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Christiana Care's marketplace guides began helping Delawareans to navigate their new health insurance options on October 1.

Christiana Care celebrates Choose Health Delaware Day

Sarah Heller of Wilmington is one of the 90,000 Delawareans who had to manage their health without the benefit of affordable health insurance — until now. On Oct. 1 she met with John Kearney Jr., a marketplace guide at Christiana Care Health System, to get assistance in choosing an affordable health insurance plan.

Heller shared her story at Christiana Care Health System's Choose Health Delaware Day, marking one of the most significant milestones in the history of health care in the United States. For the first time, millions of Americans like Heller have the opportunity to buy affordable health insurance, made possible with the passage of the Affordable Care Act.

"I'm a wife, a mother of two, a grandmother of three and a hard-working American. People like me need health insurance," Heller said. "Thanks to the help of Christiana Care's marketplace guides, I am pleased today to start the process of finally signing up for coverage."

More than 100 health care professionals, dignitaries and community members gathered in the lobby of the Center for Heart & Vascular Health at Christiana Hospital to mark the historic occasion. The event was covered extensively by several TV, online and print news outlets.



The Christiana Care Way

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

See article on page 3.

CONTINUED



At the Oct. 1 kickoff event marking the opening of the health insurance marketplace, a reporter interviews Sarah Heller of Wilmington, Del., who is among the first people to receive health insurance counseling from one of Christiana Care's marketplace guides.

"This is one of the most important social transformations in our country," said Robert J. Laskowski, M.D., MBA, president and CEO of Christiana Care. "Equal access to health care for all Delawareans and all Americans brings us so much closer to the country we all want to live in. It's absolutely critical for us in our role as health providers at Christiana Care to increase the number of people who have health insurance and to help guide our neighbors through the experience of signing up for health insurance."

Christiana Care's nine marketplace guides were on hand to help people enroll in the Health Insurance Marketplace and to educate them on how to best manage their health needs. Christiana Care has partnered with the state through Choose Health Delaware to educate the public about the Health Insurance Marketplace. Christiana Care also is the only hospital-based health system in the region to hire marketplace guides to assist the uninsured.

"Our marketplace guides are here to help you," said Janice Nevin, M.D., MPH, chief medical officer for Christiana Care.

"They are ready to help our neighbors learn about their coverage options, what assistance they might qualify for and to guide them through the enrollment process."

Bettina Riveros, chair of the Delaware Health Care Commission, which has overseen the health care changes in the First State under the Affordable Care Act, thanked Christiana Care for its leadership in helping uninsured people find coverage.

"Frankly, anything worth doing is hard ... but it is endlessly worth the effort," Riveros said. "The online marketplace will be life-changing."

During the afternoon, Christiana Care hosted a community health fair at Hanover Presbyterian Church, near Wilmington Hospital. The health fair gave neighbors an opportunity to personally meet the marketplace guides who can help them access health insurance.

"The health insurance marketplace is open, and Christiana Care is here to help people learn about their coverage options and guide them through the

assistance process so they can have access to expert care and preventive care," said Edmondo Robinson, M.D, MBA, associate chief medical officer and physician-in-chief of Wilmington Hospital. "We will absolutely take care of you when you are ill, but we also want to keep you well, and one of the ways we do that is by helping people get access to health insurance."

"The health insurance marketplace is open, and Christiana Care is here to help people learn about their coverage options and guide them through the assistance process so they can have access to expert care and preventive care."

—EDMONDO ROBINSON, M.D, MBA

Wilmington Mayor Dennis P. Williams and other dignitaries also appeared at the event and thanked Christiana Care for its support in helping Delawareans access health insurance.

Michael Rosenthal, M.D., chair of Christiana Care's Department of Family & Community Medicine, which oversees the marketplace guides, explained the long view. "When we take people who don't have health insurance and link them to a primary care physician, they have better outcomes," he said. "When we can help patients access health insurance, they live healthier lives."

Marketplace guides are working throughout Christiana Care and visiting health fairs, churches, community centers and school-based health centers to educate individuals and their families about how to enroll in the health insurance marketplace. ●

Health literacy is critical in delivering effective care

By Michelle L. Collins, MSN, RN-BC, ACNS-BC, Manager, Nursing Professional Development & Education; Leader, Centers for Educator Development and Patient-Family Education



Any of us who have been patients — or who have been among the loved ones standing by a patient's bedside — understands the importance of clear communication in health care. For patients and their families to find value in care delivery, they must be able to comprehend their diagnosis, medications,

treatment plan or discharge plan. Hence, our ability to provide health-literate materials and use tools like teach-back to validate understanding of education provided throughout our system, both inpatient and outpatient, is critical to the patient and family experience.

Health literacy is defined as the degree to which individuals have the capacity to obtain, process and understand basic health information and services needed to make appropriate health decisions. Reading level is one component of literacy, measuring a person's ability to read and use information they gain from what they read. In fact, a person's literacy skills are considered the strongest predictor of their health status over age, income, employment status, education level, or racial or ethnic group.

According to the last National Assessment of Adult Literacy, only 12 percent of the United States population is considered to have proficient literacy skills. Nine out of 10 adults may lack the skills needed to manage their health care needs and understand our instructions.

Routinely, we ask patients to read informed consents, adhere to complex medication regimens and discuss changes in their health status. Often, these patients feel a sense of shame or discomfort about their poor literacy skills and develop strategies to help them compensate. The elderly, minority populations, immigrant populations and those with chronic mental health conditions are especially vulnerable. Illness, stress and fear also decrease everyone's literacy skills. Thus, up to 80 percent of patients cannot recall what their care provider told them as soon as their office visit ends, and almost 50 percent of what they do remember is recalled incorrectly.

Health care providers can use a technique called teach-back to help their patients by asking them to recall and explain important information discussed at the bedside or during an office visit to validate what they actually understood. In this way, providers can catch any information that may not have been satisfactorily explained by them to meet the patient or family's need.

The bottom line is that health literacy affects the quality of health care. In order to serve our neighbors as respectful, expert, caring partners, we need to effectively communicate with them. We cannot afford to ignore this issue. The societal consequences of low literacy include nonadherence to self-care management, increased hospitalizations, increased health care costs, and underutilized preventive services.

According to The Joint Commission: "The safety of patients cannot be assured without mitigating the negative effects of low health literacy and ineffective communication on patient care."

Christiana Care Health System has a Patient and Family Education Policy that explains a few of the guiding principles for developing patient and family education. This policy states that educational materials should be provided to patients and their families, to the best of our ability, at a recommended health literacy standard of 6th grade reading level, 50 percent or greater ease of reading, using plain language and defining complex terminology.

In all patient and family interactions, use these strategies:

- Use analogies.
- Slow your pace.
- Limit information to three to five key points.
- Practice teach-back.
- Address culture and language needs.

Please use the references and resources provided on the Center for Patient and Family Education intranet site, <http://depts/LearnInst/patientedu/default.aspx>. Support is also available from External Affairs and Nursing Development and Education to assess and revise patient and family education content being that is provided across the system. ●

WICU receives first unit-based Value Improvement Team Award Recognition is for reducing hospital acquired infections

The Wilmington Intensive Care Unit (WICU) Value Improvement Team is the first to earn Christiana Care's new Unit-Based Value Improvement Team Recognition Award. The interdisciplinary team was selected for recognition for sustained efforts to reduce preventable harm, most notably:

- Two years without a central-line-associated blood stream infection (CLABSI).
- One year without a ventilator-associated pneumonia (VAP).
- 17 of 19 months without a catheter-associated urinary-tract infection (CAUTI).

"The WICU team is extremely proud to be the first to have our accomplishments recognized and for this opportunity to

spotlight the Wilmington campus," said Sandy Wakai, MSN, RN, CCRN, nurse manager.

The Quality and Safety Program's Coordinating Council created the program to recognize teams who create innovative systems of care leading to significant, measurable improvements in clinical quality, patient safety, patient- and family-centered care, compliance with evidence-based practices and reduction in costs.

A new Unit-based Value Improvement Team Recognition Award will be honored every other month, and the year's winners will compete for the Annual Unit-Based Value Improvement Team Award to be presented at the Focus on Excellence celebration.

"This award is the culmination of three years of working together as an interdisciplinary team including nursing, physicians, physician assistants, physical therapy, vascular access nurses, infection prevention, respiratory, pharmacy, hemodialysis and the Emergency Department," said Dannette Mitchell, APN, clinical nurse specialist. The WICU team carries on the work initiated in 2010 to address CLABSIs with the "Scrub-the-Hub" program (which took them back to basics with central-line care), then evolved into the Comprehensive Unit-based Safety Program (CUSP).

"We were successful because each team member was personally invested in discovering what our problems were and owning their share of them," she said.



The Wilmington ICU Value Improvement Team received the first Unit-Based Value Improvement Team Recognition Award.



Staff, leaders and patient and family advisers celebrated a ribbon cutting for the Wilmington Intensive Care and Stepdown units on Sept. 13 as they moved to a new facility, 6 South. The move represents another milestone in the transformation of Wilmington campus.

Motivated by their success with CLABSIs, WICU's UBVI started to look at CAUTIs, VAPs, falls and restraints, to see what improvements they could make. The team's current value score letter grade of A- is prominently posted for patients, staff and families to see in the unit's new entryway on the 6th floor of the new Ammon Tower.

While Wakai acknowledged that the data is motivating and WICU is a competitive team that strives for that A, she said, "Our staff sees their success as simply

doing the work they should do — to provide our patients the best outcome possible."

"The transformative work our unit-based value improvement teams are doing on our patient care units is ensuring greater value for our neighbors by measurably improving the quality and safety of the care we provide, and doing things more efficiently to reduce costs," said Sharon Anderson, MS, BSN, RN, senior vice president, quality, safety and population health management. Anderson co-chairs the Safety First Committee and is part of

the Coordinating Council that established the awards and selected WICU as the first group to be recognized.

"WICU is an excellent example of how a team of interdisciplinary professionals comes together to explore an opportunity for improvement, create a solution and carry forth the successful outcomes," she continued. "We look forward to recognizing the other great work being done by unit-based value improvement teams throughout our health system in the months ahead." ●

"WICU is an excellent example of how a team of interdisciplinary professionals comes together to explore an opportunity for improvement, create a solution and carry forth the successful outcomes."

— SHARON ANDERSON, MS, BSN, RN

Christiana Care recognized for outstanding infection-prevention achievements



Christiana Care's Wilmington Intensive Care Unit earned one of two HAI WATCHDOG Awards, recognizing achievement in preventing health-care-acquired infections.

Christiana Care Health System has been recognized with two HAI Watchdog Awards, a national contest by Kimberly-Clark that recognizes the efforts of health care professionals working together to prevent health-care-associated infections through staff and patient education and the use of best practices.

Christiana Care was the only health system in the nation to receive more than one HAI Watchdog Award.

The first award, in the health care system category, was for a successful, multi-pronged effort to reduce the rate of a range of health-care-associated infections, including ventilator-associated pneumonia, Clostridium difficile and central-line-associated bloodstream infections. In addition, Christiana Care's Wilmington Hospital was recognized in the "fewer than 300 beds" category for its successful effort in eliminating central-line-associated bloodstream infections.

"These recognitions reflect our commitment to work together to significantly reduce the risk of infection and harm to our

patients," said Marci Drees, M.D., infection prevention officer and hospital epidemiologist for Christiana Care. "Every member of our team shares the common pursuit to uncover and eliminate any health-care-associated infection or any other issue that has even the slightest potential for harm."

Christiana Care's systemwide prevention program to protect patients from health-care-associated infections includes a comprehensive unit safety program expanded to intensive-care units, emergency departments and operating rooms. The program resulted in significant reduction in rates of central-line-associated bloodstream infections and ventilator-associated pneumonia. Surgical-site infections have been prevented through near perfect compliance with the Surgical Care Improvement Project process measures. Christiana Care's program also includes the creation of an award-winning educational video on infection prevention. Overall hospital infection rates have dropped more than 50 percent and have generated an estimated savings of nearly \$10 million.

Wilmington Hospital’s Intensive Care Unit joined the national comprehensive unit-based safety program known as the CUSP initiative to reduce infections. Through CUSP, the interdisciplinary unit staff were able to focus on fostering a culture of patient safety, consistently implementing evidence-based practices, monitoring and transparency of infection rates. Wilmington Hospital has not experienced a single central-line-associated bloodstream infection since August 2011. ●



Christiana Care Health System’s infection prevention team earned one of two HAI WATCHDOG awards for achievements in preventing ventilator-associated pneumonia, C.diff, central-line-associated bloodstream infections and other health-care-acquired infections.



The Fund for Christiana Care: Every gift matters. Any amount counts.

“I’ve worked at Christiana Care since 1986 and really believe in the mission and vision of the health system. I like knowing that my contribution helps our community and the people we serve every day.”

Susan Mascioli, MS, BSN, RN, CPHQ, NEA-BC
 Manager, Nursing Quality and Safety

The Fund for Christiana Care provides quality care to our neighbors. Annual gifts enable Christiana Care Health System to meet the most pressing needs of our patients — your friends, neighbors and loved ones. Your generous gift to The Fund for Christiana Care helps provide resources that make an immediate impact and allow us to provide the highest quality care to the community.

Make a gift today! Visit www.christianacare.org/makeagift or contact the Development Office at 302-327-3305.

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.

Christiana Care recognized for excellence in surgical patient care by American College of Surgeons



Gretchen Makai, M.D., director of minimally-invasive gynecologic surgery at Christiana Care's Department of Obstetrics and Gynecology, performs surgery at Christiana Hospital.

Surgeries range from common to highly complex, minimally invasive and robotic procedures.

Christiana Care achieved the distinction based on its outstanding composite quality score in the nine clinical areas. Risk-adjusted data from the July 2013 ACS NSQIP Semiannual Report, which presents data from the 2012 calendar year, determined which hospitals demonstrated meritorious outcomes.

ACS NSQIP is the only nationally validated quality-improvement program that measures and enhances the care of surgical patients. The program measures the actual surgical results 30 days postoperatively and risk-adjusts patient characteristics to compensate for differences among patient populations and acuity levels.

The goal of ACS NSQIP is to reduce surgical morbidity (infection or illness related to a surgical procedure) and surgical mortality (death related to a surgical procedure) and to provide a firm foundation for surgeons to apply what is known as the "best scientific evidence" to the practice of surgery. Furthermore, when adverse effects from surgical procedures are reduced or eliminated, a reduction in health care costs follows.

The American College of Surgeons is a scientific and educational organization of surgeons that was founded in 1913 to raise the standards of surgical practice and to improve the care of the surgical patient. The College has more than 74,000 members and is the largest organization of surgeons in the world. ●

Christiana Care Health System has been recognized as one of 37 hospitals in the nation achieving meritorious outcomes for surgical patient care.

The American College of Surgeons National Surgical Quality Improvement Program (ACS NSQIP) recognized Christiana Care for clinical excellence in nine areas:

- Mortality.
- Unplanned intubation.
- Ventilator more than 48 hours.
- Renal failure.
- DVT (deep vein thrombosis, thrombophlebitis and pulmonary embolism).
- Cardiac incidents (cardiac arrest and myocardial infarction).
- Respiratory (pneumonia).
- SSI (surgical site infections-superficial and deep incisional and organ-space SSIs).
- Urinary tract infection.

Christiana Care is the only hospital in the Delaware Valley to receive this recognition.

"This honor from the American College of Surgeons reflects the dedication of our physicians, nurses and support staff to partner with our patients to provide expert, compassionate care," said Gerald Fulda, M.D., interim chair and director, surgical critical care.

ACS NSQIP is a major program of the American College of Surgeons and is in use in more than 500 hospitals.

As a participant in ACS NSQIP, Christiana Care is required to track the outcomes of inpatient and outpatient surgical procedures and collect data that directs patient safety and the quality of surgical-care improvements.

Christiana Care ranks among the top 24 hospitals in the nation in the number of surgical procedures, performing more than 40,000 each year, according to data from the American Hospital Association.



Cardiovascular Critical Care Complex earns AACN gold Beacon Award for Excellence

Christiana Care's Cardiovascular Critical Care Complex (CVCCC) has won a gold level Beacon Award for Excellence from the American Association of Critical-Care Nurses (AACN), one of the most important recognitions available to hospital units. The AACN has announced only 27 Gold level awards this year nationally, and Christiana Care Health System is the only Delaware hospital to have achieved one.

"This outstanding achievement is an example of the CVCCC's commitment to excellence in the many projects and initiatives they've undertaken to improve patient outcomes, including patient safety and overall patient and family satisfaction," said Diane Talarek, RN, MA, NE-BC, chief nursing officer and senior vice president, patient care services.

In its award announcement letter, the AACN cited the accomplishment as "one of many significant milestones on your unit's journey to optimal outcomes and exceptional patient care." Beacon awards are given at three levels: bronze, silver and gold. They are active for three years. To achieve the gold, according to the AACN, recipients must "demonstrate excellence in sustained unit performance and patient outcomes."

The award caps a concerted two-year effort to bring three discrete units — Cardiac Medical Intensive Care, Cardiovascular Surgical Intensive Care and Open Heart Stepdown — together into one cohesive and highly functioning operation.



"We have incredible teamwork. You can feel how dynamic it is when you walk in the door."

— KIRSTAN BAXTER, RN, BSN, CCRN-CSC

"In coming together, we had a picture in our mind of where we wanted to be," said Kirstan Baxter, RN, BSN, CCRN-CSC, nurse manager of the CVCCC. The staff themselves did the legwork, setting up a shared governance system, adapting to changes in workflow and cross-training. Now, she said, "we have incredible teamwork. You can feel how dynamic it is when you walk in the door."

The Beacon application process guided the successful merger of units, said Kristen Koechert, BSN, RN, CCRN, chair of the coordinating council that put the book-length application together. "You have to identify the issue, plan the team, implement change and keep it going," she said. "The staff, the nurses, the unit clerks — everyone really embraced it. They wanted to be cohesive. I'm proud of the whole staff," she said.

Beacon Award criteria align with such major awards as Magnet recognition, which Christiana Care earned in 2010, to indicate quality patient care and nursing excellence. Christiana Care's Medical Intensive Care Unit won a silver Beacon Award in 2012. ●



Nurses advance clinical practice through research



Lynn Bayne, Ph.D., NNP-BC

Nursing Research Facilitator Lynn Bayne, Ph.D., NNP-BC, says that every Christiana Care nurse is a researcher in one way or another. Some are prolific publishers and presenters. Others serve on the Nursing Research Council or Evidence-Based Practice Council. Still others join a unit-based value

improvement team, participate in a Focus on Excellence project, enroll in one of the new tracks offered by the Value Institute Academy or pursue a degree or certification-related academic research project.

Yet Bayne, one of two Christiana Care research nurse facilitators advancing nurse involvement in research, says nurses who participate in a professional organization, attend a nursing conference or work toward professional certification are also involved in research and the quest for new knowledge.

When surveyors from the American Nurses Credentialing Center visit next fall to evaluate Christiana Care for re-designation of its prestigious Magnet status, nurse involvement in research will be a key area of focus. But Bayne, her colleague, research nurse facilitator Ruth Mooney, Ph.D., RN, and Dot Fowler, MSN, RN, BC, WHNP, professional advancement coordinator, think the surveyors will easily find examples of nursing excellence in the Magnet model component of New Knowledge, Innovations and Improvements.

The majority of Christiana Care nurses are involved in professional organizations, with many holding leadership positions at the local, regional and national level. Christiana Care nurses present on national and international stages and publish in the most prestigious industry journals.

Some examples include:

- Clinical nurse specialist Denise Lyons, MSN, GCNS, BC, and a team of nurses representing various practice settings, have an article due out soon in *MedSurg Nursing* on the impact of physicians cohorting patients on nursing units. This nurse-led research initiative preceded research for Christiana Care's new unit-based leadership program.
- An article by Rachel Joseph, Ph.D., CCRN, one of two doctoral-prepared bedside nurses at Christiana Care and an

RN II, will publish research on the impact of tracheostomy on family stress and coping in an upcoming issue of *Advances in Neonatal Care*.

- Patricia (Trish) Briggs, MSN, BS, RN 3, CCRN, is the principal investigator of a study comparing the use of peppermint inhalers as an antiemetic as an alternative to a medication that helps nausea, but can have side effects such as drowsiness.

Building research skills

Because evidence-based practice is so important in today's health care environment, Christiana Care offers numerous opportunities for nurses to learn how to recognize good research and apply it to their own patients.

- Journal clubs and blogs, such as those offered by the WICU and NICU, are the newest way nurses come together to research and discuss issues of importance. Participants learn how to delve into articles — not just taking the information provided at face value, but raising questions, dissecting the article and determining whether the idea presented is worthy of implementation on their unit.
- The Tell It in a Poster program is a popular way for nurses to advance research skills and share knowledge with colleagues.
- Innovations in Nursing Practice attracted more than 200 submissions last year, as nurses explored ways to improve clinical practice.
- Nursing grand rounds allow nurses to impart vital information to a multidisciplinary audience.

"In a Magnet organization, it's crucial to engage the entire health care team as we focus on the patient," stresses Fowler. "Nursing grand rounds are research-based." Bayne and Mooney estimate that more than 30 research projects involving Christiana Care nurses are active or pending approval by the Institutional Review Board, with another 10 in the pipeline. About 300 nurses are actively involved in clinical research projects.

"Nurses can, and do, change and drive clinical practice," Fowler said. "Through research, nurses assume clinical accountability for the care they provide to their patients. There is a tremendous sense of professional satisfaction among nurses who are highly engaged in the research process. As nurses, we are touching lives, promoting healthy outcomes. Knowing we've made a difference highlights our professional obligation as nurses. It's powerful." ●

The power of research

Can an ancient remedy for nausea spare patients side effects of modern IV antiemetics?

In her role as a clinical nurse on the Cardiovascular Critical Care Complex, Trish Briggs noted that patients often experienced nausea and vomiting after surgery. Her background as a holistic nurse informed her that peppermint essential oil can often help combat those conditions. With the support of her nurse manager, medical director and nursing colleagues, CVCCC patients who felt nausea were offered peppermint inhalers for relief as part of a research study. To date approximately 12 patients have used peppermint oil for nausea.

"I wanted to offer patients an alternative to IV antiemetics and at the same time involve other nurses on the unit with the study to help them to see for themselves that research does not have to be complicated," said Briggs. "This is just one good way to engage more clinical nurses in research."



Allison Divincenzo, RN, coaches Gladys Collins in the use of an inhaler that provides beneficial therapy from essential oil of peppermint for relieving postoperative nausea. The study is ongoing at the Cardiovascular Critical Care Complex at Christiana Hospital.

Share your ideas

Do you have an idea for ways to improve the care you offer your patients? Is there a topic you'd like to learn more about? Getting involved in research doesn't have to mean going it alone. Help is available:

Nursing Research Facilitators

Ruth Mooney at 733-1578 or Lynn Bayne at 733-1583.

Nursing Research Council via the Nursing Portal.

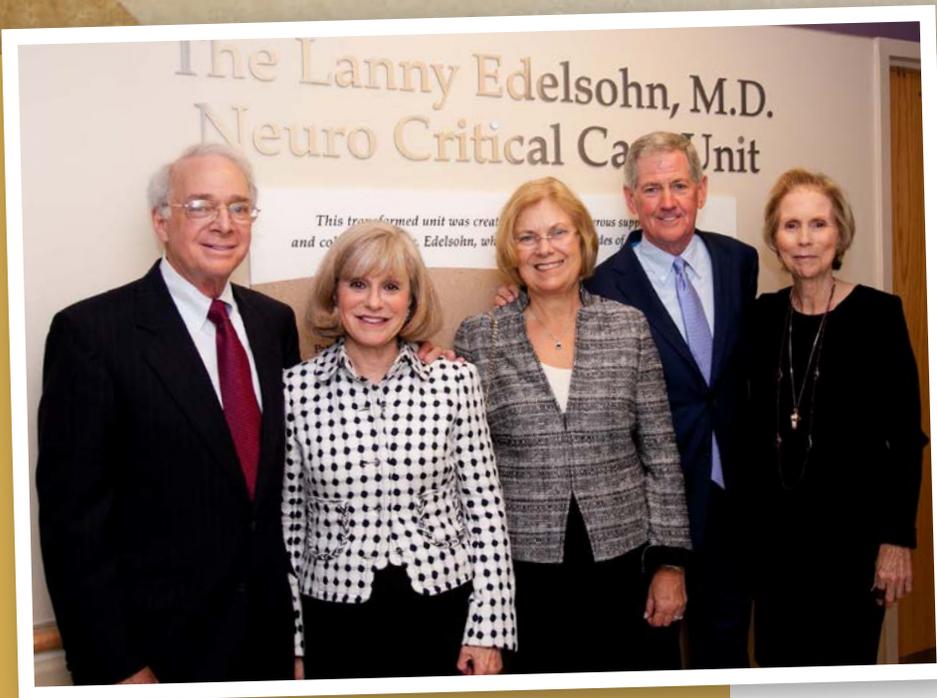
A Decade of Visions of Nursing

The 21st Century Visions of Nursing conference celebrated its 10-year anniversary in September with two days of lectures and workshops at Christiana Care's John H. Ammon Medical Education Center. Coming from Delaware, Maryland, New Jersey and Pennsylvania, 260 health care professionals participated in 30 presentations and educational sessions sponsored by the Delaware Academy of Medicine and Christiana Care. Planned by Christiana Care nurses, the conference's educational tracks included critical care, oncology, surgery/trauma, professional enrichment and a newly added advanced-practice nursing pharmacology track. Keynote presenters addressed nurse fatigue, patient- and family-centered care, and care transitions. ●





Neuro Critical Care Unit dedicated, named for Dr. Lanny Edelsohn



Funded by \$1.3 million in contributions from donors, most of whom are Christiana Care trustees, the Lanny Edelsohn, M.D., Neuro Critical Care Unit provides expert care in the treatment of serious neurovascular illnesses and injuries.

A dedication ceremony for The Lanny Edelsohn, M.D., Neuro Critical Care Unit (NCCU) Oct. 2 gave donors and other guests an opportunity to greet Dr. Edelsohn, hear about the impact of the new facility on our community and tour the unit, 2D, at Christiana Hospital.

Speakers at the dedication ceremony included Christiana Care Board of Directors member and trustee John Cochran, who spoke of Dr. Edelsohn's impact as a friend, caregiver and community leader. Timothy Gardner, M.D., FACC, medical director of the Center for Heart & Vascular Health, discussed Christiana Care's vision for the NCCU and its impact on the community.

"Contemporary stroke care requires immediate expert treatment both to improve the survival rate of victims and to achieve complete recovery without neurological deficits," Dr. Gardner said. "The Lanny Edelsohn Neuro Critical Care Unit is a critical enabler for us."

Dr. Edelson served as Christiana Care's section chief of Neurology from 1987 to 2010. At the ceremony, he reflected on the 40 years of progress in neurology he has witnessed firsthand in the First State.

"Things have changed a lot since my arrival from Boston in 1973," Dr. Edelson said. CT scans were just developing and had not yet appeared in Delaware. The MRI wasn't invented yet. Brain imaging using dye injected into a carotid artery or air injected into spinal fluid were the existing techniques for imaging. Therapies for patients with MS, Parkinson's and Alzheimer's disease were very limited. There were no neuroradiologists.

"Forty years later, the playing field has changed dramatically," he said. "This incredible neurocritical care unit is staffed by a cadre of bright, young, specialty-trained stroke specialists, neurointensivists and neurointerventionalists.

"I hope none of us ever need this incredible new unit. However, should the need arise, I assure you that you will be receiving state-of-the-art treatment from the talented doctors and nurses who will be by your side."

The new Neuro Critical Care Unit at Christiana Hospital provides patients their greatest chance of survival through the expert care that is critical to treating serious neurovascular illnesses and injuries. The state-of-the-art unit was funded by \$1.3 million in contributions from donors, most of whom are Christiana Care trustees.

With the latest in technology, five expert neuro-specialists and several highly specialized nurses, the 18-bed NCCU is the only unit of its kind in Delaware and is solely devoted to patients with immediate life-threatening problems affecting the brain, spinal cord or peripheral nerves. The new NCCU is expected to treat as many as 650 acute stroke patients in 2013 and every year thereafter.

"The generosity of the donors makes it possible for these very ill patients to receive expert care from fellowship-trained neurocritical care physicians, as well as our advanced technology. For some patients, it could be the gift of life," said Valerie E. Dechant, M.D., medical director.

The NCCU is home to cutting-edge continuous electroencephalogram (cEEG) technology for more advanced neuromonitoring — considered fundamental in helping to prevent irreversible neurological damage, severe disability and death. This innovative technology also will improve the evaluation and treatment of seizure disorders for the many patients who rely on Christiana Care for high-quality treatment that is close to home. ●



LANNY EDELSON, M.D., JOINED CHRISTIANA CARE HEALTH SYSTEM AS A NEUROLOGY SPECIALIST IN 1973. He is a board-certified neurologist and a clinical professor of neurology at Jefferson Medical College in Philadelphia. He is a member of the Alpha Omega Alpha Honor Medical Society and a fellow of the American Academy of Neurology. He serves on numerous community nonprofit boards. He lectures frequently and has been involved in multiple clinical trials regarding the treatment of Alzheimer's disease, stroke, Parkinson's disease and multiple sclerosis. He has a special interest in medical education and has served as the director of neurology education for residents, interns and medical students since 1973. This year he was voted Attending Teacher of the Year by the Jefferson Medical College, Delaware Branch, class of 2013.

Dr. Edelson has served Christiana Care in multiple capacities over the years, including leading the initial Stroke Task Force in 2000, a term as president of the Medical-Dental Staff, and many years on the executive committee of the staff and the Board of Directors of Christiana Hospital.

Dr. Edelson is a graduate of the University of Pennsylvania in Philadelphia and completed medical training at Hahnemann Medical College in Philadelphia. His medical internship was at Hahnemann Medical College Hospital in Philadelphia and his neurology residency was at Harvard Neurology (Peter Bent Brigham Hospital, the Beth Israel and Children's Hospital Medical Center), Boston.

Friends of the Helen F. Graham Cancer Center celebrate 10 years of giving

The Friends of the Helen F. Graham Cancer Center celebrated their 10th anniversary of supporting cancer programs at Christiana Care's Helen F. Graham Cancer Center & Research Institute during an inspirational gala Oct. 5 at the Wilmington Country Club.

The Celebration of Hope gala raised more than \$335,000, helping the Friends eclipse the \$2 million mark in funds raised during their decade of helping Christiana Care's nationally recognized cancer center. Nearly 400 loyal supporters of the Graham Cancer Center attended the gala.

Founded by Carroll M. Carpenter, chair of Trustees for Christiana Care Health System, the Friends is a group of more than 60 volunteers who work in cooperation with clinical staff to advance hospital initiatives that benefit patients.

"The Friends of the Helen F. Graham Cancer Center & Research Institute have been invaluable to the cancer program," said Nicholas J. Petrelli, M.D., Bank of America endowed medical director of the Graham Cancer Center. "Without their support, many of our programs and technologies would not have been possible. Their generous philanthropic efforts help our patients to receive cutting-edge, high-quality care."

In its early years, the Friends raised funds to buy a CyberKnife, a robotic radiosurgery system that delivers beams of high-dose radiation to tumors with extreme accuracy. The group also supported a special-needs fund that helps patients with medication, transportation to and from

appointments, supplies and nutrition counseling. Today, the Friends actively support research into new therapies for cancer under way at The Center for Translational Cancer Research at the Graham Cancer Center.

During the gala, Delaware Gov. Jack Markell spoke about how the Friends and the employees of the Graham Cancer Center comforted him and his wife, First Lady Carla Markell, when she was diagnosed with breast cancer in March 2005.

"When Carla was diagnosed with breast cancer, we didn't know what to do," Gov. Markell said. "But we were fortunate to come as a patient and a husband to the Helen F. Graham Cancer Center and to be the beneficiaries of the phenomenal treatment and approach by Dr. Petrelli and his team."

The governor bestowed an Order of the First State, the highest honor the governor can grant, upon Dr. Petrelli in recognition of his leadership of the world-class Graham Cancer Center and his efforts to expand access to the highest quality cancer care to Delawareans. The governor also issued a proclamation designating the date of the event — Oct. 5, 2013 — as Carroll M. Carpenter Day to honor the founder of the Friends for her leadership in raising awareness and funds to treat cancer.

"It's extraordinary what the people here are doing to transform the lives of others in this state and country," Markell said.

Gov. Jack Markell and First Lady Carla Markell present Nicholas Petrelli, M.D., Bank of America endowed medical director of the Helen F. Graham Cancer Center & Research Institute, with the Order of the First State during the Friends of the Helen F. Graham Cancer 10th anniversary celebration.





The Friends of the Helen F. Graham Cancer Center & Research Institute celebrated 10 years of supporting Delaware's fight against cancer with a gala at the Wilmington Country Club.

"I want to thank the community for their incredible work over the past 10 years," Carpenter said. "I also want to thank the younger generation as they continue to lead this effort ... The best thing you can do in life is create something that outlives all of us."

Funds raised through the gala support the Center for Translational Cancer Research at the Graham Cancer Center, where researchers are exploring innovative and effective ways to treat cancer by applying basic science discoveries to the development of new therapies for the disease.

"We are all touched by cancer, either directly or indirectly, and we need to work together to support our loved ones who face this disease," said Penny Saridakis, Friends co-chair. "We are delighted to partner with the Helen F. Graham Cancer Center & Research Institute to continue to help patients access excellent care close to their homes."

The Friends co-chairs also include Amanda Friz, Anne Martelli, Diane du Pont, Maureen Rhodes, Karen Kimmel Legum and Elisa Morris. ●

Cancer is no longer a black and white diagnosis. Over the past 10 years, your support of the Helen F. Graham Cancer Center has helped further brilliant progress that shines as a beacon of hope for those touched by cancer — creating a spectrum of breakthrough research translated into innovative treatments. Together, we are creating new possibilities for a vibrant and colorful future without cancer.



Best practice reviews

BRIEF OP NOTE

Q. WHEN IS A BRIEF OP NOTE REQUIRED?

A. A brief operative note is required to be entered into the patient's medical record immediately following an operation or procedure, and **before the patient is transferred to the next level of care.**

Q. WHERE CAN THE BRIEF OP NOTE BE FOUND IN THE PATIENT'S MEDICAL RECORD?

A. The brief op note is located in PowerChart in the "documents" section under the progress notes.

If the note is not in PowerChart, it can be found on the paper record in the progress note section.

Q. WHAT ARE THE REQUIRED FIELDS?

A. The required fields are:

- Name(s) of the surgeons(s) and assistants or other practitioners who performed surgical tasks (even when performing those tasks under supervision)
- Post-operative diagnosis
- Surgical procedure(s) performed
- Estimated blood loss
- A description of techniques, findings, and tissues removed or altered
- Additional information can be added based on patient condition, type, and surgeon preference.

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If you have questions about this Best Practice Review, please contact the Content Experts: Gerald Fulda, M.D., 733- 4500 or Constance Przybylek, RN, 733-733-4159. Safety Hotline: dial 7233 (SAFE) from within the hospital or dial 623-7233 (SAFE). ●

COMMUNICATING WITH NON-ENGLISH SPEAKING AND DEAF PATIENTS

Q. WHAT SHOULD I DO IF MY PATIENT DOES NOT SPEAK ENGLISH OR IS DEAF?

A. Determine the patient's preferred language. Ask: "What language do you need to use to understand your doctors and nurses?" Obtain a qualified medical interpreter.

Q. HOW CAN I OBTAIN A QUALIFIED MEDICAL INTERPRETER?

- A.**
1. Use one of the many blue Cyracom phones located on every unit. Follow the simple instructions printed on the phone to contact interpreters in over 100 languages.
 2. Use your Vocera. Say "phone interpreter." You will be connected to Cyracom. You will need your department PIN (ask your manager).
 3. For Spanish in-person interpreters (M-F / 7:30 a.m. to 12:30 a.m.) call Interpreter Dispatch at 733-4014.
 4. For Sign Language interpreters (24/7/365) call the Page Operator at 733-1900.

Q. HOW CAN I IDENTIFY A QUALIFIED MEDICAL INTERPRETER?

A. Qualified medical interpreters wear hang tags on their hospital badges that say "Medical Interpreter." If you don't see this hang tag, that person should not interpret.

Q. CAN I USE A MEMBER OF THE PATIENT'S FAMILY, A FRIEND OR COWORKER AS AN INTERPRETER?

A. No. Family members, children, friends and hospital employees who are not qualified interpreters should not be used to communicate with non-English speaking or deaf patients about their care.

Q. IF MY PATIENT IS DEAF, CAN I COMMUNICATE BY WRITING BACK AND FORTH ON PAPER?

A. No. Many of our deaf patients communicate in Sign Language. Sign language is not English, so writing is not always appropriate. Deaf patients have the legal right to receive a sign language interpreter.

Please remember to document the medical interpreter's name or telephonic number.

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If you have questions about this Best Practice Review, please contact the content expert: Jacqueline Ortiz, Director of Cultural Competence and Language Services at 302-733-4014. Safety Hotline: dial 7233 (SAFE) from within the hospital or dial 623-7233 (SAFE). ●

New hand hygiene observation program data shows encouraging trend

A new measurement for reporting hand-washing throughout the hospitals reveals encouraging data in the quest to achieve zero hospital-acquired infections at Christiana Care.

Christiana Care’s Hand Hygiene Task Force, launched July 1, is a new system of observation and accountability that aims to make dramatic improvements in hand-washing — a critical component of infection prevention.

The program requires unit-based value improvement teams (VITs) to enlist physicians, nurses, therapists, clerks and other staff to perform hand hygiene activity monitoring. The VITs are on every inpatient medical/surgical unit and ICU in the health system.

Patient care unit grades for the first three months of monitoring are now available on the Quality & Safety area on the portals, and the numbers reflect a positive trend toward the system-wide goal of 90 percent compliance for hand-hygiene protocols, with a range of 77 – 98 percent ranging across all patient care units accounted for.



Anand Panwalker, M.D., section chief, Infectious Disease, lectures to staff on the criticality of hand hygiene in Christiana Care’s quest to achieve zero hospital-acquired infections.

“The current method of hand hygiene observation is transformative in terms of the massive effort in implementing it,” said Anand Panwalker, M.D., Infectious Disease section chief in the Department of Medicine. ●

First State School receives technology boost



Students at First State School are using iPads in their classroom, thanks to the generosity of the Starlight Foundation and Christiana Care Trustee Mike Uffner. First State School gives children and adolescents who would otherwise be homebound with serious illnesses the chance to attend school with their peers while they get the medical treatment they need.

“The gift of iPads has been an excellent addition to our academic program. Students find it easier to use an iPad compared to a laptop — especially those who have difficulty with fatigue or hand strength,” said First State School Program Director Coleen O’Connor. “Plus, iPads seem to help make math and other subjects fun. We truly appreciate the Startlight Foundation and Mr. Uffner’s support to make these available to our students,” she said. ●

Wilmington Health Center is Delaware's first Patient-Centered Medical Home



Staff and leaders of Wilmington Health Center gather to celebrate its designation as Delaware's first Patient-Centered Medical Home.

Wilmington Health Center is the first certified multi-site Patient-Centered Medical Home (PCMH) in Delaware, where primary care has been transformed into a system of care that can make people's lives better.

That certification by the National Committee for Quality Assurance (NCQA) means that the Adult Medicine Office, Internal Medicine Faculty Practice and Pediatric Practice Program use evidence-based, patient-centered practices that focus on highly coordinated care and long-term relationships with patients who are partners in their care.

To the patients who rely on their Patient-Centered Medical Home, the model offers expert, respectful care from a team that includes a clinical pharmacist, health coach and social worker, in addition to doctors and nurses. If patients need extra help, team members partner with patients, families and the community to make certain they receive it.

Recently, a seriously ill woman turned to the Wilmington Health Center with a seemingly insurmountable mountain of problems. She was working but had lost

her health insurance after a divorce. She earned enough to make ends meet, but not enough to pay for insurance or the \$1,500-per-month medication she needed when she suddenly got sick.

A resident, Mahmudul Haque, M.D., examined the patient and immediately alerted the team to ensure there wouldn't be a lapse in her medication.

"She had three days to go on this very expensive medication but was turned down for help from the drug company because she had an income," said Linda Brennan-Jones, an outpatient social worker.

Within the hour, Carlette Dickerson, a pharmacy program coordinator, documented that the patient had run out of sick time and was no longer getting paid. The drug maker agreed to provide free medication, delivered within 24 hours.

Dr. Haque examined the patient and made arrangements for her to see a specialist later that day. Within two hours of her arrival, the patient had access to both medication and care. The next day, Dr. Haque followed up with her specialist for an update.

"Her case truly demonstrated the concept and execution of the Patient-Centered Medical Home model," said Cheryl Jackson, M.D., the attending physician. "It was a prime example of coordinated, multidisciplinary care that wrapped its arms around the needs of the patient."

On a recent afternoon, Brennan-Jones helped an uninsured patient with diabetes to apply for \$400 in medical supplies from the Delaware Diabetic Fund. She is working to get him orthopaedic shoes that will help prevent pressure wounds.

The patient was struggling to pay out of pocket for several medications. Pooja Dogra, Pharm.D, the clinical pharmacist, suggested several alternatives available for \$5.

"Creating innovative, affordable systems of care that our neighbors value is The Christiana Care Way," said Julie Silverstein, M.D., medical director.

The Wilmington Health Center achieved multi-site certification status in July, under the leadership of Sarah Schenck, M.D., Shirley Klein, M.D., and Dr. Jackson, practice coordinators, Lisa Wallace, APN, Melissa Crisconi, RN, and Crystal Pollock, RN, and Mary Theresa Lednum, BSN, RN-BC, center director. The center's three primary care practices — Internal Medicine, Adult Medicine and Pediatrics — offer a continuum of care from infancy to old age. ●

Volunteers SPOONS program promotes patient nutrition and companionship

A revitalized volunteer program is providing nutrition and companionship to patients and a much appreciated helping hand to nurses and other staff.

The SPOONS (Support for and Promotion of Optimal Nutritional Status) volunteer program helps patients at mealtimes by feeding them, cutting up their food and assisting as needed or sitting by as a dining companion. It makes for a safer and more pleasant mealtime experience for patients and frees up nursing staff to attend to other tasks.

A similar program operated at Christiana Hospital in the late 1990s has been brought back, says Margarita Rodriguez-Duffy, director of Visitor and Volunteer Services. Nurse Aliesha Rivera, RN, BSN, B-C, was unaware of the earlier program, but learned about SPOONS at a conference last year and suggested starting it up at Wilmington Hospital, where she works on the 4th floor medical and stroke unit.

With help from the nursing staff, volunteer office, speech pathology and food services, and input from risk management and legal services, a specialized volunteer training program was developed, and a pilot program started in January. It was expanded to Acute Care of the Elderly (ACE) units at Wilmington and Christiana Hospitals throughout the spring and summer, and this fall, volunteers are needed for SPOONS training at both hospitals.

"The main goal is to improve nutrition," Rivera said, but there are other benefits. The program is cost-effective, helps reduce length of stay and improves the hospital experience for patients.



Volunteer Jillian Buck helps patient Grace Miliewski enjoy lunch at Christiana Hospital's 6A (ACE) unit.

"Eating is such a social activity in everybody's life," said Linda Sydnor, MSN, CNS, B-C, geriatric clinical nurse specialist at Christiana Hospital. During the summer, with up to 10 college student volunteers participating, "it was helpful to many of our patients. They were able to have somebody to talk to," she said.

Saba Ali, a pre-medical student at the University of Maryland, volunteered with SPOONS last summer and is looking forward to returning over her winter break. Most rewarding is "the sheer joy and gratitude the patients expressed for just having someone to talk to them," she said. "The nurses appreciate us, too, and we really learned to appreciate them and what they do."

When a volunteer reports to the unit, the charge nurse identifies patients in need of assistance who qualify for volunteer visits. Those who have trouble swallowing or are in isolation are not eligible. Volunteers are trained to wash their hands, don gloves, introduce themselves to the patient and explain

why they're there. They also document the visit, recording time, room number and length of stay. It can take an hour to feed a patient, says Denise French, MSN, RN, APRN, BC, geriatric clinical nurse specialist at Wilmington Hospital.

French hopes SPOONS can expand to other units, but more volunteers are needed, especially those like Debbie Anthony, 44, who comes in for two or three four-hour shifts in Wilmington's ACE unit each week.

Anthony, who used to work at a nursing home, says that volunteering is a blessing. "I love the older population," Anthony said. "I can relate to them. I'm in a wheelchair myself — I'm a double amputee — and I understand what it's like to be in a hospital, to be frustrated and not able to do what you used to."

She helps patients with their meals, provides pleasant company, and offers newspapers or a game of cards. But sometimes, she says, all they need is just someone to talk to. ●



For information on volunteering: www.christianacare.org/volunteer

Christiana Care Quality Partners reaches out to community physicians

As Christiana Care transitions to a clinically integrated network of health care for employees, one of the first questions employees ask is: Will I have to change physicians?

To ensure the highest level of continuity possible, Christiana Care is reaching out to physicians in the community, inviting them to become part of the network through Christiana Care Quality Partners.

Every physician practice with medical staff privileges at a Christiana Care hospital will have received an invitation to participate with Quality Partners by the middle of October, said Douglas Azar, executive director of Christiana Care Quality Partners.

“Close to 1,000 physicians have been mailed this information, and we hope to receive agreements from most of them,” said Alan Greenglass, M.D., CEO of Christiana Care Quality Partners.

Under the agreements, the physicians would maintain their community-based practices and would continue to

care for patients who are Christiana Care employees as part of a clinically integrated network, which goes live in July 2014.

Azar said he anticipates that many community physicians will commit to the partnership by December. Physicians who are employed by Christiana Care are automatically in the network.

“We expect to build the network sufficiently so that employees will be well-informed long before the planned transition in July,” he said.

He noted that the new model offers value to both patients and providers, with a proactive, more robust approach to managing care to make certain that patients who need extra help receive it.

“Community physicians will have a strong voice, which will result in much greater collaboration,” Azar said. “The goal is high-quality care that is more accessible and efficient and creates greater overall value for those we serve.” ●



Flu Vaccinations Under Way

Christiana Care is on the road to achieving its goal of ensuring at least 90 percent of employees receive a flu vaccination this year. Within the first two weeks of the employee vaccination campaign, which launched Oct. 7, 65.8 percent of employees were vaccinated, and a total of 7,529 flu shots were administered to staff, physicians and volunteers.

Reaching the goal creates a safer environment for patients and a healthier workplace for employees.

Employees who have not yet received a vaccination may get theirs at Employee Health. Off-campus sites may still order vaccine until all staff have been vaccinated.

For any questions or concerns, contact Employee Health Services at 733-1479, or Infection Prevention at 733-3506. Employees must receive a flu vaccine or submit an exemption or declination form by Nov. 30. Employees who have not received the vaccine or submitted one of the forms by that date will be reviewed for discipline in accordance with Christiana Care policy.

Employees vaccinated outside of Christiana Care should still complete the consent form. ●

Great Place To Work Celebration



This year's Great Place to Work Week celebration took place Sept. 16 – 20 with exciting prizes and events. The celebration recognized the efforts we all undertake each day to partner with our patients, our neighbors and each other to make Christiana Care a great place to work.

Our celebration kicked off with a night at the Blue Rocks, where employees and their families celebrated Christiana Care Night on Aug. 19 as the Wilmington Blue Rocks took on the Potomac Nationals. After Chief Medical Officer Janice Nevin, M.D., MPH, threw out the first pitch, young relatives of Christiana Care employees got to run out on to the field with the Blue Rocks players. During the 7th inning stretch, Christiana Care employees and their families led the crowd in singing "Take Me Out to the Ballgame."

All employees had the opportunity to purchase specially discounted amusement park tickets to Hershey Park and Dorney Park. Employees also participated in a scavenger hunt and department essay contest for a chance to win individual and department prizes. The hospitals served a special menu for the week.

Individual departments got in to the spirit with their own celebrations. Here are just a few of the many highlights:

Christiana Hospital ED Admin Suite hosted "Throwback Thursday," where staff shared lunch and voted on their favorite photos of their colleagues from the '70s, '80s and '90s.

Middletown ED had a week's worth of events including a department scavenger hunt, a barbeque, cupcakes, pretzels and prize drawings.

Staff at HealthCare Center at Christiana and Corporate Finance Center attended a catered picnic.

Environmental Services hosted barbeques at both hospitals.

The Helen F. Graham Cancer Center & Research Institute held two educational lunch events, a hula hoop and Oreo cookie stacking contest, a lunchtime walk and secret buddies.

Pastoral Services organized a spirit day, performed random acts of thanks and held a departmental outreach project for Social Work that provided toiletry items, socks, coloring books and crayons for patients and families in the ED.

Many other departments had their own celebrations to recognize and appreciate their staff.

During the week of Oct. 7 Christiana Care provided free ice cream from the University of Delaware Creamery at a variety of locations. ●

Jacqueline Napoletano, M.D., joins National Cancer Institute Clinical Imaging Steering Committee



Helen F. Graham Cancer Center radiologist Jacqueline Napoletano, M.D., was elected to the National Cancer Institute's Clinical Imaging Steering Committee (CISC) as a community radiologist effective Aug. 31.

The CISC is one of 16 NCI steering committees formed in response to recommendations from the Clinical Trials

Working Group. The CSIC's goal is to ensure that NCI supports the best-designed trials addressing the most important questions, leveraging the most significant scientific advances in clinical imaging.

"Dr. Napoletano's appointment to the National Cancer Institute Clinical Imaging Steering Committee is a credit to her expertise and to the outstanding reputation of the NCI clinical

trials program at the Helen F. Graham Cancer Center & Research Institute," said Nicholas J. Petrelli, M.D., Bank of America endowed medical director of the Helen F. Graham Cancer Center.

These committees leverage current Intergroup, Cooperative Group, SPORE, Consortia and Cancer Center structures and involve the broad oncology community to help design and prioritize phase III and large phase II trials.

The steering committees provide a forum for collaborative development of concepts for new trials. CISC members also provide valuable imaging expertise for other steering committees to use in evaluating therapeutic concepts and discussions that include an imaging component. The CISC is interested in facilitating the exchange of ideas among a broad range of investigators interested in cancer clinical imaging research.

Dr. Napoletano was elected by principal investigators from the Clinical Community Oncology Program (CCOP), the Minority-Based CCOP and the CCOP Research Base, from a field of 60 nominations for 19 positions. ●

Gerard J. Fulda, M.D., receives Distinguished Service Award from Society of Critical Care Medicine



Gerard J. Fulda, M.D., FACS, FCCM, director, surgical critical care and surgical research, will receive a Distinguished Service Award from the Society of Critical Care Medicine (SCCM).

Dr. Fulda will be recognized for leadership and dedication to the society and for being a role model for future society leaders during the American

College of Critical Care Medicine Convocation/Society of Critical Care Medicine Awards Presentation Jan. 11 in San Francisco. He has been a member of the Society for 23 years.

Dr. Fulda served a one-year term that ended in February as chancellor of the SCCM's American College of Critical Care Medicine. He was appointed an ACCM Regent in 2007 and has been a fellow of the college for 18 years. He also served as past president of the Surgical Section of the Society of Critical Care Medicine.

Dr. Fulda graduated from the University of Maryland School of Medicine in 1983, completed surgical residency at Christiana Care and a fellowship in critical care and traumatology at the Maryland Institute for Emergency Medical Services Systems in 1989 (Shock Trauma Center).

He also is a fellow of the American College of Surgeons and the American College of Chest Physicians, and an associate professor of surgery at Jefferson Medical College. ●

American Heart and American Stroke associations honor Edward M. Goldenberg, M.D.

Edward M. Goldenberg, M.D., director of Preventive Cardiology, received a Distinguished Achievement Award from the American Heart Association/American Stroke Association (AHA/ASA) Great Rivers Affiliate at a Christiana Care medical grand rounds in early October.

Jonathan M. Kirch, AHA/ASA Delaware chapter advocacy director, who nominated Dr. Goldenberg for the award, said "Ed Goldenberg is a great cardiologist, fundraiser, community leader and advocate for the health of Delawareans. He is very deserving of recognition for many reasons. He served as chair of the 2012 Wilmington Heart Walk, which raised \$21,000 new dollars, with Dr. Goldenberg personally securing \$7,000 in new sponsorship revenue. He also led a top American Heart Walk team."

During this same time, Dr. Goldenberg was busy establishing the Million Hearts® Delaware coalition, which now is leading efforts in Delaware to align partners, public and private, to the goals of the national Million Hearts initiative, Kirch said.

Dr. Goldenberg regularly speaks to groups and businesses across Delaware about healthy living and prevention. He also writes articles about health that are regularly published in the News Journal.



Accepting a Distinguished Service Award, Edward M. Goldenberg, M.D., is joined by Denise S. Taylor, MS, RD, LDN, project manager, Million Hearts® Delaware, Jonathan M. Kirch, AHA/ASA Delaware chapter advocacy director, and Elisabeth Bradley, MS, RN, APRN, BC, CCRN, CCNS, clinical leader, Cardiovascular Prevention Program.

"Dr. Edward Goldenberg has been a highly respected volunteer leader for the local American Heart Association for many, many years ... His commitment to our mission is very personal, and that shines through in all of his work, as a volunteer, as a leader, and as a physician," Kirch said. ●

Wilmington Mayor Williams holds quarterly business meeting at Christiana Care



Wilmington Mayor Dennis P. Williams held his quarterly business roundtable Sept. 26 at the Wilmington Hospital Conference Center. Leaders from various business sectors who sit on the roundtable received a welcome by Robert J. Laskowski, M.D., MBA, CEO and president of Christiana Care. After the meeting, several members of the roundtable toured the new Center for Advanced Joint Replacement, the main lobby and the expanded Emergency Department that are part of the Wilmington Hospital Transformation Project. ●

Publications

James Halbert, DPT, Robin Pearce, DPT, Terri Burgess, MSPT, CEAS, Richard Zock, MPT, CEAS, "Advantages of Using Ceiling Mounted Lifts in Acute Stroke Rehabilitation," *Journal of Acute Care Physical Therapy*, Vol. 4, No. 2, 2013.

David A. Paul, M.D., Matthew K. Hoffman, M.D., MPH, Robert Locke, M.D., et al., "Effects of Pre-pregnancy Obesity, Race/Ethnicity and Prematurity," *Maternal Child Health Journal*, published online June 26.

Anthony Sciscione, D.O., et al., "Relationship Between One-Hour Glucose Challenge Test Results and Perinatal Outcomes," for the Eunice Kennedy Shriver National Institute of Child Health and Human Development (NICHD) Maternal-Fetal Medicine Units Network. *Obstetrics & Gynecology*. 2013 Jun;121(6):1241-7. doi: 10.1097/AOG.0b013e31829277f5. "Advanced lipoprotein measures and recurrent preterm birth," *American Journal of Obstetrics & Gynecology*. 2013 Oct; 209(4):342.e1-7. doi: 10.1016/j.ajog.2013.06.005. Epub June 13.

Matthew K. Hoffman, M.D., MPH, et al., "Gestational Weight Gain and Obesity: Is 20 Pounds Too Much?" *American Journal of Obstetrics & Gynecology*. 2013 Sep; 209(3):214.e1-214.e11. doi: 10.1016/j.ajog.2013.04.035. Epub April 28.

Deborah B. Ehrenthal, M.D., et al., "Importance of Engaging Obstetrician/ Gynecologists in Cardiovascular Disease Prevention," *Current Opinions in Cardiology*. 2013 Sep; 28(5):547-53. doi: 10.1097/HCO.0b013e328364298e.

Presentations

Sharon Jones, RN, MSN, "Greater Than the Sum of Its Parts: The Pulmonary Arterial Hypertension Team," at the 2013 Pulmonary Hypertension Professional Network Symposium, Arlington, Va., Sept. 28.

Appointments

Jennifer M. Lohkamp, PA-C, has been promoted to chief physician assistant for cardiovascular surgery. She joined Christiana Care as a physician assistant in 2002 after completing her education at Weill Medical College of Cornell University. As chief, Lohkamp assumes leadership responsibility for the cardiovascular surgery mid-level practitioners and champion of quality improvement and patient experience initiatives.

Emily K. Saks, M.D., Howard B. Goldstein, D.O., MPH, and Babak Vakili, M.D., have passed the board examination for Female Pelvic Medicine and Reconstructive Surgery.

Amy Kohl, BSN, RN, CCRN has been promoted to nurse manager of the Post Anesthesia/Prep and Holding Unit. She has been with Christiana Care for 15 years. Her leadership role over the last several years includes charge nurse, preceptor to new employees and most recently patient care coordinator in the PACU. Kohl has worked as a staff nurse on the surgical floors, Emergency Department, Surgical Critical Care Unit and the PACU, and she has been involved in many projects and initiatives including the Rapid Process Improvement SCCC-OR Handoff Team and the Rapid Process Improvement Surgical Transitions Team. She was team leader for the Handoff Communication Task Force dedicated to promoting safe, smooth transitions for post-operative

patients. Kohl will complete her MS degree in nursing in the Healthcare Administration Program at the University of Delaware this fall.

Kelly Panella, BSN, RN, has been appointed assistant nurse manager of the Surgery and Procedure Unit. Panella has 36 years of nursing and leadership experience with Christiana Care. She was a staff nurse in the adolescent unit and was appointed staff educator for the adolescent and school-age unit, and became patient care coordinator for the gynecology nursing unit. She also helped start a 23-hour outpatient area, cardiac outpatient and surgical process and recovery area. She has been a key member of several successful projects including the opening of the CDU. She received her BSN in 1992.

Awards

Delaware Today magazine spotlights **Nicholas Petrelli, M.D.,** medical director of the Christiana Care Helen F. Graham Cancer Center & Research Institute on the cover of its October "Top Doctors" issue. The issue includes a feature article about the amazing things to combat cancer taking place at the Graham Cancer Center, which opened 10 years ago.

Megan N. Wasson, D.O., received the Jerome Hoffman Award award for Best Scientific Poster for "Impact of a Robotic Surgical System on Hysterectomy Trends in Gynecologic Subspecialties," at the Society of Laparoendoscopic Surgeons annual meeting and Endop Expo in August.

Christiana Care VNA's Evergreen Center was the winner of the News Journal's Readers' Choice award, posted in Sunday's paper Sept. 29 under the assisted-living category. ●

Christiana Care welcomes Jefferson Medical College Class of 2015



The incoming class includes: (front row, from left) Jennifer L. Baker, Padmini Manrai, Daniel Shapiro, Lindsay Mammarella and Ashley Panichelli. Back row: Alissa Werzen, Ngoc Nguyen, Markian Pazuniak, Laura Methvin, Jeffrey Muenzer and Anthony Stefanelli.

Jefferson Medical College students attending the Christiana Care campus were welcomed this summer for their final two years of medical school.

The graduating class annually recognizes faculty members and staff who help them through their final year of medical college. This year, they recognized the following people:

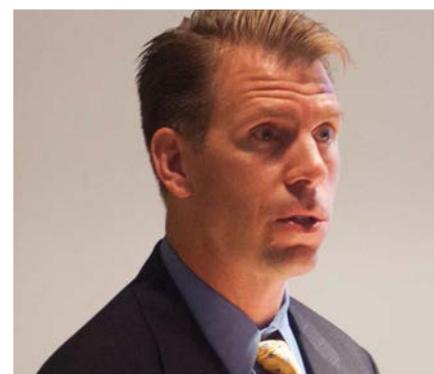
Lanny Edelson, M.D., Attending Teacher of the Year; Lois Midash (Surgery), Student Coordinator of the Year; Beth Fitzgerald MS, RN, CNOR (Virtual Education and Simulation Training Center), Nurse of the Year. The class of 2013 also recognized the following Christiana Care residents for their contributions:

From the Department of Surgery: Caitlin Halbert, D.O., Vijay Jayaraman, M.D., and Dave Yearsley, M.D. From the Department of Obstetrics & Gynecology: Andrew Ward, M.D. From the Department of Medicine: Lauren Douglas, M.D. ●

Renal Symposium provides comprehensive forum

The 6th annual Renal and Hypertension Symposium, Oct. 5, provided a full day of learning for physicians, nurses and allied health professionals who care for patients with hypertension and kidney disease. This year's symposium examined:

- Therapies for the management of diabetic nephropathy, cardiorenal syndrome, resistant hypertension, current options for dialysis and the potential effects on the kidney associated with the use of NSAIDs.
- A review of challenges associated with the management of chronic kidney disease in the elderly and thrombotic risks in nephrotic syndrome.
- An update on current classification and risk stratification in chronic kidney disease. ●



William Dahms, D.O., chair of the planning committee, opened the symposium with a module, "Chronic Kidney Disease 2013: Updated Classification and Risk Stratification."

VNA Special Needs Fund helps patients with essential support when other resources aren't available



The Christiana Care VNA Special Needs Fund purchased equipment to help James Hubbard of Wilmington live independently after he had a stroke.

When James Hubbert was recovering from a stroke, he received expert care from a nurse, a physical therapist and a speech therapist, who worked with him at his home in Wilmington.

He also got help outfitting his bathroom with a tub bench and shower extension hose that gave him a boost in regaining his independence, thanks to the Special Needs Fund established by the Christiana Care Visiting Nurse Association.

"I needed a lot of help," said Hubbert, 66, who has paralysis from both cerebral palsy and the stroke. "The wonderful people from the VNA really put me through my paces to get me stronger and also found a way for me to bathe myself."

Since the program was founded in 2004, the VNA has assisted 840 patients with special needs, spending \$94,100. Often, the money pays for durable medical equipment that isn't covered by Medicare. Patients can get bridge coverage to pay for medications while they are enrolling in a Medicare Part D program.

"Because we see patients in their homes, the VNA staff is uniquely positioned to identify ways to help patients get well and stay safe," said Lynn C. Jones, president, Christiana Care Home Health & Community Services. "It's looked upon as a fund of last resort and is only used for items that we believe will likely contribute to an adverse outcome if not obtained for the patient."

"We see a lot of seniors who don't have the Medicare prescription plan either because they couldn't afford it or were healthy and thought they didn't need it," said Tom Bradford, a medical social worker with the VNA. "While we are getting that coverage established, the special needs fund can bridge that gap."

The fund also pays for non-medical items that contribute to the patient's health and well being. A patient with COPD can breathe easier and exercise after receiving a room-size air conditioner. Pre-paid paratransit tickets enable patients to get to medical appointments.

Ronnie Douglas of Wilmington did not have insurance when he had a heart attack and quadruple bypass surgery. The fund paid for gauze bandages, tape and other wound care supplies used by the nurses who visited Douglas three times a week after he went home from the hospital.

"They gave me enough supplies to get me through completely," said Douglas, 62. "Instead of worrying about paying for bandages, I could concentrate on getting well." ●

Mind Body Food
All this and more at *Wellness*.christianacare.org.


 Donor

Christiana Care takes top honors in Summer Blood Challenge



Christiana Care earned top honors in the 2013 Blood Bank of Delmarva's Summer Blood Challenge with the highest point total and overall number of blood donations. Christiana Care also enlisted the highest number of new members to join the Blood Bank.

This is the 10th year in a row Christiana Care has won the challenge. Christiana Care recruited 928 blood donors and 177 new Blood Bank members, up from 560 and 142 last year respectively.

This year, 241 local employers participated in the competition, bringing in 14,308 blood donations and 1,819 new Blood Bank members. That's a blood donation increase of 20 percent over last year's challenge.

Christiana Care employee Kevin Walker, RN, won the \$1,000 TD Bank VISA gift card.

The challenge is a competition among employers to recruit the most Blood Bank members and donors during the summer. It helps raise awareness of the need for blood at a time when vacations and outdoor activities often contribute to shortages in many areas of the country.

Thank you, to all who donated to help alleviate the shortage of blood in our community. ●



Caring for yourself through breast cancer awareness

More women are asking questions about genetic testing for breast cancer since actress Angelina Jolie revealed she had both breasts removed as a preventive measure because she carries a gene mutation that greatly increases her risk of cancer.

Because harmful BRCA1 and BRCA2 gene mutations are rare, most experts recommend genetic testing for the individual with the cancer, when possible, said Zohra Ali-Khan Catts, MS, LCGS, director of Cancer Genetic Counseling at the Helen F. Graham Cancer Center. If a mutation is found, then targeted testing of family members can be performed at a reduced cost.

Risk factors include:

- Multiple breast or ovarian cancers in the family, often at an early age. Jolie's mother died at 56, seven years after being diagnosed with ovarian cancer. Her maternal aunt also had the gene mutation.
- Two or more primary cancers in a single relative, such as breast and ovarian cancer or more than one breast cancer.
- Male relatives with breast cancer.

October is National Breast Cancer Awareness Month, a reminder that the American Cancer Society recommends annual mammograms for all healthy women, beginning at age 40. Although the technology is not perfect, a mammogram can

detect cancer when it is in its earliest, most curable stage, long before it is large enough to feel.

Starting in their 20s, women should have clinical breast exams, in which a doctor or nurse checks the breasts for lumps. Women also should perform monthly self-exams at home.

Because one in eight women will develop breast cancer during her lifetime, all women should learn the signs and symptoms of the disease. That includes a new lump, swelling or thickening on the breast or armpit, or pain in any part of the breast.

Pay attention to your skin. Irritated or dimpled breast skin is a warning sign. So is flaky or red skin in the nipple area.

Other warning signs are pulling in of the nipple or discharge from the nipple, other than breast milk.

If you have any of these signs, don't wait for your annual exam. See your doctor right away.

Women also can help to reduce their risk of breast cancer through healthy lifestyle choices, including breastfeeding their babies. Gaining weight is a factor, especially after menopause when most breast cancers occur. Studies have shown that alcohol also elevates the risk.

And keep moving. Research suggests that moderate exercise reduces the risk of cancer, even when started later in life. ●

Upcoming Events

October

Medication Cabinet Clean-Out Day

Saturday, Oct. 26, 10 a.m. - 2 p.m., Christina Hospital, MAP 2 parking lot

Dispose of your unwanted or expired medications, including prescriptions, vitamins, over-the-counter pills, liquid medications and pet medicines. Leave medications in their original containers. No syringes and sharps.



Strong and Healthy Latinas: Love yourself. Love your family.

Saturday, Oct. 26, 10 a.m. - 3 p.m., Bayard Middle School, 200 S. Dupont St., Wilmington

8th annual free health awareness event presented entirely in Spanish. For more information call Community Health Outreach and Education at 302-623-4661.



Erasing the Blues

Oct. 27 at the Wilmington Riverfront

A 5K/10K walk/run sponsored by the Mental Health Association in Delaware. Register at 7:30 a.m. Race begins at 8:30. Christiana Care is a co-sponsor. For more details, visit erasingtheblues.org.

11th Annual Delaware Emergency Nurses Association Symposium

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

- First-response to non-fatal strangulation.
- Handling postpartum emergencies.
- Causes of teen suicides and effects on 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. ●

Value Institute Symposium: End-of-Life Care in America — A Clinical and Public Policy Perspective

Thursday, Oct. 31, 9:30 a.m. - 12 p.m., John H. Ammon Medical Education Center, Christiana Hospital

The Value Institute presents palliative care experts Diane E. Meier, M.D., FACP, of Mount Sinai Medical Center, and David J. Casarett, M.D., MA, of the University of Pennsylvania. This symposium is co-sponsored with the Delaware Public Policy Institute. Register at christianacare.org/value-symposium.

November

Electrophysiology Conference

Saturday, Nov. 2, 7 a.m. - 1 p.m., John H. Ammon Medical Education Center

Speakers and topics include "Electrophysiology 101: Indications, Procedures and Complications" by Brian Sarter, M.D.; "Pre- and Post-Procedure Care of the Electrophysiology Patient" by Laura Dechant, APN, MSN, CCRN, CCNS; "Hypothermia in the EP Lab" by Stacy Cruikshank, RN; "Device Management in Heart Failure" by Henry Weiner, M.D.; "Atrial Dysrhythmias 101" by Roger Kerzner, M.D.; and "Atrial Fibrillation Trends" by Joseph Pennington, M.D.

Register at christianacare.org/EPconference. To register by mail, complete the registration form and return it with your check to Julie Tank, Christiana Hospital, Heart & Vascular Interventional Services Room 2866, 4755 Ogleton-Stanton Road, Newark, DE 19718.



Day of Hope

Saturday, Nov. 2, 8:30 a.m. – 3 p.m., Helen F. Graham Cancer Center & Research Institute

This celebration — available to all cancer patients, cancer survivors and their loved ones — provides life-affirming activities that educate and entertain. Activities will help you rest and recharge your mind, body and spirit, and have fun along the way. Call 302-623-4500 to register.

Institute for Healthcare Improvement (IHI) Expeditions, Improving Safety and Reliability for Surgical Procedures

Six sessions, begins Nov. 14

Contact Theresa Fields at the Value Institute, tfields@christianacare.org, to request admission.

How to Prevent Falls

Tuesday, Nov. 19, 6 – 7:30 p.m., Christiana Hospital, Room 1100

Falls occur for multiple reasons and affect people of every age. Thankfully, falls can easily be prevented by learning who is at risk for falls, why falls occur, and following a few easy steps to prevent falls and improve balance. This lecture, sponsored by Christiana Care Rehabilitation Services, will feature advice from Aron McConnell, DPT, CSCS, and Bryan Kist, PT, DPT, MS, OCS.

Workshop provides assessment tool for effective communications

The Christiana Care Learning Institute Center for Diversity & Inclusion, Cultural Competency & Equity on Sept. 17 presented workshops by Carol Mostow, LICSW, who directs training in psychosocial and communications skills for the Family Medicine Residency Program at Boston University Medical Center.

Mostow's workshop was titled "RESPECT: A Relational Model Addressing Race, Ethnicity and Culture." The model uses the word RESPECT as an acronym for seven essential components that provide a practical framework and an assessment tool for effective communications and optimal health care and teamwork encounters: respect, explanatory model, social context, power, empathy, concerns and fears, and trust.

"We continue to research evidence-based practices to enable us to foster an inclusive environment for our patients and colleagues and facilitate us to learn new knowledge and skills than can translate into action," said Rosa M. Colon-Kolacko, Ph.D., MBA, senior vice president and executive director, Learning Institute, and chief diversity officer.



Carol Mostow, LICSW presented her RESPECT model for communication at a Learning Institute workshop.

Powerful new mobile apps available through medical libraries

Christiana Care’s medical libraries are becoming more mobile-friendly with new apps aimed at making life easier for physicians and students.

The most requested app at the libraries is now available: UpToDate Anywhere provides clinicians with anytime/anywhere access to comprehensive, evidence-based clinical decision support. Instructions to register for this mobile version of the popular UpToDate online knowledge system are available on the Medical Libraries intranet home page. Clinicians may download the app on up to two devices.

Goodbye RefWorks, hello Mendeley

For many years, the medical libraries have provided institutional access to a bibliographic management software known as RefWorks. This access will end Nov. 30. Current

users of RefWorks will be contacted by the medical libraries with information on how to move their references to a new product: Mendeley.

Mendeley allows the libraries to connect their journal collection directly to researchers, and it aids collaboration among colleagues. Mendeley also allows the librarians to see the impact of Christiana Care’s research output.

Mendeley allows users to create an unlimited number of private groups, with up to 25 collaborators in each group. Group members can share documents and access their papers on the Web, iPhone or iPad. By using the public groups feature within Mendeley, researchers can discover papers and people with similar research interests.

“Access to the most up-to-date medical information has never been easier,” said Barbara Henry, MLS, director of the medical libraries at Christiana Care. “We’re continually listening to our clinicians, students, researchers and consumers to ensure that they have the tools and information that they need to create, innovate and provide expert care to our patients.” ●

For more information or assistance, call 733-1164 or e-mail LibraryLink@christianacare.org.



Mobile Fair, Nov. 18-19

The Medical Libraries will host a mobile fair for staff and clinicians on Monday, Nov. 18, 10 a.m. to 2:30 p.m., in the John H. Ammon Medical Education Center, Rooms 1, 2 and 3. The event will feature a lunch session from 11:30 a.m. to 12:30 p.m. in Room 3 with representatives from IT describing Christiana Care’s support of mobile devices. Resource providers will demonstrate mobile apps, and Christiana Care staff will share experiences with them.

The Mobile Fair will move to Wilmington Hospital on Tuesday, Nov. 19, 10 a.m. to 2:30 p.m. in the Trustees Room.

Both events will include drawings for prizes, including an iPad Mini at each location.

Students, mentors showcase biomedical research

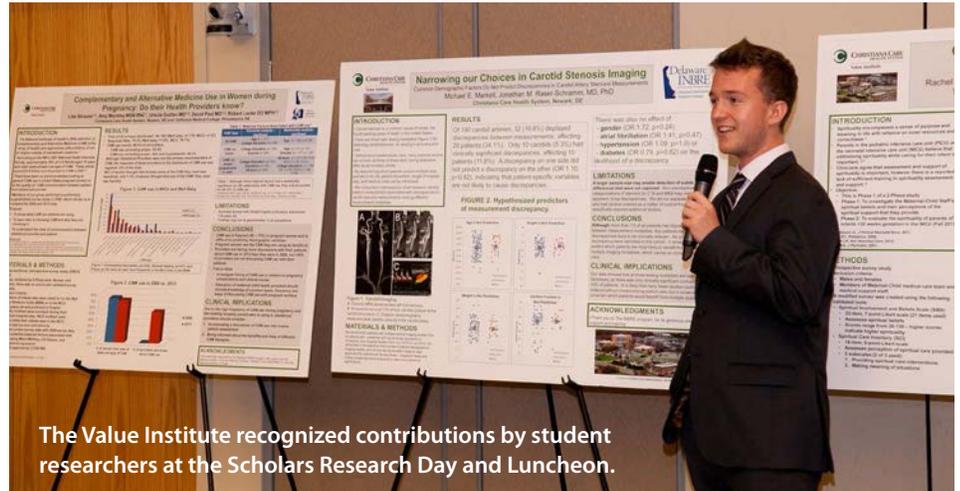
College, high school and post-graduate students who conducted research at Christiana Care were honored during a Scholars Research Day and Luncheon in August at the John H. Ammon Medical Education Center.

“We are all really happy when we get a chance to persuade incredibly talented young people to love research as much as we do,” said Seema S. Sonnad, Ph.D., director of Health Services Research for the Value Institute. “We very much appreciate the opportunity to have students participating in a wide range of projects aligned with the Value Institute and the Triple Aim of improving population health, patient experience and health care value.”

Twenty-nine students, selected from 85 applicants, presented posters summarizing research conducted under the guidance of Christiana Care mentors. Topics ranged from analyzing the efficacy of diagnostic and therapeutic procedures to investigating the role of spirituality in caregiving.

The Value Institute and Delaware’s IDEa Network of Biomedical Research Excellence (INBRE) presented the event. Delaware INBRE, funded through the National Institutes of Health, each year supports more than 50 student researchers at institutions throughout the state, including those at Christiana Care.

“I hope this has opened your eyes and encouraged you to set off on your path to do this work and improve other peoples’ lives,” said Thomas Bauer, M.D., FACS, the section chief of thoracic surgery and Christiana Care’s principal investigator for Delaware INBRE. “We are building a research infrastructure and generating a biomedical workforce through the INBRE program. Money invested in INBRE is far overshadowed by the clinical impact and probable dollars saved by providing enhanced patient experience and decreased health care expenditures.”



The Value Institute recognized contributions by student researchers at the Scholars Research Day and Luncheon.

The research of INBRE scholars already is being put to real-world use. A study of cardiac monitoring by University of Delaware student Avkash Patel and Georgetown University student Greg Jasani, now in its second year with Maria Rocca of Wake Forest University also participating, already has resulted in an amended Christiana Care policy on conducting and reporting cardiac monitoring, leading to better patient care, reduced cost and fewer wasted resources.

This year’s research shows equal promise.

For example, two UD sophomores studied the interruption of anticoagulation, or blood-thinning, therapy with results that have the potential for changing the way such situations are managed. James Williams, a biochemistry major, researched increased stroke risk due to inappropriate interruption of anticoagulation therapy, and Megan Rechsteiner, a nursing major, examined how patients who may have to stop taking blood-thinners to undergo other medical procedures are educated about the risks and benefits of anticoagulation therapy interruption.

A project at the opposite end of the technological spectrum, also aligned with the goal of improving the value of care to patients, was Clarion University of

Pennsylvania sophomore biology major Rachel Kwadu’s research into spirituality among maternal-child caregivers and how that affected their approach to patient care.

“It ties in with patient-centeredness in care and understanding that innovation isn’t always new technology, but the human touch including spirituality, which may have important implications for improving the patient experience,” Dr. Sonnad said.

Dr. Bauer praised the mentors who oversaw the student researchers, and noted that the diversity of expertise among them and their departments has helped to broaden the scope of research conducted by Christiana Care’s INBRE scholars.

“I tried to capitalize on the strengths of Christiana Care, which is an exceedingly strong and robust health care system, to draw on things like the Value Institute’s expertise in studying health care delivery, the Helen F. Graham Cancer Center’s strong history of translational research, and the strength of the Center for Heart & Vascular Health and Women’s Health,” he said. “Partnering with those four entities has facilitated expanding INBRE’s goal of building a research infrastructure to many other areas throughout our campus.” ●

Task force aims to prevent stroke and heart attack from interruption of surgery patients' anticoagulant therapy



Andrew Doorey, M.D.



Mark D. Cipolle, M.D., Ph.D.



Sudhakar R. Satti, M.D.



F. Todd Harad, M.D.

A multidisciplinary task force based at Christiana Care is raising awareness about recent changes in national guidelines concerning interrupting long-term anticoagulant and antiplatelet therapies, such as warfarin, clopidogrel and aspirin.

The task force, comprising internists, cardiologists, gastroenterologists, family medicine specialists, OB-GYNs, general, vascular and neuro-interventional surgeons, anesthesiologists, nurses, pharmacists and other disciplines, wants all physicians and patients in the community to understand the potential dangers that can arise from interrupting anticoagulant therapy, including heart attack or stroke.

Temporary interruptions are often ordered before a patient undergoes an invasive procedure to minimize peri- and post-procedural bleeding, said Andrew Doorey, M.D., of Christiana Care Cardiology Consultants.

"Although guidelines concerning these interruptions have been gradually developed over the years by dental, cardiac and gastroenterology physicians, as well as others, these expert recommendations are not well understood or appreciated by many practitioners," Dr. Doorey said. "That is in part because there is no single place to find them."

Christiana Care Cardiology Consultants summarized the recommendations in a communication to physicians. These recommendations have become an official Christiana Care guideline.

Dr. Doorey, who led task force colleagues at grand rounds at Christiana Care before general internal medicine, cardiology,

surgery and other audiences, said the risk of a catastrophic event caused by stopping anticoagulants often outweighs the risk of bleeding.

For patients receiving long-term antithrombotic therapy, the approach to discontinuing therapy should be individualized and whenever possible. Procedures involving a risk of bleeding should be postponed until the risk of interruption can be discussed by the physicians prescribing the medication and doing the procedure.

The task force provides the following advice to physicians:

- Even brief gaps can lead to a "rebound effect," which increases the danger of a catastrophic event after long-term therapy has been interrupted.
- If possible, perform your procedure without interruption of these drugs.
- If some interruption is necessary, keep it as short as possible.
- Make sure patients know they should get approval from the doctor who prescribed the anticoagulant or antiplatelet medication before temporarily interrupting the therapy, and resume taking the medications as soon as the doctor performing the procedure recommends.

Dr. Doorey recommends a review article in the May 30, 2013 *New England Journal of Medicine*, titled "Management of Antithrombotic Therapy in Patients Undergoing Invasive Procedures," by Todd H. Baron, M.D., Patrick S. Kamath, M.D., and Robert D. McBane, M.D., which compares thrombotic risk with periprocedural bleeding risk over a range of conditions, including atrial fibrillation, mechanical heart valves, cancer and coronary stents. ●

Taking the sting out of local anesthetic allergies By Jessica McPoland, Pharm.D., BCPS.

Local anesthetics (LAs) are frequently used in a variety of medical settings, from the dental office to the operating room. Despite their common use, it is not unusual for a patient to report an allergy to an LA. However, studies demonstrate the incidence of a true allergy to LAs to be <1%. Therefore, when evaluating a patient's reaction to an LA, it is important to obtain a detailed history to help differentiate between an adverse effect and an allergic reaction. For example, many LA preparations contain epinephrine, a vasopressor, which decreases the absorption of the LA, reducing the risk of systemic effects, and prolonging the duration of anesthesia. However, epinephrine can also cause tachycardia, hypertension and diaphoresis, and may be interpreted as an allergy. LAs are often used during dental procedures, which cause anxiety for many patients. Manifestations of anxiety, such as a tachycardia, diaphoresis and syncope may also be confused with an allergy to the LA the patient received during the procedure.

Although rare, it is possible that a patient may have a true allergic reaction to an LA. Type I allergic reactions are IgE mediated and result in an immediate reaction due to the release of histamine and other inflammatory mediators. Reaction symptoms can range from local urticaria to laryngeal edema, bronchospasm and hypotension. Type IV reactions are non-IgE mediated and slower onset, but can still cause similar symptoms including anaphylactoid reactions. There are several potential antigenic compounds that may be responsible for the reaction. The structure of LAs is comprised of three portions: a lipophilic aromatic group, an intermediate chain, and a hydrophilic amine group. The intermediate chain serves as the basis of classifying an LA as either an ester or amide. Ester anesthetics are metabolized by plasma cholinesterases and an

intermediate metabolite, para-aminobenzoic acid, or PABA, is formed. PABA is highly antigenic and thought to be the reason why allergic reactions are more common with ester anesthetics. PABA is also a metabolite of methylparaben, a preservative included in multidose vials of both amide and ester anesthetics. Amide LAs undergo hepatic metabolism and do not form PABA. Also, LAs formulated with vasopressors contain sulfites, which act as antioxidants preventing epinephrine oxidation. Sulfites are antigenic compounds and should be considered as a potential allergen source when evaluating LA reactions. Sensitivities to sulfites are not uncommon, especially in patients with asthma or atopic conditions.

The Joint Council of Allergy, Asthma and Immunology recommend that if the LA that caused a reaction is known, consider using an LA from another class for skin testing and graded challenges. Graded challenges can also be helpful if the drug causing the reaction is unknown or if proof of safety of an LA is needed. Due to different mechanisms of metabolism between amide and ester compounds, cross reactivity between the two groups is not likely. Esters are more likely to cause a reaction and have more cross reactivity compared to amide LAs. If a patient reports a reaction to an ester LA, it may be reasonable to administer a compound that lacks a PABA metabolite and use a preservative-free amide LA. Cross reactivity can occur between amide anesthetics as well. If a patient is allergic to one amide LA, an intradermal skin test may be performed to determine if there is an allergy to other amides, or an ester LA can be used. Rarely, a patient may be allergic to both amide and ester LAs. In those cases, an alternate form of anesthesia is warranted. ●

AMIDES	ESTERS
Lidocaine (Xylocaine®, Lidoderm®)	Benzocaine (Lanacaine®, Hurracaine®)
Bupivacaine (Marcaine®, Sensorcaine®)	Tetracaine (Pontocaine®, Tetcaine®)
Mepivacaine (Carbocaine®, Polocaine®)	Chloroprocaine (Nesacaine®)
Prilocaine (Citanest®)	Procaine (Novocain®)
Dibucaine (Nupercainal®)	Propoxycaine (Ravocaine®)
Ropivacaine (Naropin®)	Cocaine

References:

- Eggleston ST, Lush LW. Understanding allergic reactions to local anesthetics. *Annals of Pharmacotherapy* 1996;30:851-857.
- Becker DE, Reed KL. Local anesthetics: review of pharmacological considerations. *Journal of the American Dental Society of Anesthesia* 2012;59:90-102.
- Boren E, Teuber SS, Naguwa SM, et al. A critical review of local anesthetic sensitivity. *Clinical Review in Allergy and Immunology* 2007;32:119-127.
- Culp Jr WC, Culp WC. Practical application of local anesthetics. *Journal of Vascular and Interventional Radiology* 2011;22:111-118.

FORMULARY UPDATE—SEPTEMBER 2013

FORMULARY ADDITIONS

Medication – Generic/Brand Name	Strength/Size	Use/Indication	Comment
Budesonide extended-release capsules /Entocort EC	3 mg capsule	Treatment of inflammatory bowel disease	

FORMULARY DELETIONS

Acyclovir ointment 5%		Low value—weak evidence of benefit	
Fleet Phospho-Soda		No longer manufactured	
Halflytely Bowel Prep Kit		No longer manufactured	

Best practice review

HEALTH LITERACY

**Q. WHAT IS HEALTH LITERACY?**

A. Health literacy is the degree to which an individual can obtain, process and understand basic health information to allow them to make appropriate health care decisions.

Q. WHY SHOULD I BE CONCERNED ABOUT HEALTH LITERACY?

A. Only 12 percent of patients have proficient health literacy; 9 out of 10 adults may not understand our instructions. Poor health literacy weakens an individual's ability to understand health care instructions and affects their ability to manage their own health care needs or the needs of their family members.

Q. WHAT RESOURCES ARE AVAILABLE TO HELP PATIENTS AND FAMILY MEMBERS WITH HEALTH CARE INFORMATION?

A.

- ExitCare is an online program accessible through PowerChart that provides written material for patient and family education.
- The GetWell Network provides video education for inpatients and their families.

- Christiana Care librarians may be consulted for assistance in finding resources.
- External Affairs and Nursing Development and Education may be contacted to assess and revise patient education content that is provided across the system.

Q. WHAT STEPS CAN I TAKE TO FACILITATE MY PATIENTS AND THEIR FAMILIES UNDERSTANDING OF THE INFORMATION I HAVE GIVEN TO THEM?

A.

- Be positive.
- Use everyday language, not medical terminology.
- Use the Teach-Back Method.

Q. WHAT IS THE TEACH-BACK METHOD?

A. The Teach Back Method is a method that provides an opportunity for the health care provider to assess understanding and re-teach information as needed by asking the patient to explain the information given to him in his own words. For example, the provider can say, "I want to be sure I explained everything clearly, can you please explain it back to me so I can be sure I did?" or "Can you tell me what you will do when you get home?"

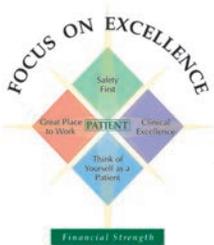
If you have questions about this Best Practice Review, please contact the Content Experts: Ann-Marie Baker, 733-4086. Safety Hotline: dial 7233 (SAFE) from within the hospital or dial 623-7233 (SAFE). ●



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

More than 150 children participated in this year's Perioperative Open House, Sept. 15 at the Christiana Surgicenter.

The annual event, sponsored by the Perioperative Professional Nurse Council, gives kids a chance to explore a real operating room. This year visitors were invited to handle a Bovie electrosurgical instrument to slice an orange, check out laparoscopic surgery equipment, try their hand at intubating a mannequin, learn what happens in the recovery room and take part in other fun challenges.

Many of the children were excited to be hooked up to a monitor to see their vital signs and receive a personal rhythm strip.

"What a great opportunity it was to show our kids and neighbors what we do, maybe plant seeds of future health care workers," said Kimberly Gales-Wilson, RN, MSN, PEP coordinator. ●

Barbara Evans, CRNA, shows a child how to intubate a mannequin, using a video laryngoscope to visualize placement of a soft flexible tube into the trachea.



**Annual Perioperative Services
open house inspires kids with
insider's view of the OR**