

FOCUS

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Focusing on the people and initiatives that distinguish Christiana Care Health System

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CHAIN OF LIFE

Amazing chain of 35 paired kidney donor exchanges saves a Delawarean's life.

DuPont gift serves as cornerstone for Wilmington Hospital Gateway Building



Christiana Care President and CEO Janice E. Nevin, M.D., MPH, and DuPont Chair and CEO Ellen Kullman cut the ribbon on the Wilmington Hospital Gateway Building. They are joined by Sylvia Banks, Government Affairs Program manager, DuPont; Gary Pfeiffer, Christiana Care board chair, and Edmondo J. Robinson, M.D., MBA, FACP, senior vice president and executive director, Christiana Care - Wilmington, and assistant chief medical officer.

DuPont's cornerstone gift in 2011 to the historic transformation of Christiana Care Health System's Wilmington Hospital has culminated in the renovation and reorganization of the Gateway Building, with six floors of outpatient health and wellness services.

On June 4 Christiana Care Health System recognized DuPont's extraordinary commitment to healthy citizens and communities in Delaware at a special ceremony in the Wilmington Hospital atrium.

"DuPont's exceptional gift served as a cornerstone of our Wilmington Hospital transformation," said Christiana Care's President and CEO Janice E. Nevin, M.D., MPH. "DuPont's generous support of

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CONTINUED

“The investment in our Wilmington campus enables us to offer leading-edge preventive and wellness services, ensuring that Delawareans receive the highest level of care and comfort.”

JANICE E. NEVIN, M.D., MPH, PRESIDENT AND CEO, CHRISTIANA CARE



The First State School steel drum band performs at the ribbon-cutting ceremony recognizing DuPont's cornerstone gift to Christiana Care's Wilmington Hospital.

this important project exemplifies its dedication to Delaware's economic, cultural and civic life, and the health and well-being of our community. The investment in our Wilmington campus enables us to offer leading-edge preventive and wellness services, ensuring that Delawareans receive the highest level of care and comfort.”

DuPont is a long-time supporter of Christiana Care, with gifts for the expansion of Christiana Hospital in Stanton and the establishment of the Helen F. Graham Cancer Center & Research Institute.

“With our mutual dedication to the well-being of our community, DuPont and Christiana Care are partners in making Delaware a better, healthier place to live,” said DuPont Chair and CEO Ellen Kullman. “We recognize the tremendous role Wilmington Hospital has played in the community for more than 120 years

and we are excited to be part of this historic transformation.”

DuPont's commitment to the Wilmington Hospital transformation advanced the outpatient health care services in Wilmington Hospital's Gateway Building. With both primary and specialty care services, the Gateway Building is open with some renovations to be completed this year. Health care providers focus on patient- and family-centered care. The proximity between primary care and specialty care creates a collaborative environment that benefits communication, wellness initiatives and treatment.

“Our Gateway Building is just that – a gateway to health and wellness services to people of all ages and diverse medical needs,” said Edmondo J. Robinson, M.D., MBA, FACP, senior vice president and executive director of Christiana Care Health System – Wilmington and Associate Chief Medical Officer.

Now open in the Gateway Building are:

- Specialty care services including neurology, psychiatry, rheumatology and women's health.
- An infusion center for chemotherapy and other treatments for chronic illnesses.
- The First State School, a pioneering educational model, giving children and adolescents who would otherwise be homebound with serious illnesses the opportunity to attend school with their peers while receiving the medical treatment they need.

When renovations are complete this year, the Gateway Building also will include:

- Specialty care in cardiology, endocrinology, pulmonary health and weight management.

The Gateway Building is the keystone of the Wilmington Hospital transformation, which has created:

- An expanded Emergency Department that has doubled in size.
- The Rocco A. Abessinio Family Wilmington Health Center.
- A new surgical suite, including 13 operating rooms and four procedure rooms.
- A new intensive-care unit.
- An expanded, 30-bed unit for the Center for Advanced Joint Replacement.
- More private patient rooms.
- A new main lobby entry repositioned on Jefferson Street, with an enclosed garage named for the Wilmington Campus Executive Campaign Committee co-chairs Gary and Lear Pfeiffer.

Gary Pfeiffer, who chairs the Christiana Care Board of Directors, called the Wilmington Hospital Campus “Christiana Care Health System's anchor since 1888... The transformation defines our commitment to serve our community and to ensure that our neighbors can access and receive the highest level of care and comfort for decades to come.” ●

Following The Christiana Care Way goes beyond job descriptions

By Denise B. Barbee, MJ, BSN, RN, Director of Patient and Family Relations



When I transitioned from my job as a nurse in the Intensive Care Unit to my work in Patient and Family Relations, someone asked me if I would miss caring for patients. I replied: "I'll still be caring for patients, just in a different way."

Being respectful, expert, caring partners in our neighbor's health is at the heart of everything we do at

Christiana Care Health System, from the nurses at the bedside, to the food service workers who deliver meals, to the IT staff that helps us to communicate more effectively.

Feedback from patients and their families is a rich resource. We can learn from our neighbors and do better, providing care in ways that patients value.

When an issue arises, patients or outpatients are able to file a grievance, a formal complaint that we take very seriously. Last year, the team in Patient and Family Relations documented more than 5,000 complaints from patients and their loved ones.

That doesn't include folks with simple requests – such as those who who need a notary, have a question about managing the finances of an elderly patient or stop by the office to pick up a Five Wishes booklet that allows them to fill out their health care wishes, much like a living will.

It is our duty to listen to the patient's concern and take that concern to the leadership of the department, who reviews the patient's care and responds to us so that we may provide the feedback to the patient. We are all accountable. We are truly partners.

There are times when someone comes into our office feeling angry. That is when our **HEAT** process truly helps to cool down the situation when we fail to meet or exceed patient expectations. HEAT stands for:

- Hear the problem with openness and understanding.
- Empathize by restating the issue.
- Apologize for the experience.
- Take charge to provide a solution.

We are saying I hear you. I acknowledge you. I value your opinion. I am sorry for your experience. Despite what has happened, I hope you will trust us. I am here to help.

Often, we also get compliments from patients. In addition to patients who want to acknowledge the exceptional care they

receive from doctors and nurses, we hear frequent praise for the dietary and housekeeping staff, who come into patients' rooms with a smile and a pleasant greeting.

Recently, we were contacted by a patient who was treated in the Emergency Department. She had sewn a beautiful pillow and handwritten a lovely note to thank the person in housekeeping she remembered for her thoughtfulness and kindness. She did not know her name, so she wrote down the time and date she was in the ED so we could track down the employee and acknowledge her.

That is truly care that our neighbors value.

Currently, there are six patient relations representatives, including a team member in each ED. Our coordinator helps us to triage calls. We also round on the floor and visit patients. We thank them for the privilege of caring for them.

Each representative focuses on one or two of our nine service lines. One representative concentrates solely on billing and outpatient services.

Being an advocate is being the voice for the patient. In an era of sweeping health care reform, more patients and families are discovering that they have a voice. This marries beautifully with our commitment to provide Patient and Family Centered Care.

We think that is great! Patients are more on top of what is going on in healthcare now. They want to be more savvy about their care and their health care dollars.

Patients have a lot of questions. What is the difference between a wellness visit and a physical? Or we might explain the definition of inpatient status versus observation status, which is under a different payment plan.

Creating innovative, effective, affordable systems of care that our neighbors value is a beautiful part of The Christiana Care Way.

During flu season, when there was an extremely high volume of patients, we huddled with nurse managers and other leadership to learn how we could help in the ED. We brought blankets, meals and coffee to patients. We assisted in answering their questions about wait times. This initiative supported our fellow colleagues and the community in which we serve.

Every single day, there is something different in Patient and Family Relations. As advocates for patients, we have the privilege to listen and learn. ●

Excellence in Nursing Awards highlight National Nurses Week

The Excellence in Nursing Awards, organized by Christiana Care’s Professional Nurse Council, drew standing-room-only attendance to celebrate exceptional nurses as part of National Nurses Week. The ceremony, at the John H. Ammon Medical Education Center on May 7, also acknowledged nurses newly promoted to RN III and RN IV, marking professional advancement on Nursing’s clinical ladder.

The celebration included recognition of the first DAISY Award-winning nurses, nominated by patients and colleagues for being expert, caring partners in health as part of the national DAISY program introduced at Christiana Care in September 2014. Allison Steuber, MSN, RN, CEN, chair of the Professional

Nurse Council, shared comments from former patient Kathleen Capozzoli, who nominated a DAISY Award winner and lauded inaugural winner Josie Robinson for supporting her “through the most difficult time of my life.” Said Steuber: “This is why we are all here. This is what inspires us as nurses.” ●

➔ *To view the complete list of winners, visit <http://news.christianacare.org>.*



Above: Dot Fowler with Patricia Briggs, RN IV, winner of the award given in Fowler’s name. Left: Jennifer Painter, MSN, RN, OCN, AOCNS, staff education specialist; Janet Cunningham, MHA, RN, NEA-BC, CENP, associate chief nursing officer and vice president of Professional Excellence; Angela Patchell, MSN, RN-BC, CPAN, staff education specialist; Allison Steuber, MSN, RN III, CEN, chair of the Professional Nurse Council; Diane Talarek, MA, RN, NE-BC, chief nursing officer and senior vice president of Patient Care Services; and Judy Townsley, MSN, RN, CPAN, vice president of Perioperative Services and professional adviser for the Professional Nurse Council.



At the Excellence in Nursing Awards, nurses at Wilmington Hospital were among those recognized for providing respectful, expert care in partnership with patients and families.

Hospital Survey on Patient Safety Culture launched June 24

Christiana Care will administer the Hospital Survey on Patient Safety Culture June 24 through July 20 to assess progress in improving our safety culture.

Improving the safety culture within health care is an essential component of preventing and reducing errors or patient harm and is integral to advancing The Christiana Care Way. The Hospital Survey on Patient Safety Culture contains 42 questions and 12 composites at the unit/departmental and organizational levels. The composites include teamwork within units; supervisor/manager expectations and actions promoting patient safety; organizational learning/continuous improvement; management support for patient safety; overall perceptions of patient safety; feedback and communication about error; staffing; and frequency of events reported.

Previous survey results

Overall results from a 2013 survey demonstrate that Christiana Care is at or above the teaching hospital mean (386 hospitals) for the overall safety grade, with 75 percent of staff rating Christiana Care as excellent or very good. Improvement has also been demonstrated in eight of the 12 composites, or 66 percent.

Areas of strength

Areas of strength include teamwork across units; overall perceptions of patient safety; organizational learning/continuous improvement; and management support for patient safety.

The overall perception of patient safety is evident with the achievement of a 60 percent reduction in preventable patient harm since 2010, a 35 percent reduction in hospital-acquired infections and the creation of the Zero Harm Award to recognize departments or units that achieve zero harm for 12 consecutive months.

Participation in the CANDOR project, a national AHRQ research project to promote optimal communication and early resolution for patients who have been harmed from an adverse event, also demonstrates palpable management support for patient safety. Progress has also been made in teamwork, handoffs and transitions as a result of implementation of Team STEPPS and strategies aimed at enhancing communication during transitions of care.

Areas for improvement

Areas for improvement include:

- Responding to error in non-punitive ways. Staff should feel positive and encouraged to report mistakes.
- Supervisor and manager expectations and actions promoting patient safety.
- Non-punitive response to error remains an opportunity and has been the impetus of our adoption of Culture of Responsibility efforts beginning in 2010. Creating an ingrained safety culture within health care — one in which every member of the team aligns in the common pursuit to uncover and eliminate even the slightest potential for harm — is essential to preventing errors and in delivering a safer, more effective care experience.

In this cultural transformation, frontline employees, physicians and leaders are adopting just-culture principles that emphasize an individual and collective responsibility to identify safety risks in our environment and to learn continuously from mistakes.

More than 800 leaders and physician leaders have been trained in the Culture of Responsibility principles, and training of our frontline staff is completed. Staff will

be learning to recognize at-risk behaviors and behavioral “drift” in themselves, peers, colleagues and their work environment and how to approach someone in a respectful manner when they recognize behaviors that could cause harm or risk.

We know that early adopters of Culture of Responsibility principles have significantly higher results than Christiana Care overall scores. These results represent an early indication of our advancement toward high reliability in terms of proactively designing safe systems to prevent errors that lead to patient harm. There also is statistically significant improvement in staff’s perception regarding feedback about changes put into place as a result of Safety First Learning Reports.

Efforts to transform our safety culture

Key areas of focus and strategy include:

- **Best practices around transparency:** strategies include good-catch recognition, sharing reported adverse events and the lessons learned including system improvements, through No Harm Intended; Lessons Learned in Patient Safety.
- **Engagement of middle management:** embedding Culture of Responsibility into our leadership behaviors and safety curriculum, performing purposeful patient rounds and coordinating interdisciplinary post-event debriefs at the point of care.
- **Providing feedback and accountability:** timely event follow-up and learning through our Culture of Responsibility, technology-enhanced event followup, Safe Practice Behavior Monitoring feedback, and Hand Hygiene Campaign. ●

Please take the time to complete the Culture of Safety Survey so we can focus our patient safety efforts.



Christine Ryan shared son Finn's latest milestones with John Stefano, M.D., director of Neonatology.

Families celebrate happy, healthy children at NICU reunion

Happiness, gratitude and the sound of children's laughter overflowed from the main hall of the John H. Ammon Medical Education Center during the annual Neonatal Intensive Care Unit (NICU) reunion, May 16.

The afternoon was a chance for hundreds of families to reconnect with staff from the NICU who helped parents and their babies while they received specialized care after birth. The reunion was also a celebration of the health of children who relied on Christiana Care's NICU, the only Level III NICU at a high-risk delivering hospital in Delaware.

Sam and Julia Forester of Wilmington attended with Annabelle, who is 2½, and Ava Rose, who was born in 2014 and spent almost seven weeks in the NICU.

Ava Rose weighed 2 pounds, 15 ounces when she was born, and her family lived through some anxious times.

The Foresters were excited to see Jacquie Eubanks, RN, one of their favorite NICU nurses. Eubanks has organized the NICU reunion for 15 years. She estimated that nearly 300 people came together this year for the celebration.

"The NICU staff was a cut above any medical care we ever had," said Sam Forester, amid laughter as children chased each other through the auditorium or blew bubbles. "The staff takes the extra time to rock your child and do everything that matters. They felt like family."

Eubanks said she loves organizing the reunion because it's a happy and

memorable time for parents, children and the NICU staff. Doctors and nurses enjoy reconnecting with families after they've shared an emotional experience, she said.

"This is where we get to see that everything we do for families and their babies is so worth it," Eubanks said. "It feels rewarding when mothers say hello with their children and we get a glimpse of what our care has meant. This is a special day for us."

Refreshments and treats, like popcorn and clown-shaped sweets, reflected the event's festive theme. Gymboree Play & Music of Wilmington set up colorful blocks, a balance beam and other fun activities for children under 5. Families smiled for the camera, wearing funny hats and masks, creating instant

memories in JoAnne Hewlett’s Make A Memory Photo Booth. And there were educators with Parents as Teachers, an early school-readiness program, and the March of Dimes, which co-sponsors the NICU reunion.

Pete Rudloff of Bear came to the reunion with his daughter Ciara, born in 2007 at 25 weeks gestation. At birth, she weighed less than two pounds. She spent 90 days in the NICU.

“When we were here I was a strong advocate for my daughter,” Rudloff said. “The staff respected my interest and later asked me back to talk with dads. I’ve been happy to do it because I know dads can sometimes feel left out.”

He likes coming to the NICU reunions with his family and is grateful for how well his daughter is doing today. “She is 100 percent perfect,” he said. “She dealt with a lot of things in the hospital but once she got home she grew to be the healthiest kid in school.”

Appreciative parents also sought out David A. Paul, M.D., chair of the Department of Pediatrics, and John Stefano, M.D., director of Neonatology, to show how their children are growing.



Kevin Carrington and his daughter Kennedy at the NICU reunion.

“It takes a village to take care of our babies in the NICU,” said Dr. Stefano, who pointed out that there are close to 1,200 NICU admissions a year. “Our goal is always to work as a team and pull together in support of our families who are so important in the care of our babies. In that regard, we dedicate ourselves to making sure that everything at Christiana Care is family-centered.”

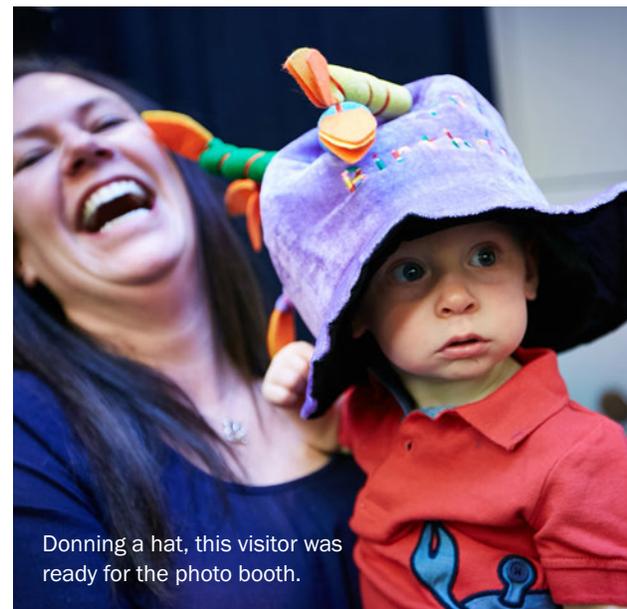
That includes 72 new “babycams,” technology that allows mothers and fathers to view their babies in the NICU 24 hours a day through a laptop, smartphone or other device.

“Mothers and fathers can’t be there 24/7 but they can see their babies at any time thanks to the cameras,” said Anne Costello, BSN, RNC-NIC. “That’s made a big difference in parents feeling connected to their babies. They just love it.”

The NICU staff say the upbeat reunion brings enormous pleasure shared by both parents and staff. “When we see how much this means to families it inspires us to do all that we do,” said Bonnie Chavez, BSN, RNC, assistant nurse manager. ●



NICU nurses catch up with the Judge family and their triplets, who joined the fun at the NICU reunion.



Donning a hat, this visitor was ready for the photo booth.



A ribbon-cutting ceremony and tour marked the official opening of the Continuing Care Nursery at Christiana Hospital. At center from left, David Paul, M.D., chair of Pediatrics; Junior Board President Nancy Rich; Laura Lawler, M.D., chief of Pediatric Hospitalists at Christiana Hospital; and Chief Medical Officer Ken Silverstein, M.D., join staff and volunteers.

Continuing Care Nursery will care for infants with complex needs

New facility answers growing need to provide expert care for babies exposed to narcotics during pregnancy

Christiana Care Health System has opened a specialized nursery for some of its most delicate newborns. The Continuing Care Nursery at Christiana Hospital is dedicated to babies with neonatal abstinence syndrome, and was made possible through a \$500,000 gift from the Junior Board of Christiana Care.

Neonatal abstinence syndrome (NAS) occurs when babies are exposed to narcotics during pregnancy. After birth, these babies can show withdrawal symptoms, including irritability, disturbed sleep patterns, difficulty feeding, gastrointestinal upsets, tremors, seizures and poor weight gain. They are often hard to calm and need special care, including gentle rocking and swaddling, and reduced noise and light.

Previously, newborns with NAS were cared for in the Pediatric Unit or the Neonatal Intensive Care Unit, said Laura Lawler, M.D., chief of Pediatric Hospitalists at Christiana Hospital. "Babies with neonatal abstinence syndrome need a quiet environment where they can be comforted and nourished, and where they can grow developmentally," she said. "Our new Continuing Care Nursery is that special place."

A ribbon-cutting ceremony and tour marked the official opening of the Continuing Care Nursery on May 12. Chief Medical Officer Ken Silverstein, M.D., MBA, thanked the Junior Board, with leadership from Past President Diane Thomas and current President Nancy Rich, for "a gift that makes a measurable difference in the lives of our patients, families and community."

Rich said the need "touched our hearts... we are honored to have played a part in the creation of this nursery and we admire and respect the members of Christiana Care's staff who make this program the success that it is."

The gift has enabled the complete renovation of seven rooms that were previously a part of the Pediatric Intensive Care Unit. The newly dedicated rooms are designed as single-family units and, if needed, the nursery can accommodate up to nine babies at a time.

"We encourage parents to stay with their babies in the nursery as much as possible," said Dr. Lawler. "They are asked to assist the nurses in feeding and providing the baby's care, and we show them how to provide comfort when the baby is showing signs of withdrawal."

“

Our new Continuing Care Nursery allows us to deliver the high-quality, patient-centered care that Christiana Care is known for, in an environment perfectly suited for these vulnerable patients.

”

DAVID PAUL, M.D.
CHAIR OF PEDIATRICS, CHRISTIANA CARE

Babies are continuously monitored during their stay, which is about three weeks on average. Approximately eight percent of babies with NAS first require a stay in Christiana Hospital's Neonatal Intensive Care Unit, the only Level III NICU at a delivering hospital in Delaware that offers the highest level of non-surgical care to the most critically ill newborns.

While the Continuing Care Nursery is primarily for babies with NAS, it is also open to other newborns such as babies released from the NICU but who aren't quite ready to go home yet and babies with newborn jaundice.

“Our new Continuing Care Nursery allows us to deliver the high quality, patient-centered care that Christiana Care is known for, in an environment perfectly suited for these vulnerable patients,” said David Paul, M.D., chair of Pediatrics. “In addition to offering the calm and quiet the babies need, we now

have a centralized location where we can more effectively coordinate our team approach to evidence-based care.”

Christiana Care Health System has more than 30 years of experience caring for babies with NAS and the need is increasing. In 2000, 19 babies received such care at Christiana Hospital. In 2014, that number rose to more than 150.

In the community, Christiana Care nurses, nurse practitioners and social workers partner with local organizations to educate women about neonatal abstinence syndrome. Their aim is to help improve care before and during pregnancy, and after birth.

Once babies with NAS are discharged from the Continuing Care Nursery, the Christiana Care team works closely with health and social services programs throughout the state to ensure that the babies continue to receive the care they

need to develop appropriately, and to make certain that the family and baby are doing well at home.

“Hospitalization is just one element in the continuum of care we provide for babies with NAS but it's certainly a very critical element,” said Dr. Lawler. “With the new Continuing Care Nursery, we're able to deliver even better care than we could before, and can offer families a more valuable experience. We and our patients are so grateful to the Junior Board of Christiana Care for making all of this possible.”●

The Continuing Care Nursery project touched the hearts of Christiana Care's Junior Board members, who provided support. Marking the opening of the nursery are Georgianna Riley, president-elect; Nancy Rich, president; Nancy Collins, maternity committee; BJ DiDonato, assistant treasurer and nursery cuddler; and Lee Mullett, maternity committee co-chair.





Lauren Cahill, RN, BC, engages a video interpreter to help her communicate with one of her patients.

Video remote interpretation assists patient care

“

Video remote interpreting helps us to provide culturally competent care. I see how the patients relax the instant they see the interpreter's face.

”

LAUREN CAHILL, RN, BC

As an anesthesiologist, Patricia Moore, M.D., is often asked to give an epidural to ease the pain of a woman in labor.

That requires talking to the patient and her loved ones and positioning her body so that a catheter can be administered in her epidural space.

For patients who don't speak or understand English, that task was much more difficult to accomplish because the patient was often communicating with an interpreter via telephone.

“Her family and I often couldn't hear the translator on speaker phone,” Dr. Moore said. “And it's difficult to position a patient for an epidural when she is on the phone.”

Now, a video remote interpreting (VRI) system is making communication more effective and accessible. In VRI, the patient and a qualified interpreter talk with one another via iPad.

“The patient can see the interpreter, and the interpreter can see the patient,” said Jacqueline Ortiz, MPhil, director of Cultural Competence and Language Services. “It's the second-best thing to an in-person interpreter.”

Implemented through the Learning Institute's Center for Diversity & Inclusion, Cultural Competence and Equity, the VRI pilot program was launched March 3 in three areas, each with a specific need:

- The Breast Center at the Helen F. Graham Cancer Center & Research Institute provides care to women from many different ethnic groups through their targeted outreach efforts. VRI provides efficient solutions that are also cost-effective.
- In the Periop and Post-Anesthesia Care Unit (PACU) at Wilmington Hospital, surgeries typically begin early in the morning, before staff interpreters start

work. Most interactions are short, discrete encounters with lag time in between, an inefficient scenario for in-person interpreters.

- In Triage and Labor and Delivery, remote technology helps to ensure 24/7 availability of interpreter services. “Babies come when they want to and it’s difficult to predict,” Ortiz said.

Dr. Moore says VRI is a win-win, benefitting patients and providers.

“I have a very short period of time in order to establish a relationship with my patients and give them a sense of confidence,” she said. “With VRI, everyone can see the interpreter, everyone hears the same message.”

The system is light and portable, essentially an iPad mounted on a pole.

It works a bit like Skype in that both speakers can see one another.

VRI also offers the capability to provide interpreting in more languages. Currently, Christiana Care’s language services staff of 15 provides interpreting in American Sign Language, Spanish and Mandarin; 18 other languages are offered through the Language Interpreters Network Christiana Care (LINCC), in which bilingual employees pass a rigorous qualification process.

“The Christiana Care Way is to treat patients as respectful, expert, caring partners in their health,” Ortiz said. “We can’t do that if we cannot understand each other accurately and completely.”

Lauren Cahill, RN, BC, often schedules staff interpreters in her work as a periop nurse. VRI adds an extra layer of flexibility.

“Everyone who communicates with the patient has access to interpretation with the click of a button,” she said. “There’s no worry about interpretation if cases are added at the last minute.”

The pilot runs through July and will be evaluated through surveys. Ortiz notes that VRI has the potential for widespread use, such as allowing visiting nurses to bring portable, word-for-word interpretation services to patients’ homes.

“It helps us to provide culturally competent care,” Cahill said. “I see how the patients relax the instant they see the interpreter’s face.” ●

Golf & Tennis Classic supports Center for Translational Cancer Research

The 24th annual Christiana Care Golf & Tennis Classic presented by Cerner on May 21 at the DuPont Country Club drew more than 150 golfers and helped raise more than \$136,000 for the Center for Translational Cancer Research at the Helen F. Graham Cancer Center & Research Institute.

The Center for Translational Cancer Research at the Graham Cancer Center moves research from the laboratory bench to the patient’s bedside by applying basic science toward potential therapies. It’s where scientists study the molecular causes of cancer, tissue engineering and gene editing, all targeted to better treatment for patients. Groundbreaking findings and current studies at the center are helping to prevent, better detect and stop the growth of many cancers — and as a result reducing cancer incidence and mortality rates in Delaware.



The Cerner Golf Classic team, including Bob Hamer, Mark Santichen, Brett Vickroy and Bart Vickroy, presented a check to Nicholas J. Petrelli, M.D., Bank of America endowed medical director of the Helen F. Graham Cancer Center & Research Institute, and Gary Ferguson, Christiana Care executive vice president and chief operating officer.

Studies signal hope for patients with metastatic bone and lung cancer

Recognized nationally as a leader in U.S. clinical trial enrollment, Christiana Care was a top recruiter in both studies presented at the 2015 ASCO Annual Meeting, May 29 – June 2, in Chicago



“These findings support a potential practice change in our approach to treating bone metastases.”

ANDREW L. HIMELSTEIN, M.D.

A widely used treatment called zoledronic acid (ZA) — approved by the FDA to reduce and delay bone complications caused by cancer that has spread to the bone — may now be given at intervals three times longer than the current standard with similar benefit, according to new results presented by Andrew L. Himmelstein, M.D., a medical oncologist at Christiana Care’s Helen F. Graham Cancer Center & Research Institute, during the 2015 Annual Meeting of the American Society of Clinical Oncology.

“These findings support a potential practice change in our approach to treating bone metastases,” said Dr. Himmelstein. “Lengthening the time period between doses will greatly improve the quality of life for our patients, including many who are highly symptomatic and find it a significant burden to make the monthly trips for treatment.” Fewer treatments and fewer office visits translate into lower costs and added value for patients.

Dr. Himmelstein, along with co-investigators at seven institutions, tested 1,822 patients with bone metastasis from multiple myeloma or solid tumors, including breast and prostate cancer. Patients were randomized to receive either the standard course of therapy — intravenous ZA monthly for two years — or ZA administered at a longer interval, every three months for two years. Study results indicate that the longer dosing interval was comparable to standard dosing in relieving bone pain and preventing the incidence of skeletal-related events, defined as radiation therapy to bone, fractures, spinal cord compression, loss of function, or surgery to bone.

“There is some evidence that ZA persists in the body much longer than the three or four weeks between standard treatments,” said Dr. Himmelstein. “Bone turnover markers were still lowered by ZA given every 12 weeks, indicating a persistent effect of ZA in the bone. That these levels are suppressed provides further evidence that ZA every 12 weeks is effective.”

Zoledronic acid is also approved for the treatment of high calcium levels caused by cancer and, in a slightly higher dose, as a once-a-year treatment for osteoporosis. These formulations of ZA were not part of this National Cancer Institute sponsored study, CALGB 7064, initiated by the Alliance for Clinical Trials in Oncology.

Promising new treatment for metastatic lung cancer

Christiana Care medical oncologist Michael J. Guarino, M.D., reported on mid-stage clinical trial results of an investigational targeted therapy, sacituzumab govitecan, that showed promising anti-tumor activity in patients with metastatic lung cancer.

Lung cancer is the second most commonly diagnosed cancer in the U.S. and the deadliest, killing more people than breast, colon and prostate cancers combined. The two types of lung cancer are small cell (SCLC) and non-small cell (NSCLC), which is the most common.

Lung cancer is the second most commonly diagnosed cancer in the U.S. and the deadliest, killing more people than breast, colon and prostate cancers combined.

Sacituzumab govitecan is a leading antibody drug conjugate, developed by Immunomedics Inc., that combines a chemotherapy drug (SN-38) with a humanized antibody designed in the lab to target the Trop-2 receptor expressed by many solid cancers. SN-38 is the active metabolite of irinotecan (Camptosar) used to treat solid tumors,

particularly metastatic colorectal cancer. This knock-out combination is capable of delivering 136 times more SN-38 than its parental drug directly to the tumor and thus minimizing harm to surrounding healthy tissue.

Patients with advanced stages of NSCLC are commonly treated with chemotherapy, targeted drugs or some combination of the two. For SCLC, which is the more aggressive lung cancer, treatment is limited to chemotherapy with or without radiation therapy. Five-year survival rates for both types of lung cancer are very low (2.7 to 3.7 percent).

In a multicenter study of 47 patients with metastatic lung cancer (25 NSCLC, 22 SCLC), treatment with sacituzumab govitecan produced tumor shrinkage of 30 percent or more in patients with NSCLC (32 percent) and SCLC (30 percent). For the 25 patients who responded to the study drug, all 11 SCLC patients and 12 of 14 NSCLC patients, or 86 percent, had a time-to-disease progression that was longer than their last therapy. These patients had previously failed a median of 2.5 (range 1-7) and 3 (range 1-8) cancer treatments, respectively. The study also showed that these heavily pre-treated lung cancer patients safely tolerated the drug.

“This is an interesting and unique delivery system of an effective third- or fourth-line cancer treatment with relatively low toxicity for lung cancer, a disease that is very difficult to treat,” Dr. Guarino explained. “The duration of response to this drug, offers a glimmer of hope for patients that they can feel better and live longer, even after trying other conventional therapies unsuccessfully. The study also holds promise that further testing of this drug could reveal additional benefit to patients.”

Following the Phase 2 trial, Immunomedics Inc. announced that the FDA has fast-tracked development and review of sacituzumab govitecan for the treatment of NSCLC in patients who have failed two prior lines of therapy. The drug is already fast-tracked to treat SCLC and triple-negative breast cancer.

Medical Oncologist Gregory A. Masters, M.D., at the Helen F. Graham Cancer Center & Research Institute, also participated as a co-investigator in the study.

In 2014, the National Cancer Institute selected the Helen F. Graham Center & Research Institute to join its Community Oncology Research Program (NCORP), an elite network of cancer-fighting centers in communities throughout the United States. Enrollment in clinical trials at the Graham Cancer Center is well above the national average. Twenty-four percent of cancer patients enter a research clinical trial, compared with a national average of only 4 percent.

Community cancer programs like the Graham Cancer Center offer the potential of larger, more diverse patient enrollment that makes it more feasible to test new inventions and strengthens the ability to generalize study findings to an even broader population of cancer patients. Also, when community cancer specialists participate in these studies, more effective, evidence-based strategies become part of routine cancer care. ●



“The duration of response to this drug offers a glimmer of hope for patients that they can feel better and live longer, even after trying other conventional therapies unsuccessfully.”

MICHAEL J. GUARINO, M.D.

Advantages of simulation training include using real equipment with no potential patient harm



“Advancement in medical technology has transformed medical education so that some teaching is best done in a safe and well-structured environment separate from patient care. Simulation can provide that environment where there is no risk for patient harm.”

SUSAN COFFEY ZERN, M.D., CHSE, DIRECTOR OF SIMULATION, CHRISTIANA CARE

Imagine being a hospital patient in an ICU, requiring mechanical ventilation, to help you breathe. Now, imagine being a resident physician at the bedside, trying to learn how mechanical ventilators function. The technology and patient interface can be daunting.

“Advancement in medical technology has transformed medical education so that some teaching is best done in a safe and well-structured environment separate from patient care,” said Susan Coffey Zern, M.D., CHSE, director of Simulation for Christiana Care. “Simulation can provide an environment where there is no risk for patient harm. The patient bedside setting can be too limiting to enable teaching excellence.”

Christiana Care’s Internal Medicine, Family Medicine and Emergency Medicine residency training programs recently participated in a hands-on mechanical ventilator training session, arranged by the simulation training center team and the Christiana Care Health System School of Respiratory Care. The session gave the residents an understanding of the current modes of operation, goals, hazards and outcome assessment.



Top left: John Emberger, RRT, ACCS, FAARC, respiratory therapist and critical care coordinator for the Respiratory Care Department, Christiana Hospital, discusses synchronization of mechanical ventilators and patients in the Intensive Care Unit with residents.

Left: Tom Blackson, RRT, director of Clinical Education for the Christiana Care Del Tech Wilmington Campus School of Respiratory Care, and Joe Ciarlo, RRT-NPS, respiratory therapist and program director, Christiana Care Del Tech Wilmington Campus School of Respiratory Care, direct a group of resident physicians moving from station to station at the simulation center.



Kathleen Bonis, RRT-NPS, respiratory therapist and clinical manager of Respiratory Care, Christiana Hospital, explains the differences between the pressure support ventilation mode of mechanical ventilation and the bilevel positive airway pressure mode for non-invasive mechanical ventilation.

A mechanical ventilator is basically similar to “a highly controlled bellows that can provide not just total life support, but also different levels of ventilatory support to meet any patient’s respiratory requirements,” said Joe Ciarlo, RCP, RRT-NPS, program coordinator for the School of Respiratory Care.

Christiana Care’s simulation center is often known for its high-tech mannequins that exhibit many of the same physiologic features as a living person, and thus react to interventions appropriately. But the technology that interfaces with the patient is an important part of the learning process.

“Using simulation, you can try different ventilator settings that could potentially harm patients without actually harming them. You can ask questions that you would never ask in front of a patient,” Dr. Coffey Zern said. “There are many examples of how advantageous simulation training can be compared to traditional medical teaching, and how our team can collaborate with all kinds of health care providers.” ●



Above: Residents experience what mechanical ventilation therapy feels like.

Right: Residents walk along the hallways of the VEST Center while breathing through different sized endotracheal tubes to experience what a patient feels when they must breathe through one when receiving mechanical ventilation in the ICU.



Panel discussion helps parents, teachers understand the teenage mind

“Making Sense of Adolescence,” a program produced by a partnership among the Brandywine School District, Christiana Care Health System, Nemours and the University of Delaware, recently presented a talk about mental and emotional development in teens, for parents, educators and community members at Brandywine High School.

Although generally a time of physical well-being, teens and young adults face unique health risks and social pressures.

Two featured speakers at the event were Mary Stephens, M.D., MPH, medical director of Christiana Care’s school-based health centers, and University of Delaware School of Nursing nurse educator and author Judith Herrman, Ph.D., RN, ANEF, FAAN.

Dr. Stephens spoke about the unique challenges facing teens and the evidence-based research findings that can guide both health care providers and parents.

“Teens face so many health risks — pregnancy, alcohol and tobacco use, drug use, obesity and depression,” she said. “Medical providers can help adolescents stay physically healthy through regular check-ups and screenings, but just as important, teens should be evaluated for emotional problems such as depression.

“There are effective interventions that can give them help. Since teens sometimes find it difficult to talk to their parents about sensitive issues, medical providers should make them feel safe to

“Medical providers can help adolescents stay physically healthy through regular check-ups and screenings, but just as important, teens should be evaluated for emotional problems such as depression.”

MARY STEPHENS, M.D., MPH
MEDICAL DIRECTOR OF CHRISTIANA CARE’S SCHOOL-BASED HEALTH CENTERS



Kristen Isaac, BS, MPH (cand.), research assistant at Christiana Care, Meghan Walls, Psy.D, pediatric psychologist at Nemours/A.I. duPont Hospital for Children, Judith Herrman, Ph.D., of the University of Delaware, Mary Stephens, M.D., MPH of Christiana Care and Mary Kate Mouser, Executive Director of Nemours Health and Prevention Services.

discuss those subjects and protect their privacy as they work together.”

Dr. Herrman discussed the latest research that shows how the development of a teenager’s brain helps to explain their emotions and decision making.

“We once thought that a person’s brain stopped growing at an early age, but we’ve learned that a teenager’s mind is constantly growing, removing clutter, strengthening neural pathways and striving to work more efficiently,” Dr. Herrman said. “Because all this is going on, teens are often slower to make decisions and can find it hard to understand risk and the consequences of their actions. On the positive side,

parents should take advantage of this period of growth by exposing their teens to as many varied, positive experiences as possible to develop their talents and self-esteem.”

The event was sponsored by the Community Engagement and Outreach component of ACCEL (Accelerating Clinical and Translational Research), a National Institutes of Health multi-site grant program that funds efforts to move extensive, groundbreaking research into practical clinical applications in the community. ACCEL partners include Christiana Care, the University of Delaware, Nemours and the Medical University of South Carolina, joining in collaboration with communities to show how “research that matters” can improve health outcomes for families.

About 200 people — neighbors, leaders, health care providers and teachers — gathered at Brandywine High School for the forum and workshop, where representatives from 18 local organizations provided information on services they offer for teens and families.

CONTINUED P. 23

Patient Experience Academy continues with new session tailored for Christiana Care Medical Group

Christiana Care Health System and the University of Delaware convened the second session of the Patient Experience Academy, a novel partnership between Christiana Care and the University's Lerner College of Business and Economics.

The program applies the hospitality industry's best customer service practices within the hospital setting, all in the name of providing patients, their families and visitors with the best, most comfortable experience possible, starting from the moment they first walk through the doors.

This summer's 10-week session will be primarily attended by staff of the Christiana Care Medical Group.

The Academy was launched in 2014 and produced 40 graduates. ●



Shawn R. Smith, MBA, Christiana Care vice president, Patient Experience.



Ali A. Poorani, Ph.D., associate professor and director of Hospitality Associates for Research & Training at the University of Delaware Alfred Lerner College of Business and Economics.

PANEL DISCUSSION CONTINUED

During the expert panel portion of "Making Sense of Adolescence," Drs. Stephens and Herman were joined by Kristen Isaac, BS, MPH (cand.), research assistant at Christiana Care, and Meghan Walls, Psy.D, pediatric psychologist at Nemours/A.I. duPont Hospital for Children. The panel responded to audience questions with advice about teen sexual activity, nutrition, sleep, prescription drug use and dealing with violence. They also

gave details on helpful community resources and how to access them.

"Providing quality health care requires strong partnerships," said Liz O'Neill, project director at Christiana Care. "Through this seminar, we reached a large group of parents and educators who wanted to understand teens better so they can improve parental and teaching relationships. The information will help them transfer the things we've learned from research into practical ways for families to have better lives."

Dawn Hower, a mother from Claymont who benefitted from the discussion, commented: "Recently, when I said no to my 16-year-old son about something he wanted, he had difficulty understanding the reasons why. Tonight I learned that since a teenager's mind is growing and changing so fast, they need more time to grasp certain kinds of situations. I'll be patient and give my son that extra time. It will be helpful for both of us." ●



Students gain insight and experience through Christiana Care and Conrad Schools of Science partnership

Twenty-six high-school science students took part in an exploratory program at Christiana Care to learn more about hospital careers that draw from science, technology, engineering, and mathematics (STEM).

The STEM mentorship experience is the brainchild of John Vorrasi, D.D.S., associate program director for Christiana Care's Oral and Maxillofacial Surgery Residency Program and section chief of the OMS clinics.

"Our goal was to reach out to students who may be considering a STEM-related career and to give them exposure to some of the hospital applications for what they are learning in school," Dr. Vorrasi said. "Everyone is excited about continuing the program next year, and it looks like twice as many students will sign up to participate."

In partnership with Red Clay Consolidated School District, the STEM exploratory was inaugurated at the Conrad Schools of Science, an allied health/biotech magnet choice school for grades six through 12 in Wilmington.

"Getting students in the door before they make decisions that greatly impact their future — choosing a school and or major — is crucial," said Superintendent Mervin B. Daugherty, Ed.D. "With Dr. Vorrasi's help, we turned conceptual ideas and understandings into concrete ones, and the students gained firsthand experience with the professions and technologies they can only read about in class," he said. "I will do whatever is necessary to make this partnership continue to grow and thrive."

The students who visited both Christiana Care campuses this year were enrolled in Conrad's biomedical sciences curriculum, adapted from Project Lead the Way's national model. Dr. Vorrasi visited the students at school to introduce the program and talk about the hospital and his specialty of oral and maxillofacial surgery. On three separate field trips, the students experienced hands-on training and learned about medical procedures in the ICU and Emergency Department at Wilmington Hospital and the Virtual Education and Simulation Training Center at Christiana Hospital. Discussion topics included trauma triage, fundamentals of CPR, infection



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The STEM mentorship experience created an avenue of opportunity that broadened awareness for the students and also solidified the importance and value of clinical applications for patient care. For many, the experience gave a life-changing focus to the fields of technology innovation within the health care arena.

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VAUGHN WRIGHT, Ed.D.

DIRECTOR, GRADUATE MEDICAL EDUCATION, CHRISTIANA CARE

High-school students from the Conrad Schools of Science visit Wilmington Hospital to participate in a STEM mentorship experience.

prevention, respiratory care, intensive-care nursing, pharmacy practices, patient nutrition and physical therapy.

“This was the most authentic field learning experience we could have wanted,” said science teacher Robert Naylor. “The best thing for my students was just getting in the door of the hospital and having the luxury to talk with such knowledgeable professionals.”

A visit to the Christiana Care simulation center ranked high on the students’ list of favorites — in particular, the chance to try out the high-tech da Vinci Robotic Surgery System. “Students are seldom given the opportunity to operate big-ticket items like that,” Naylor said. “The experience further solidified for some that their future is indeed in the biomedical sciences.”

The STEM exploratory concluded in April, when the students returned to the John H. Ammon Medical Education Center at Christiana Hospital to make presentations on their experiences. They were asked for suggestions on how to improve a particular process or practice they learned about in the hospital. Ideas percolated around ideal operating capacity and

ways to streamline patient discharges, proactive vs. reactive treatment, eCare to extend hospital resources and the cost/benefits of automatic CPR devices in the Emergency Department.

Facilitated by a Christiana Care Community Service and Education grant, the STEM exploratory is an example of how Christiana Care encourages innovative programs that benefit our community.

“Christiana Care continues to place great value in partnering with multiple community audiences, where we are able to offer rich experiences that ultimately contribute to a greater thirst for improved processes within the medical care arena,” said Vaughn Wright, Ed.D., director, Graduate Medical Education, who also facilitated the STEM exploratory. “The STEM mentorship experience created an avenue of opportunity that broadened awareness for the students and also solidified the importance and value of clinical applications for patient care. For many, the experience gave a life-changing focus to the fields of technology innovation within the health care arena.” ●

First State School congratulates five graduates

First State School held a graduation celebration to recognize a major milestone in the lives of five of its students.

Addressing the students and faculty, Christiana Care Health System trustee Stephen Mockbee told the graduates that they have a “competitive edge” over their peers in mainstream schools because of the challenges and obstacles that they have had to endure to rise above their illness in order to be successful in their academics and personal growth. Mockbee is a business leader, philanthropist, donor and recipient of the 2012 Charles J. Harrington Trustee Award.

Maria Mockbee, Stephen’s wife, provided a heartfelt story about her own son, who suffered from cancer during his high school career but rose above his illness and is now a successful physician.

The First State School gives children and adolescents who might otherwise be homebound with serious illnesses the chance to attend school with their peers while they get the medical treatment they need. Located at Wilmington Hospital, First State School offers kindergarten



First State School program director Liz Houser, BSN, RN, and Red Clay School District Superintendent Kelly Brake, flank the 2015 graduating First State School seniors Janay Laws, Darren Villanueva, Javan James, William Campbell-Crippen and Kyle Sage.

through high-school education to children with diabetes, sickle-cell anemia, severe asthma, cancer and other illnesses.

The program is the first of its kind and one of only three in operation nationwide.

It is co-sponsored by Christiana Care and the Delaware Department of Education through the Red Clay School District.

In July, the First State School will celebrate its 30th anniversary. ●



Marilee Scarpitti, RN, a senior nurse at First State School, the Hon. Jane Maroney, and First State School program director Liz Houser, BSN, RN, present the Jane Maroney award to former First State School program director Coleen O’Connor, who retired in December. The award is given to an individual who has made a significant impact in the lives of children.



Stephen Mockbee addresses First State School’s 2015 graduating class.

Six interns graduate from Project SEARCH

Hakeem Smalls is now employed in Food and Nutrition.

She found it at Project SEARCH, a nine-month job-development internship for people age 18-21 with cognitive disabilities, including Down syndrome, autism and learning differences. As part of their high school transition, interns receive classroom instruction and complete three 10-week rotations in various departments at Christiana Care Health System.

“An internship is how I could get my foot in the door,” said Congo, 18, of Wilmington. “I loved my rotation in Materiel Management so much that I hated to leave them.”

She won't have to. She applied for a job in the department and won it, based on her good work stocking and cleaning equipment.

Like lots of young adults, Briana Congo had her heart set on finding a job.

Because she has a cognitive disability, Congo was looking for an internship — hands-on experience that would give her an edge in a competitive job market.

Congo and five other interns received diplomas, encouragement and thanks at a graduation ceremony on June 8 at the John H. Ammon Educational Center in front of teachers, coaches, mentors, alumni and loved ones.

“Project SEARCH is a great example of The Christiana Care Way, serving our community through partnerships with others,” said Gary Ferguson, chief operating officer. “I am proud of our interns and how hard they have worked to learn this health system inside out.”

John Davis will soon start a job at Christiana Care as a patient escort. Other interns also are applying for jobs inside and outside the health system.

Hakeem Smalls performed so well in his rotation in Food and Nutrition that he was hired halfway through the program.

“I am very good with trays,” he said.

Pamela Ridgeway, director, Talent Acquisition Strategy, said the interns showed impressive perseverance in completing their rotations.

“You were lost, scared and nervous. But you stayed and figured out how to make things work,” she said. “You had a positive impact on everyone who walks these halls.”

Christiana Care partnered with Red Clay Consolidated School District, the Delaware Department of Education, the state Division of Vocational Rehab, Autism Delaware and Community Integrated Services. In 2014, Project SEARCH Delaware received an award at the National Project SEARCH in recognition of its performance, noting that 77 percent of the 2012–2013 class obtained employment.

Participating work sites are: Cancer Care Management; Clinical Engineering; Environmental Services; Food and Nutrition; Materiel Management; Operating Room; Prep and Holding; Patient Escort; Patient Guide; Pharmacy; and Surgical Materials Distribution. ●

Unique kidney donor program involves 35 paired exchanges



Emily Pruitt, RN, MSN, living donor coordinator; donor Susan Karlson of Fair Hill, Md.; S. John Swanson III, M.D., FACS, chief of Transplantation Surgery; and organ recipient Rosalie Corbett of Newark; are all part of a lengthy kidney paired-chain donation success story.

“

I wasn't very hopeful until I enrolled in the Living Donor Kidney Transplant Program at Christiana Care.

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ROSALIE CORBETT



When Rosalie Corbett received a new kidney on Jan. 23, she was a grateful participant in the nation's largest paired kidney exchange.

“When I began to talk about the possibility of a kidney transplant at Christiana Care I never imagined that it would involve 35 paired exchanges and unfold over a period of three months,” said Corbett, 61, of Newark.

A paired exchange occurs when a living kidney donor is not compatible with the recipient and exchanges kidneys with another donor/recipient pair, often in another state. The exchanges reduce tissue and blood-type incompatibility as a problem for living-organ donation by family and friends. The exchange that Corbett took part in matched 35 living donors with 35 recipients and involved hospitals from Boston to San Diego. It was possible because her friend Susan Karlson of Fair Hill, Md., donated a kidney on Corbett's behalf.

“I wake up every day feeling blessed,” said Corbett, who has polycystic kidney disease (PKD), a life-threatening genetic disorder that destroys kidney function and produces cysts throughout the body. PKD claimed the lives of several of her family members when they were in their 40s and 50s. In the United States there is no approved treatment or cure.

Without the paired kidney exchange program, Corbett could have waited three to six years for a kidney from a deceased donor.

“I wasn’t very hopeful until I enrolled in the Living Donor Kidney Transplant Program at Christiana Care,” she said.

From the time she was 25, Corbett knew that kidney disease ran in her family. She made sure she exercised and was careful about her diet. Even so, as time went on she could no longer run 5Ks and half-marathons, and in her late 50s her kidneys began to fail. As a result, she was placed on a transplant list in early 2014.

She talked about her health issues with family and friends, and Karlson, a longtime friend, wondered what would be involved if she donated one of her kidneys to Corbett. Karlson, who is the same age as Corbett, was in good health and years earlier had read about the first paired transplant chain. She was intrigued at how well most healthy donors seemed to live with one kidney.

Karlson also remembered the sadness of her mother being a widow by the age of 39 and losing three of her closest friends.

“I hoped for something better for Rosalie, and I could not imagine her facing death if a kidney transplant did not take place,” said Karlson.

At Christiana Care, Karlson consulted with Emily Pruitt, RN, MSN, living donor coordinator in the Kidney Transplant Program, who was Karlson’s primary guide through the donation process. Karlson learned that a living-organ donation was Corbett’s best hope for long-term success and that most Americans are not healthy enough to be a donor.

As Karlson explored kidney donation, there were repeated blood tests, a complete medical history, a psychological evaluation and examination of her heart, liver, kidneys and lungs. “I spent most of the summer of 2014 being tested to make sure I was healthy enough to go through this experience,” Karlson said.

In addition, Pruitt gave Karlson information on how to contact other donors — and she did. “Kidney donors in general have a longer life expectancy than the general public, simply because they tend to take such good care of themselves,” said Karlson.

As a result of all the medical tests, the Kidney Transplant Team could tell from blood and tissue samples that Corbett and Karlson were not a good match for a direct kidney transplant. It was a disappointment to the friends, but they quickly made plans to join the paired donor network of the National Kidney Registry.

Pruitt tapped into the National Kidney Registry’s computer program to seek tissue and blood matches for Karlson, who was blood type O, and Corbett, blood type A. Blood O donors help recipients get matches in numerous transplant chains because they are universal donors to so many blood types. Corbett, on the other hand, was harder to match because her antibody response prevented her from accepting kidneys from some donors.

With the women’s medical information in the National Kidney Registry, matches began to appear in early December. Karlson and Corbett were scheduled for surgery on several occasions, but for one reason or another the transplants did not take place. Finally, on Jan. 23, Corbett received a kidney from an anonymous donor, and on Feb. 4 Karlson donated her kidney, which was flown to a recipient in Massachusetts.

Karlson and Corbett said they have great appreciation for the professionalism of S. John Swanson, III, M.D., FACS, chief of Transplantation Surgery, and the entire transplant team. “They were — and are — stellar,” said Corbett. “We are all blessed to have them in Delaware.”

Karlson agreed. “Everybody played their part beautifully, and they were so nice — I felt like the princess of the hospital,” she said.

As a result of their surgeries, Corbett and Karlson became part of the nation’s largest multi-hospital kidney donation chain. It started Jan. 6 and included 26 hospitals before it ended March 26 with a recipient in Wisconsin.

The chain began with Kathy Hart of Minneapolis, an altruistic donor who learned about the pressing need for living kidney donations from her yoga teacher. In an interview on ABC’s “Nightline,” she said that it wasn’t important for her to know the recipient or the person’s race, religion, age or gender — only that there was a need for kidneys in the U.S. and that she could be a part in filling that need.

The National Kidney Registry reports that 250 “good Samaritans” have made similar kidney donations, which have led to 1,300 transplants.

“All living-organ donors are heroes,” said Pruitt.

Corbett often feels like thanking Karlson and Christiana Care for the gift of life. Karlson said she hopes that the attention given to “the longest chain” causes Americans to at least think about donating their organs when they die.

“I feel grateful every day,” said Corbett, a volunteer with the Delaware Chapter of the PKD Foundation. “I have watched most of my family die of this disease, and Susan saved me from that. She’s given me a better life.” ●

With ‘coin of excellence,’ Air Guardsman recognizes expert partnership



Lt. Col. Barry Orbinati of the Delaware Air National Guard gave Ed Knox, a physician assistant at Middletown Emergency Department, a specially minted “coin of excellence” to remember Knox’s lifesaving actions in November 2014.

On Nov. 13, 2014, Delaware Air National Guardsman Barry Orbinati drove to the Middletown Emergency Department for help with what felt like a debilitating migraine.

But the pain was a symptom of a medical crisis, and because of the careful examination of Physician Assistant Manager Ed Knox, who worked in collaboration with a team of ED providers and diagnosticians, a life-threatening aneurysm was discovered.

As a result, the 53-year-old Orbinati was immediately transported by ambulance to the Christiana Hospital campus, where he was operated on by neuro-interventional surgeon Sudhakar R. Satti, M.D., in the Center for Heart & Vascular Health. The surgery prevented a hemorrhagic stroke.

“I had a seven millimeter aneurysm that no one had caught until I met Ed Knox,” said Orbinati, who lives in Townsend.

“Without his careful work, I don’t know that I would be here.”

On the eve of Memorial Day weekend, a time of remembrance for the American military, Lt. Col. Orbinati thanked the providers on the medical team that helped him. And as special tribute to Knox, who Orbinati describes as a hero, he presented the physician assistant with a “coin of excellence” bearing the Air Force emblem. In the military, such coins are given in recognition of outstanding service, expertise and accomplishment. The brief ceremony was held in the lobby of the Center for Heart & Vascular Health.

“I’ve had bad headaches for years, and without Ed Knox to discover the aneurysm, this could be a different Memorial Day for my family,” said Orbinati. “I might not be here. So it was my good luck to meet him and all those I encountered at Christiana Care.”

A soft-spoken man, Knox said he was grateful for the tribute and humbled by it. “Barry is awfully kind and doesn’t need to thank me,” said Knox. “I’m part of a large group at Christiana Care that made the diagnosis.”

Thomas A. Sweeney, M.D., associate chair in Emergency Medicine, was part of the team that helped Orbinati and also praised Knox. “It’s very easy for this to be mistaken as something harmless, but Ed Knox is very experienced, and he’s also a very special person,” said Dr. Sweeney. “He’s quiet, unassuming and he’ll listen to people.”

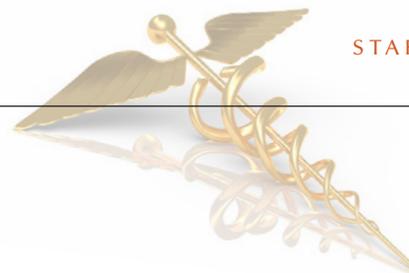
Orbinati said he is also grateful to Dr. Satti, who called his family prior to the surgery so they would understand what was about to happen. Dr. Satti said it was the least he could do.

“This poor guy came to the ED and had no idea he would be operated on,” said Dr. Satti. “I never like to do a procedure without talking to a patient’s family. So I called his sister, and that helped put Barry at ease.”

For Orbinati’s part, if he had more coins to give out, one would go to Dr. Satti. “My sister said he was the nicest person she’s ever talked to and had a great bedside manner,” said Orbinati. “Afterwards he had a nurse call my sister, and he later called her again.”

Orbinati is a deputy commander at the Air National Guard Base in New Castle but was sidelined by a terrible headache the day he sought help. He said it was remarkable that he could report to the Middletown ED at 1:30 p.m., be transported to Christiana Hospital by ambulance and be ready to be operated on at 4 p.m., then be in his hospital bed recovering at 7 p.m.

“I had a positive experience with everyone,” he said. “But it was Ed Knox who is my hero. He caught my problem and I will always be grateful.” ●



Kunal Bhagat, M.D., FACP, recognized by IPC Hospitalists as Hospitalist of the Year



Kunal Bhagat, M.D., of the Department of Medicine and IPC Healthcare Inc., received the 2014 IPC Healthcare Acute Care Hospitalist of the Year Award. IPC Healthcare is the nation's leading national physician group practice focused on the delivery of hospital medicine and related facility-based services.

The award recognizes Dr. Bhagat for demonstrating

selflessness and commitment to the goal of elevating his group's performance and stature that often goes beyond personal recognition; his participation on hospital committees; and excellence as a Green Belt/Lean Six Sigma team co-leader for a recent project titled "Reduction of Inappropriate Physical Therapy Consults."

Dr. Bhagat was named Christiana Care Outstanding Teacher in 2012-2013 and was recently recognized for Excellence in

Hospital Medicine by the Delaware Chapter of the American College of Physicians.

A graduate of the Christiana Care internal medicine residency program, he practiced outpatient medicine independently for six years before becoming a full-time hospitalist 12 years ago. His broad experience has given him clinical confidence and an expanded repertoire as a hospitalist that has elevated him in the eyes of residents and colleagues alike. Dr. Bhagat consistently scores highest among hospitalists on resident surveys.

Dr. Bhagat is physician group co-leader of IPC at Christiana Hospital. He served the Department of Medicine Executive Committee as a member-at-large for four years and as secretary-treasurer of the Medical-Dental Staff Executive Committee for two years.

"Dr. Bhagat is most deserving of this national award," said Virginia U. Collier, M.D., MACP, Hugh R. Sharp Jr. Chair of the Department of Medicine. "He is an outstanding clinician and a role model for colleagues, residents and students. Christiana Care and his patients are fortunate that he is a member of the Medical-Dental Staff." ●

Philadelphia Magazine names 20 Christiana Care 'Top Doctors'

Twenty physicians from Christiana Care's Medical-Dental Staff have been named to Philadelphia magazine's "Top Doctors" list for 2015. Physicians on the list were nominated by their professional peers, with final selection by Castle Connolly Medical Ltd.

These year's list, featured in the May issue, recognizes the following physicians for their outstanding work and expertise in their specialties:

Cardiac Electrophysiology:
Stephen M. Blumberg, M.D.

Cardiovascular Disease:
Michael J. Kostal, M.D.
George D. Moutsatsos, M.D.
Mitchell T. Saltzberg, M.D.

Family Medicine:
David E. Driban, M.D.
Jon C. Yeargan, M.D.

Gastroenterology:
David R. Beswick, M.D.
Scott M. Meyerson, M.D.

Geriatric Medicine:
Ina Y. Li, M.D.

Gynecologic Oncology:
Mark E. Borowsky, M.D.
Hematology:
R. Bradley Sleese, M.D.

Internal Medicine:
David J. Maleh, M.D.

Medical Oncology:
David D. Biggs, M.D.
Gregory A. Masters, M.D.

Orthopaedic Surgery:
Peter F. Townsend, M.D.

Pediatrics:
Neal B. Cohn, M.D.
Robert S. Walter, M.D.

Radiation Oncology:
Jon F. Strasser, M.D.

Surgery:
Velma P. Scantlebury, M.D.

Thoracic and Cardiac Surgery:
Ray A. Blackwell, M.D. ●



Christopher Mitchell, M.D., joins Graham Cancer Center as director of Robotic Surgery

Christopher Mitchell, M.D., joins Christiana Care as director of Robotic Surgery at the Helen F. Graham Cancer Center & Research Institute. He also joins Brandywine Urology Consultants in Wilmington.

Dr. Mitchell brings expertise in some of the most advanced and complex minimally invasive robotic surgical techniques in the field of urology today. With his arrival, Christiana Care is one of only a handful of centers in the United States to offer holmium laser enucleation of the prostate. This new procedure is shown to be highly effective in treating enlarged prostate or BPH (benign prostate hyperplasia), a non-cancerous condition that affects most men as they age.

He specializes in minimally invasive robotic surgery to treat benign and malignant diseases of the genitourinary tract, including partial nephrectomy for kidney tumors, prostatectomy for

prostate cancer and complex ureteral reconstruction.

Dr. Mitchell graduated from Villanova University in 2004 with a bachelor's degree in Biology. He earned his Medical Degree from the University of Maryland in 2008, where he received the Gold Medal Award, presented to one graduate with outstanding scholarly accomplishments.

Following a one-year internship in general surgery at the Mayo Clinic in Rochester, Minn., Dr. Mitchell completed residency training in urology (2009-2013) also at the Mayo Clinic. He completed a two-year fellowship in laparoscopy/endourology at Vanderbilt Medical Center in Nashville, Tenn. (2013-2015).

Dr. Mitchell's research focuses on developing new robotics procedures and robotic technologies. He is collaborating currently with a team of surgeons and engineers to design and develop a new transurethral robot to improve surgery



for benign prostate conditions. He has presented both nationally and internationally on the topics of kidney cancer, prostate cancer, BPH and stone disease. His work is published in numerous peer-reviewed journals including the Journal of Urology, the Journal of Endourology, Urology and in BJU International. ●

Sarah Flanders named nurse manager of Wilmington ED

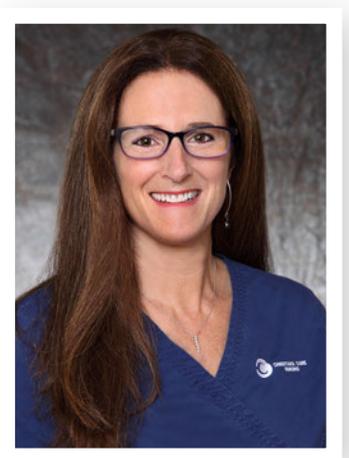
Sarah Flanders, BSN, RN-BC, CEN, has been appointed nurse manager of the Wilmington Hospital Emergency Department.

Flanders, who is an RN III, received her BSN degree from the University of Delaware and is currently matriculated in a Master of Nursing Leadership degree program at Wilmington University.

She has more than 25 years of professional nursing experience and has worked in home health care, medical/surgical nursing, stepdown and emergency nursing.

She held a formal leadership position in the Crozier Keystone Health System in the emergency department for two years prior to returning to Christiana Care in 2002. Since that time she has been a clinical nurse, an RN III in the Wilmington Hospital Emergency Department, and most recently the day shift assistant nurse manager in the Wilmington ED.

Flanders has furthered her education in the Lean for Healthcare Program at the University of Tennessee. She was a member of the centerwide Professional Advancement Committee. An athlete, she was inducted into the Delaware Basketball Hall of Fame in 2012 and inducted into the Delaware Sports Hall of Fame in May. ●



Jason Weinberger, D.O., recognized at Trauma Day for presenting on September bus crash ‘Code Delta’



Sept. 21, 2014 began as just another day in the Christiana Care Emergency Department, but all that changed when a tour bus with international tourists rolled over three times as it failed to negotiate a local off-ramp.

A Code Delta page went out to all emergency providers at Christiana Care to signal a mass-casualty event. Rising to the occasion that day were 10

ED attending physicians, five trauma surgeons, a vascular surgeon, a neurosurgeon and an orthopaedic surgeon, who all responded within minutes. Christiana Care would receive 29 of the most critical trauma patients from this accident.

In November, Philadelphia hosted a regional day of trauma to highlight the most memorable cases from each trauma institution. Jason Weinberger, D.O., a fourth-year surgical resident, gave a thorough case presentation of a patient from this tragic accident.

“He did a fantastic job highlighting our lessons learned from this terrible disaster,” said Mark Cipolle, M.D., Ph.D., FACS, FCCM, medical director, Trauma Program at Christiana Care and professor of surgery, Sidney Kimmel School of Medicine, Thomas Jefferson University.

Dr. Weinberger began with photos of emergency responders assisting passengers at the bus and gave an impressively detailed PowerPoint presentation that earned top honors from a panel of judges at the 21st Annual Day of Trauma. The event was sponsored by the Trauma Directors of Philadelphia, a group that includes representatives from eight Philadelphia-area hospitals.

“Jason was very thorough and presented in a fluid, engaging style,” said James Eakins, M.D., medical director of Trauma and Surgical Critical Care at Hahnemann University Hospital and a lead conference organizer. Dr. Weinberger told the story of a 43-year-old woman from Mumbai, India, who died with her family at her bedside, despite all efforts to help her.

The gratitude of the family touched Dr. Weinberger, who says he learned a great deal about the humanistic aspects of critical care.

“A big lesson for Christiana Care is that we are a large institution and there are many different small areas of expertise that we call on in a Code Delta,” Dr. Weinberger said.

At the Trauma Day event, Dr. Weinberger gave an account of the fifth patient brought to the hospital, who arrived with severe blunt trauma to her abdomen. Crying inconsolably when she arrived, she needed surgery to repair lacerations to her liver. She spoke no English, complicating the treatment of her injuries.

Despite initial improvement, she showed signs of worsening liver and heart failure after a second operation. Fortunately by day five of her stay, her family arrived from India. They saw that everything was being done to save her.

“They were relieved that she hadn’t just died in a gruesome accident and that they could now offer their love and prayers,” Dr. Weinberger said. “Initially I thought of this case as a failure, but with time I could see that our work truly gave her loved ones comfort. All that we did for her was important. Our efforts had a role to play in helping the family make peace with what had occurred. She is a reminder that we cannot save every patient, but all our efforts are worthwhile.” ●

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.

Leadership Delaware at Wilmington Hospital

Wilmington Hospital hosted the current Leadership Delaware class on June 4-5 at the Brandywine Conference Center.

The fellows in the Leadership Delaware program, which offers a series of issue-oriented forums and experiences to educate tomorrow's leaders, listened to a number of experts discuss over two sessions the current changes in the health care industry.

Scott Siegel, Ph.D, director of Cancer Psychology at Christiana Care, and Hiran Ratnayake, senior manager of Media and Government Relations, are in the current class.

Christiana Care speakers at the Leadership Delaware program included:

Janice E. Nevin, M.D., MPH, president and CEO.

Edmondo J. Robinson, M.D., MBA, FACP, senior vice president and executive director, Christiana Care - Wilmington, and assistant chief medical officer.

Randall Gaboriault, MBA, chief information officer and senior vice president.

John J. Goodill, M.D., director of Palliative Medicine Education and Outreach.

Neil Jasani, M.D., MBA, FACEP, chief academic officer, vice president of Medical Affairs, designated institutional officer, assistant dean for Academic Affairs, with **Jennifer Kelly McCoy PA-C**, lead surgical physician assistant, physician assistant student education coordinator.

Nicholas J. Petrelli, M.D., Bank of America endowed medical director, Helen F. Graham Cancer Center & Research Institute.

Daniel J. Elliott, M.D., MSCE, FACP, FAAP, co-director, Ambulatory Medicine Research & Clinical Outcomes, Medicine-Pediatrics Faculty, Department of Medicine.

Timothy J. Hennessy, M.D., primary care physician.

Michael Rosenthal, M.D., former chair of the Department of Family & Community Medicine.

The sessions were organized by Christiana Care senior vice president, Acute Care and Neurosciences, **Michael Eppheimer, MHSA**, who is a member of Leadership Delaware's Class of 2013. ●

Janice E. Nevin, M.D., MPH

Michael Eppheimer, MHSA

John J. Goodill, M.D.

Randall Gaboriault, MBA



Leadership Delaware

Publishing

Justin C. Stowens, M.D., Seema S.

Sonnad, Ph.D., et al. "Using EMS Dispatch to Trigger STEMI Alerts Decreases Door to Balloon Times." *Western Journal of Emergency Medicine: Integrating Emergency Care with Population Health*. May 2015.

Marci Drees, M.D., MS, Kathleen Wroten, RN, Mary Smedley, RN, Tabe Mase, et al. "Carrots and sticks: Achieving High Health Care Personnel Influenza Vaccination Rates Without a Mandate." *Infection Control & Hospital Epidemiology*. June 2015.

Michelle L. Drew, DNP, FNP. "Treatment of Resistant Hypertension in the Patient with Chronic Kidney Disease." *The Journal for Nurse Practitioners*. June 2015.

LeRoi Hicks, M.D., MPH, et al. "Use of Interpreters by Physicians for Hospitalized Limited English Proficient Patients and Its Impact on Patient Outcomes." *Journal of General Internal Medicine*. June 2015.

Matthew Hoffman, M.D., MPH, Vrunda Patel, M.D., et al. "Efficacy of Ultrasound-Indicated Cerclage in Twin Pregnancies." *American Journal of Obstetrics and Gynecology*. June 2015.

Nancy L. Sloan, DrPH, et al. "Institutional Deliveries and Perinatal and Neonatal Mortality in Southern and Central India." *BMC Reproductive Health* 2015. June 2015.

Presentations

Muge Capan, Ph.D., Robert Locke, D.O., MPH, Value Institute and Neonatology Research Team. "A Goal Programming Approach for Nurse Scheduling in the Neonatal Intensive Care Unit." *INFORMS Healthcare*, Nashville, Tenn., July 2015.

Donna Casey, MA, BSN, RN, NE-BC, FABC. "Code of Ethics: Nursing's Foundation Into Practice." *ANA Ethics Symposium*. Baltimore. June 2015.

At the American Society of Clinical Oncology 2015 Annual Meeting that was held May 29 - June 2 in Chicago:

- **Michael J. Guarino, M.D., E Dotan, et al.** "A New Anti-CEA-SN-38 Antibody-Drug Conjugate in Metastatic Colon Cancer."

- **Michael J. Guarino, M.D., (presenting), Gregory A. Masters, M.D., et al.** "Therapy of Advanced Metastatic Lung Cancer with an Anti-Trop-2-SN-38 Antibody-Drug Conjugate (ADC), Sacituzumab Govitecan (IMMU-132)."

- **Michael J. Guarino, M.D., et al.** Poster. "Therapy of Gastrointestinal Malignancies with an Anti-Trop-2SN-38 antibody drug conjugate (ADC) (Sacituzumab Govitecan)."

- **Andrew L. Himelstein, M.D. (presenting), Stephen S. Grubbs, M.D., et al.** "CALGB 70604 (Alliance): A Randomized Phase III Study of Standard Dosing v. Longer Interval Dosing of Zoledronic Acid in Metastatic Cancer."

- **Kandie Dempsey, DBA, MS, RN, OCN, Marta A. Hayden, and Stephen S. Grubbs, M.D.** "Evaluation of an Oncology Cooperative Group Audit Preparation Workshop."

- **Jonathan F. Strasser, M.D., Michael F. Dzeda, M.D., Neil G. Hockstein, M.D., Robert R. Witt, M.D., Charles J. Schneider, M.D., Adam Raben, M.D., et al.** "Bioradiotherapy for Head and Neck Cutaneous Squamous Cell Carcinoma."

- **Timothy Wozniak, M.D., et al.** "Primary Results, NRG Oncology/NSABP B-35: A Clinical Trial of Anastrozole (A) vs. Tamoxifen (Tam) in Postmenopausal Patients with DCIS Undergoing Lumpectomy Plus Radiotherapy."

- **Adam Raben, M.D., et al.** "A Phase III Protocol of Androgen Suppression (AS) and 3DCRT/IMRT vs. AS And 3DCRT/IMRT Followed by Chemotherapy (CT) with Docetaxel and Prednisone for Localized, High-Risk Prostate Cancer (RTOG 0521)."

- **Jonathan F. Strasser, M.D., Christopher D., Koprowski, M.D., MBA, et al.** "A Prospective Evaluation of Radiotherapy (RT) Related Skin Reactions in a Multi-Racial/Ethnic Population of Women with Newly Diagnosed Breast Cancer (BC)."

- **Barbara Neilan, M.D., et al.** "Chemotherapy-Related Cognitive Impairment (CRCI), and Neurotransmitter Signaling, Longevity, and Inflammation

Pathways in 366 Breast Cancer (BC) Patients and 366 Age-Matched Cancer-Free Controls: A Prospective, Nationwide, Longitudinal URCC# 9503 NCORP Study."

At the Medical Library Association meeting in Austin, Texas in May, librarians from the Department of Medical Libraries and colleagues presented four posters:

- "COTH 'Indies': A Snapshot of the Independent Academic Medical Library." **Barbara J. Henry, MLS, Sarahfaye Heckler,** Research Associate, Value Institute, and **Paul G. Kolm, Ph.D.**

- "Exploring New Frontiers: Patient- and Family-Centered Services Beyond the Community Health Libraries' Walls." **Ellen M. Justice, MLIS, AHIP, Leanne M. Holveck, Cathy Wagner, MLS, Diane G. Wolf, MLS,** and **Ronna Glenn.**

- "Limitless Redesigns for Hospital Library Space" by **Sharon Easterby-Gannett, MLIS, AHIP,** Associate Director and **Barbara J. Henry, MLS.**

- "Moving Beyond the Hospital Library Walls: New Resident Orientation." **Sharon Easterby-Gannett, MLIS, AHIP** and **Barbara J. Henry, MLS.**

At the 3rd Congress of European ORL-HNS, Prague, Czech Republic, June 2015, **Robert L. Witt, M.D.:**

- Presented "Thyroid Surgical Care 2015: The Impact of Molecular Testing."
- Was a panelist with topic assignment "What Parotidectomy Is Best for Pleomorphic Adenoma?"

Appointments

Louis Bartoshesky, M.D., MPH, became certified in pediatrics bioethics by Children's Mercy Hospital in Kansas City on May 16.

The Professional Advancement Council announced the following nurses are promoted to RN III: **Adrienne Wharry, CVCCC, Jennifer Holding, 5E, Sharon Wooldridge,** Wilmington PACU, **Tasha Skinner,** Christiana ED, and **Cheryl Scott,** 3B/3C/4B. ●

Free skin cancer screenings offer education and early detection



At a skin cancer screening event in May, 132 people were screened for skin cancer. When diagnosed early, melanoma is highly curable.

Ed Cluesman had a spot on his nose that didn't go away. His sister, Jeanna Chubbs, had a similar mark on her cheek.

"I worked in the sun for many years," said Cluesman, 53, of Lewes.

"And I had a very bad sunburn when I was 16, the type of sunburn that puts people in the hospital," said Chubbs, 51, of Newark.

Longtime exposure to sun and a history of burns are both risk factors for skin cancer. The siblings also have fair skin, light hair, blue or green eyes and a family history of melanoma, which also are risk factors.

Chubbs encouraged her brother to join her at a free skin cancer screening at the Helen F. Graham Cancer Center & Research Institute at Christiana Care Health System in May. The brother and sister were examined by dermatologists, who concluded the spots look suspicious and referred them for biopsies.

"We are so glad we had this checked out," Chubbs said. "Now we can move forward and take care of this problem."

For the past 25 years, Christiana Care and the American Academy of Dermatology have partnered to offer screenings to help people get diagnosed early, when melanoma is highly curable. In all, 132 individuals were screened at the event at the Graham Cancer Center. Of that number, 58 were referred for follow-up visits.

For some people, screening is a lifesaver. Diagnoses of melanoma, the deadliest form of skin cancer, were 23 percent higher in Delaware than the national average from 2006 to 2010, according to the Centers for Disease Control and Prevention. About 3.5 million cases of skin cancer are diagnosed each year in the U.S.

Maria Guadalupe Castillo and her daughter Maria Torres are Latinas with brown eyes and dark hair. But that does

not mean they are immune to the harmful rays of the sun. People of any ethnicity can develop skin cancer. So mother and daughter came together to be screened.

"I worked with plants in a nursery and spent a lot of time in the sun," said Maria Castillo, speaking through Maria Ines Lapeyre, a Christiana Care interpreter. "I noticed I got a lot more freckles on my arms."

Like many of the people who were screened at the event, the women do not have health insurance. Education and outreach workers at the Graham Cancer Center ensure access to care, connecting individuals who need follow-up treatment, regardless of their insurance status or ability to pay.

Participants also learn ways to prevent skin cancer, such as applying liberal amounts of sunscreen every two hours and avoiding tanning beds. They receive free samples of sunscreen and Frisbees that turn pink in the sun, reminding people playing outdoors to protect their skin.

"You also need to use a lip balm with an SPF of 15," said Nora Katurakes, MSN, RN, OCN, manager of Community Health Outreach and Education at the Graham Cancer Center. "And when you put on sunscreen, don't forget to dab some on your ears, because they can get burned, too."

Health care providers who volunteered their time and expertise included: Jessica Borderieux, PA-C; Stephanie Carlino, PA-C; Gwen, Dalphon, PA-C;

Matthew Hanson, M.D.; Dawn Hirokawa, M.D.; Helen Mashek, M.D.; Rachel Neumoyer, NP; Lori Spencer, M.D.; Peter Panzer, M.D.; and Cynthia Webster, M.D. Volunteers also included members of the Delaware Diamond Chapter of the Oncology Nursing Society, students from Delaware Technical Community College and Christiana Care Volunteers. Moving for Melanoma of Delaware also was a partner for the event. Educational materials were obtained from the American Academy of Dermatology. ●

Siblings Jeanna Chubbs and Ed Cluesman received free skin cancer screenings during a May screening and education event at the Helen F. Graham Cancer Center & Research Institute.



CARING FOR YOURSELF

Keep your skin safe in summer — and all year round

Our skin is like an elephant. It never forgets.

That's why preventing skin cancer is a year-round priority, starting in childhood.

Skin cancer is the most common of all cancers, accounting for 3.5 million cases in the United States each year, according to the American Cancer Society. One in five Americans will develop skin cancer in the course of a lifetime.

Anyone can develop skin cancer. But the risk is greater for some individuals:

- ✧ Anyone who has had unprotected or excessive exposure to ultraviolet (UV) radiation. That includes tanning booths.
- ✧ People who burn easily.
- ✧ People with fair skin, freckles, blonde or red hair and blue or green eyes.
- ✧ Anyone with a family history of sun cancer.
- ✧ Anyone with unusual or irregular moles or multiple moles.
- ✧ People who have suffered severe sunburns in the past, including burns as children.

Protect children from harmful UV rays by limiting their exposure to sun and applying sunblock, starting after the age of six months. Keep younger babies out of the sun.

If you are going to spend time in the sun, wear loose-fitting clothes made from tightly woven fabric. Wear a hat with a brim. And avoid direct exposure to the sun when rays are strongest, between 10 a.m. and 4 p.m. Unprotected skin can burn in as little as 15 minutes.

Wear sunscreen all year round, not just during the summer months. Discard the old sunscreen in your medicine cabinet and buy a new bottle. Expect to replace it often. If you have had the same bottle of sunscreen for months, you are not using enough.

Choose a sunscreen with an SPF of 15 or higher. Don't skimp on the amount of sunscreen you apply. It takes about one ounce (the amount it takes to fill your palm) to cover the arms, legs, neck, and face of the average adult. Apply 30 minutes before you go outdoors and repeat at least every two hours — or more often if you are swimming or sweating a lot. (Don't forget to put sunblock on your ears and the top of your feet.)

Protect your eyes with sunglasses that block harmful UV rays. Choose lip balm with an SPF of 15.

If you detect a change in your skin, such as a sore that doesn't heal, a new growth or a mole with an irregular border or unusual color, see your doctor right away. Skin cancer is highly curable when it is detected early. ●

Au Bon Pain opens at Christiana Hospital with healthy options

Employees and visitors to Christiana Hospital are enjoying healthy meals at the new Au Bon Pain café, where diners can quickly research nutritional values before choosing from salads, sandwiches or baked goods.

“One of the advantages of Au Bon Pain is the concept of high-quality, local, fresh products,” said Ray Seigfried, senior vice president of Administration, Clinical and Materiel Operations. “That’s why we chose them to be our partner in keeping our neighbors healthy.”

Au Bon Pain opened June 11 at Christiana Hospital, following the debut of the chain’s first Delaware café at Wilmington Hospital in October.

In addition to ready-to-go and made-to-order meals, both locations offer catering services. By 1 p.m. on opening day, the Christiana location already had delivered boxed lunches for training sessions and sandwich trays for meetings.

Au Bon Pain has been named multiple times to Health Magazine’s list of America’s Top 5 Healthiest Restaurants. The café

complements current offerings at Brew Ha Ha and the employee cafeteria.

“The café offers a change of pace from the very busy cafeteria,” said Deborah Learn Alchon, Christiana Care corporate director of Food and Nutrition Services. “Guests can either get a quick bite or sit down and talk.”

A kiosk with a computer touch pad allows guests to learn nutritional information on various offerings, including calories, fat and salt content, and allergens. Calorie counts are printed on menus.

The 60-seat Christiana Hospital location offers a new format with upgraded finishes including tile floors, wood accents and pendant lighting.

On opening day, visitors sampled sweet cheese Danish and other baked goods. They selected ready-made, grab-and-go salads or ordered made-to-order dishes such as lobster salad on freshly baked bread. Au Bon Pain brought in

its master baker from Philadelphia to train the Christiana Care staff.

The restaurant selection process included input from guests, staff and administration, as well as site visits to an Au Bon Pain in northern New Jersey, and a café at another large health system. ●

Cutting the ribbon to open the Christiana Hospital Au Bon Pain: Deborah Learn Alchon, Christiana Care corporate director of Food and Nutrition Services; Gary Ferguson, Christiana Care Health System chief operating officer; Brian Wright, Au Bon Pain chief operating officer; and Ray Seigfried, senior vice president of Administration, Clinical and Materiel Operations.



**Now
Open!**

Christiana Au Bon Pain Hours of Operation:
Monday through Friday: 6 a.m.-9 p.m.
Saturday and Sunday: 6 a.m.-8 p.m.
Catering Phone: 1-800-765-4227
Christiana Hospital location: 733-1188
<http://www.aubonpain.com>

FAQs and catering ordering tip sheet can be found on the Administrative Professionals Website: <http://depts/adminprof/default.aspx> Under “Concierge Services”



Go Red for Women event promotes heart-healthy living

Christiana Care Health System hosted and sponsored the American Heart Association's annual Go Red for Women Luncheon and Fashion Show, which drew more than 150 men and women to the John H. Ammon Medical Education Center for a heart-healthy lunch, health screenings, educational seminars, a silent auction and fashion show. Local heart disease and stroke survivors modeled clothing from Wilmington Country Store, sharing their inspiring stories of survival and triumph.

The Go Red for Women movement focuses attention on the threat of heart disease in women while creating a call to action for all women to commit to living a heart-healthy lifestyle. ●

The Go Red for Women event included a fashion show and talks by survivors of heart disease and stroke.



UPCOMING EVENTS

July

ACCEL Innovative Discoveries Seminar Series

July 17, July 24, July 31, Noon - 1 p.m.

John H. Ammon Medical Education Center — 2E56



Earn CME credits during your lunch hour with the ACCEL Innovative Discoveries Series, expert-led seminars for researchers and health care providers. Brought to you by the DE-CTR

ACCEL program and the Christiana Care Value Institute, the Innovative Discoveries Series seminars are held most Fridays on Christiana Hospital campus and can be viewed from Wilmington Hospital or remotely through BlueJeans videoconferencing service from your home or office computer. For information, visit <http://de-ctr.org/IDS>. ●

Community Baby Shower

Saturday, July 25, 9 a.m. - 2:30 p.m.

Bayard Elementary School
200 South Dupont St., Wilmington

A free educational event for pregnant women, mothers, fathers and grandparents of children 2 years old and under. Come enjoy breakfast, lunch, raffles and gifts. Free babysitting will be available for children ages 2 and up. Registration is required: Call 302-320-1350 or e-mail HealthAmbassadors@christianacare.org. Funded by the Delaware Division of Public Health. ●

August



Delaware Donor Dash 5K Run/Walk

Saturday, Aug. 22, check-in at 7:30 a.m., start time at 8:30 a.m.

Dravo Plaza, Wilmington

Run to support increased awareness of organ and tissue donation. For more information, visit <https://dedonordash.org/>. ●

The threat of carbapenem-resistant Enterobacteriaceae

By Tracie Sellers, Pharm.D.

Carbapenems (such as imipenem) are one of the mainstay antibiotics used for the treatment of resistant Gram negative infections, especially for those belonging to the Enterobacteriaceae family. However, there has been a significant amount of carbapenem resistance among Enterobacteriaceae seen in the U.S., making conventional treatment ineffective. In the U.S. from 2001 to 2011, the percentage of carbapenem-resistant Enterobacteriaceae (CRE) increased from 1.2 percent to 4.2 percent. CRE have been identified by the Centers for Disease Control and Prevention (CDC) at healthcare facilities in 44 states. Currently there are an estimated 9000 infections and 600 deaths per year due to these organisms. In 2014 at Christiana Care, there were 30 total CRE infections, 9 (30 percent) of which were hospital-acquired.

The CDC has identified CRE as an urgent public health threat that requires immediate, aggressive action. The Infectious Diseases Society of America (IDSA) also recognizes this as a serious problem and, in conjunction with the CDC, recommends contact isolation precautions, which include hand hygiene, gowns, and gloves. In addition, the IDSA and CDC now recommend that hospitals test patients from other countries with recent hospitalizations for colonization or infection with CRE. CRE screening is available through the Christiana lab by special order.

There is currently one FDA-approved antibacterial with in-vitro activity against some CRE. Avycaz (ceftazidime-avibactam) was approved on February 25, 2015, for the treatment of complicated intra-abdominal infections (in combination with metronidazole) and complicated urinary tract infections including pyelonephritis and has activity against *Klebsiella pneumoniae* carbapenemase producing organisms. However, the medication was approved through an expedited process, evaluation of phase III clinical trials is still pending, and it should only be considered in patients with limited or no treatment alternatives. Other available treatment options include:

- Tigecycline: This is a first-line agent for CRE, however, because of rapid distribution into tissue after intravenous infusion and limited urinary concentrations, it is not recommended for treatment of bloodstream infections or urinary tract infections.
- Colistin: Most CRE remain susceptible to colistin and it may be administered intravenously or by inhalation. However, the toxicity profile (ie: nephrotoxicity and neurotoxicity) may limit its use.
- Fosfomycin: This medication is only available in the United States in the oral form, and has been used for uncomplicated urinary tract infections with CRE.

- Rifampin: In vitro data shows that rifampin may have synergistic activity when used as part of a combination therapy regimen for carbapenemase-producing *Escherichia coli* and *Klebsiella pneumoniae*.
- Carbapenems: In some cases, continued use of carbapenems with another antimicrobial agent has been effective.
- Aminoglycosides: Though CRE are likely to show resistance to this medication, there may be a role for aminoglycosides as part of combination regimens. The toxicity profile (nephrotoxicity, ototoxicity) may limit its use.

Current research is still trying to answer the question of monotherapy versus combination therapy for these infections. Recent studies have shown that combination therapy for critically ill patients with CRE may lead to better outcomes. Patient clinical condition, site of infection, and medication toxicities must be considered when choosing the correct regimen for each patient. More randomized controlled trials are needed to clearly define the best treatment for carbapenem-resistant organisms.

In order to help prevent the spread of these dangerous bacteria, providers must utilize antimicrobial stewardship by incorporating judicious antimicrobial choices into their prescribing practice. It is important to review culture data and deescalate antibiotic therapy as soon as possible. Reducing unnecessary antibiotic use can help decrease antibiotic resistance, decrease the risk of *Clostridium difficile* infections, reduce drug toxicity, reduce healthcare costs, and improve patient outcomes. ●

References:

- Actavis receives U.S. FDA approval for AVYCAZ™ (ceftazidime-avibactam) [press release]. 2015; Available at <http://www.actavis.com/news/news/thomson-reuters/actavis-receives-u-s-fda-approval-for-avycaz-ceft>.
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FORMULARY UPDATE—MAY 2015

FORMULARY ADDITIONS

Medication – Generic/Brand Name	Strength/Size	Use/Indication	Comment
AbobotulinumtoxinA/ Dysport	300- & 500-unit vials	Treatment of limb spasticity	Availability limited to Christiana Care-owned office practices
Rho(D) immune globulin/ HYPERRHO S/D	50 mcg/0.17 mL syringe	Rho _o (D) suppression following termination of pregnancy	

REVISED MEDICATION POLICY

Dofetilide (Tikosyn)	It is no longer necessary for a prescriber to be on the Tikosyn registry to order the continuation of dofetilide at the patient's home dose, when a patient is admitted to the hospital. This policy revision reflects a change in the Tikosyn REMS program requirements.
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FORMULARY DELETION

IncobotulinumtoxinA/ Xeomin	Replaced with abobotulinumtoxinA (Dysport). IncobotulinumtoxinA is available to Christiana Care-owned office practices on a case- by-case basis when preferred to Dysport for specific patients to mitigate the risk of dose-related abobotulinumtoxinA adverse effects.
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MEDICATION NOT ADDED TO THE CHRISTIANA CARE FORMULARY

Pralatrexate / Folutyn

Best practice review

READ BACK

Q. WHEN CAN I ACCEPT A VERBAL ORDER FROM A PHYSICIAN OR PROVIDER?

- A. Only accept a verbal order during an emergency situation or during an invasive procedure when the physician or provider is physically unable to write the order.

The entire verbal order will be written down by the nurse or entered into the computerized physician order entry (CPOE) system and read back to the physician or provider giving the order. The physician or provider will be present during the order verification process.

Q. WHAT IS THE PROCESS FOR ACCEPTING AND VERIFYING TELEPHONE ORDERS?

- A. When accepting a verbal telephone order, the entire order is written down by the nurse and **read back** to the physician / provider giving the order as a way to verify that the written order is correct. For areas that use **CPOE**, the nurse will enter the entire telephone order into the clinical information system and **read back** the order to the physician/provider for verification.

Note: It is not a safe practice to repeat back the order from memory.

Q. WHEN IS IT ACCEPTABLE TO REPEAT BACK A VERBAL ORDER?

- A. It is acceptable to **repeat back** verbal orders only **during an emergency** situation such as a code when it is not possible to write down the verbal order. The entire verbal order will be repeated back to the physician or provider for order verification. ●

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If you have questions about this Best Practice Review, please contact the content experts: Christine Carrico 623-4968, or call the Safety Hotline, 7233 (SAFE) from within Christiana and Wilmington hospitals. Outside call 623-7233(SAFE).



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Elena Delle Donne teams up with Christiana Care to promote wellness

Christiana Care Health System and Delaware's own WNBA star Elena Delle Donne are teaming up to promote wellness by encouraging people to become active partners in their own good health.

Delle Donne — the former Ursuline Academy and University of Delaware player who became one of the most highly touted women's basketball recruits — will serve as spokesperson and guest wellness blogger for Christiana Care, sharing tips for eating healthy and staying active, as well as promoting the importance of forming active partnerships with your doctors and other health care providers.

"I am honored to partner with Christiana Care," said the Chicago Sky Rookie of the Year for 2013. "As a lifelong Delawarean, I have witnessed the benefits this health system brings to our community. Caring for others — particularly those with illnesses or disabilities—is an area in which I strongly believe, and I am grateful for this opportunity to work with Christiana Care to share my experiences and make a difference."

Through her blog posts, Delle Donne will encourage readers to be aware of subtle changes in their own bodies and to seek expert medical care. She also hopes to empower others to actively participate in their own health care decisions. Her first blog post "Getting Fit Starts with Eating Right" appears on the Christiana Care Wellness Blog, <http://wellness.christianacare.org>. ●



**"Health and wellness
is a team sport."**