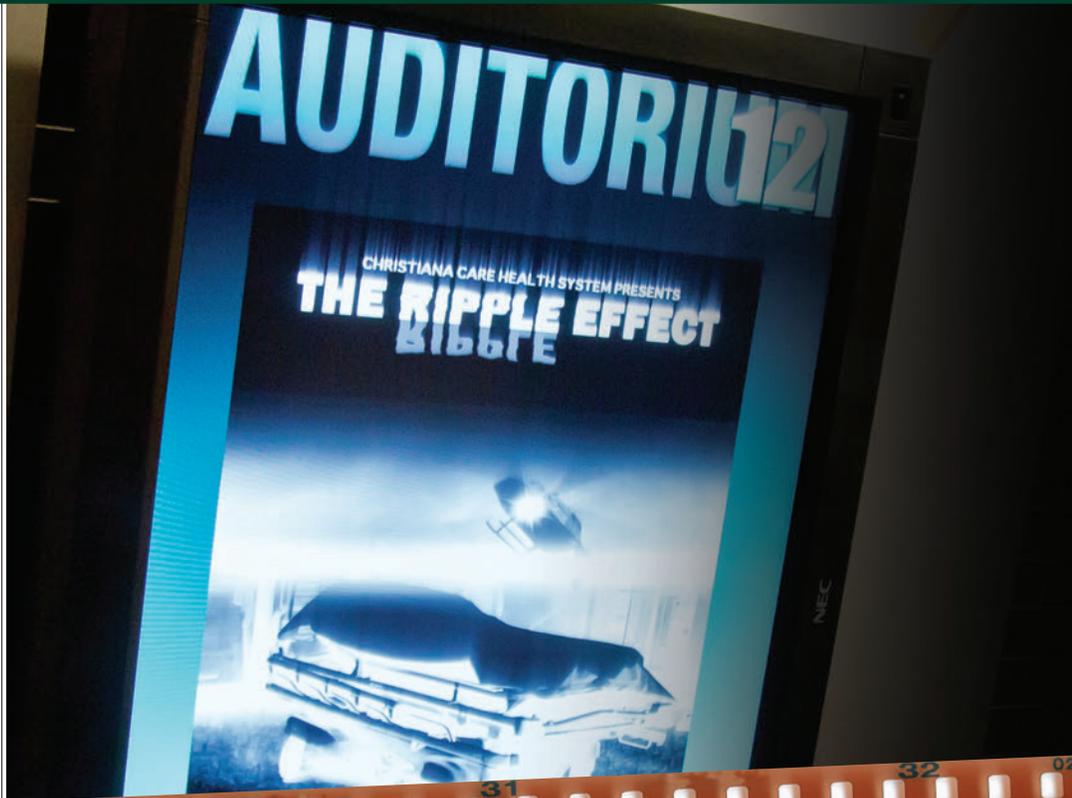


FEBRUARY 2014
VOLUME 25, NUMBER 2

A publication of
**Christiana Care
Health System
External Affairs**

IN THIS ISSUE:

- 6 FOCUS ON EXCELLENCE >**
Annual awards program stimulates health care innovation.
- 10 GIFT CREATES A LEGACY >**
Donor generosity creates opportunity to enhance emergency care for seniors.
- 23 VNA INNOVATION AWARD >**
Cardiovascular telehealth program earns national recognition.



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.

Trauma team exposes impact of gun violence in 'The Ripple Effect'

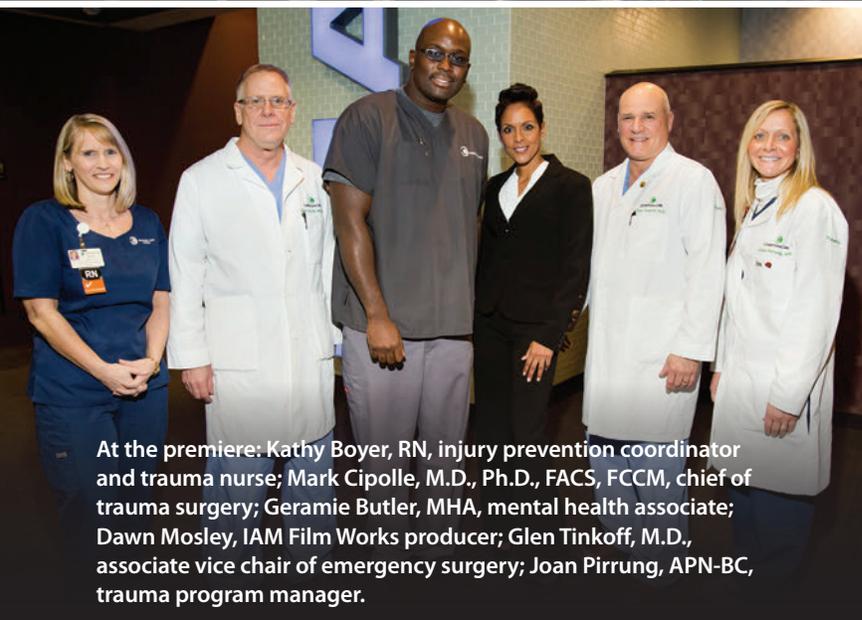
Christiana Care hosted the Jan. 23 premiere screening of "The Ripple Effect," a powerful documentary filmed at Christiana Hospital that shows the medical consequences of gang activity and gun violence.

The Ripple Effect features live footage within the Emergency Department as health care teams race to save the lives of shooting victims who have suffered life-threatening injuries. Following the screening of the film at Penn Cinema Riverfront in Wilmington, Christiana Care's trauma team led a discussion about outreach efforts to dissuade youths from resorting to violence.

CONTINUED



Public officials and community leaders joined Christiana Care at Penn Cinema Riverfront for the premiere screening of "The Ripple Effect."



At the premiere: Kathy Boyer, RN, injury prevention coordinator and trauma nurse; Mark Cipolle, M.D., Ph.D., FACS, FCCM, chief of trauma surgery; Geramie Butler, MHA, mental health associate; Dawn Mosley, IAM Film Works producer; Glen Tinkoff, M.D., associate vice chair of emergency surgery; Joan Pirrung, APN-BC, trauma program manager.

"The Ripple Effect" includes interviews with Christiana Care trauma surgeons, trauma nurses and other members of the health care team, as well as a patient who was treated for gunshot wounds at Christiana Hospital.

The panel discussion featured: Mark Cipolle, M.D., medical director of trauma surgery; Joan Pirrung, APN-BC, Trauma Program manager and trauma nurse; Geramie Butler, MHA, mental health associate; Kathy Boyer, RN, Injury Prevention Program coordinator and trauma nurse; and Glen Tinkoff, M.D., associate vice chair of emergency surgery at Christiana Care. Dawn Mosley of IAM Film Works, who produced the film, moderated the panel.

"The Ripple Effect" is the second of two videos about the medical consequences of gang violence that Christiana Care has spearheaded as a result of a grant from the Criminal Justice

Council through the U.S. Attorney's Office Project Safe Neighborhoods initiative. The first video, "Choice Road," is a fictional film that tells the story of the medical consequences of one teenager's decision to join a gang. Since its debut in 2011, "Choice Road" has been shown to almost 1,400 teens and 60 groups.

Among those attending the premiere were representatives of the U.S. Attorney's Office; Wilmington Mayor Dennis Williams' administration; members of the City of Wilmington Council; officers of Delaware State Police and Wilmington Police; and representatives of the Delaware Bureau of Prisons. Members of the Hope Commission, the Delaware Center for Justice and numerous other advocacy groups across the state also attended.

"Victims of gunshot violence and gang activity face not only death but devastating injuries that afflict them for the rest of their lives," Dr. Cipolle said. "Our hope through this documentary is to deter more young people from resorting to crime so we can have fewer lives impacted by the very preventable problem of gun violence."

"Our hope through this documentary is to deter more young people from resorting to crime so we can have fewer lives impacted by the very preventable problem of gunshot violence."

— MARK CIPOLLE, M.D.

The premiere received media coverage by 6ABC, WILM, NBC10, The News Journal, WDDE, WDEL and WHYY. Christiana Care's trauma program also has received requests to screen "The Ripple Effect" from as far away as Rhode Island and Tennessee.

Christiana Hospital features the only Level I trauma center in Delaware for both adults and children — the only one of its kind between Philadelphia and Baltimore. Level I means it includes a full range of specialists and resources with the capability of providing total care for every aspect of injury, from prevention through rehabilitation. Christiana Care's outreach efforts in injury prevention include programs designed to reduce the rate of violent crime among children and teenagers, reduce injuries from preventable vehicular crashes and reduce falls among older adults.

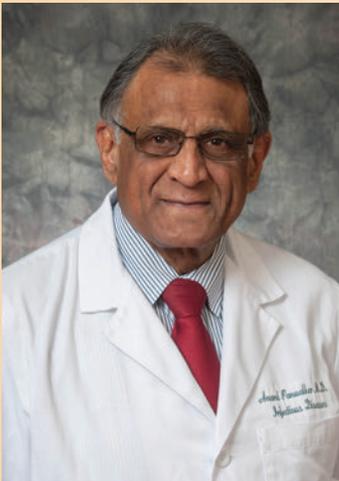
A second screening of "The Ripple Effect" for Christiana Care employees was held at the John H. Ammon Medical Education Center. ●



For more information about "The Ripple Effect," including how to arrange a screening, visit <http://www.christianacare.org/rippleeffect>

Hand hygiene and The Christiana Care Way

By Anand P. Panwalker, M.D., Associate Vice President Medical Affairs and Assistant Infection Prevention Officer



Anand P. Panwalker, M.D.

In 1847, when the germ theory was still unknown, Ignaz Semmelweis demonstrated that cleaning hands before delivering babies dramatically reduced the number of maternal deaths due to what was called “puerperal sepsis” (an infection now known to be caused by streptococci).

Almost 170 years later, most American hospitals have hand hygiene rates that are lower than 50 percent.

Why should that be so? We have the most expensive health care in the world, and there is certainly no shortage of soap, running water or alcohol gel. But the message that “dirty hands kill” seems to have fallen too often on deaf ears.

Fortunately, a handful of institutions, including Christiana Care, are leading the way in improving their hand hygiene rates. What is different about these organizations? Each has a culture that fosters excellence. Our culture, The Christiana Care Way, is guided by a simple but powerful statement: 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.

When we protect patients — our neighbors and friends — by washing hands and preventing infections, we respect their right to safety, and we demonstrate caring. When we prevent even one serious infection, we reduce suffering.

From a strictly financial viewpoint, preventing infections makes health care affordable, because soap and water are far less expensive than PICC lines, antibiotics and prolonged hospitalizations.

In recent years, we redoubled efforts to ensure compliance and accurate reporting in our hand hygiene efforts. With the help of an army of concerned health care workers, we embarked on a massive transformation of our hand hygiene program.

We knew that everyone needed to buy in and to pitch in — even the few remaining naysayers who resist change and the devil’s advocates who still might ask, “Where is the proof that hand hygiene prevents infections?”

Since we launched this new program in March 2013, more than 1,000 health care workers have been trained to observe hand hygiene practices and to report them. A monthly report is created online. In the first month of the launch, we had almost 7,000 observations (compared to about 500 each month prior to that). We developed a system whereby senior leaders would become executive champions for their unit-based teams. We created posters that urged patients and their families to wash their hands and to remind us to do the same. We posted signs on each unit so that our hand hygiene rates were transparent to everyone. We asked successful units to set an example, and we encouraged others to catch up.

Our hand hygiene rates are currently at around 80 – 100 percent with a benchmark of 90 percent.



This innovative system, massive in its scope and ambition, required adherence to the belief that we serve our neighbors as respectful, expert, caring partners in their health. That is the Christiana Care Way. ●

Did you know?

Since the launch of the new handwashing program in March 2013, demand for sanitizing hand gel at Christiana Care has doubled.

Major gift from the Junior Board of Christiana Care helps launch neonatal abstinence unit

A major gift from the Junior Board of Christiana Care will help ease the suffering of infants born to mothers addicted to narcotics — both prescribed and illegal. The \$500,000 grant supports the creation of a special unit at Christiana Hospital for infants born with neonatal abstinence syndrome.

“The nature of the project — helping babies who are having difficulties coming into the world — touched our hearts,” said Junior Board President Diane Thomas. “We have long been supporters of women’s health, and we have volunteers working in maternity,” she said. She said that the Junior Board members were engaged and deeply moved by a presentation

by Louis E. Bartoshesky, M.D., then chair of the Department of Pediatrics, that highlighted the need for a neonatal abstinence unit.

Newborns born with neonatal abstinence syndrome were exposed to opiates in the womb and suffer withdrawal symptoms. Symptoms include irritability, disturbed sleep patterns, difficulty in feeding, tremors, gastrointestinal upsets, seizures and poor weight gain.

“Neonatal abstinence syndrome is a significant and growing problem in our population,” said Sherry A. Monson, RN, MBA, MSN, CENP, vice president of Women’s and Children’s Services. “In 2010, we provided care to 100 newborns with neonatal abstinence syndrome, and just three years later, in 2013, we had 150 newborns diagnosed.”

The Junior Board grant will help pay to renovate six rooms in the former Pediatric Intensive Care Unit (PICU) as single-family units and to purchase necessary cardiac equipment and furniture.

Renovations are scheduled for completion in summer 2014. ●



Interim Chair of Pediatrics David A. Paul, M.D., Vice President of Women’s and Children’s Services Sherry A. Monson, RN, MBA, MSN, CENP, and Junior Board President Diane Thomas review plans for the neonatal abstinence unit that is currently under construction, thanks to a significant grant from the Junior Board.

“The nature of the project — helping babies who are having difficulties coming into the world — touched our hearts.” — DIANE THOMAS, JUNIOR BOARD PRESIDENT

Four decades of pediatrics in Delaware: Louis E. Bartoshesky, M.D., MPH

As chair of Pediatrics, Dr. Bartoshesky helped align Christiana Care — Delaware's largest health system and birth center — with many agencies, organizations and individuals throughout the state cooperating to improve newborn screening, to identify and care for babies with congenital anomalies, and to coordinate health care for children. On the eve of his retirement in January, he offered his reflections on four decades of pediatric care in The First State.



Q. What have you found most gratifying about practicing as a pediatrician?

I have spent most of my career working with children with birth defects and metabolic disorders. Watching children grow and develop is what makes pediatrics special and fun. It is especially gratifying to watch children with birth defects such as spina bifida, cleft palate or Down syndrome make wonderful developmental progress.

Q. How have advances in genetics affected pediatric care?

The genetics revolution started with the development of technology allowing for better understanding of DNA structure and function. The better understanding led to better clinical diagnosis and, to a lesser extent, specific interventions.

In the last 40 or so years I have watched the possibility of making genetics diagnoses increase exponentially. And I have been able to use the new molecular tools to help many children with birth defects and their families understand the nature of the birth defects and help the children grow and develop.

The genetics revolution is moving into another phase, into research and development of treatments based on our understanding of genetic mechanisms. In recent years specific treatments for some genetic disorders have become almost routine, such as enzyme replacement for storage disorders, gene replacement for some immune deficiencies, and bone marrow transplants for hematologic disorders. Specific gene replacement treatment for many more disorders is not far off.

Q. What is the next great challenge in pediatrics?

While the advances in genetics are exciting, there is still much progress to be made in more traditional approaches to improving health and preventing disease. It is essential that we ensure that all people all over the world have access to the wonderful progress in genetic diagnosis and treatment.

Reducing poverty around the world and in the U.S. will still result in improved health and survival for many more people than will the next steps in progress in genetics.

I hope we can do both — continue to make dramatic advances in genetics diagnosis and treatment and ensure access to care at all levels for everyone.

A book from the Association of Public Health Laboratories about newborn screening and research over the past 50 years, titled "The Newborn Screening Story," lists Dr. Bartoshesky as one of 17 key panelists nationally who were chosen to share stories about progress and development of newborn screening since Robert Guthrie introduced his breakthrough screening methodology in 1963.

Dr. Bartoshesky was a pediatrician for the Delaware Alliance of Professions for the Homeless for seven years, until 2002. He has received many awards throughout his professional career, notably:

- Recognition from the U.S. Health Resources and Services Administration, Maternal and Child Health Bureau, for excellence and outstanding contributions in improving systems of care for children and youth with special health care needs and their families.
- The Jefferson Award, established by the American Institute for Public Service, which honors people for contributing their time and talent to benefit the community without seeking recognition.
- The Sydney S. Gellis Teaching Award from residents at the Boston Floating Hospital for Children, part of Tufts-New England Medical Center in Boston. An award established by Boston Floating Hospital's resident staff — to be given annually to an attending physician for excellence in patient care — is named the "Louis E. Bartoshesky Award."

Dr. Bartoshesky continues to serve as medical director, Genetics, Delaware Division of Public Health, and as director of the state's Newborn Screening Program. ●

The President's Award recognized a team of 25 from the Department of Medicine, the Ammon Diabetes Prevention and Care Project, for "Improving Glycemic Control in the Adult Medicine Office," a concerted, successful effort to improve uncontrolled diabetes among patients of the Adult Medicine Office.



Annual Focus on Excellence awards program challenges physicians, nurses and staff to be health care innovators

The annual Focus on Excellence Awards program at Christiana Care is like a health care Olympics. Elite teams compete to win laurels for quality, merit, innovation and best results. But while Olympians compete for the glory of their countries, the physicians, nurses and staff at Christiana Care aim to transform health care in ways that benefit our patients and community.

For more than a decade, an annual awards program has challenged everyone who works at Christiana Care — some 10,000 in all — to be health care innovators. Each year, in a continual cycle, they form teams and find ways to improve what we do, and then compete for recognition as one of the best.

Now known as the Focus on Excellence awards, the program began in 2003 as the Performance Improvement Awards. There were 53 submissions that year vying for 11 trophies in four award categories: President's, Pacesetters, Achievers and People's Choice awards.

This year, the program received 144 entries. The coveted President's Award went to a project titled "Improving Glycemic Control in the Adult Medicine Office." Uncontrolled diabetes is a population health scourge that leads to many devastating, costly health complications.

A multidisciplinary team of physicians, nurses and adult-diabetes educators developed and implemented a comprehensive diabetes disease management program to meet the needs of a defined adult diabetic population under the care of Christiana Care's Adult Medicine Office. The primary goal was to increase the number of patients whose diabetes was under control from 63 percent to about 70 percent in fiscal year 2013. Thanks to this team's determination, more than 25 percent of active diabetic patients with poorly controlled diabetes achieved control, and the overall rate of glycemic control increased to 70.8 percent.

"Without question, your commitment, creativity and fine work are transforming the way we provide care to our patients and are adding value to the services we offer them," said Robert J. Laskowski, M.D., MBA, Christiana Care president and CEO, recognizing the high caliber of all of this year's entries.

This year's awards also introduced a new category designed by Christiana Care's Value Institute to identify projects with the greatest research potential. Four award winners are now teamed with a Value Institute researcher for possible expansion of their projects.

"The Value Institute, which is comprised of diverse expertise (medicine, public health, sociology, law, economics and mathematics), applies research methods to vexing clinical

conundrums that ultimately provide clinicians and administrators with data to support optimal decisions about patient care,” said Eric V. Jackson, M.D., MBA, associate director of the Value Institute and director of the Value Institute’s Center for Health Care Delivery Science.

The President’s, Nursing Excellence and People’s Choice awards still remain after 11 years, but many of the 39 awards issued in January 2014 reflect such areas as value, safety, education, community health, research and clinical excellence.

“The quantity and diversity of the submissions have always adjusted to Christiana Care’s annual goals and operating plans, and the constant changes and improvements inspire innovation and cooperation,” said Sharon Anderson, RN, BSN, MS, FACHE, senior vice president, Quality, Patient Safety & Population Health Management, and director, Value Institute Center for Quality & Patient Safety.

As participation in the awards has grown, so have opportunities to recognize excellence.

“With the increasing number of very high quality entries across so many areas of the health system, we wanted to make sure we recognized as many as possible, so we created more categorical awards with gold, silver, bronze or honorable mention awards,” said Donna Mahoney, MHCDS, director of Data Acquisition and Measurement. “There also is a special award now, the Good Catch All Star award, for staff members who distinguish themselves in taking corrective action to eliminate potential harm to a patient, visitor or staff.”



Ever since Christiana Care received Magnet designation, the **Nursing Awards** category has modeled its selection of winners on six Magnet model components, the first of which is **Transformational Leadership**. “Highway to the Surgical Critical Care Unit: Decreasing Emergency Department Length of Stay for Trauma Codes” was a collaboration by staff from the Trauma program, the Surgical Critical Care Complex and the Emergency Department at Christiana Hospital. The project helped streamline the transportation process and cut the amount of time that patients have to stay in the ED, with a reduction in average ED length of stay of more than 90 minutes. The project also significantly reduced average length of stay in intensive care and overall hospital stay. The improvements resulted in a direct variable cost savings of \$278,000.

Julia Turner, RN on Patient Care Unit 5A, was a one of three nurses recognized for making a “good catch” in time to help prevent patient harm. Observing that her patient was at risk for sepsis, she notified the attending physician and called the Rapid Response Team. Other Good Catch honorees included Jody Fennell, RN, VNA case management supervisor, and Karen Mazei, RN, NICU.

General guidelines for the Focus on Excellence Awards have remained constant. Teams are encouraged to identify an opportunity for improvement, then develop and carry out a plan to achieve improvements in process or outcomes using the Plan-Do-Check-Act model. Teams create a storyboard that explains the project, and all of the storyboards are displayed in an exhibit in October, in conjunction with National Healthcare Quality Week. The storyboards also are viewable online internally throughout the health system.

More than 149 colleagues volunteered as judges for the 2013 crop of entries. The program culminates each year in an awards celebration that features a nationally known guest speaker, the awards ceremony and a reception.

The Christiana Care Way

Dr. Laskowski remarked that this year’s awards exemplified The Christiana Way.

“The Christiana Care Way is our promise to serve our neighbors as respectful, expert, caring partners in their health,” said Robert J. Laskowski, M.D., MBA, Christiana Care President and CEO. “We do this by creating innovative, effective, affordable systems of care that our neighbors value.”

CONTINUED P. 8





Keynote speaker Raymond J. Fabius, M.D., argues that to improve health care systems now, we must form population health management organizations driven by value rather than volume, and motivated by both penalties and incentives provided by rollout of new federal laws.

CONTINUED

The keynote speaker at this year's celebration was Raymond J. Fabius, M.D., CPE, FACPE, founder of HealthNEXT, a Philadelphia-based company dedicated to the development of organizational cultures of health. Dr. Fabius lectured on the need to form population health management organizations driven by value rather than volume and motivated by both penalties and incentives provided by rollout of new federal laws.

Fabius also cited research showing that health care workers are generally in poorer health than the average member of the nation's work force.

"After improving the health of your workforce, you will be better able to do the same for others," he said. ●



The Operation Improvement Silver Award went to "Virtual Server Infrastructure," an Information Services-led team project that saved Christiana Care an estimated \$13 million by finding innovative ways to conserve on the costs of new and replacement computers while enhancing data recovery services and the overall data-center "footprint."

Sharon Kurfuerst promoted to senior vice president, Administration



Sharon Kurfuerst, Ed.D, OTR/L, FAOTA, was promoted to Christiana Care Health System senior vice president, Administration, in January.

She was appointed vice president, Rehabilitation and Orthopaedic Services, in October 2010 and previously was administrative director for Rehabilitation Services. She joined Christiana Care in 2007.

In her expanded role, Kurfuerst will partner with Edmondo Robinson, M.D., MBA, physician-in-chief, Wilmington Hospital, and associate chief medical officer in assuming operational leadership responsibility for the Wilmington campus. She also retains leadership accountability for the Rehabilitation and Orthopaedics service lines.

Kurfuerst has a doctoral degree in educational leadership and professional development and a master's degree in adult education from Widener University, Chester, Pa., and a bachelor's degree in occupational therapy from College Misericordia, Dallas, Pa.

She is a member of the adjunct faculty, Department of Continuing and Professional Studies, at Philadelphia University, where she also serves as coordinator of online learning programs.

She serves on multiple systemwide committees, including the Ethics Committee, Learning Institute Steer, Think of Yourself as a Patient Steer, Talent Optimization Steer and the Emergency Management Committee. ●

Transitional Care Unit 2B welcomes Kristen Foulk as nurse manager



Kristen Foulk, RN, MSN, MS, PCCN, has been appointed nurse manager of the Transitional Care Unit 2B. She has been with Christiana Care since 2000, most recently as the patient care coordinator on unit 4D since 2007. Before that she served in various other nursing positions in surgical stepdown, emergency medicine, oncology, infusion services, case management and flu clinic operations. She began her career as a nurse in 1995.

Foulk received an associate's degree in nursing from Delaware Technical & Community College in 1996, a bachelor's degree in nursing from Wilmington University in 2007 and dual master's degrees in nursing and management from Wilmington University in 2013. She has been certified in progressive care nursing since 2008.

She has presented poster and podium presentations at local and national conferences and is actively involved in systemwide committees.

Foulk published an article in the November issue of Nursing2012 titled "Infusing Fun into Quality and Safety Initiatives." ●

Gift creates a legacy in service to seniors

“Larger than life” is how many remember Bill Copeland. He was big on enthusiasm for the causes and companies he championed, big on giving his time and support to them, and big on building relationships to inspire others to do the same.

His legacy of support to Christiana Care Health System will live on through improvements to geriatric care made possible by Bill and his wife, Jane Copeland.

“Bill really took ownership in the companies he was involved with,” Jane said. “He took his role seriously and was personally invested.” A long-time trustee of Christiana Care, “he always talked about Christiana Care in terms of ‘we’ and felt great pride to be a part of such a great hospital,” she said.

Bill brought the same positive approach to PNC Bank, Bell Atlantic, Bancroft Construction Co. and Remcon Plastics Co., where he sat on boards, and to Continental American Life Insurance Co., where he was chairman and CEO.

Several months after Bill passed away, in August 2012, Jane received an unexpected phone call from Verizon. Because Bill had been an executive for Bell, Verizon (which merged with Bell in 2000), was honoring one of his benefits by sending \$500,000 to the charity of his choice — Christiana Care Health System. For Jane it was a choice she supported wholeheartedly.

She felt strongly that the gift should support emergency and trauma care for geriatric patients.

“I understand what it’s like for people who are old and sickly, and how scary trauma care can be,” she said. As a retiree herself, she knows that too often, senior citizens can feel overlooked. She hoped that this gift to Christiana Care would create an opportunity to pay special

Charles Reese IV, M.D., FACEP, chairman of the Department of Emergency Medicine, and Linda Laskowski-Jones, MS, RN, ACNS-BC, CEN, FAWM, vice president for emergency and trauma services, give a tour of the Emergency Department to Jane Copeland and her friend and Christiana Care Trustee Stephen M. Mockbee.

attention to the needs of seniors, and to provide comfort to many who are facing a tough time and need extra comforting.

The gift did exactly that. After talking with Jane about her interests and what she wanted the gift to accomplish, TJ Cournoyer, major gifts officer for Christiana Care, reached out to Charles Reese IV, M.D., FACEP, chairman of the Department of Emergency Medicine. The Copelands’ gift inspired Dr. Reese to take a fresh look at how Christiana Care could make emergency care more comfortable and welcoming for seniors.

“Bill always talked about Christiana Care in terms of ‘we’ and felt great pride to be a part of such a great hospital.”

—JANE COPELAND

“While this is a work in progress, I expect a gradual and persistent culture change, along with some structural changes and a modified approach to case management of older patients,” Dr. Reese said. “Currently, we are visiting hospitals that have done an especially good job with geriatrics, and we are working with a consultant for recommendations. Plans include ongoing, intensified education with doctors and nurses, and a few modifications to our physical space including



dimmer lights, a quieter environment, soothing paint colors and nicer beds." Enhancements also will include special chairs that are compatible with medical equipment, providing a more comfortable alternative to traditional stretchers.

"We also need to raise the level of awareness of our staff to the special needs of older patients," he said. "There is a special set of knowledge and a mindset that comes with a geriatric approach, and I would like to see these become well integrated into our care model.

"Perhaps the most important change will be adopting a better case-management system for older patients in the Emergency Department, enabling better integration with home and followup services and providing opportunities, in some cases, to avoid hospitalization."

The process has been professionally satisfying for Dr. Reese, because it created an opportunity to delve deeply into research and best practices for emergency geriatric care. It has been made even more special because of the personal connection with Bill Copland, whom Dr. Reese knew as a colleague when the two served together on a committee.

"We saw each other from time to time, and he was always extremely friendly, interested about what was going on in Emergency Services, and supportive of the Emergency Department and its mission," he said. "Bill was unfailingly sympathetic to the many challenges we face, and he always offered to help in any way he could. This generous donation is a wonderful and most welcome demonstration of that support."

Cournoyer hopes the Coplands' gift will inspire others to incorporate Christiana Care into their charitable estate planning.

"Bill and Jane's generous gift is one that will continue to benefit patients long into the future," Cournoyer said. "Planned gifts are an excellent way to pay lasting tribute to loved ones. The dividends are immeasurable. Bill Copland helped so many people during his life — this gift continues that legacy." ●

To learn more about opportunities for giving at Christiana Care, visit <http://www.christianacare.org/donors>.

Sherry A. Monson, RN, MSN, MBA named president-elect of The Council of Women's and Infants' Speciality Hospitals



Sherry A. Monson, RN, MSN, MBA, vice president of Women's and Children's Services, has been named president-elect of The Council of Women's and Infants' Specialty Hospitals (C-WISH), a membership organization of leading nonprofit hospitals that provide specialty care to women and infants.

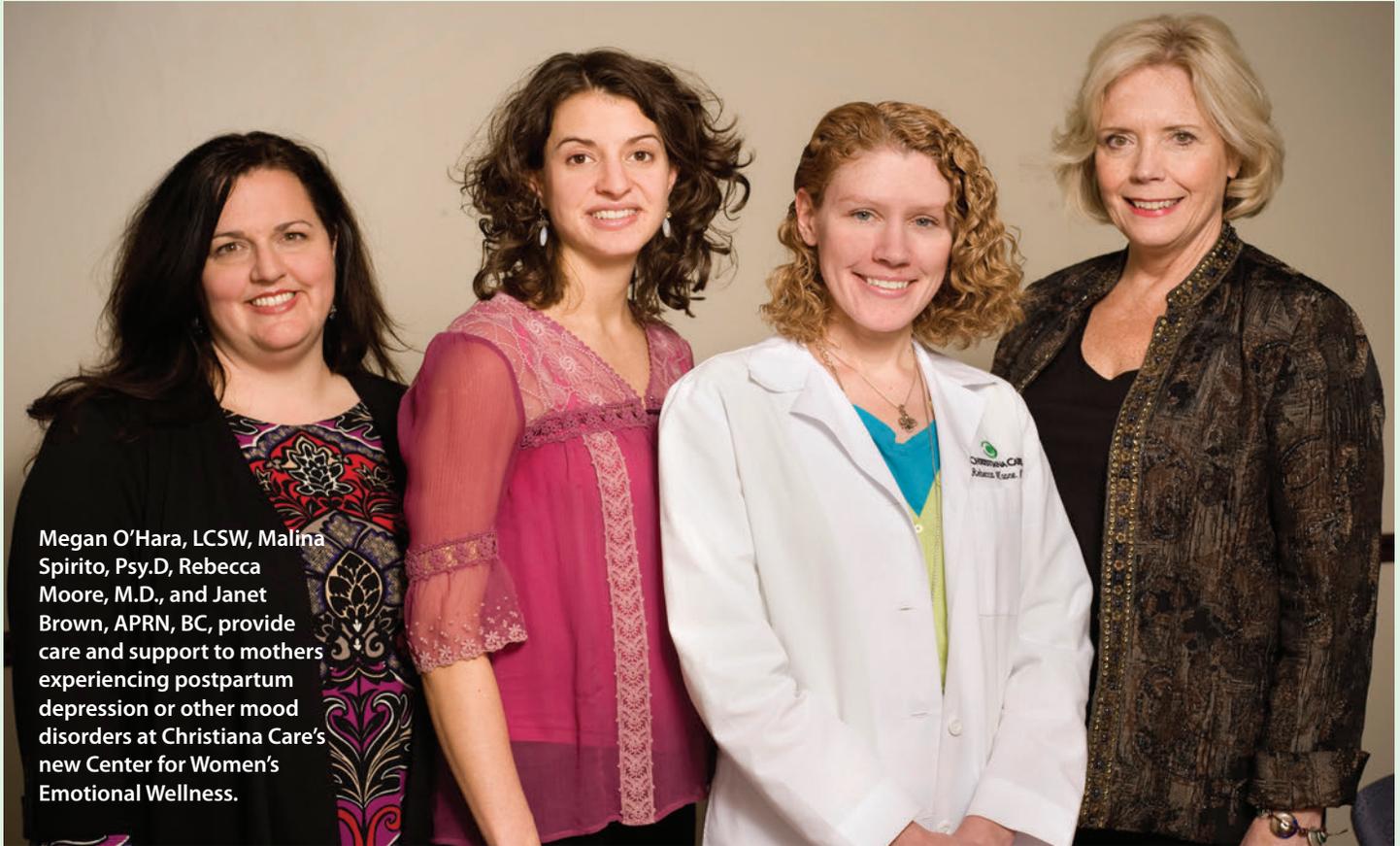
Monson, who has more than 10 years' experience in nursing leadership in women's and children's health services, oversees Christiana Care's programs for women and children, recognized by the U.S. Department of Health & Human Services as the region's only National Community Center of Excellence in Women's Health. Recently, Monson spearheaded the development of a new partnership between Christiana Care and CORD:USE, the nation's leading cord blood banking organization. She has led care improvement initiatives in emergency medicine, behavioral health, strategic planning, project redesign and management and health information system communications.

In her new role, Monson will lead efforts at C-WISH to improve clinical processes that shape national policy and enable member organizations to provide the safest and highest quality care to patients. As non-competing hospitals, C-WISH members share clinical outcomes data, organizational data and successful initiatives so that the collective strengths of the entire group can benefit patients.

"The strong partnerships that we have established with our C-WISH members ensure that we can provide the highest quality and most expert care to our patients," Monson said. "Through this group, Christiana Care is able to continually improve the type of care we provide for the very special needs of women and children and we can influence and advocate for policies that can keep these patients and their families healthy."

Monson serves as president-elect of C-WISH until December 2015, at which time she will become president, succeeding Maribeth McLaughlin, RN, BSN, MPM, chief nursing officer and senior vice president of Patient Care Services, Magee-Womens Hospital of University of Pittsburgh Medical Center. Monson will serve as C-WISH's president until December 2018. ●

Center for Women's Emotional Wellness takes aim at postpartum depression



Megan O'Hara, LCSW, Malina Spirito, Psy.D, Rebecca Moore, M.D., and Janet Brown, APRN, BC, provide care and support to mothers experiencing postpartum depression or other mood disorders at Christiana Care's new Center for Women's Emotional Wellness.

Today Kelly G. is a happy, active mother of two. But for months after the birth of her second child, postpartum depression kept her from being the mom she wanted to be.

She had difficulty bonding with her baby. "I couldn't go into my daughter's room in the morning," she said. "She got her first tooth and it didn't mean anything to me."

While she struggled, her husband and mother took care of the baby at their home in North Wilmington. Eventually, she was hospitalized for depression.

At the hospital, Kelly found medication helpful in reducing some of her symptoms, but she struggled to find connection and support in the group-therapy setting.

"People talked about challenges and problems I couldn't identify with," she said. "At the same time, people couldn't really identify with what I was experiencing; nobody there had a baby or had experienced postpartum depression."

Her doctors referred her to Christiana Care's new Center for Women's Emotional Wellness for outpatient therapy and medication management, where she received the supportive care she needed.

The health care professionals at the Center for Women's Emotional Wellness understand the tremendous impact a woman's emotional health has on her pregnancy, her attachment to her infant and her entire family. They specialize in identifying and treating perinatal mood

and anxiety disorders, which represent the most common complications of pregnancy and childbirth.

"We want women to know that challenges associated with perinatal mood and anxiety disorders are real, and they can be scary, but they are not a woman's fault and they are very treatable," said Megan O'Hara, LCSW.

O'Hara introduced Kelly to techniques to promote bonding with her baby, starting with 15-minute activities, such as taking the baby for a walk, feeding or playing with her. O'Hara also recommended regular exercise. Kelly's supportive boss provided access to a treadmill at work where she could exercise for 20 minutes each day.

"Exercise provides immediate relief," Kelly reported. "I feel so much better

after I work out. Gradually, I could do more, and I started to feel normal again. Megan truly understood my problem and was always there to offer help.”

The Center for Women’s Emotional Wellness offers outpatient therapy for individuals and couples, as well as evaluation and medication management. Upcoming additions to the program will include group-therapy and support-group programs. The center provides streamlined access to therapy services for women coping with mental-health challenges before, during and after pregnancy.

“Preconception counseling is especially important for women who are on medications for bipolar disorder or depression, because this allows opportunity to configure a plan of action before a woman becomes pregnant,” said Malina Spirito, PsyD., MEd, a licensed psychologist at the center.

The three full-time members of the team — O’Hara, Spirito, and Janet Brown, APRN, BC, a board-certified psychiatric nurse practitioner — collaborate with psychiatrist Rebecca Moore, M.D., Cynthia Wiles, Ph.D., psychologist, and social workers from the maternity and Healthy Beginnings programs at Christiana Care. They also provide education to medical professionals throughout Christiana Care and in the primary care community to raise awareness about perinatal mood and anxiety disorders. To OB-GYN and pediatric providers, they emphasize the importance of screening for postpartum depression to identify women who may need support.

“We know that as many as 20 percent of women develop postpartum depression or related disorders,” Brown said. “In a health system where more than 6,000 babies a year are born, there are many women who need care.”

She encourages any pregnant or postpartum woman with concerns about her emotional health to reach out for information and support. Call 302-733-6662 or the 24-hour crisis line at 302-428-2118. ●

Patrick Fugeman, AIA, MBA, named vice president, Design and Construction



Patrick Fugeman, AIA, MBA, has been named vice president, Design and Construction.

Fugeman joined Christiana Care in 1994 as manager of the department and has been the corporate director of Design Services since 1996. He has corporate responsibility for capital project design and construction activities, including new construction programs and renovations throughout the health system.

Major efforts with Fugeman heading the Design and Construction team include: the new Concord campus; Middletown ED and long-term campus planning; the Helen F. Graham Cancer Center & Research Institute; the Christiana Hospital ED expansion; the Vascular Labs; Endoscopy Center; Center for Heart & Vascular Health (E-Tower); John H. Ammon Medical Education Center; Christiana Hospital’s main entrance; the Roxana Cannon Arshst Surgicenter; Medical Arts Pavilion 2 and multiple ORs, ICUs and departmental expansions, upgrades and renovations. Most recently, he spearheaded the Wilmington campus transformation, a five-year expansion and modernization project.

He completed a bachelor’s degree in architecture at the University of Kentucky and a Master of Business Administration at Jacksonville University while serving as the project manager and partner in the architectural firm designing the DuPont Hospital for Children.

Fugeman serves as a state director for the American Institute of Architects and was selected twice as a juror for an international hospital design competition held in Shenzhen, China.

“For the past 19 years it has been my privilege and pleasure to work with many excellent staff, senior management and consultants to improve our workplace and facilities to better serve the community and our neighbors,” Fugeman said. ●

New blood loss estimating system promises to improve accuracy and patient safety

Blood loss in patients is a major concern for doctors and nurses in delivery rooms and operating rooms. But estimating how much blood a patient has been an inexact science. Now, an Anesthesia Services, P.A., nurse anesthetist working in partnership with Christiana Care has come up with a system based on simulated scenarios that removes much of the guesswork.

“They don’t teach you to estimate blood loss in medical school or nursing school,” said John Deutsch, CRNA, MSN, clinical coordinator for obstetrics anesthesia. “But we are asked to document estimated blood loss in electronic medical records, so it’s something providers are extremely interested in learning.”

Deutsch based his initial research on a British study that found that attending physicians, anesthesiologists, midwives, nurses and nurse anesthetists accurately estimated blood loss only about 15 percent of the time.

“It was eye-opening to acknowledge the limitations of our existing estimating methodology,” said Kenneth Silverstein, M.D., chair of Anesthesiology. “I was not in the 15 percent of individuals the British study suggested accurately estimated blood loss,” he said.

To devise the system, Deutsch weighed on an electronic scale various dressings and sponges that are used at Christiana Care. He then added non-toxic synthetic blood that has the same weight and viscosity of real blood.

“It’s the same artificial blood that is used at Christiana Care’s Virtual Education & Simulation Training Center,” he said. Deutsch saturated the dressings and pads, then weighed them again to determine how much artificial blood they had absorbed. For example, a fully saturated lap sponge holds about 100 ml of blood. “If the sponge is half full, it should be about 50 ml,” he said.

In all, Deutsch came up with 12 scenarios, including one for blood that might be absorbed by a patient’s gown. He also recreated blood spills on the floor, then measured how much floor space each amount of blood would cover and calculated sample spills that can be used as reference points.

Eventually, he came up with a card — an illustrated blood loss measurement guideline — that lists 15 varied measures for blood loss. Adding the totals on dressings, pads, spills and other scenarios in which blood is lost enables doctors and nurses to get a quick, more accurate snapshot of the amount of blood lost.

Deutsch shared his findings initially in a presentation to a group in the OB department. The demonstrations generated so much interest that doctors and nurses in the main operating departments at Christiana Hospital and Wilmington Hospital requested presentations.

Deutsch has collected data from all three demonstrations and plans to conduct more demonstrations after the staff has had an opportunity to familiarize themselves with the blood loss measurement guideline cards.

“The creation of standardized guidelines through the simple but elegant method John has employed here is a giant step forward in patient safety and optimal clinical care,” Dr. Silverstein said. “Understanding the amount of blood a patient has lost during surgery is critical to guiding appropriate fluid management for the patient not only in the OR, but with lasting clinical impact for hours and even days postoperatively.”

Blood loss is an especially important topic in obstetrics, where postpartum hemorrhages can mean danger to a mother following childbirth.

“Simulation training has been proven to improve the accuracy of early recognition of postpartum hemorrhage and, in conjunction with written and pictorial checklists and



Synthetic blood used in the demonstration has the same weight and viscosity of real blood.

Kristopher T. Starr, RN, MSN, JD, CEN, CPEN, named nurse manager, Wilmington Hospital ED



Kristopher T. Starr, RN, MSN, JD, CEN, CPEN, has been promoted to nurse manager of the Wilmington Hospital Emergency Department.

Starr, who has dual board certification in emergency nursing and pediatric emergency nursing, received a bachelor's degree in nursing and a master's degree in health services administration from the University of Delaware. Starr's clinical practice experience includes pediatric and adult emergency nursing at both duPont Hospital for Children and, most recently, at Christiana Hospital ED, where he serves as a member of the ED pediatric team.

He received a doctorate of jurisprudence from Widener University School of Law and is currently working on a post-graduate certificate as a family nurse practitioner at the University of Delaware. He has been a professional nurse for 17 years and a practicing attorney for 14 years in both government and a private law firm. He is a licensed attorney in Delaware, Pennsylvania and New Jersey as well as in multiple federal courts.

He holds instructor certification in BLS, ACLS, PALS and ENPC. He is a member of the adjunct faculty for the graduate programs in health care administration at the University of Delaware and Excelsior College.

Starr has published on legal and nursing topics and has presented lectures in multiple venues. He is the legal section editor for *Nursing: The Journal of Clinical Excellence*. ●



A new learning simulation program developed by John Deutsch, CRNA, MSN, clinical coordinator for OB anesthesia, helps take most guesswork out of estimating a patient's blood loss.



Observation in a simulated environment training helps nurses estimate blood loss in a variety of settings.

guidelines, is recommended to improve timely appropriate intervention," said Richard Derman, M.D., MPH, the Marie E. Pinizzotto, M.D., Endowed Chair of Obstetrics and Gynecology at Christiana Care. Dr. Derman and Nancy Sloan, senior researcher, have been engaged in blood-loss estimation studies for more than seven years and published "Pitfalls in Assessing Blood Loss and Decision to Transfer," with B. S. Kodkany, in "A Textbook of Postpartum Hemorrhage" in 2006.

"This is an excellent initiative that helps us deliver on our promise to be expert, caring partners in the health of our neighbors," Dr. Derman said. ●



Elizabeth Bogia, here with her supervisor in Materiel Distribution & Logistics Darryl Pinder, is creating her own success at Christiana Care with help from Project SEARCH, a school-to-work program for young people with cognitive challenges.

Project SEARCH helps youth with disabilities prepare for work

Even before she started working at Christiana Care, Elizabeth Bogia was prepared for the job, thanks to Project SEARCH, the health system's nine-month school-to-work program for young people with cognitive challenges.

Christiana Care's partners in Project SEARCH are Goodwill of Delaware and Delaware County Inc., Red Clay Consolidated School District and the Delaware Division of Vocational Rehabilitation.

Since the program launched in 2011, Christiana Care has hired two graduates. Several have landed positions at

Goodwill. Two work in state offices and others have found work at restaurants and retailers.

Interns have completed high school requirements in the Red Clay School District. All the interns have some sort of intellectual or developmental disability, such as autism or learning differences.

"An important part of succeeding in a job is learning about expectations," said Diana Snover, Christiana Care employee relations specialist. "By going through rotations working different jobs within multiple departments at Christiana Care, young people learn various skills and the expectations that come with those jobs."

At Christiana Care, the interns rotate through several occupational areas, such as patient escort, food services and environmental services. The program also helps trainees to prepare for interviews, including role-playing to develop soft skills.

"During training, they learn about the 'what if' situations and the appropriate responses to those situations when they occur in the workplace. This allows them to respond in a professional manner," said Carvella Jackson, professional recruiter in Recruitment Services at Christiana Care.

After training in various departments, Bogia applied for a casual position in the Materiel Distribution & Logistics department. She got the job and now works 40 – 48 hours every two weeks on the receiving dock, picking up and delivering packages.

“Elizabeth is always on time and is willing to help others,” said her supervisor, Darryl Pinder. “She has a positive attitude and exhibits Christiana Care core values, which makes her a pleasure to work with.”

With her Project SEARCH training, she felt prepared going into her interview, even though she had never had a job before and was competing with outside applicants.

“I felt confident because I received training in materials,” Bogia recalled. “I also learned how to dress and conduct myself during an interview.”

Being part of the Christiana Care team is helping Bogia to make the transition to living as an independent adult. She is planning to get a driver’s license. She budgets money from her paycheck and hopes to buy a car someday.

“Having a job I love makes me feel good about my future,” she said.

Employers benefit from Project SEARCH. Access to trained workers results in reduced recruitment costs, improved retention in high-turnover positions and workforce diversity.

Project SEARCH is an international program, with locations throughout the United States, as well as Australia and the United Kingdom. Christiana Care is the only Project SEARCH site in Delaware.

“Embracing diversity and inclusion is one of the things that makes Christiana Care a great place to work,” Jackson said. “Project SEARCH truly puts those values into action.” ●



Christiana Care employees are challenging each other to get fit in a 12-week program in partnership with Delaware Tech.

Facilities and Services staff make fitness program a friendly competition

Employees in Facilities and Services are pumping iron, hitting the treadmill and eating healthy in a 12-week pilot program in partnership with Delaware Technical Community College designed to promote team building and integrate exercise into a healthy lifestyle.

The pilot was proposed by Joe Novack, an exercise technician who coordinates programs at the employee fitness centers at Christiana and Wilmington hospitals.

“Each individual has a regimen designed to meet his or her goals,” he said. “We also divided the group into teams so that they could support their teammates and enjoy a little friendly competition with the other teams.”

All 20 participants underwent two-hour fitness assessments at DelTech, where Novack earned his degree in exercise science. Melissa Hanley, a technician in the CV Lab at Christiana Hospital, also is an instructor in the exercise science program at Delaware Tech and assisted with the evaluations.

“The partnership with Del Tech is a win-win,” said Bob Mulrooney, vice president, Facilities and Services, a participant in the program. “The students got hands-on experience, and we received health assessments at no cost to us.”

Each assessment included weight, blood pressure, strength, flexibility, muscle-to-fat ratio and aerobic and cardio capacity. In addition to an EKG, participants were evaluated through such measures as how many pushups and sit-ups they could complete.

“When the program ends in March, everyone will head back to Del Tech for a post-assessment,” said Mary Smedley, RN, director, Employee Health Services, a participant in the program. “It’s our hope that we can offer this program to other departments in the future.”

CONTINUED P. 18

CONTINUED

The participants are divided into three teams: Super Heroes in Training, Wellness Warriors and Weapons of Mass Reduction.

Andrew Burton, a dispatcher, has reduced the carbs in his diet and is lifting weights in order to achieve his goal of building more lean muscle. In his assessment, he could lift 35 pounds with each hand on an incline bench. Within six weeks, he could lift 60 pounds.

“The competition component also is a great motivator to put in time at the employee fitness center,” he said. “I don’t want to let my team down.”

Mulrooney noted that the competitive spirit has sparked a bit of workplace fun.

“People leave cookies and donuts on the opposing team members’ desks in a lighthearted attempt to sabotage them,” he said.

Novack designed an exercise routine for Bruce Blackburn, director of Public Safety, that won’t exacerbate an old shoulder injury. In addition to regular workouts, Blackburn frequently checks the spreadsheet teammates use to track the time they spend working out.

“If you see that your teammate put in 60 minutes, you want to do that, too,” he said. ●



Staff from the Department of Facilities and Services are taking part in a three-month pilot program that promotes team building and regular exercise, with a little friendly competition to spur them along. Below: Mike Scout, Tony Thornton, Mike Laws, Mary Smedley, Bruce Blackburn, Dave Polk, Bob Mulrooney and Joe Novack urge more colleagues to form supportive groups that aim for fitness.





Luisa Ortiz-Aponte, the Healthy Families program manager at Christiana Care, meets Amparo Soria and her daughters Rosa Isela and Maria Isabel at the Helen F. Graham Cancer Center & Research Institute at Christiana Care for a cancer-screening followup appointment. Through the Healthy Families program, Soria and her family have gained access to health care.

Latina puts her family's health back on track with Healthy Families program

Amparo Soria stopped going to the doctor when she lived in Illinois, after a visit to a local health center shocked her with a bill for more than \$1,000.

"When I got sick again, I did not go back because I could not afford it," she said.

After moving to Newark, Del., with her husband and their two youngest of six children, she got a job with a cleaning service that does work for Christiana Care. Far from friends and family members in Mexico, she worried about keeping the family healthy.

Her 17-year-old son hurt his head in an accident. Her 12-year-old daughter has scoliosis, a curvature of the spine.

"It was hard to know what to do or where to begin, because I don't have insurance," she said.

Fortunately, Soria's boss, Guadalupe Castaneda, is an active promotora trained by Christiana Care's Community Health Outreach and Education staff. Promotoras are Latinas who promote wellness and screenings for cancer throughout the Hispanic community. Castaneda referred Soria to HealthyFamilies, a free program

administered by Christiana Care and the Latin American Community Center for families in New Castle County who want to lead healthier lives. The program helps families who need screenings and preventive care, or who suffer from chronic diseases, including children with asthma. Funded by the Arshat Cannon Fund, the program provides an avenue to care for people without health insurance.

"The first step was providing Soria with information so that she could choose a primary care provider who speaks Spanish at a location that is convenient to her home," said Luisa Ortiz-Aponte, the Healthy Families program manager at Christiana Care. When Soria's son hurt his head, Ortiz-Aponte helped her to make the connections necessary to obtain a CT scan to make certain his injury did not require further treatment.

Soria's daughter is getting the care she needs, too. In February, she will undergo surgery at Nemours/Alfred I. duPont Hospital for Children. Ortiz-Aponte also is working on a referral for Soria's husband, who has back problems.

"There are many places where people can get care and screenings, but they

might not know where to go or how to get started," Ortiz-Aponte said. "We are here to help."

Marielena Velez de Brown, M.D., who coordinates Healthy Families at the Latin American Community Center in Wilmington, said the program helps people to overcome obstacles to care.

"We often see people who work several part-time jobs," she said. "The key might be finding a doctor with extended office hours."

At 50, Soria is past the recommended age of 40 for a first mammogram. She received a free screening at the Helen F. Graham Cancer Center & Research Institute.

On a recent morning, she came for follow-up tests ordered by her doctor after the mammogram revealed a mass. Soria was accompanied by her older daughters, Rosa Isela and Maria Isabel, who were visiting from Mexico. A certified medical interpreter was waiting to help.

"I am very grateful to Healthy Families and to Luisa, who held my hand and showed me where to go," she said.

The program and the promotoras are connecting families with services for many health care needs, including diabetes, asthma, cancer screenings, HIV testing and dental care.

"It takes grassroots people to expand our ability to find families who need help," said Nora Katurakes, RN, OCN, manager, Community Outreach and Education at the Graham Cancer Center. "Together, we can build healthy families, one family at a time."

To learn more about becoming a promotora, call 302-623-4747. ●

Visiting Nurse Association telehealth program earns national award for innovation

Christiana Care Visiting Nurse Association's "Control Your Heart for the Future" telehealth program won a national award for innovation at the Medicaid Health Plans of America 2013 Best Practices Awards in Washington, D.C. The heart-health program, begun in 2009, is a partnership with Delaware Physicians Care, an Aetna Medicaid plan in the First State.

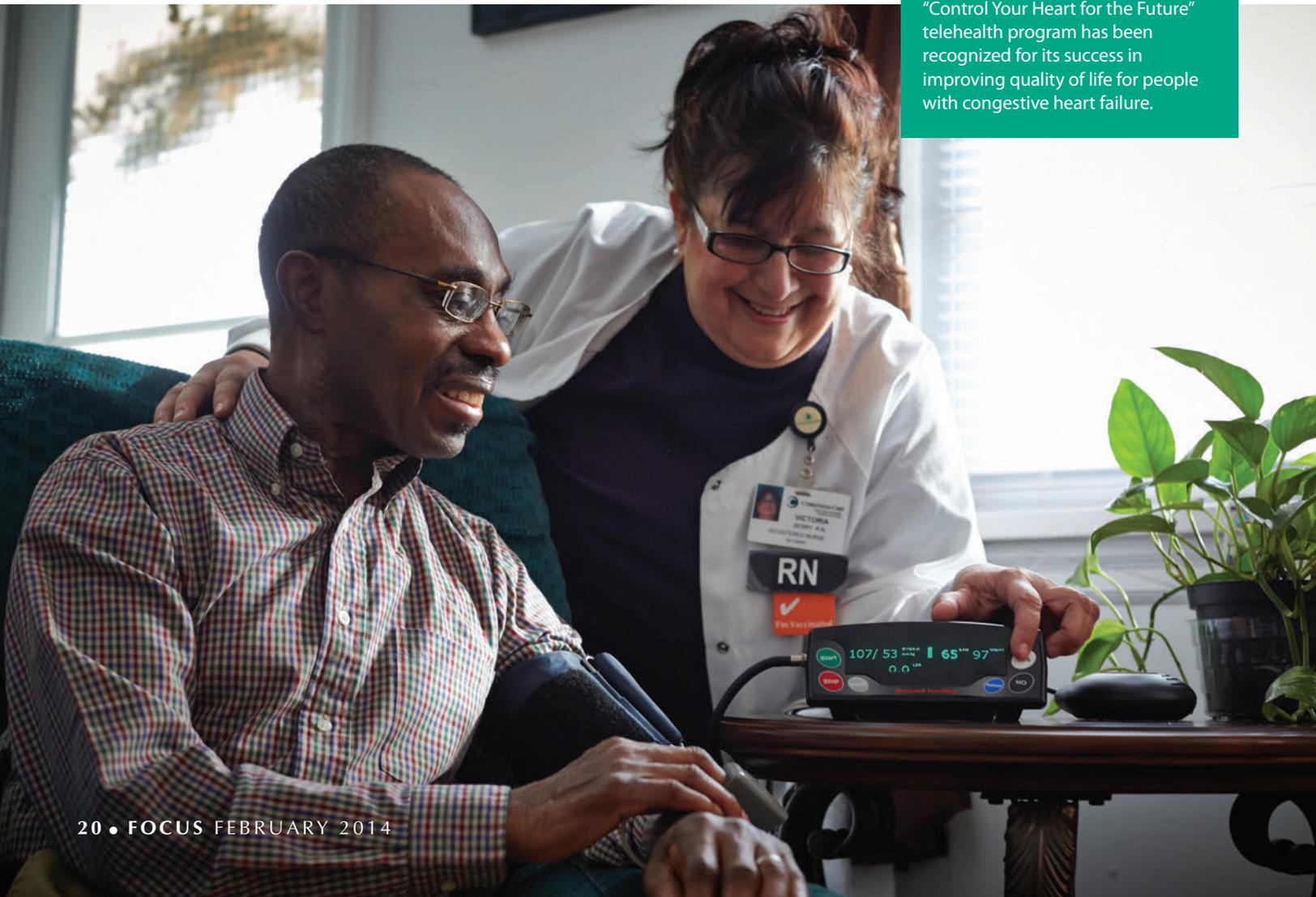
The telehealth program helps Medicaid patients who have congestive heart failure to improve their quality of life by more effectively managing their condition. The program incorporates education, self-monitoring and medication management. It also helps to address patients' socioeconomic needs.

Patients who agree to participate in the program receive telemonitoring services that monitor vital signs for worsening congestive heart failure conditions. When such signs occur, Christiana Care VNA nurses intervene, working with physicians to help avoid hospitalizations and trips to the emergency room.

The program has shown consistent benefit to patients. During the 2012 – 2013 period, only 12 percent of patients in the program required hospitalization, compared to 46 percent of patients nationally, according to Strategic Healthcare Programs, a health care data management company.

"This innovative program is just one way our nurses serve our clients as expert, caring partners in their health," said Lynn Jones, president of Christiana Care Visiting Nurse Association. "Through this program, we have been able to significantly improve our clients' sense of well-being, improve their follow-up care with their physician, reduce inappropriate use of the emergency room and reduce the number of repeat hospital admissions." ●

Victoria Berry, RN, from Christiana Care's Visiting Nurse Association, checks in on Curtis Ford in his home to be sure he knows how to use his telemonitoring device. Christiana Care Visiting Nurse Association's "Control Your Heart for the Future" telehealth program has been recognized for its success in improving quality of life for people with congestive heart failure.



Genetic counseling graduate degree program will help meet demand for trained professionals

Genetic experts at Christiana Care and the University of Delaware are developing the first genetic counseling degree program in Delaware, helping to fill a rising demand for quality training in the growing field of genetics.

The two-year master's degree program, which will involve class work, videoconferencing, clinical rotations, research and thesis, could begin as early as fall 2015.

"The genetic counseling program is an excellent example of how we can serve our community," said Zohra Ali-Khan Catts, MS, LCGC, director of Cancer Genetics Counseling. Ali-Khan Catts is spearheading the program development with Randall L. Duncan, Ph.D., professor and chair of the Department of Biological Sciences at the University of Delaware.

"We want to make sure we have well-trained counselors, because genetics is becoming more widely utilized," she said. "We need providers who have extensive training and understanding in genetics who can assist in the interpretation and explanation of complicated genetic results and who can be the genetic expert for both patients and health care providers."

The program will address all types of genetics, including prenatal, pediatric, cancer and the emerging field of pharmacogenetics. "Genetic counseling is a communication process designed to help the individual or family comprehend the medical facts, appreciate the risks, understand the options and choose the course of action most appropriate to them in view of their family goals, and to communicate the information back to the individual's health care team," she said.

Sponsored through the University of Delaware, the program will include the four institutions of the Delaware Health Sciences Alliance: Thomas Jefferson University, Nemours/A.I. duPont Hospital for Children, Christiana Care Health System and the University of Delaware.

A two-year, \$20,000 grant from the Delaware Health Sciences Alliance supports program and curriculum development.

"It will train genetic counselors to pursue roles as clinical, laboratory or industry counselors, which will allow them to aid patients in understanding the genetic origins of their disease and implications for family members," Duncan said. The program will start with four to six students, and then expand over time to a dozen or more.

"Most genetic counseling programs are small because it's very intense," Ali-Khan Catts said. They require lectures, clinical rotations and thesis preparation. Only 33 schools in the country offer such programs; the nearest are Arcadia University, Glenside, Pa., and the University of Maryland.



"We need providers who have extensive training and understanding in genetics who can assist in the interpretation and explanation of complicated genetic results."

— ZOHRA ALI-KHAN CATTs, MS, LCGC

Currently there are five genetic counselors at Christiana Care and five at A.I. duPont Hospital for Children, plus seven more counselors in prenatal and infertility roles in the state of Delaware.

Two hundred genetic counselors currently serve the Delaware Valley, with a population of 8.5 million, Duncan said.

"The demand for genetic counseling is growing at a phenomenal rate. As we get more involved in understanding genetic pathologies, the demand will only grow." ●

MAR

25th Annual Update in Cardiology

Saturday, March 1
7:55 a.m. – 4 p.m.

John H. Ammon
Medical Education
Center

Registration and exhibits begin at 7:30 a.m. Register online at <http://cchs.cloud-cme.com/cardiology2014>.

Dance Your Heart Out

Thursday, March 20
4:30 – 8 p.m.

Chase Center on the
Riverfront, 815 Justison St.,
Wilmington

Get moving; get healthy! Take steps toward a healthier life. Register at <http://www.christianacare.org/lectures>.

18th Annual Diabetes Update

Saturday, March 8
8 a.m. – 4 p.m.

John H. Ammon Medical
Education Center

Advanced registration required; visit <http://cchs.cloud-cme.com/diabetes2014>.

Perinatal Palliative Care Conference

Friday, March 21
7:50 a.m. – 4:20 p.m.

John H. Ammon Medical
Education Center

Learn about providing holistic palliative care for families whose unborn or critically ill infants have limited life expectancy. Register at <http://cchs.cloud-cme.com/palliativecare2014> if paying by check. Contact aperrin@christianacare.org to pay by credit card.

Foot Pain: Prevention and Treatment Options

Tuesday, March 11
6 - 7:30 p.m.

Room 1100,
Christiana Hospital

Christiana Care Rehabilitation Services presents Travis Dwyer, D.P.M., and Charlotte Parson, MPT, OCS, Cert. MDT, to discuss the many reasons foot pain occurs, its impact on people of all ages, recommendations to help prevent foot pain, and various options for treating it. Register online at christianacare.org/events or call 800-693-CARE (2273).

Advanced Practice Nurse Pharmacology Conference

Friday, March 28
7:30 a.m. – 4:30 p.m.

John H. Ammon Medical
Education Center

Learn about pharmacologic management for treatment of diseases with a focus on acute care, neonatology, primary care, psychiatry and women's health. Register at <http://www.christianacare.org/apnpharmacologyupdate>.



Book signings for "A Portrait in Time"

Tuesday, March 18
4 p.m.

Main conference room, Helen F. Graham
Cancer Center & Research Institute

The debut novel by medical oncologist Charles J. Schneider, M.D., of the Helen F. Graham Cancer Center & Research Institute is a captivating murder mystery set in modern-day Paris with a back-story that takes booklovers back to 19th-century Paris – where bohemian characters come to life in a thoroughly satisfying and entertaining read involving art theft, romance and an accidental time traveler.

All attendees will receive a personalized and signed copy of "A Portrait in Time." Space is limited. To reserve your spot, email the DevelopmentOffice@ChristianaCare.org no later than Tuesday, March 11.

Can't make the March 18 book signing? Another is scheduled on Sunday, March 2, 1-3 p.m. at Barnes & Noble in Rittenhouse Square, Philadelphia.



Health Insurance Enrollment Blitz

**Wednesday, March 12, 4 – 7:30 p.m.
and Tuesday, March 25, 4 – 7:30 p.m.** **Wilmington Hospital main lobby**

Christiana Care's 12 marketplace guides are working to educate as many uninsured Delawareans as possible about their insurance options through the Affordable Care Act between now and March 31, when enrollment for the 2014 plan year ends. The guides have counseled **more than 5,000** Delawareans about their health insurance options and are holding enrollment blitzes open to the public in the Wilmington Hospital lobby. For more information, call 302-320-6586.

Maximizing Life with a Disability

**Tuesday, April 1
6 p.m.**

**John H. Ammon
Medical Education Center**

Christiana Care Rehabilitation Services presents Scott Chesney. Chesney, who was paralyzed by a spinal stroke at 15, will share his thoughts on living life to its fullest despite a disability. He has traveled the world, married and started a family, grown his business, skydived and more – all from the seat of his wheelchair. Now 43, Chesney has shared his message with more than 1 million people in 38 nations.

Sponsored by The Christopher and Dana Reeve Foundation's Paralysis Resource Center. Register online at ChristianaCare.org/events or 800-693-CARE (2273).

Neurovascular Symposium

**Friday, April 11
7:30 a.m. – 4:15 p.m.**

**John H. Ammon Medical
Education Center**

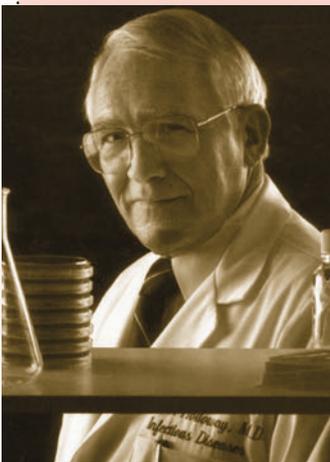
Register online at <http://cchs.cloud-cme.com/neurovascular2014>.

51st Annual William J. Holloway Infectious Disease Symposium

**Tuesday, May 6, 2014
8 a.m. – 4 p.m.**

**John H. Ammon Medical
Education Center**

Register online at <https://cchs.cloud-cme.com/Holloway2014>.



Christiana Care Golf & Tennis Classic

**Thursday, May 22, DuPont Country
Club, 1001 Rockland Road, Wilmington**



CHRISTIANA CARE GOLF & TENNIS CLASSIC

Don't miss the 23rd year of a Christiana Care tradition. Save the date for an exciting day of golf and tennis on the magnificent natural surroundings of the DuPont Country Club. Participants will enjoy a boxed lunch, buffet dinner, on-course refreshments, awards and prizes.

To learn more call the Office of Development at 302-327-3305 or visit us online at www.christianacare.org/classic. Tournament proceeds will support The First State School at Christiana Care.

Press Ganey presentation highlights urgency of improving patient experience



Nell Wood Buhlman, senior vice president, Quality & Regulatory Strategies, Press Ganey Associates, presented Jan. 29 at the Ammon Education Center on characteristics that nearly all high-performing hospitals credit as keys to their success.

Nell Wood Buhlman, senior vice president, Quality & Regulatory Strategies, Press Ganey Associates, provided an insider's view of the patient experience on Jan. 29 at the John H. Ammon Medical Education Center.

Citing a Press Ganey study that looked at characteristics and practices of high-performing hospitals, she said that while top performance across all accountability domains is rare, there are clear best practices that almost all of the high-performing hospitals credit as keys to their success. She also noted that competition to be in the top tier for Value-Based Purchasing and other quality-based payment reform initiatives is rapidly raising the bar for the health care industry.

"You can't stand still, because you end up losing ground, and the rest of the comparison group will pass you by," she said.

To put it into perspective, she estimated that over the next five years at Christiana Care alone, dollars subject to Medicare pay-for-performance programs such as Value-Based Purchasing and Meaningful Use total more than \$50 million.

"Delivery reform is your response to payment reform and insurance reform," she said. As the industry maximizes

quality and safety, near-perfect scores are becoming the new normal.

"Standards of care domains, benchmarks and thresholds are very high," she said. "One hundred percent is the ticket to entry to be eligible for consideration as a top performer."

Hospitals across the country are intensely focused on driving up HCAHPS scores. These measures of how patients perceive the experience of care require continuous improvement in order for a hospital to remain a top performer in the value-based purchasing equation.

For an HCAHPS question such as "how often did nurses treat you with courtesy and respect," she emphasized that the line between "sometimes" and "always" can be extremely thin. Hospitals only get credit for "always" responses.

"One of my clients at another hospital told me that she was reviewing patient comment reports, and there was a patient who actually wrote: 'I would have checked the always box, but the night nurse on the last night of my stay was rude to me.'"

"This stuff is reported publicly, and it's reported to CMS," she said. "It's driving payment, and as consumerism grows in health care, the public reporting of these data will become very, very important."

She went on to outline many practices that are most widely used and successful among high-performing hospitals. They include:

- Nurses involved in clinical decisions and policy development.
- Sharing of patient survey results with physicians, staff and quality committee.
- Free wi-fi.
- Use of surgical checklists.
- Consistent use of whiteboards in patient rooms.
- FOCUS Plan-Do-Check-Act.
- Leader rounding.
- Post discharge calls.
- Hourly rounding.
- Formal patient comment distribution and intervention.
- Service behavior standards.
- Patient-centered communication.
- Electronic health record.
- SBAR communication.

She also identified a number of emerging best practices in the industry, including in-room pen and paper for patient questions, patient and family advisory councils, having a formal patient experience officer position and a variety of technology-related solutions to aid patient education, patient flow and patient surveying.

"Christiana Care is making positive strides in almost all of these areas," said Shawn Smith, MBA, vice president of Patient Experience at Christiana Care. "We're at the leading edge of the industry with adoption of many of these proven and emerging best practices, and we're either currently piloting or planning pilots for even more. The most important thing right now is for all of us — from our leaders to our front-line staff — to understand the urgency of making every patient's experience the best it can be. That's our promise to our patients. That's The Christiana Care Way." ●

Publications

Heather Bittner Fagan, M.D., MPH, Nora Katurakes, RN, MSN, OCN, et al., "Cost-effectiveness of a standard intervention versus a navigated intervention on colorectal cancer screening use in primary care." *Cancer*. Article first published online January 2014.

Heather Bittner Fagan, M.D., FAAFP, MPH, Brian Rahmer, Ph.D. candidate, MS, CHES, et al., "Primary Care Practices' Perceived Constraints to Engaging in Research: The Importance of Context and 'Flow'." *Primary Health Care Research & Development*. January 2014.

Rachel A. Joseph, Ph.D., CCRN, et al., "Tracheotomy after Laryngotracheoplasty: Risk Factors Over Ten Years." *Journal of Pediatric Surgery*. November 2013.

Claudine Jurkowitz, M.D., James R. Bowen, Angela DiSabatino, RN, William Weintraub, M.D., et al., "Asymptomatic Deep Vein Thrombosis in Patients Undergoing Screening Duplex Ultrasonography." *Journal of Hospital Medicine*. January 2014.

Claudine T. Jurkowitz, M.D., MPH, Paul Kolm, Ph.D., William S. Weintraub, M.D., et al., "Health Status and Quality of Life in Stable Coronary Artery Disease Patients with Chronic Kidney Disease Treated with Optimal Medical Therapy or Percutaneous Coronary Intervention (post hoc findings from the COURAGE Trial)." *American Journal of Cardiology*. December 2013.

Edmondo J. Robinson, M.D., MBA, et al., "The Hospital Medicine Reengineering Network (HOMERuN): A Learning Organization Focused on Improving Hospital Care." *Academic Medicine*. January 2014. [Epub ahead of print].

Edmondo J. Robinson, M.D., MBA, and Jennifer C. Goldsack, MChem, MA (Oxon), MS, "The Impact of Health Information Technology on Staffing." *Journal of Nursing Administration*. February 2014.

Robert L. Witt, M.D., and Swati Pradhan-Bhatt Ph.D., "A Novel In Vivo Model for Evaluating Functional

Restoration of a Tissue Engineered Salivary Gland." *The Laryngoscope*. February 2014.

Presentations

At the American Nurses Association's 8th Annual Nursing Quality Conference, February 2014:

- **Felisha Alderson, BSN, RN, CRRN**, "It Takes a Village: An Interdisciplinary Approach to Fall Reduction Through Innovation and Practice," a poster.
- **Kirstan Baxter, RN**, "Breaking Free from Restraints," a poster.
- **Leigh Cooke**, "Automating Pressure Ulcer and Restraint NDNQI Data Collection," a poster.
- **Carmen Pal, RN, BSN, PCCN**, "Keep Patients Safe – Vaccinate," a podium presentation.
- **Maureen Seckel, APN, CNS**, "A Nursing Collaborative: Dispelling Sacred Cows and Reducing Restraint Use," a poster.

At the American Public Health Association Annual Meeting in Boston, November 2013:

- **Sonya Addo, MPH, Omar A. Khan, M.D., MHS, FAAFP, Kathy A. Cannatelli, MS, Brian Rahmer, Ph.D. candidate, MS, CHES, and Christopher Moore**, "Student as Health Coach: Improving Cardiovascular Disease Prevention Across Various Life Stages in an Underserved Community."
- **Karen Anthony, MS, CHES, Omar A. Khan, M.D., MHS, FAAFP, Kathy A. Cannatelli, MS, and Brian Rahmer, Ph.D. candidate, MS, CHES**, "Effectiveness of Community-Based Diabetes Education in Promoting the Patient-Centered Medical Home."

Kristopher S. Fayock, M.D., assistant program director of the Sports Medicine Fellowship at Christiana Care, at the annual Medical Aspects of Sports seminar at the University of Delaware's Clayton Hall on Feb. 1. The one-day program covered topics related to the evaluation and rehabilitation of sports-related injuries to the upper and lower extremities.

Rachel A. Joseph, Ph.D., CCRN, "Do We Have a Problem? Can We Find Someone Answers?" 8th Annual Nursing Research Conference, Newark, Del. November 2013.

Stephen A. Pearlman, M.D., MSHQS, grand rounds, "Making Hospitals Safer, Geisinger Hospital, Danville, Pa., January 2014.

Brian M. Rahmer, Ph.D. candidate, MS, CHES, "Communities of Solution: Elements of a Community Centered Health System." Family Medicine Education Consortium (FMEC) Regional Meeting in Philadelphia, November 2013.

Michael P. Rosenthal, M.D., chair of the Department of Family & Community Medicine, will share Christiana Care's experience cooperating with the Wilmington YMCA in a recently developed Diabetes Prevention Program at the American Medical Association's National Advocacy Conference March 5 in Washington, D.C.

Bradley J. Sandella, D.O., program director of the Sports Medicine Fellowship at Christiana Care, presented at the annual Medical Aspects of Sports seminar at the University of Delaware's Clayton Hall on Feb. 1. The one-day program covered topics related to the evaluation and rehabilitation of sports-related injuries to the upper and lower extremities.

Justin Stowens, M.D., Robert Rosenbaum, M.D., Seema Sonnad, Ph.D., Angela Hoban, "Novel Application of 9-1-1 Dispatch in STEMI Alert Process Decreases Door to Balloon Times (DTB)," National Association of EMS Physicians Annual Meeting, Tucson, Ariz., January 2014.

Appointments

The Professional Advancement Council announced the following new RN III nurses in January 2013: **Lauren Williams - 6A; Greg O'Neill - SCCC; Irene Foraker - RCA Surgicenter; Melinda Acevedo - 5C.** ●

Are proton pump inhibitors for gastrointestinal prophylaxis more likely to harm than help?

By Jeffrey Reitz, Pharm.D.

Evaluations of proton pump inhibitor (PPI) utilization show that PPIs are overprescribed, lacking a Food and Drug Administration (FDA) or Christiana Care approved indication 35% to 44% of the time. The latest Christiana Care evaluation found that prescribers frequently cite “gastrointestinal prophylaxis” as their indication for therapy; however this is not recommended outside of intensive care unit (ICU) settings. While prescribers’ intentions are good, are some of these noncritically ill patients more likely to be harmed than helped when PPIs are prescribed for gastrointestinal prophylaxis?

CHRISTIANA CARE APPROVED PPI INDICATIONS

- Stress ulcer prophylaxis during mechanical ventilation or coagulopathy
- Peptic ulcer disease
- Gastric hypersecretory condition
- Concurrent dual antiplatelet therapy
- Concurrent antiplatelet / anticoagulant therapy
- Prevention of upper GI rebleed
- Gastroesophageal reflux disease
 - Erosive esophagitis
- Concurrent continuous NSAID
- Concurrent corticosteroid

A cohort study of 78,394 noncritically ill adult patients hospitalized for at least 3 days at a tertiary medical center during a four-year period were studied to define the incidence of nosocomial gastrointestinal (GI) bleeding outside of the ICU.¹ Those with a primary diagnosis of GI bleeding were excluded from the cohort. Nosocomial GI bleeding occurred in 0.29%. Clinically significant GI bleeding occurred in 0.22%. Suppression of gastric acid secretion with a histamine₂-receptor antagonist or PPI was associated with a 37% reduction in the odds of

nosocomial GI bleeding (OR 0.63, 95% CI 0.42-0.93) and a 42% reduction in the odds of clinically significant bleeding (OR 0.58, 95% CI 0.37-0.91) after adjustments for confounding. However, because of the infrequency of these events, 770 patients would need to be treated with an acid suppressive medication to pre-

vent 1 episode of GI bleeding, and 834 patients treated to prevent 1 episode of clinically significant GI bleeding.

Another cohort study of 101,796 admissions to the same tertiary medical center found, after adjustment for other risk factors, that the odds of nosocomial *Clostridium difficile* infection among those that took a daily dose of a PPI was 1.74 times (95% CI 1.39, 2.18) greater than the odds of *C. difficile* infection among hospitalized patients who were not taking a PPI.² This was the first study to demonstrate a dose-response relationship between the intensity of gastric acid suppression and the risk of *C. difficile* infection. This study suggests that fewer patients (533) need to be treated with a PPI to cause 1 episode of nosocomial *C. difficile* infection than need to be treated to prevent nosocomial GI bleeding in noncritically ill patients.

C. difficile infection accounts for most of CCHS’ reported hospital-acquired infections, and it may be replacing methicillin-resistant *Staphylococcus aureus* (MRSA) as the most common cause of healthcare-associated infection in the United States (US).³ Estimated incidence rates of *C. difficile* infection in acute care hospitals in the US range from 3.8 to 9.5 cases per 10,000 patient-days, or 3.4 to 8.4 cases per 1,000 admissions.⁴ National estimates of costs and length of stay per case attributable to *C. difficile* infection are \$11,285 (95% CI 9,118–13,574) and 3.3 (95% CI 2.7–3.8) days, respectively.⁵ For the first 5 months of the current fiscal year, the estimated cost of hospital-acquired *C. difficile* infection at CCHS was \$844,006.

It is estimated that about 23% of the incidence of hospital-acquired *C. difficile* infection within the inpatient population is attributable to PPI use.² This suggests that improvement in inpatient PPI prescribing would help to reduce hospital-acquired *C. difficile* infection. Clinicians are asked to limit prescribing of PPIs for noncritically ill patients to those situations where the benefit of the PPI is likely to exceed the risk of harm, such as those with a few risk factors for bleeding—liver disease, acute renal failure, sepsis, prophylactic anticoagulation, coagulopathy and age greater than 60 years.⁶ ●

References:

1. Herzig SJ, Vaughn BP, Howell MD, et al. Acid-suppressive medication use and the risk for nosocomial gastrointestinal tract bleeding. *Arch Intern Med.* 2011; 171(11):991-997.
2. Howell MD, Novack B, Grgurich P, et al. Iatrogenic gastric acid suppression and the risk of nosocomial *Clostridium difficile* infection. *Arch Intern Med.* 2010; 170(9):784-790.
3. Lessa FC, Gould CV and McDonald LC. Current status of *Clostridium difficile* infection epidemiology. *CID.* 2012; 55(S2):S65-70.
4. Cohen SH, Gerding DN, Johnson S, et al. Clinical practice guidelines for *Clostridium difficile* infection in adults: 2010 update by the Society for Healthcare Epidemiology of America (SHEA) and the Infectious Diseases Society of America (IDSA). *Infect Control Hosp Epidemiol* 2010; 31(5):431-455.
5. Zimlichman E, Henderson D, Tamir O, et al. Health care-associated infections: A meta-analysis of costs and financial impact on the US health care system. *JAMA Intern Med.* 2013; 173(22): 2039-2046.
6. Herzig SJ, Rothberg MB, Feinbloom DB, et al. Risk factors for nosocomial gastrointestinal bleeding and use of acid-suppressive medication in non-critically ill patients. *J Gen Intern Med.* 2013; 28(5):683-90.

Accessing your new health plan benefits

Starting July 1, Christiana Care employees and their dependents who live in Delaware will receive their care through Christiana Care Quality Partners and the provider networks of Geisinger Health Plan. Christiana Care Quality Partners is an innovative clinically integrated network in which providers, patients and the health care system work together to keep people healthy.

Christiana Care's partnership with Geisinger Health Plan brings employees and their dependents quality care that is easy to access. Geisinger Health Plan is a respected, not-for-profit health management firm. One of Geisinger Health Plan's sister companies, Geisinger Health Options, already manages Christiana Care's pharmacy benefits.

Geisinger will offer a number of services to us, in addition to paying claims for the new plan. These include helping us to redesign care models and implementing population health techniques to provide high quality care more efficiently. And Geisinger's regional and national network of providers will ensure that you are covered, even if you are far from home. That means dependent children who go to college in a different state can expect seamless coverage. You will have access to care if you become sick or injured while you are traveling.

"No matter where you or your loved ones might be, you will receive the same high-quality care through Geisinger's network of providers," said Christopher Corbo, corporate director, Benefits and Wellness.

Not all the people who work for Christiana Care live in Delaware. So for the first year, employees who live in Maryland, New Jersey and Pennsylvania will continue coverage through Highmark Blue Cross Blue Shield Delaware, although they can still benefit from some of the care management services that Quality Partners and Geisinger will provide.

Here are examples of how your benefits plan will work, depending on where you live:

- You and your dependents live in Delaware. You will be covered by the Quality Partners and Geisinger regional and national networks.
- You live in Delaware, but you have covered dependents who live out of state. You and any dependents residing in Delaware will be covered by Quality Partners and Geisinger. Your out-of-state dependents will use the Geisinger network, in collaboration with the

Quality Partners plan. The Geisinger national network includes PHCS, the largest privately owned network of providers in the country.

- You live in Maryland, New Jersey, Pennsylvania or another state. You and your dependents will be covered by Highmark Blue Cross Blue Shield Delaware.

The share that employees contribute toward the cost of their coverage will be the same under both Quality Partners and Highmark Blue Cross Blue Shield Delaware. You will not pay more for your health coverage if you are under the Quality Partners plan.

As open enrollment approaches, you can expect lots more information about the new plan, including a list of providers in the Quality Partners network. Check Focus for regular updates. Also, read the Christiana Care Health & Wellness newsletters that will be mailed directly to your homes. ●



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).

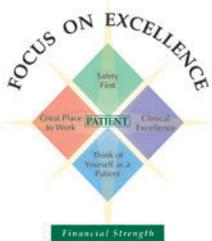
✓ To learn more about Corporate Compliance, review the Corporate Compliance Policy online or contact Ron Sherman at 302-623-2873.



**CHRISTIANA CARE
HEALTH SYSTEM**

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

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



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

Christiana Care's Center for Heart & Vascular Health is dressed in red during the month of February to commemorate American Heart Month.

Dramatic red lights illuminate the only center in the region to integrate cardiac surgery, vascular surgery, vascular interventional cardiology, cardiology and interventional nephrology and other heart and vascular health services under one roof. Christiana Care's prestigious cardiovascular program has earned a national reputation with recognition that includes:



Gold Performance Achievement Award from the American College of Cardiology Foundation's Action Registry – GWTG for carrying out a higher standard of care for heart attack patients.

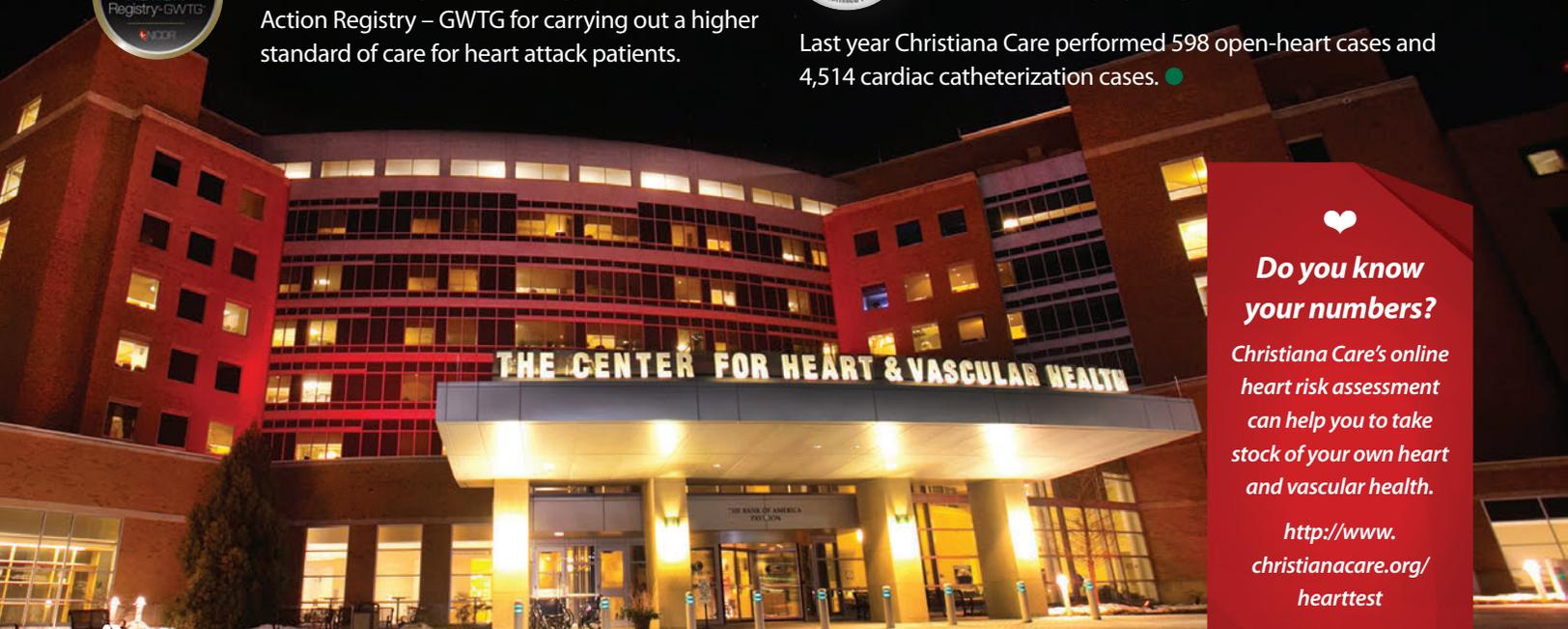


Gold Plus awards from the American Heart Association/American Stroke Association for exceptional care of patients with heart failure and stroke, as well as the organization's Target: Stroke Honor Roll.



A three-star rating from the Society of Thoracic Surgeons, the highest possible score, for Christiana Care's heart surgery program.

Last year Christiana Care performed 598 open-heart cases and 4,514 cardiac catheterization cases. ●



Do you know your numbers?
Christiana Care's online heart risk assessment can help you to take stock of your own heart and vascular health.

<http://www.christianacare.org/hearttest>