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New Short-Stay Unit helps fast-track cardiac patients

A new, 10-bed Cardiology Short Stay Unit (CSSU) at Christiana Hospital enhances coordination of care within the Center for Heart & Vascular Health.

“By creating this Cardiology Short Stay Unit, Christiana Care is building innovative systems of care for cardiac patients who arrive at Christiana Hospital’s Emergency Department,” said Timothy Gardner, M.D., medical director for the Center for Heart & Vascular Health. “We are fast-tracking the large number of cardiac patients who come into our Emergency Department so they can receive specialized treatment from our experienced doctors and nurses.”

Cardiology Short-Stay Unit staff nurse Julianna King, RN, updates the unit’s medical director, cardiologist Lawrence Narun, M.D., on a patient’s status.



The Christiana Care Way

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

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New cardiology unit fast-tracks patients

The unit is under the direction of Penny Vigneau, senior vice president of the Center for Heart & Vascular Health, and Billie Speakman, executive director of Heart & Vascular Interventional Services (HVIS). Lawrence Narun, M.D., of Christiana Care Cardiology Consultants, is medical director.

Patients at Christiana Hospital who require emergency cardiac care — but do not necessarily need to be admitted — go to the CSSU for noninvasive cardiac tests. Emergency Department (ED) patients benefit from this new process by having more beds available and timelier care. A review of case studies on units that perform cardiac observation performed by The Advisory Board Company, a Washington D.C.-headquartered health care consulting firm, found that CCSUs reduced unnecessary hospital admissions.

The majority of cardiac patients at Christiana Hospital had previously been placed in the ED's Clinical Observation Decision Unit. That unit is now divided in halves, with one half used for general Emergency Department needs and the other

to be designated the Emergency Department Observation Unit, reserved for patients who will benefit from an extended observation period but do not necessarily need to be admitted to inpatient status.

"We are developing clear pathways for care management for our cardiology patients while also teaming with our colleagues in the ED to expedite care," Speakman said. "It is another example at Christiana Care of how we are working as a team to develop a focused care model for our patients."

Words to Know

Inpatient – a hospital patient who occupies a bed for at least one night in the course of treatment, examination or observation.

Observational patient – a hospital patient who is admitted to the hospital for up to 23 hours and 59 minutes under outpatient status. ●

Family support facilitators help keep loved ones informed

When a loved one is admitted to the Wilmington Hospital ICU, family members have a friend to lean on.

Unit clerks — cross-trained as patient care technicians — have taken on new roles as family support facilitators. In a pilot program that began in August as part of a hospital-wide approach to patient and family centered Care, the Family Support Facilitator serves as the "go-to person for non-medical questions," said WICU patient care coordinator and interim nurse manager Stephan Jones, BSN, RN, CCRN.

The facilitator meets with the patient's family and friends, identifies the key people who will be able to make decisions for the patient, provides a welcome packet with information about the hospital and the ICU routine, lets family members know where the bathrooms and vending machines are, and provides other helpful information.

It's a role that differs in focus from that of patient care facilitators, who act as patient advocates, lead rounds and work with medical staff to achieve patients' goals. In the ICU, many patients are unable to communicate or participate in their care, so "it's important to get the family involved," Jones said.



From left, family support facilitators Jodie Hodges, Nakisha Jones and Shirley Wooley on Wilmington Hospital ICU are helping to pilot a new role serving patients and families as a source for answers to non-medical questions.

As part of its commitment to including families in patient care, WICU eliminated restrictions on visiting hours and encourages loved ones to be at the bedside whenever they can to provide support. Family decision-makers are asked to attend interdisciplinary rounds each morning and take part in conversations.

The idea is that "instead of doing things for the hospital's convenience, we focus on what's best for the family," Jones said. ●

So many little points of light can make a starry, starry night

By Margarita Rodriguez-Duffy

Director, Visitor and Volunteer Services



Dutch post-impressionist painter Vincent Van Gogh, an artistic genius by most accounts, reportedly once said: “Great things are done by a series of small things brought together.”

Contemplating The Christiana Care Way I find his simple observation quite relevant. Living and learning The Christiana Care Way, there are many opportunities — large, medium and small — to serve our

neighbors every hour of every day, as respectful, caring partners in their health.

How small things come together to produce great things became a very personal reality for me and my family last fall, after my mom was diagnosed with cancer and admitted to the hospital.

In our family’s case, it started with Solomon, an Environmental Services assistant in the Emergency Department, making small talk with my parents while they waited for test results. His friendly demeanor helped put them at ease during an unnerving wait — helped them focus on something other than the threat of cancer that we knew we were facing.

Later, as we settled in to her place on the assigned patient care unit, Mom’s roommate was in distress, and we waited again as many members of her health care team passed us by going to and from her bedside. Minutes turned to an hour and an hour to two. We were told that the nurse would be in to see her soon. Still, as we waited, we began to feel forgotten — and a little scared.

When a nurse finally turned to our family, the eye contact, smile, warm greeting and brief explanation of why we had to wait made us feel better cared for and respected. Note to myself: Acknowledging us could have happened sooner.

As her stay in the hospital progressed, a new daily routine emerged for my family — a new normal. Dad would arrive early, get his coffee and a warm greeting from our colleagues in the front lobby. Mom learned about her daily numbers, got to know her caregivers and all of us were adjusting to living with this diagnosis.

But in this new normal, my parents were often separated, which they found difficult, as they were not used to being apart in their 50-plus years of marriage.

Ismael, an observant and caring Environmental Services colleague, took action to help one day. After servicing Mom’s room, he brought in a blue recliner so my dad could sit and even take a nap next to my mom, just as he has done for the last 55 years. Ismael’s initiative to make my parents feel special was not just appreciated, it exceeded our expectations.

Now, six months have passed since we started on this journey, and my parents remember the kindness they were shown. They remember the dietary hostess who made them laugh, the nurse who shared stories of her children and the many others who made them feel cared for and special — The Christiana Care Way — during a very trying time.

Small gestures have big impacts on our patients and their families and make a big difference on the patient’s experience.

Each interaction with the neighbors we serve helps shape the health care journey as a whole. All of us at Christiana Care, regardless of our roles, have the opportunity to positively change the patient and family experience. ●

THE CHRISTIANA CARE WAY

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

Cardiovascular Critical Care unit celebrates a year of zero central-line-associated blood stream infections



Cardiovascular Critical Care Complex CLABSI prevention team members, from left, Stacey Strazzella, RN II, Midge Greenfield, RN III, Meredith Hollinger, Pharm.D, Amy Sutor, RN, Nick Garbini, RN II, Adrienne Wharry, RN II, and Sharmila Johnson, MSN, APN, ACNS-BC, CCRN. Absent from photo: Kirstan Baxter, RN, BSN, CCRN-CSC, nurse manager.

The staff of Christiana Care's Cardiovascular Critical Care Complex (CVCCC) is quietly celebrating a run of success in the continual battle against central-line-associated blood stream infections (CLABSI).

The Centers for Disease Control estimates that 41,000 CLABSI occur in U.S. hospitals each year. These serious infections prolong length of hospital stays and increase costs and risk of mortality.

In February, the CVCCC, comprising the units formerly known as Cardiovascular Intensive Care (CVICU), Cardiac Intensive Care (CICU) and open-heart step-down, all on 2E at Christiana Hospital, marked a full year without a single CLABSI infection, and continues its winning streak in the first month of spring.

"The entire CVCCC team deserves credit for this tremendous accomplishment," said Janice Nevin, M.D., MPH, chief medical officer and executive champion of the program. "The staff demonstrates that effective leadership, engagement of all of the members of the care team and a disciplined approach to problem solving makes a difference in reaching Christiana Care's long-term goal of eliminating preventable harm. I appreciate their outstanding commitment to the safety of our patients."

"Although we are viewed as one unit, CVCCC has a unique mix of medical, surgical, intensive care, and step-down patients," said Sharmila Johnson, MSN, APN, ACNS-BC, CCRN, clinical nurse specialist for CVCCC. "All of our surgical patients have central lines inserted in a sterile setting. However, medical ICU patients have lines that are not always placed in a sterile setting, which puts them at a higher risk for CLABSI."

Midge Greenfield, RN III, CCRN, who championed the anti-CLABSI initiative in CVCCC, said, "Change for the better is traceable to the Comprehensive Unit-Based Safety Program (CUSP). On the CUSP: Stop BSI is a program developed by Johns Hopkins Hospital intensivist Peter Pronovost, M.D., Ph.D., a noted expert on fighting hospital-acquired infections.

Christiana Care joined the nationwide CUSP project several years ago, initially to address and eliminate CLABSI and other safety issues. "It expanded to include ventilator-associated pneumonia (VAP) and catheter-associated urinary tract infections," Greenfield said. The program kick-started an excellent infection-free record in the Wilmington ICU, which has currently achieved a CLABSI-free duration of 18 months and counting.

“Using a checklist at the time of central line insertion is a key measure for reducing CLABSI,” Greenfield said. “Another measure that makes a difference is having a nurse present whenever a resident or PA does an insertion. Two years ago, having an experienced nurse at the bedside for central line insertions became a rule rather than an idea.” In addition, the use of chlorhexidine for skin prep has helped with the initiative, as has Nursing’s diligent monitoring of central line dressing changes.

Decreasing occasions for blood draws was another major factor in eliminating CLABSI. The CUSP-minded nurses insisted on limiting blood draws to no more than two draws a day to minimize risk of infection, and their campaign was largely successful. Other safety measures included avoiding femoral insertion sites, ongoing education, reinforcement of best practices in line maintenance, and removing lines as early as possible.

Kirstan Baxter, RN, BSN, CCRN-CSC, CVCCC’s nurse manager, said Christiana Care’s focus on several opportunities has reaped great benefits today. “Early line removal was a major focus,” Baxter says. “Old school wisdom held that lines

should be left in ‘in case we need them,’ but when lines remain in place, the risk of infection increases.

“It helps having nursing leadership, such as Sharmila or Amy Sutor, RN, staff development specialist, present on rounds to remind residents or physician assistants of the importance of getting lines out quicker.”

Although Christiana Care no longer participates in CUSP, safety efforts in CVCCC and other units continue through value improvement teams. The value improvement team program, like CUSP, is multidisciplinary, but it encompasses other potential safety challenges within the unit. The teams are comprised of every member of the patient care unit, including nursing, providers, pharmacy, respiratory, cardiac rehabilitation, physical therapy, dietary, WOC and VAN, among others.

“Every nurse in CVCCC is to be congratulated,” Baxter said. “It is through our teamwork and collaboration that we are able to achieve this great accomplishment. Having support from our physician leaders, Dr. Michael K. Banbury and Dr. Gilbert A. Leidig, and our executive champion Dr. Nevin, also helps.” ●



Walking the walk on the road to fitness

Want to get on the fitness track but don't know where to start? Look no further than your own two feet.

Walking might be the ultimate exercise. It's simple. You don't have to take lessons to develop expertise. You can walk just about anywhere. And walking is cheap; there's no equipment required beyond comfortable footwear with good support.

Conversely, a sedentary lifestyle is expensive in terms of health costs. In fact, the U.S. Department of Health and Human Services estimates the cost of treating chronic conditions and illnesses caused by inactive lifestyles is about \$1,000 a year for every household in the country.

Taking a robust walk for at least 30 minutes five times a week is good for

your muscles, bones and joints. Regular exercise will reduce your risk of heart disease, hypertension and Type 2 diabetes. Walkers also report that perambulating is a great stress buster.

If you aren't used to physical exertion, start slow. Don't worry if you can't put in the full 30 minutes. Do as much as you can and build up to your goal. You will likely discover that you enjoy walking so much that you want to do more of it.

You will find walking trails at Christiana Care, both outdoors and indoors. So don't let bad weather keep you from your daily constitutional.

Think of walking as a refreshing break from routine. It also can be an antidote to repetitive movement habits, the motions we repeat over and over during the course of a day that can

result in such injuries as back pain and carpal tunnel syndrome.

So, take a brief break and walk around for a bit every hour or so.

April 24 is National Walk at Lunch Day. Christiana Care is partnering with Highmark Delaware Blue Cross and Blue Shield to encourage employees to get in the healthy habit of walking during their work breaks.

There are lots of strategies for keeping yourself in the walking groove. The buddy system is a great way to stay motivated. Seek out friends who also enjoy walking or join a group.

Fancy a change of scenery? The American Heart Association has an app for that. The Walking Path App is free and allows you to find or create walking routes using your smart phone. ●

Annual event celebrates excellence in education and research



Colleagues at the Helen F. Graham Cancer Center received the Distinguished Research Team award.



More than 200 Christiana Care educators and leaders attended the keynote event of a two-day Education and Research Celebration sponsored by the Learning Institute's Center for Educator Development, Evaluation and Research, March 12 at the John H. Ammon Medical Education Center.

Rosa M. Colon-Kolacko, Ph.D., MBA, senior vice president, System Learning, executive director, Learning Institute and chief diversity officer, opened the luncheon event with the announcement that Christiana Care achieved a ranking of number 22 in Training Magazine's Top 125 awards for organizations committed to employee development.

Christiana Care was the highest-placing health system in the program, where the awards are based on financial investment, the scope of development programs and how closely development efforts are linked to business goals and objectives.

Christiana Care President and CEO Robert J. Laskowski, M.D., MBA, said Christiana Care is a "community of learners" whose job is to create value in the services we provide that is "grounded in the thoughts and aspirations of those we care for."

The keynote speaker of the event was Michael Rochelle, chief strategy officer, BrandonHall Group, who presented "Learning Trends, Ecosystem and Educator's Competencies for the Future." Rochelle challenged the audience to embrace the social aspect of learning and to reframe the way we think about learning within the organization.

No longer is it effective to provide one-size-fits-all education that follows traditional models of read, lecture and test, he said, describing the substantial variety of characteristics among

learners of all ages and from all walks of life — touching on multigenerational differences, global and cultural drivers, skill levels, talent-focused learning and mobile and social aspects of learning.

People today are "overeducated" and require educators to be networked and relevant, Rochelle said. "Learning is a journey, not a destination." He urged the audience to think about how they could tailor learning to fit the needs of individuals, and to break needed information into chunks that learners could digest at their own pace and on their own schedule.

Margarita Rodriguez-Duffy, MSW, director of Visitor & Volunteer Services, moderated a group-participation program in which the people seated around each table were asked to brainstorm for possible answers to these two questions:

- How can we fulfill the promise of The Christiana Care Way in our role as educators?
- What learning and education would enable our system to fulfill The Christiana Care Way promise?

The first day of the celebration concluded with award presentations, divided into three categories: Researchers, Educators and Exemplars.

On March 13 the Learning Institute sponsored a slate of 30-minute "Knowledge Now" learning sessions in 1100 Christiana Hospital, where employees were able to drop in for "how-to" refreshers, such as how to use Yammer effectively, plus PowerPoint, Outlook and iPad tips and other technology primers. ●

Christiana Care recognized for excellence in stroke care by AHA/ASA



From left, Jason Nomura, M.D., one of the Christiana Care Stroke Program team leaders and associate director, Emergency Medicine Ultrasound (left), with Deborah Willeford, RN, and Shawn E. Fellows, Pharm.D., demonstrate fast action in response to a stroke patient in the Emergency Department at Christiana Hospital.

quickly and efficiently treat stroke patients with evidence-based protocols.”

These measures include tPA use, anticoagulation therapy, cholesterol-lowering drugs and smoking cessation, all aimed at reducing death and disability and improving the lives of stroke patients. Studies show patients who are taught to manage their risk factors while still in the hospital are less likely to have another stroke.

For excellence in emergency stroke care, Christiana Care’s Center for Heart & Vascular Health has been named to the Target: Stroke Honor Roll by the American Heart Association/American Stroke Association.

Christiana Care is the only hospital in Delaware and one of a few in the Philadelphia region named to the Target: Stroke Honor Roll, for being among the fastest in the nation at delivering life-saving care.

When it comes to treating stroke, time is of the essence. Treatment within the first three hours — the golden window for stroke — is critical to saving the millions of neurons vital for human function, according to AHA/ASA. But too often, many people wait up to a day after their symptoms start before seeking medical attention because they simply don’t know the symptoms of a stroke.

The Target: Stroke Honor Roll recognizes hospitals that treat at least half of eligible patients with the clot-busting drug tissue plasminogen activator, commonly known as tPA, within an hour of their arrival to the Emergency Department (known as “door-to-needle” time). This medication is the only drug approved by the U.S.

Food and Drug Administration for the urgent treatment of ischemic stroke. If given intravenously in the first three hours after the start of stroke symptoms, tPA can significantly reverse the effects of stroke and reduce permanent disability.

In addition, Christiana Care earned the AHA/ASA Get With The Guidelines Stroke Gold Plus Quality Achievement Award for the second consecutive year. The honor recognizes Christiana Care for achieving 85 percent or higher adherence to all Get With The Guidelines Stroke Quality Achievement Indicators for two or more consecutive 12-month intervals. Christiana Care also achieved 75 percent or higher compliance with six of 10 stroke quality measures during the same time period.

“The Get With The Guidelines Stroke Gold Plus Quality Achievement Award demonstrates Christiana Care’s commitment to being one of the top hospitals in the country for providing aggressive, proven stroke care,” said Timothy J. Gardner, M.D., medical director of Christiana Care’s Center for Heart & Vascular Health. “We will continue with our focus on providing care that has been shown in the scientific literature to

“These honors are the culmination of a tremendous team effort by all my colleagues within the Center for Heart & Vascular Health and throughout Christiana Care,” said Anthony Munson, M.D., medical director of Christiana Care’s Stroke Program. “This team also includes community paramedics who notify the Emergency Department to prepare the stroke alert team for a patient’s arrival.”

Last July, Christiana Care earned continued Gold Seal of Approval for re-certification as a Primary Stroke Center by The Joint Commission. Christiana Care is a high-volume stroke center, ranking 6th in the nation for the number of cases treated. According to the latest MedPAR (Medicare) data, Christiana Care treated 1,090 cases in 2009.

Christiana Care’s Primary Stroke Center Program includes stroke evaluation, treatment and rehabilitation. The goal is helping patients to make the most complete stroke recovery possible. The staff develops an individualized stroke recovery plan and evaluates patients to identify risk factors that can lead to later problems. ●





Helen F. Graham Cancer Center earns American Psychological Association's Psychologically Healthy Workplace Award

For creating a healthy, high-performing work environment, the Care Management team at the Christiana Care Helen F. Graham Cancer Center has received the American Psychological Association's (APA) 2013 Psychologically Healthy Workplace Award.

One of only four employers from across North America to receive the award this year, Christiana Care won in the not-for-profit category. The Helen F. Graham Cancer Center team previously won the Delaware Psychological Association's state-level Psychologically Healthy Workplace Award, qualifying it to be nominated for the APA award.

Christiana Care is only the fourth hospital system ever to win the national award. The APA also recognized the Helen F. Graham Cancer Center as a Best Practices honoree for employee growth and development.

"The real winners of this award are our colleagues, our patients and our community," said Robert J. Laskowski, M.D., Christiana Care president and CEO. "By partnering with our patients and their loved ones in their care, we

create greater value for our patients. This not only benefits the patient and their loved ones; it supports our care team to do the best they can."

The Helen F. Graham Cancer Center excelled in its efforts to foster employee involvement, health and safety, employee growth and development, work-life balance and employee recognition, according to the APA. The annual employee retreat, wellness website and flexible scheduling are some examples of the workplace practices that helped earn a 2013 award.

The Helen F. Graham Cancer Center healthy workplace practices are reaping rewards for both the organization and its employees. The department boasts one of the highest job satisfaction levels at Christiana Care and a zero percent turnover rate in 2012. Team members report that they have been able to reduce their stress, make health improvements and engage in a more active lifestyle.

"This award recognizes the high priority the Helen F. Graham Cancer Center administration places on the well-being of our colleagues and our ongoing commitment to collaborate with our

staff in decision-making to create greater value," said Nicholas J. Petrelli, M.D., Bank of America endowed medical director. "Establishing an Esprit De Corps Committee with scattered events throughout the year for cancer center personnel has also contributed to a healthy workplace environment," he said.

"Our annual retreat has evolved into a time and place to recognize and thank employees for their good work, to develop team skills and to set goals for the upcoming year," he continued. "Having the opportunity to laugh together and share long conversations are just some of the many reasons this retreat is well-liked by employees."

"On a daily basis we work extremely hard on a number of things, such as communication skills, accountability, team building, effectiveness, talent management, creating highly engaged employees, customer service, staff empowerment and leadership skills," said Tricia Strusowski, RN, MS, clinical director of the Cancer Program.

"Since we began focusing on our work environment, employees have



Psychologically Healthy Workplace Awards

demonstrated measurable improvements in conflict management, internal communications and group cohesiveness. Caring for cancer patients can bring special challenges for our staff, and it is important we care for each other," she said.

Staff at the Helen F. Graham Cancer Center also benefit from Christiana Care's confidential wellness website with resources for both physical and emotional health. It is also linked to, and provides personalized recommendations based on, an employee's own biometric results such as blood pressure, blood sugar and BMI. A designated Wellness Champion in each department brings health and wellness information to staff, supports healthy lifestyle changes and leads a weekly after-work yoga group.

All employees are scheduled for quarterly one-on-one meetings with the director. At these meetings, staff shares current projects and caseloads as well as suggestions for improvements.

"Forward-thinking employers such as Christiana Care's Helen F. Graham Cancer Center are taking steps to create a positive work environment where employees can thrive," said David W. Ballard, Psy.D., MBA, head of APA's Center for Organizational Excellence. "In turn, employees are more engaged and committed to the organization's success. This shared responsibility for creating a psychologically healthy workplace promotes an organizational culture that values well-being and performance and delivers results on both sides of the equation." ●



The 2012 Medicine Ball, sponsored by the Junior Board, raised a generous \$67,000 to support Nursing and Allied Health scholarships.

From left: Medicine Ball fundraising committee members Ann Kappel, Angela Case, Georgia Brereton, Betty Hoffman, Jeanne Checkel, Christiana Care Chief Nursing Officer Diane Talarek and Chief Human Resources Officer Audrey Van Luven, Midge Bernhardt, Mary Herr, Chris Frysztacki, Junior Board President Diane Thomas, Irene Larson and Judy Kirlan, Medicine Ball chair. (Not in photo: Doris Moulton).

Junior Board 2013 Medicine Ball supports scholarships



Spring marks the timing of the Junior Board of Christiana Care's annual fundraising event, the Medicine Ball. Since 1998, the Medicine Ball's success has supported critical health system initiatives through proceeds totaling more than \$1.3 million. This year will be a nonevent, meaning the members focus solely on fundraising efforts and proceeds benefit nursing and allied health professional scholarships. Attracting and maintaining top-quality nursing and allied health care professionals is highly competitive. With these scholarships, the Junior Board impacts patient care

and supports Christiana Care's commitment to provide expert health care to our neighbors.

Invitations were mailed in early April. If you would like to receive one, call the Development Office at 327-3305. The first 100 gifts received by Friday, April 26 will be entered in a drawing for a fabulous Michael Christopher Salon visit, including a \$150 cut and style and \$50 of accessories. Please join the Junior Board and a nursing scholarship recipient on Tues., April 30 at noon at Wilmington Hospital's Window Box for more updates about the Medicine Ball and the drawing for the salon visit winner. ●

Emergency Medicine Ultrasound section joins clinical trial of clot-busting device



Paul Sierzenski, M.D., director of Emergency Medicine Ultrasound (center), and Barbara Davis, RN, primary research nurse coordinator, reenact a ClotBustER treatment with a staff member at Christiana Hospital.

A clinical trial at Christiana Care will help to determine whether stroke patients do better when they are treated with an ultrasound device worn on their heads in addition to infusions of traditional medications used to dissolve clots.

The device, called the ClotBustER, is unique in that it requires no advanced training in ultrasound to place it. That would benefit patients in remote or rural settings who might not have access to a physician who specializes in ultrasound.

“If the device is successful, it could even be used in the ambulance when a patient is being transported,” said Paul Sierzenski, M.D., RDMS, director, Emergency Medicine Ultrasound.

Outfitted with 18 ultrasound probes, the ClotBustER device weighs three pounds. The headpiece connects to a battery-powered control box.

In the double-blind study, patients will receive infusions of tPA, a medication that dissolves clots, and also wear the device for two hours. Half the devices are activated; the other half are not.

“Because the study is double blind, we won’t know whether the patient had active ClotBustER or not until we measure results after completion of the experiment,” says Barbara Davis, RN, primary research nurse coordinator.

The hypothesis is that by using both ultrasound and tPA clots will dissolve more quickly than with tPA alone, restoring blood flow to the brain in less time.

Christiana Care is one of only 50 health systems selected to participate in the trial, said Christy Poole, RN, Emergency Medicine research nurse coordinator and a member of Christiana Care’s Clinical Research Nurse Council, a driving force in promoting collaboration and enhancing professional growth for research nurses.

The ClotBustER study, which will begin enrolling patients in May, focuses on patients age 18-80, male and female, who have suffered ischemic strokes. Patients must have a stroke score of 10 or more on the scale established by the National Institutes of Health to enroll.

“This isn’t a treatment for people who have suffered very mild strokes, who are getting better on their own through the body’s natural healing process,” Dr. Sierzenski said.

Researchers will follow up to evaluate how both sets of patients are faring 90 days after they leave the hospital.

“Can the patient drive a car? Can they bathe themselves?” Dr. Sierzenski asks. “The goal is to reduce the disability that many people suffer after a stroke.” ●

Christiana Care joins national Outpatient Cardiac Rehabilitation Registry

Christiana Care Health System’s Center for Heart & Vascular Health has joined the American Association of Cardiovascular and Pulmonary Rehabilitation (AACVPR) Outpatient Cardiac Rehabilitation Registry.

The United States’ first nationwide registry of its kind, the AACVPR Outpatient Cardiac Rehabilitation Registry tracks patient outcomes and program performance in meeting evidence-based guidelines for secondary prevention of heart and vascular disease. It provides cardiac rehabilitation programs with national outcomes data for benchmarking and demonstrates the positive impact of cardiac rehabilitation on the morbidity, mortality, physical function and quality of life of cardiac patients.

Christiana Care’s Cardiac Rehabilitation Department is the only program in Delaware participating in the registry. Last year, Christiana Care monitored more than 17,000 cardiac rehabilitation visits.

“Our involvement in the AACVPR Outpatient Cardiac Rehabilitation Registry will provide an efficient means for our program to track, document, communicate and continue to improve our patient outcomes and program performance in the secondary prevention of heart and vascular disease,” said Anthony B. Furey, D.O., FACC, medical director of Christiana Care’s Cardiac Rehabilitation Program.

Officially launched in June 2012, the registry has been under development since 2007, and underwent three months of beta testing by a select number of cardiac rehabilitation programs.

The registry is HIPAA compliant, and all data is securely encrypted using industry-standard procedures. Safeguards to protect the security of data include a combination of physical, technological and administrative security measures. Registry subscribers have access only to their program’s patient information and to aggregated data from the registry as a whole; subscribers are not able to access or view other programs’ data.

The AACVPR is a professional society of more than 2,500 members dedicated to the advancement of cardiovascular and pulmonary rehabilitation services for patients with heart, vascular and lung disease and to the support of professionals working in these programs.

To learn more about the registry, visit www.aacvpr.org/CRregistry. ●



Transformational nurse managers credit mentors, teams with leadership success



Bonnie Osgood, MSN, RN-BC, NE-BC, nurse manager of Wilmington Hospital's patient care unit 4 Medical (North) (left), says mentoring from Penny Seiple, MSN, RN, NE-BC, FACHE, vice president, Patient Care Services, Wilmington Hospital, helped advance her career development.

Neither Bonnie Osgood, MSN, RN-BC, NE-BC, nor Danielle Weber, BSN, RN-BC, set out to become nurse leaders. Yet both found themselves on just such a journey fueled by a desire to influence their respective practice environments. The transformative culture generated by shared decision making over the last decade, along with Christiana Care's generous professional development offerings — and more than a little encouragement from their nursing mentors — helped Osgood and Seiple find their home in nursing management.

Osgood started as a frontline nurse back in 1986, was promoted to assistant head nurse in 1992, was re-titled a patient care coordinator (PCC) in 1996, and assumed leadership of Wilmington's 4 Medical (North) in 2000.

"Although I always enjoyed the clinical aspect of care, I found myself volunteering for teams working to enhance patient care," she reflects. "Being involved is a great way to

network and influence the practice environment."

Christiana Care's commitment to shared decision making — a hallmark of the Magnet journey — has greatly empowered nurses like Osgood to become problem solvers. She also credits system professional development offerings, such as the ACT course, tuition reimbursement and System Learning programs, with smoothing the path toward leadership.

Osgood believes any aspiring leader needs a mentor. She says Penny Seiple, MSN, RN, NE-BC, FACHE, vice president, Patient Care Services, Wilmington Hospital, provided that vital link in her career development. It was Seiple who encouraged Osgood to become active in professional associations. Immediate past-president of the Delaware Nurses Association, Osgood recently completed her term as a member of the American Nurses Association's Congress on Nursing Practice and Economics.

She is co-leader of the Delaware Action Coalition to advance recommendations of the Institute of Medicine Robert Wood Johnson Foundation Future of Nursing: Campaign for Action and active on Christiana Care's Nursing Research Council.

"Through my advocacy work on industry boards, I am able to share what I've learned to help other nurses throughout the state and nationally," Osgood said.

To frontline nurses looking to move into leadership, Osgood recommends taking advantage of professional development classes, becoming an active member of committees and councils, actively joining professional associations and, perhaps most importantly, finding a mentor for guidance.

Of her own leadership style, Osgood says, "I provide the environment, let my team demonstrate their talents and support their decisions. I enable them to shine, and let them share their gifts with others."

Newer to role of nurse manager is Weber. A Christiana Care nurse since 1995 and PCC since 2003, Weber was promoted to manager of the Transitional Surgical Unit (TSU 2B) in October 2011. Like Osgood, she had no early aspirations to management. Her partnership as a PCC with Joan Pirrung, APRN, BC, Trauma Program manager who also managed TSU at the time, inspired Weber's journey to leadership.

"I never thought I would be a nurse manager, but after seeing what Joan did for TSU patients in terms of standard of care and performance initiatives, and with her guidance, it seemed a natural fit," she says.

Associate CNO Janet Cunningham, MHA, RN, NE-BC, CENP, vice president, Professional Excellence, lauds Weber with doing "transformational things"



Editor's note: *As part of the Magnet redesignation journey, Christiana Care must demonstrate evidence of transformational leadership as the first model component of the Magnet documentation and site survey. The American Nurses Credentialing Center looks to Magnet organizations to provide evidence of nursing leaders' roles in advocacy and influence, as well as in visibility, accessibility and communication.*

with TSU in helping to reduce “bounce backs” to the ICU and increasing staff satisfaction. The unit has won two Focus on Excellence Awards, created innovative presentations for the GetWellNetwork, and achieved Tier 1 in the most recent employment engagement survey.

Weber points out that not all nursing leaders have manager titles. Leaders are also found at the bedside when they demonstrate a commitment to good quality care and mentor peers, especially novice nurses. She appreciates frontline nurses who serve as leaders when they share a positive perception of the organization, and are willing to work hard for their patients and for each other.

Weber is currently working at Wilmington University on dual master's degrees in Leadership in Nursing and Management of Healthcare Administration. And, although her days are full of managerial duties, she still loves to answer call bells and phones, admitting that when she's not on the unit working among them, her staff wonders what's wrong.

That's transformational leadership. ●



Danielle Weber, BSN, RN-BC, nurse manager on 2B, Transitional Surgical Unit at Christiana Hospital, discusses ongoing patient care with 2B staff nurse Maria Brown, RN. Weber says mentoring from a senior nursing colleague helped her become a leader at Christiana Care.

Edmondo Robinson, M.D., Penny Seiple, RN speak at Delaware Chamber of Commerce



Edmondo Robinson, M.D., MBA, physician-in-chief of Christiana Care's Wilmington Hospital, was the keynote speaker Thursday, March 28, at a breakfast hosted by the Delaware State Chamber of Commerce at the University and Whist Club in Wilmington.

Dr. Robinson explained how the Wilmington Hospital Transformation Project would improve the delivery of health care in the community.

“The physical transformation is there to support the programmatic and clinical transformation — it is a means to an end,” Dr. Robinson said. “The care we deliver will focus on helping patients get healthy when they are sick and keeping them healthy when they are well.”

In addition, Penny Seiple, RN, vice president, Patient Care Services at Wilmington Hospital, discussed patient and family-centered care and how it transforms the patient experience. The event was covered by WDEL radio news. ●

eSignout wins Computerworld Laureate honors

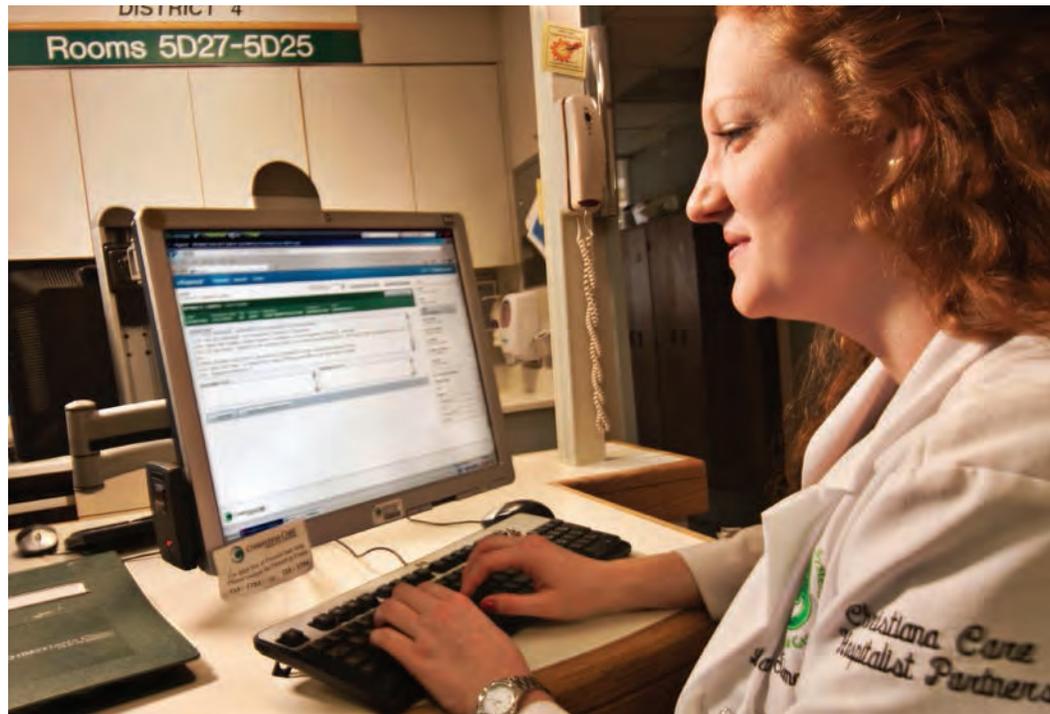
Christiana Care Health System has been recognized as a 2013 Computerworld Honors Laureate winner for creating a software program that enables the safe and confidential sharing of vital information about patients as they change caregivers during their hospital stay. This is the second consecutive year Christiana Care has received the award.

Computerworld annually honors companies demonstrating visionary applications of information technology promoting positive social, economic and educational change. Christiana Care won in the health category, one of 268 winners in all.

“Receiving this award for the second consecutive year demonstrates the ongoing partnership between IT and our clinical staff to create transformative solutions that deliver greater value to our patients,” said Karen Gifford, Christiana Care’s director of Information Technology. “This tool not only improves communication, efficiency and patient safety; it decreases the time a doctor or nurse spends during the handoff process, permitting more time with the patient.”

Hospital handoffs are episodes in which responsibility for a patient passes from one health professional to another, and in which important information about the patient is also exchanged. Studies show an estimated 80 percent of serious medical errors involve miscommunication between caregivers during patient handoffs.

Christiana Care’s customized software program, named eSignout, addresses the problems handoffs can cause by eliminating handwritten documents, capturing detailed patient information, such as demographic data and care plans, in a confidential, secure, easy-to-view format. The tool also makes clear the name of the clinician caring for the patient at any moment. That’s critical in a hospital system with teams of caregivers.



By eliminating handwritten documents and logging information in a secure, easy-to-read format, Christiana Care’s eSignout software helps to reduce time-wasting problems that can occur during handoffs, giving the care team more time to spend with the patient.

The program is different from clinical systems used for ordering tests and treatments and documenting care. eSignout provides information only relevant to patient handoffs, such as changes or potential changes in patient conditions that alert clinicians to problems and concerns. The tool allows caregivers to document recommendations.

The results of eSignout are significant. During ICU implementation in 2012, there was 100 percent caregiver use and satisfaction level in less than 72 hours. Handoff times reduced more than 50 percent.

Over the past year, 495 unique users of eSignout managed handoffs for 300 – 400 patients a day. Because clinician feedback helped develop the program, a process for receiving, evaluating and implementing enhancements is in place, with upgrades planned at least annually.

The Computerworld Honors Program awards will be presented at an awards ceremony on June 3 in Washington, D.C.

Last year, Christiana Care’s patient self-evaluation tool, Insight, received Top Five recognition in the health category competition from Computerworld after the magazine previously named the program a Laureate award winner. In addition, the publication recognized Christiana Care Vice President and Chief Information Officer Randy Gaboriault earlier this year as a Computerworld 2013 Premier 100 IT Leader honoree.

Founded in 1988, The Computerworld Honors Program is the longest running global program that honors individuals and organizations for their use of information technology in innovative ways. Computerworld, with an online audience of more than 3.5 million unique, monthly visitors, is a leading source of technology news and information for IT influencers worldwide. ●



Best practice review: DETERMINING PROVIDER PRIVILEGES

Q. HOW DO YOU DETERMINE IF A PROVIDER IS PRIVILEGED TO PERFORM A PROCEDURE AT CHRISTIANA CARE?

A. **First**, go to the nursing portal and look for the left navigation pane. Scroll to Medical Affairs and select Physician Privileges.

Then, enter the provider's last name and click search.

The screenshot shows the 'Nursing Portal' for Christiana Care Health System. The left navigation pane is expanded to 'Medical Affairs', and 'Physician Privileges' is selected. A search box at the top of the page contains the text 'Last Name: [] Search'. Below the search box, the 'Physician Privileges' section is visible, showing a list of procedures with columns for 'REQUESTED', 'GRANTED', and 'MONITORED'. The 'Physician Privileges' link in the navigation pane is circled in red, and a red arrow points from the search box to the search button.

Clinical Privileges will be displayed as shown below.

CORE PROCEDURES:	REQUESTED	GRANTED	MONITORED
Arterial Line	×	×	
Electro Cardioversion	×	×	
Jugular Venous Subclavian Catheter Insertion	×	×	
Swan-Ganz Catheterization	×	×	
Temporary Pacemaker Insertion	×	×	
Moderate Sedation	×	×	
INVASIVE CARDIOLOGY PROCEDURES:	×	×	
Pericardiocentesis	×	×	
Diagnostic Cardiac Catheterization & Angiography	×	×	
Pulmonary Angiogram	×	×	
INTERVENTIONAL PROCEDURES:	×	×	
Percutaneous Coronary Intervention(PCI)	×	×	
Rotablator	×	×	

If you have questions about this Best Practice Review, please contact the Content Experts: Dominic Kayatta, 733-2302; or Chris Carrico, 623-4968; Safety Hotline: dial 7233 (SAFE) from within the hospitals; outside dial 623-7233(SAFE). ●

Latest Christiana Care Quality and Patient Safety fellow demonstrates ‘obligation to continually refine the work we do’

Marylou Dryer, M.D., CMQ, the second fellow of the Department of Medicine’s Fellowship in Quality and Patient Safety, said she became interested in ways to make systems safer by an experience that occurred during her service in the U.S. Navy Seabees.

She was with Naval Mobile Construction Battalion Three, training for a tour in Afghanistan, when the safety chief required everyone to wear a star on their bullet-proof vests. The star stood for Stop, Think, Act and Review, and its purpose was to remind them to imagine “what was the worst thing that could happen and to push that up the chain of command,” she said.

“That simple thing — empowering front-line people to think of safety — had an amazing impact,” she said. Her construction battalion became the first to complete the six-week field training exercise without anyone needing medical treatment beyond first aid.

Dr. Dryer’s fellowship project at Christiana Care follows on the work of the program’s first fellow, Jessica White, M.D., CMQ, who focused on integrating daily patient safety discussions into rounds. The next step was “changing that into action,” by encouraging more consistent reporting of problems “to see where there are opportunities for improvement in the system of care we deliver.

“Nobody is going to be able to fix problems if we don’t know about them,” she said.

She began in September 2012 by observing activity on wards, conducting a survey to identify barriers to reporting, and launching a competition, with lapel pins and certificates as rewards, to encourage reporting of “good catches” — actions that headed off potential patient safety problems. It worked. At baseline, there were no “good catch” reports from residents; within five months there were 77.

Instead of casting blame on those who reported potential safety problems, Dryer held them up as good examples, saying “You recognize you are capable of making this mistake, and you took time to report it so we know what we need to change to make health care safer and make Christiana Care better.”

The project has received national praise. Her poster won a first-place award at the conference of the American College of Medical Quality in February and was one of only 11 chosen for oral presentation at the Alliance of Independent Academic Medical Centers’ annual meeting in March.

Robert Dressler, M.D., vice-chair of the Department of Medicine and Quality and Patient Safety Fellowship director, said the one-year fellowship is an example of Christiana Care’s commitment to improving quality and safety, a focus that is increasingly



Marylou Dryer, M.D., CMQ

important nationally. “As professionals, we have an obligation to continually improve the patient care we provide,” he said. “Being a professional is two jobs: first, to deliver health care, and second, to improve on the first.”

For Dryer, who begins a dual residency in internal medicine and pediatrics in July at Christiana Care, safety issues usually trace back to flawed systems, not flawed people. “People don’t wake up and come to work trying to make mistakes,” she said. “When mistakes occur that can potentially cause patient harm there’s probably something we can do to change the system to make the process safer.” ●

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 Ron Sherman at 302-623-2873.

Safety expert Craig Clapper visits for National Patient Safety Week

While systems are designed to prevent harm to patients, their success hinges upon the willingness of staff to raise concerns when they sense concerns, said national safety expert Craig Clapper during the highlighted event of National Patient Safety Week at Christiana Care.

Clapper is a founder and the chief knowledge officer at Healthcare Performance Improvement, a firm that advises hospitals on safety practices. National Patient Safety Week, March 3-9, featured a number of education and awareness activities to celebrate Christiana Care's commitment to prioritizing patient safety. This year's theme was Patient Safety 7/365: seven days of recognition, 365 days of commitment to safe care.

Preventable errors will snake through the numerous walls of defense in a well-designed system when that system does not actively promote open and direct communication among its staff about concerns. When a culture of safety is absent, the well-designed system takes the form of a Swiss cheese model, Clapper said.

"Rarely is it a single thing that goes wrong that results in patient harm," Clapper said. "In a Swiss cheese model, complex systems fail in complex ways. Systems of barriers are thought to be protective in this model, but really the model looks like slices of cheese, with the holes representing problems. What happens when one of those mistakes goes through the holes and reaches the patient? It causes harm."

On the other hand, human behavior grounded in nontechnical skills such as situational awareness and critical thinking prevents harm. Those skills will intersect with a health system's safety initiatives, checklists and precautions, fortifying the safety bulwark of the health system so that errors never result in harm.

"What prevents harm more than anything else are the people and the culture within the health system," Clapper said. "Because even when you have the right systems in place, there is still nearly always a discretionary space in which you are not forced to do something but still simply have to choose to do it. For that reason, culture is the strongest behavior-shaping factor — it works in its own right plus it makes the other factors in a system work as well."

For example, Clapper referenced a major culture shift toward safety in November 2003 at a multi-hospital system on the East Coast that triggered a continuous drop in the rate of serious safety events. The rate of serious safety events had dropped 81 percent over a seven-year period by August 2010.

Clapper said culture will begin changing when:

- New expectations are set.
- Staff are expected to consult their supervisors.
- Staff are expected to validate and verify what they know.
- Supervisors are expected to provide feedback to extinguish poor habits and build better habits.



Craig Clapper

"A culture should be designed so that instead of feeling that you are 'allowed' to speak up when you have a concern, you instead feel that it is an expectation in your health system that you speak up," Clapper said.

Once that safety-first culture is the standard and behavior improves, it is incumbent upon a health system to continue to hone it to make it as safe as possible, Clapper said.

"Safety culture is the antidote for work-around culture because whenever you force people to do something, they'll look for workarounds if they don't find value in it," Clapper said. "But in a safety culture, no one looks for workarounds because they have prioritized safety. It restores the balance so you have people who realize it is important and they still want to do it."

He added: "In a human-based system, what matters most is what we do. So anything that shapes behavior is strong at shaping outcomes." ●

Nicholas Petrelli, M.D., participates in Society of Surgical Oncology's 'Great Debates'



Nicholas J. Petrelli, M.D., medical director of the Helen F. Graham Cancer Center at Christiana Care, participated in the Society of Surgical Oncology's "Great Debates" series during the 66th SSO Annual Cancer Symposium.

Nicholas J. Petrelli, M.D., medical director of the Helen F. Graham Cancer Center at Christiana Care, participated in the Society of Surgical Oncology's "Great Debates" series during the 66th SSO Annual Cancer Symposium Saturday, March 9, in National Harbor, Md.

Intended to provoke lively and educational discussions about treatment strategies to combat cancers that impact large patient populations, the Great Debates are a highlight of the symposium. Only past presidents of the society can participate.

"The Great Debates are an enjoyable academic exercise that give us a chance to pose challenging questions in front of an international audience of surgical oncologists," Dr. Petrelli said. "To be chosen was an honor, and it was one of the high points of my career."

Dr. Petrelli and Mitchell C. Posner, M.D., chief of general surgery and surgical oncology from the University of Chicago, were given the debate topic "Surgery Alone Versus Surgery Plus Chemotherapy for Resectable Colorectal Liver Metastases." Dr. Petrelli argued in favor of surgery alone; Dr. Posner argued in favor of both surgery and chemotherapy.

During his portion of the debate, Dr. Petrelli, who has authored published studies on the subject and developed national prospective randomized trials, noted that it is important to determine whether the treatment offers value to patients' lives. Randomized prospective studies have shown that there is no improvement in overall survival for patients who receive surgery and chemotherapy, with its added toxicity and cost.

"The real crux of the matter here is surgical resection and avoiding the toxicity and the cost of these agents, which have absolutely no impact on overall survival as shown by prospective randomized trials," Dr. Petrelli said during the debate. "Randomized trials are the gold standard in oncology."

At the Helen F. Graham Cancer Center, patients benefit from a multidisciplinary care model that includes a surgeon, a medical oncologist and a radiation oncologist. In the real world, Dr. Petrelli said, the vast majority of patients with resectable liver metastases from colorectal cancer will be treated by both surgery and chemotherapy.

"Our treatments are based on national guidelines that come down to what is best for the individual patient, and our decisions include the individual desires of the patient," Dr. Petrelli said. "We work with our patients to create the most appropriate and effective plan of treatment for their cancer, whether that treatment is surgery alone or whether it is surgery and chemotherapy." ●

Transportation: Here's how we do it



TRANSPORTATION QUICK FACTS

IN 2012:

98,512 RIDERS
ON INTERCAMPUS
SHUTTLE BUSES

600 PATIENTS
ON LIFENET
HELICOPTERS

3,000 PATIENTS
ON AMBULANCES

Transporting people to, from and within the state's largest health system is a huge job involving high-tech helicopters, state-of-the-art ambulances, and a fleet of buses, vehicles and even golf carts and PT Segways.

Buses commute between the Wilmington and Christiana Hospitals daily carrying patients, visitors and employees. Last year, the buses logged 180,394 miles and 98,512 riders. This service, operated by the Transportation Department, runs seven days a week.

"We have a dynamic and dedicated team of transportation professionals, which includes management, drivers and mechanics who are committed to providing a safe, courteous and efficient transport experience for each passenger," said Jeffrey Donovan, director of Transportation.

On the Christiana campus, shuttles start each day at 6:30 a.m. by transporting employees from the parking lots to their work location. From 8:30 a.m. to 5:30 p.m., the shuttles focus on transporting patients and visitors to and from the parking lots. These shuttles transport about 70 people each day to campus destinations that include hospital entrances, the Helen F. Graham Cancer Center, MAP 1 and MAP 2. Shuttles also transport patients requiring needle replacement from the Helen F. Graham Cancer Center to the Surgicenter or Operating Room.

Volunteer drivers at both the Christiana and Wilmington hospitals operate electric golf carts to chauffeur patients and visitors from parking areas to their destination on weekdays. A shuttle bus also provides daily rounds during the week for about 10 people from their homes to the Riverside Adult Day Care in Wilmington.

When time is of the essence, critical care patients are transported by LifeNet helicopters equipped with a ventilator,

an intra-aortic balloon pump and other state-of-the-art technology. Based at Christiana Hospital and the Georgetown Airport, LifeNet logged 70,000 aeronautical miles in 2012 transporting more than 600 patients for the care they needed. Christiana Care also has a helipad in operation at the Wilmington Hospital.

"We fly Delaware, Maryland, New Jersey and Pennsylvania and sometimes into Virginia," said Critical Care Transportation Manager Carol Faedtke, RN, MJ, CFRN.

While the use of the helicopter allows the transport to bypass roadwork and congested highways, pilots still have to be conscious of air traffic, because Christiana Hospital is in the middle of a commercial flight path. "They need to watch out for airborne waterfowl too," she said.

"The majority of our pilots have had military experience and have flown in high-stress situations," she said.

Technology and transport have grown rapidly along with the health system. In 1994, Christiana Care operated a single leased ambulance.

"If we had to fly, we flew with the state police," Faedtke said.

In 2012, the health system's fleet of four state-of-the-art ambulances transported more than 3,000 patients logging 156,000 miles. That's a 40-percent increase over the prior year. These ambulances actually serve as mobile Emergency Departments. They transport patients suffering from trauma, neurological, cardiac or other serious injuries. Each ambulance carries cardiac bypass equipment, which is too large to be installed in a helicopter.

"We can do almost anything that would be done for the patient in the hospital — and continue doing it until we can bring our patients safely to their destination," Faedtke said. ●

Overlook Cafe transforms outlook for Wilmington Hospital dining

Earlier this month, Wilmington Hospital employees and visitors enjoyed their first taste of the major transformation under way throughout the campus.

A year and a half after closing for renovation, the hospital café reopened April 2 with a new look, new menu, new features and a new name: Overlook Café.

The name was selected from many submissions in a contest held among the hospital staff. Danielle Kennedy, RN, an IV team nurse, suggested Overlook Café to highlight one of the most anticipated upgrades to the cafeteria: a wall of expanded, lowered windows that allows diners to enjoy scenic views across the Brandywine River and park while they eat.

"I chose the name because the description said the new cafeteria would be overlooking the Brandywine River. I think people are excited to see the overall changes and the better view," Kennedy said.

Raymond J. Seigfried, senior vice president, Administration, said the views are just one of several major — and long-overdue — upgrades to the Wilmington Hospital dining experience.

"The cafe has not been renovated since 1967, so this is really transformational," he said. "We've tremendously upgraded the appearance of the cafe, the variety of food selections and the quality of the food."

The old café's institutional paint colors have been replaced with a contemporary earth-toned palette complementing its Brandywine River views.

"There's a theme of healing: an aesthetic of healing with the beautiful views and the natural tones in the café's design, as well as healing in the healthy food choices and food information being offered," said Edmondo Robinson, M.D., MBA, FACP, physician-in-chief, Wilmington Hospital, who noted the café's reopening has been highly anticipated by employees, "who demonstrated great flexibility during the renovation."

Along with the aesthetic improvements, diners appreciate a host of behind-the-scenes upgrades to kitchen equipment, such as the new ceramic hearth pizza oven like those found in Italian restaurants, the larger salad bar, grill, deli and "action station" where cooks prepare made-to-order seasonal recipes while customers watch.

Ann Marie Phillips, RD, LDN, MBA, associate director, Food & Nutrition Services, said the dining options are valued by Wilmington Hospital employees, who have long requested freshly prepared meals made to order.

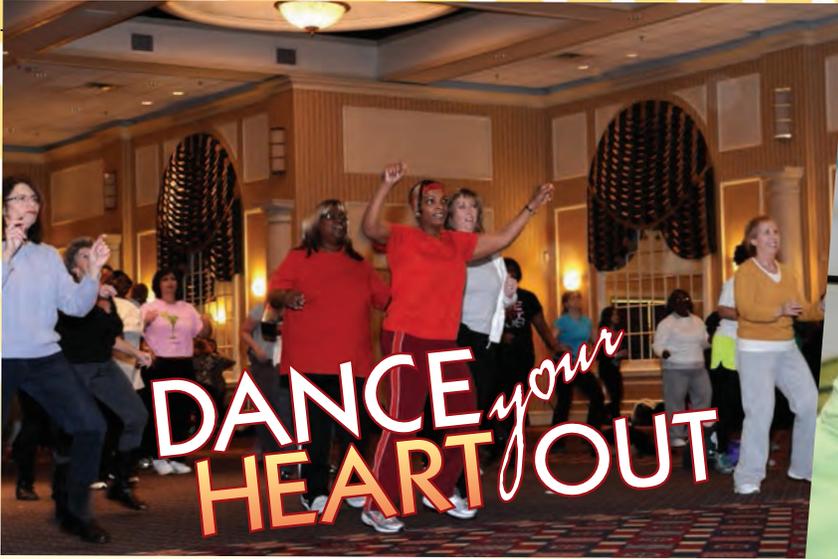
The café still offers a buffet line, including a Wilmington favorite, meatloaf made from a healthier version of a recipe dating back to 1940. But even there new technology and fresh ingredients upgrade the dining experience.

"Digital menu boards at each station offer nutritional information for each item to make healthful selections easier," Phillips said. "We're partnering with local growers and producers for fresh ingredients. We've eliminated trans fats. The new design allows for increased variety of menu items to better appeal to the diverse cultural make-up of our employees and visitors."

The cafeteria overhaul is a milestone in the complete \$210 million transformation project under way on the Wilmington campus. The Overlook Café marks the first completed, re-opened piece of the campus transformation, giving employees a taste of the many amenity improvements to come, including a new main entrance, covered concourse from the garage to the rotunda, three-story atrium, a tranquil healing garden and a second café to be added in the new lobby in 2014. ●



Anthony Chambers, Cook II, serves opening-day lunch customer Scott Thyng, RT, a fancy Mexican-style meal as Senior Social Worker Tracy Pearson, MSW, awaits her mid-day meal selection at the new Overlook Café at Wilmington Hospital.



'Dance Your Heart Out' event draws hundreds for health screenings and active fun

Donna Murray came to the Dance Your Heart Out event, pumped up and ready to Zumba.

But before the North Wilmington woman kicked up her heels, she had a heel scan, a simple painless test that measures bone density.

"I take calcium supplements and exercise because I want to do all I can to prevent osteoporosis," she said. "It was reassuring to learn that my bones are just fine."

More than 450 people attended the March 7 event at the Chase Center on the Riverfront. Jesse Ambriz of Avondale, Pa., had planned to attend with his wife. But when she couldn't make it, he decided to attend on his own.

"I'm very health conscious," he said. "I came to learn more about keeping my heart healthy and to make the rounds at the various screenings."

In addition to bone density, there were screenings for blood pressure and body fat analysis. Christiana Care and community partners, including Core Fitness and the YMCA of Delaware, promoted various weight management and exercise programs. Million Hearts Delaware, part of a nationwide effort to

prevent 1 million heart attacks and strokes, was on-board to share the key messages about healthy waist size (< 35 inches for women and < 40 for men) and blood pressure (ideal is <120/80).

Attendees also learned the signs of stroke. (Think F-A-S-T, for Face, look for drooping; inability to raise both Arms; difficulty with Speech; and Time, as in get help immediately.)

Dance Your Heart Out was an evening of fun combined with outreach and education, an opportunity to learn more about the importance of exercise and a low-fat diet in maintaining a healthy heart.

Scott Cave, a culinary instructor at Hodgson Vocational Technical High School in Newark, encouraged his students to attend.

"Nutrition is part of our curriculum, and this is a great opportunity for our students to learn more about a healthy diet," he said.

Attendees were treated to heart-healthy bites — their choice of roasted turkey breast on whole wheat rolls or grilled veggies and goat cheese on herbed focaccia bread.

Bailey McElroy of Newark, a 17-year-old junior at Hodgson, was interested in dancing, as well as the food.

"Zumba for me and line dancing for my mom," she said.

Emcees for the high-energy evening were Raye Jones Avery and Ken Brown from the Christina Cultural Arts Center.

"You are in for a fun night of dancing, exercising, health screenings and learning more about staying heart healthy and overall having a great time," Avery said.

Jacqueline Carter of Wilmington enjoyed watching dancers from the Broesler School of Irish Dance warm up while she had her blood pressure taken. She planned to take a spin on the dance floor herself, joining in soul line dancing and ballroom dancing.

"I take medicine for my blood pressure, and I have learned to watch it carefully," she said. "This is a fun way for me to keep track of it between visits to the doctor's office."

Christiana Care is a National Community Center of Excellence for Women's Health and provides high quality care for women at every age and stage of life. ●

April

25 A memorial service for all Christiana Care employees who died during the past year will be held on Thursday, April 25, at 3 p.m. in room 1100 at Christiana Hospital. Please join us as we remember our friends and colleagues.

The following is a list of Christiana Care employees who have died since April 2012. If there are any omissions, please inform Chaplain Tim Rodden at 302-733-1227.

- Wanda Benson *Optometry HCCC*
- Diana Brooks *Surgical Materials Distribution*
- Deborah Cebenka *Hemophilia Program*
- Edwin L. Granite, D.M.D. *Medical-Dental Staff*
- John Hogan, M.D. *Medical-Dental Staff*
- Rosemary Kerr *VNA Rehabilitation Services*
- Edward McGonigle *Material Distribution and Logistics*
- Edward R. Rankin, Jr. *Information Technology*
- James Shaw Jr. *Patient Escort Services*
- Patricia S. Singleton *Pastoral Services*

27 Medication Cabinet Clean-Out Day 10 a.m. – 2 p.m., Saturday, April 27, (Rain or shine) at Christiana Hospital, MAP 2 parking lot. Unwanted or expired medications cause thousands of accidental poisonings each year and have been detected in municipal water supplies. Bring these old medications to Christiana Hospital for proper disposal. All medications will be disposed of in an environmentally responsible manner.

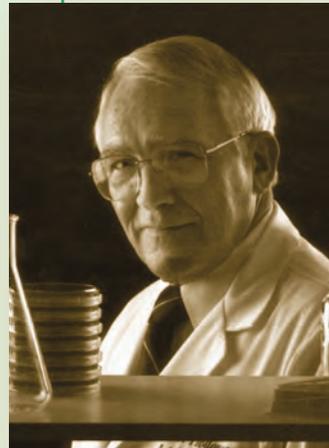
The following medications will be accepted: prescriptions, inhalers, over-the-counter pills, vitamins, pet medicines and liquid medications.

Leave all medications in their original containers. Protect yourself, your family, the community and the environment.



May

2 2013 Delaware Trauma Symposium, 7 a.m. – 4 p.m., Thursday, May 2, at the Chase Center on the Riverfront, Wilmington, features a keynote address, “Trauma Drama: Bizarre and Unusual Trauma Case Studies.” Sessions include complex wound management; collaboration in trauma care — Level I and III hospitals working together; confronting family violence; dogs and kids; blunt carotid injury; and a personal account from the parent of a child trauma survivor. The Edward F. Quinn III, M.D., Excellence in Trauma Care Lectureship Award will be presented.



7 William J. Holloway Infectious Disease Symposium turns 50

For 50 years, an annual infectious disease symposium sponsored by Christiana Care has drawn expert clinicians to Delaware to discuss the latest innovations and accomplishments in the field.

This year, the anniversary milestone event is 8:15 a.m. – 4 p.m. Tuesday, May 7 in the John H. Ammon Medical

Education Center. Registration and continental breakfast begin at 7:30 a.m.

World renowned infectious disease experts will provide historical reviews of some of human history’s most important diseases — smallpox, tuberculosis, legionella and HIV — and will review the history, and the controversies, in the fields of vaccinations and antibiotic usage.

Donald A. Henderson, M.D., Distinguished Scholar with the Center for Biosecurity, University of Pittsburgh and Dean Emeritus of Johns Hopkins School of Hygiene and Public Health — who spearheaded the World Health Organization’s global drive to eradicate smallpox — will deliver the keynote address, “Smallpox Eradication: A Miracle or a Template for Disease Eradication.”



May

10 The inaugural **Neurovascular Disease Symposium, 7:30 a.m. to 4:15 p.m., Friday, May 10, at the John H. Ammon Medical Education Center.** Register online at cchs.cloud-cme.com/neurovascular2013.

23 Don't miss the 22nd year of a Christiana Care tradition. The annual **Christiana Care Golf & Tennis Classic** happens this year on **Thursday, May 23.** Save that date for an exciting day of golf and tennis on the magnificent natural surroundings of the **DuPont Country Club, 1001 Rockland Road, Wilmington.** Participants will enjoy a boxed lunch, buffet dinner, on-course refreshments, awards and prizes.

Call 302-327-3305 or e-mail DevelopmentOffice@ChristianaCare.org to register and learn about sponsorship opportunities. Proceeds will support the mission of Christiana Care. ●



**CHRISTIANA
CARE
GOLF & TENNIS
CLASSIC**



Publications

Claudine T. Jurkovitz, M.D., MPH, director of operations of the Christiana Care Center for Outcomes Research, et al., "Association Between Lack of Health Insurance and Risk of Death and ESRD: Results From the Kidney Early Evaluation Program (KEEP)" in the *American Journal of Kidney Disease*, *Am J Kidney Dis.* 61(4) (S2):S24-S32.

Theresa A. Gillis, M.D., and **Scott D. Siegel, Ph.D.**, "The cancer psychosocial care matrix: a community-derived evaluative tool for designing quality psychosocial cancer care delivery," *Psycho-Oncology* (2013). Published online at wileyonlinelibrary.com. DOI: 10.1002/pon.3254.

Allen Friedland, M.D., FACP, FAAP, program director of the Internal Medicine-Pediatrics Program, was featured as a discussant in the Morning Report section of the March 13 Society of General Internal Medicine Forum, focusing on "A Case of a Young Adult with Myelomeningocele: A Transition to Adult Health Care," with **Laura Dingfield, M.D.**

Presentations

Janeen Gryan was on a four-member team that took third place at the annual Carol A. Ammon Case Competition at the University of Delaware's Alfred Lerner College of Business and Economics. Corporate Development Manager Gryan is pursuing her MBA degree at UD. Her team, the Lerner Bees, presented strategic recommendations for Rent the Runway, a fashion e-commerce business seeking venture capital seed money. Her team took third place in a field of 18 competing teams.

Elizabeth Haley, RN II, a poster, "Does Gum Chewing Promote Post-Operative Bowel Recovery in Patients Undergoing Elective Colorectal Surgery?" at the Academy of Medical-Surgical Nurses Annual Convention in Salt Lake City.

Erin M. Kavanaugh, M.D., and **Bridget Remel, BSN, RN-BC, CCRN**, on Christiana Care's Interprofessional Rapid Response Team Simulation Training Program at Drexel University's Healthcare Simulation Conference.

Appointments

Betty Stone, BSN, MS, has been appointed nurse manager for 6A, Acute Care for the Elderly patient care unit at Christiana Hospital. Stone has been acting interim nurse manager for 6A while also serving as nurse manager for 6B. She received her BSN and her Masters in Health Care Administration from Wilmington University. She has held leadership/management positions at Christiana Care for more than 40 years.

Courtney Crannell, RN, OCN, MSN, has been promoted to nurse manager of Patient Care Unit 6B, Oncology/Hematology/BMTU. Crannell earned a bachelor's degree in Nursing at the University of Delaware and received her master's degree in Nursing Leadership and Education from Wilmington University.

Sandy Wakai, MSN, RN, CCRN, has been promoted to Nurse Manager of the Wilmington Hospital Intensive Care Unit, effective April 28. Wakai joined Christiana Care since 1991. She was a staff nurse in the surgical critical care unit for seven years, a staff development specialist for two years, and served as Critical Care Nurse Internship program manager for 13 years. She also has co-managed the safety companion pool for the past four years. Wakai received her BSN and MSN degrees in Health Services Administration from the University of Delaware.

Margot Savoy, M.D., MPH, will represent the American Association of Family Practitioners (AAPP) on the AAPP's Expert Panel on the CDC Smallpox Prioritization Guideline. ●

Learners of all ages get an education at Mini-Medical School

As a young man, Daniel Forsee wanted to go to medical school. “But I couldn’t afford it,” he recalled.

Instead, the Newark man trained as a licensed practical nurse. He went on to earn a Ph.D., and practiced psychology.

More than 30 years after his youthful yearning to be a physician, Forsee and his wife Sandra are getting a consumer-friendly education at Christiana Care’s Mini-Medical School, where adults and high-school students learn about important trends in health and medicine from top doctors in their fields.

Unlike real life med school, Mini-Med is free. There are no tests or grades. Learners who attend all six lectures receive a certificate of achievement. Now in its sixth season, Mini-Med is sponsored by Christiana Care and the Delaware Academy of Medicine.

“This series is about health literacy, understanding our bodies,” said Timothy Gibbs, MPH, executive director of the Academy. “It also benefits high school learners who are interested in careers in medicine, not only as physicians, but as dentists, nurses, physician assistants or physical therapists.”

More than 300 people registered for the series. More than 50 are students, ranging from middle school to college.

Topics include multiple sclerosis, disabilities in newborns, and the role genes play in cancer. A session on celiac disease has attracted a lot of attention from people who want to learn more about the digestive condition triggered by gluten, a protein found in many grains.

Sue Kennedy of Wilmington plans to attend all six lectures. She thinks of Mini-Med as an engaging, efficient way to become an educated consumer.

“Learning about health and health care is very interesting to me,” she said.

The Forsees said their desire to learn more about medicine was reawakened when their daughter began studying to become a nurse.

“I enjoyed learning about trauma and how the trauma center works to take care of people with serious injuries,” Sandra Forsee said.

On March 21, the couple came to the John H. Ammon Medical Education Center at Christiana Hospital to hear a lecture on the latest ways to screen for and treat lung cancer, presented by Thomas Bauer, M.D., section chief, Thoracic Surgery at the Helen F. Graham Cancer Center.

Dr. Bauer noted that the average first-time smoker in Delaware is only 12 years old. That was of particular interest to 14-year-old Isabella Taylor, a freshman at A.I. du Pont High School in Wilmington.

“I want to be a pediatrician,” she said. “I want to help little kids so the next generation can grow up healthy.” ●



Clockwise, from top, Thomas Bauer, M.D., section chief of thoracic surgery at the Helen F. Graham Cancer Center, was on the roster of six 2013 Mini-Med School instructors. Delaware Academy of Medicine President Kathleen McNicholas, M.D., JD, welcomes learners. More than 300 registered for the popular series, now in its sixth season.

Boy Scout helps families find names on Loving Arms monument



From left, Eddy Kupsick, Christina Kupsick, RN, Kim Petrella, RN, and Chaplain Sheryl Allston. Absent: Terre Gilchrist, MSW, senior social worker.

When their hearts feel empty, bereaved parents seem to find the Loving Arms Parent Support Group's monument on Christiana Hospital campus a great place to find comfort.

But, despite the notes, balloons and stuffed animals that festoon the monument, which depicts a tree with a leaf for every baby who died, some visitors had difficulty finding their baby's leaf among the many. Melanie Chichester, RN II, in Labor & Delivery, and Terre Gilchrist, MSW, of Social Work, came up with the idea that there should be a map to assist visitors.

Christiana Care's Maternal/Child Bereavement committee and the unit-based Labor and Delivery bereavement committee took up the issue and quickly recalled that a Boy Scout last year helped complete a decorative tile project to highlight room numbers on all of the inpatient rooms in Women's Health.

"The project counted as part of the scout's community service requirement for attaining the rank of Eagle," Kim Petrella, RN, said. "We figured, 'why not look for another scout in need of a project?'"

Petrella, a council member, said "When I told a group of people on 3B/3C that we needed another fabulous scout to work on another project, Christina Kupsick, RN, from L&D, was standing next to me. She told me that she had a nominee: her son, Eddy."

Petrella became the committees' point person to work with Kupsick's son, a member of Boy Scout Troop 204, Odessa, for a year on the project, which counted toward his requirements to reach Life Scout — the rank just below Eagle.

"From the first moment I talked with him, I knew we picked the right scout," Petrella said. "Having listened to his mother talk about grieving families, he knew something of the pain involved when a baby dies. And he has skill with

computers and a family and group of friends that rallied around him to support and help him."

Eddy was able to translate his feelings into loving care for the project — a reference map for families to find their leaf.

"This project meant more to me than just a life scout project," said Eddy. "I was happy to know that families could more easily find something close to their hearts, and I didn't think I would get so much personal satisfaction out of doing it."

"Now Terre and chaplain Sheryl Allston, whose work involves helping grieving families, use what Eddy created to show visitors to the monument how to find the leaf they are looking for," Petrella said. "When he finished, he told me that he was deeply touched by being involved in the project."

The Loving Arms Parents Support Group meets at Christiana Hospital on the third Monday of each month. For information, call 302-733-4367. ●

Antimicrobial stewardship By Nicole Srivastava, Pharm. D, BCPS

In 2009, Christiana Care Health System developed an Antimicrobial Stewardship Program (ASP) to ensure proper management of antimicrobials. The Antimicrobial Stewardship Program is endorsed by the Pharmacy and Therapeutics Committee and Medical Executive Committee and supported by Infection Prevention. Members include an infectious diseases clinical pharmacy specialist, infectious diseases physicians, the microbiology lab, infection prevention, emergency medicine and surgical/critical care medicine. An antimicrobial stewardship program is a systematic approach designed to optimize clinical outcomes while minimizing unintended consequences of antimicrobial use such as toxicity, emergence of resistance, Clostridium difficile infection (CDI), and cost.

Current Christiana Care antimicrobial stewardship initiatives include:

- Assessing appropriate use of carbapenems (imipenem/cilastatin, doripenem and ertapenem). The carbapenems are broad spectrum antibiotics that must be used judiciously. Unintended consequences of inappropriate use of the carbapenems may lead to toxicity, development of carbapenem resistant Enterobacteriaceae or CDI.
- Reviewing patients with positive *C. difficile* test results for appropriate treatment based on guidelines, need for continuation of proton pump inhibitor therapy and the need for continued use of concurrent antimicrobial therapy. Both

proton pump inhibitor therapy and concurrent antimicrobial therapy are proven risk factors for CDI and continued use may put patients at risk for recurrent disease.

- Assessing patients with *Staphylococcus aureus* bacteremia for appropriate therapy, including optimization of vancomycin dosing and use of anti-staphylococcal beta-lactams in the presence of methicillin-sensitive *S. aureus*.
- Evaluating patients with multi-drug resistant Gram negative organisms isolated for distinction between infection and colonization, need for change in therapy based on susceptibility data, and dose optimization. Treatment of these infections can be challenging as there are limited active agents available.
- In 2009, the Infectious Diseases Society of America published dosing recommendations for vancomycin in severe infections. In collaboration with the ID section, ASP developed systemwide dosing guidelines for vancomycin.
- Development of Christiana Care specific treatment guidelines for infectious diseases.
- Management of antimicrobial drug shortages.

Methods for communication between ASP and providers include either written communication via a green sheet in patient charts or direct verbal communication.

Examples of how clinicians can implement antimicrobial stewardship into their routine care of patients:

INTERVENTION	POSSIBLE OUTCOME
Utilize appropriate empiric therapy based on patient and institution specific characteristics (ie: allergies vs intolerances, immunocompromised state, recent exposure to antimicrobials or health care setting, antibiogram)	Decrease mortality
Dose adjust for renal or hepatic impairment	Minimize adverse drug reactions
De-escalation of antimicrobial therapy once culture data is finalized	Prevent development of antimicrobial resistance Prevent secondary infections such as CDI
Assess duration of therapy and identify planned course that is clear to all healthcare professionals caring for the patient	Minimize adverse drug reactions Prevent secondary infections such as CDI Decrease cost
Discontinuation of duplicate therapy (ie: discontinuation of metronidazole when used in combination with piperacillin/tazobactam in the absence of CDI)	Minimize adverse drug reactions
Intravenous to oral conversion of antimicrobials with excellent bioavailability	Decrease cost Decrease length of stay

Appropriate use of antimicrobials is necessary as the consequences of inappropriate use can be detrimental to the

patient and the health system. All clinicians should make it a top priority to assess antibiotic use on a daily basis. ●

References:

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2. Cohen SH, Gerding DN, Johnson S, et al. Clinical practice guidelines for *Clostridium difficile* Infection in adults: 2010 update by the Society of Healthcare Epidemiology of America (SHEA) and the Infectious Diseases Society of America (IDSA). *Infect Control Hosp Epidemiol*. 2010; 31:431-455.
3. Rybak M, Lomaestro B, Rotschafer JC, et al. Therapeutic monitoring of vancomycin in adult patients: a consensus review of the American Society of Health-System Pharmacists, the Infectious Diseases Society of America, and the Society of Infectious Diseases Pharmacists. *Am J Health-Syst Pharm*. 2009; 66:82-9.
4. <http://www.fda.gov/drugs/drugsafety/ucm290510.htm>
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FORMULARY UPDATE—MARCH 2013

FORMULARY ADDITIONS

Medication—Generic/Brand Name	Strength / Size	Use / Indication	Comment
Eribulin injection / Halaven	1 mg vial	Treatment of metastatic breast cancer (MBC)	<ul style="list-style-type: none"> • Christiana Care approved for 4th line or later treatment of MBC • Prescribing restricted to medical oncologists • Prescriber required to list antineoplastic medications patient received prior to eribulin on order
Indomethacin suppository	50 mg	Prevention of post-ERCP pancreatitis	
Mitomycin ophthalmic kit	Available as kit containing 0.2 mg vial	Topical adjunct to glaucoma surgery	
Nilotinib / Tasigna	150 mg & 200 mg capsules	Treatment of Philadelphia chromosome-positive chronic myelogenous leukemia	Prescribing restricted to hematologists and medical oncologists
Roflumilast / Daliresp	500 mcg tablet	Treatment of severe COPD	Availability limited to continuation of treatment among inpatients taking roflumilast at time of admission
Tenecteplase injection / TNKase	Available as a kit containing 50 mg vial	Treatment of acute myocardial infarction (STEMI)	Only available at the Middletown Emergency Department

FORMULARY DELETIONS

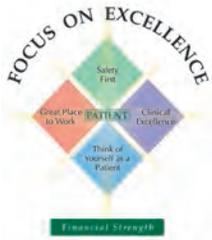
Chloral hydrate	No longer manufactured
Coal tar shampoo 2.5% (Balnetar)	No longer manufactured
Dithranol cream 0.5% (Anthralin)	No longer manufactured



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Easter Bunny visits pediatrics unit

New Castle County Sheriff's department brought the Easter Bunny for a surprise visit to Christiana Hospital on March 28. Anthony Almondo, who recently had surgery, got a chance to high-five the Easter Bunny and meet Sheriff Trinidad Navarro. The Bunny visits children at hospitals throughout the country in the weeks before Easter, compliments of the National Sheriffs' Association. ●