

J U L Y 2 0 1 3
VOLUME 24, NUMBER 7

*A publication of
Christiana Care Health System
External Affairs*

IN THIS ISSUE:

**4 CHRISTIANA CARE RANKED
AMONG TOP U.S. HOSPITALS >**

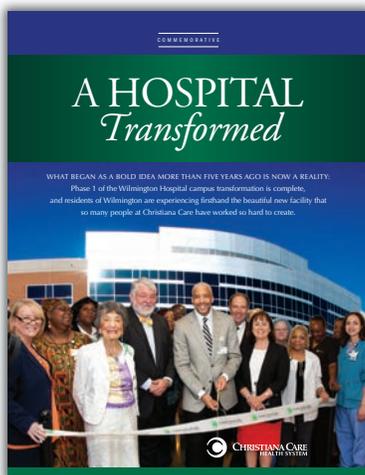
Ranked among top 3 percent overall
and top 50 for gynecology

**8 GRAHAM CANCER CENTER
AWARDED TOP RATING >**

Three stars and commendation by
American College of Surgeons

**26 WHEN A STROKE HAPPENS
AWAY FROM HOME >**

When illness interrupts their vacation,
family finds support in Delaware



SPECIAL INSERT INSIDE

**Look inside for a commemorative
special section celebrating the
opening of Wilmington Hospital's
Phase 1 expansion.**



Without health insurance after she was laid off from her job, and with multiple health problems that affected her mobility, Sharon Stokes was struggling to stay out of the hospital. Medical Home Without Walls helped her to take back control of her health.

Medical Home Without Walls gets patients back on their feet

For 21 years, Sharon Stokes was an executive secretary at a bank, with good medical benefits and ready access to health care.

But she was unable to find another full-time position after her employer downsized in 2007 and she lost both her job and her medical insurance. Her health declined, too, as she developed diabetes, hypertension and problems with her heart, gallbladder and feet.

By February 2013, Stokes had been hospitalized several times. Because the 61-year-old grandmother of four was unable to climb stairs, ambulance staff transported her each time to her daughter's third-floor apartment after she was discharged.

To help her break this painful, frustrating cycle, her doctor at Wilmington Hospital's Adult Medicine Practice, Joseph Deutsch, M.D., recommended her for Medical Home Without Walls, an innovative program that engages hospital "super users," the fewer than 10 percent of patients who account for more than 20 percent of visits to the hospital.

The goal of the program is to identify people who need extra help and connect them with a multidisciplinary team that coordinates their medical care, as well as psychological and social needs such as food, housing and transportation.

CONTINUED



Danny Wise is among the first “graduates” of Christiana Care’s Medical Home Without Walls program. He struggled to recover from a series of strokes after he lost his job, but with the help of social worker Tracy Pearson and advanced practice nurse Dana Cortese, he was able to find affordable sources of care and manage his blood pressure.

Since its launch at the end of 2012, the program has enrolled more than 50 patients in New Castle County who do not have health insurance. Some of them are homeless.

Stokes was not a super user. But with multiple health problems and a lack of mobility she was at risk of becoming one.

“Dr. Deutsch called me and said ‘we are going to make sure you get back on your feet,’” she said. “Then he sent me these beautiful women from Medical Home Without Walls.”

Stokes met with Diane Bohner, M.D., medical director of Patient and Family Centered Care and Resource Management at Christiana Care; Dana Cortese, an advanced-practice nurse; and Tracy Pearson, a social worker and health coach.

Together, they came up with a plan of action to keep Stokes healthy at home and out of the hospital, a strategy that would improve her quality of life and reduce her health care costs.

“They truly care about me,” Stokes said. “Never critical, never judgmental, always kind.”

Walking was at the top of her list of goals. The team referred her to a podiatrist, who treated arthritis in her feet, the first step to regaining her mobility. Pearson connected her with the Community Healthcare Access Program (CHAP), which helps uninsured people with primary care, tests and medications. She also located a program at ShopRite that enabled Stokes to get one of her prescriptions for free.

Each time the team met, Cortese would take Stokes’ blood pressure and make certain she was taking her medications properly. The team worked with her to establish personal goals that included losing weight and getting back to work. Pearson helped Stokes to restructure her resume to highlight accomplishments that will be attractive to a prospective employer.

Stokes became an active partner in her care, eager to learn more about ways she could improve her health.

“When we would arrive at her appointments, she was already there, waiting for us,” Pearson said.

Providing expert, compassionate care in ways patients value is The Christiana Care Way. Patients enrolled in Medical Home Without Walls receive help based on their individual needs, which might include a ride to a doctor’s office or a referral to a food bank or a shelter.

For 48-year-old Danny Wise of Wilmington, who spent three months in the hospital after suffering a series of strokes, the help he needed was largely financial.

“I had stopped taking my blood-pressure medicine after I lost my job,” he said.

The Medical Home Without Walls team helped him to contact various health care providers to ask for assistance in paying his medical bills through charity-care programs.

Pearson provided Wise with the information, but it was up to him to make the calls. She also helped him to apply for Medicaid, ensuring his access to medications and care.

After only four months, Stokes and Wise are among the first graduates of Medical Home Without Walls. Neither has been hospitalized since they started working with the team.

They have learned how to take responsibility for their own care. But Pearson calls them each Friday, just in case someone has a question or needs help.

“They said they would get me back on my feet, and they did,” Stokes said. “Now, when I visit my daughter, I can walk those three flights of stairs.” ●

How a system of care can make people's lives better

By Julie Silverstein, M.D., Medical Director, Wilmington Health Center



At the Wilmington Health Center, my colleagues and I have been working for about three years to create an innovative new model of care. The system is centered on a strong primary-care base, incorporating the principles of the Patient-Centered Medical Home with the integration and support of multi-specialty care. In a

way, this undertaking has been a perfect example of the second sentence of The Christiana Care Way:

“We do this by creating innovative, effective, affordable systems of care that our neighbors value.”

We don't expect our patients to give much thought to what constitutes a “system of care,” but we know they understand value. Value is what makes a difference to them, in their lives. Here's one example of how we changed the system and created value:

We reviewed the blood pressures of our current patients with hypertension and found that some were too high, despite being treated in the office. Maybe they had been in to see their doctor once but skipped their follow-up appointments. Maybe they never got their prescription filled. Maybe they left with instructions about what steps to take to reduce their risk for heart disease, but life got in the way, and their health dropped down the list of priorities.

Under the old model of care, a few of these patients might have shown up again in our practice, giving us another opportunity to engage them in better managing their hypertension. But many of them would have continued to develop more serious health problems, and we wouldn't know about it until they showed up in the Emergency Department.

So we tried something different: We identified these patients and assigned a nurse to contact them to recommend that they come in for lab work, or to see a doctor or clinical pharmacist. We weren't able to reach everyone, but over a period of six months, 27 percent of those at-risk patients improved their blood pressure and started managing their risk factors more effectively.

We redesigned the system, and it created value for our neighbors by improving their health. We're demonstrating similar success in helping patients with diabetes by having a diabetes educator teach them how to control their blood sugars, and we're bringing them back in to the office for care. These initiatives are just the beginning.

The Wilmington Health Center has historically been a group of practices that were co-located. Today, we're breaking down the barriers that separate us and creating a site of care that provides multiple types of care in a collaborative environment.

In many ways, the concept is simple: People like to come to one place for their care, and they like the idea that their doctors will cooperate and talk to each other. And as we learn to more effectively collaborate and communicate with each other as clinicians, we discover that it's easier to engage our patients and help them make informed decisions to better manage their own health.

Today, the Wilmington Health Center includes primary care for adults and children, women's health — including obstetrics and gynecology — general surgery, podiatry, dermatology, ophthalmology, orthopaedics, dentistry, oral and maxillofacial surgery, sports medicine and cardiology. Behavioral health and social work are integrated into all of these services. When the new medical office building opens next year, we plan to add pulmonology, rheumatology, endocrinology, neurology and psychiatry. All of these services will work together as expert, caring partners.

To make it all work, we're redefining processes and job descriptions, and we're fostering a team environment that provides enormous opportunity for learning among doctors, nurses and support staff.

If all of this sounds easy — it's not. It's challenging to unlearn old habits and experiment with new ways of working, especially in a busy clinical environment. But at the center of all of this activity is the patient. Like spokes that meet at the center of a wheel, when we focus ourselves on creating value and authentically partnering with our patients, it just feels right.

The redesign of the Wilmington Health Center has been an exciting opportunity to see up-close how innovation at a system level can have an impact on individual people. When we open the new facility in 2014, it will enable us to further live out our promise to be expert, caring partners in the health of our neighbors — The Christiana Care Way. ●



U.S. News & World Report ranks Christiana Care among America's 'Best Hospitals'

In its 2013 Best Hospitals edition, U.S. News & World Report places Christiana Care's Department of Obstetrics and Gynecology among the top 50 hospitals nationwide in the specialty of gynecology. Pictured in the OR are: Amy A. Hamlet, surgical technologist; Lindzey N. Jones, RN, CNOR; Neha Vora, M.D., OB-GYN resident; and Gretchen Makai, M.D., director of minimally-invasive gynecologic surgery for Christiana Care's Department of Obstetrics and Gynecology.

Christiana Care Health System has been ranked one of the nation's best hospitals by U.S. News & World Report.

In its annual Best Hospitals edition, the publication places Christiana Care's Department of Obstetrics and Gynecology among the top 50 hospitals nationwide in the specialty of Gynecology.

U.S. News ranks Christiana Care No. 1 in Delaware.

The publication evaluated nearly 5,000 hospitals, and Christiana Care was one of just 147 — or 3 percent — to make the list.

"Making the Best Hospitals ranking is a tribute to all our doctors, nurses and front-line staff who partner with our patients and their loved ones in their care," said Robert J. Laskowski, M.D., MBA, Christiana Care Health System president and CEO. "Through their dedication and compassion we are transforming care and providing greater quality and value to the patients we are privileged to serve."

The publication evaluates hospitals in 16 adult specialties. In most specialties, it ranks the nation's top 50 hospitals and recognizes other high-performing hospitals that provide care at nearly the level of their nationally ranked peers. U.S. News recognizes only about 15 percent of all hospitals for their high performance as among their region's best.

In the past five years, Christiana Care has received U.S. News Best Hospitals rankings in Ear, Nose and Throat, Endocrinology, Gastroenterology, Digestive and Respiratory Disorders, and Urology.

According to U.S. News, objective data stands behind the rankings in most specialties — survival rates, patient safety, volume of procedures, nursing care and other information. The publication also uses a reputation score from a national physician survey.

U.S. News publishes Best Hospitals to help guide patients who need a high level of care because they face particularly difficult surgery, a challenging condition or added risk because of other health problems or age.

To review the ratings, visit health.usnews.com/best-hospitals. U.S. News Best Hospitals 2014 guidebook is available in bookstores and on newsstands Aug. 27. ●

CHRISTIANA CARE RANKS AS A HIGH-PERFORMING HOSPITAL IN 11 SPECIALTIES:

- CANCER
- CARDIOLOGY & HEART SURGERY
- DIABETES & ENDOCRINOLOGY
- EAR, NOSE & THROAT
- GASTROENTEROLOGY & GI SURGERY
- GERIATRICS
- NEPHROLOGY
- NEUROLOGY & NEUROSURGERY
- ORTHOPAEDICS
- PULMONOLOGY
- UROLOGY

Heart-surgery program receives 4th consecutive three-star rating from Society of Thoracic Surgeons

For the fourth consecutive time, the heart-surgery program at Christiana Care Health System's Center for Heart & Vascular Health has received a three-star rating from the Society of Thoracic Surgeons — the highest possible score.

The Society of Thoracic Surgeons has developed a comprehensive rating system to evaluate the quality of cardiac surgery at hospitals across the country. Of the more than 1,000 participating sites nationwide, only about 15 percent of hospitals received the coveted three-star rating.

Medical professionals widely regard the rating as the gold standard by which to evaluate heart-surgery programs.

Analysis of data covering the period from January 2010 through December 2012 placed Christiana Care's performance for aortic-valve surgery in the Society of Thoracic Surgeons' highest quality tier.

"This Society of Thoracic Surgeons rating is a reliable indicator of a high-quality cardiac surgery team," said Timothy J. Gardner, M.D., medical director of the Center for Heart & Vascular Health and past national president of the American Heart Association. "The reporting of surgery outcomes by the Society of Thoracic Surgeons is very thorough and precise, and is based on biostatistical analyses conducted by those most knowledgeable to evaluate the quality of heart surgery. This favorable rating by the Society of Thoracic Surgeons reflects the continuing commitment of our entire cardiovascular team to serve our patients as caring partners in their health."

Christiana Care has a high-volume heart-surgery program. Data from the Society of Thoracic Surgeons shows that Christiana Care performs more than twice as many heart-surgery procedures as the national average.



Michael K. Banbury, M.D., FACS, the W. Samuel Carpenter III Distinguished Chair of Cardiovascular Surgery, leads a team of highly skilled and experienced heart surgeons at Christiana Care who perform approximately 600 open-heart procedures each year.

The Society of Thoracic Surgeons analyzes several key cardiac surgical data categories to determine which hospitals meet its stringent qualifications for the three-star ratings. This data includes avoidance of mortality, avoidance of major complications, use of arteries as bypass grafts and ensuring patients receive all appropriate medications pre- and post-operatively.

Founded in 1964, the Society of Thoracic Surgeons is a not-for-profit organization representing nearly 6,400 surgeons, researchers and allied health care professionals worldwide who are dedicated to ensuring the best possible outcomes for surgeries of the heart, lung and esophagus, as well as other surgical procedures within the chest. ●

Erin Grady, M.D., advises White House conference on importance of radioisotope availability for nuclear medicine

Erin Grady, M.D., a nuclear medicine physician at Christiana Care, played a key role in a White House conference on June 20 to explore ways to ensure a stable supply of the most commonly used radioisotope in nuclear medicine.

The radioisotope is Molybdenum-99 (Mo-99), the parent compound of Technetium 99m (Tc-99m), which is used in more than 20 million diagnostic nuclear medical procedures every year, half of which are bone scans. The other half is divided between kidney, heart and lung scans.

Dr. Grady, the only nuclear medicine physician at the conference, represented the Society of Nuclear Medicine and Molecular Imaging, where she chairs a subcommittee on third-party insurers.

Nuclear medicine is a specialty in which small amounts of radioactive materials, or tracers, are used to diagnose and treat a variety of diseases.

“The United States uses 50 percent of the world’s Mo-99, so making sure there is a domestic supply is very important,” said Dr. Grady, who plans to attend quarterly meetings in Washington, D.C. on the issue. “Shortages would have a negative impact on our ability to produce the diagnostic images we use to help patients every day. Since this agent is



Erin Grady, M.D.

used so often and offers such great resolution with our gamma camera technology, it would be difficult to diagnose without it.”

Currently, the U.S. does not produce any Mo-99. Much of the compound used in the U.S. comes from highly enriched uranium (HEU) from Canada. The Canadian reactor goes offline in 2016, so timing is an issue.

The White House has made the shift to low-enriched uranium (LEU) a priority because HEU can be used in nuclear weapons. LEU cannot be used in weapon-making.

The primary source of Mo-99 made with LEU is Australia, a 24-hour flight to the East Coast. Because the half-life of Mo-99 is only 67 hours, a significant portion of the substance is already gone by the time it arrives. Events that interrupt air traffic, such as the 9/11 terrorist attacks or a volcanic eruption in Iceland, shut down the supply to the U.S.

The Obama Administration supports U.S. production of Mo-99 using non-HEU materials to ensure a steady supply of the radioisotope.

This is a complex topic that also involves how patients and providers will be reimbursed. Currently, the Centers for Medicare & Medicaid Services (CMS) offer an additional \$10 reimbursement for the radioisotope made with LEU. But many third-party insurers do not yet have policies in place.

Other attendees at the conference included representatives from the White House, Department of State, National Nuclear Security Administration, Nuclear Regulatory Commission, the Office of Science and Technology Policy, the Food & Drug Administration, CMS, current industry representatives and individuals from start-up companies who want to build LEU reactors in the U.S. ●



Reading: It helps the medicine go down!

The Junior Board of Christiana Care’s gift of books to the Pediatrics Practice at Wilmington Health Center will help children to enjoy their well visits and develop good health habits for life.

Shirley Klein, M.D., medical director of the Pediatrics Program, joined by the Junior Board board of directors, presents Lenay Lones and her baby Hayden Scott with a copy of “Smile” by Roberta Grobel Intrater. ●



Hung Dam, M.D., associate medical director of Nuclear Medicine, Erin C. Grady, M.D., and Timothy Manzone, M.D., chief of Nuclear Medicine, discuss advantages of new cardiac PET scanning capability at Christiana Care's Center for Heart & Vascular Health.

New cardiac PET scans offer multiple advantages for coronary artery disease diagnosis

Christiana Care's Section of Nuclear Medicine and Cardiovascular Laboratory are introducing stress myocardial perfusion PET scans, a technology that produces high-quality images that will make it easier to diagnose coronary-artery disease.

The program is initially focusing on patients who are obese or women who have large breasts, conditions that make it difficult to achieve accurate results with traditional stress tests, said Anthony Gialloreto, MSHCA, CNMT, RT-N, director, Non-Invasive Services.

"We expect this technology will be a great help with these more difficult diagnoses because the resolution of the images is so much clearer," he said.

Cardiac PET — which stands for positron emission tomography — offers significant advantages over a traditional stress myocardial perfusion scan using single photon emission computed tomography (SPECT). "They are more time-efficient and can be completed in about an hour, compared to approximately three to four hours for SPECT studies," said Hung Dam, M.D., associate medical director of Nuclear Medicine. "In addition, patients and the monitoring medical staff are exposed to less radiation from PET scans compared to SPECT tests."

Clinical studies have shown that cardiac PET scans are more accurate than SPECT tests. Patients receive ⁸²Rubidium chloride, a radioactive tracer that is injected into the bloodstream. A PET camera detects the tracer as it flows through cardiac vasculature to create high-quality pictures of the heart. ●

Graham Cancer Center earns reaccreditation with commendation from ACS Commission on Cancer



Christiana Care's Helen F. Graham Cancer Center received three-year reaccreditation with commendation from the Commission on Cancer of the American College of Surgeons in June.

To earn voluntary accreditation, a cancer program must meet or exceed 34 Commission on Cancer quality-care standards, be evaluated every three years through a survey process and maintain levels of excellence in the delivery of comprehensive patient-centered care.

Three-year accreditation with commendation is only awarded to facilities that exceed standard requirements at the time of the survey. Christiana Care has received Commission on Cancer accreditation since 1951.

"Accreditation with commendation from the Commission on Cancer validates the dedication of our physicians and staff who provide exceptional care, serving our patients as expert, caring partners in their health," said Nicholas J. Petrelli, M.D., Bank of America endowed medical director. "We are constantly striving to improve the care we give and deliver greater value. Our goal is to exceed the quality standards."

The performance report for the Graham Cancer Center cites its "great engagement of the community [with a] a number of useful prevention and early-detection programs." One example has been the Graham Cancer Center's partnership with other hospitals, the provider community and state agencies to eliminate the racial disparity in colon cancer between African-Americans and whites in Delaware. The findings, published in the April issue of the *Journal of Clinical Oncology*, show that the percentage of advanced cases of colon cancer diagnosed among African-Americans declined from 79 percent to 40 percent, and overall incidence rates declined from 67 percent in 2002 to 45 percent in 2009, thanks to early colonoscopy screening.

The Commission on Cancer also praises the Graham Cancer Center for "research accruals that exceed all expectations." The patient enrollment rate into clinical trials at the Graham Cancer Center is 24 percent, six times the national average of 4 percent.

Receiving care at a Commission on Cancer accredited cancer program ensures patients receive:

- Quality care close to home.
- Comprehensive care including prevention, early diagnosis and a full range of state-of-the-art services and equipment.
- A multidisciplinary, team approach to coordinate the best cancer-treatment options available and improve patient care.
- Access to cancer-related information and education, and to patient-centered services such as navigation and psychosocial distress screening.
- Options for genetic assessment and counseling, and palliative-care services.
- Ongoing monitoring and improvement of care and assessment of treatment planning based on evidence-based national treatment guidelines, and information about clinical trials and new treatment options.
- Follow-up care at the completion of treatment, including rehabilitation and a survivorship care plan.
- A cancer registry that collects data on cancer type, stage and treatment results and offers lifelong patient follow-up.

One of the most technologically advanced and largest cancer programs on the East Coast, the Graham Cancer Center is among the original National Cancer Institute Community Cancer Center Program sites. Graham Cancer Center specialists provided care for more than 195,000 patient visits last year. ●



"Accreditation with commendation from the Commission on Cancer validates the dedication of our physicians and staff who provide exceptional care."

— Nicholas J. Petrelli, M.D.

Cancer researchers win multiple awards at DHSA annual symposium



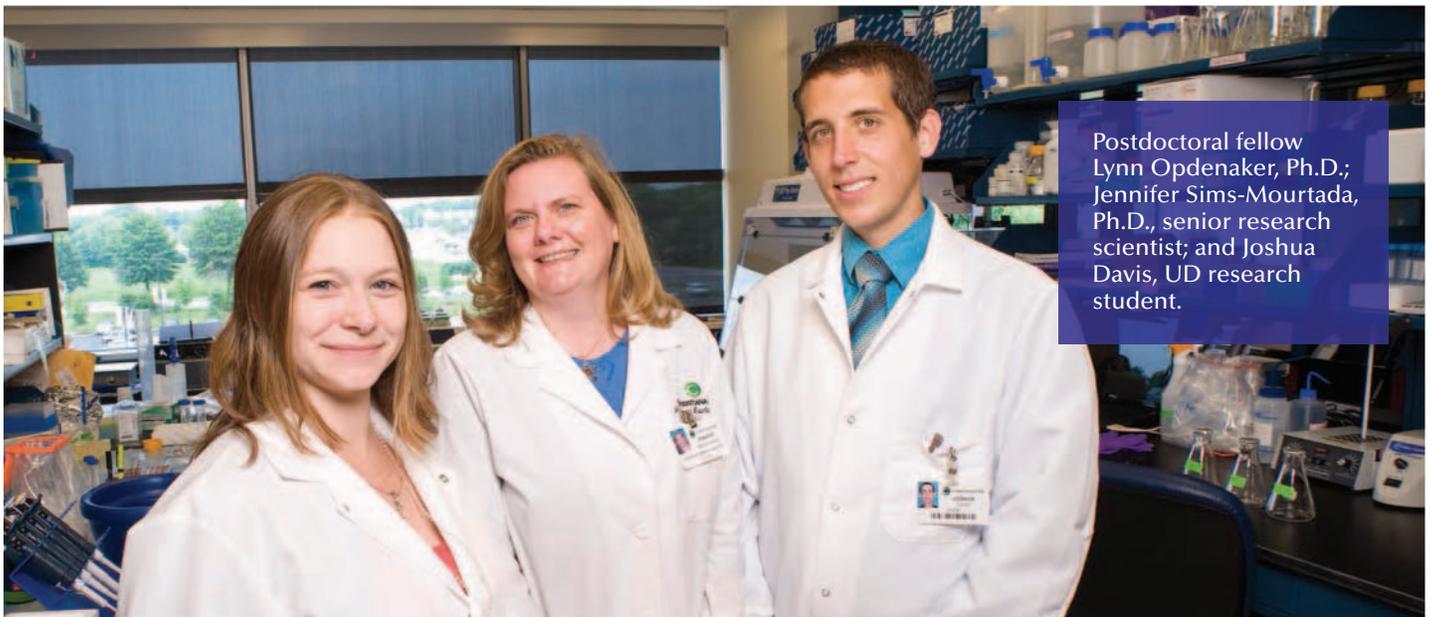
Cancer researchers Vignesh Viswanathan; Shirin Modarai, Ph.D., and Bruce Boman, M.D., director of Cancer Genetics and Stem Cell Biology at the CTCR at the Helen F. Graham Cancer.

Two posters tied for first place at the Delaware Health Sciences Alliance 5th Annual Research Symposium.

“Sonic Hedgehog (SHH) Protects Prostate Cancer Cells From Bone Marrow Stromal Cell Induced Death” was submitted by: Joshua Davis of the University of Delaware, a research student at the Center for Translational Cancer Research at Helen F. Graham Cancer Center; Davis’s supervisor Jennifer Sims-Mourtada, Ph.D., CTCR-Helen F. Graham Cancer Center senior research scientist; and Lynn Opdenaker, Ph.D., CTCR post-doctoral fellow and lab manager at the Helen F. Graham Cancer Center.

“Dysregulation of Neuroendocrine Factors Contributes to Stem Cell Overpopulation in Colon Carcinomas” was submitted by Shirin Modarai, Ph.D., a UD graduate student researcher supervised by Bruce M. Boman, M.D., Ph.D., M.S.P.H., FACP, director of Cancer Genetics and Stem Cell Biology at the CTCR at the Helen F. Graham Cancer.

Vignesh Viswanathan, also a UD graduate student researcher at the CTCR supervised by Dr. Boman, won the third-place poster award for “MicroRNA-23b Contributes to Stem Cell Overpopulation in Colon Carcinomas.” ●



Postdoctoral fellow Lynn Opdenaker, Ph.D.; Jennifer Sims-Mourtada, Ph.D., senior research scientist; and Joshua Davis, UD research student.



OR-LYMPIC WINNERS AND LEADERSHIP

Front row: Amanda Waters, BSN, RN (silver); Ashley Emerson, RN, CNOR (gold); Beth Lawson, BSN, RN, CNOR (bronze); Tom Zeidman, RN, NM, CNOR.

Back row: Gary Ferguson, Christiana Care chief operating officer and executive vice president; Tom Haley, SpecialtyCare video tech; Christine Hopkins, BSN, RN III, CNOR; Denise Root, BSN, RN; Hector Feliciano, ST; Julie Dzielak, RN; and Judy Townsley, MSN, RN, CPAN, vice president, Perioperative Services.

WOR EDUCATION AND EVIDENCE-BASED PRACTICE COUNCIL MEMBERS AND LEADERSHIP

Judy Townsley, MSN, RN, CPAN, vice president, Perioperative Services; Sam Cruz, RN; Jim Bilsak, RN; Pamela Boyd, BSN, RN III, CNOR (co-chair); Stephanie Talbot, BSN, RN; Denny Quinones, ST-C; Cherie Crumpler, BSN, RN III, CNOR (chair); and Tom Zeidman, RN, NM, CNOR.



Perioperative staff sharpen skills with friendly competition in 'OR-lympics'

The Wilmington Hospital OR Education Council occasionally takes a playful approach to learning, using creative games in in-services such as Back-to-Basics Jeopardy and 15 Minutes of Fame.

"These educational activities give our staff opportunities to build their cognitive, affective and psychomotor learning domains to enhance professional growth and development," said Cherie L. Crumpler, BSN, RN III, CNOR, council chair.

The latest inservice, OR-lympics, helps the team to step out of their specialty areas and reacquaint themselves with equipment and instrumentation that they might not use daily. "The goal of OR-lympics is to increase efficiency and effectiveness through knowledge of surgical equipment and instrumentation, allowing for an increase in self-confidence and staff satisfaction, resulting in safer patient care," she said.

Taking place during two Wednesday staff meetings, the OR-lympics tested intraoperative staff skills among competing surgical services on the use of various tools. Competing staffers from orthopaedics, general surgery, plastic surgery, gynecology, ENT and oral and maxillofacial surgery didn't know which skills they would need to use until the games began. They were given up to two minutes to complete tasks that included a scavenger hunt, assembly of equipment and instrumentation, and a fill-in-the-blank anatomy diagram.

Cumulative results decided the winners in eight categories. The overall winners were Ashley Emerson, RN, CNOR, (gold); Amanda Waters, BSN, RN, (silver); and Beth Lawson, BSN, RN, CNOR, (bronze). ●

Highlights of the Delaware Academy of Family Physicians Annual Scientific Assembly

The Delaware Academy of Family Physicians' (DAFP) signature event of the year — the Annual Scientific Assembly and Awards Dinner Dance — took place June 8 at the John H. Ammon Medical Education Center and the Christiana Hilton.

AWARDS

The two events offered a full day of learning and celebration. Awards and honors bestowed on Christiana Care colleagues included:

- Margot Savoy, M.D., MPH, FAAFP, CPE, 2013 Teacher of the Year.
- Christiana Care Department of Family and Community and Medicine received the Friend of the DAFP award for service and commitment to family medicine in Delaware.

NEW OFFICERS

Dr. Savoy was inaugurated as academy president.

Erin Kavanaugh, M.D., Lindsay Ashkenase, M.D., Omar Khan, M.D., MHS, and Heather Bittner-Fagan, M.D., were installed as officers and board of directors members.



The Dene T. Walters, M.D., Family Medicine Education and Academic Scholarship Fund, in honor of the founder of family medicine at Christiana Care, was announced at the event, with Dr. Walters in attendance. Flanking Dr. Walters are Michael Rosenthal, M.D., Christiana Care Health System Chair of Family Medicine, and David Bercaw, M.D., Family Medicine Department vice chair, Clinical Quality.

POSTERS AND PRESENTATIONS

All six posters submitted for the scientific assembly were produced by Christiana Care physicians and allied health colleagues.

Marielena Vélez, M.D., Joanelle Bailey, BS, Chesney Fowler, M.D., Kathy Linarducci BS, MLS (ASCP), Chris Pendergast M.D., and Barbara Szewczyk, MSN, RN, COS-C, submitted the winning poster. Titled "Better Discussions, Fewer Delays," it addressed delays in discharge beyond medical

necessity and ways to reduce the incidence of discharge delays among patients on the Acute Care of the Elderly (ACE) unit.

Two Family Medicine Residency Program physicians, Jiadi Cook, M.D., and Lauren Foy, D.O., presented a primary-care update on HIV care.

Susan Pugliese, D.D.S., General Dentistry Residency Program director, gave a lecture titled "Dental Health Across the Lifespan." ●

Young jewelry makers support Graham Cancer Center

Sixth-grade students from Avon Grove Intermediate School in West Grove, Pa., raised more than \$280 for the Helen F. Graham Center by making and selling jewelry. One Avon Grove student's personal experience with a family member having cancer motivated the project. This is the second year that they raised money at the school. The students worked all year during their lunch breaks to make jewelry and sold it on their own time. ●





Diabetes resource nurses help patients to take control of their health



By educating patients and connecting them with the support they need, diabetes resource nurses are reducing readmission rates and helping patients to manage their disease.

The program is a reflection of The Christiana Care Way, providing expert care in ways that patients value. It also is emblematic of the dynamic nursing initiatives that have helped Christiana Care to earn Magnet status.

“Magnet requires the description and demonstration of the structure and processes used by the organization to promote the teaching role of nurses with examples related to patients and staff members,” says Michelle L. Collins MSN, RN-BC, ACNS-BC, manager, Nursing Professional Development & Education. “The Diabetes Resource Nurse Program is a true reflection of the importance Christiana Care places on educating patients and their families so that they are able to be active participants in improving their health.”

This comprehensive program addresses patients’ social issues, as well as their medical issues. Diabetes is an expensive disease to manage, and many patients grapple with financial challenges that make it difficult, says Amanda McGrady, RN, a diabetes resource nurse on a medical-surgical floor at Christiana Hospital.

Nurses provide patients with medication starter kits and a list of resources to help with the cost of supplies.

“If patients don’t feel confident about managing their diabetes, we can involve the family or connect them with other resources in the community,” she says. “Education is the key to keeping patients healthy at home so they can have the best quality of life possible.” ●

One of every five patients admitted to Christiana Care Health System has diabetes. Many of them don’t know they have the disease until they are diagnosed in the hospital. Having diabetes typically adds an extra day to a patient’s length-of-stay in the hospital.

Diabetes resource nurses are specially trained to work with patients one-on-one, educating them about medications, diet, exercise and community resources to support them in successfully managing their diabetes after they are discharged.

Their work has resulted in significant improvement in keeping patients healthy at home. Readmission rates for patients who have worked with the nurses have decreased 19 percent.

“Since the program began in 2010, the diabetes resource nurses at Christiana Care have implemented a consistent and compassionate approach to teaching patients,” says Lorraine Nowakowski-

Grier, MSN, APN-BC, CDE, diabetes nurse practitioner. “They are clinical leaders and collaborate with doctors to ensure that patients are referred for follow-up care.”

Nowakowski-Grier worked with Staff Development Specialist Amy Spencer, RN, MSN, who has diabetes, to design training workshops and tests for nurses, starting with one medical-surgical floor at Christiana Hospital.

“We soon realized it was worth expanding to other floors,” Spencer says.

Aliesha Rivera, RN, educates patients on a medical-surgical floor at Wilmington Hospital, many of whom are dealing with multiple health problems.

“We talk about the things that patients need to do every day to manage their disease, such as how to properly use and store insulin, and connecting with our Success With Diabetes education program,” she says. “We talk about diet, about what kinds of food they can eat at a barbecue this summer.”

Forensic nurse examiners program 'most sophisticated and advanced in the country'

An injured woman arrives at the Christiana Care Emergency Department and says she fell and hurt herself. But her injuries don't seem to be consistent with her story, and she's acting worried or frightened. Might she be a victim of domestic violence who is afraid to speak up?

Collecting evidence in the Emergency Department is the domain of the forensic nurse examiner (FNE). More than 100 nurses work in the Emergency Department and Trauma Center at Christiana Care, but only 19 are specially trained in the collection of forensic evidence.

"Christiana Care's forensics team of specially trained nurses gather and maintain the chain of evidence in cases of domestic violence, sexual assault and other traumas," said Anita Symonds, MS, RN, program coordinator.

Thanks to their diligence, many crimes are discovered, and sometimes accusations are proven to be false, Symonds said.

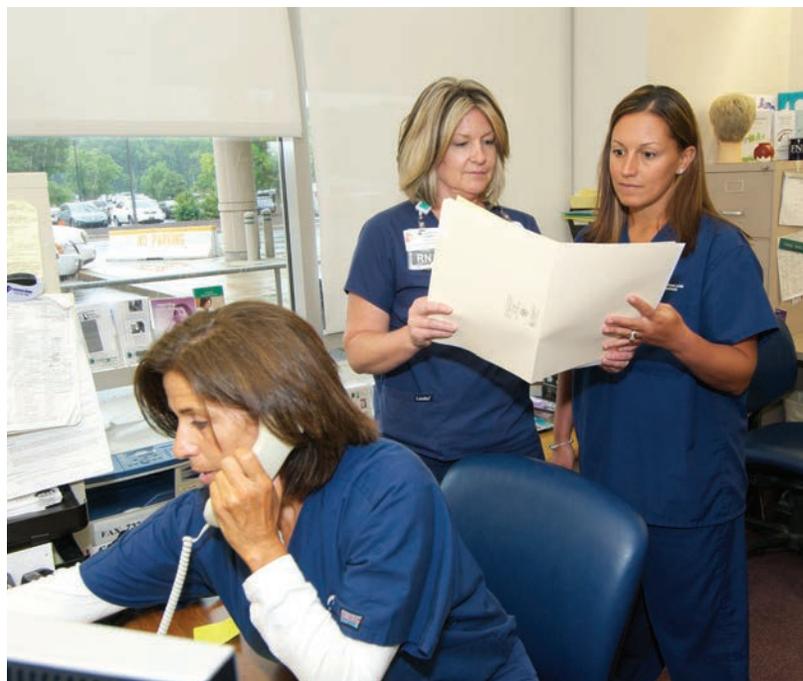
A forensic nurse examiner often can tell if an injury has been caused intentionally. For example, if someone shows up in the ED with a gunshot wound and says it was from a stray bullet, a forensic nurse examiner might first try to determine whether the wound was caused by a gunshot from a few inches away or from some greater distance.

FNE team member Kelly Green-O'Shaughnessy, RN, CEN, said when an assault case is identified or suspected, the forensic nurse works around the ED staff, gathering evidence, such as photos, documenting and charting injuries, swabbing for potential DNA and taking patients' medical history if they are able to speak.

Christiana Care's Forensic Nurse Examiners program is at the forefront of a national trend to equip emergency nurses with forensics skills. It has been called "the most sophisticated and advanced in the country" by William Smock, M.D., of Louisville, Ky., a nationally recognized expert in gunshot wounds. He commended Christiana Care for having a forensic nurse in the trauma center at all times. "That's a goal every trauma center in the country should aspire to," he said.

The Emergency Nurses Association will honor Christiana Care's Forensic Nurse Examiners team in September with its 2013 Team Award, to be presented in Nashville, Tenn.

Christiana Care's forensic nursing program started in 1996 as the SANE (Sexual Assault Nurse Examiners) team. Over the years, the team's focus expanded to include victims of domestic violence, child and elder abuse, traumas such as gunshots, stabbings and other major assaults, pedestrians struck by cars, and fire victims.



Forensic nurse examiners Erica Dempsey, RN III, and Christi Mench, RN, review a patient's chart at shift-change in Christiana Hospital Emergency Department. Pictured in foreground is Dee Loughheed, RN, FNE.

"Evidence collection is not normally part of nurse training," Symonds said. "And the science is changing all the time. We've had police and lawyers come in to train us."

Christiana Care's FNEs receive about 100 hours of hands-on training, along with mandatory education throughout the year and monthly meetings during which a nurse presents a report on new research to keep the team up-to-date.

A trained forensic nurse can gather and preserve evidence that might otherwise be lost during treatment or long hospital stays, said Dr. Smock, who has been to Christiana Care twice to train the FNE team in the forensic evaluation of gunshot wounds. "To be able to recognize and document injuries [and] evidence is a true benefit to your patients," he said. "When the perpetrator goes to court, you have the evidence documented in a manner that can be used in a legal proceeding and a forensic nurse who can testify."

Symonds said that testifying in court is an important part of the forensic nurse's job — benefiting crime victims and the community.

Dr. Smock credits the leadership of Symonds and FNE medical director Gordon Reed, M.D., for their "foresight and vision" in developing the program.

"I'm so proud of what you're doing," he said. "You really have the model for the country." ●

Better care, better health, lower costs, starting with employees

At a time of sweeping health care reform, Christiana Care Health System is committed to finding a better way to improve health outcomes by delivering high-quality, accessible care in ways that people value.

As the state's leader in health care, that dedication to excellence is reflected in how Christiana Care provides care for the system's nearly 11,000 employees and their dependents. That is why we are launching a new model of care based on quality and value with the goal of better care, better health and lower costs.

The new concept, under the name Christiana Care Quality Partners, is a clinically integrated network that brings together the hospitals, physicians and other health care providers to deliver services focused on quality, performance, efficiency and value to the patient.

"We believe we can achieve greater gains in quality, safety and increased value by designing care systems in more patient-centered and population-focused ways," said Alan Greenglass, M.D., CEO of Christiana Care Quality Partners. "Delivering expert care in ways patients value is The Christiana Care Way, and that starts with our employees."

Christiana Care is partnering with Geisinger Health Options, a not-for-profit health care organization, to develop the clinically integrated network. In addition to Christiana Care health care providers, the network will include community physicians who choose to participate.

Initiatives that help people to achieve and maintain good health also are important as the population ages. Currently, 22 percent of Christiana Care employees have chronic conditions, such as diabetes or high blood pressure. Of those employees, 30 percent have multiple chronic conditions.

"Christiana Care Quality Partners is designed to improve care while reducing or slowing the cost of providing care," said Chris Corbo, corporate director, Benefits and Wellness. "As we move from fee-for-service reimbursement models to new pay models based on performance and efficiency, clinically integrated networks enable health care providers to join together to enhance the health of our employees and our community."

The model launches July 1, 2014, in New Castle County only. Over the next year, employees will receive more information on the transition, starting with these frequently asked questions:

FREQUENTLY ASKED QUESTIONS

Why is Christiana Care creating Christiana Care Quality Partners?

Christiana Care is being proactive in taking on the challenges that come with reforms mandated by the Patient Protection and Affordable Care Act. With reform, there's an opportunity to harness technology and the knowledge physicians gain through collaboration and data analysis to create a clinically integrated network model that provides high-quality accessible care, while reducing or controlling the costs of delivering care.

What is a clinically integrated network?

A clinically integrated network brings together the hospital, physicians and other dedicated health care providers who deliver services focused on quality, performance, efficiency and value to the patient. Network providers develop and sustain clinical initiatives that enhance access to care, clinical quality, cost control and the patient experience.

What are the goals of Christiana Care Quality Partners?

Christiana Care Quality Partners has three goals:

- Enhance the patient experience of care (including quality, access and reliability).
- Improve the health of the population.
- Reduce (or control) the per capita cost of care.

What are the benefits of a clinically integrated network?

Patients gain access to high-quality, comprehensive, integrated health care services.

Physicians improve outcomes for their patients and receive financial rewards for positive clinical outcomes and achievements in controlling costs.

Hospitals gain an aligned group of physicians working to control costs and improve quality.



Christiana Care partners with Bright Horizons for child care services

In order to provide broader child care assistance to all employees, Christiana Care is partnering with Bright Horizons to offer priority access at four high-quality, conveniently located child care centers. Bright Horizons Christiana and Prides Crossing are located near the Stanton campus. Bright Horizons Concord Plaza and Dupont are located near the Wilmington campus.

Priority access to these centers means employees receive priority for space-available full- and part-time child care. All four centers meet nationally accredited standards by the National Association for the Education of Young Children, which means they operate at the highest child care standards.

Christiana Care employees additionally benefit by having their initial registration fee credited back after the first month of enrollment.

Hours of operation range from 6:30 a.m. to 6:30 p.m., depending on location, and all serve children from 6 weeks to 5 years old. School-age care is available at some locations. ●

To learn more about Bright Horizons, visit www.brighthorizons.com. For additional information, or to tour a center, contact the center directly:

BRIGHT HORIZONS AT CONCORD PLAZA

3515 Silverside Road #102, Wilmington, DE 19810 302-477-1023
Registration and enrollment available immediately

BRIGHT HORIZONS AT DUPONT

1401 Faulkland Road, Wilmington, DE 19805 302-633-1600
Registration and enrollment available immediately

BRIGHT HORIZONS AT CHRISTIANA

950 Samoset Drive, Newark, DE 19713 302-981-0319
Registration available immediately; enrollment starts Sept. 9.

BRIGHT HORIZONS AT PRIDES CROSSING

1089 Prides Crossing, Newark, DE 19713 302-368-2576
Registration available immediately; enrollment starts Sept. 9.

I don't live in Delaware. Will I be covered under this plan?

Yes, Christiana Care Quality Partners will contract with Geisinger Health Options to provide both regional and national coverage.

Will I be able to continue seeing my regular physician?

Yes, in the vast majority of cases. Community physicians are an important part of the network and have been invited to join.

Will my health plan change as a result of Christiana Care moving to the new model?

No. As in the past, Christiana Care will continue to design and offer a high-quality medical plan benefit for employees and their dependents.

Why is Christiana Care partnering with Geisinger Health Options?

Geisinger Health Options' commitment to providing expert, compassionate care in ways that patients value is consistent with The Christiana Care Way. Geisinger Health Options is available through Geisinger Indemnity Insurance Company, one of the insurance companies in the Geisinger Health System of Danville, Pa. The companies have provided outstanding, award-winning health care coverage for more than 25 years and now cover more than 400,000 members.

When will the new model go into effect?

The change is effective July 1, 2014.

What happens if I get sick or injured and I am outside of the area?

If you are outside of the network area and require medical attention, you can receive the same high quality care at the same cost through our regional and national network. ●

Study: Information systems in emergency departments pose potential threats to safety and quality of care

Some standard information systems in use in many of the nation's hospital emergency departments present potential — but preventable — threats to patient safety and quality of care, Christiana Care researchers report this month in the *Annals of Emergency Medicine*.

Communication failure, poor data display, wrong-order and wrong-patient errors, and alert fatigue are common pitfalls of these systems, which are designed to store and leverage electronic health records, according to lead author Heather L. Farley, M.D., FACEP, of Christiana Care's Department of Emergency Medicine. These risks can be mitigated or avoided altogether by following established best practices in emergency-department safety and performance improvement, the researchers conclude.

"The rush to capitalize on the huge federal investment of \$30 billion for the adoption of electronic medical records led to some unfortunate consequences, particularly in the unique emergency-department environment," said Dr. Farley, who also serves as medical director at Christiana Care's newly opened Middletown Emergency Department. "Some of those consequences are related to product design, while others are due to user behavior. However, when these systems are designed and used in the right way, they can improve coordination and quality of care, and protect patients from unintended harm."



Heather L. Farley, M.D., FACEP

Dr. Farley and colleagues present seven recommendations for addressing issues related to emergency-department information systems:

- Appointing a clinician champion to maintain and lead performance improvement in the emergency department.
- Creating a multidisciplinary performance-improvement group for emergency-department information systems.
- Establishing a review process to monitor ongoing patient-safety issues within emergency-department information systems.
- Responding in a timely manner to patient-safety concerns raised by the review of emergency-department information systems.

- Publicly disseminating the lessons learned from performance-improvement efforts.
- Promptly distributing product updates from vendors of emergency-department information systems to all users.
- Removing "hold harmless" and "learned intermediary" clauses from all vendor software contracts so that vendors share responsibility for patient safety.

Emergency-department information systems have been the focus of recent federal legislation, most notably the Health Information Technology for Economic and Clinical Health Act and the Affordable Care Act. Dr. Farley says the research team's recommendations should be paired with those issued by the Institute of Medicine in its 2011 report "Health IT and Patient Safety: Building Safer Systems for Better Care."

"The irreversible drive toward emergency-department information systems implementation should be accompanied by a constant focus on improvement and hazard prevention," Dr. Farley said. "Our paper and the Institute of Medicine paper create a framework for doing just that."

The study was funded in part by a grant from the American College of Emergency Physicians. ●

"The irreversible drive toward emergency department information systems implementation should be accompanied by a constant focus on improvement and hazard prevention."

—Heather L. Farley, M.D., FACEP

COMMEMORATIVE

A HOSPITAL *Transformed*

WHAT BEGAN AS A BOLD IDEA MORE THAN FIVE YEARS AGO IS NOW A REALITY:
Phase 1 of the Wilmington Hospital campus transformation is complete,
and residents of Wilmington are experiencing firsthand the beautiful new facility that
so many people at Christiana Care have worked so hard to create.



CHRISTIANA CARE
HEALTH SYSTEM

Staff and community celebrate Phase 1 opening of expanded Wilmington Hospital



Christiana Care President and CEO Robert J. Laskowski, M.D., MBA, with Carol A. Ammon, the benefactor responsible for the largest individual gift in Christiana Care's history for the Wilmington Transformation Project.

“Wilmington Hospital's expansion is all about Christiana Care's dedication to our neighbors and our community, and our commitment to providing a great place to work for our employees. This couldn't happen the way it did without the support and cooperation of all of you,” Executive Vice President and COO Gary Ferguson told attendees at the June 20 opening celebration in the Carol A. Ammon South Tower. “Together we've gone through the challenges of building a brand-new building, and the attitude that you all expressed as we've gone through this — and how upbeat and accommodating everyone has been has been — was just marvelous.”

A standing-room-only crowd of physicians, nurses, staff and volunteers gathered to celebrate and cut the ribbon signifying a new standard for excellence in health care in the city of Wilmington.

“This facility is a shining tribute to the Christiana Care Way,” said Chief Medical Officer Janice Nevin, M.D., MPH. She thanked staff for handling each new challenge with grace and a can-do attitude that often had her telling others, “I have a whole bunch of new best friends.”

One of Christiana Care's oldest friends expressed his congratulations to the Christiana Care team. In a letter read by Dr. Nevin, Vice President Joe Biden said, “For over 125



Janice Nevin, M.D., MPH



Gary Ferguson

“For over 125 years, the hospital and its dedicated staff have remained committed to providing a wide variety of expert medical services. Your compassionate spirit and your desire to help those who need it most remind us of what it truly means to be an American.”

—Vice President Joe Biden



Edmondo Robinson, M.D., MBA, FACP

years, the hospital and its dedicated staff have remained committed to providing a wide variety of expert medical services. Your compassionate spirit and your desire to help those who need it most remind us of what it truly means to be an American."

Transformation and 'Aesthetic of Healing'

To prepare for the next 125 years and beyond, participants in all aspects of the \$210 million expansion project focused on what Wilmington Hospital Physician-in-Chief Edmondo Robinson, M.D., MBA, FACP, called "the programmatic transformation" that has been at the heart of Christiana Care's planning.

"This transformation has been going on for years now," Dr. Robinson said. "Now we are literally building around it. Patient- and family-centered care is one piece of that. Another is how we bring value to those we serve — how are we providing the best care and the best patient/family experience in a way that is efficient and financially sustainable. This new facility will help us continue to push the envelope on that."

The building itself, he added, demonstrates equal attention to the physical space and high quality of the services provided within it.

"It's part of a larger campus transformation. Much of that lies in the aesthetic," Dr. Robinson said. "It's an aesthetic
continued

Just a little over four years ago, we gathered to break ground for this monumental project, the transformation of our Christiana Care Wilmington campus. In redesigning and expanding this beloved landmark, we embraced a powerful opportunity to reaffirm our commitment to the city of Wilmington and its people, and to transform the care that we are privileged to provide our neighbors.



What you see today is a spectacular new facility, inside and out. This project has been an exercise in innovation and partnership. We now have better organized our services in a way that meets the needs of our patients and their families and delivers care that is truly of value to them.

The heroes of today's milestone in Christiana Care's history are the people: the physicians, nurses and support staff who have risen to every challenge and led the way with creativity, compassion and expertise. To all of you, for your unwavering commitment to The Christiana Care Way, thank you.

None of this would have been possible without the support of Christiana Care's board, who believed in our vision and supported our commitment to invest in Wilmington. And none of this would have been possible without the generosity of our donors and supporters, whose contributions to this project represent the largest amount of donations in Christiana Care's history.

Phase 1 of the Wilmington campus transformation is complete, but it is only the beginning. I look forward to working side-by-side with all of you as we continue this journey as expert, caring partners in the health of our neighbors.

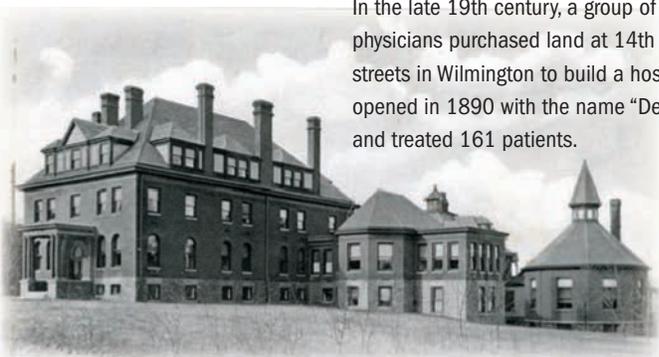
Sincerely,

Robert J. Laskowski, M.D., MBA
President & CEO

WILMINGTON HOSPITAL | *A Historic Timeline*

1890

In the late 19th century, a group of allopathic physicians purchased land at 14th and Washington streets in Wilmington to build a hospital. The facility opened in 1890 with the name "Delaware Hospital" and treated 161 patients.



1906

Delaware's first X-ray department opened at the hospital.



1910

Children's ward was established, and Delaware Hospital became a pioneering institution in neonatal care.



Charles Reese, M.D., FACEP

of healing — the color palette, the way the lines flow, the artwork. Its physical structure is designed to support and foster our ongoing transformation.”

The structure also features the latest technologies and advancements in medicine.

Its new Emergency Department, for example, restores Wilmington Hospital to the prominence it held among emergency-care providers when it was last upgraded more than 40 years ago.

“The new Emergency Department was designed to deliver what the new world of health care needs most — value,” said Charles Reese, M.D., FACEP, chairman of the Department of Emergency Medicine.

“It’s patient-centered. It means a great experience for the neighbors who entrust us with their care,” he said. “And the first part of that great experience is having an outstanding physical plant.”

Located on the first floor of the expansion, the Emergency Department has doubled in size and features state-of-the-science

treatment rooms designed to handle increasingly complex patient needs. Part of Delaware’s second-busiest emergency department (the busiest is Christiana Hospital), the new space will enable Wilmington Hospital to aid even more than the 54,000 emergency visits it has been receiving each year.

With that goal in mind, Dr. Reese explained, “the space was designed on Lean principles so we can be much more efficient.” For example, the physical proximity of triage, X-ray and a waiting area for patients awaiting test results is designed to maximize patient comfort and staff efficiency. “The result of this kind of thinking is a system that flows much more smoothly. Everything is easier for patients and staff,” he said.



State-of-the-science treatment rooms.



Yiwah Mark, Pharm.D., shows the outpatient pharmacy.



WILMINGTON HOSPITAL | *A Historic Timeline*



1924
Hospital added a fourth floor to the new wing for maternity patients.



1940
A patient facility containing 120 beds, five operating rooms and two delivery rooms opened.



1939
Delaware Hospital was treating 5,000 people annually.



The benefits to staff and patients appeared almost as soon as the new ED opened, added Susan Angeline, RN, MSN, CEN, nurse manager of the Wilmington Emergency Department. "You can gauge it by looking out in the waiting room. Our old space was always packed. That's no longer the case. We are definitely moving patients through the new, lean processes and getting them treated much sooner."

Much of that early success, she noted, is attributable to the great flexibility and dedication of ED staff members. "They easily transitioned from the old facility right into the new one and have been amazing at moving equipment and supplies, incorporating Lean principles and learning the new space — all while taking great care of our patients, of course. They have all done a wonderful job throughout this entire project."

The newly opened Emergency Department is only half its final size. When the final phase of the transformation project is complete in Spring 2014, the Wilmington ED will have doubled in size.

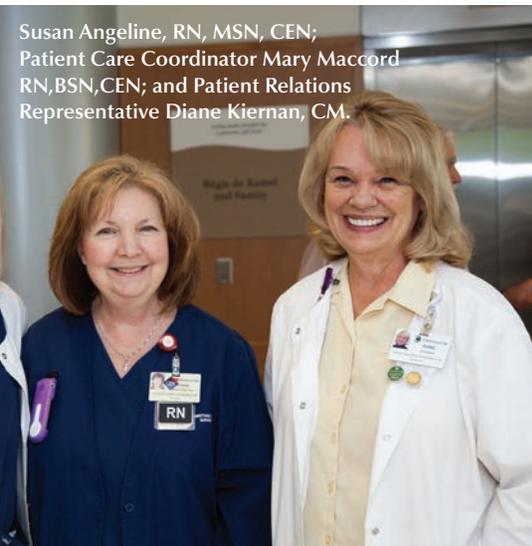
Sebastian Hamilton, Pharm.D., MBA, director of Outpatient Pharmacy Services, said his staff was thrilled to be involved in planning the expansion. "We wanted to seize the opportunity to make Pharmacy Services even better for the outpatient community," Hamilton said.

The new pharmacy incorporates the same welcoming aesthetics seen in the new building's concourse and corridors, and greatly expands the department's capacity to serve patients. Its location just off the spacious new main lobby was carefully planned.



Guest Services Supervisor Mary Locke welcomes visitors at the information desk in the new lobby.

"We wanted a location that gave every patient who visited the hospital the chance to visit us," he said. "This new space brings our service to a whole new level that we couldn't previously attain here, and we want to make sure it's available to and benefitting as many people as possible."



Sebastian Hamilton, Pharm.D., and Carolyn Stansbury.



1942

A third building opened for use as a nurses' residence for students in the hospital training programs.



1941

A second building opened in that contained wards and clinics.



General Division

1965

Delaware Hospital joined Memorial Hospital and Wilmington General Hospital to form a unified health system in which each hospital became a "division." Delaware Hospital became known as the Delaware Division of Wilmington Medical Center.

Participation, Then Endurance

That kind of input and energy fueled the planning throughout the entire project.

“It started with Dr. Laskowski’s vision of the project being transformational, not just a new building,” said Patrick Fugeman, director of Design and Construction. “From there it became an ongoing conversation among everyone with an interest in further serving our community — clinicians, hospital leaders, community organizations, the patients and families. We started with a big bucket of what could go in, then determined what should go in. The ultimate goal was to add real value to the city. The board of directors embraced that, and it’s been our mantra every step of the way.”

It took more than 1 million man-hours to construct Phase 1 of the expansion project.



Board of Directors Chair Gary M. Pfeiffer with Patrick Fugeman.



Escorts safely transported patients and visitors through the temporary concourse during construction.

WILMINGTON HOSPITAL | *A Historic Timeline*



1985

Delaware Division underwent a \$22 million renovation project and was renamed Wilmington Hospital.

1990's

The Medical Center of Delaware became Christiana Care Health System.



Early among those steps came plans and concepts incorporating the ideas of each group involved. Fugeman led a team of eight Christiana Care staff members — including Janice McMillen, whom he called one of the stars of the project — in turning those concepts into designs and designs into reality — all while managing 30 other Christiana Care construction projects.

The logistics alone, he said, were a “Herculean effort.” The expansion required 111 miles of metal studs (15 more miles than the length of Delaware), 622 miles of electrical wiring, 11 miles of sprinkler pipe, 960 cubic yards of concrete and 26,709 square feet of glass. Managing all of that required the talent of more than 2,350 people, who Fugeman said have contributed more than 1 million hours to the project.

One of the biggest challenges was minimizing the construction’s effect on the hospital’s operations.

“We had to keep the doors open while we were digging, blasting, hauling in materials, installing — everything,” he said. “And we did, because the Christiana Care staff has been amazing since day one. They handled each change cheerfully and professionally and never let our patient-first focus slip.”

Vigilant throughout the project, the Public Safety team ensured that staff and patients were kept safe and offered a helping hand through any confusion that might have been caused by the construction process. Led by 30-year Christiana Care veteran Bruce Blackburn, director of Public Safety, the team of nearly 40 uniformed constables, patient guides and valets

protected everyone entering and leaving the building (through an entrance that changed twice) while designing the technology and procedures to cover twice the space they’d previously managed and moving into their own new, highly visible location near the Emergency Department.

“Like the rest of the hospital personnel, our team endured a lot during the construction, because we could see the light at the end of the tunnel,” Blackburn said. “And now we have a magnificent structure that was really needed to enable us to expand to meet the needs of the population.”

Voice of the Patients

That population, meanwhile, was an active and important part of the project. Penny Seiple, vice president of Patient

continued



Patient and family advisers joined Christiana Care leaders and staff at the celebration. The Wilmington Hospital Patient & Family Advisory Council has been a key partner in the transformation of the campus.

2009

Christiana Care reaffirmed its commitment to Wilmington with the announcement of a \$210 million construction project.

FALL 2013

Expanded Center for Advanced Joint Replacement and Intensive and Intermediate Care Units are planned to open.

JUNE 2013

Phase 1 opens and the Carol A. Ammon South Tower is unveiled.

WINTER 2013

New surgical suites are planned to open.

2014

Wilmington Transformation will reach completion with The Blue Granite Café, Junior Board Healing Garden, a three-story atrium and a 51,000 square-foot, six-story medical office building. Wilmington Hospital Emergency Department will double in size. Innovative new Wilmington Hospital Health Center will incorporate the principles of the Patient Centered Medical Home with the integration and support of multi-specialty care.





Employees and volunteers gather in the new Carol A. Ammon South Tower for the opening celebration.

Care Services, said that shortly after the interdisciplinary team was assembled more than five years ago to begin the expansion, Christiana Care realized the importance of patients' and families' participation.

"Rae Burton, our first patient and family adviser, sat with that team and had a lot of things to say from her own personal experience," Seiple recalled. "We learned that we're experts in the science and medicine, but families are the experts on their loved ones. That's a whole different way of thinking and practicing. Patients need their families with them — however they define family — because that's their support network after they leave the hospital. So we threw away the visiting-hours signs, we started involving patients and family members in our rounds and bedside shift reports, and we made it a point to continue listening and incorporating their thoughts on how to make the experience better."

"The focus needs to be on that experience," added Margarita Rodriguez-Duffy, director of Visitor and Volunteer Services. "The people coming in our doors are in crisis or feeling a lot of stress. We want to make their experience the best it can be."

Rodriguez-Duffy leads a team of more than 300 volunteers and Christiana Care personnel at Wilmington Hospital. She said each of them is very proud of their new workspace and how it incorporates their important role.

"We've been involved since the beginning, making sure the new space would give our guests the very best first impression," she said. "Even during the construction, we had greeters in the lobbies answering questions and helping visitors. Now that Phase 1 has been completed, our staff, volunteers and Junior Board members are still the first people guests meet in our beautiful new lobby. Meanwhile, we are still getting e-mails from the entire team on how to keep improving."

At the employee celebration of the opening of Phase I, Michael Gervay, a member of the Patient and Family Advisory Council, called the relationship between employees and community members a true partnership.

"It gives me a great feeling to know that the employees are listening and taking to heart the input of the Advisory Council," Gervay said.

Fellow council member Phyllis Davis agreed, adding that Christiana Care staff clearly wants the community to feel comfortable coming to the new Wilmington Hospital.

"There's been a real excitement in the air," she said. "We knew the outcome was going to be worth it. This expansion will make people feel the health care industry is reaching out to them."

Just before the ribbon-cutting portion of the employee celebration, Dr. Nevin expanded on that thought, calling the project's success the story of the dedication of Christiana Care employees and their supporters:

"Through the vision of Dr. Laskowski, the tremendous courage and commitment of our board of directors, the generosity of our neighbors and the hard work of all of you, this facility is really equipped to honor our moral compact of service to our community, both now and in the future." ●



The opening celebration featured music by the First State School steel-drum band.

With new initiative, Hand Hygiene Task Force aims for zero hospital-acquired infections



Appropriate hand hygiene is second-nature for Erin Wintrup, RN (above), and Sara Hinkle, RN.



A new system of observation and accountability aims to make dramatic improvements in hand-washing throughout the hospital — a critical component of infection prevention.

Launched July 1, Christiana Care’s new Hand Hygiene Task Force has enlisted physicians, nurses and staff to work under the supervision of task-force value-improvement teams as hand-hygiene activity monitors. They are on every inpatient medical/surgical unit and ICU in the health system.

The need for a concerted effort now is two-fold, said task force co-chair Anand Panwalker, M.D. He believes the hand-washing rates are actually lower than what has been reported by the “secret shopper” program that was in place. “And although infection rates have been dropping at Christiana Care,” he said, “we think improving hand hygiene can decrease them even further. Our goal ... is to get to zero hospital-acquired infections.”

With the task force now in place, each unit has been asked to choose observers to conduct a minimum number of observations on each shift. Staff not assigned to a particular unit are being asked to volunteer as observers as they go about

their daily work. A similar program will roll out to outpatient and ancillary-care areas on the heels of the in-hospital task force.

“The challenge with hand hygiene is making individuals feel responsible and accountable,” said Christiana Care Infection Prevention Officer Marci L. Drees, M.D. “If I don’t wash my hands today and my patient gets an infection three days from now, I don’t have any way to know that the infection was a direct result of my actions. So we’re trying to increase the total number of observations and embed some accountability into the program.

“Even though it will still be just a small proportion of all the hand-hygiene opportunities that are observed, we really want to bring it to everyone’s attention so they will feel personally responsible if their unit or department has lower rates than they want to achieve.”

Infection Prevention staff is training observers and helping with implementation. Training is available via the Education Center.

Unit leadership teams, comprising an executive champion, unit medical director and nurse manager, will receive feedback on the rates of hand hygiene, contact isolation (use of gowns and gloves) and other activities. This data also will be shared with the value-improvement team and made available on the portals and monthly nursing dashboard. Hand-hygiene rates will be posted by unit and by discipline. ●

Achieving Competency Today graduates 15th class

This spring, the 15th class graduated from Achieving Competency Today (ACT), a 12-week, graduate-level course that improves the competencies of health care professionals in system-based practice, practice-based learning, improvement science, team skills and patient safety. The course fulfills multiple Accreditation Council on Graduate Medical Education requirements for resident physicians.

This most recent class included four teams and 32 participants, bringing the total number of graduates to 368 professionals,

including residents, nurses, allied-health professionals, pharmacists, advanced-practice nurses, attending physicians, physician assistants, social workers, case managers, registered dietitians and marketing-communications professionals.

Since the first course offering, ACT teams have developed 61 rapid-cycle tests with detailed project plans handed off to unit-based champions. More than half of these projects have gone on to create system-wide improvements with direct benefits to patients. ●



TEAM 1:

Putting the CAP on Antibiotics

This team's project focused on improving adherence to antibiotic duration guideline recommendations for community-acquired pneumonia. The combined efforts of the team members and the Internal Medicine teaching teams yielded a 25 percent improvement in documentation of antibiotic duration within 14 days.

Seated: Amy Chase, Pharm.D., Alain Bauza, M.D.; Jane Paulson, RN III. Standing: Carolyn Arnold, RN, BSN, Elizabeth Ferro, BS, Lauren Douglas, M.D., Kelly McGlaughlin, M.D., and Laura Bishop, MS. Not in photo: Joseph John, D.O.



TEAM 2:

Daily Labs: Draw What Matters

This team's action plan consisted of a formal assessment of the continued need for labs. On 5D at Christiana Hospital the charge nurses used a simple checklist developed by team members that emphasized the discussion of labs during morning rounds. Data collected for a five-day period showed a 4.6 percent reduction in lab tests ordered.

Front row: Robin Revell, RN; Calvin Williams, M.D.; Erica Dranko, Pharm.D. Back row: Lauren Tavani, PA-C; Marylou Dryer, M.D.; and Melanie Slack, M.D.



TEAM 4:

More than Just a Number.

This team focused on effective nurse-to-physician communication through increased use of the SBAR clinical web paging tool. In a two-week trial on 4 Medical, use of SBAR clinical web paging increased from 2 percent to 47 percent of web pages received by Family Medicine residents, improving the ability to triage calls and respond first to patients with higher acuity.

Front row: Foyinsayo Fasanmi, M.D.; Dan Connors, M.D.; Norman Miller, MSIS; Adaorah Okafor, D.O.; Back row: David Chen, M.D., MPH; Pujja Patel, Pharm.D.; Lauren Foy, D.O.; and Susan E. Culp, BSN, RN III, RNC-MNN.

**TEAM 3:****Join the MO2vement**

This team examined the inappropriate use of oxygen therapy, which is defined as giving oxygen therapy to patients who have no oxygen order. Following a rapid-cycle test of change, there was a 57 percent reduction in inappropriate use of oxygen within two weeks. The intervention took place on the 5A and 5B medical patient care units in Christina Hospital where a daily oxygen therapy discussion occurred during patient care rounds. Potential savings are estimated to be \$114,000 per year if this intervention is more broadly used.

Back row: Carol Abdill RN, BSN, CRNI; Giovanna Uzelac, M.D.; Yin J. Chen, M.D.; Adrian D. Hurst, D.O.; Matthew Bunker, PA-C. Front row: Christopher J. Johansen, MBA; Kara Gadomski, Pharm.D.; Amratash Malodiya, M.D.; and Virginia Galan-Herb, RN, CCRN.



Christiana Care ranks in top 100 hospitals for community leadership

Christiana Hospital has been recognized as one of the top 100 hospitals for community value in the nation by Cleverley + Associates as part of its "Community Value Leadership Awards."

Cleverley ranks the top 100 hospitals each year based on its Community Value Index (CVI), which considers financial viability and plant reinvestment, hospital cost and charge structure and quality performance.

Christiana Hospital also earned recognition as one of Cleverley's "Community Value Five-Star Hospitals" for 2010 for placing in the top 20 percent of all hospitals nationwide based on the CVI.

Cleverley + Associates is a Columbus, Ohio-based health care data and consulting services firm specializing in custom data analyses and reporting for health care providers, consultants and vendors. ●

Best practice review

APPROVED DISINFECTANTS

Q. WHAT IS DISINFECTION?

A. Disinfection is the process that eliminates many or all pathogenic microorganisms, except bacterial spores, on inanimate objects, using liquid chemicals or wet pasteurization.

Q. WHAT DISINFECTANTS ARE USED AT CHRISTIANA CARE?

A. Four approved disinfectants used at Christiana Care are PDI Wipes, Virex 256, Wexcide 128 and Dispatch. (Wexcide is used on the NICU and Labor & Delivery units only.)

Q. WHAT IS THE CONTACT TIME AFTER WIPING WITH A DISINFECTANT FOR IT TO BE EFFECTIVE?

A. The contact times needed for the disinfectants to be effective are:

- PDI Wipes (Purple Lid) – 2 minutes.
- Virex 256 – 10 minutes.
- Wexcide 128 – 10 minutes.
- Dispatch – 2 minutes; 5 minutes for C.diff.

Q. WHEN SHOULD DISINFECTION BE PERFORMED ON MEDICAL EQUIPMENT?

A. Disinfection should be performed after every patient contact.

If you have questions about this Best Practice Review, contact Leslie Freeman at 733-3581 or Carol Briody at 428-2851. Safety Hotline: dial 7233 (SAFE) from within the hospital or dial 623-7233 (SAFE). ●

Leadership appointments support The Christiana Care Way

New appointments to Christiana Care's leadership team were announced by Robert J. Laskowski, M.D., MBA, president and chief executive officer, in May. These appointments include:

ALAN S. GREENGLASS, M.D., is the new senior vice president and executive medical director of the Medical Group of Christiana Care. He is also the medical director and chief executive officer of Christiana Care Quality Partners.

ERIC I. SCHWARTZ, M.D., is the new medical director of the Medical Group of Christiana Care.

DOUGLAS P. AZAR, is the new corporate director of Network Management.

MICHAEL RHODES, M.D., FACS, FCCM, transitions from chair of Surgery to pursue his passion for creating value as a Value Institute senior consultant for advances in medicine.

GERARD J. FULDA, M.D., FACS, FCCM, FCCP, is the interim chair of Surgery.

SHARON L. ANDERSON, RN, BSN, MS, FACHE, is the new senior vice president of Quality, Patient Safety and Population Health Management.

MICHELE A. SCHIAVONI, APR, MS, is the new chief external affairs officer and senior vice president of External Affairs, Board and Trustee Relations.

MICHAEL N. MARCUS, M.D., is interim clinical chair of Psychiatry.

"This is an exciting and transformational time for Christiana Care," Dr. Laskowski said.

"As we continue to invest in creating a new, integrated, population-based care model in partnership with our community physicians, we need to ensure that our internal structure supports our transformation." ●

VNA nurse and PT named WISH Champions of the Year

Cheryl A. Alexander, RN, BC, and Cyd Barry, PT, are Christiana Care's 2013 WISH (We Improve Senior Health) Champions of the Year.

Alexander is the lead cardiac clinician/telemonitoring nurse at Christiana Care's Visiting Nurse Association, where she has worked for 13 years. She has been certified in geriatrics for more than six years. Barry, a Clinical 2 physical therapist, has worked for the VNA for 37 years. Both Alexander and Barry have been VNA WISH Champions since 2005.

Christiana Care's WISH program derives from a national initiative called NICHE (Nurses Improving Care for Health System Elders), developed by New York University's Division of Nursing and the Education Development Center for Health Care Practice. Last year, the NICHE program awarded Christiana Care "Exemplar" status, one of only eight hospitals in the U.S. to receive the designation for the care it provides the elderly. ●



Cyd Barry, PT, Denise L. Lyons, MSN, RN, WISH/NICHE Program coordinator, and Cheryl A. Alexander, RN, BC.



Mike Cinkala appointed director of Provider Relations

Michael E. Cinkala II has been promoted to director of Provider Relations for Christiana Care Quality Partners. He now works more closely with physicians to create a seamless, clinically integrated health network for the local community.

Cinkala has been the manager of Physician Relations since 2009. In his new, expanded role he will be pivotal in the development of Christiana Care Quality Partners, while continuing to provide leadership for Physician Relations.

The Christiana Care Quality Partners network includes employed Christiana Care clinicians as well as independent community physicians

who wish to participate. Networked physicians are working together to coordinate care and services and achieve improved population health, consistently better clinical outcomes, and a more highly valued health care system.

Cinkala joined Christiana Care in 2005 as an administrative resident under the direction of Chief Operating Officer Gary Ferguson.

He is a member of the American College of Healthcare Executives (ACHE) and the American Association of Physician Liaisons. He is a former recipient of the Delaware ACHE Regent's Early Career Healthcare Executive Award. ●



Michael E. Cinkala II

Quilters bring color and joy to patients and families

The Quilts for Comfort group presented a colorful quilt to a happy baby patient of the Med-Peds practice at Wilmington Hospital Health Center in May.

The group has donated many quilts to Christiana Care since forming in 2002, at the Helen F. Graham Cancer Center and other areas.

Quilts for Comfort members meet most Saturdays at quilting bees

throughout Delaware and neighboring areas, turning out textile masterpieces at an amazing pace.

The group thanked Linda Brennan-Jones, SW, for helping to coordinate the latest surprise gift, which brought several of the group members to the hospital to watch the fun. ●



Want to know more? Visit online at quiltsforcomfort.com

Shirley Klein, M.D.,
Tony Bianchetta, M.D.,
Carolyn Foster,
Sky DiNunzio and
Eve English of Quilts
for Comfort, John
Donnelly, M.D.,
Cathy Byrnes of Quilts
for Comfort, and
Julie Silverstein, M.D.



Publications

Michael L. Spear, M.D., MEdI, Daniel Elliot, M.D., Ursula Guillen, M.D., et al., "The Use of Role Play to Teach Interdisciplinary Communication Skills in Palliative Care," the Journal of Palliative Medicine, August.

Daniel A. Leung, M.D., program director of Vascular Interventional Radiology, was interviewed for an article titled "Study at SIR Shows Safety and Effectiveness of Stenting CTOs of Mesenteric Arteries," appearing in the April 14 edition of the online journal Endovascular Today.

Presentations

A poster, "Association Between Lack of Health Insurance and Risk of Death and ESRD: Results from the Kidney Early Evolution Program," submitted by **Claudine Jurkowitz, M.D., MPH**, director of operations, Christiana Care Center for Outcomes Research.

At the June 6-7 AAMC Integrating Quality: Improving Value and Educating for Quality Meeting in Rosemont, Ill., four presentations for the panel, Advances in Residency Education, Quality Improvement and Patient Safety:

- **Neil Jasani, M.D.**, vice president, Academic Affairs and **Carol Kerrigan Moore, MS, RN**, Office of Quality and Safety and the Value Institute Academy, "Integrating Quality

Improvement, Patient Safety, and Interprofessional Teamwork into Resident Education."

- **Marylou M. Dryer, M.D.**, Department of Medicine Quality and Safety Fellow, with coauthor **Robert Dressler, M.D.**, vice chairman, Department of Medicine, "Increasing Participation Through Education, Tiered Recognition and Closing the Feedback Loop."
- **Loretta Consiglio-Ward, MSN, RN**, Safety and Quality Education Specialist, with coauthors **Robert Dressler, M.D.**, and **Neil Jasani, M.D.**, "Leadership Development in Integrating Quality and Academic Training Programs."
- **E.J. Johnson, Ph.D.**, senior consultant, Operational Excellence, with coauthor **Surekha Bhamidipati, M.D.**, "Improving Bed Management by Utilizing Early Interdisciplinary Discharge Planning."

At the Society of Hospital Medicine 2013 Annual Conference in Washington, D.C.:

- **Heather Zinzella-Cox, M.D., Thomas A. Mathew, M.D., and Daniel L. DePietropaolo, M.D.**, presented "Palliative Care and You: A Triple Win for Hospitalists, Patients and Facilities."
- **Heather Zinzella-Cox, M.D., and Daniel L. DePietropaolo, M.D.**, presented "Best Practices in Transitions to Post Acute Care Facilities."

Appointments

Wendi Rader, RTRM(BS), section supervisor at the Christiana Breast Center, joins the Advisory Board for the Delaware Technical Community College associate's degree program in radiologic technology. Rader is a graduate of the program. The advisory board meets once a year in the fall to discuss program development, policy updates and improvements, curriculum refinements and opportunities for employment.

The Professional Advancement Council congratulates newly promoted RN IIIs **Elizabeth Dauphin (6B), Melissa Ivey (Christiana ED), John Sammon, Jr. (SCCC), Joyce Aboagye-Marfo (Wilmington Rehabilitation), and Erin Vaughan (Christiana ED).**

Awards

Babik Vakili, M.D., received a 2012 National Faculty Award from the American Congress of Obstetricians and Gynecologists.

Martha Czymmek, MS, RDN, CSO, LDN, Helen F. Graham Cancer Center, received the Delaware Dietetic Association's Outstanding Dietitian of the Year Award. ●

IN MEMORIAM

TONI M. HOWARD (d. June 14, 2013)

Toni Howard began her career at Christiana Care in 1988 in security. She then moved to a supervisory position in Operator Services. In 1995, Toni joined the telecommunications team. Known for her straight-shooting management style, quick wit and a great smile, Toni was able to work with any member of the organization and leave them knowing she genuinely cared and would handle whatever issue concerned them. Toni created a sound telecommunications vision for the organization that will serve Christiana Care into the future. She was a dedicated

colleague who lived and breathed Christiana Care core values. She was an inspiration to her team and will not be forgotten.

CHERRY WHISLER (d. July 3, 2013)

Cherryn Whisler was a dedicated staff member in perioperative services. She was a great team member with a cheery smile and we were fortunate to share part of our lives with her. We are deeply saddened for her family's loss. Cherryn will be greatly missed. ●

PowerChart and Brief Op Note training

The PowerChart 2013 upgrade and the Physician's Brief OP Note are coming in August. As part of these important initiatives, doctors, nurses and other providers begin training soon.

The PowerChart 2013 system upgrade will enhance intake and output (I&O), provide some medication reconciliation changes and improve the discharge process. The Brief OP Note is the first electronic document for physician documentation and allows surgeons and surgical PAs, if they desire, to use Dragon Voice Recognition software.

"Expect a cleaner, more sophisticated look and feel, as well as robust support in making the transition," said Terri Steinberg, M.D., chief medical information officer. More than 100 doctors and nurses provided input into ways to make PowerChart 2013 user friendly, she noted.

"Training for PowerChart 2013 began July 8 and runs through Aug. 15," said Kelly Marsh, application training and activation leader.

For nursing, 90-minute classroom sessions will be offered and are required for nurses in inpatient units, the Psychiatric unit, Rehab, the 4A Pediatric floor, Peri Op and HVIS. Class sign-up is available through the Education Center.

"We will offer classes on every shift, as well as some Saturday classes, at both hospitals," Marsh said.

Staff who only document I&O will be offered a brief online training module. That includes PCTs, PCT IIs, MHAs and Emergency Department RNs and ECTs. The training will be available in mid-July and accessible through the Education Center.

In addition, all physicians will be offered a web-based module to learn the new discharge process and features. This module will be accessible through the Medical-Dental Portal website and will be available in mid-July.

As part of the Physician Documentation Project, there will be training for Dragon Voice Recognition software. The first phase of this roll-out in August will be limited to the Brief Op Note for Surgeons and the Supervisory Note for ED doctors.

Dragon is designed to recognize the voice of the user, said Gerard Fulda, M.D., director, Surgical Critical Care. "You can even tell it the speaker's particular dialect, such as a Southern accent," Dr. Fulda said.

To help prepare for the launch of the Brief Op Note, a group of doctors will participate in rapid cycle testing for three weeks, said Susan McClafferty, project manager. Dragon will roll out to the rest of the facility in the upcoming months.



Instructor Pamela S. Eckstein briefs Jennifer Schucker, PA-C, and Kelly Eurich, PA-C, on the PowerChart 2013 system upgrade.

For Dragon training and account setup, as well as training on the Brief Op Note, surgeons and surgical PAs can participate in learning labs at various times of the day.

Sessions are at Wilmington and Christiana hospitals and generally take 60 to 90 minutes. Look for more information soon on specific dates and times.

Have a question? Contact Susan McClafferty (SMcClafferty@ChristianaCare.org) or Kelly Marsh (KMarsh@ChristianaCare.org). ●

Reaching out to the community with free skin cancer screenings



Rachel Neumoyer, NP, examines a spot on Michelle Havens' face at a Christiana Care free skin-screening event.

It was just a spot — a small, raised area that popped up above Michelle Havens' left eye. But it didn't go away. And it became irritated when she washed her face. Sometimes, it bled.

Havens decided to get it checked out at the Helen F. Graham Cancer Center's annual free skin cancer screening and awareness event.

"I had gotten several severe sunburns as a teenager, plus my mom had a precancerous growth removed from her face," said the 46-year-old Bear woman. "Even though I've worn sunblock for years, I knew I was at risk."

Since 1990, Christiana Care and the Academy of Dermatology have offered free screenings for skin cancer through the Melanoma Monday campaign to help people get diagnosed early, when the disease is highly curable. Patients also are educated on ways to prevent skin cancer.

This year, 185 people were screened at the event, held May 22–23 and staffed by volunteers from Christiana Care, the Delaware Diamond Chapter of the Oncology Nursing Society, Delaware Technical Community College students and the Delaware Chapter of the Academy of Dermatology. Promotion of the event included flyers at nail salons and communication to churches and employers such as JP Morgan Chase and the State of Delaware.

As attendees awaited their exams, Nora Katurakes, Community Health Outreach and Education manager, briefed them on what to expect.

"When you go into the room, you strip down to your undies, and then the dermatologist will come in and look at your skin," she explained. "If there's something that you are worried about, be sure to mention it to the doctor."

The outreach team also will follow up with people who need additional care

after screening to ensure they get the help they need.

"Do you have a dermatologist? Are you insured?" Katurakes asked. "These are things that we can help you with."

Skin cancer is the most common type of cancer. One in six Americans will develop some form of the disease during his or her lifetime. More than 2 million cases are diagnosed each year in the U.S. Delaware has the fifth-highest rate of melanoma. From 1995–1999 and 2005–2009 cases increased 64 percent, compared to the national average of 20 percent.

People with freckles, fair skin and red or blond hair are at increased risk. But people of African, Asian and Latin descent also can develop skin cancer.

Herminia Caceres, 68, was one of 19 people who attended from Los Abuelos, a senior program at the Latin American Community Center in Wilmington. Two Spanish language interpreters were at the event to ease communication.

"I was concerned because I have a discolored patch on my cheek," Caceres said. "I was very happy to learn that it wasn't anything to worry about."

Caceres, who comes from the Dominican Republic, also learned the importance of wearing sunscreen. That is a practice she planned to begin immediately after the event, starting with the sunscreen sample she received that night.

Ana Santos, 63, also from the Dominican Republic, recently had a mole removed from her face. No one in her family has been diagnosed with skin cancer, but a number of relatives have been treated for other forms of cancer.

CONTINUED P. 25

CONTINUED

"I am afraid because of my genetics, so I am getting checked," she said.

Caceres and Santos were reassured that they do not have skin cancer.

But the dermatologist who examined Havens agreed that the spot on her face could be a problem. She was referred for follow-up care.

"I am so glad I came to the screening," she said. "When screening is free and convenient, there's no reason to put things off." ●

Cure Violence visit lays groundwork for anti-violence initiative

In response to ongoing violence in the city of Wilmington, Christiana Care leaders want to go beyond simply caring for victims and perpetrators as they enter the Emergency Department. They want to use those encounters as a chance to intervene and potentially prevent future violence.

As part of this new effort to establish a community violence intervention program at Christiana Hospital, the trauma team invited representatives from Cure Violence — a community-based violence-prevention program in Chicago — to visit Christiana Hospital and meet with community groups.

The two-day tour included meetings with social workers, trauma nurses and physicians, and the hospital's Violence Prevention Committee, a sit-down with the Delaware Anti-Violence Task Force Coalition, a tour of Wilmington's

East Side neighborhood, and a viewing and discussion of "The People's Report," a documentary film produced by the Wilmington HOPE Commission that offers an inside look at violence in the city.

The Cure Violence representatives will use the information gathered during the tour to help assess Christiana Care's needs and offer suggestions for how to partner with community groups to launch an intervention program at the hospital. ●

Joan Pirrung, APRN-BC, Christiana Hospital Trauma Program manager, and trauma surgeon Sandra Medinilla, M.D., discuss violence prevention with Timothy White, a violence interrupter and National Community Technical Assistant Coordinator for Cure Violence, and Frank Perez, MA, national director of outreach services for Cure Violence.



When stroke interrupts a road trip, Connecticut family finds home away from home at Christiana Hospital

George and Gertrude Dingwell of Harwinton, Conn., have been making road trips with motorhomes since 1977. This March, they snuck away to Florida in their Winnebago.

But passing through Delaware on their way home, Gertrude had a stroke. The couple ended up having an unplanned, monthlong stay at Christiana Hospital.

From the time of Gertrude's arrival until her discharge in late May, Christiana Care provided electricity and water for the RV, which served as home for George and their poodle Tobias while Gertrude recovered. This year, Mother's Day fell on Gertrude's birthday, and four generations of their family gathered in her hospital room, bringing a banner and cards.

George is effusive about the respect and compassion the staff has shown, embodiments of The Christiana Care Way. A nurse, for example, took time to explain to him why they were going to give his wife a certain medication and how it might affect her. The same was true of every procedure the staff undertook.

One afternoon, Rick Gerard, a security constable, knocked on the door of the RV and asked George if he'd like to join him and his family for a home-cooked meal. George was happy to oblige. They spent four hours sharing good food and conversation.

"It just made an adverse situation of my wife's health into a more tolerable situation for me," George said.

Diane C. Bohner, M.D., FACP, medical director of Patient and Family Centered Care and Resource Management at Christiana Care, called the staff's flurry of assistance "extraordinary."

"And," she added, "it is exactly what you would want to have done if it was your family member. The Christiana Care Way is not only taking care of the patient, but also taking care of the patient's family. And they treated him, even though he was from Connecticut, like one of their neighbors. They figured a creative way to assist him while he and his wife were going through this particular traumatic period of their life. They did what they thought they needed to do for him without having a second thought about it."

Teresa Celano, assistant to Christiana Care Chief Operating Officer Gary Ferguson, got involved when two members of the X-ray staff asked for the administration's help. Celano provided meal vouchers and ensured that public safety and maintenance staff were aware of the RV so they could share their water supply.



George Dingwell (second from right) thanks Melvin Land III, Christiana Hospital campus shuttle driver, Jill D. Aaron, radiologic technologist, and Melissa Marte, radiology clerk, for being outstanding partners in care.

"When something like this happens," Celano said, "it is difficult enough, but when you are hundreds of miles from home with no family support, it can be overwhelming."

On Gertrude's birthday, Chanel Eddy, RN, the charge nurse, ordered a birthday cake. Gertrude wasn't able to eat cake — she had been without solid food for 24 days — but Eddy gave her icing "so she could have a little taste of sweetness."

During Gertrude's fourth week of recovery, she began eating soft foods. Soon thereafter, doctors removed her tracheostomy tube. Five weeks after the Dingwells made their unscheduled stop, Gertrude no longer needed a feeding tube.

Meanwhile, she reached milestones essential to returning to her usual way of life, such as walking up and down stairs.

Jill D. Aaron, a radiologic technologist, said that even on days when Gertrude's condition was touch-and-go, her husband would be walking the hallways, smiling, asking staffers how they were doing.

Though the Dingwells aren't sure when they'll embark on their next road trip, they intend to stop at Christiana Care when they pass through Delaware.

"I came into town a stranger, passing through," he said. "I have met so many people here that when I leave, I feel like I'm going to leave a lot of friends behind." ●

Reduce stress by learning to say no

The word “no” is only two letters long. Yet for many of us it is the most difficult word to say in the English language.

Have you ever found yourself saying yes when you really want to say no? Sometimes, we agree because we don’t want to disappoint the person who is asking. We want to appear helpful. Or we give in to avoid conflict, like a parent who appeases a toddler throwing a temper tantrum.

Saying yes when you want to say no often creates stress. We struggle to cram more tasks into our schedule. We give up activities we enjoy. We start to resent the people we say yes to — and we get upset with ourselves.

The truth is we can avoid that stress by learning to say no to requests we don’t have time for, aren’t capable of completing or find offensive. Like any new behavior, it takes a bit of practice. But once you get the hang of it you will be surprised at how effective setting healthy boundaries can be in reducing your stress level.

First and foremost, remember to show respect when you say no. That means respect for the other person and respect for yourself.

Here are a few other helpful tips:

Phrase statements with “I” instead of “you” to avoid placing blame. For example, say “I am unable to water your plants this weekend” and not “you should have asked me earlier.”

Let the person who is asking know that saying no is nothing personal. Say you have another commitment the day of the bake sale. Or that it’s your policy not to lend money to friends. You do not have to be specific or go into further detail.

Don’t avoid the situation hoping it will go away. Just say “no thanks” — “no,” because you mean no and “thanks” because it is respectful.

There are lots of times in which you can’t say yes today, but would like to keep the door open in the future. That’s OK, too. Say “I can’t give you a ride on Tuesday but I am free on Thursday if you need help then.” ●



Need more help in learning to say no? The Employee Assistance Program can help with free, confidential advice. It’s easy to get started. Call 877-595-5284. Or visit guidanceresources.com.

Cupcakes4Cancer project four-year total nears \$5,000

Cupcakes4Cancer, a benevolent group of teens and tweens and young children, raised nearly \$1,100 this year to support the pediatric cancer unit at the Helen F. Graham Cancer Center.

Members of the group based at the Jewish Community Center in North Wilmington presented a check to Jon Strasser, M.D., radiation oncologist, in June.

Cupcakes4Cancer started in September 2009, comprising a few families from the Jewish community who wanted to help others by selling cupcakes and donating the proceeds to Christiana Care. Including the check presented this year, the group has raised almost \$5,000.

This year they raised the money without selling a single cupcake. Instead, following a successful strategy that worked well last year, they simply gave the chocolate and vanilla cupcakes away and asked for donations. Some generous donors gave donations without even taking a cupcake. “It feels good to raise the money, but it was fun, too. Who doesn’t like to decorate cupcakes?” said Rachel Appelbaum, a 4th grader at Garnet Valley Elementary School in Garnet Valley, Pa.

Dr. Strasser said the Cupcakes4Cancer members directly benefit the children being treated in the pediatric cancer unit at the Helen F. Graham Cancer Center.

“These young people found ways to influence others, and they are also learning about the value of philanthropy at a very



Cupcakes4Cancer teammates Pam and Rachel Appelbaum, Dara and Braden Shipp, Sharon and Abby Saliman, and Ilician, Sydney and Zoey Strasser. Not pictured: Jordan Appelbaum, Samantha Shipp, Kayla Saliman, Molly Rosenthal, Amy Gootzait, Zach Horowitz, Jordyn and Brooke Harrison, Austin Schwartz, Avery and Ashleigh Lustgarten, Leo and Alaina Cole, and Sarah and William Levenson.

young age,” he said. “We are honored to have such strong support from them.”

“I love that our community comes together to make a positive impact on the lives of others,” said Sharon Saliman, BSN, RN, who works on Christiana Care’s Pulmonary Step-down Unit and whose family participated in the event. “This program makes it easy and fun for our kids to be directly involved in doing something good.” ●

Hard to swallow: Clinical evidence behind the contraindication between potassium and anticholinergics

By Amy Chase, Pharm.D.

Current drug information references acknowledge an interaction between potassium and anticholinergic medications. Concomitant use of oral potassium supplements with anticholinergic agents may potentiate the risk of upper gastrointestinal injury including upper GI bleeding, small bowel ulceration and obstruction. As prescribers, it is important to be aware of this interaction, the clinical evidence behind it and how to respond to such concerns.

Potassium chloride (KCl) is inherently irritating to the gastric and esophageal mucosa because of the corrosive nature of the salt. The most common adverse reactions with oral formulations include nausea, vomiting, abdominal pain, diarrhea and indigestion. There are also reports of upper and lower GI obstruction, bleeding, ulceration, stricture and perforation, and this occurs more frequently when gastric transit prolongs tablet contact with the GI mucosa. Mucosal damage to the upper GI tract is caused by high localized potassium ion concentrations in the vicinity of the dissolving tablet. Hence long-acting, enteric-coated and slow-release oral solids are more likely to be associated with pill-induced esophagitis. Liquid and effervescent KCl preparations have fewer GI complications because they pass through the stomach relatively quickly with limited time to damage mucosal cells. Conditions and medications that delay gastric emptying through anticholinergic or other mechanisms increase the time of gastric and esophageal exposure to the KCl. Furthermore, drugs with anticholinergic properties can also dry oral and gastric secretions. Therefore, concomitant use of oral KCl with anticholinergic medications can enhance local concentration of potassium with resultant irritation and possible ulceration, stricture and hemorrhage.

While theoretically this would cause a contraindication with anticholinergic medications, there is limited clinical evidence. A small study in 1984 found that stasis or prolonged GI transit times may increase the risk of potassium-induced GI mucosal damage. Volunteers were randomly assigned to receive microencapsulated KCl (Micro-K) or KCl in a wax-matrix formulation (Slow K). Some patients also received glycopyrrolate 2 mg tid, an anticholinergic agent to slow the GI transit time. The wax-matrix preparation was associated with a higher incidence of mucosal lesions, and concomitant glycopyrrolate worsened the damage with the wax-matrix product, but not with the micro-encapsulated form.

A retrospective cohort study conducted from 1980 to 1984 attempted to find the actual risk of patients taking wax-matrix and microencapsulated KCl. The investigators pulled Medicaid billing information from four different states of patients who were given

either KCl formulations and then analyzed the occurrence of an upper gastrointestinal (UGI) bleed within 30 days of the prescription. Patients with a prior history of UGI bleed were excluded. Of the 28,790 microencapsulated product users, 95 (0.3%) had a diagnosis of a UGI bleed and 384 of the 76,118 (0.5%) wax-matrix patients had a bleed. They concluded that potassium chloride increased the risk of an upper GI bleed. Furthermore, it was found that the risks were increased in elderly patients and in patients taking wax-matrix formulation tablets. Five hundred ninety-five of cases and sampled controls were taking anticholinergic drugs; however anticholinergic medications were not found to be a significant risk factor for a GI bleed. Besides KCl, other possible risk factors were abdominal illness, alcohol-related diseases, anticoagulants and NSAIDs.

Christiana Care currently uses microencapsulated controlled-release potassium chloride oral tablets, which have shown a reduced risk in causing gastrointestinal lesions and ulcers when compared to the wax-matrix formulation. When prescribing KCl oral products for a patient, it is still important to consider the risk of upper GI damage, which includes accessing their concurrent medications for anticholinergic activity. Pathological disorders such as gastroparesis and other conditions that slow gastric emptying may also increase the risk of pill-induced esophagitis. Other risk factors include pre-existing esophageal or swallowing disorders, recumbent positions and advanced age. The elderly are at a higher risk because of declining motility and saliva production. In addition, many patients who experience potassium-chloride-induced esophageal injury have left-atrial enlargement, which compromises the esophageal lumen and blocks the passage of a large tablet. Careful individualized patient assessments should be performed to minimize the potential GI risks associated with oral KCl.

The potential for GI complications caused by KCl may be increased by an anticholinergic medication, but it does not necessarily preclude their concurrent use. In patients with higher risk of GI complications, including the elderly, those with underlying esophageal or swallowing disorders, or those with a high anticholinergic load, liquid potassium may be the preferred choice over solid formulations. Recommendations to prevent KCl-induced esophageal mucosal damage include consuming at least 100 milliliters of water after swallowing the medication, sitting or standing for at least 5-10 minutes following administration, and reducing or eliminating anticholinergic medication whenever possible. ●

References:

1. Alsop SR, Moore JG, Rollins DE, Tolman KG. The effects of five potassium chloride preparations on the upper gastrointestinal mucosa in healthy subjects receiving glycopyrrolate. *Journal of Clinical Pharmacology*. 1984; 24: 235-9.
2. Klor-Con (potassium chloride) US prescribing information. Upsher-Smith Laboratories. Jan. 2005.
3. K-Dur (potassium chloride) US prescribing information. Key Pharmaceuticals, Inc. April 2004.
4. McMahon FG, Ryan JR, Akdamar K, Ertan A. Upper gastrointestinal lesions after potassium chloride supplements; a controlled clinical trial. *Lancet*. 1982; 2(8307): 1059-61.
5. Strom BL, Carson JL, Schinnar R, et al. Upper gastrointestinal tract bleeding from oral potassium chloride. Comparative risk from microencapsulated vs wax-matrix formulations. *Arch Intern Med* 1987; 147:954-7.

FORMULARY UPDATE—JUNE 2013

FORMULARY ADDITIONS

| Medication – Generic/Brand Name | Strength/Size | Use/Indication | Comment |
|--|--|---|--|
| Adalimumab / Humira | 40 mg/0.8 mL pen and starter kit | Treatment of inflammatory bowel disease | Prescribing restricted to gastroenterologists and to the inflammatory bowel disease indications |
| Azithromycin tablet | 500 mg | Treatment of several types of infection | Line-item extension |
| Denosumab injection / Prolia | 60 mg/1 mL prefilled syringe | <ul style="list-style-type: none"> • Treatment of osteoporosis in men and women • Treatment of bone loss in men with prostate cancer and women with breast cancer receiving hormone deprivation therapy | Administration limited to Christiana Care office practices and infusion centers |
| Ipratropium Albuterol Aerosol Solution / Combivent Respimat | 100 mcg albuterol and 20 mcg ipratropium per actuation; 4 gram inhaler | Treatment of chronic obstructive pulmonary disease | Replaces Combivent inhaler which has been discontinued |
| Loperamide oral suspension | 1 mg/7.5 mL 1 mg and 2 mg | Treatment of diarrhea | Replaces oral solution which was discontinued |
| Nimodipine oral solution | 3mg/mL 20 mL | Treatment of subarachnoid hemorrhage | Line-item extension |
| Sevelamer powder for oral suspension / Renvela | 0.8 gram packet | Control of serum phosphorus concentration in those with dialysis-dependent chronic kidney disease | Line-item extension |
| Tranexamic acid / Cyklokapron | 100 mg/mL 10-mL vial or ampule | Reduce surgical blood loss and need for blood transfusion | |
| Vemurafenib / Zelboraf | 240 mg tablet | Treatment of unresectable or metastatic melanoma with BRAFV ^{600E} mutation | Prescribing limited to continuation of therapy when patient taking at time of hospital admission |

FORMULARY DELETIONS

| | |
|--|--|
| Diphtheria and Tetanus Toxoid | Lack of use |
| Ipratropium-Albuterol Aerosol Inhaler / Combivent | Product was discontinued. Replaced with Combivent Respimat (see additions) |
| Loperamide oral solution | Product was discontinued. Replaced with oral suspension (see additions) |

NOT ADDED TO FORMULARY

| |
|--|
| Levonorgestrel-releasing intrauterine system (Skyla™) |
|--|

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.

Upcoming Events

Skin Cancer Screening

Friday, July 26, 9 – 11 a.m.,
Helen F. Graham Cancer Center

Regular screenings can help detect skin cancer early and are especially important for those who've had routine exposure to the sun or suffered from sunburn in the past. For more information and to schedule an appointment, call: 302-623-4509.

Most insurance accepted.

Visions of Nursing

Wednesday and Thursday,
Sept. 11-12, 7 a.m. – 4 p.m., John
H. Ammon Medical Education
Center

Celebrating its 10th year of promoting excellence through knowledge, this two-day nursing conference is sponsored by Christiana Care and the Delaware Academy of Medicine. Abstracts for poster submissions are due Aug. 1. Registration deadline for the CNE program is Sept. 6. Visit christianacare.org/visionsofnursing.

Handy Memorial Lectureship

Tuesday, Sept. 17, 7:30 a.m. –
12:30 p.m., John H. Ammon
Medical Education Center

Named for Delaware's first pediatrician, Margaret I. Handy, M.D., this free symposium moderated by John Stefano, M.D., director of Neonatology, and Vanita Jain, M.D., director of the Delaware Center for Maternal and Fetal Medicine's High-Risk Clinic features two guest lecturers:

Jochen Profit, M.D., assistant professor of Pediatrics, section of

Neonatology at Baylor College of Medicine, Texas Children's Hospital presenting "Patient Safety Culture in the NICU."

Mark Johnson, M.D., professor, Departments of Surgery, Obstetrics & Gynecology and Pediatrics, at the University of Pennsylvania School of Medicine, presenting "Fetal Surgery for Major Congenital Anomalies."

Register online at cchs.cloud-cme.com/Handy2013 or request reservation by writing to Christiana Care Health System, Continuing Medical Education, MAP 2, Suite 2112, 4735 Ogletown-Stanton Road, Newark, DE 19713. Include your name, including relevant credentials, address, phone and e-mail address, by Sept. 10. For more information call Robin Pugh at 302-623-3882.

11th Annual DENA Symposium

Wednesday, Oct. 30,
7 a.m. – 3:30 p.m., Dover Downs
Hotel and Casino, 1131 North
DuPont Highway, Dover

The annual Delaware Emergency Nurses Association symposium will include lectures by experts on:

- First response to non-fatal strangulation.
- Handling postpartum emergencies.
- Causes of teen suicides and the effects on parents and families.
- Acute stroke management.
- Unusual EMS cases.
- Social media pitfalls in emergency nursing.

For more information or to register, contact Meriam Dennie, mdennie@christianacare.org. ●

Annual symposium unites trauma-care providers



At the 2013 Delaware Trauma Symposium: Mark Cipolle, M.D., Ph.D., FACS, medical director, Christiana Care Trauma Program.

The Annual Delaware Trauma Symposium in May brings together physicians, nurses and other trauma-care providers to learn about current issues and trends in managing trauma patients and to look at ways to close gaps in variations of care within the statewide trauma system.

Kevin Bradley, M.D., FACS, associate medical director of the Christiana Care Trauma Program, welcomed participants to the symposium at the Chase Center on the Riverfront in Wilmington. Joan Pirrung, APRN, BC, Trauma Program manager at Christiana Hospital, helped moderate the event.

Dr. Bradley presented "Complex Wound Management." Mark Cipolle, M.D., Ph.D., FACS, medical director of the Christiana Care Trauma Program, presented a joint session with James P. Marvel Jr., M.D., medical director of Beebe Medical Center's Trauma Program in Lewes: "Collaboration in Trauma Care: Level I and III Hospitals Working Together." ●

Students and faculty celebrate success at First State School graduation

The First State School, a collaborative program by Christiana Care Health System and Red Clay Consolidated School District, held graduation ceremonies for students Dominique Stevens and Isiah Green, June 5 at the John H. Ammon Medical Education Center.

Amer Sajed, Ph.D., CEO of Barclay Cards US, was the commencement speaker. Dr. Sajed served as “principal for a day” last fall.

Christiana Care Department of Pediatrics Chair Louis Bartoszesky, M.D., MPH, Wilmington Hospital Physician-in-Chief Edmondo Robinson, M.D., MS, MBA, Christiana Care Chief Medical Officer Janice Nevin, M.D., MPH, Red Clay School District Superintendent Dr. Mervin Daugherty and others spoke to the students, their families and friends, offering praise for another successful year at the unique school for students whose medical conditions preclude them from attending mainstream schools in the community.

The event also honored retiring Red Clay principal Irene Hills, who was presented with the Jane P. Maroney Award for Outstanding Community Service to Children and Adolescents.

“We are so proud of our students, especially the graduates,” said Coleen O’Connor, First State School program director. “In addition, this year we bid farewell to Irene Hills, who is retiring from Red Clay as our principal, but we look forward to seeing her back at school as a volunteer.” ●



The Hon. Jane P. Maroney, retired Delaware state representative, and First State School Pediatrics Program Director Coleen O’Connor, present the Jane P. Maroney Award for Outstanding Community Service to retiring Red Clay Principal Irene Hills for her 40 years of service to children through education.



The First State School graduating class of 2013 includes Dominique Stevens and Isiah Green.



ThinkFirst 5K

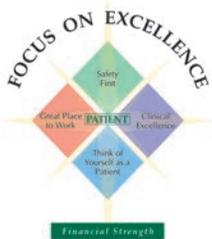
About 200 runners and walkers participated in the 13th Annual ThinkFirst 5K Run/Walk & Children’s Fun Run, held in April on the Christiana Hospital campus. The annual event helps raise awareness with a goal of decreasing the number of unnecessary deaths caused by the number-one killer of young people: traumatic injury. The funds benefit Delaware’s ThinkFirst Injury Prevention Program. ●



**CHRISTIANA CARE
HEALTH SYSTEM**

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

PRSR STD
U.S. POSTAGE
PAID
WILMINGTON DE
PERMIT NO. 357



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



Much stronger now, former NICU patients come back to visit

Christiana Care Neonatal Intensive Care Unit nurses and the March of Dimes Family Advisory Program organized an event in early May for “graduates” and families, which included a steady stream of infants, toddlers and some older children celebrating the day with their parents and the health care team who helped them survive and grow strong.

“This event always amazes me,” said John Stefano, M.D., director of Neonatology, circulating among the happy families and staff. “To see how well many of these babies have done is good for the soul. The NICU staff works in a high-pressure environment, so when we get to see the results of our efforts and how appreciative the families are, it really validates our efforts.”●