

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

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Heart failure assist device brings hope for patients with end-stage heart failure

In early September, James Landsness' end-stage heart failure made him unable to complete the 60-foot walk to his mailbox.

Today, Landsness does 27 daily laps to his mailbox for exercise, feeling stronger every day.

On Sept. 13, he became the first patient to receive a left ventricular assist device (LVAD) at Christiana Care, thanks in large part to the generosity of the Crystal Trust, which provided major funding for this advanced technology at the Center for Heart & Vascular Health.

"It's like someone walking up to you and saying, 'Here's your life back.' It really was amazing for me. I didn't think something like that was possible," Landsness says.

Patient is 'fearless' about technology

"I've taken care of Jim for many years," says Henry L. Weiner, M.D., Landsness' cardiologist. "He has always refused to constrain his life and work because of his heart disease. He's fearless about medical technology. He embraced ICD therapy for ventricular tachycardia when it was new and 'cutting edge,' because he understood that it would be safer and allow him to be more active than traditional drug therapy.

"I think he's had a similar attitude toward LVAD therapy," says Dr. Weiner. "He sees the glass half full. It's just how Jim is."

Heart failure affects nearly 5 million Americans. Patients with advanced heart failure have often reached their



James Landsness shows his new-found strength while walking with Noelle Rogers, PT on 5E at the Center for Heart & Vascular Health after receiving a left ventricular assist device for heart failure.

maximal doses of medications and may have undergone coronary bypass or valve operations. The LVAD can represent a bridge to heart transplantation for some patients but can also represent their last opportunity for an improved quality of life without a transplant.

The current generation of LVAD pumps have only one moving part and are designed to work for many years.

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Life-saving device is available closer to home



Co-directors of the ventricular assist device program (from left) cardiovascular surgeon Ray Blackwell, M.D., cardiologist Mitchell Saltzberg, M.D., and cardiovascular surgeon Harsh Jain, M.D., meet with James Landsness.

At the time of surgery, an LVAD is attached to the patients' heart and aorta, and the pump is placed in the patient's chest/upper abdomen. A controller connects the device via a driveline, which exits the from the right upper abdomen. The patient wears the controller on a belt. Batteries weighing about a pound power the system.

Heart failure patients like Landsness who need the newest generation of LVADs now can stay home in Delaware for treatment, avoiding stressful and costly trips to Baltimore, Philadelphia and New York for the procedure. Christiana Care's Center for Heart & Vascular Health is the only center in Delaware to implant the life-saving heart pumps.

"It's an exciting opportunity to bring more advanced therapies for heart failure patients in our community" says Mitchell T. Saltzberg, M.D., medical director of Christiana Care's Heart Failure Program. "Patients in the region can stay at Christiana Care for

the procedure and maintain relationships with their local physicians."

Ray Blackwell, M.D., and Harsh Jain, M.D., members of the cardiac surgery team who performed Landsness' surgery, say the program will benefit Delaware patients and their families.

"This is a major opportunity for patients in Delaware

with end-stage heart failure," Dr. Blackwell says. "Short of transplant, the LVAD represents the most advanced technology for the treatment of heart failure."

"It supplements medications and other heart failure-related devices," adds Dr. Jain.

The average hospital stay for patients who receive LVADs is 16 days.

"The Heart Failure Program's multi-

disciplinary approach gives patients access to a full spectrum of providers, from cardiologists, surgeons and nurses, to therapists, pharmacists and behavioral health specialists, as the patient undergoes this complex procedure," Dr. Saltzberg says.

"Many patients may not even be aware of this treatment option, or realize that they do not have to be critically ill to qualify for the procedure," he says.

"We're very proud of the enthusiasm and support of Christiana Care Health System as we embark on this new program. This is truly a life-changing pump.

"It's like someone walking up to you and saying, 'Here's your life back.' I didn't think something like that was possible."

James Landsness

"At the end of the day, we want to provide outstanding care to the patients in our Heart Failure Program."

"Everyone at Christiana Care is just fantastic," Landsness says. "That goes for my cardiologist, the Heart Failure program staff, the OR nurses and the nurses on the floor. Even the cleaning staff. Everyone was just amazing." 🌀

Exercise Fitness Tech Matt Collins of Cardiac Rehab checks James Landsness' blood pressure during a follow-up visit. Landsness, the first Christiana Care patient to receive an LVAD at the Center for Heart & Vascular Health, lives north of Philadelphia.



Same-day cardiology clinic saves farmer from ‘widow maker’

Woodstown Family Medicine physician Kevin Roberts dispatched patient in the nick of time

It was a Friday afternoon when Ralph Tighe went to Dr. Kevin Roberts’ office asking for something to relieve indigestion. By Friday evening, Tighe had undergone an emergency angioplasty at Christiana Care’s new Cardiology Consultants’ same-day clinic and was resting comfortably.

Tighe thought his discomfort was nothing more than bad indigestion when he went to see his family doctor at Christiana Care Family Medicine at Woodstown Center in Woodstown, N.J. But Kevin Roberts, M.D., recognized warning signs of a potentially dangerous cardiac problem and ordered Mr. Tighe to Delaware for further tests. Even so, Tighe resisted. “I thought it was indigestion, so I tried to talk him out of it,” Tighe recalls with a chuckle.

Cardiologist Andrew J. Doorey, M.D., FACC, was nearing the end of his first day at the Same-Day Clinic when Tighe came in for an exam that afternoon.

“He’s a salt-of-the-earth farmer,” Dr. Doorey recalls fondly. “He’s 73-years-old and, the day before, he had been out repairing a tractor.”

EKG was only minimally abnormal

Although Tighe’s EKG results were only minimally abnormal, Dr. Doorey had a gut feeling that the stoic farmer’s symptoms were a red flag. He convinced Tighe to undergo a heart catheterization, which revealed a potentially deadly blockage.

“He had what is called a widow maker — a very tight blockage in the most important artery,” Dr. Doorey says. “Afterward, blood tests showed that he was already having a heart attack when I first saw him, and probably had been having it all day.”



Carol B. Tighe of Woodstown, N.J., still has her husband Ralph to cherish this Thanksgiving, thanks to a quick decision by their Christiana Care Family Medicine doctor to expedite Ralph’s cardiology work-up at the Same-Day Cardiology Clinic.

It’s not uncommon for cardiology patients to fall into a diagnostic “gray zone,” where physicians need to perform a number of tests quickly to determine whether hospital admission is necessary, says Roger Kerzner, M.D., FACC.

“The same-day clinic is a good place to sort that out,” he says. “And if someone needs to go into the hospital, it’s an easy process.”

The clinic, located on the campus of Christiana Hospital, allows for quick access to advanced cardiac evaluations without having to wait for an appointment in a doctor’s office or having to

go to the Emergency Department.

Tighe’s reluctance to go to an emergency room and his tendency to soldier through discomfort combined with the seriousness of his condition means that going to Cardiology Consultants’ Same-Day Clinic probably saved his life, Dr. Doorey says.

“I’m really lucky Doc Roberts sent me to Christiana,” Tighe says. “I got very good treatment from all the doctors I saw.” 🍷

📌 Physicians may call 302-366-1929 (prompt 1) to refer a patient to the Same-Day Clinic.

Get With The Guidelines award signifies outstanding stroke care

American Heart Association Gold Plus Quality Achievement Award

Christiana Care Health System's Center for Heart & Vascular Health has received the American Heart Association/American Stroke Association's Get With The Guidelines®-Stroke Gold Plus Quality Achievement Award.

The award recognizes Christiana Care's commitment and success in implementing excellent care for stroke patients, according to evidence-based guidelines.

85% adherence to meeting all guidelines

To receive the award, Christiana Care achieved 85 percent or higher adherence to all Get With The Guidelines-Stroke Quality Achievement indicators for two or more consecutive 12-month intervals and achieved 75 percent or higher compliance with six of 10 Get With The Guidelines-Stroke Quality Measures, which are reporting initiatives to measure quality of care.

These measures include aggressive use of medications, such as tPA, antithrombotics, anticoagulation therapy, DVT prophylaxis, cholesterol reducing drugs and smoking cessation, all aimed at reducing death and disability and improving the lives of stroke patients.

The award also lauds paramedics' early recognition of stroke so they can notify the Emergency Department to prepare the stroke alert team for a patient's arrival.

Prompt calling of 911 for emergency assistance when stroke is suspected can save heart or brain tissue.

"With a stroke, time lost is brain lost, and the Get With The Guidelines-Stroke Gold Plus Quality Achievement Award demonstrates Christiana Care's commitment to



being one of the top hospitals in the country for providing aggressive, proven stroke care," said Timothy J. Gardner, M.D., medical director of Christiana Care's Center for Heart & Vascular Health and past national president of the American Heart Association.

"We will continue with our focus on providing care that has been shown in

"We will continue with our focus on providing care that has been shown in the scientific literature to quickly and efficiently treat stroke patients with evidence-based protocols."

Timothy J. Gardner, M.D., medical director
Center for Heart & Vascular Health

the scientific literature to quickly and efficiently treat stroke patients with evidence-based protocols."

Taking advantage of 'teachable moment'

Get With The Guidelines-Stroke uses the "teachable moment," the time soon after a patient has had a stroke, when they are most likely to listen to

and follow their healthcare professionals' guidance. Studies demonstrate that patients taught how to manage their risk factors while still in the hospital reduce their risk of a second heart attack or stroke.

Through Get With The Guidelines Stroke, customized patient education materials are made available at the point of discharge, based on patients' individual risk profiles. The take-away materials, written in an easy-to-understand format, are available in English and Spanish. In addition, the Get With The Guidelines Patient Management Tool gives health care providers access to up-to-date cardiovascular and stroke science at the point of care.

According to the American Heart Association/American Stroke Association, stroke is one of the leading causes of death and serious, long-term disability in the United States. On average, someone suffers a stroke every 40 seconds; someone dies of a stroke every four minutes; and 795,000

people suffer a new or recurrent stroke each year.

Christiana Care's Center for Heart & Vascular Health is one of the most technologically advanced cardiovascular care centers in the United States. In 2010 it earned The Joint Commission's Gold Seal of Approval™ for its treat-

ment of stroke and a three-star rating for heart surgery, the highest available, from the Society of Thoracic Surgeons. It recently received the AHA's Get With The Guidelines – Heart Failure Gold Quality Achievement Award. ●

Campaign to maximize employee flu vaccinations going well

Christiana Care's first-ever Flu Shot stations have proven successful. A wide number of employees and volunteers contributed to the well-choreographed process introduced this year, helping us get vaccinated in record numbers to the benefit of our community.

Eighty-two percent of Christiana Care employees have been vaccinated for flu to date. That places us above the target threshold of 75 percent in the 2012 Transformation Rewards Program, with an added incentive to increase the payout if we increase the total vaccinated to 85 percent.

Employees must receive a flu vaccine or submit an exemption or declination form by Nov. 30, or be reviewed for discipline in accordance with Christiana Care's policy.

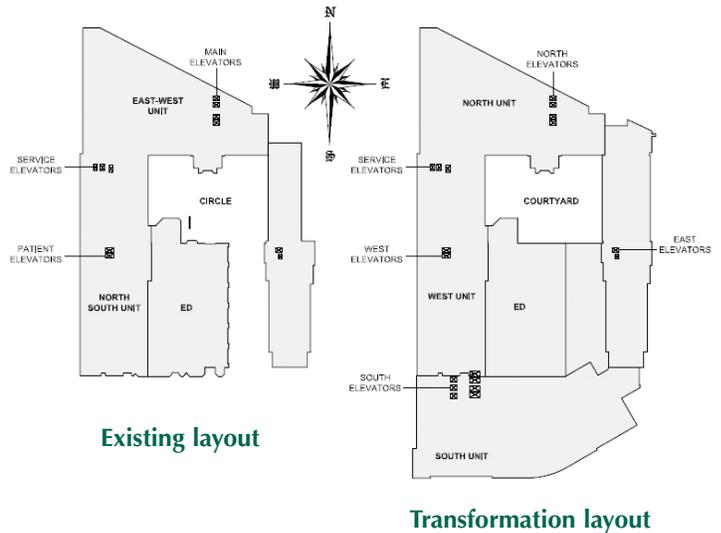
Employees vaccinated outside of Christiana Care should still complete the consent form, so that their vaccinations will count toward our flu vaccination rate. Employees may obtain a flu vaccine from Employee Health Services during regular business hours. ☺



A new day dawns at Wilmington Hospital



The sun begins to climb from the east behind the massive transformation project at Christiana Care's Wilmington campus on a recent November morning.



Room numbering will rely on the compass' true north

Christiana Care's expansion and renovation of its Wilmington Hospital campus — a \$210 million investment that helps us continue building a healthy community for our neighbors in the city of Wilmington — is continuing on schedule thanks to the hard work of many.

Soon, a different type of construction milestone will take place, inside the walls of the hospital. As part of our transformation, the naming conventions on unit floors will be changing on Tuesday, Dec. 13. The chart above depicts the fundamental logic to the renaming ... for example, the north units align with the north end of the facility (closest to the Brandywine River).

Room numbers will also be changing, and the IT department is hard at work to ensure a smooth transition. Telephone numbers will not be changing. ☺

✓ Watch for more information on the renumbering project in coming weeks. Visit <http://news.christianacare.org/>

100 Men Reading Day promotes literacy and male role models for primary school children

A financial auditor, an operations manager, a General Motors retiree, a pastor.

What do these people have in common? They're all men, and they all visited Wilmington public schools Nov. 3 to read to primary-school children.

It's all part of the 100 Men Reading Day organized by Christiana Care's Learning Institute, the United Way of Delaware, Brandywine Valley Friends and the national organization Reading Is Fundamental. Christiana Care hosted a kick-off breakfast for the initiative that day.

Stacey Henry, president of Brandywine Valley Friends, with her 10-year-old daughter, Imani, conceived of the event.

"When I was in second grade I had trouble reading," says Imani. "Then my mom took me to Reading ASSIST. I had the best tutor in the whole world. Now I can read just about anything." She wants other children to share her passion for reading.

"The school visits don't just promote literacy. They also encourage men to get involved as positive role models for children in the community," says Rosa Colon-Kolacko, Ph.D., MBA, Christiana Care's senior vice president of System Learning and chief diversity officer. Studies indicate many children lack a male role model in their lives.

Christiana Care's First State School for chronically ill children, a collaboration with the Delaware Department of Education through the Red Clay Consolidated School District, welcomed a reader that day.

"This special reading program is important because literacy is so



Volunteers fanned out across Wilmington public schools Nov. 3 for 100 Men Reading Day, an event organized by Christiana Care's Learning Institute, the United Way of Delaware, Brandywine Valley Friends and the national organization Reading Is Fundamental.

important for our young people, and so is providing them with positive male role models," says Coleen O'Connor, First State School program director. ☺



Terrence Townsend, operations manager in Environmental Services at Christiana Hospital, left, read to kindergarten students at Thomas Edison Charter School. "It was great to have an opportunity to volunteer to encourage kids to read," he said. Ryan Siddon, a financial auditor in Christiana Care's Internal Audit Department (above), read to first graders at the Kuumba Academy Charter School. "If I have the opportunity, I will do it again," Siddon says.

New VNA mental health program addresses elderly in community



Connie McKelvey, MSN, RN, clinical nurse specialist for the VNA Behavioral Health Program.

The Christiana Care Visiting Nurse Association now provides in New Castle County psychiatric care, focusing first on homebound geriatric patients to who are experiencing clinical depression and/or anxiety.

According to Connie McKelvey, MSN, RN, clinical nurse specialist for the Behavioral Health Program, depression and anxiety are the most prevalent disorders, affecting the elderly and those with chronic illness.

“Studies indicate almost 25 percent of patients in general medical practices exhibit depressive symptoms,” McKelvey says. “Almost 50 percent of patients with chronic illness are experiencing depression.”

Elderly patients at high risk

“The elderly are more vulnerable to depression because of things such as social isolation, loss of loved ones, acute and chronic illness, and limited

access to medical care,” she says.

Chronic diseases and depression feed off one another, such that diabetes, heart failure, rheumatoid arthritis, hypertension, COPD, dementia, and Parkinson’s disease and other chronic health issues worsen because of depressive disorders and vice versa, at a cost of tens of billions of dollars annually.

“In addition the elderly population has the highest risk for successful suicide.”

McKelvey says the new program aims to improve medication adherence, increase quality of life, return the patient to the community, decrease hospitalizations and, at the end of the day, lower levels of depression and anxiety. “We will remove the barriers for homebound patients to receive psychiatric care and provide a bridge to available services,” she says.

The program’s first patients will probably enter through Christiana Care’s geriatric practices and the Acute Care for the Elderly hospital-based programs. Psychiatric nurses and consulting psychiatrists will provide a “best practice and evidence-based” set of interventions, including evaluation and assessment, cognitive-behavioral/interpersonal therapy, family and patient education, medication management, crisis intervention, relapse prevention techniques, and recommendations for further treatment.

The VNA expects to first focus on the elderly community and later expand in coming months to include treatment to other age groups and illnesses such as dementia, bipolar disorder and schizophrenia. ☺

Alcohol treatment guidelines gain national attention

The Agency for Healthcare Research and Quality Innovations Exchange website highlights Alcohol Withdrawal Risk Evaluation and Treatment guidelines developed at Christiana Care for all patients admitted to medical and surgical inpatient units.

Christiana Care’s Alcohol Withdrawal Workgroup developed the guidelines under the leadership of Terry Horton, M.D., chief of the Division of Addiction Medicine in the Department of Medicine, Ruth Mooney, Ph.D., and Jo Melson, NP.

AHRQ is the research arm of the U.S. Department of Health and Human Services focusing on health care quality, costs, outcomes and patient safety. The agency’s research complements the biomedical research mission of its sister agency, the National Institutes of Health.

CHRISTIANA CARE COMPLIANCE HOTLINE

Christiana Care’s **Compliance Hotline** can be used to report a violation of any regulation, law or legal requirement as it relates to billing or documentation, 24 hours a day, 7 days a week.

All reports go directly to Compliance Officer Ronald B. Sherman.

Callers may remain anonymous.

The toll-free number is:
877-REPORT-0 (877-737-6780).

☞ To learn more about Corporate Compliance, review the Corporate Compliance Policy online or

**contact Mr. Sherman
at 302-623-2873.**

Internal Medicine residents' project takes care to Connections' 'Homeless Cafe'



A number of Christiana Care's Internal Medicine Residents launched a project in concert with Christiana Care Social Work and other staff at Connections, Homeless Cafe, 500 W. 8th St., Wilmington, Oct. 27.

Some residents staffed "Ask the Doctor" tables and gave flu shots (courtesy of Christiana Care Pharmacy Services) while others provided blood sugar, blood pressure, body mass index and cardiovascular health screenings. Social Work staff provided information on health care access and resources.

More than 100 people attended, which led to 10 new patient appointments scheduled that evening at the Adult Medicine Office.

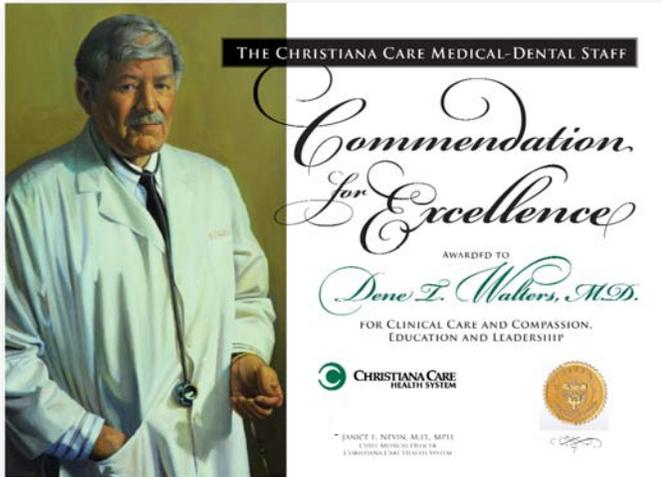
The event was sponsored by the American College of Physicians, Delaware Chapter, Connections, and Christiana Care Social Work and Community Health Outreach & Education departments. 



(Clockwise from top left) J. Daniel Hess, M.D., takes a medical history from a man at Connections' "Homeless Cafe" in Wilmington; Med-Peds resident Himani R. Divatia, D.O., gives a patient some instructions; Clinical Pharmacy Specialist Pooja Dogra gives a flu shot; Charlene Marinelli, RN, completes a cardiovascular screening form.

Medical-Dental Staff event draws record attendance

Nearly 400 turn out at premiere annual event for Christiana Care doctors



Commendation for Excellence

Dene T. Walters, M.D. (left), received the 2011 Christiana Care Medical-Dental Staff annual Commendation for Excellence. Family and Community Medicine Vice Chair, Clinical Quality, David Bercaw, presented the honor to his long-time friend and mentor. The Commendation show above includes a portrait in oil of Dr. Walters, which still hangs in Wilmington Hospital.

Nine 'Rising Stars' recognized by their department heads

Rising Star (rīz ing star) *n.* An annual award presented to an individual clinician and leader by the Christiana Care Medical-Dental Staff, approved by the clinical department chair or service-line director, to acknowledge the individuals' exceptional contributions to their department and community. ☺

In the second year after the Rising Star awards program launched, these attending physicians were nominated and approved for receiving the honor:

Medicine



Reynold Agard, M.D.

Orthopaedics



Drew Brady, M.D.

Pediatrics



Allen Friedland, M.D.

Surgery



Frederick Gibson, M.D.

Psychiatry



Sandeep Gupta, M.D.

OB/GYN



Matthew Hoffman, M.D.

OMS



Daniel Meara, M.D., D.M.D.

Family Medicine



Margot Savoy, M.D.

Emergency Medicine



Susan Thompson, M.D.



Doctors gather to reconnect, meet new colleagues, honor excellence

The annual Medical-Dental Staff gathering Nov. 4 drew more positive RSVPs than any M-D Staff meeting in history.

Nearly 400 doctors, spouses, health system leaders and staff came to see friends (old and new), meet new officers, recognize high achievements among colleagues, view the latest art on exhibit, network with one of the mid-Atlantic regions best Medical-Dental Staffs and enjoy a sumptuous buffet meal.

In addition to the Commendation for Excellence and Rising Star awards, new President Eric T. Johnson, M.D., acknowledged six doctors for outstanding performance as teachers, including:

- Christine Emery, M.D., Radiology.
- Jenna Fredette, M.D., Emergency Medicine.
- Seyedmehdi Jadali, M.D., Surgery.
- Vanita Jain M.D., OB/GYN.
- Daniel Meara, M.D., D.M.D., Oral Maxillofacial Surgery & Hospital Dentistry.
- Ehsanur Rahman, M.D., FACC, Medicine.

Dr. Johnson also acknowledged those who received national awards in 2011, including:

- Patricia Curtin M.D., FACP, CMD, *Healthcare Hero Spirit of Women Award*
- Mark Borowsky, M.D., *National Faculty Award for Excellence in Medicine Resident Education Council on Resident Education in Obstetrics & Gynecology.*
- Matthew Burday, D.O., FACP, *American College of Physicians' Herbert S. Waxman Award for Outstanding Medical Student Educator.* ☉

Eric T. Johnson, M.D., installed as new M-D Staff president

Eric T. Johnson, M.D., began a two-year term as Christiana Care Medical-Dental President Nov. 4.

Dr. Johnson echoed praise for the history of collaboration and excellence in patient care between Christiana Care Health System and its Medical-Dental Staff as stated in welcoming remarks by Christiana Care President and CEO Robert J. Laskowski, M.D., MBA and immediate past M-D Staff President Anand P. Panwalker, M.D.

Dr. Johnson said that as president he is committed to continuing the collaboration for the benefit of both organizations and the communities they mutually serve.

Dr. Johnson has been Christiana Care's Orthopaedic Trauma Service director since 2002 and associate chief of the section of Orthopaedic Surgery, and the unit-based medical director, orthopaedic unit, since 2005.

He is a 1990 graduate of the College of Medicine, The Pennsylvania State University. He completed residency in orthopaedic surgery at the Milton S. Hershey Medical Center and a fellowship in Orthopaedic Trauma Surgery at Cooper Hospital, Robert Wood Johnson Medical School.

He is a 1990 diplomate of the



Eric T. Johnson, M.D.

National Board of Medical Examiners, and a 1999 and 2008 diplomate of the American Board of Orthopaedic Surgery.

He is also on clinical faculty at Wilmington Hospital and St. Francis Hospital, and he is an adjunct professor within the University of Delaware's Physical Therapy program.

Dr. Johnson was named one of Delaware Today Magazine's Top Docs for orthopaedic surgery in 2005, 2006 and 2007. ☉

Publishing, presentations, appointments, awards

Publishing

Laura Bishop, MS, RD, LDN, published, "Assessing Body Composition for Kidney Transplantation," an article in *Topics in Clinical Nutrition*/ July/Sept.2011-Vol. 26, No.3 pp.190-197.

Edwin L. Granite, D.M.D., published, "Are intravenous nitrogen-containing bisphosphonates implicated in osteonecrosis of appendicular bones and bones other than the jaws? A survey and literature review," in the **Journal of Oral and Maxillofacial Surgery** "In Press" Web page at: <http://www.joms.org/inpress>.

Cheryl A. Swift, RN, published an article, "Have the Best of Both Worlds : Professional Growth Opportunities for Bedside Nurses," in *Nursing for Women's Health*, 15, 334-338. (2011).

Allen Friedland, M.D., Tony Bianchetta, M.D., and Daniel Elliott, M.D., published "Back to School: Using Physicians to Teach Middle School Health," an article in the **Delaware Medical Journal**, September 2011, Vol 83 No 9.

Robert Locke, D.O., MPH, and Lou Bartoshesky, M.D., MPH, published "Medical-legal partnerships: Lawyers and physicians working together to improve health outcomes," an article in the **Delaware Medical Journal**, September, 2011 Vol 83 No 9.

David A. Paul, M.D., published "Clinical vignettes provide an understanding of antibiotic prescribing practices in neonatal intensive care units," in *Infection Control Hospital Epidemiology*. June, 2011.

Amy Tyler BSN, RN, CEN, published an article, "Every Nurse Can Be Green", in July's *Nursing2011*.

Deborah Ehrenthal, M.D., and colleagues published:

■ "Variation by state in outcomes classification for deliveries less than 500 g in the United States," in *Maternal Child Health Journal*. Jan 2011;15(1):42-48.

■ "Pregpregnancy body mass index as an independent risk factor for pregnancy-induced hypertension," in the *Journal of Womens Health*. Jan 2011;20(1):67-72. with

Claudine Jurkowitz, Matthew Hoffman, M.D., Xiaozhang Jiang, and William Weintraub, M.D.

■ "Awareness of the 5 A's and motivational interviewing among community primary care providers," in the *Delaware Medical Journal*. Jan 2011;83(1):17-21. With **Sonya Addo** and **Kristin Maiden**.

■ "The role of the obstetrician/gynecologist in the prevention of cardiovascular disease in women," in *Womens Health Issues*. Sep-Oct 2011;21(5):338-344. With **Sonya Addo, Ashley Stewart, and Elizabeth A. O'Neill**.

"The impact of guidelines limiting elective delivery prior to 39 weeks on rates of elective induction and cesarean delivery: 552," in **American Journal of Obstetrics & Gynecology**. 2011; 204(1): S221-S222.

With **Matthew Hoffman, M.D.**, and **Gordon Ostrum, M.D.**

Deborah Ehrenthal MD and Renee Kottenhahn M.D., contributed a chapter, titled "Women's Health," to a major textbook, *Cecil's Essentials of Medicine, VIII, Saunders*, 2011. Andreoli and Carpenter.

Richard Derman, M.D., and colleagues published:

■ "Epidemiology of stillbirth in low-middle income countries: a global network study," in *Acta Obstetrica Gynecologica Scandinavica*. Sep 2011.

■ "Consanguinity, prematurity, birth weight and pregnancy loss: a prospective cohort study at four primary health center areas of Karnataka, India," in the *Journal of Perinatology*. Aug 2011. With **Nancy Sloan**.

■ "ENC training reduces perinatal mortality in Karnataka, India," in *The Journal of Maternal-Fetal and Neonatal Medicine*. Jul 2011

Matthew Hoffman, M.D., MPH and colleagues published:

■ "Oxytocin Regimen for Labor Augmentation, Labor Progression, and Perinatal Outcomes," in the *American Journal of Obstetrics and Gynecology*. Aug 2011; 118(2 Pt 1):249-56.

■ "Clopidogrel use throughout pregnancy in a patient with a drug-eluting coronary

stent," in the *American Journal of Obstetrics and Gynecology*. Aug 2011; 118(2 Pt 2):432-3.

■ "Maternal insulin resistance and preeclampsia," in the *American Journal of Obstetrics and Gynecology*. Apr 2011; 204(4):327.e1-6. With **Anthony Sciscione, D.O.**

■ "Characteristics associated with severe perineal and cervical lacerations during vaginal delivery," in the **American Journal of Obstetrics and Gynecology**. Mar 2011; 117(3):627-35.

■ "Mode of delivery and outcomes in very low-birth-weight infants in the vertex presentation," in the **American Journal of Perinatology**. Mar 2011; 28(3):195-200. With **Amy Mackley, David Paul, M.D.** and **Anthony Sciscione, D.O.**

■ "A comparison of obstetric maneuvers for the acute management of shoulder dystocia," in the *American Journal of Obstetrics and Gynecology*. Jun 2011; 117(6):1272-1278.

■ "The impact of cervical excision on cervical length measurement for prediction of preterm birth: 324," in the *American Journal of Obstetrics & Gynecology*. 2011; 204(1):S133-S134. With **Philip Shlossman, M.D.**

■ "The effectiveness of guidelines limiting elective delivery prior to 39 weeks at lowering rates of NICU admission: 551," in the **American Journal of Obstetrics & Gynecology**. 2011; 204(1):S221. With **Deborah Ehrenthal, M.D., Gordon Ostrum, M.D., and Xiaozhang Jiang**.

■ "Predictors of shoulder dystocia with and without neonatal injury using multivariable modelling: 314," in the **American Journal of Obstetrics & Gynecology**. 2011; 204(1):S129-S130.

■ "Gestational age of prior twin preterm birth as a predictor for subsequent singleton preterm birth: 530," in the *American Journal of Obstetrics & Gynecology*. 2011; 204(1):S211.

Senior Clinical Researcher **Nancy Sloan** and colleagues published:

■ "Community Kangaroo Mother Care:

Publishing, presentations, appointments, awards

implementation and potential for neonatal survival and health in very low-income settings," in the *American Journal of Perinatology*; May 2011; 31(5):361-7.

■ "Experiences with Community Kangaroo Mother Care in Very Low-Income Settings," in the *Current Women's Health Reviews*. Aug 2011; Vol 7(3):310-316(7).

Presentations

Chuck Fort, MSN, RN, presented *Adventures in Hospital -Based Simulation: A Seven Year Journey*, at the Education Management Solutions, Fourth Annual Arcadia Summit at Villanova University, College of Nursing, Philadelphia.

Mark McDermott, MBA, CMRP, director Christiana Care Materiel Management and **Dan Hangarasa**, manager Christiana Care Logistics presented "Opening of a Centralized, Offsite Warehouse: One Health System's Experience, Decision-Making Process and Results," at the annual AHRMM 2011 National Conference in Boston

Wendy Wintersgill, MSN, RN, CRRN, ACNS-BC, presented "Bundling: An Education Model for Synergy, or a Gentle Approach to Culture Change" at the ANCC Magnet Conference in Baltimore, Md.

At the 37th Annual Association of Rehabilitation Nurses Annual Education Conference, Rehabilitation Nursing and Best Practice: A Winning Combination, Nov. 2 - 5 in Las Vegas, Nev.:

■ **Dale Gregore, MS, CCC, SLP, Kathleen King, RNII, CRRN, Nicole Schmidt, RN, and Wendy Wintersgill, RN, MSN, CRRN, ACNS-BC**, presented a poster, "Teamwork and Technology: A Unique Collaboration for Patient Safety with an Automated Implantable Cardioverter-Defibrillator (AICD), Neuromuscular Electrical Stimulation, and Flexible Monitoring."

■ **Jennifer Nicolais, RN, BS, Beth Williams, LPN, and Wendy Wintersgill**, presented a poster, "Show that We Care Campaign: A State-of the -Art Approach to Working Smarter."

■ **Mary Anne Sprout, RN, CRRN**, presented a poster, "Staff Development with Certification for Nurse Empowerment."

■ **Wendy Wintersgill** presented a poster, "Interprofessional Growth: Building a Model for Advanced Nursing Practice In Rehabilitation."

■ **Felisha Alderson, RN, BSN, CRRN** and **Mary Pat Laws, RN, BSN, CRRN**, presented a paper, "Transformational Leadership: A Shared Vision for Patient-and Family-Centered Care."

Robert L. Witt, M.D., FACS, presented two instruction courses at the American Academy of Otolaryngology-Head and Neck Surgery in September: "Update in the Management of Papillary Thyroid Cancer" and "Minimally Invasive Surgical Techniques for Salivary Neoplasms and Calculi." Dr. Witt also served as Panel Moderator for: "The American Thyroid Association Guidelines: Do we all agree?"

Kristin Maiden, Kate Stomierski, Amy Acheson, Lou Bartoszesky, M.D., and Deborah Ehrental, M.D., presented "Birth Defect Case Ascertainment Utilizing State Collaboration to Obtain Stillbirth Data" at the National Birth Defects Prevention Network Meeting in Orlando.

Jennifer Gauntt, M.D., and Erin Meyer, D.O., presented a poster titled "A Clear-Cut Pneumonia Becomes Hazy" at the annual meeting of the Med-Peds section of the American Academy of Pediatrics.

Daniel J. Meara, DMD, MD, MS, was a moderator for the American Association of Oral & Maxillofacial Surgery Oral Abstract Lecture: Maxillofacial Pathology/ Maxillofacial Oncology and Reconstruction / Maxillofacial Reconstruction/ Pharmacology.

Allen L. Friedland, M.D., FACP, FAAP, organized 34 volunteers at the Pediatrician Health Day advocacy and community service project at the annual American Academy of Pediatrics meeting to provide adult preventive health guidelines to more than 200 pediatricians interested in improving their health.

Appointments

The Professional Advancement Council congratulates and welcomes new RNIIIs:

Johnita Christmas (4C), Cherie Crumpler (Wilm OR), Erin Dignan (6E), Donna

Draper (Vascular Access), Deborah Harvey (L&D), Stacie Holdinsky (6E), Cindy Nefosky (4A), Katrina Nutter (3 Surgery), Crystal Ricketts (5A), Charles Wheeler (4E), and Kathryn Mitchell (6E).

David A. Paul, M.D., was named neonatology section editor for Biomed Central Pediatrics.

Robert G. Locke, D.O., MPH, was named associate section editor for Biomed Central Pediatrics.

Michele Campbell, RN, MSM, CPHQ, FABC, was installed as president of the Delaware Association for Healthcare Quality, for a two-year term ending in January 2013.

Awards

At the 37th Annual Association of Rehabilitation Nurses Annual Education Conference, Rehabilitation Nursing and Best Practice: A Winning Combination, Nov. 2 - 5 in Las Vegas, Nev.:

■ **Wendy Wintersgill, MSN, RN, CRRN, ACNS-BC**, in collaboration with a special interest group from the Greater Philadelphia Chapter of the Association for Rehabilitation Nurses, won the Clinical Excellence Award for their poster, Chapter SIG Examines Evidence-Based Practice: The UTI.

Barbara Tambourelli, RN, CCRC, of the Department of Medicine, recently passed her research certification exam.

Edwin L. Granite, D.M.D., received an award from the American Board of Oral and Maxillofacial Surgery in recognition of three years of service on the Examination Committee.

Karla Testa, M.D., (PGY-4 Med-Peds and Med-Peds chief resident) received the 2011 National Med-Peds Resident's Association International Travel Grant for "Helping Hands Health Education in Nepal."

PEEPs awards recognize staff for supporting safe patient handling



Chief Nursing Officer Diane Talarek, RN, (fourth from right), presented the annual PEEPS awards. Accepting the awards, from left, were PCT IIs Roberta Taylor and Frances Smith of 2E; Kristen Foulk of 4D; Amy Spencer of 4D/5D; Barbara Feeny of 6E/7E, Angela Allen, from TSU; and Jean Dorsey of Wilmington ED.

Christiana Care's safe patient handling team, known as "PEEPS", chose the workshop on "Safe Patient Handling Considerations for the Bariatric Patient" in October as the time and place to present annual awards for leadership and support of the program. Senior Vice President and Chief Nursing Officer Diane Talarek (fifth from left in photo) presented the annual award for Leadership in Supporting the "PEEPS" Program to 4D Nurse Manager Karen McCloud. Three more individuals and three teams also received awards recognizing their outstanding contributions in supporting the PEEPS program and the safety of themselves and others. ☺

Mended Hearts group marks 25 years

On Oct. 20, more than 75 Mended Hearts members, their spouses and health care professionals gathered for a 25th anniversary celebration in the Center for Heart & Vascular Health lobby at Christiana Hospital.

Center for Heart & Vascular Health Medical director Timothy Gardner, M.D., and W. Samuel Carpenter III Distinguished Chair of Cardiovascular Surgery Michael Banbury, and Cardiovascular Surgeon Ray Blackwell, M.D., thanked the members of the

organization for all they do for our heart patients.

Mended Hearts members visit patients and their families who have open-heart surgery and undergo stent placements at the Christiana Care Center for Heart & Vascular Health — more than 20,000 patients and 50,000 visits since 1986.

Founded with 25 members 25 years ago, Mended Hearts of Delaware has grown to approximately 100 members, of which 18 volunteer at Christiana Care. ☺



Mended Hearts 25th anniversary celebration in October marked the club's founding shortly after the first open heart surgery procedures at Christiana Care. The event drew many former open heart surgery patients, heart surgeons, spouses and others to the Center for Heart & Vascular Health main lobby.

Human Resources Frequently called numbers

HR Service Center (Benefits/General HR Policy Questions): 302-327-5555.
Employee Information and Rumor Hotline: 302-428-INFO (4636).
Employee Relations: 302-733-1121.
Employee Assistance Program (EAP): 1-877-595-5284.



Visit

www.christianacare.org/heartleaders
 to learn why more than 8,000 people each year choose Christiana Care to fight stroke and heart disease.

Briefly noted

Still time to vote for Focus on Excellence 'People's Choice'

Did you know that the annual Focus on Excellence awards submissions are available to review on the portals?

Select Focus on Excellence 2011 Projects to review the 77 entries and don't forget to cast your vote for the People's Choice Award.

This year's Focus on Excellence Awards Ceremony takes place on Thursday, Dec. 1.

Guest speaker is patient safety expert Michael Leonard, M.D., principal at Pascal Metrics.

Disability Accommodation Policy

In keeping with our mission and our commitment to our employees, Christiana Care's disability accommodation policy ensures that qualified individuals with disabilities have full access to all benefits of employment. The policy outlines the updates from the American with Disabilities Amendment Act (ADAAA) and outlines the process for employees who require a reasonable accommodation to enable them to perform the essential job functions of their position.

Disability accommodations will be addressed on a case-by-case basis. For more detailed information, please visit the portal.

Osteopathic med students to receive enhanced training during surgical rotation

For the first time at Christiana Care, a new training program for osteopathic medical students rotating in surgery includes instruction in the performance of osteopathic manipulative treatment (OMT).

Michael Kalina, D.O., FACOS, associate medical director of Trauma and medical director of the Surgical Student Clerkship, believes the rotation in osteopathic manipulative treatment can improve patient care and satisfaction as well as promote the education of hospital and medical staff.

"Implementing this program enables the students to learn a widely accepted medical intervention which had previously not been a component of their curriculum and professional training," says Dr. Kalina.

OMT involves hands-on evaluation, treatment and prevention through stretching, gentle pressure and resistance. The program curriculum includes:

- Osteopathic history and physical examination.
- Pre-intervention discussion.
- Osteopathic manipulative treatment.
- Post-intervention discussion.

Faculty participating in the new training program include Margot L. Waitz, D.O., director Osteopathic Education Wilmington Hospital, Family and



Top photo, Michael Kalina, D.O., FACOS, associate medical director of Trauma and medical director of the Surgical Student Clerkship, (right) observes osteopathic medical students Jessica Westerberg Schleusner (left) and Sarah Uddin learning OMT procedure on a patient. Above, from left, Dr. Kalina welcomes medical students Jeffrey Mufson, Erin Paulsen, Sarah Uddin, and Staci Hallenbeck, to the new OMT portion of their surgical rotation.

Adolescent Medicine; and Seth D. Torregiani, D.O., Internal Medicine and Pediatrics, Agada Center.

The program includes performance of OMT on patients by the students under the direct supervision of Dr. Kalina and the participating faculty. The OMT rounds will be open to all students, nurses, and hospital staff.

Tricia Strusowski's weight loss plan: 'take better care of myself'

Loss of a friend to cancer, dawn of another birthday provided impetus



Tricia Strusowski, RN, MS

Tricia Strusowski, RN, MS, is a morning person. She used to be so eager to start each day at the Helen F. Graham Cancer Center that she seldom ate breakfast.

She didn't think about her own wellness needs until she paused to contemplate two life events.

"I had lost a very dear friend to cancer, and my birthday was coming around," says Strusowski, clinical director of cancer programs. "I started thinking about ways I could take better care of myself."

At the top of her list was losing weight and learning to maintain a healthy diet. She enrolled in on-site Weight Watchers meetings at

Christiana Care.

Strusowski found it doesn't take much time to start the day with a healthy breakfast. A hard-boiled egg or Greek yogurt are both high in protein, which helps to keep hunger at bay. Fruit provides vitamins and fiber.

On work days, she packs a satisfying, low-calorie lunch that combines leafy greens with protein, such as chopped veggie burgers, plus fruit for snacks.

"I have a large appetite, so I make lots of big salads," she says. "Nobody gets fat eating fresh vegetables."

Now identifies snack triggers

She also learned to identify the triggers that set off evening snack attacks so she could develop a coping

strategy.

"I tended to snack while I was making dinner," she says. "Now, I always have celery sticks to nibble on while I'm cooking."

Learning what to buy at the grocery store — and what to avoid buying — set Strusowski up for success.

"No high-fat foods in the pantry means no temptation to eat them," she says. "We don't keep chips in the house. Instead we have 94-percent fat-free popcorn."

She also learned it is easier to dine out if you are prepared to make choices.

"You can go online and research the menu," she says. "Don't be shy about asking the server if you can switch out the french fries for veggies."

After she started losing weight, Strusowski noticed what she calls "the jigglies." The weight was off, but her skin tone needed firming. To tone up, she turned to the employee fitness center, where she gives her arms and legs a work out with light weights. At least three times a week, she takes a three-mile power walk after work.

Eight months after she began her lifestyle shift, Strusowski is 32 pounds lighter. Her heartburn is gone, and the dosage for her blood pressure meds has been reduced. Her bone density and resting heart rate are good.

An added bonus: her family is more nutrition conscious. Her teenage daughter now reads labels on foods before making a choice.

"I'm grateful that Christiana Care encourages employees to be healthy by having Weight Watchers and a fitness center at work," Strusowski says. "It's much easier to take advantage of those resources when they are convenient."

After all her hard work, she figures she deserves a treat.

"But I don't reward myself with food," she says. "Instead, it's a new outfit or a nice pair of sneakers." 🌀

Ralph Benson gets back on track

In two decades, he gained 75 pounds, then lost 80 to return to half-marathon trim

In high school, Ralph Benson ran cross country, a course that kept him fit and trim.

But by his early 20s, he was on the fast track to weight problems. He was no longer exercising. He wasn't eating healthy foods.

"Meatball subs and doughnuts for late-night meals," recalls Benson, 42, an OR nurse assistant at Christiana Hospital.

Over the years, the pounds began to creep on. But the change in his physique didn't hit home until 1999, when Benson

was a groomsman in a wedding. He looked at himself in the photographs, all dressed up in a tuxedo.

He didn't like what he saw.

"I looked like I had a mouthful of food — except I didn't," he says.

Benson weighed 240 pounds, 75 pounds more than when he was in high school.

"The very next day, I started running," he recalls.

Within a year, he had dropped almost 40 pounds. But exercise alone wasn't enough to get Benson to his optimum weight.

"I had to change my diet," he says. "No white bread, no white rice, no red meats."

Instead of soda, Benson drinks lots of water. He sticks to lean meats, such as turkey breast, tuna and salmon, with generous servings of fruits and veggies.

Today, he weighs 160 pounds — five pounds less than when he was a high

school athlete. He also has regained his youthful energy.

"I have more pep," he says. "I jump out of bed in the morning."

Benson has now completed eight half-marathons. This fall, he will run his first marathon.

He works out regularly at the employee fitness center, where he

"I have more pep. I jump out of bed in the morning."

Ralph Benson

lifts light weights and does calisthenics. He also enjoys yoga and exercises that incorporate boxing moves.

Alisa Carrozza, employee wellness program coordinator, says Benson is always willing to help others, slowing his pace to run with colleagues who want to get on the fitness track.

"Having someone to run with helps you to go further faster," he says. "I remember that I couldn't run as fast as I can now when I was just starting out."

As a Wellness Champion, Benson volunteers each May at the Delaware Marathon, where Christiana Care is a sponsor. He is constantly reading to learn more about fitness.

"Ralph searches for relevant resources, tracks his progress and changes up his exercises in order to support whatever fitness goal he is working on at the time," Carrozza says.



Ralph Benson

She notes that other employees at the fitness center are inspired by Benson's success and willingness to share.

"I don't preach," he says. "But if you ask me for advice, I will talk to you all day." ☺

At Christiana Care, employees have 24/7 access to fitness facilities. At Christiana Hospital, e-mail acarrozza@christianacare.org or contact Joe Novack at Wilmington Hospital at jnovack@christianacare.org to learn more.

Czech professor learns from Christiana Care Respiratory team

Christiana Care hosted an International Respiratory Fellow, Karel Roubik, Ph.D., from the Czech Republic. Dr. Roubik developed the

first respiratory care program in his country where the first class of respiratory therapists in the Czech Republic soon will graduate.

The American Respiratory Care Foundation and the American Association for Respiratory Care established the program that enabled Dr. Roubik to visit. The program promotes the exchange and development of the art and science of respiratory care and provides assistance to countries that want to establish the respiratory care profession, says Christiana Care's John Emberger, BS, RRT, FAARC, host city coordinator.

Dr. Roubik spent a week at Christiana Care observing respiratory care in many different environments, including critical, general, long-term, pediatric, neonatal and home care. He also learned about education respiratory students with DelTech and Millersville respiratory programs, and spent a week in Joplin, Mo., before attending the International Respiratory Conference in Tampa, Fla. 🌐



From left, Karel Roubik Ph.D., Critical Care Coordinator John Emberger BS, RRT, FAARC and Tiffany Bollman BS, RRT discuss mechanical ventilation.

Richard Derman, M.D., speaks at Moscow scientific forum

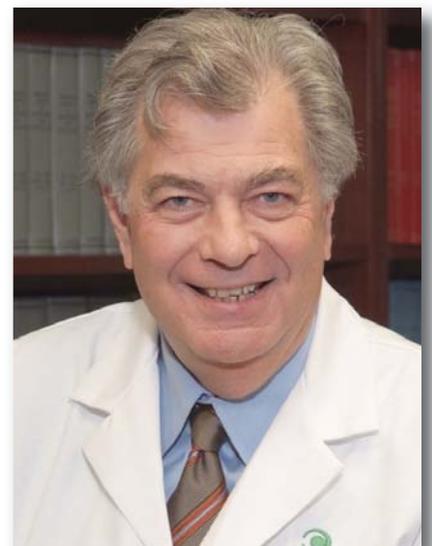
Richard J. Derman, M.D., MPH, chair, Department of Obstetrics & Gynecology at Christiana Care, is speaking at this week's U.S.-Russia Scientific Forum on human development, held Nov. 16-17 at the Russian Institute of Science in Moscow.

Dr. Derman addresses the leading causes of maternal and neonatal mortality and impact of his teams' research to affect Millennium Development Goals. The National Institutes of Health and U.S. State Department invited Dr. Derman to speak.

The conference brings scientific leaders of government, academic institutions and industry together to tackle themes com-

mon to both countries. The two-day meeting features distinguished researchers from the U.S. and the Russian Federation to discuss human development and health outcomes, the effects of lifestyles on health, new technology in cancer, advances in endocrinology and a panel addressing the challenges of rare diseases.

The U.S.-Russia Scientific Forum is a public-private partnership of the Foundation for the National Institutes of Health and was created as a result of the 2009 U.S.-Russia Bi-Lateral Presidential Commission to encourage broader U.S.-Russia research collaboration in biomedical and behavioral research. 🌐



Richard J. Derman, M.D., MPH

Anesthesiology team helps Delaware Health Information Network

When the Delaware Health Information Network (DHIN) needed technical advice on keeping health information fluid, DHIN's board secretary, Bettina Rivera, turned to Christiana Care's Anesthesiology team. Anesthesiologist Mark Schneider, M.D., began advising DHIN several months ago. Rivera, came visiting on Nov. 15.

The board chair of DHIN is Christiana Care Vice President, Information Technology Randy Gaboriault, who has participated in some of the discussions. ☺

Bettina Riveros, secretary of the board of the Delaware Health Information Network, (front/left) questions Mark Schneider, M.D., during a visit Nov. 15 to Christiana Hospital's Perioperative Services Perioperative Services. In the background are Christiana Care Chief Medical Officer Janice Nevin, M.D., MPH, and Chair of Anesthesiology Kenneth Silverstein, M.D.



Help available for tinnitus and hypersensitivity to sound

Do you experience bothersome ear noises (tinnitus) or hypersensitivity to sound (hyperacusis)? The Christiana Care Audiology Department, in MAP 2 Suite 1205, offers retraining therapy for both conditions to relieve symptoms and reduce the impact of phantom auditory perception in the ears or head that are frequently described as ringing, buzzing, humming or hissing.

Tinnitus is a conscious experience of a sound that originates in the mind — a perceived sound that is internal and cannot be heard by others.

Hyperacusis is a hearing disorder in which a person reflects abnormally strong reactions resulting from exposure to a sound. A person may experience physical discomfort as a result of exposure to quiet, medium, or loud sounds.

The prevalence of tinnitus in our population is increasing, especially

among returning military personnel. Among the general population, 17 percent (44 million Americans) experience symptoms of tinnitus. Most are able to ignore the symptoms, but some 8 million have a significant problem and 2 million have a debilitating problem that can impact their sleep cycle and lead to depression, more noticeable symptoms and a need for professional help.

Noise exposure is the most common cause of tinnitus, but the condition is frequently associated with Meniere's disease, hearing loss, otosclerosis, sinus/ear infections, head injury, tumors, diabetes, thyroid disorders, jaw muscle malfunctions, and more than 200 prescription and non-prescription drugs.

Tinnitus retraining therapy uses a combination of directive counseling and low-level auditory sound therapy to initiate and facilitate habitua-

tion to the tinnitus perception. The low-level sound creates sound enrichment and allows the brain to de-emphasize the tinnitus.

Sound generators look like a hearing aid and emit a pleasant sound similar to that of a shower. Combination hearing aid and sound generator devices may be recommended when hearing loss is present. Combination instruments provide noise for the tinnitus and amplification for communication needs.

If you suspect that you might have tinnitus, avoid silence, and enrich your daily life with enjoyable sounds that keep you from focusing on the tinnitus. If tinnitus, hypersensitivity or both conditions are impacting your life, you should be evaluated by an audiologist with specialty training in tinnitus and hypersensitivity. ☺

✍ To schedule a consultation or to request more information, call 623-4050.

Don't be another statistic in the rise of diabetes

November is American Diabetes Month, a time to raise awareness of the dangers of the disease and ways to prevent it.

Diabetes is growing all year, with a new diagnosis every 17 seconds. Last year, 1.9 million Americans 20 and older were diagnosed, according to the American Diabetes Association (ADA). At that rate, one in three adults will have the disease by 2050, according to the Centers for Disease Control and Prevention.

Type 1 diabetes results when the body doesn't produce insulin and is usually found in children and young adults. Type 2, which accounts for more than 90 percent of diabetes, occurs when the body has a shortage of insulin, a decreased ability to use insulin, or both.

Insulin is the hormone that allows glucose, or sugar, to enter our cells and be converted to energy. Without insulin, glucose and fats stay in the blood and

harm vital organs.

Diabetes can lead to serious conditions, including kidney failure, blindness and amputation of the lower extremities, usually starting with the toes. People with diabetes also are far more likely to suffer stroke or heart disease.

In addition to its toll on individuals and their loved ones, diabetes is a drain on society. On average, people with diabetes require twice as much in health care costs as people who don't have the disease.

So what can we do? Lots! Individuals have a significant say in whether they develop diabetes or not.

The Diabetes Prevention Program, a government-funded study of people at high risk for diabetes, showed that people can delay and — and possibly prevent — diabetes through diet and exercise. In fact, losing as little as 7 percent of body weight, eating healthy and exercising 30 minutes a day for

five days a week reduced the incidence of diabetes by an impressive 58 percent.

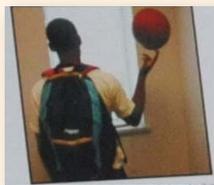
The ADA recommends testing for pre-diabetes and type 2 diabetes for adults who are overweight and have at least one other risk factor, such as a family history of the disease, diabetes during pregnancy or high blood pressure. Adults who don't have risk factors should have a glucose test every three years, starting at age 45.

Warning signs include frequent urination, excessive thirst, unexplained weight loss and extreme hunger. People also might experience fatigue, sudden changes in vision and tingling or numbness in hands or feet. Their skin might get dry and sores take a long time to heal. ☉

✔ *Employees with diabetes who carry medical insurance through Christiana Care are eligible for free diabetes education and nutrition counseling through PMRI. To schedule an appointment, call 302-661-3000.*

Photovoice project engages, empowers Wilmington teens

Christiana Care's Women's Health Services team partnered with Neighborhood House, Inc., People's Settlement Association and Kingswood Community Center, Inc. to conduct



Photovoice, a local research project using photography by teens to help identify and understand the barriers, facilitators and social norms of youths in Wilmington.

Compared to other cities across the state, Wilmington has a comparatively higher teen pregnancy rate and fewer

kids staying in school.

On Sept. 27 at the Delaware Center for Contemporary Arts, Wilmington teens unveiled their Photovoice images to an enthusiastic audience of

parents, community leaders and local policy makers.

The project received funding from from Delaware's Division of Public Health and the T.D. Charitable Foundation. ☉

✔ *Visit Christiana Care's Flickr photostream for complete details.*



Learn more from an expert. Join James Lenhard, M.D., (above) inpatient medical director of Christiana Care's Diabetes Program, for his lecture "What You Need to Know to Stay Healthy and Prevent Diabetes" on Monday, from 9-10 a.m. on Nov. 21 in the John H. Ammon Medical Education Center Rooms 2 and 3. Register now via the Education Center. ☉

Therapeutic notes

Monitoring of low-molecular weight heparins

By Suhani S. Shah, Pharm.D.

Anti-Xa levels are used for monitoring anticoagulation with low-molecular-weight heparins (LMWHs). The antithrombotic effect of enoxaparin and dalteparin is well-correlated to the inhibition of factor Xa.

Similar to unfractionated heparin (UFH), LMWHs are generally used for two purposes:

- Prophylaxis against venous thromboembolism disease
- Treatment of thrombotic or thromboembolic disease

Formulary LMWH treatment regimens are weight based and rounded to the appropriate dose. These regimens include:

- Enoxaparin 1 mg/kg SQ Q 12.
- Enoxaparin 1 mg/kg SQ daily (renal dysfunction).
- Enoxaparin 1.5 mg/kg SQ daily.
- Dalteparin 200 IU/kg SQ daily.
- Dalteparin 150 IU/KG SQ daily.

Although not routinely required for all patients, specific patient populations may benefit from the monitoring of anti Xa levels. This will help ensure standard dosing regimens of enoxaparin or dalteparin are appropriate.

- Renal impairment (CrCl<30ml/min): Due to the renal elimination of LMWHs, these patients can experience drug accumulation resulting in an increase of bleeding complications.
- Obesity (>160 kg): In the obese patient population (BMI 30-48 kg/m²), data is limited as dosing guidelines have not been well established in clinical trials.
- Pregnancy: Pregnant women receiving enoxaparin should also be carefully monitored for evidence of bleeding or excessive anticoagulation because hemorrhage can occur at any site and may lead to death of mother and/or fetus. In pregnant women the requirements for the dose of enoxaparin can vary as the pregnancy progresses through each trimester.

In the above situations, anti-Xa levels at steady state may be used to guide dose-reduction to avoid exceeding recommended peak levels. Peak plasma anti-factor Xa levels typically occur 4 to 6 hours after subcutaneous administration, with steady

state occurring approximately two days after initiation of therapy. Therefore, the recommended timing of a blood sample should be drawn 4 to 6 hours after the 3rd dose. The recommended therapeutic range for treatment doses of twice daily dosing is 0.5 to 1.0 U/mL and for once daily dosing is 0.7 to 1.5 U/mL. Monitoring prophylactic doses of LMWHs is not routinely performed, thus guidelines for target peak anti-Xa levels for prophylactic regimens are not available.

The Pharmacy and Therapeutics Functional Improvement Committee (P&T) has authorized pharmacists to order anti-Xa levels in patients meeting certain criteria. The criteria includes patients with one of the following: (1) renal dysfunction (CrCl < 40 ml/min), (2) fluctuating renal function, (3) weight greater than 160 kg, and (4) pregnant women who are receiving treatment doses. The policy states that the frequency of monitoring will not exceed one level per every 48 hours. This policy was developed to establish a standard to increase safety for patients receiving anticoagulant therapy and reduce patient harm in accordance with the National Patient Safety Goal #3 (NPSG3) as identified by the Joint Commission. ☺

Formulary update - October 2011

FORMULARY ADDITION			
Medication – Generic/Brand Name	Strength / Size	Use / Indication	Comment
Sodium fluoride F-18 injection	0.185 to 17.575 GBq/mL 18F sodium fluoride / Patient-specific unit dose	Bone imaging agent used with PET imaging to detect areas of altered osteogenic activity	Restricted to Nuclear Medicine
CCHS MEDICATION POLICY			
Dronedarone (Multaq)	Prescribing restricted to continuation therapy only. Treatment of a patient with dronedarone cannot be initiated in the hospital. The FDA is currently reviewing the safety of dronedarone because of the increased risk of death and cardiovascular adverse events observed in those older than 65 years of age with permanent atrial fibrillation.		
Amoxicillin /Clavulanate chewable tablets & 125 mg/5 mL suspension	Deleted because of lack of use. Other suspension formulations remain available		
Doxapram injection	Deleted because of lack of use		
Gold sodium thiomalate injection (Myochrysine)	Deleted because of lack of use		
Neomycin, Polymyxin B and Hydrocortisone Otic Solution (Cortisporin Otic Solution)	The otic suspension formulation remains on the Christiana Care Formulary		
Piperacillin injection	Deleted because of lack of use		
Ropivacaine 0.2% injection	Deleted because of lack of use. The 0.5% injection remains on the Christiana Care Formulary		
Venelex ointment	Removed from Christiana Care Formulary because it is not an FDA-approved product		
Ipilimumab injection / Yervoy			
Nebivolol / Bystolic			

IN THE COMMUNITY

'Battle for a Cure' benefits Helen F. Graham Cancer Center



Sydney Lysinger, 15, center, an Archmere Academy student who was diagnosed and benefitted from cancer treatment at the Helen F. Graham Cancer Center, presents a check for \$10,400 on behalf of the annual "Battle for the Cure," to Patrick A. Grusenmeyer, Sc.D., FACHE, president, Christiana Care Health Initiatives and senior vice president, Cancer and Imaging Services. Members and friends of the Archmere and St. Elizabeth's volleyball teams fill the stands in the background.

The "Battle for the Cure" volleyball event held by high school athletes from Archmere Academy in Claymont and St. Elizabeth's High School in Wilmington brought in \$10,400 to benefit the Helen F. Graham Cancer Center.

The game, during National Breast Cancer Awareness Month in October, doubles as a fundraiser. The venue alternates between St. Elizabeth's and Archmere gyms and this year took place Oct. 11 at Archmere.

Total fundraising for the Graham Cancer Center since the

event started in 2007 now stands at \$48,437.

While the annual game is the main focus, students are also the main engine for garnering financial support, through sales of T-shirts, student-made bracelets, homemade baked goods, raffles and other efforts. This year, a beautiful hand-made quilt depicting breast cancer awareness, sold at an auction on game day for \$650. ☺

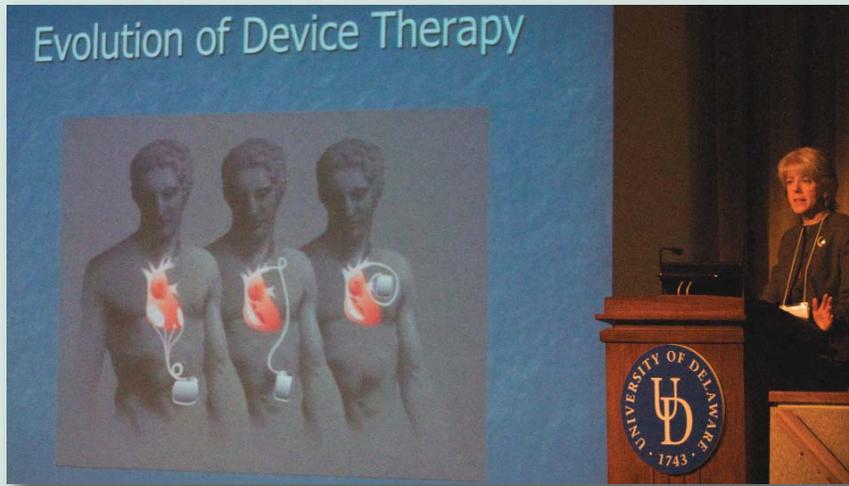
✓ To learn more about the Helen F. Graham Cancer Center at Christiana Care, visit www.christianacare.org/Cancer.

SNAPSHOT: American Heart Association Annual Heart Walk, Sept. 11, 2011



The annual AHA Heart Walk at the Wilmington Riverfront drew a record number of walkers on its 20th anniversary, including hundreds of Christiana Care employees. The major community event promotes awareness while raising funds to fight heart disease and stroke. Seated above front and center are William Weintraub, M.D., the John H. Ammon Chair of Cardiology at Christiana Care and Mitchell Saltzberg, M.D., medical director of the Heart Failure Program.

Heart failure, orthopaedics hold major education events



The **Fourth Annual Heart Failure Summit**, Oct. 21 at the University of Delaware, led by Mitchell Saltzberg, M.D., ACC, FAHA and Carolyn Moffa, MSN, FNP-C, CHFN, (above) featured presentations from members of the Christiana Care Center for Heart & Vascular Health and Heart Failure Program. Topics included left ventricular assist devices, management of the heart failure patient in the Emergency Department, assessment of cardiac hemodynamics, a heart failure case presentation, Joint Commission heart failure core measures, self-care strategies in heart failure and optimizing ICDs and other device therapies in heart failure care.

Nine departments screen, educate 1,000 people at Mushroom Festival

More than 20 employees from nine Christiana Care Health System departments screened and educated 1,000 people at the two-day Kennett Square Mushroom Festival.

Teams from Christiana Care Cardiology of Southern Chester County and the Center for Heart & Vascular Health provided blood-pressure screenings for 110 people. The Christiana Care Nuclear Medicine team screened 20 women for osteoporosis, and Christiana Care Exercise Services provided body-mass index (BMI) screenings for 110 people. Surgeons from the Center for Advanced Joint Replacement at Christiana Care spoke with more than 100 people about healthy bones and joints, and about options for treating arthritis pain and other hip and knee problems.

Christiana Care was a first-time sponsor this year. Proceeds from the festival go to 31 area non-profits. ☺



Orthopaedic surgeon Leo W. Raisis, M.D., explains how a replacement joint can help patients live more active, healthier lives.



Christiana Care's Department of Orthopaedic Surgery hosted the Fourth Annual Delaware Orthopaedic Symposium Oct. 29, at the John H. Ammon Medical Education Center at Christiana Hospital. The sold-out symposium included three learning tracks: orthopaedic surgery, primary care orthopaedic medicine and orthopaedic nursing. U.S. Rep. John Carney, this year's keynote speaker, talked about the role of health care in adding pressures on the federal budget. The technical sections included a live dissection of a knee broadcast from the morgue to the Ammon Center by Steven Dellose, M.D., and Eric Johnson, M.D.



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Medicine Cabinet Clean Out Day nets a half ton of materials

Unwanted or expired medications cause thousands of accidental poisonings each year and show up in municipal water supplies.

Christiana Care sponsored another Medication Cabinet Clean-Out Day Oct. 29, collecting 1,000 pounds of expired prescriptions and other unneeded drugs and medical materials.

Last held April 30, the event encouraged neighbors once again to bring in pharmaceuticals, inhalers, over-the-counter pills, vitamins, pet medicines and liquid medications. The collectors' only request was that items be kept in their original containers.

Other sponsors are Drug Enforcement Administration and the Delaware State Police. 



Scott Samples, MBA, Pharm.D, director, Inpatient Pharmacy Operations, Christiana Hospital, accepts a bag of unwanted medications from a conscientious neighbor who took advantage of Christiana Care's offer to safely dispose of the community's unwanted medicine cabinet materials.



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