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Christiana Hospital welcomes new Patient and Family Advisory Council

Christiana Care's newest patient and family advisers met with staff and system leaders in November to launch the Christiana Hospital Patient and Family Advisory Council.

Jerome Walker knows the difference Christiana Hospital has made in his life. The Townsend man was diagnosed in 1999 with kidney disease and underwent kidney transplant surgery in 2008. Now he and other patients with a passion for The Christiana Care Way are making a difference for Christiana Hospital.

Walker is one of 15 community members of Christiana Hospital's new Patient and Family Advisory Council, which also includes 10 Christiana Care employees. At the council's inaugural meeting on Nov. 8, Christiana Care President and CEO Robert J. Laskowski, M.D., MBA, congratulated the group for making it through the extensive interviewing process and thanked them for partnering with Christiana Care.

"You could really feel the warmth of everyone in that room," said Shawn R. Smith, MBA, vice president of Patient Experience, who also spoke at the kick-off meeting. "Everyone walked away feeling proud to be part of this initiative, which is about providing the absolute best care with the absolute best experience for patients and their families."

The council will meet monthly to provide input and guidance that will help to advance The Christiana Care Way.



To date, time and sign all medical record documentation clearly and completely is The Christiana Care Way. Proper documentation helps to keep our patients safe, and it helps to ensure effective systems of care.

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Shelley Nix and Kimberly Talley, RN, co-chairs of the advisory council steering committee, address the council.

Shawn Smith, MBA, vice president, Patient Experience, and Robert J. Laskowski, M.D., MBA, president and CEO, meet with advisers.



A new idea came to light even before the first meeting ended, when one patient adviser related in casual conversation that she wished she had had a support group when her husband had been in the hospital.

“The most important part will be getting the council members’ ideas and feedback to committees in departments throughout the hospital,” Smith said. “Ultimately, our vision for the hospital councils is to have them completely run by our advisers and reporting up through a system-wide steering committee.”

Kimberly Talley, RN, MSN, CRNP, CNML-BC, FABC, director of patient care services, surgery division, and co-chair of the Patient and Family Advisory Council steering committee, believes that the focus on patients and their families — and understanding that patient and family are one and the same — is key for health care organizations making the leap from “good to great.”

Including family in patient care is essential, she said, and Christiana Care has embraced that philosophy.

“No matter how good we are, if we don’t have that patient and family perspective, we’re not going to be able to provide the optimal patient experience and meet our goals to our neighbors,” Talley said.

Christiana Care’s Patient and Family Advisory Council program began at Wilmington Hospital in May 2011. The council at Christiana Hospital will operate similarly to the Wilmington Hospital council, beginning with a three-month orientation process and then meeting monthly to provide a clear patient and family perspective to help guide decisions about processes and policies throughout the hospital.

At Wilmington Hospital, the experience was “transformative,” said Shelley Nix, senior patient representative, Patient Relations Department, co-chair of the Patient and Family Advisory Council steering committee.

“We were embarking on our construction transformation project and our transformation to become a patient- and family-centered care facility, which included developing the advisory council,” Nix said.

As the physical transformation took place on the Wilmington Hospital campus, the advisory council was working inside the hospital to transform what it means to put patients at the center of activity and operations.

“When we opened the doors of our new entrance, the Patient and Family Advisory Council was right here with us

to celebrate and was recognized by leaders for their dedication and work,” she said.

Walker has already learned firsthand the value of Christiana Care’s partnership with patient and family advisers. He has volunteered on the Wilmington Hospital council for two years.

“We talked about everything from facilities management all the way up to how to best communicate about patient fall risks,” Walker said about the Wilmington council. When the opportunity arose to serve at Christiana Hospital, where most of his direct experience has been as a patient, he was excited.

“It’s my home hospital,” he said. “I can’t count how many times I’ve been there. And when my second child was born there as a preemie, that was overwhelming. But everyone made sure we felt welcome and knew everything that was going on.”

Walker treasures the chance to be part of a team that is helping all patients have that kind of positive experience at Christiana Hospital.

“It has been rewarding to see our work put into play in ways that put patients first,” Walker said. The advisers have been especially proud to watch Christiana Care’s climbing patient-satisfaction scores.

Amanda Sleeper is another volunteer member of the new council, and another parent of a premature baby who spent time in Christiana Hospital's Neonatal Intensive Care Unit. That experience and her desire to help Christiana Hospital improve the NICU experience for other parents prompted Sleeper to volunteer on a family-centered care initiative in that department, which led to her joining the hospital-wide Patient and Family Advisory Council.

"Christiana Hospital is full of amazing people who are very willing to explore their practices and see if they can improve. The overall attitude I've found is that no matter how good we are, let's look for ways we can improve," she said.

That commitment to action is central to the advisory council's success, Talley said.

"This is not the frosting on the cake. This is part of who we are," she said. "When you solidify that commitment to putting patients and families first, and your leaders are involved as participants, it's clear that not only do we believe this, but we take action to improve it."

"Each of us has the power to make or break the patient experience, no matter what our role is," Smith said. "We will continue to partner with our advisers to help us advance The Christiana Care Way." ●



Patient adviser Jerome Walker.

Trust and the power of first impressions

By **Linda Laskowski Jones, MS, RN, ACNS-BC, CEN, FAWM**, vice president, emergency and trauma services; and **Donna Casey, BSN, MA, RN, NE/BC, FABC**, director of patient care services, cardiovascular critical care.



Linda Laskowski Jones, MS, RN, ACNS-BC, CEN, FAWM



Donna Casey, BSN, MA, RN, NE/BC, FABC

In health care, first impressions are important. Amid the bustle of tests, treatments, diagnoses and discussions, a hospital patient or a family member might have only a few minutes in which to decide, "Do I trust this doctor — this nurse? Am I in good hands here?"

How a patient answers that question can make the difference between a good experience and a bad one — for the patient and for the care team.

Most patients have only the thinnest slice of information on which to base their first impression. It's no mystery what they're looking for; what do any of us look for in an unfamiliar environment, as we try to decide if we should feel safe or on guard? Is this place clean and welcoming? Are the people friendly?

And do these strangers around me seem to trust and respect each other?

This last part is key, and it's something that we too often get wrong without meaning to.

Imagine a nurse in the Emergency Department who is trying to call report to an inpatient unit, but can't get the right person on the phone. The patient has been waiting impatiently to be admitted and seems at her wit's end.

Or imagine a nurse on an inpatient unit who has been waiting for a patient to arrive from the ED, only to have that patient show up 15 minutes before shift change, when the bed has been ready for two hours.

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Trust and the power of first impressions

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In both cases, the staff feels sympathy for the patient, and it's perfectly natural to want to show solidarity by saying something like, "I know you're feeling exhausted. I'm doing all I can — they're just not picking up the phone." Or, "I'm so sorry they didn't get you here sooner. They always do this to us."

What the staff means to communicate is: "I understand how you're feeling, and I want you to know that I'm going to take good care of you." But what's going through the patient's mind is: "These people don't trust each other to do a good job, and I shouldn't, either."

The patient hasn't been put at ease; she's been put on guard. How hard will the next member of the care team have to work to establish her trust?

Imagine instead, in these two scenarios, how a different choice of words can have an entirely different impact on the patient:

"We're working together with the unit upstairs to get you a room as quickly as we can. They're going to take great care of you. Is there anything I can do to make you more comfortable while you wait?"

"We're getting close to shift change, so I'll be your nurse for only a little while. I'll get you settled in and take care of all your needs, and then your new nurse and I will come back together to do a shift report at the bedside, which will help you get acquainted and make sure we have a smooth transition, OK?"

With a conscious shift to be affirming and supportive of our colleagues, we can help to create good first impressions that will set the tone for a positive experience. The potential for these small interactions to establish expectations and trust is incredibly powerful.

All of us, continually, have opportunities to "talk each other up" to patients — to speak highly of our colleagues and create an atmosphere of mutual trust and respect. It's a good habit that we can develop in ourselves by applying that same commitment to professionalism that we rely on to achieve excellence in other aspects of our careers.

When you think about it, each patient-care setting, department and service line evolves its own culture.

The fact that diverse cultures exist within our profession isn't a concern; they're a natural byproduct when people with varied interests, backgrounds and roles come together. A problem occurs, however, when individuals within one culture allow preconceived notions to negatively impact working relationships with another culture.

Making broad assumptions about someone's level of expertise, work ethic or motivation impedes healthy collaboration and propagates biases. Disparaging remarks illustrate a lack of intraprofessional cultural competence. Ultimately, teamwork breaks down and islands of conflict are created. More energy is spent dealing with the discord than on positive, productive activities that could make the organization function more effectively and efficiently. Perhaps most disturbing is that toxic relationships create patient-safety risks when team members stop communicating effectively with one another.

Wouldn't it be nice if we could all walk a mile in each other's shoes to view the world from a perspective different than our own? At the very least, we can aspire to stand together as expert, caring partners to our patients, their families and our colleagues. We can strive to assume the best of our colleagues — we don't always know the challenges they are facing in another unit or another department, but we know that we all, together, are guided by The Christiana Care Way. ●

Portions of this article are adapted from an editorial that was first published in the March issue of Nursing2012: Laskowski-Jones, L. (2012). Let's take cultural competence to another level, Nursing 2012, 42(3), 6.

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.





Our Hearts to Your Soles event provides shoes and foot examinations to people in need

Christiana Care's Department of Orthopaedic Surgery provided new shoes, socks and foot exams for free to nearly 100 people — many of them homeless — at the Sunday Breakfast Mission, a homeless shelter in Wilmington, as part of Our Hearts to Your Soles.

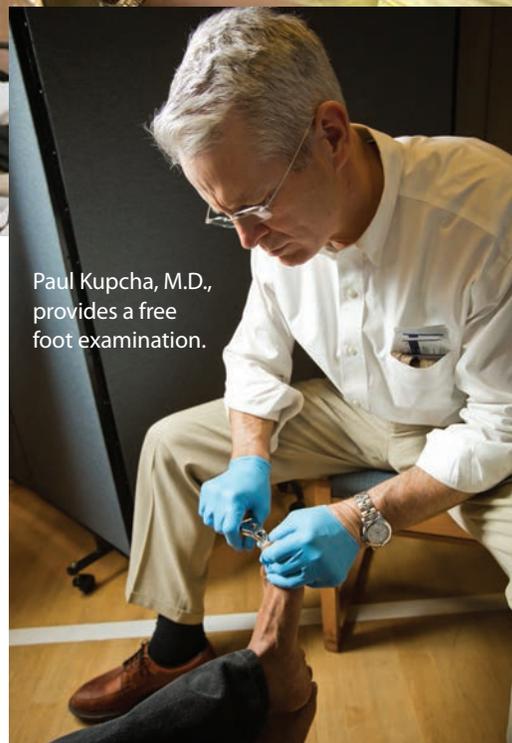
Our Hearts to Your Soles is a national organization whose mission is to provide people in need with shoes and free foot examinations. Red Wing Shoes donated 95 pairs of new shoes through the organization.

Paul Kupcha, M.D., section chief of Foot and Ankle Surgery at Christiana Care and an orthopaedic surgeon, is the local coordinator for the event. Dr. Kupcha said that foot health provides a clue to a person's overall health. Joint stiffness, for example, can indicate arthritis; tingling and numbness can be connected to diabetes; swelling can indicate high blood pressure or diseases of the heart and kidneys.

"By providing our neighbors who are homeless with shoes, they are able to get more physical activity and are protected from frostbite," said Dr. Kupcha, who has volunteered with Our Hearts to Your Soles for six years. "We also examine individuals' feet and treat them if they are suffering from chronic foot-related problems."

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

"The fact that the homeless walk everywhere they go means that their feet are taking a greater beating than the rest of us," Rev. Laymon said. "So the ability for them to get shoes that fit and see a doctor means that you're helping them out." ●



Paul Kupcha, M.D., provides a free foot examination.



Orthopaedic surgeon Robert A. Steele, M.D., examines a patient's feet during the event.



Surgical Care Improvement Project team honored for transforming patient care

The collaborative partners of the Surgical Care Improvement Project (SCIP) are the second group to be honored with Christiana Care's new Value Improvement Team Recognition Award.

SCIP is one of Christiana Care's population-based value improvement teams, meaning its measures impact all surgical patients throughout the health system — some 60,000 a year. Members include staff from all perioperative teams: pre-op, prep and holding, surgical, post-op and all surgical patient care units, as well as doctors' offices, pharmacy and respiratory care.

While they are many in number, geographically separated and serve different functions in the perioperative process, all SCIP team members share a common commitment to making care safer and more effective for surgical patients.

Christiana Care's SCIP team emerged a decade ago in response to nationally mandated guidelines collectively released by a quality partnership of

10 national organizations — including the Centers for Medicare and Medicaid Services, the Agency for Healthcare Research & Quality, the Joint Commission and the Institute for Healthcare Improvement — all interested in improving surgical care by significantly reducing surgical complications.

Craig Martine, BSN, RN, CCRN, performance improvement manager for Surgery, describes the value improvement team's success as the result of a lot of persistence and dialogue, educating perioperative staff about the latest evidence-based guidelines. The team reviewed and updated indicators; created algorithms and computerized nursing protocols for Foley catheter insertion and removal; developed a venous thromboembolism prophylaxis risk score; and determined the appropriate selection and timeframe for antibiotic administration.

"Through this process, we've taken the guesswork out of what to do next," said Martine. "Evidence-based practice is

Through staff education and adherence to evidence-based guidelines, the SCIP team is transforming surgical patient care.

now second nature to all of us involved in SCIP."

The Value Improvement Team Recognition Award program was created by the Quality and Safety Program's Coordinating Council to recognize teams who create innovative systems of care that lead to significant and measurable improvements in clinical quality, patient safety, patient and family centered care, compliance with evidence-based practices and reduction in costs.

"SCIP's success speaks to the power of partnership, transformation and innovation, with our entire perioperative team working together to make care consistently safer for every Christiana Care surgical patient," said Sharon Anderson, MS, BSN, RN, senior vice president of Quality, Safety and Population Health Management.

Emily J. Penman, M.D., associate vice chair of Surgery, credits the SCIP team's persistence over many years with creating a positive culture change.

"Imagine changing everything about the surgical process, from what happens in the doctors' offices before surgery to care delivered on the floor after surgery," she said. "We met and surpassed the standards created by the quality organizations. The transformation is amazing."

A+ value scores month after month clearly demonstrate that the SCIP team has surgical controls, processes, procedures, algorithms and standardized orders down to a science. Yet one big question remains: With so many perioperative groups from all over the system intertwined in SCIP's success leading to the Value Improvement Recognition Award, Martine ponders, "Where do we hang the plaque?" ●

New primary care model integrates behavioral health therapy

Patients with behavioral health issues are getting immediate help along with primary care through an innovative model that integrates mind and body.

Psychologist Alexandra Duncan-Ramos, MS, Psy.D, is embedded at Wilmington Health Center, where she sees patients in the Adult Medicine and the Internal Medicine Faculty Practice. The goal is to get patients the help they need to function better and lead healthier lives.

“Behavioral health services add significant value to the system,” said Julie Silverstein, M.D., the health center’s medical director. “We know there are better outcomes when we treat patients with therapy as well as medications.”

At the Health Center, primary care providers identify patients who would benefit from behavioral health care. Symptoms might include headaches, hypertension or fatigue for which there is no known physical cause.

Within 10 minutes of receiving a page, Duncan-Ramos can be there to meet with the patient.

“The idea is to be immediately accessible,” she said. “We can meet with patients in a setting they already know and trust instead of giving referrals and asking them to go somewhere else.”

Behavioral health involves a variety of concerns, including chronic mental illness, suicidal thoughts, depression and anxiety, insomnia, and lifestyle issues such as job stress, addiction, unhealthy diet and lack of exercise.

Many issues can be resolved through a series of brief interventions. For example, a patient with diabetes who was afraid of needles learned to overcome that issue and is now able to stay on track with insulin injections. Another patient struggled with a fear of flying. Duncan-Ramos also connects patients with resources in the community that can provide ongoing care.

While her focus is on helping patients, medical residents also benefit from the new treatment model.

“They want to learn all they can about recognizing behavioral health issues so patients receive the care they need,” she said.

The burden of mental illness and substance abuse is relatively high among patients in the Wilmington Health Center. Currently, about 25 percent of people cared for by the community practices of Christiana Care have co-occurring mental illness or substance abuse, said Rod Kornrumpf, corporate director, Behavioral Health. At Wilmington Health Center, about 30 percent of patients in the faculty practice and 40 percent of adult-medicine patients have mental-health diagnoses, in addition to other chronic medical conditions.

“For years, behavioral health has largely been treated as a kind of stand-alone service,” Kornrumpf said. “This model treats the whole person.”

The model was launched in a year-long pilot program funded by an internal Christiana Care grant. During nine months, more than 375 patients who came to the center for primary care also received behavioral health services. Of those patients, 30 completed a patient satisfaction survey, in which all but one said they would not have sought behavioral health care if help had not been immediately available.

Based on positive outcomes, Wilmington Health Center is making integrated behavioral health a full-time service. It’s a model that also can be introduced in other Christiana Care Medical Group practices.

“Clearly, this model is an innovative system of care that offers value to patients,” said Penny Vigneau, senior vice president, Vascular and Behavioral Health Services. “This is a critical component on our system-wide journey toward population health.” ●



Alexandra Duncan-Ramos, MS, Psy.D, and Julie Silverstein, M.D., medical director, Wilmington Health Center, have led the integration of behavioral health and primary care at Wilmington.

Symposium: Value Institute focuses on value of palliative care

Paramedics rushed Mary Jane Kealey's mother, Margaret Ellison, to the hospital after she suffered a severe stroke in September, but the 92-year-old matriarch was left with paralysis on the right side of her body and unable to speak.

Her family could see that she was in pain. She had been in declining health for several years and, based on their mother's wishes, they opted for hospice care.

"She wanted to die with dignity," Kealey said. Her mother became a patient at Seasons Hospice & Palliative Care at Christiana Hospital.

Palliative care, relief from the symptoms, pain and stress of serious illness, is an essential part of hospice care.

The change in approach to Margaret Ellison's care was immediately visible to her family. Her demeanor improved; she was no longer constantly being examined and undergoing tests. The transition was clearly requested in her written end-of-life care preferences.

"Often in medicine we get caught up in medical treatment plans that we feel are appropriate," said Timothy J. Gardner, M.D., executive director of the Christiana Care Value Institute and medical director of the Center for Heart & Vascular Health. "Often we don't take the time to really explore with patients and their families what is really most important to them. We face daily dilemmas when facing disease and patients at the end of their lives. We need to learn to speak differently; we need to learn to respond differently."

Shifting the focus to patients and their families — to the best ways to deliver high-quality, respectful, safe, efficient, equitable care — is the core mission of the Value Institute.

At a recent Value Institute symposium, "End-of-Life Care in America: A Clinical



John J. Goodill, M.D., chief of the Pain and Palliative Care Section, speaks about the importance of palliative care.

"Palliative care is about paying attention to the person living with illness."

— John J. Goodill, M.D.

and Public Policy Perspective," national experts joined Christiana Care specialists in exploring the power of palliative care to deliver value to patients and families confronting serious, life-threatening illnesses.

"Palliative care is about paying attention to the person living with illness," said John J. Goodill, M.D., chief of Christiana Care's Pain and Palliative Care Section. Dr. Goodill participated in an expert panel discussion during the symposium. "It is the quintessential patient-centered care because it starts with the patients and their goals," he said.

A wealth of evidence in the medical literature suggests that palliative care delivers real value. For example, a Harvard University-led study of patients with metastatic lung cancer published in

The New England Journal of Medicine in 2010 found that early palliative care resulted in better quality of life, fewer patients with depressive symptoms, and nearly three months longer survival compared with patients who received aggressive disease treatment alone.

"If this was a chemotherapy agent ... everybody would be on it," Diane E. Meier, M.D., FACP, founder of the Hertzberg Palliative Care Institute at Icahn School of Medicine at Mount Sinai Medical Center in New York, told the 180 attendees at the symposium.

In other words, a drug that produced the same results as palliative care would be a blockbuster, generating billions in revenue for the drug maker. But palliative care often is overlooked in the overall treatment plan.

Dr. Meier and her fellow presenter, David J. Casarett, M.D., MA, director of Hospice and Palliative Care at the University of Pennsylvania Health System, argued persuasively that palliative care provided to patients with serious illnesses — including those continuing to get aggressive disease-directed treatment — delivers true value measured both in quality-of-life and quality-of-care terms.

The two specialists suggested that providing palliative care outside the hospital walls also can accomplish those goals and has the added benefit of reducing costs.

“Providing expert care that our patients and families value — at every stage of health and illness — is integral to The Christiana Care Way,” said Christiana Care President and CEO Robert J. Laskowski, M.D., MBA.

For Mary Jane Kealey and her mother, Margaret Ellison, that meant providing palliative care that helped the entire family through the difficult end-of-life period.

“They were very loving, very caring,” Kealey said. “We could just see she was happier.”

Dr. Laskowski explained that “the content of care matters enormously.”

“Our job is essentially a humanistic job,” he said. “It is to help people live lives they want to live. That is easy to say and hard to do. We need to listen to them, and we need to understand what truly makes a difference in their lives.” ●



Diane E. Meier, M.D., of Mount Sinai Medical Center in New York, explains that palliative care delivers value that can be measured in terms of quality of life and quality of care.

Christiana Care earns top hospital designation from Delaware consumers



Christiana Care earned the 2013/2014 Consumer Choice Award as the top hospital in Delaware by the National Research Corporation (NRC), a health care performance measurement company.

The award identified 277 U.S. hospitals consumers chose as having the highest quality and image. This is the 18th year NRC has issued the awards, and Christiana Care has received the award each time.

Consumer perceptions on multiple quality and image ratings determine winners. The study surveyed more than 270,000 households in the contiguous 48 states and the District of Columbia.

“These winners have done an outstanding job of representing their organizations in terms of high-quality care, improvement initiatives and positive consumer perceptions and experiences,” said Susan L. Henricks, president and chief operating officer at NRC. ●

Q&A with Christiana Care Marketplace Guide coordinator Lauren Pendergast

Starting Jan. 1, many Americans who enrolled in health insurance through the Affordable Care Act will have coverage for the first time.

Since the U.S. Health Insurance Marketplace opened in October, Christiana Care's 12 marketplace guides have worked with more than 2,500 patients and neighbors to help them get health insurance and access health services.

Here is a look inside their work with Marketplace Guide Coordinator Lauren Pendergast, BS, RD.

Q: What has been your experience since the U.S. Health Insurance Marketplace launched?

A: At Christiana Care, for many years we have been helping connect people to the resources they need, first through our health coaches and now through Choose Health Delaware, the state's health insurance marketplace. We help people understand their insurance options and connect them with important health services so they can make the best choices for themselves and their families.

In talking with patients at Christiana Care and with neighbors at community events, we hear every day that they are thankful and relieved to have the opportunity to access health care by having health insurance.

Q: How can patients and neighbors connect with a marketplace guide?

A: We help people by counseling them about their health insurance options through our phone line (302-320-6586) and in person. We have reached more than 2,500 Delawareans so far, and we are not slowing down. Our marketplace guides are at sites throughout Christiana Care, including all three emergency departments, the Wilmington Hospital Health Center, and the Christiana Care Family Medicine Center.

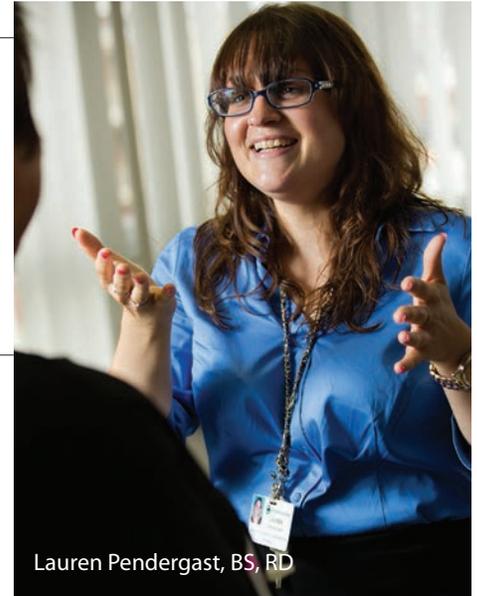
Our guides also are in the community, talking to our neighbors at Christiana Care's school-based health centers and at nearly 50 community events so far.

Q: What does a typical meeting with marketplace guide include?

A: We spend as much time with people as they need. Most are looking for guidance so they understand what their options are. Our guides talk with patients about current insurance status and about the health insurance marketplace. If they wish to begin their health insurance applications, our guides will then assist with that. Marketplace guides can assist with all parts of the application, including enrollment into a plan. Christiana Care marketplace guides also can connect patients to health services for themselves and their families. That is a unique service we provide at Christiana Care, since our guides also are trained as health educators. For Spanish-speaking people we have a bilingual administrative assistant to help set up meetings, and we have two bilingual marketplace guides.

Q: Christiana Care is the only hospital-based health system to partner with Choose Health Delaware and to hire marketplace guides. Why did Christiana Care decide to take such an active role in implementing the Affordable Care Act?

It is our privilege to serve our patients and our neighbors and to partner with them on the road to health insurance.



Lauren Pendergast, BS, RD

Christiana Care's mission and the Affordable Care Act are aligned in the goals of advancing health and well-being and giving people access to health care.

Having access to health care through insurance means more efficient and effective use of health care resources and better care for the patient.

The Affordable Care Act requires most Americans to have health insurance obtained from an employer, a private insurance company or from the government starting Jan. 1, and uninsured citizens can sign up for insurance through March 31 without a penalty. We are here to help.

Q: How can health providers and staff at Christiana Care assist patients interested in learning more about their health insurance options?

We are always happy to have our colleagues refer patients to us. They can contact us or ask their patients to contact us by phone at 302-320-6586 or e-mail marketplaceguides@christianacare.org. ●

For the latest on Christiana Care's work in health care transformation, visit <http://www.christianacare.org/helpwithhealthinsurance>.

Physician Forum discusses benefits of Christiana Care Quality Partners

In a time of sweeping change, Christiana Care Quality Partners is a leader in innovation. Quality Partners reached out to more than 90 community physicians at a Dec. 4 town hall meeting on health care reform to gain insights and answer questions on the health system's new care delivery model for employees and their dependents.

Christiana Care Quality Partners is a clinically integrated network of physicians, hospitals and other health care providers working to improve collaboration of care, clinical quality and value.

"Quality Partners staff continues to meet with physician practices on a weekly basis," said Doug Azar, Quality Partners executive director, who spoke at the Dec. 4 event. "We want to listen to physician concerns and answer their concerns."

The Quality Partners team has provided more than 100 presentations, reaching the vast majority of physicians in our community.

Quality Partners is continuing to recruit primary care providers and specialists from the community to partner with the health system as preferred providers. The goal is to ensure a seamless transition for employees and their families when the new network goes into effect in July.

The model enhances primary care through coordination of care and a proactive approach to treating chronic conditions such as hypertension, asthma and diabetes. Quality Partners also will establish meaningful measures in order to evaluate the success of the model.

"The goal is to make high-quality care more convenient for employees and to be proactive in making sure that people who need extra help receive it," said Alan

Greenglass, M.D., Quality Partners CEO. "When people are as well as they can be, everyone benefits."

Community physicians have a leadership role in the model. That is reflected in the recently named Quality Partners board, which includes four community doctors and five members who are leaders at Christiana Care, three of whom are physicians.

The model also includes enhancements for community physicians, such as disease- and case-management nurses who will work with participating practices to provide additional support for patients who would benefit from an extra layer of care.

To administer the plan, the health system is partnering with Geisinger Health Plan, a nationally recognized not-for-profit, value-based health management company. ●

"Quality Partners staff continues to meet physician practices on a weekly basis. We want to listen to physician concerns and answer their concerns."

—Doug Azar



Jared B. Hossack, M.D., MBA, of Mid Atlantic GI Consultants, asks a question at the physician forum.

Hoarding symposium explores causes, treatment of disorder



Christiana Care hosted a symposium on hoarding disorder that featured talks by Alan Schwartz, PsyD, director of psychology for Christiana Care at the Center for Comprehensive Behavioral Health, and Cory Chalmers, CEO of Steri-Clean Inc., who was featured on the Emmy-nominated A&E Network series, "Hoarders."

Reality television brought hoarding into the public lexicon, but as participants learned during a day-long symposium co-sponsored by Christiana Care Health System, treating this complex disorder is far more difficult than simply cleaning out the hoarder's home.

"With a cleanup, we're taking the bottle away from an alcoholic and telling them, 'I've cured you; you're fixed,' and we know that's not true. That's why so many abatements happen and then the hoarder moves back in and starts again," keynote speaker Cory Chalmers said at "Addressing the Mess: A Delaware Hoarding Symposium," held Nov. 4 at the John H. Ammon Medical Education Center. The audience of 270 included health care professionals, social workers, first responders, code-enforcement officers and members of the public.

Chalmers, CEO of Steri-Clean Inc., has 18 years of experience in hoarding remediation and was featured on the Emmy-nominated A&E Network series "Hoarders." Of the TV series, Chalmers

said that "reality does not mean true-to-life," and that while it helped by bringing awareness to the problem, for dramatic purposes the show used people who were not really ready for their homes to be cleaned and instead needed more mental-health counseling first.

Alan Schwartz, PsyD, director of psychology for Christiana Care at the Center for Comprehensive Behavioral Health, tackled the challenges of treating hoarding disorder in his presentation, "Holding On and Letting Go: Understanding and Treating Hoarding Disorder." Hoarding only recently has been recognized as a mental disorder, and researchers still have much to learn about it.

"Hoarding of possessions is a serious but largely hidden clinical problem," Dr. Schwartz said, sharing a tale of a patient he met with several times before realizing she suffered from hoarding disorder. "Most people with hoarding disorder don't seek treatment, are reluctant to raise hoarding issues even

if they are in treatment and, due to the nature of their illness, exhibit exquisite avoidance as a defense."

People with hoarding disorder typically have difficulty discarding things, regardless of value, and accumulate clutter to the point that it causes distress and loss of functionality of parts or all of their home. The illness typically appears in early adolescence and worsens with each decade, particularly after a trauma or the loss of a loved one, either through death or simply a child or former spouse moving out of the home. Seventy-five percent of people with hoarding disorder also have another psychiatric disorder, such as depression, anxiety or ADHD.

"Discarding possessions, or thinking about discarding possessions, is very punishing for people with this disorder, so they just avoid it. Thinking about throwing away a piece of junk mail feels the same as thinking about throwing away a precious family heirloom," he said.

Effectively treating the disorder requires first helping the person understand why they hoard, and helping them identify the beliefs and behaviors that contributed to them accumulating clutter. They then must be taught decision-making, problem-solving and organizational skills to help them both successfully reduce their current clutter and prevent them from returning to hoarding behaviors.

"We can clean out a house 10 times, but if we don't change how the person thinks about things, their attachment, you'll be back at their door again with more trucks," Dr. Schwartz said.

Secretary Rita Landgraf of the Delaware Department of Health and Social Services, which co-sponsored the conference, gave the opening remarks and thanked Christiana Care for hosting the conference. ●

The Stache-Tober team, with their mustaches in full glory, were joined by colleagues and friends in fake mustaches and Halloween costumes for the Oct. 31 check presentation.



‘Stache-Tober’ raises funds to help cancer patients in need

Employees of Christiana Care’s Critical Care Transport Team dubbed the month of October “Stache-Tober” as they grew mustaches to support cancer patients and advance The Christiana Care Way.

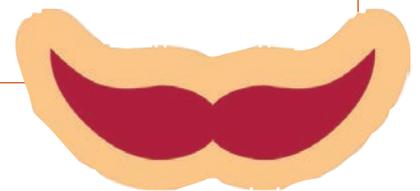
Through the month-long endeavor, led by Brian King and John Chambers, and sponsored by Christiana Care, 10 members of the transport team grew mustaches to raise awareness and funds for the Center for Translational Cancer Research (CTCR). Their adventure concluded on the morning of Halloween, when they arrived by ambulance at the Graham Cancer Center and presented a check for \$5,012 to Nicholas J. Petrelli, M.D., Bank of America endowed medical director of the Graham Cancer Center & Research Institute.

“Cancer has affected all of us in many different ways,” said Brian King, paramedic with the Critical Care Transport Team, which participates in a variety of philanthropic events throughout the year. “We are excited to partner with our colleagues at the CTCR to support them in their efforts to find therapies to treat and prevent breast cancer.”

More than 100 people donated money to cheer on the mustached gentlemen and lend a hand in the fight against cancer. The gift will support the CTCR, which allows physicians and scientific researchers to work side-by-side, identifying needs of individual patients at the bedside, bringing those problems to the lab to explore solutions, and then returning to the bedside where those new solutions can be used to help the patient.

“Community support is key for all of us at the Graham Cancer Center so we can continue to provide programs to care for our patients,” Dr. Petrelli said. “On behalf of the people who serve patients every day at our cancer center, I want to thank the Critical Care Transport Team for the work they do — not just for us but for everyone whom they help.”

Each member of the Stache-Tober team has had a friend or family member who was diagnosed with cancer. Their heartfelt initiative included T-shirts that read “We mustache you to help find a cure for cancer” and a Facebook page that got more than 1,000 likes during the month of October. ●





From left, Judy Townsley, RN, Paula Smallwood, RN, Virginia Collier, M.D. and Marci Filippone, M.D. are joined by the endoscopy staff and guests to cut the ribbon on the expanded Endoscopy Suite at Christiana Hospital.

Endoscopy Suite expands

The expansion of the Endoscopy Suite at Christiana Hospital (formerly the GI Labs) kicked off with a ribbon cutting and open house event for Christiana Care staff.

The expanded suite features:

- ERCP/fluoroscopy room.
- Larger procedure rooms.
- Addition of a bronchoscopy room.
- Increased capacity for outpatient procedures.
- Expanded prep and postanesthesia recovery area. ●



Laughter and learning mark Day of Hope for cancer survivors, patients

More than 100 people attended the 4th annual Day of Hope at the Helen F. Graham Cancer Center & Research Institute. The day-long event for cancer patients, survivors and caregivers focused on joy through life-affirming activities that educated and entertained. Christa Scalies of Giggle On opened the day with a presentation on the healing effects of laughter. Other activities included healthy cooking, crafts and games. ●



First State School welcomes 'Principal for a Day'



Each year since 2004 the Delaware Chamber of Commerce has sponsored the Principal-for-a-Day program to bring area business executives into close contact with schools across the state.

This year, Delmarva Power Region Public Affairs Manager Enid Wallace-Simms, a Christiana Care Trustee since 2007, was offered the opportunity to be a principal for a day and she chose First State School for her assignment.

"She followed the students through their classes, met all of the school staff and got to know Kelley Brake, our Red Clay School District principal for the other 364 days of the year," said First State School Program Director Coleen O'Connor.

Over the course of the day they discussed a broad range of topics, including the importance of providing a comprehensive academic program for chronically ill students while they can receive medical treatments during the school day, instead of receiving those services at home.

Among her many responsibilities with Delmarva Power, Wallace-Simms works with diverse organizations to support philanthropy and volunteerism in the greater Wilmington community. ●



Delmarva Power Region Public Affairs Manager Enid Wallace-Simms, a Christiana Care trustee (second from left) spent a day at the First State School with Principal Kelly Brake, Program Director Coleen O'Connor, students and school staff.

15th ACT class graduates from Value Institute Academy

Employees who participated in the most recent Achieving Competency Today (ACT) course offered through the Value Institute Academy took part in the Performance Improvement Project presentations on Dec. 4 at Christiana Hospital.

The Value Institute Academy provides staff education and training to create science-based improvements in health care delivery that provide greater value to patients.

Twenty-four ACT graduates completed the latest course and presented their team projects, which focus on performance improvement in quality and safety. Two employees completed an ACT course-facilitator training. The fall session was the 15th to graduate at Christiana Care.

For more information about ACT, improvement science and other Value Institute educational opportunities, visit www.christianacare.org/valueinstituteacademy. ●



TEAM 1

GOT STATUS?

This team wanted to improve communication of Do Not Resuscitate (DNR) status at the beginning of all Rapid Response Team encounters at Wilmington Hospital. The team worked closely with RRT nurses and physicians to incorporate a successful intervention.

Seated from left, Christopher Batchelor, M.D., and Lauren Wheeler, PA-C. Standing, Benjamin Silverman, M.D., Tracie Sellers, Pharm.D., and Jiadi Cook, M.D.

TEAM 2

WHAT WE HAVE HERE IS A FAILURE TO COMMUNICATE

This team aimed to improve the communication of the patient's disease state using the GetWell Network for the family medicine and internal medicine residency teaching service. They designed and implemented changes to increase the ordering of GetWell Network videos by the resident groups.

Seated from left, Michele Handzel, Pharm.D., Elise Hogan, M.D., MPH, Elyse Schneck, BS, MT(ASCP), Alisa Werzen, BA. Standing, Mo Haque, M.D., Kristen Facciolo, D.O., MPH.



TEAM 3 WHEN YOUR BLOOD IS THIN, WE ALL WIN

This team sought to increase patient adherence to venous thromboembolism chemoprophylaxis by 20 percent on two medical patient care units — 5D at Christiana Hospital and 4N at Wilmington Hospital — within two weeks.

Seated from left, Tresa Mascarenhas, MBBS, Lauren Karel, Pharm.D, Vasu Palli, D.O., and Neha Vora, M.D. Standing: Felicia Kelly-Trent, BS, MS, MLS, and Denise French, MSN, RN, GCNS-BC.



TEAM 4 I LIKE TO MOVE IT, MOVE IT

This team worked to increase the percentage of eligible patients on a medical unit who move about daily, thereby improving health and decreasing length of stay. Staff confidence in their ability to properly mobilize patients improved as a result of this project, and they continue to analyze preliminary results on patient mobility improvement.

Seated from left, Lindsey Szymaszek, D.O., Sherri Coverdale, MSN, RN, Christine Skrzypiec, Pharm.D; and Sarah Samuel, M.D. Standing, Nneamaka Ifechukwude, M.D., Colin Zepeda, M.D., and Heather Edmunds, PA-C.



Newest Course Facilitators
 Christine Sowinski, MS, and Candace Sprott, M.D., MBA, completed the ACT Course Facilitator training program.

Patrick Grusenmeyer receives ACHE Regent's Award

Patrick A. Grusenmeyer, Sc.D., FACHE, president of Christiana Care Health Initiatives and senior vice president of Cancer and Imaging Services, received the American College of Healthcare Executives (ACHE) Senior Healthcare Executive Regent's Award at the Nov. 12 annual meeting of the Delaware Healthcare Association. The award recognizes ACHE members who are experienced in the field and have made significant contributions to the

advancement of health care management excellence and the achievement of ACHE's goals.

Members are evaluated on leadership ability; innovative and creative management; executive capability in developing their own organization and promoting its growth and stature in the community; contributions to the development of others in the health care profession; leadership in local, state or provincial hospital and health association activities; participation in civic/community activities and projects; participation in ACHE activities; and interest in assisting ACHE in achieving its objectives.

Grusenmeyer is board certified in health care management as a fellow of the American College of Healthcare Executives, demonstrating a commitment to professional excellence. He is a senior scholar in the School of Population Health, Department of Health Policy of Thomas Jefferson University, and serves on the school's

Master of Science in Public Health Program Advisory Group.

Grusenmeyer joined Christiana Care in 2001 as the vice president of cancer services, where he worked with Nicholas J. Petrelli, M.D., Bank of America endowed medical director of the Helen F. Graham Cancer Center & Research Institute, to build one of the first National Cancer Institute recognized Community Cancer Centers in the country. He was promoted to senior vice president of cancer and imaging services in 2009 and assumed responsibilities as president of Christiana Care Health Initiatives Inc. in 2011. Prior to joining Christiana Care, he served as administrator of the Ochsner Cancer Institute at the Ochsner Clinic Foundation in New Orleans.

Grusenmeyer earned a Doctor of Science in health systems management from Tulane University and a Master of Public Administration from the University of New Orleans. ●



Patrick Grusenmeyer, Sc.D., FACHE, president, Christiana Care Health Initiatives and senior vice president, Cancer and Imaging Services, received the American College of Healthcare Executives (ACHE) Senior Healthcare Executive Regent's Award, presented by Louisa Phillips, RN, FACHE ACHE Regent for Delaware.

Nominate a colleague for Jefferson Awards and Spirit of Women Awards

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

Christiana Care is seeking nominees for these awards to be presented at a Champions of Service celebration on April 24. All nominations are due by Monday, Feb. 3. ●

**NOMINATIONS DUE
FEB. 3!**



Spirit of
Women®

Physicians, nurses and staff can submit nominations via the Christiana Care intranet at: <http://inet/externalaffairs/championsofservice>

American Cancer Society honors Diana Dickson-Witmer, M.D.



Diana Dickson-Witmer, M.D., medical director of the Christiana Care Breast Center, received the American Cancer Society's 2013 Home Town Heroes award.

Dr. Dickson-Witmer chairs the weekly Breast/Solid Tumor Oncology Conference at the Helen F. Graham Cancer Center & Research Institute. She has been board-certified as a surgeon for more than 32 years.

"This recognition by the American Cancer Society is a testament to Dr. Dickson-Witmer's commitment to educating the community about the importance of breast cancer screening and a healthy life style," said Nicholas J. Petrelli, M.D., Bank of America endowed medical director of the Helen F. Graham Cancer Center & Research Institute. ●

Diana Dickson-Witmer, M.D., receives the Home Town Heroes award from Theresa Young, senior representative, community engagement, American Cancer Society.

IN OUR COMMUNITY

Wilmington Hospital hosts 100 Men Reading



Robin Lichtenfels of United Way of Delaware reads to students at First State School.

Christiana Care was host to 100 Men Reading on Nov. 6, an annual event in which men from the community and local organizations visit schools to read to children and give out books.

Edmondo Robinson, M.D., MBA, FACP, physician-in-chief, Christiana Care Wilmington, and assistant chief medical officer, welcomed the volunteers and speakers, including Wilmington Mayor Dennis P. Williams. This year's event included 102 volunteers reading in 96 classrooms, spanning all three Delaware counties. New partners included Delaware State University and Red Clay School District.



Wilmington Mayor Dennis P. Williams, Imani Henry and Edmondo Robinson, M.D., MBA, FACP.

Robin Lichtenfels of United Way of Delaware read to students at First State School at Wilmington Hospital.

"The reading was about Martin Luther King Jr.," said Coleen M. O'Connor, MS, NCC, LPCMH, program coordinator at First State School. "The students really enjoyed listening."

The 100 Men Reading Program is the brainchild of 12-year-old Imani Henry, a Reading Assist Institute alumna who wanted to promote reading and literacy development to young children in Delaware. Imani co-authored a Macy's Reading is Fundamental grant with the vision of having 100 men go into classrooms to read to children in preschool through 3rd grade. ●

Christiana Care makes InformationWeek 500 list for third consecutive year

Christiana Care Health System earned a coveted spot on this year's InformationWeek 500 — a list of the top technology innovators in the U.S. This is the third consecutive year Christiana Care has made the exclusive list.

The publication honored Christiana Care for creating an innovative software program that enables safe, confidential sharing of necessary information about patients as they change caregivers (a process known as handoffs) during a hospital stay.

Hospital handoffs are episodes where responsibility for a patient passes from one health professional to another and where there is an important sharing of patient information. Studies show an estimated 80 percent of serious medical errors involve miscommunication between caregivers during patient handoffs.

"This tool not only improves communication, efficiency and patient safety; it decreases the time a doctor or nurse spends during the handoff process, permitting more time with the patient," said Karen Gifford, director of Information Technology. "The program is unique in that clinician feedback is used to create the customizations for each area that it is used, so it continues to grow."

Christiana Care's software program, named eSignout, addresses the problems handoffs can cause by eliminating handwritten documents, capturing detailed patient information such as demographic data and care plans in a consistent and easy-to-view format. The tool also identifies the name of the clinician caring for the patient at any moment. That's critical in a hospital system with teams of caregivers.

Twenty service groups are using the program at Christiana Care, and the results are significant. During implementation, there was 100 percent caregiver use and satisfaction level in less than 72 hours. Handoff times were reduced more than 50 percent in the management of 300-400 hospitalized patients each day.

The eSignout program also received a 2013 Computerworld Honors Laureate award in March.

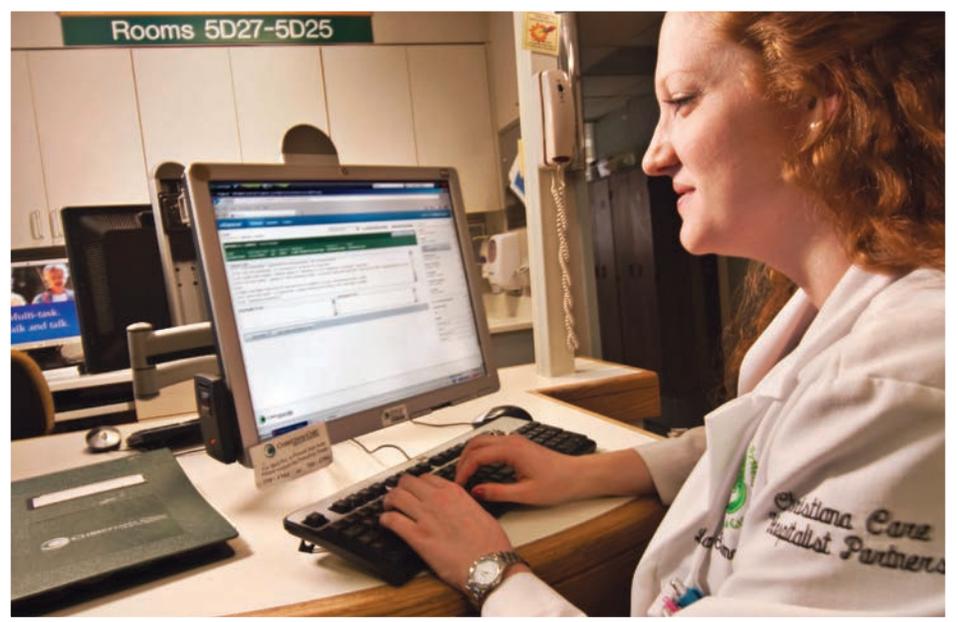
Last year, Christiana Care earned a spot on InformationWeek 500 list for its innovative Insight Program, a tablet-based, self-evaluation tool that enables patients to report their symptoms' severity and affect on quality of life.

In 2011, Christiana Care made the list for its implementation of a two-part,

breakthrough communications and workflow system for its emergency department. 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.

InformationWeek identifies and honors the most innovative users of information technology in the U.S. with its annual InformationWeek 500 listing, and also tracks the technology, strategies, investments and administrative practices of some of the best-known organizations in the country. Unique among corporate rankings, the InformationWeek 500 spotlights the power of innovation in information technology. ●

"This tool not only improves communication, efficiency and patient safety; it decreases the time a doctor or nurse spends during the handoff process, permitting more time with the patient." —Karen Gifford



Lauren Salmon, M.D., demonstrates the eSignout program, which earned a spot on the InformationWeek 500 list of technology innovations.

Glasgow Medical Center's Ambulatory Surgery Center earns national honor for outstanding care and service



The Glasgow Medical Center Ambulatory Surgery Center is one of only 91 health care organizations to receive the Apex Quality Award for Excellence.

The Glasgow Medical Center's Ambulatory Surgery Center earned the 2012/2013 Apex Quality Award for Excellence from Voyance, a Connecticut-based consulting firm that helps health care organizations improve performance.

The award recognizes outstanding organizations that demonstrated the highest level of patient satisfaction and overall care for the preceding 12 months. Winners are determined solely based on patient feedback and a subset of measures tied exclusively to patient care.

The Ambulatory Surgery Center is one of only 91 health care organizations – and the only ambulatory surgery center in Delaware – to receive the award. Christiana Care is the majority owner of the facility.

It is the fifth consecutive year the Ambulatory Surgery Center has won the award. Out of hundreds of facilities nationwide, only 12 are receiving recognition for earning the award five years in a row.

"Receiving this award five consecutive years is a testament to the commitment

of the entire staff of the Glasgow Medical Center's Ambulatory Surgery Center to partner with our patients to provide excellent, compassionate care," said Patrick Grusenmeyer, president of Christiana Care Health Initiatives and senior Vice President, Cancer and Imaging Services.

The Ambulatory Surgery Center offers a wide variety of procedures performed under general, monitored and local anesthesia. Last year, the center treated 3,800 patients. ●

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.

Forensic Nurse Examiner program recognized as 'a model for the country'



Christiana Care's Forensic Nurse Examiner team earned the 2013 Forensic Nurse Examiner Team Award from the Emergency Nurses Association.

The Emergency Nurses Association presented the forensic nurse examiners of Christiana Care Health System with the 2013 Forensic Nurse Examiner Team Award at its annual conference in Nashville, Tenn., this fall. The association recognized the Christiana Care team for its "commitment to excellence and dedication to advancing emergency nursing and to ensuring safe practice and safe care."

Christiana Care has one of the few emergency departments in the U.S. with a forensic nurse on duty 24 hours a day, seven days a week — and the only one in Delaware. In 2012, the team treated more than 2,000 patients, said Program Coordinator Anita Symonds, RN, MS.

University of Louisville Emergency Medicine Professor William Smock, M.D.,

a nationally recognized ballistics expert who provided training to the team, has called the program "the model for the country."

Comprehensive services include diagnosis, evidence collection and treatment for domestic violence, sexual assault in adults and children, child and elder abuse and neglect, and forensic evidence collection and photo documentation for trauma, said Linda Laskowski Jones, MS, RN, ACNS-BC, CEN, Christiana Care's vice president of emergency and trauma services.

Established in 1996 as sexual assault nurse examiners (or SANE), the team "has embraced every challenge," said Jones.

Each of the team's 19 members has completed 80 classroom hours, plus

CHRISTIANA CARE HAS ONE OF THE FEW EMERGENCY DEPARTMENTS IN THE U.S. WITH A FORENSIC NURSE ON DUTY 24 HOURS A DAY, SEVEN DAYS A WEEK.

on-the-job training and 100 hours of ride-alongs with police and fire marshals.

"This award recognizes our dedicated nurses who go above and beyond in emergency nursing care — studying the newest trends in evidence collection, keeping up with laws and testifying in court as expert witnesses," Symonds said. ●

Teens participate in National Youth Leadership Forum of Medicine Summer program offers firsthand experience in a hospital setting

As a high school student, Mary White wasn't sure what she wanted to do when she grew up. But she thought she might be interested in a career in health care.

Her mom, Patricia Curtin, M.D., FACP, CMD, is chief of Geriatric Medicine at Christiana Care. Dr. Curtin suggested her daughter check out opportunities to volunteer at Christiana Care to gain firsthand experience working in a hospital setting.

Mary volunteered for two summers, operating the hospitality cart and helping to deliver food to patients. She also was among the Christiana Care volunteers selected to attend the National Youth Leadership Forum of Medicine, in which teens observe health care professionals in action.

"The idea is to provide our student volunteers with meaningful, fulfilling assignments that allow them to develop their interests and also to contribute to Christiana Care and their community," said Margarita Rodriguez-Duffy, MSW, CAVA, director, Visitor and Volunteer Services.

Teens who have attended the youth forum have volunteered for more than 100 hours and have at least a B+ average in school.

In 2012, Mary attended National Youth Leadership Forum of Medicine sessions in Philadelphia, where she and other teens observed two surgeries — a gall bladder removal and a knee replacement. She visited the cadaver lab, where medical students get a hands-on lesson in anatomy. Mary also had an opportunity to interact in small groups with other teens.

"We learned to work with others and how to think quickly in an emergency," Mary said.



Three former Christiana Care VolunTEENS: Kathryn Fish, Ann White and Mary White. Mary attended the National Youth Leadership Forum of Medicine.

Since 2003, more than 20 Christiana Care volunteers have attended the National Youth Leadership Forum of Medicine. At least nine have pursued careers in health care.

"The first student that we sent is now a physician," Rodriguez-Duffy said.

Volunteers of all ages play an important role at Christiana Care, contributing 126,000 hours of service in 2012. More than 200 teens age 14-18 participate in a nine-week summer program, each providing at least 50 hours of service.

"When you think of it, 50 hours out of a whole summer isn't a lot, yet you can make a difference in a patient's life with a simple act like bringing a bowl of cereal," Mary said.

Today, Mary is a freshman at the University of Notre Dame, where she is majoring in biology. She plans to change her major to pre-med next year and to ultimately be a pediatrician.

"Volunteering at Christiana Care and attending the youth forum played a big part in helping me to make that decision," she said. ●

The idea is to provide our student volunteers with meaningful, fulfilling assignments that allow them to develop their interests and also to contribute to Christiana Care and their community." —Margarita Rodriguez-Duffy, MSW

Electrophysiology Conference held in November

The inaugural Electrophysiology Conference provided a day of learning on the electrophysiology process. The conference examined electrophysiology indications, procedures and complications. Atrial dysrhythmias, pre-and post-procedural care of electrophysiology patients and atrial fibrillation trends were addressed. Brian Sarter, M.D., is shown presenting at the conference. ●



Annual domestic violence prevention forum marks 11th year

More than 125 people attended the 11th annual Domestic Violence Prevention Forum organized by Christiana Care and community partners at Delaware Technical and Community College in Wilmington in November. The program included interactive theater and an expert panel that discussed the prevention of intimate partner violence and reproductive coercion. ●



Above: The Domestic Violence Prevention Forum planning committee celebrates another successful event. Right: In an interactive skit, the audience chooses the outcome of a domestic violence scenario.




Events in 2014
JANUARY**11th annual Focus on Excellence Awards**

Friday, Jan. 10, 2 – 5 p.m.

John H. Ammon Medical Education Center, Christiana Hospital

The ceremony will feature keynote speaker Raymond J. Fabius, M.D., CPE, FACPE, pediatrician and founder of HealthNEXT, a company dedicated to the development of an organizational culture of health. He was formerly chief medical officer of Truven Health Analytics.

Dr. Fabius has contributed to NCQA standard development for the accreditation of health plans, preferred provider organizations, disease management companies, behavioral health organizations and credentialing verification organizations. He also served as a strategic adviser to the president of Walgreens Health & Wellness Division and co-authored the definitive textbook on population health management – “Population Health: Creating Cultures of Wellness.”

This year’s Focus on Excellence exhibit in October garnered 144 entries. The Focus on Excellence Awards recognize multi-disciplinary teams whose projects demonstrate transformational improvement in process or outcomes using the PDCA (Plan-Do-Check-Act) model.

Can You Hear Me Now?

Tuesday, Jan. 14, 6-7:30 p.m.

Christiana Hospital, Room 1100

New hearing aids and wireless accessories are opening new lifestyle options to people with hearing loss. In this free event featuring Gary Marencin, AuD, FAAA, CCC/A; Kristine Rohrbaugh, AuD, FAAA, CCC/A; and Kelli Shivers-Beswick, AuD, FAAA, CCC/A, Christiana Care’s Department of Rehabilitation invites you to learn more about the increasing variety of hearing-assist devices.

Women’s Lecture Series: Eating Right, Cooking Lite

Thursday, Jan. 16, 6:30 - 8 p.m.

John H. Ammon Medical Education Center, Christiana Hospital

Learn how to eat right by cooking light and transform nutritious to delicious. Register at www.christianacare.org/lectures.

FEBRUARY**4th annual STORK Day Conference – An Educational Opportunity for Sharing Topics of Research & Knowledge**

Friday, Feb. 21, 7 a.m. - 4 p.m.

John H. Ammon Medical Education Center, Christiana Hospital

Registration begins in January. For information call 302-733-4888 or e-mail cswift@christianacare.org.

MARCH**18th annual Diabetes Update**

Saturday, March 8, 8 a.m. - 4 p.m.

John H. Ammon Medical Education Center, Christiana Hospital

Registration begins in January. For information call 302-733-4888 or e-mail cswift@christianacare.org.

Dance Your Heart Out

Thursday, March 20, 4:30 - 8 p.m.

Chase Center on the Riverfront, 815 Justison St., Wilmington

Get your dance on! Take steps toward a healthier life. Register at www.christianacare.org/lectures.

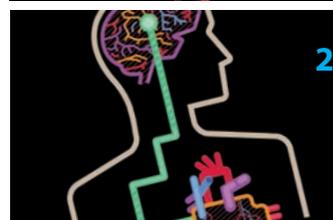


Save the Date
**25th annual Update in Cardiology**

March 1

John H. Ammon Medical Education Center**Perinatal Palliative Care Conference**

March 21, 7:15 a.m. - 4:30 p.m.

John H. Ammon Medical Education Center**2nd annual Neurovascular Symposium**

April 11

John H. Ammon Medical Education Center

Publishing

Zaher Fanari, M.D., Sandra A. Weiss, M.D., William S. Weintraub, M.D., "Comparative Effectiveness of Revascularization Strategies in Stable Ischemic Heart Disease: Current Perspective and Literature Review." *Expert Review in Cardiovascular Therapy*. October 2013.

Seema S. Sonnad, Ph.D., Jennifer C. Goldsack, M.Chem, MA (Oxon), MS, et al. "Methodological Recommendations for Comparative Research on the Treatment Of Chronic Wounds." *Journal of Wound Care*. September 2013.

Daniel J. Meara, M.D., D.M.D., et al., "Myositis Ossificans of the Temporalis Muscle: Case Report and Review of the Literature," *Journal of Oral & Maxillofacial Surgery* 71:1893-1898, 2013.

Linsey O'Donnell, M.D., et al., "What Students Experienced: A Narrative Analysis of Essays Written by First-Year Medical Students Participating in a Geriatrics Home Visit." *Journal of the American Geriatrics Society*. September 2013.

Margot Savoy, M.D., letter to the editor: "A Modern Day Paradox: Service Vs. Education." *Journal of Graduate Medical Education*. June 2013.

Ellen Finney, M.D., Marielena Velez, M.D., Amanda Kijac, D.O., and Erin Kavanaugh, M.D., "Acute Renal Failure: How the History Aids You in the Diagnosis." *Delaware Medical Journal*. July 2013.

Kristopher Fayock, M.D., Matthew Voltz, D.O., ATC, Bradley Sandella, D.O., ATC, Jeremy Close, M.D., Matthew Lunser, D.O., and Joshua Okon, M.D., "Antibiotic Precautions in Athletes." *Sports Health: A Multidisciplinary Approach*. September/October 2013.

David A. Paul, M.D., Amy Mackley, CNS, Louis Bartoshesky, M.D., MPH, "Thyroid Function in Late Preterm Infants in Relation to Mode of Delivery and Respiratory Support." *Journal of Pediatric Endocrinology and Metabolism*. November 2013.

David A. Paul, M.D., Amy Mackley, CNS, et al., "Transfusing Neonates Based on Platelet Count vs. Platelet Mass: A

Randomized Feasibility-Pilot Study." *Platelets*. November 2013.

David A. Paul, M.D., Amy Mackley, CNS, et al., "Instability of Delay Classification and Determination of Early Intervention Eligibility in the First Two Years of Life." *Res Dev Disabil*. October 2013.

Presentations

Daniel J. Meara, M.D., D.M.D., "Surgical Simulation: A Paradigm Shift for Oral and Maxillofacial Surgery Training and Continuing Education." 21st International Conference on Oral and Maxillofacial Surgery, Barcelona, Oct. 22, 2013.

Daniel J. Meara, M.D., D.M.D., "Closed Treatment Vs. Open Treatment of Condylar Fractures — An Evidence-Based Debate," and "Facial Trauma and Technology — Absorbable Fixation in Management of Pediatric Fractures." American Association of Oral and Maxillofacial Surgeons 95th Annual Meeting, Orlando, Fla., Oct. 11, 2013.

Adam Raben, M.D., et al., "Initial Report of RTOG 0436: A phase III Trial Evaluating the Addition of Cetuximab to Paclitaxel, Cisplatin and Radiation for Patients with Esophageal Cancer Treated Without Surgery." Abstract at American Society of Clinical Oncology GI Symposium 2014.

Sandra Weiss, M.D., et al., Abstract 371: "High On-Treatment Residual Platelet Reactivity Post-Percutaneous Coronary Intervention in Patients Loaded with High-Dose Clopidogrel: Impact of Diabetes, Age, African-American Race and Presentation Acuity on Antiplatelet Hyporesponse." American Heart Association Scientific Sessions in Dallas, Texas, November 2013.

At the American Heart Association Scientific Sessions in Dallas, Texas in November:

Zaher Fanari, M.D. Pranav Kansara, M.D., James Hopkins, M.D., Ehsanur Rahman, M.D., Edward Goldenbeg, M.D., Michael Kostal, M.D., Michael Stillabower, M.D., William Weintraub, M.D., et al.:

- Abstract 318: "Takotsubo Cardiomyopathy-EKG Presentations."
- Abstract 41: "Broken Heart Syndrome: Not So Rare Anymore."

Linda Laskowski-Jones, RN, "Practicing on the Wild Side: Wilderness Wounds." Clinical Symposium on Advances in Skin and Wound Care, Orlando, Fla., Oct. 26, 2013.

Linda Laskowski-Jones, RN, "Field of Dreams – Implementing a Free Standing Emergency Department." Nursing Service Organization Advisory Board Annual Meeting, West Palm Beach, Fla., Nov. 16, 2013.

At the American Academy of Family Physicians Annual Scientific Assembly, September 2013, San Diego:

- **Margot Savoy, M.D.**, "Reproductive Male: Sexually Transmitted Infections," CME Sessions.
- **Jamie Gellock, D.O.**, "Interventions for Adolescent Obesity." Poster session.

Kris Fayock, M.D., "Sport-Related Concussion: Overview and Update for the PCP." Delaware Academy of Family Physicians, Western Sussex County MSK conference.

At the Academy of Family Physicians Annual Scientific Assembly, June 2013:

- **Jiadi Cook, M.D., and Lauren Foy, D.O.**, "Primary Care Updates: HIV," Delaware.
- **Lauren Foy, D.O.**, "How Do Medical Students Feel About Sex? Insight Into Medical Student Attitudes Towards Sexual Health," poster session.
- **Erin Kavanaugh, M.D., Bridget Remel, BSN, RN-C, CCRN**, "Breaking Barriers, Building Teams: An Interprofessional Approach to Rapid Response Team Training," poster session.

Posters and abstracts presented at the American Association for Respiratory Care (AARC) International Congress, Anaheim, Calif., Nov. 16-19, and published in the journal *Respiratory Care*, October 2013:

- **John S. Emberger, BS, RRT-ACCS, FAARC, Joel M Brown II, BS, RRT, FAARC, Francis Gott III, MBA, RRT, Kathleen Bonis, BS, RRT, Melanie Murphy, MBA, RRT, Vinay Maheshwari, M.D., and Gerard Fulda, M.D.**, "Rapid Process Improvement To Increase Surveillance for Patients Ready for Extubation Around the Clock."

- **John S. Emberger, BS, RRT, FAARC, Kathleen Bonis, BS, RRT, Joel M Brown II, BS, RRT, FAARC:**

- "Comparison of Two Volume Targeted Neonatal Algorithms When Switching Between Triggered and Non-Triggered Breaths."
- "Initial Experience With an Airway Management Catheter to Clear Partial Endotracheal Tube Obstructions."

- **John S. Emberger, BS, RRT-ACCS, FAARC, Joel M Brown II, BS, RRT, FAARC, Francis Gott III, MBA, RRT, Kathleen Bonis, BS, RRT, Melanie Murphy, MBA, RRT, and Vinay Maheshwari, M.D.,** "Extubation Outcomes for Patients Receiving More Than One Spontaneous Breathing Trial (Sbt) Per Day."

- **Heather Thomas, RRT, Tom Heaney, CRT, Tom Blackson RRT, Joe Ciarlo, RRT, and Susan Coffey Zern, M.D.,** "The Role Of Acoustic Reflectometry in Evaluation of Endotracheal Tube Patency: An In-Vitro Comparison of Assessment Techniques Used to Evaluate Airway Resistance Caused By Endotracheal Tube Biofilm Formation."

Lectures presented at the AARC International Congress, Anaheim, Calif., Nov. 16-19:

- **Joel M. Brown, BS, RRT, FAARC:**
 - "Get Real! – How Good Is Today's Simulation Technology?"
 - "Take the 'Red Pill': Understanding the Multiple Methods of Obtaining Optimal Positive End Expiratory Pressure."
- **John S. Emberger, BS, RRT-ACCS, FAARC:**
 - "A Live Look Inside the Lungs: Electrical Impedance Tomography."
 - "Anesthetic Agents for Status Asthmaticus: Methods, Evidence and the Therapist's Role."
 - "Conventional Ventilation of the Premature Infant: What Is the Evidence?"

John S. Emberger, BS, RRT-ACCS, FAARC, at the Blue Ridge Symposium, Oct. 2-3, 2013, in Winchester, Va.:

- "A Live Look at the Lungs: Electrical Impedance Tomography."

- "Ventilator Induced Lung Injury."

Marylou M. Dryer, M.D., Robert M. Dressler, M.D., Tabassum Salam, M.D., "Good Catch! Enhancing Quality and Safety Education in the Internal Medicine Residency Program by Optimizing Proactive Safety Event Reporting." Poster at Academic Internal Medicine Week Meeting; Oct. 2-6, 2013, New Orleans.

Jennifer C. Goldsack, M.Chem, MA (Oxon), MS, "The Impact of Injectable Oncology Drug Shortage on Patient Care in the United States." Poster at 35th Annual Society for Medical Decision Making Meeting, Oct. 19-23, 2013, Baltimore.

Eric V. Jackson, Jr., M.D., MBA, et al. At the World Congress of Surgery, Obstetrics, Trauma and Anesthesia, Oct. 16-17, Port of Spain, Republic of Trinidad and Tobago:

- "Simulation and Human Factors-Directed Approach to the Analysis of Anesthetic Care Delivery in Austere Settings."
- "Anesthesia Practice and Perioperative Outcomes at Two Tertiary-Care Hospitals in Freetown, Sierra Leone, West Africa."
- "Training Non-Physician Anesthetists Using Medical Simulation in Freetown, Sierra Leone." Poster.
- "Failure Modes and Effects Analysis (FMEA) of the Universal Anesthesia Machine in Two Tertiary Care Hospitals in Sierra Leone, West Africa."
- Hospital Survey on Patient Safety Culture (HSOPS) in Two Tertiary Hospitals in Freetown, Sierra Leone, West Africa."

Eric V. Jackson, Jr., M.D., MBA, et al., "A Systematic Approach to Curriculum Developing for Training on an Anesthesia System in an Austere Setting." Poster. American Society for Anesthesiology Annual Meeting; October 12-16, San Francisco.

Lionel J. Malebranche, M.D., Paul Kolm, Ph.D., Claudine T. Jurkovitz, M.D., William S. Weintraub, M.D., "Bayesian Meta-Analysis of Percutaneous Coronary Intervention Compared to Optimal Medical Therapy in Stable Ischemic Heart Disease Patients." Poster. European Society of Cardiology Congress. Aug. 31-Sept. 4, 2013. Amsterdam, Netherlands.

Jeff Reitz, Pharm.D, James R. Bowen, and **Stephanie Wasserman,** "Association Between Hydromorphone Adverse Reactions and Obstructive Sleep Apnea: A Case-Control Study." Poster. American College of Clinical Pharmacy Annual Meeting, Oct. 13-16, Albuquerque.

Sandeep Sadashiv, M.D., Jon Stefano, M.D., John S. Emberger, BS, RRT-ACCS, FAARC, Gina H. Moore, CPHQ, Joel M Brown II, BS, RRT, FAARC, Annette Rickolt, RN, Tracy Bell, BSN, RNC-NIC, Amy Mackley, CNS, Robert G. Locke, D.O., MPH, David A. Paul, M.D., "Increase Use of CPAP in the Delivery Room: Approach Towards Less Invasive Support." Vermont Oxford Network Annual Meeting and Quality Congress, Oct. 5-6, Chicago.

Sudhakar Satti, M.D., Alexandra M. Mapp, Timothy Eden, NP, Seema S. Sonnad, Ph.D., "Neuro-interventional Surgery Subarachnoid Hemorrhage Review." 3rd Annual International Congress of Interventional Neurology, Oct. 10-12, Philadelphia.

At the Annual Society for Medical Decision Making Meeting; Oct. 19-23, Baltimore:

- **Seema S. Sonnad, Ph.D.:**
 - "The Diffusion of Percutaneous Breast Biopsy Over Time."
 - "Community Utilities Are Much Higher Than Those in the Literature for a Range of Radiculopathies."
- **Kimberly D. Williams,** a poster, "Physicians preferentially seek information for clinical decisions from colleagues versus other sources."

Tom Gillin, RRT, and Bob Donnelly, RRT, represented Delaware in the AARC House of Delegates two days prior to the International Respiratory Congress.

Stephen A. Pearlman, M.D, MSHQS, "Neonatal Coding 2013." Perinatal Section VI meeting. Chicago.

Stephen A. Pearlman, M.D., MSHQS, "Using Interpreters to Improve Obstetric Care." Obstetrics Grand Rounds at Thomas Jefferson University, Nov. 7.

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Appointments

Lauren Speakman, BSN, MBA, RN, CCRN, promoted to assistant nurse manager for the Christiana Post-Anesthesia Care Unit and Prep & Holding Unit.

Lisa Maxwell, M.D., appointed assistant professor of family and community medicine, Jefferson Medical College, Thomas Jefferson University, Philadelphia.

Brad Sandella, D.O., appointed clinical assistant professor of family, community and preventive medicine at Drexel University, Philadelphia.

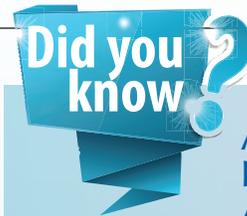
Awards

Lauren Foy, D.O., and **Josh Okon, M.D.**, completed American Academy of Family Physicians chief resident leadership training in San Diego, September 2013.

Lauren Foy, D.O., received the Humanism and Excellence in Teaching Award from the Arnold P. Gold Foundation, Jefferson Medical College of Thomas Jefferson University, Philadelphia.

The National Coalition of Black Women Empowerment Summit Nov. 2 honored **Velma Scantlebury, M.D.**, associate director of the Kidney Transplant

Program at Christiana Care with its Unsung Hero Award and otolaryngology surgeon **Joan Coker, M.D.**, with its Generation Next Award. ●



ACCC Innovator Awards

The Helen F. Graham Cancer Center & Research Institute's Community Health Outreach & Education (CHOE) program's Health Info on the Go was recently selected as a poster presenter as part of the Association of Community Cancer Centers' (ACCC) Innovator Awards for the ACCC 30th National Oncology Conference in Boston. The program was recognized for pioneering strategies for the effective delivery of cancer care in a community setting. The multicultural, multilingual program provides public education and community-based screenings to promote cancer awareness, prevention and early detection. ●



Velma Scantlebury, M.D., center, with the current and past presidents of the National Coalition of 100 Black Women, Delaware Chapter, Melanie S. Daniels and Enid Wallace-Simms.

Give yourself the gift of peace

Taking stock of ways you can make the holiday season more peaceful is just as important as making your gift list.

Start by keeping a calendar. Block out time for all the tasks you want to accomplish during this busy time of year, such as grocery shopping for a party, decorating the house or volunteering for a good cause.

When someone asks you to commit to a party, a cookie exchange or taking Aunt Sally to the podiatrist, you can immediately check your calendar and determine if you can fit that activity into your schedule.

Don't jam your agenda with events you don't enjoy. It's OK to say no to

invitations or requests that are a chore rather than a pleasure.

Likewise, don't demand perfection from yourself or others. If Uncle Norman has been loud and unpleasant at every family gathering for the past 10 years, it is unlikely he will be different this year. So don't let it spoil your day. Focus on what makes you smile.

If a loved one has died or an important relationship has ended, acknowledge that the holidays will not be the same. It is appropriate to mourn. It also is helpful to contemplate ways you can create new traditions with family and friends.

Set realistic expectations. For example, don't expect to lose weight if you anticipate going to lots of parties where cookies, eggnog and other treats will be

served. It's OK to indulge in a nibble, as long as you don't overdo it.

Set a reasonable goal, such as maintaining your weight. Make that happen by committing to regular exercise. If you can't hit the gym, you can still integrate exercise into a busy day. If shopping is on your list, park in the outermost section of the lot at the shopping center, then take a brisk walk to and from the stores.

Think ahead by making a budget for gifts and other holiday expenses. Don't spend more than you can afford. You will soften that post-Yule letdown by avoiding a flurry of bills arriving in January.

Check out the Wellness: Caring for Yourself Website for resources to support your efforts. ●

Elizabeth Zadzielski, M.D., returns to lead Women's Health Ambulatory Services, Division of Education



Elizabeth Zadzielski, M.D., MBA, FACOG, has been named medical director of Christiana Care Women's Health Ambulatory Services, Division of Education.

Before joining Christiana Care in November, Dr. Zadzielski was the chief of the Department of Obstetrics and Gynecology at Einstein Medical Center Montgomery in East Norristown, Pa. Prior to that she was Christiana

Care's director for women's outpatient services education faculty for three years. During that period her commitment to excellence twice earned her the Christiana Care Physician Ambassador for Nursing Excellence Award.

She earned her medical degree at the University of Medicine and Dentistry of New Jersey, after graduating summa cum laude with a B.S. in biological chemistry from St. Peter's College in Jersey City, N.J. She completed her residency at the Newark Beth Israel Medical Center, finishing as chief resident in the Department of Obstetrics and Gynecology.

A member of the North American Menopause Society and the Obstetrical Society of Philadelphia, Dr. Zadzielski has lectured and conducted workshops on topics including menopause, pregnancy outcomes, osteoporosis and menstrual disorders. ●

Lisa Hall, RN, appointed director of Case Management



Lisa Hall, RN, MSM, CCM has been promoted to director of Case Management for Christiana Care. She joined Christiana Care in 2005 as a staff RN case manager at Wilmington Hospital. She assumed the supervisor of Case Management role in 2008 and transitioned to Christiana Hospital in 2012 when she took on the role of administrative manager of Case Management.

As a certified case manager (CCM), Hall demonstrates on a daily basis her exceptional knowledge and experience with case management professional standards and is a valuable mentor to the case-management team.

Hall has served in leadership roles on systemwide committees and teams including: the Transformation of Care Project; development of the SWAT team; 24/7 Emergency Department case management; One Voice - Patient & Family Centered Care; and patient-centered rounding on the medical units at Christiana Hospital.

Hall obtained her BSN degree from Widener University and her MS degree in management from Wilmington University. She is currently participating in the Making an Impact leadership development program and the Juran Lean Six Sigma program supported by the Value Institute's Center for Operational Excellence. ●

THE BEST GIFT YOU CAN GIVE THIS SEASON IS YOUR SUPPORT

The Fund for Christiana Care provides quality care to our neighbors.

Annual gifts enable Christiana Care Health System to meet the most pressing needs of our patients — your friends, neighbors and loved ones. Your generous gift to The Fund for Christiana Care helps provide resources that make an immediate impact and allow us to provide the highest quality care for our neighbors.

Make a gift today! Visit www.christianacare.org/makeagift or contact the Development Office at 302-327-3305.



There's a REMS for that? – The mycophenolate risk evaluation and mitigation strategy

By Nadia Hellenga, Pharm.D

Mycophenolate mofetil (CellCept®) is Food and Drug Administration indicated for prophylaxis of rejection of transplanted kidneys, livers and hearts, while mycophenolic acid (Myfortic®) is FDA indicated for prophylaxis of kidney transplant rejection^{1,2}. These agents are used for many other unlabeled indications including lupus nephritis, myasthenia gravis, psoriasis, nephrotic syndrome and idiopathic thrombocytopenia purpura^{3,4}. Thus, a variety of prescribers order these drugs and may not be familiar with some of the relatively new, FDA mandated safety data associated with mycophenolic acid (MPA).

Postmarketing reports provide evidence that exposure to MPA derivatives is associated with increased risks of first-trimester pregnancy loss and structural malformations in approximately 20 percent of infants who were exposed to MPA in utero. The congenital malformations most often occur on the external ear, but may also include cleft lip and palate, as well as anomalies of the distal limbs, heart, esophagus and kidney^{5,6}. In October

2007, these postmarketing data led to a change in the pregnancy safety category of MPA from category C (risk of fetal harm cannot be ruled out) to category D (positive evidence of fetal risk). A black box warning was also added to the medication labeling, urging prescribers to ensure female patients of child-bearing potential receive appropriate contraception and advising prescribers to discuss the pregnancy and fetal risks of the drug with their female patients⁷.

The FDA mandated a REMS program for MPA to prevent unplanned pregnancy in patients on these drugs and to minimize fetal exposure to them. In September 2012, the FDA and the manufacturers of the various brand and generic MPA formulations launched a single, shared system for the Mycophenolate REMS. On this website, www.MycophenolateREMS.com, health care professionals and patients can access information on the pregnancy and fetal risks associated with MPA as well as information needed to comply with the Mycophenolate REMS program^{6,8}. ●

MYCOPHENOLATE REMS ELEMENTS ESPECIALLY IMPORTANT TO HEALTH CARE PROFESSIONALS:

- A medication guide is to be provided to patients with each fill of their MPA prescription.
- Prescribers routinely prescribing MPA should receive training and register with the REMS program and:
 - Ensure their patients are on appropriate contraception and are aware of the risks of unplanned pregnancy while on these medications.
 - Order regular pregnancy screenings for their MPA patients of child-bearing potential.
 - Weigh the risk versus benefit of continuing these agents in patients who are pregnant.
 - Understand the importance of reporting and how to report to the mycophenolate pregnancy registry.
 - Appropriately document patient mycophenolate and contraception education.
- Materials for health care provider training and patient education may be printed or ordered from the www.MycophenolateREMS.com site and include:
 - Mycophenolate REMS: Overview & Your Birth Control Options patient education brochure.
 - Patient-Prescriber Acknowledgement Form.
 - Mycophenolate REMS: Brochure For Healthcare Providers.
 - Obstetrician/Gynecologist Referral Template Letters for Contraception Counseling and for Preconception Counseling.

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1. CellCept® Product Labeling. Genentech, Inc. Last revised September 2013.
2. Myfortic® Product Labeling. Novartis Pharmaceuticals. Last revised September 2013.
3. Micromedex® 2.0 online. Truven Healthcare. Accessed 11/12/13 and 11/14/13.
4. Drug information handbook online. Lexi-Comp. Accessed 11/14/13.
5. Sifontis, NM, et al. Pregnancy outcomes in solid organ transplant recipients with exposure to mycophenolate mofetil or sirolimus. *Transplantation*. 2006; 82:1698-1702
6. <http://www.fda.gov/Drugs/DrugSafety/PostmarketDrugSafetyInformationforPatientsandProviders/ucm318880.htm>. Risk Evaluation and Mitigation Strategy (REMS) Single Shared System for Mycophenolate. Last modified September 2013.
7. CellCept Pregnancy Notice .Bergerson, L. and Roche Pharmaceuticals.. October 2007. http://www.gene.com/download/pdf/cellcept_pregnancynotice.pdf Accessed 11/12/13.
8. www.MycophenolateREMS.com. Mycophenolate REMS – Mycophenolate related Risk of miscarriage and Birth Defects. Accessed 11/12/13, 11/13/13, and 11/14/13.

FORMULARY UPDATE—NOVEMBER 2013

FORMULARY ADDITIONS

Medication – Generic/Brand Name	Strength/Size	Use/Indication	Comment
Ado-trastuzumab injection / Kadcyla	100- & 160-mg vials	Treatment of breast cancer	Administration limited to: <ul style="list-style-type: none"> • Christiana Care-owned office practices and ambulatory infusion centers • FDA-approved indications
Atorvastatin / Lipitor	10- and 20-mg tablets	Treatment of hyperlipidemia & coronary heart disease	Line item extension
Simvastatin / Zocor	5-, 10-, 20- & 40-mg tablets	Treatment of hyperlipidemia & prevention of coronary heart disease	
Ursodiol / Urso Forte	500 mg tablet	Treatment of primary biliary cirrhosis	Line item extension

THERAPEUTIC INTERCHANGE

Revised Eszopiclone / Lunesta interchange	<ul style="list-style-type: none"> • Eszopiclone 1 mg → Zolpidem 2.5 mg • Eszopiclone 2 mg → Zolpidem 5 mg when less than 65 years old • Eszopiclone 2 mg → Zolpidem 2.5 mg when 65 years of age or older • Eszopiclone 3 mg → Zolpidem 5 mg when less than 65 years old • Eszopiclone 3 mg → Zolpidem 2.5 mg when 65 years of age or older
Revised statin interchange	<ul style="list-style-type: none"> • Fluvastatin 20 mg → Simvastatin 5 mg • Fluvastatin 40 mg → Simvastatin 10 mg • Fluvastatin 80 mg → Atorvastatin 10 mg • Lovastatin 10 mg → Simvastatin 5 mg • Lovastatin 20 mg → Simvastatin 10 mg • Lovastatin 40 mg → Atorvastatin 10 mg • Lovastatin 80 mg → Atorvastatin 20 mg • Pitavastatin 1 mg → Simvastatin 10 mg • Pitavastatin 2 mg → Atorvastatin 10 mg • Pitavastatin 4 mg → Atorvastatin 20 mg • Rosuvastatin 5 mg → Atorvastatin 10 mg • Rosuvastatin 10 mg → Atorvastatin 20 mg • Rosuvastatin 20 mg → Atorvastatin 40 mg • Rosuvastatin 40 mg → Atorvastatin 80 mg • Simvastatin 80 mg → Atorvastatin 40 mg

NEW CHRISTIANA CARE MEDICATION POLICIES

Additions to Christiana Care high-alert medication list	Cyclosporine (Gengraf, Neoral, Sandimmune), epoprostenol (Veltri) & treprostinil (Remodulin) were added to the Christiana Care high-alert medication list.
Cardiac Short-Stay Unit	This unit has been designated a level BR unit for medication administration.
Pegfilgrastim / Neulasta	Inpatient administration restricted to patients discharged to a long-term care facility in Kent County or New Castle County.
Saline 3% IV solution	This solution was added to the list of medications that require a second independent double check as described in PCS policy 408 in attachment 1.
Tigecycline	The prescribing of this antibiotic has been restricted to Infectious Disease physicians only because a possible increase in mortality has been observed when it is used to treat infections. Black box warning added to tigecycline's labeling.

FORMULARY DELETIONS

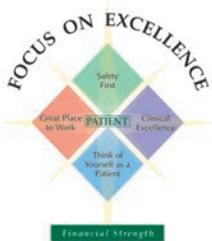
Sargramostim (GM-CSF) / Leukine	Removed from Christiana Care Formulary because of lack of use
Zolpidem 10 mg tablet	Removed from Christiana Care Formulary because of safety concerns



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Annual Latina conference provides free screenings and wellness education



Attendees learned about healthy grocery shopping and nutrition from Christiana Care dietitians and volunteers.

Care outreach workers, volunteers and staff, assisted by medical interpreters, provided cancer assessments and screenings for blood sugar, cholesterol and blood pressure for 70 people. Henrietta Johnson Medical Center staff gave 88 flu shots, and the Women’s Health Mobile Screening Van provided 11 women with mammograms. This year’s event featured a healthy marketplace where attendees could speak with dietitians and learn tips and recipes for healthy eating. The annual Latina conference is part of Christiana Care’s year-round effort to improve access to health care, screenings and preventive care. By providing free tests and bilingual education in a community setting, Christiana Care and partners are working together to remove barriers to care and reach people in need. ●

More than 250 people attended the 8th annual *Latinas Fuertes Y Saludables* — Latinas: Strong and Healthy. The life-affirming program empowers Hispanic women through education about healthy living and encourages them to share their knowledge with others. It is a Spanish language event sponsored by Christiana Care and partner agencies including the Arsh Cannon Foundation, AstraZeneca, the Delaware Breast Coalition, Westside Family Healthcare, Henrietta Johnson Medical Center, Delaware’s Division of Public Health, Latin American Community Center, American Cancer Society, Nemours, St. Francis Healthcare and the Susan G. Komen Philadelphia Affiliate.

Spanish-speaking Christiana



Maria Cabrera, Wilmington city councilwoman, presented Christiana Care with a proclamation for hosting the annual Latina conference, being a “good neighbor” and improving the quality of life of Wilmington residents.