

PMRI Food & Nutrition Services at the 2012 Food & Nutrition Conference & Expo (FNCE). Abstract authors include Marlow, **Denise Taylor, Mary Williams, Denise Netta-Turner, Danielle Jerome and Kim Tran.**

Jason Silverstein, D.O., of Christiana Care Neurology Specialists, a poster, "Information Processing in Multiple Sclerosis: a Comparison of the Paced Serial Addition Test and Tens Test" at the 28th Congress of the European Committee for Treatment and Research in Multiple Sclerosis in Lyon, France, Oct. 10-13. Researchers also include **Glen Greenberg, Ph.D.; Kathleen Greenbaum, MSN, RN, CCRC, CDE;** and **Melanie O'Neill.**

William Mazur M.D., and Janice Heinssen, NP-BC, AAHIVS, co-presented a workshop, "Best Practices for African and African-American Communities to Access HIV Treatment" at the Interfaith Preconference of the 2012 International AIDS conference "Faith & AIDS, Taking Action Together," with Renee Beaman, RN, ED, of Beautiful Gate Outreach Center (BGO) a community based church site that does HIV testing. Christiana Care's HIV program and BGO have conducted an interagency collaborative program since 2006 to provide HIV medical services.

(photo right)

Awards

Eugene D'Amico, D.D.S., received the Oral and Maxillofacial Surgery Foundation Ambassador Service Award for his efforts on behalf of the foundation, which is dedicated to advancing the long-term development, health and well-being of the specialty and the public it serves through financial support of research and education.

Ronald Castaldo, CRNA, has received a fellowship from the American Association of Nurse Anesthetists (AANA) Foundation. The fellowship helps develop leaders within the nurse anesthesia specialty who are currently engaged in doctoral studies, providing financial support to CRNA earning doctoral degrees while conducting research to advance nurse anesthesia. Castaldo is a second-year doctoral student in the Nursing Science Program at the University of Delaware. ●



Cancer Care Management team receives Psychologically Healthy Workplace Award

The Cancer Care Management team at the Helen F. Graham Cancer Center received the annual Psychologically Healthy Workplace Award from the Delaware Psychological Association.

"Through the effective implementation of its outstanding workplace practices and policies, your department clearly demonstrates its commitment to the health and well-being of its employees," said DPA Executive Director William V. Mentzer in announcing the award.

The association will nominate the Cancer Care Management team for consideration by the American Psychological Association for its national-level award, to be presented in March 2013. ●



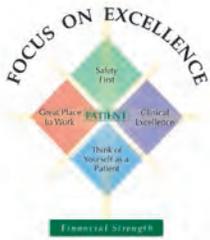
The Helen F. Graham Cancer Center's Care Management team was honored by the Delaware Psychological Association for demonstrating outstanding workplace practices.



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Children remember dad by giving

Sister and brother Alicia and Brandon Lewandowski, founders of the non-profit organization Kids Kickin' Cancer, presented a check for \$49,000 benefitting the Center for Translational Cancer Research at the Helen F. Graham Cancer Center Aug. 14.



The check represents proceeds from two 2012 events, a 5K race and golf tournament.

The Lewandowski's founded Kids Kickin' Cancer as teens in 2007 in memory of their "coach" and dad, Michael Lewandowski, who died of cancer in 2006. To date, Kids Kickin' cancer has raised \$133,000 for the Center for Translational Cancer Research.

Alicia and Brandon received the 2009 Youth in Philanthropy Award presented by Gov. Jack Markell for their work with Kids Kickin' Cancer. ●

From left, Nicholas J. Petrelli, M.D., Bank of America endowed medical director of the Helen F. Graham Cancer Center, Alicia Lewandowski, Brandon Lewandowski, and Bruce Boman, M.D., Ph.D., MSPH, medical director, Cancer Genetics and Stem Cell Biology.