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**CHRISTIANA CARE
HEALTH SYSTEM
EXTERNAL AFFAIRS**

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Jeffrey Zern, M.D., guides
Andrea Cardine, PA-C,
through a surgical skill-
building exercise at
Wilmington Hospital's new
simulation training center.

Simulation training sharpens clinical skills and understanding

A dozen members of a multidisciplinary stroke team, with representatives from the Emergency Department, neurointensive care, Heart & Vascular Interventional Services (HVIS), neurointerventional surgery and anesthesia, gathered in the Virtual Education and Training Simulation (VEST) Center at Christiana Care on a recent morning.

They were there to run through procedures with a goal of standardizing the response to acute stroke patients that arrive in HVIS for acute intervention. And to begin, Laura Giannini, RN, nurse in the Emergency Department, wheeled in a stretcher with a patient simulator named Vera Miller.

A 62-year-old woman with hypertension, asthma and a touch of arthritis, Vera, a robotic mannequin, arrived with a specific scenario: She had fallen at the start of her day and was unable to speak or move her right side. Giannini told the intervention team that Vera scored 21 on the standardized stroke scale of the National Institutes of Health, which indicated a severe stroke.



Sophisticated robotic mannequins in Christiana Care's Virtual Education and Simulation Training Center enable clinicians to train in realistic scenarios and learn to solve real-world problems without putting real patients at risk.

SIMULATION TRAINING — CONTINUED

Then the team of HVIS nurses and technicians, as well as the anesthesia team, physically and verbally ran through the procedures they would perform on a patient like Vera. As they did, Barbara J. Albani, M.D., medical director of neuroInterventional surgery, watched intently from the next room.

Dr. Albani is seeking ways for the team to standardize the process of prepping the patient for intervention in an effort to minimize the time from when the patient arrives at the HVIS door to the time of incision. The goal is to consistently reduce that time to 20 minutes or less.

"With acute stroke we say 'time is brain,'" said Dr. Albani. "There is no more sensitive organ to the loss of oxygen than the brain. There are so many roadblocks that are placed in our way when trying to restore blood flow to the brain that we cannot control, like how long it takes the patient to present to the hospital. What we are trying to do is minimize a segment of time where we do have control. Getting providers

comfortable with the process of an HVIS stroke code will minimize wasted time, because everyone will know what to do, decreasing redundancy. The faster we get the blood vessels open, the better patients do in the long run. When we are working efficiently, we can take a patient who arrives to us neurologically devastated and make a profound impact on their functional recovery."

Team leaders at Christiana Care often want to run through this type of scenario, then step back and assess what they have observed, as they move toward a best-practice model, said Susan Coffey Zern, M.D., CHSE, director of simulation. According to the Society for Simulation in Healthcare, simulation can accommodate a range of learners, from novices to experts. Beginners gain confidence and muscle memory from practice drills, leading to greater expertise. And through simulation, well-trained practitioners can master the growing array of new technologies, such as minimally invasive surgery and catheter-based therapies, without putting patients at risk.

6,893

practitioners from a wide range of medical disciplines trained at the VEST Center last year.

For all these reasons, the use of simulation is expanding at Christiana Care and around the nation. In November, a second simulation center opened on the 8th floor of Wilmington Hospital in a spacious suite that has two high-fidelity mannequins and many simulation programs. A goal is to make the new simulation center a hub of training for family practice, minimally invasive surgery training for general surgery residents, as well as oral and maxillofacial surgery, and anyone else interested in learning, said Dr. Coffey Zern. All are departments based at Wilmington hospital.

The first Virtual Education and Simulation Training Center in the John H. Ammon Medical Education Center opened in 2009. In the last academic year, 6,893 people trained in the center. "People repeatedly see that simulation is wonderful for performance improvement," said Dr. Coffey Zern.

For example, simulation training was recently expanded for speech pathologists learning to perform fiberoptic endoscopic evaluation of swallowing (FEES), a procedure that involves passing an endoscope transnasally to the hypopharynx of a patient to assess swallowing function. The project, which won a Focus on Excellence Award, demonstrated that simulation training paired with traditional training methods improved the timeliness and scoping accuracy with which the trainees were able to perform the procedure.

"Simulation training brought our FEES program to a new level of excellence," said Dale R. Gregore, MS, CCC SLP, BCS-S, program manager, Speech Pathology. "Not only did clinician decision-making

Taking a look under the bed

By Jason Funyak, Director, Environmental Services/Patient Escort



I've visited countless patients in our hospital, but one visit many years ago is burned into my memory.

The clinical experience had been a great success, but the family was unhappy. When I asked why, they suggested that I look under the bed.

I looked, and to my everlasting humiliation, I saw litter and dustballs. The patient and family felt neglected and disrespected — and they were right to be offended.

Value in health care is delivering a better patient outcome at a lower comparative cost. The need to maximize value drives competition and consumer choice. Health care providers compete to provide the best outcomes compared to their peers. They also compete to provide the best experience.

As the dustball incident proves, no detail is too small to spoil a patient's perception of care. We all need to be "looking under the bed" in today's health care economy.

Ultimately, patient experience is determined by our caregivers — all of our caregivers, not just doctors and nurses. Receptionists, service assistants, greeters, administrative staffers, managers — we all impact the patient experience.

We need to be motivated and engaged. Patient experience should be top-of-mind in everything we do.

Employees will follow the agenda set by leaders. As leaders, we must be clear about what service and patient experience are and why they are important; you can't let employees guess. Ask employees to imagine what it's like to be a patient or the family member of a patient. Ask them how they would like to be treated. Remind them that this is consistent with the ethical practice of medicine. Finally, explain the link to reimbursement. With Value-Based Purchasing, Medicare has begun indexing payments to patient satisfaction scores, and commercial payers are close behind.

Our quality, safety and patient experience scores are publicly reported on Medicare's Hospital Compare website (<http://medicare.gov/hospitalcompare>). Take a look! Educated consumers are looking at a hospital's quality and safety data as they make decisions about where to go for care. The most important determinant, though, is word-of-mouth. You don't want a reputation for bad service.

The move by Medicare and other payers to reward patient satisfaction is important, but the real motivation for change needs to come from the heart. Not everything can be measured by return on investment. We can't forget why we became doctors and nurses and administrators. In the final analysis, we work for a better patient experience because it's the right thing to do. ●

SIMULATION TRAINING — CONTINUED

improve during realtime scenarios, such as change in vitals, but clinician confidence increased. As a result, overall FEES competency was attained in six to nine months, versus more than a year using traditional teaching methods alone."

Simulation training has been a powerful tool in building skills among surgeons using the da Vinci Robotic Surgery System. The da Vinci system enables surgeons to perform delicate procedures through very small incisions with great precision, and training on the robotic system is important for even experienced laparoscopic surgeons who wish to use robotics.

A committee of surgeons set up standards for training on the da Vinci system, requiring two scores of 90 percent proficiency ratings on a series of 10 dexterity drills. A study of posttraining performance showed that real-world results were outstanding for eight surgeons who met the training requirements.

"No one would go into a major league game without first taking batting practice and making sure they are in the groove," said Jeffrey Zern, M.D., head of minimally invasive surgery. "As surgeons, we can only expect to be in the groove when we have a chance to practice, too." ●

Jeffrey Zern, M.D., demonstrates the controls of the da Vinci Robotic Surgery System.



iRounds: Nurses gather digital data to enrich patient experience



Michelle Solimeo, BSN, RN-BC, begins a conversation with a patient by showing how she'll be using the iRound technology to record their interaction and respond immediately to any concerns or requests.

As Christiana Care Health System deploys new iRound technology on mobile devices, nurse leaders are reporting more purposeful interactions with patients during daily rounds, and these interactions are leading to care that is more responsive to patient needs.

In 2014, the Department of Nursing partnered with the Office of Patient Experience to introduce "iRound for Patient Experience" on 31 inpatient units. This year the program will likely expand to the Emergency Department and other units.

"Equipping our nurse leaders with this easy-to-use technology is the perfect way to balance purposeful rounding while building relationships with patients and families," said Shawn R. Smith, MBA, vice president, Patient Experience. "Collecting real-time data and responding immediately to patient needs is really patient experience 2.0. In the last seven months we have logged over 50,000 rounds."

As nurses round on patients, they record the answers to a structured set of

questions on the application, which runs on iPads. If a problem is identified, the iRound sessions give nurses a chance to immediately respond to the patient with empathy, apologize for what has occurred and work with staff to set the matter right.

"With the iRound, we have a data-collection device that allows us to react in the moment to improve patient care," said Pamela Boyd, MSN, RN, CNOR, senior program manager, Patient Experience.

For example, if a nurse discovers a physical problem in the patient's room, she can take a picture with the iPad and send it to the appropriate hospital department, giving the repair team a clear sense of what they are called on to do. The goal is to address the issue quickly and communicate to the patient that it is being corrected, preferably before discharge, Boyd said.

"This is more than 'Hi, how are you and is everything OK?'" said Dennis Harris, MSN, RN-BC, nurse manager of 6A. "We've standardized the process of

asking about the experience our patients are having. But it's the human touch of entering into a conversation where we show our concern that makes all the difference."

During an iRound patient experience, nurses are taught to introduce themselves and make eye contact, ask for a few minutes of the patient's time, and sit with the patient and family members, if present. The interaction often begins with a demonstration of how the iPad is being used, so that the technology becomes a natural part of the conversation and not a distraction.

Nurses then cover a standard list of questions. Do staff introduce themselves when they enter the room? Is it quiet enough to sleep? Are nurses explaining medications? Are there any cleanliness issues? Is the nurse effectively communicating your plan for the day?

"Conversations can take two minutes or 20 minutes, depending on what patients or families want to share," said Pam Owen, BSN, RN-BC, assistant nurse manager on 7E. "We've been taught to

“We’ve standardized the process of asking about the experience our patients are having. But it’s the human touch of entering into a conversation where we show our concern that makes all the difference.”

DENNIS HARRIS, MSN, RN-BC, NURSE MANAGER

listen with empathy and let patients know we want their experience to be the best that it can be. We’re really there to make improvements, and that builds trust. The patient feedback has been overwhelmingly positive.”

Often, nurses learn of caring interactions between patients and staff while rounding with iRound. These compliments can be shared with the entire care team.

“It tells staff this is a tool for reinforcing the great work they do,” Harris said. He said the process gives nurses a sense of satisfaction because it helps them to feel more connected to their patients.

The new rounding process is expected to improve scores on the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS), a national survey of patient hospital experience, said Boyd. The Centers for Medicare & Medicaid Services (CMS) have made it clear that government reimbursements will be increasingly tied to scores that patients report after a hospital experience. CMS also posts scores on Medicare’s Hospital Compare website.

“We expect consumers to compare scores and seek out hospitals offering the best patient experience,” said Boyd.

But iRound technology is new and needs to be properly introduced to patients and staff. “So we have to ask, how do we interact and collect data from patients so that it is part of our workflow and not obstructive,” said Janine Jordan, M.D., medical director of Care Transition and Utilization Management.

There is also the question of the optimal training for learning iRound. Christiana Care is conducting research on this issue through the Value Institute, Dr. Jordan said. One aspect of the research looks at the effects of an innovative nurse training carried out by the Virtual Education

and Simulation Training Center in November. The team created videos showing nurse leaders giving three types of the iRound experience — poor, mediocre and excellent. The videos were made with standardized patients — individuals who are trained to act as hospital patients in simulation training. They wore Google Glass, the wearable computer and video device with a head-mounted display, to record patient’s-eye-view videos of the varying experiences.

“It was exciting to bring that kind of technology into a training event like this,” said Michael Azzolina, simulation technology specialist for the Virtual Education and Simulation Training Center, who provided technical support in the use of Google Glass for the project. “I think it helped to give the learners a different perspective. It allowed them to see themselves from the patient’s point of view, which I think can be a very valuable tool in training someone how to interact with the public. We’re always looking for ways to leverage technology like Google Glass to make education more engaging and more effective.”

After watching the videos as part of their training, nurses had a chance to practice iRounding with standardized patients and get immediate feedback.

“As clinicians, we seldom try something new and have the opportunity to hear immediate feedback from a patient’s perspective,” said Ann-Marie C. Baker, MSN, RN-BC, senior program manager, Patient Experience. “The simulation practice really provided an opportunity to learn how our manner made another person feel.”

Because the standardized patients were trained to pick up on the subtle differences that separate a good experience from a great experience, they were able

to provide candid, useful feedback that enabled the nurses to quickly develop skill and comfort with the process.

“The unique design of this project allowed us to combine cutting-edge technology and simulation to train for an optimal interaction with patients,” said Susan Coffey Zern, M.D., CHSE, director, Virtual Education and Simulation Training Center. “We have the ability to modify this project for other departments to practice and truly master skills that will impact the care of our patients.”

As a follow-up to the initial training, Boyd and other educators are visiting patient care units throughout Christiana Care to talk about how staff are adapting to the technology. “We are staying in touch and giving our nurses training boosters so they will feel equipped to purposefully interact,” said Boyd. “How we listen to patient concerns will determine our success.” ●



Volunteer standardized patients in the simulation center used Google Glass to record videos of varying rounding experiences, which were used to train additional standardized patients and nurses.

Christiana Care, United Way, state of Delaware collaborate in new 'SPARC' career education network

The state's largest private employer, Christiana Care Health System is helping to ignite students' interest in careers through Success Pathways and Roads to Careers (SPARC), a network that links young people who have questions about professions with answers from people in the working world.

"The intent of the endeavor is to inform students in Delaware schools that you don't have to leave the state to have a career," said Dana Beckton, director, Diversity and Inclusion, at Christiana

Care Learning Institute's Center for Diversity and Inclusion, Cultural Competency and Equity.

Currently, SPARC is a pilot program in six high schools and one middle school. The schools are a mix of urban, suburban and rural locations and include two vocational schools and a charter school. The goal is to expand the program statewide.

SPARC is a public-private partnership, led by the Delaware Business Roundtable Education Committee

"Students can ask how I became a program coordinator, what was my career path," Beckton said. "It's a wonderful opportunity to share information."

"This is a great opportunity to demonstrate Christiana Care's commitment to grow and develop employees at all levels, from diverse backgrounds, and build Delaware's future workforce. This is also what makes Christiana Care a great place to work," said Rosa M. Colon-Kolacko, Ph.D., MBA, senior vice president Christiana Care Learning Institute and chief diversity officer.

"When middle school students think about a career in a health system they think doctors and nurses," Beckton said. "We want to be able to illustrate that there are many professions in a health care system, including careers that don't require a four-year degree."

SPARC also provides a mechanism for communicating with students about work-based learning activities. For example, a number of students engaged through SPARC attended a recent Healthcare Career Expo hosted by the Learning Institute's Center for Employee and Career Development.

"Using SPARC as a platform, we can promote other learning opportunities," Burwell said.

Beckton notes that engaging innovative models is a reflection of The Christiana Care Way.

"This is very new, very different, a great learning opportunity for us as an organization and for the students," she said.

Interested in becoming a SPARC career coach? Contact Stacy N. Burwell, program coordinator, Learning Institute, at 302-733-2154 to learn more. ●



Stacy Burwell and Dana Beckton

"This is a great opportunity to demonstrate Christiana Care's commitment to grow and develop employees at all levels, from diverse backgrounds and build Delaware's future workforce; this is also what makes us a great place to work."

ROSA M. COLON-KOLACKO, PH.D., MBA,
SENIOR VICE PRESIDENT CHRISTIANA
CARE LEARNING INSTITUTE AND CHIEF
DIVERSITY OFFICER

(DBREC), Delaware Department of Education and United Way of Delaware.

An important part of the initiative is Career Cruising, an online platform in which students can connect with individuals to learn more about their careers.

"You can click on nursing and send out a general question, such as: 'how many years did you have to go to school?'" Beckton said.

One of the first SPARC career coaches at Christiana Care is Stacy N. Burwell, program coordinator at the Learning Institute.

Christiana Care named Best in Class Hospital for increasing diversity and reducing disparities in care

Christiana Care Health System has been named a Best in Class Hospital by the Institute for Diversity in Health Management, an affiliate of the American Hospital Association.

Christiana Care joins a select group of 35 hospitals out of more than 1,100 participating institutions to receive honors for increasing diversity and reducing disparities in care. Christiana Care received recognition for Cultural Competency and Engaging Communities based on results of a 2013 Institute survey "Diversity and Disparities: A Benchmark Study of U.S. Hospitals."

According to the Institute, receiving Best in Class Hospital designation reflects Christiana Care Learning Institute's efforts to understand the linguistic and cultural background of our community, promote cultural competency as an institutional priority and meet the needs of a diverse patient population.

"This award demonstrates Christiana Care's commitment to fostering and encouraging respectful, caring partnerships with our patients and our colleagues," said Rosa Colon-Kolacko, Ph.D., MBA, senior vice president and executive director, Christiana Care

Learning Institute, and chief diversity officer. "It underscores our dedication to provide cultural resources and language services that enhance culturally competent patient care."

In addition to Cultural Competency and Engaging Communities, Best in Class hospitals represent the top-performing hospitals in the areas of diversity in leadership and governance; diversity management and strengthening the workforce; and addressing disparities and delivering quality care.

"I want to publicly congratulate all of these organizations, and thank them for their leadership, commitment and tireless efforts to promote equitable care," said Frederick D. Hobby, president and CEO of the Institute for Diversity in Health Management in a letter to award winners.

Christiana Care has received continual national recognition for its commitment to building a respectful, caring partnership in the health of our neighbors. In

October 2014 Christiana Care was named a Leader in Healthcare Equality for the third consecutive year by the Human Rights Campaign Foundation, the educational arm of the country's largest lesbian, gay, bisexual and transgender civil rights organization for patient and employee non-discrimination policies that specifically mention sexual orientation and gender identity, a guarantee of equal visitation for same-sex partners and parents and LGBT health education for key staff members.

The Institute for Diversity in Health Management works closely with health services organizations and educators to expand leadership opportunities for ethnic minorities in health services management. The Institute aims to increase the number of minorities in health services administration to better reflect the increasingly diverse communities they serve, and to improve opportunities for professionals already in the health care field. ●

"This award recognizes what I see every day in the commitment of our providers, managers and staff in recognizing and addressing cultural and linguistic needs in our diverse patient population."

JACQUELINE ORTIZ, DIRECTOR OF CULTURAL COMPETENCE AND LANGUAGE SERVICES



Christiana Care websites earn top awards from Interactive Media Association

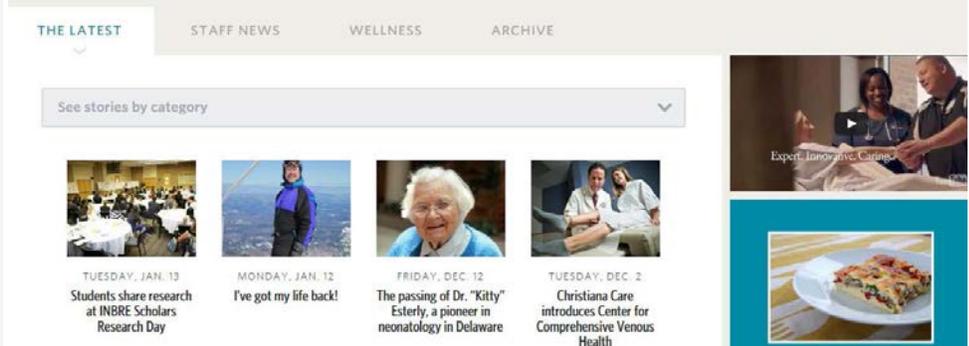
Christiana Care’s External Affairs Web Services and Social Media team won two awards for website design and development from the Interactive Media Association (IMA).

The awards recognize the highest standards of creativity and excellence, and honor individuals and organizations for outstanding achievement. Created by the Interactive Media Council Inc., a nonprofit organization of leading designers, developers, programmers, advertisers and other online communications professionals, the competition is designed to elevate standards of excellence on the Internet. ●



The Christiana Care Residency Programs website (<http://residency.christianacare.org>) won the IMA Best in Class Award in the hospital category with an overall score of 490 out of 500. The Best in Class award is the highest honor bestowed by the Interactive Media Awards and “represents the very best in planning, execution and overall professionalism,” according to IMA.

The Christiana Care News website (<http://christianacarenews.org>) won the IMA Outstanding Achievement Award in the same category with an overall score of 477. The award is the second highest honor given by the organization.



Christiana Care-sponsored ITWorks program holds graduation ceremony



The 17 students who completed ITWorks internships at Christiana Care gained real-world experience that will help them with their future careers.

Tech Impact's ITWorks program, which provides free, in-depth information technology education and internship opportunities to young people between the ages of 18 and 26, honored its 17 latest graduates at a ceremony at Christiana Care's John H. Ammon Medical Education Center in December. Among them were two students who completed internships in the Information Technology department of Christiana Care, one of the program's sponsors.

More than 170 candidates applied for the 16-week program in which students complete 11 weeks of classroom software certification education, five weeks as interns in the IT departments of program sponsors, and weekly sessions dedicated to "life lessons," including stress, conflict and time management and resume writing.

"It's a transformational experience," said Randall Gaboriault, Christiana Care chief information officer, senior vice president of Innovation and Strategic Development, and a member of the Tech Impact Board of Directors. "And it is very much an extension of The Christiana Care Way and our commitment to benefitting our community. ITWorks creates pathways of

"ITWorks creates pathways of opportunity ... pathways that will ultimately have positive effects on them, their families and our neighbors in general."

RANDALL GABORIAULT, CHRISTIANA CARE CHIEF INFORMATION OFFICER,
SENIOR VICE PRESIDENT OF INNOVATION AND STRATEGIC DEVELOPMENT

opportunity for these young people, pathways that will ultimately have positive effects on them, their families and our neighbors in general."

ITWorks graduate Howard Limberry spoke highly of his internship in Christiana Care's IT Department, saying he is ready to launch his career thanks to the skills he developed studying in the classroom and supporting the networks of Christiana Care. He thanked the department's staff members for their welcoming support and inside look at information technology's role in a large, professional organization.

His fellow intern and Christiana Care teammate Nathaniel "Sonny" Williams agreed, calling his Christiana Care mentors friendly and supportive and thanking them for making him feel important.

"I was pretty much an administrator of Christiana Care's networks and felt like I was doing something great," Williams said. "I left with greater professional skills, ready for the next challenge."

Among Limberry and Williams' Christiana Care mentors was C'aira Carter, an IT analyst and ITWorks alumna. Addressing its latest class, she said the program gave her a clear direction and the confidence to set and pursue constantly increasing goals.

"Because of the program, I've been able to step out of my comfort zone, and as a result, I am where I am right now and have a bright future," Carter said.

Anthony Pisapia, associate executive director of TechImpact, co-founded and oversees ITWorks and said the 175 people who've graduated to date have done so because "they come driven and hungry and wanting more out of life" and appreciate the opportunities provided by sponsors like Christiana Care.

"The opportunity to work side by side with the Christiana Care team is huge," he added, calling it part of "a perfect relationship. Christiana Care has been terrific." ●

Christiana Care launches new radiation oncology residency program with partners Drexel and Hahnemann

The Helen F. Graham Cancer Center & Research Institute is home to a new radiation oncology residency program offered in partnership with Drexel University College of Medicine and Hahnemann University Hospital in Philadelphia. The four-year, graduate-level training program passed the final hurdle for approval from the Accreditation Council for Graduate Medical Education in November.

“We now offer an accredited radiation oncology residency program thanks to the work of our radiation oncology team led by Christopher Koprowski, M.D., and Education Chief Jon Strasser, M.D., who will serve as residency program director,” said Nicholas J. Petrelli, M.D.,

Bank of America endowed medical director of Christiana Care’s Helen F. Graham Cancer Center & Research Institute. “Our partnership with Drexel and Hahnemann leverages the combined strengths of our respective institutions and strategically positions us on the national stage to educate physicians in this specialty.”

The four-year curriculum is designed to offer broad exposure to clinical care, teaching and research in radiation oncology. This includes training in the diagnosis and management of all types of cancers in a multidisciplinary setting, assisted by the most advanced treatment technologies.

“We have a track record for high quality patient care and the resources for doctors to learn their craft in a community setting where most of cancer care takes place,” said Dr. Strasser. “We have a lot to offer in training the next generation of leaders in radiation oncology.”

The Graham Cancer Center is the primary clinical site, with rotations at Hahnemann University Hospital. Residents will work with Christiana Care radiation oncologists who are experts in the latest imaging and treatment advances, including CyberKnife robotic radiosurgery, intensity-modulated radiotherapy, image-guided radiation therapy, volumetric modulated arc therapy and prostate brachytherapy. ●



Cancer survivor Joan Lockett appreciates steady advances in clinical therapy

Small of stature with a big, warm smile for everyone, Joan Lockett, of Newark, is always ready to share the story of her journey with cancer to bring hope and encouragement to others.

“That’s what I believe my purpose is,” she said. “To go through this to understand and help people.”

Lockett, 63, first felt a lump in her breast 12 years ago. A mammogram showed nothing; neither did a second mammogram. But an ultrasound and needle biopsy turned up cancer. It was 2002, right before her Feb. 17 birthday. She had a history of cysts, had undergone thyroid surgery, hysterectomy and a cyst removal from her foot previously.

“So the cancer diagnosis didn’t totally surprise me,” she said. “I was prepared. I said, ‘It is what it is.’”

She underwent a lumpectomy and was advised to have chemotherapy and radiation, but the side effects from the first round of chemotherapy were severe. “I said, Lord, I can’t do this,” she said, and instead opted for 28 radiation treatments, followed by medications to prevent a recurrence. Her first clinical trial in 2003-4 was to test a treatment to minimize side effects, and she said she saw improvement.

After retiring from PNC Bank in 2013, she was ready to enjoy her leisure time when in February, again just before her

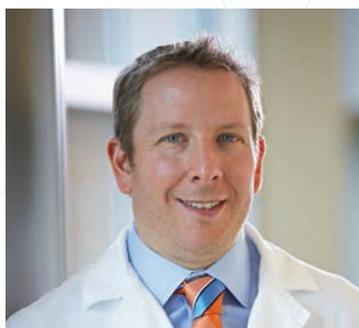


birthday, she felt a little lump in her lymph gland at the base of her neck. A biopsy found cancer.

“I said, OK, what’s the game plan?” At first wary of chemotherapy, she learned that advancements resulting from dis-



Christopher Koprowski, M.D.



Jon Strasser, M.D.

coveries in clinical trials made all the difference. "Now, they give you pre-meds that stop nausea and all the side effects," she said. "And I thank God, I had no side effects. We've come so far. When I think what I suffered before, and now it's a walk in the park. I look around and say, Lord, thank you. I know how blessed I am."

She knows the cancer has spread, and she and her doctors are working to "put the brakes on it."

Meanwhile, her faith gives her strength. "I just say, well, thank you. I was healed 12 years ago, and I will be healed again. The only side effect was loss of hair." She smiled. "But who cares about hair?" ●

Project CANDOR advances at Christiana Care

Since the launch of Project CANDOR (Communication and Optimal Resolution) in July 2014, Christiana Care has established an implementation team with senior leadership sponsors to advance participation in this U.S. Agency for Healthcare Quality and Research (AHRQ) funded demonstration project.

Project CANDOR supports the promise of The Christiana Care Way to be respectful, expert, caring partners with patients through open communication and optimal resolution when an investigation confirms unexpected patient harm.

"Thanks to the dedication and commitment of so many people, we have made tremendous progress in advancing Project CANDOR at Christiana Care," said Kathleen McNicholas, M.D., JD, medical director of Performance Improvement at Christiana Care. Dr. McNicholas is co-leader of the project along with Stephen Pearlman, M.D., MSHQS, director of Neonatal Quality Improvement at Christiana Care.

"In addition to enhancing our commitment to patient- and family-centered care, Project CANDOR supports our culture of responsibility and promotes our learning and reporting culture," said Dr. Pearlman.

So far, the Project CANDOR team has:

- Participated in a change-readiness assessment and gap analysis by Project CANDOR faculty and shared results with senior leadership with actions plans for successful implementation under way.

- Created a draft of a Project CANDOR event-response checklist.
- Provided ongoing educational sessions with clinical departments to build awareness and general knowledge of Project CANDOR principles.
- Participated in interactive webinars with AHRQ and Project CANDOR faculty to learn an innovative team approach to event management and resolution.
- Initiated a search for communication coaches to help facilitate discussions with patients and their families when an event occurs that has resulted in serious patient harm.
- Established a team to develop a formal Care for the Caregiver Program to support staff who feel traumatized due to involvement in an unanticipated patient event while at work.

Onsite train-the-trainer sessions for the implementation team with Project CANDOR faculty are scheduled to take place in March and April. The sessions will focus on communications, event reporting and analysis, care for the caregiver and event resolution.

Christiana Care is one of only three health systems in the nation — in addition to Dignity Health and MedStar Health — to partner in the project through September 2015 with AHRQ and the Health Research & Educational Trust of the American Hospital Association.

If you have questions, contact Sherri Coverdale, MSN, RN, CPHQ, CANDOR project manager, at scoverdale@christianacare.org. ●

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

STEPHEN PEARLMAN, M.D.

MSHQS, DIRECTOR OF NEONATAL QUALITY IMPROVEMENT AT CHRISTIANA CARE

Multiple teams recognized for preventing patient falls



Representatives from 31 clinical areas assembled to receive a Zero Harm Award in January from the Safety First Committee for success in the Focus on Excellence patient safety harm measure addressing patient falls with major injury.

The Zero Harm Award is presented to recognize the achievement of zero harm for 12 consecutive months.

Preventing patient falls is an initiative that is widely embraced at Christiana Care Health System, as witnessed by the entry of six projects in three award categories of the 2014 Annual Focus on Excellence program. The awards presentation component of the Focus on Excellence Award Ceremony Jan. 20 at the John H. Ammon Medical Education Center kicked off with a review of Zero Harm Awards presented to-date, including the patient falls category and a category addressing the prevention of hospital-acquired infections. ●



Nominate a Champion of Service

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



Spirit of
Women

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

Christiana Care is seeking nominees for these awards to be presented at the Champions of Service celebration on April 30. All nominations are due by Monday, Feb. 16.

Christiana Care partners with the Sunday Breakfast Mission to provide foot care, shoes to homeless

Christiana Care Department of Orthopaedic Surgery provided new shoes, socks and foot exams for free to nearly 150 people — many of them homeless, in December at the Sunday Breakfast Mission shelter in Wilmington.

The event is part of a campaign by the national organization Our Hearts to Your Soles, whose mission is to provide indigent people with shoes and free foot examinations.

Paul Kupcha, M.D., section chief of Foot and Ankle Surgery at Christiana Care and an orthopaedic surgeon with Delaware Orthopaedic Specialists, is the local coordinator for the event. Dr. Kupcha said that foot health provides a clue to a person's overall health. Joint stiffness, for example, can indicate arthritis; tingling and numbness can be connected to diabetes; swelling can indicate high blood pressure or diseases of the heart and kidneys.

"By providing our most needy neighbors with shoes, they are able to get more physical activity and are protected from

frostbite," said Dr. Kupcha, who has volunteered with Our Hearts to Your Soles for seven years.

"We also examine individuals' feet and treat them if they are suffering from chronic foot-related problems. I am grateful for the partnerships that we have formed in our community that enable us to provide expert care and high-quality footwear to our neighbors."

Red Wing Shoes donated 100 pairs of new shoes for the local event.

Hypertension, respiratory illness and foot problems are the three most common health issues that the homeless face, said the Rev. Tom Laymon, executive director of the Sunday Breakfast Mission.

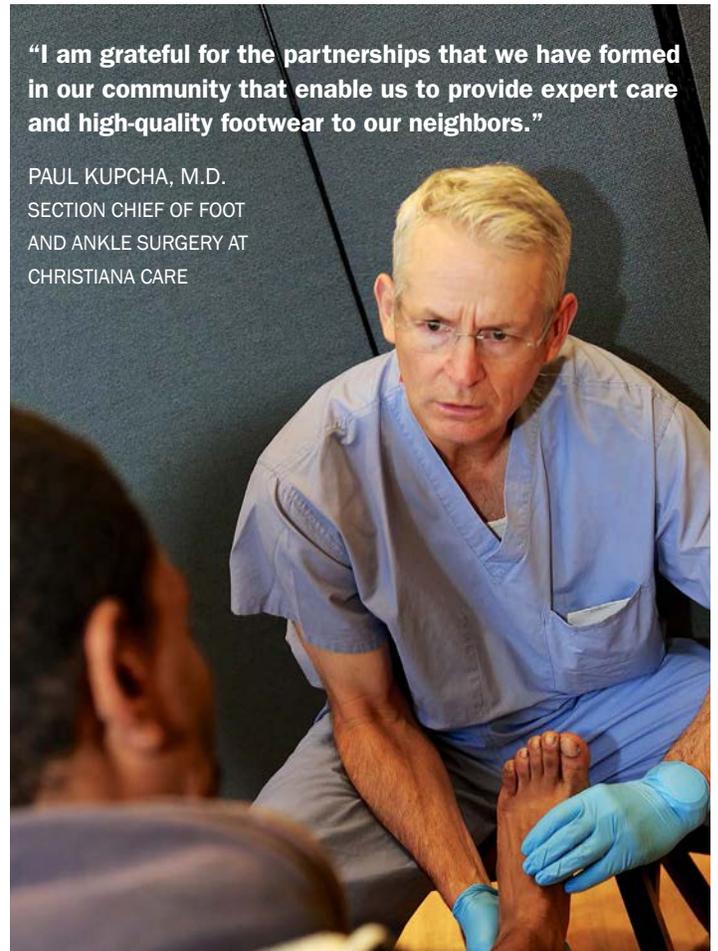
"Homeless men and women are in such great need of care for their feet and good shoes," Laymon said. "It is truly a blessing to be provided with these special gifts, particularly going into winter." ●

Robert Steele, M.D., FRCS, provides a free foot exam at the Sunday Breakfast Mission.



"I am grateful for the partnerships that we have formed in our community that enable us to provide expert care and high-quality footwear to our neighbors."

PAUL KUPCHA, M.D.
SECTION CHIEF OF FOOT
AND ANKLE SURGERY AT
CHRISTIANA CARE



ACE Research Awards program helps advance community-based research

As Christiana Care Health System advances community-based research, investigators presented study proposals that pair community members with academic-based researchers at the inaugural ACE Research Awards in December at Wilmington Hospital.

The ACE research awards program, also known as ACCEL Community-Engaged Research, is a small-grants program with a supportive, required curriculum for teams taking their early steps in community-based research.

Community engagement and the ACE awards are key components of Delaware CTR-ACCEL, a multi-institutional program to accelerate clinical and translational research and build research infrastructure at four partner institutions — Christiana Care, the University of Delaware, Nemours/A.I. duPont Hospital for Children and the Medical University of South Carolina.

At the research awards event, attendees learned from experts about the promise and potential of community-based research.

Speaker J. Sanford Schwartz, M.D., Leon Hess Professor in Internal Medicine at the University of Pennsylvania and a consultant in Christiana Care's Value Institute, said that in considering the elements of community-based research, he could think of no better place than Delaware for such studies. Christiana Care, he said, is a "world-class medical center," with collaborative relationships with "world-class partners," such as the University of Delaware and Nemours.

Carolyn Jenkins, DrPH, APRN, BC-ADM, RD, FAAN, the Ann Darlington Edwards Endowed Chair of the Medical University of South Carolina, identified community-engaged research as "a powerful tool that has been underused in the academic arena. The challenge is for academicians to learn how to share leadership with local communities."

Jenkins shared her experience in tackling diabetes across two South Carolina counties where more than 12,000 African-Americans had been identified with the disease. Working with neighborhoods and 16 agencies, Jenkins and her team built a coalition of scientists and stakeholders to take community-driven education to people in settings where they lived, worked and played. As a result, Jenkins said, there was progress in eliminating disparities in diabetes testing, decreasing emergency room visits, and decreasing amputations in the target community.

At the December kick-off event for the ACE Research Awards, two approved proposals and two developing proposals were highlighted in anticipation of starting year-long studies as early as March 15.

One will study the survivors of cancer, their level of physical activity after diagnosis and impediments to sustaining activity. The project is a collaboration among the Helen F. Graham Cancer Center & Research Institute, Cancer Support Community Delaware and the Department of Health & Behavioral Nutrition at the University of Delaware.

A second project will redesign the state's annual Youth Tobacco Survey to include a neglected population — Delaware youth with disabilities, in sixth through 12th grades. Initiated by advocates for persons with disabilities, the project is a collaboration of Center for Drug and Health Studies and the Center for Disability Studies, both at the University of Delaware, and the Delaware Division of Public Health, with researchers bringing together educators, members of the disability community, public health practitioners and academic researchers.



“We’re about a year into the grant and we’re making enormous progress in community-engaged research ... in bringing together stakeholders for meaningful collaboration.”

MICHAEL ROSENTHAL, M.D.

CHAIR OF FAMILY & COMMUNITY MEDICINE AT CHRISTIANA CARE AND ACCEL'S LEADER FOR COMMUNITY ENGAGEMENT AND OUTREACH

The proposals are expected to be awarded up to \$20,000 each from ACCEL at the completion of the nine-week curriculum, said Heather Bittner Fagan, M.D., MPH, FAAFP, co-director of ACCEL Community Engagement and Outreach. “We guide our research partners through all the steps for community-based participatory protocols so they are ready to begin their work at the end of the curriculum,” she said.

ACCEL is working with other community engagement research concepts as part of the curriculum to develop their potential for future ACE awards, said Michael Rosenthal, M.D., chair of Family & Community Medicine at Christiana Care and ACCEL's leader for community engagement and outreach.



Heather Bittner Fagan, M.D., MPH, FAAFP

La Vaida Owens-White, MS, RN, a Community Advisory Committee member and a nurse consultant after retiring from Christiana Care, is developing an obesity-prevention program that would engage civic and religious groups in encouraging school-age young people toward healthier behavior.

Another concept in development would aim to improve the understanding of how community health care workers in Delaware function at their best. Researchers would train a team of community health workers in core research concepts and ask them to lead focus groups to discuss types of interactions patients find helpful. The Christiana Care team would include: Brian Rahmer, Ph.D., MS, research program director for Community Engagement and Health Services in the Department of Family & Community Medicine and a Value Institute scholar; Nora Katurakes, MSN, RN, OCN, manager of Community Health Outreach and Education at the Graham Cancer Center; and Elizabeth O'Neill, BA, project director for the Community Center of Excellence in Women's Health in the Department of Family & Community Medicine.

All of these individuals and projects will be part of the ACE research curriculum.

ACE offers research training

To promote community-based research, the ACCEL Community-Engaged Research (ACE) program offers grant funding to research teams whose proposals are accepted by a review committee and who complete the required nine-week ACE curriculum. The curriculum guides researchers through the steps for successful community-based protocols so their research proposals can be funded as active studies.

"Over nine weeks, we cover a range of topics including how to decide research priorities, how to write a good research protocol, and how to have a successful academic-community research partnership," said Heather Bittner Fagan, M.D., MPH, FAAFP, co-director of ACCEL Community Engagement and Outreach, who leads the curriculum. Dr. Fagan is associate vice chair for research in Family & Community Medicine and a Value Institute scholar at Christiana Care.

The curriculum is based on a similar program created by Carolyn Jenkins, DrPH, APRN, BC-ADM, RD, FAAN, the Ann Darlington Edwards Endowed Chair of the Medical University of South Carolina, an ACCEL partner organization.

ACE will next begin accepting research applications in the spring. ●

To learn more about the ACE curriculum and research opportunities, contact Dr. Fagan at 302-320-1335 or hbittner-fagan@christianacare.org.

"We're about a year into the grant, and we're making enormous progress in community-engaged research, modeling our approach on what has been accomplished in South Carolina in bringing together stakeholders for meaningful collaboration," Dr. Rosenthal said. ●

To learn more about the ACCEL program, visit <http://de-ctr.org>.



Innovative partnership seeks improvement in treating heart failure

Heart Failure Program leaders Mitchell Saltzberg, M.D., FACC, FAHA, and Carolyn Moffa, MSN, FNP-C, CHFNP, meet with Health for America fellows.

Four Fellows from diverse academic backgrounds are working together at Health for America, an innovative program focused on improving the treatment of chronic disease. This year, the fellowship's focus is heart failure.

The inaugural initiative is a partnership with Christiana Care, Discover Bank, Start It Up Delaware and the Delaware Community Foundation.

"With nontraditional backgrounds in engineering, consulting and public health, the fellows bring a fresh perspective to health care," said Mitchell Saltzberg, M.D., FACC, FAHA, medical director of the Heart Failure Program at Christiana Care's Center for Heart & Vascular Health. "The fellows are exceptionally bright, infectious and enthusiastic and are approaching a very complex problem with no preconceived ideas, which gives them a unique perspective."

Fellows are working with experts at Christiana Care and around the country to develop a solution for patients that is effective, sustainable and commercially viable. Heart failure, in which the heart can't pump enough blood to meet the body's needs, is responsible for 1 million hospital admissions in the U.S. each year.

"With nontraditional backgrounds in engineering, consulting and public health, the fellows bring a fresh perspective to health care."

MITCHELL SALTZBERG, M.D., MEDICAL DIRECTOR OF THE HEART FAILURE PROGRAM AT CHRISTIANA CARE'S CENTER FOR HEART & VASCULAR HEALTH

"We are excited to work with Health for America, our community partners and an enthusiastic group of fellows who will bring new and fresh ideas to health care," said Patrick Grusenmeyer, Sc.D., president of Christiana Care Health Initiatives, which explores creative solutions to improve patient care. "We look forward to developing innovative technological solutions to add greater quality and value and advance the care of patients who suffer from heart failure."

"One of the things that drew me to the program was being part of a project that would have a meaningful impact on a large group of people," said Nick Azpiroz, who earned his

bachelor’s degree from Stanford University in science, technology and society, with a focused depth in mechanical engineering.

The fellows are engaging a wide range of stakeholders across the country in addressing heart failure, including patients, doctors, pharmacists, policy makers, caregivers and others.

“We’ve been given an amazing opportunity in entrepreneurship,” said Ellen Kourakos, a recent Northwestern University grad who worked as a research and development engineer for a medical device company. “We have incredible access as a group that we might not have as individuals.”

The fellows are using a methodology called design thinking, in which innovations are achieved through a profound and

thorough understanding of what people need, said Megan Caldwell, who earned a degree in policy analysis from Indiana University.

“Talking with many stakeholders allows us to look at heart failure in many different ways,” she said.

Sandra Hwang, a second-year health policy student at Johns Hopkins in Baltimore, said the fellowship represents an exciting opportunity for collaboration.

“We are drawing our training in design, business, engineering and health on a regular basis,” she said. “What is one fellow’s applied expertise is another’s opportunity to learn.” ●

Junior Board spreads holiday cheer with gifts of poinsettias

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



Second class of Lean Six Sigma Green Belts poised to make an impact



Christiana Care's second graduating class of Lean Six Sigma Green Belt candidates represented a wide variety of disciplines and departments.

Christiana Care Health System recognized its second class of Lean Six Sigma Green Belt candidates at a ceremony in December for projects they've undertaken to improve the quality and value of patient care. The 27 Green Belts come from nearly 20 departments, both clinical and non-clinical, ranging from medicine to finance to nutrition.

"Our Green Belt candidates have completed projects that make our patient care better, safer and more efficient and, at the same time, have a significant positive financial impact on our organization," said Vernon Alders, MHCDS, MBA, MSW, corporate director of Organizational Excellence and director of the Center for Organizational Excellence at Christiana Care's Value Institute.

Lean Six Sigma is a customer-focused model of performance improvement that has a positive effect on efficiency, effectiveness and affordability of health care by changing health care delivery systems and clinical practices, and improving patient outcomes.

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

"We've implemented this program so we can build capacity within our organization to change and improve," Alders said.

"We're developing a skill set among our clinical and operational staff that will allow them to improve care to our patients at the same time they are giving care, to add process expertise to their professional expertise."

Under the guidance of senior leaders who served as project mentors, or "champions," this year's Green Belts worked in teams on 16 projects that found ways to solve problems the candidates identified through their daily work. Participants devoted 25 percent of their work time to the projects over six to eight months.

In one project, Beth Donovan, RN, a wound ostomy and continence nurse, and Michelle Collins, MSN, RN-BC, ACNS-BC, director of Nursing Development and Education and Wound Ostomy and Continence Nursing, addressed improving patient care and the patient experience by researching and successfully implementing processes to reduce the incidence of unit-acquired pressure ulcers.

Focusing on three units where pressure-ulcer rates were above benchmark levels, Donovan and Collins researched why the ulcers might be occurring and implemented several strategies to reduce them, ultimately leading to a sustained drop in pressure ulcer rates of more than 30 percent — twice their goal reduction. This reduction yielded better outcomes and patient experience, plus more than \$125,000 in cost-savings and avoidance of federal Medicare penalties associated with unit-acquired pressure ulcers.

This year's Green Belt projects also included Emergency Department staff successfully reducing by 17 percent the "door-to-doctor" time it takes Emergency Department patients to see a physician upon arrival — addressing an annual operating plan goal. In another project, a perioperative Green Belt candidate streamlined and updated surgical dissection trays to include only instruments routinely used, in line with current medical practices, resulting in 1,700 fewer instruments to clean, count and reassemble each day.

"We want to leverage our ability to change. If we ultimately can share these abilities and skills with our workforce, we'll begin to change the way the organization problem-solves — the way we think, act and improve things," Alders said, noting the program has developed about 60 Green Belts or candidates to this point, and has a third class getting started.

"So far, the impact has been significant. Looking narrowly at financial savings, we're seeing a \$9 – \$10 return for every dollar we spend on this program. These projects are evaluated on several levels: Do they improve patient care? Do they reduce

costs? And do they improve the patient experience? We want to know that this program is providing our staff with a great educational experience as well as having a direct impact on making care better, safer and more efficient."

At the ceremony, Chief Medical Officer Ken Silverstein, M.D., MBA, congratulated the candidates on their work, encouraging them to continue championing their projects.

"The ultimate deliverable is high-value care — care that is high-quality, safe, meets the expectations of patients and families, and is done in an affordable way," Dr. Silverstein said. "And while the fundamental interaction is the patient-provider interaction, it's no longer enough to exist just there. Your work can continually improve the system of care, and that's an incredible accomplishment of which you should all be incredibly proud." ●

To learn more about the Green Belt program, contact Organizational Excellence at 302-623-5819.

Shake your craving for salt

One of the best things you can do for your heart doesn't require a doctor's prescription or breaking a sweat at the gym.

Reducing your sodium intake will reduce your risk for high blood pressure, heart disease, stroke, kidney disease and other health problems. Cutting back on salt also can reduce the bloating and puffiness associated with retaining water.

The American Heart Association recommends that people over age 2 consume no more than 1,500 mg of sodium each day. However, the average individual consumes more than 3,400 mg per day, more than twice the recommended amount.

Only about 6 percent of the sodium we consume comes from salt that is added at the table, the AHA says. The vast majority — 75 percent — is found in processed foods. The worst offenders are what the AHA calls the Salty Six: breads and rolls, deli meats, pizza, poultry, canned soup and sandwiches.

Some foods, such as breads, deli meats and canned soup, have salt added to them during processing. Others, such as pizza, poultry and sandwiches, tip the salt scale

because of the ingredients we choose and the way we prepare the food.

For example, a pizza topped with broccoli and fresh tomato slices contains much less sodium than a pizza with pepperoni and extra cheese. A grilled chicken drumstick from a fast food chain contains 290 mg of sodium; a fried, extra crispy drumstick contains 390 mg.

There are many ways to reduce the sodium we use in cooking. Instead of reaching for the salt, try minced garlic, garlic powder or onion powder. Add freshly ground black pepper, which has a more intense flavor than pepper that already is ground. Add fresh ginger and other herbs. Steer clear of salty marinades containing soy sauce. Substitute citrus juices and vinegar.

The first line of defense in reducing the salt on your pantry shelves is a healthy shopping list. Sodium content appears on the labels of prepared and packaged foods, so you can compare in the store. The label also will tell



Did you know?
On average people
consume more than twice
the recommended amount
of sodium per day!

you what percentage of your recommended sodium intake is contained in one serving of the food. There may be several different salts on the list of ingredients. Look for words like sodium chloride, sodium nitrate, sodium citrate, monosodium glutamate (MSG) and sodium benzoate.

It isn't easy at first to cut back on salt. But before long your palate will adjust — and you will find that you actually prefer foods with less salt, making a new, heart-healthy habit. ●

Q & A with Michael Rhodes, M.D., FACS, FCCM



Michael Rhodes, M.D., FACS, retired Jan. 1 after more than 19 years of service to Christiana Care — 18 years as chair of the Department of Surgery. Dr. Rhodes joined Christiana Care in 1995, becoming a key leader during the transformation of the Medical Center of Delaware to Christiana Care Health System in 1997. He led a surgical staff of more than 200 surgeons representing 13 specialties who, together, performed more than 46,000 operations each year in 55 operating rooms. He is a professor of surgery at Sidney Kimmel Medical College at Thomas Jefferson University in Philadelphia. Since finishing his tenure as a department chair in 2013, Dr. Rhodes has applied his invaluable knowledge and experience at the Christiana Care Value Institute as the senior consultant for advances in medicine.

Much has changed since his years as a young trauma surgeon running a MedEvac helicopter program — and he expects many more changes in the years ahead as Millennials take over the medical reins and employ new technology. Yet he contends that the importance of looking a patient in the eye, listening carefully and showing respect will always top the list in practicing good medicine.

What's the most significant way that surgery has changed throughout your career?

The most critical changes, by far, are the advances in and appreciation of the pathophysiology of disease — that is, the things that anatomy, physiology or chemistry leave behind that can create problems (for example what we now know about clots). With the knowledge we have today, we can diagnose disease often with just two or three symptoms.

Of course, I have also seen really major breakthroughs in technology that are clearly lifesaving; things such as CT and portable ultrasound that allow us to look at the organs on the screen. And defibrillators! Those are incredibly amazing. Technology has certainly changed things dramatically.

One thing that hasn't changed is the great deal we can learn from the expression we see on the patient's face. The most important thing in evaluating a patient, by far, is looking at his or her facial expression. It tells you 90 percent of what you need to know as a clinician.

When I was a student at Hahnemann Medical School from 1965 to '70, communication with patients was all done with hands, eyes, voice and facial expressions. A lot of that was because we simply did not have technologies we have today. Yes, we had stethoscopes, drew blood, took pulse rates (with our fingers!) and measured EKGs, but we learned to listen to our patients to figure out what was going on with them.

Today, we have the benefit of all of this wonderful technology, but at the same time it can get in our way. In many ways, we need to re-learn these skills of basic interpersonal communication.

It sounds like you're talking about respect, partnership — concepts that are essential to The Christiana Care Way.

Yes. Patients can be afraid of the white coat, stethoscope, badges and other clinicians in the room taking notes. One thing we can do to help relieve anxiety is to touch the patient's hand when you walk in and introduce yourself. Sending out this signal of respect makes all the difference in the world. It also helps when you explain what you're doing and what the patient can expect to feel.

In the end, what matters — what has always mattered — is the human interaction that takes place between doctor and patient. A little bit goes a long way.

I once asked a patient to share his experience with alcohol. “Doc, to tell you the truth, I stay away from it,” my patient too quickly answered. And then I saw his wife’s hand gently touch his shoulder, and heard her say, “Tell the doctor the truth.” Turns out, my patient had been drinking more than he should, and once it was out in the open, we were able to deal with it respectfully. Having someone from the family present has always given a good sense of balance.

What changes do you envision for the next generation of surgeons?

Things certainly have changed — and gotten busier. When I arrived at Christiana Care we were the 37th busiest surgical hospital in U.S. Last year we were the 8th — and the 4th busiest on East Coast!

There are four key things I’ve been keeping my eye on through my work with the Value Institute which I believe will have the most dramatic impact on medicine:

1. Genomic medicine: I’m convinced that by 2020, we will be treating cancer patients with reparative DNA (restoring, replacing or enhancing organ or tissue function). This will be a huge breakthrough and will dramatically cut the cost of health care, as what used to involve costly hospitalizations will be done outpatient, likely for a little under a thousand dollars. By 2030, we’re estimated to have a shortage of 150,000 physicians in the U.S. (25,000 too few surgeons), but we may not need all of them with reparative DNA.

2. Hyperbaric oxygen: Studies show that ventilated stroke patients treated in a hyperbaric chamber are showing improved outcomes in mental capacity by as much as 15 percent. This technology will also be helpful in treating head injury and post-traumatic stress injury. I believe it will soon become part and parcel for what we do in treating these patients.

3. Telehealth/telemedicine: We’re leveraging this technology at Christiana Care, and it’s growing all over the country. These amazing devices read oxygen, blood pressure, hemoglobin levels and allow us to watch people on video to save them driving 200 miles to see a doctor. This is going to make huge difference.

4. Detoxification: It’s hard to believe with today’s emphasis on healthy eating, but a lot of the foods that we eat and the air that we breathe are toxic. Many foods have mercury, lead, arsenic — all poisonous to our system and can cause problems with brain function. Detoxification will become more and more important.

What advice would you give someone just starting in medicine?

Take advantage of the IT devices your generation has to learn the basics of anatomy and physiology. That knowledge takes all priorities. Once you have a handle on anatomy and physiology, you are one step ahead. Also take time to learn the different mindsets, the psychiatry, of different age groups. Understand that older people are significantly more worried about what’s going to happen to them because of where they are in their lifespan.

My most important advice to residents: Make sure you get enough sleep! You need to be sharp when you’re rounding with patients. Pay attention to what the

patient tells you. Listen. That’s doesn’t just mean hearing their voice, but listening to how they sound. Respect is clearly the most valuable tool that any medical student, nurse or resident can manifest to a patient. If the patient feels respected, that will help them get better.

Are you optimistic about the future of medicine?

I have been very impressed with the young medical students and interns I’ve rounded with. They pay attention to people; I see enthusiasm. It seems to be a more respectful global environment where people are trying to help other people. I’m excited for the Millennials!

Our world and medicine are clearly changing. By 2030, things are going to look a lot different. Our world is not country-centric anymore; we’re a global world now. I’m definitely optimistic.

And the future for Christiana Care?

When I was a kid in Pennsylvania, we used the phrase “Dela-WHERE?” That’s no longer the case! Christiana Care is known all over the U.S. for the work that’s done here. It’s phenomenal. We now have the Helen F. Graham Cancer Center & Research Institute, the Center for Heart & Vascular Health, the John H. Ammon Medical Education Center, the Value Institute, robotic surgery at the new Wilmington campus ... The change is really amazing; a lot of people deserve a lot of credit for what’s happened here.

I also need to say that the nursing and residency staff here are absolutely phenomenal, especially the way they treat other people. It’s really a very respectful environment; I see it in the hallways here all time. We have a great team here at Christiana Care. ●

Quiet at Night multidisciplinary campaign aims to reduce noise and improve the patient experience

It's 9 p.m. and the lights are dimmed on 5C at Christiana Hospital. A soothing voice announces that quiet time has begun, a nine-hour period when conversation is hushed, cellphones and pagers are placed on vibrate and patients who want to watch TV put on earphones.

Quiet at Night is a multidisciplinary campaign to reduce noise and improve the patient experience. The second six-month Quiet at Night Challenge, launched Jan. 1, builds on last year's challenge in which overall HCAHPS scores improved three percentage points, and nine of 24 units exceeded five-point improvements. On 5C, scores improved 23 percent.

"These successes are due to the efforts of the entire staff working together for the good of patients," said Shawn R. Smith, MBA, vice president, Patient Experience, and co-chair, Patient Environment Committee. "Quiet at Night is truly a healing time, a time to rest your mind, rest your body."

As they began to tackle the complex problem of hospital noise, the Patient Environment Committee took an unusual step: They moved meetings to nighttime, so that they could directly engage the staff who were working during hospital quiet hours.

"We would do rounds at 9 p.m. before our 10 o'clock meeting," said Robert Mulrooney, vice president, Facilities and Services, and co-chair of the committee. "That enabled us to talk to the staff and ask for suggestions."

Pharmacy carts were an immediate concern.

"Those successes are due to the efforts of the entire staff working together for the good of patients. Quiet at Night is truly a healing time, a time to rest your mind, rest your body."

SHAWN R. SMITH, MBA, VICE PRESIDENT, PATIENT EXPERIENCE
AND CO-CHAIR, PATIENT ENVIRONMENT COMMITTEE

"The carts would shake, rattle and roll, so to speak," said Joe Foss, Facilities engineering manager. "We also addressed noise issues with the tube system and the lids on linen carts."

Replacing metal carts with plastic models would have been expensive — \$300 for plastic, compared to \$82 for a standard cart. "We found that we could adjust the existing carts for \$25-\$40, a significant savings," Foss said.

Facilities also fabricated doors to go over the tube stations and added padding so noise wouldn't travel from tube stations to the rooms. They modified linen carts with pistons that prevent the lid from slamming, and with new wheels that are substantially quieter than the stock wheels. Many of the

solutions didn't require any expense, such as closing the doors to rooms of patients who are not considered a fall risk.

At the Center for Advanced Joint Replacement at Wilmington Hospital, concerns about noise were part of the design.

"We use a lot of ice, and the motor on the ice machine in the hallway of the old unit was noisy," said Terry Foraker, MSN, RN, nurse manager. "When we knew that we were moving, we put the ice machine behind doors."

Closing doors to patient rooms and adjusting noisy doors and handles helped, too. As a result the unit earned the highest overall quiet score, 69 percent.

"We were among the noisiest because we wake people up the first night to check their vital signs," she said. "The night shift really bought into this, holding one another accountable, and it has made all the difference."

Samantha Davis, MSN, RN-BC, assistant nurse manager on 2C, participated in the night meetings of the Patient Environment Committee. She said engaging the staff nurtured enthusiasm for the initiative.

"We talked about what Quiet at Night means to patients and their health," she said. "It's not just being quiet. It's helping your mom or your sister to get a good night's sleep."

A scripted message for care providers helps them to explain the initiative without being abrasive. Davis also was conscious of being a role model for others.

"I would intentionally talk very low, so people who respond also would speak softly," she said.

On 5C, the soothing voice announcing quiet time belongs to Anita Brown, a unit clerk who recorded the message on an iPhone. Each evening, the message is played through the intercom at the nurses' station.

Additionally, every patient on the floor receives a quiet pack that includes headphones and a note asking patients to be respectful of their roommates' need for rest. Signs are posted on doors as a reminder. Lights are dimmed at 8:30 p.m.

"We have a very involved team," said John McMillen, MBA, MS, BSN, RN, nurse manager, 5C. "Everyone is mindful of their conversations in the hallway and the volume of their voices."

The winners of the first Quiet at Night Challenge will receive a plaque and a catered meal. The new challenge runs through June 30. The goal is to improve scores by another 5 percent. "We are not resting on our successes," Smith said. ●

ENGINEERING A QUIET ENVIRONMENT

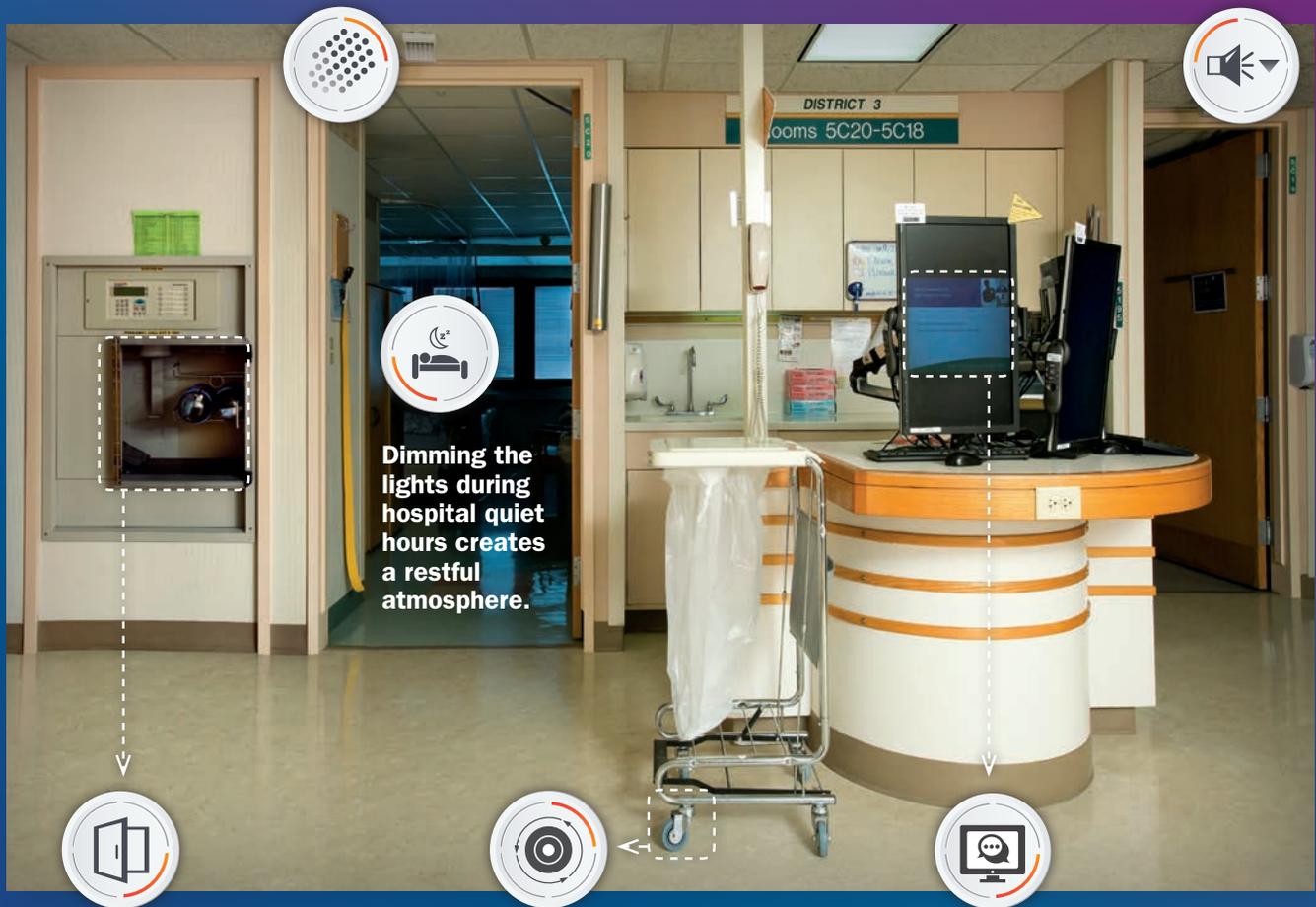


Staff are being coached to lower voices and be more sensitive to noise.



White-noise machines installed in the ceilings of patient rooms reduce noise from hallways and nurses' stations.

Quiet-hours announcements through the in-room intercom system alert patients and families when it's time to lower TV volume and silence cellphones.



Dimming the lights during hospital quiet hours creates a restful atmosphere.

Custom-made plexiglass doors and noise-dampening modifications reduce noise from the pneumatic-tube system.

Custom modifications to laundry carts and other hospital carts eliminate noise from squeaky wheels and slamming lids.

Messaging reminds staff and visitors to observe quiet hours.

february

Free Annual Heart Month Lecture

Wednesday, Feb. 18, 7 p.m.
(Registration begins at 6:30)

John H. Ammon Medical Education Center

Speakers include:

- Brian Sarter, M.D., medical director of Christiana Care's Heart & Vascular Interventional Services (HVIS).
- Henry Weiner, M.D., medical director, Christiana Care Cardiology Consultants.
- Leigh Sibert, APN, ACNS-BC, Christiana Care Cardiology Consultants.

Seating is limited. Register at <http://www.christianacare.org/heartlecture> or by calling 302-623-2273. Light refreshments and valet-parking available.

Perioperative Perspective Symposium

Saturday, Feb. 28, 7 a.m. – 3:15 p.m.

John H. Ammon Medical Education Center

Christiana Care's Perioperative Professional Nurse Council invites you to attend the 7th annual Perioperative Perspective: Latest Trends & Practices. The event features Robyn Benincasa, BA, "Building World Class Teams: The Eight Essential Elements of Human Synergy," and DAISY Co-Founder Tena Barnes Carraher, BA, "The Power of Gratitude: The Impact of Meaningful Recognition." Register at <http://christianacare.org/events>.

march

26th Annual Update in Cardiology

Saturday, March 7, 7:30 a.m. – 4 p.m.

John H. Ammon Medical Education Center

This innovative and proactive presentation explores recent developments in evidence-based cardiovascular medicine.

Topics include:

- Generic drugs are safe and effective — or are they?
- Does everyone need to be on salt-restricted diets?
- What's wrong with relying on office blood pressure measurements for treatment?
- Interruption of anticoagulants — why it's so dangerous.
- We all know who needs aspirin for primary prevention, don't we? (Short answer: No!)

Register today at <http://cchs.cloud-cme.com/cardiology2015>.

Mini-Med School Five-Part Lecture Series

7-9 p.m., at the John H. Ammon Medical Education Center

Designed for individuals who want to gain a deeper understanding of the world of medicine, Mini-Medical School is a free, five-week series of lectures on Thursday evenings for adults of all ages and high-school students. Attendees learn about important trends in diagnosing and treating illness, and general health topics. Faculty will provide in-depth lectures and allow time for questions to enhance the experience. There are no tests or grades. No previous medical training is required. Participants who attend all five sessions will receive a certificate of achievement. Light refreshments will be served. Preregistration is required at <http://christianacare.org/minimedicalschooll>.

Schedule:

March 12: Eating Disorders in Teenagers.

March 19: Fists, Falls, Cars and Much More —
Contemporary Management of Facial Injuries.

March 26: Lung Cancer 2015: Overview of Lung Cancer and
Lung Cancer Screening.

April 2: Understanding Aging from a Functional Standpoint.

April 9: The Role of Interventional Radiology in the Modern
Practice of Medicine.

Dance Your Heart Out

Thursday, March 19, 5 – 8 p.m.

Chase Center on the Riverfront, 815 Justison St., Wilmington

Get out on the dance floor and get moving! Enjoy dance routines that are right for you, from beginner to workout-ready. Get free health screenings and valuable information about how everyday activities can help you stay healthy from head to toe. Register today at <http://christianacare.org/lectures> or call 800-693-2273.

Swank Memory Care Center Symposium

Friday, March 20, 7:30 a.m. – noon

John H. Ammon Medical Education Center

"A Multispecialty Approach to Managing Dementia," The symposium will educate primary care doctors and other practitioners about the importance of treating the geriatric, memory-impaired patient. This multispecialty symposium features Jeffrey Guarino, M.D., geriatrician, Joel E. Streim, M.D., geriatric psychiatrist, and neurologist Lanny Edelson, M.D. Sponsored by The Junior Board of Christiana Care Inc. Register at <http://cchs.cloud-cme.com/dementia2015>.

APN Pharmacology Update 2015

Friday, March 27, 7:30 a.m. – 5 p.m.

John H. Ammon Medical Education Center

The APN Pharmacology Update 2015 offers high-quality learning opportunities for advanced-practice nurses who prescribe in any setting. Conference registration includes continental breakfast and lunch. Register at <http://christianacare.org/events>. Sponsored by Christiana Care's Advanced Practice Nurse Council.

april *Save the date*

Neurovascular Symposium

April 17

John H. Ammon Medical Education Center

Wrestling with the Multiple Dimensions of Pain: Update 2015

April 24

Christiana Hilton, Newark, Delaware

Sponsored by the Delaware Pain Initiative.



Traditional free holiday meal delights thousands

Christiana Care Health System cafeterias served 7,284 holiday meals on Dec. 17, as a way of saying thanks to all of the employees, staff and volunteers who deliver on the promise of The Christiana Care Way.

"Once again, thanks to the wonderful volunteers and our awesome cafeteria and production staff, we were able to continue our extraordinary custom of providing this special meal," said Debbie Learn Alchon, MS, RD, corporate director, Food and Nutrition Services. "Without the effort and holiday cheer demonstrated by those who gave their time and jovial spirit to step in to serve our employee guests, we would be unable to continue this holiday tradition. Thank you to all who participated!" ●



Linda J. Lang, M.D., named chair of Psychiatry



Linda J. Lang, M.D., has been named chair of the Department of Psychiatry at Christiana Care Health System.

Dr. Lang joined Christiana Care in August as medical director of Behavioral Health Acute Care Services and through her leadership has continued to develop and integrate the service line as part of Christiana Care's strategic redesign.

Dr. Lang has 25 years of experience as a psychiatrist with expertise in academic and administrative psychiatry, eating disorders, women's health, graduate medical education, geropsychiatry and integrative medicine. She brings leadership strength in strategic planning, program development, staff recruitment, peer review and supervision, and direct clinical management of adolescents and adults.

Dr. Lang comes to Christiana Care from Princeton Healthcare System, Princeton, N.J., where she led the development and growth of new crisis emergency services, eating-disorder inpatient and outpatient services, and psychosomatic medicine services, and supervised psychiatrists, nurse practitioners, social workers, psychologists and medical students. She was

involved in recruiting new physicians, designing and developing new programs and marketing to the community.

Previously, she held leadership positions at Carrier Clinic, Belle Mead, N.J., where as interim chair of psychiatry she oversaw all medical affairs including performance improvement, cost containment, strategic planning, recruitment and preparation for successful Joint Commission surveys. She also has held leadership posts in inpatient psychiatry at Jersey Shore University Medical Center, Neptune, N.J., and in geropsychiatry at Abington Memorial Hospital, Abington, Pa.

Dr. Lang is the recipient of numerous awards, including the Outstanding Teaching Award from Robert Wood Johnson Medical School, the Nurses Choice Award from Jersey Shore University Medical Center, the Torch Award for patient satisfaction from Princeton Health Care System on multiple occasions and the Meade Johnson Award for Superior Academic Achievement from New York Medical College.

Following completion of her medical degree, Dr. Lang completed one year of clinical work at the University of Medicine and Dentistry of New Jersey, Hackensack Medical Center and her internship and residency at New York Medical College, Valhalla, N.Y.

She is certified by the American Board of Psychiatry and Neurology and has a Suboxone Certification. She is a member of the Academy for Eating Disorders and the Academy of Integrative and Holistic Medicine. ●

Mark Schneider, M.D., MBA, appointed interim chair of Anesthesiology



Mark Schneider, M.D., MBA, has been named Christiana Care Health System interim chair of the Department of Anesthesiology.

Dr. Schneider is board chair of Anesthesia Services, P.A., which is the exclusive anesthesia provider for Christiana Care. Through his leadership, Anesthesia Services, P.A., has grown into the largest anesthesia group in Delaware. Dr. Schneider oversees the group's approximately 41 anesthesiologists and 90 certified registered-nurse anesthetists.

Dr. Schneider received his residency training and medical degree from the University of Virginia. He earned an executive MBA degree from the University of Delaware.

Dr. Schneider has been a trustee of Christiana Care since 2006. From 1997-2001 he served on an information technology subcommittee of the Board of Directors of Christiana Care. ●



Film screening shows impact of poor access to health care

A screening at Christiana Care Health System of the new documentary “Remote Area Medical” showed a non-profit organization’s efforts to provide medical care to underserved residents of rural Tennessee and overcome health care disparities and barriers to health care access.

Christiana Care’s Value Institute and the Delaware Clinical and Translational Research (DE-CTR) ACCEL program sponsored the screening and a panel discussion in November at the John H. Ammon Medical Education Center.

In “Remote Area Medical,” filmmakers Jeff Reichert and Fariyah Zaman document a three-day clinic at the Bristol Motor Speedway in Bristol, Tenn., where legions of volunteers provided free medical, vision and dental care to more than 1,000 residents. Hosting the clinic is Remote Area Medical (RAM), created in 1985 to provide medical care to remote parts of the Amazon but which now focuses on domestic medical needs.

The 90-minute film features about a dozen clinic participants who explain



Brian Rahmer, Ph.D., MS, Erica Locke, M.D., Peggy Geisler, Rosa Colon-Kolacko, Ph.D., MBA, Cassandra Codes-Johnson, MPA, Kerry Brennan and LeRoi Hicks, M.D., MPH.

their reasons for attending. For myriad reasons, many people avoid doctors until an ailment is too debilitating to ignore. Some live too far from doctors to receive regular care or don’t have transportation to get to a doctor or dentist. Others don’t have insurance, or can’t afford co-pays or deductibles.

Following the screening of “Remote Area Medical,” a panel moderated by LeRoi Hicks, M.D., MPH, vice chairman of the Department of Medicine, shared their thoughts on the film. “We’re not talking about concepts, we are talking about

people, their children and their communities,” said Dr. Hicks.

“We need to go further, to educate people in the community and find a way to influence community norms so that it’s not always the doctor telling people to change; it’s the grandma on the stoop saying that,” said panelist Erica Locke, M.D., a resident in Emergency and Family Medicine at Christiana Care. “We need to find the best ways to reach and empower people.” ●

Ruth Shaw Junior Board Scholarship program accepting applications through May 4

Christiana Care Health System is committed to supporting the growth and development of individuals wishing to pursue careers in health care.

The Ruth Shaw Junior Board Scholarship program provides the financial assistance necessary to enable individuals to pursue careers in nursing. New scholarship recipients may now be awarded scholarships for multiple years.

SCHOLARSHIP CRITERIA:

- Christiana Care employees who demonstrate our organization’s Core Value behaviors and dedication to The Christiana Care Way, and demonstrate a commitment to pursue a career in nursing and ultimately earn a BSN degree.
- College students who are currently enrolled in an accredited, nursing program or High School graduates accepted into a college-level nursing program.

Scholarship funds are available to offset the cost of tuition and textbooks. As a condition of receiving this financial assistance, students are required to commit to em-

ployment with Christiana Care. Scholarship recipients are selected based on academic achievement (2.8 minimum GPA) and a proven commitment to serving others.

COMPLETED APPLICATIONS INCLUDE:

- Scholarship application.
- Resume.
- A minimum two-paragraph essay outlining why you desire to be a nurse and the role of nursing in health care.
- Unofficial transcripts from your most recent academic program (college/high school).

- Two letters of recommendation in a sealed envelope from individuals able to directly comment on your community, volunteer, or work experience. If you are a Christiana Care employee, one of the letters of reference must be from your supervisor. Instructor or supervisor letters are preferred for most applicants.

Successful applicants will be invited to interview before the Nurse Scholarship Selection Committee. ●

Applications will be accepted Feb. 2 through May 4. For more information, contact Patricia Bjorklund at pbjorklund@christianacare.org.

Publishing

Marilyn K. Bartley, FNP-BC. "Against Medical Advice." *Journal of Trauma Nursing*, 21(6),314-318. November – December 2014.

Denise Lyons, MSN, RN, AGCNS-BC, FNGNA. "Implementing a Comprehensive Functional Model of Care in Hospitalized Older Adults." *MEDSURG Nursing journal*. Nov/ Dec 2014.

Joan Pirrung, ACNS-BC. "The Centrifugal Force of a Trauma Service." *Guest Editorial Trauma Advanced Practice Nursing: Journal of Trauma Nursing*, 21(6), 261-262. November-December 2014.

Sudhakar R. Satti, M.D., et al. "Heterogeneous Practice Patterns Regarding Antiplatelet Medications for Neuroendovascular Stenting in the United States: A Multicenter Survey." *Journal of NeuroInterventional Surgery*. December 2014.

Anthony Sciscione, D.O., et al. "Prenatal Vitamin C and E Supplementation in Smokers Is Associated with Reduced Placental Abruption and Preterm Birth: A Secondary Analysis." *The Eunice Kennedy Shriver National Institute of Child Health Human Development Maternal-Fetal Medicine Units Network. BJOG*. December 2014.

Anthony Sciscione, D.O., et al. "Society for Maternal-Fetal Medicine (SMFM) Special Report: The Maternal-Fetal Medicine Subspecialists' Role Within a Health Care System." *American Journal of Obstetrics & Gynecology*. December 2014.

Anthony Sciscione, D.O., et al. "Laboratory Abnormalities in Pregnancy-Associated Hypertension: Frequency and Association with Pregnancy Outcomes." *Eunice Kennedy Shriver National Institute of Child Health Human Development Maternal-Fetal Medicine Units Network. Obstetrics & Gynecology*. November 2014.

Anthony Sciscione, D.O., and Gwendolyn Grant, D.O., "SMFM Consult: Patient Counseling Following Periviable Premature Rupture of the Membranes. Understanding the Usual Clinical Course of Periviable PROM Helps Physicians Guide Families Who Are Making Difficult Decisions." <http://contemporaryobgyn.modernmedicine.com/contemporary-obgyn/news/patient-counseling-following-periviable-premature-rupture-membranes-3>.

Presentations

Elise Hogan, M.D., PGY3, Melanie Chichester, NP, Karen Antell, M.D., and Erin Kavanaugh, M.D. Poster Presentation, "Does Having a Medical Home Influence Timing of Entry to Prenatal Care?" *North American Primary Care Research Group Annual Meeting*. November 2014. New York.

Joan Pirrung, ACNS-BC and Coleen Dever, MSN. "Hanging by a Thread: Mangled Extremities." *Options in Trauma Care Trauma Symposium*. Temple University Hospital. Philadelphia. December 2014.

Robert Witt, M.D., Dan Zackheim, BS, and Swati Pradhan Bhatt, Ph.D. "Isolation, Characterization, and Functional Analysis of Human Salivary Gland Myoepithelial Cells for Use in Tissue Regeneration." *Tissue Engineering and Regenerative Medicine International Society Meeting*. December 2014. Washington, D.C.

Robert L. Witt, M.D. "Management of Recurrent Parotid Pleomorphic Adenoma." Invited speaker at the *National University Health System*. December 2014. Singapore.

Appointments

The Professional Advancement Council announced the following promotions to RN III: **Christopher Otto, 5E; Sarah Smith, 3D; Shelly Ray Thress, NICU; Kimberly Meloro, SCCC; Elizabeth Sargent, MICU.**

Kristopher Starr, MSN, JD, CEN, CPEN, served as a member of a Rules Committee assigned by the Delaware Court of Chancery to update several rules and operating procedures involving trusts, estates and elder law.

Awards

Lauren Lewis, BSN, RN, received the DAISY Award for Extraordinary Nurses in January.

Robert Witt, M.D., was selected as 2014 "Top Peer Reviewer" for the journal *The Laryngoscope*. ●

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. 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 Christine Babenko at 302-623-4693.

“I Have Health Insurance. What Do I Do Next?”

By Michael Rosenthal, M.D., Chair, Department of Family & Community Medicine



The health insurance marketplace, a key component of the Affordable Care Act, has helped millions of Americans obtain health insurance when they were not able to do so previously. In addition, 28 states, including Delaware, have expanded Medicaid eligibility to insure many others.

If you have recently become insured, it is an important time to invest in your current and future health. Many people without insurance are new to this approach and have become used to waiting for illnesses or diseases to get bad before getting care in an emergency room or hospital. One of the best things about health insurance is that it helps you take care of yourself sooner, get care before an illness becomes a big problem, or, in many cases, even prevent diseases from developing or causing harm.

The best thing you can do once you have health insurance is gather any health information or background you have (such as medicines, history of illnesses, and history of hospitalizations) and set an appointment to establish care with a primary care provider. This is true for any age for you and any member of your family. Primary care physicians are pediatricians (children and teens only), general medicine internists (adults only), and family physicians (all ages). For women, especially those in reproductive years, gynecologists may also provide primary care services related to women’s health issues. In many offices, primary care physicians collaborate with nurse practitioners or physician assistants to provide primary care services.

The primary care provider serves a critically important role for you and your health. This doctor will evaluate your medical issues, health concerns, health risks, and health behaviors that,

if addressed properly, can add years of quality living for you and your family. Through history, examination, and preventive screening, the primary care provider may also find early signs of disease that can be dealt with before becoming dangerous.

Most importantly, you have the opportunity to establish care with a trusted individual with whom you can build a relationship for many years. Your primary care provider will become your resource and advocate within the health system, with whom you can confide and discuss decisions regarding your personal health issues. The primary care provider will also help coordinate care for you in a complex health system, while guiding you to proper, needed care during times of illness.

- If you have health insurance, it’s time to use it.
- Gather your important health information and background.
- Make an appointment with a primary care provider to establish a relationship and care.

If you have not yet registered for health insurance and believe you may be eligible, visit Choose Health Delaware, our state’s official program, at choosehealthde.com. Enrollment for insurance in 2015 is open until Feb. 15. In addition, specially trained marketplace guides offer free counseling about your insurance options. Contact Christiana Care’s marketplace guides at 302-320-6586 or marketplaceguides@christianacare.org. ●

Christiana Care representatives attend Men of Color Summit

A special conference Dec. 6 organized by the Metropolitan Wilmington Urban League specifically focused on men of color.

Statistically, men experience more

sickness and die younger than women in America, and African-American and Latino males fare much worse than others from heart disease, stroke, cancer, diabetes and other preventable diseases. Research shows men are more likely to engage in unhealthy behavior; don’t seek medical attention; are less likely to have health insurance; and more likely to work in dangerous occupations.

For the fifth year, the Metropolitan Wilmington Urban League partnered with several local and national organizations, including Christiana Care Health System, to present The Men of Color Summit at Delaware Technical & Community College Wilmington campus. The summit provided a forum for men and boys of color to develop heightened awareness of preventable health problems and helped encourage early detection and treatment of diseases. ●



Adam Raben, M.D., Christiana Care radiation oncologist, speaks about the importance of cancer clinical trials at the Men of Color Summit. Blood Pressure Ambassadors, cancer outreach navigators, marketplace guides and adolescent health coordinators also attended.

IDSA updates on purulent skin and soft tissue infections

By Thuy Le, Pharm.D, BCPS

Skin and soft tissue infections (SSTIs) involve inflammatory microbial invasion of the epidermis, dermis and subcutaneous tissues and can vary broadly in their location and severity.¹ Emergency room visits in the United States due to SSTIs increased markedly from 1.2 million in 1995 to 3.4 million in 2005, with the dramatic increase driven by the rising prevalence of methicillin-resistant *Staphylococcus aureus* (MRSA).²

The majority of SSTIs are purulent infections caused by *Staphylococcus* bacteria, predominately MRSA.³ Purulent SSTIs have a drainage point such as skin abscesses, furuncles, and

carbuncles.⁴ This is different from non-purulent SSTIs, such as necrotizing infection, cellulitis, and erysipelas, that are commonly caused by streptococcus bacteria where MRSA coverage is not warranted in every patient.⁴

In the age of MRSA, the Infectious Diseases Society of America (IDSA) has updated its guidelines on the Diagnosis and Management of SSTIs in June 2014. Table 1 summarizes the treatment approach of purulent SSTIs from the 2014 IDSA guidelines with the consideration of Christiana Care’s antibiogram and formulary, as well as drug cost. ●

Table 1: Management of Purulent SSTIs (abscesses, furuncles, and carbuncles)⁴

SEVERITY	MODERATE Presence of systemic signs of infection*	SEVERE Failed I & D plus oral antibiotics or those with systemic signs of infection or immunocompromised
TREATMENT	I & D + C & S	I & D + C & S
EMPIRIC ANTIBIOTIC	TMP/SMX 8-10 mg/kg/day divided Q6-8H or Doxycycline 100mg PO BID	Vancomycin dose to target trough 10-15 mcg/mL (Refer to Christiana Care initial vancomycin dosing guidelines) or Daptomycin 4 mg/kg IV Q24H or Clindamycin 600 mg IV Q8H
CHRISTIANA CARE SUSCEPTIBILITY: MRSA, 2013	TMP/SMX: 97% Doxycycline: 94%	Vancomycin: 100% Daptomycin: Not available Clindamycin: 61% (Not recommended unless susceptibility known)

* Systemic signs of infection: temperature >38°C, heart rate >90 beats per minute, respiratory rate >24 breaths per minute, or abnormal white blood cell count (<12 000 or <400 cells/ μ L). Abbreviations: I & D, incision and drainage; C & S, culture and sensitivity; TMP/SMX, Trimethoprim-sulfamethoxazole; Christiana Care Health System

The typical duration of therapy for SSTIs due to *Staphylococcus* species may range from 5 to 14 days and should be individualized based on the clinical response of the patient.⁴

References:

1. Dryden, Matthew S. Complicated skin and soft tissue infection. *J Antimicrob Chemother.* 2010;65 Suppl 3:iii35-44. doi: 10.1093/jac/dkq302.
2. Pallin DJ, Egan DJ, Pelletier AJ, Espinola JA, Hooper DC, Camargo CA Jr., Increased U.S. emergency department visits for skin and soft tissue infections, and changes in antibiotic choices, during the emergence of community-associated methicillin-resistant *Staphylococcus aureus*. *Ann Emerg Med.* 2008;51:291-298
3. Seeleang, K, Saks M, Winstead Y. Outpatient Management of Skin and Soft Tissue Infections Associated With Community-Associated Methicillin-Resistant *Staphylococcus Aureus*: An Evidence-Based Approach. *Journal for Nurse Practitioners.* 2013;9:600-605.
4. Stevens, DL, Bisno AL, Dellinger EP, et al. Practice Guidelines for the Diagnosis and Management of Skin and Soft Tissue Infections: 2014 Update by the Infectious Diseases Society of America. *Clin Infect Dis.* 2014;59:e10-e52 doi:10.1093/cid/ciu296.

FORMULARY UPDATE—DECEMBER 2014

FORMULARY ADDITIONS

Medication - Generic/Brand Name	Strength/Size	Use/Indication	Comment
Alteplase injection / Cathflo Activase	2 mg vial	Restoration of function of central venous access device	Line-item extension
Everolimus / Zortress	0.25 mg & 0.75 mg tablets	Prophylaxis of kidney transplant rejection	

FORMULARY DELETIONS

Albuterol 4 mg extended-release tablets	Removed because of lack of use
Basis soap	Removed because of lack of use
Hexachlorophene 3% soap / PhisoHex	No longer manufactured
Neutrogena soap	Removed because of lack of use
Pilocarpine 4% ophthalmic gel / Pilopine HS	No longer manufactured
Propylene glycol	Removed because of lack of use

REVISED MEDICATION POLICY

Etonogestrel subdermal rod / Nexplanon	Availability of this product for insertion is no longer restricted to Christiana Care outpatient practices.
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Best practice review

PRE-SPIKING IV BAGS

Q. HOW MUCH IN ADVANCE CAN I PREPARE MY IV INFUSION?

- A. IV infusions should be prepared as needed. Infusions must begin within 1 hour of spiking the bag. If administration has not begun within 1 hour following the start of preparation, the IV bag should be promptly and properly discarded. In addition, any single-dose vial used to prepare an infusion should be used within 1 hour of opening and discarded immediately after the single use.

Q. CAN I PRE-SPIKE THE IV BAGS IF THERE ARE NO ADDED MEDICATIONS?

- A. No. IV bags, regardless of the content, cannot be pre-spiked for use later in the day. Infusions must begin within 1 hour of spiking the bag. This applies to all IV fluids, such as lactated ringers, normal saline and dextrose.

Q. DOES THE ONE-HOUR PRE-SPIKING RULE APPLY TO ANTICIPATION OF AN EMERGENT ADMINISTRATION, FOR EXAMPLE TRAUMA EMERGENCY BAYS OR A TRAUMA OPERATING ROOM?

- A. Yes. The 1-hour pre-spiking rule applies to all areas including the emergency departments, operating rooms, inpatient areas, surgical and procedural areas, infusion suites, diagnostic areas, medical office practices and outpatient services.

Q. WHAT ARE THE RISKS OF PRE-SPIKING AN IV BAG?

- A. Risks include clinically significant microbial contamination which could lead to patient harm. Always exercise proper hand hygiene, aseptic technique and safe medication practices when preparing and administering medications.

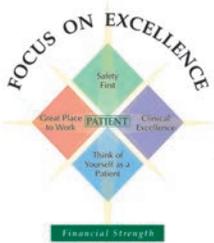
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 If you have questions about this Best Practice Review, please contact the Content Expert: Caroline Attia, Pharm.D. 733-6099 or the Safety Hotline, 7233 (SAFE) from within Christiana or Wilmington hospitals. From outside, call 623-7233 (SAFE). Website: Focus on Excellence Best Practice Review Q & A.



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External Affairs
P.O. Box 1668
Wilmington, DE 19899-1668
www.christianacare.org

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

It's a girl! The daughter of Shakira Watson, baby Jo'Myah, was born at 12:09 a.m., Jan. 1, at Christiana Hospital. Weighing 6 pounds, 5 ounces and measuring 21 inches, she was the first of 15 babies born on New Year's Day. Last year, a total of 6,474 babies were born at Christiana Hospital.

01.01.15
12:09 a.m.

Photo: Bella Baby Photography