

NOVEMBER 2014
VOLUME 25, NUMBER 10

A publication of
**CHRISTIANA CARE
HEALTH SYSTEM
EXTERNAL AFFAIRS**

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Christiana Care unveils The Rocco A. Abessinio Family Wilmington Health Center

Christiana Care Health System unveiled The Rocco A. Abessinio Family Wilmington Health Center at Wilmington Hospital, Sept. 22. Christiana Care trustee Rocco A. Abessinio and his family are supporting the Wilmington Hospital Transformation Project, designed to advance patient- and family-centered care, with a \$1 million gift.

The redesigned health center was renamed in honor of the Abessinio family: Rocco A. Abessinio, his wife Mary and adult children Mardee, Peter, Vincent, Joanne and their families. The transformed facility sets the stage for collaboration and coordination among primary-care providers and specialists, all in one location, so that patients can make more informed decisions to better manage their health.

“The Abessinio family’s generous gift enables us to reimagine the health center in ways that will advance the well-being of our neighbors and our community for generations to come,” said Robert J. Laskowski, M.D., MBA, president and CEO of Christiana Care. “We are grateful to Mr. Abessinio for his long-standing dedication to Christiana Care and for the Abessinio family’s partnership in improving the health of the neighbors we are privileged to serve.”

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THE ROCCO A. ABESSINIO FAMILY Wilmington Health Center



Rocco Abessinio with staff of Wilmington Health Center.



Joined by his wife Mary, children and grandchildren, and Christiana Care leaders including President and CEO Robert J. Laskowski, M.D., MBA, Rocco Abessinio cuts the ribbon on the Rocco A. Abessinio Family Wilmington Health Center.

CONTINUED

The Wilmington Health Center has long provided high-quality health care to patients, regardless of income or ability to pay, offering health education, illness-prevention and health services including primary care, surgery, podiatry, ophthalmology, dentistry and oral and maxillofacial surgery in nearly 67,500 patient visits each year.

“All families and communities deserve the excellence in health care that Wilmington Hospital and Christiana Care provide,” Abessinio said. “It is an honor for our family to support the expansion of this historic, community-focused hospital and health system.”

At the ribbon-cutting ceremony, more than 100 doctors, nurses and staff joined Christiana Care leaders and the Abessinio family to mark the official opening of the new facility.

Edmondo Robinson, M.D., MBA, FACP, physician-in-chief of Wilmington Hospital and associate chief medical officer of Christiana Care – Wilmington, said the Abessinio family’s gift supports “the vision for this campus — the vision of what we could be and what we will be. We are not just taking care of patients when they are ill, but keeping them healthy when they are well.”

“The Abessinio family’s generous gift enables us to reimagine the health center in ways that will advance the well-being of our neighbors and our community for generations to come.”

— ROBERT J. LASKOWSKI, M.D., MBA
PRESIDENT AND CEO OF CHRISTIANA CARE

The Rocco A. Abessinio Family Wilmington Health Center continues the transformation of Christiana Care’s Wilmington campus. “We are providing state-of-the-art care in a healing atmosphere,” said Sharon Kurfuerst, EdD, OTR/L, FAOTA, senior vice president of administration.

Patients and families truly appreciate the efforts and the results of the renovations, said Julie Silverstein, M.D., FACP, medical director of Wilmington Health Center. “Patients tell me, ‘It’s so beautiful! I love what they did for us!’” ●



Delaware Today ‘Top Doctors’ list includes more than 100 from Christiana Care

More than 100 doctors from Christiana Care’s Medical-Dental Staff were named to Delaware Today magazine’s 2014 Top Doctors list. Another 20 made the Top Doctors for Kids list. See the list of Christiana Care honorees online at <http://www.christianacarenews.org>. ●

Partnering to serve in times of great need

By Robert Alan Rosenbaum, M.D., EMS Medical Director, New Castle County



Response to a mass casualty incident means moving quickly, thinking on your feet and working as a team. On Sunday, Sept. 21, employees from all corners of Christiana Care came together to care for 43 patients injured in a serious tour-bus crash on Route 1. The incident was the largest mass casualty incident that Christiana Care has ever

experienced. The injured patients came from many nations and spoke several languages.

Notification of the crash from New Castle County Dispatch and confirmation of the number of victims from emergency medical service providers at the scene triggered a Code Delta, the Christiana Care response plan for a mass-casualty incident that requires resources beyond available staffing. Dozens of additional staff including doctors and nurses in emergency, trauma, anesthesia, medicine, surgery and critical care responded immediately. Important ancillary services including the blood bank, respiratory, pharmacy, social work and patient relations came to aid the response. Many staff stayed beyond the end of their shift to continue to care for their patients and allow arriving staff to focus on newly arriving patients.

Ambulances brought injured patients to our emergency departments: 30 to Christiana Hospital, six to Middletown and seven to Wilmington Hospital. Many were critically injured requiring resuscitation in the trauma bays, immediate care in the operating room, or admission to a critical care unit bed. The accident scene was cleared in under an hour, and every arriving patient was able to be treated immediately after arrival thanks to the support of inpatient units taking admitted patients and the rapid staff response to have an overwhelming number of doctors and nurses in the Emergency Department.

“Our staff did an outstanding job in organizing their teams and services and in providing a very high level of care to the patients sent to each of our three facilities,” said my colleague Linda Laskowski-Jones, MS, RN, ACNS-BC, CEN, FAWM, vice president for Emergency and Trauma Services. “The exceptional collaboration among our staff and departments enabled us to quickly and effectively meet patient needs. They truly made a critical difference for these patients and their families.”

Key colleagues in our care were medical interpreters from Christiana Care Language Services, who enabled critical communications among patients, families and health providers in at least six languages. When EMS told us that many patients did not speak English, one of my first requests was to have any

available interpreters from Christiana Care Language Services come to the hospital. They rapidly sent several interpreters to speak the language of our patients or assist us with translation using language lines. They really stepped up and made caring for patients and communicating with families in languages as diverse as French, Turkish and Hindi a smoother process. Being in a hospital and in an emergency situation is frightening for patients and their families, but being able to communicate in their native tongue eased a difficult situation and demonstrated the significance of patient- and family-centered care.

We know the importance of advance preparation and appropriate training so we are ready in a crisis situation. At Christiana Care we conduct simulated emergency drills and review protocols to prepare for the challenges of a crisis. This enables us to be clinically prepared, and intellectually and emotionally ready to handle the unexpected.

We also were prepared for the massive media attention around the incident. Christiana Care’s External Affairs team managed interest from hundreds of media outlets worldwide, providing updates within patient confidentiality guidelines and even preparing me for an interview on the “Today” show.

Our Patient Relations team worked closely with patients and their families to be sure they were connected with each other and well-informed. Their efforts provided a feeling of safety and comfort to the people who needed it most during a most challenging time.

Chief Operating Officer Gary Ferguson said it well: “It is always gratifying to see how the Christiana Care team responds and pulls together during emergency situations. The teamwork and commitment to doing whatever is necessary to take care of the injured while continuing to take care of ‘normal’ activity is a joy to behold.”

This preparedness and the expert response to this crisis exemplify The Christiana Care Way. The unique challenges of this crisis were extraordinary, yet the response was organized, thoughtful and thorough. We were ready.

We should all take pride in our response as an institution to this extraordinary event. Our ability to come together is a tribute to the skill and composure of all members of our health care team.

As we face new challenges, I hope our response to this crisis will provide reassurance that Christiana Care’s Emergency Preparedness leadership team is constantly working to improve our processes and make certain that we are prepared to respond to any event with the same level of excellence. ●

Patient Experience Academy graduates create great first impressions



Leaders from Christiana Care Health System and the University of Delaware's Alfred Lerner College of Business and Economics pose with the inaugural graduating class of the Patient Experience Academy.

Forty members of Christiana Care Health System's front-of-house staff recently became the first graduates of the Patient Experience Academy, a novel partnership between Christiana Care and the University of Delaware's Lerner College of Business and Economics. The program applies the hospitality industry's best customer service practices within the hospital setting, all in the name of providing patients, their families and visitors with the best, most comfortable experience possible, starting from the moment they first walk through the doors.

"This is the first partnership of its kind between a university and a health care system, matching the university expertise with the hospital expertise to create a culture of caring," Dr. Sheryl Kline, chair of the University of Delaware's Department of Hotel, Restaurant and Institutional Management, said during the graduation ceremony held Oct. 6 at the John H. Ammon Medical Education Center.

Throughout the 10-week course, she and other University of Delaware business professors guided the learners through a curriculum that included experience-based learning, role-playing and other activities that connected hospitality and customer-service best practices directly to their work environment. The students included patient guides, Guest Services representatives, valets and other front-of-house staff.

"These key employees, who are the first and last people to see patients as they enter the hospital system, are creating a total customer service experience at Christiana Care," Klein said.

The Patient Experience Academy represents a one-of-a-kind partnership and an important step in hard-wiring the behaviors that exemplify The Christiana Care Way.

"Patients already expect care to be perfect on the clinical side," said Shawn R. Smith, MBA, vice president of Patient Experience. "It's the compassionate care, which, if it's not there

100 percent by every employee, every time, that they'll remember. You need to train the muscle that deals in emotional intelligence, especially in this setting, where we are partnering with patients and families during the most difficult times for them. Giving our employees the tools to do that, in the spirit of The Christiana Care Way, through the Patient Experience Academy, is truly a major milestone in our journey of sustained success as a health care system."

The course is now part of the patient experience curriculum of the Value Institute Academy. Next year, Smith hopes to expand the program to involve employees in other departments at Christiana Care.

"Christiana Care has clear vision for the future," said Julia Tindall, a Guest Services representative and a graduate of the program. "This vision includes a new, higher standard that begins with a great first impression. We are the first-impression team. Our leaders at Christiana Care have partnered with professors at the University of Delaware to educate us on what it truly means to serve and ensure every guest is treated with respect and dignity. We have been enlightened on importance of anticipating needs and going beyond them to exceed expectations. We've been empowered with knowledge to make a difference, to show our neighbors that we truly care, not only about their health but their whole patient experience." ●



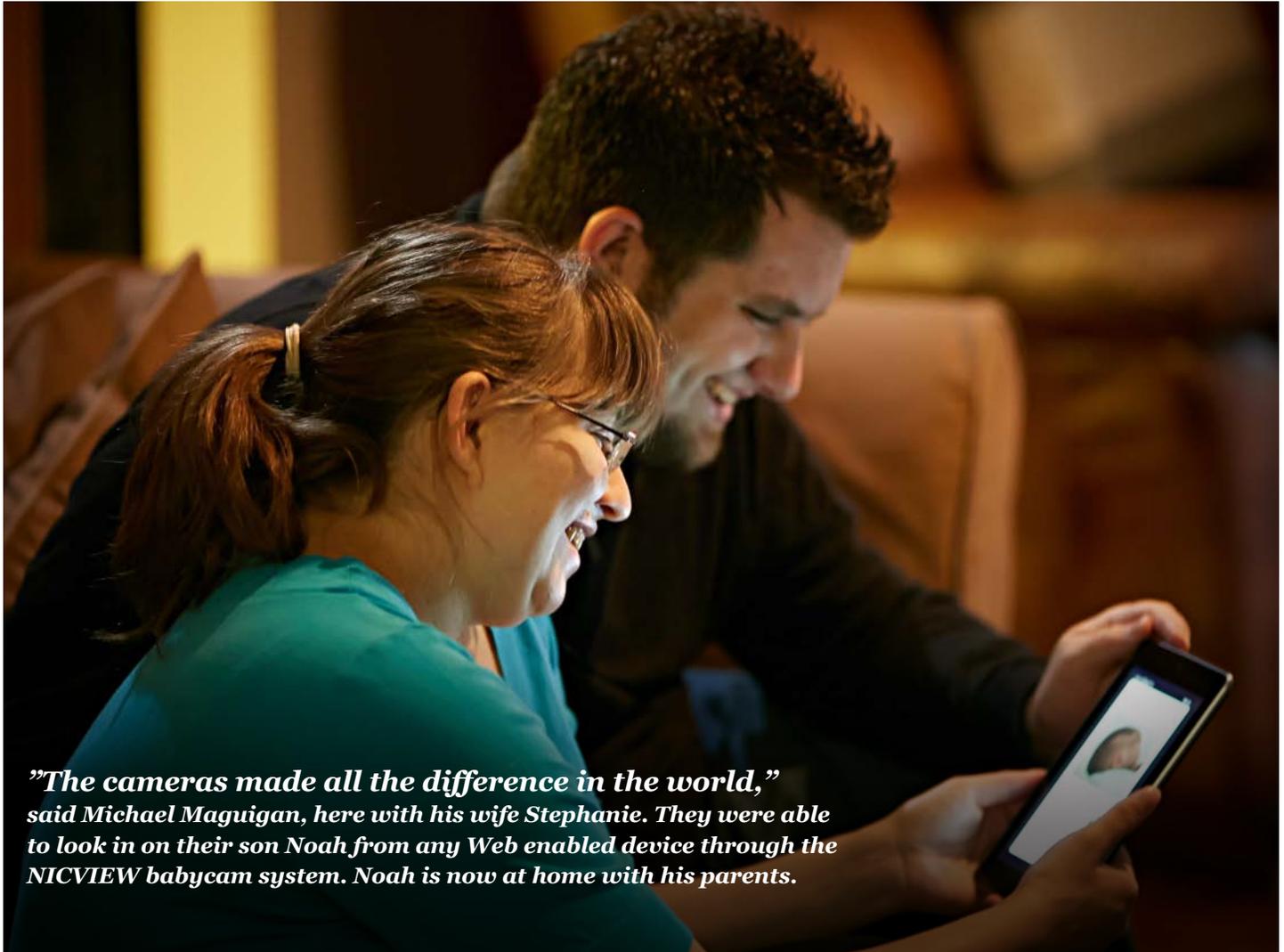
"Christiana Care has clear vision for the future. We've been empowered with knowledge to make a difference, to show our neighbors that we truly care, not only about their health but their whole patient experience."

— JULIA TINDALL
GUEST SERVICES REPRESENTATIVE

Bruce Weber, Ph.D., dean of the Lerner College of Business and Economics, and Shawn R. Smith, MBA, vice president, Patient Experience, at Christiana Care, congratulate Patient Information Representative Deniese Manuel on her graduation from the Patient Experience Academy.



'Babycams' offer parents and families a window into the NICU



"The cameras made all the difference in the world," said Michael Maguigan, here with his wife Stephanie. They were able to look in on their son Noah from any Web enabled device through the NICVIEW babycam system. Noah is now at home with his parents.

When Stephanie and Michael Maguigan's son Noah came into the world six weeks early, Stephanie was able to hold him for only a moment before he was whisked off for highly specialized care to the neonatal intensive care unit (NICU) at Christiana Care Health System's Christiana Hospital.

Because of the medication she was prescribed to stabilize her blood pressure, Stephanie was confined to her hospital bed over the next two days and couldn't visit her newborn. The first-time parents were ecstatic to learn that the NICVIEW camera system — installed just a few weeks before their son's birth — enabled them to watch baby Noah 24/7 through a live video feed during his NICU stay.

Christiana Hospital is the first in Delaware and only the 19th in the U.S. to install the NICVIEW camera system in its NICU. This progressive technology enables the loved ones of a

newborn receiving care in the NICU to view the baby anytime, day or night, through a private, secure video stream from any Web enabled device.

"The cameras made all the difference in the world," said Michael Maguigan. "There is so much anxiety when you have a child in the NICU. To be able to look in on Noah at any moment using the NICVIEW camera relieved the anxiety. The opportunity for family across the globe to see our son was wonderful for all of us."

Sixty of a total of 72 cameras have been installed at each individual bassinet in the NICU. The additional 12 babycams will be installed on the pediatrics floor to accommodate the loved ones of babies who have been discharged from the NICU but still require a longer hospital stay. The average stay for a baby needing NICU care is 17 days, and can run from 48 hours to eight months.

Following Stephanie's release from the hospital, the Maguigans visited Noah in the NICU every day. When they couldn't be there, they would stay close to Noah through virtual visits on their cell phones, laptop and desktop computer.

At Christiana Hospital to date, 30,000 babycam logins have been recorded from 32 U.S. states and nine countries including Aruba, India, Mexico, Morocco, South Africa, the Philippines and Singapore. "And we expect those numbers to keep on climbing," said Karen Haritakis, MSN, RN, CNML, clinical operations director of the NICU and Pediatrics at Christiana Hospital.

The NICVIEW Camera System is fully HIPAA compliant, and images are never recorded or stored. User names and passwords are issued by the hospital only to the parents, who can choose to share access with loved ones.

"The babycams enable parents to bond with their babies even when they cannot be by their side," said David A. Paul, M.D., chair of Pediatrics. "Being able to provide this technology takes our patient- and family-centered approach to the care of babies and their parents to an even greater level."



The NICVIEW camera system is a HIPAA compliant technology that allows families to be with their baby virtually in the NICU when they can't be there in person.

On Sept. 23, Christiana Hospital hosted a reception to celebrate the launch of the babycams and to express appreciation to the nearly 200 donors who made the initiative possible — including a number of children who held letter-writing campaigns, car washes, a karate "kick-a-thon" and other fundraisers. Donors raised more than \$182,000 in just a few months, surpassing the campaign's goal of \$147,000. The surplus is earmarked for related staff training.

More than two dozen of the campaign donors and Christiana Care leaders attended the reception, where NICU assistant nurse manager Susan Foster, BSN, RN, demonstrated the babycam technology, and two new mothers shared heartfelt stories about the extraordinary impact of the NICVIEW technology on their families.

Their remarks especially resonated with Tina Hayward, a member of the Christiana Care Board of Trustees and the catalyst behind the babycam campaign.

"It's so exciting to see this project come to fruition," said Hayward. "It has been a real grassroots effort — and a true team effort. To see so many supporters — especially the children — get involved in raising funds to help our smallest patients and their families is incredibly special. And the gratitude and enthusiasm expressed by our new moms says it all. We're so very thankful to everyone involved in bringing the babycams to our NICU at Christiana Hospital."

Christiana Hospital is the only high-risk delivering hospital in Delaware offering Level III neonatal intensive care. Approximately 1,200 newborns receive treatment at Christiana Hospital each year, representing one of the highest-volume NICUs in the nation. ●

"The babycams enable parents to bond with their babies even when they cannot be by their side. Being able to provide this technology takes ... the care of babies and their parents to an even greater level."

DAVID A. PAUL, M.D.
Chair of Pediatrics

Something's cooking at Wilmington!

Au Bon Pain at the Blue Granite Cafe opens at Wilmington Hospital



Wilmington Hospital officially opened the new Au Bon Pain at the Blue Granite Café on Oct. 10, introducing another major element in the \$210 million Wilmington Transformation Project and the first venture into Delaware by the nationally renowned restaurant chain.

"We are committed to keeping our neighbors healthy, not just when they are under our clinical care but also when they are visiting friends and family in our hospital," said Edmondo Robinson, M.D., MBA, physician-in-chief at Wilmington Hospital. "We already have the Overlook Café at Wilmington Hospital, which for more than a year has been serving excellent dishes to our employees and neighbors. Now with Au Bon Pain, we have another exciting option."

The partnership, said Ray Seigfried, Christiana Care's senior vice president of Administration, Clinical and Materiel Operations, further empowers Christiana Care to "take better care of our neighbors and build a healthier community here in

the city of Wilmington" through a vendor repeatedly cited by Health Magazine as one of America's Top Five Healthiest Restaurants.

A stroll through the café, conveniently located on the second floor just above the hospital's award-winning renovated atrium and near its busy Emergency Department, quickly reveals an extensive menu full of diverse, healthy options for both hospital staff and patients and their families. The café offers breakfast options, signature sandwiches, soups and salads, "grab-and-go" fruit cups, parfaits, wraps and juices — and, of course, Au Bon Pain's famous fresh-baked breads and pastries.

"It gives us the ability to offer extended hours, which is particularly great for our evening staff, as well as more healthy food choices and a second option for both staff and patient families," said Sharon Kurfuerst, EdD, OTR/L, FAOTA, senior vice president of Administration. "It offers our visitors a place to go to relax in a non-clinical setting, and the cafe gives a more suburban feel to an urban environment."

The Blue Granite Café is the first of Au Bon Pain's two planned locations in Delaware; a second location will open in the near future in Christiana Hospital. Au Bon Pain Chief Operating Officer Brian Wright said the restaurant's executives are "excited about the fact that our roots are planted" in Delaware and pleased to be working with Christiana Care.

Addressing staff members and representatives of the press at the opening, Wright said, "We believe Au Bon Pain's service and offerings coincide with Christiana Care's commitment to serving the community and ensuring your — and now our — neighbors have access to the highest level of care and comfort," adding as well that the café has already implemented a program through which its fresh unsold products are donated each day to area homeless shelters and women's crisis centers.

Representing the city of Wilmington, Jeff Flynn, deputy director, Wilmington Mayor's Office of Economic Development, also expressed excitement over the new partnership, congratulating Christiana Care and Au Bon Pain.

"Thank you for your investment in the city of Wilmington," Flynn said at the opening.

Au Bon Pain at the Blue Granite Café is open from 6 a.m. to 8 p.m., Monday through Friday, and from 6 a.m. to 6 p.m. on Saturday and Sunday. Au Bon Pain also offers catering. ●



Cutting the ribbon on Au Bon Pain at the Blue Granite Cafe: Sharon Kurfuerst, EdD, OTR/L, FAOTA, senior vice President of administration, Edmondo Robinson, M.D., MBA, physician-in-chief at Wilmington Hospital, Brian Wright, Au Bon Pain chief operating officer, Ann Marie Phillips, associate director, Food and Nutrition Services, and Ray Seigfried, senior vice president of Administration, Clinical and Materiel Operations.



Meenakshi A. Bhalla, M.D., and Susan Felicia, MSN, PNP-C, CHFN, examine a patient at the Christiana Care Center for Heart & Vascular Health.



Expanding Heart Failure Program provides care in the hospital and beyond

Christiana Care launched a major expansion and restructuring of its Heart Failure Program in October to improve the quality of care during hospital stays and when patients are discharged to rehabilitation centers or for home recovery.

The expansion in staff is possible, in part, thanks to the Patient Navigator Program of the American College of Cardiology (ACC), of which AstraZeneca is a founding sponsor. Christiana Care was among 15 hospitals awarded a first round of grants to provide more intensive case management through the use of patient navigators.

“We have doubled our patient navigators from two to four, and we are not just following patients from the time they come into the hospital but for at least 30 days after the patient leaves,” said Mitchell T. Saltzberg, M.D., FACC, FAHA, medical director of the Heart Failure Program.

The navigator program is also an extension of Care Link Services and the infrastructure for population health management that Christiana Care has pioneered in Delaware. The navigator role is modeled on support offered to ischemic

heart patients that began in 2012 as part of a three-year grant funded for \$10 million by the Center for Medicare and Medicaid Innovation. Under this grant, through a program called Bridging the Divides, a care management team follows ischemic heart patients after discharge and links them to a wide array of support staff through a virtual hub designed to assist patients with the transition home.

“Heart failure navigators are the next step in this model to further help patients remain in the community to the best that we are able to support them,” said Patty Resnik, vice president, Quality & Care Management. “Navigating health care can be very frustrating because there are so many things to attend to. Care Link provides an advocate to the patient who is outside hospital walls.”

Each year Christiana Care serves between 1,200 and 1,500 heart failure patients and is the only program in Delaware to have received Joint Commission advanced certification in heart failure. Now, through the expansion in staff, all patients will be offered case management services that help them better understand their health condition, care plan and medications, and how to use community resources.

A second attending cardiologist, Meenakshi A. Bhalla, M.D., joined the program in July after having served as Christiana Care's first fellow in the Advanced Heart Failure and Transplant Cardiology Fellowship Program, a one-year training in advanced heart failure, cardiac transplantation and mechanical circulatory support.

Every day on average, three to five heart-failure patients are admitted to Christiana Hospital and one each day to Wilmington Hospital. Typically there are 30 to 50 such patients throughout the system, Dr. Saltzberg said.

As patients prepare for discharge, navigators talk about family support, diet, physical activity, follow up appointments, the importance of getting medications right away and in reporting on significant changes in how they feel.

"We talk about lots of practical things, such as whether they can get their medications and who will drive them to the pharmacy," said Patti Christopher, RN, a heart failure navigator. "Sometimes people won't tell you that a daughter lives downstate or that there are stairs in their home they will have to climb, and we may have to help them find a way to get a bed downstairs. We have to act a little bit like a detective and follow up with phone calls to their support network when it's appropriate. We do our best to marshal family support. And we look for anything, including a downturn in mood, which might hamper a patient's recovery."

The navigators also let patients know that some cardiologists are leaving open slots in their daily schedules for heart failure patients who need to see them immediately when a problem arises.

"This helps reduce trips to the emergency department," Dr. Saltzberg said.

Over the last three years, the Heart Failure Program has made strides in reducing hospital readmissions. Nationally the rate of readmission following heart failure is close to 25 percent within 30 days of discharge. Christiana Care has cut its readmission rate to close to 18 percent.

"We've moved the needle fairly aggressively and become a top-tier performer for this at-risk population," he said.

From Dr. Saltzberg's perspective, this success is because of several factors: patients receiving appropriate palliative care; consistent use of tele-monitoring and visiting nurses; and navigators stressing that patients follow through with a medical appointment within seven days of discharge.

"The heart failure team has done a phenomenal job of working with patients and achieving significant performance measures," said Resnik.

New LVAD support group

Left-ventricular assistive device, or LVAD, surgery has been an area of expansion for the heart failure program since July 2012, making Christiana Care one of a select group of non-transplant hospitals evaluating patients for surgery while offering a range of supportive services. LVAD is a surgically implanted device that aids heart function when a heart does not effectively work on its own. More than 200 patients have been evaluated for the procedure at Christiana Care and 18 surgeries have been performed.

A new LVAD Support Group began in September, facilitated by Susan Felicia, MSN, FNP-C, CHFNP, an LVAD coordinator who completed training as a nurse practitioner to take on additional responsibilities. Felicia facilitated the group for patients and their families, encouraging everyone to share stories of what it's like to go through the procedure. Six LVAD patients attended, some with family.

"This is major open-heart surgery, and we're always seeking resources so you get stronger and enjoy your life again," Felicia told support group attendees. ●



Heart failure navigators (clockwise from bottom left) Patti Christopher, RN, Rachel Clark, RN, Sue Ann Scholl, RN, and Donna Solis, RN.

Christiana Care's Marketplace Guides ready for year two



Christiana Care Marketplace Guides are ready to assist Delawareans to navigate health insurance options and access to care.

behind them the guides are better prepared to handle a variety of situations. Bilingual guides have been hired, and the program has contracted with an interpreting agency, said Aponte, who is a certified interpreter through the Language Interpreter Network at Christiana Care.

Christiana Care's participation, under a federally funded state contract, is an outgrowth of programs Christiana Care has had in place for several years to help people connect with health insurance, said Michael Rosenthal, M.D., chair of the Department of Family & Community Medicine, which administers the Marketplace Guide program. It is part of Christiana Care's commitment to the community and to helping people get the care they need, he said.

Research has found that having insurance and a primary care physician is associated with better health outcomes. By making treatment affordable, patients with chronic diseases, such as hypertension or diabetes, can get care that can head off costly and debilitating complications. They can get preventive services and immunizations. And with health insurance and a primary care physician, patients will not turn to hospital emergency rooms for expensive treatment that can best be handled in a doctor's office.

The Marketplace Guide program is focused on helping people access care and achieve better overall health, Dr. Rosenthal said. The goal is to improve the health of the individual and community. ●

The second year of the Health Insurance Marketplace, created under the Affordable Care Act, is set to begin. Christiana Care Health System's Marketplace Guides are trained and ready to provide clear information on insurance options and to help people find the health insurance they need.

The open enrollment period runs from Nov. 15, 2014, to Feb. 15, 2015.

In the program's first year, the guides served 32,000 people in Delaware through individual counseling or at group events, said program coordinator Carla Aponte. They enrolled nearly 400 people and educated many more who went on to sign up for Medicaid or other insurance.

All guides go through mandated training before being certified, and Christiana Care's training exceeded federal

requirements, said Omar Khan, M.D., MHS, medical director for Community Health and Preventive Medicine, who co-manages the program with Kathy Cannatelli, MS. The guides are able to verify clients' income and citizenship status, and are familiar with health privacy regulations. They act as health care navigators, leading people through their options in the Health Insurance Marketplace.

"We have had people walk in who have never had insurance," said Aponte. "They didn't know to bring their card to the doctor, or what co-pays or deductibles or premiums are. We help connect them with primary care doctors."

This year there will be more focus on outreach to the Hispanic community and others whose first language is not English. With a year of experience

Case managers help employees manage chronic conditions

Case managers and health managers are working with Christiana Care employees, their dependents and their health care providers to coordinate the care and services they need to manage their chronic conditions.

The benefit is provided at no cost to employees, and all information is confidential. Two health managers work with patients who have disease-specific conditions such as asthma, diabetes, heart failure, hypertension or chronic obstructive pulmonary disease (COPD). Four case managers help patients who have complex medical conditions that involve more than one illness.

The case managers and health managers are all registered nurses, focused on helping employees and their families to become partners in their health. They also are educators and advocates, helping employees and dependents to identify and navigate the resources in the health care system.

"We are here to help patients manage their health and stay out of the Emergency Department and the hospital," said Candice Holohan, BSN, RN, a health manager who also is a certified diabetes educator.

Recently, Holohan helped an employee with a chronic neurological condition avoid a trip to the ED by contacting her primary care provider so that he could prescribe pain medication. She teaches patients with diabetes to count their carbs and control their blood sugar through diet and exercise.

She first began working with Louie Gutierrez, RN, when he was hospitalized for cellulitis. Gutierrez, who works the overnight shift at Wilmington Hospital, also needed guidance on managing his diabetes.

Holohan recommended shifting the times he takes his medications in order to reflect his work schedule. She also sent him meal plans with recipes for healthy dishes.

"Candy also followed up with me regularly with phone calls," Gutierrez recalls. "She is so pleasant and supportive that I looked forward to talking with her."

Case managers and health managers are employed by xG Health Solutions, working with Geisinger Health Options, the provider partnering with Christiana Care to manage employee health benefits.

Employees and their dependents who need extra help are identified in a number of ways so care and health managers can be proactive in reaching out to offer services. That includes:

- Transition-of-care managers at Wilmington and Christiana hospitals connect with plan members before they are discharged from the hospital.
- Physicians refer employees from medical homes.
- Plan members are identified through insurance claims for various chronic conditions and are then contacted by case managers.
- Plan members refer themselves for services by calling 800-883-6355.

The services are available to employees and dependents covered under Christiana Care, regardless of the network in which they participate. All information regarding patients' health is confidential and not shared with Christiana Care.

The case and health managers can provide help on the phone, online or in person, at MAP 2, the Wilmington campus or the HealthCare Center at Christiana.

Want to learn more about this employee benefit? Call 302-623-0497 or toll free at 1-800-883-6355, Monday through Friday, 8 a.m. to 5 p.m. TDD/TTY users should call 711. ●

Contact these Team Members:

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2131A-HealthCare Center at Christiana
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Rm 1384-MAP II
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302-623-0493

Elizabeth Rowe, Case Manager
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443-276-0642 or 800-881-0582 ext 0642

Christiana Care Symposium highlights results of breakthrough cancer screening trials



“Low-dose CT scans produced a 20 percent reduction in lung cancer mortality and detected lung cancer better than chest X-rays more than twofold.”

GERALD O'BRIEN, M.D.

Low-dose CT scans are dramatically more effective than chest X-rays in detecting early stages of lung cancer, and Delaware is primed to use those findings to affect lung cancer mortality and find early-stage lung cancers to save lives. Those were key messages delivered to attendees of the Helen F. Graham Cancer Center & Research Institute's 2014 Cancer Symposium held at the John H. Ammon Medical Education Center, Oct. 2.

Gerald O'Brien, M.D., medical director, Interventional Pulmonary Medicine and director of Pulmonary Hypertension at Christiana Care Pulmonary Associates, presented supporting data from the National Lung Screening Trial, a study sponsored by the National Cancer Institute to evaluate the effectiveness of low-dose computed tomography (CT)

scans versus standard chest X-rays in screening for lung cancer, the number one cancer killer of both men and women in the United States and cause of 160,000 deaths each year. Dr. O'Brien said he was impressed by the trial's conclusions.

“Low-dose CT scans produced a 20 percent reduction in lung cancer mortality and detected lung cancer better than chest X-rays more than twofold. They found the cancers early and prevented development of late-stage cancer,” Dr. O'Brien said.

As a result, lung cancer screening has already been endorsed by the American Lung Association, American Association of Thoracic Surgeons, American College of Chest Physicians, American Society of Clinical Oncology, American Thoracic Society, American Cancer Society, U.S.

Preventive Services Task Force and National Comprehensive Cancer Center Network.

The latter has already detailed what it considers the essential elements needed to create a comprehensive screening program using CT scans: sophisticated, multi-detector CT scanners and analytic software, qualified radiologists, appropriate guidelines on how to report and manage abnormalities, a reliable communication system to convey the information to all involved in the care of the patient, and multidisciplinary teams to manage care and document outcomes. All of these elements are already being assembled at Christiana Care and elsewhere in the First State, thanks to the continued leadership of the Delaware Cancer Consortium's Early Detection and Prevention Committee.

“The consortium has been leading the way for more than 10 years now,” said Stephen Grubbs, M.D., medical oncologist, Department of Medicine, Christiana Care Health System and clinical assistant professor of medicine at Sidney Kimmel Medical College. *“It is widely recognized as one of the most effective cancer control programs in all 50 states. In 2013, in fact, the American Association of Clinical Oncology and the American Society of Cancer Research listed Delaware's accomplishments in colorectal cancer screening as one of top cancer new outcomes in the world.”*

Screening for Life, the consortium's state and federally funded program, will serve the underinsured and uninsured and use strict screening eligibility guidelines, a reporting structure for physicians, contracts for approved radiology sites, and a nurse navigator to guide patients and physicians through the program. Using \$1.5 million allocated in the state's current fiscal budget, Screening for Life will cover the CT scans and interpretation of their results by

radiologists and multi-disciplinary teams and then transition patients found to have lung cancer to the Delaware Cancer Treatment Program to cover the costs of treatment.

The panel discussion that concluded the symposium emphasized the value of a team approach to screening and fighting this disease. As William Bowser, Esq., chairperson of the Delaware Cancer Consortium said, "There are survivor walks for nearly every cancer, but not lung cancer. There are no walks because there are no survivors."

Bowser was joined on the panel by Drs. O'Brien and Grubbs and colleagues representing primary care physicians, radiologists and private insurance companies, all of whom, the panel agreed, stand ready to support the new screening process throughout Delaware.

Dr. Grubbs said the Screening for Life program hopes to welcome its first patients in December. Christiana Care's Lung Health and Screening Program began in September. ●



Clockwise from top left: Heather Bittner Fagan, M.D., MPH, FAFP; David M. Bercaw, M.D., FAFP; Gerald O'Brien, M.D.; and Stephen Grubbs, M.D.

Christiana Care acts on national research, unveils lung health and screening program

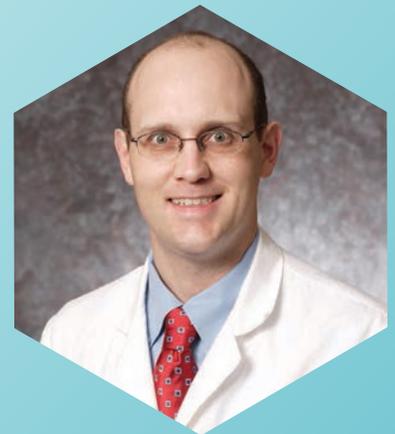
Even as attendees of the 2014 Cancer Symposium were hearing of the latest findings regarding lung cancer screenings, clinicians and staff members were welcoming referrals to a Christiana Care screening program incorporating those findings and their resulting recommendations.

Panelist Heather Bittner Fagan, M.D., MPH, FAFP, associate vice chair of research, Family & Community Medicine, and a Value Institute scholar, told attendees that Christiana Care has already rolled out its Lung Health and Screening Program and implemented recommendations endorsed by such organizations as the U.S. Preventive Services Task Force. Her colleague, Roger Kerzner, M.D., assistant medical director for Specialty Services in the Medical Group of Christiana Care, said the program, a partnership between the Medical Group and the Helen F. Graham Cancer Center & Research Institute, features the components of a successful screening program revealed by recent national trials.

"A patient calls or is referred to the program by a primary care physician or other physician and is directed to a nurse navigator," Dr. Kerzner said. "The nurse navigator coordinates with the primary care physician to order and schedule the CT scan, reviews the scan results with a multidisciplinary team including a pulmonologist and thoracic surgeon, and then works with all of those to determine a plan going forward."

The program is available to patients ages 55 to 80 who have a history of at least 30 pack-years smoking, are current smokers or have quit smoking within the last 15 years, and haven't received a CT scan of the lungs in the past 12 months.

Dr. Kerzner said the goal is "to help patients make good choices about whether to get the screening and then navigate the process." ●



Roger Kerzner, M.D.

To refer patients,
contact the nurse navigator at
302-623-0552 or e-mail
lunghealthandscreening@
christianacare.org.

Women find support and education at Breast Health & Wellness Conference

It's been a year since Jeanne Corman of Arden completed radiation therapy for breast cancer. But she is still intent on learning more about the disease and appreciates opportunities to connect with other survivors. She did both at Every Woman Matters: A Breast Health & Wellness Conference sponsored by Christiana Care's Helen F. Graham Cancer Center & Research Institute and partner organizations. The all-day event on Oct. 4 featured educational presentations on breast cancer, as well as breakout sessions where attendees could learn more about their special interests.

"I just marked my one-year anniversary, and I am always trying to learn more," Corman said. "It feels so supportive to be with women who know how I feel."

There were 124 attendees and 17 exhibitors registered for the event at the John H. Ammon Medical Education Center. But the event has the power to impact many more people, said Nora Katurakes, MSN, RN, OCN, Christiana Care's manager of Community Health Outreach & Education.

"Every single one of you has a voice to tell another person what you have learned today," Katurakes said. She emphasized that these types of events benefit the community by providing reliable information and education, as well as an opportunity to ask questions. The event focused not only on survivors, but on all women who are interested in breast health.

Jacqueline Napoletano, M.D., director of breast imaging at the Graham Cancer Center, spoke about breast screening and the latest technology in imaging. Lana de Souza-Lawrence, M.D., a radiation oncologist at the Graham Cancer Center, talked about radiation therapy, which targets and destroys cancer cells that may remain after surgery.

Darcy Burbage, RN, MSN, AOCN, CBCN, survivorship nurse navigator at the Graham Cancer Center, noted that there are 14 million cancer survivors in the United States; 25 percent are breast cancer survivors, many of whom are on an emotional "up and down rollercoaster" after treatment.

She advised survivors on managing fatigue, exercising and accepting offers from people who want to support women who are undergoing treatment.

"If someone asks if they can help, keep a list ready," she said.

The event included lectures and question-and-answer sessions on nutrition, genetic links to breast and ovarian cancers, and spiritual wellness. Breakout sessions focused on metastatic breast cancer and clinical trials, young survivors and improving self image.

"This type of information is invaluable," says Pamela Lucas, a survivor from Newark. "This event has been a true learning experience."

Event sponsors included Susan G. Komen for the Cure; the American Cancer Society; the Avon Foundation for Women; Sisters on a Mission; and Alpha Kappa Alpha, Delta Sigma Theta, Zeta Phi Beta and Sigma Gamma Rho sororities.

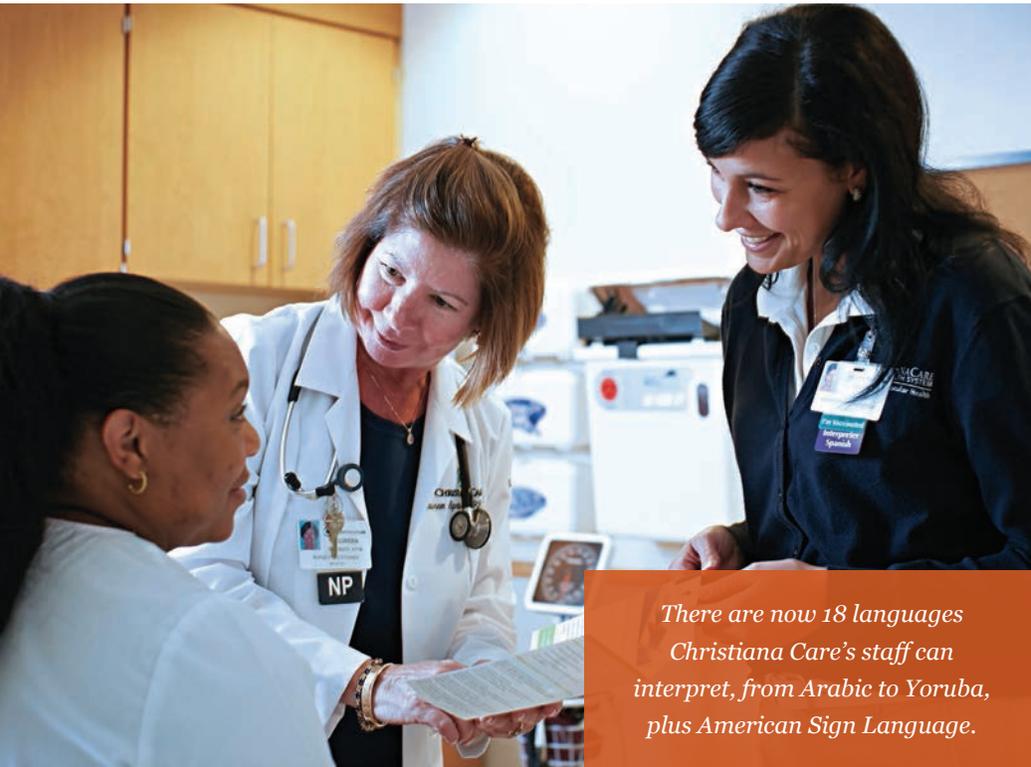
The Breast Center was open for mammogram appointments during the event. Also available were screenings for blood pressure and bone density, and educational displays on ovarian cancer and other health topics. ●

There are 14 million cancer survivors in the United States; 25 percent are breast cancer survivors, many of whom are on an emotional "up and down roller coaster" after treatment.

**DARCY BURBAGE, MSN, RN,
AOCN, CBCN**
Survivorship Nurse Navigator



Staff qualify as medical interpreters through LINCC program



*There are now 18 languages
Christiana Care's staff can
interpret, from Arabic to Yoruba,
plus American Sign Language.*

As an advanced practice nurse in Employee Health, Tabé Mase frequently speaks French Creole to employees from Central and West Africa.

“It is comforting for people who aren’t feeling well to hear their native language,” said Mase, a native of Cameroon in central Africa, where she grew up speaking French and English.

Today, she and 69 others are qualified to interpret a collective total of 18 languages in various roles throughout the health system after successfully completing LINCC, a rigorous program to qualify interpreters.

The graduates and the managers who sponsored them gathered at the Language Interpreters Network of Christiana Care (LINCC) celebration at the John H. Ammon Medical Education Center on Sept. 30, International Translation Day. Many of the graduates wore clothing reflecting their cultures of origin. Mase wore an elaborate purple gown and matching head scarf.

“This is what diversity and inclusion looks like,” said Robert J. Laskowski, M.D., MBA, president and CEO of Christiana Care. He said that the program is a shining example of The Christiana Care Way.

The innovative model also reflects Christiana Care’s status as a national leader in patient-centered, culturally competent care, said Rosa Colon-Kolacko, Ph.D., MBA, chief diversity officer and executive director of The Learning Institute.

The program has expanded Christiana Care’s in-house interpreting capability from two languages — Spanish and American Sign Language — to 18 languages, ranging from Arabic to Yoruba, a language spoken in Nigeria, Togo and the Republic of Benin. The new interpreters come from five continents and 26 countries.

The graduates completed 24 hours of classroom training, including such topics as interpreting techniques, ethics and cultural mediation and advocacy. They

Administrative assistant and LINCC Spanish interpreter Berry Quiles (right) helps Maureen Springer, FNP, and a patient communicate during an office visit.

also passed written and oral examinations. Of the 70 staffers who successfully completed the program, 58 are qualified to provide medical interpretation for patients; 12 are qualified to interpret in non-medical encounters, and are called “patient access liaisons.”

Qualified interpreters play an essential role in patient safety, ensuring accurate communication between patients and their care providers, said Jacqueline Ortiz, director of cultural competence and language services. Hearing their own language also is an essential aspect of our patients’ experience.

“There is an automatic physical response,” she said. “You see the relaxing of the shoulders, a smile. They can concentrate on their health instead of worrying about not understanding their providers.”

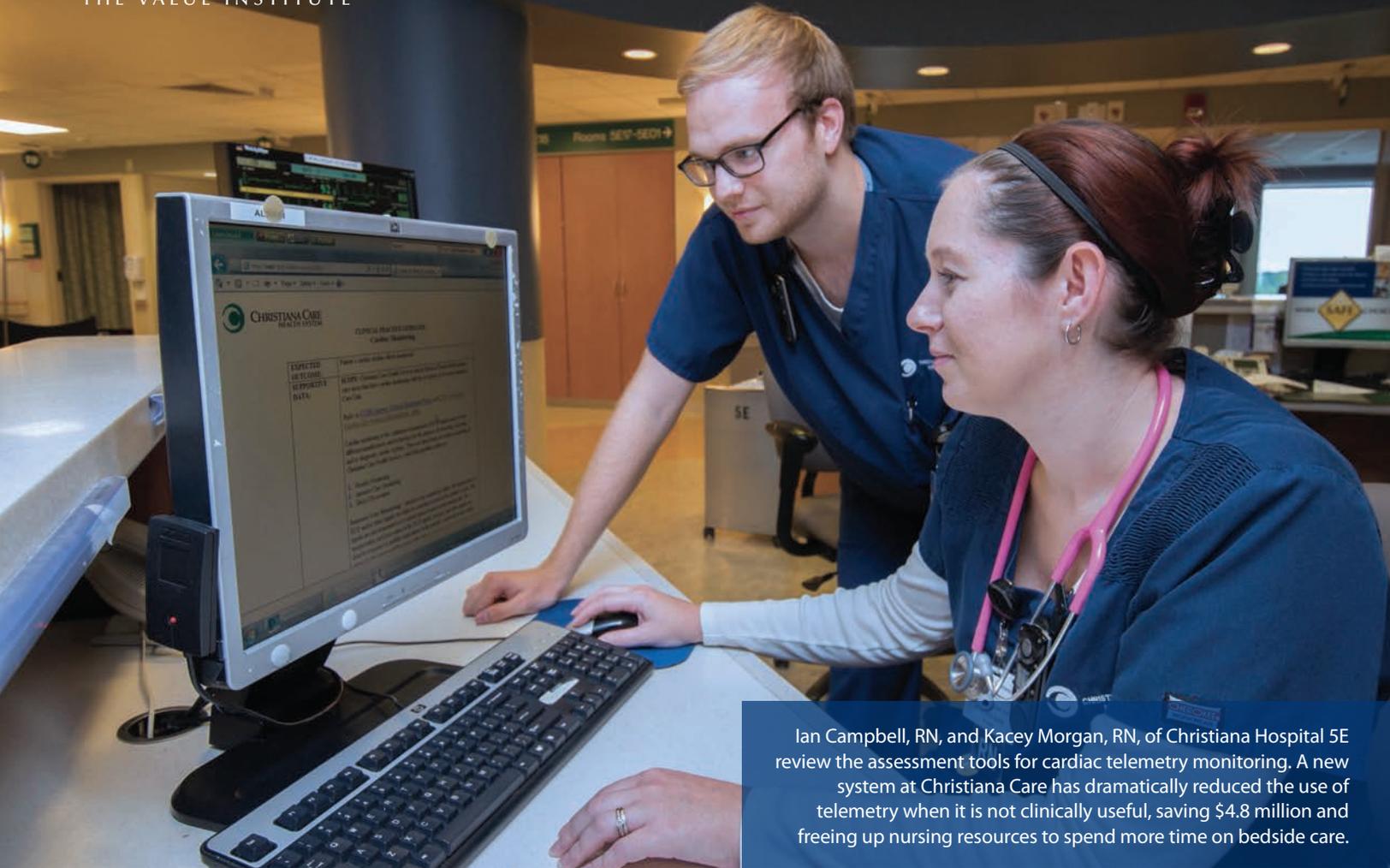
In addition to the satisfaction of helping others, qualified interpreters will receive compensation for the extra work they do.

Ligia Han, a cardiac stenographer who was qualified in Spanish, said she sees a need for interpreters who can explain tests and procedures to patients who do not speak English.

“We find that when there is someone who understands their language patients are much less nervous when they are having a test,” she said.

Evalyne Mwangi, a registered nurse on a cardiac floor, said the process of becoming qualified to translate Swahili raised her awareness of the importance of cultural competency.

“Through the LINCC program, I’ve become more of a patient advocate,” Mwangi said. “I also believe that being part of the class has made me more sensitive to others.” ●



Ian Campbell, RN, and Kacey Morgan, RN, of Christiana Hospital 5E review the assessment tools for cardiac telemetry monitoring. A new system at Christiana Care has dramatically reduced the use of telemetry when it is not clinically useful, saving \$4.8 million and freeing up nursing resources to spend more time on bedside care.

Christiana Care earns national honors for reducing telemetry

Resource stewardship and adherence to guidelines saves \$4.8 million

ECRI Institute awarded Christiana Care with its 9th annual Health Devices Achievement Award for a new national guideline-driven provider ordering process leading to more appropriate telemetry use in non-intensive care settings.

Interventional cardiologist Andrew J. Doorey, M.D., of Christiana Care Cardiology Consultants and a Value Institute scholar, championed the new process, which achieved an immediate 43 percent reduction in the number of weekly telemetry orders for patients; a 47 percent reduction in the average telemetry hours per monitored patient; a 70 percent reduction in the daily telemetry census and an estimated annual savings of \$4.8 million — numbers all sustained to date with no

increase in cardiac/respiratory arrest codes or Rapid Response Team calls.

“This redesign shows that we’re good stewards of the resources we have,” Dr. Doorey said. “It helps us provide the right care for the right patient for the right amount of time, and allows staff to focus on their tasks at the bedside without interruption.”

Value-based care

Telemetry use has been widespread at Christiana Care — and in hospitals throughout the nation — dating back to 1999 when wireless “flex” monitoring technology emerged to address a perceived patient safety need and increased demand for monitored beds outside the ICU. While the benefits of telemetry are real in appropriate patients,

Dr. Doorey said, studies indicate that cardiac and respiratory codes are rare events outside of the ICU. An interdisciplinary telemetry team, including Cardiology, Pharmacy, Nursing and Information Technology, led by Robert M. Dressler, M.D., MBA, vice chair of the Department of Medicine, questioned whether flex monitoring added value when broadly applied to the non-ICU patient population.

In one study period, fewer than 1 percent of alarms from the central telemetry monitoring system were for emergent issues — the vast majority were for technical malfunctions such as loose leads or low batteries. Interruptions caused by these false alarms pull nurses from necessary bedside clinical care unit duties. Being tethered to a telemetry unit

disrupts patient sleep, restricts mobility and increases risk of patient falls, especially among the elderly.

“Responding to false alarms is not only a huge drain on nursing resources, it’s detrimental to the care of the average patient,” said Dr. Doorey. “Reducing telemetry use by 70 percent on a daily basis equates to more than 115 hours of nursing time saved every day at Christiana Care alone. That’s massive — and we didn’t see any increase in harm to patients.”

Staff nurses were instrumental in working with physicians on the protocol, as well as on workflow implementation and technical features of the new tool. The result, said Shirley Moran, MS, RN, NE-BC, director of Patient Care Services, Medical Nursing, is an all-around success. “It’s simple, easy to use, increases autonomy for nurses and allows patients greater freedom for ambulation, which is so important for getting them through the transition of care,” she said.

Partnership, innovation and expertise

The process redesign involved several key strategies:

- Cardiology-led integration of national guidelines into computer-based telemetry ordering process.
- An interdisciplinary partnership with Pharmacy and the Pharmacy and Therapeutics Committee to review medications that may require cardiac monitoring during administration.
- Redesign of nursing processes for assessing cardiac telemetry discontinuation.
- Changes embedded into the existing workflow for both nursing and physician providers.
- Extensive physician/nurse communication to forge upfront interdisciplinary buy-in.

“Reducing telemetry use by 70 percent on a daily basis equates to more than 115 hours of nursing time saved everyday ... That’s massive – and we didn’t see any increase in harm in patients.”

— ANDREW J. DOOREY, M.D.
CHRISTIANA CARE CARDIOLOGY
CONSULTANTS

“In cases where telemetry does not have clinical benefit, we took the ability to order it out of the order set,” Dr. Dressler said. “We created a category called ‘other’ so doctors can still order telemetry if they have a bedside clinical concern. It’s limited to 24 hours in duration and can be reordered if clinical concerns persist.”

Drs. Doorey and Dressler credit interdisciplinary partnership for the successful sea change in telemetry use. “You cannot overstate the team effort that led to this success. Our nursing collaborators educated us about the many ways that telemetry interrupted and distracted them daily, interfering with patient care,” said Dr. Doorey. “This negative effect of telemetry was critical in getting support from the medical staff.

“The IT group was instrumental in their approach to programming simple, logical and visually appealing computer screens to both order and, more importantly, to later automatically discontinue telemetry when appropriate. Pharmacy’s role in the critical evaluation of our drug leveling policy, including the clinically appropriate use of telemetry monitoring with certain medications, was another vital element of the team’s work to ensure that the patients received the care they needed.”

National exposure

Christiana Care published its telemetry management study as a Research Letter in the Sept. 22 issue of JAMA Internal Medicine, attracting coverage by The Wall Street Journal, Reuters Health, Philadelphia Inquirer and Modern Healthcare, speaking requests by the Greater New York Hospital Association and Center for Business Innovation’s upcoming Clinical Alarm Safety Program, and inquiries from physician colleagues at Vanderbilt University Medical Center in Nashville, Aurora Health Care in Milwaukee, and Allina Health in Minneapolis, all interested in learning more from Christiana Care physician leaders.

Best practice approach

ECRI Institute is an independent nonprofit that researches best practice approaches to improving patient care. The Award for Excellence in Health Technology Management and Patient Safety will be presented to Christiana Care at a later date.

“We are honored that ECRI Institute has recognized the innovative systems-based approach our team took to improve the value-based care we provide to non-ICU cardiac telemetry patients,” said Dr. Dressler. “Championed by Cardiology, our team brought together the expertise to enhance the effectiveness of our bedside clinicians and nurses as caring partners for our patients.”

Finalists included Banner Health, Cedars-Sinai Medical Center, The Children’s Hospital of Philadelphia, Geisinger Health System and the U.S. Army Western Regional Medical Command. ●



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

Edmondo J. Robinson, M.D., MBA, FACP, is appointed senior vice president and executive director of Christiana Care Health System - Wilmington. Dr. Robinson also continues to serve as associate chief medical officer. As a Value Institute Scholar, he conducts research on analytic methodology to inform management decisions, with particular interest in transitions of care, interdisciplinary collaboration and teamwork.

Dr. Robinson joined Christiana Care in 2008 as the founding medical director of Christiana Care Hospitalist Partners. In that position he recruited, mentored and managed numerous doctors who practice primarily at Christiana Hospital. His oversight of this group allowed him to apply his management interests in the efficient use of hospital resources and transitions of care. He is a clinical assistant professor of medicine at Sidney Kimmel Medical College of Thomas Jefferson University. He holds a medical degree from the David Geffen School of Medicine at the University of California, Los Angeles; an MBA with an emphasis in health care management from the Wharton School at the University of Pennsylvania; and a master's degree in health policy research also from the University of Pennsylvania. ●

Kathy Westhafer wins AHIMA Triumph Leadership Award



Kathy Westhafer, RHIA, CHPS, (right) receives the AHIMA Triumph Leadership Award.

The American Health Information Management Association (AHIMA) has named a veteran Christiana Care Health System employee as a 2014 Triumph Leadership Award recipient.

Kathy Westhafer, RHIA, CHPS, manager of enterprise data management for the Department of Information Technology, was selected for the award in recognition of her outstanding accomplishments as a valued and trusted leader in the field of health information management, according to a release from AHIMA.

Westhafer joined Christiana Care 25 years ago as the operations director in

medical record management and later spent 15 years as the director of health information management services. Since 2005, she has worked in the Information Technology Department. When the Delaware Health Information Network (DHIN) was looking for health information management expertise, she helped establish and chair its Health Information Management Committee, a position she continues to hold.

Along with her work at Christiana Care, she has been involved with and has held leadership roles in the AHIMA Health Information Exchange Practice Council and the Delaware Health Information Management Association, the state branch of AHIMA.

"I worked in health information management for many years, but I chose to move to IT to get involved in things that I saw as being at the forefront of transforming health care and the information around health care," she said. "I really feel very fortunate to be able to get involved in moving Christiana Care's medical records forward. I've been involved in the transition from paper-based to electronic-based medical records, and making sure that what we are creating electronically addresses privacy, security and other regulatory requirements."

In her spare time, Westhafer has dedicated nearly a decade to helping establish a health information management associate's degree program at Delaware Technical & Community College. The program's first class graduated in May.

"For years, I was the health information management director here at Christiana Care, and we always really had a need for qualified health information management professionals in Delaware," she said. "Del Tech started a certification program for health information management coding and asked me to be on the advisory board. In that role, we started talking about how the profession was growing, and how we really needed more than a certificate; we needed people with a degree and more background. I got involved in helping to develop curriculum. We worked close to a decade to get this funded and established, so it's been wonderful to see it finally come to fruition."

Westhafer was one of three people given the Leadership Award during the annual AHIMA Convention & Exhibition, held Sept. 27 - Oct. 2 in San Diego. ●

New transfusion safety officer will oversee systemwide use of blood products



Christiana Care Health System has appointed 15-year Christiana Care veteran Brenda Rabeno, MBA, MLS (ASCP)CM, to the newly created role of transfusion safety officer, placing her in charge of a systemwide ongoing initiative to both monitor and guide the safe usage of blood products.

The position's creation was a result of a Lean Six Sigma quality improvement project led by Christie Barnett, MICU physician assistant, and Adrian Fedyk, Finance program manager. The project resulted in a 75 percent reduction in non-guideline transfusions, an \$800,000 annual savings in blood products and blood supplies and revealed significant cost savings opportunities for Christiana Care and for patients in the utilization of blood transfusion products. More importantly, the findings suggested those savings lay in the implementation of new outcomes-based guidelines on when and how much of a product to give to a patient.

"The medical field as a whole has been intensely reviewing practices in an effort to reduce waste while maintaining and even improving patient outcomes," said Cheryl Katz, MS, MT, vice president, Pathology and Laboratory Services. She noted, for example, that when the American Board of Internal Medicine's foundation asked representatives of medical specialties to contribute to its Choosing Wisely initiative, they dedicated one of the initiative's five "Things Physicians and Patients Should Question" to the topic of when to transfuse.

"Our work around transfusions started in the medical ICU," said Vinay Maheshwari, M.D., director of Medical Critical Care and medical director of Respiratory Therapy. "We understood the findings regarding best practices in utilization of blood transfusion products, but we also knew there was variation on how to implement and apply those practices. That warranted the creation of our blood management program, and that program needed a steward."

That need led to a nationwide search that ultimately made its way back to Christiana Care.

"We interviewed many candidates and learned in our search that transfusion safety officers were quickly becoming a big recruitment goal for many organizations," Katz said. "We couldn't reach a consensus on any candidate until we reached out to Brenda. When the

search team interviewed her, the best-case scenario fell into order."

Katz said Rabeno's leadership roles within Christiana Care made her the ideal selection. She began as a medical laboratory scientist in the blood bank before expanding Christiana Care's flow cytometry section, developing its biorepository and supporting the advancement of translational cancer research in the Helen F. Graham Cancer Center & Research Institute, where the Cancer Genome Atlas project she led gained her national recognition.

Rabeno is excited to direct her skills and experience to what she said is an important opportunity. Her goals include creating a dashboard powered by regularly and thoroughly gathered data, analysis of outcomes and education driven by those results.

"That's a big component of it," she said. "Our goal is to embed these new, outcomes-based standards in our culture. Those outcomes tell us that less can be more these days. Blood products are safer than ever, but transfusions are not risk-free. These guidelines are frequently being updated, and we are working to convey those updates to our physicians to ensure we are making evidence-based decisions and further reducing those risks associated with transfusing blood products." ●

"We understood the findings regarding best practices in utilization of blood transfusion products, but we also knew there was variation on how to implement and apply those practices. That warranted the creation of our blood management program, and that program needed a steward."

— VINAY MAHESHWARI, M.D.



Lean Six Sigma training available

The Center for Organizational Excellence, a member of the Christiana Care Value Institute, offers education in Lean Six Sigma (LSS) at the Yellow, Green and Black Belt levels, where candidates learn to apply the DMAIC methodology (Define, Measure, Analyze, Improve and Control) to real projects that are strategically important to the organization.

“Lean Six Sigma is a scientific, team-based methodology that can improve quality by reducing variation and eliminating waste,” said Vernon Alders, MHCD, MBA, MSW, corporate director of Organizational Excellence. ●

Lean Six Sigma for Health Care Professionals Yellow Belt

Dec. 1 – 4, 8 a.m. - 5 p.m., John H. Ammon Medical Education Center

This internationally recognized training program is for mid-level and senior health care practitioners and administrators who want to make a difference in their organization’s performance that ultimately benefits patients through more effective and efficient processes.

Becoming a Yellow Belt is the first tier beyond basic awareness training in Juran’s Lean Six Sigma training program and is appropriate for anyone interested in pursuing an education in breakthrough improvement. Continuing on to the Green Belt portion of the course will require the implementation of a multi-functional, management-approved project and is intended for managerial level or technical specialist.

Register by November 17.

<http://www.juran.com/resources/public-workshops/2014-healthcare-open-session-lean-six-sigma-workshop/>.

Diane Bohner, M.D. honored with Wilmington Award for Medical Home Without Walls



The City of Wilmington honored Diane Bohner, M.D., with a 2014 Wilmington Award. Dr. Bohner received the community award in the Health/Science category after being nominated by Christiana Care’s director of Social Work Linda Brittingham and colleague Linda Brennan-Jones, LCSW.

The award recognizes Dr. Bohner for her clinical excellence, leadership and dedication in caring for our most vulnerable neighbors within the Medical Home Without Walls Program and its community outreach, which cares for the homeless at the St. Patrick’s Community Center.

Mayor Dennis P. Williams presented awards to 25 community leaders at the 12th annual awards ceremony.

“I am honored to celebrate and recognize these Wilmingtonians and organizations who serve citizens in the city of Wilmington for achieving excellence and positively impacting the local community through these various areas of community engagement,” said Mayor Williams.

The Wilmington Awards honor the outstanding accomplishments of Wilmington citizens and those who serve the city of Wilmington. The award recipients exemplify excellence in areas including the arts, community service, faith and civil rights activism. ●

Christiana Care introduces Center for Comprehensive Venous Health



Mark J. Garcia, M.D., MS, FSIR, examines a patient at the new Center for Comprehensive Venous Health.

Chronic venous disease affects millions of Americans, with 600,000 to 1 million people experiencing vein clotting abnormalities each year. These clotting abnormalities can lead to pulmonary embolism, which cause up to 180,000 deaths annually. But until now, there has never been one place to treat deep and superficial vein-based health issues in our region.

The Center for Comprehensive Venous Health comprises nationally renowned physicians able to perform a variety of procedures, such as IVC filter evaluation, and treatments for all venous diseases, including deep vein thrombosis, pulmonary embolism, venous malformations and less severe vein conditions such as insufficiency and varicose veins.

“We recognized that there is a substantial portion of the population dealing with these issues, and they’d previously been forced to travel from place to place for the care they need. Or they were told there was little that could be done,” said Mark J. Garcia, M.D., MS, FSIR, medical director, Center for Comprehensive Venous Health. “We have the cutting-edge tools and internationally recognized expertise to make a real difference in these patients’ lives. We want to meet with them and collaborate with other doctors and researchers to have a huge impact here and across the world.”

Varicose veins are among the most well-known and frequently treated forms of venous disease. Too often, though, such treatments are cosmetic, Dr. Garcia said.

The Center for Comprehensive Venous Health can offer minimally invasive treatments that shut down the portion of a vein causing blockage or reversal of blood flow and substantially reduce pressure and resulting discomfort.

“The vast majority of the medical community does not yet realize we can now do what was previously thought to be impossible,” he said. “We can dramatically improve blood flow in affected legs and improve the quality of life of these patients.”

Dr. Garcia and his colleagues plan to take their expertise out to the regional community and beyond.

“We’ve seen more and more people coming to us from afar, and we are determined to craft for them and their physicians effective outreach and education programs. These are serious issues potentially affecting people of all ages and that, if untreated, can result in swelling, ulcers, gangrene and even amputations. We are looking forward to sharing the talent of all of these doctors and the work and research that has put us at the forefront of this important issue.” ●

For more information on the Center for Comprehensive Venous Health or to make an appointment, call 302-733-3038 or 855-473-VEIN (8346).

Christiana Care dentistry residents conduct back-to-school screening at Sunday Breakfast Mission

There were smiles all around at the Sunday Breakfast Mission on Aug. 16, when Christiana Care dental residents partnered with community dentists to provide free dental screenings for children headed back to school.

An estimated 2,000 children and families gathered at the Sunday Breakfast Mission on North Poplar St. in Wilmington for the annual Back-to-School Rally. The Rev. Tom Laymon, president and CEO, and his Mission team distributed backpacks filled with donated supplies to children who were preparing to start the new school year. Health guides from Westside Healthcare offered information about their services and distributed free toothbrushes.

When Rev. Laymon reached out to Christiana Care social workers for help with the dental screenings, first year General Practice Dentistry residents

Candace Gaull, D.M.D., and Edward Bayley, D.M.D., were eager to volunteer.

“We screened about 135 children and provided dental education and information about follow-up care to parents and families,” Dr. Gaull said. “Many children we saw had cavities throughout their teeth from consuming sugary foods and drinks. Besides just identifying these problems, I think we were able to motivate some people to seek care and to change their diet and brushing techniques.”

The idea to offer free dental screenings at the rally was first floated by local dentists Lewis Yu, D.M.D., with his wife, Grace Liu, D.M.D., from All About Smiles.

Dr. Yu’s practice brought dental supplies and two dental hygienists along to work at the event. “We could not have carried this off without Christiana Care’s generous support, materiel and

personnel,” he said. “Drs. Gaull and Bayley in particular played a critical role in this operation. They are to be commended for their skill and professionalism.”

“I am so proud of our residents,” said Susan Pugliese, D.D.S., General Practice Dentistry Residency program director. “It warms my heart that these young professionals want to share their expertise and time with those who are less fortunate. By helping one individual at a time, we are investing in a brighter future for our community.” She thanked Dr. Yu for mentoring the residents. Her department donated gloves and other supplies used in the screenings.

Christiana Care Social Worker Linda Brennan-Jones helped organize volunteers and supplies for the event. On hand were Christiana Care Health Ambassadors and Marketplace Guides to help with insurance questions and access to follow-up services. ●



“By helping one individual at a time, we are investing in a brighter future for our community.”

— SUSAN PUGLIESE, D.D.S.

GENERAL PRACTICE DENTISTRY RESIDENCY PROGRAM DIRECTOR

Nursing and Value Institute researchers collaborate to reduce patient falls

Christiana Care nurse leaders and researchers in the Value Institute have collaborated on “Patient Falls: The Search for the Elusive Silver Bullet,” a seminal research paper published in *Nursing* 2014’s July issue. The paper is the first of five planned articles, setting the stage by identifying problems and potential solutions.

Each year, as many as 1 million patients are injured in a fall in U.S. hospitals, making it the most common health-care-acquired condition, according to the federal Agency for Healthcare Research and Quality. Nearly half of those falls result in an injury.

The consequences of patient falls are enormous, affecting patients’ health, length of hospital stay, costs, patient satisfaction and staff morale. The most recent national data available, from 2010, show direct costs of patient falls in the U.S. totaled \$30 billion.

The many elements associated with falls make them complex to prevent. Patient factors include weak muscles, chronic conditions and use of a cane or walker. Environmental factors include placement of medical equipment, bed height and items being out of a patient’s reach.

The study builds on a Lean Six Sigma Green Belt project by Susan Mascioli, MS, BSN, RN, CPHQ, NEA-BC, director of nursing quality and safety, and Janet Cunningham, MHA, RN, NE-BC, CENP, vice president of professional excellence and associate chief nursing officer. With co-author Jennifer Goldsack, MChem, MA, MS, a research associate at Christiana Care’s Value Institute, the study aligns with Christiana Care’s organization-wide commitment to prevent falls and create a culture of safety. It also demonstrates the successful partnership between Nursing and the Value Institute.

“We chose to focus on reducing falls in a more scientific way, utilizing Lean Six Sigma methodology to take a different approach to address a challenging and chronic problem,” said Cunningham. “While we believe we typically have best practices in place, the lesson learned is to match the solution to the specific patient population.”

The initial goal of the study was to reduce patient falls by 30 percent — to improve to a rate of 3.4 falls per 1,000 inpatient days from the 2012 baseline rate of 4.8 — on three patient care units 5D, 6C and 6E. The Center for

Organizational Excellence at the Value Institute guided a multidisciplinary team using the Lean Six Sigma method and data-driven, patient-focused analysis to make significant findings, including:

- 89 percent of patients said they didn’t feel at risk for falling, whether they were at a low risk or high risk for falls.
- 40 percent of falls happened during changes of shift.
- 70 percent of patients were receiving medications that put them at risk prior to falling.

The study also identified the need for a strong partnership between staff and patients to prevent falls.

“Our staff are very concerned about patient harm and are really focused on preventing patient falls,” said Mascioli. “Their practice was to implement a number of different strategies which weren’t all necessarily aligned with the specific patient’s fall risk factors.”

Guided by change-management experts and the Lean Six Sigma framework, the Christiana Hospital staff participating in the study gained valuable insight to help them understand the root causes of falls and better target their improvement efforts.

Each year, as many as 1 million patients suffer a fall in U.S. hospitals, making it the most common health care-acquired condition...nearly half of those falls result in an injury.



The team piloted three different strategies based on the units' patient populations. These strategies were patient-centered hourly rounding, verbally communicating patients' fall risks at handoff during shift change, and mobility assessments.

In the course of a year, the combined fall rate had improved more than 52 percent on the three units — medical units 6E and 5D as well as 6C, the Stroke Treatment and Recovery Unit. Those three units were then paired with other units at Christiana Hospital, which yielded more successes. The staff on the patient care units participating in this project and those paired units worked diligently to understand the root causes of their patient falls and implement successful fall prevention strategies.

The Christiana Care study is timely. Beginning Oct. 1, the Centers for Medicare and Medicaid Services began imposing a 1 percent cut in Medicare reimbursement for all discharges on organizations with high rates of hospital-acquired conditions, including patient falls.

The research also is gaining prominence, with the Christiana Care team giving a 75-minute podium presentation in



“Staff are very concerned and focused on preventing patient falls.”

**SUSAN MASCIOLI, MS, BSN,
RN, CPHQ, NEA-BC**

Director of Nursing Quality and Safety

September at the National Association of Healthcare Quality, which focuses on advancing the profession of health care quality and patient safety.

Upcoming articles look at patient perceptions of falls and the most successful strategy: patient-centered hourly rounding.

The team plans to continue to share its findings and falls-prevention efforts throughout the health care industry to help educate more of the nation's hospitals on how they can protect their patients from falls.

“This is an opportunity to take a problem that is persistent and pervasive, one that was really challenging for patients and our staff, and find some answers that are both successful and sustainable,” said Goldsack. “If we're able to spread this concept, both internally and externally, I think we've set up a model to address all sorts of health care challenges.” ●



**JANET CUNNINGHAM, MHA, RN,
NE-BC, CNP**

*Vice President of Professional Excellence
and Associate Chief Nursing Officer*

Falls decrease by at least 10 percent for fifth straight year

In keeping with a culture of safety, for the fifth consecutive year Christiana Care has reduced the percentage of patients who experience preventable harm by at least 10 percent, with a 2014 reduction of 12 percent. The preventable harm rate has decreased from 8.5 cases per 1,000 patient days in July 2009 to 3.2 cases per 1,000 patient days in March 2014. Preventable harm is tracked in five broad categories on Christiana Care's monthly Focus on Excellence measurement report:

- Hospital-acquired infections.
- Medication safety.
- Falls.
- Pressure ulcers.
- Complications.

Christiana Care follows the definition of harm from the Institute for Healthcare Improvement: “The unintended physical injury resulting from or contributed to by medical care that requires additional monitoring, treatment, hospitalization or results in death. Such injury is considered medical harm whether or not it is considered preventable or and whether or not it resulted from medical error.”

In addition to the human cost, preventable patient harm has financial implications, from additional days in the intensive care unit to additional treatments and medications. Reducing preventable harm by 12 percent in fiscal year 2014 has saved more than \$685,000. ●

An Evening of Hope fundraising event benefits translational cancer research at Graham Cancer Center & Research Institute



Elisa Morris, Lois Galinat, Penny Saridakis, William Li, M.D., Diane du Pont, Amanda Friz and Karen Kimmel Legum at An Evening of Hope.

The Friends of the Helen F. Graham Cancer Center & Research Institute on Oct. 9 hosted An Evening of Hope, a fundraising dinner to benefit cancer research at the Center for Translational Cancer Research.

The evening delivered a message of hope in the fight against cancer, as William Li, M.D., an international expert on anti-angiogenesis, discussed this emerging modality in treating and preventing a multitude of diseases, including many types of cancer.

Delaware First Lady Carla Markell, herself a breast cancer survivor for nearly a decade, opened the event at Wilmington Country Club.

"The Helen F. Graham Cancer Center & Research Institute is very near and dear to me," Markell said. "When I got my breast-cancer diagnosis, I got a lot of opinions on who my doctor should be.



Delaware First Lady Carla Markell speaks at An Evening of Hope.

It was a little overwhelming. I went to get another opinion in Philadelphia, and their response was, 'Stick with

Christiana Care because they've got better equipment for radiation and mammography than we do. You're in good hands.'"

Markell recalled how she was able to receive her treatment at a quiet satellite office on Silverside Road, where the staff was professional, kind and considerate, even allowing her to bring her children along so that she could demystify cancer treatment for them.

"With the Helen F. Graham Cancer Center & Research Institute, on top of the fantastic physicians and nursing staff, the equipment is top-notch," she said.

In her comments, Markell praised the work of the Friends of the Helen F. Graham Cancer Center and stressed the importance of sharing and openness about cancer, both informally within the community and formally through events such as An Evening of Hope.

In that spirit of sharing, the Friends of the Helen F. Graham Cancer Center invited Dr. Li, president and medical director of the Boston-based nonprofit Angiogenesis Foundation, to speak about research that has shown that a new class of cancer-fighting drugs, as well as everyday foods, have the ability to treat and even prevent certain cancers.

Angiogenesis refers to the body's natural process for growing blood vessels, which when functioning normally allows for wound healing and reproduction. When the process gets out of balance and the body produces either excessive or insufficient blood-vessel growth, diseases can occur, including cancer, diabetes, arthritis and a host of other debilitating and deadly conditions.

"It's pretty amazing that there's a common denominator in the underlying cause of so many diseases," Li said. "The Angiogenesis Foundation doesn't just strike out at one disease but looks for common denominators to address multiple diseases. We want to pull back a bow and have one arrow strike 70 disease targets."

Addressing cancer specifically, he said that all cancers start out as harmless, microscopic cells.

"Most will never 'grow up' into cancer because they don't have a blood supply, and without a blood supply, they can't expand and enlarge," Dr. Li said. "The Achilles heel of cancers is that they require a blood supply. If we could boost the body's ability to prune those blood vessels — if we can block angiogenesis and knock out the blood supply feeding it — we can cripple cancer."

Li talked about two ways in which angiogenesis research is leading to advances in the fight against cancer: the advent of cancer-fighting anti-angiogenic drugs and the discovery of naturally anti-angiogenic foods.

The first anti-angiogenic drug was approved for cancer treatment in 2004,

and 19 more have been approved since then, with more in the pipeline, Li said. These drugs now are recognized as a fourth modality in treating cancer, he said, along with radiation, chemotherapy and surgery.

However, he acknowledged that the efficacy of anti-angiogenic drugs varies from one type of cancer to another, and in some cases can shrink a tumor rapidly only to have it return soon after.

"Why? For cancers, we're treating many diseases too late," he said. "We're making a dent, but the horse is already out of the barn so we're not getting the result we really want. But what if we can use anti-angiogenesis to turn the clock back and beat cancer at its own game? If our bodies have the ability to naturally block angiogenesis so we don't develop clinical cancers in the first place, can we boost our natural defenses rather than give a drug?"

Research has shown that a wide range of common foods can boost, in some cases dramatically, the body's ability to keep angiogenesis in balance, and block the excessive blood-vessel growth that feeds tumors, Li said. Strawberries, red grapes (including those in red wines), soybeans, broccoli and dark chocolate are just a handful of the foods already found to have strong anti-angiogenic properties. Ongoing research is adding to that list and determining the amounts in which such foods need to be eaten to reap their disease-fighting benefits, Li said. His foundation has started the "Eat to Beat Cancer" campaign to educate the public and continue identifying and researching the potency of various anti-angiogenic foods.

"Both Dr. Li's work and the work of the Helen F. Graham Cancer Center & Research Institute embody the same spirit of scientific discovery that quickly results in testing new treatments for patients," said Graham Cancer Center supporter and Christiana Care Trustee Henry Mellon, who arranged for Dr. Li to speak at An Evening of Hope. ●



Friends announce new chair

On Oct. 10, Lois Galinat was introduced as the new chair of the Friends of the Helen F. Graham Cancer Center & Research Institute, succeeding Penny Saridakis. Galinat has a long history of volunteering and community service, including CHILD Inc., Wilmington Friends School and Red Clay Creek Presbyterian Church. She currently is active in supporting The Food Bank of Delaware and Limen House, a Wilmington halfway house for people recovering from drug and alcohol dependency. She has been a member of the Friends since 2008. She is married to Brian Galinat, M.D., MBA, chair of Orthopaedic Surgery.

A Day of Hope celebration features art, gardening and dance as therapy

The Helen F. Graham Cancer Center & Research Institute on Oct. 11 hosted a Day of Hope, a free event focused on mental, physical and spiritual wellness for cancer patients and their families and supporters.

Delaware First Lady Carla Markell, who next year will mark a decade since her breast cancer diagnosis, opened the event, held at the John H. Ammon Medical Education Center at Christiana Hospital. The Rev. Patricia Malcom, Christiana Care's Palliative Care Bereavement Coordinator, gave a keynote speech on the topic "Unspoken Pain."

The event offered educational sessions on topics that included acupuncture, nutrition, estate planning and clinical trials.

"The whole program is designed around mind, body and spiritual wellness," said Cindy Waddington, MSN, RN, AOCN, a clinical nurse specialist at the Graham Cancer Center. "This is a day to give our patients and their family members and support people a chance to learn and have fun, in the spirit of getting through cancer together, learning new ways to cope, to carry on, and to enrich their lives."

The event closed with an African Dance performance by a troupe from the Christina Cultural Arts Center Inc. ●





A Day of Hope included activities such as "Healing Through Art" and "Nurtured by Nature," and a performance by dancers from the Christina Cultural Arts Center.

Breast Center Fall Festival



The Christiana Care Breast Center Fall Festival at the Helen F. Graham Cancer Center & Research Institute on Oct. 8 featured breast health education, Breast Center tours, giveaways, door prize drawings and refreshments. About 100 people visited the open house to learn more about breast disease, including cancer, its early detection, breast cancer research and current approaches to care and treatment. ●

La Comunidad Hispana hosts another successful Vive tu Vida! Get up! Get Moving! event



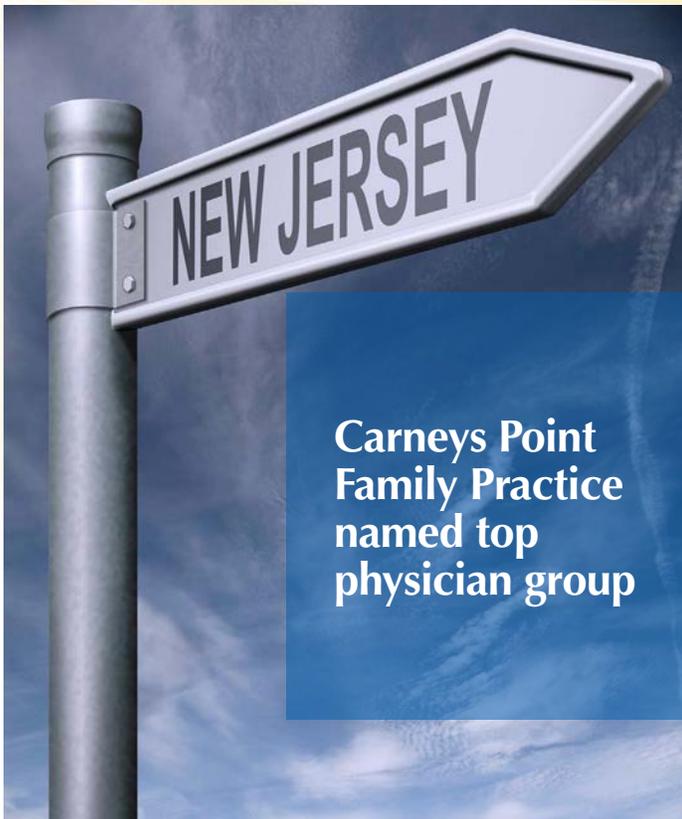
Photo courtesy of Tere Schubert Photography.

Christiana Care Health System was well represented at the Vive tu Vida! Get up! Get Moving! Family Health and Fitness Expo Sept. 27 at Anson Nixon Park in Kennett Square, Pa. Christiana Care staff from five departments participated in this year's event and included:

- Blood pressure screenings by staff from the Center for Heart & Vascular Health.
- Injury screenings and grip strength testing by Rehabilitation Services team members.
- Osteoporosis screenings by Nuclear Medicine staff.
- Comprehensive Stroke Center team members providing stroke information.

Christiana Care medical interpreters were on hand to assist staff in making sure language was not a barrier to teaching.

Christiana Care is a platinum sponsor and the sponsor of the Christiana Care Family Walk/Run — a one-mile walk/run around the park designed to get families up and active together. ●



Carneys Point Family Practice named top physician group

The Christiana Care Carneys Point Family Practice, Carneys Point, N.J., was named Best Physician Practice in the "Best of Salem County," an annual contest sponsored by the Salem County Chamber of Commerce, the South Jersey Times and the County of Salem, N.J.

Winners in more than 100 categories were honored at a recognition banquet Oct. 23.

"The Best of Salem County awards ceremony is one of the liveliest events of the year," said Joseph P. Owens, publisher/executive editor of South Jersey Media Group, which includes the South Jersey Times and NJ.com. "This recognition always brings to the top the people and businesses who help enrich Salem County and its residents." ●



Children offered a peek into the OR

Suited up in scrubs and walking through the double doors of the operating room on a recent Sunday were pint-sized versions of health professionals eager to learn more about working in a hospital.

The Perioperative Professional Nurse Council hosted children and their relatives who work at Christiana Care — more than 330 people in all — for an open house Sept. 28. Perioperative nurses took the visitors on a behind-the-scenes tour of the OR and for a peek at the work of perioperative staff who care for patients undergoing surgery.

With games and hands-on activities like “operating” on pieces of fruit, learning to place a breathing tube in a mannequin and even taking a ride on an air-transfer mattress, “the kids had a great time learning about what goes on in the operating room,” said Perioperative Professional Nurse Council Chair Jessica Donnelly, RN, of Wilmington Hospital’s Post-Anesthesia Care Unit. While nursing school may be a decade or so away for many of the day’s visitors, Donnelly said: “I hope we planted a seed about what their parents do at work all day and the possibilities for their own futures.” ●



Publications

Barbara Dean, BSN, RNC-NIC, CPLC, and **Karen McDonald, DNP, NNP-BC, CPLC,** “Nursing Perspectives: Building an Interprofessional Perinatal Palliative Care Team.” *Neoreviews* 2014; <http://neoreviews.aapublications.org/content/15/10/e422>

Richard J. Derman, M.D., et al., “A Prospective Study of Maternal, Fetal and Neonatal Deaths in Low- And Middle-Income Countries.” *Bull World Health Organ.* August 2014.

Christopher Grilli, D.O., Charles R. Fedele, D.O., Osman M. Tahir, D.O., Clinton Wrigley, M.D., Mark Garcia, M.D., MS, George Kimbiris, M.D., Demetrios J. Agriantonis, M.D., and Daniel Leung, M.D., “Recanalization of Chronic Total Occlusions of the Superior Mesenteric Artery in Patients with Chronic Mesenteric Ischemia: Technical and Clinical Outcomes.” *Journal of Vascular Interventional Radiology.* October 2014.

Linda Laskowski Jones, MS, RN, ACNS-BC, CEN, FAWM, editorials in *Nursing* 2014:

- “She Never Smoked a Day in Her Life.” September 2014.
- “When Dealing with Adversity...Trek on.” October 2014.

Joan Pirrung, MSN, RN, ACNS-BC and **Donna Mower-Wade, MS, RN, ACNS-BC,** “Early Recognition and Treatment of Pelvic Fractures.” *Nursing* 2014. Volume 44, Issue 9, September 2014.

Timothy Schailey, MS, Edward Okonowicz, BSN, et al., “The Art of Research Administration,” *NCURA Magazine.* August 2014.

Anthony C. Sciscione, D.O., Casey L. Bedder, D.O., Matthew K. Hoffman, M.D., MPH, Kelly Ruhstaller, M.D., Phillip A. Shlossman, M.D. “The Timing of Adverse Events with Foley Catheter Preinduction Cervical Ripening: Implications for Outpatient Use.” *American Journal of Perinatology.* October 2014.

Ann Will, BSN, RNC-NIC and **Barbara Dean, BSN, RNC-NIC;** “One Baby, Six Days, So Much Learned.” *National Association of Neonatal Nurses E-News.* September 2014.

Robert L. Witt, M.D., “Etiology and Management of Recurrent Parotid Pleomorphic Adenoma.” *The Laryngoscope.* October 2014.

Clinton Wrigley, M.D., Ansar Vance, M.D., Timothy Niesen, M.D., Christopher Grilli, D.O., J. Daniel Velez, M.D., Demetrios J. Agriantonis, M.D., George Kimbiris, M.D., Mark Garcia, M.D., and Daniel Leung, M.D., “Endovascular Recanalization of Native Chronic Total Occlusions in Patients with Failed Lower-Extremity Bypass Grafts.” *Journal of Vascular Interventional Radiology.* September 2014.

Pan Wu, Ph.D., et al. “Causal Inference for Community-Based Multilayered Intervention Study.” *Statistics in Medicine.* September 2014.

Presentations

Ana Arias-Oliveria, MSN, APRN-NNP and **Tammy Search, RNC,** “A Case Study: Enhancing End-of-Life Care by Encouraging Parenting and Bonding Opportunities,” a poster at the 2014 National Association of Neonatal Nurses ‘Conference. Phoenix. September 2014.

Cheryl Cloud, MSN, APRN-NNP-BC, “Hemolytic Diseases in the Newborn” at the Delaware’s Association of Neonatal Nurses. September 2014.

Barbara Dean, BSN, RNC-NIC, CPLC and **Cara Adkins, RN,** “Capturing Special Moments As Memories Will Fade With Time,” a poster at the National Association of Neonatal Nurses Annual Meeting. Phoenix. September 2014.

June Estock, MSN, RN, CPHQ, LBB, Susan Mascioli, MS, RN, CPHQ, NEA-BC, Vernon Alders, MHCDS, MBA, MSW, and Janet Cunningham, MHA, RN, NEA-BC, CENP. “A Method for Creating Organizational Capacity to Deliver Value.” *American Nurses Credential Center National Magnet Conference.* Dallas, Tex. October 2014.

At the Society for Medical Decision Making Annual North American Meeting, Miami. October 2014:

- **Jennifer C. Goldsack, MChem, MA, MS, Christine DeRitter, BSN, RN-BC, Amy Spencer, MSN, RN-BC, Michelle Power, BSMT(ASCP), CIC, Cynthia L. Taylor, RN, MS, CRN, BSN, Sofia F. Kim M.D., Ryan Kirk, and Marci L. Drees, M.D., MS, FACP.** “The Clinical, Psycho-Social and Cost Impacts of Performing Active Surveillance on Known MRSA+ Patients Admitted to Medical-Surgical Units.”
- **Jennifer C. Goldsack, MChem, MA, MS, Meredith R. Bergey, Elizabeth Brady, RN, Shirley Moran, MS, RN, NE-BC, Edmondo J. Robinson, M.D., MBA, FACP.** “The Impact of Health Information Technology Implementation on Staffing Patterns and Costs.”

Keith Heitz, Sebastian Hamilton, PharmD, MBA, Amanda Grigoli, Krista Van Velzen, and Jennifer C. Goldsack, MChem, MA, MS. “A Pharmacy Discharge Program Reduces Readmissions, Improves Patients’ Understanding of Their Role in Managing Their Health and Increases Pharmacy Profits.” *Academy of Managed Care Pharmacy 2014 Nexus Meeting.* Boston, Mass. October 2014.

At the European Society of Cardiology conference, Barcelona, Spain, Sept. 2014, **Pranav Kansara, MBBS, MS,** chief cardiology fellow, presented two abstract posters:

- “In-Hospital Mortality of Patients Presenting with Suspected Acute Coronary Syndrome with New or Presumed New Left Bundle Branch Block Compared to Known Left Bundle Branch Block.” Co-authors include **Subba Vanga Reddy, MBBS, MS, Sandra Weiss, M.D, William S. Weintraub, M.D., MACC,** and **Ehsanur Rahman, M.D.**
- “High Density Lipoprotein Cholesterol and Definite Stent Thrombosis.” Co-authors include **Wasif Qureshi, M.D., Claudine Jurkovitz, M.D., Ph.D., Wei Zhang, MS, Usman Chaudhary, D.O.,**

Tom Laughery, BS, Ehsanur Rahman, M.D., Michael Stillabower, M.D., Sandra Weiss, M.D., and William S. Weintraub, M.D., MACC.

Omar Khan, M.D., MHS, was keynote speaker at the recent Student National Medical Association's Leadership Forum, at Rowan School of Osteopathic Medicine, Stratford, N.J. September 2014. Dr. Khan discussed "The Importance of Connecting Global Health Issues with Community Health."

Steve Larrimore, BSN, RN, CCRN, Kim Meloro, BSN, RN-BC, Kristin Scott, BSN, RN, CCRN, and Teresa Panchisin, MSN, RN, APN, ACNS-BC, "Collaborative for a Fall Free Environment in the Intensive Care Unit," a poster at Trends. Valley Forge, Pa. September 2014.

Nancy Lowinski, BSN, RN and Barbara Dean, BSN, RNC-NIC, CPLC. "Can We Talk: Communication at the End of Life, Bridging the Difference." A poster at the National Association of Neonatal Nurses Annual Meeting. Phoenix. September 2014.

Teresa Panchisin, MSN, APN, ACNS-BC, CCRN "Castile Soap Use for Indwelling Urinary Catheter Care in Critically Ill Patients," a poster at NTI, Denver. May 2014.

Stephen Pearlman, M.D., MSHQS, presented:

- "Quality Improvement for the Neonatologist" at the District VI Perinatal Meeting. Chicago. September 2014.
- "Quality Improvement in Medicine Versus Industry-Divergent Views, Common Pathways" to the Chlorine Institute in Phoenix. September 2014.

- "Making the NICU Safer – The Tale of Four Studies" at the Albert Einstein Medical Center. Philadelphia. September 2014.

At the IDWeek Meeting, Philadelphia. October 2014.

- **Michelle Power, BSMT(ASCP), Jennifer C. Goldsack, MChem, MA, MS, Cynthia L. Taylor, RN, MS, CRN, BSN, Christine DeRitter, BSN, RN-BC, Amy Spencer, MSN, RN-BC, Ryan Kirk, Sofia F. Kim M.D., and Marci L. Drees, M.D., MS, FACP.** "Clinical, Psychosocial and Cost Impacts of Performing Active Surveillance to Discontinue MRSA Contact Isolation for Patients Admitted to Medical-Surgical Units."

- **Marci Drees, M.D., MS, FACP, Joel Brown II, BSRT RRT FAARC, Thomas Gillin, BSRT RRT, Nora Protokowicz, MSN, RN, CIC, Louise Fagraeus, BSN, RN, CCRN, Theresa Panchisin, MSN, APN, ACNS-BC, CCRN, Brett Booker, AS RRT, Gary Dombroski, AS RRT, John Emberger, BS RRT ACCS FAARC, Vinay Maheshwari, M.D., Gerard Fulda, M.D., Robert Dressler, M.D., MBA.** "Optimization of PEEP as a Strategy to Reduce Ventilator-Associated Events."

Jennifer C. Goldsack, MChem, MA, MS, Meredith R. Bergey, Elizabeth Brady, RN, Shirley Moran, MS, RN, NE-BC, and Edmondo J. Robinson, M.D., MBA, FACP. "Implementation of eMAR and CPOE Reduces Costs and Increases Flexibility on Hospital Units." 5th Workshop on Health IT and Economics, Alexandria, Va. October 2014.

Timothy D. Rodden, MDiv, MA, BCC, FACHE, "Realty-Tested Strategies for

Strengthening LGBT Care in Hospitals," at the Human Rights Campaign at the Gay and Lesbian Medical Association Annual Conference. Baltimore. September 2014.

Michele Savin, MSN, APRN-NNP-BC, two posters at the 2014 National Association of Neonatal Nurses' Conference, Phoenix, September 2014:

- "Using Nursing Knowledge to Improve Health Literacy."
- "Long Live Dreams: A Statewide Provider and Consumer Infant Safe Sleep Campaign."

Dana Thompson, MPH. "Caesarean Section Practices Among HIV-Infected Women in Philadelphia, 2005-2013," CityMatCH Leadership and MCH Epidemiology Conference. Phoenix. September 2014.

At the American Academy of Otolaryngology in Orlando, September 2014, **Robert L. Witt, M.D.:**

- Moderated "Thyroid Surgical Care 2014: Ultrasound, FNA, Molecular Testing and the ATA Guidelines.
- Gave an invited lecture, "Advances in the Management of Papillary Thyroid Cancer Minimally Invasive Surgery for Salivary Tumors and Stones."
- Presented an abstract, "Ultrasound Guided FNAC with On-Site Cytopathological Interpretation: Impact on Cytological Adequacy and Thyroid Molecular Testing."

Appointments

Adam Raben, M.D., has been chosen to serve on the National Cancer Institute's Head and Neck Cancer Steering Committee as a Community Oncologist. ●

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.

Living with Your Abilities After a Health Crisis

Nov. 11, 6:30 - 8 p.m.

John H. Ammon Medical Education Center, Room 14

Speakers Eric Haas Psy.D, and Nermin Tawadrous, Psy.D, discuss how after a major health crisis, patients experience a variety of emotions. Limited physical or mental abilities can cause stress, anxiety and depression. Fortunately, there are many ways to cope with the physical, cognitive and emotional aftermath of a health crisis. Come learn how to successfully adjust to a life-changing medical event and live a meaningful and fulfilling life. Register online at www.christianacare.org/events or call 800-693-2273.

Delaware INBRE 2014 Core Open House

Nov. 14, 10 a.m. - 2p.m.

University of Delaware's STAR campus, 540 S. College Ave., Newark

The INBRE Core open house presents an overview of the life sciences and shared instrumentation available within the Delaware IDeA Network and provides networking opportunities with colleagues and vendors. INBRE, which counts Christiana Care Health System as a founding institution, anticipates over 100 participants, including Core labs, students and private investigators. Lunch will be provided. Register at <https://secure.dbi.udel.edu/registration/IDeA/> by Nov.10.



Meet the Doctors and Health Care Providers at Concord Health Center Open House

Nov. 15, 10 a.m. - 2 p.m.

Christiana Care Concord Health Center, 161 Wilmington-West Chester Pike (Rt. 202)

Free lectures will cover key prevention topics such as concussions, fall risk reduction, improving bone health and pregnancy and pelvic floor disorders. Free screenings offered will include bone density heel screens, carotid screenings and blood pressure checks. Visit to learn and get to know all that the new facility and staff can offer.

Find Your Way to Successful Weight Loss

Free monthly weight management information session

Nov. 17 and Dec. 15, 6 - 7:30 p.m.

Eugene du Pont Preventive Medicine & Rehabilitation Institute (PMRI), 3506 Kennett Pike, Wilmington

Sessions provide information about obesity and treatment options that best fit your own personal needs. The Weight Management Center offers a variety of weight management programs that include nutrition education and counseling,

psychological aspects of behavior change and exercise. A free BMI/body fat analysis is offered from 6 to 6:30 p.m. Call 302-661-3475 or 800-693-2273 to register.

Stronger Knees, Stronger You

Nov. 19, 6 - 7:30 p.m.

Wilmington Hospital Gateway Conference Center

Knee pain affects over 30 percent of Americans. As we age, knee pain can grow from mild discomfort to crippling pain preventing you from walking or even standing. In this lecture, Aron McConnell, DPT, CSCS, will explain how your knees work and how to prevent knee pain, build stronger knees and a stronger you. Register at www.christianacare.org/events or call 800-693-2273.

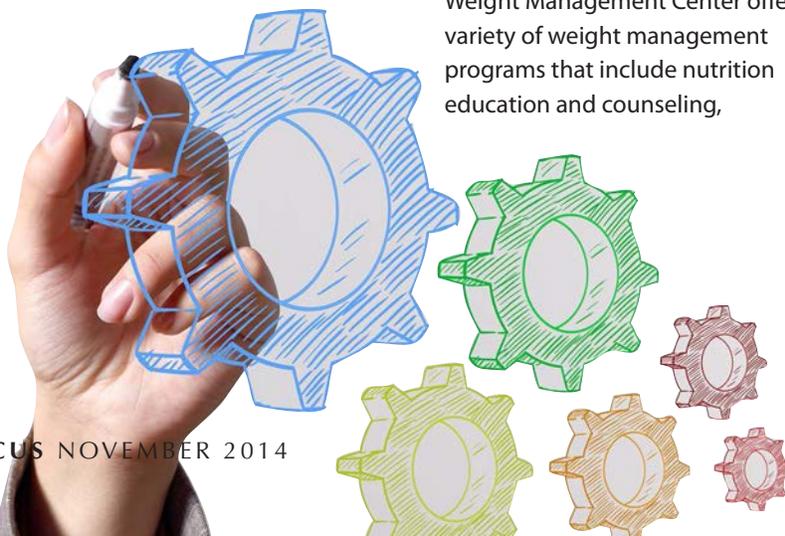


Women's Health Lecture: Take a Deep Breath

Nov. 20, 6:30 - 8 p.m.

John H. Ammon Medical Education Center

Albert A. Rizzo, M.D., FACP, FACCP, chief of Christiana Care's Pulmonology and Critical Care Medicine, discusses asthma self-management, triggers and allergies, and provides tips on how to communicate effectively with your physician. Register online at www.christianacare.org/lectures or call 800-693-2273.



Audiology Learning Seminars

Cochlear Implants

Dec. 2, 5 - 6 p.m.

John H. Ammon Medical Education Center

When hearing aids just are not enough or no longer seem to provide enough benefit, what is the next step? A discussion about different types of cochlear implants, how to know if you could be a candidate, the process of moving forward in candidacy and the follow-up visits. An open forum will discuss concerns about amplification and candidacy. Register at www.christianacare.org/events or call 800-693-2273.

IHI Forum on Quality Improvement Webcast

Dec. 9 and 10

John H. Ammon Medical Education Center

Christiana Care's Value Institute Academy presents a satellite webcast of select sessions from the Institute for Healthcare Improvement National Forum on Quality Improvement. The live webcast will include keynote lectures by IHI President and CEO Maureen Bisognano; Harvard Medical School Professor and best-selling author Atul Gawande, M.D., MPH; "Good Morning America" co-anchor and breast cancer survivor Robin Roberts; and IHI Co-Founder Donald Berwick, M.D., MPP. Sessions are free to Christiana Care employees. Register at www.christianacare.org/events.

Health Insurance Enrollment Events

Helen F. Graham Cancer Center & Research Institute, Café, 4 - 7 p.m. Thursday, Dec. 4; Thursday, Jan. 8; Thursday, Feb. 5.

Christiana Hospital, John H. Ammon Medical Education Center, Rooms 1-6, Saturday, Jan. 10, noon - 3 p.m.

Wilmington Hospital Lobby, 4 - 7 p.m. Thursday, Dec. 11; Tuesday, Jan. 13; Thursday, Feb. 5

Open enrollment for health insurance through the Affordable Care Act is from Nov. 15 to Feb. 15. No appointment necessary. To learn more, visit christianacare.org/helpwithhealthinsurance or call 302-320-6586. Christiana Care's Marketplace Guides are available at these events with free counseling for Delawareans seeking health insurance.

United Way campaign under way

LIVE UNITED



United Way of Delaware

Christiana Care's United Way of Delaware employee giving campaign launched Oct. 20 and runs through mid-December.

Our United Way campaign supports the objectives of The Christiana Care Way of serving our neighbors as respectful, expert, caring partners in their health.

Through our partnership with United Way, we take care of many of our neighbors who are struggling to get through the day due to physical, mental, financial or relationship challenges. Your contributions, even small ones, go a long way toward helping to improve the quality of life for all Delawareans.

Christiana Care's goal is for 3,070 employees to give to the campaign this year. With your generosity, we will meet and surpass our goal. Every gift is important, no matter what the size.

As in previous campaigns, employees may designate to support:

- The Community Impact Fund.
- Five specific focus areas within the Community Impact Fund.
- A specific 501 (c) 3 nonprofit organization of your choice. For example, you can designate Christiana Care's Visiting Nurse Association or other areas of Christiana Care. Use the agency search key at www.uwde.org to find organizations you want to support. To designate where your dollars go, the minimum gift is \$25.

All employees received an e-mail with a unique password and link to United Way's online E-Pledge System. If you've forgotten your password, click on the link to get into the E-Pledge System and click on the "forgot

password" button. Enter your User ID — your badge number — and your e-mail address, and the password will be e-mailed to you. Or notify Nate Saienni (nsaienni@christianacare.org) and he will resend it to you.

Thank you in advance for your generosity as we work together to reach our goal, and most importantly, support our neighbors! ●

The codes for Christiana Care are:

Christiana Care: 9049

VNA: 539

Helen F. Graham Cancer Center: 9596

Wellness Program (PMRI): 9084

Evergreen Center: 9517

First State School: 11205

Changes and highlights to the 2013 antibiogram

The Christiana Care antibiogram is an annual summary of susceptibility data of clinically significant organisms recovered by the Christiana Care microbiology lab including data from inpatient, outpatient and Emergency Department patients at all Christiana Care locations.

The annual antibiogram can be found through the Christiana Care intranet on the Department of Microbiology Home Page. (<http://inet/microbiology/Microbiology%20Home%20Page.htm>). The Microbiology Lab and Antimicrobial Stewardship Program Committee would like to inform providers of the following highlights:

Staphylococcus aureus:

- Only 61 percent of MRSA isolates and 77 percent of MSSA isolates were susceptible to clindamycin. Caution is advised when using clindamycin for empiric *S. aureus* treatment or surgical prophylaxis.
- 44 percent of all *S. aureus* isolated were methicillin-resistant (MRSA), similar to 2012 and for inpatient vs. outpatient/emergency department isolates.
- No isolates were found to be intermediate or resistant to vancomycin. Although considered susceptible, a vancomycin MIC equal to 2 mcg/mL has been associated with poor outcomes. In 2013, a total of 12 isolates had a vancomycin MIC of 2 mcg/mL (0.5 percent), which is decreased from prior years. All other isolates' MICs were <2 mcg/mL.

Streptococcus pneumoniae:

- Only 58 percent of *S. pneumoniae* isolates were susceptible to azithromycin. Azithromycin should not be used as single coverage for syndromes likely to be caused by *S. pneumoniae*. For non-ICU community-acquired pneumonia, ceftriaxone should be used in combination with azithromycin or doxycycline.
- 100 percent *S. pneumoniae* isolates remain susceptible to ceftriaxone and levofloxacin.

Enterococcus spp:

- 79 percent of Enterococcus species isolated were *E. faecalis*, which is more susceptible than *E. faecium*
- 100 percent of *E. faecalis* isolates from non-urine sources were susceptible to ampicillin. If *E. faecalis* is isolated, ampicillin is the drug of choice.

- 88 percent of *E. faecium* and 3 percent of *E. faecalis* are vancomycin-resistant. Uncomplicated cystitis caused by VRE can often be treated with ampicillin/amoxicillin or nitrofurantoin.
- Vancomycin resistant *E. faecium* and *E. faecalis* from urinary isolates is on the rise which may be attributed to overprescribing of vancomycin.
- Daptomycin susceptibilities are only completed upon request. However, daptomycin non-susceptible strains of *Enterococcus* spp. have been reported. If daptomycin is being used, requesting susceptibilities is necessary.

Carbapenem resistant organisms:

- 185/8173 (2 percent) of isolates identified as Enterobacteriaceae (*E. coli*, *Klebsiella* spp, etc) or a non-lactose fermenter (*Pseudomonas*, *Acinetobacter*, etc) were carbapenem resistant.

Candida spp:

- 95 percent of *C. albicans* isolates tested susceptible to fluconazole. Since *C. albicans* is the predominating *Candida* spp. isolated at Christiana, fluconazole remains an appropriate empiric agent if dosed appropriately (400mg daily for patients with normal renal function) for systemic yeast infections in patients who are not critically ill and who lack risk factors for azole-resistant *C. albicans* or non-*C. albicans* isolates (ie: prior azole exposure, prolonged hospitalization).
- 78 percent of *C. glabrata* isolates tested susceptible dose-dependent to fluconazole, which means doses higher than 400mg daily are usually required.

Other:

- Only 80 percent of *E. coli* and *P. aeruginosa* isolates were susceptible to ciprofloxacin/levofloxacin. Fluoroquinolones should be reserved for only those patients with a significant beta-lactam allergy in which there is no therapeutic alternative.
- Only 76 percent of *E. coli* isolates were susceptible to trimethoprim/sulfamethoxazole. For this reason, caution is advised when using trimethoprim/sulfamethoxazole empirically. However, once culture and susceptibility data available, it can be considered if appropriate.
- Ceftriaxone remains a good empirical choice versus broad spectrum agents such as cefepime and piperacillin/tazobactam for Enterobacteriaceae. Percentages of *E. coli*, *K. pneumoniae*, and *Proteus mirabilis* susceptible to ceftriaxone are 95 percent, 93 percent, and 99 percent, respectively. ●

FORMULARY UPDATE—SEPTEMBER 2014

FORMULARY ADDITIONS

Medication - Generic/Brand Name	Strength / Size	Use / Indication	Comment
Nitroglycerin translingual solution (spray)	400 mcg/spray 4.9 gm bottle	Acute relief of coronary artery disease-associated chest pain	Line-item extension Available in the HVIS procedure areas
Paclitaxel injection	400 mcg/spray 4.9 gm bottle	Treatment of cancer	Line-item extension

NEW CHRISTIANA CARE MEDICATION POLICIES

Intranasal influenza vaccine (e.g. FluMist) Policy	The policy was revised to make FluMist available for pediatric inpatients, as well as patients of Christiana Care owned outpatient pediatric office practices.
Mifepristone Prescribing Policy	The prescribing restriction was revised to permit certified physicians to prescribe mifepristone for inpatients to facilitate the delivery of stillborn infants. Only physicians certified to prescribe mifepristone can order mifepristone for an inpatient or dispense mifepristone to a patient of a Christiana Care owned outpatient office practice.
Neurocritical Care Unit Designation of Medication Administration	The Neurocritical Care Unit is designated a level C unit for medication administration.

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. ●

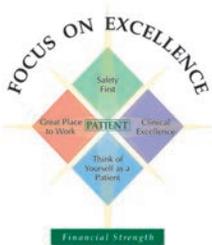




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Christiana Care is a private, not-for-profit regional health care system that relies in part on the generosity of individuals, foundations and corporations to fulfill its mission. To learn more about our mission, please visit christianacare.org/donors.

Swank Foundation gift will create endowed chair in Memory Care and Geriatrics



The Swank Foundation, dedicated to transforming care for people with memory issues, has made a generous \$2.5 million commitment to Christiana Care Health System to establish The Swank Foundation Endowed Chair in Memory Care and Geriatrics.

This transformative gift will leverage the success of Christiana Care’s Swank Memory Care Center as a leading resource in Delaware and the region for patients with Alzheimer’s disease and other memory disorders. Founded in 2011 by a \$1.25 million grant by the Howard W. Swank, Alma K. Swank and Richard Kemper Swank Foundation, the Swank Memory Care Center in Wilmington is the first and only comprehensive outpatient program of its kind in Delaware.

Further advancing this work, The Swank Foundation Endowed Chair in Memory Care and Geriatrics, to be recruited in a national search, will champion innovative care, prevention efforts, extensive education for health care providers and caregivers, and vital research in memory care.

The Swank Foundation Endowed Chair in Memory Care and Geriatrics will contribute to the state of Delaware’s Alzheimer’s Plan, promoting public awareness of the disease, strengthening the support for caregivers of people with Alzheimer’s and advancing the important and growing infrastructure of related data, quality assurance and research. ●

At a press conference announcing Delaware’s Alzheimer’s earlier this yearPage: Bill Love, director of Delaware Division of Services for Aging and Adults with Physical Disabilities; Michael Rosenthal, M.D., Christiana Care’s chair of the Department of Family & Community Medicine; caregiver Charlie Mulrooney; Mary Beth Transue, senior social worker; caregiver Patricia Mulrooney; David A. Simpson, M.D., medical director of Christiana Care’s Swank Memory Care Center; Rita Landgraf, secretary of Delaware’s Department of Health & Social Services; Patricia M. Curtin, M.D., chief of Geriatric Medicine; and Katie E. Macklin, executive director of the Alzheimer’s Association Delaware Valley Chapter.