

M A Y 2 0 1 3
VOLUME 24, NUMBER 5

*A publication of
Christiana Care Health System
External Affairs*

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The Christiana Care Way

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

See article on page 3.

Now open! Middletown Emergency Department offers expert care 24/7



Christiana Care’s first stand-alone Emergency Department is now open and providing accessible, quality emergency care for people in southern New Castle County. In its first month of operation, the new facility treated 1,247 patients, averaging 44 per day.

The \$34-million, 36,500-square-foot facility off Del. Route 299 near Brick Mill Road employs 90 people and provides 24-hour emergency medical services. The center focuses on serious but not life-threatening emergencies, receiving walk-in patients as well as those brought by ambulance.

Approximately 11 percent of the patients seen have been admitted as inpatients, according to Linda Laskowski Jones, MS, RN, ACNS-BC, CEN, vice president, Emergency and Trauma Services. “People have self-presented with some pretty significant problems,” Laskowski Jones said. The ratio of low-acuity to high-acuity patients is 45:55. “Because the physicians and nurses all have worked within Christiana Care’s Emergency Department, patients benefit from their experience treating highly acute as well as less urgent illnesses and injuries,” she said.

In his remarks at the April 15 ribbon-cutting ceremony, Robert J. Laskowski, M.D., MBA, president and CEO of Christiana Care, heralded the opening of the Middletown Emergency Department as a milestone for Christiana Care and our neighbors in the Middletown, Odessa and Townsend area. “This facility is an example of The Christiana Care Way — how we use innovation and creativity to provide care that our neighbors truly value,” Dr. Laskowski said. “The residents of this growing

Middletown Emergency Department offers expert care 24/7

area no longer have to leave their community to receive high-quality emergency services.”

The ED is a unique model, designed using Lean principles originally developed in manufacturing to create value for the customer. During the planning process, the staff traveled to similar facilities in Virginia and Washington to observe best practices in quality, safety and efficiency.

“Our target is eliminating waste and enhancing value,” said Heather Farley, M.D., ED medical director in Middletown. For example, there are two computers in each room so a nurse and doctor can work simultaneously. The facility features a six-room super-track area just inside the front door where staff can treat patients with minor emergencies. The main treatment area has a central nursing station and 13 patient rooms fitted out with the same medical equipment as a hospital-based emergency room. An additional eight rooms can serve as observation units where staff monitor patients before they are transferred to a hospital or are well enough to return home.

Patients who don’t need to be in a room can wait for test results in a comfortable area, where there are recliners, a fireplace and a window with an outside view.

The ED also includes administrative offices, a decontamination room, a laboratory, imaging suites and a conference room. The 108-acre campus has a helicopter pad to accommodate patients who need to be airlifted to the Level 1 trauma center at Christiana Hospital or other facilities.

Nurse Manager Kara Streets, RN, MS, CEN, NE-BC, has lived in Middletown for 19 years. She says people in the community are excited because they can receive high-quality care for most emergencies without making the 40-mile round trip to Christiana Hospital.

“A couple of months ago, my son broke his ankle,” Streets said. “If that happened today, he would be treated here.”

Mayor Kenneth Branner Jr. said that Middletown logs more than 2,000 ambulance trips a year.

“This is a great day for our town, which continues to grow,” Branner said. “We could not ask for a better neighbor than Christiana Care.” ●



Christiana Care leaders and staff received a warm welcome from the people of Middletown at the ribbon-cutting ceremony for the new Middletown Emergency Department.

What patients and staff are saying about Middletown ED

“I feel like I work at Google. This place is awesome!”

“Everyone has made me feel cared about. Please say thank-you to your wonderful nurses and techs.”

“This is the best care I’ve ever gotten at an ED!”

“Environmental Services are doing a great job. The place always looks so clean!”

“Everyone helps each other here.”

Behaviors That Bring The Christiana Care Way to Life

The Christiana Care Way guides us to be expert, caring, respectful partners in health. How do we do it?

Under the direction of the Think of Yourself as a Patient Steer Committee, which is part of the operating structure that also includes the Safety First and Clinical Excellence committees, a multidisciplinary team of physicians, nurses and staff developed a set of guidelines to help us work The Christiana Care Way every day.

“We asked, ‘What does The Christiana Care Way look like in action?’” said Cheryl Katz, vice president, Pathology and Laboratory Services. “When people visit our hospital campuses or our outpatient facilities, those words ‘respectful, expert, caring partners’ should come alive for them. Our goal was to come up with a set of behaviors that would help everyone to create that experience.”

While many of the Christiana Care Way Behaviors provide guidance for interactions with patients, they can be applied to interactions with anyone, including visitors, colleagues, volunteers and vendors.

“AIDET, HEAT — these aren’t just tools for nursing,” said Kimberly Talley, RN, MSN, CRNP, director, Patient Care Services. “We can use these tools with each other. If we build a foundation of respect and partnership among our physicians, nurses and support staff, our patients will see that and respond to it.”

The process of developing the behavior guidelines included input from patient and family advisers, and sharing patient stories that highlighted to the committee how seemingly little things often make the biggest difference to patients.

“I tell my team, ‘Each one of you makes a difference, often in ways you don’t even realize,’” said Jason Funyak, director, Environmental Services. “All it takes sometimes is that one smile and greeting at the right time, or that one offer to help. It can be the difference between a good day and a bad day for a patient or family member.”

Wherever people see the Christiana Care logo, these are the behaviors they should expect:

Communicate with courtesy, clarity and care using AIDET

- Acknowledge others. Smile, make eye contact, and offer a warm greeting. Follow the “10 & 5 Rule” — within 10 feet, acknowledge the person; within 5 feet, speak.
- Introduce yourself and the care team (if you provide direct patient care). Share your name and role. Introduce colleagues in handoffs using the patient’s preferred name.

- Duration. Say how long it will take to finish your task, and keep everyone informed of delays.
- Explanation. Explain what you are doing, why you are doing it and how you are going to do it in ways everyone can understand.
- Thank others. Say “thank you” at every opportunity for the privilege to serve.

Accept ownership of my impact on others

- Always display a positive attitude and enthusiasm.
- Follow through on promises and commitments in a timely manner.
- Take individual responsibility to maintain a safe, clean and quiet environment.
- Respond when we fail to exceed expectations (HEAT):
 - Hear the problem with openness and understanding.
 - Empathize by restating the issue.
 - Apologize for the experience.
 - Take charge to provide a solution.

Respect each individual, and serve with compassion

- Listen carefully without judgment.
- Acknowledge feelings, concerns and inconveniences.
- Safeguard others’ confidentiality, privacy and dignity.
- Ask, “What do we need to know about you so that we can take great care of you?”
- When interacting with a non-English speaking or a deaf patient or visitor, use a qualified interpreter to ensure accurate and respectful communication.
- Encourage questions and participation in care.

Exceed expectations

- Be a hero in service to others.
- Anticipate needs and respond quickly.
- Be supportive of other departments in your conversations.
- Escort others to where they need to go.
- Ask, “Is there anything else I can do for you?” Confirm that all needs have been met. Remind before you leave: “Someone from your health care team will be in to check on you in an hour or so.” ●

Embedding a cardiologist in your primary-care office brings specialty access one step closer to home



Ajith Kumar, M.D., is one of several physicians from Christiana Care Cardiology Consultants who spend one or more days a week at a Christiana Care primary-care practice to make access to cardiology easier for patients.

offices. “Having a cardiologist in the house makes it possible for primary-care physicians to tap that expertise on the spot if a patient’s test results or symptoms are unclear,” he says.

Sometimes, that can be life-saving. “We had a case where a patient was seen by a primary-care physician who sent the patient for a stress test,” Vigneau said. The test results raised concerns, so the patient was seen right away by the cardiologist and was sent directly to the hospital for catheterization.

Those cases don’t happen every day, said cardiologist Lawrence Narun, M.D., who works in the Smyrna practice one day a week. Far more common are the everyday interactions that build relationships among physicians and allow for more effective medical treatment of patients, he said.

“It’s very easy for the primary-care physician to come grab me, ask a question, show me an EKG, or discuss a patient I saw last week,” he said. Collaboration among physicians leads to a cohesive treatment plan for patient care while reducing unnecessary testing and costs.

“Communication improves patient care,” he said.

“That’s why we’re doing it — to help expedite the right care and get people talking to each other,” said Alan S. Greenglass, M.D., senior vice president and executive medical director of the Medical Group of Christiana Care. “It’s improving the value we offer our community and the individual patient, because we’re getting the right care, sooner.”

It also “potentially reduces costs to society and the patient, because we’re not doing something unnecessary, or automatically sending a patient to the Emergency Department or for tests,” Dr. Greenglass said. “The concept of having medical specialists under one roof with primary-care physicians isn’t unheard-of, but it’s not common in Delaware fee-for-service business models.

“Every time we divert someone from going to an emergency room, or the cardiologist says, ‘don’t worry about that,’ we forego revenue,” he said. “We’re doing this as a first step, to learn, and because we think in the future there will be a financial model that will support it.”

But the focus remains on coordinating care around the patient, rather than the providers. “We’re spending health care dollars more wisely and making sure the patient gets the treatment needed,” he said. “We’re doing it because we think it’s the right thing to do.” ●

A program that pairs Christiana Care cardiologists with primary-care physicians in a single office is turning out to be good for patients, doctors and everyone interested in making medical care more effective and efficient.

Two years ago, Christiana Care Cardiology Consultants began an “embedded cardiology service,” in which a cardiologist spends one or more regularly scheduled days each week in the office of a primary-care clinician, said Penny Vigneau, senior vice president, Cardiovascular and Behavioral Health Services.

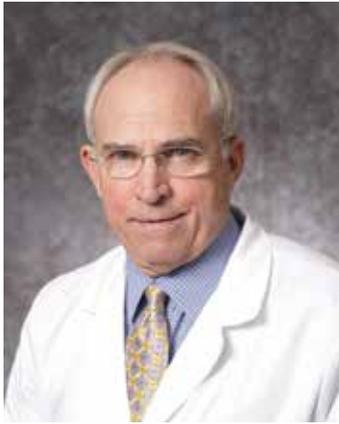
The first to offer the program was the Smyrna Family Medicine office at the Smyrna Health & Wellness Center. Cardiologists are also now embedded in Christiana Care primary-care offices in New Castle and on Lancaster Pike, and will be incorporated into a new facility on Concord Pike due to open in January.

Like many good ideas, the embedded cardiologist program was born out of necessity, Vigneau said. After Cardiology Consultants became employed by Christiana Care, space became an issue. The program started out to meet a logistical need, she said, “but with the concept of a patient-focused medical home and integrated medical care, we thought it was a good model for changes coming with health care reform.”

Phil Chapman, director of Christiana Care Cardiology Consultants’ Heart & Vascular Physician Practice Network, said cardiologists rotate weekly among participating primary-care

Study finds new anti-clotting drug more effective than current treatment

Christiana Care participated in a landmark clinical study of an experimental drug shown to be significantly more effective at preventing blood clots during coronary stenting procedures compared to the anti-clotting agent now typically used.



Michael Stillabower, M.D.

Given intravenously, the new anti-clotting drug cangrelor reduced the odds of complications from stenting procedures — primarily blood clots, but also heart attacks and strokes — by 22 percent when compared with the routinely used anti-platelet drug clopidogrel (brand name Plavix), according to the

CHAMPION PHOENIX study, published March 10 in the New England Journal of Medicine.

“This trial delivered very clear results,” said Michael Stillabower, M.D., director of Cardiovascular Trials at Christiana Care, who served as the site principal investigator for this study. “This new medication can reduce complications in patients receiving coronary stents for a wide variety of indications. In addition to being much quicker to take effect and more potent than currently available treatment options, this intravenous drug is reversible and has a fast offset of action, which could be an advantage if emergency surgery is needed.”

Coronary artery stents are used in the majority of patients who undergo percutaneous coronary intervention, a common medical procedure performed on an estimated 600,000 patients in the United States each year. Interventional cardiologists perform PCI in the catheterization laboratory to reopen arteries in the heart that have become narrowed or blocked because of coronary artery disease, which affects an estimated 14 million Americans.

In order to prevent blood clotting during PCI, patients are routinely given oral doses of clopidogrel. The drawback with this drug is that it is only available orally, which can make it difficult to administer. The drug is also slow to take effect and remains active for days after the procedure.

“We need a very potent agent to prevent clotting when we are putting things in the heart artery, like wires and stents,” said Deepak L. Bhatt, M.D., MPH, lead author of the study and senior physician at Brigham and Women’s Hospital, chief of cardiology at the VA Boston Healthcare System and professor of medicine at Harvard Medical School. “We want a fast-acting, reversible agent, which is why a drug like cangrelor could be useful and why we tested it.”

The study, a randomized, double-blind phase 3 trial begun in 2010, compared the use of intravenously administered cangrelor to orally administered clopidogrel in about 11,000 PCI patients at 153 centers around the world, including at the Center for Heart & Vascular Health at Christiana Care. ●

WILLIAM WEINTRAUB, M.D., NAMED AHA SCIENCE ADVOCATE OF THE YEAR

William S. Weintraub, M.D., FACC, the John H. Ammon Chair of Cardiology and director of the Christiana Center for Outcomes Research, has received the Science Advocate of the Year Award from the American Heart Association/American Stroke Association.

The AHA gives the Science Advocate of the Year Award to a medical professional who is actively engaged in communicating with lawmakers on behalf of the association’s heart and stroke issues. The honoree has served as a role model for other science advocates, recruited advocates and encouraged others to get involved.

Dr. Weintraub is an internationally distinguished cardiologist and expert in outcomes research. He began volunteering for the AHA in the 1970s.

As a member of AHA’s National Advocacy Coordinating Committee and president of the Great Rivers Affiliate board of directors, Dr. Weintraub is actively involved in the association’s public policy agenda and dedicated to finding cures for heart disease and



stroke. He also is a member of AHA’s You’re the Cure nationwide network of volunteers.

Dr. Weintraub has been an active partner in Delaware and Philadelphia advocacy activities, including the launch of the First State Million Hearts Coalition and a recent Wear Red Day meeting in the office of the mayor of Philadelphia. In February 2012, he was among the volunteers chosen to attend a White House cardiovascular briefing.

Dr. Weintraub received the American College of Cardiology’s Distinguished Service Award in 2011. ●



William S. Weintraub, M.D., FACC

American College of Radiology designates Christiana Care a Breast Imaging Center of Excellence

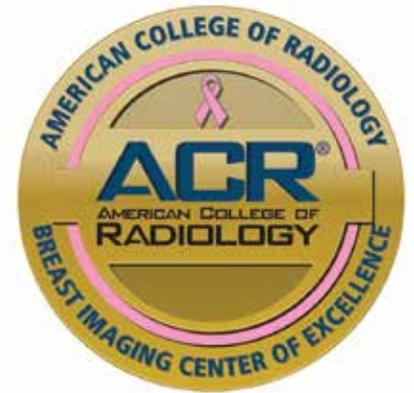
The Christiana Care Breast Center at the Helen F. Graham Cancer Center has been designated a Breast Imaging Center of Excellence by the American College of Radiology.

By awarding the status of a Breast Imaging Center of Excellence, the ACR recognizes that the Breast Center has earned the Gold Seal of Accreditation in mammography, stereotactic breast biopsy and breast ultrasound, including ultrasound-guided breast biopsy.

Centers designated as an ACR Breast Imaging Center of Excellence have:

- Voluntarily gone through a rigorous review process to ensure they meet nationally accepted standards.
- Employed personnel who are well-qualified, through education and certification, to perform and interpret medical images and administer radiation-therapy treatments.
- Acquired equipment appropriate for the testing or treatment of breast cancer.
- Met or exceeded quality assurance and safety guidelines.

“Our commitment to excellence in breast health is demonstrated by our accreditation in all of the related specialty areas by the American College of Radiology,” said Nicholas J. Petrelli, M.D., Bank of America endowed medical director of the Helen F. Graham Cancer Center. “Proper diagnosis and effective treatment of a breast abnormality begins with accurate imaging. By ensuring that each mode of detection — mammography, ultrasound and biopsy — meets the standards of excellence, our patients can be confident in receiving expert, safe and effective care.” ●



“Our commitment to excellence in breast health is demonstrated by our accreditation in all of the related specialty areas by the American College of Radiology.”

— Nicholas J. Petrelli, M.D.



The Christiana Care Breast Center at the Helen F. Graham Cancer Center is the only facility in the region devoted exclusively to breast care, diagnosis and treatment. On-site capabilities and services include the only dedicated breast MRI unit in the region.



Christiana Care earns Quality Respiratory Care designation

Christiana Care received recognition as a Quality Respiratory Care Institution from the American Association for Respiratory Care (AARC) for the 10th consecutive year. Only 700 hospitals of 5,000 in the U.S., or about 15 percent, received the recognition. ●

Eliminating racial disparities in colorectal cancer: Delaware success featured in Journal of Clinical Oncology

Stephen S. Grubbs, M.D., a practicing oncologist within Christiana Care's Helen F. Graham Cancer Center, and Nora Katurakes, RN, MSN, OCN, Christiana Care's manager of Community Health Outreach & Education, are the authors of "Eliminating Racial Disparities in Colorectal Cancer in the Real World: It Took a Village," a highlighted article in the



Stephen S. Grubbs, M.D.



Nora Katurakes, RN, MSN, OCN

April issue of Journal of Clinical Oncology that describes Delaware's successful efforts to eliminate the racial disparity in colon cancer between African-Americans and whites.

"We demonstrated through this report what can happen when the state's entire health care community mobilizes toward a common goal," said Dr. Grubbs, who also a member of the Delaware Cancer Consortium. "The First State is the first state to show that we have eliminated a health disparity statewide."

The findings show the percentage of colorectal cancer cases diagnosed at the advanced and regional stages among African-Americans declined from 79 percent to 40 percent. From 2002 to 2009, overall incidence rates per 100,000 people declined from 67 percent for African-Americans and 58 percent for whites to 45 percent for both groups.

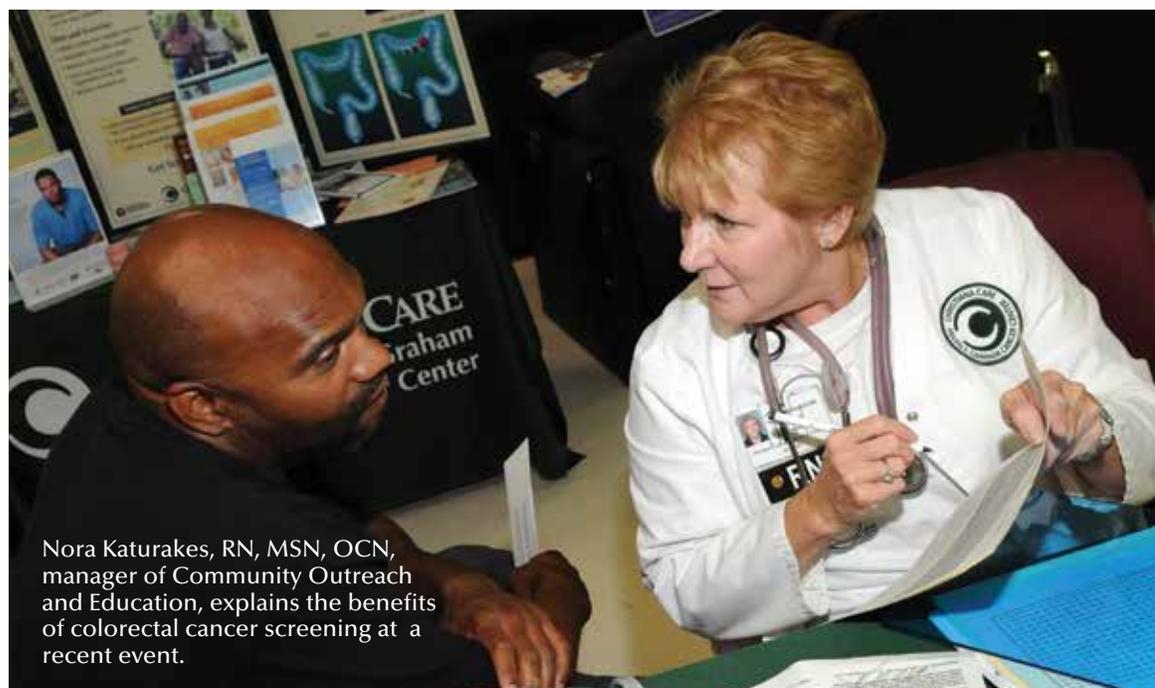
Christiana Care used a multi-faceted approach and partnered with the state's other

acute-care health systems, the provider community and the government to work toward the common goal of saving lives from colorectal cancer. A special focus was placed on eliminating the disparity by targeting the underserved population who were most at risk of death from the disease.

The state-run Screening for Life program started paying for colorectal screenings for uninsured patients who qualified. That was combined with the Delaware Cancer Treatment Program, which provided free cancer treatment for up to two years. Additionally, cancer-screening nurse navigators at Christiana Care and other health systems recruited both insured and uninsured patients for cancer screening and coordination of care. From 2004 to 2011, the program provided more than 10,000 navigations and 5,000 colorectal cancer screenings.

"Colorectal cancer is preventable and does not have to be a loss-of-life sentence, no matter the background of the patient," Katurakes said. "We are partnering with our patients so they will talk to their family members and their local community about colorectal cancer and how screening saves lives."

The article shows that the colorectal cancer treatment program alone saved \$8.5 million in health care costs between 2001 and 2009 by reducing the incidence and severity of cancers. About \$6 million has been invested annually in the Delaware Cancer Treatment Program to cover treatment for all types of cancer. ●



Nora Katurakes, RN, MSN, OCN, manager of Community Outreach and Education, explains the benefits of colorectal cancer screening at a recent event.

Annual awards celebrate nursing excellence, leadership

Each year during Nurses Week, the Professional Nurse Council (PNC) of Christiana Care Health System recognizes nurses from throughout the nursing career spectrum for their commitment to excellence at an awards ceremony that is the most celebrated Nursing Department event of the year.

The Nursing Excellence Awards help Nursing reach its goals of heightening the professional image of nursing and supporting the spirit of the professional advancement programs at Christiana Care. This year's event took place May 9 at the John H. Ammon Medical Education Center.

Greeting the participants at the celebration event were Christiana Care President and CEO Robert J. Laskowski, M.D., MBA; Gary Ferguson, executive vice president and chief operating officer; Diane Talarek, RN, MA, NE-BC, senior vice president, Patient Care Services, and chief nursing officer; Janet Cunningham, RN, MHA, NEA-BC, CENP, vice president, Professional Excellence and

associate chief nursing officer; Penelope Seiple, MSN, RN, NE-BC, FACHE, vice president, Patient Care Services, Wilmington Hospital; and Paul Wellborn, a member of the Patient and Family Advisory Council.



Above: Elizabeth Haley, RNC, with Dot Fowler, RNC. Right: Leadership Award winners Pamela Fulton, RN, CNOR, and Deborah Ayres-Harding, MSN, RNC, with Penny Seiple, MSN, RN, NE-BC, FACHE, vice president, Patient Care Services, Wilmington Hospital, and Thomas Zeidman, RN, nurse manager of Wilmington OR. Far right (above) Nurses recognized as Outstanding RN Ills and (below) Nursing Excellence Award Winners from Wilmington Hospital.

CONGRATULATIONS TO THIS YEAR'S NURSING EXCELLENCE AWARDS HONOREES

DOT FOWLER AWARD

Elizabeth Haley, BSN, RNC, 4D Surgical.

PARTNERS OF NURSING AWARD

Douglas Bugel, Education Media.

2013 NURSING EXCELLENCE AWARD RECIPIENTS BY SERVICE LINE

CARDIAC

Tracy Hiles, BSN, RN; Brenda Johnson, BSN, RN; Nancy Martin, ADN, RN; Mini Mathew, BSN, RN; Annette Neri, BSN, RN; Marowena Reyes-Rigore, BSN, RN, CCRN; Kimberly Travis, BSN, RN, CCRN.

EMERGENCY

Cassi Ecker, BSN, RN, CEN; Heather Lukk, ADN, RN, CEN; Angela McNulty, BSN, RN, SANE-A; Dani Schnapf, BSN, RN.

HEART & VASCULAR

Susan Adams, BSN, RN, CCRN; Stacy Cruikshank, BSN, RN.

MEDICAL

Jamie Ayala, BSN, RNC; Shannon Collins, BSN, RN, OCN; Alicia Gilbert, ADN, RN; Tiffany Hill, BSN, RNC; Jennifer Marschalok, BSN, RNC; Jeanette Marsh, BSN, RNC; Rebecca McMann, BSN, RNC; Julie Mullins, RNC; Roseanne Swift, ADN, RNC; Brooke Tadlock, BSN, RN; Megan Tuer, ADN, RNC.

PERIOPERATIVE

Marty Broyles, ADN, RN; Jennifer Campoli, BSN, RN, CPAN; Megan Fioravanti, BSN, RN; Tanya Marandola, MSN, RN, CNOR; Mary Okoniewski, BSN, RN; Kristin Papiro, ADN, RN, Pamela Ramagano, ADN, RN, CNOR; Lynn Vitalo, BSN, RN, CBN; Amanda Waters, BSN, RNC.

SURGICAL

Diana Bochanski, ADN, RNC; Kristin Chiusolo, BSN, RNC; Laurie Drake, BSN, RN, CCRN; Elizabeth Haley, BSN, RNC; Danielle Thompson, BSN, RNC; Terry Vaughn, BSN, RNC.

VISITING NURSE ASSOCIATION

Jamie Fairbanks, ADN, RN; Kara Welcher, BSN, RN.

WILMINGTON HOSPITAL

Jeffrey Clarke, BSN, RN, 3 Surgical; Lena Gebelein, BSN, RN, ACE unit; Kimberly Geisler, ADN, RN, Flex Pool; Katie Heller, BSN, RN, 4 Medicine; Nancy Meier, BSN, RNC, Center for Advanced Joint Replacement; Serah Muhoro, ADN, RN, CRRN, Center for Rehabilitation; Jennifer Murray, ADN, RN, 5 Stepdown; Mary Russell, BSN, RNC, Psychiatric Nursing; Maryann Wardach, RN, CCRN, WICU; Dee Wilson, RNC, Psychiatric Nursing.



WOMEN'S & CHILDREN'S HEALTH

Karen Callahan, ADN, RN; Melissa Domanski, BSN, RN, C-OB; Staci Ferrario, BSN, RN; Eileen Gorecki, RN, CPN; Karen Hall, BSN, RN, IBCLC, ICBE, RN-NIC; Mary Maneski, BSN, RNC; Theresa Rollo, BSN, RN, C-OB; Susan Wood, BSN, RN, RN-NIC.

ADVANCED PRACTICE

Maureen Seckel, MSN, RN, ACNS-BC, CCRN, CCNS; Dina Viscount, MSN, RN, C-OB.

EDUCATOR

Kathy Simpson, MSN, RN, RNC-OB; Tamekia Thomas, MSN, RN, PCCN, Patient Care Services, Development/ Education.

LEADERSHIP

Deborah Ayres-Harding, MSN, RNC; Pamela Fulton, BSN, RN, CNOR.

NON-DIRECT CARE

John Dessin, BSN, RN, Middletown Primary Care; Lois Dixon, BSN, RNC, CWOCN, Patient Education.

PROMOTED TO RN III

Joyce Aboagye-Marfo, BSN, CRRN; Jamie Ayala, BSN, RNC; Bridget Bieber, BSN, RN, CCRN; Pamela Boyd, BSN, RN, CNOR; Heather Bracken, BSN, RNC; Maria Brown, BSN, RN, PCCN; Kristie Cudmore, BSN, RN, CEN; Susan Culp, BSN, RN, RNC-MNN; Erica Dempsey, BSN, RN, CEN; Christine DeRitter, BSN, RNC; Francine Dominelli, BSN, RN, CGRN; Justine Eckman, BSN, RN, CEN; Sarah Flanders, BSN, RN, CEN; Shernett Fowler, BSN, RNC; Melissa Freuler, BSN, RN, CEN; Danielle Fuentes, BSN, RNC; Dennis Harris, MSN, RNC; Jennifer Henry, BSN, RN, CEN; Crystal Hogate, BSN, RN, CCRN; Laura Kretz, BSN, RN, CCRN; Amanda Lennon, BSN, RNC; Nancy Lowinski, BSN, RN, RN-NIC; Jennifer Marschalok, BSN, RNC; Amanda

McGrady, BSN, RNC; Angela McNulty, BSN, RN, SANE-A; Nancy Meier, BSN, RNC; Jaimee Messick, BSN, RN, CEN; Amanda Mucaria, BSN, RNC; Nancy Parsons, BSN, RNC; Jane Paulson, BSN, RN, PCCN; Patricia Poore, MSN, RNC; Kaci Rainey, BSN, RN, CEN; Lori Randra, BSN, RN, OCN; Angela Ross, BSN, RN, OCN; Mary Russell, BSN, RNC; Stephanie Santo, BSN, RN, CCRN; Jessica Seador, BSN, RNC; Kathleen Smith, BSN, RN, CEN; Lesley Tepner, BSN, RN, C-OB; Kimberly Travis, BSN, RN, CCRN; Amy Tuer, MSN, RNC; Ann Will, BSN, RN, RN-NIC.

OUTSTANDING RN III

Patricia Briggs, MSN, RN, CCRN; Jennifer Campoli, BSN, RN, CPAN; Cherie Crumpler, BSN, RN, CNOR; Dennis Harris, MSN, RNC; Heather Hastings, BSN, RN, CHF, PCCN; Lindsay Long, BSN, RN, CCRN; Lisa Mack, BSN, RNC; Jacqueline Minor, BSN, RNC; Kimberly Proctor, BSN, RN, CCRN; Adeyinka Reid, BSN, RN, C-OB; Genita Vandell, BSN, RNC. ●

Magnet structure empowers nurses in shared decisions, professional advancement

Christiana Care nurses have support in pursuing bachelor's and master's degrees using prepaid tuition benefits, thanks to partnerships established with the University of Delaware and Wilmington and Immaculata universities.

Now a new relationship with Drexel University supports a doctorate in nursing practice (DNP) program.

This month, Christiana Care also launched a new partnership with Wilmington University for an on-site master's cohort as a further convenience for nurses wishing to pursue advanced degrees.

"We've developed an effective strategy to partner with the nursing programs that most closely meet our nurses' needs, whether offering online courses, on-site cohorts or hybrid programs, to help keep them professionally engaged," said Michelle Collins, MSN, RN-BC, ACNS-BC, manager of Nursing Professional Development and Education.



Jennifer Painter, RN, staff development specialist, Michelle Collins, MSN, RN-BC, ACNS-BC, manager of Nursing Professional Development and Education, and Tamekia L. Thomas, MSN, RN, PCCN, critical-care education coordinator, discuss the growing number of options for professional advancement in nursing at Christiana Care.

Professional development

Professional development — advanced degrees, specialty nursing certifications or participation in local or national continuing educational conferences — is one of five requirements of the Structural Empowerment model component for Magnet designation by the American Nurses Credentialing Center (ANCC).

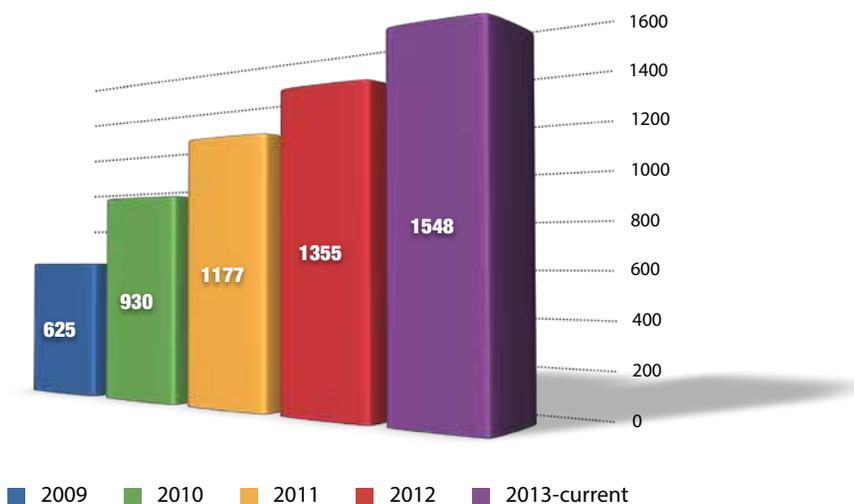
Currently, 52.4 percent of Christiana Care bedside nurses hold a BSN, with 3.5 percent having an MSN. The goal for 2013 is to increase those numbers by 6 percent.

"Our certification rate has skyrocketed, doubling in three years" said Collins. At Christiana Care, 81 percent of RN decision makers and 40.8 percent of direct-care RNs are certified by a nationally recognized certifying organization, compared with 63.1 percent of decision makers and 31.6 percent of bedside RNs overall in like-size Magnet hospitals. Certification is key to professional advancement on Christiana Care's clinical ladder.

Professional engagement

ANCC also looks to hospitals to engage nurses professionally, opportunities Christiana Care readily provides through the shared decision-making process.

NURSING CERTIFICATION



CONTINUED P. 11



Receiving the VNAA Administrative Manager of the Year Award, Rhonda Combs, RN, MSN, BC, VNA chief operations officer, is accompanied by Christiana Care VNA President Lynn C. Jones, FACHE; Valerie Hughes, RN; Barbara Szewczyk, RN, MSN, senior educator; Gale Bucher, RN, MSN, quality/risk director; Ronica Chalmers, Camden branch administrator; Lesa Prichard, RN, BSN, care management supervisor; Trisha Vazquez, RN, BC, care management supervisor.

Visiting Nurse Associations of America honors Rhonda Combs for management excellence

Rhonda Combs, RN, MSN, BC, chief operations officer of the Christiana Care Visiting Nurse Association, is the 2013 recipient of the Administrative Manager of the Year award from the Visiting Nurse Associations of America.

The prestigious national honor recognizes several important initiatives that have improved the quality and value of care for patients at home by making care safer and more efficient.

In leading a statewide initiative to standardize the administration of chemotherapy at home, Combs sought advice from Nicholas Petrelli, M.D., Bank of America endowed medical director of the Helen F. Graham Cancer Center. Dr. Petrelli suggested the Delaware Cancer Consortium Quality Committee might provide the best conduit for reviewing practices. The consortium formed a task force and asked Combs to lead it. In that role, she achieved consensus from multiple treatment centers, infusion providers and pharmaceutical companies to standardize care.

"I am a nontraditional thinker who enjoys bringing together people who are excited about coming up with new ways to improve home care," Combs said. "As home-care

professionals, we are blessed to come to work to do something that is very important."

Combs also initiated a physician collaborative model to establish better communication between doctors and home-care providers. Interacting with a designated nurse rather than several nurses reduces repetition, streamlines communication, and enhances care and patient satisfaction.

Lynn C. Jones, president of Christiana Care VNA and past chair of the VNAA board, said achieving the award is an exceptionally competitive process.

"Rhonda is a role model for what a leader should be," Jones said. "She knows every facet of the organization inside and out and brings great creativity to ways we can improve care and enhance value for our patients."

Combs was honored at the VNAA's annual meeting April 11 in Weston, Fla. The VNAA supports, promotes and advocates for community-based, nonprofit home-health and hospice providers nationwide. ●

Best Fed Beginnings program steers new moms toward breast-feeding



Karen Bastianelli, RN, maternal child educator, with new mom Emma Yeager of Elsmere and her daughter Olivia, born April 11.

New moms are giving their babies the best possible start in life with support from Christiana Care and the Best Fed Beginnings program.

Christiana Care is one of 89 hospitals taking part in the 22-month learning collaborative, sponsored by the National Initiative for Children's Healthcare Quality and funded by the Centers for Disease Control and Prevention. It focuses on improving maternity care and increasing the number of hospitals that achieve a Baby Friendly designation.

The Baby Friendly Hospital Initiative, launched in 1991 by UNICEF and the World Health Organization, aims to ensure that all maternity centers support a woman's decision to breast-feed.

"Breast-feeding has been scientifically proven to be best for the baby," said Louis Bartoshesky, M.D., MPH, chair of Pediatrics at Christiana Care. Hospital policies are changing to make breast-feeding an easier choice. "We're committed to this, right from the top," he said.

The steps recommended to reach the Baby Friendly goal include staff education, instruction and support for pregnant women and new moms, and rooming-in — placing babies in mothers' rooms, rather than a nursery, for at least the first 23 hours, allowing mothers to learn their baby's sleeping and feeding rhythms.

Auditors from the initiative are expected to make a site visit in August 2014, said Ashley Stewart, MS, CHES, project coordinator for Best Fed Beginnings. They will check whether nurses have received 20 hours of breast-feeding education and physicians have received three hours, and they'll want to see more than 80 percent of newborns rooming-in and given skin-to-skin contact with mothers immediately after birth.

"Skin-to-skin is one of the biggest initiatives we have going on now," Stewart said. "Placing the baby on the mother's body right after birth encourages bonding and facilitates breast feeding, helping the baby to transition into the world."

When Emma Yeager of Elsmere gave birth to her daughter Olivia, she loved being able to hold her right away. "They put her on me immediately and didn't take her for over two hours, which was awesome," Yeager said.

Donna Norris-Grant, RNC, a Labor & Delivery nurse for 40 years, said the skin-to-skin practice changes the order of delivery-room tasks, delaying such routines as getting the baby's weight. "It's that time, right after delivery, that mom needs to bond with the baby," she said. "The patients love it. The mothers and babies, you have to see their faces — to watch the babies look up to their mothers."

Sherry Monson, vice president of Women's and Children's Services, said after guidelines were put in place in February, the skin-to-skin practice increased to 81 percent of routine deliveries by March, up from 40 percent in January. In Caesarean sections, more difficult because of the mother's sedation, "we went from zero in January to 56 percent in March," Monson said. Breast-feeding rates also increased during the period, from 77 percent to 86 percent. ●



Christiana Care's Womens & Childrens Health team is committed to supporting every mother's decision to breast-feed.

Don Berwick, M.D., focuses on making Triple Aim a reality at 2nd Annual Value Symposium



Above: Eric Jackson, M.D., MBA, director of the Center for Health Care Delivery Science and associate director of the Value Institute at Christiana Care, talks with Don Berwick, M.D.

Left: Bettina Riveros, health policy adviser to Delaware Gov. Jack Markell, answers a question on the panel.

Don Berwick, M.D., a leading expert in the field of quality-based health care, delivered the keynote address Thursday, May 9, during the 2nd Annual Value Symposium: “Transforming Health Care in America: Making the Triple Aim a Reality.”

A pediatrician by training, Dr. Berwick is the former administrator of the Centers for Medicare and Medicaid Services and founding chief executive officer and president emeritus of the Institute for Healthcare Improvement.

Speaking to a capacity audience of physicians, nurses and health care executives at the John H. Ammon Medical Education Center, Dr. Berwick said the U.S. health care system must endure the growing pains of change in order to transform into a system that provides for its citizens affordable, accessible, high-quality care.

Referencing the Affordable Care Act, Dr. Berwick said that “health care is shifting. It is at a point where the United States is trying to attach payments to quality. The transitions are tough, but the opportunity to achieve the Triple Aim is right now.”

The “Triple Aim” concept — the brainchild of Dr. Berwick — is defined as delivering health care that improves the individual patient experience, improves the health of populations and reduces the per capita costs of care for populations. To achieve

seismic improvement in a complex system, Dr. Berwick said only two tools are necessary to be successful.

“As the scholars of Christiana Care’s Value Institute know, when you are working on improvement, you need aim and you need method,” he said. “Through aim you identify what you want to achieve. The method is the science of the system that you use in order to reach that aim.”

If the Triple Aim is achieved, health care will become more integrated, improving outcomes and reducing waste. The new and improved system will put patients first, Dr. Berwick said.

“There has never before been a better time for health care professionals to lead the reform and improvement of American health care as a system,” he said. “The transition is hard, so it is going to take real courage to walk with the public to help them find their way and what they need.

“I am inspired and impressed by what I am seeing here at Christiana Care. I can tell you that your organization has the right pieces in place to bring about real change,” Dr. Berwick said.

Christiana Care established the Value Institute in 2011 to study and design solutions for conundrums that arise in the real world settings of health care delivery, while also focusing on balancing our neighbors’ perceptions of the value of care against measurable benefits and costs.



Above: Robert J. Laskowski, M.D., MBA, Christiana Care president and CEO, leads a panel discussion at Christiana Care's 2nd annual Value Symposium, featuring Don Berwick, M.D., Bettina Riveros; Stephen J. Kushner D.O., FAAFP; former Delaware Gov. Pierre S. "Pete" du Pont IV; and Timothy J. Gardner, M.D.

Above, left: Virginia Collier, M.D., MACP, Hugh R. Sharp Jr. Chair of Medicine at Christiana Care, asks a question of the panel.

Left: Timothy J. Gardner, M.D., executive director of the Christiana Care Value Institute, talks with former Delaware Gov. Pierre S. "Pete" du Pont IV during the Value Institute Symposium.

Dr. Berwick mentioned several places across the nation where innovation has resulted in more affordable high-quality care. For example, in Alaska, a special telemedicine cart has enabled a team of health care professionals to capture vital patient information and provide quality care to patients in remote locations. The technology has cut down on the need for wait times for specialists and has saved Alaskans more than \$6 million annually in travel expenses.

Following Dr. Berwick's talk, Christiana Care President and CEO Robert J. Laskowski, M.D., MBA, moderated an expert panel in a discussion about the challenges and solutions to achieving the Triple Aim.

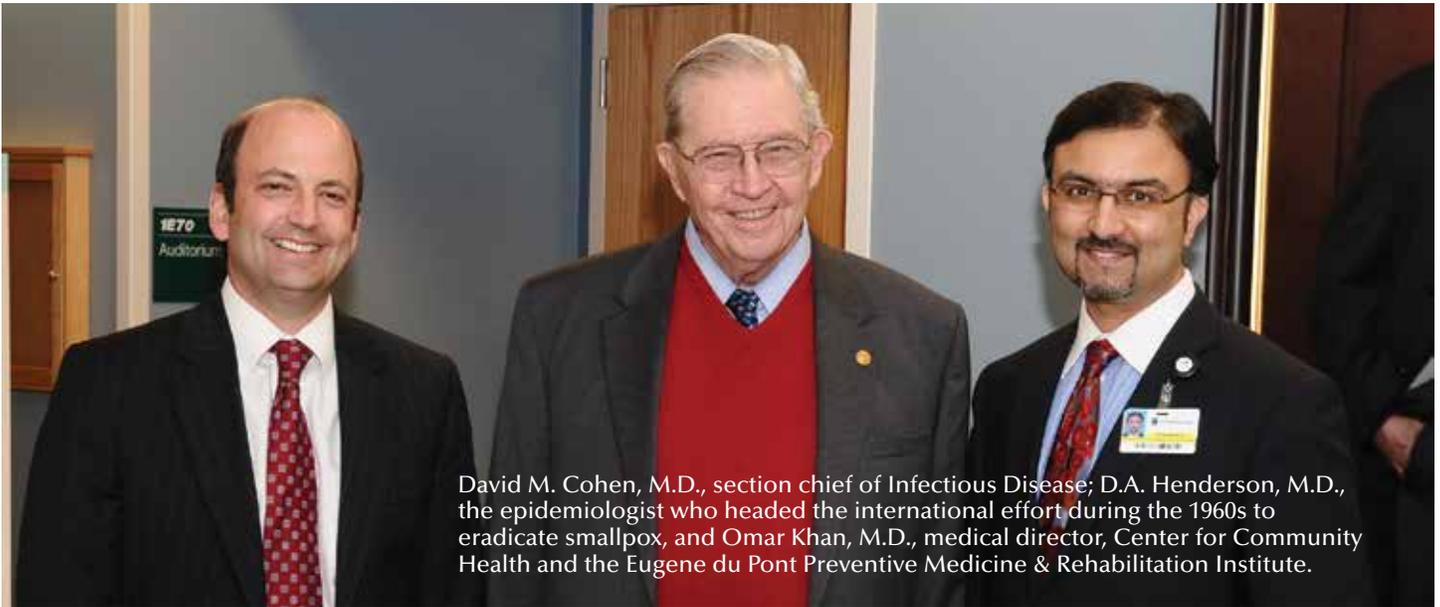
"Dr. Berwick is one of the world's great thought leaders, and he came here to help stimulate our thinking so we can deliver better value," Dr. Laskowski said. "Care is valuable if it makes a positive difference in people's lives, in ways that they and our society can afford."

In addition to Dr. Berwick, the panel included:

- Bettina Riveros, health policy adviser to Gov. Jack Markell and chair of the Delaware Health Care Commission.
- Former Delaware Gov. Pierre S. "Pete" du Pont IV, current board member of the Delaware Public Policy Institute.
- Stephen J. Kushner D.O., FAAFP, president of the Medical Society of Delaware and a physician at the Medical Group of Christiana Care's Hockessin Family Medicine Office.
- Timothy J. Gardner, M.D., executive director of the Christiana Care Value Institute, medical director of Christiana Care's Center for Heart and Vascular Health and former national president of the American Heart Association.

"To have a truly transformative health care system, we need to have much better coordination of care," said Dr. Gardner, whose center recently established an innovative unit to fast-track cardiac patients from the emergency department so they can receive timely specialized treatments. "Better coordination of care will reduce unnecessary care and help our health system to achieve the Triple Aim." ●

50th Holloway Symposium explores past, present and future in fight against infectious diseases



David M. Cohen, M.D., section chief of Infectious Disease; D.A. Henderson, M.D., the epidemiologist who headed the international effort during the 1960s to eradicate smallpox, and Omar Khan, M.D., medical director, Center for Community Health and the Eugene du Pont Preventive Medicine & Rehabilitation Institute.

Physicians, infectious-disease specialists, infection-control nurses, pharmacists, microbiologists and others convened May 7 at the John H. Ammon Medical Education Center for the 50th annual William J. Holloway Infectious Disease Symposium, themed “Holloway 50: Past, Present and Future.”

Program Chair David M. Cohen, M.D., attending physician in Christiana Care’s Section of Infectious Diseases and a member of the system’s HIV Community Program, welcomed attendees and praised the presenters as “the most influential in their areas of study.”

Bennet Lorber, M.D., the Thomas M. Durant Professor of Medicine and professor of microbiology and immunology at the Temple University School of Medicine, explored the past in his introduction to the event by paying tribute to his late friend William J. Holloway, M.D.

“Bill Holloway was an amazingly unique individual in American medicine,” Dr. Lorber said. “He was a community-based practicing doctor who made house calls. He founded and ran a research

laboratory that carried out numerous research projects, many dealing with new antimicrobials. When the AIDS epidemic began, Bill leaped into it and became the principal investigator in what became known as the HIV Community Program at Christiana Care and worked a couple days a week in a volunteer fashion, taking care of HIV-infected individuals in a clinic program. Bill was a tireless and selfless community, state and professional leader.”

Dr. Holloway founded the symposium in 1963, a full year before the creation of the Infectious Disease Society of America. “The list of the people who’ve spoken here is a Who’s Who of the history of infectious diseases.”

— Bennet Lorber, M.D.

The first to join that list this year was Brad Spellberg, M.D., associate professor of medicine at the David Geffen School of Medicine at UCLA, associate medical director of inpatient services at Harbor-UCLA Medical Center and medical director of clinical research solutions at

the Los Angeles Biomedical Research Institute. Dr. Spellberg’s presentation, “A Brief History of the Antibiotic,” chronicled the evolution of antibiotics, spanning from evidence of bacterial resistance to antibiotics more than 2 billion years ago to the triumphs and failures of penicillin and today’s need for new, innovative antibiotic solutions.

Dr. Spellberg was followed by David Schlossberg, M.D., professor of medicine at Temple University School of Medicine, associate professor of medicine at the University of Pennsylvania and medical director of the Tuberculosis Control Program for the Philadelphia Department of Public Health. Dr. Schlossberg’s talk examined the history and scope of tuberculosis on a global, national and local scale and its effect on everything from popular culture throughout the years to treatment of HIV and other infectious diseases.

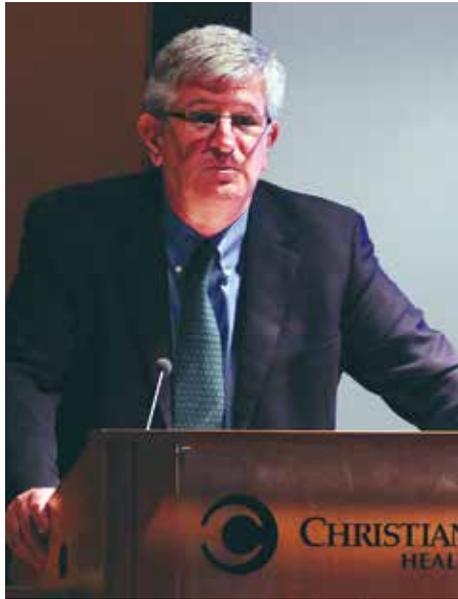
Paul Volberding, M.D., further discussed HIV in his presentation “HIV Care and Research: Remaining Challenges Despite Great Progress.” Professor of medicine at the University of California San Francisco, director of the AIDS



Paul Volberding, M.D.

Research Institute, co-director of the UCSF-Gladstone Center for Aids Research and director of research of Global Health Sciences, Dr. Volberding tracked the admittedly short story to date of HIV, mapping its modern transportation-powered migration from Southern Africa in the mid-1970s to all corners of the globe by the mid-1980s, and highlighting the advancements and progress to be made in treating the disease.

The keynote address put smallpox under the audience's microscope and brought to the podium a revered figure in the field, D.A. Henderson, M.D. He was introduced by Omar Khan, M.D., medical director of the Center for Community Health and the Eugene du Pont Preventive Medicine & Rehabilitation Institute at Christiana Care, who reminded attendees of the extensive leadership positions Dr. Henderson has held. A resident scholar at the Center for Biosecurity, a Johns Hopkins University distinguished service professor and dean emeritus of the school, Dr. Henderson "holds 17 doctorates ... and has received virtually every prestigious public health award in the U.S., including the Presidential Medal of Freedom, the National Medal of Science" and others.



Paul Offit, M.D.

Dr. Henderson's presentation, "Smallpox Eradication: Miracle or Template for Disease Eradication," drew on his experience as the director of the World Health Organization's global smallpox eradication campaign (1966-1977), a remarkable time in which the WHO reduced cases of smallpox from 10 million a year worldwide to virtually zero. In fact, the last reported case occurred in 1978. Dr. Henderson discussed the history and devastating effects of the now extinct disease, calling it "one of the greatest plagues of all time" and pointing to the process of its

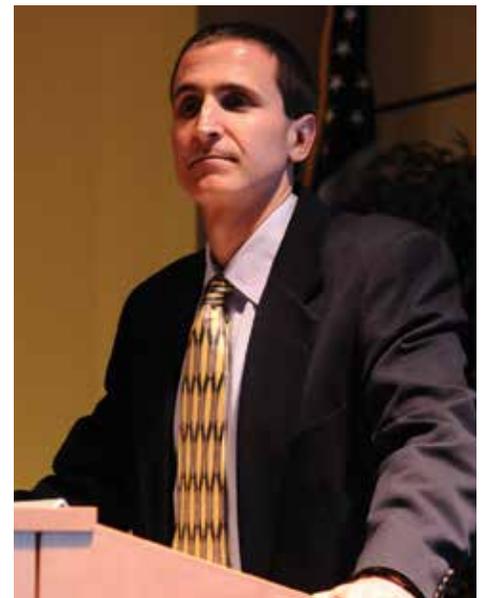
eradication as a model for eliminating other global health threats.

He was followed by Victor Yu, M.D., professor of medicine at the University of Pittsburgh, who presented "The History of Legionnaires' Disease: The Inside Story." Introduced by Anand Panwalker, M.D., associate vice president of medical affairs and chief of the Section of Infectious Diseases at Christiana Care, Dr. Yu traced the history of the disease and discussed — and dispelled — theories behind one of the nation's most famous outbreaks.

The final presenter was Paul Offit, M.D., chief of the Division of Infectious Diseases and director of the Vaccine Education Center at the Children's Hospital of Philadelphia. Renowned for his advocacy of childhood vaccinations, Dr. Offit is also the Maurice R. Hilleman Professor of Vaccinology at the University of Pennsylvania School of Medicine. His presentation, "Vaccinated: The True Story of the Father of Modern Vaccines," discussed Dr. Hilleman's many pioneering breakthroughs in vaccinations, including his work on vaccinations for influenza, adenovirus, rhinovirus, measles, mumps, chickenpox, hepatitis B, rubella and hepatitis A. ●



Bennet Lorber, M.D.



Brad Spellberg, M.D.

Hospital medicine pioneer Robert Wachter, M.D., presents 'The Quality, Safety and Value Revolution'

The Department of Medicine's annual Roger B. Thomas Memorial Grand Rounds featured Robert Wachter, M.D., chair of the American Board of Internal Medicine, professor and associate chair of the Department of Medicine and chief of the Division of Hospital Medicine at the University of California, San Francisco.

Often credited with helping to create the hospitalist specialty, Dr. Wachter gave a fast-paced presentation, "The Quality, Safety and Value Revolution," which included a historical timeline from 1999 to the present. Twelve years ago, "most people thought quality and safety in health care were excellent," Wachter said. Consequently, there was no business case for improving quality and safety, no local expertise being developed and no resources devoted to improvement.

Then the Institute of Medicine released "To Err is Human: Building a Safer Health System," a November 1999 report that equated the number of annual deaths due to medical errors to the loss of lives caused by one large airplane crash every day of the year. The patient-safety field was launched.

In March 2001 the IOM issued another report, "Crossing the Quality Chasm: A New Health System for the 21st Century," which called for fundamental change to close the quality gap and redesign the American health care system. The report contained 10 new rules, known as the starter set, to guide patient-clinician relationships. It also suggested a way to better align incentives in payment and accountability and recommended key steps to promote evidence-based practice and strengthen clinical information systems.

Pressure to transform health care continues to have an effect. "There was a huge amount of policy change in 12 years," Dr. Wachter said, recalling such milestones as:

- In 2002, the National Quality Forum listed eight serious errors that never should happen, "Never Events," such as wrong-site surgery.
- In 2003, the Accreditation Council for Graduate Medical Education limited the number of hours that residents may work to no more than 80 per week.
- In 2004, the Joint Commission announced that advance notice of surveyor visits would be reduced from two years to 30 minutes.
- In 2004, Medicare's Hospital Inpatient Quality Reporting program launched online.
- In 2005, the Institute for Healthcare Improvement began the 100,000 lives campaign, led by Don Berwick, M.D., with a view to save 100,000 lives from being lost due to medical mistakes.
- In 2008, Johns Hopkins Hospital intensivist Peter J. Pronovost, M.D., introduced an intensive-care checklist protocol that saved 1,500 lives and \$100 million over an 18-month period in Michigan alone.
- In 2010, Dr. Pronovost published "Safe Patients, Smart Hospitals: How One Doctor's Checklist Can Help Us Change Health Care from the Inside Out."
- In 2012, CMS finalized rules for the Inpatient Prospective Payment System in preparation for Fiscal Year 2013, the first year in which value-based incentives are available under the program.

He noted that while relatively weak pressures such as social pressure, accreditation requirements with a low chance of failure and transparency measures have resulted in some improvement, eventually the driver to create better health care systems and processes will involve payment changes.

We will see more and more pressure to revolutionize quality, safety and value. The business case is growing, not only for safety but for efficiency and waste reduction, Dr. Wachter said.

With crisis comes opportunity, he said. Many forces are promoting quality, safety and value. Patients will benefit. ●



Robert Wachter, M.D., chair of the American Board of Internal Medicine; Diane Thomas, president, Junior Board of Christiana Care Health System and widow of Dr. Roger B. Thomas; Virginia U. Collier, M.D., MACP, Hugh R. Sharp Jr. Chair of Medicine; Robert M. Dressler, M.D., MBA, FACP, vice chair, director of operations, IMSL, director of Patient Safety, Quality and Performance Improvement; and Julie Silverstein, M.D., FACP, associate chair, Ambulatory Medicine, section chief, General Internal Medicine.

Best practice review

PRIVACY & INFORMATION SECURITY COMPUTER WORKSTATION USE SECURITY

Q. WHO SHOULD I CONTACT IF I FORGOT MY COMPUTER PASSWORD TO LOG ON?

- A. Contact the Information Technology (IT) Customer Service Center, 327-EMER (3637) to have your password reset.

Q. WHO SHOULD I CONTACT IF MY LOG ON IS UNSUCCESSFUL AND A "LOCKOUT" OCCURS?

- A. Contact the Information Technology (IT) Customer Service Center, 327-EMER (3637) to have the lockout corrected and your password reset.

Q. HOW DO I PROTECT MY COMPUTER WORKSTATION FROM UNAUTHORIZED USE?

- A. Lock your computer by pressing the CTRL-ALT-Delete command buttons and click the Lock Computer button. If it is a shared computer workstation, click the Start tab, click Log Off and close all programs.

Q. WHAT ARE SOME OF MY RESPONSIBILITIES WHEN I USE A CHRISTIANA CARE COMPUTER WORKSTATION?

- A. Responsibilities as a Christiana Care computer workstation user include:
- Report any suspicious or witnessed information-security events to your immediate manager or supervisor.
 - Secure laptops when used in public, semi-public or physically unsecure areas.
 - Position the screen away from unauthorized users.
 - Do not share your password with anyone.
 - Do not use anyone's password.

Privacy & Information Security-Computer Workstation Use and Security Policy is online:

<http://depts/policies/WebPolicies/Docs/InformationSecurity-ComputerWorkstationUseandSecurity.htm>

Windows XP Welcome Guide

http://inet/dseducation/winxpmanual/winxp%20welcome%20guide%20autotoc.htm#_Toc142272829

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If you have questions about this Best Practice Review, please contact Dawn Romano at 327-3810. Safety Hotline: dial 7233 (SAFE) from within the hospital or 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.

Q&A: Dr. 'Kitty' Esterly still advocates for all of Delaware's newborns

Katherine L. Esterly, M.D., retired chair of Christiana Care's Department of Pediatrics and a pioneer in neonatology, received the Delaware Academy of Medicine's President's Award at the academy's annual meeting, April 18. The academy bestowed the additional honor of naming a new annual conference on childhood development for Dr. Esterly, held April 20 at the John H. Ammon Medical Education Center. Dr. Esterly's career at Christiana Care spanned six decades, from her residency at then Delaware Hospital beginning in 1952 to her retirement in 2004.



Katherine L. Esterly, M.D.

Q: What is your message to friends and colleagues on the occasion of these Delaware Academy of Medicine honors?

A: The development of a child begins at birth. It's important that we give the best we can from the very beginning. Every child, rich or poor, needs support, whether born at full term or prematurely.

We've had a big change in the status of the family over the last 50 years. We are about three generations away now from the day when families would usually have a mom who stayed at home. Now we think we have to have two earners, and the care of our babies in daytime is done by somebody who is expensive and probably inexperienced.

Day care is very important, but we must also teach parents how to nurture their children, paying special attention to environmental factors in the development of the child, consistently until the child is 3 and then again before kindergarten. In Delaware, we are fortunate to have a formalized program called Child Development Watch to assist in this heightened attention.

I was taught as a student that babies didn't see until six weeks of age. We sure found that wasn't true! T. Berry Brazelton, M.D., found that babies can see right after they are born. We've learned a lot, and there's a lot more to learn.

Delaware has been lucky to have a lot of interested people who have had an effect on our legislature. I hope we continue to have such people coming out to support our children's healthy development.

Q: What accomplishments are you most proud of as a neonatologist, pediatrician and department chair?

A: One thing we did well was to develop a neonatal transport team and neonatal nurse-practitioners program. The transport

team got off the ground in 1985 after we moved to Christiana Hospital. We had three neonatologists on staff — myself, Dr. Michael L. Spear and Dr. Thomas Young. Dr. Young came to us from a neonatology fellowship at the University of Virginia where they had a nurse transport team.

Today I believe we are much more successful serving babies coming from other hospitals in the state. They used to arrive inconsistently warmed, and often not breathing well. Now they arrive in much better condition. Of course, the mother is the best transport system we have. Preventing premature birth is our first goal. I think the outlying hospitals we serve are becoming better attuned to that.

Q: What is your view of family involvement in the special care nursery?

A: It's much more important now than it was 50 years ago, as long as everyone practices proper hand-washing. When I first started out in the Delaware Hospital, mothers weren't even allowed to go into the premie nursery. We were very afraid of infection. We couldn't give antibiotics very well. Then technology came along and we could deliver antibiotics. To prevent infection, Dr. Margaret Handy taught us how to do proper nursing care, to put on a cap and gown and scrub up to the elbows, like a surgical scrub. We learned later that hand washing was really the key. The nursery staff was diligent but the consultants who came in — sometimes you had to smack their hands to remind them.

Q: What other developments or issues still draw your interest?

A: One thing that interests me is infant head-cooling technology for babies with low Apgar scores. The discussion about this technology really gained attention from the clinical community as a brain and life-saving measure in 2007. Term babies who have low Apgar scores are carefully screened during the first six hours of life and if they meet criteria are cooled to slow their brain and body metabolism for the first three days of life. Another lifesaving program has been the Christiana Care Pediatric Hospitalists program, which allowed fully trained pediatricians to care for our babies and children while they are inpatients in labor and delivery, in collaboration with the private pediatricians in the community.

Another area that interests me is the importance of mother's breast milk. We've known for a long time that mother's milk was best for the baby — and premature babies. The Mother's Milk Bank, which was started by Dr. Handy, is still one of the best systems, but it's pretty old. I'll be interested in seeing what the future brings. Ours was among the first five milk banks in the country, and it came about because of a Junior Board member, Mrs. Margaret Trentman. After she had her baby, she couldn't produce her own milk and her baby couldn't tolerate formulas. She found a milk bank in Boston and that is how we got started.

After the Mother's Milk Bank started, we knew our babies were not having as much of the intestinal problems as other

hospitals. Still, a lot of people back then thought it was a lot of bunk. Now nurseries everywhere want a supply of mother's milk, and 60 – 70 percent are producing it in the nursery. We have a milk lab to take care of the milk and formulas for all the babies in the nursery, in sterile condition. ●

Delaware Academy of Medicine President Kathleen McNicholas, M.D., JD (left), presents the President's Award to Katherine L. Esterly, M.D., at the Academy's annual meeting in April at the Hotel du Pont.



In 2002, Katherine Esterly, M.D., then chair of Pediatrics, and John Stefano, M.D., then director of Neonatology, discuss the conditions of the five Maris babies who were the first-ever quintuplets born in Delaware.

Annual awards honor employees who champion the virtue of service

While dedication to service is a way of life for Christiana Care employees, physicians and volunteers, often both on and off the job, one night each year is devoted especially to celebrating that dedication.

On April 30 the Champions of Service Awards took place at the John H. Ammon Medical Education Center, where a combined celebration of the Spirit of Women and Jefferson awards spotlighted the award winners and nominees.

Spirit of Women Awards

As a Spirit of Women network participant, Christiana Care announced winners in each of three categories of Spirit of Women awards.

Spirit of Women is a national network of hospitals that subscribes to high standards of excellence in women's health and a strong commitment to engaging the community to improve the health of women and their families. Each spring, participating hospitals announce their Spirit of Women Award winners.

The Young Person Role Model award is for someone in the 14- to 20-year-old age bracket who recognizes the importance of service and sharing their time, effort and ingenuity with others through groups that they participate in and often

organize. The young role model award winner provides material goods, education, entertainment, information and inspiration to less fortunate people, whether on their own or with a school or community group, and they are recognized by others as an excellent example to follow. This year, the winner in the Young Person Role Model category is Nick DiIenno, a student at Salesianum School whose many volunteering efforts include dedicated support for the American Lung Association.

The Community Hero Award recognizes someone who is passionate about making a positive change for the good of our community through direct action and whose initiative is in response to unmet community needs. This year, the Health Care Hero award goes to Chetana Kripalu, M.D. Dr. Kripalu supports outreach in Delaware and abroad. With her husband and practice partner Vinod Kripalu, M.D., she founded an orphanage in India and a school in Kenya. She is a staunch supporter of the Delaware Medical Relief Team, which responds to the needs of a population in time of disaster, such as the 2010 earthquake that demolished much of Haiti. Locally, she is a cofounder of Premiere Charities Inc. and volunteers with From Our Kitchen to provide Sunday meals for homeless people in Wilmington.

The Health Care Hero award is for a health care provider who shows great concern for others, taking on big challenges to make a positive change on the job or after hours, and does

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Nick Dilenno receives the Spirit of Women Young Person Role Model from Richard Derman, M.D., MPH, FACOG, Marie E. Pinizzotto, M.D., Endowed Chair of Obstetrics and Gynecology.



Marylyn Bartley, FNP, BC, receives the Spirit of Women Health Care Hero Award from Julie Silverstein, M.D., section chief, General Internal Medicine; associate chair, Ambulatory Medicine.

many small things that mean a lot. The winner of the Health Care Hero Award this year is Marylyn Bartley, FNP, BC. Also nominated for the Jefferson Award, Bartley provided care to patients in a clinic in Jacmel, Haiti, and has returned several times at her own expense. She created a manual on health care

that is used by the medical staff who travel to Haiti to run a women's and children's camp.

To read more about this year's Spirit of Women Awards winners, visit www.christianacare.org/spiritofwomen.



This year's Jefferson Award winners are: Georgia Truitt, senior recruiter, VNA Human Resources; Kim Petrella, RN, Labor & Delivery; Reynold S. Agard, M.D., Department of Medicine; Amy Benton, BA, Social Work; and Vinod Kripalu, M.D., Department of Medicine.

The Jefferson Awards

Founded in 1972, the Jefferson Awards national recognition system honors public service in America. Awards presented at the John H. Ammon Medical Education Center celebrated the talent and dedication of Christiana Care employees who contribute countless volunteer hours in their communities.

The five winners exemplify service, leadership and The Christiana Care Way.

Amy Benton cofounded and serves as vice president of the Eric and Ava Benton Joy-Hope Foundation. She helps to provide memory-making getaways for families following the

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2013 Jefferson Award winners are champions of service to others

death of a child due to illness. Since its founding in 2010 Joy-Hope has launched 11 getaways. Benton will represent Christiana Care as a nominee for national recognition at the annual Jefferson Awards ceremony in Washington, D.C., June 19.

Georgia Truitt shares her love of horses by helping children and adults with special needs strengthen their bodies and self-esteem through riding. She teaches lessons four days a week. Riders enjoy the fresh air and freedom of exercise and movement without wheelchairs or walkers.

Kim L. Petrella, RN, educates the community about umbilical cord blood banking and non-embryonic stem cell research, lecturing to expectant patients at local high schools, colleges and doctor's offices. She also volunteers to help bereaved parents who have lost a baby and military families who have lost loved ones.

Reynold S. Agard, M.D., devotes his time to providing primary care to people in need at home and abroad. He is a founder of several nonprofit groups, including the Delaware Medical Relief Team and Hands International, where he is medical director. He is a co-founder of From Our Kitchen, a group that serves a nutritious meal two Sundays a month to homeless people in Wilmington.

Vinod Kripalu, M.D., husband of Dr. Chetana Kripalu mentioned above, continually volunteers his time and talents by providing basic needs to others and serving others with



Chetana Kripalu, M.D., receives the Spirit of Women Community Hero Award from Michael Rosenthal, M.D., chair of the Department of Family and Community Medicine.

compassion. He is a co-founder of the From Our Kitchen program that serves nutritious Sunday afternoon meals to hungry people in Wilmington.

To read more about this year's Jefferson Awards winners, visit www.christianacare.org/jeffersonawards. ●



RECOGNIZE, APPRECIATE and VALUE EXCELLENCE

Get ready to RAVE!

Christiana Care has launched a new employee-recognition program called RAVE (Recognize, Appreciate, Value Excellence) that spotlights individuals and teams for their efforts to partner with each other and our patients to deliver greater value. Christiana Care's employee-recognition program is an integral part of our Great Place to Work strategy. Highly engaged employees are able to provide superior care to our families, friends and neighbors. Co-workers, managers, physicians, patients and visitors now all have the opportunity to RAVE about our efforts to deliver on the promise of The Christiana Care Way.

Delaware End-of-Life Coalition honors Wendy Sturtz, M.D., neonatologist

Wendy Sturtz, M.D., received the 2013 Delaware End-of-Life Coalition's Physician Excellence Award for Hospice and Palliative Care.

Dr. Sturtz's nomination for this annual award, submitted by her colleagues at Christiana Care's neonatal intensive-care nursery, includes several compelling anecdotes to describe the respectful, caring devotion to her patients for which she is well known, and her compassionate partnerships with parents and families going through the unimaginably difficult and painful experience of losing a child.

"Dr. Sturtz has been able to facilitate compassionate end-of-life discussions with families to help them decide what their goals for the experience will be," said Karen Q. McDonald, DNP, NNP-BC. "She has helped parents whose babies have prenatally known congenital anomalies to create a birth plan that lets not only the family but all involved staff know the parents' wishes for the birth and death process."

Dr. Sturtz is the medical director of the newly formed Infant Maternal & Pediatric Advanced Care Team (IMPACT), which provides volunteer neonatal and perinatal palliative care services at Christiana Care. She also is the medical director of Christiana Care's Neonatal Transport Team. She is a 1998 graduate of Jefferson Medical College and completed her pediatric residency at A.I. du Pont Hospital for Children and neonatal-perinatal fellowship at the Thomas Jefferson University/Christiana Care Health System combined program. She is double board-certified in perinatal – neonatal medicine and hospice and palliative care medicine.

She speaks widely about perinatal and neonatal palliative care, helping to educate hundreds of health care professionals from multiple states about end-of-life and palliative-care issues. She is certified by Harvard's Palliative Care Education and Practice Curriculum, the End-of-Life Nursing Education Consortium, and trained by the Center to Advance Palliative Care. ●



What's new?

The Electronic Diamond has been updated to be more visually appealing and print-friendly, and automatically copies the recipient's manager.

The "You're a Gem!" program provides the option for managers to recognize significant employee achievement with a robust selection of gifts. This program provides an alternative to the spot-bonus program with options for high-end gift items.

Departmental recognition highlights creative recognition ideas allowing us to RAVE about each another.

Visit the RAVE recognition site on the Portal to see what all the excitement is about.

The Employee Relations department welcomes feedback and ideas to continue to make employee recognition at Christiana Care robust and meaningful. E-mail recognition stories and programs you would like to highlight on RAVE to mesabol@christianacare.org or jparag@christianacare.org. ●

Resident's quick action led to successful cornea transplant



From left: Gift of Life Donor Program CEO Nathan Howard; Brian Jay Levine, M.D., FACEP, FAAEM, program director, Emergency Medicine Residency; Linda Laskowski Jones, MS, RN, ACNS-BC, CEN, vice president, Emergency and Trauma Services; Gerard Fulda, M.D., FACS, FCCM, FCCP, interim chair, Department of Surgery; Erica Locke, M.D.; Neil Jasani, M.D., MBA, vice president, Academic Affairs; and Charles L. Reese IV, M.D., FACEP, chairman of the Department of Emergency Medicine.

In April, National Donate Life Month, Christiana Care and the Gift of Life Donor Program honored Erica Locke, M.D., a resident in the Emergency Medicine/Family Medicine Residency Program, for her exemplary efforts in support of an organ donor and his family.

Neil Jasani, M.D., MBA, vice president, Academic Affairs, and Gift of Life Donor Program CEO Howard Nathan, along with some 50 friends and colleagues, turned out on April 4 at Christiana Hospital for a surprise award presentation.

Dr. Locke distinguished herself last summer by taking a proactive role to help ensure that one deceased Christiana Hospital patient's wish to give the gift of life was honored. While supporting the donor's family in the process, Dr. Locke learned that the donor's son had been told he would need a cornea transplant and recognized the chance to help facilitate an amazing outcome: the patient's gift of life would allow for his son to regain eyesight. In order to facilitate this, Dr. Locke contacted the son's ophthalmologist, consulted with a cornea specialist at Wills Eye Clinic and arranged a same-day evaluation for the son.

Dr. Locke and Gift of Life Transplant Coordinator Kathy Hughes successfully advocated for the donor and his son,

arranging further medical evaluations during a critical phase with no time to spare.

Dr. Locke's advocacy helped convince a cornea surgeon to donate her services, who in turn convinced Wills Eye Clinic to donate their OR time. The Lions Eye Bank donated recovery and preservation services. The donor's son received his father's cornea and the gift of sight.

"The advocacy and compassion that Dr. Locke demonstrated for her patient and the patient's family was in keeping with the highest standards of Christiana Care."

— Neil Jasani, M.D., MBA

"The advocacy and compassion that Dr. Locke demonstrated for her patient and the patient's family were in keeping with the highest standards of Christiana Care and truly embody what we mean when we say that we serve our neighbors as respectful, expert, caring partners in their health," Dr. Jasani said. ●

Living organ donors and recipients celebrate Acts of Love

Living organ donors and transplant recipients gathered at Christiana Care's 5th Annual Acts of Love celebration, April 20. The annual event recognizes the extraordinary, selfless gift that living donors provide.

Consistent with our mission to partner with our neighbors to create greater value and in light of our own kidney transplant program, The Gift of Life Donor Program, our community's organ and tissue transplant program, is one of many organizations Christiana Care partners with to advance the health and well-being of our community.

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 has worked with Christiana Care's Kidney Transplant Program to oversee organ and tissue donations and distribution in our community.

Currently, there are more than 600 Delawareans awaiting life-saving organ and tissue donations, and the list is growing. By signing up as an organ and tissue donor, you might give someone a second chance at life through a transplant. To learn more, visit www.donatelife-de.org if you are a Delaware resident, or www.donatelife.net if you live elsewhere. ●



Patients from Christiana Care's annual "Acts of Love" donor celebration to recognize living organ donors and recipients gathered for a special dinner April 20 at La Casa Pasta restaurant in Newark.

Christiana Care earns Gold Award for NICU advertising

Christiana Care's External Affairs Marketing team earned a prestigious Gold Award in the annual Health Care Advertising Awards program for a print advertisement promoting the NICU. The ad (below) tells the story of a 14-year-old girl who weighed less than 2 pounds at birth and is now healthy and happy thanks to the excellent care provided by the NICU team. The Marketing team also won a merit award for an ad promoting Christiana Care's neurovascular specialists for stroke care. ●

She was 13 weeks early.
Only 1 pound, 6 ounces at birth.
Struggling to breathe, to live.

Today, Maddie is a beautiful
example of lives we save in our
Neonatal Intensive Care Unit.



Maddie,
Christiana Care
NICU baby

Delaware's most experienced
Neonatal Intensive Care Unit.

Most parents don't even know what a NICU is. But when a baby arrives prematurely, a Neonatal Intensive Care Unit can be the difference between a good life and a lifetime of challenges. Just ask Maddie and her family. In Maddie's case, our Level III NICU provided the highest level of care to get Maddie home safe and sound with her family. What parents wouldn't want this level of assurance?



June

"Savoring Summer"

Thursday, June 6, 6 – 7:30 p.m., Eugene du Pont Preventive Medicine & Rehabilitation Institute, 3506 Kennett Pike, Wilmington.

Eating mindfully is not about diets, rules or "good foods" and "bad foods" — it's about approaching food with an awareness that enables healthy choices and enjoyment. Margaret Keenan, Ph.D., director of health psychology at Christiana Care's Department of Family & Community Medicine, will discuss mindfulness skills that foster pleasure and a sense of control in our day-to-day eating.

Even in summer, it makes sense to warm up before you exercise. An exercise coach from Christiana Care Exercise Services will demonstrate the proper way to stretch so that you can exercise safely and focus on your quality of movement. Register at www.christianacare.org or call 800-693-2273.

Graham Cancer Center Open House

Friday, June 7, 10 a.m. – 2:30 p.m., Helen F. Graham Cancer Center

This special showcase of services for patients and families will feature helpful information, refreshments, music, giveaways and prizes. Special guests include therapy dogs from PAWS for People.

"Know Your Genes"

Wednesday, June 12, 7 p.m., Brandywine River Museum, 1 Hoffman Mill Road, Chadds Ford, Pa.

Learn how your personal genetic code, your family history and other factors may influence your health — and find out what you can do about it. A genetic counselor from Christiana Care will talk about genetic testing for health risks and the steps you can take to prevent cancer and heart disease, and live a healthier life. Register online at www.christianacare.org or call 800-693-2273.

June

June is National Safety Month.

Join your colleagues in these events to promote safety at work and at home.

3
Safe Patient Handling Seminar
 Waterfall Banquet & Conference Center, Claymont, 7 a.m. - 5 p.m.
 Visit www.asphp.org/events for more information.

4
Safety Mentors Meeting: Needlesticks
 Christiana: Room 1100
 Wilmington: Videoconference to Trustee's Room
 11:30 a.m. - 1 p.m.

6
Safe Patient Handling, and Materials Lifting and Moving
 Christiana Hospital cafeteria:
 11 a.m. - 1 p.m.

7
Safe Patient Handling and Materials Lifting and Moving
 Wilmington Hospital cafeteria:
 11 a.m. - 1 p.m.

10
Needlesticks, Exposures, Eye Protection: Get your free safety glasses and lanyards!
 Wilmington and Christiana Hospital cafeterias: 11 a.m. - 1 p.m.

11
Wellness Enrichment Event: Outdoor Safety, Neurobics (Brain Exercises) and Healthy Recipes for Summer Barbeques
 Christiana Hospital: 1 - 3 p.m.
 Visit the Wellness website for additional information.

17
Slips, Trips and Falls, Environmental Awareness
 Wilmington Hospital cafeteria: 11 a.m. - 1 p.m.

18
Slips, Trips and Falls, Environmental Awareness
 Christiana Hospital cafeteria:
 11 a.m. - 1 p.m.

25
Workplace Violence/Personal Safety
 Christiana Hospital cafeteria:
 11 a.m. - 1 p.m.

27
Workplace Violence/Personal Safety
 Wilmington Hospital cafeteria:
 11 a.m. - 1 p.m.

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						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30						

Participating Departments:
 Employee Health Services,
 Employee Wellness and Fitness,
 Injury Prevention/PEEPS,
 Occupational Safety, Perioperative Services, Public Safety.

Publications

Bikash Bose, M.D., "Chronic Pachymeningitis Associated with CNS Histoplasma Capsulatum Infection: A Case Report and Review of Literature," *Neurosurgery Quarterly*, Volume 23, Number 1, February 2013.

Robert L. Witt, M.D.:

- A chapter, "Sialolithiasis: Traditional & Sialendoscopic Techniques," *Open Access Atlas of Otolaryngology, Head & Neck Surgery*. Fagan J. ed.
- A book review of Bradley, Guntinas-Lichius eds. *Salivary Gland Diseases and Disorders*, Thieme Publishers, eds. *Head & Neck* 2013.35:467.
- "Diagnosis and Management of Differentiated Thyroid Cancer using Molecular Biology," (et al.), *The Laryngoscope*, V123, Issue 4, April 2013.

Kevin A. Copeland, D.O., Vinay R. Hosmane, M.D., MPH, Claudine Jurkovitz, M.D., MPH, Paul Kolm, Ph.D., Jim Bowen, BS, Angela DiSabatino, RN, MS, Michael K. Banbury, M.D., Jon F. Strasser, M.D., William S. Weintraub, M.D., and Andrew J. Doorey, M.D., "Frequency of Severe Valvular Disease Caused by Mediastinal Radiation Among Patients Undergoing Valve Surgery in a Community-Based, Regional Academic Medical Center," *Clinical Cardiology*, Volume 36, Issue 4, April.

Richard Derman, M.D., MPH, et al., "Perinatal Outcomes of Multiple-Gestation Pregnancies in Kenya, Zambia, Pakistan, India, Guatemala, and Argentina: A Global Network Study," *American Journal of Perinatology*, 2013 Mar 19.

Deborah B. Ehrenthal, M.D., MPH, Elizabeth O'Neill, BA, Nancy L. Sloan, DrPH, et al., a new evaluation of "The Heart Truth" professional education campaign on provider knowledge of women and heart disease in Women's Health Issues, March.

Scott Siegel, Ph.D., and Theresa Gillis, M.D., "The cancer psychosocial care matrix: a community-derived evaluative tool for designing quality psychosocial cancer care delivery." *Psycho-Oncology* (2013); DOI: 10.1002/pon.3254.

Jonathan Strasser, M.D., et al., "Accelerated Partial Breast Irradiation," *Oncology Issues*.p.36-39, 2013.

Nicholas J. Petrelli, M.D., et al., "Bevacizumab in stage II/III colon cancer: 5-year update of the NSABP C-08 trial," *Journal of Clinical Oncology*, 30(1): 359-364, 2013.

"Diagnosis and Management of Differentiated Thyroid Cancer using Molecular Biology," **Robert L. Witt, M.D.**, et al., *The Laryngoscope* (IN PRESS)

Presentations

Melanie Chichester, BSN, RNC-OB:

- Podium presentation, "Two hearts that beat as one: Cardiac emergencies in pregnant women," *AtlantiCare 7th Annual Cardiovascular Nursing Symposium*, Atlantic City, N.J., February.
- Poster presentation, "Developing partnerships: Drawing on nurse clinicians' expertise," *Johns Hopkins Institute for Excellence in Education, Education Conference & Celebration*, Baltimore, April.

A poster presentation, "Functional Salivary Gland Restoration Using Expanded Population of Human Salivary Gland Progenitor Cells," by **Swati Pradhan-Bhatt, Ph.D.**, and **Robert L. Witt, M.D.**, at the *Triological Society meeting* in Orlando, April.

Amanda Kijac, D.O., and **Jenna Fredette, M.D.**, "A Red Painful Eye," at the *19th Annual American Academy of Emergency Medicine Scientific Assembly*, February.

Bridget Remel, BSN, RN-BC, CCRN, and **Erin Kavanaugh, M.D.**, "Breaking Barriers, Building Teams: An Interprofessional Approach to Rapid

Response Team Training" at the *Drexel University Simulation in Healthcare Conference March*.

Lisa Maxwell, M.D., and **Erin Kavanaugh, M.D.**, two workshops in April at the *AAFP Annual Program Director's Workshop*:

- "The Handoff from ED to Inpatient: A One Year Update on an Interdepartmental Handoff Process"
- "Moving Forward with Multidisciplinary Rounds."

Lisa Maxwell, M.D., a workshop, "Teaching Political Advocacy in Residency" at the *AAFP Annual Program Director's Workshop*, April.

A poster presentation, "Contraceptive use among female college students reporting prior use of emergency contraception," **Kelly McGlaughlin, M.D.**, and **Melanie Slack, M.D.**, with **Deborah Ehrenthal, M.D., MPH**, and **Kristin Maiden, Ph.D.**, at the *Pediatric Academic Societies Annual Meeting*, Washington, D.C., May.

At the *Society of Teachers of Family Medicine 46th Annual Spring Conference*, Baltimore, May:

- **Beth Greenwood, M.D.**, "Flip the Clinic: An Innovative Approach to Medical Student Education."
- **Lauren Foy, D.O.**, "How Do Medical Students Feel About Sex? Insight into Medical Student Attitudes toward Sexual Health."

Jiadi Cook, M.D., **Tiffany Eckert, M.D.**, **Lindsey Heidenreich, D.O.**, and **Matt Lunser, D.O.**, "Acute Progressive Disseminated Histoplasmosis," with faculty advisor **David Bercaw, M.D.**, at the *3rd Annual Visiting Professor Conference*, part of the *50th Annual William J. Holloway Infectious Disease Symposium*, Wilmington, May.

Carlos Duran, M.D., a poster, "Delaware Early Hearing Detection and Intervention," at the *12th annual Early Hearing Detection and Intervention Meeting* in Glendale, Ariz.

Presentations

At the Safe Patient Handling East Conference in in Orlando, March.

- **Terri Burgess, MSPT, CEAS**, "Safe Patient Handling in the Radiology Department."
- **Rick Zock, MPT, BS, CEAS, Terri Burgess, MSPT, CEAS, and James Halbert, DPT**, "Integrating Ceiling Lifts/Slings into Therapy Practice."
- **Carys Price, MSPT, MS, BED, CEAS, CSPHP, and Kavitha Edupuganti, RN, BSN, CEAS**, "Slings and the Skin."

Appointments

Seema Sonnad, Ph.D., director of Health Services Research at Christiana Care's Value Institute, has been appointed to the Patient-Centered Outcomes Research Institute's Advisory Panel, representing researchers.

Angela McNulty, Justine Eckman and Erica Dempsey of Christiana Hospital Emergency Department; **Ann Will** of NICU; and **Danielle Fuentes** of 2 C Christiana Hospital, were promoted to RN III.

Lisa Maxwell, M.D., reelected to the Association of Family Medicine Residency Directors at the AAFP Program Director's Workshop, April.

Awards

Lisa Maxwell, M.D., awarded the Bronze Program Director's Award at the AAFP Program Directors Workshop, April.

Michael L. Spear, M.D., MMEL, received a master's degree in Medical Education and Leadership from the University of New England School of Medicine. ●

Stressed? Take time to take care of yourself

CARING FOR YOURSELF

May is National Mental Health Month, a reminder that we need to care for our psychological and behavioral well-being, as well as our bodies.

Mental health is a widespread and important concern. An estimated 22.1 percent of adults age 18 and older suffer from some sort of mental illness, according to the National Mental Health Association.

Everyone experiences some sort of stress at one time or another. Your heart beats faster if you get stuck in traffic when you are late for an appointment. That's a natural reaction.

Over time, chronic stress erodes our bodies, contributing to high blood pressure, tense muscles and gastrointestinal problems. You might get headaches or grind your teeth. In fact, 77 percent of adults say they have physical symptoms related to stress, according to the American Psychological Association.

Stress impacts our quality of life. Symptoms include forgetfulness, disorganization and a lack of interest. You might feel pessimistic or make bad decisions.

If stress is keeping you up at night or otherwise interfering with your life, get help. There are lots of effective treatments, including talk therapy,

biofeedback techniques and medications that can help you over the rough patches.

If you suffer from occasional stress, adopt healthy habits that can help you to feel calm and in control of your destiny. Regular exercise — getting your heart pumping at least 30 minutes a day, five days a week — will help to keep stress at bay.

Another helpful technique is to make a conscious effort to talk slowly when you feel anxious. When people are stressed, they tend to speak quickly.

Breathing exercises are great stress busters. You can do them anywhere, anytime you feel the need to relax. Belly breathing is an easy starting point. Here is how to do it:

- Sit in a comfortable position.
- Put one hand on your belly, just below your ribs. Place your other hand on your chest.
- Take a deep breath in through your nose. You will feel your belly push out your hand. Your chest should not move.
- Purse your lips as if you are whistling and breathe out. The hand on your belly will move in as you push out the air.
- Repeat three to 10 times. ●



Cardiovascular Outreach Prevention Program celebrates second year of helping teens and their families get heart-healthy



Christiana Care's Cardiovascular Outreach Prevention Program celebrated its second successful year of helping teens and their families get heart-healthy.



Christiana Care Health System Cardiovascular Outreach Prevention Program (COPP), supported by Connections for Cardiovascular Health: A Program of the AstraZeneca HealthCare Foundation, celebrated a successful second year on Thursday, April 27, at Paul M. Hodgson Vocational Technical High School in Newark, Del. Over three lunch periods, the 30 students involved with the program educated hundreds of their peers on how to improve heart health by focusing on nutrition and mental health. They served samples of heart-healthy banana smoothies, hummus with pita chips and yogurt parfaits. The teens also created and administered a stress management, nutrition and physical activity trivia game with prizes for the teens swarming the exhibition tables.

"Now I read nutrition labels and eat healthier.

My family eats healthier, too. We go for walks after dinner and have started losing weight together," said one student who participated in the program.

COPP engages teens to partner with a parent or other important adult in their life to learn about cardiovascular health, gain skills to improve their health and make healthy lifestyle changes. COPP, which incorporates No Heart Left Behind (online heart health education for teen and adult participants), is facilitated in four New Castle County high schools where Christiana Care maintains wellness centers. COPP is included as part of the Camp FRESH program and has reached more than 2,000 teens and adults, and tracked more than 200 participants at Hodgson, Christiana, William Penn, and Howard high schools. ●



Medication take-back day protects people and the environment

Nearly 1 ton of unwanted and expired medications was collected for safe disposal during Christiana Care’s Medication Cabinet Clean-Out Day on April 27. Unwanted or expired medications cause thousands of accidental poisonings each year and have been detected in municipal water supplies. That’s why Christiana Care Health System encourages neighbors to bring in their expired or unwanted prescriptions, inhalers, over-the-counter pills, vitamins, pet medicines and liquid medications for proper disposal during scheduled prescription drug take-back days. This event was a joint partnership of Christiana Care Health System, the Drug Enforcement Administration and the Delaware State Police. ●



Partnering with patients and families

Robert J. Laskowski, M.D., MBA, president and CEO of Christiana Care Health System, enjoyed lunch and conversation with Wilmington Hospital’s Patient and Family Advisory Council at the University and Whist Club in Wilmington.



Dr. Laskowski talked with patient and family advisers about The Christiana Care Way and sought their feedback and advice on how to strengthen the partnerships between health care providers and patients. ●

Considerations for medication administration through enteral feeding tubes

By Ryan Green, Pharm.D.

Medication administration for hospitalized patients with enteral feeding tubes (EFT) can be complicated. There are many factors that play a role in determining whether medications are appropriate for administration via EFT, including formulation of the medication, compatibility with the tube feeding formula, and type and placement of the feeding tube (i.e., nasogastric vs. nasojejunal).¹

The most important things to consider when managing medication administration for a patient with an EFT are to prioritize goals of therapy, the importance/necessity of medication administration, and the placement of the tube. First, analyze the patient's medications and determine which medications are able to be crushed or are available in oral

liquid formulations, as these are best for EFT administration. For those medications that are not able to be crushed or are not available in oral liquid formulations, consider whether additional formulations are available for alternate delivery methods, such as parenteral, rectal, or transdermal.² If an alternate formulation is unavailable or if placement of the tube is inappropriate for proper medication delivery/absorption, consider whether the medication is necessary, and if so, an alternative medication with similar pharmacologic properties may need to be used. Selection of inappropriate medications for enteral delivery may result in clogged tubes, decreased drug absorption and effectiveness, increased potential for adverse effects or drug-formula incompatibility.¹

Guidelines for enteral medication administration ^{1,3}
Determine enteral feeding tube size, insertion site, tip location, and delivery method
Liquid dosage forms are preferred <ul style="list-style-type: none"> Elixirs/suspensions preferred over syrups If lumen diameter of tube is <12 Fr PEJ/J Tube: medication must be in elixir form and diluted with equal amount of sterile water <ul style="list-style-type: none"> Do NOT give antacids, sucralfate (Carafate®), or Metamucil® due to location of exit tip location If > 12 Fr PEG/ G Tube: may give crushed tablets Carafate® slurry or antacids should only be administered via gastric access
If solid dosage form is used, make sure it can be crushed or capsules opened Feeding tube should be flushed with 15-30 mL of water after medication delivery <ul style="list-style-type: none"> When multiple medications are administered, deliver each separately and do not mix prior to administration; flush with 5-10 mL of water between medications
Medications should not be directly mixed with enteral feeding formulas
Monitor for drug-nutrient interactions with enteral formulas <ul style="list-style-type: none"> May need to hold feeding for 1-2 hours before and/or after medication administration if absorption may be compromised

Medications that should not be given via an EFT ^{1,2}
Sustained- or extended- or delayed-release medications <ul style="list-style-type: none"> Designed to deliver medication over an extended period of time and/or to a more distal location of the GI tract Crushing alters delivery system resulting in increased or decreased absorption and may enhance incidence of adverse effects Examples are those medications that contain identifying abbreviations of SR, LA, XL, CR, CD, etc.
Enteric-coated medications <ul style="list-style-type: none"> Designed to pass through stomach intact so as to reduce GI irritation Crushing alters enteric coating and affects efficacy and increases risk for GI irritation and complications Examples: aspirin (Ecotrin®), bisacodyl (Dulcolax®), duloxetine (Cymbalta®)
Irritants and chemotherapeutic agents <ul style="list-style-type: none"> Crushing alters drug formulation and may increase risk of GI irritation and/or alters efficacy, and may be harmful to person administering medication Examples of irritants: alendronate (Fosamax®), valproic acid (Depakene®) Examples of teratogens/carcinogens: mycophenolate (Cellcept®), finasteride (Proscar®), isotretinoin (Accutane®)

CONTINUED P. 35

Medications that should not be given via an EFT^{1,2} continued

Examples of specific drug-nutrient interactions

- Phenytoin (Dilantin[®]) - administration of suspension with enteral feeds may reduce absorption by up to 70%
 - consider holding feeding around medication delivery and/or deliver doses of suspension in multiple doses (ie. bid instead of daily); monitor serum levels and patient response closely
- Warfarin (Coumadin[®]) - highly protein-bound drug that may bind to formula and reduce absorption
 - monitor INR closely and consider using feeds with lower vitamin K content; may need higher doses
- Fluoroquinolones - bioavailability may be reduced, especially of suspension which may adhere to tubing, ex: ciprofloxacin (Cipro[®])
 - consider holding feeds for 1 hour before and 2 hours after administration, crush tablets thoroughly and flush tubing adequately; utilization of parenteral route or alternative medication may be warranted if feeds cannot be stopped

Administration of medications to patients with EFTs can be quite complicated and difficult to manage. Measures should be taken to ensure appropriate medication ordering, preparation, and delivery to enterally fed patients. If questions arise on appropriateness of medication selection or administration, consultation of the hospital formulary and pharmacy services is imperative. ●

References:

- 1) Toedter, N. Medication administration through enteral feeding tubes. *Am J Health-Syst Pharm*, 2008 Dec;65: 2347-2357.
- 2) Wyman, M. Medication administration through enteral feeding tubes. *Cleveland clinic pharmacotherapy update*. 2008 May/June;11(3).
- 3) Bankhead R, Boullata J, Brantley S, et al. Medication administration. In: A.S.P.E.N. enteral nutrition practice recommendations. *JPEN J Parenter Enteral Nutr*. 2009 Mar-Apr;33(2):158-62.

FORMULARY UPDATE—APRIL 2013**FORMULARY ADDITIONS**

MEDICATION—GENERIC/BRAND NAME	STRENGTH / SIZE	USE / INDICATION	COMMENT
Sevelamer/Renvela packets	2.4 grams	Control of serum phosphorus concentration in those with dialysis-dependent chronic kidney disease	Line item extension
Treprostinil injection/Remodulin	5 mg/mL; 20-mL vial	Treatment of pulmonary hypertension	Line item extension

NEW CHRISTIANA CARE MEDICATION POLICIES**Changes in GI Lab and Joint Replacement Center designations for medication administration**

- GI Lab has been designated Level C for medication administration
- Joint Replacement Center has been designated Level B for medication administration

Droperidol injection

- Available for administration in the operating rooms as well at the emergency departments
- Continuous ECG monitoring required for 2 to 3 hours after a droperidol dose

Fomepizole/Antizol discontinuation

Pharmacists can discontinue fomepizole orders when serum methanol concentrations are < 0.01 g/dL or serum ethylene glycol concentrations are < 20 mg/dL

FORMULARY DELETIONS

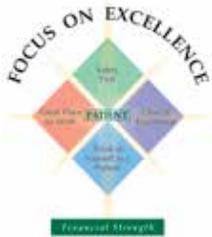
10-mL vials of nitroglycerin injection	Removed from Christiana Care Formulary because of lack of use. Other dosage forms remain available
2-mL vials of procainamide injection	Removed from Christiana Care Formulary because of lack of use. Other dosage forms remain available
Tetracycline	No longer manufactured



**CHRISTIANA CARE
HEALTH SYSTEM**

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www.christianacare.org

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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.



**The Cindy Foundation
supports Cancer
Special Needs Fund**

After Cindy DiPinto of Wilmington died of ovarian cancer in 2009, at age 43, her friends wanted to do something to honor her life and raise a little money for cancer research.

Fast forward to August 2012, and the thriving, all-volunteer Cindy Foundation for Ovarian Cancer Research has raised approximately \$80,000 to help fight ovarian cancer.

“While Cindy was getting treatment, she heard about the Cancer Special Needs Fund that helps patients with support for things like transportation for appointments, medical equipment, nutritional counseling, the purchase of prostheses, wigs, hats and scarves and so forth,” said DiPinto family friend Bud Freel.

“The foundation holds two events a year, both in Wilmington, to raise money,” Freel said. These include a 5K run in September and a guest bartender event at Catherine Rooney’s pub in March.

The foundation distributes the funds to two groups, one of which is the Graham Cancer Center’s Cancer Special Needs Fund, which received \$13,500 this year. ●

From left, Nicholas J. Petrelli, Bank of America endowed medical director of the Helen F. Graham Cancer Center; Jim DiPinto; Delaware Rep. Helen M. Keeley; Bud Freel; William Holden, vice president, Cancer Services; and Kim Gomes.