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CMO Janice Nevin, M.D., MPH, presented as a panelist in Tokyo



Focus on Excellence Awards Program helps light The Christiana Care Way



“One Voice,” the Focus on Excellence “Think of Yourself As a Patient” Gold Award winner, spearheaded Christiana Care’s launch of patient and family centered care at Wilmington.

There is no better demonstration of our collective commitment to The Christiana Care Way than the Focus on Excellence Awards program, said Janice E. Nevin, M.D., MPH, chief medical officer, in welcoming participants to the 10th year of the event held Friday, Dec. 14 in the John H. Ammon Medical Education Center.

The 111 exhibits submitted to the 2012 program “exemplify your ability to work in an interdisciplinary fashion and your discipline in using performance improvement science to achieve meaningful outcomes,” Dr. Nevin said. “Your focus on excellence has a significant impact on our long-term goals as a health system, but most importantly, it demonstrates that we are honoring our covenant with our neighbors, our community, to provide the access and care they need when they are sick as well as to keep them in good health.”

Each year the Focus on Excellence Awards give formal recognition to teams of employees whose projects demonstrate improvement in process or outcomes using the PDCA (plan-do-check-act) model. This year, there were 31 award winners. In the program’s 10 years there have been 774 projects entered with 161 winners.

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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Annual Focus on Excellence Awards Program

“Some of you will be recognized as award winners later this afternoon, but everyone who participated deserves congratulations,” Dr. Nevin said. “This is how the meaningful work of our organization gets done. My challenge to you is to build on what we see today. When you go back to your patient care units and departments, go with a renewed effort to engage all of your colleagues in this work.”

Dr. Nevin introduced nationally recognized patient safety speaker Timothy McDonald, M.D., J.D., professor of anesthesiology and pediatrics, chief safety and risk officer for health affairs at the University of Illinois Hospital and Health Science System.

“This is how the meaningful work of our organization gets done. My challenge to you is to build on what we see today. When you go back to your patient care units and departments, go with a renewed effort to engage all of your colleagues in this work.”

— Janice E. Nevin, M.D., MPH



Dr. McDonald created a nationally recognized, pro-patient philosophy known as the “Seven Pillars.”

“The goal for us was to maintain trust with the patient and their family, even after the medical error occurred,” Dr. McDonald said. “We wanted to put a process in place at the hospital that would hug and love the patient and the family throughout their ordeal.”

Dr. McDonald gave a poignant example of the process using the case of patient Michelle Malizzo Ballog, 39, at the University of Illinois Medical Center. In 2008, Ms. Ballog had surgery to replace a temporary stent in her liver. Monitoring errors were made while she was under anesthesia, and she went into cardiac arrest, dying nine days later.

Instead of ducking the questions or hiding behind lawyers, Dr. McDonald said his hospital officials shared the tragic details of the medical mistakes that resulted in Ballog’s death. Her family did not sue. Instead, they now sit as members on the hospital’s patient-safety committee.

In a video clip played during Dr. McDonald’s presentation, Bob Malizzo, Ballog’s father, said he would still be willing to be a patient at the medical center because of the way the hospital handled the medical error that took his daughter’s life.

The Seven Pillars philosophy might seem counter-intuitive from a bottom-line perspective. It calls for notifying patients early about medical mistakes — opening up the opportunity for lawsuits. And it calls for the hospital to waive all medical bills when a medical error harms a patient.

But since instituting the Seven Pillars philosophy at the University of Illinois Medical Center, the overall malpractice premium expenses have dropped by \$22 million during the

Tim McDonald, M.D., J.D., one of the nation’s foremost patient-safety experts, gave the keynote address during Christiana Care Health System’s 10th Annual Focus on Excellence Awards on Friday, Dec. 14, at the John H. Ammon Medical Education Center.

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Innovation in service to our patients

By Gary Ferguson, Executive Vice President and Chief Operating Officer



The Christiana Care Way says that we create “innovative, effective, affordable systems of care that our neighbors value.” To staff on the front lines — at the bedside, escorting patients, greeting patients and visitors at the front desk — you might not think of yourself as someone who creates systems of care. But you do. The past several weeks are an excellent example.

This year’s flu season is shaping up to be one of the worst we’ve seen in many years, which has helped push our capacity to its limits. In our community we have witnessed increasing numbers of flu cases, and we have issued capacity alerts and codes every day since mid-December. We are pressed daily to come up with innovative, effective ways to continue to provide exceptional care.

Your extraordinary efforts throughout December and January have enabled Christiana Care to accommodate large numbers of patients, many with flu-like symptoms.

Even though the flu has not reached its peak yet, Christiana Care physicians, nurses and staff have stepped up to address the increase in patient volume in a number of effective, temporary ways.

Here are some highlights and actions at Wilmington and Christiana hospitals:

- The Emergency Department at Christiana expanded into Room 1E80.
- At Wilmington, 12 beds are now available in areas that were either closed for construction or not normally available.

- We have converted up to four family rooms at Christiana on four patient-care units — 4E, 5E, 6E and 7E — to semiprivate rooms, increasing capacity by 16 beds.
- We have continued to operate the Surgical Procedure Unit at Christiana with extended hours for 23-hour surgical patients.
- We have cancelled routine meetings to free up time for our clinical staff.
- Many managers are working in unit staffing roles.
- We increased Social Work and Case Management availability on weekends.

These steps, and additional measures we may need to apply as the winter and flu season continues, would not be possible without the partnership and support of staff at all levels. We demonstrate a willingness to continually adapt to provide the best care to every patient.

When we are at our best, innovation is something that happens at every level. It is how we meet these big challenges without ever losing sight of the value of providing each patient with a good experience.

Over the past few weeks, I have witnessed my Christiana Care colleagues at their best. Thank you for your efforts. ●

THE CHRISTIANA CARE WAY

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Annual Focus on Excellence Award Program

past three years, Dr. McDonald said. Patients are less likely to sue when a hospital is so forthcoming and transparent. The Medical societies, patient advocates, legal groups and even insurance companies support the program.

Additionally, reports of patient-safety incidents have skyrocketed at the medical center, providing hospital officials with valuable insight as to where mistakes occur and how to fix them.

Dr. McDonald said the Seven Pillars philosophy is grounded in honesty and transparency.

“We want to encourage reporting of incidents immediately after they are known,” Dr. McDonald said. “If the first way we

hear about the incident is through a lawsuit, there is a \$50,000 fine levied to the department where it occurred.”

Dr. McDonald toured Christiana Hospital and stayed after his presentation to watch the Focus on Excellence awards. He said the Seven Pillars program — or any transparent patient-safety program — will thrive at Christiana Care because of its culture.

“I see a strong commitment at Christiana Care to quality and safety, from the board of directors to the clinical staff that treats the patients,” Dr. McDonald said. “It is the reason that Christiana Care is recognized as one of the top health care systems on the East Coast.” ●

Focus on Excellence Award Winners

AWARD	TITLE	TEAM
Diversity, Inclusion and Cultural Competency	Identifying and Honoring Blood Transfusion Preferences	Perioperative & Women's & Children's Health Services
People's Choice - Silver	Making the OR 'Green': Reducing the Environmental Impact of Anesthetic Gases	Anesthesia
People's Choice - Gold	Impact of Blood Hemolysis on Patient Throughput in the ED	Wilmington ED
Residents'	'Leaning' Towards Patient Centered Teaching Rounds	Internal Medicine
Community Health - Silver	Penetrating Violence: A Call for Prevention	Trauma
Community Health - Gold	Each One, Reach One! Raising BP Awareness in the African American Community	Heart & Vascular
Operational Improvement - Silver	Penetrating Mortalities with Low ISS: Really?	Trauma
Operational Improvement - Gold	Perioperative Patient Process Pilot Redesign	Perioperative Services
Learning Excellence - Honor	Restructuring the SCCC/ NCCU Nursing Orientation Process	Nursing - SCCC
Learning Excellence - Gold	RPI Workshops Drive Continuous Improvement	Operational Excellence
Transformational Leadership - Nursing	A Collaborative Model for Physician Practices and Home Care Agencies	VNA & Family Medicine
Structural Empowerment - Nursing	Improving Patient's Flow: The Transition of Thrombolytic Patients	4E
Exemplary Professional Practice - Nursing - Silver	Surgical Critical Care Complex & Perioperative Services: Transfer of Care 90 Day RPI	Perioperative Services and SCCC
Exemplary Professional Practice - Nursing - Gold	Tightening the Belt on Safety: Safe Patient Handling	Rehabilitation
New Knowledge, Innovations & Improvements - Nursing	Show That We Care Campaign: Working Smarter Using State-of-the-Art Technology	Rehabilitation
Empirical Outcomes - Nursing	Reducing NICU Severe Peripheral IV Infiltrates	Neonatal Intensive Care and Infection Prevention

Dr. Tim McDonald's 'Seven Pillars' guidance for responding to patient safety incidents

<p>1</p> <p>INCIDENT REPORTING Reporting of cases or close calls in which patients were or could have been harmed.</p>	<p>3</p> <p>DISCLOSURE AND COMMUNICATION Maintaining of open communication between the patient and their family until the issue is resolved.</p>	<p>5</p> <p>SYSTEM IMPROVEMENTS Making improvements to the health care system to prevent the recurrence of the problem.</p>	<p>7</p> <p>EDUCATION AND TRAINING Enabling doctors, nurses, administrators and support staff to take competency exams and attend patient safety meetings to improve their skills.</p>
<p>2</p> <p>INVESTIGATION Investigating of every report within 72 hours and providing the findings to the patient and their family.</p>	<p>4</p> <p>APOLOGY AND REMEDIATION Apologizing and offering a solution when the hospital does not meet its standard of care, including compensation when possible.</p>	<p>6</p> <p>DATA TRACKING AND ANALYSIS Collection and analysis of patient-safety incidents in order to improve quality and safety in the health system.</p>	

Focus on Excellence Award Winners

AWARD	TITLE	TEAM
Financial Strength	Does the Physician Know About the Telemetry Monitor?	Internal Medicine, 5D
Think of Yourself as a Patient - Silver	Improving Patient Discharge with 24-Hour Interdisciplinary Planning	Internal Medicine, 5D, Operational Excellence
Think of Yourself as a Patient - Gold	Patient and Family Centered Care	Wilmington Hospital
Great Place to Work	Improving Clinician Orientation through Onboarding	VNA
Employee Safety	Improving Employee Flu Vaccination Rates Using a Universal Program Approach	Infection Prevention, et al.
Safety First - Honorable Mention	Seven Mother's Day Flowers Video	Internal Medicine, 4N, Infection Prevention
Safety First-Bronze	Improving Hand Hygiene Using a Systems Approach	Infection Prevention, Nursing
Safety First - Silver	Reducing Infections in the TSU	TSU
Safety First - Gold	Strategies to Reduce Maternal Falls	Women's & Children's Health Services
Clinical Excellence - Silver	Mapping Your Way Through PAH	3D
Clinical Excellence - Gold	A Collaborative Study on Reducing Length of Stay for Chest Pain Patients	ED, C4 & Christiana Care Hospitalists
Value - Honorable	Value in Pre-Operative Education	Center for Advanced Joint Replacement
Value - Silver	Secondary Prevention of Fragility Fractures after Hip Fractures	Nuclear Medicine, Orthopaedic Surgery, Women's & Children's Health Services
Value - Gold	Lowering Blood Culture Contamination Rate	Microbiology Lab, Phlebotomy
President's	Improving VTE Prophylaxis: One Unit's Journey	Internal Medicine, 5B

Achieving Competency Today course graduates 300th and beyond

Thirty-two Christiana Care health professionals completed the national award-winning Achieving Competency Today (ACT) course, graduating Dec. 5.

The ACT program continues to surpass its goal to improve the competencies of health care professionals at Christiana Care in quality, cost, systems and safety. To date, 336 Christiana Care colleagues have taken the course and developed 57 performance-improvement projects.

Many health care organizations have made recommendations to incorporate interprofessional quality education into their health profession curriculum, including the Institute of Medicine, the American Association of Colleges of Nursing, and the Council on Graduate Medical Education. However, most educational institutions continue to prepare health care professionals with little attention to these recommendations. The challenge has been to teach quality-related content in a way that engages learners and translates into the design and implementation of innovations that result in improved quality and patient safety.

In a 12-week, graduate-level, interdisciplinary setting, the ACT course teaches quality, patient safety, team skills and

performance-improvement methods using the plan-do-check-act model of developing and implementing change. Learners work together in teams to identify a health care system-based performance-improvement opportunity, review best practices and relevant literature, and to design and present an evidence-based performance improvement project.

The interaction of residents, front-line staff and executive leadership, builds strong collaborative relationships and provides a foundation for ongoing continuous quality improvement long after the course is completed. The course provides participants with the knowledge and skills to investigate and evaluate existing patient-care practices and use scientific evidence to improve patient-care delivery. It also allows participants to practice and improve interdisciplinary team skills while providing opportunities to synthesize and apply the course content.

To learn about the next opportunity to enroll email tfields@christianacare.org. ●

Team One: "Time to Call for Patient Satisfaction" team sought to improve patient satisfaction with faster response to call bells.



Front row, from left: Syed Hamid, MBBS; Shavaun O'Rourke, MLS; Patricia Wessell, MSN, RN, CCRN, CHFNP. Back row: Katherine Pereira-Ogan, MSSLP, BSN, RN-BC; Mahmoud H. Salhab, MSN, CRNA; Rachel Rapp, M.D.; and Stephanie Guarino, M.D.

Team Two: "Journey to the Family Medicine Center" team sought to improve patients follow up visits to the Family Medicine Center following inpatient release.



Front row, from left: Alison Rubin, M.D.; Simone Gasperi, D.O.; Jennifer Matarese, MLS. Back row: Marion Swincki, RN, CRN; Muhammad K. Baig, D.O.; Barbara Bramble, MHSA; and Rabia Hasan, MBBS. Missing: Michael Gross, M.D.



Best practice review:

READ BACK

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

- A. The entire order is written down by the nurse and read back to the physician/provider giving the order as a way to verify that the written order is correct.

For areas that use Computerized Physician Order Entry (CPOE), the nurse will enter the entire telephone order into the clinical information system and read back the order to the physician/provider for verification.

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

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

- A. I can only accept a verbal order during an emergency situation or an invasive procedure when the physician or provider is physically unable to write the order down. The entire verbal order will be written down by the nurse or entered into the Computerized Physician Order Entry (CPOE) system and read back to the physician or provider giving the order. The physician or provider will be present during the order verification process.

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

- A. I may repeat back an order during an emergency situation such as a code if I cannot write down the verbal order. The entire verbal order will be repeated back to the physician or provider for order verification.

Read Back Policy: <http://depts/policies/WebPolicies/Docs/ReadBack.htm>

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If you have questions about this Best Practice Review, please contact the content expert: Christine Carrico, 623-4968; Safety Hotline: dial 7233 (SAFE) from within the hospitals; outside dial 623-7233(SAFE). ●

Team Three: “The Color Purple” team sought to improve visibility of the purple identification bands for patients with DNR directives.



Front row, from left: Adam Lammlly, D.O.; Jacqueline Crawford, RN, BSN, CNOR; Nicholas Merritt, BS, MLS. Back row: Vishal Patel, M.D.; Emily Harbert Vangeti, M.D.; Christie Barnett, MS, P-C; Aimee Vincent, MSW, CSW; and Tisha Dickey, D.O.

Team Four: “Transferring MICU Information: Never TMI!” team sought to improve the patient-information form for patients transferring from MICU.



Front row, from left: John Deutsch, CRNA, MSN; Elizabeth Cascino, MLS; Usman Choudhry, D.O. Back row: Janhavi Shirali, M.D.; Michelle A. Hart, HT (ASCP); Paula Tomanovich, RN, BC; Poonam Maru, D.O.; and Himani Divatia, D.O.

Value Institute breaks down silos to advance value-based medicine

Addressing a full-capacity audience at the John H. Ammon Medical Education Center, Eric Jackson Jr., M.D., MBA, newly appointed associate director of Christiana Care's Value Institute, laid out the strategy that Christiana Care will use to become a global leader in value-based medicine.

"We don't want to create silos," said Dr. Jackson, who came to Christiana Care in September from Johns Hopkins School of Medicine. "We want to destroy them. We want to be a global player, and in order to do that we need to converge our centers and transform from within."

To that end, one of the next steps will be to integrate two centers of excellence at Christiana Care under the Value Institute, which was created two years ago to study and design solutions for conundrums that arise in health care delivery. The Value Institute also focuses on balancing our neighbors' perceptions of the value of care against measurable benefits and costs.

The Center for Outcomes Research, led by William Weintraub, M.D., will be integrated with the newly created center of excellence Health Care Delivery Science, led by Dr. Jackson. The Center for Outcomes Research focuses on epidemiological research and analysis of outcomes in all fields of medicine, while Health Care Delivery Science aims to identify effective, evidence-based methodologies in research that can be folded into clinical practices and delivered at the bedside to patients.

Also now organized under the Value Institute are the Center for Quality & Patient Safety, directed by Sharon Anderson, RN, BSN, MS, FACHE, senior vice president, Quality & Patient Safety, and the Center for Operational Excellence, directed by Vernon Alders, corporate director of the Operational Excellence Department.

"We have to have a coordinated strategy from the beginning for how we want to address problems and develop solutions," Dr. Jackson said.



Eric Jackson Jr., M.D., MBA

Dr. Jackson's talk was titled "The Value Institute Defined: Laying the Foundation for Achieving the Triple Aim." In medicine, the "triple aim" is defined as delivering health care that improves the individual patient experience; improves the health of populations; and reduces the per-capita costs of care for

populations. The "triple aim" concept is the brainchild of Donald Berwick, M.D., former administrator of the Centers for Medicare and Medicaid Services. Dr. Berwick will be the keynote speaker at the 2nd Annual Value Institute Symposium, Thursday, May 9 at the Ammon Center.

Developing nations that are hoping to improve their health care system already have asked leaders at the Value Institute to help them, Dr. Jackson said.

"They are very interested in institutions like ours that are not universities that are undertaking transformation," he said. "The model that we are designing is attractive to low-resource countries because they, like us, are taking steps to operate more efficiently."

Dr. Jackson said data and technologies that are available today, if harnessed wisely, can help Christiana Care achieve the triple aim. For example, by using predictive analytics and cell phone pagers, critical care units can determine when to flex up and flex down staff in order to steward resources to manage life-threatening conditions such as patients likely to have septic shock, a medical condition that historically has been difficult to anticipate.

"If we can enhance our risk-prediction regime, we can better optimize our staffing needs, decrease errors and reduce costs," he said.

Christiana Care is in a prime position to be a global leader in value-based medicine, said Tim Gardner, M.D., director of the Value Institute and medical director of the Center for Heart & Vascular Health.

"A lot of the components are already in place, so we really are in a good position to move ahead in finding solutions that are quality-based," Dr. Gardner said. ●

The TRIPLE AIM Model:



Christiana Care investigators present landmark studies at 2012 AHA Scientific Sessions



From left, Christiana Care Center for Outcomes Research Director of Biostatistics Paul Kolm, Ph.D.; John H. Ammon Chair of Cardiology William Weintraub, M.D., FACC, FAHA; and CCOR Senior Biostatistician Zugui Zhang, Ph.D., presented results from the ASCERT study follow-up.

Coronary artery bypass grafting (CABG) can be more cost-effective over a person's lifetime than percutaneous coronary intervention (PCI), according to findings by Christiana Care's Center for Outcomes Research (CCOR).

CCOR Senior Biostatistician Zugui Zhang, Ph.D., presented landmark results from CCOR's follow-up to the ASCERT study at the November 2012 American Heart Association (AHA) Scientific Sessions in Los Angeles.

CCOR is the analytic center for economic outcomes on ASCERT, a large observational study published in the *New England Journal of Medicine* last spring. It found that long-term mortality in high-risk patients is lower after bypass surgery than after PCI. The new

study places adjusted lifetime costs per patient undergoing CABG at about \$50,000.

With data from the Society of Thoracic Surgeons Database and the American College of Cardiology Foundation National Cardiovascular Data Registry in ASCERT, the study examined the cost-effectiveness among 86,244 CABG patients and 103,549 who underwent PCI. Using composite death outcomes data for heart attack and stroke from the Framingham Heart Study, and adjusting for treatment selection bias, the authors developed an incremental cost-effectiveness ratio expressed as cost per "quality life year gained."

"It is highly unusual and unprecedented to employ such advanced statistical techniques in a study of this kind," said

Christiana Care's John H. Ammon Chair of Cardiology William Weintraub, M.D., FACC, FAHA, lead author on the original ASCERT study and co-author on this one with Dr. Zhang and CCOR's Director of Biostatistics Paul Kolm, Ph.D.

The investigators found that for a period of less than one year, CABG was more costly and less effective than PCI. However, in the long run, CABG offered lower mortality. For a lifetime, average total costs were \$75,929 for CABG versus \$65,266 for PCI, a difference of \$10,663. But patients undergoing CABG gained an average of 0.18 life-years relative to PCI. Considering a common threshold for cost, based on adjusted life year gained, at \$50,000, CABG will often be a cost-effective strategy. ●

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.

Clinic places post-discharge stroke patients in an extended care continuum



Jonathan Raser-Schramm, M.D., Ph.D., a specialist in vascular neurology, uses a model of the brain to teach patient John Bradley at Christiana Care's new Stroke Prevention and Recovery Center.

Patients who have suffered strokes receive ongoing care and education after they leave the hospital through Christiana Care's new Stroke Prevention and Recovery Center.

"We think of stroke as a chronic condition that requires ongoing treatment," said Melissa Bollinger, administrative director, Neurosciences. "This clinic provides patients with an extended continuum of care."

The new center began operating in October, serving patients every other week. The program expanded to a weekly schedule in January. Stroke Program Medical Director Anthony Munson, M.D., and Jonathan Raser-Schramm, M.D., Ph.D., specialists in vascular neurology, care for patients.

"I had always thought we needed an outpatient component to our program," Dr. Munson said. "With Dr. Raser-Schramm joining the practice

last summer, we took the opportunity to start this important service, which allows us to enhance care by keeping in closer touch with our patients."

The Stroke Prevention and Recovery Center also will promote ongoing care for stroke patients through their primary doctors.

"We plan to do consults on stroke cases with primary care providers in the community," Dr. Raser-Schramm said.

A visit includes a review of hospital records and tests, an evaluation of how well the patient is recovering, medication review and depression screening. Depression frequently follows a stroke.

Patients and their families receive education on healthy lifestyle choices, as well as recognizing the signs of a subsequent stroke.

"We have learned that patients want to learn all they can about preventing another stroke," Dr. Raser-Schramm said.

Hypertension has long been known as a risk factor. But a stroke could be the result of a rare condition, such as a tumor in the heart or a tear in the artery in the neck. In some cases, the cause is unknown.

John Bradley, a 46-year-old fitness enthusiast, had no apparent risk factors. An experienced physical therapist, he sought medical attention when he suffered slurred speech and vomiting.

"Because I work with stroke patients, I know the signs," he recalls.

Tests revealed Bradley had suffered several previous strokes, but the cause remains undetermined. Although he made a complete recovery, he continues with follow-up care at the Stroke Prevention and Recovery Center.

On a recent 45-minute visit, he received a thorough neurological exam. Dr. Raser-Schramm also ordered an MRI and a sleep study to identify any developing risk factors.

"Patients spend a good amount of time with the doctor, so they have an opportunity to ask questions," Bollinger said.

Bradley and his wife Beth, an APN at Christiana Care, appreciated the reassurance they received.

"Because we don't know what caused my stroke, I felt like there was a sword hanging over my head," he said. "The clinic gives me peace of mind."

For more information or to schedule an appointment contact Melissa Bollinger at 302-733-5046. ●

Colleagues honor Anthony Cucuzzella, M.D. for nearly three decades of Credentialing Committee leadership

The Department of Medicine honored Anthony L. Cucuzzella, M.D., on Jan. 10 at Medical Grand Rounds, recognizing him for 27 years of leadership as chair of the Christiana Care Credentials Committee.

“The Credentials Committee is one of the most important committees in the department,” said Virginia U. Collier, M.D., MACP, the Hugh R. Sharp Jr. Chair of Medicine.

The committee consists of senior physicians and is responsible for:

- Recommending for appointment or renewal of appointment all Christiana Care physicians in internal medicine and a variety of other specialties.
- Ensuring that physicians have the training and current expertise to perform requested privileges.
- Developing Department of Medicine policies, which guide these activities.

As chair, Dr. Cucuzzella personally interviewed each applicant and represented the Credentials Committee at Staff Credentials Committee meetings and the Department of Medicine Executive Committee meetings.

“Dr. Cucuzzella manifests the highest tenets of professionalism in every way,” said Dr. Collier. “He promotes clinical excellence and is a sterling role model for all of us in the department. We will miss him as chair of the Credentials Committee but are delighted that he will continue on the staff as a practicing physiatrist.”

Dr. Cucuzzella is board certified in physical medicine and rehabilitation with a special interest in electromyography.

He is a 1962 graduate of the Seton Hall College of Medicine, now the New Jersey Medical College. Following a medical internship at Hahnemann Medical College, he served two years on active duty with the U.S. Navy.

He trained in physical medicine and rehabilitation at the University of Pennsylvania and entered private practice in Delaware in 1968, as the second physician in Delaware in the private practice of his relatively new specialty.

He is a clinical associate professor of rehabilitation medicine at Thomas Jefferson University, a past president of the Medical Society of Delaware, past president of the Delaware Academy of Medicine and a past delegate to the American Medical Association for Delaware.

Dr. Cucuzzella is active in medical and community affairs and has served as chairman and committee member in national and state groups in medicine, arts and music. ●

Anthony L. Cucuzzella, M.D., was honored at Medical Grand Rounds for his 27 years of leadership as chair of the Department of Medicine’s Credentials Committee. Presenting a plaque to him is Virginia U. Collier, M.D., MACP, the Hugh R. Sharp Jr. Chair of Medicine.



“He promotes clinical excellence and is a sterling role model for all of us in the department.”

—Virginia U. Collier, M.D., MACP, the Hugh R. Sharp Jr. Chair of Medicine.





Nurse-physician ambassadors recognized for communications excellence

The Professional Nurse Council honored more than 130 nurses and physicians with Ambassador Awards for outstanding communication skills that foster respectful, friendly nurse and physician relationships at Christiana Care.

The council started the recognition program in 2005 to help improve nurse-physician relations and recognize those who help make Christiana Care a safe patient environment and

create a Great Place to Work environment that benefits nurse retention and recruitment.

Each year in September, nurses and doctors have the opportunity to nominate a colleague for the award. The award recognizes communication skills, teamwork and collaboration between the physician and nursing communities. All nominees received a special lapel pin at an awards breakfast Dec. 7. ●



Elizabeth B. Shearson, RN, BSN, of 5A Medical Stepdown (left) and Tiffany L. Hill, RN, BSN, of the Express Admissions team, were just two of the more than 130 nurses recognized this year for being excellent ambassadors to physician colleagues.

Here are this year's Ambassador Award winners:

Nurses

Melissa Albanese, ADN, RN, Kristen Bell, ADN, RN, Steven Beltran, BSN, RN, Shannon Biko, ADN, RN, Jennifer Bingaman, BSN, RN, Gary Bollinger, BSN, RN, Lynn Campbell, BSN, RN, Jacqueline Chase, BSN, RN, Mary Ciechanowski, MSN, RN, Kelly Cloud, BSN, RN, Danielle Coyne, BSN, RN, Jeffrey Clarke, BSN, RN, Erin Coralluzzo, BSN, RN, Myrna Cuevas, ADN, RN, Thomas Cunningham, ADN, RN, Angela DiSabatino, MSN, RN, Diane DiSabatino, NP, Deborah Dougherty, MSN,

RN, Sandra Earle, ADN, RN, Sheila Elliott, BSN, RN, Megan Fallers, ADN, RN, Irene Foreaker, BSN, RN, Lisa Hall, MHA, RN, Emily Hanggi, BSN, RN, Tiffany Hill, BSN, RN, Lucy Hitchcock, ADN, RN, Valarie Hughs, RN, Catherine Johnson, RN, Sharmila Johnson, MSN, RN, Christine Klein, BSN, RN, Stacey Kozminski, ADN, RN, Nancy Lowinski, BSN, RN, Mary Lamborn, BSN, RN, Denise Lyons, MSN, RN, Kathleen Massey, ADN, RN, Sheila Mathis, BSN, RN, Rebecca McMann, BSN, RN, Bernadette McNulty, BSN, RN, Jerry Mench, MSN, RN, Lew Messick-Klensch,

ADN, RN, Stacy Miller, ADN, RN, Lisa Molitor, BSN, RN, Shirley Moran, MSN, RN, Charles Moriarty, ADN, RN, Tricia Nichols, BSN, RN, Jennifer Oldham, BSN, RN, Anne O'Shea, BSN, RN, Nancy Parson, BSN, RN, Meghan Plummer, ADN, RN, Jaclyn Rehm, BSN, RN, Angela Ross, BSN, RN, Jennifer Shearer, BSN, RN, Elizabeth Shearson, BSN, RN, Marilyn Sherman, MSN, RN, Lizy Thomas, RN, Judith Tozzoli, BSN, RN, Sharon Wooldridge, BSN, RN, Jayme Yoworsky, BSN, RN, Crystal Pollock, BSN, RN, Heather Powell, BSN, RN, Betty Rogers, BSN, RN, Megan Roth, BSN, RN,

Nurses (continued)

Jennifer Rowe, BSN, RN, Kristina Satterfield, BSN, RN, Aliciann Scarpato, MSN, RN, Penelope Seiple, MSN, RN, Patricia Strusowski, MSN, RN, Kimberly Talley, MSN, RN, Jessie Wilczynski, ADN, RN, Barbara Wilson, RN.

Physicians

Andrew Abraham, M.D., Louis Bartoshesky, M.D., MPH, Michael Benninghoff, D.O., Deepthi Bommadevara, M.D., MPH, Bikash Bose, M.D., Leo Burns, M.D.,

Luis Cardenas, D.O., Ph.D., Elias Chua, M.D., Benjamin Cooper, M.D., Kevin Copeland, D.O., Mark Cowan, M.D., Ember Crevar, M.D., Patricia Curtin, M.D.,* Wesley Emmons, M.D., Manthodi Faisal, M.D., Brian Galinat, M.D., Robin Horn, M.D., Terry Horton, M.D., Maria Hy, M.D., Ina Li, M.D., Azhar Khan, M.D.,* Michael Kostal, M.D., Vinod Kripalu, M.D.,* Michael Lankiewicz, M.D., Jennifer LeComte, M.D., James Loughran, M.D., Edward Lucente, M.D., Thomas Mammen, M.D., Thomas Mathew, M.D., Julia Mattson, M.D., Helen McCullough, D.O., MPH, Daniel Meara, M.D., D.M.D., Sandra Medinilla, M.D.,

Nathan Merriman, M.D., Jamal Misleh, M.D., Craig Morgan, M.D., Gerald O'Brien, M.D., Kenneth Nukuna, M.D., Brent Passarello, M.D., Badrish Patel, M.D., Joseph Pennington, M.D., John Powell, M.D., Wasif Qureshi, M.D., Declan Quigley, M.D., Harold Rosen, M.D., James Ruether, M.D.,** Randall Ryan, M.D., Mitchell Saltzberg, M.D., Sudhakar Satti, M.D.,* Edward Seugling, M.D., Julie Silverstein, M.D., Michael Sneider, M.D., S. John Swanson, M.D., Martin Switzky, M.D., Deborah Tuttle, M.D., Maria Ufberg, M.D., Vincent Varghese, D.O., Jeffrey Zern, M.D.*

* nominated twice; **nominated three times.

Patient and family advisers celebrate 2nd successful year

Christiana Care's Patient and Family Advisory Council enjoyed food and fellowship at a holiday luncheon at Domaine Hudson Wine Bar and Eatery. The social gathering was an opportunity for staff and advisers to celebrate the council's second year, during which patient and family advisers have joined committees and unit-based teams throughout Christiana Care to help guide processes and develop new ways of delivering care.

"We can't thank our patient and family advisers enough," said Penny Seiple, RN, vice president, Patient Care Services, Wilmington Hospital. "They've quickly become one of our most valuable resources. I'm excited about what we're going to accomplish in the next year, as we work together as true partners in care." ●

Learn more at christianacare.org/advisers.



Graham Cancer Center shows the power of collaborative multidisciplinary care



A diagnosis of throat cancer two years ago turned the tables on retired health psychologist Barbara Briggs, 69, of Newark, Del.

“My experience as a health professional caring for patients could not have prepared me for the apprehension and anxiety I felt as the patient myself,” Briggs said.

Sitting down with her head and neck cancer multidisciplinary care team (MDC) at the Helen F. Graham Cancer Center gave Briggs the sense of security and direction she needed to focus on next steps toward recovery.

“Although the message was overwhelming, I left the meeting knowing I was getting the best, scientifically based treatment with access to all the support services I might need, and that my nurse navigator was someone I could contact any time to help me get through it all,” she said.

Patients often are unable to process all the information they receive at their first MDC meeting. But each patient has a personal guide through the cancer treatment process — a cancer nurse navigator.

“I’m here to reinforce, listen, comfort, answer questions, coordinate appointments and help patients any way I can,” said Nurse Navigator LaTonya Mann, RN, OCN. The journey through treatment and survivorship typically takes six to nine months, but she tells each patient, “I’m here until you tell me you no longer need me.”

Briggs’ treatment plan was complex, requiring multiple consultations with specialists. Her MDC team helped her to overcome struggles with a feeding tube and an infection that required a lengthy stay in the hospital and in a nursing home. She relied especially on the help of her social worker, dietitian and health psychologist.

“It took a while to begin to feel like myself again,” she admits. “The entire team at the Graham Cancer Center helped me get there, and I am truly grateful.”

Briggs is now a member of the Helen F. Graham Cancer Center Patient Advisory Board and a Helen’s Ambassador, helping

other cancer patients. “I think my experience may give others some comfort to know they are not in this alone,” she said.



A DECADE OF MDCs

“As cancer treatment becomes increasingly complex, it is critical that we streamline the process so patients spend less time waiting for a treatment plan, and less time and energy accessing care and services,” said Nicholas Petrelli, M.D., Bank of America endowed medical director of the Helen F. Graham Cancer Center.

This vision has not only guided the development of the cancer program at Christiana Care; it has influenced cancer care nationally. In its fifth year as a National Cancer Institute (NCI) selected community cancer center, the Helen F. Graham Cancer Center continues to shape NCI National Community Cancer Center Program (NCCCP) initiatives.

Christiana Care began implementing multidisciplinary disease-site centers (MDCs) more than 10 years ago.

“Over the last decade we have successfully deployed 14 MDCs to address this need,” Dr. Petrelli said. “Through our leadership roles with the NCCCP, we have enthusiastically shared the many lessons learned with other participating institutions.”

The first MDCs — head and neck, thoracic and general oncology — began at the Graham Cancer Center in 2002. Today, MDC teams provide care and support to at least half of the 3,300 cancer cases diagnosed or treated annually at Christiana Care. Some 40 physicians, seven nurse navigators and hundreds of health professionals support the MDCs.

“The multidisciplinary forum for treatment has become the standard for leading institutions around the world, leading to a new level of care for patients in our community,” said head and neck surgeon Robert L. Witt, M.D. Participation by a comprehensive multidisciplinary core of physicians and specialists is essential, he said, given the multiple primary treatment modalities that exist for head and neck cancers.

“The multidisciplinary forum for treatment has become the standard for leading institutions around the world, leading to a new level of care for patients in our community.”

—Robert L. Witt, M.D.



MODELING EXCELLENCE IN CARE

Participants in NCCCP programs from across the country have made more than 30 site visits to the Graham Cancer Center to observe MDCs in action, said Patricia Strusowski, MS, RN, clinical director of the Cancer Program and chair of the NCCCP Quality of Care Committee. Strusowski assists other community cancer centers that want to develop their own MDCs, “which do not all look alike,” she said.

The NCCCP Quality of Care Committee’s working group developed an assessment tool as a guide for cancer centers to measure performance. In addition, Graham Cancer Center staff provides Web-based educational programming for nurse navigators, essential components of the MDC model.

MDCs AT WORK

MDCs provide the means for an entire team of health professionals to work together to provide comprehensive, coordinated, best-practice cancer care and support services tailored to the patient and the type of cancer. Studies show that patients do better in this type of multidisciplinary care setting.

MDCs shorten time to treatment and enable the medical oncologist, surgeon and radiation oncologist to coordinate and communicate their recommendations directly to the

patient and family at a single visit. A certified oncology nurse navigator collaborates with the physicians to develop a coordinated plan of care and helps navigate patients through the process from start to finish. The team also includes social workers, health psychologists, nutritionists, genetic counselors, rehabilitation specialists, pastoral care professionals and financial counselors.

MDCs also encourage participation in clinical trials. A clinical research nurse at each MDC explores avenues for potential leading-edge treatments. Currently 24 percent of patients at the Helen F. Graham Cancer Center participate in clinical trials — well above the national average.

The MDC model promotes collaboration with other hospitals to coordinate timely, quality care for patients closer to home. One example is the Young Adult Follow-Up MDC, which in partnership with Nemours/Alfred I. duPont Hospital for Children provides long-term follow-up care for adults who were pediatric cancer patients.

MDCs also help to promote and monitor compliance to best-practice standards, ensuring that patients get the most advanced scientifically based screening, diagnosis and treatment. ●

Members of the Head and Neck Cancer Multidisciplinary Center collaborate to provide coordinated, individualized care to each of their patients.



Christiana Care ranked again among Training Top 125

For the second consecutive year, Christiana Care has been selected as one of Training Magazine's "Top 125," ranking the health system among the most elite companies for training and learning development.

Christiana Care will learn its ranking on Feb. 18 at an awards gala hosted by the magazine.

"The continued ranking from Training Magazine reflects Christiana Care's commitment to learning and development, underscores our culture of learning and recognizes the great work of all our educators and faculty," said Rosa M. Colon-Kolacko, Ph.D., MBA, senior vice president, System Learning, executive director, Learning Institute and chief diversity officer. "We believe that greater knowledge leads to excellent patient care."

In 2011, Christiana Care launched the Christiana Care Learning Institute to foster collaboration and innovative

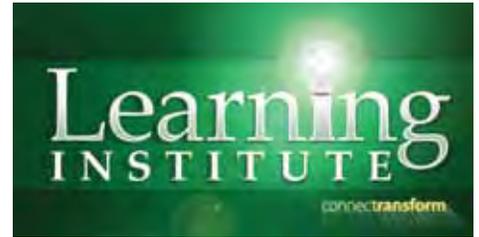
learning, nurture new ways of thinking and encourage growth and development at all levels of the organization.

"We strive to engage and enable all staff to develop and use their full potential in alignment with Christiana Care's mission of serving our patients as expert, caring partners in their health," said Jill Hewitt, Learning Institute and Development director at Christiana Care.

Now in its 13th year, the magazine bases its Top 125 ranking on benchmarking statistics that include:

- Total training budget.
- Percentage of payroll.
- Number of training hours per employee program.
- Goals, evaluation, measurement and workplace surveys.
- Hours of training per employee annually.
- Detailed formal programs.

The ranking is determined by assessing a range of qualitative and quantitative



factors, including financial investment in employee development, the scope of development programs, and how closely such development efforts are linked to business goals and objectives.

"This award reflects the commitment of educators from across disciplines to provide the innovative learning experiences that care providers need," said Michelle Collins, Christiana Care's manager of Nursing Professional Development and co-leader for the Center for Educator Development, Evaluation and Research.

More information about the Top 125 will appear in the January/February issue of Training Magazine. ●

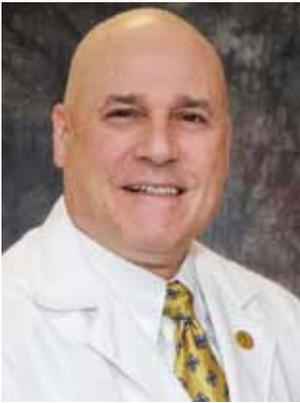
Annual event supports Cancer Special Needs Fund



Jackki Kennedy (left), organizer of the Kennedy Black and White Ball, helps support the Helen F. Graham Cancer Center Special Needs Fund each year by donating proceeds from the annual dinner-dance event. Jackki and her daughter, Taleah Kennedy (right), an event committee member, presented Tricia Strusowski, RN, MS, clinical director, Cancer Program, with the monies raised from their 2012 event, bringing their five-year total to a generous \$8,075. The Cancer Special Needs Fund supports patients in need who are undergoing treatment at the Graham Cancer Center. ●



Glen Tinkoff, M.D., appointed full clinical professor of surgery at Thomas Jefferson University



Glen Tinkoff, M.D., FACS, Christiana Care associate vice chair of Surgery for Simulation and Emergency Surgery, has been appointed to full clinical professor of surgery at Thomas Jefferson University, Philadelphia.

Dr. Tinkoff recently was acknowledged for his 20 years of employed service at Christiana Care during which he played a major role in the development of Delaware's trauma system. This regional integrated health care delivery system for acutely injured patients has been credited with a 50 percent reduction in mortality of the

most critically injured patients. He currently serves on the state's Division of Public Health as the medical advisor to the system.

In addition, Dr. Tinkoff is the medical director of Christiana Care's Virtual Education and Simulation Training Center, a comprehensive academic educational institute accredited by the American College of Surgeons. He also remains a clinically active surgical faculty member in the Christiana Care Department of Surgery and is actively involved in resident, medical student and fellowship education. ●

Gregory Passanante appointed director of Clinical Operations for Perioperative Services

Gregory Passanante, BSN, MBA, has joined Christiana Care as director of Clinical Operations for Perioperative Services.

His responsibilities will focus on the Christiana Hospital campus and he will oversee the Operating Room, PACU, P&H, SPU and the Christiana Surgicenter, reporting directly to Judith Townsley, MSN, RN, CPAN, vice president, Perioperative Services.

Before joining Christiana Care, Passanante was interim director for Perioperative Services at Penn Presbyterian Medical Center in Philadelphia. He received his BS in Nursing from Drexel University, BS in Management from Rutgers University and an MBA from St. Joseph's University. ●



Christiana Care Public Safety adds new officers

Eleven Christiana Care Public Safety officers completed the State Constable Academy at Delaware Technical Community College in November 2012, graduating along with officers from Bayhealth Medical Center and DelTech. Following instruction from the Delaware State Police and Delaware Technical Community College, the officers are now commissioned as constables. Course work included subjects such as Laws of Arrest, Defensive Tactics, Search & Seizure, the Delaware

Criminal Code and other related law enforcement topics. As Constables, the officers have arrest powers while on duty on our campuses. Christiana Care-based graduates (all ranked as corporal) include: Sean Baldasano, Dangnalis Borglin, John Colicchio, Garrick Cornish, Gavan Crawford, Davis Hernandez, Mallory Tessein, Christopher Tjaden, Angelo Trapini, Daniel Tucker and Nicholas Yacabell. ●

Medical-Dental Staff celebrates excellence at annual event

The Medical-Dental Staff's annual art exhibit, dinner and awards banquet Nov. 2 again filled the Deerfield Golf & Tennis Club main ballroom with more than 350 guests.

Highlights of the event included an exhibition of art by Christiana Care Medical-Dental Staff members and presentation of awards, including the annual Commendation for Excellence — presented this year to Michael Stillabower, M.D. — and several departmental Rising Star Awards.



Michael Stillabower, M.D., (left) received the Christiana Care Medical-Dental Staff's annual Commendation for Excellence award, presented by long-time friend and Christiana Care Cardiology Consultants colleague Henry L. Weiner, M.D.

Dr. Stillabower, a member of Christiana Care Cardiology Consultants, is currently the head of Cardiovascular Research at the Center for Heart and Vascular Health. In the mid-1980s he became one of the first Delaware cardiologists trained to perform the then-new "balloon procedure," coronary angioplasty.

Today he continues to collaborate with the Department of Cardiology and others, including peers, residents, students and colleagues from Nursing, to advance the clinical research program. In his research work, Dr. Stillabower has developed a collaborative relationship between Christiana Care and the University of Delaware.

Eric Johnston, M.D., welcomes M-D Staff and guests to 2012 gathering.



"It is to the tremendous benefit to Christiana Care and to Delaware that Dr. Stillabower continues to work with a level of energy, commitment and excellence at a point in his life when he might slow down to enjoy the benefits of an outstanding career in medicine," one long-term colleague observed. "Instead ... he prefers to attend 7 a.m. 'Transformation of Care' meetings and work on new projects in collaboration with Christiana Care hospitalists and Emergency Medicine colleagues."

Dr. Stillabower continues a full interventional and clinical practice, including on-call availability for myocardial infarctions.

RISING STARS

Department heads or clinical leaders recognized five physicians at the event who received Rising Star awards.

Those physicians include Timothy J. Hennessy, M.D., of the Department of Medicine; Jason T. Nomura, M.D., of the Department of Emergency Medicine; Lisa Maxwell, M.D., of the Department of Family and Community Medicine; Gretchen Makai, M.D., of the Department of Obstetrics and Gynecology; and J. Douglas Patterson, M.D., of the Department of Orthopaedic Surgery. ●

Timothy J. Hennessy, M.D., received a Rising Star Award from the Department of Medicine, presented by Julie Silverstein, M.D., chief of the General Internal Medicine section.





J. Douglas Patterson, M.D., (left) received a Rising Star Award from the Department of Orthopaedic Surgery, presented by Department Chair Brian J. Galinat, M.D.



Gretchen Makai, M.D., received a Rising Star Award from the Department of Obstetrics and Gynecology, presented by Richard J. Derman, M.D., MPH, FACOG, The Marie E. Pinizzotto, M.D., Endowed Chair of Obstetrics and Gynecology.



Lisa Maxwell, M.D., received a Rising Star Award from the Department of Family and Community Medicine, presented by Department Vice Chair David M. Bercaw, M.D., FAAFP.

Jason T. Nomura, M.D., (left) received a Rising Star Award from the Department of Emergency Medicine, presented by Department Chairman Charles L. Reese, IV, M.D., FACEP.



Middletown, Wilmington and Concord campuses to open in 2013

As the ball dropped on the new year, Christiana Care began its own countdown to the completion of three major construction projects that will expand our reach to neighbors both north and south. The new Middletown Emergency Department, the transformation of our legacy Wilmington Hospital campus, and the Concord Health Center just over the Delaware/Pennsylvania Line on Route 202, are all set to open this year.



With opening of a permanent main entrance and lobby slated in early June, the temporary entrance at Wilmington Hospital will continue to accommodate Emergency Department patients only, with separate doors for ambulance arrivals and ED foot traffic, until September 2013 when the new ED entrance opens. The campus transformation continues through summer 2014.

Cutting the ribbon on the next 125 years

“These important new landmarks on the growing Christiana Care map are built on a century-and-a-quarter tradition of innovative and expert care for our community,” said Robert J. Laskowski, M.D., MBA, president and CEO. “It’s one more step in fulfilling our promise — partnering with our community to deliver greater value.”

OPENING IN APRIL MIDDLETOWN EMERGENCY DEPARTMENT

The year’s first ribbon cutting will be for the new freestanding Middletown Emergency Department scheduled to start serving southern New Castle County in early April. Located at the intersection of Route 299 and Brick Mill Road, it will be staffed round the clock by Christiana Care’s own experienced board-certified physicians and emergency nurses, and supported by X-ray and imaging, lab, respiratory, and ED support services.



OPENING IN JUNE WILMINGTON HOSPITAL TRANSFORMATION – PHASE I

The year's second opening celebration will be for phase I of the Wilmington transformation project, which includes the new main entrance and lobby as well as a new Emergency Department, which will double in size by project's end in 2014.

Transformation efforts, which represent a \$210 million investment in our community, will continue throughout 2013 on the signature nine-story tower that will house an expanded Center for Advanced Joint Replacement by July; a new, technologically advanced surgical suite by September; and sophisticated new intensive and intermediate care units in October. The project will finish off by summer 2014 with a beautiful new three-story atrium, a café, a tranquil healing garden and a six-story medical office building.

Watch the portal and upcoming issues of Focus for an announcement of the opening date and the employee-suggested name for the new Wilmington Hospital cafeteria expected in the coming months.

OPENING IN FALL CONCORD HEALTH CENTER

This campus features full-time primary care and women's health physicians. Specialists in cardiology, gynecologic oncology, dermatology and endocrinology will also see patients at this location. In year two, specialty care will be expanded to include neurology and pulmonology.

The Helen F. Graham Cancer Center will establish a significant northern presence at the Concord campus, offering radiation therapy, genetic counseling and testing, a general multidisciplinary clinic and care management/nurse navigation. Medical oncology and chemotherapy will be added over time.

A clinical diagnostic center will provide electrocardiograms, cardiac and vascular ultrasounds and stress testing with nuclear imaging. A full imaging suite will offer X-ray, CT, MRI, DEXA bone density scans, mammography and ultrasound. Patients may also have lab work collected at Concord.

Comprehensive outpatient therapy services will include physical therapy, occupational therapy and speech language pathology. Both orthopaedic and neurological conditions and injuries will be treated at Concord. ●

Concord Health Center



Middletown Emergency Department



SUMMER 2014

The Wilmington Hospital transformation project will finish off with a beautiful new three-story atrium, a café, a tranquil healing garden and a six-story medical office building.

Janice Nevin, M.D., MPH, attends Japanese symposium focused on the ideal physician-patient care relationship

Janice Nevin, M.D., MPH, Christiana Care Health System chief medical officer, visited Tokyo in December as a guest of the Noguchi Medical Research Institute (NMRI).

The NMRI invited Dr. Nevin and only three other U.S. physician leaders to share their experience and knowledge of “the physician-patient relationship” and participate in an interactive panel discussion with leading Japanese medical educators to discuss key attributes of an effective and caring physician.

Dr. Nevin’s presentation, titled “The Dynamic Equilibrium of Medical Care: The Role of the Patient,” shared the U.S. Institute of Medicine’s well-known “Six Dimensions of Care.” Those dimensions are: safe, effective, family-centered, timely, efficient and equal.

As a panelist, she emphasized that medical education reform must include:

- The ability to manage information and act on patient-centered outcomes.
- An understanding of the basic concepts of human interaction, patient safety, health care quality and systems theory.

- Skills in teamwork, management and communication — including the patient and family as members of the team.

Interdisciplinary teaching and learning

Dr. Nevin had the opportunity to visit Japan’s newest hospital, Tokyo Bay Hospital, a teaching facility that intends to become Joint Commission International-certified and to support ACGME-International accredited residency programs.

“Participating in an international conference was a unique experience, said Dr. Nevin. “My Japanese hosts were wonderful and I came away with a deep appreciation of their commitment to patient care and medical education.” ●



Explorers Post celebrates 25 years of helping teens develop careers



Based at Christiana Care, Explorers Post 2613 — the largest Explorer Post in the Del-Mar-Va Council Boy Scouts of America (BSA) — has been a stepping stone to medical and other health care careers for students ages 14 to 20 since 1987.

An extension program of the BSA's Learning for Life section, Explorers Posts focus on career exploration, life skills and school-to-work opportunities.

"Exploring is a great way for kids to discover what careers interest them," says Douglas Bugel, medical photographer and executive adviser for the Christiana Care Post. "We are pleased to have a program here at Christiana Care and to be one of the largest posts in the Del-Mar-Va Council."

"As the leading health system in our region, one of our roles is to provide opportunities for high school students to learn about possible careers in health care," said Lynn C. Jones, FACHE, president, Visiting Nurse Association and senior vice president, Post-Acute Care Services. "Whether it's nursing, pharmacy, information technology, or finance, it's important that we provide a setting that enables young people to explore and learn about the myriad jobs available in this field," he said. Jones is currently serving as Exploring Chairman for the Christiana Care Explorers Post, and serves on the Del-Mar-Va Council board of directors.

Sarah Barlow, M.D., is one former Explorer who says membership had a valuable influence in her career choice.

"I discovered the Explorer Post when Doug came to speak at a Christiana Care VolunTeen meeting," she said.

"I was about 14 at the time. I knew from a young age that I wanted to become a doctor, which of course my parents encouraged, but I did not have anyone in my family in the field of medicine who could share their ideas, thoughts or career experiences with me. I knew immediately



This year's registered Explorers helped decorate the windows in the West End Café at Christiana Hospital for the holidays. Christiana Care staff and volunteers involved in making the Post a reality this year are seated in the front row, from left, including: Front row, left to right: Bob Pettit, Cindy Olsavsky, Wendy Wintersgill, Lynn Jones, Bettina Wilson, Douglas Bugel, Zara Chaudhary, Margarita Rodriguez-Duffy, Maureen Haislett.

at that meeting that this would be a great opportunity for me.

"As a high school student, I was able to shadow multiple physicians, in a broad spectrum of medicine, seeing behind-the-scenes of their days in the hospital.

"More importantly, I asked many questions about their lives and careers; it was an irreplaceable part of my education. As a young teenager, I just took in everything they were willing to share, and I find myself still carrying those conversations and pieces of advice in the back of my mind. I have the Explorer Post and volunteering to thank for those memories."

Dr. Barlow graduated from Jefferson Medical College and is now serving a one-year internship at a hospital in Ohio.

A behind-the-scenes look

Students who participate in the Explorers Post attend monthly meetings where they hear presentations from different departments within the health system. Employees from presenting departments host students, give an overview of the department, and describe various roles within the department and the current educational requirements to fill those positions.

After actively participating in a certain number of meetings, completing volunteer and student training, Post 2613 Explorers may shadow Christiana Care employees "one-on-one" and get a behind-the-scenes experience that is unique to this program.

Explorers who complete volunteer training and attend meetings perform service projects, shadowing hospital staff and earning community service hours from the Volunteer Department. Service projects, such as painting holiday scenes on the cafeteria windows at Christiana Hospital, go on throughout the year.

In addition to the Christiana Care Explorers Post on health care, the Del-Mar-Va Explorers Division offers several other Explorers Posts in architecture, computer information systems, engineering, fire, law, police, sports management, and more. In the near future, they also hope to offer posts in banking, newspaper and performing arts.

Interested teens may contact Douglas Bugel at 302-733-6857 for information about joining the Explorers Post this year. ●



Volunteer physicians and staff treated thousands during medical mission to Nigeria



Kamar T. Adeleke, M.D., a New Castle County-based cardiologist and a native of Ibadan, in Oyo State, Nigeria, two years ago began planning a medical mission to his homeland. Dubbed Oyo Medical Mission 2012, the team of about 60 health professionals evaluated and treated more than 3,000 patients and performed 40 surgeries during the 13-day mission in November.

More than a third of the volunteers were Christiana Care employees, physicians, retirees or family members. The team included physicians, nurses, a pharmacist, social workers, administrative aides, technicians, logistics coordinators and other support personnel. Several of the team members on the Oyo mission were veterans of earlier missions to Jacmel, Haiti, following the earthquake in 2010.

Christiana Care donated medical supplies and other materiel support to the mission.

“This mission is yet another example of how we at Christiana Care are partners in health not just to our neighbors in the community — but to our neighbors around the world,” said Ray Seigfried, senior vice president, Administration. “The compassion of our physicians, nurses and staff extend beyond the

geography of our region. While we never lose sight of our primary mission to provide care to our immediate community, we strive to provide them with support at a level appropriate to the circumstances, whether it is a medical/educational mission such as this one, or an emerging disaster such as the 2010 earthquake in Haiti.”

Their travel plan took them from Philadelphia to Atlanta, then direct to Lagos, Nigeria, 73 miles southwest of Ibadan. On their way to and from Lagos, they stopped to see patients, refresh and meet people at Babcock University, midway between the two cities.

About 20 Nigerian doctors, nurses and other helpers joined the mission team in Nigeria, setting up a field clinic at an abandoned hospital in Ibadan that lacked running water and electricity. Generators supplied the latter, while potable water was carried in.

One Christiana Care nurse tasked with helping to triage the hundreds of patients seeking medical attention each day recalled the excitement of receiving those first patients — the joy of helping people whose unmet medical needs were finally getting some attention. They included people needing many different levels of care, and for some, it was too late.

After one patient died before the team was able to help him, Dr. Adeleke reminded his colleagues to focus on the good that they were able to do and not be overwhelmed. “He reminded us that if someone dies with us, it is still far better than dying alone,” said Deirdre B. Ritchie, RN, of Wilmington Hospital Health Center. “I think after he told us that, we were able to look at our job much differently.”

A week after the group’s return, Dr. Adeleke hosted a delegation of visitors from Nigeria, including Professor Temitope Oluwabenga Alonge, chief medical director of University College Hospital, Ibadan.

Prof. Alonge, an orthopaedic surgeon, said the welcome he received at Christiana Hospital was overwhelming. “I’m thankful to Dr. Adeleke and his team for honoring us,” and for helping Nigeria in its quest to upgrade the nation’s health care system, which “fell 50 years backward” during 35 years of military rule, he said.

“Our mission now is to support and train health care professionals, take part in cutting-edge research and achieve excellence in service delivery,” he said. ●

Ambassadors help families locate resources to raise healthy babies

Health ambassadors are on a mission, connecting families with the help they need to nurture healthy homes, before and after a baby is born.

“The health ambassadors are respected in their communities and can spread key messages at the grassroots level,” said Liz O’Neill, project director, Department of Family and Community Medicine at Christiana Care. “The approach is a combination of ambassadors working one-on-one with individuals, plus setting up information tables at community sites to reach people.”

Through the program, launched in July after a successful pilot, Christiana Care has partnered with Westside Family Healthcare, Henrietta Johnson Medical Center and Claymont Community Center to reach people in targeted underserved communities.

Even before a baby is conceived, women are educated about caring for themselves to prepare for a healthy pregnancy. Expectant moms learn the importance of prenatal care that can reduce the odds of premature birth.

Health ambassadors are advocates for evidence-based practices that keep babies safe and healthy, including always placing a baby on her or his back when it’s time to sleep. They teach

parents that each baby should have his own crib in a safe, uncluttered place.

“Sometimes, a new mother is so overwhelmed it takes someone like a health ambassador to make suggestions on where to get help,” O’Neill said. If an eligible family needs a crib for their newborn, “we refer them to Cribs for Kids. Cribs for Kids can deliver a crib to the baby’s home and provide education to the family about crib safety,” she said.

Health ambassadors also educate new moms on the importance of breastfeeding their babies and connect them to breastfeeding support services.

This fall, health ambassadors hosted community baby showers in Claymont and Wilmington for new moms, pregnant women, fathers, grandparents and friends. In all, 231 people attended the events, including 61 expectant mothers and 38 women who recently gave birth. The events were so successful that another shower has been scheduled for Feb. 9, 2 to 4:30 p.m. at Ezion Fair Baptist Church in Wilmington. In the spring, there will be a shower for Spanish-speaking mothers-to-be.

“Health ambassadors also are available to connect people with other services, such as treatment for mental health concerns,” said Danielle Cooper, healthy lifestyle coordinator.

“If someone is hungry, a health ambassador can be a resource in finding that person a food pantry,” O’Neill said. “And if food is a problem, it is likely that there are other health needs the ambassador can help with, too.”

In all, the goal is to refer 2,560 people to resources and services from November 2012 to June 2013. A special focus is Help Me Grow 211, a statewide phone line that links pregnant women and young families to home visiting programs and a wide array of health and human services. Health ambassadors will reach out to 1,500 people through showers, health fairs and other community events.

The program was founded by Christiana Care’s Department of Family & Community Medicine, Center for Community Health, and the Wilmington Consortium, with funding from the Delaware Division of Public Health. ●



Health ambassadors, from left: Venus Jones, Johneeda Williams, Delsy Morales, Project Director Liz O’Neill, Senior Health Ambassador Terry Casson-Ferguson, Angelica Sineni and Cecelia Hoey. Missing in photo: Health ambassador Shirley Ibrahimovic and Program Coordinator Danielle Cooper.

Career night offers inspiration to Girl Scouts interested in health care careers



Breast imaging specialist Wendi Rader, RT, teaches Girl Scouts visiting the Christiana Care Breast Center about mammography equipment. These girls were among 16 members who visited for a career night in December.

On a December evening, 16 girl scouts and their leaders gathered at the Christiana Care Breast Center to be inspired by the knowledge that the field of medicine offers unlimited possibilities for women.

The event was one of a series of informal meetings the scouts offer their teenage members “to expose girls to career opportunities they might not have thought of, and to meet successful women in different fields,” said Jennifer Acord, communications and advocacy manager for Girl Scouts of the Chesapeake Bay.

Emily Penman, M.D., associate vice chair of the Department of Surgery, started by asking if any of the scouts were considering a career in medicine. Half a dozen hands shot up.

Health care is challenging and incredibly diverse, Dr. Penman told them. “You can do surgery, radiology, work in the emergency room, work in labs. You can really stretch yourself. There’s not one thing in medicine. There’s a lot you can do,” she said. “It’s a lot of work, but the end result is really awesome.”

The scouts also heard from Kristina Siddall, M.D., a radiologist at the Breast Center; Joanne Antonio, RN, lead nurse at the

center and a breast health educator; Renie Mullaney, director of the Breast Center; her assistant Kim Hudson; Terry Smith, lead breast imaging technologist, Wendi Rader, breast imaging specialist; and Meghan Shields, mammography technologist. They described their daily work and the education that brought them to it.

A couple of the scouts wanted to know how much money can be made in medicine, generating laughter from the speakers. Salaries depend on the work itself and the effort and education needed to do it, said Dr. Siddall, but “what’s really important is that you do what you love and you stick with it. You work hard at something and make it your career. Just go with what you really want to do.” Dr. Siddall said that she started out in engineering and was working on research to develop artificial cartilage when she was sent to observe surgery on a patient.

“That was it,” she said. “I knew I wanted to take care of patients.”

For Caitlyn Naughton, 17, of Pike Creek, that story resonated. She, too, plans to study engineering. “It was interesting to hear how they came from a lot of different backgrounds, so I know there are a lot of possibilities out there for me.” ●

February

1

"Patient and Family Centered Care: This is How We Do It"

Guest speaker **Tiffany Christensen, author of "Sick Girl Speaks" and "We are the Change: Transforming the Healthcare Experience through Partnership,"** will tell her story and provide insight into how physicians, nurses, hospital staff and patients can partner to provide the best possible care at a half-day conference **Friday, Feb. 1, 7 – 11:30 a.m., at the John H. Ammon Medical Education Center** main auditorium. The conference also will spotlight patient and family centered



care successes at Christiana Care. All staff are invited to attend; 3.5 CEUs will be provided. The event will be teleconferenced to Wilmington Hospital conference center. Continental breakfast is included.

For more information, contact Dannette Mitchell at damitchell@christianacare.org or Felisha Alderson at falderson@christianacare.org.

5

Take the first step to a heart-healthy life while learning about the latest treatments for cardiovascular disease at a **Free Annual Heart Month Lecture** sponsored by Christiana Care on **Tuesday, Feb. 5, 7p.m., at the John H. Ammon Medical Education Center.**

Registration begins at 6:30 p.m.

Our panel of experts discusses screening for heart and vascular problems, new technology to treat heart disease and tips for keeping your heart healthy.

The featured panel includes Michael Banbury, M.D., W. Samuel Carpenter III Distinguished Chair of Cardiovascular Surgery, Ray Blackwell, M.D., cardiac surgeon, James Hopkins, M.D., medical director of the Cardiac Catheterization Lab; and Mitchell Saltzberg, M.D., medical director of the Heart Failure Program.

Seating is limited. Register today online at christianacare.org/heartlecture or by calling 302-623-2273. Light refreshments and valet-parking are available.

March

2

Register to attend the **24th Annual Update in Cardiology, Saturday, March 2, from 7:30 a.m. to 4 p.m., at the John H. Ammon Medical Education Center** on the Christiana Hospital Campus. cchs.cloud-cme.com/cardiology2013

May

2

2013 Delaware Trauma Symposium, from 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 personal accounts 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

50th annual William J. Holloway Infectious Disease Symposium, 7:30 a.m. – 4 p.m., Tuesday, May 7, at the John H. Ammon Medical Education Center. This is a landmark event in the history of this prestigious

conference. In commemoration of the outstanding contributions of William J. Holloway, M.D., the selection committee has again assembled a world-renowned faculty. Topics include historical reviews of some of human history's most important diseases: smallpox, tuberculosis, legionella and HIV, as well as the history and controversies in the fields of vaccinations and antibiotic usage.

Faculty: Paul Volberding, M.D. – *HIV*; Paul Offit, M.D. – *Vaccines*; Donald Henderson, M.D. – *Smallpox*; Brad Spellberg, M.D. – *Antibiotic Usage*; Victor Yu, M.D. – *Legionella*; David Schlossberg, M.D. – *Tuberculosis*.

9

The **2nd Annual Value Institute Symposium, Thursday, May 9 at the John H. Ammon Medical Education Center,** this year features guest speaker Don Berwick, M.D., a leading U.S. advocate for high quality health care.

10

The inaugural **Neurovascular Disease Symposium, Friday, May 10, from 7:30 a.m. to 4:15 p.m., at the John H. Ammon Medical Education Center.** Invitations will be mailed and emailed in January. ●



Christiana Care's commitment to environmental stewardship includes local, sustainable food



Cook Edward Kwiatkowski prepares a hormone-free, antibiotic-free dish made with beef from a ranch that uses sustainable and ethical farming practices, part of Christiana Care's commitment to good environmental stewardship.

- Increase the amount of minimally-processed, nutritious fruit and vegetables offered to patients and staff.
- Identify vendors that can provide us with food that is free of toxic pesticides, hormones and non-therapeutic antibiotics.
- Procure more locally-produced fresh food.

To that end, Christiana Care buys as much local produce as possible, reducing the travel time and distance and hence the carbon footprint. Delmarva Peninsula farms provide Christiana Care with mushrooms, blueberries, tomatoes, peppers, cucumbers, squash, apples and more. Christiana Care's Nutrition Services department even grows a garden at Christiana Hospital to support its commitment to fresh, safe and delicious food. ●

Every week, Christiana Care health and nutrition staff prepares and serves more than 320 pounds of beef to patients. At 3 ounces per serving and an average four-day length of stay, this means we are serving beef to more than 425 patients (39 percent of all patients staying in our hospitals) each week. We also procure and prepare more than 3,500 sustainably produced eggs each week. "The beef we buy and prepare is good for the environment and great for patients," said Nutrition Services Manager Mike Frawley.

Christiana Care purchases beef from a ranch where cattle are ethically treated and raised naturally, using sustainable methods (fewer pesticides, antibiotics and hormones). Consequently, patients receive beef that is antibiotic- and hormone-free, and which leaves little impact on the environment.

Nutrition Services only purchases eggs from cage-free chicken farms. Often bought locally, these eggs are ethically and sustainably produced.

Christiana Care has been methodically implementing a plan — prescribed by the Healthy Food in Health Care pledge signed in August 2008 — to do the following:

Celebrate **Wear Red Day!**



Dine-out Feb. 1, wear red and your heart will thank you

Area restaurants are joining Christiana Care Health System to celebrate **Wear Red Day, Friday, February 1**. Dine-in at one of the participating restaurants and receive a free heart-healthy menu item of the restaurant's choice. All you need to do is wear red. The promotion is open to men and women.

Visit www.christianacare.org/wearred for details on **Wear Red Day**.



Applies to lunch or dinner for restaurants.



CHRISTIANA CARE HEALTH SYSTEM

Center for Heart & Vascular Health

Publications

Robert Witt, M.D., FACS, "Pleomorphic Adenoma of the Parotid Gland: Formal Parotidectomy or Limited Surgery?" in the American Journal of Surgery, Vol 205, Issue 1.

In the October 2012 journal Respiratory Care:

- **John Emberger, BS, RRT-ACCS, FAARC, and Joel M. Brown II, BS, RRT, FAARC**, "Bench Evaluation of a Novel Tracheostomy Speech Device."
- **John Emberger, BS, RRT-ACCS, FAARC, and Joel M. Brown II, BS, RRT, FAARC, and Francis Gott III, MBA, RRT**, "Reduction in Denied Payments with the Initiation of Paperless Documentation System Tied to Billing."
- **John Emberger, BS, RRT-ACCS, FAARC, and Joel M. Brown II, BS, RRT, FAARC, John Getchell, RN, Vinay Maheshwari, M.D., and Gerard Fulda, M.D.**, "Electrical Impedance Tomography Used to Monitor Regional Ventilation Differences of Mechanical and Spontaneous Breaths in an ARDS Case."
- **John Emberger, BS, RRT-ACCS, FAARC, and Joel M. Brown II, BS, RRT, FAARC, John Getchell, RN, Vinay Maheshwari, M.D., and Gerard Fulda, M.D.**, "Case of Derecruitment and Recruitment Observed with Electrical Impedance Tomography."
- **John Emberger, BS, RRT-ACCS, FAARC, and Joel M. Brown II, BS, RRT, FAARC**, "Bench Study of the Relationship Between HFOV Amplitude and Endotracheal Tube Occlusion."
- **Janice Ellis, RRT, Joel M. Brown II, BS, RRT, FAARC, and Gerald M. O'Brien, M.D.**, "Utilizing Modern Technology to Locate an Aspirated Foreign Object."

Anthony Sciscione, D.O., et al., "The Obstetric and Neonatal Implications of a Low Value on the 50-g Glucose Screening Test," for the Eunice Kennedy Shriver National Institute of Child Health and Human Development Maternal-Fetal Medicine Units Network. American Journal of Perinatology, 2012 Dec 27. PMID: 23271384

Melanie Chichester, BSN, RNC-OB, "Pregnancy Loss Your Buddy," an article about pregnancy loss in a friend, Healthy Mom & Baby, Fall 2012.

Presentations

Janice Ellis, RRT, "Utilizing Modern Technology to Locate an Aspirated Foreign Object," at the 2012 International Respiratory Congress, New Orleans, November 2012.

John Emberger, BS, RRT-ACCS, FAARC, "How to ventilate the Premature Infant: What is the Evidence?" at the annual New Jersey Society for Respiratory Care Annual Shore Conference in October 2012.

Robert Witt, M.D., FACS, "Minimally Invasive Surgical Techniques for Salivary Neoplasms and Calculi," at Cornell University Medical Center, New York, December 2012.

Theresa Gillis, M.D., "Rehabilitation and Palliative Medicine- Separated at Birth?" at the American Association of Physical Medicine & Rehabilitation 2012 Annual Assembly, Atlanta, November 2012.

Sonya Feinberg Addo, MPH; Kathy A. Cannatelli, MS; Brian Rahmer, MS, "An Innovative Approach to Primary Cardiovascular Disease Prevention and Healthy Lifestyle Change for Teen Coaches and Their Mothers in an Underserved, Inner-City Population," at the 2012 Summit for the Science of Eliminating Health Disparities in Washington, D.C.

At the American College of Cardiology Scientific Sessions in Los Angeles:

- Cardiology fellow **Kansara Pranav, M.D.**, presented a poster, "Biventricular Assist Device May be Superior to Left Ventricular Assist Device for Crash and Burn Patients." Findings pertain to critically ill transplant candidates who match a distinct profile where subsequent progressive shock, hemorrhage and right ventricular failure are major causes of death.
- **William Weintraub, M.D.**, presented on "Invasive Imaging of Subclinical Disease," and "Outpatient Versus Inpatient Percutaneous Coronary Intervention: Coverage and Reimbursement Issues." He also moderated an "Ask the Experts" panel and participated in a Plenary Session panel on "The Heart Team in Action: From Evidence to Everyday Decision Making in Ischemic Heart Disease."

Stephen Pearlman, M.D., led a Quality Improvement seminar at the "Hot Topics in Neonatology" meeting in Washington D.C.

Appointments

The Professional Advancement Council congratulates and welcomes new RN III **Kristie Cudmore** (Christiana Hospital ED).

Awards

Rachel Joseph, Ph.D, CCRN, successfully defended her doctoral dissertation titled "Quality of Life of Parental Caregivers who care for children (age one to 36 months) with a Tracheostomy at Home," at Duquesne University, Pittsburgh. ●

Sodium bicarbonate shortage: Are there alternatives?

By Shawn Fellows, Pharm. D, BCPS

Beginning in July 2012, sodium bicarbonate went on widespread shortage across the nation. Several key factors have contributed to the shortage, including manufacturing delays, increased demand and fewer manufacturers producing the product.¹

In an effort to maintain supplies, the Pharmacy Department has been working with care providers to choose alternatives when possible. The following summarizes several indications for which sodium bicarbonate is routinely used but may not offer much benefit and alternative therapies might be considered.

Cardiac Arrest: The empiric use of sodium bicarbonate is not recommended for patients with cardiac arrest. Studies have shown inconsistent benefits from the routine administration of sodium bicarbonate during cardiac arrest, in some cases, may in fact cause harm to the patient.² Appropriate ventilation and high-quality chest compressions are the foundation for restoring an appropriate acid-base balance. Guidelines do suggest that several special circumstances where administration of sodium bicarbonate may be appropriate during cardiac arrest, these include: pre-existing metabolic acidosis, suspected hyperkalemia, or tricyclic antidepressant overdose.³

Contrast Induced Nephropathy (CIN): One of the most serious complications that may occur following the administration of contrast media for imaging studies is CIN. Patients that may be predisposed to developing CIN include those with pre-existing renal insufficiency, hypovolemia and concurrent administration of nephrotoxic drugs (ex. aminoglycosides and NSAIDs).⁴

Sodium bicarbonate has been studied as a modality to reduce the occurrence of CIN following contrast administration but has not consistently been shown to be more effective than hydration alone.⁵ Therefore in light of the shortage and the inconsistent results pertaining to the efficacy of sodium bicarbonate for prevention of CIN, hydration with normal saline prior to contrast administration is preferable.

Diabetic Ketoacidosis (DKA): Sodium bicarbonate is not recommended for routine use in patients with DKA. Several studies have concluded that sodium bicarbonate lacked any significant improvement in patient outcomes and increase the incidence of cerebral edema, particularly in the pediatric population.^{6,7} In order to correct the acidosis associated with DKA, guidelines recommend utilizing an aggressive subcutaneous or continuous infusion of insulin.⁸ Exogenous administration of insulin corrects the acidosis by increasing utilization of blood glucose and reducing the production of acidic ketones.

Hyperkalemia: Sodium bicarbonate reduces serum potassium levels by cause potassium to shift from the extracellular space to the inside of cells. Typical dosing in the acute setting is 50 mEq, or "1 amp", however, this dosing strategy does not appear to be universally effective. Sodium bicarbonate works most effectively to reduce potassium levels when patients are concurrently acidemic and when given at doses greater than 50 mEq over several hours.⁹ Both insulin and albuterol have shown to be effective therapies for lowering serum potassium and may be used as an alternative agents to lower potassium in non-acidemic patients. ●

References:

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7. Viallon A, Zeni F, Lafond P, et al. Does bicarbonate therapy improve the management of severe diabetic ketoacidosis? *Crit Care Med* 1999;27:2690-3.
8. Kitabchi AE, Umpierrez GE, Miles JM, Fisher JN. Hyperglycemic crises in adult patients with diabetes. *Diabetes Care*. 2009;32:1335-43.
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FORMULARY UPDATE—DECEMBER 2012

THERAPEUTIC INTERCHANGES

MEDICATION—GENERIC/BRAND NAME

Combivent Respimat® Inhalation Aerosol (Ipratropium/Albuterol)

Combivent Respimat® 1 inhalation 4 x day ▶ Combivent MDI® 2 inhalations 4x day daily

Nisoldipine (Revised)

• Generic nisoldipine 10 mg/Sular 8.5 mg ▶ Amlodipine 2.5 mg
• Generic nisoldipine 20 mg/Sular 17 mg ▶ Amlodipine 5 mg
• Generic nisoldipine 40 mg/Sular 34 mg ▶ Amlodipine 10 mg

Waist circumference: The tale of the tape

We know that obesity puts us at risk for heart disease, stroke, type 2 diabetes and other illnesses.

But did you know your waist circumference is a number that is just as important as your weight in determining your risk?

Body mass index (BMI) simply determines the ratio of our weight in relation to our height. But waist circumference tells us where fat is stored. And if you store fat around your middle, your odds of suffering from heart and vascular disease, diabetes, sudden death and some types of cancer are greater than if you tend to carry weight on your hips, buttocks and thighs.

Belly fat, also known as visceral fat, can be a warning sign of metabolic syndrome, a group of health problems such as hypertension, elevated blood sugar and triglycerides, as well as low levels of HDL, also known as good cholesterol. In women, excess weight around the midsection has been associated with gallbladder problems and breast cancer.

In fact, it's possible to have a BMI within the normal range and still be at risk due to a large waist circumference.

So, what is a healthy waistline? No matter how tall you are, a circumference of more than 40 inches for men and 35 inches for women is considered high risk, according to the U.S. Department of Health and Human Services. For Asians, the guidelines are 35 inches for men and 31 inches for women.



Of course, getting an accurate measurement is essential. You can measure yourself or ask a friend or fitness instructor to help. Here is how:

- Take a tape measure and bring it around your natural waist, just above your belly button.
- Breathe in and exhale. (Don't hold your breath.)
- Measure, with the tape parallel to the floor. Make certain the tape is snug, but not pressing into your skin.

Don't like the number you see? Look for helpful tips on managing your weight on the wellness website. Celebrate Healthy Weight Week, starting Jan. 20, by committing to lifestyle changes that will help you to lose weight and trim your waistline.

Typically, abdominal fat comes off readily if you cut back on calories and ramp up on exercise. You can measure the results! ●

IN MEMORIAM

Edwin L. Granite, D.M.D.

(d. Dec. 2, 2012)

Edwin L. Granite, D.M.D., who retired Sept. 30, 2012 as Christiana Care Health System's chairman of the Department of Oral and Maxillofacial Surgery and Hospital Dentistry, chief of Oral and Maxillofacial Surgery, and program director of the Oral and Maxillofacial Surgery Residency Program, was a beloved family man, distinguished surgeon and teacher, and someone who was loved by all who knew him. He had a warm smile and kind word for everyone. His appetite for adventure was well known and fed by his lifelong

love of travel and scuba diving. His charitable services were many. Christiana Care colleagues and friends will continue to miss his warmth and ready smile for years to come.

Edward R. Rankin, Jr.

(d. December 24, 2012)

Known by his family and friends as "Ed," Edward was a senior application analyst in the Information Technology Department for 16 years. He was dedicated to his work and to his family and friends. Ed was a caring individual and he had two rescue dogs. Ed's wife, Erin M. Strohmaier Rankin, works for Visiting Nurse Association.

Wanda Benson

(d. January 3, 2013)

Wanda Benson was a dedicated staff member of the Optometry Department at the HealthCare Center at Christiana. Her work friends say that she will be missed by them and by the patients she served. Wanda was a great team member and we were fortunate to share part of our lives with her. ●

If you know of a staff member who should be recognized in In Memoriam, please contact Tim Rodden, director of Pastoral Services, at 733-1227.



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Christiana Care welcomes baby Ljubica as first childbirth of 2013



Milica Schiavio with her new baby Ljubica

If Milica and Federico Schiavio of Pennsylvania had known their daughter, Ljubica, would be the first baby born at Christiana Care in 2013, the news might have given them pause.

The Schiavios had planned to have their daughter at a local birthing center rather than at a hospital. Milica's long labor began 18 hours before midnight. She already was past her due date. The Birthing Center transferred Milica to Christiana Hospital where she could have a Cesarean section if necessary, and she and her doctor decided after a while that the surgical approach would be safest and best.

"The [hospital] experience they thought might not be a good one turned out very nicely for them," said OB Clinical Support Specialist Barbara Temple, RN.

"She and her family were very happy with the outcome."

Christiana Care Labor and Delivery nurses presented the family with a "First Baby of the New Year" gift basket — prepared by Parent Education staff — later New Year's Day. The gifts included a stuffed panda, hooded towel, some washcloths, booties, a knitted cap, a picture frame, two sleepers for Ljubica and a parents' basket donated by Brew Ha Ha.

Christiana Care Health System delivers more than 6,600 babies annually and is the only delivering hospital in Delaware with a Level 3 neonatal intensive care unit — the highest capability of intensive care for newborns. ●

