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

Ethel Cherrix, who has Alzheimer's disease, with Argene J. Harper, activity director at Christiana Care's Evergreen Center, which provides Alzheimer's day care.



## Christiana Care partners with Delaware to support families affected by Alzheimer's disease

Gov. Jack Markell unveiled the State of Delaware's new plan to address the growing incidence of Alzheimer's disease in Delaware at a news conference in February at Christiana Care's Swank Memory Care Center.

"I want to thank everyone at the Swank Memory Care Center for their work in helping families affected by Alzheimer's disease," Gov. Markell said. "With Delaware's fast-growing aging population, it is extremely important that the state increase and improve our ability to support individuals dealing with the burden of Alzheimer's disease, and partners like the Swank Memory Care Center are crucial to our overall success."

CONTINUED

The Swank Memory Care Center is Delaware's first comprehensive outpatient practice for patients and their families who cope with memory disorders such as Alzheimer's, which is an incurable, degenerative brain disease that causes a slow decline in memory, thinking and behavior. Individuals with Alzheimer's eventually lose the ability to carry on a conversation and respond to their environment.

"We opened this center because of our promise to our patients: to serve as expert, caring partners in their health, providing services that our neighbors value," said Michael Rosenthal, M.D., chair of the Department of Family & Community Medicine at Christiana Care, which oversees the Swank Memory Care Center in Wilmington.

Patricia M. Curtin, M.D., FACP, CMD, chief of Geriatric Medicine, was part of a task force co-chaired by the Delaware Division of Services for Aging and Adults with Physical Disabilities and the local chapter of the Alzheimer's Association that crafted the state plan. David Simpson, M.D., is medical director of the Swank Memory Care Center.



Delaware Gov. Jack Markell greets Lanny Edelson, M.D., of Christiana Care Neurology Specialists.

The state plan outlines five goals:

- Increase the awareness and understanding of Alzheimer's disease and related disorders.
- Bring focused attention to the development of long-term care services for people with Alzheimer's disease.
- Strengthen support for caregivers.
- Improve the capacity of Delaware's workforce to respond to the needs of individuals with Alzheimer's disease.
- Increase Delaware's capacity for Alzheimer's disease research and data collection.

These goals fold into Christiana Care's efforts to create partnerships with its neighbors, said Dr. Curtin, also director of clinical strategy and community affairs for the Swank Memory Care Center and medical director of the Acute Care for the Elderly (ACE) Unit.

In 2010, 14,000 Delawareans age 65 and older were living with Alzheimer's disease, and an additional 12,000 people were living with younger-onset Alzheimer's disease or related dementias, according to the Alzheimer's Association. By 2025, an estimated 16,000 Delawareans will be living with Alzheimer's.

Wilmington resident Patricia Mulrooney shared the story of the struggles she faced when her mother, Ethel Cherrix, began suffering from Alzheimer's disease. She lauded the support her family receives from the Swank Center and the day program at the Visiting Nurse Association's Evergreen Alzheimer's Day Center.

"I am so grateful for Christiana Care's staff, who I found to be a great fit for my mother, myself and our family," Mulrooney said. ●



At the news conference announcing the new statewide Alzheimer's plan: Bill Love, director of Delaware Division of Services for Aging and Adults with Physical Disabilities; Michael Rosenthal, M.D., Christiana Care's chair of the Department of Family & Community Medicine; Mary Beth Transue, senior social worker; David A. Simpson, M.D., medical director of Christiana Care's Swank Memory Care Center; Rita Landgraf, secretary of Delaware's Department of Health & Social Services; Patricia M. Curtin, M.D., chief of Geriatric Medicine; and Katie E. Macklin, executive director of the Alzheimer's Association Delaware Valley Chapter. Caregivers Charlie and Patricia Mulrooney are seated in front.

## Dear Colleagues,

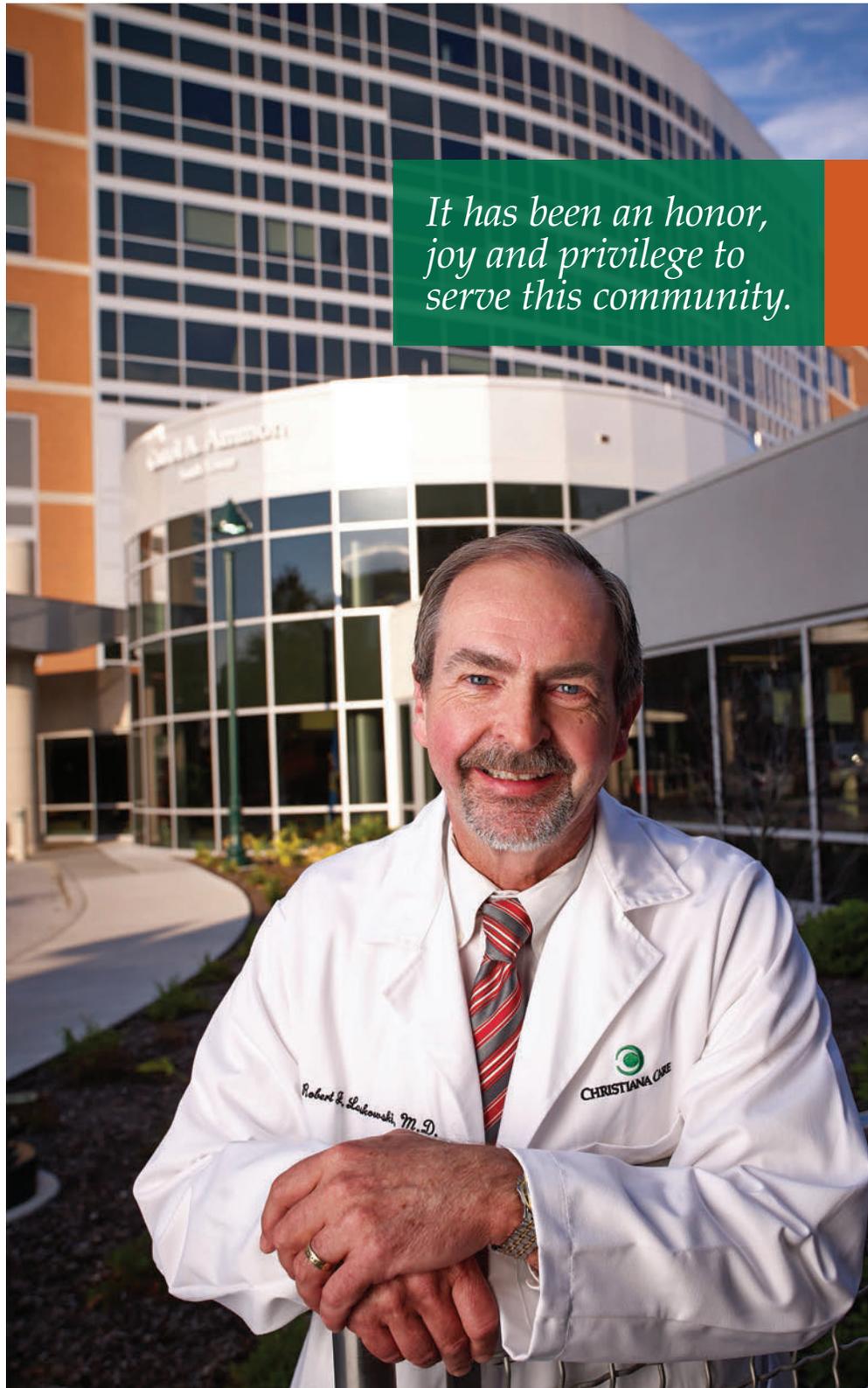
Leading Christiana Care and collaborating with the board, physicians, trustees, Junior Board, volunteers, leadership team — and all of you — has been among the most gratifying experiences of my professional career. It has been an honor, joy and privilege to serve this community.

I have always believed a leader is only as effective as the team he or she has to work with. Our successes have been based in large measure on your commitment to servant leadership. It is you who make Christiana Care the valued community resource it has become.

After 11 gratifying and fulfilling years serving our neighbors and working with an exceptional leadership team, I have decided to retire from Christiana Care in December of this year. I am ready to begin a new chapter in my professional and personal life. I am eager to teach, write, and become more involved in public policy and service. I am looking forward to spending more time with my wife Kathy, our children and grandchildren.

There is much more to accomplish. It is not only the right time for me to retire — it is the right time for Christiana Care to continue our journey of transformation with a new leader. It is through your commitment that our community will continue to benefit. I have every confidence in the Christiana Care Board and our leadership team to make this transition one of continued transformation and creating greater value.

Thank you for the opportunity to serve and for all you have done to advance The Christiana Care Way.

Robert J. Laskowski, M.D., MBA | President and CEO

## Patient Navigator Program helps patients stay healthy at home



Announcing the launch of the ACC Patient Navigator Program at Christiana Care: Robert J. Laskowski, M.D., MBA, Christiana Care president and CEO; Shal Jacobovitz, CEO of American College of Cardiology; William Weintraub, M.D., chief of cardiology and director of the Christiana Care Center for Outcomes Research; Diane Sullivan, vice president of managed markets for AstraZeneca; and Tim Gardner, M.D., executive director of the Christiana Care Value Institute and medical director of the Center for Heart & Vascular Health.

Christiana Care is one of 15 hospitals nationwide selected by the American College of Cardiology to participate in a new Patient Navigator Program, which is designed to keep patients healthy at home after discharge from the hospital.

“You see the word ‘partner’ highlighted during this event, and that is a key word in The Christiana Care Way,” said Robert J. Laskowski, M.D., Christiana Care president and CEO, during the Feb. 19 news conference launching the new program. “That is a word that guides us every day, and today we’re grateful to partner with the American College of Cardiology and AstraZeneca and be part of their excellent work.” AstraZeneca is the founding sponsor of the American College of Cardiology Patient Navigator Program.

The Patient Navigator Program supports patients who are at increased risk for re-admission by helping them to overcome challenges during their hospital stay and

in the weeks following discharge. A team of caregivers partners with patients to help them understand their health condition, care plan and medications, and how to use community resources. The program supports a culture of patient-centered care at Christiana Care that serves as a model for other hospitals.

“The Patient Navigator Program helps us advance our efforts to provide innovative systems of care that our neighbors value,” said Tim Gardner, M.D., executive director of the Christiana Care Value Institute and medical director of the Center for Heart & Vascular Health. “We have the opportunity through this program to provide patients with the support and guidance they need when they are discharged so they can remain in their homes with their family and can focus on recuperating.”

Nationally, nearly 1 in 5 patients hospitalized following a heart attack and 1 in 4 patients hospitalized with heart failure are readmitted within 30 days of dis-

charge, often for conditions seemingly unrelated to the original diagnosis. Readmissions can be related to weakness and physical frailty upon discharge, lack of understanding of discharge instructions and an inability of the patient alone to follow discharge instructions.

“We want our neighbors to be able to stay home and get the resources they need to stay healthy,” said William Weintraub, M.D., chief of cardiology and director for the Christiana Care Value Institute’s Center for Outcomes Research. “We are honored that the American College of Cardiology selected Christiana Care for this program and are tremendously grateful to AstraZeneca for funding it.”

Christiana Care was selected because of its commitment to quality, as demonstrated by participation in the National Cardiovascular Data Registry and Hospital to Home program. An additional 20 hospitals are slated to join the program by the end of 2015. ●

## Multitasking isn't part of a good patient experience

By David A. Paul, M.D., interim chair, Department of Pediatrics



Everyone who works in the health system is busy. Everyone has a job to do. There are patients who need tests, floors to be washed, medications to be given, meals to be served.

With so many paths crossing, it isn't surprising that interruptions are a daily occurrence. Sometimes, courtesy gets lost in the swirl.

Being polite and mindful of others goes far beyond etiquette. It isn't enough to provide our neighbors with expert care. We promise to be respectful, caring partners in their health. It's The Christiana Care Way.

That means working together to create the courteous and thoughtful care experience we would want for ourselves or a loved one.

When we are at home in our beds, people don't come in and take our blood pressure or press our tummies or empty the trash can. If anyone comes into the room, it's someone we know well and trust.

In the hospital, it's different. While it's familiar territory for us because we work in the health care system, the hospital is a radical change in environment for most patients. People suddenly appear to change the bed or give a pill — sometimes at the same time.

While we have many jobs to do, patients have only one: getting well. They should not be expected to multitask, juggling a conversation with a doctor while deciding whether to order beef or turkey for dinner.

By focusing on one task at a time we show respect to both patients and coworkers.

Being mindful of courtesy does not have to be complicated. It starts with a knock on the door and a respectful question. Is it OK to talk now? May I help you to shower? I see you are working with your therapist. Should I come back later?

Courtesy doesn't cost anything. There's no technology involved. It is beautiful in its simplicity and offers tremendous value to both patients and employees.

We know that having an opportunity to share ideas and concerns is important to patients. As individuals, each patient is unique, with his or her own feelings. Some patients prefer to talk with their doctors when their loved ones are visiting. Others prefer to talk in private.

But when there are several people performing different tasks in the same room, it's difficult for patients to speak freely.

They might feel shy asking questions about sensitive topics. Or they might be distracted by the various activities going on and have difficulty understanding the information the nurse, doctor or therapist is providing about their care.

As a pediatrician, there have been times when I have had to give families bad news. It is never an easy conversation.

It is even more difficult when there are interruptions.

The same is true whenever any of us is trying to do a job. When we approach our jobs with courtesy, we give one another the time and space to do our best.

If I come in to a patient's room and I see that someone is drawing blood, I am going to wait until the phlebotomist is done doing her job before I talk to the patient. And if the phlebotomist arrives while the patient is getting a sponge bath, the phlebotomist can circle back.

There is no hierarchy in treating patients and colleagues with respect. After all, we are all part of a very large team.

Is it convenient for us to adapt our routines to show respect for patients and coworkers? Not always. But allowing patients and the people who care for them to concentrate on the task at hand benefits everyone in the long run.

Are there exceptions? Of course. An emergency requires immediate action. And there are times when there is a genuine time crunch. If a patient is heading to the operating room in five minutes and the nurse is putting in an IV, it's appropriate to have a brief chat with the patient while the nurse is working.

How we support one another in treating patients with politeness and respect reflects on our work as partners in care. Courtesy is good for patients and good for coworkers. ●

## Community health libraries provide information hub for patients and families



Social workers, nutritionists, nurses and other members of the care team frequently refer patients and their families to the libraries for education and resources, and sometimes just as a quiet place to decompress.

As she battled adrenal and thyroid cancer, Georgia Jones of Wilmington turned to yoga and meditation at the Helen F. Graham Cancer Center & Research Institute to manage her fear.

To practice those relaxation techniques at home, Jones took out books and CDs from the Junior Board Cancer Resource Library.

Located on the first floor of the center's east wing, the library has many resources, including computers for checking e-mail, DVD players for watching educational videos, medical newsletters, exercise and movement DVDs, children's books and popular movies, and art and journaling opportunities.

The library in the Graham Cancer Center is one of three Christiana Care community health libraries. The others are the Health Library at Wilmington, on the first floor of Wilmington Hospital (1N69), and the Gail P. Gill Community Health

Library in the John H. Ammon Medical Education Center at Christiana Hospital.

Many people come to the libraries looking for information about a new diagnosis. The library staff can help them find current consumer health resources. They can also guide people to resources written in Spanish and other languages.

"The resources are fantastic, and those on staff are eager to help you learn what you need to know to understand your illness," said Jones, who likes that the libraries offer a quiet space with tables and comfortable chairs.

Community Health Librarian Ellen M. Justice, MLIS, AHIP, says the libraries had 4,125 visitors in the last fiscal year (July 2012 to June 2013). She's working to raise awareness about the libraries so that more people will know they are invited to browse or approach a librarian with a request.

"We know good sources to turn to for information and how to meet patients where they are," Justice said.

Anyone can sign up for a library card and borrow materials from the community health libraries. The libraries have an extensive collection of health resources, and they also offer materials for entertainment and relaxation.

Last year there were 5,479 items checked out of the libraries and 152 health care packets supplied. Many of the health care packets were mailed to people who called in. Some people do not have computers, and for them the library can be a lifeline of vital information.

The community health libraries are patient- and family-centered places where lots of hugs are given, as the libraries are sometimes a first stop when patients learn about a diagnosis, said Barbara Henry, MLS, AHIP, Christiana Care's director of Medical Libraries.

"A family may be feeling torn apart, and it's important to have empathy when they come in trying to understand an illness," Henry said. "The goal is to accept people right where they are."

In one case an intensive-care nurse asked the librarians to find for a family a large chart showing the workings of the heart. This was so the family would understand the importance of the procedure and grant consent, Henry said.

**Christiana Care has three community health libraries: at the Helen F. Graham Cancer Center & Research Institute, at Wilmington Hospital and in the John H. Ammon Medical Education Center at Christiana Hospital.**

She also remembers a Virginia woman who came to Christiana Care after her brother was in an almost-fatal car accident. During the weeks of his recovery, the woman telecommuted to work each day on a library computer.

"She needed the resources of the library because she did not have a laptop," she said.

Oncology dietitian Elena Schumacher, RD, often refers patients to the libraries, especially if cancer treatments create special needs because of radiation or chemotherapy. For example, a patient with trouble swallowing can benefit from a book such as the "Easy-to-Swallow, Easy-to-Chew Cookbook" by Paula Sullivan, one of many cookbooks in the library collection.

Senior Social Worker Carmela Longobardi, MSW, suggests that families visit the libraries for a break in their daily efforts to help a loved one battling a serious illness. She says the libraries are a haven where people can decompress and pick up materials on everything from meditation to coping with grief.



Georgia Jones and librarian Ellen Justice chat during one of Jones' many visits to the Junior Board Cancer Resource Library at the Helen F. Graham Cancer Center & Research Institute.

"When my mother was diagnosed with lung cancer, I used the library to guide me into an appropriate participation in her illness," Longobardi said.

Among the most popular areas of the library are the nutrition, exercise and relaxation collections, and the DVDs.

"We have an extensive audio-visual collection that includes classical and relaxing music, guided visualizations and meditations, anatomical models, and a very popular collection of hundreds of movies that include comedies, romance, dramas and documentaries," Justice said.

The busiest library is at the cancer center, as patients in treatment are in and out of the building often and learn to appreciate the library's specialized resources. Use of the Gill library is growing, and Justice hopes to see a similar growth in use of the Wilmington library as construction draws to a close. Awareness of the Gill library has grown thanks to a program called Health Information To Go. Every two weeks a librarian sits outside the hospital cafeteria with a computer and printer, looking up information for whoever has a question.

Justice and her staff have shared information about the libraries at health fairs and with Delaware support groups.

The library staff also stocks library carts with pamphlets and information sheets, called "Pathfinders." These are topical resource lists that give a snapshot of books, DVDs, CDs and websites for learning about a health issue, such as heart disease, meditation or parenting. ●

To learn more visit: [www.christianacare.org/libraries](http://www.christianacare.org/libraries) or call the libraries at 302-733-1122.

## New grants fund clinical and translational research at Christiana Care

The Delaware CTR-ACCEL has awarded pilot grants to two Christiana Care researchers to further their studies in advancing patient care through a federally funded, multi-site grant program supporting clinical and translational research. Ursula Guillen, M.D., of Christiana Care Neonatal Associates, received \$84,000 and Senior Clinical Scientist Jennifer Sims-Mourtada, Ph.D., of the Helen F. Graham Cancer Center & Research Institute, received \$89,000.

With her grant, Dr. Sims-Mourtada will further her research into new treatment options for patients with triple negative

breast cancer. Her mentor is Daniel C. Flynn, Ph.D., of the University of Delaware.

Triple negative breast cancer does not express genes for the three groups of proteins typically found in breast cancer and may therefore be resistant to therapies that target those proteins. Dr. Sims-Mourtada has focused more than 10 years of research on the Hedgehog molecular signaling pathway, which transmits cellular information that promotes proliferation of breast cancer stem-like cells.

“Our belief is that chemotherapies can trigger the Hedgehog pathway and

**These projects are “excellent examples of what the ACCEL program was intended to do—help transition extensive and groundbreaking research into practical clinical applications.”**

—WILLIAM S. WEINTRAUB, M.D.

could be prevented. That data is vital to our pursuit of additional funding from the National Institutes of Health, which could lead to new treatments.”

Dr. Guillen will conduct a six-hospital study on an original decision-making tool intended to help doctors counsel parents facing an extremely premature childbirth. With David A. Paul, M.D., interim chair of Pediatrics, Dr. Guillen is conducting a randomized control trial of informational cards she and her research team created after more than five years of research and input from clinicians and parents of extremely premature babies. The study will compare the effectiveness of consultations using the standardized decision tool to that of traditional consultations.

“Parents facing such critical decisions need to be empowered to make fully informed decisions that reflect their values as well as all the pertinent information medical professionals have to offer,” Dr. Guillen said. “Through our illustrated, concise series of cards, we hope to help doctors assist parents in reducing what we call ‘decisional conflict,’ that state of uncertainty about the course of action to take when making choices involving risk or uncertainty of outcomes.”

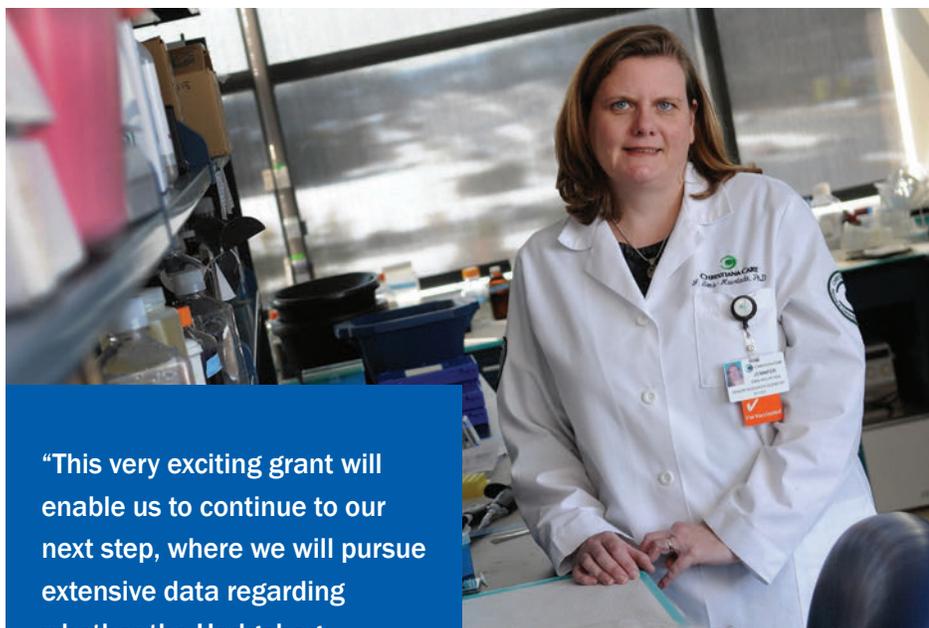
These projects are “excellent examples of what the ACCEL program was intended to do — help transition extensive and groundbreaking research into practical clinical applications,” said William S.



**“We hope to help doctors assist parents in reducing what we call ‘decisional conflict,’ that state of uncertainty about the course of action to take when making choices involving risk or uncertainty of outcomes.”**

—URSULA GUILLEN, M.D.

essentially result in the repair of the cells attacked by chemotherapy and, of course, continued viability of the cancerous cells,” Dr. Sims-Mourtada said. “This very exciting grant will enable us to continue to our next step, where we will pursue extensive data regarding whether the Hedgehog pathway activation does lead to proliferation of breast cancer stem-like cells and how that process occurs and



**“This very exciting grant will enable us to continue to our next step, where we will pursue extensive data regarding whether the Hedgehog pathway activation does lead to proliferation of breast cancer stem-like cells and how that process occurs and could be prevented.”**

**— JENNIFER SIMS-MOURTADA, PH.D.**

Weintraub, M.D., the John H. Ammon Chair of Cardiology and director of the Center for Outcomes Research at the Value Institute, who serves on ACCEL’s executive committee and as the Christiana Care primary investigator.

At an event marking the launch of ACCEL at the University of Delaware in February, Dr. Weintraub said that Delaware — a demographic microcosm of the country — is the best state in the nation for studying population health.

“That’s why community engagement is such an important part of this program,” he said. “This is the best collaboration I can think of for a grant aimed at building the infrastructure for population health.”

Toward this goal, Michael Rosenthal, M.D., chair of Family & Community Medicine, is overseeing the community engagement segment of the grant,

developing a research agenda with a community advisory council.

Brian M. Rahmer, Ph.D. (cand.), MS, CHES, manager of health services research in Family & Community Medicine and a research scholar in the Value Institute, is the community research specialist for ACCEL’s community engagement and outreach. With co-investigators at Nemours and the University of Delaware, he is using ACCEL pilot grant support for community-based participatory research with youth and community service providers in Wilmington. The goal is to better understand assets, barriers and social connections around health promotion and obesity prevention.

“This kind of research readily invites a different type of expert to the table,” Rahmer said. “These young people and the community members who work with and for them can provide a context within which we might refine new research questions and begin to shape more meaningful solutions in the way we think about improving the health of individuals, communities and populations. This is the essence of translational research.” ●

## LEADERSHIP IN ACCEL

Christiana Care is ACCEL’s center for epidemiology, study design, biostatistics and community engagement in a research partnership with the University of Delaware, Nemours/A.I. duPont Hospital for Children (Nemours), and the Medical University of South Carolina. Funding from a five-year, \$20 million grant from the National Institutes of Health as well as \$5 million from the State of Delaware and \$3.3 million from Christiana Care and the three other institutions support the program.

ACCEL funding supports:

- Pilot grants that will allow new investigators to test and develop promising ideas.
- Design and analysis of clinical and translational research projects.
- Mentoring for junior scientists and clinicians.
- Recruitment and hiring of talented new investigators at all four institutions.
- Community engagement to address health care challenges facing the citizens of Delaware.

## Delaware Health Sciences Alliance partners with Christiana Care in global research for women's and children's health



Representatives of Christiana Care, Jawaharlal Nehru Medical College in India and the Delaware Health Sciences Alliance signed an agreement to collaborate in research and education efforts to advance maternal and child health worldwide.

projects that impact the prevention, diagnosis and treatment of disease in women and children globally."

According to Omar Khan, M.D., MHS, associate director of the DHSA and associate vice chair in the Department of Family & Community Medicine at Christiana Care, "DHSA's participation with Christiana Care and JNMC will strengthen the research infrastructure, increase the capacity for women's and children's health research and expand scientific knowledge for the benefit of communities locally and globally."

Areas of clinical research collaboration among DHSA partners could include cancer, obesity, nutrition, infant brain development, neonatal abstinence and hypertensive disorders in pregnancy, Dr. Derman said.

Since 2001, the Global Network has supported clinical trials in resource-limited countries by pairing foreign and U.S. investigators, with the goal of evaluating low-cost, sustainable interventions to improve maternal and child health while building local research capacity and infrastructure. These activities help facilitate independent continuation of local research activities that will ultimately lead to improved health care systems and personal health.

Dr. Derman has worked with JNMC of KLE Medical University on numerous research studies and has published more than 30 peer-reviewed articles since 2001 — more than any other research unit in the NIH Global Network. ●

Based on an existing research partnership between Christiana Care Health System and a major academic health center in India, the Delaware Health Sciences Alliance (DHSA) has agreed to collaborate in research and education efforts to advance maternal and child health worldwide.

"The causes of death and illness in women and babies in India are the same in the U.S and the developed world. The difference is the numbers are greater in India," said Richard J. Derman, M.D., MPH, the Marie E. Pinizzotto, M.D., Endowed Chair of Obstetrics and Gynecology at Christiana Care.

Christiana Care's partnership with the Jawaharlal Nehru Medical College (JNMC) of KLE Medical University of Belgaum, India, is one of seven research units of the Global Network for Women's and Children's Health Research, funded by the National Institutes of Health. Dr. Derman is principal investigator,

and B.F. Kodkany, M.D., is the senior Indian investigator. The unit has received more than \$10 million in NIH funding since it began in 2001.

**"This partnership with the DHSA will advance research and education to reduce major risks to maternal, neonatal, infant and early childhood health around the world."**

—RICHARD J. DERMAN, M.D., MPH

"The DHSA is a powerful platform to accelerate interdisciplinary and translational research and education," said Kathy Matt, Ph.D., executive director of DHSA and dean of the College of Health Sciences at the University of Delaware. "By partnering with our colleagues in India, the member institutions of DHSA can participate in

## Prenatal education, support program earns Centering Healthcare Institute site approval

Even though Judi Padgett already has had three children, she is still learning new things about pregnancy and newborn care.

During this pregnancy, Padgett is taking part in CenteringPregnancy, a model that pairs the core elements of a traditional prenatal exam with a relaxed group setting that offers education and support.

Christiana Care's Healthy Beginnings program introduced the CenteringPregnancy process in 2008 to help mothers-to-be adopt lifestyle changes that increase the likelihood of a healthy pregnancy and improve long-term health.

Recently, Christiana Care passed the site approval process and is officially recognized as a site for delivering CenteringPregnancy by the Centering Healthcare Institute, a nonprofit dedicated to improving maternal and child health. Christiana Care offers the only Centering programs in Delaware and is a National Center for Excellence in Women's Health.

At a recent session at the Women's Group in the Wilmington Health Center, moms-to-be checked their own blood

pressure and weight, then met individually with nurse practitioner Deanna Benner, WHNP, to chart their babies' progress.

Next, Padgett and six other moms-to-be gathered in a circle to share experiences. Topics might include exercise, nutrition, preparing for childbirth, pregnancy problems and caring for a newborn.

"It's a much more welcoming approach," said Padgett, 32, of Wilmington, who is expecting a son in June. "I feel excited about coming."

On this morning, the women talked about choosing names for their babies. At an earlier session, they learned to fill a sock with rice and warm it in the microwave to create a flexible heating pad that eases pregnancy back pains.

"My rice sock is my best friend," Padgett said. "I wish I had known about it three pregnancies ago."

Each woman is encouraged to bring a father or support person.

Visual aids, such as models that show how a baby develops in the womb,

help moms to understand their evolving pregnancies. Debra Otto, R.N., a lactation specialist, brought a model baby and breast to show the women how to successfully breastfeed their babies.

Centering sessions are offered Monday through Thursday. Over the course of their pregnancies, the mothers meet for a total of 10 two-hour sessions.

Each mom is given a Centering Notebook that contains her pregnancy and health records, helpful reference tools and activity sheets to keep as a memory of this important time of life.

"CenteringPregnancy strengthens the relationships between provider and patient, as well as the mother and father or support person," said Coren Johnson, R.N., CenteringPregnancy coordinator. "Our patients who return for a second time say that they wouldn't have it any other way." ●



The CenteringPregnancy model combines the core elements of a traditional prenatal exam with a relaxed group setting, plus education and support.

## AstraZeneca HealthCare Foundation renews grant for No Heart Left Behind



Healthy Lifestyles Coordinator Sonya Addo of the Department of Family & Community Medicine helps mentor participating teens learning how to prepare a heart-healthy, balanced meal in the No Heart Left Behind program, which teaches youth how to promote healthy lifestyles within their own families.

“The biggest advantage to our program is that we are reaching teenagers before they have developed unhealthy habits,” added Omar Khan, M.D., associate vice chair for Christiana Care’s Department of Family and Community Medicine and medical director for the Eugene duPont Preventive Medicine & Rehabilitation Institute and the Center for Community Health at Christiana Care. “Funding from the AstraZeneca HealthCare Foundation has helped our program to improve the lives of teens, their peers and their families.”

Christiana Care received a \$213,094 grant by the AstraZeneca HealthCare Foundation’s Connections for Cardiovascular Health program for its No Heart Left Behind program during a special event Feb. 6 at Thomas Jefferson University Hospital in Philadelphia, Pa. This marked the third consecutive year in which Christiana Care’s Center for Community Health has received a grant from the AstraZeneca HealthCare Foundation, for a total of \$561,577.

No Heart Left Behind engages teens to increase their knowledge and confidence in their ability to make healthy lifestyle changes and connect with community-based resources. The program teaches teens skills that they can use to help their mothers — or another adult who is important in their life — to improve their heart health and manage their weight.

“We know when families can encourage one another to eat healthy and engage in physical activity, they are more likely to

stick to those healthy habits over time,” said Michael Rosenthal, M.D., chair of Christiana Care’s Department of Family & Community Medicine.

During the last two years, the No Heart Left Behind program doubled participants’ weekly exercise and sharply reduced the teens’ consumption of sugar-sweetened drinks.

**“We are reaching teenagers before they have developed unhealthy habits.”**  
—OMAR KHAN, M.D.

The program also has educated more than 3,000 adults and teens on ways to prevent heart disease through outreach activities as a result of previous funding from the AstraZeneca HealthCare Foundation.

Greg Graves, a graduate of the program, said that it provides a positive way for the family to interact. His brother is currently participating in No Heart Left Behind. “We talk about how when we eat well, we feel well,” he said. “We also make grocery lists with our mother so she can be sure to add foods that we enjoy and are heart healthy.”

Heart disease accounts for 23 percent of deaths in Delaware and 25 percent of deaths in Pennsylvania according to the Centers for Disease Control and Prevention.

The Connections for Cardiovascular Health program annually awards grants of \$150,000 or more to nonprofit organizations dedicated to improving cardiovascular health in communities across the United States. This year, the program awarded nearly \$3.7 million in grants to 19 organizations. More than \$14 million in grants have been awarded through the program since its inception in 2010. ●

## Gift of iPads helps Neonatal ICU team

The Neonatal Intensive Care Unit received nine new iPads as a gift from the Delaware Chapter of the March of Dimes. The iPads will support family and staff interaction and provide another tool to help create an outstanding patient experience. The March of Dimes and Christiana Care provide critical care to premature babies, plus practical and emotional support for their parents through the NICU Family Support Program. The program helps about 800 families each year. Pictured in the photo, from left: Karen Haritakis, RN, NICU clinical operations director, March of Dimes NICU volunteer Kelly Cover, John Stefano, M.D., director of Neonatology, Aleks Casper, March of Dimes state director, and Megan McGlinchey, chair of the board of directors, March of Dimes Delaware Chapter. ●



## Christiana Care ‘Stands Up for Patient Safety’

Christiana Care has joined the National Patient Safety Foundation’s (NPSF) Stand Up for Patient Safety Program.

The NPSF has been pursuing one mission since its founding in 1997: to improve the safety of care provided to patients.

The Stand Up for Patient Safety program links health care organizations to enhance education and awareness of health care safety among management, staff, patients and the communities they serve.

“We serve our patients and their families as expert, caring partners in their health,” said Michele Campbell, RN, MSM, CPHQ, FABC, vice president of Patient Safety and Accreditation at Christiana Care. “In becoming a member of the Stand Up program, we continue to advance our commitment to patient and employee safety.”

As a member organization, Christiana Care will receive benefits to help support a number of initiatives, including:



“In becoming a member of the Stand Up program, we continue to advance our commitment to patient and employee safety.”

— MICHELE CAMPBELL, RN, MSM, CPHQ, FABC

- Educational and training opportunities focusing on patient safety as a top priority for all staff members.
- Information for patients and their families about how to make their health care safer.
- Tools and resources to engage staff and patients in patient-safety best practices.

Members of the Stand Up for Patient Safety Program include hospitals, health systems, ambulatory care centers, physician practices and other health organizations.

“Stand Up for Patient Safety member organizations are providing the leadership necessary to create measurable improvements in the safety and care of patients across the country,” said Tejal K. Gandhi, M.D., MPH, CPPS, NPSF president. “Participants in this ongoing program are committed to adopting a culture of safety, system improvement and continuous learning. We are very pleased to welcome Christiana Care to the Stand Up program.” ●



## No Pass Zone and quiet initiatives help improve patients' experience

Hospital quiet hours are 9 p.m. to 6 a.m. During this time, staff on patient care units are expected to dim lights, lower voices and encourage patients to wear headphones when watching TV.

When the call bell sounds, it's a signal to everyone who works in the hospital that a patient needs help.

Recently, Shawneasza White, a patient escort, heard the bell go off in the room next to one where she had just escorted a patient. "I went into the room, introduced myself and asked if I could help," she said. "All the patient wanted was his TV turned down, which was easy for me to do."

In a No Pass Zone, these small successes score points with patients. The strategy is simple: The first available member of the care team responds to the bell. No one passes by.

In many cases, the person responding to the bell is able to help.

"A patient can't find his headphones or wants the tray a little closer so he can finish his crossword puzzle," White said.

If the patient needs pain medication or something else, White explains that she isn't able to do that but will ask the nurse. If the nurse isn't available, she alerts the unit clerk.

"Everyone has a role based on their job," said Shawn Smith, vice president, Patient Experience. "For Environmental Services, for example, that's infection control. But our purpose is really to connect with the patient and make sure that he or she has a good experience in the hospital from beginning to

end. No Pass Zone — answering the call light — is how we show up to the patient as being responsive. That's what we're talking about when we talk about The Christiana Care Way."

Employees who answer the call also are rewarded with cards that can be redeemed for dining vouchers. Collect 10 cards and receive a \$5 food credit.

"I've collected several, but I don't answer calls for the free lunch," White said. "I do it because it's the right thing to do."

The No Pass Zone also reduces falls.

"Patients are much less likely to get out of bed and fall when they don't have to wait for someone to help them," said Suzanne Heath, MS, BSN, RN-BC, nurse manager of 5A and the Express Admit Unit at Christiana Hospital.

The power of No Pass Zone in preventing falls has made physical therapy assistant Danielle Sitara a big fan of the practice. "When patients need help, they can get frustrated, and when that happens, they might try to do something they shouldn't attempt to do," Sitara said.

On 5C at Christiana Hospital, a general medical floor, the No Pass Zone initiative builds on a program rolled out in November 2012 to reduce falls.

“Between the two programs we have reduced falls more than 50 percent,” said John McMillen, MBA, MS, BSN, RN, NE-BC, nurse manager. “We have gone from three or four falls each month to one or two — and some units have no falls.”

He said the No Pass Zone also has helped employees feel good about working together as partners to improve patient care.

“The people in Food & Nutrition and Environmental Services have been phenomenal in showing caring and courtesy to patients,” he said.

Bonnie Osgood, MSN, RN-BC, NE-BC, nurse manager of Wilmington Hospital 4 North, says she’s seen how the No Pass Zone initiative gives some staff an emotional lift after responding to a call bell.

“Stephanie Evans, a Food & Nutrition service assistant, is a good example,” Osgood said. “She’s under a lot of time pressure in her job, delivering meals to patients, but she believes in the No Pass Zone, and I can tell it makes her feel good to assist patients and to be recognized.”

Linda Reich-Lavelle, RT, is another member of the health care team who has accumulated many cards for responding to patient call bells.

“When working on the floors and a call bell light goes on, I introduce myself as part of the care team,” Reich-Lavelle said. “If I can help them I will. If not I inform the nurse and then go back and let the patient know what to expect. I have found that a smile can go a long way with a patient.”

### Quiet hours promote rest and healing

To help patients rest at night, hospital quiet hours have been established between 9 p.m. and 6 a.m. During this time, patient care units are expected to dim lights, and staff and visitors are asked to keep volume to a minimum. That includes speaking softly, using headphones, closing doors to patient rooms when appropriate and silencing cellphones and pagers.

When patients are dissatisfied with noise levels in the hospital, it brings down overall patient satisfaction scores as measured in the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey.

“It’s usually our lowest score, which is typical of most hospitals,” said Bob Mulrooney, vice president, Facilities and Services, who leads the Patient Environment Committee.

Noise measurement and a patient survey revealed that patients are most often kept awake by television, staff and noises from other patients and visitors.

To remind everyone of Quiet Hours, a message to patients appears on the GetWell Network each evening. Patients are offered headphones. Ear plugs also are available.

The Patient Environment Committee also examined ways to reduce the noise from equipment. New rubber casters on pharmacy carts reduced the noise by up to 20 decibels. Pneumatic tubes have been adjusted to operate more quietly.

Some solutions didn’t require any new parts or technology.

“Closing doors in postpartum made a big difference in the noise level,” Mulrooney said.

On 5A, a centralized sound masking system was installed. In HCAHPS scoring in February, 68 percent of patients on the floor said the unit was always quiet at night, compared to 46 percent at the same time last year. The committee expects to roll this technology out to additional patient care units.

The No Pass Zone and Quiet Time initiatives complement one another. “Answering in a timely manner gets that bell turned off,” said Jason Funyak, director, Environmental Services and Patient Escort. “When patients receive a prompt response to the call bell, units tend to be quieter.” ●



The No Pass Zone initiative means that a call bell is a signal to everyone on the care team. Physicians, nurses and support staff all are expected to respond to call bells, so that patients never feel isolated or ignored.

## 25th Annual Update in Cardiology highlights latest studies and advancements



**“Our goal was to take controversies or uncertainties in clinical practice—frequent things seen every day—and tell people either what the solutions are if they’re known or what’s the best advice based on available evidence.”**

— ANDREW DOOREY, M.D.

Cardiac rehabilitation is greatly underused, the Mediterranean diet absolutely works and the debate over aspirin’s value in cases of atrial fibrillation is not over. Those were just some of the takeaways from Christiana Care Cardiology Consultants’ 25th Annual Update in Cardiology, held Saturday, March 1, in the John H. Ammon Medical Education Center.

Nearly 200 practicing physicians, physician assistants, nurse practitioners, nurses and other health care professionals attended the daylong

conference to hear from 13 leaders in the field on subjects including resistant hypertension, statins, new anticoagulants, renal vein ablation and other prominent topics in management and treatment of cardiovascular disease.

“Some of our speakers are long-time colleagues. Others are new to us, but we were able to show them the caliber of presenters we’ve had over the years, people who make them say, ‘Wow, this is a world-class symposium,’” said Program Chair Andrew Doorey, M.D., clinical cardiologist with Christiana Care Cardiology Consultants. “Our goal was to take controversies or uncertainties in clinical practice — frequent things seen every day — and tell people either what the solutions are if they’re known or what’s the best advice based on available evidence. We’re not looking for obscure things or rare things. We’re talking about things that these physicians or nurse practitioners see every day.”

The first of those things was a topic appearing on more and more newsstands and bookshelves these days. In his presentation, William Weintraub, M.D., the John H. Ammon Chair of Cardiology and director of the Christiana Care Center for Outcomes Research, posed the question “Should we all be on a Mediterranean Diet” of olive oil, nuts, seeds, fish, fresh fruits and vegetables, herbs, full grains and low-fat cheese? Citing a trial in Spain featuring nearly 7,500 patients and more than 50 other studies, Dr. Weintraub affirmed the diet’s many positive benefits — lower rate of strokes, heart attacks and death from cardiovascular disease; decreased risk of metabolic syndrome; lower waist circumference; increased HDL cholesterol; decreased triglycerides; lower blood pressure; lower blood glucose — while highlighting its many selling points to skeptical diners.

An audience of nearly 200 physicians, physician assistants, nurses and other health care professionals attended the 25th Annual Update in Cardiology conference at the John H. Ammon Medical Education Center.



“Should we all be on it?” he asked. “One, it’s good for you. Two, it’s delicious. Three, it’s ecologically sustainable. So, yes!”

Nanette Wenger, M.D., was equally enthusiastic in informing her peers of the value of cardiac rehabilitation and the need particularly to refer women, the elderly and even those diagnosed with stable, congestive heart failure to cardiac rehabilitation programs. The professor of medicine (cardiology) emeritus at Emory University School of Medicine and consultant with the Emory Heart and Vascular Center stressed that the benefits of rehabilitation “were comparable to contemporary medical and surgical therapies” and that it decreases hospitalizations, recurrent myocardial infarction and long-term mortality.

Wenger's fellow presenters spanned a wide range of specialties. Avinash Chandra, M.D., attending cardiologist with Christiana Care Cardiology Consultants, addressed the question of

what to use as the third or fourth drug when treating resistant hypertension, but cautioned early in his presentation that other factors must be eliminated before diagnosis of resistant hypertension.

Among those is sleep apnea, which Dr. Chandra said can be as high as 70 percent in people seemingly resistant to hypertension treatment. ●



## MORE THAN 200 TURN OUT FOR ANNUAL HEART MONTH COMMUNITY LECTURE

Christiana Care heart experts discussed the latest in heart health and prevention of cardiovascular disease and stroke at the annual Heart Month community lecture, Feb. 20. More than 200 members of the community learned how to improve their cardiovascular health from panel discussion leader Timothy Gardner, M.D., medical director of the Center for Heart & Vascular Health, Director of Preventive Cardiology Edward Goldenberg, M.D., Medical Director of the Stroke Treatment and Recovery Unit Jonathan Raser-Schramm, M.D., Ph.D., Stroke Advanced Practice Nurse Mary Ciechanowski, APN, and Clinical Leader of the Cardiovascular Prevention Program Elisabeth Bradley, APN. ●



## Health insurance: What's next?

Since the U.S. Health Insurance Marketplace opened in October, Christiana Care's 12 marketplace guides have worked with more than 8,000 patients and neighbors to help them learn about their health insurance options and access health services. Uninsured Americans have until March 31 to enroll in plans through the Affordable Care Act and have health insurance coverage in 2014. Many Americans will have health insurance coverage for the first time. In this Q&A, Marketplace Guide Coordinator Lauren Pendergast answers some common questions as the deadline approaches.



Marketplace Guide Dawn Baker talks to a Delaware woman about options under the Affordable Care Act at a Christiana Care outreach event.

### **Q:** I would like to enroll in a health insurance plan before the March 31 deadline. What do I need to do?

**A:** You can visit [www.choosehealthde.com](http://www.choosehealthde.com) to learn about your options. If you would like a marketplace guide to help you understand your options or enroll in a plan, call 302-320-6586 or e-mail [marketplaceguides@christianacare.org](mailto:marketplaceguides@christianacare.org) for a free consultation. When you meet with a marketplace guide, it is very important that you bring:

- Birth dates of those applying for coverage.
- Social Security numbers of those applying for coverage.
- Paystubs, W-2 forms, tax returns and all other information about your family's income.

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

**A:** We spend as much time with people as they need. Most are looking for guidance so they understand what their options are. To assist Spanish-speaking citizens, we have a Spanish-speaking administrative assistant to help set up meetings and a bilingual guide. Our guides talk with patients about current insurance status and about their options through the health insurance marketplace.

If they wish to begin their health insurance applications, our guides will then assist with that. Marketplace guides can help with all parts of the application, including enrollment into a plan. Marketplace guides can also assist with enrollment into Medicaid.

Christiana Care marketplace guides also can connect patients to health services for themselves and their families. That is a unique service we provide at Christiana Care since our marketplace guides also are trained as health guides.

### **Q:** What happens if I do not enroll in a health insurance plan by March 31?

**A:** You may have to pay a fine to the federal government. Uninsured Americans will have another opportunity to enroll in health insurance plans under the Affordable Care Act for coverage in 2015. The enrollment period will begin in November 2014.

If you are graduating from college, turning 26 or lose your employer coverage after March 31, you are still eligible for health insurance for the 2014 plan year. Our marketplace guides can help you with information and with your enrollment.

### **Q:** I have a new insurance plan and I have questions. Can a marketplace guide help me?

**A:** Absolutely. Many Americans who are newly insured have questions about how their insurance works and how to connect with the health care services they need. Our marketplace guides are happy to help. In fact, we are holding information sessions for newly insured Delawareans in April. Check [www.christianacare.org/helpwithhealthinsurance](http://www.christianacare.org/helpwithhealthinsurance) for details. ●

## Junior Board hosts 2014 Medicine Ball at Delaware Museum of Natural History

The Junior Board of Christiana Care 2014 Medicine Ball will be May 2 at the Delaware Museum of Natural History.

Each year, Medicine Ball funds provide significant support of Christiana Care's services and programs, much-needed equipment, and nursing and allied health scholarships.

Since 1998, proceeds exceed \$1.3 million, impacting patients and their families.

Proceeds from the 2014 Medicine Ball will benefit Christiana Care's Swank Memory Care Center, Delaware's first and only comprehensive outpatient program to support patients and their families dealing with memory disorders, including Alzheimer's disease.

This year the Swank health care team will support more than 1,500 patient and caregiver visits. Medicine Ball supports Swank's commitment to grow caregiver programs through respite care and social services, in addition to enhanced educational support. ●



**Friday, May 2, 7 - 11 p.m.**  
**Delaware Museum of Natural History,**  
**4840 Kennett Pike, Wilmington.**

Enjoy a night at the museum while supporting Christiana Care's Swank Memory Care Center. The Medicine Ball features the wonders of the museum, enticing edibles and a variety of musicians — all elements of a prescription for fun. For more information visit [www.christianacare.org/juniorboardmedicineball](http://www.christianacare.org/juniorboardmedicineball) or call 866-969-7787.

The Junior Board presented fundraising proceeds from the 2013 Medicine Ball totalling \$55,558.68 to Christiana Care to support nursing and allied health scholarships. They were joined by nine nursing and allied health scholarship recipients, who shared their stories and thanked the committee. 2013 was a "non-event" year for the Medicine Ball, meaning the funds were raised without holding a ball.



## march

### Learning Institute Education and Research Celebration

Monday and Tuesday, March 31 – April 1

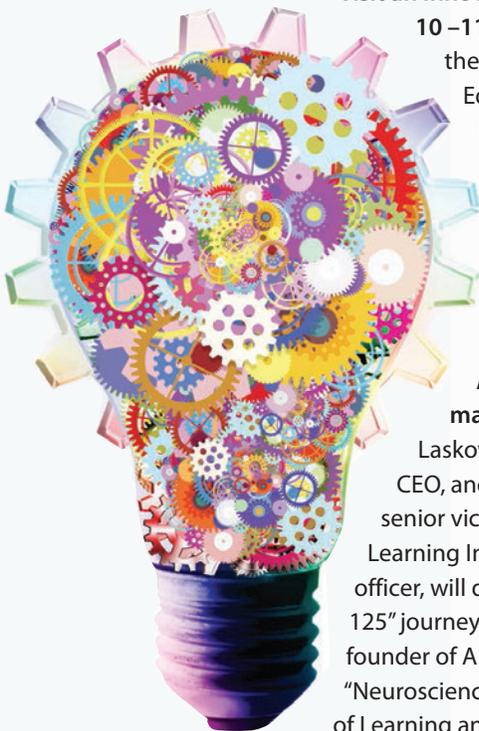
Attend a “Knowledge Now!” session, March 31, 9 a.m. – 5 p.m., Room 1100, Christiana Hospital. Sessions will be held throughout the day, offering quick tips such as how to create an effective survey, how to attend a meeting from your office or home using LYNC, Windows 7 tips and much more. Invest 30 minutes; pick up a new technique or tool.

#### Visit an Innovation Station, April 1,

10–11 a.m. and 1–2 p.m., in the John H. Ammon Medical Education Center lobby. Come before the awards celebration or stay after to explore new learning technologies. Stations will be set up to showcase applications like Prezi, Jing, Google Glass, Voice Thread and others.

#### At the lunch reception in the main auditorium, Robert J.

Laskowski, M.D., MBA, president and CEO, and Dr. Rosa Colon-Kolacko, senior vice president, System Learning/Learning Institute and chief diversity officer, will discuss Christiana Care’s “Top 125” journey. Professor Art Kohn, Ph.D., founder of AKLearning, will present “Neuroscience and Learning: 10 Principles of Learning and Memory You Must Know for Successful Training.”



The awards program will take place from 11 a.m. to 1 p.m. in the main auditorium. Exemplary researchers, educators and faculty from throughout Christiana Care will be recognized for inspiring and sharing their valuable expertise, and learning with others. These awards evolve from nominations submitted by employees, members of the Medical-Dental Staff and students participating in joint programs involving Christiana Care. The awards also recognize the educators, researchers and colleagues who have been instrumental in enabling the Learning Institute to implement its strategy, centers and programs.

## april

### Maximizing Life With a Disability

Tuesday, April 1, 6 p.m.

John H. Ammon Medical Education Center

Christiana Care Rehabilitation Services presents Scott Chesney, who was paralyzed by a spinal stroke at age 15 and will share his thoughts on living life to its fullest despite a disability. Chesney has traveled the world, married and started a family, grown his business, skydived and more — all from the seat of his wheelchair. Now 43, he has shared his message with more than 1 million people in 38 nations.

Sponsored by The Christopher and Dana Reeve Foundation’s Paralysis Resource Center. Register online at [www.christianacare.org/events](http://www.christianacare.org/events) or 800-693-CARE (2273).

### 14th Annual ThinkFirst 5K Run/Walk & Fun Run for Children

Thursday, April 10, 6:30 p.m.

Christiana Hospital Campus; Start/Finish line near the Emergency Department

Registration begins at 5:30 p.m. Cost is \$20 before April 9, \$25 the day of the race and \$5 for the children’s fun run. To register, send your registration with check payable to Christiana Care to: Christiana Care Health System, Trauma Program; Attn: ThinkFirst 5K; 4755 Ogletown-Stanton Rd., Suite 1320, Newark, DE 19718; or register online at [www.active.com/running/](http://www.active.com/running/) (key word ThinkFirst). Pick up registration forms at the Trauma Program Office, Suite 1320 or call 302-733-4280.





**april**

**Neurovascular Symposium**

Friday, April 11, 7:30 a.m. – 4:15 p.m.  
John H. Ammon Medical Education Center

Register online at <http://cchs.cloud-cme.com/neurovascular2014>.

**Keep Them in the Game**

Wednesday, April 23, 7 – 8:30 p.m.  
Concord Health Center

Help keep your child safe and healthy in a variety of sports. This informative free lecture includes advice from Christiana Care family doctors Kelly Billig-Figura, M.D. and Ray Carter, M.D. on injury prevention, fitness planning and treatment for common injuries for kids and teens in organized sports and backyard games. Register online at [www.christianacare.org/concordlecture](http://www.christianacare.org/concordlecture).

**Delaware Military Medicine Symposium**

Saturday, April 26, 8 a.m.– 4 p.m.  
John M. Clayton Hall, University of Delaware

Learn of the advances that have come to civilian life from the tragedy of war, and learn about new treatment practices for those with traumatic brain injury and other major psychological and physical injuries. Bob Woodruff, ABC World News Tonight anchor and reporter — and survivor of a roadside bomb in Iraq — will share a unique perspective on his own experience with TBI and polytrauma.

Women in military service and the impact of service on families will be sub-themes for the day, along with honors for colleagues who have served in the military. Presented by the Delaware Academy of Medicine and American College of Surgeons Delaware Chapter. For registration information contact Yvonne Dalton at 302-733-5888.



**may**

**51st Annual William J. Holloway Infectious Disease Symposium**

Tuesday, May 6, 2014, 8 a.m. – 4 p.m.  
John H. Ammon Medical Education Center

Register online at <https://cchs.cloud-cme.com/Holloway2014>.

**ACCEL Community Partnership Conference**

Monday, May 12, 7:30 a.m. – 4 p.m.  
Chase Center at the Riverfront

As the ACCEL center for community engagement in a four-institution research partnership, Christiana Care will host “Learning from Each Other: Building Academic-Provider-Community Partnership for Research” to discuss best practices to address health care challenges facing the citizens of Delaware. For more information, contact Jennifer Passarella at [jpassarella@christianacare.org](mailto:jpassarella@christianacare.org).

**Christiana Care Golf & Tennis Classic**

Thursday, May 22,  
DuPont Country Club,  
1001 Rockland Road,  
Wilmington



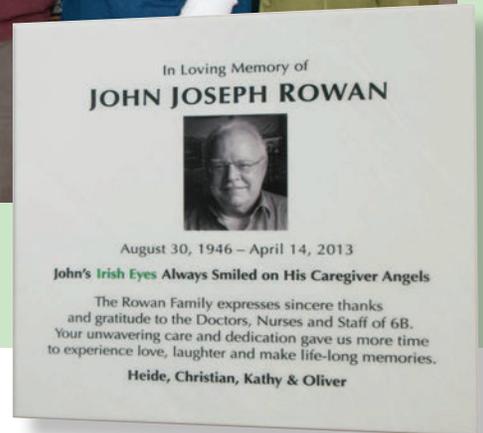
**CHRISTIANA  
CARE  
GOLF & TENNIS  
CLASSIC**

Don't miss the 23rd year of a Christiana Care tradition. Save the date for an exciting day of golf and tennis on the magnificent natural surroundings of the DuPont Country Club.

Participants will enjoy lunch, a buffet dinner, on-course refreshments, awards and prizes. Tournament proceeds will support The First State School at Christiana Care. To learn more, call the Office of Development at 302-327-3305 or visit us online at [www.christianacare.org/classic](http://www.christianacare.org/classic).



Heide Rowan and her family join the care team on unit 6B at Christiana Hospital to dedicate a memorial plaque in honor of John Rowan. Heide and John's gift will support the Center for Translational Cancer Research in the quest for a cure.



## Giving the gift of time

Warmth infuses Heide Rowan's voice when she refers to her late husband John. Theirs is a story that began more than four decades ago when 16-year-old Heide first met John. Three years later, she married him.

"People — including me — just gravitated to John. He always had this terrific sense of humor, an Irish twinkle in his eye and a welcoming personality," Heide said.

For his family, his wide circle of friends, and even strangers on the street, John always had a warm smile and something nice to say. He went out of his way to greet all newcomers to the neighborhood. An electrician by trade, John often provided neighbors with home-improvement tips — and his expertise to go along with it. It's no wonder his nickname around the community was "The Mayor."

To celebrate John's life and create a lasting legacy of hope, Heide and John talked about making a planned gift to Christiana Care. Heide subsequently established a significant trust in her will to benefit Christiana Care's Center for Translational Cancer Research. Established in 2004, the Center features a 7,000-square-foot laboratory space dedicated to basic cancer research. It includes the sophisticated equipment necessary to investigate the biochemical and molecular etiology

of cancer. This generous gift will support the quest for a cure, and instill hope into many for a healthy future.

John was born with a fighting spirit and was raised by his Irish parents and grandparents, who provided him with a solid foundation of faith and spirituality. Throughout his life, he overcame many obstacles, starting with a low birth weight of just four pounds. During his teen years, John lost both his mother and his father. Later, he was in a serious car accident that left him in a coma for several days. And he suffered a heart attack at age 46.

His strength was fully apparent when, at 64, John was diagnosed with leukemia. Against the odds, he successfully battled the disease for more than two and a half years.

That gift of time is one that Heide credits to the multidisciplinary care John received at Christiana Care. Among the expert, caring nurses and doctors was one John referred to as his "angel nurse," Jessica Lawrie, RN, who stood by him during the first exceptionally tough two-and-a-half months.

Jessica recalls, "I've been on Christiana Care's 6B unit for almost six years, and there are some patients and families that you connect with right away. Heide and John were that way for me." Perhaps it was the fact that Jessica was the first person

John got to know and trust at the hospital, but, Jessica said, “I think seeing me put him at ease.”

This exceptional care that John received at Christiana Care allowed him to meet his first grandchild, and to spend two wonderful years with him. In fact, the last time that John received chemotherapy at the hospital, his grandson Oliver was being born just three floors above. As soon as his treatment was completed, John visited the maternity unit, with the help of his nurses, where he was able to welcome Oliver to the world.

“I’m just so grateful that John had time to know Oliver,” Heide said.

Recently, John and Heide’s neighborhood got together to dedicate a flowering cherry tree to honor John’s life and legacy of giving. The tree features a plaque that reads “In honor of our friend and neighbor John ‘The Mayor’ Rowan.”

Thanks to John and Heide’s gift to Christiana Care, John’s spirit of giving will continue to blossom for those who need it most.

Additionally, Heide is now serving as chair of Christiana Care’s 1888 Society. Members of the 1888 Society make a powerful statement about their devotion to Christiana Care’s mission. Membership in this special group of generous and forward-thinking friends is open to all who have included Christiana Care in their estate plans.

Making a planned gift is a wonderful way to show your support and appreciation for Christiana Care Health System and its mission while accommodating your own personal, financial, estate-planning and philanthropic goals. With smart planning, you may actually increase the size of your estate or reduce the tax burden on your heirs. Just as important, you will know that you have made a meaningful contribution to Christiana Care. ●

To learn more about planned giving, contact Karen Gadson, director of major gifts, at 302-327-3337 or [kgadson@christianacare.org](mailto:kgadson@christianacare.org), or visit [www.christianacare.giftplans.org](http://www.christianacare.giftplans.org).

## There’s a lot you can do to prevent colorectal cancer

March is National Colorectal Cancer Awareness Month, a reminder that there are ways we can reduce our risk of developing the disease that is the second leading cause of cancer deaths in the United States.

Everyone should have a colonoscopy at age 50, a screening that can detect and remove polyps that could become cancerous down the road.

There are factors we can’t change in reducing our risk of colon cancer, such as our age, ethnic background and family history. African-Americans are at higher risk for developing colorectal cancer.

But did you know that eating a colon-healthy diet can reduce your risk of developing cancer? Being overweight is a risk factor for colorectal and other cancers, especially belly fat or weight that is carried around the middle.

A diet that is high in fresh fruits and vegetables will help you to lose weight and reduce your risk of colon cancer.

Think of your plate as a beautiful rainbow. Picture bright green broccoli, red tomatoes, orange sweet potatoes, purple plums.

At least two-thirds of your plate should be devoted to plant foods, including whole grains and beans. Your serving of meat should be no larger than a deck of playing cards.

Another rule of thumb is to eat foods that are as close to their natural state as possible. Pick an apple that looks as if it just came from the tree instead of apple sauce.

Be sure to load up on fiber, which is believed to reduce the risk of colon cancer. Fiber helps to move waste through our digestive tract more quickly. The theory is that waste that could be harmful will have less time to come into contact with the cells in our intestines.

Here are some other high-fiber foods to add to your shopping list: whole-grain breads and cereal, prunes, brown rice,



**A diet high in fresh fruits and vegetables will help you to lose weight and reduce your risk of colon cancer.**

kidney beans and other legumes. Conversely, a diet that is high in red meats and processed meats

such as hotdogs and deli meats has been linked to an increased risk of colon cancer. The way you prepare your meats matters, too. Grilling and cooking at high temperatures produces chemicals that have been linked to cancer.

Avoid processed foods that contain trans-fats, such as baked goods and packaged snack foods. When you are shopping, avoid foods that list “partially hydrogenated oil” on the label. Choose healthy fats, including olive oil and canola oil.

Excessive alcohol consumption is another risk factor. The American Cancer Society recommends no more than one drink a day for women and two drinks a day for men. ●

## Lauri Littleton, RN, BSN, appointed 4C nurse manager



Lauri Littleton, RN, BSN, was appointed nurse manager of patient care unit 4C in November 2013. Littleton became an RN in 2000 and moved to 4C from a post as patient care coordinator at Wilmington Hospital patient care unit 3 Surgical.

She received an associate's degree in nursing from Delaware Technical and Community College in 1999 and a Bachelor of Science in nursing from Immaculata University in May 2011, where she is currently pursuing an master's degree in nursing administration.

Littleton has fulfilled various nursing roles in her career, including staff RN and charge nurse at Christiana Care and Saint Francis Hospital in Wilmington, and nursing supervisor at Wayne Memorial Home Health and Hospice in Honesdale, Pa. She is American Nurses Credentialing Center board certified in medical-surgical nursing, and she is an active member of the Delaware Nurses' Association. She was nominated as a finalist in the 2012 Excellence in Nursing Practice. ●

## Dennis Harris appointed nurse manager, 6A ACE unit



Dennis Harris, MSN, MA Ed, RN BC, will be the new nurse manager for the Acute Care for the Elderly (ACE) unit at Christiana Hospital. He takes over as manager for Betty Stone, MS, RN, OCN, who retires April 30.

He began his nursing career as a staff nurse on 5D at Christiana Hospital. He has been an RN III for two years.

A 2008 Del Tech nursing graduate, he went on to complete his BSN and MSN degrees at Wilmington University. He is certified in medical-surgical nursing and geriatric nursing.

He received a bachelor's degree in communications with a concentration in public relations from LaSalle University, and a Master of Arts in community health education from Arcadia University.

In addition to his RN III role on 5D, Harris is a part-time clinical nursing instructor at Neumann University. "His experience as a school administrator will bring a unique perspective and value to the nurse manager position on 6A," said Shirley Moran, RN, director of Patient Care Services. ●

## Publishing

**Emilia Connolly, D.O., and Stephen C. Eppes, M.D.,** "Fever in a Returning Traveler: The Importance of a Good History, Physical Examination, and Focused Laboratory Testing." *Clinical Pediatrics* 2014 53: 201. Originally published Dec. 16, 2013.

**Sudhakar Satti, M.D., Angelo Grillo, M.D., et al.,** "Intercavernous Carotid Artery Aneurysm." *The Journal of Emergency Medicine*. February.

**Seema S. Sonnad, Ph.D., et al.,** "A Cross-sectional Analysis of Femoral Artery Intima-media Thickness." *Journal for Vascular Ultrasound*. December 2013.

## Presentations

**Ryan Arnold, M.D., Joshua Isserman, MHS, Susan Smola, JD, MBA, Eric V. Jackson Jr., M.D., MBA** "A Comprehensive Assessment of the True Sepsis Burden Using Electronic Health Record Screening Augmented by Natural Language Processing," at the International Symposium on Intensive Care and Emergency Medicine, Brussels, Belgium, March.

**Ryan Arnold, M.D., Zugui Zhang, Ph.D., Susan Smola, JD, MBA, Joshua Isserman, MHS, Eric V. Jackson Jr., M.D., MBA., et al.** "Delayed Assessment of Serum Lactate in Sepsis Is Associated with an Increased Mortality Rate," at the International Symposium on Intensive Care and Emergency Medicine, Brussels, Belgium, March.

**Mark Cipolle, M.D., Ph.D., FACS, FCCM,** "Surgical Approach to Cerebral Edema." Society of Critical Care Medicine Congress, San Francisco. January.

**Jennifer Goldsack, MChem, MA (Oxon), MS,** "Impact of Shortages of Injectable Oncology Drugs on Patient Care," podcast interview with American Journal of Health-System Pharmacy. <http://www.ashpmedia.org/podcasts/ajhp/index.php#50>.

**Eric V. Jackson Jr., M.D., MBA, et al.,** "Mock Trial." Society for Pediatric Anesthesia/American Academy of Pediatrics - Pediatric Anesthesiology 2014, Fort Lauderdale, Fla., March.

**Eric V. Jackson Jr., M.D., MBA,** "Variable Selection in Regression with

Rare Event Data.” Thomas Jefferson University, School of Population Health, Advisory Board Dinner, Philadelphia, March.

**Neil Jasani, M.D., MBA, FACEP,** and **Lisa Maxwell, M.D.,”** “Hand-off from ED to Inpatient and Inter-Departmental Hand-off Process,” at the ACGME Annual Educational Conference, Gaylord National, National Harbor, Maryland, February.

**Sarah Meng, D.O., Xiang Liu, M.D.,** et al., “Missed Imaging Diagnosis Without CT Perfusion May Affect Clinical Decision for TPA and Thrombectomy in Acute Stroke” at the American Heart Association’s International Stroke Conference in San Diego, February.

**Paul Kolm, Ph.D., Daniel Elliott, M.D., MCSE, Joann C. Brice, M.D., SFHM,** et al., “Fractional Polynomial Regression with Multilevel Data,” at the International Biometric Society Spring Meeting, Baltimore, March.

**Pan Wu, Ph.D.,”** “Estimating Causal Treatment Effect for Complex Intervention Study Design,” at the International Biometric Society Spring Meeting, Baltimore, March.

**Zugui Zhang, Ph.D., Paul Kolm, Ph.D.,** and **William Weintraub, M.D.,”** “Propensity Score Bin Bootstrapping Method in Estimation of Cost-Effectiveness,” at the International Biometric Society Spring Meeting, Baltimore, March.

## Appointments

The Professional Advancement Council congratulates these nurses on their promotion to RN III: **Kristin Dahl Chiusolo, 4C; Dana Dolan, 4C; Crystal Jean, 2C; Sarah Lenderman, Christiana ED; Kathy Micale, CVCCC; Esther Njuguna, 2C; Robert Onyango, 5B; Kirsten Otlowski, 6B; Heather Panichelli, Christiana ED; Bruce Tilley, Pre-Hospital Flight; Jessica Toner, 7E; Sarah White, 6E; Elizabeth Zehnder,**

**SCCC; and Theresa Zukowski, Wilmington PACU.**

## Awards

Christiana Care was one of two organizations to receive a TrueNorth Award Honorable Mention from the Competency and Credentialing Institute, the governing body of the CNOR and Certified Registered Nurse First Assistants credentialing programs. The TrueNorth Award program recognizes hospitals that guide their nursing staff to be lifelong learners, models of competent practice and continuous advocates for excellence through CNOR certification.

**Francis A. Gott III, RRT, MBA,** director of Respiratory Care Services, has been admitted to Leadership Delaware as a 2014 fellow.

**Kristina Siddall, M.D.,”** associate director of the Radiology residency program and Level II clinical educator, has been admitted to Leadership Delaware as a 2014 fellow. ●

## National network of providers supports Quality Partners



Beginning July 1, Christiana Care employees and dependents who live in Delaware and surrounding areas will receive care from a broad list of physicians and hospitals in the Quality Partners and Geisinger Health Options networks.

But what if you have a dependent who lives outside the borders of these two networks? Most likely, that would be a child in college in another state. How do those family members get care?

For those situations, Geisinger offers a national network called Private Health Care Systems (PHCS). PHCS is the largest

privately owned health care network in the country. With more than 700,000 health care professionals, 4,500 hospitals and 70,000 ancillary care facilities, there is likely to be care nearby wherever your dependent resides. The PHCS network is owned by MultiPlan, which is a comprehensive provider of health care cost management solutions and network products. PHCS has received Organization Certification in Credentialing by the National Committee for Quality Assurance, an independent, nationally recognized quality assurance organization. So you can be confident that these providers meet the

## HEALTH PLAN BENEFITS

most rigorous quality standards in the industry.

“We are pleased to partner with PHCS,” said Christopher Corbo, corporate director of Benefits and Wellness. “The PHCS network includes health care providers across the country. So wherever your dependents live, there are likely to be PHCS providers nearby to offer them high quality, convenient care.”

You will receive more information in your open enrollment materials about how you can search for providers in this network, and how you can tell us that you have dependents who will need to access this network. ●

## Add a DOT (Duration of Therapy) to antibiotic orders

By Christabel Cash-Abbey, Pharm.D

Antibiotics are one of the most commonly prescribed medicines in health care. Data from the Center for Disease Control shows that 2 million people in the United States become infected with bacteria that are resistant to antibiotics and at least 23,000 die each year as a direct result of these infections.

A number of clinical trials have shown that extended antibiotic therapy can lead to the development of antibiotic-resistant organisms. For example, one study demonstrated that beta-lactam antibiotics taken in a preceding six month period increased penicillin resistance risk by 4 percent for each day of antibiotic exposure. Another study showed that a low daily dose and a long duration of treatment with an oral beta-lactam correlated with penicillin-resistant *Streptococcus pneumoniae* in children<sup>3</sup>.

Extended widespread use and exposure to antibiotics promotes resistance that can persist within communities. Common pathogens resistant to antibiotics have significantly increased in the past 20 years. For example, *Streptococcus pneumoniae* resistance to macrolide antibiotics has increased from 8.7 percent in 1994 to 20.4 percent in 2007<sup>5</sup>.

Inappropriate exposure of antibiotics has increased risks to the patient such as: adverse effects that include rash, diarrhea, nausea, vomiting, and secondary infections such as *Clostridium difficile*-associated diarrhea; costly treatment; and difficulties with adherence. A recent study demonstrated that

in patients prescribed antibiotics for respiratory symptoms, more than 41 percent did not take them appropriately and only 44 percent took the prescribed course<sup>4</sup>.

Practitioners risk losing the effectiveness of these essential medications should this trend continue. With good prescribing practices, antibiotic resistance can be minimized. One strategy to stop the progression is to restrict the use of antibiotics and minimize the duration of therapy (DOT). Not exceeding the intended duration of therapy is crucial in reducing antibiotic resistance.

Optimal DOT should be sufficient to control the infection and prevent relapse. It should also include the assessment of the patient's immune status and the infecting pathogen. Certain infections have clear evidence that supports prolonged treatment; however, it is advisable to keep DOT as short as possible, unless otherwise indicated, as this will prevent resistance, *C. difficile* infection, and increased cost.

As an effort to improve DOT, the Christiana Care Antimicrobial Stewardship Program is in the process of developing DOT guidelines to assist providers. In the interim, recommendations for DOT of infectious diseases can be found in specific Infectious Diseases Society of America guidelines available at [www.idsociety.org](http://www.idsociety.org). In addition, the Christiana Care formulary is a good resource. ●

### References:

- Centers for Disease Control and Prevention. Threat Report 2013. Antimicrobial Resistance CDC. Accessed 2013 Jun. Available from: <http://www.cdc.gov/drugresistance/threat-report-2013>.
- NPS Medicinewise. Antibiotic duration and resistance. Accessed 2013 Jun. Available from: <http://www.nps.org.au/health-professionals/health-news-evidence/2013/duration-of-therapy>.
- Guillemot D, Carbon C, Balkau B, et al. Low dosage and long treatment duration of beta-lactams: risk factors for carriage of penicillin-resistant *Streptococcus pneumoniae*. JAMA. 1998; 279: 365-70.
- Francis NA, Gillespie D, Nuttall J, et al. Antibiotics for acute cough: an international observational study of patient adherence in primary care. Br J Gen Pract. 2012; 62: e429-37.
- (AGAR) AgoAR. *Streptococcus pneumoniae* survey. 2007. Accessed 2013 May. Available from: <http://www.agargroup.org/files/SPNE%2007%20report%20final.pdf>.

## CHRISTIANA CARE COMPLIANCE HOTLINE



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

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

## FORMULARY UPDATE—JANUARY &amp; FEBRUARY 2014

## FORMULARY ADDITIONS

Medication – Generic/Brand Name	Strength/Size	Use/Indication	Comment
<b>Buprenorphine Sublingual Tablet/ Subutex</b>	2 mg & 8 mg sublingual tablets	Treatment of opioid dependence	Initiation of new treatment limited to DATA qualified physicians
<b>Fluticasone oral inhaler / Flovent Diskus</b>	100 mcg & 250 mcg	Treatment of COPD and chronic asthma	Replaces Flovent HFA

## THERAPEUTIC INTERCHANGE

<b>Inhaled corticosteroids</b>	<ul style="list-style-type: none"> <li>• Age ≥ 12 years – Beclomethasone 40 mcg BID → Fluticasone Diskus 100 mg BID</li> <li>• Age ≥ 12 years – Beclomethasone 80 mcg BID → Fluticasone Diskus 100 mcg BID</li> <li>• Age ≥ 12 years – Beclomethasone 120 mcg BID → Fluticasone Diskus 100 mcg BID</li> <li>• Age ≥ 12 years – Beclomethasone 160 mcg BID → Fluticasone Diskus 100 mcg BID</li> <li>• Fluticasone HFA 88 mcg BID → Fluticasone Diskus 100 mcg BID</li> <li>• Fluticasone HFA 110 mcg BID → Fluticasone Diskus 100 mcg BID</li> <li>• Fluticasone HFA 220 mcg BID → Fluticasone Diskus 100 mcg BID</li> <li>• Fluticasone HFA 440 mcg BID → Fluticasone Diskus 250 mcg BID</li> <li>• Fluticasone HFA 880 mcg BID → Fluticasone Diskus 500 mcg BID</li> <li>• Mometasone 220 mcg daily → Fluticasone Diskus 100 mcg BID</li> <li>• Mometasone 440 mcg daily → Fluticasone Diskus 250 mcg BID</li> <li>• Mometasone 880 mcg daily → Fluticasone Diskus 500 mcg BID</li> </ul>
<b>Actoplus Met</b>	<p>Pioglitazone 15 mg BID → Pioglitazone 30 mg once daily</p> <p>Metformin either dose BID → Metformin same dose BID</p>
<b>Janumet</b>	<p>Sitagliptin 50 mg BID → Sitagliptin 100 mg once daily</p> <p>Metformin either dose BID → Metformin same dose BID</p>
<b>Temazepam 7.5 mg</b>	Temazepam 7.5 mg → Lorazepam 0.25 mg
<b>Zolpidem CR</b>	<ul style="list-style-type: none"> <li>• Zolpidem CR 12.5 mg → Zolpidem 5 mg</li> <li>• Zolpidem CR 6.25 mg → Zolpidem 5 mg</li> </ul>

## NEW CHRISTIANA CARE MEDICATION POLICIES

<b>Leuprolide acetate injection / Lupron Depot/Eligard</b>	Administration of the 22.5 mg & 30 mg injections is limited to Christiana Care-owned office practices and ambulatory infusion centers
<b>Addition of lidocaine to potassium chloride riders</b>	The addition of lidocaine to IV potassium chloride riders is not permitted
<b>Rasburicase dosing</b>	<ul style="list-style-type: none"> <li>• 0.15 mg/kg dose will be converted to 4.5 mg if patient weighs &lt; 60 kg; 6 mg if patient weighs 60 to 100 kg; and 7.5 mg if patient weighs more than 100 kg.</li> <li>• Multiple day orders will be converted to once orders. Prescriber must order each dose as needed</li> </ul>
<b>Betamethasone oral inhalation aerosol solution / Qvar</b>	Prescribing of betamethasone oral inhalation solution is limited to pediatric patients, i.e. children less than 12 years of age. Fluticasone oral aerosol powder (e.g. Flovent Diskus) will be substituted for betamethasone oral inhalation solution for those 12 years of age and older. See above therapeutic interchanges.

## FORMULARY DELETIONS

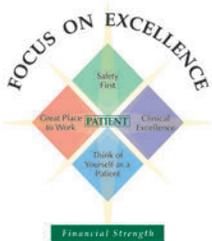
<b>Amoxapine / Asendin</b>	Removed from formulary because of rare utilization
<b>Crotamiton 10% Lotion /Eurax</b>	Removed from formulary because of lack of use
<b>Desonide cream/ointment 60 gm</b>	15 gm tubes of desonide cream and ointment remain available
<b>Fluticasone oral inhaler/Flovent HFA</b>	Replaced with fluticasone oral aerosol powder, Flovent Diskus
<b>Heparin injection 10 units/mL</b>	Removed from formulary because of a lack of need
<b>Mometasone oral inhaler / Asmanex</b>	Replaced with therapeutic interchange to fluticasone. See above
<b>Temazepam 7.5 mg capsule</b>	Replaced with therapeutic interchange to lorazepam. See above



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## New Castle County Public Safety honors Christiana Care team for life-saving rescue



For saving the life of a runner who went into sudden cardiac arrest at last year's Christiana Care Delaware Marathon, several Christiana Care physicians and nurses received recognition by the Emergency Medical Services Division of the New Castle County Department of Public Safety.

Stephen Kouba, M.D., an orthopedic surgeon from North Carolina, collapsed at the finish line of the marathon. A team of

Lawrence Tan, chief of the New Castle County Emergency Medical Services Division; Sharon Henderson, RN, Emergency Department nurse; Linda Laskowski Jones, MS, RN, vice president of emergency services for Christiana Care; Novneet Sahu, M.D., resident; and Aaron Tarpine, New Castle County paramedic. Not pictured from Christiana Care are Kellie Glenn, RN, Danielle Schnapf, RN, Jason Brian Wharton, RN, Jason Spare, RN, Theresa Nguyen, M.D., and Nick Surra, M.D.

emergency medical responders from Christiana Care immediately initiated CPR and used an automated external defibrillator to bring him back to life. Christiana Care's has provided on-site emergency medical services to the marathon for many years.

Christiana Care's team was among many responders in New Castle County spotlighted at the Sudden Cardiac Arrest Survivor's Reunion held on Feb. 28. ●