Had Morgan Gleason really thought about how many people might eventually see her on a self-described “horrible hair day,” the 16-year-old patient advocate — now an in-demand public-speaker — admits she might not have let her mom record as she vented frustrations from her Florida hospital bed in January 2014. Tens of thousands of social media followers throughout the country, though, would have missed out on what has become one of the year’s most recognized and respected voices for patient- and family-centered care.

Gleason’s wisdom on how patients should be treated by the medical profession extends well beyond her years. She empowers frustrated patients of all ages to speak up for their needs, and has captured the attention and admiration of caregivers nationwide through her videos, blog and speaking engagements on the patient experience. In January, she delivered the keynote address at Christiana Care’s 12th annual Focus on Excellence Awards ceremony at the John H. Ammon Medical Education Center, telling the audience, “It makes me really happy to see a hospital that cares about improving the patient experience.”
This young lady knows more than anyone should about being a hospital patient. Four and a half years ago she was diagnosed with the rare systemic autoimmune disease juvenile dermatomyositis, a vascular condition that causes weak, painful muscles, skin rash, fatigue and fevers. An active child who was an accomplished tumbler prior to diagnosis, Morgan now spends her teen years hospitalized monthly for infusions. She takes 21 pills every day and gets weekly injections. She has had five spinal taps and more than 250 vials of blood drawn since 2010. Twelve doctors are involved in her care.

Last year, she was hospitalized twice for meningitis, and it was during one of those stays that she finally had enough being awakened through the night and early morning by incessant alarms and a parade of medical students, residents and doctors. She was tired of being spoken “about,” not “to,” simply because she is a minor. She took her plea to social media.

Her mother, Amy — a nurse and creator of an app to link patients and families with information about rare illnesses and track their disease — intended the video only for family and friends. It quickly racked up thousands of YouTube views in early 2014, leading to stories in both the Huffington Post and Forbes magazine. Forbes contributor ePatient Dave (Dave deBronkart, another well-known online patient advocate) wrote, “This 15-year-old absolutely nails what ‘patient-centered’ is — and isn’t.”

Following the positive response to the first monologue, “I am a patient and I need to be heard,” the mother/daughter duo set out to produce a second, equally compelling video titled “Why does everything beep?” That video expresses Gleason’s frustration with IV pumps, which, she contends, are not patient-centered.

Care providers are taking note. Last year Gleason headlined at Cleveland Clinic’s Patient Experience Summit, Stanford Medical School’s Medicine X Conference and Dignity Health’s Patient Experience Conference. Her talk at Christiana Care kicked off her 2015 speaking lineup.

Many would think one so frustrated with her hospital experiences would want to venture as far away from health care as possible. Yet Gleason announced to a delighted Delaware audience that she plans to pursue a career in the field, likely as a nurse anesthetist or nurse practitioner.

“I want to change the health care system,” she said.

Many of the health care professionals in the audience came away convinced that she will help to do just that.

Following her presentation, Gleason sat down with Edmondo Robinson, M.D., MBA, senior vice president and executive director, Wilmington Campus, and associate chief medical officer, to share further insight on how medical professionals can improve the patient experience.

**DR. ROBINSON:** If you could fix one thing to improve the patient care experience, what would it be?

**GLEASON:** Listen to the patient. They are the center of care. Things shouldn’t be done on the doctor’s schedule, but on the patient’s, so the patient can rest and heal. It’s easy for patients to be brushed off, but listening to their preferences is very important. If you don’t listen, then how do you know what will make their experience better?

**DR. ROBINSON:** Please share an example of an excellent care experience that stands out.

**GLEASON:** One very positive memory for me was when I was suffering from a light-sensitive headache made worse by the light on my IV pole. My nurse came up with the idea of putting a blanket over the pole to block the light. That simple thing showed she cared about me as a patient.

**DR. ROBINSON:** I understand many who view your videos contact you. Is there a common theme to their comments?

**GLEASON:** Yes, and it is a very strong common theme. Every person who contacts me thanks me for giving patients a voice. Patients feel like they haven’t been listened to.
DR. ROBINSON: What makes you keep going, producing videos, blogging, tweeting and doing these speaking engagements?

GLEASON: I want people to know they are not alone. It’s OK to stand up and put your foot down to what the doctor is saying. It’s OK to choose the options that fit best for your lifestyle. Everybody I hear from inspires me. I keep going because I want to change the system, to make it better.

DR. ROBINSON: Do you have a message for those of us at Christiana Care to help us on our journey on The Christiana Care Way?

GLEASON: Always, always, always ask what your patient wants. Never assume. Treat your patient as you would a family member. (One you like!) And never make patients feel that their concerns or requests are trivial. You go to school to learn how to be caregivers. We don’t go to patient school.

Focus on Excellence Awards marks 12th anniversary

PRESIDENT’S AWARD TEAM: Dannette Mitchell, CNS, BSN, CCRN; Sandy Wakai, MSN, RN, CCRN, WICU nurse manager; Kim Berl, RN, SDS; Stephan Jones, BSN, RN, CCRN, assistant nurse manager; Nancy T. Davis, RN, Infection Prevention; Carol Briody, MT (ASCP) CIC; Laura Schneider, Pharm.D; and Nancy Mburu, manager, Environmental Services. Not shown: Michael Benninghoff, D.O., MS, WICU medical director; Stew Constance, PA; Alicia Edelblute, PA; David M. Cohen, M.D.; Jamie Feinour, RN; Luis Cardenas, D.O., Ph.D.; Kate Kobetis, RN; Lisa Markiewicz, RN; Lea Purcell, RN III; Beth Austin, RT; Phil Scott, RN II; Amanda Zadroga, RN; Rosemary Woods, RD; and Benny Sosa, Jackie Cousin, and Tyrone Badson, Environmental Services.
The annual Focus on Excellence Awards program is all about the benefits and advantages of healthy competition within Christiana Care Health System to advance The Christiana Care Way.

This year’s winning projects — culled from 146 projects, submitted for a two-week exhibition in October 2014, represent the best efforts at improvement and successes achieved at Christiana Care during the past year.

Based on scores provided by approximately 150 expert judges who volunteer each year, the prevailing teams announced Jan. 20 were honored with laurels for quality, merit, innovation and best results.

“The quality of the work just keeps getting better and better, and reflects our understanding as an organization of what it means to live The Christiana Care Way … helping our neighbors live the lives they want to live and doing it in ways that are affordable, safe and valuable,” said Janice Nevin, M.D., MPH, Christiana Care president and CEO. She said that the awards exemplify the concept of innovation in creating value for patients and their families.

Sharon Anderson, MS, BSN, RN, FACHE, senior vice president, Quality, Patient Safety & Population Health Management, and director, Value Institute Center for Quality & Patient Safety, master of ceremonies, thanked the Focus on Excellence Program team for their efforts throughout the year and the more than 35 volunteers involved in the program for their hard work in making it a success.

“Today we celebrate the end of another year of Focus on Excellence competition by announcing the winning entries,” Anderson said. “Yet every project entry, whether it wins or not, represents the spirit of the Focus on Excellence Awards and our determination to advance The Christiana Care Way. The quantity and diversity of the submissions have always adjusted to Christiana Care’s annual goals and operating plans, and the constant changes and improvements inspire innovation and cooperation.”

General guidelines for the Focus on Excellence Awards have remained constant. Teams are encouraged to identify an opportunity for improvement, then develop and carry out a plan to achieve improvements in process or outcomes using the Plan-Do-Check-Act model. Teams create a storyboard that explains the project, and all of the storyboards are displayed in an exhibit in October, in conjunction with National Healthcare Quality Week. The storyboards also are viewable online internally throughout the health system.
“Every project entry, whether it wins or not, represents the spirit of the Focus on Excellence Awards and our determination to advance The Christiana Care Way.”

SHARON ANDERSON, MS, BSN, RN, FACHE, SENIOR VICE PRESIDENT, QUALITY, PATIENT SAFETY & POPULATION HEALTH MANAGEMENT, AND DIRECTOR, VALUE INSTITUTE CENTER FOR QUALITY & PATIENT SAFETY

**PRESIDENT’S AWARD**

This year, the President’s Award, presented by Dr. Nevin, is titled “The Brown Battle, Reduction of WICU Acquired Clostridium Difficile Rates.”

Clostridium difficile (C. diff) is recognized as the most common cause of nosocomial infectious diarrhea. According to the National Institutes of Health, the morbidity and mortality associated with C. diff is increasing at an alarming rate, especially among the critically ill. After identifying an increasing incidence of hospital-acquired C. diff, this team went on the offensive, introducing the “WICU C. diff Bundle.” The bundle includes: environmental monitoring with swabbing; improving staff awareness of C. diff and swabbing results; hand hygiene, antibiotic stewardship and stop dates; and proton pump inhibitor (PPI) stewardship.

Achievements noted include environmental monitoring results of “safe” for all swabbed items, 95 percent hand-hygiene compliance, 29 percent reduction in antibiotics and a 22 percent reduction in dispensed PPI. WICU has had no cases of C. diff since implementing the bundle in March 2014.

**PREVENTING HARM**

Bolstering the Focus on Excellence clearly observed in the President’s Award winning entry are two awards that also recognize success in keeping patients from harm, proactively and through preventive efforts: the new Zero Patient Harm award and the Good Catch awards.

The Zero Patient Harm program tracks Christiana Care’s progress in achieving the annual operating plan goal to reduce central-line-associated bloodstream infections, catheter-associated urinary-tract infections, C.diff, surgical-site infections after colon surgery and abdominal hysterectomy, injuries to patients from falls and other harmful events. To-date, 35 Zero Harm Awards have been issued.

The Good Catch All Star Program encourages staff to take action to correct a situation that has the potential to harm a patient, visitor or staff. More than 8,500 Good Catches have been submitted since the program launched in March 2012. This year, No. 1 Good Catch recognition went to two nurses in the GI Lab at Christiana Hospital who recognized that a patient was not recovering well from anesthesia after same-day surgery, resulting in the patient’s admission to intensive care. Another Good Catch honoree was Bruce Harper, a service assistant on 6E, who alerted the nursing team when a patient fell silent during a conversation. The patient received urgent intervention from respiratory therapy thanks to Harper’s caring response.

This year’s Focus on Excellence Awards ceremony featured awards from across Christiana Care Health System, including awards for excellence in:

- Diversity, Inclusion & Cultural Competency
- Residency Training
- Excellence in Community Health (Bronze, Silver, Gold)
- Operational Improvement (Silver, Gold)
- Learning Excellence
- Nursing (Six categories with more than 10 awards)
- Financial Strength
- Think of Yourself As a Patient (Honorable Mention, Bronze, Silver, Gold)
- Great Place to Work (which also garnered the People’s Choice Award)
- Employee Safety
- Safety First (Silver, Gold)
- Clinical Excellence (Honorable Mention, Bronze, Silver, Gold)
- Value
INNOVATION IN BEHAVIORAL HEALTH

Under the “Excellence in Community Health Category,” the Focus on Excellence Gold Award went to the team at the Rocco A. Abessinio Family Wilmington Health Center for its entry, “Integration of Behavioral Health in Primary Care.”

The team proposed hiring an expert in behavioral health psychology to help identify indications for consultation and be available onsite to take patient handoffs at the Adult Medicine Office and the Internal Medicine Faculty Practice. Over a nine-month period the expert also developed and administered surveys to identify patient characteristics and social needs, and began implementation of multidisciplinary group skill-development sessions.

Chief Medical Officer Kenneth Silverstein, M.D., MBA, praised the program and recently announced a new model at Wilmington campus primary care offices, wherein adult and adolescent outpatient behavioral health service providers will work more closely with the community’s primary care network. Therapists are embedding directly within primary care practices. Services are expanding, and behavioral health clinical staff is increasing. The transformation is the result of a study that identified a significant need to address patients with medical conditions that are adversely impacted by social determinants of health, as well as a substantial burden of treating chronic mental health conditions.

Results indicate very high satisfaction by both patients and providers with an embedded psychologist in primary care. Importantly, a very large number of patients reported that they would not have received care if it were not offered in that setting.●
Partnering to care for the whole person — body and mind
By Linda Lang, M.D., Chair, Department of Psychiatry, and Medical Director, Behavioral Health

You remember the song, “The thigh bone’s connected to the hip bone …”

Just like bones in our skeletal system are connected, there’s an equally important connection between body and mind when it comes to overall health.

How we feel emotionally has a lot to do with how we feel physically, and vice versa.

Many peoples’ aches and pains may, in fact, be “all in their heads.” But if we don’t address the emotional triggers that a person is dealing with, stress hormones can escalate to the point where they become felt by the body.

Making the commitment to consider the mind/body connection is at the very heart of practicing good medicine and caring for the whole patient. It’s at the heart of The Christiana Care Way.

Yes, there are valuable diagnostic tests and technologies to help us uncover serious medical conditions. But we have another equally important tool at our disposal in caring for our community — the ability to really listen to what our patients are telling us about the burdens they carry that could be impacting their overall health.

When we fail to recognize the triggers and go straight to dealing with the physical symptoms, we miss a huge component in the concept of caring for the whole person.

Is the patient’s job or marriage in jeopardy? Could he be experiencing symptoms of a panic attack instead of a heart attack? Could those unrelenting migraines have anything to do with the fact that she cares round-the-clock for a chronically ill relative? He’s missed a full week of school for nausea and vomiting; could there be a bullying problem or peer pressure he’s not prepared to handle?

Fear that the cancer will come back keeps her from sleeping or eating well, and she’s just not herself these days. The cancer is cured, but is she?

Our integrative behavioral health model — an innovative approach that embeds therapists within medical settings — is an important step toward making sure that when we serve our neighbors, we do so looking at the whole person, body and mind, to figure out how we can most effectively meet their needs.

Medical and behavioral health specialists now collaborate under one roof in an exciting new partnership that increases the potential to uncover and address the underlying root of physical problems for many people in our community. When we partner with one another in this way — when we blend our respective expertise — we offer the greatest value to those we serve. It is a more respectful and efficient way of providing care on our end, and it’s certainly a more comfortable way for our patients to receive care. It also allows us to reach more of our neighbors than we ever could when we simply sat back and waited for those who would to come to us asking for help.

I see this integrative approach to care as a game changer. The opportunity to work together with one another in various medical specialties — and to partner so intimately with our patients to help them, in a nonjudgmental way, overcome anxiety and depression and learn coping skills — is very exciting. This approach holds great promise toward helping to make Delaware one of the five healthiest states in the nation.

It’s about respect. It’s about caring. It’s about using our collective expertise to best serve our community. Most of all, it’s about being partners with one another, and with our patients and their families.

No one heals alone. We need to approach health as a partnership. Working together, we can provide excellent care for the whole person, body and mind.
Integrative model blends behavioral health and primary care

While behavioral health specialists and primary-care doctors have long practiced on parallel paths — one caring for problems of the mind, the other ailments of the body — Christiana Care’s successful model of integrating therapists within specialty and family medicine practices is opening mental health doors to many children, adolescents and adults who might otherwise never seek help.

About 25 percent of patients seen by primary care doctors have behavioral health issues. Many never ask for mental-health support, either due to stigma or because they simply do not recognize how mind-related issues may cause or worsen many physical symptoms. Those who do follow up on their doctor’s recommendation for a mental-health consult have traditionally faced barriers such as lengthy wait times for appointments or insurance limitations.

Real-time collaboration among the patient, primary-care provider and behavioral health specialist makes the integrative approach successful. It’s been working well within Christiana Care’s cancer program, heart and vascular services, women’s health, and internal medicine and pediatrics, said Penny Vigneau, senior vice president for Cardiovascular and Behavioral Health Services. It also follows an established national and international movement to align behavioral health with primary care in an effort to prevent or reduce the impact of mental health issues.

“Real-time collaboration among the patient, primary-care provider and behavioral health specialist makes the integrative approach successful. It’s been working well within Christiana Care’s cancer program, heart and vascular services, women’s health, and internal medicine and pediatrics.”

PENNY VIGNEAU, SENIOR VICE PRESIDENT, CARDIOVASCULAR AND BEHAVIORAL HEALTH SERVICES
Here are just a few recent stories of patients at Christiana Care:

• A man facing a series of heart tests for chest pains — fearing the need for medical or surgical intervention for serious heart problems — was encouraged to learn he was, instead, experiencing the very treatable effects of anxiety and depression.

• A young woman, long suffering recurring tension headaches not helped by medication, found long-sought relief through guided meditation, upper-body exercise and tips on setting limits on demands placed by both herself and others. Within weeks, her headaches became a rare occurrence.

• A young man visited the doctor’s office feeling depressed. A meeting with a therapist disclosed domestic violence was driving the symptoms.

• A woman with diabetes wasn’t properly managing her condition because she was having panic attacks over giving herself daily injections. She learned coping and relaxation skills that now make it possible for her to take her insulin on the prescribed schedule.

“The focus is on wellness, prevention and care for the whole person, and resolving issues before they build up to serious problems requiring intensive outpatient mental health treatment or hospital admission for medical complications,” Vigneau said.

Transition significantly expands access to mental health care

To focus resources where they can have the greatest impact in meeting the community’s behavioral health needs, therapists previously assigned to Christiana Care’s adult and adolescent outpatient behavioral health services are transitioning into primary-care practices and health care centers, allowing them to serve a significantly greater number of adults, children and families. The outpatient day programs will close, but referral partnerships are in place with community-based mental health services for acute needs, and new group sessions may be offered as needs are identified. Services remain in place for any patient with immediate and acute mental-health needs.

“This integrative model lets us find and treat behavioral-health disorders very early, in much the same way we treat cancer,” explained Linda Lang, M.D., chair of the Department of Psychiatry and medical director of Behavioral Health. She likens the “warm handoff” between primary-care physician and embedded behavioral-health specialist to a woman referred for immediate diagnosis and treatment when something appears on a mammogram.

“Previously, when the primary-care physician referred the patient for a behavioral-health consultation, it could take four to six weeks to get an appointment,” she said. “This model embeds therapists right in the primary-care setting, where they are often able to see the patient that very day. We come to the patient rather than waiting for them to come to us. It’s a more holistic approach to patient care that offers greater value to our patients.”

Psychotherapist Frank Malinsky, LCSW, sees patients at the Health Care Center in the same suite of offices as the primary-care physicians.

“Primary-care doctors, who are often the first to recognize a need for behavioral-health care, drive the patient/physician/therapist partnership in this model of integrative care. With the patient’s permission, the physician can invite an on-site therapist to join them in a convenient, confidential consultation during the medical office visit.

“Speaking to a therapist in the physician’s office lessens the stigma of getting behavioral-health treatment,” Malinsky said. “It gives the patient permission to open up and seek help, and allows us to deal with the underlying contributors to what’s bothering them physically.”

The integrative model eliminates barriers to behavioral health care, allowing patients to be seen by the therapist as part of the medical appointment, where he or she can openly discuss concerns with both the physician and the therapist. Follow-up appointments are scheduled with the therapist, who is also
able to link in support from a psychiatrist for medication issues, when needed.

“We help patients make the connection between mental-health issues, such as their daily behaviors and relationships, and what’s going on with their bodies,” Malinsky said. “Partnering with the primary-care physician allows me to work with them on the choices they make each day, such as exercise, nutrition, sleep habits and managing their social interactions. It gives patients more control over their own physical health.”

National and state model for success

The integrative model aligns with a recently awarded $35 million federal grant for Delaware’s State Health Care Innovation Plan and State Innovation Model (SIM) that calls for efforts to improve patient care, support the health of all Delawareans and reduce costs of care, ultimately hoping to make Delaware one of the five healthiest states in the nation. A key focus of the SIM initiative is strong coordination of care across multiple health care providers, including hospitals, primary-care and behavioral-health providers, and other specialists for helping patients manage complex, chronic conditions.

Julie H. Silverstein, M.D., FACP, medical director of The Rocco A. Abessinio Family Wilmington Health Center, stresses that in caring for the whole patient, it is not a matter of “this or that” when it comes to addressing physical symptoms and mental-health triggers.

“Many people’s physical symptoms and chronic illnesses are wrapped up in behavioral-health issues,” Silverstein said. “We need to address the root of the problem instead of simply treating the symptoms. This integrative model allows us to address health in a more progressive manner."

“Much of what we do in primary care depends on patients being part of the process. Integrated behavioral health allows us to address both self-imposed and real access barriers to a patient seeking mental-health services. With the warm handoff from primary-care physician to behavioral-health specialist, the patient’s trust is transferred, as well, making the consultation more effective. It sets the stage for creating a true relationship.”

Malinsky and Lang agree. “It’s all about prevention, collaboration and integration,” Malinsky said. “It’s a more creative, holistic approach to treating an individual.”

“If we can get there sooner,” said Dr. Lang, “we will really be providing behavioral health — with an emphasis on health — instead of waiting for patients to get sick.”

Transition from outpatient to embedded services

Integrating behavioral-health providers into the primary-care team allows Christiana Care to dramatically expand access to mental-health services in the community, going from touching fewer than 2,000 patients per year to potentially reaching many thousands within our primary-care network who may already have a behavioral-health or substance-abuse diagnosis.

The Rosenblum Adolescent Center closed on Feb. 20. All of the patients in this program completed their course of treatment.

At Christiana Care’s Wilmington campus, a transitional outpatient behavioral health program is being created specifically for teens. This new program will enable teens and families in crisis to see a skilled therapist and develop an individualized treatment plan. As part of the goal of treatment, once teens are stabilized they will transition to community-based or primary-care providers. The program will provide access to group therapy to address school anxiety, bullying, substance use, mood disorders and other topics. The program will accept all teens regardless of insurance coverage and will offer expanded hours to accommodate after-school needs.

The Adult Transitional Care program will close in May. All of the patients currently in the program will complete their treatment. Christiana Care is partnering with all patients to ensure they receive the care they need during the transition and services are in place to care for anyone facing an acute mental-health crisis.
How will this redesign help us care for more people?
We know that about 25 percent of the patients seen in the primary-care setting have behavioral-health issues. We have the opportunity to help many more people who need behavioral-health services.

How has the transition been going?
Many of our community partners in the behavioral health field have expressed strong support for what we are doing. We continue to listen to the concerns of those affected in our community and understand their passion for behavioral and mental health services. We are offering support to the patients and families as they go through this transition and are engaged with others in the community about ensuring a more robust system of behavioral health for Delaware. Our staff is collaborating on ideas that will best serve our patients and the community, such as group therapy sessions in the primary-care setting. For example, therapists from our Rosenblum program have recommended group sessions for adolescents in such areas as school anxiety and trauma.

Will behavioral-health therapists for adolescents be embedded in pediatric practices in our community, including the city of Wilmington?
Yes. Three therapists specializing in child and teen behavioral health will now see patients at The Rocco A. Abessinio Family Wilmington Health Center at Wilmington Hospital. In addition, other therapists will be integrated into our family medicine practices and health care centers where children and families are cared for. They will also run group sessions as needs are identified.

What about the patients — will they go without care?
We care for about 2,000 patients in outpatient therapy. All of them will be cared for, and many will continue to see their therapist in a different setting. We will work with all patients on individual plans to support them in meeting their goals of care.

Under the integrated behavioral health model, will patients be required to change their primary care provider in order to see their therapist who is embedded in a community practice?
No. Current outpatients can continue to see their therapist regardless of their primary care provider in order to complete treatment or to finalize their transition plan to another provider if additional treatment is needed.

Will new patients need to belong to a primary care practice to see a therapist embedded in that practice?
Yes. The advantage of seeing a therapist and a primary care physician in the same practice enables greater focus on wellness, prevention and whole-person care driven by the primary care physician.

For those patients who have established a long-term beneficial relationship with their therapist, will they be able to continue to see that same therapist under the embedded model?
Yes. They can continue to see their therapist to complete treatment or to finalize a transition plan.

Is there a number to call to make referrals or for more information?
Yes, 302-320-2100.
Perinatal behavioral health program supports women through ‘darkest time’

Doctors at that facility wanted O’Neill to attend a day treatment program for several weeks.

“I remember thinking I couldn’t possibly be in day treatment for that long,” she said. “I had an infant at home.”

Fortunately, she was referred to Christiana Care, where she met Janet M. Brown, APRN, BC, a nurse practitioner specializing in psychiatry. The day of her first appointment with Brown also happened to be the day a weekly support group met for women like O’Neill who were struggling with what felt like far from a blessed event.

“To walk in that room and hear other women going through the same things, it helped me realize I wasn’t an awful person. I was just struggling,” she said.

“Something in me was chemically imbalanced, but it wasn’t me.”

Coyne’s story of postpartum OCD began not immediately after giving birth, but shortly before her daughter’s first birthday, almost eight years ago.

She, too, was concerned enough about the feelings she was experiencing to check herself into a psychiatric facility. Like O’Neill, she, too, is grateful to have been referred to Christiana Care for ongoing support.

“I had awful thoughts that I just couldn’t control, and I was afraid I would hurt someone,” she said. “I just didn’t understand what was happening to me.”

Her lifeline was Brown’s reassurance: “You’re going to be fine. You’re not going to hurt anyone.” It also helped tremendously to meet another woman in the support group who had experienced the very same feelings and was doing better.
“This was the only group available in Delaware, the only place where anyone understood what I was going through,” said Coyne. She describes that period as a “very dark time” in her life. “Janet and that support group brought me out of it.”

Coyne and O’Neill are so appreciative of the support they received through Christiana Care that they’re in the process of creating their own outreach group to help young mothers in need.

“I know there are other women going through this,” Coyne said. “I want them to know that it’s normal. It’s something nobody talks about, but more people than you could ever imagine are going through it. Call a hotline. Seek help. You’re going to be OK.”

Malina R. Spirito, PsyD., MEd, a licensed psychologist with Christiana Care’s program, is encouraged by significant growth in the number of women reaching out for assistance. Last year, the team consulted with 262 new mothers in the hospital immediately following delivery and helped about 400 women through outpatient visits.

“Social support is such an important aspect for recovery,” she said.

**Integrative approach blends behavioral health, obstetrical care**

Postpartum depression is so prevalent, says Brown, that it is now the number one complication of childbearing. To help identify women who need help, the program’s clinicians Brown, Spirito and social worker Megan O’Hara, LCSW, are embedded in the Women’s Health building, as Brown describes, “right here where the action is around the OB providers.”

This integrative approach, embedding behavioral-health specialists within medical practices, is achieving great success throughout the health system in specialties such as cancer, heart and vascular care, internal medicine, pediatrics and primary care. The on-site consultation service is convenient, confidential and helps patients avoid the stigma of separately seeking out mental-health care.

Christiana Care screens all new mothers for mood and anxiety symptoms after childbirth, before they leave the hospital. All women who receive prenatal care or deliver at Christiana Care receive information about postpartum depression to self-refer themselves to the program, if the need arises. No physician referral is needed. The team also works with women during pregnancy to reduce risks for premature deliveries and low birth weights. These sometimes include poor health habits that can come from struggling with mood or anxiety issues.

For women who are taking psychotropic medications to manage depression or anxiety, the team also works with their physicians to manage those medications before and during pregnancy, as well as after birth during breastfeeding.

“Not taking medication in pregnancy is not necessarily risk-free, either,” Brown says. Spirito adds that the team works closely with the Department of Psychiatry for consultations on particularly complicated cases.

Brown, who has worked in the psychiatric field for 30 years, says working with young mothers is her favorite part of the job.

“Seeing mothers feel better, enjoy their infants and go on to be content with their lives is very rewarding,” she said.

Spirito agrees. “We get to have such widespread impact on the overall health of a whole family, even if we only work with the mom. When they’re feeling better, their relationships with their partners and children are better, too.”

O’Neill, now the mother of two (she worked with Brown through her second pregnancy, as well), seconds that sentiment, adding that society makes women feel like having a baby is supposed to be the happiest time of their lives, but for many, it’s the hardest time.

“It was the worst time of my life,” she said. “But this program pulled me through it, and I wouldn’t change having my daughters now for anything.”

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Malina R. Spirito, PsyD., MEd Janet M. Brown, APRN, BC; and Megan O’Hara, LCSW, of Christiana Care’s Center for Women’s Emotional Wellness.
For years, Bruce Lancaster took medication for hypertension.

But the drug made him feel anxious. So he stopped taking it.

An Army veteran who had run track and played football, Lancaster figured he was in good shape. He was 48 and worked in construction.

“I thought my body was used to having high blood pressure, that it was normal for me,” he recalls.

He didn’t realize that hypertension rarely shows warning signs. It’s called “the silent killer” because it can go undetected until someone has a stroke or heart attack.

For Lancaster, that day was Aug. 27, 2014.

“I was at home, relaxing, watching TV, a quiet mid-morning,” he recalls. “All of a sudden, I felt so flushed I had to get up and adjust the air conditioning.”

Turning up the AC didn’t make him feel better. Lancaster was confused. His head throbbed. He headed for the bathroom and lay down on the cool tile floor.

Two hours later, his 11-year-old son Caleb came home and found him. Caleb immediately dialed 911.

“I remember him talking to me,” Lancaster says. “He said, ‘Dad, stay with me, stay with me.’”

He was rushed to Christiana Hospital, a Joint Commission and American Heart Association/American Stroke Association Comprehensive Stroke Center, where doctors quickly determined that he had suffered a hemorrhagic stroke. This is a brain bleed that occurs when a weakened vessel ruptures and bleeds into the surrounding brain. It’s an unusual event, accounting for only 13 percent of stroke cases, according to the American Stroke Association.

“High blood pressure is the most common cause of hemorrhagic stroke, accounting for 60 percent of cases,” says Jonathan Raser-Schramm, M.D., Ph.D., medical director of the Stroke Program and the Stroke Treatment and Recovery Unit (STAR).

Lancaster was closely monitored in the Lanny Edelsohn, M.D., Neuro Critical Care Unit, where his blood pressure was kept under control.

As his condition improved, he progressed to the Stroke Treatment and Recovery (STAR) Unit, a specialized step-down unit for patients who are recovering from stroke. Nurses assess...
patients in the STAR Unit at least once every four hours. They also educated him and family members about his medications and the importance of exercise and a heart-healthy diet.

Lancaster continued his treatment at the Center for Rehabilitation at Wilmington Hospital.

“At first I had a difficult time getting around but I was ready to work hard,” he says. “Speech therapy, physical therapy, occupational therapy. Everything from exercises for cognitive thinking and balance, to practicing getting in and out of the shower.”

For outpatient care, his social worker helped him to arrange for transportation to and from physical therapy. He was impressed with the way the multidisciplinary staff worked together to provide expert care and help him navigate the system.

“Everyone was professional and they were compassionate, the best that they could be,” he says. “I couldn’t ask for a better team of people.”

Lancaster continues to see Dr. Raser-Schramm in the stroke clinic at the Center for Heart & Vascular Health. He exercises regularly, taking long walks. He eats a low-fat, low-sodium diet.

“From fried foods to baked foods,” he says. “My 11-year-old is the food czar. He looks after me.”

He takes his medications as directed. His doctors replaced his previous prescription with medications that don’t have unpleasant side effects.

Lancaster is intent on staying well. And he wants to share his new appreciation for life with others by volunteering at Christiana Care.

“I was at death’s door and they saved my life,” he says. “Now, it’s my turn to give.”

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**Christiana Care nurses launch Mid-Atlantic Society for Vascular Nursing**

Nurses at the Center for Heart & Vascular Health at Christiana Care Health System have founded a regional chapter of the Society of Vascular Nursing. Officially recognized as a chapter in January 2014, the Mid-Atlantic Society for Vascular Nursing aims to enhance public awareness of vascular disease and prevention through community events, educational seminars and health fairs. The chapter has been recognized as Chapter of the Year by the national Society for Vascular Nursing.

“This endeavor is a reflection of Christiana Care’s commitment to serving as a community partner in heart and vascular health, beginning with prevention,” said chapter president Colleen McGhie, BSN, RN-BC, one of the core group of nurses on the Cardiovascular Stepdown Unit at Christiana Hospital who founded the chapter. The chapter now has members from Delaware, Maryland, New Jersey and Pennsylvania.

Christiana Care’s Center for Heart & Vascular Health is a national, regional and local leader. Vascular nurses are part of a highly experienced medical team that includes some of the world’s leading experts in the treatment and prevention of heart disease, stroke and other diseases that affect the heart and blood vessels.

In its first year, chapter members staffed educational tables at a school district health fair and a local farmers market to promote healthy diet choices and smoking cessation, and presented at a local senior center on the warning signs of stroke, heart attack and peripheral artery disease. Representatives also provided education about smoking cessation and vascular health to In Her Shoes Inc., a nonprofit organization that helps formerly incarcerated women to successfully re-enter the community.

The chapter is hosting its first professional conference, “Improving the Flow,” on April 18 at the John H. Ammon Medical Education Center.

For more information about the conference, or to learn about becoming a member of the Mid-Atlantic Society for Vascular Nursing, e-mail midatlanticsvn@gmail.com.

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Nurses of Cardiovascular Step-Down Unit 4E founded the new chapter of the Society for Vascular Nursing.
Study shows grafting surgery performs better than angioplasty
Research examines costs and quality of life benefits of two common heart procedures

An article by Christiana Care researchers in the January 2015 Journal of the American College of Cardiology reports that coronary artery bypass graft surgery (CABG) commonly used to treat patients with coronary heart disease results in improved quality of life, but also costs more than another often-used, less invasive technique: percutaneous coronary intervention (PCI).

The research represents the first of its kind nationwide to evaluate and compare hundreds of thousands of clinical and claims data to determine both the survival benefit and overall costs of CABG compared to PCI.

The American College of Cardiology Foundation/The Society of Thoracic Surgeons Collaboration on the Comparative Effectiveness of Revascularization Strategies (ASCERT) study found that patients who underwent bypass graft surgery lived longer, were able to function better and had fewer additional procedures than those treated with angioplasty.

Researchers drew their conclusions by analyzing a widely-accepted metric known as quality-adjusted life-years.

“While other studies have compared the costs of the two types of treatment, we wanted to probe deeper to understand the value of these procedures to patients,” said Zugui Zhang, Ph.D, a senior biostatistician and scholar at Christiana Care’s Value Institute, and lead author in the study.

Over a four-year period, the study looked at people age 65 or older who had coronary heart disease in two or three of their heart vessels. In addition to the quality-of-life metrics, researchers found the grafting procedure resulted in higher costs per patient than angioplasty in three areas:

- Hospitalization was on average $10,670 more.
- Clinical care after surgery averaged $8,145 more.
- Lifetime projected costs after the surgery averaged $11,575 more.

Sponsored by a grant from the U.S. National Heart, Lung and Blood Institute and an Institutional Development Award from the National Institute of General Medical Sciences of the U.S. National Institutes of Health, ASCERT studies evaluate the long-term effectiveness and costs of CABG and PCI.

Coronary heart disease is the most common type of heart disease, killing nearly 380,000 people annually, according to the U.S. Centers for Disease Control & Prevention.

“Coronary heart disease affects so many of our neighbors, so our hope is to provide patients and their families with knowledge so they can make informed decisions on their health care,” Zhang said. “Through this study, we have found that coronary artery bypass grafts provide a reasonably better value to patients when compared to angioplasties.”

Christiana Care co-authors on the study are William S. Weintraub, M.D., MACC, FAHA, FESC, John H. Ammon Chair of Cardiology at Christiana Care, and Paul Kolm, Ph.D., director of biostatistics. Dr. Weintraub is also the founding director of the Center for Outcomes Research at the Christiana Care Value Institute, which leads the way in conducting real-world research on today’s most pressing health care issues.

The Value Institute’s mission is to develop, deliver and evaluate innovative health care solutions that meet the Triple Aim of improving patient experience and population health while reducing health care costs.
If you want to learn how to improve a health system, Paul Wellborn suggests you ask a patient.

In 2011, Christiana Care took a giant step forward in patient- and family-centered care, forming the Patient and Family Advisory Council at Wilmington Hospital, respectfully partnering with patients, their loved ones and staff in an innovative model designed to gather insights that can improve care.

Since then, there have been several significant milestones.

Christiana Hospital established a Patient and Family Advisory Council in 2013, including members with experiences to share from the Neonatal Intensive Care Unit, Kidney Transplant Program and Helen F. Graham Cancer Center & Research Institute.

In 2014, the Wilmington Hospital council became self-governing, with patient and family advisers assuming responsibility for the way the group operates.

The most recent milestone occurred in January, when the two groups got together for the first time.

Shawn Smith, MBA, vice president, Patient Experience, noted that patient satisfaction scores have been steadily improving, an accomplishment he attributes, in part, to the councils’ contributions.

“We know that a lot of that has to do with your powerful feedback,” Smith said.

Paul Wellborn became unexpectedly immersed in navigating various hospitals and health care facilities in 2004 when his son Matthew, only in his 20s, suffered a dissected aorta, a serious injury caused by blood leaking from the major artery carrying blood out of the heart.

“Throughout his treatment, we found many people who care,” Wellborn said. “But we also found instances when we had ideas of how Matthew could be better treated and it was hard getting someone to listen.” The experience motivated him to look for ways to get involved, and he became one of the first patient and family advisers at Christiana Care.

Wellborn is co-chair of the Wilmington Hospital council.

“We want to collaborate and we want to contribute,” he said. Patient and family advisers collaborate with staff to shape policies, facilities design and programs.

The other co-chair is Rae Burton, a founding member of the group. She became a passionate patient advocate while shepherding her husband through eight different facilities after he developed a healthcare-associated infection after heart surgery.

“Through the Patient and Family Advisory Council, I got to turn something bitter into something positive,” she said. Council members commit to volunteering for at least two hours each month. They also complete Christiana Care volunteer training.

Patricia Hoge, a member of the Christiana Hospital council, became interested in the group when her husband was a cancer patient.

“Throughout the council, we can provide input on a brochure or modifying a policy. Our discussions also help us to identify issues that need attention,” she said. “By serving as partners with the staff, we are making a difference.”

Christiana Care’s combined Patient and Family Advisory Councils gather for a celebration in January.
Redesigned orientation helps employees learn The Christiana Care Way

From their very first day on the job, Jacqueline Dennis, RN, and other new employees are learning to be caring, respectful partners with patients and their families.

A new, expanded employee orientation focuses on The Christiana Care Way, educating Christiana Care’s newest team members on ways they can best serve patients and visitors.

“We are here to talk about culture, how we do things, at day one,” said Shawn Smith, MBA, vice president, Patient Experience. “The Christiana Care Way is how we show up in the moment with our patients and family members by partnering with them. This new, interactive education format sets up our new employees for success.”

The segment of orientation that deals with The Christiana Care Way has been expanded from 30 minutes to 3.5 hours. The emphasis is on interactive experiences that teach employees how to effectively partner with the people they serve.

About 150 new employees from throughout the health system, including 80 nurse externs, attended orientation at the John H. Ammon Medical Education Center on Jan. 19.

A highlight of each orientation is a presentation by one of Christiana Care’s patient and family advisers. Amanda Sleeper, Ph.D., co-chair of Christiana Hospital’s advisory council and a patient adviser to the NICU, shared the story of how she became involved with Christiana Care and talked about what it means to truly partner with patients and their families.

Group exercises helped learners to build skills using AIDET (Acknowledge, Introduce, Duration, Explain and Thank) and HEAT (Hear, Empathize, Apologize, Take Charge), providing a framework for resolving issues. For example, one scenario challenged teams to interact with a patient who had been waiting a long time for a test.

“Saying ‘I’m sorry’ isn’t enough,” Dennis said. “It doesn’t give the patient resolution.”

Service recovery should begin the moment an employee realizes an expectation has not been met, said Margarita Rodriguez-Duffy, MSW, director, Visitor and Volunteer Services.

The new Christiana Care Way segment of new-employee orientation was designed by a multidisciplinary team that included: Pamela Boyd, MSN, RN, CNOR, senior program manager, Patient Experience; Andres S. Moreira, administrative fellow; Shawn R. Smith, MBA, vice president of Patient Experience; Jennifer Czerwinski, senior education specialist, Learning Institute; Brady V. Johnson Jr., operations coordinator, Patient Relations; Janine M. Jordan, M.D., medical director of care transitions and utilization management; Margarita Rodriguez-Duffy, MSW, CAVS, director of Visitor & Volunteer Services; Ann-Marie C. Baker, MSN, RN-BC, senior program manager, Patient Experience; Graling High, program manager, Guest Services; and Susan Coffey Zern, MD, CHSE, director, Virtual Education and Simulation Training Center.
“We need to accept ownership of our impact on others,” she said. “If I came into a room with my head down and did not greet you, how would that make you feel?”

That resonated with Delshera Robinson, a new radiology technician.

“I know we love our cellphones, but we have to disconnect,” she said. “Something as simple as making eye contact makes a difference.”

Pam Boyd, MSN, RN, CNOR, senior manager of Patient Experience, encouraged new colleagues to work together with employees throughout the health system. If there is a problem, don’t blame the staff in another department. Supporting one another helps to give patients a sense of confidence.

Employees also were encouraged to “manage up,” looking for answers to questions they can’t provide themselves. For example, if you don’t know directions to a visitor’s destination, acknowledge that and offer to find help.

“It’s OK to say, ‘I’m not sure myself. Let’s find out together,’” said Ann-Marie Baker, MSN, RN-BC, senior program manager, Patient Experience.

New hires learned about the No Pass Zone by watching a video and then learning about how to put the concept into practice, answering call bells promptly to get patients the assistance they need. Often, a patient’s request can be as simple as drawing the blinds in the room.

“The idea is to make learning interactive,” said Susan Coffey Zern, M.D., director of Simulation at Christiana Care’s Virtual Education and Simulation Training Center. “We aren’t just talking about The Christiana Care Way. We get to see it.”

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Christiana Care is partnering with a team of 15 engineering students at Concord High School to build a detection system that uses magnetic technology to warn of potentially dangerous objects hidden in textiles before they are sorted and cleaned in the hospital laundry.

The innovative project has been awarded a $10,000 grant from the Lemelson-MIT InvenTeam Program at the Massachusetts Institute of Technology in Boston. InvenTeams are teams of high school students, teachers and mentors that receive grants for coming up with creative solutions to problems while making use of science, technology, engineering and math.

“I am impressed with the students’ effort and design, and grateful that Christiana Care gave us an authentic real-world problem to solve,” said Concord engineering and design teacher Jordan Estock, who is guiding the InvenTeam.

The national program was set up to encourage invention as public service and inspire a new generation of Thomas Edisons. This is the first time, since the Lemelson-MIT program was begun in 1994, that a Delaware InvenTeam has been awarded such a grant.

“This is a really cool opportunity,” said Justin DiGiovanni, a Concord High InvenTeam sophomore. “Not a lot of people have a chance of taking part in an invention and we’re pretty enthusiastic about it.”

Justin’s father is John DiGiovanni, a senior systems engineer on the Christiana Care IT Application Development team. He is a mentor on the project, along with Chuck McKenna, a senior systems analyst. They give much of the credit for the project success to Estock and Guy Defibaugh, textile services director, for collaborating to enhance student learning and hospital safety.

In looking for a Christiana Care project to tackle, Estock met with Defibaugh and members of his staff to talk about how laundry is sorted. Estock learned that Christiana Care handles its own laundry with a six-team staff that sorts up to 35,000 pounds of linens day, including bedding and surgical linen.

After large carts of laundry are dumped on a conveyor belt, bags of laundry are opened and separated by staff into 22 sorting categories. But sometimes items such as patient tracking badges, surgical tools and needles are inadvertently bundled with laundry. On the conveyor belt some of these objects present a danger to the sorting team.

“If sharp items are not spotted, staff can be injured, and that is the last thing we want,” said Defibaugh, adding that if the
Best practice review

INITIATING RESTRAINTS

Restraints are initiated only after nonphysical, less restrictive alternatives have failed or safety demands immediate physical response.

Q. WHEN SHOULD RESTRAINTS BE USED?
A. For violent or self-destructive behavior: Restraints may be used when the immediate physical safety of the patient, staff or others is jeopardized.

Q. CAN A NURSE INITIATE THE USE OF RESTRAINTS WITHOUT A DOCTOR’S ORDER?
A. In an emergency situation only, the qualified RN may initiate restraints in order to protect the safety of the patient, staff or others. A verbal or written order must be obtained immediately after initiation of restraints.

A face-to-face evaluation must be completed within hour by a licensed independent practitioner (attending physician, resident or advanced practice nurse) with the initiation of restraints.

Q. WHEN MUST THE ORDER FOR RESTRAINTS BE RENEWED?
A. Orders for restraints must be renewed:
• Every four hours for patients 18 years of age and older.
• Every two hours for patients 9 - 17 years of age.
• Every hour for patients under 9 years of age.

If the need for restraints continues beyond 24 hours, a face to face reassessment must be performed by the licensed independent practitioner prior to writing a new order for restraints.

Q. CAN A NURSE REQUEST A STANDING ORDER OR PRN ORDER FOR RESTRAINTS IN THE EVENT THAT RESTRAINTS ARE DISCONTINUED AND NEEDED AGAIN DUE TO VIOLENT OR DESTRUCTIVE BEHAVIOR?
A. No, standing orders or PRN orders for restraints are prohibited. If an assessment indicates the need for restraints, a new order must be obtained from the licensed independent practitioner.

Q. WHEN SHOULD RESTRAINTS BE DISCONTINUED?
A. Restraints should be discontinued immediately when the patient no longer needs the restraint to protect self or others, and the unsafe situation has ended.

If you have questions about this Best Practice Review, please contact the content expert: Maureen Seckel, clinical nurse specialist, 733-6023, 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.
How are we changing cancer care in Delaware?

Our multidisciplinary cancer team, under the direction of Bank of America Endowed Medical Director Nicholas J. Petrelli, M.D., has created a national model for the diagnosis, prevention and treatment of lung and esophageal cancers.

The Thoracic/Esophageal MDC meets every Tuesday afternoon at the Graham Cancer Center. That is where our patients and their family members sit down with an entire team of specialists and their own nurse navigator.

This scenario was unheard of just 10 years ago, but it has proven to be highly effective in facilitating the most comprehensive treatment plan for the patient’s particular disease process.

What are your priorities as MDC leader?

Understanding our patients and taking care of their medical needs is our first priority. Our mission, launched more than a decade ago, is still our mission today:

• Grow our cancer care program.
• Lead with cutting-edge technologies.
• Accelerate enrollment in clinical trials.
• Advance the science of thoracic/esophageal cancer care to benefit patients everywhere.

You recently rejoined the Graham Cancer Center after leaving in 2012 to launch a similar program out of state. Has the experience honed your perspective moving forward?

Key to our success here at the Graham Cancer Center is the patient-centric focus of the MDC, a model I used to build a similar thoracic program from the ground up in Virginia.
Graham Cancer Center patients need not travel elsewhere to get top-notch, quality care with all the latest technologies in the hands of experienced specialists. Another big plus is the “down home” feeling you get when you walk through our doors. That signals a level of personalized care you might not find at a larger institution. The parking is not bad, either! I want to continue to reach out and to strengthen relationships with primary-care physicians and specialists in the community. No question or concern is too small for us to answer. We want to ensure the resources and capabilities at the Graham Cancer Center are familiar and accessible to everyone in our region.

**Scientifically, how do we measure up?**

The Graham Cancer Center is one of the original National Cancer Institute selected Community Cancer Center sites and a leader in NCI’s Community Oncology Research Program. We have one of the top clinical trial enrollment ratios in the country.

The thoracic/esophageal program is very active in clinical research, with opportunities for patients to access the most promising new treatments that impact not only quality of life but improve survival rates. We also have a burgeoning Translational Cancer Research Program that pairs scientists with clinicians to move discoveries closer to everyday medicine.

**What research are you currently most excited about?**

We’ve just launched a new initiative with scientists at The Wistar Institute in Philadelphia to identify a potential biomarker in the blood that could signal the presence of lung cancer. This is a very important study, similar to one we worked on previously, that could eventually produce a blood test to identify lung cancer early, detect recurrence and help us distinguish between benign and malignant nodules found through screening.

This is just one example among several studies where physician investigators are collaborating with academic institutions and bio-pharma companies around the country.

**As a thoracic surgeon you specialize in the latest minimally invasive surgical techniques. What are some of the advanced technologies the Graham Center has to offer?**

Thoracic surgeon Brian Nam, M.D., and I are experienced in minimally invasive surgical techniques that allow us to treat and to stage lung and esophageal tumors with only a few small incisions. There are cases where conventional surgery is necessary, but when appropriate, techniques such as video-assisted thoracic surgery (VATS) and minimally invasive esophagectomy allow patients to experience shorter hospital stays with less pain and quicker recovery.

Also, Dr. Nam and I, along with interventional pulmonologist Tuhina Raman, M.D, specialize in endobronchial ultrasound and the latest navigational bronchoscopy techniques, offered at few other centers in the region. These technologies are used to diagnose and stage cancer, facilitate pre-operative treatment planning and to manage symptoms that may restrict breathing or cause pain.

Of course, our patients can access advanced radiation oncology and chemotherapy protocols as well, and the most innovative biologics and “personalized” therapies that target specific cancer genes, for example, to block the growth and spread of the cancer.

**Lung cancer continues to be a major contributor to the overall cancer burden in our state. Tell us about efforts to control this disease.**

We are poised to make a measurable impact on lung cancer cure rates in our state. Right now only about 15 in 100 patients survive five years from their diagnosis of lung cancer, and the mortality rate for lung cancer exceeds that of breast, colon and prostate cancers combined. Early detection can change these numbers.

An important part of our mission is leveraging our expertise in support of the Christiana Care Medical Group and the state of Delaware to make low-dose CT scan screening for lung cancer accessible to those at risk, according to national guidelines. But no screening program is complete without counseling and help to quit smoking, essential services that are embedded in our Graham Cancer Center programs targeting lung cancer.

Charles Mulligan, M.D., is board-certified in general and thoracic surgery with special interest in lung cancer, esophageal cancer, mesothelioma and mediastinal tumors. He first joined the Thoracic Surgery Service at Christiana Care’s Helen F. Graham Cancer Center & Research Institute in 2008 after retiring from active duty with the U.S. Army. His 21 years of federal service included serving as chief of Thoracic Surgery and chairman of the Thoracic Tumor Board at Walter Reed Army Hospital. During the War on Terror, Dr. Mulligan served as chief of Thoracic Surgery with the 28th Combat Support Hospital in Iraq from 2003-2004 and as chief of General and Thoracic Surgery in Iraq from 2006-2007. He returns to Christiana Care after being recruited in 2012 to build the Thoracic Surgical Oncology Service at Centra Health and Pearson Cancer Center in Lynchburg, Va., which he completed in November 2014.
UPCOMING EVENTS

March

Learn to Use Your New Health Insurance
March 4, 12 – 1 p.m. (en español)
March 5, 5 – 6 p.m. (en español)
March 10, 12 – 1 p.m.
March 12, 12 – 1 p.m. (en español)
March 17, 5 – 6 p.m.
Wilmington Hospital, Room 4500
(4th floor, off the South elevators)

Do you have new insurance through the Affordable Care Act? Christiana Care’s marketplace guides offer free information sessions on how to use your new coverage for your health and the health of your family.

Light snacks available. Register at 302-320-4303 or e-mail marketplaceguides@christianacare.org.

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.

Managing Dementia: A Multispecialty Approach
Friday, March 20, 7:30 a.m. – noon
John H. Ammon Medical Education Center

Hosted by the Swank Memory Care Center, this 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, Neal G. Ranen, M.D., geriatric neuropsychiatrist, and neurologist Lanny Edelsohn, M.D. Sponsored by The Junior Board of Christiana Care Inc. Register at http://cchs.cloud-cme.com/dementia2015.

April

Medical Libraries Book Fair
Friday, April 10, 10 a.m. – 4 p.m.
West End Café, Christiana Hospital cafeteria

Hosted by the Christiana Care Medical Libraries in collaboration with Rittenhouse Book Distributors, the book fair offers medical texts and clinical books as well as consumer health books for sale at a 10 percent discount plus free shipping. A limited number of best-selling clinical texts will be available on site and online ordering will be done for any books not available at the fair. Check or credit card will be accepted. There will be an opportunity to win a Kindle Fire.

Neurovascular Symposium
Friday, April 17, 8 a.m. – 3:30 p.m.
John H. Ammon Medical Education Center

Christiana Care registration (Medical-Dental Staff and employees): $55 in advance or $75 on day of the event, if seating permits; non-Christiana Care registration: $75 in advance or $95 on day of the event, if seating permits; full-time students: $20. No charge for Christiana Care residents and fellows to attend. Registration is required. Register at http://cchs.cloud-cme.com/Neurovascular2015.
Don’t let oil foil your healthy diet  Read the label before you buy

Unsweetened coconut water is touted as a healthy refresher, low in salt and sugar, and packed with potassium and electrolytes.

So shouldn’t coconut oil be healthy, too? The truth is virgin coconut oil is 92 percent saturated fat. Further, it’s a common ingredient in processed foods because it’s inexpensive and helps to keep products crisp.

Foods aren’t always what they seem. When we are making healthy choices, it’s not enough to tune into the latest trends. We need to educate ourselves and read the labels. That goes for the oils we use to prepare our meals and the oils found in processed foods.

The American Heart Association lists five oils that we should put on our shopping lists. They are:

• Canola oil: Made from the seeds of the canola plant, this mild oil is a good choice for sautéing, marinades and baking.

• Olive oil: Tangy and bold, olive oil is a staple of the heart-healthy Mediterranean diet. Ideal for roasting, sautéing and as an ingredient in Greek and Italian dishes.

• Peanut oil: Nutty yet mild, peanut oil has a high smoke point, which makes it a good fit for stir-fried dishes.

• Sesame oil: A staple in Chinese, Korean and Indian cuisine, sesame oil gives a nutty flavor to salad dressings and stir fries. Use a light hand with dark sesame oil, which can overpower a dish.

• Vegetable oil: Usually a blend of oils from corn, soybeans and sunflower seeds, this multipurpose oil can be used in baking, sautéing or frying.

There are various oils in the prepared foods we buy. Again, read the labels in order to choose wisely.

Three oils to stay away from are coconut oil, palm oil and safflower oil. They are all high in saturated fats; in fact, these oils contain more fat than some meats.

The way we use oils matters. Avoid frying. Instead, experiment with stir frying, baking and broiling. You can reduce the amount of oil you add to foods by using just a spritz of cooking spray. Or eliminate oil from the cooking process by steaming foods.

When you dine out, ask the server what kind of oil will be used to prepare your food. If it’s an unhealthy oil, ask if you can substitute olive oil. If the restaurant can’t accommodate you, switch to a dish that is prepared without oil or fat. ●

Making Sense of Adolescence
Tuesday, April 14, 6 – 8 p.m.
Brandywine High School Auditorium
1400 Fouk Road, Wilmington

To register, call 302-320-6584 or visit http://www.de-ctr.org/community/seminar.

Ever wonder why teens do what they do? Experts Mary M. Stephens, M.D., MPH, FAAFP, of Christiana Care’s Department of Family and Community Medicine, and Judith Herman, RN, ANEF, FAAN, University of Delaware School of Nursing, will cover a range of topics, including teen health issues and how teens think. This event is presented by Christiana Care, ACCEL, Nemours, University of Delaware and Medical University of South Carolina.
Our valued employees help advance The Christiana Care Way

Opinion Survey March 29 – April 11

Christiana Care conducts its systemwide Employee Opinion Survey this year March 29 – April 11. The survey provides valuable feedback from employees at all levels about Christiana Care as a Great Place to Work.

Employee input from the survey helps Christiana Care to improve and conduct comparisons to national benchmarks. Our continued success to advance The Christiana Care Way by providing expert, effective, affordable care depends on the dedicated efforts of all of our valued employees — from the newest on board to those who’ve given more than five decades of dedicated service to Christiana Care.

We are partnering with Press Ganey again this year to administer the survey. As with our last survey, this year’s consists of approximately 50 questions that cover our core commitment areas and only takes about 10 minutes to complete. This year, we will have the opportunity to link employee engagement with patient satisfaction.

Christiana Care is fortunate to have highly talented, engaged individuals on its team. We continue to receive national recognition as a top employer:

• Training Magazine Top 125 ranking for training and learning development.
• Global Healthcare magazine third-place ranking in the Top 10 Hospitals to work for in the Northeast.
• Best in Class Hospital by the Institute for Diversity in Health Management, an affiliate of the American Hospital Association.
• News Journal ranking as a Top Employer in Delaware for 11th consecutive year.
• Leader in LGBT Healthcare Equality in the Healthcare Equality Index.
• Project SEARCH national recognition for 77 percent of our 2013 class of interns obtaining employment.
• Best-practice employer ranking due to feedback in last employee opinion survey, achieving top decile engagement against national health care benchmarks for the Northeast region.

All employees who complete the survey will have the option to be entered into a raffle for prizes such as an iPad and iPad Mini. Employees will be chosen at random by Press Ganey at the conclusion of the survey period.

Look for weekly portal announcements with additional details about our accomplishments. Thank you for your efforts to continue to make Christiana Care a Great Place to Work and allow us to advance The Christiana Care Way.

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

FOCUS MARCH 2015

GREAT PLACE TO WORK
Amro Shihabi, D.M.D., M.D., appointed training director, Oral & Maxillofacial Surgery

Amro Shihabi, D.M.D., M.D., joined the Department of Oral & Maxillofacial Surgery (OMS) and Hospital Dentistry as director of OMS training and chief of Oral and Maxillofacial Surgery’s Head & Neck Oncology section.

Dr. Shihabi received his doctor of dental medicine degree from the University of Pennsylvania and his medical degree from Louisiana State University. He subsequently completed an internship in general surgery at Louisiana State University Health Science Center and a fellowship in maxillofacial oncology and microvascular reconstruction at the University of Maryland.

He is certified by the American Board of Oral and Maxillofacial Surgery (ABOMS) and a member of the Omicron Kappa Upsilon National Dental Honor Society. He holds numerous awards, including the Delaware Valley Society of Oral and Maxillofacial Surgeons Award and the University of Pennsylvania’s International Dentist Award. His research has been published in the Journal of Oral and Maxillofacial Surgery.

Daniel Elliott, M.D., MSCE, FACP, named medical director, Quality Partners

Daniel Elliott, M.D., MSCE, FACP, has been named medical director of Christiana Care Quality Partners.

Dr. Elliott is a member of Christiana Care’s Internal Medicine-Pediatrics faculty and currently serves as associate chair of research in the Department of Medicine at Christiana Care and a research scholar in the Christiana Care Value Institute. He currently practices as a hospitalist and in primary care at the Rocco A. Abessinio Family Wilmington Health Center.

In addition to his clinical background, Dr. Elliott was a fellow in the Generalist Scholars Program at the University of Pennsylvania, where he earned a master’s degree in clinical epidemiology with a concentration in outcomes research.

As associate chair for research in the Department of Medicine, Dr. Elliott has focused on using data to measure and improve the quality of care. He serves as a leader in “Bridging the Divides,” a program funded by the Centers for Medicare and Medicaid Innovation that combines analytics and care management to improve care for patients with coronary artery disease.

Dr. Elliott will join the Christiana Care Quality Partners leadership team and work closely with CEO Alan Greenglass, M.D., and Executive Director Doug Azar, MBA, to continue the journey toward the Triple Aim of enhanced outcomes, the best experience of care and control of health care costs. He will also have responsibility for data analytics and reporting, and for working with practicing clinicians toward successful partnerships with Quality Partners.

Dr. Elliott will continue in some of his clinical and research activities as Quality Partners grows.

Christiana Care Quality Partners is a clinically integrated network of physicians, hospitals and other health care providers working to improve collaboration of care, clinical quality and value. The model enhances patient care and patient experience through coordination of care and a proactive approach to treating chronic conditions such as hypertension, asthma and diabetes. Christiana Care is partnering with Geisinger Health Plan, a nationally recognized not-for-profit, value-based health management company, to administer the plan.

Our valued employees help advance The Christiana Care Way

Opinion Survey March 29 – April 11
Maureen A. Seckel, MSN, CCRN, FCCM, inducted as fellow of American College of Critical Care Medicine

Maureen A. Seckel, MSN, CCRN, FCCM, was inducted in January as a fellow of the American College of Critical Care Medicine, becoming the only nurse from Delaware to hold the credential FCCM. Fellows of the American College of Critical Care Medicine are practitioners, researchers, administrators and educators who have made outstanding contributions to the collaborative field of critical care.

Induction ceremonies were held at the combined American College of Critical Care Medicine Convocation/Society of Critical Care Medicine Awards Presentation in Phoenix, Ariz.

Seckel, a clinical nurse specialist in medical pulmonary critical care, joined Christiana Care Health System in 1988. She also serves as adjunct faculty at the University of Delaware’s School of Nursing, a position she has held since 1999.

She served a three-year term on the American Association of Critical-Care Nurses national board of directors in 2010 – 2013 and a one-year term as secretary. She earned a Bachelor of Science in nursing from Boston University School of Nursing in 1978 and a Master of Science in nursing and Post Master of Science in nursing in 1994 and 2005, respectively, from the University of Delaware’s School of Nursing.

She is a currently a member of the Center for Disease Control Workgroup on Ventilator Associated Events, the American Thoracic Society Guideline for ARDS, and the Society of Critical Care Medicine Surviving Sepsis Guideline Revision Workgroup. She frequently writes and lectures about pulmonary critical patient care.

Michael Chambers promoted to Facilities Engineering manager, Wilmington Hospital

Mike Chambers has been promoted from to Facilities Engineering manager at Wilmington Hospital. In his new role, he retains oversight of the piped medical gas systems throughout the organization.

Chambers joined Christiana Care in 2005. Prior to that he owned and operated a small business in Delaware.

He earned a degree in organizational management from Wilmington University.

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.
Publishing


Gregory Masters, M.D., was co-executive editor of Clinical Cancer Advances 2015: Annual Report on Progress Against Cancer From the American Society of Clinical Oncology.


Presentations


At the 35th Annual Society for Maternal Fetal Medicine meeting in San Diego, February 2015:

• Mark Gooss, a poster, “Maternal and Fetal Impact of SMFM Guidelines to Prevent the First Cesarean Delivery.”


• Matthew Hoffman, M.D., MPH, co-authored an abstract selected for oral presentation, “Determinants of Leukocyte Telomere Length in the Newborn.”

• Matthew Hoffman, M.D., MPH, co-author of abstract titled, “Cultural Differences Affecting Recruitment In the NICHD Fetal Growth Studies.”


• Mychal Anderson Thomas, M.D., MPH, co-authored an abstract, “Readmission for Hypertension in Postpartum Women Over a Five-Year Period at a Tertiary Care Facility”, with Melanie Chichester, BSN, RN-OB, CPLC, Robin Revel, BSN, RN, Dana Thompson, MPH, and Deborah B. Ehrenthal, M.D.


At the American Association for Respiratory Care, December 2014 in Las Vegas, Nev.:

• Kathleen Bonis, BS RRT, John Emberger, BS, RRT-ACCS, FAARC, Joel M Brown II, BS, RRT, FAARC, and Francis Gott III MBA, RRT. “Does Suctioning During HFOV Affect the Airway Pressure and Flow? A Bench Evaluation.”

• Joel M. Brown II BS, RRT, FAARC. “Breaking the Unbreakable: Managing Status Asthmaticus.”

• Joel M. Brown II BS, RRT, FAARC. The Evidence Behind the Vermont Oxford Recommendations.
• Fran Gott, III, MBA, RRT. “Implementing Improvements to Reduce COPD Hospital Length of Stay.”


• John S. Emberger, BS, RRT-ACCS, FAARC. “Implementing Improvements to Reduce Hospital Readmission of COPD.”


• John S. Emberger, BS, RRT-ACCS, FAARC. “Optimizing the Ventilator for COPD.”

• John S. Emberger, BS, RRT-ACCS, FAARC, Jefferson H. Mixell, BS, RT, John S. Emberger, BS, RRT-ACCS, FAARC, Joel M. Brown II BSRT, RRT, FAARC, Kathleen Bonis, BS, RRT, and Vinay Maheshwari, M.D. “Unplanned Extubation Rate and Outcomes in the Adult Intensive Care Population.”


**Appointments**

The Professional Advancement Council announced the following promotions to RN III: Jamie Brown, MICU, Michael Price, Christiana OR, Michelle Solimeo, 6A, Julia Turner, 5A, and Denise M. Williams, MICU.

**Awards**

Fran Gott, III, MBA, RRT, and Kristina A. Siddall, M.D., have completed Leadership Delaware, the statewide program that exposes participants to speakers and issues facing Delaware and its communities while building leadership skills.

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**FORMULARY UPDATE—JANUARY 2015**

**FORMULARY ADDITIONS**

<table>
<thead>
<tr>
<th>Medication – Generic/Brand Name</th>
<th>Strength/Size</th>
<th>Use/Indication</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clobazam / Onfi</td>
<td>10 mg tablet</td>
<td>Treatment of refractory seizures</td>
<td>Available for continuation of treatment only</td>
</tr>
<tr>
<td></td>
<td>2.5 mg/mL suspension, 120 mL</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Doxylamine</td>
<td>25 mg tablet</td>
<td>Treatment of nausea &amp; vomiting of pregnancy</td>
<td></td>
</tr>
<tr>
<td>Oseltamivir / Tamiflu</td>
<td>30 mg &amp; 45 mg capsules</td>
<td>Treatment and prophylaxis of influenza</td>
<td>Line-item extension</td>
</tr>
<tr>
<td>Vedolizumab injection / Entyvio</td>
<td>300 mg vial</td>
<td>Treatment of inflammatory bowel disease</td>
<td></td>
</tr>
</tbody>
</table>

**AUTOMATIC SUBSTITUTION**

| Oseltamivir (Tamiflu) 30 mg capsules | 45-mg capsules will be substituted for 30-mg capsules when 30-mg capsules are unavailable |

**REVISED MEDICATION POLICY**

| Bupivacaine injection | Epidural and intrathecal injections of bupivacaine can be administered only by physicians credentialed to administer these types of injections |
Angiotensin converting enzyme inhibitors (ACEI) and angiotensin receptor blockers (ARB) use in the chronic kidney disease patient

By Christabel Cash-Abbey, Pharm.D

The safe use of angiotensin converting enzyme inhibitors (ACEIs) or angiotensin receptor blockers (ARBs) in patients with chronic kidney disease (CKD) often comes up in clinical practice. They are the preferred agents for diabetic kidney disease and non-diabetic kidney diseases with proteinuria and have been shown to lower blood pressure, reduce proteinuria, slow the progression of kidney disease, and likely reduce cardiovascular disease (CVD) risk.

ACEIs inhibit the angiotensin converting enzyme (ACE) and reduce the formation of angiotensin II from angiotensin I, while ARBs block angiotensin II from interacting with its receptor AT1. Blocking the effects of angiotensin II leads to a reduction in efferent arteriolar constriction, reduced aldosterone secretion, and enhanced kinin-induced peripheral vasodilation. ACEIs and ARBs slow progression of CKD by a number of class effects that include decrease in glomerular intra-capillary pressure, reduction in permselectivity, alterations in the function of mesangial cells, and interfering with angiotensin-mediated generation of free radical formation.

ACEI and ARB use may result in adverse effects, which are more common in CKD. The most concerning side effects in patients with CKD include an early decrease in glomerular filtration rate (GFR), hypotension and hyperkalemia, which sometimes lead to early unnecessary discontinuation of these agents. With careful monitoring of therapy, however, most patients can be treated with ACEIs and ARBs, despite these adverse effects.

At initiation or increase in dose of ACEI or ARB, blood pressure, serum creatinine and potassium levels should be measured to establish a “baseline” or “new baseline.” When initiating these agents in patients with renal insufficiency, no creatinine level is an absolute contraindication to ACEI/ARB therapy. Baseline serum creatinine levels of up to 3.0 mg per dL are generally considered safe. An increase of 20 percent in the serum creatinine level is not uncommon and is not a cause for discontinuing the medication. During the first four weeks of treatment, serum potassium and creatinine levels should be monitored more closely with baseline potassium levels ≥ 4.6 mEq/L or GFR < 60 mL/min/1.73m2.

Transient abrupt decreases in blood pressure are more likely to occur after initiation or dose escalation of ACEI or ARB. Reduction in doses of other antihypertensive agents or other medications that lower blood pressure may be required. Normotensive patients being treated with an ACEI/ARB for CKD should have their blood pressure monitored more frequently.

Early decrease in GFR is defined as a decrease of more than 15 percent from baseline within 4 weeks after initiation of ACEI or ARB and can be observed in CKD. If GFR decreases by more than 30 percent from baseline, the dose of ACEI or ARB may need to be reduced, and the GFR reassessed frequently until kidney function has returned to baseline.

Hyperkalemia due to ACEI/ARB therapy is generally defined as an increase in serum potassium concentration to >5.0 mEq/L however measures can be taken to minimize this complication prior to medication discontinuation (e.g. Prescribing a low-potassium diet or discontinuing other medications that can impair renal potassium excretion). The incidence of severe hyperkalemia requiring discontinuation is minimal when measures are taken proactively. If concentrations exceed 5.6 mEq/L despite precautions, alternative antihypertensives should be considered. Literature indicates a baseline creatinine level ≥ 1.6 mg/dL serves as the most relevant factor for predicting hyperkalemia.

In general, an increase in serum creatinine should be expected when ACEIs/ARBs are started; although the initial laboratory values may seem worse, the kidneys are actually being protected. Start with low doses, and make sure to monitor blood pressure, serum creatinine and potassium levels more frequently.

References:

Thank you for your service to others!

Thank you, to all employees and their families who volunteer throughout the year to serve our neighbors outside of work time. Through your service and caring, you exemplify The Christiana Care Way. Here are a few examples of staff and families who volunteered to help others in our community during Christiana Care’s Hands of Service initiative in January, led by the Multicultural Heritage Committee.