The medical profession must refocus attention on the patient to deliver quality care at greater value, according to speakers at the Christiana Care Value Institute’s inaugural symposium Value: Medicine’s New Frontier.

More than 200 health care experts from top institutions in the nation discussed how returning to the basics of medicine — listening to the patient, better use of resources and a greater emphasis on quality and safety — can transform patient care and deliver far greater value.

Christiana Care established the Value Institute last year to study and design solutions to the questions of value in the real world settings of health care delivery, said Timothy J. Gardner, M.D., the Institute’s interim director.

Speakers at the symposium included Robert J. Laskowski, M.D., MBA, president and CEO of Christiana Care; Virginia L. Hood, M.D., immediate past president of the American College of Physicians; David B. Nash, M.D., MBA, dean of the Jefferson School of Population Health; Michael Lauer, M.D., director of the Division of Cardiovascular Sciences at the National Heart, Lung and Blood Institute, National Institutes of Health; and Peter L. Slavin, M.D., president of Massachusetts General Hospital.

U.S. Senator Chris Coons and Arkadi Kuhlmann, MBA, founder of ING DIRECT USA, also participated.
In a prelude to the symposium, Dr. Laskowski authored an editorial published on thehill.com, a popular congressional online newspaper. “The concept of ‘value’ for the public includes their fears, their biases and the interpretation of their personal experiences much more than any external notion of value as ‘quality divided by cost,’” he wrote.

“At a fundamental level, all of us who design, deliver and finance health care need to continually remind ourselves that it is the public who we serve first and foremost. The first step in such service is simply to listen,” said Dr. Laskowski. “On the issue of patient care, what the individual feels appears to matter at least as much as the facts,” he said. “We who lead health care must understand these feelings as well as the facts if we are to improve quality and safety and reduce costs.”

Dr. David Nash said that “In order to make health care reform work, we need medical education reform. This is a cultural challenge. Doctors are well prepared in science-based medicine and in obtaining the skills necessary to care for patients. But very few are qualified to measure and improve what they do every day.”

In four years of true didactic training the typical medical student gets one day of instruction from an expert in quality and safety, he said. But “I’m an optimist,” he said. With the right leadership, “We can get the job done.”

There’s a lot the medical profession can learn from other professions, including banking, said ING’s Kuhlmann. “To tap into the value proposition, health care must address the emotional side of the equation. This requires innovation and flexibility,” he said. “You need to adjust the business model so the customer understands the value proposition, because happy customers talk about what has made them happy.”

“I believe one of the biggest health care problems is the cost of health care itself,” said Dr. Slavin. “We have to see if we can bend the cost curve and make health care more affordable. We have no other choice. We don’t want to finance unnecessary care; we want to finance care that adds value to our patients because that in the end is most sustainable.”

He advocates shifting to population management as a way to ensure high-quality health care while controlling costs.

“We need to relearn what we have forgotten,” said Sen. Coons. “It’s about learning what we used to know, the things we knew before we became so well-educated.”

He cited a recent grant Christiana Care received to care for elderly patients in the home. “It’s a perfect example of returning to the basics of care.”

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For the third consecutive year, Christiana Care’s Center for Heart & Vascular Health has received the American Heart Association’s Get With The Guidelines®–Heart Failure Gold Quality Achievement Award. The honor signifies that for at least 24 months Christiana Care has reached an ambitious goal of treating heart failure patients with 85 percent compliance to core standard levels of care as outlined by the American Heart Association/American College of Cardiology secondary prevention guidelines for heart failure patients.

Get With The Guidelines is a quality improvement initiative that provides hospital staff with proven evidence-based guidelines and procedures in caring for heart failure patients to prevent future hospitalization.

Under this initiative, heart failure patients participate in a multi-disciplinary team approach to improve their outcomes and reduce the risk of hospital readmission. Patients also receive counseling to minimize tobacco use, improve diet, and manage depression and anxiety; and they may receive appropriate referrals for home care services before leaving the hospital.

“Christiana Care is dedicated to providing the best care in the country for heart failure patients,” said Timothy J. Gardner, M.D., medical director of the Center for Heart & Vascular Health and past national president of the American Heart Association.

“The Gold Quality Achievement Award is the result of tremendous team effort,” added Mitchell Saltzberg, M.D., medical director of the Heart Failure Program. “Patients are getting the right care they need when they need it, resulting in improved survival.”

The Center for Heart & Vascular Health is one of the most technologically advanced cardiovascular care centers in the United States. In 2011, it was the only hospital in Delaware and one of just 33 in the United States to earn The Joint Commission’s Gold Seal of Approval™ for its heart failure program. It has also earned The Joint Commission’s Gold Seal of Approval™ for its treatment of stroke, and a three-star rating for heart surgery, the highest available, from the Society of Thoracic Surgeons.

February 13, 2012
Patient Relations

February 9, 2012
Christiana Care
Attn: Patient Relations Department
4755 Ogletown-Smyrna Road
Newark DE 19711

To whom it may concern:

My Dad, Peter Jannone was admitted into your Heart & Vascular section of Christiana 5th floor room SE11 on February 3rd, 2012. He is 98 years old.

They were the most kind, compassionate and caring nurses I have ever had the chance to know during my Dad’s stay.

Christiana Care needs to find more nurses like them to be part of your health care system.

I do remember some of their names Lisa, Sharon, Heather and Courtney. I may have forgotten a few names, but please be sure to pass onto each and everyone of them my warmest thanks and appreciation for truly good experience.

Thank you again

Ann M. Della Cave (Daughter to Peter Jannone)
I t was a normal weekday morning for Pam Simon, 45, of Hockessin, Del. She’d gone to the kitchen to get breakfast started. She noticed she was having trouble peeling a banana.

“I dropped the banana twice and spilled over some milk,” she recalls of that morning last October. “I thought I was really tired and I sat down at the kitchen table and laid my head down.”

That’s how her son, Jake, 16, found her a few minutes later. “I asked her if everything was OK,” he said. “She couldn’t respond.”

Jake, a sophomore at Tower Hill School, called out to his father, who dialed 911. Paramedics arrived within minutes and, recognizing the signs of stroke, rushed Simon to Christiana Care, where Barbara J. Albani, M.D., director of neurointerventional surgery at Christiana, found an injured artery that cut the flow of oxygen-rich blood to the left side of Simon’s brain. If this stroke had gone untreated, her chance of survival was very low and if she had survived, her chance of meaningful recovery was even lower. Surgery to insert a stent into her left carotid artery and removal of clot from the brain arteries restored the flow to the brain tissue.

It all happened very quickly. When a stroke strikes, time is critical, said Dr. Albani. “You lose millions of neurons in a minute, so literally every second counts,” she said. “The moment a stroke patient arrives we’re running.”

Patients have an advantage because stroke care here is comprehensive and state-of-the-science, Dr. Albani said.

Christiana has a 24-bed stroke unit, highly specialized staff, and the most advanced medicines and medical devices to treat all types of neurovascular emergencies at any time of day or night. Christiana Hospital, which sees the second-highest number of inpatient stroke admissions in the country, “offers everything — the latest in technology, three full-time neurointerventionalists, a dedicated neuro ICU, neurology, neurosurgery and rehabilitation,” Dr. Albani said.

“These technological advances have expanded our ability to successfully treat some of the worst strokes and preserve life and normal functioning,” she said.

This type of advanced stroke care is available in only a few centers across the country, primarily in large tertiary care and academic institutions. Christiana Care is the only hospital in Delaware that offers this level of neurovascular care,” she said.

That all came together for Simon. Today she walks, drives Jake to school, and shows no signs of having had a massive stroke, except for her speech, which is halting, but easily understandable, and is improving. “It’s miraculous,” said Jake.

Stroke once was considered a kind of fait accompli — when it occurred, there wasn’t much that could be done. In the mid-1990s, a powerful blood thinner, tissue plasminogen activator, or tPA, was approved to treat heart attacks, then strokes, and that “changed the paradigm in stroke treatment,” Dr. Albani said.

Before that, “strokes were not considered an emergency,” she said. “Prior to tPA, stroke had been approached as a chronic disease, something that you diagnosed, but could do little about acutely. You just helped direct the patient to rehabilitation and hoped for the best.”

“Today, that paradigm is so different,” she said.
Christiana Care is the presenting sponsor for the 21st Annual Start! American Heart Walk scheduled for Sunday, Sept. 9 at the Wilmington Riverfront.

The event promotes awareness about heart disease and stroke while raising funds to fight the diseases. Ed Goldenberg, M.D., Medical Director, Preventive Cardiology and Lipid Center is this year’s Walk chair, along with honorary chair Robert J. Laskowski, M.D., Christiana Care President and CEO.

To register a walking team, visit www.heartwalk.kintera.org/wilmingtonde. Individuals can join one of the several Christiana Care teams already listed on the site or start a team with co-workers, friends and family.

“The Heart Walk is the American Heart Association’s premiere event for raising funds to save lives from this country’s No. 1 and No. 3 killers: heart disease and stroke,” said Dr. Goldenberg. “It’s designed to promote physical activity and heart-healthy living in an environment that’s fun and rewarding for the entire family. Be one of more than a million walkers participating this year in nearly 350 events across the nation, and help raise funds to save lives.”

This year’s Christiana Care Heart Walk T-shirt is fun and colorful. Register today to receive a one-of-a-kind T-shirt. The first 1,000 Christiana Care employees and their team members to register are guaranteed a T-shirt.

For more information contact committee co-chair Bob Mulrooney, rmulrooney@christianacare.org; 302-733-3994.

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First Emergency and Family Medicine residency program graduate exemplifies a synergy of two disciplines

Christiana Care’s innovative, combined Emergency Medicine/Family Medicine (EM/FM) allopathic residency program, the first of its kind in the nation, salutes its first graduate this year.

Blake Gustafson, M.D., chief EM-FM resident, in July 2007 began the new program, heralded as a comprehensive curriculum to address the full spectrum of patient illness and injury, from emergent and trauma care to primary care and continuity of care.

Five years ago, the American Board of Emergency Medicine and the American Board of Family Medicine signed off on a dual certification program combining Family and Emergency Medicine residencies at Christiana Care.

The program offers two residency spots each year, and the curriculum blends academic and practical components, including rotations in both Family and Emergency medicine, which already have similar rotations at Christiana Care, especially in the first year of their respective categorical programs.


“We are excited and delighted that Dr. Gustafson will remain at Christiana Care as an attending physician and to help ensure the future success of our EM/FM program,” adds Lisa Maxwell, M.D., director of Christiana Care’s Family Medicine Residency Program.

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The National Stroke Association says to act FAST and call 911 if you see signs of a stroke:

F – Face. Ask the person to smile. Does one side droop?
A – Arms. Ask the person to raise both arms. Does one arm drift down?
S – Speech. Ask the person to say a simple phrase. Is speech slurred or strange?
T – Time. If you see any of these symptoms, call 911 immediately.
Marci Drees, M.D., MS, first to be awarded new Epidemiology Society research grant

Marc Drees, M.D., MS, hospital epidemiologist and medical director of infection prevention at Christiana Care Health System, is the first recipient of a new research award from the Society for Healthcare Epidemiology of America (SHEA).

The $20,000 inaugural grant, called the SHEA Epi Project Award, seeks to advance research in health care epidemiology through the SHEA Research Network. The network is a consortium of nearly 200 hospitals collaborating on multi-center research projects that identify gaps in the health care epidemiology science base and address them by contributing data and expertise.

“It is a great honor,” said Dr. Drees. “With increasing public concern over health care-associated infections, antibiotic-resistant bacteria and the global spread of these organisms, it is vital that health care workers and the public know about effective infection control.”

Dr. Drees’ research focuses on defining variability of infection control practices for multi-drug resistant Gram-negative organisms. These organisms, which include Pseudomonas, Klebsiella and Acinetobacter species, are increasingly reported worldwide and can result in untreatable infections with currently available antibiotics. These germs are not under national surveillance and resistance is more difficult to detect using standard laboratory procedures. As a result, individual facilities may have limited capability to detect antibiotic resistance and may employ a wide variety of measures to prevent or control them. Dr. Drees’ study will assess these factors among hospitals nationally and internationally to determine current practices and capabilities as well as prevalence of these pathogens.

“Dr. Drees’ proposal serves as an excellent example of the direction for future research to help further our understanding and approach to multi-drug resistant organisms,” said Jan Patterson, M.D., MS, SHEA president.

SHEA is a professional society representing more than 2,000 physicians and other health care professionals around the world with expertise in health care epidemiology and infection prevention and control.

“With increasing public concern over health care-associated infections, antibiotic-resistant bacteria and the global spread of these organisms, it is vital that health care workers and the public know about effective infection control.”

—Marci Drees, M.D., MS

Delaware Trauma Symposium

The 2012 statewide Annual Trauma Symposium drew hundreds of health care and emergency services providers to the Chase Center on the Riverfront. The symposium, sponsored by Christiana Care, the ACS Delaware Committee on Trauma, and four other Delaware hospitals, featured presentations by Delaware trauma surgeons and nurses, police, EMTs, and trauma victims, on topics ranging from gang violence to surfing accidents, to traumatic dog bites and eye injuries.

Speaker Glenn Tinkoff, M.D.
The timeline of Christiana Care’s Greenville Medical Center campus development tells an encouraging health care story for patients, physicians and Christiana Care Health System as well.

The Greenville location helped redress “a scarcity of doctors’ offices on Route 52, which is a strategic passage leading right to Wilmington Hospital,” according to Robert Bycer, vice president and executive director of the Medical Group at Christiana Care.

Now, between the campus’s two adjacent office buildings at 3706 Kennett Pike, patients can:

• Visit the Primary and Specialty Care Medicine Office for primary care (internal medicine).
• Schedule a consultation with pulmonary and dermatology specialists.
• Visit an OB/GYN specialist.
• Make an appointment to see a specialist in women’s health.

The Center for Women’s Health and Timothy Langan, M.D.’s internal medicine practice opened in 2009. Maria R. DeJoseph, M.D., will join Dr. Langan part time this summer.

The Center for Women’s Health offers care for some of the most difficult gynecologic health issues. For example, Richard J. Derman, M.D., Christiana Care’s chair of OB/GYN, and William Hohman, M.D., treat patients who have complicated problems with menopause, while Babak Vakili, M.D., specializes in urogynecology and pelvic reconstructive surgery.

Christiana Care Obstetrics and Gynecology, a practice including Kirsten Smith, M.D., and Julia Powell, M.D., opened in 2010 — allowing Dr. Langan to move into Christiana Care’s second location in the complex — providing well-women visits and some procedures usually performed in surgicenters, such as endometrial ablation for treating heavy menstrual cycles.

“Many patients find this very convenient,” Dr. Powell said. He and Dr. Smith will welcome a third partner, Jessica Apel, D.O., in September.

Recently, pulmonology and dermatology are proving to be another good fit at the Greenville site. Dr. Langan said patients who need the specialty care find it comforting to know that it is a service of Christiana Care Health System and the physicians benefit from the interaction between primary and specialty care.
‘Good Catch’ all-stars capture risks before they reach patients

Good Catch employee all-stars reported and intervened in twice as many safety concerns as in previous months since the launch of the Good Catch Program on March 1. Among the first “good catches” by alert staff that helped prevent harm to another patient:

- **Change in patient status** — physician notified, treatment begun to prevent airway event.
- **Clarification of patient consent** — form did not state “side” for surgery.
- **Wet floor** — one staff member cleaned up a spill while a second team member redirected others to prevent falls.

The newly launched employee recognition program — a key effort advancing the health system’s Culture of Responsibility and Learning — engages staff to report safety concerns, “speak up,” and intervene before they reach and potentially cause harm to a patient, visitor or staff member.

All-star Bijal Patel, Pharm.D., made one of the first good catches in early March when she noticed a variance in the Powerchart heparin drip rate versus the actual patient infusion rate. Patel contacted the nurse to verify the rate and her questions helped the two discover several other instances in which the actual rate was not documented. Patel believes that acknowledging the potential for error, asking questions and discussing the situation with others is vital in helping prevent something similar from happening.

The program also involves quarterly random drawings among good catches for a cash bonus, and a recognition celebration for the department or unit with the highest number of good catches during National Patient Safety Awareness Week.

A Good Catch individual award category will also be added to the annual Focus on Excellence Awards Program.

All-star Anabelle Navarro, RN, BSN, PCCN, CCRN, believes “speaking up constructively and intervening to prevent harm not only protects the patient, but also protects the health care professionals involved. It’s being proactive to events instead of reactive.”

Good Catches may be submitted via Safety First Learning Reports by selecting the outcome description, “corrected before it reached the patient;” by using a Good Catch paper form (available on the portals); or by calling the Safety Hotline, 623-7233.
Case studies show that between 20 and 30 percent of all waste generated by hospitals comes from the ORs.

Christiana Hospital is producing less waste thanks to the efforts of perioperative staff members and patient care coordinators, championed by Debbie Dibert, RN, a member of the Christiana Care’s Environmental Stewardship Committee.

Guided by the Greening the ORs initiative of Practice Greenhealth, a national organization promoting efficiency through environmental sustainability, staff members are looking to reduce, reuse and recycle waste from Christiana Hospital’s ORs.

“Greening the ORs provides direction on how to reduce and prevent waste, buy environmentally friendly products, and change our working space and systems to use less and recycle more,” said Dibert. Right now, Christiana Hospital operating rooms recycle cardboard, plastics, irrigation bottles, paper and blue wrap. This recyclable waste fills 10 40-gallon bins twice per shift, five days a week — diverting it from landfills.

Christiana is one of only 116 hospitals in the world that have signed on to the Greening the ORs initiative.

For more information on the initiatives and successes of the Environmental Stewardship Committee, visit their Sharepoint site on the I-Net.
While attending a recent intensive training seminar sponsored by the Institute for Patient and Family Centered Care, Diane Bohner, M.D., FACP, learned about new and exciting possibilities for patient and family centered health care — and about what she and Christiana Care are not doing.

“I wasn’t surprised that I didn’t know everything,” she said. “But now that I understand the possibilities for patient and family centered health care, I can’t imagine continuing the other way.”

The “other way” was patient-focused. Christiana Care has long been patient-focused, Dr. Bohner said. We do the best things “for” our patients. We provide the best treatment “to” our patients. And we deliver excellent results, but we have an opportunity to do even better.

A patient and family centered approach means that we stop doing things “to” and “for” our patients and instead make choices “with” our patients.

In November 2011, Dr. Bohner was appointed medical director of Patient and Family Centered Care and Resource Management. “We work very hard to help patients, but often we don’t actually ask the patients in what way we can help them best,” she said. “In medicine, we create front-line processes, but we don’t always ask the frontline person what would work best for him or her. We create processes for the patient without asking them about what they want or need and then wonder why we’re not as successful as we should or could be.”

Dr. Bohner believes that the time is right to transform how we provide care.

“We have pressures that are forcing this change,” she said. “We have changing payment sources for the hospital that now focus on outcomes, on patient satisfaction and on readmission. These changes can be stressful, but with all of the regulation changes, we can no longer simply do what we’ve always done.

“Everything we’ve done for the past two years has worked to make us very good but has not necessarily made us great. I think that patient and family centered care is a platform for us to be great.”

Patient and family centered care was first introduced at Wilmington Hospital in 2008, under the leadership of Janice Nevin, M.D., MPH, now chief medical officer. The concepts and core practices have already taken hold in many parts of Christiana Care. Hospital units on both campuses have implemented bedside shift reporting, patient-communication whiteboards, multidisciplinary rounds and nurse manager rounding. Patient and family advisory councils currently exist for the Wilmington campus, the Helen F. Graham Cancer Center, Women’s and Children’s Services, and the NICU.

Over the next year, Dr. Bohner hopes to see these core practices become uniform across Christiana Care. Working with a new council structure that includes a Think of Yourself as a Patient focus, she plans to foster an environment in which staff on both campuses and in every unit have a common vision for what the patient and family centered experience should be.

Bohner has also been tapped to develop a new program based on a concept called “medical home without walls,” along with Patty Resnik, corporate director, Quality & Utilization Management. The team will include an RN or LPN and a social worker who will work with high-risk patients while in the hospital, and then continue to see those patients after discharge at a place convenient for each patient — whether at home, on the street, at a shelter, or elsewhere.

“The great thing is that this ultimately helps us to be better at taking care of our patients,” Dr. Bohner said. “It puts us in the frame of mind to take care of patients as whole people — to think about the quality of their care as inpatients or outpatients and their quality of life in the hospital and after they go back out into the community.”
Christiana Care names new directors

**Margarita Rodriguez-Duffy appointed director of Visitor and Volunteer Services**

As the newly appointed director of Christiana Care’s Visitor and Volunteer Services team, Margarita Rodriguez-Duffy, MSW, is responsible for all aspects of excellence for those services. Under her leadership, the team created several innovative volunteer activities that improve the quality of and satisfaction with the patient experience, including the No One Dies Alone program, which won top honors at the 2010 Focus on Excellence Awards. Before her appointment, Rodriguez-Duffy was inpatient Volunteer Services manager for five years and inpatient Volunteer Services coordinator for seven years. Rodriguez-Duffy received a Master of Social Work degree and a bachelor’s degree in Sociology & Psychology from Fordham University. She currently serves as Co-Chair of the Governor’s Commission on Community and Volunteer Service, secretary of the Delaware Society of Directors of Volunteer Services (DSDVS), member of the Delaware Association of Volunteer Administrators and the American Society of Directors of Volunteer Services. In the past she served on the Governor’s Task Force on Minority Health and she is a past board president of the Alzheimer’s Association of Delaware.

**Blake Collins is Clinical Engineering’s new director**

Blake Collins joined Christiana Care in March as director of Clinical Engineering. Previously he was regional director of Clinical Engineering Services at TriMedx Healthcare Equipment Services in Indianapolis, Ind., where he was responsible for 31 hospitals located in seven states. Blake has led continuous improvement initiatives that resulted in significant reduced costs. In addition to his responsibilities as regional director, he also was an adjunct professor at Indiana University Purdue University School of Engineering.

**Sonya T. Wallace appointed director of Diversity**

Sonya T. Wallace joined Christiana Care Health System in March as the director of Diversity and Inclusion. Before joining Christiana Care Wallace was the director of Diversity and Inclusion at Lancaster General Health, Lancaster, Pa. She has worked as a Diversity professional for more than eight years in the health care industry. Wallace received a bachelor of science degree in psychology and a master of education degree in Human Resources from Xavier University, Cincinnati. She also has a certificate in Healthcare Diversity Management through the American Hospital Association and is now working on a certification in Executive Leadership Coaching at Georgetown University.

**Francis Gott named director of Respiratory Care**

Francis Gott, RRT, was appointed director of Respiratory Care for Christiana Care in April. He began his career at Christiana Care in 2001 as a registered respiratory therapist and advanced to team leader in 2002 and to clinical manager in 2006. “Fran was instrumental in assessing the current state of respiratory care at Christiana Care,” said Penny Vigneau, senior vice president for Heart & Vascular Health, Heart & Vascular Administration: “He helped to redesign staffing, specialized care teams, and clinical integration with physician and nursing colleagues,” Vigneau said.

Gott also led a multidisciplinary Pulmonary Steer team and developed a comprehensive Pulmonary website. He has participated in assessing and implementing new technology as well as developing the clinical expertise of his teams.
Delaware Academy of Medicine honors Edwin L. Granite, D.M.D., for distinguished 50-year career

Edwin L. Granite, D.M.D., whose career with Christiana Care spans more than a half-century, has received the Delaware Academy of Medicine’s Lewis B. Flinn President’s Commendation Award.

Dr. Granite is Chairman of the Department of Oral & Maxillofacial Surgery (OMS) and Hospital Dentistry at Christiana Care Health System, where he also serves as chief of the OMS program and director of the OMS Residency Training program. He conducted a private practice in Wilmington for more than 40 years, until August 2002.

The Academy’s President’s Award signifies that the recipient has “achieved distinction by substantive contributions to the well-being of our community, through education, leadership, philanthropy or service.”

Dr. Granite has served as chief of the Section of Oral and Maxillofacial Surgery at Christiana Care since 1993. Before that, he was chairman of the OMS Section and Dentistry Department at St. Francis Hospital in Wilmington, from 1965 to 2002. Dr. Granite also served on the oral and maxillofacial surgery staff and was a clinical assistant professor of otolaryngology (oral and maxillofacial surgery) at Thomas Jefferson University Hospital from 1962 to 1985.

He earned his degree in dental medicine from Temple University in Philadelphia in 1957. While serving in the Navy at Quantico Marine Base in Virginia, he became interested in specializing beyond general dentistry and decided to enter a three-year OMS certification program at Jefferson Medical College Hospital in Philadelphia.

He completed three years of OMS residency at Jefferson Medical College Hospital and the Graduate School of Medicine, University of Pennsylvania, finishing at Jefferson in 1962.

He has served as an OMS consultant to the Veterans Administration Hospital, the Delaware State Hospital, Bissell Hospital, Kent General and the University of Delaware.

He continues to serve as a leader, member and consultant to numerous committees involved in education, including service to the Delaware Institute of Dental Education and Research (DIMER), and the Delaware Academy’s Student Financial Aid Committee.

Dr. Granite is a Diplomate of the American Board of Oral and Maxillofacial Surgery and the National Dental Board of Anesthesiology, and a Fellow of the American College of Dentists and the International College of Dentists.

In accepting the award, Dr. Granite heaped gratitude on his fellow members and the Delaware Academy of Medicine and offered some wisdom for achieving happiness: “If you love what you do, you’ll never work a day in your life,” he said.
Volunteers thanked at reception

All volunteers say they don’t do their good deeds for thanks or recognition.

But Christiana Care regularly wants to recognize its dedicated volunteers anyway, and did just that at an annual Thank You event April 20 at the John H. Ammon Medical Education Center to honor those who have reached the 10-year service milestone.

Christiana Care President and CEO Robert J. Laskowski, M.D., praised everyone who contributed to the total of 60,377 volunteer hours worked in the past year. “Your volunteerism inspires me,” he said. “The difference you make is a fundamentally human difference.”

“People don’t live in isolation,” Dr. Laskowski says. “They live as members of families and neighborhoods. If you want to understand people and be helpful to their health, you’ve got to be involved in the things that affect their health, which means the community in general.”

“Volunteers affect the quality of our patients’ experience with Christiana Care Health System across the full continuum of care,” said Margarita Rodriguez-Duffy, MSW, director of Visitor and Volunteer Services. “We are very grateful for all they do.”

Jefferson Awards program honors colleagues who volunteer in the community

The Jefferson Awards program is a prestigious national recognition system established in 1972 to honor individuals for excellence in community and public service in our nation.

Christiana Care started a related, system-wide recognition program in 2010 to honor people who provide volunteer community service beyond the work they do each day as health system employees or volunteers. One of the award winners recognized throughout the year at Christiana Care, Senior Systems Engineer John DiGiovanni, will attend the annual national winner celebration in Washington, D.C.

Three Christiana Care employees who have received the most recent Christiana Care Jefferson Awards had curtain calls at the April 2012 event. From left, Margarita Rodriguez-Duffy, Lt. Gov. Denn, Jefferson Award winner Rose Mili, senior communications manager in External Affairs, who won the most recent Jefferson Award for her many years of support for the Multiple Sclerosis Society; John DiGiovanni, who won the award for his volunteer efforts in establishing and maintaining an amateur radio (HAM operator) center at Christiana Care as a disaster communications option; Linda Sydnor, RN, who won for her tireless efforts on behalf of people living with Alzheimer’s disease; and Robert J. Laskowski, president and CEO.
Unwanted medications collection event sets new record

Conscientious neighbors dropped off nearly 1,600 pounds of unwanted or expired medications to Christiana Hospital as part of the National Prescription Drug Take-Back Event April 28. That represents close to a 60 percent increase over the half-ton dropped off six months ago at the last bi-annual event.

In Delaware, 6,808 pounds of medications were collected at various drop stations around the state – a 52 percent increase over the October total.

Proper disposal of medications keeps them out of the water system and helps prevent drug abuse.

Publications


Presentations

At the Eastern Society for Pediatric Research, March 30-April 1, 2012:


David Paul, M.D., Kelly Gray, RN, BSN, et al., platform presentation, “Antibiotic Prescribing for Hospital Acquired Pneumonia in Four Tertiary NICUs.”


Beatrix de Jongh, M.D., Robert Locke, D.O., MPH, Matthew Hoffman, M.D., MPH, and David Paul, M.D., poster presentation, “Maternal Predictors of Large for Gestational Age (LGA) Infants.”

Stephen Pearlman, M.D., Barbara Dean, RNII, BSN, Tammy Search, RN II, BSN, Rachel Baldwin, RN, MSN, NNP, and David Paul, M.D., poster presentation, “Rapid Cycle Quality Improvement Leads to Increased Admission Temperature in Preterm Infants.”

Appointments

Nicholas J. Petrelli, M.D., Bank of America endowed medical director of the Helen F. Graham Cancer Center, appointed to Fight Colorectal Cancer’s medical advisory Board.

Matthew Hoffman, M.D., MPH, nominated to serve on ACOG Perinatal Care Technical Advisory Panel of the Joint Commission.

Awards

Kara Streets earns high honor from Girl Scouts council

Kara Streets, RN, MS, CEN, nurse manager of the Clinical Decision Unit, received a Girl Scout USA Honor Pin – a national award bestowed only once in a lifetime.

Streets is a member of the Girl Scouts of the Chesapeake Bay Council Gold Award Review Board and a Gold Award advisor – she has also mentored scouts who seek to achieve a Gold Award through volunteer work.
Great Place to Work Celebration

Christiana Care’s annual Great Place to Work celebration takes place June 4-8 with prizes and exciting events. It recognizes the efforts we all make each day for our patients, our neighbors and each other to make Christiana Care a Great Place to Work. With its competitive salaries, range of benefits and work-life balance programs, Christiana Care is committed to being one of the best places to work.

Here are the highlights of the celebration:

Blue Rocks, Monday, June 4
Join us with your family and friends to celebrate Christiana Care Night as the Wilmington Blue Rocks host the Carolina Mudcats at 7:05 p.m. We’ll be in reserved seating at a reduced cost of $7 per ticket. Hot dogs are $1, and one of our VIP’s will be throwing out the first ball, and we’ll be on the Jumbotron screen throughout the game. There will be giveaways. Don’t miss out on the fun. Look to the Portals for more details and order information.

Ice cream
Christiana Care is providing free ice cream from the University of Delaware Creamery at a variety of locations during the week. The UDairy Creamery, established in 2008, produces premium ice cream made with the milk from the cows on the farm at the College of Agriculture and Natural Resources. The students are involved in every aspect of making and selling ice cream “from the cow to the cone.” Look for a calendar on the Portals highlighting dates and times the ice cream will be served.

Scavenger hunt
Employees have the opportunity to win prizes by participating in our Wellness Scavenger Hunt. Show us how much you know about our Wellness Website. Employee Portal will provide details.

Why is your department A Great Place to Work?
Share with your colleagues what makes your department a Great Place to Work. Four nominated departments will receive a prize and be spotlighted on the digital message boards located in Christiana Hospital cafeteria during Great Place to Work week. Nominations must include at least two of our Core Values. Email nominations by Friday, May 25 to GreatPlacetoWork@christianacare.org.

How are you celebrating?
Each department is encouraged to hold its own celebration during the week of June 4-8. Email us at GreatPlacetoWork@christianacare.org with your plans.

Remember to complete the Employee Opinion Survey

A systemwide Employee Opinion Survey continues through June. Its purpose is to collect feedback from employees at all levels about Christiana Care as a Great Place to Work. This will help advance our transformation and continue to make Christiana Care a great working environment. It also allows us to track our progress and compare the findings with national benchmarks.

This year’s survey, administered by a new vendor that specializes in hospitals and health care organizations, consists of approximately 50 questions and takes only about 10 minutes to complete. It covers our core employee commitment areas and includes an analysis of Magnet, diversity and inclusion, and employee relations.

Employee responses are completely confidential. The vendor tabulates the responses but does not share them with anyone at Christiana Care.

Following the survey, units and departments can use the results to help drive performance, foster teamwork and enhance our overall work environment. Any department that achieves a 90 percent participation rate or greater will be placed in a drawing to win a department pizza/salad party. Your input goes a long way towards helping Christiana Care in our efforts at continuous improvement.
On May 1, the first day of a two-day Education and Research Celebration at the John H. Ammon Medical Education Center, a Wall of Fame displayed some of the brightest ideas of the past year.

“Learning is the key to being excellent,” said Robert Laskowski, M.D., MBA, Christiana Care president and CEO.

There was a double winner among the more than 15 presentations submitted by teams throughout the health system. Increasing STI Screening and Detection Rates in the School Based Health Center Population received the award for most innovative in the Research category, and was voted the People’s Choice as well.

In the keynote address, David Metcalf, Ph.D., said handheld electronic devices are revolutionizing the way health care professionals learn and share knowledge. He is the director of the Institute of Simulation and Learning at the University of Central Florida, where researchers have harnessed the psychology of video gaming to develop novel approaches to education.

For example, Combat Medic Card Games emailed to Haiti in the aftermath of the devastating 2010 earthquake provided such basic information as how to stop bleeding.

“Even in the poorest country in the western hemisphere, 50 percent of people have a cellphone,” Metcalf said, adding that in the United States, about 80 percent of doctors currently use a smartphone and 70 percent plan to buy an iPad or other tablet within the next year.

Mobile applications also allow users to readily search through thousands of pages of multiple medical textbooks. In the near future, expect interactive dictation and transcription apps — much like the iPhone 4 Siri application — to enable doctors to speak directly into their smartphones, whenever and wherever they choose.

More than 70 people attended the opening day of the learning celebration, sponsored by the Learning Institute’s Center for Educator Development, Evaluation and Research.

“This celebration and the next day’s expo brought together system educators to recognize their contributions to learning and development that help us to achieve our mission every day,” said Jill Hewitt, Learning Institute and Development Director. “Educators also learned from each other and saw how we can support each other’s efforts.”

“Highlighting these collaborative team efforts across the system and sharing the mindset, planning and challenges...”
Christiania Care and partner agencies release new domestic violence resource manual

A new Domestic Violence Resource Manual for Healthcare Professionals was designed by the Domestic Violence Coordinating Council — a state agency whose mission is to improve Delaware’s response to domestic violence — in partnership with the Medical Society of Delaware and Christiana Care.

Christiana Care representatives included Matthew Hoffman, M.D., MPH, director of OB/GYN Education and Research, Gordon Reed, M.D., and Anita Symonds, RN, medical director and coordinator, respectively, of the Forensic Nurse Examiner Program. Delaware Rep. Mike Barbieri and Sen. Liane M. Sorenson also attended.

The resource manual provides accessible information to health care professionals to help them with screening and treating patients involved in domestic violence.

Delaware Attorney General Beau Biden also spoke, noting that “Health care professionals often meet victims of domestic violence at moments of crisis, but these terrible situations can also present the opportunity to intervene and break the cycle,” he said. “By educating professionals on the signs of domestic violence, the unique medical and mental health needs of victims, and the resources available to their patients, this manual can help Delaware’s health care professionals change lives.”

“Domestic violence has been recognized as the cause of substantial medical costs by the Centers for Disease Control and Prevention. With this manual we now recognize that we have a resource to meaningfully address domestic violence as a medical issue.”

—Matthew Hoffman, M.D., MPH

At the event unveiling the Domestic Violence Resource Manual for Healthcare Professionals: Gordon Reed, M.D., medical director of the Forensic Nurse Examiners program at Christiana Care; Kathy Keating, RN, Nanticoke Memorial Hospital forensic coordinator; Delaware Attorney General Beau Biden; Anita Symonds, RN, Christiana Care Forensic Nurse Examiners program coordinator; Dawn Culp, RN, Bayhealth Medical Center forensic coordinator; and Matthew Hoffman, M.D., MPH.

Also named to the Wall of Fame:

People’s Choice
Cozy Cuties: Reducing Delivery Room Hypothermia.

Most Innovative in Research

Repositioning Slings: Their Effects on Skin Pressure, Ph and Temperature.

Most Innovative in Education
A New Way to Enhance Collaborative Learning in Nurse-Physician teams: Using Standardized Adaptive Clinical Encounters and Penetrating Violence: A Call for Prevention.

that these groups encounter helps spur further innovation and learning,” said Michelle Collins, Patient Care Services Development and Education Manager.

As co-leaders of the Learning Institute Center for Educator Development, Evaluation and Research, Hewitt and Collins acknowledged the members of the planning committee who worked to ensure a fitting celebration for educators and researchers, including Jerry Brannen, Thea Eckman, Mindy Neff, Brian Aboff, Loretta Consiglio-Ward, Colleen Ellis, Sheila Hobson, Karen Karchner, Carol Moore, John Smith, Vaughn Wright, Richard Zock, Catherine Burch, Lisa Capodanno, Michael Cinkala, Brenda Ewen, Tina Fisher, Lisa Nellius, Brian Ochieng, Barbara Szewczyk, Amy Tyler, Lisa Wallace, Tara DeGhetto, Barbara Monegan, Paula Naylor, and Bob Sleezer.
PHOTOS:
TOP: The Junior Board’s 2012 Medicine Ball on April 20 featured physician musicians as the evening’s entertainment, including Drs. Laskowski, Rhodes and Witt and bands Code Blue, Rule of Thirteen and Runnin’ Late. Above, the rockin’ doctors of the Code Blue band take the stage at the historic Queen Theatre to entertain the crowd of 250 guests.

MIDDLE: Junior Board Medicine Ball committee members (from left) Judy Kirlan, Chair, Ann Kappel, President and Honorary Chairs Dr. Patricia Curtin and her husband, Thomas White, welcome Senator Carper to the event.

BOTTOM: Proceeds of the Junior Board’s 2012 Medicine Ball benefit nursing and allied health scholarships at Christiana Care. Christiana Care health care professionals were among the 250 guests at the April 20 event.

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Kidney Transplant Program honors donors and recipients

Christiana Care’s Kidney Transplant Program hosted the fourth annual banquet to recognize living donors and recipients during National Organ Donation Month, April 28 at the White Clay Creek Country Club.

The program has logged more than 113 kidney transplants. About 34 percent of those procedures have involved living donors. Chief of Transplant Surgery S. John Swanson, M.D., observed that each living donor’s selfless act not only saved one life from dialysis, but two. He explained that living donors, in donating a kidney to their loved one, do not use a deceased donor kidney, which allows another kidney failure patient on the waiting list also to receive a transplant.

LEFT: Brian Raschka donated a kidney to his wife Stephanie in October 2010. He spoke about his positive experience in donating as the second-most life-changing event he has experienced (citing marriage to Stephanie as the most significant event in his life.)

Below: More than two dozen kidney donors and recipients turned out to celebrate at a banquet hosted by Christiana Care’s Kidney Transplant Program. Front and center are program Medical Director Stephanie Gilibert, M.D., and S. John Swanson, M.D., chief of Transplantation Surgery.

Quality & Patient Safety offers education session on event investigation and analysis

Save Wednesday, June 27, 2012, 8:15 a.m. to 3 p.m., for a free education session, “Building Bridges: Connecting Event Investigation to Event Analysis,” at the ECRI Institute, 5200 Butler Pike, Plymouth Meeting, Pa. Offered by Christiana Care in collaboration with ECRI, this valuable educational opportunity includes the following topics:

- Overview of Systems Analysis – a Value Proposition
- Fundamental Causes of Error
- Event Theory and Human Error
- Event Analysis
- Developing Corrective Actions
New booklet helps people outline advance care planning

A new booklet adopted by Christiana Care Health System available now on most inpatient units provides patients with a way to control how they are treated if they become seriously ill and unable to make decisions in the present.

The Five Wishes document outlines for families and caregivers a patient’s desire for:
- The person they want to make care decisions when they cannot
- The kind of medical treatment they want or do not want
- How comfortable they want to be
- How they want people to treat them
- What they want their loved ones to know.

Wilmington ICU nurse manager Donna Casey, RN, BSN, MA, NE-BC, FABC, who co-chairs Christiana Care Health System’s Ethics Committee, says the booklet is available now through Smartworks. “It is also our goal to make the booklet available to Christiana Care employees and their families through Employee Health Service,” Casey says.

The booklet complements information on advance care planning offered through the GetWell Network and on the Patient Education Channel.

Wilmington Hospital ED offers 20-minute HIV testing

Christiana Care’s HIV testing for people in the Wilmington Hospital ED waiting room is a collaborative program with Beautiful Gate Outreach Center.

Since March, more than 160 people have been tested, according to HIV Program Director Arlene Bincsik, RN, MS, CCRC, ACRN. “The goal of this program is to help people know their HIV status” Bincsik said. “HIV rapid testing is used as a screening assay. Results are available in 20 minutes.”

“Patients who test preliminarily positive are directly linked to the HIV Program for confirmation and follow up treatment,” Bincsik said. Collaborating with Beautiful Gate enables Christiana Care to offer the program to the community without disrupting patient flow in the Emergency Department.

Program funding comes from a one-time expansion of the HIV Program Ryan White Part D grant, provided by the Health Resources and Services Administration (HRSA). Based on its preliminary success, the HIV Program has applied for continued funding after the present grant ends in August.

Muscle your way into strength training

Strength training is an effective way to offset aging, which begins much earlier than you might think.

At least 20 minutes of strength training two or three times a week is one way to ward off the aging process, says Susan Beamish, an instructor at the Christiana Hospital fitness center.

“You lose as much as one percent of your bone and muscle mass each year, starting in your 20s,” she says. “Strength training also helps to control weight because you continue to burn calories after you work out,” she says.

Beamish, who is certified by the American Council on Exercise as a personal trainer, helps employees choose at least one exercise for each major muscle group, including the chest, back, shoulders, biceps, triceps, quadriceps, hamstrings, calves and abdominals. If you leave out any muscle group, this could cause an imbalance. Plus, “You get really good health benefits in a short amount of time,” she says.

“In older people, strength training can reduce the risk of falls up to 40 percent,” Beamish adds.

Working with weights and other exercise equipment helps us to target muscle groups and build strength. Isometric exercises, such as pushups, lunges and squats, also are effective. For optimal benefits, alternate strength training with aerobic exercises, such as running, walking or biking. (To learn more, visit the Wellness: Caring for Yourself website.)

Strength training builds muscle and reduces fat, which is how guys get those sculpted, six-pack abs. Women can expect better toned bodies — but they should not worry about building too much muscle.

“Muscle doesn’t know age,” Beamish says. “It just knows if you use it or not.”
After five years, Healthy Beginnings program resonates with all pregnant women

Carol Hurley is one of more than 4,000 women who have participated in Christiana Care Health System’s Healthy Beginnings program since it was established five years ago. With its unrushed prenatal checkups and dietitian appointments to treat Hurley’s gestational diabetes, she and her husband were better prepared for their baby’s arrival. Hurley also benefitted from support by other expectant moms through the “Centering Pregnancy” peer group under the program.

“I got all the information I needed, and if I needed something extra, I got that, too,” Hurley said. “I could go in for an extra visit. I got to sit and hobnob with other pregnant women at the centering group. It wasn’t just a routine 15-minute-check-up-and-you’re-out-the-door, wondering: ‘What happened?’ I really felt cared for, and that was great.”

Healthy Beginnings originally was established to address Delaware’s high infant-mortality rate among women at risk for pregnancy problems, but its holistic approach to prenatal care has been so beneficial for the mothers involved that Deborah Ehrenthal, M.D., the program director, would like to see similar initiatives become a standard model of care for all pregnant women.

“Reducing the infant mortality rate is our goal, but it is just one measure,” Dr. Ehrenthal says. “There are many things that influence infant mortality which are just as important, such as prematurity or preterm delivery, low birth weight, birth defects, and also death within the first year of life.”

The “wrap-around” services provided to women through their pregnancies and their babies’ first six months help to address all those issues, says Healthy Beginnings Project Manager Stephanie Rogers, RN. Women who enroll in the program have access not just to nurses and obstetricians, but also to many other members of the health care team. That includes a registered dietitian, a clinical social worker, and a perinatal educator.

If an expectant mom is in an unhealthy relationship or has issues related to housing, employment or education, a counselor can connect her to programs in the community. Rogers says. If a mother enters pregnancy overweight or develops gestational diabetes, a registered dietician can help her develop proper eating habits.

The Healthy Beginnings program is funded in part by the Delaware Division of Public Health’s Healthy Mothers/Healthy Babies program and Women, Infants and Children, a federally-funded health and nutrition program.

In 2011 alone, almost 1,000 women were enrolled in the program. Its senior registered dietitian, Maureen A. O’Brien, MS, RD, CDN, provided 900-plus sessions on topics such as prenatal nutrition, gestational diabetes and postpartum weight management. “We have a tremendous staff and they have really made a very strong connection and impacted many lives,” said Dr. Ehrenthal about Healthy Beginnings’ first five years. “We’ve empowered a lot of women in our community to make a difference in their health and in their lives.”
Nurses’ retreat focuses on patient and family centered Care

 Lynn Pierce’s husband suffered a heart attack at age 40.

In the emergency department of an unfamiliar hospital, nurses barred her from the treatment room. She was only a few feet away, in the waiting room, when he died.

“How could they let my boyfriend since age 13 die alone?” she asked, as she addressed an audience of about 150 nurses at the Evidence Based Nursing Practice Council and Quality and Safety Combined Retreat on April 27 at the John H. Ammon Medical Education Center.

Pierce is a consultant at Healthcare Performance Improvement, a Virginia-based firm that specializes in improving human performance using evidence-based methods derived from high-risk industries. She has more than 30 years’ experience as a registered nurse.

During her keynote presentation titled “Patient-Centered, High Quality, Safe Care: Doing the Right Thing,” Pierce said that in this era of sweeping reforms in health care, nurses play a leading role in implementing positive change, offering professionalism, responsiveness and, above all, compassion.

Pierce encouraged nurses to embrace compassion and customer service in delivering care to patients and their families, who are likely to be confused and frightened by their illness or injury.

“We have to back up and say ‘What makes a great nurse?’ What if that person has all the skills you might ever need, but the attitude is bad?”

“How long is too long to wait when you’re in pain?” she asked. “We have patients out there who are saying ‘Comfort me. Don’t make me wait.’”

Pierce emphasized the importance of initiatives like hourly rounding, as well as safety tools and procedures such as phonetic and numeric clarification.

“It’s got to be 15, then ‘one-five,’ because 15 and 50 sound so much alike,” she said. “When things don’t feel just right, it’s our job to question that.”

Sen. Patricia Blevins tours Christiana Hospital NICU

State Sen. Patricia Blevins (D—Elsmere), the Senate majority leader, toured the neonatal intensive care unit (NICU) at Christiana Hospital in April with Sherry Monson, RN, MBA, MSN, vice president of Women’s and Children’s Services at Christiana Care; Aleks Casper, the state director of the March of Dimes, Delaware Chapter; Jennifer Uro, senior community director of the March of Dimes, Delaware Chapter; and Megan McGlinchey, chair of the board of directors for the March of Dimes, Delaware Chapter. Christiana Care neonatologist David Paul, M.D., chair of the Delaware Healthy Mother and Infant Consortium, hosted the tour.

The senator remarked that Christiana Care’s NICU “is impressive, not only for the extraordinary medical care that the infants are receiving, but also for the tremendous support that the entire family is receiving, both from Christiana Care and from their partnership with March of Dimes.”
Rivaroxaban (Xarelto®) is a new oral anticoagulant that the FDA-approved in July 2011 for preventing stroke and systemic embolism in patients with nonvalvular atrial fibrillation and also postoperative deep vein thrombosis (DVT) after hip and knee replacements. Rivaroxaban debuted in Canada and Europe in 2008 indicated for post-surgical DVT prophylaxis. In the U.S. market, rivaroxaban is the first rapid-acting oral anticoagulant to be approved for postoperative DVT prophylaxis and the second to be approved for nonvalvular atrial fibrillation.

Rivaroxaban works by selectively inhibiting factor Xa, preventing activation of the intrinsic and extrinsic pathways, thereby reducing clot formation. Similar to the oral direct thrombin inhibitor dabigatran (Pradaxa®), rivaroxaban does not require bridge therapy. Unlike warfarin, its activity is seen quickly since it does not depend on depleting vitamin K and inhibiting vitamin K-dependent clotting factors. Rivaroxaban rapidly inhibits factor Xa after administration. It has excellent bioavailability (66% - 100%) and obtains peak levels within 2 - 4 hours. When given with food, its bioavailability is increased for the 15 mg and 20 mg doses; therefore these doses should be taken with food. Absorption of 10 mg doses is not affected by food. It is then metabolized by the liver to inactive metabolites before being excreted by the kidneys (68%).

**RIVAROXABAN IS DOSED AS FOLLOWS:**
- Stroke prevention in atrial fibrillation: 20 mg orally once daily with an evening meal
  - If creatinine clearance (CrCl) is 15 - 50 mL/min, reduce the dose to 15 mg orally once daily with the evening meal
  - If CrCl is less than 15 mL/min, avoid rivaroxaban.
- DVT prophylaxis post total knee and hip replacement: 10 mg orally once daily, with or without food. Therapy should begin 6-10 hours after the surgery and for a duration of 12 and 35 days for knee and hip replacements, respectively.
  - If CrCl is less than 30 mL/min, avoid rivaroxaban.

Failure to adjust the dose of this medication appropriately may lead to an increased risk of bleeding. Significant drug interactions include strong cytochrome P450 3A4 and p-glycoprotein inhibitors (ketoconazole, ritonavir, clarithromycin, etc.), anticoagulants, and antiplatelet agents, which all may lead to an increased bleeding risk.

In transition from warfarin therapy rivaroxaban should be started after the INR is below 3.0. Warfarin should be discontinued when rivaroxiban is initiated. For patients transitioning from other anticoagulants (low-molecular weight heparin or dabigatran), administer rivaroxaban as the next scheduled dose of the other anticoagulant is due and discontinue the other agent. For unfractionated heparin infusions, rivaroxaban should be given when the infusion is stopped.

Rivaroxaban is contraindicated in patients who have active bleeding or have an allergy to the medication. It carries black box warnings for the increased risk of stroke upon discontinuation, and spinal hematomas. Patients should be counseled not to discontinue therapy unless instructed by their physician. Additionally, patients with indwelling epidural catheters, histories of traumatic or repeated spinal procedures, or using concomitant medications that increase bleeding are at risk of developing spinal hematomas; therefore careful consideration of risks versus benefits should be performed. Other adverse reactions associated with rivaroxaban are bleeding, headache, dizziness, and syncope.

References:

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**FORMULARY UPDATE — APRIL 2012**

**FORMULARY ADDITION**

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**FORMULARY DELETIONS**

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Kathleen McNicholas, M.D., JD, elected president of Delaware Academy of Medicine

Kathleen McNicholas, M.D., JD, is the new president of the Delaware Academy of Medicine, and the first woman to hold that office.

The Academy’s executive director Timothy Gibbs said: “[We are] extremely fortunate to have Dr. McNicholas as president. Her dedication to public health has a rich history, from the "No Heart Left Behind" program she pioneered, to her tireless work on women’s health and patient safety issues and as a community outreach spokesperson for Christiana Care. Her dual degrees in medicine and in law uniquely frame her understanding and perspective on so many issues our community and country face today.”

“We were hoping someone of her stature would take on the position,” added Alfred E. Bacon III, M.D., a fellow board member. “Dr. McNicholas was a special candidate for the presidency, given her history as a cardiac surgeon and her experience as both a doctor and lawyer.”

Dr. McNicholas, medical director for Performance Improvement and Surgical Utilization Management at Christiana Care since 2008, said the timing was perfect for her to serve as president.

“Dr. McNicholas was a special candidate for the presidency, given her history as a cardiac surgeon and her experience as both a doctor and lawyer.”

—Alfred E. Bacon III, M.D.