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CHRISTIANA CARE
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EXTERNAL AFFAIRS

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Cutting the ribbon to open the atrium at Wilmington Hospital: Diane Sullivan, vice president, market access and patient strategies, AstraZeneca; Rich Buckley, vice president, North America corporate affairs, AstraZeneca; Gov. Jack Markell; Gary Pfeiffer, board chair, Christiana Care; Paul Hudson, president, AstraZeneca U.S.; Sharon Kurfuerst, Ed.D, OTR/L, FAOTA, senior vice president of administration, Christiana Care; Edmondo Robinson, M.D., physician-in-chief, Wilmington Hospital, and associate chief medical officer, Christiana Care; Thomas P. Gordon, county executive, New Castle County.

Beautiful new atrium unveiled at Wilmington Hospital

The newly opened atrium at Wilmington Hospital has the look and feel of a tree-lined, neighborhood street — because it was one just seven years ago.

With a \$1 million gift from AstraZeneca, Christiana Care transformed what once was the corner of 14th and Chamberlain streets into a towering atrium filled with tall trees, old-fashioned wrought-iron street lights, gray terrazzo floors reminiscent of city sidewalks and the soothing sounds of a waterfall.

At the dedication June 23, Gov. Jack Markell said that the results are an example what can happen when two world-class organizations work together to help the people of Delaware.

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Paul Hudson, president, AstraZeneca U.S., and Edmondo Robinson, M.D., physician-in-chief, Wilmington Hospital, and associate chief medical officer, Christiana Care.



“I’m confident that by keeping them at the table together as well as so many other stakeholders, we’re going to continue to do what we have to do, which is improve access, reduce cost and improve the quality of care,” Gov. Markell said.

Paul Hudson, president of AstraZeneca U.S., said that improving health is a goal shared by both organizations.

“AstraZeneca is dedicated to building strong, healthy communities across the state of Delaware and nationwide,” Hudson said. “Christiana Care shares in this commitment, and we’re pleased to support the expansion of its outstanding hospital system, which supports a patient-centered culture and delivers critical health resources to our community every day.”

He said he looks forward to the next chapter in AstraZeneca’s relationship with Christiana Care.

Christiana Care board chair Gary M. Pfeiffer said that the beautiful new

“Investing in the aesthetic is very important. It’s a great open space for both patients and their families, and it’s actually part of the healing process.”

— EDMONDO ROBINSON, M.D.
PHYSICIAN-IN-CHIEF, WILMINGTON HOSPITAL; ASSOCIATE CHIEF MEDICAL OFFICER

facility is reflective of the expert, compassionate care that happens within.

“For all of you who helped to make this happen, I say thank you,” Pfeiffer said. “For any of you who have had the experience of having yourself or a loved one or a neighbor cared for at Wilmington Hospital, you know that the people who work here are extraordinarily dedicated.

They are talented, and they are committed to making sure that everyone has the right experience when they’re in Wilmington.”

“We’ve spent a lot of time thinking about what aspects will contribute to the healing process,” said Edmondo Robinson, M.D., physician-in-chief, Wilmington Hospital, and associate chief medical officer. “Investing in the aesthetic is very important. It’s a great open space for both patients and their families, and it’s actually part of the healing process.”

Robinson went on to explain how the design process was informed throughout by The Christiana Care Way, which includes a strong commitment to partner with patients and families in their health.

“The impact of the gift of AstraZeneca cannot be overestimated and will resonate, without a doubt, in the community for a very long time,” said Sharon Kurfuerst, Ed.D, OTR/L, FAOTA, senior vice president of administration at Christiana Care.



Christiana Care board chair
Gary Pfeiffer.

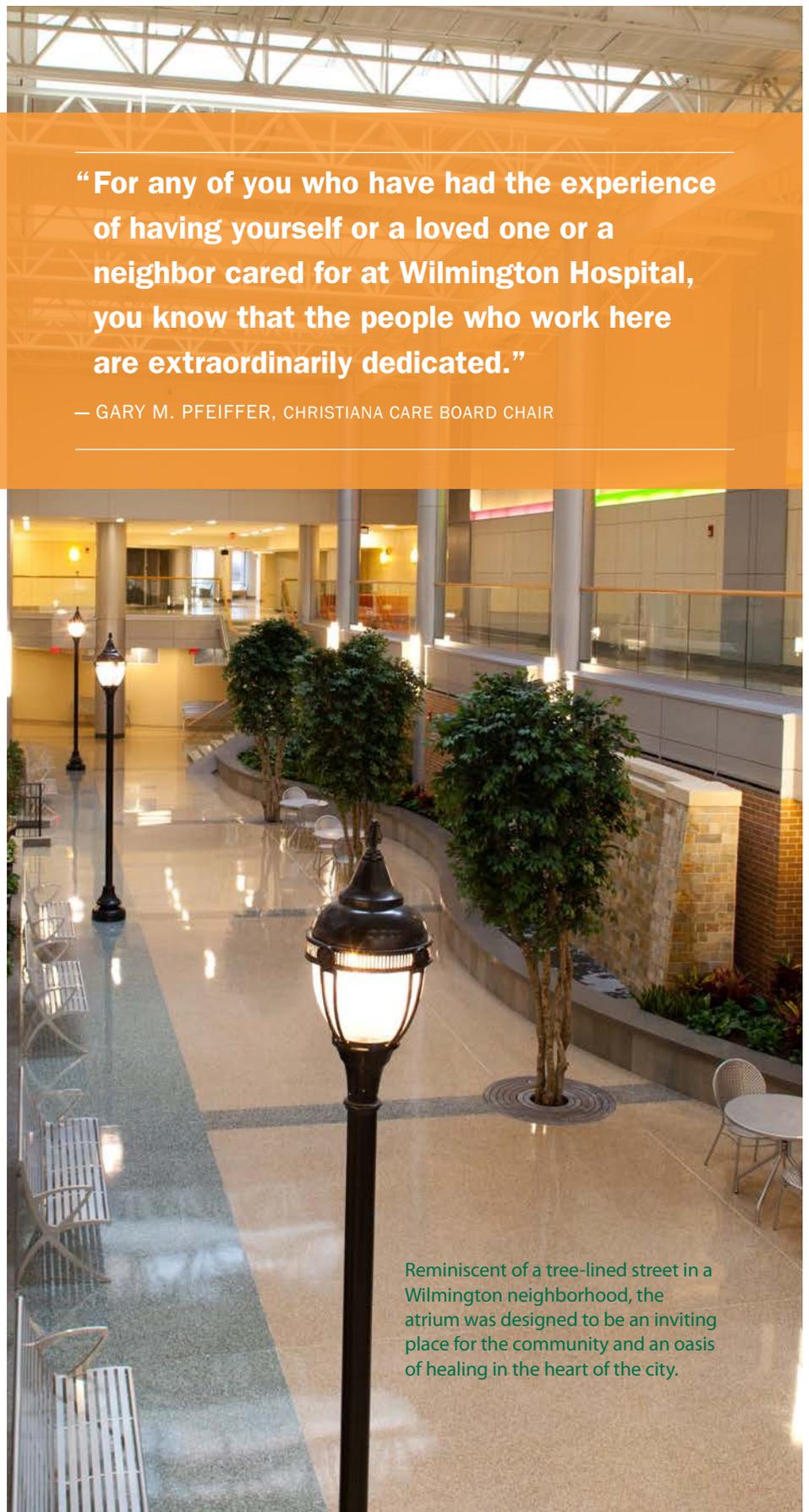
“For any of you who have had the experience of having yourself or a loved one or a neighbor cared for at Wilmington Hospital, you know that the people who work here are extraordinarily dedicated.”

— GARY M. PFEIFFER, CHRISTIANA CARE BOARD CHAIR

The three-story atrium will be the entryway to expanded outpatient services, the First State School, a conference center and a new 51,000-square-foot Gateway medical office building that will allow doctors to practice onsite. Employees and visitors also will welcome an Au Bon Pain cafe bakery on the upper level.

Patrick Fugeman, vice president of design and construction, described how Christiana Care engaged with community partners, including the Brandywine Village Civic Association, throughout the design and construction process, to ensure that the \$210 million investment in the city of Wilmington creates value for its neighbors. The design of the atrium is especially reflective of that community focus, as it transformed streets that once crossed the hospital property into an attractive space that neighbors, patients, employees and visitors can enjoy. The atrium opens to the Junior Board Healing Garden, which was dedicated in June.

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Reminiscent of a tree-lined street in a Wilmington neighborhood, the atrium was designed to be an inviting place for the community and an oasis of healing in the heart of the city.

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“A lot of hospitals are leaving the city for the suburbs,” Fugeman said. “Here, we’re taking the opposite approach. We’re improving a strong urban campus to serve the community.”

“The idea is for the space to be attractive for everybody — to put people at the center of all that we do,” said Julie H. Silverstein, M.D., medical director of Wilmington Health Center, which will

open in a new space adjacent to the atrium this fall and provide outpatient specialty and primary care services. “It is a visual representation of a lot of the work that’s been done around transforming clinical care and the model of care for our patients.”

Upon completion of the project next spring, the redesigned Wilmington Hospital will have expanded by 337,000

square feet, creating a 1 million-square-foot, state-of-the-science facility including a nine-story tower, an Emergency Department double its current size and a café.

The Wilmington Hospital Campus has served the community for nearly 125 years, meeting the diverse medical needs of the city and surrounding region. ●

Transforming Wilmington Hospital

The redesign and transformation of Christiana Care’s Wilmington Hospital began with construction in 2009. Improvements to Wilmington Hospital include:

A new main lobby that provides a more accessible and welcoming entrance for patients and visitors.

An expanded Emergency Department with state-of-the-science treatment rooms to handle complex patient needs.

An upgraded 30-bed unit for the Center for Advanced Joint Replacement.

A new intensive care unit.

13 larger, technologically advanced operating rooms in the new surgical suite.



“A lot of hospitals are leaving the city for the suburbs. Here, we’re taking the opposite approach. We’re improving a strong urban campus to serve the community.”

— PATRICK FUGEMAN, VICE PRESIDENT OF DESIGN AND CONSTRUCTION

Hard-wiring a great patient experience

By Pamela Boyd, MSN, RN, CNOR, Senior Program Manager, Patient Experience



Health care consumers are becoming savvier and are actively engaged in where they go for services. In everyday interactions — shopping at a store or online, dining at a restaurant or picking up donuts and coffee — people are promised a great experience, and they expect to get one. This

is especially true when a great experience is most needed: when someone becomes ill and needs care.

At Christiana Care, we often encounter our neighbors at their most vulnerable time, and they expect us to be their advocates as we help navigate their transition of care through the system. As health care professionals, we need to develop a strong sense of empathy in order to understand what our patients are experiencing, and we need tools and best practices to ensure that the elements that create a great patient experience are hard-wired into our practice.

The Department of Nursing has partnered with the Office of Patient Experience to help ensure that The Christiana Care Way is being seen through the eyes of our patients and families. Spending time with our patients, practicing AIDET, communicating the patient's plan of care, explaining medications and side effects, and providing a quiet environment that promotes healing are just a few of the ways we provide a positive patient experience. These Christiana Care Way best practices can now be measured through a tool called iRound for the Patient Experience. Used on iPads, iRound enables nursing leaders on inpatient units to capture real-time information about how our patients and their families are experiencing care.

In addition to gathering information, iRound enables the nursing leader to address any concerns, including those that may involve Nursing, Food and Nutrition, PT/OT/Speech, EVS, Patient Escort or others, by quickly submitting a service

recovery ticket that will be resolved before the patient is discharged. It can also be used to recognize excellent patient care provided by our staff members. This process helps Christiana Care to improve how we interact and serve our neighbors as respectful, expert, caring partners in their health, as well as drive efficiencies related to service recovery.

As the project lead for iRound and liaison to nursing leaders using the tool, I visit units to discuss strategies to enhance our patients' experience. One thing I love about iRound is that it allows our nursing leaders to provide a service to our patients. Patients and families enjoy interacting with the survey tool and appreciate being included in our performance-improvement efforts.

The patient experience triple aim is focused on nursing communication and responsiveness, physician communication and quietness. These indicators greatly influence how patients and family members fill out surveys with a best response of "always" for our care.

Patient satisfaction has always been at the center of the continuum of care for our neighbors, and the Centers for Medicare Services (CMS) agrees that the patient experience is an important component of our services. The Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey is a national, standardized, publicly reported survey of patients' perspectives of hospital care. The results of these surveys are posted publicly on Medicare's Hospital Compare website. HCAHPS results reveal the patients' perspectives of care that allow objective and meaningful comparisons of hospitals on topics that are important to them, while creating new incentives for hospitals to improve quality of care. These scores empower consumers to seek out the hospitals in their area that provide the best patient experience.

Diane Talarek, MA, RN, NE-BC, senior vice president, Patient Care Services, and chief nursing officer, and Shawn Smith, MBA, vice president of Patient Experience, are confident that patient satisfaction scores will continue to increase through purposeful hourly rounding and hard-wiring our best practices and The Christiana Care Way Behaviors. By spending time every day with our patients and families, and being thoughtful about their experience of care, we fulfill the promise of The Christiana Care Way. ●

Bridges program demonstrates robust growth in first year

Now follows more than 2,200 ischemic heart disease patients

A series of ischemic cardiovascular events in the life of Robert Cyr of New Castle led to the retired carpenter and mechanic enrolling in an innovative program at Christiana Care called Bridging the Divides — or Bridges for short.

Bridges offers intensive case management to patients with heart disease who are likely to encounter obstacles to recovery at home after hospital procedures.

“I’m super happy with the followup and the help I’ve gotten with prescriptions and other things,” said Cyr, 70.

A single man who lives alone, he especially appreciates that Julia Murphy, a social worker with the Bridges program, calls to check in every Wednesday.

“It’s easy to get depressed,” he said. “Her calls really help. She’s even given me ideas for looking for work.”

Bridges began in July 2012 and is part of a three-year grant funded for \$10 million by the Center for Medicare and Medicaid Innovation. Christiana Care’s innovative proposal was selected as one of only 107 projects chosen by CMMI from a nationwide pool of 3,000 applications.

The Bridges program, which includes more than 2,200 ischemic heart patients, was funded to harness new information technology and offer more coordinated case management than has been possible in the past.

The care management team is known as Care Link Services and includes social workers, nurses, a pharmacist, a health ambassador, a care management supervisor and a physician adviser.

“We support physicians in making sure patients follow the medical plan of care,” said William S. Weintraub, M.D., the John H. Ammon Chair of Cardiology and one of the chief investigators in Bridges.



Care Link social worker Julia Murphy talks with patient Robert Cyr about his experiences as a patient in the Bridging the Divides program. The two talk by phone at least weekly to manage Cyr’s health.

As a cardiac patient plans to transition home or into a rehab, the Care Link team explains medication, schedules future doctor appointments and makes sure other services are in place.

At home, daily readings of weight, blood pressure and oxygen saturation may be collected. The readings alert Care Link Services to potential problems. Ongoing data collection helps the care team to adjust treatments as needed.

“We follow patients very closely, and they get a call if something doesn’t look right,” said Victoria Jones, BSN, RN, case manager.

Bridges is a model Christiana Care program that uses software to concentrate data so the system is smart enough to offer customized care, said Terri Steinberg, M.D., MBA, chief medical information officer for Christiana Care.

A cardiologist might say to come back in a month, but when a result, such as a high blood pressure reading, hits the database with the patient’s record, an

automated action can be triggered for the care managers to act. In this way the system is reactive, not prescriptive, Steinberg said.

The system also has analytic capabilities to look at data points that are common for patients when they are readmitted. This is a level of analysis that care managers have not previously been able to use, Steinberg said.

The system is designed to tap into several databases. These include the Delaware Health Information Network, which offers more than 90 percent of lab results statewide, and best practices data collected in registries of the American College of Cardiology and the Society of Thoracic Surgery.

This fall, Bridges will introduce an electronic portal that patients and families can use for direct e-mail communication with Care Link Services. This secure online connection will offer access to a patient’s medical record and is geared toward greater self-management.

“A patient will be able to interface with a case manager, social worker, pharmacist or other provider to support them in improving their health and meeting their needs when they have a concern,” said Sharon Anderson, BSN, RN, MS, senior vice president of Quality and Patient Safety.

She said the Bridges program is fully aligned with The Christiana Care Way, because it is an innovative program that is providing an opportunity to partner with our patients to improve their health. Ultimately, the program will improve our patient’s health status, and reduce emergency-room visits and hospitalizations. This in turn drives down costs and improves value. The Bridges grant and Care Link Services provide a vehicle to change the way we deliver care and is a foundation for the future. Payment reform supports longitudinal care with much more of an outpatient focus. The state of Delaware is ready to reward this type of medical care, she said.

According to the state’s Health Care Innovation Plan released in December 2013, the state proposes, within five years, to transition to an outcomes-based payment model with 80 percent of the population receiving care through this type of system.

By 2019, the goal is for Delaware to be one of the five healthiest states in the nation and to reduce health care costs by six percent, according to the plan. It calls for linking financial rewards for health systems, like Christiana Care, to successful medical outcomes.

To do this, the state proposes technology-enabled patient engagement, particularly for high-risk individuals in the greatest need for intensive care coordination.

Anderson said that so far the good news for Care Link is that patients report being very satisfied with the program, and the program’s effectiveness is continuously being measured in conjunction with CMS.

“Care Link is really our strategy for care management, which supports population health management programming going forward,” Anderson said. ●

Delaware Health Information Network is transforming care



Randall Gaboriault

In July, the DHIN became the first state-wide exchange in the nation to expand across state lines for an HIE-to-HIE transfer of critical patient information.

Several groundbreaking firsts taking place in cyberspace through the Delaware Health Information Network (DHIN) are transforming care for patients in the first state and beyond.

The DHIN (pronounced “din”) is the first and most mature health information exchange (HIE) in the nation. More than 7,000 health care professionals at more than 700 Delaware practices and health care organizations are enrolled in the network. This includes all of Delaware’s acute-care hospitals, skilled nursing care facilities, school-based clinics, federally qualified health centers, major medical imaging firms, major reference labs, including Public Health, and nearly 100 percent of Delaware-based health care providers.

Since its start in 2007, Christiana Care has played a key role in the DHIN. Christiana Care Chief Information Officer Randall Gaboriault leads the DHIN as board chair, and several Christiana Care employees participate on subcommittees.

In July, the DHIN became the first statewide exchange in the nation to expand across state lines for an HIE-to-HIE transfer of critical patient information. The network connected 10 additional hospitals in Maryland, bringing to 15 the number of hospitals in that state sending admission, discharge or transfer information to the DHIN for Delaware citizens. This allows doctors of Delaware residents to view information in their patients’ records from significant hospital events, such as an emergency room visit, and provide faster follow-up care. The DHIN expects to add the remaining Maryland hospitals in the coming months.

The DHIN also launched an Event Notification System in Delaware in May that allows primary-care doctors and other appropriate medical staff to learn nearly immediately when a patient has a hospital-based encounter. This information “push” capability helps speed care to the patient and helps practices to qualify for Medicare transitions-in-care reimbursement payments, facilitating faster patient follow-up after a hospital discharge. The technology is a key building block in the transition to value-based care and population health management because it allows visibility and flow of information as patients seek care from different providers and different venues.

The network was founded as a public-private partnership, enabled by state legislation, to share real-time clinical information among all health care providers (office practices, hospitals, labs, diagnostic facilities, etc.) across the state to improve patient outcomes and patient-provider relationships, while reducing service duplication and the rate of increase in health care spending. ●

Electronic medical records upgrade boosts speed and efficiency



David Britchkow, M.D., Nathan Merriman, M.D., and James Ruether, M.D., discuss the Progress Note and dictation capabilities of Christiana Care's newly upgraded PowerChart system, which is the software that supports electronic medical records for patients at the hospital. The upgrades are reducing the time it takes for physicians to update and maintain accurate medical records.

The new Progress Notes upgrade to the PowerChart electronic medical record software is a significant step forward in digital medicine, helping providers to write and share notes faster and more efficiently.

Christiana Care's rollout of the new system was fast and efficient, too. It was achieved on a super-accelerated timeline of less than five months.

The system went live at 5 a.m. on May 18, with systemwide electronic Progress Notes and Computerized Provider Order Entry (CPOE) in Pediatrics, with the exception of the Neonatal Intensive Care Unit.

By 3 p.m. that day, there were more than 1,000 electronic notes created by credentialed providers, with 162 unique note signers. Dragon voice recognition software allows users to dictate notes.

"In first two weeks, more than 700 users created more than 15,000 notes," said Greta Ehrhart, project manager, Information Technology.

Initial concerns from some physicians that electronic progress notes would take longer to enter than a handwritten note quickly eased as providers realized some of the efficiencies gained and the improved quality of the notes, said Timothy Shiuh, M.D., who functioned as a bridge between the technical and clinical teams.

"There's no running around trying to find charts and information," said Dr. Shiuh, an Emergency Medicine physician. "All the information a doctor needs to take care of the patient is in one, streamlined view."

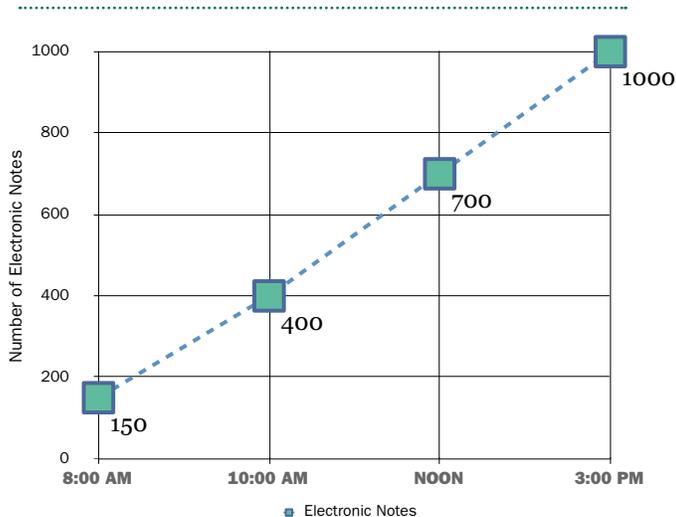
Progress Notes is another milestone on a continuum. Advances in 2014 include electronic medication reconciliation for Labor and Delivery, Antenatal and Postpartum, electronic nursing documentation across Emergency Medicine and a portal for inpatients.

"This was a monumental undertaking because Progress Notes touches everybody," said Terri Steinberg, M.D., MBA, chief medical information officer. "An important component of our success was the leadership of department chairs and the Medical/Dental Staff, who helped to build confidence in the process."

Doctors had significant input into the Progress Notes initiative. Dr. Shiuh gathered ideas from colleagues throughout Christiana Care and translated their insights into system requirements.

"We reached out to all the various specialties to learn their needs for progress notes and develop efficiencies that would support their workflow," he said.

PROGRESSION OF ELECTRONIC NOTES | Day One



"There's no running around trying to find charts and information. All the information a doctor needs to take care of the patient is in one, streamlined view."

— TIMOTHY SHIUH, M.D.

Residents who trained as superusers also donned green vests and joined the IT staff in helping doctors and other providers as the system was launched.

Jamie Gellock, M.D., a Family Medicine resident, worked the overnight shift the first week after the system went live.

"I worked with some surgical residents, and it was nice for them to see a colleague and friend," she said. "The next day I saw them they were already savvy."

In surgical critical care, information gathering that would normally take 30 minutes per patient was reduced to a few clicks, thanks to a dynamic document template that populates information automatically to make the workflow more efficient.

"The goal is to spend less time gathering information and copying it to paper and more time managing the patient," Dr. Shiuh said.

The initiative to fast-track the rollout was spearheaded by Janice Nevin, M.D., MPH, chief medical officer.

With the new electronic format, Christiana Care gains consistent date, time and signature stamps, in compliance with government regulations.

Providers also can expect robust support after the command center closes.

"The goal is to create a process in which the physicians get help very quickly," Dr. Shiuh said.

The system will continue to evolve over time to meet the needs of users. For example, additional templates for exams and bedside procedures are being developed. Users also can develop their own Dragon commands.

"This is a work in progress, and we will continue to meet with clinicians to make the product better and more efficient," Dr. Shiuh said. ●

BIG therapy is making a big difference for people with Parkinson's disease



Through a series of repetitive, exaggerated movements, BIG therapy helps to retrain the brain of people who suffer from symptoms of Parkinson's disease, helping them to regain function.

Laurie Scott, OTR/L, works with patient Jim Weiher during a session of (LSVT) BIG therapy.

A unique therapy for Parkinson's disease offered at Christiana Care is attracting interest from patients near and far.

(LSVT) BIG therapy is an adaptation of the Lee Silverman Voice Treatment, which was developed in 1987 to improve vocal strength and articulation in people with Parkinson's disease. Through a repetitive series of large movements that helps to retrain the brain, (LSVT) BIG therapy has been shown to restore balance and improve movement in patients with Parkinson's symptoms.

Laurie Scott, OTR/L, has been certified in BIG therapy for more than five years

and offered the program at Christiana Care's Rehabilitation Services practice at Springside Plaza, in Glasgow. Now she has brought it to the Concord Health Center in Chadds Ford, Pa.

Patients undergoing the therapy show rapid improvement. One patient, a young man in his 30s, came to Concord from China just for the treatment, Scott said. "He came in with rounded shoulders, and he complained of discomfort in his upper back and neck," she said. "By the third session, he felt much better and looked better. He stood taller, with better posture, felt less pain. His stride was much longer. We felt it was such a big accomplishment."

Scott enjoys sharing those moments with her patients when they realize the progress they're making. "They'll go to do something and it's not difficult anymore. I tell patients that my job is to give you back whatever pieces of your life Parkinson's has taken," she said.

Parkinson's disease is a progressive disorder of the nervous system characterized by tremor, rigidity of muscles and a reduction in the pace and size of movement.

"Movement becomes smaller. There is a shuffling gait, less arm swing, a softer voice," she said. It happens over time, with symptoms worsening as dopamine

Christiana Care hosts research administration conference

diminishes in the brain. Often, patients are unaware of the subtle changes occurring until someone else points them out. “Their brains think they’re moving fine.”

The goal of BIG therapy is to reprogram the brain, to drill large exaggerated movements into the person’s mind.

“At first they feel ridiculous,” she said. “With this high level of amplitude, the brain registers bigger movements as normal.”

At a recent BIG therapy session, Scott stood before patient Jim Weiher, 81, and said, “watch me and do what I do.” Taking a giant step forward, Scott threw her arms out to the sides, palms up. Weiher mimicked Scott’s movements, though his were constrained by his Parkinson’s symptoms. Scott led him through a series of amplified body motions designed to train his brain to work around the loss of dopamine.

For Weiher, a retired chemist who teaches German at the Academy of Lifelong Learning, Parkinson’s symptoms started about four years ago.

“I stood up one day and my left foot wouldn’t rise,” Weiher said.

He began traditional rehab, then heard about BIG training from a therapist. “After researching it, I’ve come to the conclusion that the (LSVT) BIG program is super,” he said. “It’s the neuroplasticity of the brain — if one area is not working, the brain has the ability to rewire itself.”

During his first session, he worked hard and left with instructions for practice at home. He felt tired but motivated.

“No effort, no progress,” he said with a smile.

The BIG program includes sessions three or four times a week, combined with a rigorous home program. Scott said that BIG is considered one of the only restorative therapies proven for Parkinson’s disease. ●



At a workshop, nearly 130 people from across the region who work in research administration learned about new requirements by the federal government that are designed to streamline processes that institutions follow when managing federally-funded studies.

Christiana Care’s Office of Sponsored Programs organized a special workshop July 14 to help give members in the research administration community a clearer understanding of new federal rules that govern sponsored research.

Nearly 130 people from across the region who work in research administration learned about new requirements by the federal government that are designed to streamline the processes that institutions follow when managing federally funded studies.

There were representatives at the workshop from Nemours/Alfred I. du Pont Hospital for Children, the University of Delaware, Thomas Jefferson University, St. Mary’s College of Maryland, the University of Maryland and Weill Cornell Medical College of Cornell University.

Christiana Care’s Office of Sponsored Programs is responsible for overseeing all research proposals, contracts and other agreements between Christiana Care and federal and state agencies as well as other outside organizations. The duties of the office, which is under the Department of Finance, includes grant proposal review and submissions as well as contract and budget processing with pharmaceutical, federal and private foundation sponsors on behalf of Christiana Care.

For example, the Office of Sponsored Programs helped Christiana Care obtain prestigious federal grants to support its Bridging the Divides program, Community Clinical Oncology Program and the Delaware Clinical and Translational Research Program. ●

Medical Group of Christiana Care enhances quality and access to care



Gina Capioni, D.O., examines a patient at the Hockessin Family Medicine Practice. Dr. Capioni is excited about being part of a model of care offered by the Medical Group of Christiana Care that offers greater access and higher quality of care.

component of the model. Patients with chronic illnesses receive the extra help they need.

Care also is more efficient. For example, electronic records make it easier for care providers to coordinate care and prevent wasteful spending on unnecessary duplication of tests and procedures.

“We are continually looking for ways to improve patient quality outcomes, the patient experience and ease of access, while managing expenses,” said Kristi Pintar, corporate director of the Medical Group. “It’s all about providing the greatest value to our patients, our colleagues and our neighbors.”

The Medical Group also provides patients with enhanced resources and options. For the first time, specialists outnumber primary care providers. Most recently, neonatology and more women’s health providers were added to the group.

Jessica Stirpe, M.D., a neurologist and headache specialist, recently began practicing with the Medical Group. She says the model benefits patients by opening the lines of communication between patients and providers.

“I am excited to be in a place where patients are partners in their health, because that is the direction health care is taking,” she said. “There is also great communication between specialists and primary care providers, which contributes to quality care.”

In addition to primary and specialty care, there is a specific emphasis on preventive

As a leader in health care, Christiana Care Health System is committed to providing value to colleagues and neighbors through innovative systems of care. A shining example of that strategy is the Medical Group of Christiana Care, a large, rapidly growing practice designed to serve patients through a variety of specialties and primary care.

Making the patient the center of care is at the heart of the Medical Group model. That strategy aligns with medicine’s Triple Aim: to improve the health of populations, improve the experience of care for individuals and reduce health care costs.

“By providing better access to care and coordinating that care, we can deliver both high-quality care and value to our patients,” said Alan Greenglass, M.D., executive medical director of the Medical

Group. Many of those patients are Christiana Care employees.

The Medical Group plays an important role in Christiana Care Quality Partners, an innovative model of care for health system employees and their dependents and an exciting step forward in population health management. Dr. Greenglass is also the president and chief executive officer of Quality Partners.

To increase access to care, the Medical Group has extended office hours, including hours at night and on the weekends, and has added new physicians and nurse practitioners. All this makes it easier for patients to schedule appointments into their busy lives.

In all, the Medical Group provided nearly 400,000 patient visits in the past year. That includes preventive care to help patients stay well, which is a key

“By providing better access to care and coordinating that care, we can deliver both high-quality care and value to our patients.”

— ALAN GREENGLASS, M.D.
EXECUTIVE MEDICAL DIRECTOR,
THE MEDICAL GROUP OF
CHRISTIANA CARE



Dana Newswanger, D.O., talks with a patient during an exam at the Family Medicine Center in Hockessin, one of several Christiana Care Medical Group practices that are accepting new patients.

care with the addition of health coaches, who help patients to stay well. The Medical Group practices focus on proactive, evidence-based care that provides the highest quality to patients.

“For example, during an office visit for shoulder pain, our medical record system alerts us that the patient is over 50 and hasn’t been screened for colorectal cancer,” said Eric I. Schwartz, M.D., medical director, Medical Group of

Christiana Care. “This proactive system allows us to educate the patient on the value of colorectal screening and schedule him for a colonoscopy.”

A new call center and the patient portal also enhance patient access. In addition to scheduling appointments through the call center, patients can speak to a registered nurse regarding a clinical concern. The patient portal provides a convenient way for patients to ask

questions, request prescription refills, review their medical information and request appointments.

A number of practices offer integrated multi-specialty care and are accepting new patients. They include: Claymont, Greenville, Hockessin, Limestone, Middletown, New Castle, Smyrna and Springside in Delaware, Carney’s Point in southern New Jersey, and Concord in Pennsylvania.

Gina Capitoni, D.O., who is accepting new patients at the Hockessin Family Medicine Practice, recently completed her Family Medicine residency at Christiana Care. She is excited about being part of a model that benefits patients by providing both greater access and high-quality care.

“I am looking forward to being part of the team, where doctors, nurses and health coaches all work together to provide great care for patients,” she said. “With these resources and preventive care, we will be able to keep people healthy at home — and out of the hospital.” ●



Eric W. Schwarz, D.O., talks with one of his patients.

Researchers tailor the human genome, leading to more personalized cancer treatments

The Center for Translational Cancer Research (CTCR) at Christiana Care's Helen F. Graham Cancer Center & Research Institute is among fewer than 35 companies and institutions in the world producing "designer" proteins capable of tailoring genetic material to develop personalized treatments for cancer and other genetic diseases.

The proteins, known as transcription activator-like effector nucleases or TALENs, precisely break DNA sequences at targeted sites along the human genome. Scientists can use TALENs to change the genetic code by cutting out a gene or ferrying in a new one and then stimulating the cell's own repair mechanisms to complete the job.

The ability to repeat the genetic profile of a patient's tumor "can be used in the laboratory for screening the effectiveness of anti-cancer drugs," said Chemistry Department Chair Eric Kmiec, Ph.D., at Delaware State University in Dover and director of the Genome Customization Core, a CTCR-based research group.

The Genome Customization Core custom-designs TALENs for researchers around the country, including the Graham Cancer Center's research partner, The Wistar Institute of Philadelphia. The research group also works with scientists at the University of Delaware, Delaware State University and area biotech companies.

Nicholas J. Petrelli, M.D., Bank of America endowed medical director of the Graham Cancer Center calls TALENs the cutting edge of translational science. "Dr. Kmiec and I see this as only the beginning of the types of partnerships that can be accomplished in the CTCR ... technology like TALENs will skyrocket translational cancer research."

TALENs technology has dramatically reduced the time required to recreate genetic sequences in the lab, from 18 months to about six weeks.

"This approach is an important step forward in developing a personalized treatment regimen for an individual so that we can provide the primary



Eric Kmiec, Ph.D., (center) and Research Associates Bryan Strouse and Pawel Biak in the Center for Translational Cancer Research.

physician with information about which drugs might work best against a specific cancer,” Dr. Kmiec said. The challenge, he added, is to identify the specific DNA changes that account for a particular tumor’s genetic makeup.

Jennifer Sims-Mourtada, Ph.D., senior clinical scientist at the CTCR, studies biological pathways associated with the loss of the BRCA1 gene known to increase the risk for hereditary breast cancer. Working with normal tissue samples, she uses TALENs to model what might happen in a normal, healthy patient when the BRCA1 gene is turned off and then studies the pathways affected. “Understanding these mechanisms potentially will lead us to more individualized treatments and less invasive preventive alternatives to mastectomies for this very aggressive breast cancer,” she said.

“We are on the threshold of being able to identify the genetic changes that lead to cancers and other diseases that are unique to a specific minority or ethnic group, and the Graham Cancer Center’s Tissue Procurement Center is a valuable resource in this process,” Dr. Kmiec said. TALENs can be helpful to researchers of genetic diseases such as sickle cell anemia, which affects one out of every 625 African-Americans.

“In the big picture, it’s especially significant for DSU, a historically black college and university, to partner with the Graham Cancer Center, which has worked so hard and already has been so successful in reducing disparities for African-Americans,” he said. “We want to go further and faster.”

The TALENs Core, the first jointly shared core in Delaware, receives a portion of its funding from an IDeA Networks of Biomedical Research Excellence (INBRE) grant to improve the caliber of research. The Graham Cancer Center and DSU share the grant with the University of Delaware, Nemours/Alfred I. duPont Hospital for Children and Wesley College. ●



“

Bringing together scientists and clinicians under one roof continues to be successful, and technology like TALENs will skyrocket translational cancer research.

”



NICHOLAS J. PETRELLI, M.D.



Jennifer Sims-Mourtada, Ph.D.

Graham Cancer Center partners with Wistar scientists to advance next generation of cancer medicines

The partnership of Christiana Care's Helen F. Graham Cancer Center & Research Institute and The Wistar Institute in Philadelphia pairs two powerful allies on a mission to crack the codes for diagnosing and treating many different types of cancer.

Wistar is one of the first National Cancer Institute designated cancer research centers in the United States. The Graham Cancer Center is one of the first NCI-selected community cancer centers. As part of the collaboration, Nicholas J. Petrelli, M.D., Bank of America endowed medical director of the Graham Cancer Center, serves as associate director for Translational Research at Wistar's Cancer Center.

"Partnerships such as ours with The Wistar Institute are key to accelerating the pace of discovery in cancer medicine," Dr. Petrelli said. "We know that 80 percent of cancer care is delivered at the community level. With Wistar, we are working to speed translation of discoveries made in their labs to clinical trials, to benefit patients here at the Graham Cancer Center & Research Institute and in communities everywhere."

Wistar Cancer Center's director, Robert and Penny Fox distinguished professor Dario Altieri, Ph.D., credits the successful track record of the partnership with contributing to an overall "Exceptional" impact score on Wistar's \$14.9 million NCI Cancer Center Support Grant (CCSG) renewal. He also serves as Wistar's chief scientific officer.

"The Graham Cancer Center has been an ideal partner in our mission," Dr. Altieri said. "Our scientists at Wistar have access to clinically annotated primary patient specimens of the highest quality."

In addition to the fresh specimens hand delivered to Wistar within hours of



Specimens arrive at Wistar within hours of collection. The Graham Cancer Center's Tissue Procurement Center has banked more than 4,000 specimens for study.

collection, the Graham Cancer Center's Tissue Procurement Center has banked more than 4,000 quality tissue specimens for study.

The Tissue Procurement Center was one of the highest contributors of tissues collected for the Cancer Genome Atlas Project, which is changing what we know and how we think about the genetic makeup of many different cancers. Wistar funding has supported upgrades to the Tissue Procurement Center, including the acquisition of tissue microarray capabilities essential for tissue analysis.

According to Pat Swanson, BSN, RN, research coordinator for the Wistar-Christiana Care collaboration, "We continue to look for new opportunities to assist these scientists with the highest quality specimens of all types, customized to their research needs. At the Graham Cancer Center's Tissue Procurement Center, we are building our reputation on quality."

New discoveries in the making

Characterized as "extraordinary and innovative" by the NCI in its latest grant renewal messaging, the Wistar-

Christiana Care partnership fosters opportunities for education and collaboration between scientists and clinicians. Several joint projects are under way in basic science and translational cancer research that already have led to jointly authored publications.

Lung Cancer

Thoracic surgeons, led by Thomas Bauer, M.D., and Brian Nam, M.D., at the Graham Cancer Center are working with Louise C. Showe, Ph.D., a professor in Wistar's Molecular & Cellular Oncology program and director of Wistar's genomics facility, to develop a blood test for lung cancer.

"We have shown it is possible to detect early stage non-small cell lung cancer by examining changes in gene activity in white blood cells," Dr. Showe said. Using blood samples contributed by patients through the Tissue Procurement Center, she is now working on a simpler test that uses whole blood, which could be drawn in a doctor's office.

"The quality of the samples from Christiana Care has been excellent," Dr. Showe said. "As a bench scientist, I have found it particularly rewarding to

have insight from the clinicians who are very engaged in this project.”

Graham Cancer Center clinicians collaborating on this project include Christopher Koprowski, M.D., Gregory Masters, M.D., Jon Strasser, M.D., and Gerald O'Brien, M.D.

Melanoma

Graham Cancer Center patients undergoing melanoma surgery have the opportunity to donate tumor samples for study at Wistar's Melanoma Research Center, home to the world's largest melanoma cell collection.

“Access to tissues from these patients is our lifeline,” said Melanoma Research Center Director Meenhard Herlyn, D.V.M., D.Sc. “We are getting some outstanding tumor samples from Christiana Care that represent subgroups of the disease that we didn't have in our portfolio.”

Wistar's Melanoma Research Center scientists are studying patients' tumors to identify the genetic drivers of the many different melanoma subtypes and to find out why some tumors are resistant to treatment.

Graham Cancer Center clinicians collaborating on this project are Joseph Bennett, M.D., and Randall Ryan, M.D.

“We are becoming increasingly successful in developing new ways to target melanoma,” Dr. Herlyn said. “We are still not ready to talk about a cure, but the community is hard at work to get there.”

Graham Cancer Center Pharmaceutical Clinical Trials Director Michael Guarino, M.D., said several new studies offered through the NCI Christiana Care Delaware Community Clinical Oncology Program are testing new combinations of drugs for advanced or recurrent melanoma.

Ovarian Cancer

Gynecologic oncologists Mark Borowsky, M.D., and Mark Cadungog, M.D., at Christiana Care are collaborating on ovarian cancer research with José Conejo-Garcia, M.D., Ph.D., professor and program leader for Tumor Microenvironment and Metastasis at Wistar.

“Right now there is no good screening test for ovarian cancer, and it is very difficult to treat,” said Dr. Borowsky, who is director of the Division of Gynecologic Oncology at Christiana Care. “Most patients will not be cured with current therapy. Our patients want to see this disease eradicated.”

Dr. Borowsky and Dr. Cadungog are co-authors of two papers related to this work, submitted recently for publication by Dr. Conejo-Garcia and his team.

At Wistar, Dr. Conejo-Garcia is using ovarian tumor samples from the Graham Cancer Center's Tissue Procurement Center to verify that previous findings in animal models reflect what actually happens in human disease. His research focuses on uncovering more details about how ovarian cancer acts on the body's natural defenses to enable tumor growth. This may enable earlier detection of the disease.

With Wistar's Rugang Zhang, Ph.D., the scientists also are culturing ovarian tumor cell lines in the lab that can be used to study tumor progression and to test new drugs. “These projects would not be feasible without our collaborators and could result in improved diagnostic and therapeutic interventions in the long-run,” Dr. Conejo-Garcia said.

Immunity research

In March, the Christiana Care Tissue Procurement Center began sending blood and tissue samples to Wistar's new Cancer Program in Translational Tumor Immunology, led by the expert in cancer immunology and immunotherapy Dmitry Gabrilovich, M.D., Ph.D. His team is looking at various types of

myeloid cells and how cancer impacts their role in the body's immune response. Some of the therapeutic strategies they have proposed to overcome these actions are now being tested in clinical trials.

Graham Cancer Center clinicians collaborating in this area of research include Head and Neck Multidisciplinary Center leaders Neil Hockstein, M.D., and Robert Witt, M.D., along with Gregory Masters, M.D., Michael Guarino, M.D., Raafat Abdel Misih, M.D., and others.



Wistar's Dmitry Gabrilovich, M.D., Ph.D., examines tissue collected at the Graham Cancer Center.

All of the participating Graham Cancer Center clinicians play a key role in these research projects with The Wistar Institute. In addition to facilitating collection of high quality, viable tissue samples, they actively participate in concept development, sharing with the scientists their unique understanding of the needs and concerns that arise from the everyday patient experience. ●

Christiana Care launches Project CandOR

In a packed grand rounds and kickoff event in the John H. Ammon Medical Education Center on July 29, Christiana Care launched its participation in Project CandOR: Communication and Optimal Resolution. This innovative, two-year demonstration project will help to support patients through open communication and optimal resolution when an investigation reveals unexpected patient harm.

representatives of U.S. Sen. Tom Carper in attendance. Sen. Carper, who follows patient safety and medical liability issues in Congress, originally connected keynote speaker Tim McDonald, M.D., JD, with Christiana Care leadership. In 2012, Dr. McDonald spoke at the Focus on Excellence Awards, where he addressed the Seven Pillars project, one of several initiatives used to develop Project CandOR.

the chair of anesthesiology at Weill Cornell Medical College in Qatar.

In addition to enhancing our commitment to patient- and family-centered care, Project CandOR supports our culture of responsibility and promotes our learning and reporting culture.

With other project participants, Christiana Care is developing and



“Your health system is so organized and so committed to patient safety, and I can tell that patient safety is in the DNA of everybody here.”

— TIM MCDONALD, M.D., JD

Funded by the U.S. Agency for Healthcare Research and Quality, Christiana Care is one of only three health systems in the nation — in addition to Dignity Health and Med Star — partnering with the Health Research & Educational Trust of the American Hospital Association to participate in Project CandOR.

In introductory remarks, Janice Nevin, M.D., MPH, chief medical officer for Christiana Care, recognized

Dr. Nevin noted the similar characteristics of Project CandOR and The Christiana Care Way.

“In the second line of The Christiana Care Way, there are some key words — innovative, effective and value — that we find in Project CandOR,” Dr. Nevin said. “But there are key words in the first line of The Christiana Care Way that really reflect this project, as it is a respectful, expert, caring partnership that we have with our neighbors.”

Now the medical director of Quality and Safety at Sidra Medical and Research Center in Qatar, Dr. McDonald praised Christiana Care’s leadership team and employees for their commitment to patient safety, quality and integrity.

“It really warms my heart to see how far you’ve come in doing things that very few hospitals around the country are doing,” said Dr. McDonald, who also is

implementing a toolkit of educational resources to help investigate medical error and provide harmed patients with appropriate and timely compensation, if necessary, and avoid future injuries and deliver overall safer care.

Project CandOR includes concepts such as communication, process improvement and caring for the caregiver. Key components of Project CandOR include development of key staff as trainers, an evaluation of our culture of safety, implementation of the toolkit and education of employees on all levels.

“We have never seen a more engaged team than we have seen here at Christiana Care,” Dr. McDonald said. “Your health system is so organized and so committed to patient safety, and I can tell that patient safety is in the DNA of everybody here.” ●

ACE unit patient is grateful to her 'angels'

Patty Dower, 78, had been out shopping with her husband one day in late May when she began to feel pain in her abdomen. They headed for home right away. "By the time I got home, I could hardly walk, the pain was so bad," she said. "Within an hour, I was going into shock. It was awful. I thought I was dying."

An ambulance brought her to Christiana Hospital's Emergency Department, where tests showed internal bleeding from a burst blood vessel. She was admitted for care and spent a week in the hospital's Acute Care for the Elderly (ACE) unit.

"My daughter and husband were with me because we were scared to death, and I was still in so much pain," she said. But on the ACE unit, she said, "I tell you, I was just enveloped with love and understanding. They knew what they were doing. They kept saying 'you're going to be OK.'"

Dower returned in July to help celebrate the Christiana Hospital ACE unit's 10th anniversary. "When I was asked to share my experience as a patient, I was honored to do so," she said, offering her thanks to the gathering of about 50 past and present nurses, nurse managers, volunteers and representatives of other departments.

"My caregivers were skilled and compassionate, working together as a team," she said. "I felt like they were taking care of their own grandmother. I felt like I was going to be OK."

Patients on the ACE unit often have special needs, and it takes a special, dedicated staff to provide the best care for them, said Linda Sydnor, ANP, BC, CNS, an adult nurse practitioner and geriatric clinical nurse specialist.

"We sometimes underestimate the power of a kind word or gesture, a good listener, a tender touch or just a silent, supportive presence," Sydnor said. "The ACE unit staff offers outstanding clinical expertise in geriatrics, but their passion for caring for this population cannot be overestimated."

The ACE units at both Christiana Hospital and Wilmington Hospital are a model of care for older patients, said Virginia Collier, M.D., MACP, the Hugh R. Sharp Jr. chair of Medicine at Christiana Care. "You live The Christiana Care Way," she said to the staff gathered for the event. "You are partners in patients' health care. You are respectful, and you certainly are expert. Our community is really fortunate to have all the people here."

In its first decade, the Christiana Hospital ACE unit has cared for 20,000 patients, said Patricia M. Curtin, M.D., FACP, CMD, chief of Geriatric Medicine and medical director of the ACE unit. "That's a lot of lives to touch," she said. "We look forward to our next decade of serving our senior patients."



"I tell you, I was just enveloped with love and understanding. They knew what they were doing. They kept saying 'you're going to be OK.'"

Patty Dower speaking about her experience in the ACE unit

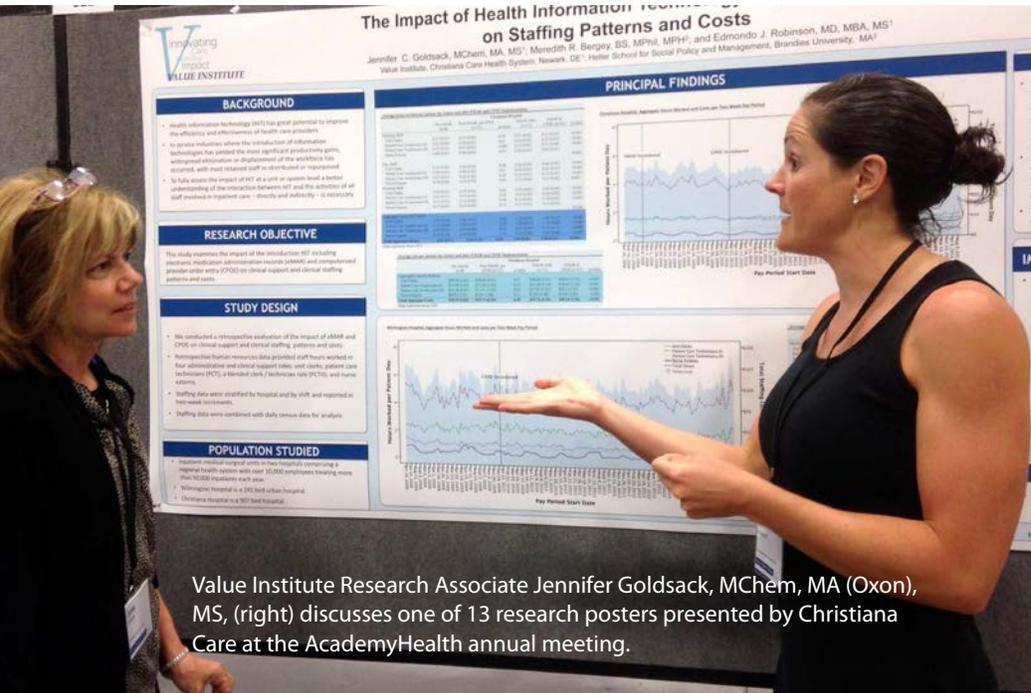
Delaware seniors will be grateful, Dower said. A unit specifically geared to the needs of patients 70 and older is important because "we are slower, and our needs are different," she said. The ACE unit staff "just know how to take care of you. They have to want to be there, which means everything."

Even her family benefitted from special care, Dower said. Staff made them feel welcome, comfortable and kept them fully informed throughout her hospitalization. When nurses learned that her husband of 60 years, George, would have his 79th birthday during her stay, they took action.

"We had planned a big party for him, but had to cancel it because I was in the hospital," Dower said. "But one of the nurses surprised my husband when he was in to see me with a piece of cake. And everyone came in and sang 'Happy Birthday.' He cried, and so did we.

"That was going the extra mile to be compassionate, not only to me but to my family," she said. "I call them 'my angels.'" ●

Christiana Care presents 13 research posters at AcademyHealth annual meeting



Value Institute Research Associate Jennifer Goldsack, MChem, MA (Oxon), MS, (right) discusses one of 13 research posters presented by Christiana Care at the AcademyHealth annual meeting.

Christiana Care showcased its extensive health services research projects, led by the Value Institute at Christiana Care, during the AcademyHealth Annual Research Meeting in June, in San Diego.

Christiana Care researchers presented 13 research posters in a range of categories, including patient-centered outcomes, health information technology and long-term care.

The conference is considered a premiere forum for discussion of health research, policy and practice, said Timothy Gardner, M.D., executive director of the Value Institute. “The goals of AcademyHealth are aligned with ours: to identify and create practice and policy solutions to improve health care for patients and providers,” said Dr. Gardner, who also is the medical director of the Center for Heart & Vascular Health. “Our team’s presentations represent collaboration with our colleagues throughout the health system and contribute to this essential body of knowledge.”

Christiana Care’s posters showcased research collaborations between the Value Institute and departments throughout the health system. All touched, in various ways, on health care’s Triple Aim of improving population health and patient experience and reducing cost.

For example, two of the posters were developed through collaborations among the Value Institute’s Center for Organizational Excellence, Value Institute research staff and health care providers at Christiana Care. One project reduced unnecessary blood transfusions and their associated patient risks and costs by leveraging Lean Six Sigma process-improvement techniques that they learned through training at Christiana Care. The other used similar techniques to reduce turnaround times for lab tests in Christiana Hospital’s Emergency Department.

“The Value Institute provides research support and expertise to our clinical and research partners,” said Value Institute Research Associate Jennifer Goldsack,

MChem, MA (Oxon), MS, who had four posters at the conference. “Together, we write abstracts, collect data and develop posters to tell the story of our internal work so that it can be both celebrated and disseminated to other institutions, which is part of our mission.”

Another poster presented at the conference, “Improving Transitions from Acute Care to the Extended Care Setting,” began with the staff on Unit 5C. They were seeing a high number of readmissions from area nursing homes, especially among patients diagnosed with congestive heart failure, and reached out to those providers to see how communication could be improved to reduce readmissions. Those efforts resulted in the creation of disease-specific clinical summary sheets, direct communication between a hospital physician and a nursing home physician on each patient, and a streamlined discharge packet that provided extended-care facilities with easier-to-read critical information about patients and their specific conditions and treatment needs.

“Together, we put together a process that would work for everyone and benefit the patient most of all,” said Heather Powell, MSN, RN, MS-BC, a patient care facilitator on 5C. Powell collaborated with Value Institute Research Associate Kimberly Williams, MPH, to compile research and prepare the presentation.

At the conference, keynote speaker Harvey Fineberg, M.D., Ph.D., MPP, president of the Institute of Medicine, discussed the importance of embedding researchers in hospital settings to create learning health care systems.

“I felt as if he were speaking to the Value Institute’s goals at Christiana Care: to achieve better health, better care and better value,” Williams said. ●

New attire distinguishes Christiana Care Guest Services staff



Identify Christiana Care Guest Services staff by their sharp-looking black suits, signature green shirts or blouses and neckwear.

CHRISTIANA CARE UNIFORM COLORS

NURSING	
TECHS/CLERKS	
FLEX MONITORING	
RESPIRATORY CARE	
REHABILITATION SERVICES	
EVS	
PHARMACY	
IMAGING	
CARDIOVASCULAR & EKG	
IMAGING TECHNICAL ASSISTANT	
BLOOD COLLECTION	
PATIENT TRANSPORT AND MATERIALS LOGISTICS EQUIPMENT ROOM STAFF	
FOOD & NUTRITION	
LANGUAGE SERVICES	
BREASTFEEDING COUNSELOR PROGRAM	
CASE MANAGEMENT/QUALITY/ PERFORMANCE IMPROVEMENT/PATIENT SAFETY & ACCREDITATION/CARE LINK	
MATERIEL SERVICES PAR STAFF	

When patients and families visit Christiana Care Health System for an appointment or to see a loved one, they quickly can spot members of the Guest Services staff, newly outfitted in black suits with a pop of green in their ties and scarves.

“Our Guest Services staff members are often the first to greet our patients and visitors,” said Margarita Rodriguez-Duffy, MSW, CAVS, director of Visitor and Volunteer Services. “Their professional uniforms demonstrate our goal of being respectful partners to those who come through our doors.”

The new Guest Services attire adds to the palette of uniforms at Christiana Care. Starting in 2012 with navy blue scrubs for nurses, services that are integral to patient care have selected uniform and scrubs colors to make them recognizable to patients.

“Making it easy for our patients and families to identify our Christiana Care employees who are here to help them is an important part of providing the best care for them and providing comfort at an anxious time,” said Shawn R. Smith, MBA, vice president of Patient Experience. ●

A community of support for families grieving the loss of an infant



Memento boxes are one aspect of Christiana Care's efforts to support parents who are grieving the loss of a baby.

The loss of a baby is a heart-wrenching experience for everyone involved. At Christiana Care, many people come together to ensure that grieving parents get the support they need.

Parents who leave the hospital without their newborn take home memento boxes filled with keepsakes from their baby's brief life. The boxes, funded by a \$35,000 gift from the Junior Board of Christiana Care, are part of a coordinated approach to bereavement services that brings together staff from Labor and Delivery, the Neonatal Intensive Care Unit, Pastoral Care, Visitor & Volunteer Services and others.

"If it takes a village to raise a child, it takes a community to support parents when a child is lost," said Kim Petrella, RN, who chairs the Labor & Delivery bereavement committee. "The box holds their memories, their dreams. It gives them something to hold in their arms."

Acknowledging a family's need for a compassionate, respectful farewell is a fairly recent concept in health care, said Barbara Dean, BSN, RNC, bereavement coordinator in the Neonatal Intensive Care Unit.

"Years before I was born, my mother lost a baby and never had the chance to hold him, never had the chance to say goodbye," she said. "Over the years, we have evolved."

In addition to the Maternal Child Bereavement Council, Christiana Care supports an Infant Maternal Pediatric Advanced Care Team (IMPACT), whose members partner with parents to plan palliative care for babies who are near the end of their lives. Dean and two other nurses, Nancy Lowinski, RN,

and Karen McDonald, NNP, have become certified in perinatal loss and end-of-life care by the Hospice and Palliative Care Nurse Association. Wendy Sturtz, M.D., the neonatologist who directs the team, is board certified in palliative care.

Team members work closely with parents to learn how they want to spend this precious time with their babies.

"Some parents have had birthday parties for their babies," said Rev. Sheryl Allston, a chaplain and a member of the IMPACT team. "Some want to change the baby's diapers and dress the baby."

Nearly 60 Christiana Care staff and volunteers worked together to coordinate the baptism of a baby in a service that included the extended family. Allston baptized the baby and acknowledged his relatives by dipping flowers in holy water and inviting them to remember their own baptisms. She then placed the flowers in a vase and presented them to the family.

Bereavement services include help with making funeral arrangements and assistance with gathering mementoes, such as the baby's blanket and cap, said social worker Terre Gilchrist, MSW, who works with bereaved families.

"If they wish, we will call a volunteer photographer with a program called Now I Lay Me Down to Sleep who takes beautiful pictures of the baby and the family, perhaps the baby's hand in a grandmother's hand," she said. "We can make extra copies of the baby's footprints on stock paper so the parents can share them with family members."

The new memento boxes are crafted from recycled paper and can be inscribed in English or Spanish. They contain a footprint

kit, a sympathy card, a photo holder and room for other keepsakes.

“Each box holds what is meaningful to those parents: a washcloth used to bathe the baby, a lock of hair, the baby’s blood-pressure cuff,” Gilchrist said.

In Labor & Delivery, volunteers previously decorated boxes, including several Junior Board members. Thanks to the Junior Board’s two-year gift, bereaved parents in L&D now receive the same bereavement boxes distributed in the NICU. The gift also paid for two Nikon cameras that can provide high-quality photographs of babies and their families.

“The boxes are beautiful and very meaningful to the mothers,” said Lois Woods, former chair of the board’s maternity committee. “Having the same box to give to parents in both Labor and Delivery and the NICU is a positive step.”

Volunteers continue to play an important role, contributing such keepsakes as quilts and christening gowns stitched by hand.

“They may never hear a thank you, yet they are making a huge difference,” Petrella said.

Staff members sign a condolence card to send to the parents. They also provide a stop-mail card the parents can fill out so that they do not receive coupons for diapers and other mailings that typically are sent to homes where there is a new baby.

Dean said providing compassionate bereavement services for families helps the staff, too.

“We often get to know these families over time and care deeply for them,” she said. “This is one final thing that we can do to help.” ●



* Saying thank you *

In June, Christiana Care hosted a tea to thank the Junior Board and volunteers who provide support to grieving parents. On display were the memento boxes, infant clothing and other items that are donated and hand-made with loving care by the many supporters who partner with Christiana Care to serve the needs of families coping with loss.



Global Health Symposium highlights enormous challenges, opportunities



Keynote speaker Thomas Quinn, M.D., with Omar A. Khan, M.D., MHS; Richard Derman, M.D., MPH, FACOG; Kathleen S. Matt, Ph.D., dean of the University of Delaware College of Health Sciences; and Michael Rosenthal, M.D., chair, Christiana Care Department of Family & Community Medicine.

Thomas Quinn, M.D., certainly knew the statistics on AIDS deaths before he left for Uganda 15 years ago. He has authored more than 900 publications on HIV/AIDS.

The numbers really sank in, though, when Dr. Quinn landed in Kampala. As he left the airport, both sides of the road were lined with carpenters building thousands of wooden coffins.

Five years later, the life-saving effect of antiretroviral drugs was instantly apparent. Dr. Quinn saw the same number of carpenters on the same road, but, this time, they were building furniture instead of coffins.

Dr. Quinn, associate director for international research at the National Institutes of Health and director of the Johns Hopkins Center for Global Health, was keynote speaker at the Delaware Health Sciences Alliance Global Health Symposium at the John H. Ammon Medical Education Center, June 13. The event, which also featured global health leaders and educators from Christiana Care, focused on two very different

locales where medical professionals can improve global health: less-developed countries overseas and closer to home in the U.S.

Dr. Quinn began researching global health in Africa in the 1970s, when it was still called “tropical medicine.” But the diseases he’s seeing now are much different from the ones he saw then. Communicable diseases such as malaria, tuberculosis and HIV/AIDS are now overlapping with chronic diseases like obesity, cancer, diabetes, hypertension and cardiovascular disease in Africa. On top of that, there is a marked increase in mental illness driven by poverty, inequity, political upheaval, economic instability, severe weather events and unprecedented population growth.

He quoted “AJ” Daga Tola, a Nigerian musician and activist who lives in the overcrowded, fast-growing city of Lagos along with 21 million others: “Everyone here wakes up in anger. ... People find it very hard, and it is getting worse.”

In the 50 least-developed countries, life expectancy at birth is 53, and annual per

capita income is \$383. In industrialized countries, life expectancy is 79 and per capita income is \$35,410, Dr. Quinn said.

Health care accounts for 10 percent of the world GNP, and access to care is a growing issue.

Dr. Quinn flashed a quote from *The Lancet* on an overhead screen: “Health is now the most important foreign-policy issue of our time.”

The goal of global health is improving health for all people in all nations by promoting wellness and eliminating avoidable diseases, disabilities and deaths. Practitioners combine clinical care at the individual level and population-based measures to promote health.

Dr. Quinn sees the world response to the AIDS epidemic as one model for responding to other diseases. Deaths were averted as groups including the World Bank and the President’s Emergency Plan for AIDS Relief funded efforts.

He explained how new technology helps treat patients and teach health-care providers continents away. Medical students in Uganda link to Johns Hopkins grand rounds via satellite. Telemedicine crosses continents. Doctors in remote areas receive mobile health information on their phones.

Still, he says, the number of physicians per 100,000 population varies widely: only two in Mozambique; 13 in Ghana; 164 in China; 280 in the U.S.; 340 in France; 417 in Russia; and 530 in Cuba. He cited a litany of other health disparities. For example, 10 million of the 57

million worldwide deaths in 2010 were children younger than five. Ninety-eight percent of those children died in developing countries.

“There are opportunities to effect change in many of these areas,” Dr. Quinn said. “In terms of delivering health care and improving the lives of those affected, you can make huge differences. When I studied medicine as a student, I couldn’t get any funding. These opportunities weren’t there. They are now. Anyone who wants to go abroad — who wants to make a difference — those doors are now open.”

Interest in global health is growing at Christiana Care, where the first three residents with a global health track graduated in June and nine residents are currently enrolled. Of the 120 symposium attendees, more than half were students, residents and young physicians.

Christopher Prater, M.D., one of the first three graduates, said Christiana Care’s program is unique among global health tracks because it offers diverse instruction that includes surgery and gynecology, not just family medicine or pediatrics.

“Ours is a reflection of our culture at Christiana Care — collaborative and patient-centered and learner-centered without regard to silos,” said Omar A. Khan, M.D., MHS, director of the Global Health Residency Track in Family

Medicine and chair of the DHSA Global Health Symposium.

Richard Derman, M.D., MPH, FACOG, The Marie E. Pinizzotto, M.D., Endowed Chair of Obstetrics and Gynecology at Christiana Care and a principal investigator of the Global Research Network for Women’s and Children’s Health, told attendees he found his life’s work while volunteering as a young Peace Corps physician in India.

“Just jump in, because, when you jump in, it’s not the same as hearing lectures,” he said. His jumping-in led to success in stemming the high number of maternal and infants deaths in India. His team’s interventions, including the use of oral misoprostol for the prevention of postpartum hemorrhage, resulted in an approximate 50 percent reduction in postpartum hemorrhage among all study participants, the leading cause of maternal mortality both in India and worldwide. Drug availability is now supported by the World Health Organization. As part of another Global effort, the number of stillbirths reported through the network’s research fell by 30 percent as a result of the team teaching resuscitation techniques to birth attendants.

Ellen J. Plumb, M.D., of Thomas Jefferson University told the attendees that global health can be practiced at home as well as overseas, because 80,000 refugees and 27 million foreign-born persons now

live in the U.S. Many global-health physicians work within the U.S., including Dr. Khan and Karla Testa, M.D., both leaders in the Global Health Group at Christiana Care.

“Global health really is a large public-health issue, even if you’re not traveling around the globe,” said Dr. Testa, who practices at Westside Family Healthcare, a federally qualified health center.

Statistics presented at the symposium underscored that: Each year, 1.4 billion people travel by air. Food and animals are sold globally. A virus can spread around the world in two or three days.

Dr. Plumb introduced several global health fellowships, but she emphasized that fellows could practice in the U.S. or overseas.

“Global health practice is here,” she said. “It’s in your back yard. You don’t have to go halfway across the world.” ●



Thomas Quinn, M.D., highlights global health disparities.

“Health is now the most important foreign policy issue of our time.”

— THE LANCET

Value Institute explores the future of health care at BioBreakfast

The future of medicine is just around the corner.



Bob Dayton, president of the Delaware BioScience Association, with Richard Derman, M.D., MPH, FACOG, Timothy Gardner, M.D., Sharon Anderson, MS, BSN, RN, FACHE, and Randall Gaboriault.

“Christiana Care will now be able to focus on better supporting our patients after discharge and helping them stay healthy by working with them outside of the hospital setting after a hospitalization.”

**SHARON ANDERSON,
MS, BSN, RN, FACHE**

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Speakers at a BioBreakfast hosted in July by the Value Institute at Christiana Care Health System and the Delaware Bioscience Association offered a peek into some of the changes ahead — and some that are already being put into action at Christiana Care.

Sharon Anderson, MS, BSN, RN, FACHE, senior vice president, Quality, Patient Safety and Population Health Management and director of the Center for Quality and Safety in the Value Institute, described the reorganization of the Quality and Safety Program, including unit-based value improvement teams, which began three years ago at Christiana Care. To reinforce a culture focused on patient safety, staff were given extra training, technology and resources to improve patient care, and units were graded on outcomes. The result: reductions in mortality and morbidity, a drop in the number and rate of medical errors and cost savings of more than \$55 million. Quality indicators jumped from 43 percent to 68 percent.

“It’s a testament that shows how seriously we take our mission to improve the quality and safety of care that we deliver,” Anderson told about 190 attendees at the John H. Ammon Medical Education Center. “Our strategy is founded in The Christiana Care Way — creating innovative, effective, affordable systems of care that our neighbors value. Much is changing in health care, including payment reform, which also will help support our work to improve care and the health of our community.”

The current fee-for-service system in place in health care is based on volume — the more services provided, the more revenue one receives with less focus on the quality of care provided, Anderson said. That is starting to change.

Starting in 2015, Christiana Care will be participating in a Centers for Medicare and Medicaid Services 90-day bundled-payment project, in which a single payment will be allocated for care that begins up to three days before hospitalization through 90 days after discharge. It provides one

“These kinds of connections enable these important sectors to individually and collectively help Delawareans live healthier, more productive lives.”

TIMOTHY GARDNER, M.D.
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payment for the range of health services needed. In other words, said Anderson, “Christiana Care will now be able to focus on better supporting our patients after discharge and helping them stay healthy by working with them outside of the hospital setting after a hospitalization.”

To move forward, “we have to change the way we do the things we do, starting with ourselves,” she said. That is why Christiana Care employees now receive health care through Christiana Care Quality Partners, a network of physicians who are working to develop models of care aimed at delivering better care for individuals, better health for populations and lower costs.

“We’re going to see if we can improve our own outcomes, keep our employees well and improve their health status,” Anderson said. “It’s not just about hospital care but also improving the continuum of care. Ultimately, it’s back to The Christiana Care Way.”

That mission extends even to neighbors far away. Richard J. Derman, M.D., MPH, FACOG, the Marie E. Pinizzotto, M.D., Endowed Chair of Obstetrics and Gynecology at Christiana Care, described his work to improve maternal and infant health in India, where each year, 309,000 babies die on the day of birth, and there are 56,000 maternal deaths. “It’s like three jumbo jets going down every day,” he said.

Derman and colleagues have published results of the successful use of misoprostol to reduce maternal death due to postpartum hemorrhage, and a program, Helping Babies Breathe, that provides life-saving neonatal resuscitation training. “We have data on 99 percent follow-up on over 400,000 women,” he said, and “we continue to follow those mothers.”

It is that kind of data gathering, whether in India or closer to home, that is fueling a revolution in information technology that will improve the ability to deliver the right care to the right person at the right time, said Randall Gaboriault, chief information officer at Christiana Care.

“We’re doing innovative things here in Delaware that are not happening across the nation,” he said, citing the Delaware Health Information Network, a partnership that allows instant access by physicians to a patient’s records from hospitalizations, as well as outpatient lab results and imaging studies.

“We also are actively creating the next generation of electronic care systems, building and integrating algorithms as members of the care team,” Gaboriault said. “These algorithms, based on data from sources across the patient care journey and our best-known science, can aid the provider in predicting patient risks, which in turn can be used to build value-driven, evidence-based interventions. We’re developing intelligent clinical management built on evidence and delivered through information technology.”

Christiana Care co-hosts health care-related programs with the Delaware BioScience Association to share new knowledge and ideas with Delaware’s life-sciences community. The association brings together hospitals and other medical institutions, pharmaceutical and biotechnology firms, medical device manufacturers, agricultural biotech and chemical companies, research entities and others with the shared goal of expanding Delaware’s bioscience economy.

“These kinds of connections enable these important sectors to individually and collectively help Delawareans live healthier, more productive lives,” said Timothy Gardner, M.D., executive director of the Value Institute and medical director of Christiana Care’s Center for Heart & Vascular Health. ●

“We are doing innovative things here in Delaware that are not happening across the nation.”

RANDALL GABORIAULT
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Spirit of Women Award winners receive national honors

Two women who were honored this spring at Christiana Care's Champions of Service Awards were selected as national winners at the 2014 Spirit of Women Awards.

Elizabeth Sushereba, CNM, honored with the Health Care Hero Award, and Emily Zhang, winner of the Young Person Role Model Award, were among the three national honorees featured at the Spirit of Women National Executive Meeting in Miami.

Spirit of Women, a national coalition of hospitals and health care facilities advancing the cause and business of women's health, organizes the Spirit of Women Awards. Christiana Care Health System has been a member of Spirit of Women since 2008.

"I do believe that God has given me the ability, resources and time to help those in need," she said. "I especially feel a strong pull to working with women who have so much less but so many more obstacles. I cannot imagine my life spent any other way. And my husband supports me completely."

Zhang's Young Person Role Model award is due to her significant positive impact on her local community and her effect globally through service and development initiatives. Locally, Zhang serves lunch to hundreds of underserved people in Wilmington, while globally she travels to Haiti to help in a medical clinic, a women's group and a children's summer camp. As head intern for the nonprofit, Students For Haiti, Inc., she helps the organization form partnerships to better serve the people of Haiti. Zhang is pursuing a career in medicine and returned to Haiti this summer. ●



Sushereba, who became Christiana Care's first certified nurse midwife seven years ago, was named the Health Care Hero award winner for the way she empowers women every day, teaching that pregnancy and birth are normal life processes and encouraging women to take an active role in their health. Sushereba spends a great deal of her personal time on efforts to improve health care in developing-world countries. She has traveled to sub-Saharan Zambia to help bring modernized medicine to a rural underserved area, setting up health care clinics, delivering babies and educating medical staff. She has positively affected the lives of countless women and children. At home in the community she also volunteers with youth, being active in her church community.

Spirit of
Women®

Above left: Spirit of Women national Health Care Hero Award winner Elizabeth Sushereba, CNM, with Julie Silverstein, M.D., FACP, medical director of Christiana Care's Wilmington Health Center, (right) and Malissa Owen, Spirit of Women client services manager.

Above: Spirit of Women national Young Person Role Model award winner Emily Zhang with her mother, Rachel Zhang, Peggy Mika, Christiana Care's director of Marketing Communications, and Malissa Owen, Spirit of Women client services manager.



DAISY Award will recognize nurses for patient- and family-centered care

A new awards program at Christiana Care Health System will recognize exceptional nurses for the patient- and family-centered care they give. The Professional Nurse Council will present The DAISY Award for Extraordinary Nurses each month to a Christiana Care nurse in recognition of the difference nurses make every day in the lives of our patients and their families.

“A lot of programs honor nurses who perform outstanding clinical work,” explains Allison Steuber, MSN, RN III, CEN, who chairs the Professional Nurse Council at Christiana Care. “The DAISY Award goes a step further to recognize the impact nurses have daily in patients’ lives.”

Steuber first learned about the DAISY Award when she heard the founders of The DAISY Foundation speak at a Magnet Conference. The family of J. Patrick Barnes created DAISY — an acronym for Diseases Attacking the Immune System — in 1999 to honor his memory with a tribute to the skillful and compassionate care he received from his nurses during his hospitalization. The family established The DAISY Award as a way to say thank you to nurses everywhere. They never dreamed that today more than 1,700 health care facilities in all 50 U.S. states and 11 countries would be honoring nurses with this award.

Patients, families and all members of the Christiana Care team may nominate nurses who have made a significant impact at <http://www.christianacare.org/daisyaward>. All nurses — inpatient, outpatient and Visiting Nurse Association — are eligible.

Every month, the 13-member Professional Nurse Council will select one DAISY Award honoree in a blind review process. A member of the PNC, nursing leadership and a nurse manager will surprise the honoree at work with a special certificate, a DAISY Award pin and a hand-carved stone sculpture called “A Healer’s Touch.” The celebration will include Cinnabon cinnamon rolls — a favorite of Patrick’s

during his illness. The person who made the nomination is also invited to attend the ceremony. All winning nurses will receive recognition at the annual Excellence in Nursing Awards.

“We especially hope to hear from patients and families during the nomination process,” says Diane Talarek, MA, RN, NE-BC, chief nursing officer and senior vice president, Patient Care Services. “Nurses are at the bedside, in the exam room and in patient homes day in and day out providing care. The DAISY Award provides the perfect forum to recognize and celebrate the positive impact our nurses have on the lives of others.”

Nominations for the first DAISY Award, to be presented in October, will be accepted between Aug. 15 and Sept. 15. Each month on the 15th, the process will begin again. The strongest nominations will be held over for consideration in subsequent months, and every nurse receiving a nomination will be informed.

“The DAISY Award captures the very essence of our mission at Christiana Care — patient- and family-centered care,” says Judith A. Townsley, MSN, RN, CPAN, vice president, Perioperative Services, and professional adviser for the Professional Nurse Council. “We become nurses to care for patients, not expecting anything in return. The DAISY Award will allow 12 of our nurses each year to truly understand the impact of their work, and allow us to recognize them for their dedication.” ●



**The DAISY
Award**

FOR EXTRAORDINARY NURSES

IN MEMORY OF J. PATRICK BARNES

To nominate an extraordinary Christiana Care nurse for The DAISY Award, go to <http://www.christianacare.org/daisyaward>. Learn more about The DAISY Award at daisyfoundation.org.

Christiana Care residencies are a top choice for graduates



Lisa Maxwell, M.D., director of the Family Medicine Residency Program, observes resident Julie A. Hammond, D.O., examining a patient at the Family Medicine Center, Foulk Road.

Training that prepares residents to provide high-quality care in a variety of settings has made Christiana Care a destination of choice for residents. With more than 100 years of experience in post-graduate medical education, Christiana Care is a top-rated independent academic medical center.

“For the second year in a row our health system achieved a 100-percent first-round match result from the National Resident Matching Program,” said Neil Jasani, M.D., vice president, Academic Affairs. This program aligns the

“For the second year in a row our health system achieved a 100-percent first round match result from the National Resident Matching Program.”

— NEIL JASANI, M.D., VICE PRESIDENT, ACADEMIC AFFAIRS

preferences of medical school graduates with the preferences of residency program directors to fill training positions throughout the U.S.

“We get people from the best medical schools coming to us, where they have the opportunity to both train and do research,” said Anthony Sciscione, D.O., director, OB-GYN Residency program. “We have more than 6,000 deliveries a year and a very diverse patient population, including the highest acuity patients.”

In Family Medicine, residents also gain experience caring for a diverse population, seeing patients in both suburban and urban settings, said Lisa Maxwell, M.D., who directs the Family Medicine Residency program. Residents also can tailor their education in order to get extra training in their areas of special interest.

“We recently had a resident who received a lot of extra training in obstetrics and is now working at a clinic in rural Colorado doing primary care and obstetrics,” Dr. Maxwell said. “One of our residents had a special interest in HIV, and she is now

working with those patients, dividing her time between Christiana Care and Westside Family Healthcare.”

Tiffany Eckert, M.D., a third-year Family Medicine resident, is interested in urgent care and global health. The Family Medicine program helped to smooth the way for her to spend time in Guatemala, caring for poor patients in a teaching clinic.

“Christiana Care has an innovative program that is set up in mini-blocks instead of traditional blocks,” Dr. Eckert says. “Because I have had so much hands-on training, I feel I am well prepared to practice medicine.”

In all, Christiana Care has 11 allopathic and two osteopathic residency programs, plus residencies in oral and maxillofacial surgery, dentistry, podiatry, pharmacy and pastoral care.

In 2007, the American Board of Emergency Medicine and the American Board of Family Medicine approved a dual certification program combining Family Medicine and Emergency Medicine residencies at Christiana Care. The program offers two residency spots each year; the first resident to complete the program graduated in 2012.

“This was the first allopathic program of its kind in the country and a true testament to the collaborative culture of Christiana Care,” Dr. Maxwell said.

For Vrunda Patel, M.D., choosing an institution with quality residencies in many specialties was a priority. Her husband, Vishal Patel, M.D., is a resident in Christiana Care’s Medicine-Pediatrics program.

“We were planning on going through the couples match,” she said. “My husband was the first to visit here and he was very impressed by the amount of experience the residents have.”

Incoming OB-GYN residents got an immediate sense of what it is like to train in a high-volume hospital, with seven scheduled C-sections on their very first day.

“This is a place where residents can dive in and start learning right away,” she said. ●

Practice makes perfect

For more than three years, Vrunda Patel, M.D., OB-GYN chief resident, practiced managing complicated deliveries in Christiana Care’s Virtual Education and Simulation Training Center, where doctors train in a simulated setting using sophisticated robotic mannequins. When a baby at Christiana Hospital presented with shoulder dystocia — a rare and dangerous complication — in July, Dr. Patel was ready.

“Everyone was very calm, and we had a great outcome because we had practiced it so many times,” she said.



Adrian Quesada-Rojas, M.D., of the OB-GYN faculty, and OB-GYN chief resident Vrunda Patel, M.D., introduce PGY1 OB-GYN resident Shivani Shah, M.D., to a robotic mannequin capable of simulating a wide range of infant delivery conditions at Christiana Care’s Virtual Education and Simulation Training Center.

Christiana Care welcomes Sydney Kimmel Medical College Delaware Branch class of 2016



Christiana Care’s Office of Academic Affairs welcomed 16 medical students from the Thomas Jefferson University’s recently renamed Sydney Kimmel Medical College, class of 2016, at a reception at Christiana Hospital in July.

The medical students represent the fourth class to study full-time at Christiana Care as part of the college’s Delaware Branch established in 2011. The program is for third- and fourth-year students.

The annual reception also served as an event for the classes of 2014 and 2015 students and faculty to recognize individuals pictured here for their contributions to their education. ●



MATTHEW BURDAY, D.O.
Attending Teacher of the Year



BETH FITZGERALD, MS, RN, CNOR
Nurse of the Year



LOIS MIDASH
Student Coordinator of the Year

The class of 2014 recognized the following Christiana Care residents, pictured with Dr. Maxwell, for their contributions:

- COLIN ZEPEDA, M.D., MED/PEDS**
- JASON STANKIEWICZ, M.D., EM/IM**
- TANYA PUKLUS, M.D., OB/GYN**



Christiana Care residents receive national recognition

Himani Divatia, D.O., Christiana Care Internal Medicine-Pediatrics co-chief resident, has been named the Dr. Gary Onady Award winner by the National Med-Peds Residents' Association (NMPRA) for making extraordinary, lasting contributions to the success of the association and to the dual specialty of internal medicine-pediatrics on the regional and national levels. This is the top award the organization bestows on a medical resident.



Himani Divatia, D.O.

"It is not often someone like Dr. Divatia enters our specialty, excels in so many different areas and takes such an abiding interest in national affairs related to the specialty," said Allen Friedland, M.D., FACP, FAAP, Christiana Care's program director in the Combined Med-Peds

Residency Program. "With her enthusiasm and dedication to health and wellness, she embodies why so many of us have gone into the internal medicine-pediatrics specialty."

Dr. Divatia has championed the specialty among medical students at the regional and national levels. She inspired a successful med-peds student interest group at the Philadelphia College of Osteopathic Medicine, whose match applicants in the specialty this year were among the top five from any medical school in the United States.

In addition, she has taken a leadership role in the Internal Medicine-Pediatrics section of the American Academy of Pediatrics. She leads the Physician Health and Wellness Booth, a med-peds program at the American Academy of Pediatrics National Conference, coordinating med-peds faculty, residents and medical students from around the country to donate time to speak with pediatricians about the care they provide, including the latest adult preventive-health care guidelines. Dr. Divatia served as co-secretary of NMPRA from July 2013 to June 2014.

The award is named for Gary Onady, M.D., Ph.D., professor of internal medicine and pediatrics at Wright State University, for his notable, extraordinary, lasting contributions to the specialty, including federal support of the fourth year of internal medicine-pediatrics training in the Balanced Budget Act of 1997.

Dr. Divatia graduated from Penn State with a Bachelor of Science in biology in 2006 and earned her medical degree at the Philadelphia College of Osteopathic Medicine in 2011. Her interest and desire to pursue internal medicine-pediatrics originated at a regional specialty meeting held at Christiana Hospital in 2009.

Another internal medicine-pediatrics fourth-year resident at Christiana Care also received recognition from NMPRA. The organization invited Vishal Patel, M.D., MBA, to display a poster at the national meeting Oct. 11 in San Diego.

The NMPRA is a volunteer organization led by resident physicians of various combined internal medicine-pediatrics residencies throughout the United States. The organization advocates for the specialty and fosters excitement among its residents and those applying for the specialty. ●



Vishal Patel, M.D., MBA

"With her enthusiasm and dedication to health and wellness, she embodies why so many of us have gone into the internal medicine-pediatrics specialty."

— ALAN FRIEDLAND, M.D., FACP, FAAP

PROGRAM DIRECTOR, COMBINED MEDS-PEDS RESIDENCY PROGRAM



Dana Beckton, MA, named director of Diversity & Inclusion

Dana Beckton, MA, was appointed director of Diversity & Inclusion and co-leader of the Center for Diversity & Inclusion, Cultural Competency and Equity.

Beckton will create and implement workforce diversity and inclusion,

employee development and onboarding strategies to create a work environment in which staff are treated fairly and respectfully and have equal access to opportunities to learn and grow.

She partners with Jacqueline Ortiz, M.Phil., director of Cultural Competency and Language Services, and Barbara Monegan, director of Talent Management and Leadership Development.

Prior to joining Christiana Care, Beckton worked with the Children's Hospital of Philadelphia, most recently in the Office of Diversity and Inclusion, and also in CHOP's Training and Development Department. She received her bachelor's degree in business administration from Temple University, Philadelphia and her master's degree in organizational development and leadership from St. Joseph's University, Philadelphia.

Huaiying Gao, Ph.D., appointed Learning Institute's director of Content Development



Huaiying Gao, Ph.D., named Learning Institute's director of Content Development, will develop and implement a systemwide learning content-development strategy and select innovative content-development tools to create unique learning experiences for staff, residents, physicians and patients at Christiana Care Health System.

She also will co-lead the Center for Educator

Development and Research in partnership with Michelle L. Collins, MSN, RN-BC, ACNS-BC, director of Nursing Professional Development and Education, and the Center for Innovation, Instructional Design and Technology with Tom Peters, director of Learning Institute Operations and Technology.

She received her Ph.D. in curriculum and instruction from Virginia Polytechnic Institute and State University (Virginia Tech) in 2005. Prior to joining Christiana Care, Gao was the Director of Learning@Carey at Johns Hopkins University Carey Business School and led the school's instructional design and technology team supporting faculty training, online course design and development, learning assessment and teaching evaluation. Gao also served on several Johns Hopkins University committees on faculty support, instructional technologies and learning assessment.



Wendy Felts, MSN, RN, NNP-BC, appointed 4A nurse manager

Wendy Felts, MSN, RN, board-certified neonatal nurse practitioner, has been promoted to nurse manager of patient care unit 4A.

Felts received a nursing diploma from the Nursing School of Wilmington in 1985, a BSN from Wilmington College in 2003 and her MSN/NNP from the University of Maryland (Baltimore) in 2004.

She has been at Christiana Care for more than 12 years and has been active in many projects, including the development of the Continuing Care Nursery. She is currently pursuing a master's degree in management with a concentration in health care administration at Wilmington University, with an anticipated graduation in December 2014.

Felts' new role will include leadership on 4A with responsibilities in the Neonatal ICU.

Kristin Livingston, MBA, RHIA, appointed director of Data Informatics and Analytics



Kristin Livingston, MBA, RHIA, has been appointed director of Data Informatics and Analytics in the Department of Quality and Patient Safety.

Livingston has an extensive health care background, having more than 25 years' experience in project management positions in the pharmaceutical industry as well as a background as a clinical data analyst.

Most recently, she was the project manager in the Value Institute for Bridging the Divides, a \$10 million innovation award from CMS/CMMI.

Livingston received an MBA in health services administration from Widener University and a BS degree in health information management from the University of Illinois. She is a credentialed registered health information administrator.

She is an adjunct faculty member of the St. Luke Foundation/Kilimanjaro School of Pharmacy, Industrial Pharmacy Training Unit.



Tom Peters, MA, named director, Learning Institute Operations and Technology

Tom Peters, MA, has been appointed director of Christiana Care Learning Institute's Operations and Technology team, responsible for overseeing day-to-day operations, including selection and

implementation of technologies for Christiana Care educators to ensure they have the tools needed to provide a quality educational experience.

Peters will share leadership of the Center for Innovation, Instructional Design and Technology in partnership with Huaiying Gao, Ph.D., director of content development. He brings 15 years of education and training experience. After a successful career in the New York public school system, he was appointed by former New York Gov. David Paterson as the director of eLearning for the New York State Higher Education Services Corp. From there, he worked at Mediacom Communications Corporation as the senior manager of eLearning, responsible for the administration of the learning management system and the development of the eLearning program for 4,700 employees across 22 states as well as the project management for the building of a new, state-of-the-art corporate headquarters in Mediacom Park, N.Y.

Peters received his master's degree in instructional technology from Western Connecticut State University and a bachelor's degree from Marist College, Poughkeepsie, N.Y.

New director of Talent Acquisition Pamela Ridgeway

Pamela Ridgeway, MBA, MA, SPHR, has been appointed director of Talent Acquisition Strategy in the Christiana Care Human Resources Department.

The directorship is a newly designed role in which Ridgeway partners with operational leadership in identifying current and future workforce needs as well as in developing the strategies necessary to achieve rich talent pools.

She is responsible for launching operations for talent acquisition function and for establishing a Talent Acquisition Center of Excellence. She will lead a team of talent advisers who will further support Christiana Care in developing talent pipelines, partnering with community agencies and educational institutions, and executing other identified pipeline strategies.

Ridgeway works closely with Carolyn Osborn, manager of recruitment operations and reports to Kerry Delgado, MS, SPHR, CHHR, corporate director, Talent Acquisition & Engagement.

Ridgeway has a wide range of human resources experience across multiple industries, such as education, retail, manufacturing and finance. She has served in progressively responsible leadership roles, most recently at Siemens.

She received an MBA from St. Joseph's University, Philadelphia, and a bachelor's degree in liberal arts from Temple University, Philadelphia.

She also is certified as a senior human resource professional and serves as a board member for The Charter School of Wilmington. ●



Christiana Care retirement plan enhancements

This fall Christiana Care is introducing several enhancements to employee retirement plans that should improve the retirement-planning experience and provide more options to save.

- Beginning this month, employees may access their Christiana Care retirement account directly through a link on the internal Portal, eliminating the need to enter username and password for LincolnFinancial.com.
- On Oct. 1, Christiana Care will introduce an option for Roth contributions, which allow for after-tax savings.
- On Oct. 1, Christiana Care will allow for easy online enrollment and plan election management via LincolnFinancial.com.

- Employees hired on or after Sept. 14 will automatically enroll in the Christiana Care retirement plan, making it simple to start saving for retirement. Employees will be allowed to opt out of the plan, and the first automatic 3 percent contribution to the plan will come from paychecks dated Nov. 14, 2014.

Retirement plan provider Lincoln Financial Group will host informative onsite presentations in October to help staff understand the changes. Lincoln Financial Retirement Consultants are also available for free private appointments. ●

Lincoln Financial Retirement Consultants

Amina Shelton: 302-733-1272 or Amina.Shelton@LFG.com

Onsite location: Christiana Hospital, Room 1230

Amy Lillis-Konopacki: 302-428-4150 or Amy.Lillis-Konopacki@LFG.com

Onsite location: Wilmington Hospital, Human Resources Office - Room 1E30

Joseph Filipone: 302-428-4150 or Joseph.Filipone@LFG.com

Onsite location: Wilmington Hospital, Human Resources Office - Room 1E30



Best practice review: MOBILE DEVICES CONFIDENTIALITY

Q. Can I use my Christiana Care computer to charge my mobile phone or listen to music?

A. No, personal cell phones or tablets are not to be connected to Christiana Care owned computers to charge, use iTunes or similar software at any time.

Q. What can happen if I connect my personal mobile phone or tablet to a Christiana Care computer to charge or listen to music?

A. Connecting your personal mobile device to a Christiana Care computer jeopardizes the functionality of the computer as well as having the potential of transferring a computer virus. This could cause a disruption to your computer as well as computers and medical devices throughout the organization.

Q. Can I plug a flash drive into my Christiana Care computer?

A. Only encrypted USB Flash drives or thumb drives shall be used in Christiana Care devices. Encrypted USB flash drives can be purchased by filling out a problem/request form on the portal via the IT Customer Service page: <http://heatappserver/CSCProblemEntry.net/>

Q. What should I do if I lost my mobile phone or tablet that receives my Christiana Care e-mails?

A. If the mobile device is lost, stolen or compromised in any way, the user must notify the IT Help Desk at 302-327-3637 as soon as possible and prior to any cancellation of mobile services associated with the device. ●



For questions about this Best Practice Review, please contact the content expert: Rob Reed 302-327-3844; Safety Hotline: Dial 7233 (SAFE) from within the hospital. Outside, dial 623-7233 (SAFE).

Publications

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John E. Jesus, M.D., et al. "Actual Treatment Choices of Patients with Do-Not-Resuscitate/Do-Not-Intubate Orders: A Two-year Follow-up Study." *Academic Emergency Medicine*. May 2014.

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Siobhan McCarty-Singleton, M.D., and **Anthony Sciscione, D.O.** "Maternal Activity Restriction in Pregnancy and the Prevention of Preterm Birth: An Evidence-based Review." *Clinical Obstetrics Gynecology*. July 2014.

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John T. Powell, M.D., Jennifer T. Mink, M.D., Jason Nomura, M.D., Brian J. Levine, M.D., A. Neil Jasani, M.D., Paul Sierzenski, M.D., et al. "Ultrasound-Guidance Can Reduce Adverse Events During Femoral Central Venous Cannulation." *Journal of Emergency Medicine*. May 2014.

Nour Rifai, M.D., Barbara Davis, RN, Eric Jackson, M.D., MBA, Seema S. Sonnad, Ph.D., et al. "End-tidal CO₂ as a Predictor for In-Hospital Cardiac Arrest." *Academic Emergency Medicine*. May 2014.

Jamie M. Rosini, Pharm.D., Suraj Rajasimhan, Pharm.D., Connie Yu, Pharm.D., Brian Levine, M.D., Ryan Arnold, M.D., John E. Jesus, M.D., et al. "Effect of Clinical Pharmacists on Time To Antibiotic Administration for Septic Patients in the Emergency Department." *Academic Emergency Medicine*. May 2014.

Kristine L. Schultz, M.D., Eli M. Zeserson, M.D., J. Daniel Hess, M.D., Cynthia J. Hoon, RN, CCRC, et al. "Correlation of Arterial Blood Gas and Venous Blood Gas in the Undifferentiated Shock Patient." *Academic Emergency Medicine*. May 2014.

Paul Sierzenski, M.D., et al. "Applications of Justification and Optimization in Medical Imaging: Examples of Clinical Guidance for Computed Tomography Use in Emergency Medicine." *Annals of Emergency Medicine*. July 2014.

Paul Sierzenski, M.D., et al. "Applications of Justification and Optimization in Medical Imaging: Examples of Clinical Guidance for Computed Tomography Use in Emergency Medicine." *Journal of American College of Radiology*. July 2014.

Presentations

Robert Witt, M.D., presented "Thyroid Cancer: Gene Expression Classifiers," and served on a panel discussion of "Molecular Influence in Thyroid Cancer," at the Sloan Kettering/American Head & Neck Society Meeting, New York. July 2014.

At the Joint Statistical Meeting, Boston, Mass. in August 2014:

- **Paul Kolm, Ph.D., Pan Wu, Ph.D., Claudine Jurkovitz, M.D., MPH, Pranav P. Kansara, M.B.B.S, MS**, "Penalized Cox Regression Models of Sparse Outcomes."
- **Pan Wu, Ph.D.**, "On Causal Inference for Population Mixture."
- **Zugui Zhang, Ph.D., Paul Kolm, Ph.D., William S. Weintraub, M.D.**, "Predictive Modeling for Observational Studies with Adjustment of Selection Bias."

Appointments

Brenda Rabeno, MS, MLS, was appointed Christiana Care Health System's Transfusion Safety Officer effective Aug. 3.

The Professional Advancement Council recognizes and congratulates these new RN III nurses:

Carol Ann Abdill, Vascular Access; **Brittany Anderson**, Christiana ED; **Amy DeVece**, HVIS, P & H; **Kaysha Michel**, Wilmington ED; **Nicole Possenti**, Christiana ED; **Margaret Sczechowicz**, 4N Medical; **Jennifer Sikoutris**, Wilmington ED; **Davi-Lue Suah**, 5B. ●

Nursing research poster contest promotes critical thinking



Above: First-place winners Sarah Larocco, BSN, RN, CNOR, and Stephanie Daneshgar, BSN, RN, CNOR, with mentor Marsha Babb, RN. Above, right: Second-place winner Sharon Botts-DiMucci, BSN, RN.

This year marks the 10th anniversary of the nursing research poster contest at Christiana Care Health System — a learning initiative designed to hone valuable research skills among nurses. In the initiative, “Critiquing a Research Article: Tell It in a Poster,” participating nurses select and critique significant research articles, and create a visual presentation of their findings. The program includes educational workshops and a mentoring component.

“The nursing research poster contest opens doors to critical thinking,” said Wendy Wintersgill, MSN, RN, CRRN, ACNS-BC, rehabilitation educator and lead coordinator of the program since its inception. “It encourages our nurses to challenge the status quo for the purpose of improving patient care, the patient experience and their own practice environment.”

“In nursing school, we learn the basic principles of research, and we must continue to nurture those skills in the clinical setting,” said Lynn Bayne, Ph.D., NNP-BC, one of two nursing research facilitators at Christiana Care. “The poster contest and the workshops leading up to it support our nurses in the practice of clinical inquiry and the ability to make informed decisions.”

The initiative begins each year in February, when participating nurses attend intensive workshop sessions to learn about methods for both qualitative and quantitative research, and how to effectively evaluate the elements of a research study. Nurses can compete in the poster contest as individuals or in teams of two, with each assigned a mentor to guide them through the process.

The program culminates in May in conjunction with National Nurses Week, when the poster submissions are exhibited at Christiana Hospital for viewing by physicians, nurses, clinicians, staff, patients and visitors. This year, 27 nurses participated in the contest, submitting 15 posters.

“This initiative provides a great opportunity to learn more about critiquing the evidence we read,” said Stephanie Daneshgar, BSN, RN, CNOR, who was awarded first place this year along with her research partner Sarah Larocco, BSN, RN. “When our nursing practice is based on evidence, we know it is truly the best for the patient, the caregiver and the hospital.”

“The ability to understand and evaluate research is so important in nursing,” said Lorie Meck, BSN, RN-BC, who took second-place honors with her research partner Sharon Botts-DiMucci, BSN, RN. “We need to stay abreast of innovative advances and best practices to better serve our patients.”

The poster contest is one of several major initiatives developed by Christiana Care’s Nursing Research Council to encourage vital research projects that improve patient care outcomes, and influence the quality and scope of nursing practice.

“As a Magnet organization, evidence-based practice is an expectation,” said Nursing Research Facilitator Ruth Mooney, Ph.D., MN, RN. “It is what we do every day to facilitate the best outcomes for our patients. Ultimately, it is our obligation to understand best practices and the evidence on which our practice is founded. The nursing research poster contest provides an ideal forum for sharpening these skill sets.” ●



Congratulations to our winners!

1st Place

“Intraoperatively Acquired Pressure Ulcers and Perioperative Normothermia: A Look at Relationships”

By Stephanie Daneshgar, BSN, RN, CNOR and Sarah Larocco, BSN, RN

2nd Place

“Robot-Assisted Laparoscopic Hysterectomy in Obese and Morbidly Obese Women: Surgical Technique and Comparison with Open Surgery”

By Lorie Meck, BSN, RN-BC, and Sharon Botts-DiMucci, BSN, RN

3rd Place

“The Effect of Complementary Music Therapy on the Patient’s Postoperative State of Anxiety, Pain Control and Environmental Noise Satisfaction”

By Anna Marie Flick, RN-BC, and Tracey Stawickey, RN-BC

Chief Nursing Officer’s Choice

“Hourly Rounding, a Replication Study”

By Eva Smith, BSN, RN, and Stacie Holdinsky, BSN, RN-BC

Associate Chief Nursing Officer’s Choice

“Staff Nurse Perceptions of the Magnet Journey”

By Denise Lottero, BSN, RN and Erin Day-Lewis, BSN, RN, CNOR

Honorable Mentions

“Mixed Methods Evaluation of an Interdisciplinary Sexuality Education Program for Staff Working with People Who Have an Acquired Physical Disability”

By Stacy Miller, BSN, RN, CRRN

“Nursing Research across a Large Health Care System, Sparking Nurses’ Clinical Inquiry”

By Elizabeth Haley, BSN, RN, and Jane Tester, BSN, RN

Beverly Cusano named SROA president-elect

Beverly Cusano, MHA, director of Radiation Oncology at the Helen F. Graham Cancer Center & Research Institute, has been named president-elect of the Society of Radiation Oncology Administrators.



Her five-year term starts in September. She serves one year as president-elect, one year as president, one year as board chair and two years in an advisory capacity.

The Society for Radiation Oncology Administrators is the authority for radiation oncology operations. It is committed to providing education, advocacy and information to radiation oncology administrators. ●

National Gerontological Nursing Association confers fellowship



Denise L. Lyons, MSN, RN, AGCNS-BC, has been selected as a fellow by the National Gerontological Nursing Association (NGNA). Fellow status recognizes Lyons for outstanding leadership in gerontological nursing and distinguished contributions to the field through practice, teaching, research,

administration and consultation. She also has been elected to the Board of Directors for the NGNA as a director-at-large for a two-year term beginning in October 2014. ●

september



American Heart Walk

Sunday, Sept. 7, 8 a.m.

Wilmington Riverfront

The 23rd American Heart Association Annual Heart Walk promotes awareness about heart disease and stroke while raising funds to fight the diseases. Register a walking team at <http://www.heartwalk.kintera.org/wilmingtonde>. Individuals can join one of several teams from Christiana Care already listed on the site or start a new team. The first 1,000 Christiana Care employees and their team members to register will receive free a Christiana Care Heart Walk T-shirt.

Dr. Margaret I. Handy Memorial Lectureship

Tuesday, Sept. 16, 8 a.m. -3 p.m.

John H. Ammon Medical Education Center

Registration Deadline: Sept. 8. Pre-registration is required. There is no charge to attend. Registration must be made online at <https://cchs.cloud-cme.com/Handy2014>.

Delaware Donor Dash 5K

Sept. 17, check-in at 5:30 p.m., start time at 6:30 p.m.

Rockford Park, Wilmington

For more information, visit <http://www.races2run.com/events/delaware-donor-dash/>.

Concepts in Respiratory Neonatal Care

Friday, Sept. 19, 9:30 a.m. - 12:30 p.m.

John H. Ammon Medical Education Center

This conference will provide respiratory care practitioners and other health care professionals continuing education on cutting-edge critical-care neonatal topics. Registration is free and begins at 8:30.

For more information or to register, call conference chair John Emberger, BS, RRT-ACCS, FAARC at 302-733-3565.

21st Annual E.G. Scott Microbiology Symposium

Tuesday, Sept. 23, 7 a.m.-4 p.m.

John H. Ammon Medical Education Center

Registration Deadline: Sept. 12. Pre-registration is required. Registration Fee: \$60. Make checks payable to: E.G. Scott Education Fund. To learn more or pay by credit card, call Erica Wilson, 302-733-3730.

A Mindful Path to Wellness

Tuesday, Sept. 23, 6:30-8 p.m.

John H. Ammon Medical Education Center

Margaret Keenan, Ph.D., clinical psychologist and director of health psychology at Christiana Care's Eugene du Pont Preventive Medicine & Rehabilitation Institute, will teach how the practice of focusing your attention on everyday moments and experiences can enhance your physical health and emotional well-being. You will have the opportunity to register for a four-week introductory mindfulness course following the presentation. To register, call 800-693-2273 or go to www.christianacare.org/lectures.

Perioperative Nursing Open House

Sunday, Sept. 28, 11 a.m.-3 p.m.

Christiana Hospital Surgicenter

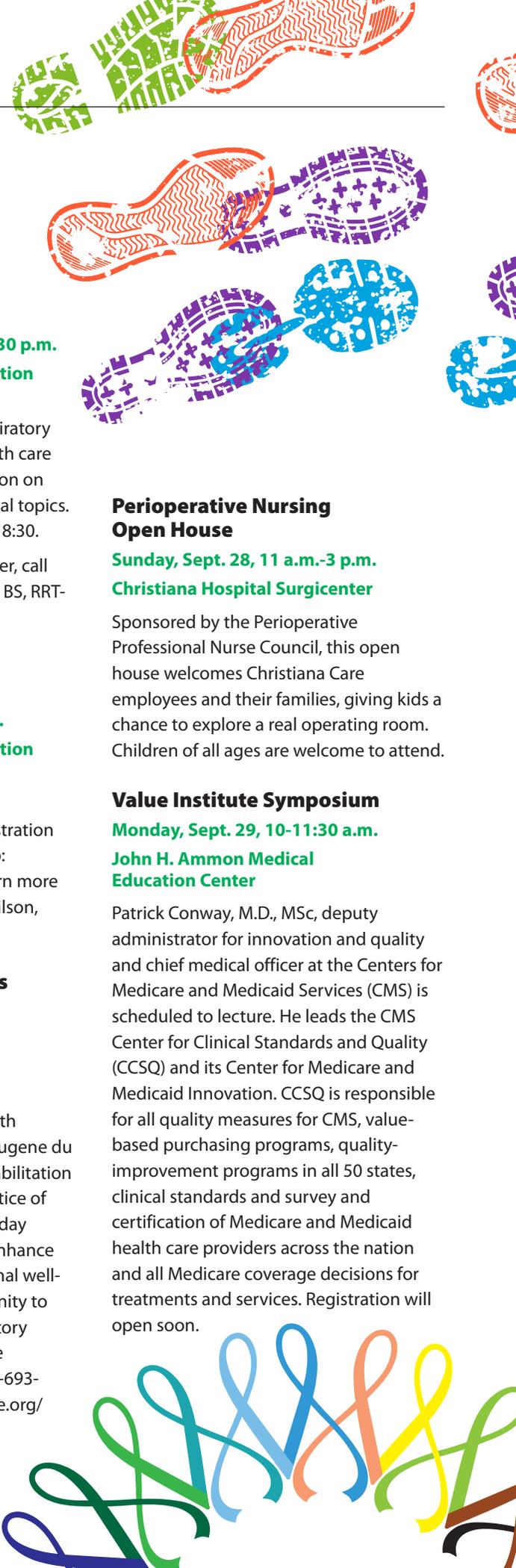
Sponsored by the Perioperative Professional Nurse Council, this open house welcomes Christiana Care employees and their families, giving kids a chance to explore a real operating room. Children of all ages are welcome to attend.

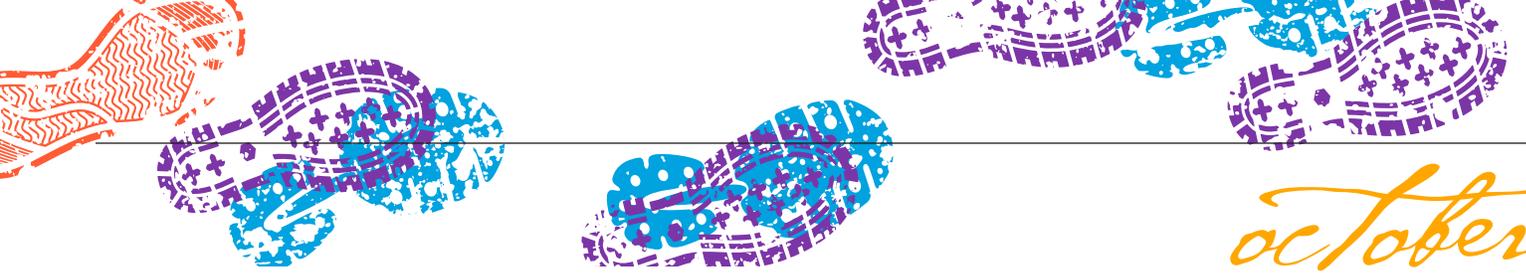
Value Institute Symposium

Monday, Sept. 29, 10-11:30 a.m.

John H. Ammon Medical Education Center

Patrick Conway, M.D., MSc, deputy administrator for innovation and quality and chief medical officer at the Centers for Medicare and Medicaid Services (CMS) is scheduled to lecture. He leads the CMS Center for Clinical Standards and Quality (CCSQ) and its Center for Medicare and Medicaid Innovation. CCSQ is responsible for all quality measures for CMS, value-based purchasing programs, quality-improvement programs in all 50 states, clinical standards and survey and certification of Medicare and Medicaid health care providers across the nation and all Medicare coverage decisions for treatments and services. Registration will open soon.





October

Cancer Symposium

Thursday, Oct. 2, 6-8:30 p.m.

John H. Ammon Medical Education Center

This year's annual symposium and dinner program focuses on the status of lung cancer screenings. Health care professionals will gain greater insights into the evidence for lung cancer screenings. A panel discussion will review the state of Delaware's screening initiative and insurance issues. Posters on research under way at the Center for Translational Cancer Research will be available for viewing. Register online: <https://cchs.cloud-cme.com/cancer2014>.

Every Woman Matters: A Breast Health & Wellness Conference

Saturday, Oct. 4, 9 a.m.-2:15 p.m.

John H. Ammon Medical Education Center

Mark your calendar for a breast health and wellness conference for all women and survivors. The Breast Center will be open for mammogram appointments. Invitations and registration will be available soon.

An Evening of Hope

Thursday, Oct. 9, 6-8:30 p.m.

Wilmington Country Club

Join Delaware First Lady Carla Markell, along with the Friends of the Helen F. Graham Cancer Center and others in our community who support the fight against cancer at this upcoming event.

Learn more at <http://www.christianacare.org/friendshfgcc>.

7th Annual Renal and Hypertension Symposium

Saturday, Oct. 11, 8 a.m.-2 p.m.

Christiana Hospital, Conference Room 1100

Registration starts at 7 a.m. To register visit <https://cchs.cloud-cme.com/renal2014>.

Wilmington Kidney Walk

Sunday, Oct. 12, check-in at 8:30 a.m., start time at 10 a.m.

Wilmington Riverfront

Kidney Walk is the nation's largest walk to fight kidney disease. Held in nearly 100 communities, the event raises awareness and funds life-saving programs that educate and support patients, their families and those at risk. Register online at <http://donate.kidney.org>. For more information, contact Mary Elizabeth Sullivan, mary.sullivan@kidney.org; 215-923-8611.

5th Annual Kidney Transplant Symposium for Nurses and Dialysis Technicians

Wednesday, Oct. 22

Executive Banquet and Conference Center, 205 Executive Drive, Newark

The symposium will offer factual information about the present and future of transplant and provide nurses and dialysis technicians who care for current or potential kidney transplant patients with a valuable learning opportunity and resources. Registration begins at 8 a.m., symposium at 8:30 a.m. Registration is free, register by Oct. 8 at www.christianacare.org/kidneysymposium2014.

Managing Arthritis: All the Right Moves

Thursday, Oct. 23, 6:30-8 p.m.

John H. Ammon Medical Education Center

Hear Eric M. Russell, D.O., Christiana Care Rheumatology, discuss how to manage arthritis, and hear about the latest available treatments. Arrive at 5:45 to see demonstrations and learn some pre-lecture exercise tips from Christiana Care Rehabilitation Services. Register today: 800-693-2273 or <http://www.christianacare.org/lectures>.

The 9th Annual Strong and Healthy Latinas Conference: Love Yourself, Love Your Family



Saturday, Oct. 25, 9 a.m.-3 p.m.

Bayard Middle School, 200 S. DuPont St., Wilmington

This conference is a special program offered in Spanish for women and their families to provide information on breast health, breast cancer, nutrition and healthy living. This year's event will feature a baby shower. Invitations and registration will be available soon.

7th Annual Delaware Orthopaedic Symposium

Saturday, Oct. 25, 8 a.m.-1 p.m.

John H. Ammon Medical Education Center

The 7th annual Delaware Orthopaedic Symposium will feature multiple talks and two keynote speeches on the latest advancements in musculoskeletal health and orthopaedic surgery. David Ring, M.D. Ph.D., chief of the hand and upper extremity service at Massachusetts General Hospital, will be the opening speaker. CMEs and CEUs will be provided.

To register, visit <http://www.delawareorthopaedicsymposium.com>.

Delaware Emergency Nurses Association Symposium

Wednesday, Oct. 29, 7:45 a.m.-3:30 p.m.

Dover Downs Hotel and Casino, 1131 North DuPont Highway, Dover, Del.

Registration opens at 7 a.m. Visit <http://www.de-ena.org/>.

The do's and don'ts of Dilaudid dosing

Laura Schuppert, PharmD

Hydromorphone (Dilaudid®) is a commonly prescribed opioid for acute pain management in the inpatient setting with roughly 100,000 patients receiving opioids annually at Christiana Care. As with any opioid, the risk of over-administration is a real concern as the consequences of these actions can be life-threatening. Unfortunately, such consequences can easily occur if proper dosing and monitoring precautions are not followed; opioid-associated ADRs are some of the most commonly reported ADRs at Christiana Care. Christiana Care has recently established processes, such as more robust assessments of sedation level and quality of respiration through use of the Pasero sedation scale and more accurate measurements of respiratory rate and depth, an opioid and benzodiazepine alert on the hand-held scanner, and therapeutic class view in EMAR to increase awareness regarding opioid safety.

Hydromorphone is a pure opioid agonist that binds to mu opioid receptors in the CNS ultimately inhibiting pain pathways and altering a patient's response to pain. When given intravenously, pain relief will begin in about 5 minutes and in 15 minutes with the oral formulation, but can take up to 30 minutes (IV) and 60 minutes (oral). Pain relief can be expected to last about 1 to 3 hours in patients with normal organ function.

Hydromorphone is metabolized through glucuronidation via the UGT2B7 enzyme, and an active metabolite known as H3G (hydromorphone-3-glucuronide) is formed. H3G possesses neuro-excitatory properties and can cause agitation, hallucinations, and confusion. In patients who are renally impaired, the mean exposure to hydromorphone increases roughly 2-fold with a CrCl <60 mL/min and 3-fold with a CrCl

<30 mL/min. Hydromorphone is often touted as a safe alternative to morphine in patients with renal impairment, and while it is a safer option, precautions need to be taken when dosing in this population. Below is a table outlining starting doses and frequencies in opioid-naïve patients and adjustments needed for organ impairment.

Patients at Highest Risk of Over-Sedation

In August of 2012, the Joint Commission released a sentinel event alert regarding the safe use of opioids in the hospital setting. To reduce the incidence of over-sedation and respiratory depression, specific patient characteristics were highlighted that were found to increase the risk of these adverse events. If patients have one or multiple of these traits, it is highly recommended to use a lower starting dose of any opioid. The implicated patient characteristics are as follows:

- Elderly (≥60 years)
 - ▶ 61-70 years: 2.8 x risk
 - ▶ 71-80 years: 5.4 x risk
 - ▶ >80 years: 8.7 x risk
- Major organ failure
- Pulmonary/cardiac disease (especially COPD, CHF)
- Sleep apnea/ snoring
- Morbidly obese (BMI ≥ 35 kg/m²)
- < 24 hours after general anesthesia
- ≥ 2 hours of general anesthesia
- Concomitant sedatives (benzodiazepines, antihistamines, tricyclic antidepressants, neuroleptics)
- Smoker ●

Starting Doses in Opioid-Naïve Patients <60 Years

	STARTING DOSE (MG)	FREQUENCY (HOURS)	RENAL IMPAIRMENT (CRCL <60 ML/MIN)	SEVERE HEPATIC IMPAIRMENT
ORAL	2 – 4	4 – 6	50% dose reduction	50% dose reduction
INTRAVENOUS	0.2 – 1	2 – 3		

Reference:

1. Dilaudid® [package insert]. Lake Forest, IL: Hospira; 2011.
2. Equilanalgesic dosing of opioids for pain management. Pharmacist's Letter/Prescriber's Letter. 2012 Aug [Accessed 2014 Mar 13].
3. Johnson SJ. Opioid safety in patients with renal or hepatic dysfunction. Pain Treatent Topics. 2007 Nov 30 [Access 2014 Mar 13].
4. Safe use of opioids in hospitals. Joint Commission Sentinel Event Alert. 2012 Aug 8 [Accessed 2014 Mar 13]. www.jointcommission.org.
5. Smith HS. Opioid Metabolism. Mayo Clin Proc. Jul 2009; 84: 613–624.

Green machines: Low-emission Christiana Care shuttles take to the streets

As part of Christiana Care's commitment to environmental stewardship, the health system is now harnessing the power of compressed natural gas.

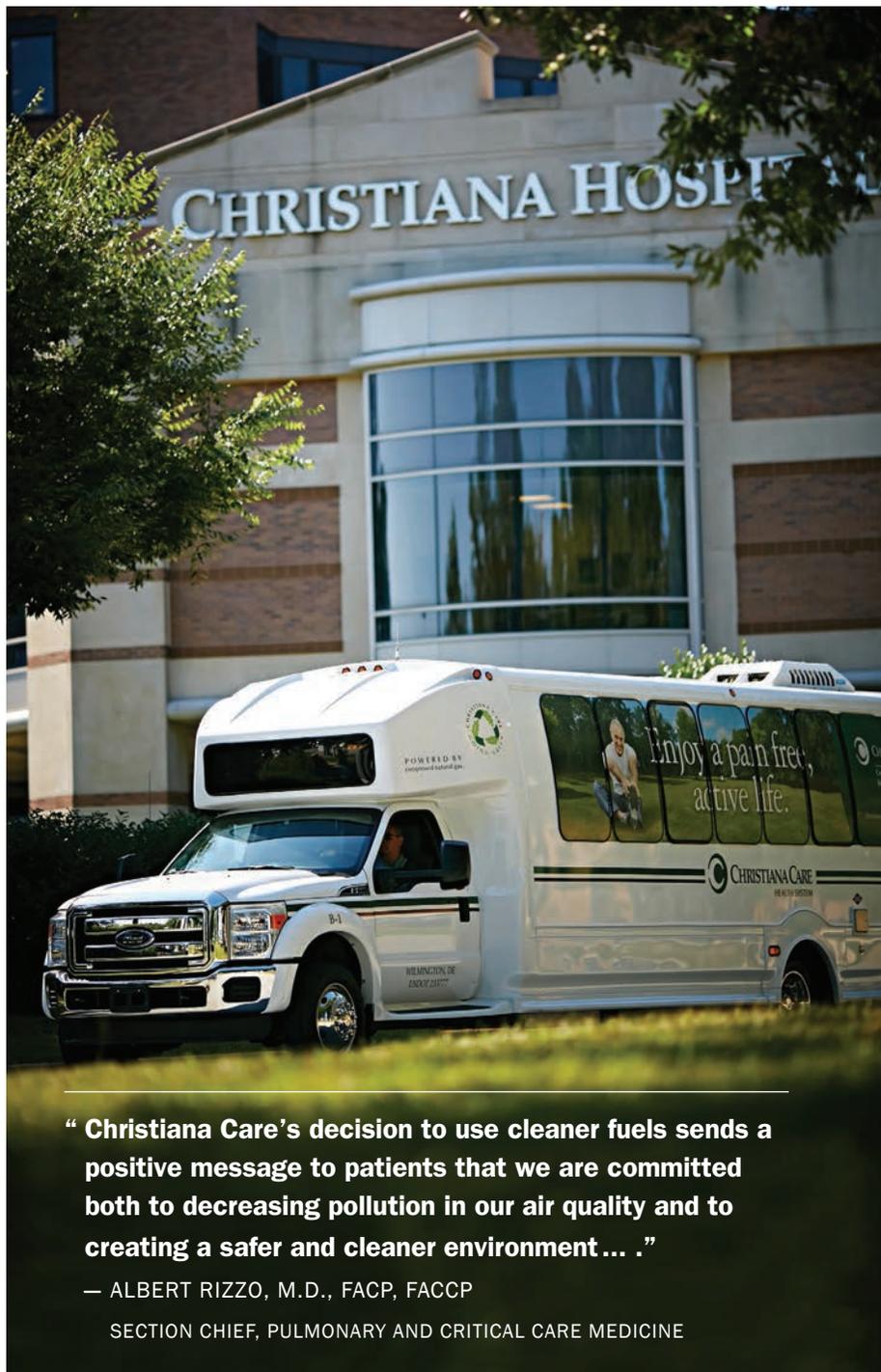
Christiana Care has purchased two new shuttle buses that are powered by compressed natural gas, a low-carbon, clean-burning fuel. One of the shuttle buses seats up to 26 passengers and transports patients between the Christiana Hospital campus and the Wilmington Hospital campus. The other shuttle bus seats up to 14 passengers and transports patients throughout the Christiana Hospital campus.

Albert Rizzo, M.D., FACP, FACCP, section chief of Pulmonary and Critical Care Medicine, said carbon dioxide emissions released into the atmosphere are cut down by as much as 30 percent from the use of natural gas over diesel or unleaded gasoline.

"Christiana Care's decision to use cleaner fuels sends a positive message to patients that we are committed both to decreasing pollution in our air quality and to creating a safer and cleaner environment where they inhabit," said Dr. Rizzo, who also is a past chair of the American Lung Association.

As part of this environmental initiative, a new filling station was installed behind Medical Arts Pavilion 2 at the Christiana Hospital campus. The station compresses piped-in natural gas provided by gas companies to 3,600 pounds per square inch. Because the natural gas can be compressed on campus through the filling station, Christiana Care can buy the fuel at about \$1.20 per gallon, less than one-third the price of diesel gasoline.

"This investment in clean natural gas through our use of shuttle buses and our filling station directly supports Christiana Care's commitment to environmental stewardship," said Jeff Donovan, director of transportation at Christiana Care. ●



"Christiana Care's decision to use cleaner fuels sends a positive message to patients that we are committed both to decreasing pollution in our air quality and to creating a safer and cleaner environment"

— ALBERT RIZZO, M.D., FACP, FACCP

SECTION CHIEF, PULMONARY AND CRITICAL CARE MEDICINE

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).

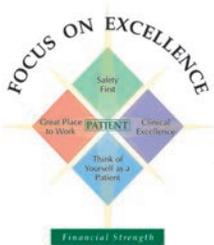
✓ To learn more about Corporate Compliance, review the Corporate Compliance Policy online or contact Ron Sherman at 302-623-2873.



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

Christiana Care Health System has a new website for sharing news and features: ChristianaCareNews.org.

Do you prefer to get your news on your PC? On your tablet? On your phone? We've got you covered!

ChristianaCareNews.org provides one-stop-shopping to get the latest news about Christiana Care, wellness articles by our experts, stories about great patient experiences and more.

The new site features:

- Photos that shine like never before.
- Optimized design that looks great on any device.
- Easy-to-use search that puts the news you want at your fingertips.
- RSS feeds that make it easy to subscribe for automatic updates.
- Easy sharing to Facebook, Twitter, Google+ and by e-mail.

ChristianaCareNews.org works in tandem with Christiana Care's main consumer website, ChristianaCare.org. ●

