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Christiana Care meets challenges of severe flu season with innovation, caring



Cynthia Noble, RN, staff development specialist, vaccinates hospital visitor Dorian Cooper at a free flu vaccination station in Wilmington Hospital. The vaccination stations were just one of the ways that Christiana Care staff stepped up during the height of the flu season.

This year's influenza outbreak was the earliest since 2003, with many more cases than in past years, according to the Delaware Division of Public Health.

Christiana Care nurses, physicians and staff have risen to the challenge, finding innovative ways to meet the huge spike in demand while continuing to provide excellent care to each patient.

"This was definitely not only an earlier, but a more severe flu season than we have experienced in a while," said Christiana Care Infection Prevention Officer and

The Christiana Care Way

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

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CONTINUED

Christiana Care meets challenges of severe flu season

Hospital Epidemiologist Marci Drees, M.D. “There is some evidence now that flu activity is beginning to decline, but it’s definitely still circulating in the community. I think this season is a good example of why we take flu so seriously, and why we strive to vaccinate all our health care workers. It would have been much more difficult to cope if we had also been struggling with staffing issues due to many people being out with the flu.”

In addition to vaccinating more than 93 percent of our staff, who wear “I’m vaccinated” tags on their ID badges, Christiana Care provided almost 1,500 free flu vaccinations to visitors at Christiana and Wilmington hospitals. Nursing educators and infection-prevention nurses administered the vaccines in a coordinated project with support from Pharmacy and Employee Health. Vaccine stations outside the outpatient pharmacy in Christiana Hospital and in the temporary main entrance corridor at Wilmington Hospital gave visitors the opportunity to get immunized on the spot.

“I know the effort was well-received, and I have no doubt that this effort helped us to avert potential flu-related illness and hospitalizations.”

—Marci Drees, M.D.

“Thanks to everyone who helped make this happen and who participated by serving as vaccinators,” Dr. Drees said. “I know the effort was well-received, and I have no doubt that this effort helped us to avert potential flu-related illness and hospitalizations.”

While the intent of the free vaccination stations was to immunize people who were already visiting the hospital, word spread, and some people made the trip specifically to get vaccinated.

“One patient said she rode two buses to get the shot because she could not find it anywhere else nor afford the co-pay, and it was a true blessing,” said Ann-Marie C. Baker, BSN, RN, CPAN, BC, staff education specialist. “A family of nine who emigrated from Turkey came for their shots, and they were so happy that one girl said it was part of her birthday celebration.”

Staff at the stations reported that many of the adults who received free vaccinations were getting a flu shot for the first time in their lives.

For the flood of patients coming into the emergency department with flu-like symptoms, staff worked hard to ensure that there was room for everyone.

At Christiana Hospital, staff expanded the emergency department into an adjoining conference room to handle the overflow, and converted inpatient family rooms on four floors of the E Tower to semiprivate rooms, effectively creating 16 available new beds. Care Management staff focused on freeing up isolation beds.

For patients who required hospitalization, Wilmington Hospital initiated a double-posting process that allowed them to be transferred to Christiana Hospital if there was no bed available at Wilmington. “This offered sick patients arriving at Wilmington Hospital a choice to have access to the first available bed at either hospital, so no patient would have to wait any longer than necessary to be placed,” said Steve Rhone, RN, administrative director, Patient Access and Capacity Management.

To speed laboratory testing turnaround, the lab at Wilmington Hospital introduced a new, rapid-detection flu test.

“We ramped up staffing on several shifts to meet the capacity challenge,” said Cheryl Katz, vice president, Pathology and Laboratory Services.

When high usage of the rapid test kits created a national shortage, Katz said, “The kits were rationed, forcing the lab to carefully monitor the testing processes and the timing. Christiana Care deserves credit for stewarding its supply of the kits to optimize their benefit to our neighbors.”

The test went live for the EDs on Dec. 30 and live systemwide on Jan. 2, said Cynthia Flynn, M.D., a Christiana Care pathologist. “We process each flu sample upon receipt in the lab and stay as close as possible to a two-hour or less turnaround time,” Flynn said.

Overall, the efforts by staff at every level and in every department to meet the challenges of this flu season have been remarkable said Gary Ferguson, chief operating officer.

“Staff support and willingness to work extra hours to provide the necessary services is showing The Christiana Care Way in action,” said Ferguson. “The ED and Environmental Services staffs, Nursing, Pathology and Lab Services, Care Management and Information Technology teams and many other departments have gone to great lengths to serve our neighbors.” ●

The right goal, the right tools and the right team

By Edmondo Robinson, M.D., MBA, FACP

Physician-in-Chief, Wilmington Hospital; Associate Chief Medical Officer



Health care is not our goal. As the words of The Christiana Care Way remind us, our promise to our neighbors is to be expert, caring partners in health — not expert, caring partners in health care.

The distinction is important, because it helps us to focus on the reason that all of this apparatus around us exists: to help our neighbors to be

healthy and to live the lives that they want to live. As we build systems of care that are effective, affordable, and provide value, we are creating tools that help us to reach this goal of health.

There are many kinds of tools that help us. Some are physical tools: respirators, IV pumps, medications and the like. Others are tools that help us to work together more effectively: Patient and Family Centered Care, Culture of Responsibility, Focus on Excellence. These tools help us to create an environment of dignity and respect, to improve safety through a culture of learning, and to strive for continuous improvement. We can map them to the words of The Christiana Care Way. They support our efforts.

But the most important principle embedded in the words of The Christiana Care Way is partnership. Not one of us can create health for our neighbors on our own. When I am caring for a patient, I understand that it takes the combined efforts of everyone on the team around me to give that patient the best opportunity to achieve health. It takes nurses who listen and provide meticulous care at the bedside. It takes the Environmental Services team who help to keep the room clean and prevent infection. It takes the pharmacist who ensures that the right medications are administered, and the Patient Escort team, who help the patient to move through the hospital safely and comfortably. Care Management, Social Work, Palliative Care, Nutrition, Respiratory — every one of our patients relies on so many people to deliver the best chance at getting back to living a healthy life.

We work together effectively as partners when we treat each other with respect, and when we listen to

each other and value each member's contribution to the team. The Environmental Services staff member has as much opportunity to make an impact on the patient and family in the hospital room as I do. It might be through a kind word that eases the pain of a difficult day, or it might be by noticing that a family member seems distressed, and alerting the nurse on duty that help might be needed. This is how we provide care as a team.

Our most important partners are our patients and families. What good is our best medical care and advice if our patients aren't able to understand or follow it? How can we help our patients to achieve health if we don't understand what that means to them, and what obstacles might exist in their lives that need to be overcome? And how can we truly help our patients to be healthy if we don't enlist the support network of their family and friends, on whom they will rely after they leave the hospital or the doctor's office?

When we authentically partner with our patients, our patients' families and with each other — across all disciplines and departments — we create a great team. Great teams are able to innovate their way through challenging times. Great teams win.

The Christiana Care Way guides us to work together as partners, using the best tools, to create effective systems that help our neighbors to be healthy and live the lives that they want to live. It's ultimately a simple promise that we make to our neighbors and to each other. It's a promise that I am honored to make. ●

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.



Graham Cancer Center trains international researchers for participation in Cancer Genome Atlas Project



The Helen F. Graham Cancer Center at Christiana Care is teaching best practices for participation in The Cancer Genome Atlas Project to researchers from major university cancer-research programs across the country.

Stanford University School of Medicine sent an associate professor of pathology/associate director of surgical pathology for training at the Graham Cancer Center and the Tissue Procurement Center at Christiana Hospital. Emory University's Winship Cancer Institute researchers visited in January, and in February, researchers from Nigeria's Institute of Human Virology will visit.

"The Cancer Genome Atlas Project participation at the Helen F. Graham Cancer Center has required a coordinated effort between the Departments of Surgery, Pathology, Anesthesiology, Perioperative Services and Cancer Research," said Nicholas J. Petrelli, M.D., Bank of America endowed medical director of the Helen F. Graham Cancer Center. "The effort truly has been multidisciplinary and has brought national recognition to the Helen F. Graham Cancer Center. Our team is justifiably proud that the NCI designated our cancer center as a training site for major university programs' participation in the Cancer Genome Atlas Project."

Researchers from Gunderson Lutheran, St. Joseph's/Candler Hospital, Emory University and the University of Iowa Carver College of Medicine (top), and the John Theurer Cancer Center, University of Maryland Medical System and Stanford University School of Medicine (inset) visit the Helen F. Graham Cancer Center for training related to The Cancer Genome Atlas Project.

Training focuses on the multidisciplinary approach to screening, collecting, preparing, storing and shipping potential tissue samples for the National Cancer Institute sponsored genetics research.

Other major U.S. cancer research programs that have trained or will train at Christiana Care include: the John Theurer Cancer Center of Hackensack, N.J.; the universities of Maryland, South Carolina and Iowa; the F. Gunderson Lutheran Medical Foundation; and the Lewis Cancer & Research Pavilion at St. Joseph's/Candler Hospital, Savannah, Ga. ●

Gift of Life Donor Program continues through April

Consistent with our mission to partner with our neighbors to create greater value, and in light of our own kidney transplant program, Christiana Care is participating in the Gift of Life Donor Program campaign. The campaign runs now through the end of April.

The Gift of Life Donor Program, our community's organ and tissue transplant program, is one of many organizations we partner with to advance the health and well-being of our community. Every day, colleagues at Christiana Care demonstrate their commitment to serve our neighbors as caring partners in their health through the work they do with many noble organizations and worthy causes.

For 36 years, Gift of Life has worked in our community to coordinate life-saving and life-enhancing transplants for those waiting, while supporting the generous donors and their families who have chosen to give others a second chance through donation. Gift of Life works with our Kidney Transplant Program to oversee organ and tissue donations and their distribution in our community.

More than 600 Delawareans awaiting life-saving organ/tissue donations, and the list is growing. By signing up as an organ and tissue donor, you might give these individuals a second chance at life through a transplant.

Consider registering your decision to be an organ and tissue donor. To learn more and sign up as an organ and tissue donor, if you are a Delaware resident, visit www.donatelife-de.org. If you are not a Delaware resident, visit www.donatelife.net.

By taking a few minutes to register, you ensure that your desire to give this gift is officially recorded. You may someday be able to give the priceless gifts of life, sight and mobility to another person in need. ●

A kidney transplant restored JePahl's health and renewed his hopes and dreams.



Now he is enjoying life to the fullest, including marrying the love of his life. "I appreciate being able to be the husband that she deserves," says JePahl. "My kidney transplant made that possible."

Thanks to the generous gift of an organ donor, JePahl has his life back.

JePahl, kidney recipient

You have the power to Donate Life.
Be an organ, eye and tissue donor.

To find out how, go today to www.donatelife.net or call 1-800-355-7427.




Did you know?

Distracted driving injures or kills half a million people each year in the United States. Texting, talking on a cell phone, eating, grooming and other activities take your eyes off the road.

Eric Johnson, M.D., orthopaedic trauma surgeon at Christiana Care, and Mike Uffner, owner of Delaware Cadillac, Saab, Subaru and Kia, urge you to decide to drive and avoid those distractions.

For more information on distracted driving, visit www.decidetodrive.org. ●

Obstetrics and Gynecology research screening program targets problem-causing virus



Maternal Fetal Research Program Technician II Mark Gooss enrolls a patient in a national study focused on screening pregnant women for CMV, a virus that can harm the fetus.

Across the country, researchers expect to screen about 160,000 pregnant women for CMV.

At Christiana Care, Lynch said, “we expect about 4,800 to consent to screening.” OB/GYN Research staff approach all women presenting for prenatal care who are less than 23 weeks pregnant, not expecting multiple births, and not pre-screened and found ineligible for other reasons. Blood test screening requires drawing about a teaspoon of blood, which is sent to a laboratory for testing.

Eligible women may be approached by a research nurse to consent to participation in the randomized, placebo controlled study of treatment with CMV antibodies during pregnancy.

Fourteen medical centers across the country are part of this research study and, in all, 800 pregnant women who are identified with a primary or first-time CMV infection will be enrolled. The children of these women will be tested and evaluated at one and two years of age. Christiana Care expects to enroll 10 participants in the study.

The patient and her physician receive lab results when tests are CMV positive. Those patients also receive a referral to a Maternal Fetal Medicine specialist for further follow-up. ●

Christiana Care’s Department of Obstetrics and Gynecology is participating in a national research program to determine whether pregnant women who contract a common virus that can be harmful to the fetus can reduce the risk of passing it to their baby by receiving antibodies for the virus.

Although the cytomegalovirus (CMV), a common virus that spreads like a cold or flu virus, infects only about 1 percent of pregnant women, the repercussions of infection can be serious or even deadly for the fetus.

“If CMV infects a woman during pregnancy and it is the first time she has been infected with it, there is a 40 percent chance that the fetus will also get infected,” said OB/GYN research nurse Stephanie Lynch, BSN, RN, CCRC. A fetus infected with CMV is more likely to be born preterm, with a low birth weight or small head. A small number of the infected babies will develop problems such as hearing loss or difficulty learning. Rarely, the baby may die.

“Because of the rarity of this infection, it is important to combine our patient population with other centers to get the numbers to meaningfully answer these important questions,” said Matthew Hoffman, M.D., MPH, the principal investigator, vice chairman of the Department of Obstetrics and Gynecology and the Division of Education and Research.

A blood test can screen patients to determine whether someone has been infected with CMV, Lynch said. “The purpose of this study is to see if giving CMV antibodies to pregnant women who have been infected with CMV for the first time during pregnancy will result in fewer fetuses being infected with CMV.”

“The ability to participate in such complex trials is a testament to how far the research infrastructure at Christiana Care, has developed. This trial not only involves screening, but also counseling and coordinating complex care across departments. The research nurses through their council and collaborations have developed the means to care for the patients in these trials.”

—Matthew Hoffman, M.D., MPH

Center for Heart & Vascular Health goes red for Heart Month

Christiana Care's Center for Heart & Vascular Health is awash in red lighting during the month of February to commemorate heart month.

The dramatic red glow spotlights the only center in the region to integrate services that include cardiac surgery, vascular surgery, vascular interventional cardiology, cardiology and interventional nephrology under one roof.



Our prestigious cardiovascular program has earned a national reputation with gold achievement awards from the American Heart Association/American Stroke Association and a three-star ranking for the third consecutive year from the Society of Thoracic Surgeons. The ranking places us among the top 12 percent of all U.S. heart surgery programs. In addition, Christiana Care ranks in the top 2 percent in the U.S. for advanced heart arrhythmia capabilities and is sixth in stroke volume. Last year we performed 588 open-heart cases and 4,790 cardiac catheterization cases. ●

More than 250 turn out for Heart Month community lecture

A panel of Christiana Care heart experts discussed the latest treatments for cardiovascular disease and answered questions from the audience of more than 250 attending the annual Heart Month community lecture Feb. 5. From left, panel discussion leader Timothy Gardner, M.D., medical director of the Center for Heart & Vascular Health; cardiac surgeon Ray Blackwell, M.D.; James Hopkins, M.D., medical director of the Cardiac Catheterization Lab; Heart Failure Program Director Mitchell Saltzberg, M.D.; and Michael K. Banbury, M.D., W. Samuel Carpenter III Distinguished Chair of Cardiovascular Surgery. ●





Christiana Care earns national recognition for support of perioperative nursing certification

Christiana Care recently received a CNOR® Strong designation from the national Competency & Credentialing Institute.

The institute designates facilities as CNOR Strong when 50 percent or more of the organization's OR nursing staff has earned the OR certification (CNOR) credential. Fifty-eight percent of Christiana Care's OR nursing staff has achieved the credential. One hundred percent of the OR nurses at the Roxana Cannon Arshat Surgicenter are CNOR rated.

"The CNOR certification program is for perioperative nurses interested in improving and validating their knowledge and skills, and providing the highest quality care to their patients," said Judith A Townsley, MSN, RN, CPAN, vice president, Perioperative Services.

"Certification also recognizes a nurse's commitment to professional development. It is an objective, measurable way of acknowledging the achievement of specialty knowledge beyond basic nursing preparation and RN licensure," Townsley said. ●

Share-a-Shift 2013 applications going out in March



Regina Koveleskie, RN, CNOR (left), a 2012 Share-a-Shift Program winner, chose to spend a shift with Linda Laskowski Jones, vice president, Emergency and Trauma Services.

patients who need scheduled surgical procedures in her daily assignments at Christiana Surgicenter. She was professionally curious about caring for patients who need emergent care.

Koveleskie chose to share a shift with Linda Laskowski-Jones, MS, RN, ACNS-BC, CEN, vice president of Emergency and Trauma Services.

"We started with the Trauma Conference, where attending trauma physicians, residents, interns and multidisciplinary team members present an overview of trauma services, including a presentation by the forensic nurse," she said. "Then I toured the ED with Linda and learned a lot about the complexities of overseeing this extremely busy department.

"While attending several meetings with Linda, I saw how networking and interdisciplinary relationships are so necessary to emergency care and also learned about the cooperation among departments needed to launch the freestanding Middletown Emergency Department," she said. Koveleskie also saw many parallels between the Surgicenter and ED.

"Advocating for patient and family-centered care, which is The Christiana Care Way, tracking patient information and outcomes, and streamlining patient care throughout the system are all common goals," she said.

"Linda is such a dynamic professional; she treats each person in the same way — mutual respect for staff and associates. I applaud her for taking the time to share a shift with staff," Koveleskie said.

Employees interested in gaining first-hand knowledge of other careers and assignments at Christiana Care may enter a contest in March to win a Share-a-Shift opportunity awarded by Christiana Care's Professional Nurse Council (PNC).

The annual Share-a-Shift program, started in 2003, reinforces several specific Magnet Nursing Forces, such as Force 13, "promoting interdisciplinary relationships."

Share-a-shift winners get a glimpse into another colleague's typical workday, and an opportunity to meet and learn from people on the job in a selected area of interest.

"Cultivation and integration of interdisciplinary relationships makes Christiana Care a Great Place to Work," said Pamela Boyd, BSN, RNIII, CNOR, PNC, co-chair with Allison A. Steuber, MSN, RN, CEN.

One of 25 winners who enjoyed a share-a-shift opportunity in 2012 was Regina Koveleskie, RN, CNOR. Koveleskie cares for

If you would like the chance to see how others are supporting Magnet Forces, enter the Share-a-Shift contest in the spring. Winners will be announced during Nurses Week. ●

Patient Care Unit report cards emphasize team approach

At Christiana and Wilmington hospitals, everyone who works on a floor shares in the accomplishment when patients benefit from improved outcomes.

A new operating system for Quality and Safety is organized around interdisciplinary unit-based value improvement teams, said Sharon Anderson, RN, MS, senior vice president for Quality and Patient Safety. The teams include physicians, nurses, respiratory therapists, pharmacists, dietitians, care managers, social workers, Environmental Services staff, Pastoral Care and others who care for patients in either a direct or indirect way in each patient care area.

“In addition, we are encouraging units to include patient advisers as part of these teams to improve the value of care we deliver as viewed by our patients,” she said. “Everybody works together as part of a team to resolve issues and improve performance.”

Christiana Care’s patient-care unit scores include such measures as hand hygiene, falls, health care acquired infections and patient satisfaction. It’s a mechanism that allows units to receive timely feedback on key elements of their performance. The goal: accessible, high-quality care that costs less.

On 7E at Christiana Hospital, a floor for spine, bariatric and joint-replacement patients, the team earned the distinction of an A-plus in January, with a score of 97.2 out of 100 points.

Jennifer Johnson, RN, nurse manager on 7E, said the team has embraced the concept of providing compassionate, expert care in innovative, efficient ways that patients value.

“The staff has respect for new ideas and the acceptance of carrying them out, such as bedside reporting and purposeful hourly rounding,” she said. “The staff has long-term working relationships with each other, which

develops trust and dependability among them.”

This time around, 7E garnered the only A-plus in the health system. But other units were not far behind.

For example, the Intensive Care Unit at Wilmington Hospital improved from a score of 75, or C, for 2012 to 86, a solid B, in 2013 to date. That’s due, in part, to exceeding expectations in reducing the use of restraints. W5N, a step-down unit, showed a significant uptick from 78.4 or C-plus, to 92.4, or A-minus. On that floor, urinary-tract infections per 1,000 catheter days declined from 3.7 to zero.

Anderson notes that units face different challenges, based on the patient population being served. Still, there are often common issues that provide opportunities for collaboration. When units share insights and solutions that enhance value for patients, it’s an efficient, effective way to improve the system. ●



Patient Care Unit 7E staff at Christiana Hospital, a floor for spine, bariatric and joint-replacement patients, earned the distinction of an A-plus in January, with a score of 97.2 out of 100 points.

Culture of Responsibility making impact on safety



From left, Janice Nevin, M.D., MPH, chief medical officer; Cheryl Katz, vice president, Pathology and Laboratory Services; and Sharon Anderson, RN, MS, senior vice president, Quality and Patient Safety.



From left, Rosa M. Colon-Kolacko, Ph.D., MBA, senior vice president and executive director, Learning Institute and chief diversity officer; Janet Cunningham, RN, associate chief nursing officer; Barbara Monegan, director, Talent Management, System Learning; Ken Love, BSMT (ASCP), manager, Blood Bank; and Carole Hines, HR Manager, Medical Practice Services.

More than 500 managers and physician leaders have completed Culture of Responsibility education, and early indications of success are encouraging. We are seeing a measurable impact in promoting a culture of safety at Christiana Care, according to Agency for Healthcare Research and Quality (AHRQ) Hospital Survey on Patient Safety Culture results.

“As a learning organization, Culture of Responsibility helps us to focus on creating value,” said Robert J. Laskowski, M.D., MBA, Christiana Care president and CEO. “Learning from our mistakes in an environment that allows for open discussion enables us to continually improve the safety of our systems of care.”

Culture of Responsibility is a commitment to create an environment of shared responsibility among all members of the

health care team. As an integral component of Christiana Care’s safety program, it encourages colleagues to voice concerns, raise issues and report errors and near misses without fear of retribution.

Culture of Responsibility includes four cornerstones:

- Advancing a learning culture.
- Promoting an open and fair culture.
- Designing safe systems.
- Managing behavioral choices.

The Culture of Responsibility journey at Christiana Care began in June 2010 and includes a multi-year phased implementation plan. Leaders learn Culture of Responsibility concepts in a full-day session with a consulting firm, Outcome Engenuity, followed by online training modules and practice sessions analyzing events using the Culture of Responsibility algorithm.

The concepts have been embedded into new-employee orientation, new-leader orientation, new-resident orientation, physician peer review, leadership behaviors, post-event debriefs, root-cause analysis process, frontline leadership training and our positive discipline policy. Transforming Leadership Forums are held to enhance and strengthen our leaders’ capability to analyze adverse events, identify human error and address at-risk behaviors.

“Culture of Responsibility is being demonstrated in management of adverse events through post-event debriefs that enable learning from mistakes and identify best practices,” said Michele Campbell, corporate director, Patient Safety and Accreditation. “The conversation is about what happened, why it happened and what system improvements can be implemented to prevent it from happening again.”

She also cited the Good Catch Program, which encourages providers to report a circumstance that has the potential to cause harm, as also reinforcing our Culture of Responsibility.

Managers apply Culture of Responsibility principles through behaviors that include:

- Discussing adverse events at leadership, staff or unit-level council meetings.

- Sharing improvements made and lessons learned as a result of Safety First Learning Reports.
- Identifying and addressing at-risk behaviors and the “5 Whys” in event analysis.
- Observing and understanding variation and drift among staff.
- Recognizing staff who report “Good Catches.”

Culture of Responsibility implementation timeline

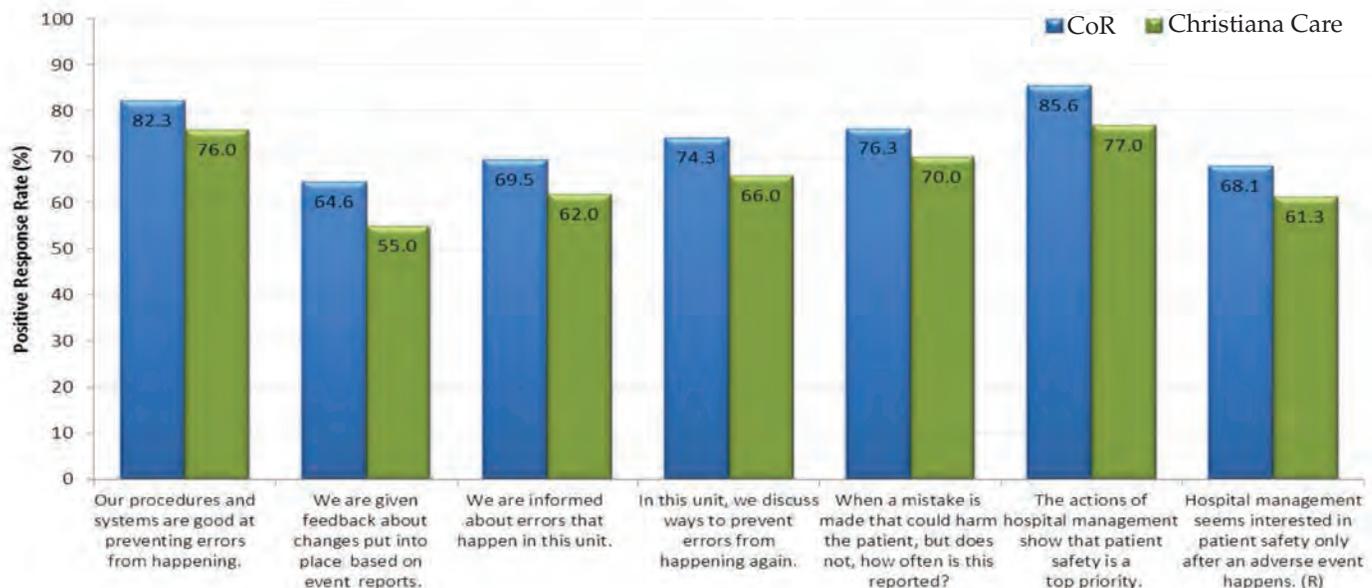


More importantly, we are seeing statistical improvement in the 2012 AHRQ Hospital Survey on Patient Culture results across Pharmacy, Laboratory and Medical Patient Care Units (Phase I areas), when compared to Christiana Care overall results. Efforts have demonstrated greatest improvement in the queries about, “Feedback given about changes put into place based on event reports” and whether “The actions of hospital management show that patient safety is a top priority.”

The path forward is to develop and adopt safety behaviors consistent with the Culture of Responsibility to enable staff to speak freely and prevent harm to our patients.●

Agency for Healthcare Research and Quality (AHRQ) Hospital Survey on Patient Culture results across Pharmacy, Laboratory and Medical Patient Care Units (Phase I areas) when compared to Christiana Care overall results

Outcomes related to Culture of Responsibility



5C staff's video is a Robert Wood Johnson Foundation contest semifinalist

A video created at Christiana Care that explains how to improve the patient discharge process to better serve patients and reduce readmissions reached the national semifinals in a contest sponsored by the Robert Wood Johnson Foundation.

Christiana Care's Patient Care Unit 5C staff entered the video "Improving the Discharge Process for Patients Transitioning to Extended Care" in a field of 110 submitted for the contest. Their submission was ranked in the top 20.

The purpose of the contest was to highlight health systems' innovative efforts to improve care transitions and reduce avoidable readmissions — especially for patients transitioning from the hospital to interim/long-term care or home.

The video details how the 5C team worked within the hospital and with extended care partners outside Christiana Care to pinpoint opportunities within the discharge process to reduce the readmission rate. Innovations in the video include:

- An optimized discharge package that summarizes key information about caring for the patient.
- Improved discharge communication protocols that ensure consistent nurse-to-nurse and physician-to-physician communication between Christiana Care and extended care partners.
- Use of the patient care facilitator role.

Results detailed in the video include a dramatically reduced readmission rate and the expansion of the role of the patient care facilitator.

The video is currently viewable at youtube.com/christianacare and will be featured prominently on the Robert Wood Johnson Foundations, "Care About Your Care" website.

The foundation had national presentations Feb. 13 and featured the video as part of their program. ●



Summer VolunTEEN registration dates

It is nearly time again to enroll students in our 2013 Summer VolunTEEN Program. The program runs June 10 through Aug. 9 and students must be available for at least six of those nine weeks. Students will volunteer two four-hour shifts per week and donate 50 or more hours of volunteer service during the summer program. Students must be at least 14 years of age by June 10, 2013 to be eligible.

Registration for children of Christiana Care employees will be from 9 a.m. to 4 p.m., Friday, March 8, by calling 428-2206, option 5.

Registration will begin for everyone, if openings remain available, on Monday, March 11, starting at 5 p.m. at www.christianacare.org/volunteer.

We have limited teen volunteer opportunities available. Sign up promptly, because the program fills up quickly. ●

Best practice review:

CRITICAL TEST RESULTS READ BACK



Q. WHAT ARE CRITICAL TEST RESULTS?

- A. Results that exceed defined limits or have unanticipated findings that may require immediate attention by a physician or appropriate health care provider who can act on or treat the results. This applies to imaging studies, electrocardiograms, laboratory and other diagnostic testing results.

Q. WHAT IS THE ACCEPTABLE LENGTH OF TIME TO REPORT CRITICAL TEST RESULTS?

- A. Critical test results should be reported within one hour of receiving the result so that the patient can be promptly treated. If the department or individual trying to report the critical result is unable to reach the responsible licensed caregiver or designated coverage within one hour of receiving the result, follow the chain of command.

Q. HOW DO I VERIFY CRITICAL TEST RESULTS OVER THE PHONE?

- A. I will write down the entire critical test result and read back the result to the person giving the test result as a means of verification.

Q. HOW DO I DOCUMENT AND FOLLOW UP ON CRITICAL TEST RESULTS FOR THE INPATIENT AND EMERGENCY DEPARTMENT?

- A. Document the date and time received and actions taken, including any appropriate follow-up, in the patient medical record. Use the Critical Test Result sticker for documentation and place the sticker in the progress notes.

CRITICAL TEST RESULT			
Place completed label in Progress Record to document receipt of critical results for diagnostic tests (including imaging studies), Electrocardiograms (EKG), labs and other tests/studies.			
Patient name: _____	Date of birth: ____/____/____	FIN/MR#: _____	
Test name: _____	Reported: ____/____/____	(Date)	(Time)
Result: _____			
<input checked="" type="checkbox"/> Read back to verify critical results			
Name of Physician/Prescriber notified: _____			
Date called: ____/____/____	Time(s) called: _____		
Date responded: ____/____/____	Time responded: _____		
<input type="checkbox"/> Physician not immediately notified after review of patient history, doctors orders and treatment protocols.			
Nurse Signature/Title 21870 S(15255)0211C	Print Name Document additional information below label.	Date ____/____/____	Time _____

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 If you have questions about this Best Practice Review, please contact the content expert: Gail Faraone 623-5432; Safety Hotline: dial 7233 (SAFE) from within the hospitals; outside dial 623-7233(SAFE). ●

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.

March

2 Register to attend the **24th Annual Update in Cardiology, Saturday, March 2, from 7:30 a.m. to 4 p.m., at the John H. Ammon Medical Education Center** on the Christiana Hospital campus: cchs.cloud-cme.com/cardiology2013.

7 Trip the light fantastic, learn a few new steps and enjoy a night out with Christiana Care and your neighbors at the annual **Dance Your Heart Out event, from 5:30 to 8 p.m., Thursday, March 7 at the Chase Center on the Riverfront.** You might also enjoy a special performance by noted Irish dancer Nicholas Paulson. Register now by calling 800-693-CARE (2273) or online at www.christianacare.org/lectures.

9 The **Medical Society of Delaware's Annual CME Event** on March 9 features **Brain Health** and will be held at **Clayton Hall at the University of Delaware.** Speakers will discuss cutting-edge research and present information useful in evaluating your next office patients. Topics include:

- Parkinson's disease and deep brain stimulation.
- Acute brain dysfunction diagnostic/interventional techniques.
- Memory disorders.
- Alzheimer's disease, including state and national initiatives.
- Multiple sclerosis.
- Neurocognitive aspects of emotional disorders.

Registration opens at 7 a.m. The event concludes at 2 p.m.

March through April

Mini-Medical School back in session

Interested in Medicine? Want to attend medical school without the exams?

Mini-Medical School is a free six-week lecture series offered for adults of all ages and high school students to learn about important trends in medicine and health. Faculty will provide in-depth lectures on important issues and advances in medicine and research. Participants will have the opportunity to ask questions after each lecture. There are no tests or grades. Participants who attend all six sessions will receive a certificate of achievement. No previous medical training is required. The classes are Thursdays, March 7 – April 11. Mark your calendars and check the portal and christianacare.org in the coming weeks for more information and to register.

12 & 13 Save the dates for this year's **"Expert Partners in Learning and Research" Celebration,**

hosted by the Learning Institute Center for Educator Development, Evaluation and Research, March 12 and 13.

All colleagues are invited to attend these events focusing on leveraging expertise and partnering together to optimize learning and development opportunities.

TUESDAY, MARCH 12, 11 A.M. TO 1 P.M.

- Learn more about The Christiana Care Way as Bob Laskowski, M.D., MBA, Christiana Care president and CEO, shares his vision at a reception/luncheon in the John H. Ammon Medical Education Center Main Auditorium. This event features:
 - The Christiana Care Way.
 - Celebration of our Top 125 in Training ranking.
 - Recognition of Educators/Researchers/Mentors throughout the system.
 - Four academic track workshops starting 90 minutes before the reception. Watch portal announcements for highlights of topics and registration information.

WEDNESDAY, MARCH 13

Day 2 features 30 minute "Knowledge Now" learning sessions held throughout the day in Conference Room 1100 at Christiana Hospital. Employees will be able to drop in for a refresher on Yammer, quick "how-to" demonstrations for working with PowerPoint or Outlook, i-Pad tips and many other learning technologies. Watch for Portal announcements for a complete list of offerings.



May

2 **2013 Delaware Trauma Symposium, from 7 a.m. – 4 p.m., Thursday, May 2, at the Chase Center on the Riverfront, Wilmington,** features a keynote address, “Trauma Drama: Bizarre and Unusual Trauma Case Studies.” Sessions include complex wound management; collaboration in trauma care — Level I and III hospitals working together; confronting family violence; dogs and kids; blunt carotid injury; and personal accounts from the parent of a child trauma survivor. The Edward F. Quinn III, M.D., Excellence in Trauma Care Lectureship Award will be presented.

7 **The 50th annual William J. Holloway Infectious Disease Symposium, 7:30 a.m. – 4 p.m., Tuesday, May 7, at the John H. Ammon Medical Education Center.** This is a landmark event in the history of this prestigious conference. In commemoration of the outstanding contributions of William J. Holloway, M.D., MACP, the selection committee has again assembled a world-renowned faculty. Topics include historical reviews of some of human history’s most important diseases: smallpox, tuberculosis, legionella and HIV, as well as the history and controversies in the fields of vaccinations and antibiotic usage.

Faculty: Paul Volberding, M.D. – *HIV*; Paul Offit, M.D. – *Vaccines*; Donald Henderson, M.D. – *Smallpox*; Brad Spellberg, M.D. – *Antibiotic Usage*; Victor Yu, M.D. – *Legionella*; David Schlossberg, M.D. – *Tuberculosis*.

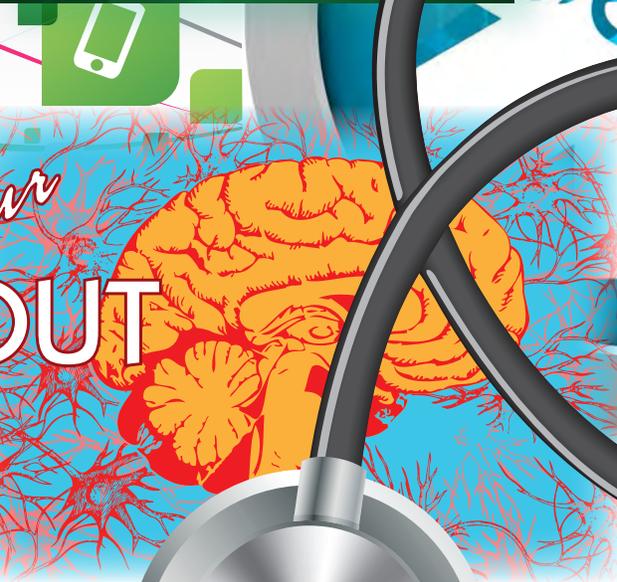
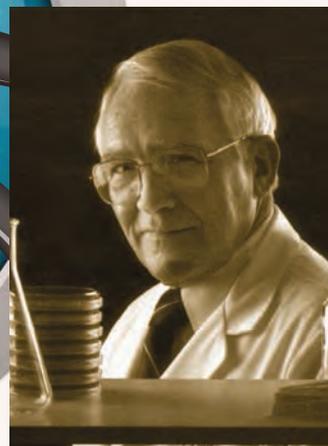
10 The inaugural **Neurovascular Disease Symposium, from 7:30 a.m. to 4:15 p.m., Friday, May 10, at the John H. Ammon Medical Education Center.** Register online at cchs.cloud-cme.com/neurovascular2013.

23 Don’t miss the 22nd year of a Christiana Care tradition. The annual **Christiana Care Golf & Tennis Classic** happens this year on **Thursday, May 23.** Save that date for an exciting day of golf and tennis on the magnificent natural surroundings of the **DuPont Country Club,** 1001 Rockland Road, Wilmington. Participants will enjoy a boxed lunch, buffet dinner, on-course refreshments, awards and prizes.

Call 302-327-3305 or e-mail DevelopmentOffice@ChristianaCare.org to register and learn about sponsorship opportunities. Proceeds will support the mission of Christiana Care.



**CHRISTIANA
CARE
GOLF & TENNIS
CLASSIC**



Robert J. Laskowski, M.D., MBA, named chair-elect of AAMC Council of Teaching Hospitals and Health Systems



Christiana Care Health System President and CEO Robert J. Laskowski, M.D., MBA, has been chosen to serve as the 2012–2014 chair-elect of the Council of Teaching Hospitals and Health Systems (COTH) of the Association of American Medical Colleges (AAMC). He was also elected to the AAMC board of directors for 2012–2013.

Dr. Laskowski becomes COTH chair for the 2014–2016 period. He has been a member of COTH since 2007.

COTH represents the interests of major teaching hospitals in the United States and Canada. Through its 21-member administrative board, the council serves as the principal source of hospital and health system expertise into overall AAMC policy and direction. Membership in COTH is limited to organizations having a documented affiliation agreement with a medical school accredited by the Liaison Committee on Medical Education.

Dr. Laskowski has been president and chief executive officer of Christiana Care since 2003. He oversees administration and operation of one of the largest not-for-profit academic health systems in the country. Headquartered in Wilmington, Del., Christiana Care is a major teaching hospital with two campuses. Christiana Care is also a branch campus of Jefferson Medical College of Thomas Jefferson University in Philadelphia.

A board-certified internist specializing in geriatric medicine, Dr. Laskowski is a professor of clinical medicine at Jefferson Medical College. He is a graduate of the University of Pennsylvania's School of Medicine and has a master's degree in business administration from the University of Pennsylvania's Wharton School of Business. He was a fellow in general medicine and a Robert Wood Johnson Foundation Clinical Scholar at the University of Pennsylvania.

Dr. Laskowski is a member of the Health Management Academy Chief Executive Officers Forum and the American Medical Association Section on Medical Schools. He also serves on the board of directors of the United Way of Delaware, the Delaware State Chamber of Commerce and Wilmington HOPE Commission, and chairs the board of the Delaware Public Policy Institute. He is a member of the Economic Advisory Council of the Federal Reserve Bank of Philadelphia.

As the chair-elect of the COTH, Dr. Laskowski will help COTH members focus on issues such as Medicare direct and indirect medical-education payments, disproportionate share payments, teaching-physician regulations, coverage of investigational devices and other areas.

COTH is one of the AAMC's three member councils. The AAMC represents all 141 accredited U.S. and 17 accredited Canadian medical schools, nearly 400 major teaching hospitals and health systems, including 51 Department of Veterans Affairs medical centers, and nearly 90 academic and scientific societies. Through these institutions and organizations, the AAMC represents 128,000 faculty members, 75,000 medical students and 110,000 resident physicians. ●



Thomas L. Bauer, M.D., elected president of Philadelphia Academy of Surgery

Thomas Lee Bauer, M.D., chief of Thoracic Surgery at Christiana Care Health System, has been elected the 2013 president of the oldest surgical society in the United States, the Philadelphia Academy of Surgery.

Founded in 1879, the Philadelphia Academy of Surgery predates even the American Surgical Association. Its mission is to cultivate and improve the science and art of surgery, elevate the medical profession, promote public health as well as any other matters that fall within its sphere.

"It is truly an honor to be a member and now to serve as the president of such a historically significant surgical society," said Dr. Bauer, who sees patients at Christiana Care's Helen F. Graham Cancer Center. "Many of the fathers of surgery, my mentors and even my mentors' mentors have served in this capacity, so to lead this prestigious organization is a great privilege."

"Dr. Bauer successfully handles the triple challenge of teaching, clinical and

translational research, and patient care," said Nicholas J. Petrelli, M.D., Bank of America endowed medical director of the Helen F. Graham Cancer Center. "This honor by the Philadelphia Academy of Surgery along with his recent membership into the Society of University Surgeons illustrates his continued academic success."

As an institutional and national principal investigator of clinical trials, Dr. Bauer has received grants from the National Institutes of Health and other organizations for his medical research at the Graham Cancer Center and the University of Delaware. He has initiated and led numerous programs and research projects aimed at advancing the treatment of lung and esophageal cancer in Delaware and nationwide, 3D medical imaging, virtual bronchoscopy and epidemiological studies of lung cancer.

Dr. Bauer also is an associate professor of surgery at Jefferson Medical College and an adjunct assistant professor of biologic sciences at the University of Delaware. He completed his residency training in



general and cardiothoracic surgery at Thomas Jefferson University Hospital.

Dr. Bauer has received the resident teaching award and he has been chosen as a physician ambassador for the operating room nurses. Dr. Bauer also has been profiled as one of Delaware Today's Top Doctors. He was awarded "Rising Star" recognition in 2010 as one of Christiana Care's most notable doctors. ●



Lynn C. Jones, FACHE, named chair of American Hospital Association's Long-Term Care and Rehabilitation Governing Council

Lynn C. Jones, president, Christiana Care Home Health & Community Services Inc. and senior vice president, Post-Acute Care Services, Christiana Care Health System, is the 2013 chairman of the American Hospital Association's Section for Long-Term Care and Rehabilitation Governing Council.

As chairman, Jones will lead the section's governing council that advises the AHA on public-policy issues of concern to post-acute and continuing-care

providers. The governing council represents executives from among the nation's leading hospitals representing rehabilitation, acute long-term care, skilled nursing, home health and continuing-care services.

Jones, who assumed his present position in 2003, is responsible for all aspects of post-acute care services, including the Christiana Care Visiting Nurse Association, where he is a member of the board and leads the operations and

CONTINUED P. 18

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Lynn C. Jones, FACHE, named chair

strategic direction of the largest home-health agency in Delaware. The Christiana Care Visiting Nurse Association provides nearly 300,000 home visits annually and provides certified home nursing care; chronic-disease care for heart failure, COPD, mental health and oncology patients; home telemonitoring; maternal/child services; pediatric home care; joint-replacement home therapy; wound care; care transition; and private-duty services.

Jones also oversees other aspects of post-acute care services at Christiana Care, including adult day programs and building a continuum with community skilled nursing facilities.

Jones is a graduate of Westminster College in New Wilmington, Pa., and received a Master of Science in health care administration from George Washington University in Washington, D.C. In addition to his involvement in the AHA's Governing Council for Long

Term Care and Rehabilitation, he is a fellow in the American College of Healthcare Executives and currently the regent for the state of Delaware for the ACHE. He is also the current board chair of the Visiting Nurse Associations of America.

Jones is a board member of The Alliance for Home Health Quality and Innovation and participates in many local community organizations. ●

Gaboriault named Computerworld Premier 100 IT Leader

Christiana Care Vice President and Chief Information Officer Randy Gaboriault has been recognized by IDG's Computerworld magazine as a 2013 Premier 100 IT Leader honoree.

Each year, the publication spotlights leaders who have demonstrated exceptional technology leadership in their organizations, delivered innovative approaches to business challenges and effective management of IT strategies.

"Under Randy's leadership, Christiana Care has been able to unlock the strategic value of IT in ways that set new standards for how we practice medicine, adding greater value for our physicians and patients," said Robert J. Laskowski, M.D., MBA, Christiana Care's president and chief executive officer. "This award is an honor for our entire clinical and information technology team who create innovative systems of care that transform the clinician experience and allow us to better serve our neighbors as expert, caring partners in their health."

Since Gaboriault joined Christiana Care in 2010, the health system has advanced its electronic medical record to be among the top 1 percent of all U.S. hospitals. His organization has created several innovations to improve patient care, patient safety and clinical efficiency.

"The Premier 100 IT Leader award endorses Christiana Care's commitment to designing the future of health care by implementing transformative information technology solutions," Gaboriault said. "Clinical health care services are among the most complex offerings in the world to design and deliver, and I am fortunate to work with a talented and dynamic team that is energized by these challenges."

Notable achievements include a breakthrough communication management and workflow solution developed for one of the busiest emergency departments in the nation, with more than 172,000 visits last year. Another unique solution, Insight, enables patients to self-evaluate their symptoms using a handheld device that integrates with the patient medical record.

Computerworld magazine named Insight an Honors Program Laureate award winner in 2012 and, in a separate honor, awarded it Top Five recognition in the health category.

Other major technology publications have also recognized Christiana Care's recent achievements. In 2012, CIO magazine named Christiana Care a winner of a CIO 100 Award. In 2011, InformationWeek 500 magazine selected



Christiana Care's breakthrough communication management and workflow solution as one of its "20 IT innovative ideas to steal."

Additionally, Christiana Care received a prestigious \$10 million grant from the Center for Medicare and Medicaid Innovation in 2012 to design a new care model harnessing an information-technology data hub and predictive analytics for patients with ischemic heart disease. ●

Publications

Daniel J. Meara, M.D., D.M.D., et al., a book chapter, "Pediatric Facial Trauma," Peterson's Principles of Oral and Maxillofacial Surgery. PMPH-USA; 3 edition (December 31, 2011); Chapter 26: 565-592.

Daniel J. Meara, M.D., D.M.D., et al., "Disease and Orbital Cellulitis in Children," Pediatric Maxillofacial Surgery. Oral and Maxillofacial Surgery Clinics of North America. August 2012; 24(3):487-496.

Daniel J. Meara, M.D., D.M.D., et al., "Evaluation: Clinical Examination and Radiographic Techniques for Third Molar Management, Third Molar Surgery," Atlas of the Oral and Maxillofacial Surgery Clinics of North America. September 2012; 20:163-168.

Omar A. Khan, M.D., MHS, Tuhina Raman, M.D., Emily A. Abramson-Chen E, M.D., "Perceptions of Smoking and Lung Cancer in New Castle County, Delaware," Delaware Medical Journal, 2012.

Marilyn Sherman, MSN, RNC-OB, Perinatal Safety Coordinator, "The value of direct care nurses with new health care strategies," Nursing for Women's Health. Volume 16, Issue 6, pages 501-504.

Anthony Sciscione, D.O., et al., for the Eunice Kennedy Shriver National Institute of Child Health and Human Development Maternal-Fetal Medicine Units Network:

- "Can changes in angiogenic biomarkers between the first and second trimesters of pregnancy predict development of pre-eclampsia in a low-risk nulliparous patient population?" BJOG. 2013 Jan 18. doi: 10.1111/1471-0528.12128. PMID: 23331974

- "Risk of uterine rupture and placenta accreta with prior uterine surgery outside of the lower segment" Obstetrics & Gynecol. 2012 Dec;120(6):1332-7. doi: <http://10.1097/AOG.0b013e318273695b>. PMID: 23168757.

Nancy Sloan, et al., "Stillbirth and Newborn Mortality in India After 'Helping Babies Breathe' Training." Pediatrics. 2013 Jan 21. [Epub ahead of print]

Michelle Savin, MSN, NNP-BC, a member of the expert advisory board and a contributing author for the Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN) publication "Healthy Mom & Baby," "Considering Circumcision" (Issue 10) and "The Great Pacifier Debate" (Issue 9) 2012.

Philip Kim, M.D., a book chapter, "Interventional Approaches to Pain" in Principles and Practice of Palliative Care and Supportive Oncology, fourth edition, Lippincott Williams & Wilkins.

Presentations

Diana Dickson-Witmer, M.D., FACS, "A Surgeon's Perspective on Inflammatory Breast Cancer" at the Third International Inflammatory Breast Cancer Conference in December.

Omar A. Khan, M.D., MHS, et al., At the American Academy of Family Physicians Global Health Workshop, September, "A Guide to Developing GH Electives In Medical Education: From Assessment to Evaluation to Sustainability."

At the American Public Health Association (APHA) annual meeting in November:

- **Omar A. Khan, M.D., MHS**, co-chaired "Global Health in Medical Education," a 3-panel series.

- **Christopher Prater, M.D., and Omar A. Khan, M.D., MHS**, "Developing a global health curriculum at an academic medical center."

Appointments

Omar A. Khan, M.D., MHS, appointed chair of the Science Board and a member of the executive board of the APHA for 2012-13.

The Professional Advancement Council congratulates and welcomes new RN IIIs **Amanda McGrady (5B)** and **Melissa Freuler (Christiana ED)**.

Susan Coffey Zern, M.D., director of Simulation Education at the Virtual Education and Simulation Training (VEST) Center, became a certified health care simulation educator through the Society for Simulation in Healthcare.

Michael L. Spear, M.D., and **Wendy J. Sturtz, M.D.**, of Christiana Neonatal Associates, are certified by American board of Pediatrics, sub board of Hospice and Palliative Medicine.

Carlos Duran, M.D., FAAP, nominated by the Delaware Gov. Jack Markell to be a member of the new Delaware Early Hearing Detection and Intervention Advisory Board.

Awards

Rachel Joseph, Ph.D, CCRN, Omar A. Khan, M.D., MHS, Outstanding Service Award, from the International Health Section, APHA, Nov. 2012, and named 'Patient's Choice' Doctor, Nov. 2012. ●



Embraceable habits for our hearts

Just about everyone has lost a loved one to heart disease or stroke. In fact, one in three deaths in the United States is related to those illnesses.

In February, American Heart Month, let's take this serious issue to heart. Let's focus on three effective ways we can take better care of our hearts: a low-fat diet, exercise and healthy habits.

Limit saturated and trans fats in your diet. Trim the fat off your meat and reduce the amount of butter, margarine and shortening you use when preparing meals. Read the label before you buy foods. If the phrase "partially hydrogenated" is on the ingredient list, it contains trans fats.

Reach for monounsaturated fats, such as olive oil and canola oil. Eat foods rich in soy, such as edamame. Get in the swim by eating more fish, especially fish that are high in Omega-3, such as salmon, tuna

and sardines. You also can buy fat-free milk that has been fortified with Omega-3.

To keep your heart healthy, you must make it pump with purpose. A sedentary lifestyle is not good for our hearts. Aerobic exercise is. That might include walking, jogging and riding a bike — whether a stationary bicycle or riding outdoors.

Want to give your heart a bigger workout? Try low-impact aerobics classes, cross-country skiing or rowing, either on the river or on a rowing machine.

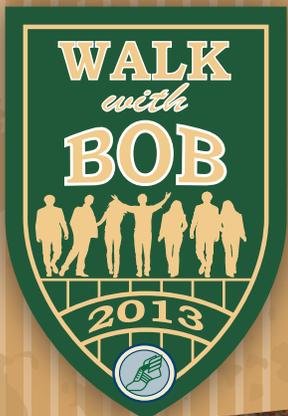
You should gradually work up to exercising 30 minutes five times a week — and more, if you wish. Invest in a pedometer and set a goal of 10,000 steps a day.

Make a habit of heart-healthy behaviors. Don't smoke. Avoid second-hand smoke, which also contributes to heart disease.

When we are stressed, our heart rate and blood pressure go up, which triggers the release of stress hormones. If we are stressed often these hormones can damage our hearts and blood vessels over time. You can reduce your level of stress through thoughtful practices, such as meditation and yoga. Counseling and medications can help, too.

You can take a free risk assessment for heart disease, vascular disease and stroke any time at www.christianacare.org/hearttest. Employees also can benefit from blood pressure screenings offered throughout the month. And keep track of your efforts on the portal using "My Wellness Tools" on the Caring for Yourself page.

You can make simple changes that will improve your heart health — without missing a beat. ●



2013 dates, times and locations

WILMINGTON HOSPITAL

March 6	4:30 p.m.
June 4	11:30 a.m.
July 30	4:30 p.m.
Sept. 10	11:30 a.m.
Oct. 21	4:30 p.m.
Dec. 17	11:30 a.m.

CHRISTIANA HOSPITAL

March 21	7:30 a.m.
April 3	11 a.m. to 1 p.m.
<i>American Heart Association National Start Walking Day led by Dr. Laskowski and Ed Goldenberg, M.D., director of Preventive Cardiology.</i>	
June 19	11:30 a.m.
July 17	4:30 p.m.
Aug. 14	7:30 a.m.
Sept. 25	11:30 a.m.
Oct. 9	4:30 p.m.
Nov. 21	11:30 a.m.

HEALTH CARE CENTER AT CHRISTIANA

April 18	11 a.m.
Aug. 29	7:30 a.m.

HELEN F. GRAHAM CANCER CENTER

May 16	8 a.m.
<i>Walk the Labyrinth for mental health month.</i>	

PREVENTIVE MEDICINE AND REHABILITATION INSTITUTE

April 30	11:30 a.m.
July 3	11:30 a.m.
Nov. 7	11:30 a.m.

READS WAY

Feb. 19	11:30 a.m.
May 30	7:30 a.m.
Dec. 4	11:30 a.m.



The walks depart from the Fitness Center, Christiana Hospital, the park entrance, the Wilmington Campus, the employee entrance, PMRI and from the front entrance of 11 Reads Way and HCCC.

Register on the upcoming events calendar – Wellness: Caring for Yourself – to ensure that you are notified about schedule changes due to weather or other factors. In the event of rain, the walks move indoors only at Christiana Hospital.



Arshat Surgicenter provides needed dental care to children and special-needs adults

If your teeth hurt, not much else in your day can go very well. For young children, or those with autism or other developmental disabilities, dental pain and treatment in a dentist's office can be extremely difficult.

Christiana Care has taken the lead in addressing what dentists call an unmet need: a welcoming place where children and special-needs patients who cannot be cared for in a regular office can get dental care that requires general anesthesia.

Many children and adults with developmental disabilities "cannot manage minor procedures such as dental cleaning," said Deborah Gigliotti, RN, CAPA, CPAN, nurse manager of Christiana Care's Roxana Cannon Arshat Surgicenter in Wilmington. "Autistic patients have tactile issues; they can't tolerate being touched. General anesthesia is a practical alternative."

In December, the Roxana Cannon Arshat Surgicenter began to make services available to Christiana Care's pediatric dental specialists and to dentists who treat patients with developmental and physical disabilities.

The first patient treated in the new program was a 28-year-old woman with cerebral palsy. The patient's mother, Renee Lewis of Smyrna, said the center offered the only option for her daughter, who is unable to remain calm in a dental chair.

"She's full of anxiety, doesn't know what to expect, and she's not going to keep still," Lewis said. A program that serves special-needs adults is especially important, she said, because Medicaid doesn't provide dental care after age 21.

When her daughter began having toothaches, she tried several dentists before finding Susan Pugliese, D.D.S., program director for the General Practice Dentistry Residency Program.

Robert M. Collins, D.D.S., performs oral surgery on a child at the Roxana Cannon Arshat Surgicenter, assisted by Natalie Thompson.

"She is an awesome doctor, a person of excellence," Lewis said. "I have never dealt with a doctor who is so caring of people with special needs. From beginning to the end, the way she treated my daughter — I've never seen that happen. They talked to her, trying to explain what they were going to do. Most professionals don't know how to handle people with special needs. They just say 'bring them in and let's see what we can do here.'"

Judy Townsley, vice president of perioperative services, together with Howard Zucker, D.D.S., vice chair of Oral & Maxillofacial Surgery and Hospital Dentistry, and Edwin Granite, D.M.D., who was chair of the department, approached Dr. Pugliese a year ago with the idea for the program. They had a vision to provide dental services in an outpatient environment that is user-friendly for both patient and provider. The Wilmington Hospital operating room had been supporting patients as much as possible, but finding available time had become a challenge. The Roxana Cannon Arshat Surgicenter could provide the time and the environment needed.

Pediatric dental specialists in the community have been supportive of the Arshat Surgicenter becoming available for children who need general anesthesia for dental work. Many of the patients are participating in this program suffer from pain and infection with multiple dental problems. Until Christiana Care made the commitment to provide this service at the Arshat Surgicenter, these patients were often waiting extended periods of time for operating-room accessibility. The goal of this program is to increase access to care for these populations. ●

Health coaches provide lifeline to patients who lack health insurance

Margaret Graber can breathe easier now that she doesn't have to worry about how she will pay for her inhaler and other prescription medications.

She's one of a growing number of uninsured or underinsured patients who found a lifeline through the Christiana Care Health Coach Program, part of the Center for Community Health in the Department of Family and Community Medicine.

Carlette Dickerson, a Pharmacy program coordinator, works as a link between Graber and several pharmaceutical companies to get the 54-year-old Felton woman the prescription drugs and medical devices she needs to treat a respiratory condition, heart problems and high cholesterol.

"The program is a life saver," Graber says. "Before Carlette got me help, I felt like a ticking time bomb."

When Dickerson began working with the Health Coach Program two years ago,

she helped about 50 patients get prescriptions each month. These days, far more people need assistance. Dickerson now serves about 90 patients a month, most of whom require several medications. She has worked with patients who have as many as 15 prescriptions.

"Some people have lost their jobs," she says. "Some people have no income at all."

Caring for neighbors regardless of their ability to pay is part of The Christiana Care Way. Helping patients to get the medications they need can control or prevent serious illnesses. It also relieves the stress involved with ongoing concerns about paying for medicine.

"I love helping people," Dickerson says. "That is my mission at Christiana Care."

Graber, who cares for her disabled husband, hasn't had health insurance for three years. She could not afford to pay out-of-pocket for her medications, which cost nearly \$2,000 each month.

"When I thought about the expense of my medicines, I felt absolutely overwhelmed," she said. "I could not possibly have handled a bunch of paperwork."

Dickerson helps Graber and other patients to fill out applications to various drug makers, requesting free pharmaceuticals. She also documents the patient's inability to pay. Some patients cannot read or write, and Dickerson completes the paperwork for them.

Once patients get in the loop, obtaining their medicines couldn't be easier. Patients can receive free medications for up to one year before they need to reapply. In most cases, prescriptions are delivered directly to the patient's home. Some drugs are dispensed at the hospital, where patients pay a \$5 handling fee.

Since she is getting her medications on a regular basis, Graber feels better, physically and emotionally. She takes her prescription drugs as instructed by her doctor. She doesn't worry any more. ●



Carlette Dickerson, pharmacy program coordinator (left), and Bev Blades, pharmacy technician (center), assist Margaret Graber at the Wilmington Hospital outpatient pharmacy.

Lifelong patient provides “beds-eye view” of health care experience



When she was six months old, Tiffany Christensen was diagnosed with “the gift of cystic fibrosis.”

Even as a young child, “I remember having a sense that this disease is something I was given on purpose,” Christensen said, as she told her story to more than 200 physicians, nurses and staff at Christiana Care’s inaugural patient- and family-centered care conference on Feb. 1. She also gave a presentation the following day at the “Perioperative Perspective: Latest Trends and Practices” conference at Christiana Care.

In 1973 when she was diagnosed, Christensen’s parents were told she might live about eight years. Today, two double lung transplants and multiple hospitalizations later, she is a patient advocate at Duke University Hospital, and an author and public speaker, drawing on a lifetime of experience to improve the way patients and their medical caregivers work together by practicing patient- and family-centered care.

Offering what she called a “Bed’s Eye View of Patient- and Family-Centered Care,” she said it was during her first hospital stay of three weeks at age 12 that she got the first taste for the need to be an advocate. “I knew I needed to understand what was happening around me,” she said.

By age 21, Christensen was sick almost all the time. She had to give up her dreams of acting and drop out of the North Carolina School of the Arts. Cystic fibrosis, a genetic disease that affects the lungs, took over her life. She was put on the waiting list for lung transplantation.

Her first scheduled transplant was aborted at the last minute because the donor lungs were compromised by a medical error. When Christensen

awoke from anesthesia, her doctor had to break the news. “He stood next to my bedside, explained it to me and apologized from the bottom of his toes,” she said. “It was the way he spoke to me that allowed my family and I to move forward from that day with trust.”

In April 2000, she finally received a double lung transplant. Lying in bed and appearing to be unconscious, “I was absolutely aware of what was happening around me and to me,” she said. “There were staff members that understood that, and staff members that didn’t understand that.”

Some would talk about her just out of earshot, and she would strain to hear. Others spoke to her as if she were wide awake, touched her and updated her on her condition. Those are the staff members “I couldn’t wait to see,” she said.

Within a couple of years, her breathing became difficult again and she was diagnosed with chronic rejection. She was told another transplant was not possible, and at the age of 30, she prepared herself to die. After a period of mourning, she said, “I found myself in a place of acceptance, with the understanding of my childhood, that cystic fibrosis was my greatest teacher, and I was grateful.”

And then a new transplant coordinator put her back on the waiting list. Four months later, she found herself being wheeled back into the OR.

“The first time, I had the luxury of naivete,” she said. “This time around, I knew it was really difficult and had been prepped to expect it would be much more difficult the second time. My fear was overwhelming.”

Everybody reacts to nervousness differently. For Christensen, it meant babbling in the operating room about her favorite TV show.

“Not one person in the OR acknowledged that I was speaking,” she said. “I understand everybody in the room was following a specific safety protocol ... and I believe the leader in the room could have asked someone to come to my head and talk to me. It was only two minutes, but from the patient perspective, that was the most alone I’d ever felt in my life.”

Now, nine years post-transplant, Christensen has devoted herself to making the experience of illness and hospitalization less stressful and more effective for patients and their medical teams.

“Being a patient is a lot like having a full-time job,” she said. The trouble is there’s no training for it. It takes the combined efforts of patient advocates and advisory councils, staff committed to the principles of patient-centered care and programs that encourage participation of patients and families in partnership with health care providers.

That idea fits perfectly with The Christiana Care Way, which is Christiana Care’s promise to “serve our neighbors as respectful, expert, caring partners in their health,” said Edmondo J. Robinson, M.D., MBA, FACP, physician-in-chief, Wilmington Hospital, and associate chief medical officer of Christiana Care.



Christensen joined Christiana Care patient and family advisers and hospital staff for a panel discussion about effective strategies for partnering with patients and families.

“These are not disparate concepts,” he said. “Patient-centered care enables us to live The Christiana Care Way.”

As a philosophy of care, patient- and family-centered care incorporates the guiding principles of respect and dignity, information sharing, participation and collaboration, which shape staff interaction with patients and their families, as well as hospital policies and programs. The approach is being embraced throughout Christiana Care Health System, said Diane Bohner, M.D., FACP, medical director, Patient & Family

Centered Care and Resource Management, and the challenge is to continually improve. “We will be working on this every day for the rest of our lives,” Bohner said.

Efforts include partnering with patient and family advisers to create more effective systems of care, and also changing the way doctors and nurses interact with patients and families at the bedside. For example, doctors and nurses are encouraging patients and their family members to actively participate in clinical conversations

during hospital rounds. This partnership not only helps families to understand what’s going on; it also helps the care team to ensure that they’re considering all of the relevant information about the patient.

Christensen spoke of “gifts and privileges,” said Robert J. Laskowski, M.D., MBA, president and CEO of Christiana Care. “It is a profound privilege we have to care for our neighbors in this community. At the end of the day, it is our job to help our neighbors live the lives they want to live.” ●

FORMULARY UPDATE—JANUARY 2013

FORMULARY ADDITIONS

MEDICATION—GENERIC/BRAND NAME	STRENGTH / SIZE	USE / INDICATION	COMMENT
Hydromorphone prefilled syringe for injection / Dilaudid®	0.5 mg/0.5 mL	Treatment of moderate to severe pain	Replaces 4 mg/mL prefilled syringe for injection

NEW CHRISTIANA CARE MEDICATION POLICIES

Chlorhexidine gluconate oral solution for prophylaxis against ventilator-associated pneumonia

Respiratory therapists can order chlorhexidine gluconate 0.12% oral solution 15 mL twice daily for mouth care when it has not been ordered for mechanically ventilated patients for whom they are caring.

Daptomycin and aminoglycoside dose-rounding

Pharmacists can round prescribed daptomycin doses to the nearest 50 mg, amikacin doses to the nearest 25 mg, gentamicin doses to the nearest 10 mg and tobramycin doses to the nearest 10 mg when fulfilling orders for these medications as necessary to reduce waste.

FORMULARY DELETIONS

Hydromorphone 4 mg/mL prefilled syringe for injection

Replaced with 0.5 mg/0.5 mL prefilled syringe for injection

TriHIBit vaccine

No longer manufactured

Food & Drug Administration expands use of oseltamivir (Tamiflu®) to treat children under 1

By Scott Shoop, Pharm.D., BCPS

In late December, the FDA approved the expanded use of oseltamivir to include the treatment of acute, uncomplicated influenza in patients 2 weeks of age and older who have been symptomatic for no more than 2 days. Previously, oseltamivir was indicated for use in patients 1 year and older for the treatment of influenza. The use of oseltamivir for the prevention of influenza remains the same (1 year and older).

While annual vaccination against the seasonal flu remains the first line of defense in preventing influenza, antiviral medications, like oseltamivir (Tamiflu®) and zanamivir (Relenza®), can also be effective at preventing and treating influenza if used according to the manufacture’s labeling. In the United States, it is estimated that 5 percent to 20 percent of the population contract the flu each year and it results in more than 200,000 hospitalizations for flu-related complications despite the availability of the influenza vaccine.

Examples of those at high risk for developing flu related complications include: adults greater than 65 years old; children less than five years old; and pregnant women. Patients with condi-

tions such as asthma, chronic lung disease, heart disease, liver and kidney disorders are also at high risk for flu-related complications. In fact, according to the Centers for Disease Control and Prevention (CDC), children younger than 6 months old with the flu have the highest rates of hospitalization when compared with the children less than 2 years old. Although the start of the flu season can vary year to year, in the United States, it usually begins in late November and extends through March. Common signs and symptoms of influenza include an abrupt onset of fever, chills, muscle aches, sore throat, tiredness, and headache.

Antiviral medications, like oseltamivir, can make flu symptoms milder and can shorten the duration of the flu if started within the first 2 days of symptom onset. In children, it has also been shown to reduce the occurrence of ear infections associated with the flu. For more information about the flu (influenza) go to www.cdc.gov/flu

The table below outlines the dosing of oseltamivir for both the treatment and prevention of influenza in children and adults. ●

Osetamivir (Tamiflu®)	Treatment dosing for 5 days	Preventative dosing for 10 days or 6 weeks for community outbreaks
Adult (13 years and older)	75 mg by mouth twice daily	75 mg by mouth daily
Pediatric (1 to 12 years of age)		
15 kg or less	30 mg by mouth twice daily	30 mg by mouth daily
15.1 kg -23 kg	45 mg by mouth twice daily	45 mg by mouth daily
23.1 kg-40 kg	60 mg by mouth twice daily	60 mg by mouth daily
40.1 kg or greater	75 mg by mouth twice daily	75 mg by mouth daily
Pediatric (2 weeks to less than 1 year old)	3 mg/kg by mouth twice daily	NA

Osetamivir is available by the manufacture as follows: Capsules: 30 mg, 45 mg, 75 mg / Oral Suspension: 360 mg/60 mL (6 mg/mL)

References:

Centers for Disease Control and Prevention: Seasonal Influenza Questions & Answers. 6 July 2011. Available at <http://www.cdc.gov/flu/about/qa/disease.htm>. Accessed 28 December 2012.

FDA News Release: FDA expands Tamiflu’s use to treat children younger than 1 year. U.S. Food and Drug Administration. 21 December 2012. Available at <http://fda.gov/newsevents/newsroom/pressannouncements/ucm333205.htm>. Accessed 27 December 2012.

American Academy of Pediatrics, Committee on Infectious Diseases. Antiviral Therapy and Prophylaxis for Influenza in Children. Pediatrics. 2007;119:852-860

Tamiflu® (oseltamivir phosphate) [package insert]. San Francisco, CA. Genentech Inc. December 2012.

Save a Life

A message from the Delaware Office of Highway Safety

You don’t have to be a superhero to save a life. You don’t have to be a doctor or a nurse, a firefighter or a police officer; you don’t even have to be in the military. All you have to do is Click It. Buckling up is the single most effective thing that you can do each and every day to save your life.

No one knows when a crash might happen. Statistics show that there is a traffic crash in Delaware every 25 minutes. With odds like that, it makes sense to be prepared. Nationally, seat belts are credited with saving over 13,000 lives every year.

One of them could be yours.

Whether you are the driver or a passenger, here are some tips to help you buckle up safely every trip:

- Buckle up every time you get in the car. Place the shoulder belt across the middle of your chest with the lap belt low across your hips and below your stomach.
- Buckle up everyone in the vehicle. All passengers are required to wear a seatbelt, including those in the front and back seats.
- Even the youngest passengers must be secured in an age/weight appropriate seat. Children under 12 are safest buckled up in the back seat.

Buckle Up. Arrive Alive DE.

For more information about this and other traffic safety topics, go to www.ohs.delaware.gov. ●



STATE OF DELAWARE
OFFICE OF HIGHWAY SAFETY

Attorney who battled colon cancer left a legacy

Charity benefits stem cell research at Helen F. Graham Cancer Center

Brian L. Ware, Esq., of Newark, was an attorney in the prime of life who died July 2012 from the effects of colon cancer.

He was 43 and battled the disease after the diagnosis in his late 30s.

"He was a big guy, and he had a big personality to match," said his friend and colleague, Katie O'Dell.

Katie met Brian in 1999 while they both were working for First USA Bank, now part of JPMorgan Chase & Co. He was going to law school and became a lawyer; she was launching her career in marketing. She is now a senior vice president at JPMorgan Chase.

The colon cancer spread to Brian's liver and lungs, according to Katie. "He was in and out of the hospital between April and July. He used to communicate on Facebook with his tons of friends about his battle with cancer," Katie said. Then a post from Brian last spring announced that his cancer was terminal.

Brian Ware died on July 16. At the beginning of July he announced that he

wanted to start a charity, calling it Cancer*B*Ware, to support KRAS Mutation colon cancer research, treatment and the eventual eradication of colon cancer.

Friends who'd felt helpless sprang into action. A Cancer*B*Ware Facebook page appeared and garnered 1,000 likes in a just a few days. A logo and the first bundles of T-shirts were created. His excited friends couldn't wait to tell him.

"We went to see him July 15," Katie says. "He told us that he wanted to bring his many circles of friends together, through "Beef & Beer" happy hours, 5K-runs and other events. He was excited and had an immediate surge in energy. But he passed away the next day."

A launch party benefit in Wilmington in August and another fundraising party in Harrisburg in November raised over \$9,000. Donations and the sale of T-shirts raised an additional \$1,000.

Katie said "a lot of leg work went into deciding where to give the money." The group was considering two major cancer centers in Philadelphia. Then Brian's



aunt, Betsy Cromartie, suggested talking to Nicholas Petrelli, M.D., Bank of America endowed medical director of the Helen F. Graham Cancer Center, and Bruce Boman, M.D., Ph.D., MSPH, medical director, Cancer Genetics and Stem Cell Biology. Betsy knew Dr. Petrelli through her work as a certified tumor registrar.

Dr. Petrelli invited Cancer*B*Ware board members to visit the cancer center and meet Dr. Boman, to learn more about his work with colorectal cancer stem cells. Dr. Boman is renowned for his research and publications on colorectal cancer and genetics.

Brian Ware's parents, John and Kathy Ware, Katie and Betsy went in to see Drs. Petrelli and Boman after Thanksgiving. "They took time to walk us through the lab, treatment centers, geneticists — everything. We were very impressed." Katie said.

At the \$10,000 check presentation on Jan. 29 Dr. Petrelli said of the children present that "We are working today so that their generation won't have to worry about colon cancer when they get to be Brian's age." ●



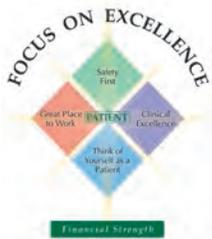
Learn more about Brian Ware's legacy at www.facebook.com/cancerbware.



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

DuPont employee Sheri Dunbar is a hands-on volunteer at Christiana Hospital, where she spends an evening shift each week working in the Emergency Department.

She received a certificate of appreciation from DuPont for her more than 200 volunteer hours worked in 2012, and Christiana Care Health System received a \$1,000 check in her name.

“Lending a hand is second-nature to Sheri,” said Margarita Rodriguez-Duffy, director of Visitor & Volunteer Services. “She has a very high-energy, enthusiastic personality and an infectious smile that makes a serious place like the ED easier to take for those around her.”

“This flu season has been a challenge, starting earlier than in the past few years, with an increased burden on the Emergency Department,” said Rebecca Holly, RN, assistant nurse manager at Christiana Hospital ED. “Having a capable volunteer such as Sheri is a big help, and we really appreciate all that she does.” ●



**DuPont honors
employee for her
volunteer service at
Christiana Care**

*\$1,000 check says
“thanks for your service”
to Sheri Dunbar*

