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Annual awards celebrate nursing excellence, leadership

Each year during Nurses Week, the Professional Nurse Council (PNC) of Christiana Care Health System recognizes nurses from throughout the nursing career spectrum for their commitment to excellence.

The awards presentations are the council's most celebrated event of the year and help us reach our goals of heightening the professional image of nursing and supporting the spirit of the professional advancement programs at Christiana Care.

Christiana Care's nurses already have received prestigious praise for their efforts, as we are the only health system in Delaware — and one of only 300 among the nation's nearly 5,000 hospitals — to have achieved Magnet® recognition by the American Nurses Credentialing Center. And this year, Christiana Care's Medical Intensive Care Unit again received the Beacon Award for Critical Care Excellence (see page 3).

This year the PNC and Professional Advancement Council partnered to honor nursing colleagues receiving the Nursing Excellence Award, those advancing on the clinical ladder and the Dot Fowler Award. The councils modified the program format to present awards by service line and to share with the recipients and guests why they were nominated by their peers. **CONTINUED P. 2**



Christiana Care is one of only 40 hospitals nationwide and the only hospital in Delaware to achieve the Silver Beacon Award for Critical Care Excellence from the largest specialty nursing organization in the world — the American Association of Critical Care Nurses. See page 3 for more about this achievement.

Patricia Gray, RN, left, of the Heart & Vascular Interventional Services Prep & Holding unit, received a Nursing Excellence Award in the Heart & Vascular category, presented by Michelle L. Wheeler, RN (right). See a complete list of Nursing Excellence and other award winners starting on p. 2.



CONTINUED FROM COVER

Annual awards celebrate nursing excellence, leadership



Celebrating leadership and career advancement, the awards program included recognition of nurses newly promoted to RN III and outstanding nurses from the ranks of our RN IIIs.



CONGRATULATIONS TO THE FOLLOWING NURSES HONORED AT THIS YEAR'S ANNUAL CEREMONY.

ADVANCED PRACTICE

Denise Lyons, MSN, RN,
GCNS-BC
WISH Program Coordinator

Jo Melson, MSN, RN, FNP-BC
Pain & Palliative Care Team

EDUCATOR

Beth Fitzgerald, MSN, RN,
CNOR
*Perioperative Nurse Internship
Manager*

Sharon Vickers, MSN, RN, CEN
*Clinical Decision Unit &
Christiana Hospital ED*

NON-DIRECT CARE

Robert Arnold, RN
Vascular Access

Erica Harrell-Tompkins, BSN,
RN-BC
WOC Nursing

LEADERSHIP

John McMillen, MBA, MS, BSN,
RN, NE-BC
Nurse Manager 5C

Joan Pirrung, MSN, RN,
CNS-BC
Manager Trauma Program

NEWLY PROMOTED RN IIIs

Shannon Collins, RN, 6B
Kim Eckerson, RN, 5A
Carolyn Hans, RN, 6B
Christine Klein, RN, 3A
Tanya Marandola, RN, RCA
Lisa Mosco, RN, 4S
Tiffany Snow, RN 4D
Patricia Szczerba, RN, 3A
Janet Walter, RN, 6A
Jacqueline Youngerman, RN,
Christiana Hospital ED

OUTSTANDING RN IIIs

Mercy Badu-Nkansah, RN, 4S
Jennifer Begley, RN, CVCCC
Pamela Braithwaite, RN, LDR
Rose Brownstein, RN, *Psych*
Marie Cassalia, RN, CVCCC
Barbara Dean, RN, NICU
Nicole Donahue, RN, LDR
Carol Hart, RN, 6E
Stacy Holdinsky, RN, 6E
Julia Jordan, RN, *Psych*
Kathleen King, RN, *Rehab*
Lisa Mack, RN, *Psych*
Kathryn Mitchell, RN, 6E
Liz O'Neill, RN, *Psych*
Colleen Schwandt, RN, 6E
Susan Siano, RN, WHHC
Eva Smith, RN, 6E
Erin Stephens, RN, 6E
Cheryl Swift, RN, LDR
Genita Vandell, RN, *Psych*
Terry Vaughn, RN, TSU
Christina Wilson, RN, 6E

2012 NURSING EXCELLENCE AWARD RECIPIENTS

Cardiovascular/Critical Care

Megan Fallers, RN
Amanda Galloway, RN
Nicole Heap, RN
Kari Kelly, RN
Jenna Logan, RN
Chris Otto, RN
Andrea Sweeny, RN
Olivia Taylor, RN
Adrienne Wharry, RN
Ashley Whittington, RN

Emergency

Lisa Bowdle, RN
Coleen Dever, RN
Sarah Flanders, RN
Jaimee Messick, RN
Amy Stier, RN

Graham Cancer Center

Joanne Antonio, RN

Heart & Vascular

Patricia Gray, RN
Stacy Kohout, RN



Medical

Leah Boyd, RN
Shannon Collins, RN
Krista Davis, RN
Shernett Fowler, RN
Jini Hong, RN
Elsie King, RN
Nicole Marshall, RN
Mark Mealo, RN
Katie Mitchell, RN
Kendall Scott, RN
Jessica Shinn, RN
Liway Webb, RN

Perioperative

Pamela Boyd, RN
Catherine Currier, RN
Karin Emmett, RN
Marlena Gastunas, RN
Wanda Jenkins, RN
Michelle Killion, RN
Sally Nelson, RN
Cheryl Rohn, RN

Surgical

Jeff Gerbe, RN
Alexandra Gouveia, RN
Beverly Helm, RN
Steve Larrimore, RN
Deana Perno, RN
Beth Tanzola, RN
Daniela Tocci, RN

Visiting Nurse Association

Audrey Gaillard, RN
Gina Krambeck, RN
Patricia Preston, RN

Wilmington

Rose Brownstein, RN
Cynthia Cantey, RN
Jeff Clarke, RN
Frances Dailey, RN
Karen Ellis-Brisbon, RN
Christine Hargrove, RN
Kathleen King, RN
Katie Melville, RN
Liz O'Neill, RN
Susan Siano, RN

Women & Children

Amy Baldwin, RN
Regina Cheeseborough, RN
Patricia Coyle, RN
Pamela Morris, RN
Kim Schoeffler, RN
Amy Staples, RN
Lesley Tepner, RN ●

Christiana Care wins award for excellence in critical care

Christiana Care is one of only 40 hospitals nationwide and the only hospital in Delaware to achieve the Silver Beacon Award for Critical Care Excellence from the largest specialty nursing organization in the world — the American Association of Critical Care Nurses (AACN).



The honor is for the period 2012-2015; Christiana Care also won the award for the period 2010-2012. It recognizes the Medical Intensive Care Unit at Christiana Hospital for its high standards in patient outcomes, recruitment and retention, staff training and healthy work environment.

"Achieving the Beacon Award is testimony to the hard working team on the Medical Intensive Care Unit at Christiana Hospital," says Diane Talarek, RN, chief nursing officer. "Everyone here is demonstrating interdisciplinary, family focused, safe and high-quality care."

According to AACN, the award signifies continuous learning and effective systems to achieve optimal patient care. The association singled out Christiana Care for meeting the following evidence-based criteria:

- Leadership structures and systems
- Appropriate staffing and staff engagement
- Effective communication; knowledge management, learning and development; best practices
- Evidence-based practice and processes
- Patient outcomes

Founded in 1969, AACN links the interests of more than 500,000 acute and critical care nurses with more than 235 chapters worldwide. ●

Did you know?

The Professional Nurse Council of Christiana Care Health System has welcomed new leadership for 2012-2013. They are Pamela S. Boyd, BSN, RN, CNOR, chair, and Allison Steuber, MSN, RN, CEN, CEAS, co-chair.

Leukemia therapy easier on patients, but matching donors still needed

More than 21 years ago, Kallie Roberts, then 17, went to a New Jersey hospital for what she thought was an asthma attack.

But blood work revealed that she had leukemia. Treatment with radiation and high-dose chemotherapy — the only available therapies in 1991 — would destroy all of Roberts's bone marrow cells. She would need a bone marrow transplant and stay in the hospital for a month to complete her therapy, her oncologist Michael Guarino, M.D., informed her.

Finding a bone marrow donor was not always easy then, nor is it now. Only one in 190,014 people on the worldwide donor registry provided a match — Paul Johns, 44, from Staffordshire, England was willing to give a liter of his bone marrow, and the transplant was successful.

Fast forward to winter 2012. Roberts had been cancer free for two decades. Then, blood work done during a semi-annual checkup showed abnormal cells again — a recurrence of leukemia. Could the Englishman come through for her again?

Roberts and Johns had kept in touch for much of the time between her illnesses. But there had been a recent lapse in contact. Johns was no longer on the donor registry.

Fortunately, a colleague of Dr. Guarino was able to trace him to another address in England, and Johns agreed to donate five vials of blood and a backup supply of lymphocytes as well, to be stored at Christiana Care's Department of Pathology, in case future treatments are needed. This time, Roberts went home the same day she had her treatment.

Radical bone marrow transplants like the procedure Roberts had the first time no longer are necessary, said Dr. Guarino. A drug named Gleevec slows the spread of leukemia, and lymphocytes from Johns' blood could strengthen Roberts' defense. But without Johns' blood, she'd have had to find another matching donor.

"This time around," Roberts says, "I've been more on an emotional roller coaster. I had to explain to my friends' kids, who I consider my nieces and nephews, that it was possible that I could die."

Johns told her he would donate again if need be. "He's like my second father," Roberts said. "I wouldn't be here if it weren't for him." ●



Joining the National Marrow Donor Program is easy — start by visit <http://bonemarrow.org>.



Leukemia patient Kallie Roberts, with Nicholas J. Petrelli, M.D., Bank of America endowed Medical Director of the Helen F. Graham Cancer Center (left), and medical oncologist Michael J. Guarino, M.D.

Christiana Care joins national infection prevention study

WILL CONTINUOUS WEARING OF GOWNS AND GLOVES ON ICUs REDUCE HOSPITAL ACQUIRED INFECTIONS?

Christiana Care is one of only 20 academic medical centers nationwide investigating the Benefits of Universal Gown and Gloving, a \$5.7 million study supported by the Centers for Disease Control and Prevention (CDC), the Agency for Health Care Research and Quality (AHRQ) and the Joint Commission.

The study is comparing 10 hospital intensive care units that use gowns and gloves for all patients against 10 hospitals using current CDC guidelines

for preventing MRSA (methicillin-resistant *Staphylococcus aureus*) and VRE (vancomycin-resistant enterococci). The CDC currently recommends wearing gloves and gowns whenever health care workers come into contact with patients already diagnosed with MRSA or VRE infections.

The Surgical Critical Care Complex at Christiana Hospital was one of the 10 selected intensive care units in which gloves and gowns must be worn by all health care workers and visitors

whenever they enter a patient's room. The intervention began in January and will end in September.

"What we're trying to do through this study is find a definitive answer to whether universal gown and gloving might become the new standard of care, might have no benefit, or might even cause harm," said Marci Drees, M.D., hospital epidemiologist and medical director of Infection Prevention at Christiana Care. "We are honored to be included in such a prestigious study."

Participation in the study requires a coordinated team approach that touches several components of the hospital, including Nursing and Medical Staff, Quality and Safety, Purchasing, Environmental Services and Infection Prevention.

Dr. Drees believes the study's findings will help improve the U.S. health care system. An estimated one out of every 20 hospitalized patients will contract a hospital-acquired infection, according to the CDC, which estimates that the overall annual direct medical costs due to hospital-acquired infections can be as high as \$45 billion. ●



TRANSFORMATION

Recycling economics in action

The disposal cost for light bulbs and batteries used to be \$10,000 quarterly; now it's \$60.

How do we do it?

Allstar Recycling accepts the spent materials at virtually no cost to Christiana Care, thanks to the conscientious efforts of many of our employees in recycling metals, plastics and paper-based products that have value.

For example, selling our recycled cardboard generates \$300 monthly, which offsets the cost of recycling items that cost more to recycle than they earn in revenue. Soon, a newly installed machine will bundle shrink wrap for recycling, creating additional income.

"As recycling is adopted by more units — the Surgicenters and Labor & Delivery unit will soon start — we will generate more resources to recycle more waste,"



said Bob Mulrooney, vice president of Facilities and Services. "We are managing the economics of waste to be cost neutral at least and cost saving at best for the health system." ●

↑42%↑



**42 percent
of the workforce is
categorized as obese.**

We're getting fatter: time to get more exercise and eat less

At Christiana Care, four in 10 workers are obese — and one in five employees is very obese, according to the health care system's third annual Biometrics and Health Risk Assessment (HRA).

In fact, we're getting heavier, with 42 percent of the workforce categorized as obese in 2012, compared to 37 percent in 2010. The national average is 32 percent, according to the National Center for Health Statistics. This year, 18 percent of employees have high blood pressure, compared to 14 percent in 2012. The average wellness score for Christiana Care is 40 out of a possible 100 points. It needs to improve.

"We are still obese and we are still hypertensive — and that's not healthy," said Mark A. LoGiudice, benefits manager. "We will be looking at new ways to help people to lose weight — and to keep it off."

In the HRA, 64 percent of employees described their rate of physical activity as low; while 12 percent reported no regular physical activity.

The good news is that the majority of Christiana Care employees know their numbers, voluntarily taking part in the HRA. "We have an 83 percent participation rate, while most organizations are happy with 50-60 percent," said Brian McGee,

program manager, Preventive Health Services, Family and Community Medicine. "We use our own phlebotomist to draw the blood; we perform our own lab services," he said.

"Doctors can pull up the results at the next appointment so they can review the results with the patient," McGee says. "And employees don't need to be concerned about privacy because our electronic records are HIPAA compliant."

Weight and smoking are the two greatest determining factors in a person's overall health, said Edward Goldenberg, M.D., medical director of Employee Wellness. "Obesity does predict early death, and at Christiana Care we are well above the national average in obesity," he said. And the major cause of obesity is hardly surprising: "It's overeating," Dr. Goldenberg said. "That's why it's so important that people have some idea of how many calories a day they are consuming."

Calories and fat content in the foods served in the cafeterias already are labeled. Christiana Care also offers several weight management initiatives, and Dr. Goldenberg expects that there will be more in the future. He also encourages employees to take advantage of Christiana Care's walking paths. ●

National Safety Month focuses on safe practices on and off the job

June is National Safety Month, a time to reinforce good habits that help us to stay safe year round, on and off the job.

The National Safety Council encourages employers to promote workplace safety and help keep employees well on the job through better ergonomic practices, preventing slips and falls and encouraging safe driving.

As a "Safety First" organization, Christiana Care recognizes that caring for ourselves and our co-workers helps ensure that we can care for our patients. A safe work environment and safe work behaviors are primary factors in preventing injuries.

In fiscal 2012 through April, we have logged a recordable injury rate of 5.68 for every 100 full-time employees. That is

below the national average, but just shy of Christiana Care's goal of 5.5 or less. Recordable injuries are those that result in lost workdays, restricted duty or medical treatment.

The most frequent causes of injury at Christiana Care include slips/trips/falls, struck-by, and lifting. Frequently, rushing and distractions are contributing factors to injuries.

Here are some ways to reduce the risk of injuries and create a safer work environment:

- Take time to analyze the task before taking action. Anticipate conditions that could result in an injury.
- Observe the conditions around you.
- Look for slip and trip hazards; secure cords, pick up items and clean up spills.

- Avoid distractions when walking through the hallways or parking lots, and be sure to use handrails on the stairs.
- Be a role model. Practice safe work behaviors and let others know when they are doing something unsafe.

These simple suggestions can reduce the number of injuries that occur each year.

Maintaining physical fitness can help improve safety. A regimen of regular walking improves balance, an important factor in reducing the risk of injuries from falls.

If you perform tasks that require lifting, always select exercises that keep you safe. Choose exercises such as the wall push up, chest press, and plank to build the strength needed for pushing. For pulling, a low row or torso twist can help to strengthen the back. ●



Patient care facilitators help patients and their families understand what to expect during a hospital stay

The patient care facilitator (PCF) is part of a growing strategy to transform patient safety and satisfaction and promote a culture of patient- and family-centered care at Christiana Care Health System.

John McMillen, MBA, MS, BSN, RN, nurse manager on a pilot program rolled out on 5C, a large medical floor at Christiana Hospital, says the program proved so positive that PCFs began working on 5A (medical) in January; and in January 2013, a third group of PCFs will begin work on 5B (medical).

"We adapted the model specifically for the medical unit from evidenced-based practice in other large health systems," said McMillen.

To develop a model, he and some Christiana Care colleagues visited a hospital in Peoria, Ill., to see firsthand how an existing PCF program works.

In essence, the PCF is a care facilitator, patient advocate, nurse leader and

nursing staff mentor. "The PCF is like the CEO of a mini hospital," McMillen said.

Skillful questioning and listening is at the heart of what PCFs do. That is how they determine the priorities for patients and their families. Each PCF is responsible around the clock for 10 patients, from the time the patient arrives at the unit until after the patient goes home or to another facility.

PCFs lead daily interdisciplinary rounds and collaborate with doctors and staff nurses on each patient's plan of care. They partner with hospitalists to create strategies to meet patients' goals.

"In all, we identified 10 gaps in care that PCFs would fill," McMillen says. "Then we took what we had learned in Illinois and tailored that to meet our patients' needs at Christiana Care."

Because the program is relatively new, metrics are elusive. So far, length of stay has not been reduced.

But there have been several impressive improvements for patients, such as

significantly reduced complications related to avoidable deep vein thrombosis in units served by PCFs. Hospital-acquired infections also are down sharply. Compliance with vaccinations has peaked.

Patients also benefit because staff nurses spend more time at the bedside. Doctors can rely on a consistent point person. Patients feel safe and empowered because they understand their plan of care. ●

The PCF is a care facilitator, patient advocate, nurse leader and nursing staff mentor.



VNA found an innovative way to heal a troublesome wound



VNA wound care specialist Margie Bloom, RN, improvised to help seal and heal a surgical ear wound.

Dawn Huss, RN, MS, BC, a visiting nurse who is Riggs' case manager, describes the device as a modern version of leeches, which were used to "suck the infection out to get a good blood flow to the area." It requires a solid seal. "Usually you use a piece of black foam and something like Saran Wrap, and on flat surfaces it adheres and is pretty simple. "But, obviously," she said, "the ear is not flat."

The night before the procedure, she said, "I was lying in my bed, thinking 'how am I going to do this?'" Then, she came up with an idea: "I filled his ear with a soft alginate, so there were no bumps or curves, and at the top of the ear, I actually put a stoma ring and stoma putty, which we use for people who have ostomies. I stuck it in the helix of the ear to hold the shape. Then I took a drape and wrapped from front to back of the ear — and it worked."

Huss, who teamed up with Bloom for the first few days of the treatment and now does it on her own, said the fix was an example of Bloom's creativity.

Her supervisor, Lori Davis-Palmer, RN, said, "This is definitely a first, something I never would have expected we could do. Even the manufacturer was impressed."

For Bloom, it's part of the job. Home-care nurses don't always have access to the equipment available in clinics, so they have to rely on the tools they have. ●

A can-do attitude and resourcefulness helped nurse Margie Bloom, RN, CCM, WCC, and her team at the Christiana Care Visiting Nurse Association tackle a challenging issue: Getting a wound VAC (vacuum assisted closure) over a spot it was not expected to fit: an ear.

The wound VAC is a negative pressure treatment that helps pull fluids and nutrients to the skin to help heal tissue. Generally, it requires a relatively flat surface to create a vacuum seal. When Paul Riggs, 95, of Rehoboth, underwent surgery to treat a tumor in his parotid glands, part of his ear was removed. His doctor called on Bloom to see if she could use a wound VAC to help it heal.

ACE introduces tailored activity program for the elderly

The ACE Unit at Christiana Hospital has launched the TAPE (Tailored Activity Program for the Elderly) Program, whose goal is to increase patients' mobility and function, maintain and improve memory and attention, and decrease behavioral symptoms associated with dementia. Any patient is welcome to participate.

Michelle Ellana, PCT and WISH champion, uses such activities as the All About Me poster, life history, crafts, bingo, the Wii, and the Walking and Mobility program to help achieve these goals.

Feedback from patients, families and staff has been encouraging. ●



Andrew Doorey, M.D., leads research to identify unnecessary surgeries

Andrew Doorey, M.D., a cardiologist with Christiana Care Cardiology Consultants, was the principal investigator in a study that found that a small number of patients undergo unnecessary bypass surgery after diagnostic angiography.



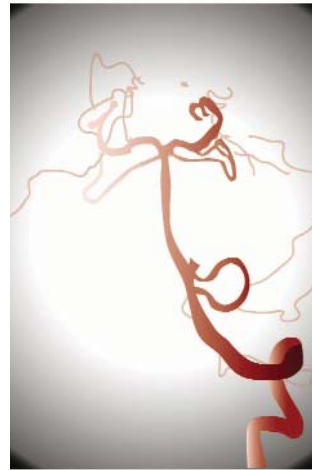
Andrew Doorey, M.D.

The findings were presented during the Society for Cardiovascular Angiography and Interventions' annual meeting and featured in an article in *MedPage Today*. They could determine a new way of clinical practice that might save patients from unnecessary operations and reduce health care costs, since some patients

are erroneously diagnosed with stenosis when they in fact have experienced a vasospasm. Stenosis is the hardening and narrowing of the arteries caused by a slow and progressive buildup of plaque under the lining of the arterial wall. Vasospasms, on the other hand, are spasms in the blood vessels' walls that are induced by a coronary catheter during angiography.

"There is a difficulty in distinguishing a temporary blockage from a fixed blockage because both look identical," Dr. Doorey said. "But the problem of the vasospasm in the critical left main artery has never been reported before and now for the first time we're bringing it to light."

Researchers examined 2,313 patients over a 10-year period. Among them, 385 patients had a subsequent catheterization at Christiana Hospital. Sixteen of those 385 patients showed no signs of stenosis on a repeat study, which shows that the



During diagnostic angiography, a vasospasm in a coronary artery (right) looks similar and can be mistaken for a blockage caused by plaque.

original narrowing was caused by spasm. Six of the 16, however, underwent coronary artery bypass graft surgery, the most commonly-performed open-heart operation to bypass obstructions.

Because stenosis restricts bloodflow to the heart, a patient diagnosed with the condition is often immediately referred for surgery. Instead, Dr. Doorey said, doctors should ensure that the patient is given intracoronary nitroglycerin, which can successfully treat the vasospasm. If the patient does not respond, there is a stronger indication that the patient indeed has stenosis.

"Cardiologists must take care to rule out vasospasm," Dr. Doorey said. ●



Emergency Department bone initiative aims to reduce secondary fragility fractures

Fragility fractures, the result of unchecked osteoporosis, provide one clear example of the need for prevention. “Hip-fracture patients have sustained an earlier fragility fracture of some sort, typically a wrist fracture, 45 percent of the time,” said Timothy Manzone, M.D., director of Nuclear Medicine for Christiana Care. He calls the forewarning provided by a broken bone an opportunity to raise awareness and encourage intervention.

Richard Derman, M.D., chairman of Obstetrics & Gynecology, agrees: “People who sustain a wrist fracture tend to see it as just that and nothing more. We want to ensure they know that this type of break puts them at three or four times greater risk for hip fracture; that wrist fracture is an indicator of underlying osteoporosis; and that they’re almost always at increased risk for spinal compression fractures as well.”

Eleven units within Christiana Care — Emergency Medicine, Internal Medicine, Family Medicine, OB-GYN, Endocrinology, Rheumatology, Orthopaedic Surgery, Radiology and Nuclear Medicine — are coordinating a pilot program to ensure that patients coming to the Emergency Department with fragility fractures know what type of injury they have, why a fragility fracture is important and how to reduce risk. Further, the new initiative will relay similar information to the patient’s primary-care provider (PCP). “We’re trying to take the burden of coordination off the PCP,” Dr. Manzone adds, “because osteoporosis is asymptomatic until there’s a fracture, there’s a greater need for physicians and patients to be more aware.” The pilot project will address the issue from the standpoint of both patient and PCP.

Leila Getto, M.D., Emergency Medicine, who leads the team overseeing the research project said, “Now we are calling patients with all this information, sending a packet in the mail, and following up with them to encourage evaluation.” She adds that the follow-up rate for fragility fractures in the U.S. is only around 20 percent. “Our focus here is secondary prevention; once that first wrist fracture has occurred, we’ve missed the opportunity for the primary prevention that



would include proper diet, exercise and earlier screening.” Information will go to PCPs in the mail, and in some cases electronically. The ultimate goal is to have a way for electronic notification to appear prominently in the PCPs own system and populate patient charts with relevant details, such as dual X-ray absorptiometry (DXA) scores.

Dr. Derman hopes the program will raise physician and patient awareness, lead to increased diagnostic testing with DXA tests, and ultimately reduce the rate of fractures. “Getting people on appropriate treatment — such as calcium, vitamin D or suitable medications — can decrease subsequent fractures by 50 to 60 percent. Few things in medicine can make that kind of a difference,” said Dr. Derman.

“There are other places, elsewhere in the U.S. and beyond, with comprehensive programs like this, and they’ve been able to reduce hip fractures by 25 to 35 percent,” Dr. Manzone concludes. “We’re working through the Emergency Department now because that’s where people end up if evaluation and prevention aren’t in place.”

This project was made possible by a Christiana Care Community Service and Education grant. ●



“Getting people on appropriate treatment — such as calcium, vitamin D or suitable medications — can decrease subsequent fractures by 50 to 60 percent. Few things in medicine can make that kind of a difference.”

—Richard Derman, M.D.

Neonatology presents quality improvement strategies at Pediatric Academic Societies meeting

Christiana Care's neonatology research team highlighted its leading-edge quality initiatives among 11 studies presented this spring at the Pediatric Academic Societies (PAS) Meeting.

"This is an outstanding accomplishment to have so many papers accepted at the largest, most prestigious pediatric meeting of the year," says Christiana Care Director of Neonatology, John Stefano, M.D. "Much of our research represents a shift in how we think about and provide care to mothers and babies."

One example of that shift was the platform presentation by neonatologist Stephen Pearlman, M.D., director of the Neonatal Fellowship Program. His multidisciplinary team successfully instituted a bundle of interventions that markedly reduced hypothermia among infants admitted to the NICU and lowered the potential for serious negative outcomes.



David Paul, M.D.

Director of Neonatal Research David Paul, M.D., also gave a platform presentation on a rapid cycle process improvement effort driven by bedside nurses to reduce serious IV infiltrates and associated tissue damage among infants in the NICU.

According to Dr. Paul, "Our research team is a national leader in using rigorous scientific methodology, and we are recognized for excellent neonatal outcomes." Part of the

reason, he says, is the culture of research and innovation in the NICU, where bedside nurses are key contributors.

Highlights of the presented posters

Antibiotic therapy for hospital-acquired pneumonia was the subject of a health care utilization study led by Dr. Paul along with Neonatal Research Nurse Supervisor Kelly Gray, RN.

This sub-project is part of a five-year, NIH-funded collaboration with Columbia University, Cornell University and The Children's Hospital of Philadelphia that showed that despite similar diagnosis rates and choices of antibiotic coverage, duration of antibiotic therapy varied greatly, suggesting the need for a more standardized evidence-based approach.

Motor delay in premature infants is the focus of an NIH-funded collaboration with the University of Delaware. Led by Dr. Paul and Neonatal Research Nurse Supervisor Amy Mackley, RN, MSN, RNC, a sub-analysis of MRI brain scans and follow-up motor assessments showed no association between early brain growth and later motor outcomes.

Wendy Sturtz, M.D., led a study of ventilated premature infants to identify a potentially valid hormone marker for gastric reflux, a danger for infants whose airway is not well protected.

Three studies by Neonatology fellows Julie Ryan, M.D., and Beatriz De Jongh, M.D., focused on **maternal Body Mass Index (BMI)** as a controllable factor affecting infant health, linking a high BMI to large gestational age at birth and increased likelihood of requiring costly NICU services. However, non-Hispanic African-American women may need a more global approach toward a healthy pregnancy beyond controlling weight.

Preliminary results from a first-of-its-kind study led by Dr. Jongh show that babies with breathing difficulties fared slightly better using **Nasal Continuous Positive Airway Pressure** than a newer modality, high-flow nasal cannula.

Nurse Practitioner Karen McDonald, NNP, presented an intervention checklist developed for the NICU palliative care team to avoid disparities in **end-of-life care**, and investigator Ursula Guillen, M.D., presented a film decision aid developed during her fellowship as an innovative counseling tool for parents expecting a premature baby. ●



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.

Publications

Edwin L. Granite, D.M.D., "Are Nitrogen-Containing Intravenous Bisphosphonates Implicated in Osteonecrosis of Appendicular Bones and Bones Other Than the Jaws? A Survey and Literature Review," in the April 2012 issue of the *Journal of Oral and Maxillofacial Surgery*.

Anthony Sciscione, D.O., program director of the Obstetrics & Gynecology Residency Program:

- "Relationship between Fetal Station and Successful Vaginal Delivery in Nulliparous Women," *American Journal of Perinatology*, 2012 May 29. PMID: 22644826
- "First-Trimester Prediction of Preeclampsia in Nulliparous Women at Low Risk," *Obstetrics & Gynecology*, 2012 Jun; 119(6):1234-1242. PMID: 22617589
- "Excessive Early Gestational Weight Gain and Risk of Gestational Diabetes Mellitus in Nulliparous Women," *American Journal of Obstetrics & Gynecology*, 2012 Jun; 119(6):1227-1233. PMID: 22617588
- "Maternal BMI, Glucose Tolerance, and Adverse Pregnancy Outcomes," *American Journal of Obstetrics & Gynecology*, 2012 May 2. PMID: 22609018
- "Fetal male gender and the benefits of treatment of mild gestational diabetes mellitus," *American Journal of Obstetrics & Gynecology*, 2012 May;206(5):422.e1-5. Epub 2012 Mar 23. PMID: 22542118

Gerard J. Fulda, M.D., chief of Surgical Critical Care, and **Anthony Sciscione, D.O.**, published a chapter in the textbook "Obstetric Critical Care in Surgical Critical Care and Emergency Surgery: Clinical Questions and Answers," John Wiley & Sons, Ltd, Chichester, UK. doi: 10.1002/9781118274231.ch22.

Anthony Sciscione, D.O., collaborated in a study of "Elective repeat cesarean delivery compared with spontaneous trial of labor after a prior cesarean delivery: a propensity score analysis," for the Eunice Kennedy Shriver National Institute of Child Health and Human Development Maternal-Fetal Medicine Units Network, published in the *American Journal of Obstetrics & Gynecology*, 2012 Apr;206(4):311.e1-9.

Presentations

Robert Witt, M.D., and **Swati Pradhan-Bhatt, Ph.D.**, "Tissue Engineering an Artificial Salivary Gland," at the National Institutes of Health.

Robert Witt, M.D., moderated an abstract session, "Sialendoscopy or not Sialendoscopy," and was a panelist for "Consensus Revision of the Lithiasis, Stenosis, Dilation Classification."

Appointments

Anthony Sciscione, D.O., is moving from the editorial board of *Obstetrics and Gynecology* to the editorial board of the *American Journal of Obstetrics and Gynecology*.

The Professional Advance Council congratulates and welcomes new RN III **Tiffany Snow (4D)**.

Awards

Jeanne Levasseur, RN, and **Mary Ellen Himes, PT**, received second-place honors in a poster competition at the annual meeting of the *National Association of Orthopaedic Nurses*.

The Delaware Academy of Family Physicians will present Family Physician of the Year awards to Christiana Care Chief Medical Officer **Janice Nevin, M.D., MPH**, and **Timothy Dowling, D.O.**, a member of Mill Creek Medical Associates.

Howard W. Zucker, D.D.S., interim program director of General Dentistry and section chief and director of Implant Dentistry, has been awarded the Educator's Award from Temple University School of Dentistry for excellence in teaching at the graduate and undergraduate levels. ●

Welcome new Junior Board officers

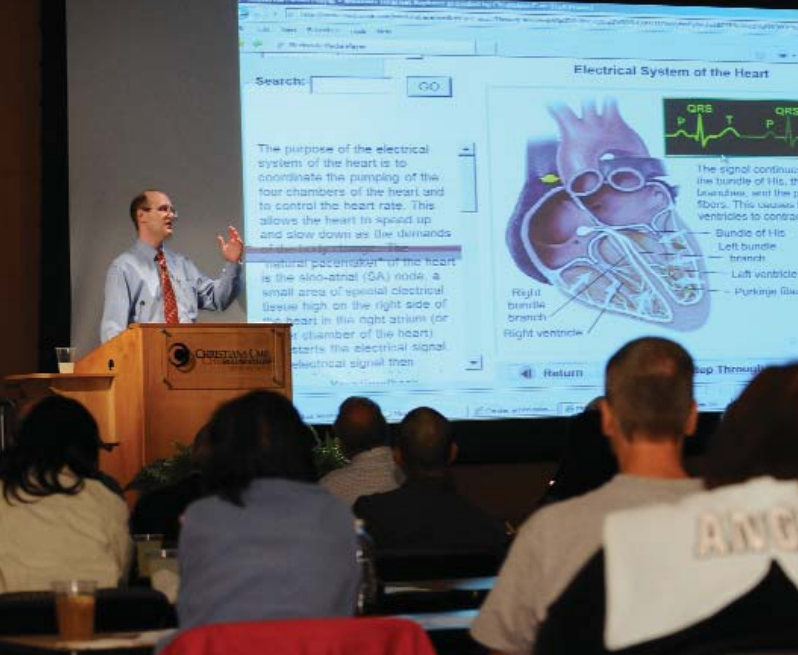
The Junior Board of Christiana Care elects officers each April to two-year terms beginning on July 1.

Christiana Care Health System welcomes and congratulates these Junior Board members for their dedication and service as incoming officers.

A special thanks to Ann Kappel for her outstanding leadership and service as president during 2010-2012.

The new Board of Directors for the Junior Board is as follows:

Diane Thomas President	Judy Legge Secretary
Christine Frysztacki 1st Vice President Ways and Means	Georgia Brereton Administrative Secretary
Nancy Rich 2nd Vice President Hospital Services	Judy Sherman Treasurer
Irene Larson 3rd Vice President External Affairs	Angela Case Membership
	Barbara Burd and Ann Kappel Provisionals
Ann Kappel Ex Officio	



Mini Med School provides a taste of medical education

Many who attend, like Hodgson Vo-Tech Nursing Tech program students Sevriano Seda and Nelson Mweberi and St. Mark's High School junior Victoria Sanchez of North East, Md., want to become doctors. Sara Buni, another St. Mark's student, said both her parents are nurses and she is interested in learning more about health care because of them.

Mini Medical School is sponsored by Christiana Care Health System, the Delaware Academy of Medicine and the Delaware Academy of Family Physicians. There are no tests or grades; no previous medical training is required. Participants may ask questions after each presentation. The participants who attend all six sessions earn a certificate of achievement.

"There are many high school students who are thinking deeply about what they will do in life, and we think this series could be very meaningful to them," says Timothy Gibbs, executive director of the Delaware Academy of Medicine.

This year, the sponsors reached out to students throughout New Castle County, distributing posters and flyers to public, parochial and independent schools. Between 100 and 160 people registered for each lecture in the series.

To receive an e-mail invitation to the next annual Mini Med School, visit <http://www.christianacare.org/subscribe> and add your address to Christiana Care's email list. ●

The topic of the evening at Christiana Care's John H. Ammon Medical Education Center was "The Beat Goes On: Heart Rhythm Solutions."

It was not a typical teaching engagement for the instructor, Roger Kerzner, M.D., director of Electrophysiology Research at Christiana Care Cardiology Consultants. Many of his students that night were still in high school — teens who want to be doctors and nurses, trying to get a glimpse of their future classes at Mini Medical School, a free, six-week lecture series offered to young people and adults of all ages.

The faculty consists of Christiana Care doctors, who offer in-depth lectures on important health issues and advances in medicine and research. Other topics have included "The Aging Brain: Fact and Fiction about Brain Health," and "Pancreatic Cancer: Approach and Treatment Options."

AWARDS & ACCOLADES

Christiana Care named Community Partner of the Year

Christiana Care has received the 2011 Community Partner of the Year Award from Goodwill of Delaware and Delaware County.

The award recognizes Christiana Care's leadership, as the inaugural employer in the state to host Project SEARCH. In partnership with Goodwill, the Red Clay Consolidated School District and the Delaware Departments of Labor and Education, Christiana Care helped launch this innovative, nine-month school-to-work program to enable students with intellectual disabilities to obtain real-life work experiences. The program combines training in employability and independent living skills to help participants make a successful transition from school to productive adult life.

The successful launch of Project SEARCH took more than three years to develop. Gov. Jack Markell visited the classroom at Christiana Hospital in March where he praised the unique collaboration among government, business, education and the community. ●



Tom Corrigan with Goodwill officials Ted Van Name (left), and Chris Quintanilla, (right).

Student researchers at Helen F. Graham Cancer Center are stars at annual health sciences symposium

Three students at Christiana Care's Center for Translational Cancer Research (CTCR) won awards at the Delaware Health Sciences Alliance annual research symposium in May.

Vignesh Viswanathan, M.Sc., and Swati Pradhan Bhatt, Ph.D., tied for first place with their posters, titled, respectively, "Role of MicroRNA 23b in Colon Cancer Stem Cells," and "Implantable Three-Dimensional Salivary Spheroid Assemblies Demonstrate Fluid and Protein Secretory Responses to Neurotransmitters."

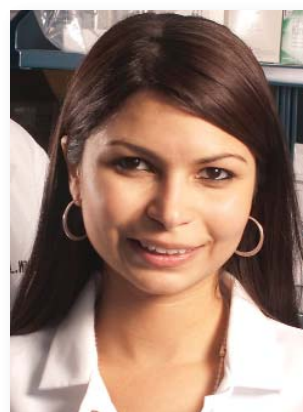
Seema Bhatlekar, M.Sc., placed second for her poster titled "Role of HOX Genes in Regulation of Stem Cell Populations in Normal and Malignant Colon Tissue."

Viswanathan and Bhatlekar are performing research as students of Bruce Boman, M.D., Ph.D., MSPH, medical director, Cancer Genetics and Stem Cell Biology at the Helen F. Graham Cancer Center. Bhatt is doing research under Robert Witt, M.D., chief of the Graham Cancer Center's Multidisciplinary Head and Neck Oncology Center.

"These students in the CTCR, together with their mentors, are an example of the success that can occur in translational cancer research at Christiana Care, which will benefit future Delawareans," said Nicholas Petrelli, M.D., Bank of America endowed medical director of the Helen F. Graham Cancer Center. ●



Vignesh Viswanathan, M.Sc.



Swati Pradhan Bhatt, Ph.D.



Seema Bhatlekar, M.Sc.

Go Red for Women event promotes heart healthy living

The American Heart Association's Annual Go Red for Women Luncheon and Fashion Show drew more than 100 people to the John H. Ammon Medical Education Center for a heart healthy lunch, health screenings, educational seminars and a silent auction.

Former patients modeled clothing from Coldwell Creek and NV Boutique, and shared their inspiring stories. 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. ●





First State School concludes 27th year with awards celebration and reception

First State School students and families, their teachers, volunteers and supporters from Christiana Care Health System and their school district proudly celebrated another year of academic and personal achievement at the John H. Ammon Medical Education Center.

For 27 years, the First State School has enabled students from the community to learn in kindergarten through 12th grade, despite health challenges that would otherwise prevent them from going to school socially with peers. A nationally recognized model, the school is a collaboration of Christiana Care's Departments of Pediatric Medicine and Adolescent Medicine, and the Red Clay Consolidated School District.

Highlights from June 6 celebration

The Rev. John G. Moore, Sr., vice president, Resource Development and Strategic Partnerships, United Way of Delaware, gave an energetic commencement address in which he told the students to learn how to dream and stressed three

guiding life principles: He urged the students always to love themselves enough to find and develop their best talents and abilities; to remember the people who have helped them and resolve to reach out and help others; and to keep a positive "can do" attitude throughout life. ●



The Students

HIGH SCHOOL

Julia Berster
Tyrin Burns
Isiah Green
Caleb Hughes
Ja'Nay Laws
Kyle Sage
Ryan Schneese
Dominique Stevens
Darren Villanueva

MIDDLE SCHOOL

Nazjhae Comeger-Brooks
Samantha Elwell
Reina Gonzalez
Madison Kahn
Taylor Reilly

ELEMENTARY SCHOOL

Samsan Berry
Kiara Braxton
Maura Grier
Ar'Janae Haskins
James N. R. Smith



AWARDS

Academic Achievement Awards

The Janet P. Kramer Award for High School – **Dominique Stevens**
The Tracey Williams Memorial Award for Middle School – **Reina Gonzalez**
The Karen E. Beck Memorial Award for Elementary School – **Maura Grier**

Special Awards

The Nicole Miles Long Memorial Award for Most Improved Student-High School – **Tyrin Burns**
The Sarah Laine Hagerty Award – **Darren Villanueva**
The Dominique Emma Smith Memorial Award for Courage and Compassion – **Ryan Schneese**
The Handlin-Blakely Memorial Award for the Most Improved Student – **James Nate Smith**
The Jesse Benjamin Snook Memorial Award for Courage and Kindness – **Nazjhae Comeger-Brooks**
The Jennifer Kane and Vernita Miller Award for Courage, Integrity, and Friendliness – **Julia Berster**
The Etiquette Award for Most Improved Social Etiquette – **Tyrin Burns**



Tile painting project brightens walls, points the way for families

A decorating project that combines functional children's handiwork with direction-finding help is brightening hallways in the Women's & Children's Health Services wing at Christiana Hospital.

Kim Petrella, RN, in Labor and Delivery (L&D) championed the three-year project and her efforts involved organizing the

groups of child artists, including the children of many L&D unit staffers. Petrella connected with Hockessin artist Rosanne Fogarty, of Everyday Artist studio, who offered her services and some supplies, and with fundraiser Jeremy Gross, an Eagle Scout candidate who saw a ready-made community service project that could help him achieve his next Scouting rank.



The trio produced 426 hand-painted, fired and framed tiles to hang outside every room in L&D, OB/GYN Triage, OB High Risk, OB Post Peri-Op, 3A Antenatal, 3B, 3C, 4B Postpartum and 4A Pediatrics.

Many local suppliers offered art supplies at cost for the project and donated money too, as did the Boy Scouts of Troop 50, led by Gross. Christiana Care Health System also helped with financial support. ●

From left: Eagle Scout candidate Jeremy Gross of Wilmington; Rosanne Fogarty of Everyday Artists pottery studio in Hockessin, Kim Petrella, Buck Brownlee, interim maintenance manager, and Bob Mulrooney, vice president, Facilities and Services.

Dana Herbert, cake star, gives motivational talk at Wilmington Hospital

First State School students and faculty welcomed guest speaker Dana Herbert, noted baker and confectioner, to their Wilmington Hospital classroom for a motivating discussion about working hard to fulfill their dreams.

Herbert, owner of Desserts by Dana, gained some fame by winning the "Next Great Baker" contest on *Cake Boss: The Next Great Baker*, a hit show on the TLC Channel, hosted by Cake Boss Buddy Valastro.

Herbert also has been featured on WETV for *Wedding Cake Wars*, TLC's *Ultimate Cake Off*, and many local television magazine programs. He has designed unique cakes for Jill Biden, former Philadelphia Eagles player Asante Samuel, former Eagles' coach Dick Vermeil, Philadelphia Phillies' shortstop Jimmy Rollins, jazz musician Najee, and many others.

He graduated from the University of Delaware's College of Hotel, Restaurant and Institutional Management and earned a bachelor's degree in Culinary Arts at Johnson and Wales University, with a minor in pastry. He is a long-time member of the National Society of Minorities in Hospitality (NSMH), serving as the chapter president and the national chairperson for the organization. ●





Great teamwork makes Delaware Marathon a success

Christiana Care Health System, with New Balance Brandywine, sponsored another successful Delaware Marathon Running Festival — the First State's only official marathon, on Mother's Day, May 13. The festival attracts runners interested in completing marathons in all 50 states, and they came this year as usual from across the nation and internationally. Nearly 3,000 runners turned out in beautiful weather for the 2012 event.

"I received wonderful feedback from the marathon organizers about our overall set-up and operations," said Linda Laskowski-Jones, MS, RN, Christiana Care vice president, Emergency, Trauma, and Aeromedical Services. "It was exhilarating to be a part of the great teamwork that we shared," she said.

Laskowski-Jones added thanks from Delaware Marathon sponsor Christiana

Care to the Wilmington EMTs and Fire Department; New Castle County Paramedics' Mobile command unit and bicycle patrol, plus EMT bicycle patrols from the University of Delaware Emergency Care Unit; and Aetna EMTs who supported the medical team's event coverage. ●

NOTEWORTHY FINISH:

Four Christiana Care physicians won the four-person relay in the corporate division.



Relay winners from left: Andrea Read, D.O.; Jane Moore, M.D.; Michael Kostal, M.D. and Damian Andrisani, M.D.

By the Numbers

Registered runners:

Marathon: 750

Half Marathon: 1,150

4-Person Relay: 192 teams

8-Person Relay: 33 teams

Total runners: 2,932

Total who finished: 2,518

Volunteers: 447

Runners needing ambulance to hospital: 0

States represented: 45

Nations represented beyond USA:

Five (Canada, Ireland, Great Britain, India, Sweden)

Food and drink served:

42,800 cups of water

3,600 slices of pizza

3,600 sandwiches

Medical team members:

12 nurses, nine physicians

Time to get ducks in line for the 2012 Kidney Walk

The 5th Annual Wilmington Kidney Walk starts at 10 a.m. Oct. 14 at Dravo Plaza on the Wilmington Riverfront. Registration begins at 8:30 a.m.

Join nearly 1,000 people taking a lifesaving step against kidney disease. There will be free food, drinks, live music, prizes and entertainment for the entire family.

The National Kidney Foundation seeks to prevent kidney and urinary tract diseases, improve the health and well-being of individuals and families affected by these diseases and increase the availability of all organs for transplantation. ●

Oct

14



For more information, check online at donate.kidney.org/wilmingtonde.



Panel discusses end of life care for jail inmates

Do doctors or nurses treat prison inmates differently from “free” patients? Does their approach to care subtly change because of negative feelings toward the person or because imprisonment limits treatment options?

Such questions were at the heart of a panel discussion, “Ethical Issues in End-of-Life Care for Incarcerated Offenders,” at the John H. Ammon Medical Education Center. Donna Casey, RN, co-chair of the Christiana Care Health System Ethics Committee, moderated the discussion as part of Christiana Care’s “Ethics After Work” series.

“A lot of people struggle with ‘Why are we taking care of, and passionate about,

these patients when they’ve done wrong,’” said panelist Dale Rodgers, M.D., infirmary medical director at the Delaware Department of Corrections’ (DOC) James T. Vaughn Correctional Center (JVTCC) in Smyrna. “When I signed up to be a doctor, I didn’t sign up to discriminate. It’s not for me to punish them or judge them ... I look at them as patients, not inmates,” she says.

But when a prisoner needs a specialist, providing access to care can get complicated, said another panelist, DOC divisional director Jim Welch.

Although inmates regularly are sent to area hospitals and specialists for specialty care, or treatment of certain

chronic or terminal illnesses, logistical issues such as security concerns and staffing expenses play into deciding the feasibility of treatments that require frequent trips away from the facility, Welch said.

Having specialists visit correctional facilities, instead of sending inmates out to them for treatment, would reduce cost and increase accessibility to their services, Welch said. But he and the other panelists said it is “challenging” to persuade doctors to do this.

“Wouldn’t it be better [if] instead of patients coming to you in chains, you visited our facility with a nurse?” Welch asked.

One audience member questioned whether taxpayer-funded “top-notch” care for inmates is appropriate when many law-abiding citizens might not be able to afford such care for themselves.

William Mazur, M.D., an infectious disease specialist who formerly served as the regional medical director for Delaware DOC medical vendor Correct Care Solutions, said “If we don’t treat appropriately, then we would be sentencing them to a harsher punishment.”

Co-panelists at the Ethics After Work event, in addition to Dr. Rodgers and Director Welch, were Brenda Barshinger, retired regional vice president of Correct Care Solutions, and Paul Crawford, Esq., an attorney who handles many inmate civil-rights actions, including those surrounding medical care. ●

“When I signed up to be a doctor, I didn’t sign up to discriminate. It’s not for me to punish them or judge them ... I look at them as patients, not inmates.”

—Dale Rodgers, M.D.

Medical Director, James T. Vaughn Correctional Center infirmary

How and where to dispose of outdated medications By Katelyn E. McCormick, Pharm. D

In 2009, the National Survey on Drug Use and Health found that more than 70 percent of people who abuse prescription pain relievers receive them from friends or relatives compared to 5 percent who receive them from a drug dealer or the Internet.¹ Newer data released in April 2012 by the Office of National Drug Control Policy (ONDCP) found that among people who began abusing pain relievers in the previous year, 68 percent took the medications from friends or family members without asking, or received them without charge from friends or family members.²

The first Drug Enforcement Administration National Prescription Drug Take-Back Event occurred in September 2010 and was followed in 2011 by publication of *Epidemic: Responding to America's Prescription Drug Abuse Crisis*. The DEA is currently establishing new regulations on disposal of controlled substances returned from the ultimate users (patients) to allow safe disposal.

The most recent Take-Back Event was held on April 28, 2012 and Christiana Care served as a collection site as did many other facilities throughout Delaware. The state of Delaware collected 6,808 pounds of medication at the event, more than any other Take Back event. Between September 2010 and April 2011 995,185 pounds of medication were collected nationwide.³

The FDA recommends that most drugs can be placed in the trash if mixed with an undesirable substance such as coffee grounds or kitty litter and the mixture sealed in a plastic bag or other container. The FDA also recommends flushing down the sink or toilet other medications that pose a higher risk for causing serious harm if accidental exposure occurs. An updated list of medications recommended for flushing can be found on

the FDA's website; Medications currently include: oxycodone, fentanyl, hydromorphone and morphine.⁴

Many people have expressed concern about flushing medications into the environment. Medications can enter the water supply due to veterinary processes, human excretions in sewage and drug disposal. Trace amounts of medication have been found in wastewater and some drinking-water. The concentration of medications found in drinking water is at least and often much more than 1,000-fold lower than the minimum therapeutic dose.⁵ There is no evidence to suggest that humans face harm from the current concentrations of medication in the water supply.

Proper disposal of medications via National Take-Back Events or by following the FDA's recommendations are crucial not only to decrease the environmental burden of medications being present in the nation's water supply, but also to decrease the risk of friends or family members accidentally or intentionally experiencing adverse effects from these medications. ●

References:

1. Executive Office of the President of the United States. *Epidemic: Responding to America's Prescription Drug Abuse Crisis*. 2011. Available from: <http://www.whitehouse.gov>
2. ONDCP. Friends and Family are Primary Sources of Abuses Prescription Drugs. 25 April 2012. Available from: <http://www.whitehouse.gov>.
3. DEA. National Take-Back Initiative. 3 Nov 2011. Available from: <http://www.deadiversion.usdoj.gov>.
4. FDA. Disposal of Unused Drugs: What You Should Know. 23 April 2012. Available from: <http://www.fda.gov>.
5. World Health Organization. Pharmaceuticals in Drinking-Water. 2011. Available from: <http://www.who.int>.

FORMULARY UPDATE — MAY 2012

FORMULARY ADDITION

MEDICATION – GENERIC/BRAND NAME	STRENGTH / SIZE	USE / INDICATION	COMMENT
Hylan G-F 20 / Synvisc-One	8 mg/mL; 6 mL prefilled syringe	Treatment of knee osteoarthritis pain	Line item extension
Ioflupane I-123 / DaTscan	185 MBq (5 mCi) / 2.5 mL	Used with single photon emission computed tomography (SPECT) brain imaging to assist in the evaluation of adult patients with suspected Parkinsonian syndromes.	Restricted to Nuclear Medicine Department

MEDICATION NOT ADDED TO THE FORMULARY

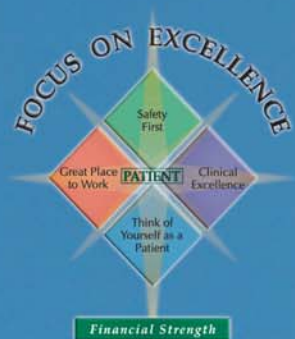
Cabazitaxel (Jevtana)



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HEALTH SYSTEM

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

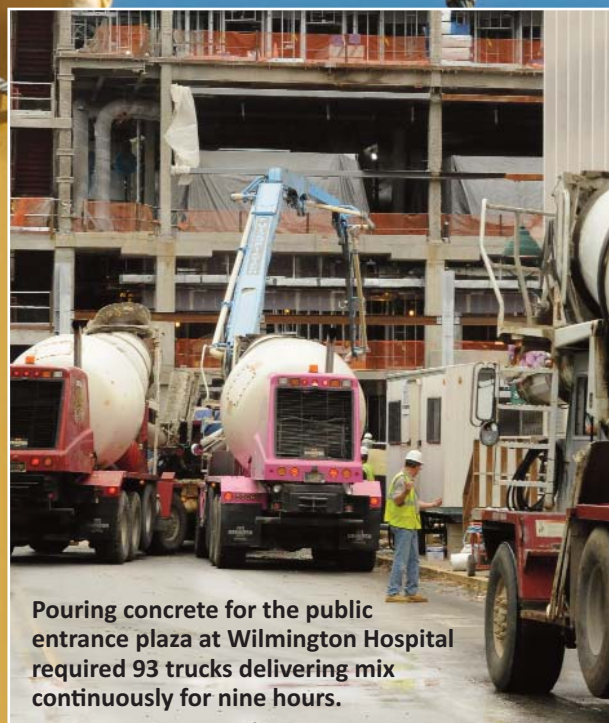
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Christiana Care is a private, not-for-profit regional health care system that relies in part on the generosity of individuals, foundations and corporations to fulfill its mission. To learn more about our mission, please visit christianacare.org/donors.

Towering crane changes skyline as Wilmington Hospital campus transformation forges ahead

A 10-story crane became part of the Wilmington skyline in May, erected to build the Gateway Building on Christiana Care Health System's Wilmington Hospital campus. By the end of the transformation in 2014, Wilmington Hospital will grow by 337,000 square feet, creating a 1 million-square-foot, state-of-the-art medical center. Groundbreaking for the project was on April 20.



Pouring concrete for the public entrance plaza at Wilmington Hospital required 93 trucks delivering mix continuously for nine hours.