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Dawn Dockery and her 5-month-old son George visit Renee McDonough, M.D., for a checkup at Christiana Care's Concord Health Center.



Concord Health Center now open in Chadds Ford, Pa.

THE CHRISTIANA CARE WAY

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

See article on page 3.

Keisha Christian registered as one of the first patients at Christiana Care's new Concord Health Center, which opened Jan. 6 in Chadds Ford, Pa. On opening day, she came to see Raymond Carter, M.D., of Concord Medicine & Pediatrics.

The spacious building on Concord Pike at Route 202, one mile north of the Delaware state line, offers "a way for us to get closer to those we serve and to serve more of our neighbors," said Gary Ferguson, chief operating officer of Christiana Care.

"I'm often asked, 'Why Pennsylvania?' The answer is that we are not new to the Keystone State," he said, noting that nearly 10 percent of Christiana Care's patients

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live in the area, and Wilmington Hospital, which is finishing a \$210 million transformation, is just a few miles south.

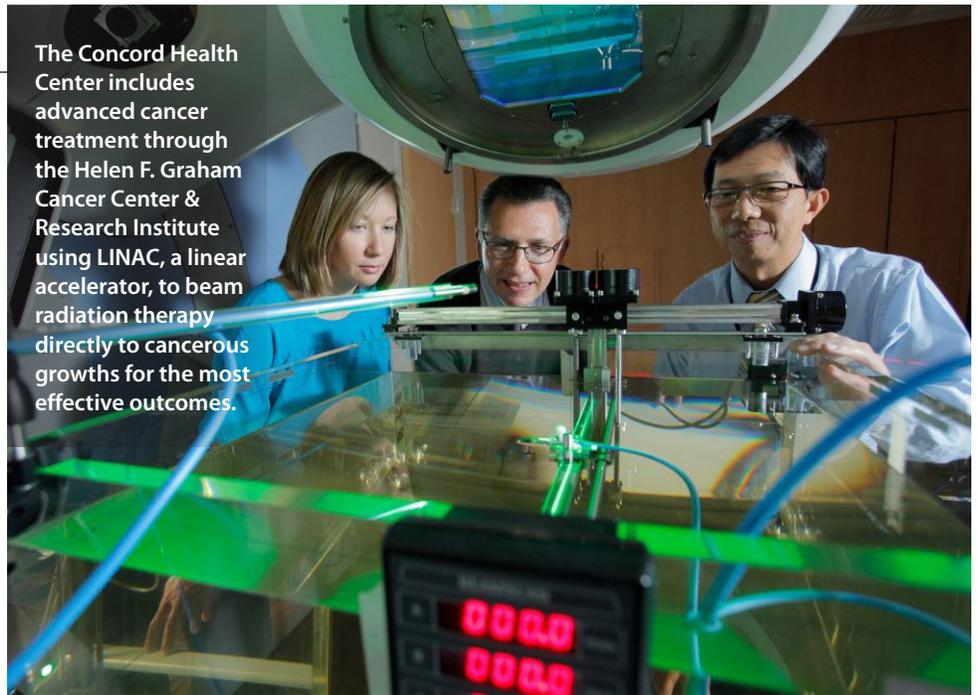
“At Christiana Care, we serve our neighbors, and we consider this part of our neighborhood,” Ferguson said. “Our philosophy is to be expert, caring partners, to help those who are sick regain their health and to help those who are well to stay well.”

Dawn Dockery and her 5-month-old son George had an appointment with Renee McDonough, M.D. Pushing George in his black-and-white stroller over the newly laid tile and carpeting at Concord Health Center, Dockery was called right back for her check-up. The staff in the primary care section cooed over George’s blue eyes as they arranged their desks and computers for the first day of business.

Upstairs in the rehabilitation suite, workers put the finishing touches on the demonstration kitchen, which will be used for occupational therapy. A physical therapist tested one of the exercise bikes, which give patients a floor-to-ceiling window view of sky and trees outside while they ride.

For the large population living near the Delaware-Pennsylvania border, Concord Health Center offers “one-stop shopping,” said Colleen P. Morrone, a member of the Delaware County (Pa.) Council.

The Concord Health Center includes advanced cancer treatment through the Helen F. Graham Cancer Center & Research Institute using LINAC, a linear accelerator, to beam radiation therapy directly to cancerous growths for the most effective outcomes.



“It’s easy to get to, and you come into one facility and get what you need,” she said.

Concord Health Center brings together under one roof: Christiana Care primary care physicians who are board certified in internal medicine and pediatric care; OB-GYN physicians; specialists in cardiology, radiation oncology, GYN oncology, dermatology and endocrinology; the region’s most trusted outpatient cancer care through Christiana Care’s Helen F. Graham Cancer Center & Research Institute; comprehensive rehabilitation services; advanced cardiovascular testing; diagnostic imaging; and walk-in laboratory testing.

“The design allows clinicians and patients to interact and to share between physical areas,” said Alan S. Greenglass, M.D., senior vice president and medical director of The Medical Group of Christiana Care and CEO of Christiana Care Quality Partners. “Our philosophy of partnering is what will make this work. The Christiana Care staff will be able to interact in a way that is as seamless as possible to our patients.”

One member of the Christiana Care staff is internist Kelly Billig-Figura, M.D., coming to the Concord Health Center with colleagues Dr. Carter and Dr. McDonough, as Concord Medicine & Pediatrics. A great advantage of Concord Health Center, she said, is “the convenience for patients of having specialists right here. Patients can schedule a flu shot on the same day they have an appointment with their cardiologist. And if we physicians have a question about something we see, we can quickly consult with a colleague specialist who is here in the building.” ●



Christiana Care physicians, nurses, leaders and staff were joined by dignitaries and members of the Chadds Ford community for a ribbon-cutting ceremony for Concord Health Center. Holding the scissors are: Christiana Care Chief Operating Officer Gary Ferguson; Patrick A. Grusenmeyer, Sc.D., FACHE, president, Christiana Care Health Initiatives and senior vice president, cancer and imaging services; William L. Holden III, MBA, vice president, cancer program; and Nicole Brown, operations practice manager.

Partnerships between nurses and physicians create value

Partnership is a key principle of The Christiana Care Way. Close, innovative partnerships among nurses and doctors improve care for patients and families. In December, Christiana Care recognized these partnerships with the Nurse-Physician Partner Awards. (To see the full list of awardees, visit <http://news.christianacare.org/2014/01/nurse-physician-partnership>.) Members of two winning teams, Jennifer F. Cormier, RN, MSN, OCN, Department of Radiation Oncology, Helen F. Graham Cancer Center & Research Institute, and Timothy J. Hennessy, M.D., of Wilmington Hospital, share their experiences:

Jennifer F. Cormier, RN, MSN, OCN, winner with radiation oncologist Adam Raben, M.D.:



Jennifer F. Cormier, RN, MSN, OCN

The best patient care and outcomes result from treating the whole patient, not just the disease. This requires more than one specific expertise — be it a doctor's or a nurse's — and comes from partnership, collaboration and communication among medical staff and with patients and their families.

Dr. Raben specializes in head and neck cancers, which require intense nursing intervention and detailed care documentation. Dr. Raben and I communicate regularly about our patients to determine whether there are additional services that will improve their care. We respect each other's insights and recognize that both of us contribute valuable information to the ultimate end goal for our patients: to help them get back to their regular lives.

Cancer care is very much a give-and-take process. Sharing information, observations and experiences makes a huge difference in outcomes for the people we serve. Dr. Raben educates his team about the most recent research and treatment protocols and works with his team to understand why we are doing what we do — and he wants our feedback.

Of course, we are lucky to be part of the Helen F. Graham Cancer Center & Research Institute, which is designed for multidisciplinary care. Our Radiation Oncology group is part of a much larger team that addresses every aspect of cancer care, from the perspective of medical specialists and supportive service providers.

Timothy J. Hennessy, M.D., winner with Frances Dailey, BSN, RN, BC, CNSC, of the Center for Advanced Joint Replacement:



Timothy J. Hennessy, M.D.

Today, to provide value to patients, teamwork among doctors and nurses is crucial.

Take, for example, the genesis of the Center for Advanced Joint Replacement's standard treatment of hyponatremia, an abnormality that yields low sodium levels in many joint-replacement patients after surgery.

Traditionally, we treated hyponatremia in a variety of ways, including adding or restricting fluid or changing medicines. Nurses' observations of this inconsistency led a team of us from different disciplines, including Frances Dailey, BSN, RN, BC, CNSC, Nadine Fiske, ANP, and nephrologist Arun Malhotra, M.D., to look for a way to safely and efficiently reverse hyponatremia before the patient becomes symptomatic.

Together, we identified an algorithm for a universal approach to addressing patterns of low sodium that lead to hyponatremia. Each time a patient's sodium level falls below 135, we give the patient protein powder to correct the issue. During our 18-month study of this approach, 82 percent of the patients receiving protein experienced a reversal of sodium levels, compared with 60 percent of patients receiving traditional treatments.

This course of care is a safe, effective and inexpensive solution to a complex problem. Nurses were instrumental in developing it. They recognized the initial problem and collected the data for a solution that has improved recovery for patients and eliminated additional costs from consultation fees, costly medications and prolonged lengths of stay associated with hyponatremia. This partnership successfully created value for patients and families, care providers and the health system. ●

Wilmington Hospital transformation continues with new OR suite



Joined by physicians, nurses, staff, leaders and many of the donors who helped to make the new facility a reality, Edmondo Robinson, M.D., MBA, physician-in-chief, Christiana Care Wilmington, cuts the ribbon to open 13 new operating rooms and more at Wilmington Hospital.

A Dec. 4 ribbon-cutting ceremony celebrated the latest completed phase in the transformation of Christiana Care's Wilmington campus. New facilities on the third floor of Wilmington Hospital include 13 operating rooms, Prep and Hold, Post-anesthesia Care Unit (PACU), a surgical waiting area, OR pharmacy, GI Lab and the Anesthesia Department.

Christiana Care administrative and clinical leaders gathered to thank donors whose gifts to Christiana Care were designated for the ORs and Perioperative Services. The donors included:

- Anesthesia Services, P.A.
- Delaware Clinical & Laboratory Physicians, P.A.
- Charles and Turner Broll.
- Conner Strong & Buckelew, a leading insurance, risk management and employee benefits brokerage and consulting firm.
- Dr. and Mrs. Brian Galinat.

In addition to the new operating rooms, an endoscopy suite adjacent to the OR suite has opened, 3 West became a new 23-hour observation unit, and Sterile

Processing moved to new space on the ground floor.

The Wilmington ORs are equipped with state-of-the-science equipment, offering patients the highest quality of care. The OR dedicated to robotic surgery is nearly 800 square feet, the largest in the health system.

Edmondo Robinson, M.D., MBA, physician-in-chief at Wilmington campus, opened the ribbon-cutting event.

"When we talk about expert and caring partners, the expertise is embodied by the people who are standing right here," Dr. Robinson said. "Patients and families are experts as well. They're experts in their own lives and their own health, and so we, as half of that partnership, pursue their expertise. The top-flight skills and cutting-edge technology on display in our new facility is impressive, but they are no more important than the role of the patients and families we serve."

Dr. Robinson's remarks were followed by comments by physician leaders, including: Gerard Fulda, M.D., FACS, FCCM, FCCP, interim chair of the Department of Surgery; Nathan A. Merriman, M.D., of Gastroenterology Associates, P.A.; Jeffrey T. Zern, M.D., of

the Christiana Care Medical Group; and Michael B. Peters, M.D., medical director of bariatric surgery.

The expansion of the OR facilities at Wilmington will eventually allow the bariatric surgery program to move from Christiana Hospital to Wilmington Hospital and allow other key surgical services to operate on the Wilmington campus.

"These exciting moves transform the surgical capabilities of the Wilmington campus so we can better serve our neighbors," said Judith Townsley, MSN, RN, CPAN, vice president of Perioperative Services. "Thanks to all employees who are truly making the transformation of the Wilmington Campus a reality."

The Wilmington campus, at 14th and Washington streets, is on the same ground where Wilmington's first homeopathic hospital opened nearly 125 years ago. Upon completion of the transformation project in 2014, the redesigned hospital will have expanded by 337,000 square feet, creating a 1 million-square-foot, state-of-the-science facility including the nine-story Carol A. Ammon South Tower, an Emergency Department double its current size, a medical office building and a café.

This extraordinary transformation, which began with construction in 2009, includes:

- An expanded 30-bed Center for Advanced Joint Replacement.
- Larger intensive- and intermediate-care units that double capacity.
- 13 larger, technologically advanced operating rooms in the new surgical suite.
- A tranquil atrium and healing garden.

Throughout the construction, Wilmington Hospital has remained fully operational, providing all services and care to patients and their loved ones. ●

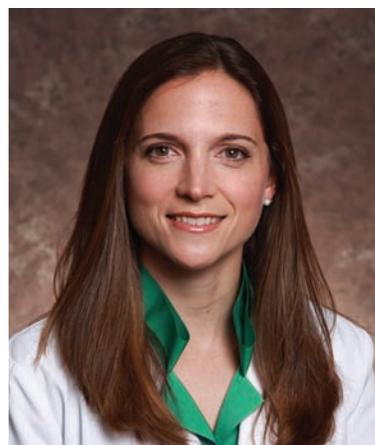
Christiana Care named Center of Excellence in Minimally Invasive Gynecology

Christiana Care Health System has earned recognition from the American Association of Gynecologic Laparoscopists and the Surgical Review Corporation as a Center of Excellence in Minimally Invasive Gynecology (COEMIG). In addition, two Christiana Care surgeons were named as COEMIG designees.

COEMIG designation requires an extensive review of a hospital's surgical facilities, operations and procedures as well as its staff's education, training and continuous quality improvement efforts. Physicians who earn COEMIG designation must meet stringent criteria based on their individual expertise.

Christiana Care surgeons named COEMIG designees are Gretchen Makai, M.D., director of minimally invasive gynecologic surgery, and Babak Vakili, M.D., director of the Center for Urogynecology and Pelvic Surgery. Three more affiliated surgeons await approval pending educational updates.

COEMIG "recognizes surgeons and facilities that demonstrate an unparalleled commitment and ability to consistently deliver safe, effective, evidence-based care. The program is structured to help minimally invasive gynecologic surgery providers continuously improve care, quality and patient safety," according to the American Association of Gynecologic Laparoscopists.



Gretchen Makai, M.D.



Babak Vakili, M.D.

"Earning this designation signifies our commitment to serve our patients as respectful, expert partners in their health," said Richard Derman, M.D., MPH, FACOG, Marie E. Pinizzotto, M.D., Endowed Chair of Obstetrics and Gynecology at Christiana Care. "The COEMIG program fosters quality improvement, and participation has focused our team on exceeding clinical benchmarks and guidelines."

Christiana Care offers a wide range of minimally invasive gynecological procedures, including hysterectomies and surgery for endometriosis, uterine fibroids, pelvic floor dysfunction and incontinence. ●



John L. Stefano, M.D.

Christiana Neonatal Associates joins The Medical Group of Christiana Care

Christiana Care Neonatal Associates has joined the Medical Group of Christiana Care.

John L. Stefano, M.D., Christiana Care's director of Neonatology, leads a team of 13 neonatologists dedicated to meeting the special needs of premature and sick newborns and providing advanced medical care to our tiniest patients in the NICU.

The specialists provide comprehensive care for premature and full-term infants with complex neonatal problems. If a condition or serious illness is found before a baby is born, the neonatologists consult with the mother-to-be, her family and her obstetrician to address the concern prior to delivery if possible, and to prepare for the high-risk birth and follow-up care.

Christiana Care Neonatal Associates is located in the Medical Arts Pavilion 1, Suite 217. ●

Christiana Care Health System again earns Exemplar status for elder care

Christiana Care Health System has earned Exemplar status for the second consecutive year for the care it provides the elderly under the national NICHE (Nurses Improving Care for Healthsystem Elders) program.

Christiana Care is the only hospital in Delaware to achieve the award and one of just 23 nationwide.

The NICHE program is the premier designation indicating a hospital's commitment to excellence in the care of patients who are 65 or older. Exemplar status recognizes Christiana Care's ongoing, high-level dedication to geriatric care and pre-eminence in the implementation and quality of systemwide interventions and initiatives that demonstrate organizational commitment to the care of older adults.

Christiana Care earned Exemplar status — the highest of four possible program levels — by undergoing a rigorous self-evaluation of the current state and future goals of its NICHE program.

The requirements include:

- Implementation of the Senior Health Resource Team model and evidence-based protocols on all applicable units, including specialty units.
- Implementation of systemic aging-sensitive policies.
- Inclusion of the input of patient, families and community-based providers in planning and implementation of NICHE initiatives.
- Assuming regional and national leadership roles.

Following NICHE guidelines, Christiana Care established the We Improve Senior Health Program (WISH) in 2001. Under the leadership of Patricia M. Curtin, M.D., FACP, CMD, medical director, and coordinator Denise Lyons, RN, MSN, GCNS, the program is a collaborative effort among nurses, physicians, pharmacists, rehabilitative therapists, social workers, dietitians and other staff to improve the care that Christiana Care delivers to senior patients in all settings.

Since the program began, Christiana Care has trained nearly 2,000 health care providers who have become members of the Senior Health Resource Team. They serve as unit-based resources to address the diverse problems of seniors who are in the hospital. Also, Christiana Care operates inpatient Acute Care for the Elderly units at Christiana Hospital and Wilmington Hospital.

"We are very proud of the WISH Program and ACE Units, and Christiana Care staff who work with us caring for our older patients," said Patricia Curtin, M.D., MPH, medical director. "Our staff is dedicated to excellent care and using guidelines and protocols that we continue to update.

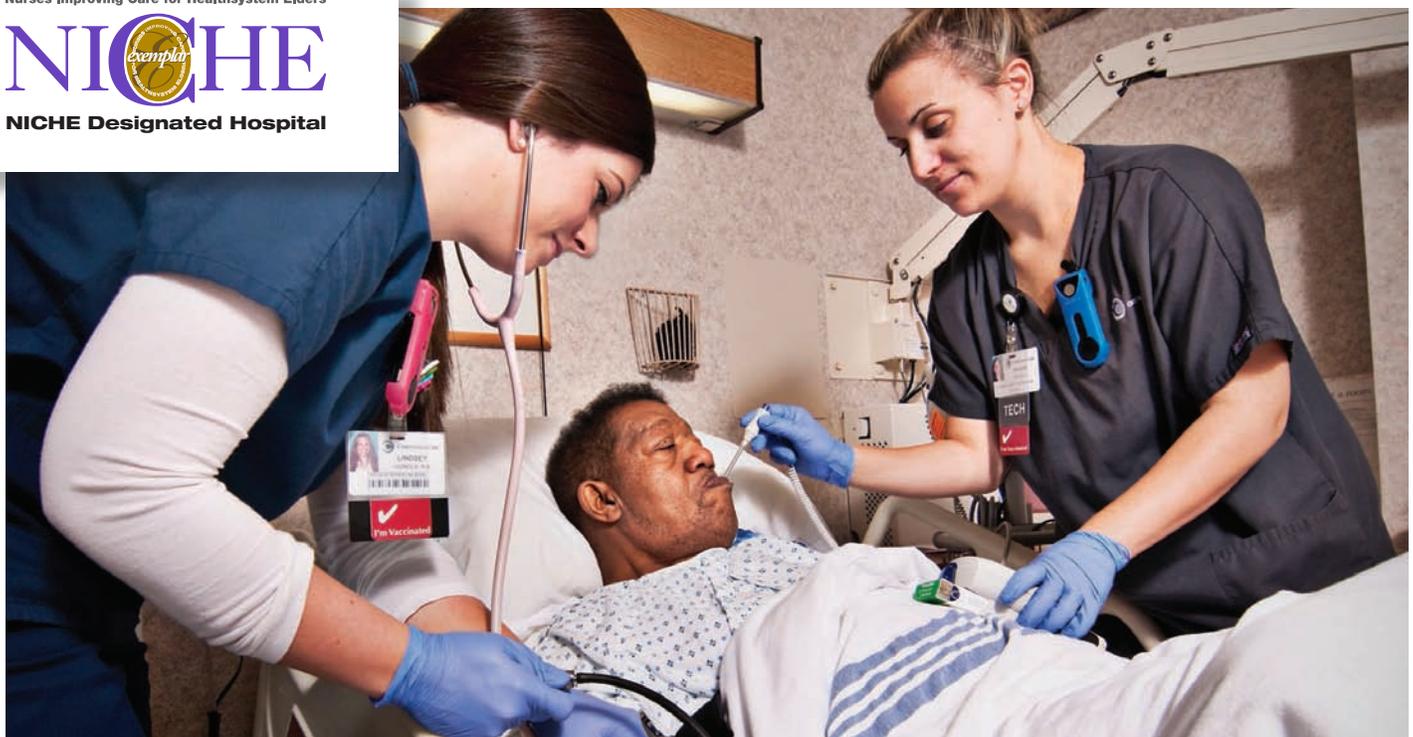
"Under the leadership of Denise Lyons, the WISH program continues to grow, and our classes continue to fill."

Last year, the NICHE program awarded Christiana Care Exemplar status, one of only eight hospitals in the U.S to receive the designation. ●

Nurses Improving Care for Healthsystem Elders



NICHE Designated Hospital



Christiana Care staff start 2014 right with health-risk assessment and biometric screening

A good way for Christiana Care employees to get a healthy start in 2014 is by taking part in Christiana Care's Biometric Screenings and Health Assessment.

"Biometric screenings provide an important overall view of your health," said Edward Goldenberg, M.D., medical director, Employee Wellness. "We encourage you to take this opportunity to be tested so you can identify health concerns early, when they are most easily and effectively addressed."

The biometric screening tests blood pressure, cholesterol and blood sugar. These simple screenings can detect such conditions as hypertension and diabetes. Knowing your numbers is the first step in improving your health through medications or changes in diet and exercise.

Through the screening, employees also learn their Body Mass Index or BMI, a measure of weight in relation to height. Healthy BMI range is 18 – 25. Anyone with a BMI over 30 is considered obese.

Biometric screenings are free and convenient for Christiana Care employees. They can complete their tests during work time. Employees can check the Caring for Yourself intranet site for times and locations, and to register for the screening and assessment.

The health assessment is an online questionnaire that helps employees to evaluate their likelihood of developing illnesses based on lifestyle and family history.

There's an added incentive for taking advantage of this opportunity. As in previous years, employees who participate in the Biometric Screenings and the Health Assessment will receive a wellness credit of \$15 for each pay period.

The data from the screenings will provide an overall picture of employee health. That knowledge will help Christiana Care to develop new ways to help employees to lead healthier lives.

The results of the screening are confidential, but if they wish, employees may share the results with their doctor.

For more information, call the HR Service Center at 302-327-5555. ●



TAKE THE LOSE FOR LIFE CHALLENGE

*It's a new year.
How about
a new you?*



Check out Christiana Care's 4th Annual Lose for Life: A Healthy Weight Challenge. This friendly competition highlights the link between consistent exercise, stress relief and weight control.

The eight-week program starts Jan. 13 and runs through March 3.

Sign up for the challenge on the Wellness Website: Caring for Yourself. It's fun and easy to log your weekly efforts, read articles about fitness and test your fitness knowledge with quizzes. Employees who complete all eight weeks are eligible for a grand prize of \$300 cash.



Partnering with patients in the fight against prostate cancer

Thomas L. Carter of Wilmington lost his father to prostate cancer. His dad was 64, the same age Carter was when he was diagnosed.

“I wanted to avoid surgery if it was at all possible, so I started doing my homework,” he said. “Thank goodness I learned about an alternative at Christiana Care.”

He sought treatment at the Helen F. Graham Cancer Center & Research Institute, which provides brachytherapy, in which tiny, radioactive seeds are implanted in the prostate.

“It’s a knockout punch to the cancer,” said Viroon Donovanik, M.D., the radiation oncologist who successfully treated Carter two years ago. Because his cancer was diagnosed in an early stage, Carter had the brachytherapy procedure and was home from the hospital within hours. He remains free of cancer.

Carter and more than 40 others gathered recently at the Graham Cancer Center for a seminar about prostate cancer that included Dr. Donovanik, Stephen Grubbs, M.D., and Bruce Benge, M.D. The event also included members of the Warriors Against Prostate Cancer, a volunteer group of men who help to raise awareness about this disease — especially among African-American men, who are at high risk of prostate cancer.

One of every six men in the United States will be diagnosed with prostate cancer at some point in his life.

Dr. Grubbs, an oncologist, said family history is a major risk factor. In particular, a faulty BRCA2 gene, which contributes to

Members of the Warriors Against Prostate Cancer and the Helen F. Graham Cancer Center Community Outreach and Education program are working together to raise awareness about prostate cancer.

breast cancer in women, can increase a man’s risk of prostate cancer by 400 percent.

Risk increases with age. Prostate cancer is most often diagnosed in men over 50, the age at which most men are first screened. By age 90, almost all men have developed some stage of prostate cancer.

Because prostate cancer usually progresses slowly, the first course of treatment is typically active surveillance. Men also are encouraged to make healthy lifestyle changes, including losing weight and eating lots of fruits and vegetables.

Dr. Benge, section chief, Urologic Surgery, talked about the latest surgical procedures for more advanced prostate cancers, including nerve-sparing operations that reduce the risk of incontinence and erectile dysfunction.

Warriors Against Prostate Cancer

Norwood “Woody” Sloan of Middletown lost his father and cousins on both sides of his family to prostate cancer. At age 60, he was diagnosed with the disease. In the fight to overcome prostate cancer in his own life, he began exercising. He learned to swim at age 69 and takes water aerobics three days a week. He also embraced a healthy diet.

“In the African-American community, everything is fried,” Sloan said. “Now, I cook with the three B’s: baked, broiled or boiled.”

Sloan didn’t stop there. His fight against prostate cancer led him to call a family meeting where he encouraged his relatives to seek genetic counseling and early screening.

“That was 22 years ago, and we haven’t had a death since,” he said.

He became an active spokesman in the Warriors Against Prostate Cancer. Since 1997, the Warriors Against Prostate Cancer have been fighting the good fight in their communities, talking man-to-man about prostate cancer, colorectal cancer and other health risks. They support men who are undergoing treatment, and they speak at churches, health fairs, reunions and other events.

Their message isn't only targeted to men.

"Women are often the ones who will get their men to the doctor for a checkup," he said.

Under the direction of the Community Health Outreach and Education Program of the Helen F. Graham Cancer Center, these volunteers are making a difference. Thanks to education, outreach and improvements in treatment, fewer men are dying from prostate cancer. Between 2005 and 2009, mortality from prostate cancer fell 35 percent in Delaware, according to the Delaware Department of Health and Social Services.

"They have worked their hearts out for more than 15 years to educate and enlighten men about this disease," said Charlene Marinelli, RN, BSN, OCN, cancer screening nurse navigator.

Charles Cadogan of Wilmington learned that he carried the faulty BRCA2 gene when he was treated for prostate cancer 11 years ago. As a Warrior, Cadogan first began educating men who gathered at his barbershop.

"I have eight children, girls and boys, and they have all undergone genetic testing," he said.

Ben Fay of North Wilmington had a heightened awareness of prostate cancer because his father died of it. Doctors began monitoring him closely when a growth was detected on his prostate during a digital rectal exam. Several years later, when he developed cancer, doctors were poised to act. He was successfully treated and has been free of cancer for 17 years.



Bruce Bengé, M.D., section chief, Urologic Surgery, talked about the latest surgical procedures for more advanced prostate cancers, including nerve-sparing operations that reduce the risk of incontinence and erectile dysfunction.

Viroon Donavanik, M.D., addresses the audience during a prostate cancer awareness seminar at the Helen F. Graham Cancer Center & Research Institute.



"By the time a man experiences symptoms, he is probably already in trouble," Fay said. "That is why screening is so important."

The Warriors focus on reaching out to African-American men. Fay, who is white, spoke to the volunteers about his experiences as a cancer survivor shortly after his treatment and has been a member ever since.

"I was so impressed by their dedication that I asked to join them," he said.

Lorenzo Murdaugh's first cousin was diagnosed with prostate cancer when he was in his 70s. In the 25 years since then, four of his cousin's five sons have developed cancer.

"It's a sneaky disease," said the New Castle man. "That is why I talk about it whenever I have an opportunity, including lodge meetings and family reunions."

Donald Lewis of Newark, who lost his father to prostate cancer, learned about the Warriors through his friend Ralph Bordley, a founding member. One of 12 children, Lewis encouraged his brothers and nephews to be screened, as well as his own son. He and his wife embraced a healthy diet. He speaks about prostate health at church events and community.

"I have always been a very shy person, but this issue has inspired me to speak out," he said. "I tell the guys not to be macho. If you want to live to see your grandchildren, get tested."

Looking for a few good men

The Warriors Against Prostate Cancer are looking for a few good men between the ages of 40 and 65 to help raise awareness about this disease. For information, call the Helen F. Graham Cancer Center & Research Institute's Community Health Outreach and Education team at 302-623-4661. ●

Christiana Care offers Delaware's first apheresis option for treating familial high cholesterol disorder



Leigh Runyan, the first patient to undergo Christiana Care's new LDL apheresis treatment, with: Edward Goldenberg, M.D., director, Preventive Cardiology; Beth Bradley, APN, ACNS-BC, clinical leader, Cardiovascular Prevention Program; and Yong Zhao, M.D., medical director, Transfusion Service.

Leigh Runyan works full-time and goes to school part-time. Every day, she lives with familial hypercholesterolemia (FH), a rare genetic disorder characterized by high levels of low-density lipoproteins (LDL), commonly known as bad cholesterol.

Every two weeks, she spends about four hours at Christiana Care's new LDL Apheresis center, the first in the Delaware area. The program — a collaboration between the Center for Heart & Vascular Health and the Ambulatory Infusion Center at Christiana Hospital — was set up to treat people with the disorder who don't respond to statins, the medication traditionally used to control FH. Runyan is the center's first patient.

"I don't have the luxury of taking an entire day twice a month to go to Philadelphia," she said. "At Christiana Care, I get expert care, the very latest in technology and a lot more convenience."

If not treated, 50 percent of people with FH develop cardiovascular disease by age 55. Many suffer a stroke or heart attack at an even younger age.

Runyan's mother was not yet 30 when she had her first open-heart surgery. Runyan, 46, was diagnosed with the disorder at age 8 when she was screened because of her family's history.

For years, she treated the disorder with statins and a heart-healthy diet. But neither approach kept her LDL levels under control.

"After seeing my mother and other people in my family have so many heart surgeries, I was determined to find a solution," she said.

Runyan's research led her to Edward M. Goldenberg, M.D., director, Preventive Cardiology, at the Center for Heart & Vascular Health, who has a special interest in lipid management.

"As it turned out, we were looking for our first LDL apheresis patient — and she found us," he said.

Apheresis is a procedure much like dialysis in which the patient's blood is removed from the body and separated so that a harmful substance can be removed.

At the infusion center, two needles are inserted into the patient's veins, one in each arm. Blood is continuously withdrawn and run through a machine that separates the plasma from the red and white blood cells. The plasma is then pumped into a LDL-adsorption column that selectively removes the bad cholesterol.

"You can actually see the blood separating from the cholesterol," said Beth Bradley, APN, ACNS-BC, clinical leader, Cardiovascular Prevention Program.

The procedure takes about four hours and is repeated every two weeks.

"It's a very safe procedure and very effective," said Yong Zhao, M.D., medical director, Transfusion Service. "Typically, we see about a 75 – 80 percent reduction in LDL."

After her first treatment, Runyan's LDL count went down 81 percent. Patients with FH that doesn't respond to medication can rely on apheresis as a long-term treatment or as a bridge until more effective medications are developed.



Kathy Hinckle, RN, BSN, MSHA, supervisor of the Ambulatory Infusion Center, starts the infusion procedure.

On her treatment days, she calls about an hour ahead so nurses can set up the machine. Christiana Hospital is the most convenient site for Runyan, who lives in Lincoln University, Pa., and studies at the University of Delaware in Newark.

"We go to great lengths to make patients comfortable, with pillows, a heating pad, a TV," said Kathy Hinckle, RN, BSN, MSHA, supervisor, Ambulatory Infusion Center. "Apheresis takes several hours, and we appreciate our patients' commitment." ●

New multidisciplinary training offers certification for perinatal loss care

Barbara Dean, RN III, NICU, and Melanie Chichester, RN III, Labor & Delivery, passed a new exam for health care professionals and are now certified in perinatal loss care (CPLC).

This program is administered through the National Board for Certification of Hospice and Palliative Nurses and is not only for nurses. Physicians, psychologists, counselors, child life specialists, social workers or chaplains also may become certified. CPLC certification validates competence and knowledge in perinatal loss care, defined by the National Board for Certification of Hospice and Palliative Nurses as working within "a health care environment to help to facilitate care of patients experiencing a pregnancy loss or infant death."

Dean and Chichester have combined experience of more than 50 years supporting families through this difficult experience.

For information about certification, visit <http://www.nbchpn.org>. ●



Melanie Chichester, RN III, and Barbara Dean, RN III.



Lean Six Sigma Green Belts poised to lead organizational change

Christiana Care President and CEO Robert J. Laskowski, M.D., MBA, congratulates Christiana Care's first Lean Six Sigma Green Belts.

The first group of graduates of a program that teaches employees to dive deep into approaches that improve patient care and create more coordinated systems of care received certification last fall as Christiana Care Health System's first Lean Six Sigma Green Belts.

Christiana Care President and CEO Robert J. Laskowski, M.D., MBA, said the Green Belt program represents "a big step in the direction of tangibly becoming a learning organization. That means folks who are not only interested, talented and passionate about what they do, but who also possess tools that help them analyze and improve what they do."

Lean Six Sigma, a customer-focused model of performance improvement that results in the elimination of waste and error rates, has a positive effect on efficiency, effectiveness and affordability of health care by changing health care delivery systems and clinical practices and improving patient outcomes, said Vernon Alders, MBA, MSW, corporate director of Organizational Excellence at Christiana Care and director of the Center for Organizational Excellence at Christiana Care's Value Institute.

"The concept of value is grounded in The Christiana Care Way, in serving the needs of our neighbors as they perceive them,"

Alders said. Organizational Excellence (formerly Operational Excellence) promotes the development and adoption of innovations that improve the overall performance of a department by reducing overuse and waste and improving quality and safety.

Sponsored in partnership with the Juran Institute, an internationally recognized quality management company, Lean Six Sigma demonstrates that by tackling problems with a set of proven tools in a defined series of steps, managers and employees can accurately identify root causes and design data-driven solutions to improve and sustain them.

"It's a wonderful opportunity for us to grow our capacity in problem-solving as an organization," said June Estock, MSN, RN, CPHQ, LBB, a senior consultant in Organizational Excellence. Estock is an expert in both Lean and Six Sigma qualified to lead, coach and mentor Green Belts.

The Green Belts' projects can be expanded to benefit the whole system, Estock said. "The beauty of this program is that we get to the root of problems. We want to be sure that when expending these resources to solve them, it's a worthwhile and meaningful investment."

“Health care delivery in America is transforming, and it’s incumbent on us at Christiana Care to be at the forefront of these changes. Ours is a culture that needs to continue to evolve in a dynamic of societal change.”

— ROBERT J. LASKOWSKI, M.D., MBA

The five-step DMAIC process — define, measure, analyze, improve and control — can be applied to almost any kind of problem. The first Green Belts at Christiana Care, under the guidance of senior leaders who serve as mentors, completed 14 projects, including finding ways to reduce food waste, shortening length of hospital stays for patients with chronic obstructive pulmonary disease, and streamlining the time required to assign medical equipment work orders.

Through the Lean Six Sigma process, “simple solutions emerge from ... understanding the root cause of the problems,” said Michael Eppheimer, MHSA, vice president, Department of Medicine, and a Green Belt champion. “So, it looks like an easy solution, but if it had been easy, it would have been done already. These problems require a deeper look.”

Participants devoted 25 percent of their work time to the projects over six to eight months. “Our vision is to have hundreds who are educated, and once their initial education is

completed, they will continue to work on organizational excellence over time,” he said.

Protected time for ongoing project work is essential, Alders said. “Nobody ever became an expert by doing something once.”

The Lean Six Sigma method promotes the belief that an analytical approach will improve care. “There is discipline that goes along with that, but also an expectation that you can back the proposed solution with data,” Dr. Laskowski said.

“Health care delivery in America is transforming, and it’s incumbent on us at Christiana Care to be at the forefront of these changes,” he said. “Ours is a culture that needs to continue to evolve in a dynamic of societal change.”

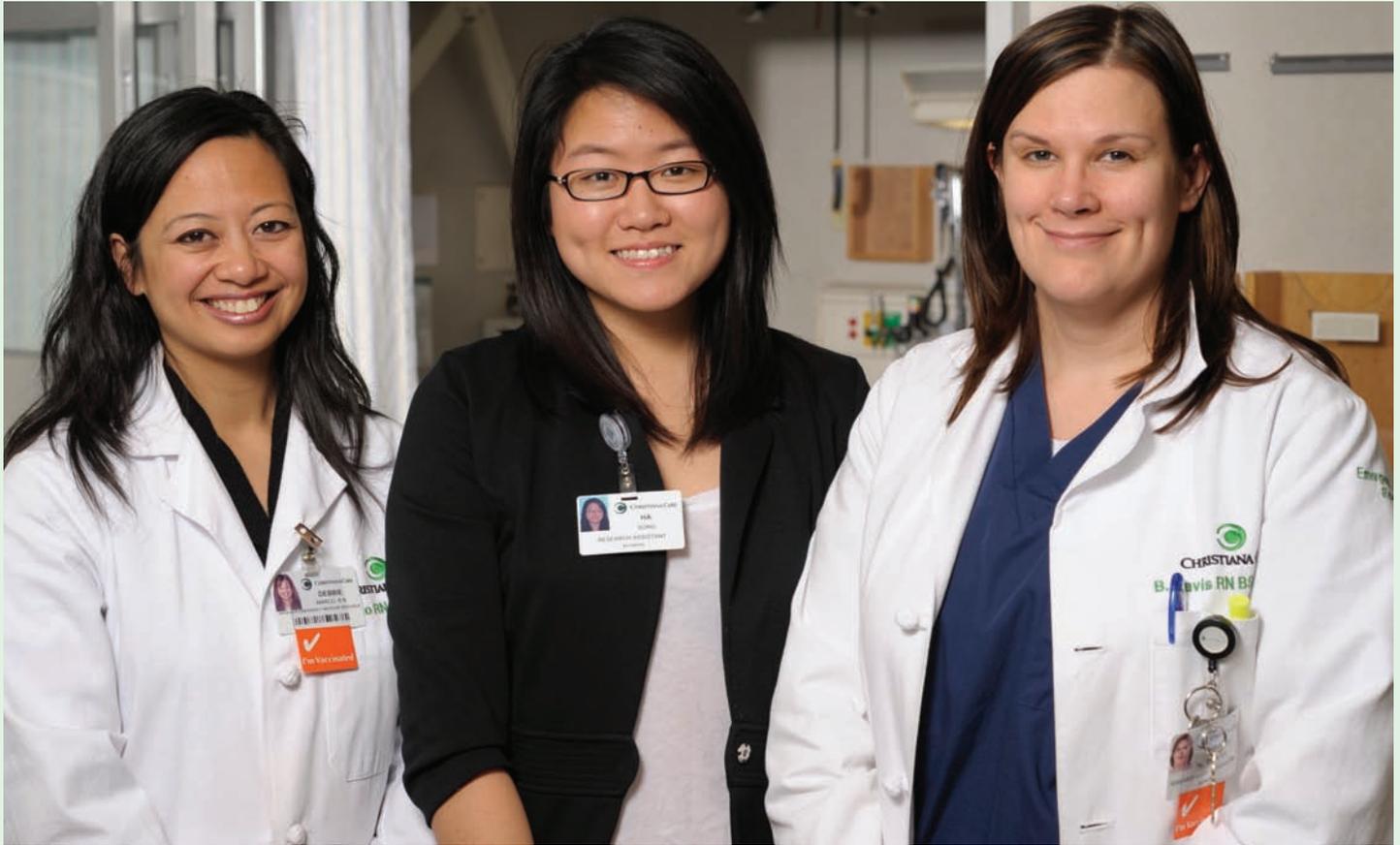
A second Green Belt class with 29 participants already has begun. ●

Sen. Tom Carper tours Middletown ED

U.S. Sen. Tom Carper toured the Middletown Emergency Department with: Gary Ferguson, chief operating officer; Patrick Fugeman, vice president, design and construction; Linda Laskowski-Jones, MS, RN, ACNS-BC, CEN, FAWM, vice president for emergency and trauma services; Heather Farley, M.D., FACEP, medical director; and Kara Streets, RN, MSN, nurse manager. ●



Program mutually benefits Value Institute Scholars and student-interns



Value Institute Scholars Intern Ha Yung Song (center), is helping EM research manager Debra R. Marco, RN, BSN, CCRC, and EM research nurse Barbara Davis, RN, BSN, survey Christiana Hospital Emergency Department patients about their experiences with their primary care physicians prior to presenting at the ED.

A new internship program at Christiana Care Health System is giving University of Delaware students hands-on experience in health care research while expanding the research capabilities of Christiana Care's Value Institute Scholars.

The Value Institute Scholars Internship Program is a partnership between Christiana Care and the new Center for Premedical and Health Profession Studies at the University of Delaware.

The internship program provides Christiana Care's 50 Value Institute Scholars with access to much-needed research assistance, while simultaneously

offering experience in a hospital to undergraduate students contemplating medical careers, said Value Institute Research Associate Jennifer Goldsack, M. Chem, M.A. (Oxon), M.S., who helped to establish the program.

"Our scholars are doing research on top of their regular caseloads because they see problems and pressing needs in their day-to-day work and are spending their evenings and weekends trying to answer questions that no one has grappled with before," Goldsack said.

"While the Value Institute can provide them with expert resources to make it feasible for them to do their research —

statisticians, data analysts, people to do study design, for example — the scholars also need help with chart reviews, patient surveys and other important, time-intensive work," she said. "That resource was missing from our armory, and this program can help fill the gap."

Ha Yung Song, one of the program's first interns, is participating in an ongoing study of Emergency Department patients with Debra R. Marco, RN, BSN, CCRC, emergency medicine research manager. They are evaluating patients' experiences with their primary care physicians prior to reporting to the emergency room. With Song's help conducting patient

Benefits open enrollment offers enhanced health benefits through Quality Partners

surveys and collecting data, the study will be expanded from Christiana Hospital to include Wilmington Hospital and the Middletown Emergency Department.

The internship program, which now has four interns working on six research projects, places a strong emphasis on making sure students get just as much as they give, Goldsack said. Value Institute Scholars must apply for interns, and that process requires them to submit a plan for training and mentoring them. The Value Institute also organizes topical workshops to further expand interns' educational opportunities.

"We want to make sure that this is a fantastic learning experience for them," she said. "We want to give our interns an excellent opportunity to see what goes on in this field they are considering."

The benefit is mutually significant, said Marco. "Ha Yung is getting exposure to a different type of research, related to health care policy, and getting exposure to a clinical setting, as well as clinical shadowing and mentoring opportunities to help her grow and decide whether this is the type of health care she wants to pursue when she graduates from UD," she said. "At the same time, having access to interns' help enables us to move forward with exciting research projects that otherwise might not be possible."

To inquire about the Value Institute Scholars Internship Program, contact Jennifer Goldsack at jgoldsack@christianacare.org or 302-733-2569. ●

Benefits open enrollment for all employees is coming this spring. Christiana Care Quality Partners will play an important role in health benefits for employees who live in Delaware and their covered dependents starting July 1.

Quality Partners is a network of primary care physicians, specialists and others within the Christiana Care network. It is a clinically integrated network in which providers and the health care system work together to keep patients healthy. It's called Quality Partners because the network focuses on quality health care that will add greater value and improve the health of individuals and the community.

Quality Partners has actively recruited community physicians to join the network to provide as much continuity of care and the least amount of disruption as possible for employees.

"We expect to have most of the working agreements finalized in coming weeks," said Doug Azar, executive director of Quality Partners.

As part of our commitment to provide value through affordable, quality care for employees, Quality Partners is working with Geisinger Health Options, an affiliate of Geisinger Health Plan, a respected not-for-profit health benefits management firm, to administer claims, and provide customer service and care management guidance.

Geisinger Health Plan, headquartered in Danville, Pa., serves approximately 460,000 members in Pennsylvania, Maine, New Jersey and West Virginia. Geisinger Health Plan is recognized nationally as a model for health care reform with documented success in innovative programs such as patient-centered medical homes.

For the first year, Christiana Care employees and covered family members who live in Delaware will obtain health coverage through the Quality Partners network. Employees who live in other states will continue coverage through Highmark Blue Cross/Blue Shield. Employees with covered family members who live out of state will receive the same high quality of care through Geisinger's regional and national network of providers.

Quality Partners offers enhanced value to both patients and Christiana Care as an employer, which, in turn, benefits employees. Some of the advantages are:

- High quality care with a focus on safe, effective, timely treatment.
- Proactive, personal care-management initiatives focused on those with chronic medical conditions.
- Enhanced coordination of care resulting in improved patient experiences and outcomes.

"The health and wellness of our employees and dependents is our primary objective," said Christopher Corbo, Christiana Care's corporate director of benefits and wellness. "Christiana Care Quality Partners will bring together the medical community to develop new models of care that are cost effective and improve health outcomes. Patients with chronic illness such as diabetes and heart disease will get the extra care they need."

Look for more information as the network develops, including a series of special benefits open enrollment newsletters mailed to employees at home. ●

Physicians forum addresses Affordable Care Act, Quality Partners



Christiana Care Chief Medical Officer Janice Nevin, M.D., MPH, fields a question at a special physicians forum on health care initiatives.

Christiana Care Health System hosted more than 70 community doctors in December for a special physicians forum on health care reform initiatives.

Christiana Care leaders and Delaware state officials spoke about statewide efforts to enroll Delawareans in the Health Insurance Marketplace, and about their partnerships in innovative health care initiatives to achieve medicine's "Triple Aim" — better health and better care at lower cost.

The Delaware Academy of Medicine and the Delaware Academy of Family Physicians co-hosted the forum.

"Our community has a long-standing history of excellence," said Janice Nevin, M.D., MPH, chief medical officer of Christiana Care. "We are here to serve our neighbors, and we want to do it in a way that is expert and caring. We know partnerships with our physician community are key for us to provide innovative, effective care for our patients."

Community physicians heard about Christiana Care's role implementing the Affordable Care Act, and many resources and opportunities to partner with the health system to care for our neighbors. The forum introduced Christiana Care's marketplace guides, specially trained employees who help patients understand and enroll in the Health Insurance Marketplace and access health services. Christiana Care has partnered with the state through Choose Health Delaware to educate the public about the Health Insurance Marketplace.

Christiana Care also is the only hospital-based health system in the region to hire marketplace guides to assist the uninsured. Marketplace guides are working throughout Christiana Care and visiting health fairs, churches, community centers and school-based health centers to educate Delawareans about how to enroll in the health insurance marketplace.

"Christiana Care is a terrific partner with us because of the way they take care of patients," said Bettina Riveros, chair of the Delaware Health Care Commission, who gave an overview of the State Innovation Model during the forum. The state of Delaware won a special grant under the Center for Medicare and Medicaid Innovation, a center created by the Affordable Care Act that provides \$1 billion in grants to health institutions that are designing initiatives to achieve medicine's Triple Aim.

"We know partnerships with our physician community are key for us to provide innovative and effective care for our patients."

JANICE NEVIN, M.D., MPH



“Christiana Care is a terrific partner with us because of the way they take care of patients.”

BETTINA RIVEROS

Doctors learned about Christiana Care Quality Partners, a clinically integrated network that brings together doctors, other health providers and Christiana Care to develop and sustain clinical initiatives to achieve the Triple Aim. Christiana Care’s nearly 11,000 employees and their dependents (a total of 18,000 covered lives) will be the first members of the Christiana Care Quality Partners network, which goes live July 2014. Alan Greenglass, M.D., medical director of The Medical Group of Christiana Care, is CEO of Christiana Care Quality Partners. Douglas Azar is executive director of Christiana Care Quality Partners.

“We want to create an infrastructure and work together with our community physicians in Delaware to achieve the Triple Aim.”

ALAN GREENGLASS, M.D

“We want to be leading health care transformation in Delaware,” Dr. Greenglass said. “We want to create an infrastructure and work together with our community physicians in Delaware to achieve the Triple Aim.”

Tim Gibbs, executive director of the Delaware Academy of Medicine, welcomed physicians to the forum, which also featured a Q&A session for community doctors to ask questions about how the Affordable Care Act will impact their patients and their practices. In addition to Dr. Nevin, Dr. Greenglass, Azar and Riveros, panelists during the forum included: Kathy Cannatelli, director, Center for Community Health & Preventive Medicine; Lauren Pendergast, program coordinator for Christiana Care’s Marketplace Guides; and Michelle Amadio, director of the state’s health insurance marketplace. The forum was moderated by Omar Khan, M.D., associate vice chair, Department of Family and Community Medicine, and medical director for the Eugene duPont Preventive Medicine & Rehabilitation Institute & Center for Community Health. ●



Adult Day Program offers a safe place to find fun, friendship



Adult Day Program Director Gayle Pennington, MS, MA, NCC, enjoys an art project with a client.

On a December morning, as temperatures dropped below 20, a dozen or so friends sat at round tables in a bright, sunny room and sipped coffee. More people arrived, some in wheelchairs, some accompanied by caregivers. A new day was under way at Christiana Care Health System's Adult Day Program in Wilmington.

On a typical day, the Adult Day Program welcomes 20-25 people from all over New Castle County, ranging in age from 48 to nearly 100. Most of them live at home with a family member or close friend and caregiver. They arrive by family car, the Christiana Care bus or a Paratransit bus. They all have cognitive or physical disabilities that would make it impossible for them to stay at home alone. For some caregivers, having a safe place for their loved one to stay during the day is what allows them to continue working.

Clients spend the day visiting with each other, enjoying recreation and lunch, receiving medical care and sometimes going on field trips to local malls and places of interest, returning home at the end of the day.

"Our approach is total acceptance of each individual, getting to know the person and having a strong relationship," said

program director Gayle Pennington, MS, MA, NCC. "We try to meet everybody's individual needs." Although the adult day program is a satellite of Christiana Care, "this kind of program can't be compared to a hospital unit," she said. "This is community-based, long-term care. We do person-centered care in partnership with the caregiver and the client. People form relationships here. It's a family." Some clients have been coming since the mid-1990s.

Cheryl Royal says her mother, Greta Carter, who is "85-plus," has been coming to the program since 1995. "It has been like her family away from home," Royal said. "She sits with her crew, and she looks forward to going there every morning ... It's the highlight of her day, telling us who did what at the program."

The staff includes Pennington, Angel Guevarez, the bus driver and activities/care assistant, and two nurses, Kelly Snyder and Faith Kamini. Services include ongoing health assessments and education, blood pressure and blood glucose checks, medication administration and lab services.

Nursing students from the University of Delaware and Wilmington University, and occupational therapy students

from Delaware Technical and Community College complete community clinical rotations at the program. Skilled volunteers lead discussions of current events, provide music and entertainment, and teach art and crafts.

For family members, the program provides peace of mind.

"I'd be very worried if he wasn't here," said Liz McLaughlin, whose brother John, 67, is mentally disabled. He lives at an assisted-living community in Wilmington and has been coming to the program every weekday for 12 years. "The nursing is very good, and they know John. They know what he needs, and they call me if anything is wrong," she said.

Betty Cole, whose husband Bob, 85, recently began attending the program daily, echoes that praise. Married for 63 years, Cole says her husband, a retired civil engineer and real estate broker, "has been the best father, the best husband and best grandfather. We were very particular where he was going to go." When Alzheimer's disease made it impossible for him to continue working, Betty Cole cared for her husband two and a half years, bringing him along to her workplace and on errands, but "it was getting too hard," she said. She resisted enrolling him in a day program, but her daughter, after much research, recommended Christiana Care.

"I'm very peaceful leaving him there," she said. "They're very kind. They take care of everyone in there — even the bus driver, the helpers, they're all so nice and polite, you feel secure. The nurses are great. We're very happy."

"This is community-based, long-term care. We do person-centered care in partnership with the caregiver and the client. People form relationships here. It's a family."

GAYLE PENNINGTON, MS, MA, NCC



In addition to the Adult Day Program, Christiana Care also offers adult day care for people with Alzheimer's disease or memory disorders at the Christiana Care Visiting Nurse Association's Evergreen Center. Daily care is available at the Evergreen Center Monday through Friday, 8 a.m. to 4:30 p.m. ●

Christiana Care and Wilmington Central YMCA partner to reduce diabetes



Michael Rosenthal, M.D., chair of the Department of Family and Community Medicine, participated in a roundtable discussion on the YMCA's nationally-recognized Diabetes

Prevention Program Dec. 20 at the Central YMCA of Delaware. Dr. Rosenthal spoke about the importance of partnering with programs that can help patients access coordinated systems of care.

"From a provider's perspective, this program aligns with what we do to serve patients at Christiana Care," Dr. Rosenthal said. "We provide and form partnerships with programs that can add value to people's lives."

Christiana Care refers many patients at high risk for diabetes to the YMCA's program, which provides a cost-effective way for patients to manage and reduce the likelihood of developing the disease and its complications. The YMCA offers a group-based program for participants, which includes 16 weekly sessions facilitated by a lifestyle coach followed up with monthly maintenance meetings.

The YMCA gives feedback to health care providers to further assist in the participants' care. Nationally, the Center for Medicare and Medicaid Innovation has awarded the YMCA a \$12 million grant to make the prevention program available at no cost to Medicare patients due to the program's initial success.

The roundtable also featured Tom Frieden, M.D., MPH, director of the Centers for Disease Control and Prevention, as well as Gov. Jack Markell, U.S. Rep. John Carney, Delaware Department of Health & Social Services Secretary Rita Landgraf, and Delaware Division of Public Health Director Karyl Rattay, M.D. U.S. Sen. Tom Carper kicked off the forum with a videotaped welcome. ●

Ethics After Work seminar examines justice in organ allocation

The process of deciding which patients in need will receive kidneys, lungs and other vital organs from donors is complicated — based on an algorithm that considers such factors as medical urgency, blood, tissue and size match, time on the waiting list and proximity to the organs at the time of donation.

But when it's your child or other loved one who needs the transplant, nothing else matters.

To discuss this dilemma, guest speakers from the Gift of Life Donor Program, our region's organ and tissue transplant network, joined Christiana Care's Ethics After Work seminar "Justice in Organ Allocation: The Case of Sarah Murnaghan," Dec. 2. at the John H. Ammon Medical Education Center.



Donna Casey, BSN, MA, RN, FABC, NE-BC, director, patient care services, and co-chair of Christiana Care's Ethics Committee, opened the session by discussing several theories of justice in organ allocation, such as:

- Consequentialist (focus on the consequences of the choice).

- Utilitarian (try to maximize the greatest good for the greatest number of people).
- Egalitarian (treat everyone equally).

"What would we not do — any of us, in a personal situation — for someone we love?" asked attorney Jan L. Weinstock, vice president for administration and general counsel for the Gift of Life Donor Program.

Weinstock and Richard Hasz, MFS, vice president for clinical services at Gift of Life, reviewed publicly known facts of the case of Sarah Murnaghan:

In December 2011, Sarah, then a 10-year-old girl from Newtown Square, Pa., with cystic fibrosis, was placed on the pediatric waiting list for a lung transplant. Because there are fewer children's donor lungs available, Sarah's parents appealed to the Organ Procurement and Transplantation Network for an exception to the policy and turned to the public with an online campaign, including a Change.org petition and a Facebook page, to enlist support for a change in the rules.

The family also filed a suit in federal court to ask that the "Under 12 Rule" be suspended for all children. This rule established a higher priority for transplants to children over age 12 for lungs donated from donors over the age of 12. It had been developed with medical, government, legal and public input in recognition of risks associated with the size difference between adults' and children's lungs and insufficient data on the outcome of lung transplantation in children.

In a hearing that did not include representatives of the United Network for Organ Sharing or Gift of Life, a judge issued a temporary restraining order to stop enforcement of the rule, calling it "discriminatory against children and (serving) no purpose." Soon afterward,



Sarah had a double lung transplant from an adult donor, which failed. She received a second transplantation, also from an adult donor, three days later. At last report, she was recovering well at home.

In this case, Weinstock said, public opinion was moved by the parents' appeal to save one child's life. "This was a very, very effective social media campaign," she said. But when it comes to organ allocation, "these are not sound-bite issues," she said.

"If you look at the facts of a single case, communicated in a persuasive way, what does that mean for all the others? What does that mean in terms of equality and justice for others?"

From a legal perspective, "to me what was troubling was that a judge substituted his judgment for the judgment of what I believe to be very skilled and well-versed medical professionals," she said.

The complexity of the process is not well understood by the public, said Hasz. Allocation policies are developed over years, with input from transplant centers, expert committees and public comment to reflect "current, state-of-the-art

thinking,” he said. “A lot of people think you’re just in a queue when you’re waiting for an organ, but organ allocation tries to incorporate a lot of principles into one system.”

The system is not a line that favors the person who has been waiting longest. Length of time on the list is used only as “the ultimate tie-breaker,” when other considerations — severity of illness, the need to minimize organ preservation time, blood-type matching and social risk factors — are equal, Hasz said.

The real issue, he said, is “how do you improve the number of patients who become donors, so we don’t have to talk about allocation?”

One effort to do that is to encourage people to designate themselves as organ donors on their drivers’ license. These registries exist in all 50 states, Washington, D.C., and Puerto Rico. Locally, the rate of donor designees is

45.67 percent in Pennsylvania, 32.69 percent in New Jersey, and 48.74 percent in Delaware.

Delaware “is closing in on the 50th percentile in terms of the number who have donor designation on their driver’s licenses,” Weinstock said. “Christiana Care has done a lot to ensure folks are given the information to understand what this is about.”

Under the best of circumstances, organ allocation poses “a dilemma, when you have scarce medical resources available,” Weinstock said. “There will be some who receive an organ and some who don’t.”

At the beginning and end of the discussion, audience members at the Ethics After Work session were asked to vote on the question “Should the secretary of Health and Human Services set aside the Under 12 rule as it relates to Sarah Murnaghan?” Before hearing about how organ allocation policies are



Richard Hasz, MFS

developed, the votes cast were split 50 – 50. Asked to vote again at the end of the session, 64 percent voted no, and 36 percent voted yes.

For more information about the Gift of Life Institute, visit www.giftoflifeinstitute.org. ●

Nominate a colleague for Jefferson Awards and Spirit of Women Awards

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

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

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

**NOMINATIONS DUE
FEB. 3!**



Spirit of
Women



Food and fellowship at annual holiday meal

The annual holiday meal for employees has been a Christiana Care tradition for decades. Christiana Care Executive Chef Andy Snapp calls it a first-class celebration.

This year's menu included mouthwatering appetizers, green and garden pasta salads, stuffed chicken with orange-cranberry dressing and a rich supreme sauce, eggplant stuffed with ricotta cheese with marinara sauce, and cheese and crackers offered to those waiting in line. A medley of vegetables, brown rice, wild mushrooms, dinner rolls, cheesecake, eggnog, cookies and Hawaiian punch candy cake rounded out the meal.

"It's a well-balanced meal that meets all the food groups," Snapp said.

Everyone shared in the bounty. Meals were served by Food and Nutrition staff and by a small army of volunteers that included Christiana Care staff and leaders. Day, evening and night shifts all were served at Christiana Hospital, while at Wilmington Hospital, day and evening shifts were served and the midnight shift received a hefty boxed meal. Altogether, 5,300 in-house meals and 1,800 boxed meals were served. That included 4,800 servings of chicken, 90 gallons of gravy, more than 1,500 pounds of vegetables and more than 1,000 pounds of pasta salad.

"Everything is made from scratch except the cheesecake and cookies," Snapp said. "And every year we learn something new to make it better and easier – even if it's something as simple as putting the to-go platters outside the cafeteria area, cutting a couple seconds off every serving.

This year's meal required two weeks of preparation by the Food and Nutrition staff.

The 2013 holiday meal was served to staff on Dec. 11. Special holiday meals are served to patients annually on Christmas and New Year's Day — this year's patient meals included rib-eye steak, ham and pineapple, Southwestern style codfish, cranberry-orange-stuffed chicken breast, roasted pork with collard greens and black-eyed peas, and pecan-crusted tilapia. ●



Christiana Care's annual holiday meal is an opportunity for staff and volunteers celebrate and give thanks together.

Santa caught on camera at Christiana Hospital

Santa Claus visited the Pediatrics and Emergency departments at Christiana Hospital on Christmas Eve, to the delight of children, some who were receiving care, others visiting or waiting for the arrival of a new baby to their family. Santa's visit was made possible by Gary Alderson, whose wife, Felisha E. Alderson, BSN, RN, CRRN, is nurse manager of the Center for Rehabilitation at Wilmington Hospital. ●



Junior Board spreads holiday cheer with gifts of poinsettias

For more than 50 years, the Junior Board of Christiana Care has presented hospitalized patients with potted poinsettias during the December holidays. It's a tradition that originated at the Wilmington General Division, formerly on South Broom Street, and flourishes still today at Christiana Hospital and Wilmington Hospital, where 600 plants were delivered personally by 12 Junior Board members. To date, the efforts have amounted to 3,600 hours of service, with 600 volunteers delivering some 30,000 plants. ●

Moms-to-be get a healthy start at Community Baby Shower

Shakeila Brown has a 3-year-old son, but as she awaited the birth of her second child, due in December, she was still learning new ways to keep a baby healthy and well.

“I did not know that babies shouldn’t have anything in their cribs,” said Brown, 26. “I also had never seen a SleepSack, which is safer than a blanket for swaddling.”

Brown and more than 100 other new moms or moms-to-be received education, support and encouragement at the Community Baby Shower, Nov. 23 at Westminster Presbyterian Church, organized by Christiana Care and funded by the Delaware Division of Public Health.

“We are here to help you have a healthy baby,” said Denise Scales, MSN, RN, nurse manager, Parent Education. “That means you should go see the doctor as soon as you think you are pregnant.”

Scales said regular prenatal care is especially important for African-American women, who are at greater risk for high blood pressure and diabetes — illnesses that contribute to premature birth.

During lunch, guests took a quiz on emotional wellness and learned the signs of postpartum depression, a condition that impacts one of every eight new mothers. They also learned the ABCs of sleep for babies: Alone in own crib; Babies on their back; Clutter-free crib; Smoke-free home.

Health ambassadors attired in bright purple shirts guided moms-to-be to information stations about nutrition, safety, mental health, safe sleep, breastfeeding and other topics.

Christiana Care leads a city-wide team of health ambassadors in partnership with Bellevue Community Center, Henrietta Johnson Medical Center and Westside Family Healthcare. Health ambassadors connect pregnant women and new



Denise Scales, MSN, RN, manager of Parent Education at Christiana Care, leads a discussion with mom-to-be about hopes and dreams for their babies.

parents to health care services and other resources, including home visitors to help families get a healthy start in life.

“Strong partnerships are essential in getting the word out to women,” said Liz O’Neill, project director, Department of Family and Community Medicine. “We want to provide education and support to every mom who needs it.”

In all, 20 organizations partnered with Christiana Care to provide education and resources that contribute to healthy babies. Participants who visited at least 10 tables were eligible for prize drawings for baby supplies, a pack-and-play and a breast pump.

Vanessa Berrios, 31, of Wilmington, was expecting twins, a boy and a girl. She was surprised to learn that the babies should always sleep in separate cribs, even when they are small. Sharing a bed with adults or other children greatly increases an infant’s risk of suffocation.

“I was glad to learn that, because I was thinking that sharing the same crib would be good for them when they are first born since they have been so close to each other in the womb,” she said.

Attendees were divided into three teams for a game of Baby Shower Jeopardy to test their knowledge of pregnancy, baby care and community resources. Among the questions:

Q: *What vitamin should you start taking if you are planning to become pregnant?*

A: Folic acid.

Q: *Breastfeeding helps to protect babies against?*

A: Infections and allergies.

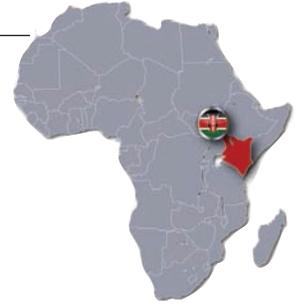
Q: *How long after you deliver should you wait to become pregnant again?*

A: 18 months.

Trincia Griffin, 23, of Wilmington, came with her 6-month-old daughter Skye and her grandmother Barbara Griffin-Todd. She isn’t planning to have another baby soon but said the education she received at a Community Baby Shower last year when she was expecting made her a better mom.

“I wasn’t planning to breastfeed, but after I learned that breastfeeding is healthier for both my baby and me, I decided to do it,” she said. “I want my daughter to grow up healthy and strong.” ●

Christiana Care supports medical mission to Kenya



Patients wait to receive care at a hospital in Kenya, where a medical mission from Delaware spent two weeks providing care.
Photo courtesy of Cynthia Geiger.

A team including more than 60 Christiana Care employees went to the African nation of Kenya in November on a two-week medical mission to serve a population where medical care is scarce.

Led by Christiana Care internist Reynold Agard, M.D., of Premiere Physicians, P.A., the team operated a hospital in Kissii County in Kenya, providing care for people whose health concerns included hernias, abnormal blood pressure, high cholesterol and vision problems.

“So many of our Christiana Care employees are committed to serving others,” Dr. Agard said. “When we see our neighbors who are in need, we want them to know that there are hands to help them. As Americans, we are fortunate that we can do this.”

During their stay, the volunteers treated about 2,500 patients. They performed 20 surgeries — largely to treat thyroid and hernia problems — and distributed nearly 3,000 pairs of glasses.

A team including more than 60 Christiana Care employees prepares to embark on a two-week medical mission to Kenya.

“Our teams worked tirelessly, from 8 a.m. until 9 p.m., and we were able to teach many of the Kenyans about blood pressure management and diabetes management,” Dr. Agard said. “The people were very appreciative and very receptive. They would try to give us whatever little they had as gifts.”

Christiana Care donated more than \$10,000 in medicine and supplies to support the trip. At a special send-off event in the John H. Ammon Medical Education Center, a Kenyan choir sang in Swahili. Gov. Jack Markell and Kenyan ambassador to the United States Jean Kamau provided messages of gratitude.

“It is humbling to see how many of you have come together to take this trip,” Gov. Markell said. “I am so inspired by what you do.”

“On behalf of the Kenyan government and the Kenyan people, I want to take this opportunity to thank you,” Ambassador Kamau said.

Dr. Agard has spearheaded several trips to developing nations to help people, largely through his role as medical director of Hands International, a nonprofit established to channel the knowledge, skills and resources of dedicated servant-leaders toward human health and development in underserved parts of the world.

The Christiana Care team included physicians, surgeons, psychologists, nurses, technologists and others.

“Many of our employees are dedicated to helping to alleviate suffering far from our home and, as an organization, we are committed to supporting these humanitarian efforts — that’s The Christiana Care Way,” said Ray Seigfried, senior vice president of Administration. ●



JAN



Helping Teens Make Intelligent Decisions

Wednesday, Jan. 29, 7-8 p.m. at the Medical Society of Delaware (MSD) Conference Center, Iron Hill Corporate Center, 900 Prides Crossing, Newark.

One in a series of free MSD public education sessions. Topics will include texting and driving, energy drinks, health risks of computer use and gun safety. RSVP to 302-366-1994 or register online at <http://www.planetreg.com/IntelligentDecisions> by Monday, Jan. 27.

FEB

Wear Red Day

Friday, Feb. 7

Area restaurants join Christiana Care to promote women's heart health and heart-healthy living. Participating restaurants will offer a free heart-healthy menu item of the restaurant's choice to dine-in patrons who are wearing something red. Tell your server that you're wearing red to celebrate Wear Red Day. Tip: Edible Arrangements, located on Kirkwood Highway, will celebrate Wear Red Day by offering a free small fruit salad.

Go Red for Women is a national campaign of the American Heart Association to promote women's heart health and heart-healthy living. Men and women who are wearing red are eligible to receive the free menu item. Visit <http://www.christianacare.org/wearredday>.

Perioperative Perspective: Latest Trends and Practices

Saturday, Feb. 8, 7 a.m. – 4 p.m.

John H. Ammon Medical Education Center.

The Professional Nurse Council presents a full-day retreat featuring Jeff Doucette, DNP, RN, CEN, FACHE, NEA-BC, vice president of patient care services and chief nurse executive at Bon Secours Mary Immaculate Hospital in Newport News, Va., speaking on "The Magnet

Journey: Creating a Culture That Inspires." Registration includes four lecture sessions led by nurses, physicians and pharmacists, plus breakfast and lunch. To request a brochure, call Starr Fields at 302-733-2701. Registration is via the Education Center. For more information e-mail Wanda Jenkins, wjenkins@christianacare.org.

Health Insurance Enrollment Blitz

Wednesday, Feb. 12, 4 – 7:30 p.m., Wilmington Hospital main lobby.

Christiana Care's 12 marketplace guides are working to educate as many uninsured Delawareans as possible about their insurance options through the Affordable Care Act between now and March 31, when enrollment for the 2014 plan year ends. The guides have counseled more than 5,000 Delawareans about their health insurance options and are holding enrollment blitzes open to the public in the Wilmington Hospital lobby.

Additional Health Insurance Enrollment Blitz events include:

- **Feb. 25, 4 - 7:30 p.m.** at Wilmington Hospital campus.
- **March 12, 4 - 7:30 p.m.** at Wilmington Hospital campus.
- **March 25, 4 - 7:30 p.m.** at Wilmington Hospital campus.

For more information, call 302-320-6586.

Heart Month Community Lecture

Thursday, Feb. 20, 7p.m.

John H. Ammon Medical Education Center.

Arm yourself with the knowledge you need to live a long and healthy life, starting with your heart. Our panel of experts will discuss heart health, and prevention of cardiovascular disease and stroke.

Speakers: Elisabeth Bradley, RN, APN, clinical leader, Cardiovascular Prevention Program; Mary Ciechanowski, RN, APN, stroke advanced practice nurse; Edward Goldenberg, M.D., FACC, director, preventive cardiology; Jonathan Raser-Schramm, M.D., Ph. D., medical director, Stroke Treatment and Recovery Unit.

To register, call 302-623-2273 or visit <http://www.christianacare.org/heartlecture>.





25th Annual Update in Cardiology

Saturday, March 1,
7:55 a.m. – 4 p.m., John H. Ammon
Medical Education Center.

Registration and exhibits begin
at 7:30 a.m. Register online at
[http://cchs.cloud-cme.com/
cardiology2014](http://cchs.cloud-cme.com/cardiology2014).

18th Annual Diabetes Update

Saturday, March 8, 8 a.m. – 4 p.m.,
John H. Ammon Medical
Education Center.

Advanced registration required;
visit [http://cchs.cloud-cme.com/
diabetes2014](http://cchs.cloud-cme.com/diabetes2014).

Dance Your Heart Out

Thursday, March 20, 4:30 – 8 p.m.,
Chase Center on the Riverfront,
815 Justison St., Wilmington.

Get moving; get healthy! Take steps
toward a healthier life. Register at
[http://www.christianacare.org/
lectures](http://www.christianacare.org/lectures).

Perinatal Palliative Care Conference

March 21, 7:50 a.m. – 4:20 p.m.,
John H. Ammon Medical
Education Center.

Learn about providing holistic
palliative care for families whose
unborn or critically ill infants have
limited life expectancy. Register at
[http://cchs.cloud-cme.com/
palliativecare2014](http://cchs.cloud-cme.com/palliativecare2014) if paying by
check. Contact [aperrin@
christianacare.org](mailto:aperrin@christianacare.org) to pay by
credit card.

Advanced Practice Nurse Pharmacology Conference

Friday, March 28, 7:30 a.m. –
4:30 p.m., John H. Ammon
Medical Education Center.

Learn about pharmacologic
management for treatment of
diseases with a focus on
acute care, neonatology,
primary care, psychiatry and
women's health. Register at
[http://www.christianacare.org/
apnpharmacologyupdate](http://www.christianacare.org/apnpharmacologyupdate).



Neurovascular Symposium

Friday, April 11, 7:30 a.m. – 4:14 p.m.
John H. Ammon Medical Education Center.

Register online at [http://cchs.cloud-cme.com/
neurovascular2014](http://cchs.cloud-cme.com/neurovascular2014).

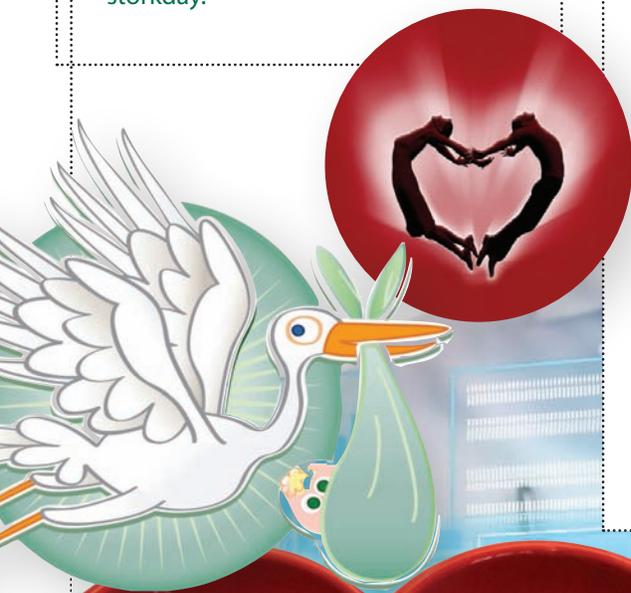
FEB

4th Annual STORK Day Conference:

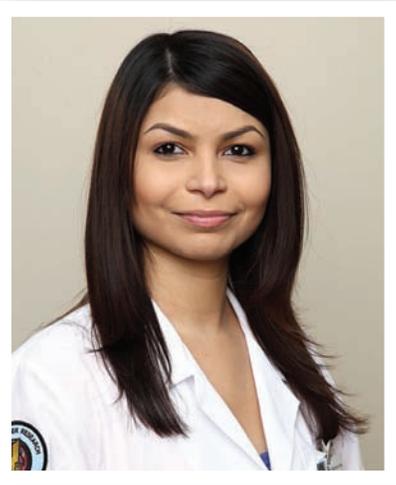
An Educational Opportunity for
Sharing topics of Research &
Knowledge

Friday, Feb. 21, 7 a.m. – 4 p.m.,
John H. Ammon Medical
Education Center.

To register, call 302-733-4888 or visit
[http://www.christianacare.org/
storkday](http://www.christianacare.org/storkday).



Swati Pradhan-Bhatt, Ph.D., appointed director of tissue engineering at Center for Translational Cancer Research



Swati Pradhan-Bhatt, Ph.D.

Swati Pradhan-Bhatt, Ph.D., senior research scientist at the Center for Translational Cancer Research (CTCR) at the Helen F. Graham Cancer Center & Research Institute, has been appointed the CTCR's first director of tissue engineering.

"This new directorship recognizes Dr. Pradhan-Bhatt for her developing national reputation as a researcher in tissue engineering," said Nicholas J. Petrelli, M.D., Bank of America endowed medical director of the Helen F. Graham Cancer Center & Research Institute. Working with Robert Witt, M.D., an otolaryngological and head and neck surgeon, "she is on the cusp of discoveries that will help advance our goal of eradicating cancer," he said.

Much has been written and reported about Dr. Witt's research on engineering salivary glands to help relieve the debilitating lack of saliva in patients who have undergone radiation treatments for throat cancer. While that research continues, he and Dr. Pradhan-Bhatt already are imagining future tissue-engineering possibilities.

"Moving forward, we would like to work on engineering other tissues, such as the thyroid gland to restore normal endocrine function in patients suffering from hypo/hyperthyroidism and the lacrimal (tear) glands, which, like salivary glands, are sometimes destroyed by radiation therapy, substantially diminishing a patient's quality of life," Dr. Pradhan-Bhatt said.

She will soon begin work on a skin tissue-engineering project, a contract from L'Oreal Paris, to generate artificial skin equivalents. "The project involves the engineering of the eccrine and apocrine glands, which are missing components of the current artificial skin models, benefitting patients with severe burn injuries," she said.

Dr. Witt predicts that in the next 30 years, it will be possible for all organs to be recreated in the lab and used to treat human suffering. "We feel that establishing a directorship in tissue engineering will play a role in this evolution," he said.

For his current research, Dr. Witt procures normal salivary gland tissue from his surgical patients. "It is normal excised tissue that would have been discarded by the pathologist," Dr. Pradhan-Bhatt said.

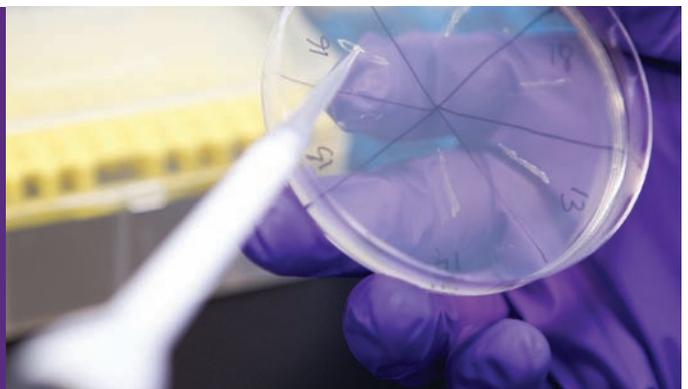
From there, the process is to try to regenerate the patient's salivary-gland tissue by isolating the cells that are capable of recreating the gland and enriching the population of these "progenitor" cells. Once the scientists have the cells they need, they encapsulate the cells in a hydrogel scaffold — "basically a polymer that retains water," said Dr. Pradhan-Bhatt.

"For two to three years, finding the right kind of biocompatible matrix with just the right mechanical properties was our challenge," she said. "But we found one. We are now beginning to identify the correct growth factors and extracellular matrix peptides needed for these cells to differentiate into functional and organized glandular structures."

Dr. Pradhan-Bhatt's appointment as director of tissue engineering is an example of how the Helen F. Graham Cancer Center & Research Institute is ahead of the curve on the path to improve bench-to-bedside, cancer-related care through scientific research, Dr. Petrelli said. ●

"This new directorship recognizes Dr. Pradhan-Bhatt for her developing national reputation as a researcher in tissue engineering."

—NICHOLAS J. PETRELLI, M.D.



Publications

Lindsay Ashkenase, M.D., Beth

Greenwood, M.D., "One Minute Learner – Establishing Goals and Expectations for a Successful Teaching Session." Delaware Family Doctors Journal. October 2013.

Rachel Barney, M.D., Jamie Gellock, D.O., Mary Stephens, M.D., Deborah Conslini, M.D., "Morning Report: Altered Mental Status in a Young Child." Delaware Family Doctors Journal. October 2013.

Mark D. Cipolle, M.D., Ph.D., FACS, FCCM. "Management of Bleeding and Reversal Strategies for Oral Anticoagulants: Clinical Practice Considerations." American Society of Health-System Pharmacists. November 2013.

Kristopher Fayock, M.D., "Top 10 Clinical Pearls: Return to Play After a Concussion." Delaware Family Doctors Journal. October 2013.

James Gill, M.D., MPH, "The Patient Centered Medical Home: A Promising Model for Improving Quality, Reducing Costs and Restoring Joy in Primary Care." Delaware Family Doctors Journal. October 2013.

Eric V. Jackson Jr., M.D., MBA, et al., "Cerebrovascular Autoregulation and Neurologic Injury in Neonatal Hypoxic-ischemic Encephalopathy." Pediatric Research. November 2013.

Rebecca Jaffe, M.D., MPH, "Family Medicine Has a Champion – YOU!" Delaware Family Doctors Journal. October 2013.

Bryn Nolan, M.D., "Olivia Sheetz Wins 4th Place in National Tar Wars Poster Contest." Delaware Family Doctors Journal. October 2013.

Margot Savoy, M.D., "Say Yes to DAFP!" Delaware Family Doctors Journal. October 2013.

Michael J. Schiff, D.D.S., Daniel J. Meara, M.D., D.M.D., MS. "Myositis Ossificans of the Temporalis Muscle: Case Report and Review of the Literature." Journal of Oral and Maxillofacial Surgery. November 2013.

Anthony Sciscione, D.O., Casey Bedder, M.D., Mathew K. Hoffman, M.D., MPH, et

al., "The Timing of Adverse Events With Foley Catheter Preinduction Cervical Ripening; Implications for Outpatient Use." American Journal of Perinatology. December 2013.

Anthony Sciscione, D.O., et al., "Adverse Pregnancy Outcomes Among Women With Prior Spontaneous or Induced Abortions," for the Eunice Kennedy Shriver National Institute of Child Health and Human Development Maternal-Fetal Medicine Units Network. American Journal of Perinatology. December 2013.

Anthony Sciscione, D.O., et al., "Haptoglobin Phenotype and Abnormal Uterine Artery Doppler in a Racially Diverse Cohort," for the Eunice Kennedy Shriver National Institute of Child Health and Human Development Maternal-Fetal Medicine Units Network. Journal of Maternal-Fetal Neonatal Medicine. December 2013.

Seema S. Sonnad, Ph.D., Jennifer C. Goldsack, MChem, MA (Oxon), MS, et al., "Recommendations for the Design of Phase 3 Pharmaceutical Trials That Are More Informative for Patients, Clinicians and Payers." Contemporary Clinical Trials. November 2013.

Glen H. Tinkoff, M.D., et al., "American Association for the Surgery of Trauma Prevention Committee Topical Overview: National Trauma Data Bank, Geographic Information Systems and Teaching Injury Prevention." American Journal of Surgery. November 2013.

Presentations

At the American Heart Association, Scientific Sessions, November, Dallas, Texas, Nov. 16 – 20:

- **Zugui Zhang, Ph.D., Paul G. Kolm, Ph.D., William S. Weintraub, M.D.**, "Risk Factors of 30-Day Readmission for Patients Undergoing Revascularization: Results for ASCERT" and "Cost-Effectiveness of CABG vs. PCI for Treatment of Multivessel Coronary Disease Among Diabetes Patients: A Secondary Analysis for ASCERT."
- **Daniel J. Elliott, M.D., MCSE, Vishal Patel, M.D., Paul G. Kolm, Ph.D., James R. Bowen, Roger Kerzner, M.D.,**

Claudine T. Jurkovitz, M.D., MPH, William S. Weintraub, M.D., "Sub-optimal Longitudinal Risk Factor Control Following Coronary Revascularization in a Community Setting"

At the American Public Health Association Annual Meeting, November, Boston, Mass., Nov. 2 – 6:

- **Kristin Maiden, Ph.D., Jacqueline Ortiz, Claudia Acero, Deborah B. Ehrenthal, M.D., FACP, et al.**, "Language Needs and Health Literacy for Post-Partum Mothers."
- **Kristin Maiden, Ph.D., Jacqueline Ortiz, Olivia Murphy, Deborah B. Ehrenthal, M.D., FACP, et al.**, "Hospital Staff Use of Interpreter Services for Patients with Limited English Proficiency."
- **Kristin Maiden, Ph.D., Stephanie Rogers, RN, Deborah B. Ehrenthal, M.D., FACP, et al.**, "Health Care of Women Before, During and After a Pregnancy Complicated by Gestational Diabetes or Hypertension."
- **Heather Bittner Fagan, M.D., FAAFP, MPH, Nora C. Katurakes, RN, MSN, OCN**, "A Randomized Controlled Trial of Tailored Navigation and Standard Intervention in Colorectal Cancer Screening."

At the North American Primary Care Research Group Annual Meeting, November, Ottawa, Ontario, Canada, Nov. 9 – 13:

- **James R. Bowen, Heath Bittner Fagan, M.D., FAAFP, MPH, Eric V. Jackson Jr., M.D., MBA, Claudine T. Jurkovitz, M.D., MPH, Brian M. Rahmer, MS, CHES, Zugui Zhang, Ph.D.**, "Super-Users and Insurance Status."
- **Heather Bittner Fagan, M.D., FAAFP, MPH, Nora C. Katurakes, RN, MSN, OCN, et al.**, "A Randomized Controlled Trial of Tailored Navigation and Standard Intervention in Colorectal Cancer Screening."

At the American Academy of Family Medicine Global Health Conference, October, Baltimore, Md.:

- **Omar Khan, M.D., Lisa Maxwell, M.D., Rachel Barney M.D., Novneet Sahu M.D.**, "Developing a Global Health Track in a Family Medicine Residency."

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- **Heather Bittner Fagan, M.D., MPH, Brian Stello, M.D., Christopher V. Chambers, M.D., Melanie B. Johnson, MPA, Geoffrey Mills, M.D., Ph.D., Michael Rosenthal, M.D.,** "Genomics in Primary Care."
- **Lauren Foy, D.O.,** "How Do Medical Students Feel About Sex? Tailoring a Reproductive Health Curriculum Based on Medical Student Attitudes, Beliefs & Knowledge."
- **Omar Khan M.D., Anna Doubeni M.D., Fadya El Rayess, M.D., Douglas Collins, M.D., Marc Debay, M.D.,** "The 5 Ws of Global Health Curricula Development: Different Strokes for Different Folks."

At the 32nd Annual FMEC Northeast Region Meeting, November, Philadelphia:

- **Lisa Maxwell, M.D., Erin Kavanaugh, M.D., Elise Attardo, D.O.,** "From the ED to Inpatient: Improving the Safety and Efficacy of an Interdepartmental Handoff Process."
- **Margot Savoy, M.D., MPH, FFAFP, CPE, et al.,** "Teaching with Emotional Intelligence: Engaging Learners, Developing Competencies."
- **Erin Kavanaugh M.D., Lisa Maxwell M.D., Elise Attardo D.O.** "Moving Forward With Multidisciplinary Rounds."
- **Heather Bittner Fagan, M.D., Elise Hogan, M.D.,** "Implementing Resident Curriculum and Service-Learning Experiences Which Lead to the Integration of Primary Care and Public Health," a workshop.
- **Mary Stephens, M.D., Kathy Cannatelli, MS, Brian Rahmer, Ph.D., Michael Rosenthal, M.D.** "Integrated Care Program Development with Community Partners: Process, Evaluation," a workshop.
- **Jamie J. Gellock, D.O., MPH, et al.,** poster presentation, "Interventions for Adolescent Obesity."
- **Erin Kavanaugh, M.D., Bridget Remel, BSN, RN-BC, CCRN, Lindsey Heidenreich D.O., Novneet Sahu, M.D.,** poster presentation, "Breaking Barriers, Building Teams: An Interprofessional Approach to Rapid Response Team Training."

- **Elise Attardo, D.O., Beth Greenwood, M.D.,** poster presentation, "Teaching Physicians in the 21st Century: The Role of Hosting Podcasts in Medical Education."
- **Jiadi Cook, M.D.,** poster presentation, "A Pilot Study Reveals that Outreach Specifically Aimed at the Chinese Population in an Urban Setting May Increase Rates of Cancer Screening in the Population."

At the Reproductive Health Conference, September, Denver, Colo.:

- **Lauren Foy, D.O.,** poster presentation, "How Do Medical Students Feel About Sex? Tailoring a Reproductive Health Curriculum Based on Medical Student Attitudes, Beliefs and Knowledge."
- **Martha Coppage-Lawrence, RN, CPNP, Katherine Leckel, LPCMH, Kay McLean-Grant, RN, CPNP, Mary Stephens, M.D., MPH,** roundtable discussion, "Utilizing Motivational Interviewing in School-Based Centers to Promote Healthy Behaviors in Adolescents."

Abstracts accepted for presentation at the North American Society for Pediatric and Adolescent Gynecology conference in Philadelphia, April 2014:

- **Toni Picerno, D.O., Erin Smith, M.D.,** "Glioma Causing Secondary Amenorrhea and Headaches."
- **Vrunda Patel, M.D.,** "Severe Hyperandrogenism in a Morbidly Obese Adolescent with Primary Amenorrhea and Gallstones."
- **Gwen Grant, D.O.,** "Primary Amenorrhea in a Young Woman with Goldenhar Syndrome."
- **Siobhan McCarty-Singleton, M.D.,** "False Positive Rapid HIV Assays in Two Adolescents with Newly-Diagnosed Autoimmune Disorders."

Dale Gregore, MS CCC SLP, Janet Sechrist M.A., CCC-SLP, "Virtual Simulation Training for Clinical Competence In Fiberoptic Endoscopic Evaluation of Swallow (FEES)," and "The Use of Therapeutic Modalities in Treating Post Radiation Fibrosis: A Case Review." American Speech Language Hearing Association, October, Chicago, Ill.

Dale Gregore, MS CCC SLP, "Occupational Dysphonia." Delaware Speech and Hearing Association, October.

Dale Gregore, MS CCC SLP, "Sports Respiration, Exercise Induced Asthma and VCD in College Athletes: The Survey Says ..." American Speech Language Hearing Association, October, Chicago, Ill.

Claudine T. Jurkovitz, M.D., MPH, Paul G. Kolm, Ph.D., Daniel J. Elliott, M.D., MCSE, James R. Bowen, William S. Weintraub, M.D., "Decrease of Glomerular Filtration Rate at 30-day Readmission After Percutaneous Coronary Intervention." American Society of Nephrology Annual Meeting, November 2013, Atlanta, Ga.

Deborah Ottenthal M.S., CCC-SLP, Kristen Palmer, M.A., CCC-SLP, Janet Sechrist M.A., CCC-SLP, "Dysphagia Across the Life Span: Pediatrics to Adults," Delaware Speech and Hearing Association, June.

Stephen A. Pearlman, M.D., MSHQS, "Lean for the Neonatologist," December Hot Topics in Neonatology meeting, Washington, D.C.

Bradley Sandella, D.O., Bradley Bley, D.O., Nora Walstrum, M.A., CCC-SLP, presented on concussions as part of Christiana Care's Community Rehabilitation Services Lecture Series in September.

Kimberly D. Williams, MPH, "Physicians preferentially seek information for clinical decisions from colleagues versus other sources." Poster at Annual Society for Medical Decision Making Meeting, October, Baltimore, Md.

Adam Raben, M.D., "The Role of Radiation Therapy in the Management of Resected Pancreas Cancer," University of California-San Francisco, December.

Margot Waitz, D.O., "Eating Disorders in Adolescents," "Adolescent Substance Abuse," and "Addiction in College Athletes. American College of Osteopathic Pediatricians, October, Las Vegas, Nev.

Gregory Masters, M.D., presents comparison trial findings from stage III lung cancer treatment study



Gregory Masters, M.D.

Medical oncologist Gregory A. Masters, M.D., presented findings to an international audience in Sydney, Australia, in October showing that the drug cetuximab in combination with standard chemoradiotherapy offered no survival benefit for patients with stage IIIA and stage IIIB non-small-cell lung cancer.

The Helen F. Graham Cancer Center & Research Institute is a participating site in the drug trial, under the aegis of the Radiation Therapy Oncology Group, a national clinical cooperative group funded by the National Cancer Institute. This trial, RTOG 0617, a randomized, phase III comparison trial, originally was designed to compare high- and standard-dose radiotherapy, each in concert with standard chemotherapy. Results from that part of the study, showing no advantage with increased radiation dose, were presented at the annual meeting of the American Society of Clinical Oncology in May 2013.

Researchers expanded the trial based on data from other studies that suggested promising results in treating head and neck and colon cancer with the monoclonal antibody cetuximab, brand name Erbitux. In addition, cetuximab had shown some survival benefit in previous studies in combination with chemotherapy in patients with more advanced lung cancer.

The Radiation Therapy Oncology Group designed this trial to also test the role of cetuximab with chemoradiotherapy.

“If a drug shows an effect in stage IV cancer patients, where you may only improve survival by a few months, hopefully you can then translate that into more cures for earlier-stage patients,” Dr. Masters said.

Based on data from RTOG 0617, he said that cetuximab appeared to be associated with an increase in therapy-related toxicities among RTOG 0617 patients.

Furthermore, he said, regarding the addition of cetuximab to standard chemoradiotherapy for stage III lung cancer patients in RTOG 0617, “we saw more toxicity, and we didn’t show any beneficial treatment effect, at least in the overall population.”

Radiation Therapy Oncology Group received support from Bristol-Myers Squibb and Eli Lilly for this study. ●

Appointments

Robert Dressler, M.D., MBA, vice chair of the Department of Medicine, has been appointed to Delaware Hospice Board of Trustees.

Daniel J. Meara, M.D., D.M.D., was inducted as a fellow of the American College of Surgeons.

Chief Medical Officer **Janice Nevin, M.D., MPH**, has been appointed to serve on the Association of American Medical College’s Advisory Panel on Health Care.

Margot Savoy, M.D.:

- Alternate AAFP Liaison to ACIP and AAFP representative on the ACIP HPV and Smallpox work groups.
- Joined the AAFP Commission on Health of the Public and Science.

The Professional Advancement Council announced the following new RN III nurses:

- November 2013: **George Potts, 2C**, **Margaret Roth, SCCC**, **Sharon Kilby, 3B/3C/4B**, and **Alyssa Zuka, 6S SD** Wilmington.
- December 2013: **Debra G. Watson**, Wilmington ED; **Jessica Dickerson**, TCU; **Helen E. Harrison, 6A**; **Mary Susan MacCord**, Wilmington ED; **Paula M. Fasano**, Wilmington ED; **Elizabeth Street, 5A**; **Jaclyn M. Mills, 5B**; **Erin M. Hennessy**, Christiana ED; **Andrea Beccaria, SCCC**; **Adam Whitlock**, Christiana ED; and **Lynn Renee Mayes, 6A**.

Awards

Mike Eppheimer, MHSA, vice president, **Medicine**, and **Stephanie H. Guarino, M.D.**, Christiana Care medical resident, were 2013 graduating fellows of Leadership Delaware Inc., an organization devoted to recruiting and mentoring outstanding young Delawareans who have the capacity, desire and courage to excel at community, nonprofit, political, professional and corporate leadership within Delaware. Eppheimer delivered the invocation at the graduation event Dec. 4 at Wilmington Country Club. ●

Janice Nevin, M.D., delivers keynote at DE Today Women in Business event

Janice Nevin, M.D., MPH, chief medical officer at Christiana Care, delivered a rousing keynote address on leadership during Delaware Today’s annual Women in Business luncheon at the Chase Center on the Riverfront. The annual pre-holiday event celebrates the business achievements of women in the First State.

Addressing an audience of more than 500 leaders in Delaware’s business community, Dr. Nevin said that she is inspired by the resiliency of the patients she has treated throughout her career and how that resiliency has helped her better serve her neighbors as an expert, caring, partner in their health.

One story she shared involved a patient – “Mr. B” – a poor, uneducated man whom she cared for during her final year of residency. Over the next several months, Dr. Nevin worked with Mr. B to improve his blood pressure levels and improve his health. Unfortunately, an imaging study revealed that Mr. B had untreatable kidney cancer. They had developed a special bond, and she dreaded giving him the bad news.

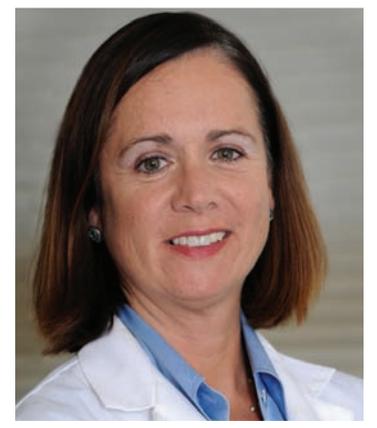
“We sat together in the exam room, and I slowly and carefully described the findings and the implications — cancer, no treatment,” she said. “As I got to the end of what was likely a stilted explanation, Mr. B reached out, took my hand in his, and

looked at me straight in the eye and said, ‘Dr. Nevin, I know you done everything you could do — you are going to be all right?’

“Me? I thought I was supposed to be comforting him. This was a moment of great clarity and profound humility ... It is a lesson I will never forget.”

Dr. Nevin has been a trailblazer throughout her life, starting as a member of the inaugural co-education class at St. Andrew’s School in Middletown. She graduated from Harvard University in 1981 and received her doctorate in medicine with honors from Jefferson Medical College in 1987. She became Christiana Care’s first female chief medical officer in 2011. Dr. Nevin is one of only a few female chief medical officers nationwide.

The Women in Business luncheon was emceed by Tracy Davidson of NBC10. ●

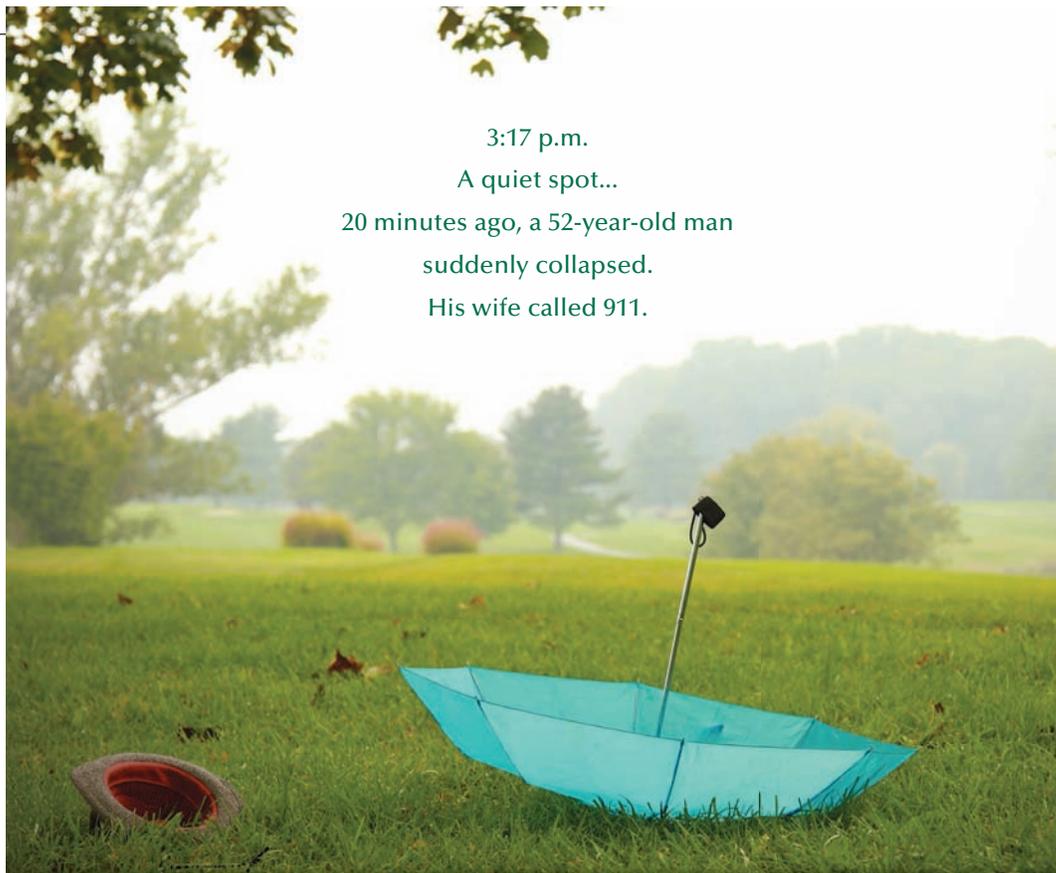


Janice Nevin, M.D.

U.S. Rep. John Carney honored for partnership in reducing cancer disparities



Joined by Stephen S. Grubbs, M.D., Nicholas Petrelli, M.D., FACS, Bank of America Endowed Medical Director of the Helen F. Graham Cancer Center & Research Institute, presented U.S. Rep. John Carney with a plaque commemorating the highlighted article by Dr. Grubbs, Rep. Carney and Nora Katurakes, RN, MSN, OCN, manager of the Community Health Outreach & Education, published in the April issue of the Journal of Clinical Oncology. Titled “Eliminating Racial Disparities in Colorectal Cancer in the Real World: It Took a Village”, the article describes Delaware’s successful efforts to eliminate the racial disparity in colon cancer between African Americans and whites. ●



3:17 p.m.
 A quiet spot...
 20 minutes ago, a 52-year-old man
 suddenly collapsed.
 His wife called 911.

Was it a stroke? A brain aneurysm? His wife didn't know. But she knew what to do: call 911 and get to Christiana Hospital. No one in the region is more qualified and ready to treat her husband's emergency than the neurovascular specialists at Christiana Care. They have the experience and state-of-the-art technology to save his life and his brain function. This exceptional care is only minutes away—at Christiana Care.



CHRISTIANA CARE
 HEALTH SYSTEM

Center for Heart & Vascular Health

800-693-CARE (2273)



Certified Primary Stroke Center

13HRTC16

For more information visit christianacare.org/neurointerventionalsurgery.

Center for Heart & Vascular Health print advertisements earn laurels

Christiana Care Health System earned Gold and Silver Awards in the 2013 League of American Communications Professionals (LACP) Spotlight Awards competition. Christiana Care's advertisement for NeuroInterventional Surgery featuring a park setting won a 2013 Gold LACP Spotlight Award. A second ad showing neurointerventional surgeons Barbara Albani, M.D., Sudhakar Satti, M.D., and Gregg Zoarski, M.D., won a Silver LACP Spotlight Award. This peer-judged global competition received more than 1,500 entries representing a dozen countries.

The park-themed ad also won a 2013 Silver Cardiovascular Advertising Award. This national competition recognizes outstanding advertising materials in cardiac and vascular services. Entries in this competition were judged by health care marketing experts on: creativity, layout and design, typography, production, quality and overall effectiveness.

Both ads were created under the direction of Peggy Mika, director, Marketing Communications, and Jennifer Johnston, MA, APR, senior Marketing Communications manager. ●

Tigecycline: Black Box Warning – All Cause Mortality

By Lauren Karel, Pharm.D.

In light of increased safety concerns associated with tigecycline, the Christiana Care Pharmacy and Therapeutics committee has now restricted prescribing of this agent to infectious diseases physicians only.¹ Tigecycline (Tygacil®) is a broad spectrum antibiotic derived from tetracycline and is available only as an intravenous formulation.² This agent has in vitro bacteriostatic activity against a variety of aerobic and anaerobic organisms, including methicillin-resistant *Staphylococcus aureus* (MRSA), vancomycin-resistant enterococcus (VRE), *Acinetobacter baumannii*, and *Bacteroides spp.* Despite its broad spectrum of activity, tigecycline is only FDA-approved for the treatment of complicated intraabdominal infections (cIAI), complicated skin and skin structure infections (cSSSI), and community-acquired bacterial pneumonia (CABP) caused by susceptible organisms. Furthermore, tigecycline is extensively distributed into tissues and may not achieve desired serum concentrations for the treatment of primary bacteremia. Tigecycline also undergoes minimal renal excretion, and is, therefore, not ideal for treating urinary tract infections due to poor bladder concentrations.

In September 2013, the FDA updated the labeling of tigecycline to include a new black box warning for increased risk of death versus comparator antibiotics in the treatment of various infections.³ This warning was based on multiple analyses, including a 2010 FDA review of 13 clinical trials for tigecycline use in both FDA-approved and unapproved indications.⁴ This review showed that there was a greater rate of mortality in patients treated with tigecycline (4.0%) as compared with alternative antibiotics (3.0%), with an adjusted risk difference of 0.6% (95% CI 0.1-1.2%). This difference in mortality, which was also confirmed in a recent study from Pfizer, was most notable in patients treated for ventilator-associated pneumonia (VAP).^{4,5} A second 2013 FDA review of 10 clinical trials for only approved tigecycline indications also found a higher risk of

death in patients treated with tigecycline (2.5%) versus alternative antibiotics (1.8%), with an adjusted risk difference of 0.6% (95% CI 0.0-1.2%).³ It was concluded from both FDA analyses that most of the deaths were related to progression of the underlying infection, complications from the infection, or other concomitant medical conditions.^{3,4}

In summary, the role of tigecycline for the treatment of bacterial infections is limited. Although active against some multidrug-resistant organisms, the pharmacokinetic properties and safety risk should be considered before using this antibiotic. Interestingly, upon further analysis in the Pfizer study, a higher mortality rate was observed for patients with VAP plus baseline bacteremia treated with tigecycline.⁵ Tigecycline was also found to be non-inferior in clinical trials for diabetic foot infections and hospital acquired pneumonia, but there are several alternative agents that could be used for these indications.^{2,5} With the new FDA black box warning of increased mortality, tigecycline should therefore be used with caution when there are no therapeutic alternatives. ●

References:

1. CCHS Formulary. Available from: Lexi-Drugs Online™, Hudson, OH: Lexi-Comp, Inc.; Accessed November 15, 2013.
2. Tygacil® [package insert]. Philadelphia, PA: Wyeth Pharmaceuticals Inc; 2013.
3. U.S. Food and Drug Administration. FDA Drug Safety Communication: FDA warns of increased risk of death with IV antibacterial Tygacil (tigecycline) and approves new Boxed Warning. Available from: <http://www.fda.gov/Drugs/DrugSafety/ucm369580.htm>. Published September 27, 2013. Accessed October 16, 2013.
4. U.S. Food and Drug Administration. FDA Drug Safety Communication: Increased risk of death with Tygacil (tigecycline) compared to other antibiotics used to treat similar infections. Available from: <http://www.fda.gov/Drugs/DrugSafety/ucm224370.htm>. Published September 1, 2010. Accessed October 16, 2013.
5. McGovern PC, Wible M, El-Tahtawy A, Biswas P, Meyer RD. All-cause mortality imbalance in the tigecycline phase 3 and 4 clinical trials. *Int J Antimicrob Agents*. 2013; 41: 463-7.

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FORMULARY UPDATE—DECEMBER 2013

THERAPEUTIC INTERCHANGE

Medication – Generic/Brand Name Strength/Size

ACE Inhibitor Interchange

- Benazepril daily dose → Lisinopril at ½ the benazepril daily dose, e.g. benazepril 20 mg daily → Lisinopril 10 mg daily
- Fosinopril daily dose → Lisinopril at same daily dose
- Moexipril 3.75 mg daily → Lisinopril 2.5 mg daily
- Moexipril 7.5 mg daily → Lisinopril 5 mg daily
- Moexipril 11.25 mg daily → Lisinopril 10 mg daily
- Moexipril 15 mg daily → Lisinopril 20 mg daily
- Moexipril 22.5 mg daily → Lisinopril 30 mg daily
- Moexipril 30 mg daily → Lisinopril 40 mg daily
- Perindopril 2 mg daily → Lisinopril 2.5 mg daily
- Perindopril 4 mg daily → Lisinopril 5 mg daily
- Perindopril 6 mg daily → Lisinopril 10 mg daily
- Perindopril 8 mg daily → Lisinopril 20 mg daily
- Perindopril 12 mg daily → Lisinopril 30 mg daily
- Perindopril 16 mg daily → Lisinopril 40 mg daily
- Quinapril daily dose → Lisinopril at ½ the quinapril daily dose, e.g. quinapril 20 mg daily → Lisinopril 10 mg daily
- Ramipril daily dose → Lisinopril at 2x the ramipril daily dose, e.g. ramipril 2.5 mg daily → Lisinopril 5 mg daily
- Trandolapril daily dose → Lisinopril at 5x the trandolapril daily dose, e.g. 2 mg trandolapril daily → Lisinopril 10 mg daily

Ophthalmic Prostaglandin Analogues Interchange

- Bimatoprost 0.01% → Latanoprost 0.005% at the same dose and frequency
- Travoprost 0.004% → Latanoprost 0.005% at the same dose and frequency
- Exception: prescriber believes bimatoprost or travoprost is medically necessary for a specific patient

NEW CHRISTIANA CARE MEDICATION POLICY

Additions to Christiana Care high-alert medication list Apixaban, dabigatran and rivaroxaban.

FORMULARY DELETIONS

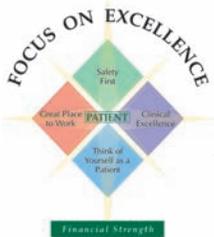
Benazepril	See ACE inhibitor interchange above
Bimatoprost ophthalmic solution	See ophthalmic prostaglandin analogues interchange above
Ergotamine-caffeine tablets / Cafergot	Unavailable currently
Ganciclovir capsules	No longer manufactured
Homatropine 2% ophthalmic solution	No longer manufactured
Quinapril	See ACE inhibitor interchange above
Ramipril	See ACE inhibitor interchange above
Trandolapril	See ACE inhibitor interchange above
Travoprost ophthalmic solution	See ophthalmic prostaglandin analogues interchange above



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01.01.14
4:02 a.m.

Baby New Year. Born Jan. 1 at 4:02 a.m., Madelyn Jaime-Campuzano was the first baby born at Christiana Hospital in the new year. Her parents, Marilu Campuzano-Bahena and Angel Jaime Contreras, received a gift basket donated by Zeta Phi Beta Sorority Inc., Epsilon Rho Zeta Chapter.

