

MAY 2014
VOLUME 25, NUMBER 5

A publication of
**CHRISTIANA CARE
HEALTH SYSTEM
EXTERNAL AFFAIRS**

In this issue

4 LAB GETS A SPEED BOOST

Exciting new technology means faster turnaround for lab results.

6 NEUROINTERVENTIONAL

Amazing advancements in neurointerventional surgery.

11 TOP NURSES

Christiana Care nurses ranked tops by Delaware Today.



**Announcing
ChristianaCareNews.org**



**Christiana Care Health System
has a new website for
sharing news and features
Find out more on page 19.**

Christiana Care earns top patient safety education award from American College of Physician Executives

Christiana Care is the winner of the 2014 Leape Ahead Award from the American College of Physician Executives (ACPE). This national award recognizes Christiana Care's multipronged approach to teaching medical students, residents and faculty the principles of patient safety and quality.

"Our programs reflect an institutional priority to build a culture of learning that emphasizes patient safety, professionalism, collaboration, transparency and the importance of the individual learner," said Hugh R. Sharp Jr. Chair of Medicine Virginia U. Collier, M.D., MACP, who penned the award-winning application. "Our training goal is that the principles of patient safety and team-based care will be inculcated so deeply that learners will instinctively follow best practices without even knowing they are doing so."

CONTINUED P. 2

CONTINUED

Working collaboratively, Christiana Care's departments of Medicine, Family and Community Medicine, Emergency Medicine, Nursing, Patient Safety and Quality, the Learning Institute, the Value Institute, Academic Affairs, Organizational Excellence and the Center for Transforming Leadership fashioned an approach to training residents, medical students and faculty that combines didactic and experiential learning in patient safety and interdisciplinary team-based care.

The Leape Ahead selection committee applauded Christiana Care for exemplifying the spirit of the award, which honors medical schools and teaching hospitals that are making extraordinary strides in promoting cultures of leadership, professionalism, communication and teamwork among medical students and residents.

"The evidence is clear: Patient safety is improved when health care professionals work as a team," said ACPE President and CEO Peter Angood, M.D., FRCS(C), FACS, FCCM. "Christiana Care should be commended for recognizing this need and for its role in taking the initiative to shape the physician leaders of tomorrow."

Elements of Christiana Care's multi-pronged Quality Improvement and Patient Safety program include:

- **Experiential, project-based performance-improvement education:** Residents are required to participate in the 12-week Achieving Competency Today course, initially launched with support from the Robert Wood Johnson Foundation and enhanced and expanded by Christiana Care. ACT emphasizes interdisciplinary/interdepartmental, team-based, learner-generated performance-improvement projects. Since 2004, 406 learners have participated in ACT courses and have produced 65 rapid-cycle performance-improvement projects, many of which have resulted in system-wide improvements.



Representing the Leape Ahead Award winning team at the American College of Physician Executives annual meeting: Quality & Safety Education Specialist Loretta Consiglio-Ward, MSN, RN; Department of Family and Community Medicine Medical Director Margot Savoy, M.D.; Medicine Resident Usman Choudhry, D.O.; Hugh R. Sharp Jr. Chair of Medicine Virginia U. Collier, M.D., MACP; and Medicine Vice Chair Robert Dressler, M.D., MBA, FACP.

- **Resident leadership elective:** Residents can participate in a two-week, multi-departmental, intensive elective that combines didactic and interactive lectures, field trips and discussions with system and state-level leaders, and ongoing post-course support.
- **Train-the-trainer initiative:** A nine-month didactic and project-based curriculum in advanced quality and safety improvement science for faculty.
- **Administrative fellowship in patient safety and quality:** One fellow per year participates in residency curriculum development while focusing on experiential value-based projects, such as appropriate use of telemetry in hospitalized teaching patients.
- **Simulation:** Residents, students and student nurses collaborate in staged patient-care scenarios to practice difficult patient management, team-based competencies and interprofessional communication skills.

The May/June issue of ACPE's Physician Executive Journal features an article

describing Christiana Care's program in detail.

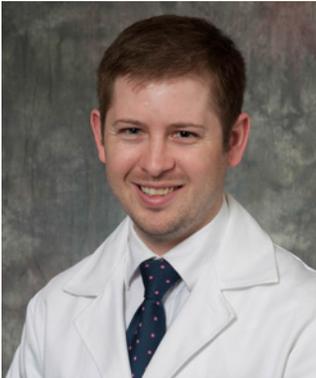
Robert Dressler, M.D., MBA, FACP, Medicine's vice chair and director of Patient Safety and Quality, accepted the award, presented April 25 at the ACPE Annual Meeting and Spring Institute in Chicago.

"Our primary targets for the program were resident learners, but our intent was to reach out to all those interested in learning more about quality and safety science to help them in their individual job settings," Dr. Dressler said. "Our program is an essential element in our toolkit for reducing patient harm and achieving high reliability."

This is the third year ACPE has presented the Leape Ahead Award, which honors the dedication of Dr. Lucian Leape to the advancement of efficient, effective, caring delivery of medicine in the U.S. It also underscores ACPE's strong commitment to patient safety and quality, as well as the lifelong development and support of physician leaders. ●

Learning to be an effective collaborator

By Nathan Finch, M.D., PGY-3, Resident Council Member



We all have brilliant ideas, those sudden flashes in which we see ways we can do things better. But many of those ideas lose their sparkle and fade from memory before we ever get a chance to polish them.

Early in residency, I had several pet ideas but didn't know how to get those ideas

off the ground. At the same time, a new multidepartmental resident leadership elective (now LEED-R) was getting under way. In the two-week course I learned that it isn't enough to have a great idea. I also have to be an effective strategist and collaborator.

Organizational structure can be confusing to anyone, but that is especially true for residents, given the transient nature of our tenure here and our enormous patient care responsibilities. However, if we want to be effective collaborators we need to venture beyond our own bubbles. Often, that means getting to know people in other departments, and understanding how they work and how to approach them.

I'm a radiologist. One of the challenges we face is that we often don't see patients in our practice. We also don't have a lot of opportunity to interact with the doctors whose patients' exams we interpret.

Still, I'm passionate about communication and collaboration because I believe it is essential to quality patient care.

My own family learned the importance of meaningful interaction with a medical team soon after I was born with a congenital cataract in my left eye.

After my first surgery at four weeks old, I had to wear a patch on my eye for nine years, meaning I was a pirate for nine consecutive Halloweens.

Working to regain the sight in my eye was difficult and required a close working relationship between my ophthalmologist, my parents and me. Because I had a wonderful doctor who gave me expert, respectful care, my sight was significantly restored, which was quite rare at the time.

When my doctor had patients with similar problems, he asked if I would talk with the families about my care. He had a brilliant idea — an innovative, affordable model that patients valued.

That concept of open dialogue translates to my own pet project, Radiology for the Non-Radiologist, a program in which I and my co-residents talk with colleagues in Internal Medicine and Family Medicine.

In developing the program, we had to answer important questions: What was the best way to collaborate? How do we communicate the message in a memorable way?

I knew my project wouldn't work if I only told people what they were doing wrong and how they should act. It also wouldn't work if I only shared fun cases that didn't teach anything.

The more important conversation is discussing the appropriateness of various studies in a valuable but entertaining way. For example, if my patient has abdominal pain, what is the best study to order?

These concepts extend into our medical practice. Although doctors often talk with one another in technical terms, we also can suggest how attending physicians might explain imaging studies to patients using plain speech.

When an expectant mother is asked to give consent for a CT scan or an X-ray, she is sure to have many questions. Radiologists and attending physicians can collaborate about the most effective ways to answer her questions, especially as it concerns the effects of radiation on the mother and baby.

Residents bring a capacity for fresh thinking and innovation into the patient-experience arena. We aren't engrained in hierarchy. Our residencies only last a few years. Often we tend toward being agile and taking risks. We are enthusiastic about being catalysts for positive change.

I encourage residents to explore the leadership elective to learn more about putting ideas into action. If you have a pet project or a brilliant idea for a quick fix, pursue it. Collaborate with other residents, talk with program administrators and get the ball rolling.

Residents also should consider taking a more active role in various education committees. There are all sorts of committees that are focused on making the health system a safer, more engaging place for patients.

No matter where we work in the system, there are opportunities to collaborate.

The Christiana Care Way isn't just words. It teaches us that we don't get great patient outcomes on our own. ●

New lab technology helps patients when seconds matter



Abraham Joseph, MA, MBA, CG, MB, DLM (ASCP), and Vipsa Y. Mehta, BS, MLS (ASCP), review HPV test results from the Roche COBAS 4800.

New laboratory technologies at Christiana Care offer faster, more accurate diagnostic results, leading to faster treatment and better medical outcomes for patients.

Rapid availability of test results supports prompt intervention. For a physician awaiting test results for a patient suffering a myocardial infarction, or a pregnant woman suffering a miscarriage or ectopic pregnancy, every second counts.

Christiana Hospital's central lab received a significant speed boost with the purchase of state-of-art, high-volume, automated diagnostic testing equipment. Combining equipment from competing manufacturers, the new system supports further integration of data at Christiana Care's central lab, reducing the time required for many critical diagnostic tests.

"This extremely unusual integration of advanced equipment involved more than a year of intensive planning by two competing vendors working closely with the Christiana Care general lab staff and the IT Department," said Cheryl Katz, vice president, Pathology and Laboratory Services. The collaboration required the

custom-coding of complex electronic rules to route patient samples for testing and electronically transmit patient data from the equipment to PowerChart. Only one other hospital in the world has achieved this feat with this mix of instrumentation, Katz said.

Detecting high-risk HPV genotypes

Pathology's Molecular Diagnostics Laboratory at Christiana Hospital implemented a faster, more sophisticated HPV qualitative test in March. This FDA approved instrument uses polymerase chain reaction (PCR) technology to detect 14 high-risk HPV genotypes and simultaneously differentiate HPV 16 and 18, the two types responsible for about 70 percent of cervical cancer. This new method has reduced test-result turnaround time from two to three weeks to only five days.

"Our laboratories employ leading-edge technologies to increase test accuracy, improve patient care and achieve clinical excellence," said Molecular Diagnostics Lab Director Abraham Joseph, MA, MBA, CG, MB, DLM (ASCP). "The possibilities open to us now are broadly useful to develop other genetics tests that

are valuable for our patients and help physicians to manage their care more effectively. This is the fastest growing realm of medical knowledge and diagnostic technology."

Steady advances in microbiology

In Christiana Care's microbiology lab, a new diagnostic instrument is speeding up testing times for infectious diseases such as *C. difficile*. Previously, it took up to 48 hours to obtain a result that can now be completed in four hours. Similar turn-around time improvements have been achieved with other assays transferred to the new molecular technology, including screening for Group B Streptococcus (GBS), influenza and methicillin-resistant *Staphylococcus aureus* (MRSA). By year's end, Christiana Care will use this device to test for tuberculosis, yielding results within two hours instead of weeks.

"These robust new technologies not only offer enormous patient and public health benefits, they also help attract the highest quality medical laboratory scientists to work at Christiana Care, where they can provide the highest standard of care for our patients," Katz said. ●

Christiana Care and University of Delaware partner in Patient Experience Academy

Christiana Care and the University of Delaware Lerner College of Business are partnering in the development of a pilot program called the Patient Experience Academy. This 10-week course, part of the patient experience curriculum of the Value Institute Academy, takes proven customer service and engagement strategies from the hospitality industry and adapts them to a health care setting, aligned with the principles of The Christiana Care Way.

The course began April 29 with a cadre of 40 Christiana Care employees that consists primarily of front-of-house staff — patient guides, valets, guest services and environmental services staff — who are learning skills and techniques that will help them to create an outstanding first impression for patients and visitors at Christiana Care.

“This is an exciting milestone in our journey of The Christiana Care Way,” said Shawn Smith, MBA, vice president of Patient Experience, who developed the program working closely with colleagues in the Learning Institute and at the University of Delaware. “This is a great team, and based on the success of the first class, I think this Patient Experience Academy pilot program will serve as a model to offer advanced training to a wide variety of teams and individuals at Christiana Care, and help to foster a culture of excellence in patient experience.” ●



Shawn Smith, MBA, vice president, Patient Experience, welcomes his colleagues to the inaugural class of the Christiana Care Patient Experience Academy.

Ali A. Poorani, Ph.D., associate professor and director of Hospitality Associates for Research & Training at the University of Delaware Alfred Lerner College of Business and Economics, challenges participants in the Patient Experience Academy with an interactive exercise.





Neurointerventional surgery enables treatments that might have seemed miraculous only decades ago

Sudhakar R. Satti, M.D., performs a neurointerventional procedure at Christiana Hospital.

Advances in neurointerventional surgery allow treatment of potentially deadly brain aneurysms and some patients with acute ischemic strokes, which previously were untreatable or only treatable with open surgery. Christiana Care's elite specialists in the field are taking full advantage of the state of the science.

Today, a patient having a stroke due to an acute blood clot in the brain or a ruptured brain aneurysm can receive the same level of care at Christiana Care that only a few years ago would have required a trip to a major teaching hospital in another state.

Gregg Zoarski, M.D., a neurointerventional radiologist who joined Christiana Care in 2011 with over 20 years' experience, describes one patient's history that he says illustrates how the discipline has advanced: About 12 years ago at the University of Maryland, Dr. Zoarski was involved in caring for a woman who had a giant right intracranial internal carotid artery aneurysm — a condition where a main artery supplying blood to the brain had developed a "bubble" due to a weakened arterial wall. The aneurysm was "the size of a tangerine" and had to be surgically bypassed, he said.

Complicating the case, "the patient also had a large left-side carotid aneurysm," although it was not as large as the right side, Dr. Zoarski said. Having bilateral aneurysms — affecting left and right carotids — increased the risk for complications during surgery due to too little blood supplying her brain as the flow from the right had to be stopped to effect repairs.

The woman's aneurysm was successfully treated with open surgery and bypass, but she sustained complete blindness in her right eye after surgery.

A few years later, the left-sided aneurysm began to grow, and the patient



began getting worsening headaches and losing vision in her other eye. Dr. Zoarski was able to offer her a new option: a minimally invasive procedure using endovascular coiling, where soft metal threads (platinum coils) are placed inside the aneurysm through the blood vessels from the right groin. She chose the minimally invasive option, with good initial success, but the aneurysm returned because of the large size and shape of the opening into the sac.

Last year, Dr. Zoarski and his patient turned to another new option, the Pipeline embolization device, recently FDA approved and acquired by Christiana Care in 2013.

“The device changes the flow of blood into the aneurysm and allows natural clotting along the weakened blood vessel wall,” Dr. Zoarski explained. Ultimately, the aneurysm clots and gets resorbed by the body.

Within weeks of the procedure with the flow-diversion device, the patient’s eye pain and vision improved. “She’s got complete and permanent occlusion of the aneurysm now, and beautiful reconstruction of the carotid artery,” Dr. Zoarski said. “We went from a surgical procedure 12 years ago that left her partially blind to an interventional procedure four or five years ago on the other side that left her with an incomplete result and a recurring aneurysm. Then last year, using the newest devices, we were able to get complete occlusion. At one year follow-up, her vision in the left eye is markedly better, and her headaches have completely resolved. The past 10 years have been marked by rapid evolution and increasing options in treatment of neurovascular diseases,” he said.

Seven years ago, Cleveland Clinic-trained Barbara Albani, M.D., arrived in Delaware to establish Christiana Care Neurointerventional Surgery. At the time, no complex cerebrovascular work was being done in Delaware. “Today Christiana Care offers full-service cerebrovascular care in conjunction with our colleagues in neurocritical care, stroke neurology and neurosurgery,” Dr. Albani said.

Before 2007, “treating acute strokes caused by blood clots to the brain were limited to injecting the blocked blood vessel with tissue plasminogen activator — tPA — to try to dissolve the clot. We did not yet have the technology to go in and fix the problem. Since 2007, there have been five FDA-approved devices for the treatment of acute ischemic stroke (strokes caused by blood clots).”

When Dr. Albani started the neurointerventional program, she said, her first goal was to care for the stroke

population that had no local opportunity for intervention. In many patients, because stroke treatment is time sensitive, patients would often not receive any interventional treatment. “The program expanded from there, including an increased volume of emergent and elective brain aneurysm cases,” she said. “We’re meeting what otherwise was an unmet need in our community. That’s good, because the volume of stroke patients has exploded.”

Sudhakar R. Satti, M.D., joined Christiana Care Neurointerventional Surgery in October 2010. In the time since his arrival, “We have gone from treating two people with strokes in a year to now treating almost one acute stroke patient a week,” he said. “This dramatic increase in the number of patients treated is multifactorial, but can be largely explained by the commitment of Christiana Care to serve the community and to build a top-notch neuroscience program.” He credits the leadership of Timothy J. Gardner, M.D., medical director of the Christiana Care Center for Heart & Vascular Health.

In the past year and a half, Dr. Satti has used the Pipeline embolization device more than 20 times. He and colleagues Zoarski and Albani are listed among only about 110 doctors certified by the FDA to use the devices.

Christiana Care has a state-of-the-science facility dedicated to neurointerventional procedures. The program has a neuro-intensive care unit with 24/7 coverage by five board-certified neurocritical care physicians and seven neurosurgeons. A dedicated stroke neurology team is currently being developed.

“We have everything that a high-level academic program would have, with the exception of residents and fellows,” Dr. Albani said. “Being able to provide world-class care closer to home is a big help to patients and their families. This becomes even more important as many neurovascular patients require lifelong follow-up and long-term care.” ●

Achieving Competency Today graduates learn to view systems through ‘a different lens’

Twenty-four colleagues gained interdisciplinary improvement science knowledge and tools to enable them to start applying their skills in their daily work as graduates of the 17th class of the Value Institute Academy Achieving Competency Today (ACT) course.

“These skills allow us to step back and view practices and processes through a different lens — a lens that will cause us to re-examine why we do things the way we do, and to have the courage to explore new and more effective ways that create value for the patients we serve,” said Robert J. Laskowski, M.D., MBA, president and CEO of Christiana Care.

The 12-week, graduate-level ACT course:

- Offers learning opportunities through rapid-cycle tests of change.
- Teaches systematic application of improvement science principles for frontline health and allied health professionals.
- Promotes interprofessional learning and application of a systematic approach to improvement through diverse team collaboration on data-driven improvement projects.
- Fulfills multiple requirements of the Accreditation Council for Graduate Medical Education clinical learning environment requirements for resident physicians.

In four teams, participants developed rapid-cycle tests and developed plans that are handed off to champions at Christiana Care. Learning from what worked in the projects and what needs additional testing has been integrated into many ongoing improvement efforts at Christiana Care, leveraging the work of the ACT teams in subsequent efforts. Each team had a dedicated skilled facilitator representing Academic Affairs, the Virtual Education and Simulation Training Center, the

Value Institute Center for Quality and Patient Safety, and Pathology and Laboratory Medicine. Team facilitators included Teri Foy, MEd, RT, LaRay Fox, MEd, CNMT, Loretta Consiglio-Ward, MSN, RN, Felicia Kelly-Trent, MS, MLS and Carol K. Moore, MS, FNP-BC. ●



TEAM 1: SLEEP SATISFACTION FROM A TO ZZZZZZ

This team developed a nightly sleep rounds checklist to be used by nurses on 3D, in order to improve the perception of sleep quality for patients on their unit. Sleep rounds were to be completed nightly around 10 p.m. Although the team did not meet their target, they had some positive results when comparing partially completed to fully completed sleep rounds.

Gina Capitoni, D.O., Emily Gaukler, M.D., Amit Patel, M.D., Gwendolyn Grant, D.O., Shaun Hanson, M.D., and Jennifer Papi, RN, BSN, PCCN.



Felicia Kelly-Trent, MS, MLS, received a certificate of completion for the ACT Facilitator training program.

TEAM 2: SUPERSIZE THIS ... BMI ≥ 30? REFER!

Focusing on the crisis of obesity in the U.S. and the fact that Delaware ranks third in the nation for highest obesity rates, this team implemented interventions at the Adult Medicine Office (AMO) to improve the communication between internal medicine residents and their patients with BMI ≥ 30 and related referrals. A weight management resource list was given to patients who had a BMI ≥ 30. The list, compiled by the ACT team, provided the patient with concise information pertaining to local nutrition, weight loss and medically managed programs.

Tara Edwards-Booker, D.O., Matthew Lunser, D.O., ATC, Nirmol Pearl Philip, M.D., MPH, Dennis Shaw, PA-C; Evalyne Mwangi, BSN, PCCN and Jung Kim, MSN, CRNI.

TEAM 3: PATIENTS IS A VIRTUE — IMPROVING THE PATIENT EXPERIENCE

This team examined the concept of patient experience and designed an intervention to increase patient involvement in bedside shift report on the medical patient care unit 6E within two weeks. Patient involvement increased from 61 percent to 89 percent following the implementation of the standardized bedside shift report template and checklist. Impact of overall patient satisfaction is to be determined with subsequent HCAPHS survey results.

Erica Heilman, M.D., Matthew McCarter, M.D., Laura Methvin, BA; Joshua Okon, M.D., Kim Travis, RN, BSN, CCRN, Kenneth Mack, BSN, RN.

TEAM 4: TIMING IS EVERYTHING — FIRST DOSE STAT!

This team sought to reduce delays in first-dose antibiotics from time of order to time of administration in the Medical Intensive Care Unit (MICU) by 30 percent within two weeks. The team identified that there was not a uniform interpretation of the meaning of STAT vs NOW orders across all disciplines and prescribers using Computerized Physician Order Entry (CPOE), which was identified as a contributing factor to delays in timely antibiotic administration for critically ill patients. In consultation with stakeholders and MICU providers and staff, the team designed an intervention to promote prescribers selecting STAT order priority for first doses of antibiotics to be administered to patients in the MICU. As a result of the project, the percentage of STAT orders for vancomycin increased from 17.6 percent pre-intervention to 46 percent post-intervention, while cefepime increased from 16.7 percent to 50 percent over a two-week period. Rate of delays as defined by the team of greater than one hour remained constant over this same time interval.

Ozioma Duru, Pharm.D., Gina Kim, M.D., Brian Chan, BS, Jennifer Tallis, MHS, PA-C, Rebecca Bryn Nolan, M.D., Kendall Scott, MSN, RN-BC.

Psychologist specializes in cardiovascular patients

Vanessa Downing, Ph.D., a cardiovascular psychologist, joined the Center for Heart & Vascular Health in 2008, bringing ready access to behavioral health services to cardiovascular patients.

Q: What inspired the behavioral health program at the Center for Heart & Vascular Health?

The American College of Cardiology in 2008 published a research review that identified depression as a major indicator for heart disease and suggested that cardiologists screen patients for depression. Christiana Care's forward-thinking response was to take it a step further and embed a cardiovascular psychologist at the Center for Heart & Vascular Health to help patients, and to educate the staff and community about behavioral health and cardiovascular conditions.

I see a wide variety of inpatients facing acute and chronic diagnoses — including heart attack, congestive heart failure and amputation as a result of vascular disease. I see patients when they are waiting for test results or about to have important diagnostic or surgical procedures. I encourage the physicians I work with to consult behavioral health for all sorts of patients — those already living with mental-health diagnoses or those who need help coping with a significant new challenge.

I also focus on outpatients and optimizing health, helping patients get their arms around what their illness is and identifying areas where they might improve their control and influence. We talk about what life was like before their diagnosis, what their strengths and resources are, and explore some of their fears — what they can't control and where they might have some real uncertainties. What starts as trust-building quickly becomes an alliance focused on improving health by changing outlooks and behaviors such as exercising and not smoking.



Q: What are the most common behavioral health issues for cardiovascular patients?

The most common issues are depression, anxiety and adjusting to the new reality and identity changes that go along with having a serious diagnosis. For one person, that can look a lot like grief — crying or sleeping all the time. But for others, constant worry can feel like an invader. We see all kinds of issues, because there are all sorts of people diagnosed with cardiovascular disease and many ways to cope.

Q: You provide psychological screenings for patients considering a Left Ventricular Assist Device (LVAD). Why is this necessary?

Living with an LVAD is life-changing. Patients sometimes have understandable ambivalence about whether it's the right procedure for them. It's a big responsibility, and patients seem to do best when

they have certain kinds of coping skills and support systems in place. They also do better when they've had a chance to explore and resolve their ambivalence before proceeding with the surgery. It takes cognitive ability and internal calm to manage a device that requires daily maintenance, and to keep track of multiple medical appointments and critically important daily medications. Caregivers have a lot of responsibilities, too, so they also are evaluated.

Q: You lead the Implantable Cardioverter Defibrillator (ICD) Support Group. How do these kinds of resources benefit cardiovascular patients?

People often express gratitude for living in a time where technology like the ICD is available to them. But they can still feel a bit bionic! Having a machine in your chest that is going to shock you if you experience a dangerous cardiac rhythm can be terrifying for patients and their loved ones. So meeting other people who really know what it is like can be very comforting, very freeing.

Q: Do you also work with staff members who have behavioral health issues?

I've talked to groups at Christiana Hospital and Wilmington Hospital. Doctors, nurses and social workers. I don't treat colleagues, but if they need help I refer them to professionals I trust. People who work in health care often experience vicarious trauma, compassion fatigue and burnout. Identifying when these issues begin to impact our lives is a critical aspect of self-care. Colleagues across the hospital want to learn more about these issues, not just the cardiovascular team. ●

Christiana Care nurses are tops in Delaware Today

The May issue of Delaware Today features Christiana Care nurses as “the very best at what they do.” Selected by members of the Delaware Nurses Association, Delaware Today’s Top Nurses include nine Christiana Care nurses plus seven honorable mentions.

“This recognition speaks to the professional excellence of our nurses and the tremendous value they bring to our patients and their families,” said Diane P. Talarek, RN, MA, NE-BC, chief nursing officer and senior vice president for patient care services. “They exemplify the expert, caring partnerships that are vital to The Christiana Care Way.”

In the Delaware Today article, the nurses articulated what makes nursing their chosen profession. Victoria Varga, RN, ADN, recognized for inpatient clinical nursing, said the most rewarding aspect of her work is seeing the progress patients make during their hospital stay. “I take great satisfaction in helping patients learn to manage a chronic illness,” she said.

Jessey Jennings, RN, MSN, FNP-BC, honored for her work as an acute care nurse practitioner, emphasized the importance of “assessment, critical thinking and rendering safe and high-quality care to all our patients to improve their outcomes and expedite a safe transition plan.”

Looking to the future of nursing, Bonnie Osgood, RN-BC, MSN, NE-BC, said “nurses who act as navigators and health coaches will support families as they focus on health and preventative care changes.” Osgood was named top nurse in patient and staff management. ●



LaTonya E. Mann, RN



Moonyeen Klopfenstein, RN, and Bonnie Osgood, RN.



Victoria Varga, RN



Elizabeth King, RN

Delaware Today’s Top Nurses for 2014

Martha Coppage-Lawrence, RN, MSN, CPNP – nurse practitioner, pediatrics-neonatal

Denise French, RN, MSN, APN, GCNS-BC – clinical nurse specialist – geriatrics

Mary Jones Gant, RRT, RN, MSN, CNS, CCM, APRN-BC – clinical nurse specialist, specialty

Jessey Jennings, RN, MSN, FNP-BC – nurse practitioner, acute care

Elizabeth King, RN-BC, BSN – clinical nursing inpatient (tie)

Moonyeen Klopfenstein, RN, MS, IBCLC, CCE – volunteerism and service

LaTonya E. Mann, RN, MSN, OCN, CNRI – nurse practitioner, specialty

Bonnie Osgood, RN-BC, MSN, NE-BC – patient and staff management

Victoria Varga, RN, ADN – clinical nursing inpatient (tie)

Honorable Mentions

Gale Moore Bucher, RN, MSN, COF-C – education and mentorship and home, community and ambulatory care

Michelle L. Collins, RN-BC, MSN, ACNS-BC – advancing learning and the profession and education and mentorship

Jennifer F. Cormier, RN, MSN, OCN – nurse practitioner, geriatrics/adult

Kathryn W. Davidson, RN-BC, MSN – education and mentorship

Diane DiSabatino, RN, MSN, PNP-BC, CCHP – nurse practitioner, specialty

Stephanie Evans-Mitchell, RN, MSN, Ed.D. – education and mentorship

Karen Toulson, RN, MSN, MBA, CEN, NE-BC – patient and staff management.

Forensic Nurse Examiners honored with National Crime Victims' Rights Service Award

The U.S. Department of Justice recognized Christiana Care Health System's Forensic Nurse Examiner program for providing emergency care to thousands of crime victims, and for providing forensic expertise at trials across the country, during the National Crime Victims' Rights Service Awards ceremony April 9 in Washington, D.C.

"Through their courage and critical contributions to assist and empower victims, these individuals and organizations have given hope to countless Americans victimized by crime — even under the most difficult circumstances," said U.S. Attorney General Eric Holder about the award winners. "I am proud to recognize these extraordinary advocates by celebrating their achievements and assure them that the Department of Justice is more determined than ever to help ensure their continued success."

This is the second national award for Christiana Care's Forensic Nurse Examiners in less than a year. The Emergency Nurses Association honored Christiana Care's Forensic Nurse Examiners with its 2013 Team Award in Nashville, Tenn.

Christiana Care's forensic nursing program started in 1996 as the Sexual Assault Nurse Examiners team. Over the years,

the team's focus expanded to include victims of domestic violence, child and elder abuse, traumas such as gunshots wounds, stabbings and other major assaults, pedestrians struck by cars, and fire victims.

Today, Christiana Care's team consists of one physician medical director and 24 nurses. Their forensic expertise covers abuse and neglect among the elderly, dependent adults and children, intimate partner violence, strangulation and major trauma involving accidents, assaults, stabbings and gunshot wounds. Last year, they provided forensic services to 1,963 patients.

Their program is at the forefront of a national trend to equip emergency nurses with forensics skills. It has been called "the most sophisticated and advanced in the country" by William Smock, M.D., of Louisville, Ky., a nationally recognized expert in gunshot wounds.

The Forensic Nurse Examiners program is supported by a nearly \$22,000 gift from the Junior Board of Christiana Care and a \$15,000 gift from Verizon Delaware. ●

The Christiana Care Forensic Nurse Examiners team received the Allied Professional Award for providing physical and emotional care to victims of crime while collecting and preserving evidence.



"Through their courage and critical contributions to assist and empower victims these individuals and organizations have given hope to countless Americans victimized by crime"

—ERIC HOLDER, U.S. ATTORNEY GENERAL.

Marvels of medicine come alive in Mini-Medical School



Diana Dickson-Witmer, M.D., medical director of the Christiana Care Breast Center, shares her expertise with learners at the 2014 Mini-Medical School.

Libby Carey has always been fascinated by anatomy. At Mini-Medical School, she took a six-session tour of the human body, from the recesses of the brain, through the circulatory system and beyond — and all without a stethoscope, a microscope or a white coat.

“I am very interested in the way our bodies work, and Mini-Med School is a wonderful opportunity to learn more about our health,” said Carey, of Townsend.

Carey was especially impressed by the lecture by Valerie E. Dechant, M.D., medical director of Neuro Critical Care at Christiana Care. Dr. Dechant spoke on treatments for serious neuromuscular diseases and injuries.

“She communicated in a way that lay people could understand,” she says. “I learned a lot about strokes, including that many people ignore the warning signs — which is absolutely the wrong thing because timely treatment is so important.”

Now in its seventh season, Mini-Medical School is a free annual event that is sponsored by Christiana Care Health System and the Delaware Academy of Medicine. Courses fill up quickly; this year, more than 200 people registered for lectures. Learners who attended all six lectures earned a certificate of achievement.

“The adult learners crave information about health,” said Timothy Gibbs, MPH, executive director of the Academy of

Medicine. “Many of the young people are here because they are interested in careers in health care.”

Taylor Lee and Jessica Wilson of Wilmington, both 15-year-old students at John Dickinson High School, plan to become doctors. Taylor is focused on OB-GYN; Jessica is interested in cardiology.

“The doctors were very down-to-earth, not at all intimidating, which made learning more fun,” said Taylor, who took notes at the four lectures she attended.

Faculty members, all doctors at Christiana Care, give in-depth lectures on important issues related to health, as well as advances in medicine and research. This year, topics included the Affordable Care Act, depression, hypertension, breast cancer and more.

Michael Cotsell of Wilmington said he was most interested in the presentation on pelvic-floor disorders by Babak Vakili, M.D., director of the Center for Urogynecology and Pelvic Surgery.

“I did not know there was a medical specialty that helped women with bladder problems,” he said. “It was an eye-opening lecture, highly educational, on a topic I knew nothing about before I came to Mini-Med School.” ●

Future leaders gain skills through Making an Impact



With their leader mentors, the graduates of Christiana Care's inaugural Making an Impact course learned skills and strategies that will help them to meet challenges as future leaders.

Graduates come from fields throughout the health system, including environmental services, imaging, IT and security. Nearly half the rising stars are nurses. Janet Cunningham, RN, MHA, NEA-BC, CENP, vice president for Professional Excellence, and associate chief nursing officer, who served as a coach, said developing projects designed to improve care reflects Christiana Care's Magnet

designation for nursing excellence.

The first class of future leaders at Christiana Care graduated April 8 from Making An Impact, a year-long program to recognize and enhance participants' contributions in their current positions and prepare them for future roles.

Making An Impact is designed to build leadership skills such as problem solving, teamwork, coaching and influencing others, explained Barbara A. Monegan, director of talent management and leadership development at the Christiana Care Learning Institute.

"Everyone here is a person we see as a future manager," Monegan said. "This program is designed to give them the skills they need to realize their potential."

Launched in April 2013, the program encompassed four full-day workshops and the results summit. Making An Impact was customized for Christiana Care by the Learning Institute's Center for Transforming Leadership in

partnership with the Advisory Board Company.

"What you are doing is helping us to prepare for the future," said Gary Ferguson, chief operating officer. He talked about the challenge of providing expert care as well as superior value in an era of sweeping health care reform.

The 41 participants worked in small groups with a coach, who may be a manager or director, but who is not their reporting manager. Most participants worked on two projects: a small project to learn problem-solving tools and a larger project to learn teamwork and influence in the midst of problem solving.

Coaches met with their teams throughout the year, not only to ensure projects are on track but to help participants navigate the health system and develop relationships to overcome barriers. It's less about the project than about building leadership capability at all levels and across disciplines, Monegan said.

"I am very impressed by the level of projects the participants chose; most were focused on supporting frontline staff," she said. "Working and learning together in interprofessional groups is the future of innovative care delivery."

Claudia Angelica Reyes-Hull, a Languages Services supervisor, was coached by Kimberly Talley, RN, MSN, CRNP, CNML-BC, director of Patient Care Services. Reyes-Hull came up with a system to capture data for document translation that allowed the department to better track requests, as well as recognize the efforts of employees who do this work in-house.

As a result, less work is outsourced, turnaround is quicker and costs have been reduced.

"This program gave me the tools to lead a team," Reyes-Hull said. "It enabled me to see my team in a different way so that I could delegate. I learned to get at the root of a problem." ●

U.S. Office on Women's Health director visits Christiana Care

Before the Affordable Care Act, American women often paid as much as 50 percent more for health benefits, according to analysis by the National Women's Law Center.

Despite the extra out-of-pocket costs, women were not as healthy overall as American men.

Today, under the new health care law, insurers can no longer increase rates because of gender or pre-existing conditions, including pregnancy. In 2014 alone, 8.7 million women in the U.S. are expected to gain maternity coverage, according to the U.S. Department of Health and Human Services. Millions more will have affordable access to potentially life-saving screenings.



Nancy Lee, M.D.

"I do believe this is the most important law in improving health for women in my lifetime," said Nancy Lee, M.D., the U.S. deputy assistant secretary of Women's Health and director of the Office on Women's Health at the Department of Health and Human Services, in a talk at Christiana Care Health System in April.

Each year, Christiana Care, which has been recognized by HHS as the region's only National Community Center of Excellence in Women's Health, invites a visiting professor to present grand rounds on a subject of vital importance to women and girls. Dr. Lee presented rounds and the lunchtime lecture "Women's Health in the U.S.: The Promise of the Affordable Care Act."

Among the greatest advances for women, Dr. Lee said, is "an unprecedented focus on prevention."

Under the Affordable Care Act, many preventive services for women are covered without charge to the patient, including screenings for breast, cervical and colon cancer, diabetes, depression, high cholesterol, high blood pressure, osteoporosis and sexually transmitted diseases.

"Women no longer have to choose between a co-payment or a mammogram or a colon cancer screening," Dr. Lee said.

Women also are entitled to immunizations, based on the patient's age and other risk factors. Benefits such as tubal ligations and contraceptives — albeit controversial — also are covered under the Affordable Care Act.

Further, benefits for women include one well-woman medical visit without charge each year. In addition to routine screenings, the visit also is an opportunity to discuss lifestyle issues that contribute to illness, such as domestic violence, alcohol abuse and smoking.

Dr. Lee noted that the United States lags behind other developed countries in life expectancy and wellness for both men and women, and that the Affordable Care Act could lead to more positive trends.

"Over the last 20 years in the U.S., we have spent increasingly more on health care, yet have not significantly improved our outcomes. The Affordable Care Act is a major step toward controlling costs while increasing quality of care for those we serve, especially for the most vulnerable and at risk," commented Omar Khan, M.D., associate vice chair of the Department of Family and Community Medicine and medical director for Community Health and the Eugene duPont Preventive Medicine & Rehabilitation Institute.

Dr. Lee also spoke at Obstetrics and Gynecology rounds and to Community & Family Medicine faculty, staff and Christiana Care's marketplace guides.

Christiana Care is the only hospital health system in the region that hired marketplace guides to help enroll Delawareans in health insurance. In Delaware, more than 18,000 of the state's 60,000 uninsured people have received coverage since the Affordable Care Act was rolled out, either through the Affordable Care Act or Medicaid.

Dr. Lee expects that coverage for women will have a positive ripple effect because women typically make health care decisions for family members.

"The health of a woman also impacts her loved ones," she said. "If we enroll women, they will make sure their families are enrolled, too." ●

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.

Champions of Service honored at annual celebration

Christiana Care's 2014 Champions of Service celebration recognized almost 50 extraordinary individuals whose commitment to service earned the admiration of their colleagues, and nominations for the Jefferson Awards and Spirit of Women Awards. Nearly 200 people turned out for the event at the John H. Ammon Medical Education Center to cheer for the winners and nominees.

"As a not-for-profit health system, our mission is one of service to others," said Michele A. Schiavoni, MS, APR, chief external affairs officer and senior vice president of Christiana Care Health System. "We believe that the key to providing

exceptional care is to partner with our neighbors and our community. Caring for others is The Christiana Care Way." She said that the Jefferson and Spirit of Women awards recognize "extraordinary individuals who devote themselves to making a difference in the lives of our neighbors and the communities we serve."

The number of nominees, each with a compelling story, "must have posed a daunting task for the volunteer judges charged with picking the winners," said Richard J. Derman, M.D., MPH, FACOG, The Marie E. Pinizzotto, M.D., Endowed Chair of Obstetrics and Gynecology. "I'm glad I didn't have to be the one to choose," he said.

The 2014 Jefferson Awards

The Jefferson Awards, founded in 1972, have become a prestigious national recognition system honoring public service in America. Awards are presented locally and nationally.

Monica Prestowitz, RN



Described "as a shining example of a servant leader," Monica Prestowitz, RN, 5E, volunteers scores of hours every month at Urban Promise Wilmington, a Christian faith-based organization that helps equip children and young adults with the skills necessary for academic achievement, life management, personal growth and servant leadership. Prestowitz is

a teacher and mentor who instructs Urban Promise staff and interns in health and fitness and first aid. In addition to her Christiana Care Jefferson Award, she will represent Christiana Care at the national Jefferson Awards ceremony in Washington, D.C., this summer to be considered for a national Jefferson Award. She also was nominated for the Spirit of Women Health Care Hero Award.

Michelle Wheeler, RN



Michelle Wheeler, RN, has a longstanding commitment to serving the homeless in the community through the faith-based Meeting Ground organization, where she also serves as a board director. Meeting Ground helps individuals and families experiencing homelessness by providing a temporary safe haven where they can regroup and put their lives in order with the help and support of a

caring community. Wheeler has been involved in running the organization's emergency rotating shelter as a site supervisor for her church and volunteering at the Mary Randall Center. She helps to prepare and hand out hot dinners for the guests, serves as an overnight monitor, assists with intake, and helps collect and distribute food, clothing and other goods. She also was nominated for the Spirit of Women Health Care Hero Award.

THE JEFFERSON AWARDS CONTINUED

Christine Virion Cook, M.A., CCC/SLP

Christine Virion Cook, M.A., CCC/SLP, volunteers many hours of her personal time to support people living with Parkinson’s disease and to educate her colleagues and peers about the disease. She founded and continues to lead a Parkinson’s disease education group, which features regular speakers on current issues in Parkinson’s. She also has helped host a rehabilitation services table at a health care event and has been instrumental in scheduling and leading two forums for speech pathologists across the state.



The 2014 Spirit of Women Awards

Dr. Derman gave an overview of the Spirit of Women Awards program, which celebrates individuals making an impact on women’s health. Winners are selected based on contributions they make to their communities through their work and their service activities. The winners will be submitted for national consideration by the Spirit of Women organization.

Elizabeth Sushereba, CNM, Health Care Hero



Elizabeth Sushereba, CNM, became Christiana Care’s first certified nurse midwife seven years ago. She empowers women every day by teaching them that pregnancy and birth are normal life processes, and she encourages them to take an active role in their health. She spends a great deal of her time off improving health care in the developing world, volunteering with youth and being active in her church

community. She has traveled to sub-Saharan Zambia to help bring modernized medicine to a rural underserved area, setting up health care clinics, delivering babies and educating the medical staff, positively affecting the lives of countless women and children.

Amy Pollock, Community Hero

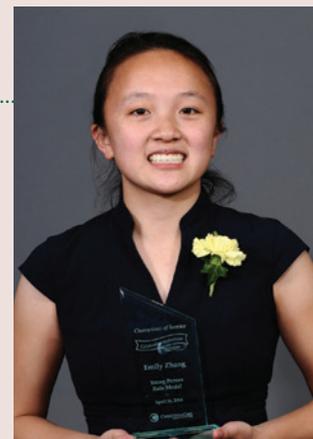


Amy Pollock exemplifies qualities of service, compassion, understanding, organization and leadership. She is a founding member and vice president of Premiere Charities Inc., a well-known charitable organization with many volunteers, including many from Christiana Care Health System. Pollock coordinates hundreds of volunteers who consistently provide Sunday dinner to

needy individuals and families in the city of Wilmington. She also volunteered with the Delaware Medical Relief Team and traveled to Jacmal, Haiti, to help victims of the 2010 earthquake.

Emily Zhang, Young Person Role Model

Emily Zhang has had a significant impact on her local community and globally through service and development initiatives. Locally, she serves lunch to hundreds of underserved people in Wilmington. Globally, she travels to Haiti to help in the medical clinic, women’s group and children’s summer camp. As head intern for the nonprofit Students For Haiti Inc., she helps the organization form partnerships to better serve the people of Haiti. ●



Ethics After Work tackles end-of-life planning issues

Conversations about the end of life can be uncomfortable and difficult, even for health professionals.

But overcoming discomfort and initiating those important discussions can mean the difference between seeing a patient or loved one spending those final moments connected to life-prolonging equipment in a sterile room, or peacefully surrounded by family and friends.

That was the focus of April's Ethics After Work session at the John H. Ammon Medical Education Center, attended by Christiana Care staff and nursing students from the University of Delaware. The event coincided with National Healthcare Decisions Day, when people are encouraged to think about advance care planning and to create an advance care directive.



“The practice of medicine has evolved to be a team effort. We should be listening and acting in a coordinated fashion to assure that the patient and the family have the best information on which to base a plan of care.”

—JOHN GOODILL, M.D., FACP, FCCP

It's a message many people don't want to hear, said pulmonologist John Goodill, M.D., FACP, FCCP, chief of Christiana Care's Pain and Palliative Care Section, who led the meeting.

“Nobody wants to think about it, so it's kind of a taboo subject,” Dr. Goodill said. “It's not a fun thing to talk about around the family dinner table.”

There is fear surrounding death, he said, “but we're all going to face it, and we may not have time to get ready for it.”

Dr. Goodill showed the film “Consider the Conversation: A Documentary on a Taboo Subject,” created with private

funding by Terry Kaldhusdal, a 6th grade history teacher, and Michael Bernhage, a health care business professional and hospice advocate, both of Wisconsin. The film presents interviews with physicians, patients, clergy, a journalist-author and others, who address issues associated with planning the best possible outcome for each individual.

The film's goal, its producers say, is to “inspire culture change that results in end-of-life care that is more person-centered and less system-centered.” That is a way of thinking that permeates Christiana Care's approach to caring for our patients as neighbors, Dr. Goodill said.

“We are focused on the patient and patient-centered care,” he said. “The practice of medicine has evolved to be a

team effort. We should be listening and acting in a coordinated fashion to assure that the patient and the family have the best information on which to base a plan of care.”

Ideally, the time to think about end-of-life wishes — how much medical intervention is wanted, where and under what circumstances medical care should be given or not — is before a crisis occurs, no matter how difficult it is to imagine, he said.

“This is about facing it with forthrightness, making those decisions.”

One of the best ways to do that is by creating an advance care directive, also known as a living will, which documents the kind of medical care someone would or would not want to be given in a situation in which the patient is not able to speak for himself.

“There is a general misunderstanding that advance directives are a way that you limit medical care,” Dr. Goodill said. “It turns out it's kind of hard to die these days, because at the end of life, there are so many choices. There's always another thing that could extend your life. A lot of times, those are false choices that get people into situations they don't want to be in, where other people are making decisions for them, and those people may or may not know what the person wants.”

Discussion after the film focused on societal differences that make death unmentionable in some cultures more than others. The group discussed tactics for bringing up the topic with patients and families, and myths surrounding hospice, which provides medical, spiritual and psychological care to people in the last months or weeks of life.

“There's a perception in American society that hospice equals dying,” said Dr. Goodill. “Because of that, people put off hospice care, because nobody wants to join the club of the dying.” By postponing hospice until the last few days of life, he said, patients and their families are unable to take advantage of the services hospice offers.

“Hospice is about helping people negotiate the last chapter of life. They help you live as well as you can for as long as you can,” he said. “Talking about living as well as possible is pretty positive.”

For many patients, living as well as possible means palliative care — care that is focused on providing comfort and relieving symptoms, including pain and anxiety. A multidisciplinary palliative

care team at Christiana Care provides ongoing medical care along with emotional support and help in making decisions for management of advanced chronic and serious illness.

Hospice also offers palliative care, but generally admission to hospice is limited

by insurance coverage to patients considered terminal or within six months of death.

Talking about individual wishes for end-of-life care with respect is life-affirming, Dr. Goodill said. "It's about paying attention to the experience of the patient

facing death, and we need to listen to that."

Dying is "a very natural part of living and we've kind of 'over-medicalized it' ... we don't give it room to happen as it should," he said. ●



Junior Board donates books

The Junior Board of Christiana Care donated children's books to the Wilmington Health Center pediatrics practice. At the gift presentation, Natalie, Ethan and Naithan Grzybowski joined Diane Thomas, Junior Board President, and Melissa Crisconi, RN, office coordinator. The children got to take home some new books of their own. ●

Christiana Care Health System has a new website for sharing news and features: ChristianaCareNews.org.

ChristianaCareNews.org provides one-stop-shopping for staff and the community to get the latest news about Christiana Care, wellness articles by our experts, stories about great patient experiences and more.

The new site includes a Staff News section, making it easier than ever for physicians, nurses and staff to congratulate their colleagues and share articles with their family and friends.

New site features:

- ▶▶ Photos that shine like never before.
- ▶▶ Optimized so that it that looks great on any device.
- ▶▶ Easy-to-use search makes it a cinch to find the stories you want.
- ▶▶ Publications and presentations listings are intergrated with PubMed.org, the National Library of Medicine's online source for biomedical literature.
- ▶▶ RSS feeds make it easy to subscribe for automatic updates.
 - ▶▶ Add comments or join a discussion powered by Disqus.
 - ▶▶ Easy sharing to Facebook, Twitter, Google+ and by e-mail. Let your family and friends know about your Great Place to Work!

ChristianaCareNews.org is designed to work in tandem with Christiana Care's main consumer website, ChristianaCare.org.

In the coming weeks and months, ChristianaCareNews.org will continue to undergo refinement and integration with Christiana Care's growing online ecosystem. ●



Christiana Care reaches out to Community on Wilmington Wellness Day

More than 50 Christiana Care employees and students from 14 departments participated in the annual Wilmington Wellness Day, April 26 at Rodney Square, bringing information about how to live longer, happier and healthier lives to more than 2,500 city residents.

The year's event featured Million Hearts Delaware, a statewide effort to advance the national goal of preventing 1 million heart attacks and strokes by 2017. Christiana Care's Blood Pressure Ambassadors assisted Million Hearts by providing blood pressure screenings to 223 attendees. Million Hearts and its partner agencies also provided education and resource information to more than 500 people.

Christiana Care Oral and Maxillofacial Surgeon John Vorassi, D.D.S., performed throat and mouth cancer screenings for 38 people.

In addition, Christiana Care staff screened 25 women for osteoporosis and offered health information about

parenting, cancer prevention and treatment, kids' safety, stroke, the Affordable Care Act, rehabilitation and physical therapy.

The annual event provides free health information and screenings that some residents of Wilmington find difficult to afford.

Christiana Care departments and services that participated this year included Community Health Outreach and Education, Trauma, Nuclear

Medicine, Center for Advanced Joint Replacement, Rehabilitation Services, Marketplace Guides, Health Ambassadors, Stroke Program, Oral & Maxillofacial Surgery and Hospital Dentistry, Medical Interpreters and Warriors Against Prostate Cancer. ●



More than 50 Christiana Care staff from a variety of departments provided free screenings and health information at Wilmington Wellness Day.

HealthCare Center primary care practice has a new home



The first patient to visit the HealthCare Center at Medical Arts Pavilion 2 was Lisa Burroughs, whose doctor, Samantha DeCouto, D.O., is among the many who moved from the former HealthCare Center at Christiana.

For patients of the Medical Group of Christiana Care's primary care practice now open in sparkling new office space in Medical Arts Pavilion 2, great care is getting even better.

The practice, called the HealthCare Center at Medical Arts Pavilion 2, opened April 28. The practice moved from the HealthCare Center at Christiana. The new site offers family and internal medicine, pediatrics and a new lab service all in one convenient location.

The practice provides two health coaches for patients with chronic conditions, such as diabetes and heart failure, to get the extra help they need. The onsite lab service, just for patients of the practice, provides routine lab testing without an appointment.

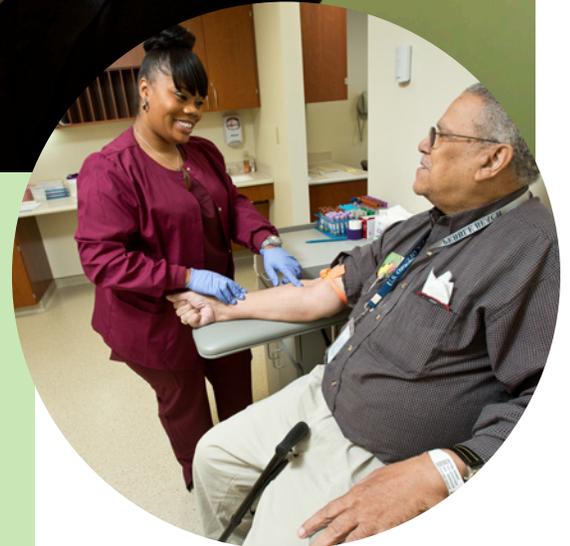
"We are making high-quality care easier and more effective for our patients," said Eric Schwartz, M.D., medical director of the Medical Group of Christiana Care. "We want to provide our patients greater value along the entire continuum of care, from acute care needs to treatment of chronic conditions."

The 17 providers and more than 40 support staff at the practice offer a wide range of services:

- Primary medical care for adults and children.**
- Pediatrics.**
- Gynecology and women's health.**
- Immunization.**
- Physical examinations.**

"I really like that all the primary care practices are in the same location," said Lisa Burroughs of Wilmington, who came to see Samantha DeCouto, D.O., on opening day. "I know I am going to get great care here. The practice is so well organized."

As at all Christiana Care primary care practices, patients can register to access their own online patient portal where they can request appointments, ask questions and see lab and imaging results. Patients can communicate with the office by phone or through secure online messaging.



Phlebotomist Shakeena Wilson prepares Thomas Bratton to have his blood drawn at the lab service established just for patients of the new HealthCare Center at Medical Arts Pavilion 2.

Staff are enthusiastic about the spacious site. "The exam rooms are larger, patient waiting areas are bright and cheerful and the employee work stations are all ergonomic," said Sandy Camacho, practice supervisor. "It is beautiful, modern and a great place to come to work every day."

The practice is accepting new patients; call 302-623-0200. ●

Christiana Care celebrates volunteers at annual luncheon

Volunteer Services hosted an appreciation luncheon at Deerfield, April 11, to thank the more than 1,000 volunteers who help to positively impact the patient experience every day. More than 250 volunteers and guests attended the event.

During the festivities, 36 volunteers were recognized for reaching milestones in the number of hours and years that they have devoted to Christiana Care. Twelve were inducted into the Volunteer Hall of Fame to recognize a decade of service.

As an additional thank you, several departments that benefit from volunteer support donated themed gift baskets, which were raffled during the event. For contributing to the success of the event, organizers thanked the Surgical Services Team, Patient Relations, Guest Services, Pastoral Care, ACE Unit, Helen F. Graham Cancer Center & Research Institute, Pharmacy, Ronald McDonald House, Surgical Procedure Unit, Volunteer Services, SurgiCenter, Emergency Department and Rehabilitation Services. ●



Margaret Patton.



Helen Thomas,
Phyllis Johnson, Fr. Clemens Manista
and Zaneida Toro. Not pictured:
Lida Morris.



2000

Hours



James Neel, Marsh Uebler, Mary McCreedy, Jack Cooney, Jean Kunkle, Vincent Giordano, Judy Vassar and Richard Hill. Not pictured: Sally Jenkins, Lee Kimani, Gregg Mayhart and The Rev. Antony William Rajayan.

1000

Hours

David Kirkley, James Johnston and Regina Ross. Not pictured: Irene Montoya, Kersey Vakharia and Shirley Williams.



HALL OF FAME

Carol Samuels, Thomas Curran, Antonia Jerman, Gretchen Fitzgerald, Gayleen Carmichael, Vincent McCann and Helen Thomas. Not pictured: Deborah Clark, Frank Filipowski, Marvin Kravitz, Lida Morris and Lynne Robinson.



As you care for your family, don't forget to care for yourself

Women often are the health care decision makers for their families. They make dental appointments for the kids, remind husbands to take their medications and drive elderly parents to their doctors' appointments.

But in looking after the needs of others, it's important that women not neglect their own health. National Women's Health Week, observed May 11-17, is a reminder to women to be active partners in their care.

"It's essential for women to get regular checkups, because screenings such as mammograms and Pap tests can find cancers early on, when they are easier to treat," said Richard Derman, M.D., MPH, the Marie E. Pinizzotto, M.D., Endowed Chair of Obstetrics and Gynecology.

Under the Affordable Care Act, women are entitled to an annual wellness visit without a co-pay or other charge, as well as preventive services including: mammograms every one to two years for

women over 40; cervical cancer screening every three years; smoking cessation programs; and screenings for cholesterol, diabetes, hypertension and depression.

The wellness visit also is a time to talk about your family history and set healthy goals, such as exercising for 30 minutes each day and drinking no more than one serving of alcohol a day.

Heart disease is the No. 1 killer of women, yet many women don't know the warning signs. Women often experience very subtle symptoms during a heart attack, which may or may not include severe chest pain. Signs may include:

- Uncomfortable pressure, squeezing, fullness or pain in the center of the chest.
- Pain or discomfort in one or both arms, back, neck, jaw or stomach.
- Shortness of breath, with or without chest pain.
- Breaking out in a cold sweat, nausea or lightheadedness.

"It's essential for women to get regular checkups because screenings such as mammograms and Pap tests can find cancers early on, when they are easier to treat."

—RICHARD DERMAN, M.D., MPH

Healthy habits can greatly reduce the risk of heart disease. Giving up smoking will reduce a woman's risk of repeat heart attacks and death from heart disease by 50 percent or more, according to the American Heart Association.

In addition to exercising regularly, embrace a diet that is good for your heart.

Choose low-fat or fat-free dairy products. Broil foods instead of frying. Load up on a variety of fruits, vegetables and whole grains. Limit red meat, packaged snacks and bakery goods.

When women take care of themselves, everyone benefits. ●

Delaware HSS Sec. Landgraf visits Christiana Care to discuss health needs among Hispanic community



The Delaware Hispanic Commission met at the John H. Ammon Medical Education Center in April to discuss health care needs among the Hispanic community.

Department of Health & Social Services Secretary Rita Landgraf welcomed people to the meeting, which was organized by Rosa M. Colon-Kolacko, Ph.D., MBA, senior vice president, chief diversity officer and executive director of Christiana Care's Learning Institute. As chair of the Delaware Hispanic Commission subcommittee of Health & Social Services, Dr. Colon-Kolacko hosted the meeting.

Rosa M. Colon-Kolacko, Ph.D., MBA, senior vice president, chief diversity officer and executive director of Christiana Care's Learning Institute, Robert J. Laskowski, M.D., MBA, president and CEO of Christiana Care Health System, and Health & Social Services Secretary Rita Landgraf.

Junior Board Medicine Ball supports Swank Memory Care Center

More than 250 supporters came out to The Junior Board of Christiana Care 2014 Medicine Ball, May 2 at the Delaware Museum of Natural History.

The party-goers were rewarded with delicious food, music by bands filled with rockin' doctors, and fun activities that included quick-sketch portraits by talented artists, all with a backdrop of fascinating exhibits inside the museum.

Proceeds from the 2014 Medicine Ball will benefit Christiana Care's Swank Memory Care Center, Delaware's first and only comprehensive outpatient program to support patients and

their families dealing with memory disorders, including Alzheimer's disease. This year the Swank Memory Care Center team will support more than 1,500 patient and caregiver visits.

The Medicine Ball supports Swank's commitment to grow caregiver programs through respite care and social services, in addition to enhanced educational support.

Each year, the Junior Board Medicine Ball provides significant financial support for Christiana Care needs, including services and programs, equipment, and nursing and allied health scholarships. ●



Against the backdrop of the Delaware Museum of Natural History, supporters joined in celebration at the 2014 Junior Board Medicine Ball. This year's event featured musical entertainment by a variety of musical acts that included many physician musicians.

Terri Corbo honored as society's Pharmacist of the Year



Terri Corbo, Pharm.D., BCPS, FASHP, vice president of Christiana Care Pharmacy Services, received the Delaware Society of Health System Pharmacists 2014 Pharmacist of the Year Award.

The society's most prestigious award honors a health system pharmacist practicing in Delaware who has displayed outstanding qualities of

leadership, initiative and dedication to the ideals of the practice of pharmacy.

"Receiving such an award from your peers is a special recognition of one's leadership," said Ray Seigfried, senior vice president,

administration. "What is also clear to me is the acknowledgement of Terri's effective contribution to Christiana Care as one of our present and future stars."

Corbo was appointed vice president, responsible for all pharmacy services throughout Christiana Care Health System, in 2011.

A board-certified pharmacotherapy specialist, her roles since joining Christiana Care in 1999 include clinical specialist in cardiology, medication safety specialist, and manager of clinical pharmacy services/post-graduate year one residency director. She was director of clinical pharmacy and medication safety officer from 2008 to 2011.

Corbo received her doctorate in pharmacy in 1997 from the Philadelphia College of Pharmacy and Science, where she also earned her bachelor's degree. ●

Deborah Ehrenthal, M.D., receives Healthy Mother and Infant Consortium Health Equity Award

Deborah Ehrenthal, M.D., MPH, FACP, director of Health Services Research for Women and Children and medical director of Women's Health Programs in the Department of Obstetrics and Gynecology at Christiana Care, received the Delaware Healthy Mother and Infant Consortium's Health Equity Award on April 9 in Wilmington.

The award recognizes Dr. Ehrenthal's significant impact promoting a diverse and culturally competent health care workforce and environment.

"Dr. Ehrenthal is a tireless advocate for reducing health disparities among women and children in Delaware," said Richard Derman, M.D., MPH, FACOG, the Marie E. Pinizzotto, M.D., Endowed Chair of Obstetrics and Gynecology at Christiana Care. "She leads several groups that are committed to research and intervention programs that improve the health of women, children and families."

Dr. Ehrenthal led the Healthy Beginnings Program at Christiana Care. Funded in part by the Delaware Division of Public Health, the program seeks to eliminate disparities in infant mortality among high-risk populations through evidence-based clinical guidelines for prenatal and preconception care.

She works closely with the Wilmington Consortium, a group of more than 20 agencies working to reduce infant mortality in the

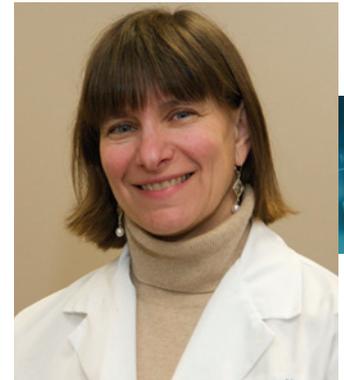
state. In addition, she sits on the Data and Science Committee of the Delaware Healthy Mother and Infant Consortium.

In 2009, she established the first Birth Defects Registry in Delaware. The initiative added an autism registry in 2011.

Dr. Ehrenthal completed a three-year project with the Federal Office on Women's Health, called the Heart Truth Campaign. The project disseminated and supported implementation of evidence-based guidelines for cardiovascular disease prevention in women across the state.

At Christiana Care, Dr. Ehrenthal led value-improvement teams that aimed to improve services for limited English proficient women who receive obstetrical and gynecological care. She co-chairs the Health Equity Council dedicated to the identification, analysis and remediation of health disparities in our community.

Dr. Ehrenthal is associate professor of medicine and obstetrics and gynecology at Thomas Jefferson University College of Medicine. Her research has been published in *Obstetrics and Gynecology*, *Maternal and Child Health Journal* and other peer-reviewed journals. ●



Terry Horton, M.D., shares Project Engage successes with state lawmakers

Terry Horton, M.D., FACP, chief of Christiana Care's Division of Addiction Medicine, spoke about Project Engage to state lawmakers during a meeting of the Senate Committee on Health & Social Services. Dr. Horton is the medical director of Project Engage, which is an early-intervention program designed to help substance-using hospital patients connect with community-based treatment programs. The program has drawn national attention for its innovative approach and success in helping patients overcome addictions, and reducing health care costs by reducing emergency department visits and hospital stays. ●



Terry Horton, M.D., FACP, talks about Christiana Care's Project Engage at the Delaware Senate Committee on Health & Social Services.

Cancer Special Needs Fund benefits from Cindy Foundation fundraising efforts

Cancer patients will benefit from a \$13,500 gift to the Christiana Care Cancer Special Needs Fund from the Cindy Foundation for Ovarian Cancer Research.

Cindy DiPinto died of ovarian cancer in 2009 at age 43. The foundation sprang from the hearts of those who loved her and cared for her, who wanted to honor her life and raise money for cancer research.

Cindy heard about the Cancer Special Needs Fund while she was receiving treatment. The fund supports patients who need transportation for appointments, medical equipment, nutritional counseling, the purchase of prostheses, wigs, hats and scarves and other needs.

The Cindy Foundation holds two events a year, both in Wilmington, to raise money. These include a September 5K run and a March guest bartender event at Catherine Rooney's pub in Wilmington. 



Publications

Marci Drees, M.D., MS, FACP, DTMH, et al. "The Evolving Landscape of Healthcare-Associated Infections: Recent Advances in Prevention and a Road Map for Research." *Infection Control & Hospital Epidemiology*. May.

Kelly S. Gray, RN, David A. Paul, M.D., et al., "Multicenter Study of Hand Carriage of Potential Pathogens by Neonatal ICU Healthcare Personnel." *Journal of the Pediatric Infectious Diseases Society*. March.

Lydia Henry, MSN, RNC-OB, IBCLC, Rebecca Hayman, BSN, RN, PCE, IBCLC, "Ankyloglossia and Its Impact on Breastfeeding." *Nursing for Women's Health (AWHONN)*. April/May 2014.

Matthew K. Hoffman, M.D., MPH, Deborah B. Ehrenthal, M.D., FACP, et al. "Fetal Outcomes of Elective Delivery." *Clinical Obstetrics and Gynecology*. June.

Omar Khan, M.D., MHS, Richard J. Derman, M.D., MPH, and Karla A. Testa, M.D., "Why We Should Care about Global Health." *Delaware Medical Journal* (editorial), February. Vol 86, No 2, 49-51.

John T. Powell, M.D., RDMS, Jennifer T. Mink, M.D., RDMS, Jason T. Nomura, M.D., RDMS, Brian J. Levine, M.D., Neil Jasani, M.D., MBA, Wendy L. Nichols, RN, BSN, James Reed, Ph.D., and Paul R. Sierzenski, M.D., RDMS, "Ultrasound-Guidance Can Reduce Events During Femoral Central Venous Cannulation." *Journal of Emergency Medicine*. April.

Terri Steinberg, M.D., and Sharon Anderson, RN, BSN, MS, FACHE, "Effective Population Health Management." *Hospitals & Health Networks Daily*. April. Online.

Presentations

Sharon Anderson, RN, MS, William Weintraub, M.D., Terri H. Steinberg, M.D., and Daniel Elliott, M.D., MSCE, "Christiana Care's Bridge to Value-Based Care," at the Delaware Healthcare Association. April.

Lynn C. Jones, FACHE, president of the Christiana Care Visiting Nurse Association and senior vice president of Post-Acute Care Services, presented "Innovative Home Health and Post-Acute Care Strategies to Reduce Readmissions" and sat on an expert panel at the American College Healthcare Executive meeting in Philadelphia, May.

Melanie Chichester, BSN, RNC-OB, CPLC, Sandy Kardos, BS, C-TAGME, Matthew K. Hoffman, M.D., MPH, and Philip Shlossman, M.D., "Rubrics Cube: Documenting Residents' Scholarly Activity," at the Institute for Excellence in Education Conference at Johns Hopkins University School of Medicine, April.

At the FOCUS Spring National Conference, Orlando, May 2014, **John Emberger, BS, RRT-ACCS, FAARC**, presented:

- "How to Ventilate the Premature Infant – What Is the Evidence?"
- "A Live Look Inside the Lungs: Experience with Electrical Impedance Tomography."

Nancy L. Gaines-Dillard, MSN, CRNP-BC, "A Telephone Call Can Give Peace of Mind After Motorcycle Trauma," at the 2014 Graduate Student Research Symposium at Widener University, Chester, Pa., April.

Frederick A. Giberson, M.D., FACS, was a discussant during the final panel session, "Simulation and Milestones Implementation," at the 7th Annual Meeting of the Consortium of ACS accredited Education Institutes in Chicago, March.

At the Pediatric Academic Society Annual Meeting May 3-6 in Vancouver, BC:

- **Ursula Guillen, M.D., Anthony E. Munson, M.D.**, et al., a platform presentation, "International Comparison of Guidelines for the Management of Extremely Premature Deliveries: A Systematic Review."
- **Robert Locke, M.D., Stephen Pearlman, M.D., Susan Coffey Zern, M.D., CHSE, and Thomas Blackson, BS, RRT**, a poster presentation, "How Good Are Simulation Model Lungs?"

- **David A. Paul, M.D., Amy Mackley, MSN, RNC, CCRC, Reza J. Daugherty, M.D., and Robert G. Locke, D.O., MPH**, a poster presentation, "Reduction in IVH in Infants >26 Weeks Gestation with Improved Physiologic Stability."
- **Erin Tkach, M.D., Yong Zhao, M.D., Amy Mackley, MSN, RNC, CCRC, Alison Brooks, Brooks, MT (SBB), and David A. Paul, M.D.**, "Cryoprecipitate Transfusions in the Neonatal Intensive Care Unit: A Performance Improvement Study to Decrease Donor Exposure."
- **Elizabeth O'Donnell, Amy Mackley, MSN, RNC, CCRC, David A. Paul, M.D.**, et al., a poster presentation, "Do Extremely Preterm Infants Need Screening for Retinopathy of Prematurity Earlier Than 31 Weeks Postmenstrual Age?"
- **Stephen A. Pearlman, M.D., MSHQS, Susan Coffey Zern, M.D., CHSE, Thomas Blackson, BS, RRT, Joseph A. Ciarlo, BA, RRT-NPS, and Wei Zhang, MS, MA**, a poster presentation, "What is the Optimal Method to Assess the Adequacy of Bag-Mask Ventilation?"
- **Andrew M. Ellefson, M.D., Robert G. Locke, D.O., MPH, Yong Zhao, M.D., Amy Mackley, MSN, RNC, CCRC, and David A. Paul, M.D.**, a poster presentation, "Increased Monocytes and Bands Following RBC Transfusion: Precursor To NEC?"

Vishal Patel, M.D., MBA, William Weintraub, M.D., Edmondo Robinson, M.D., MBA, Roger Kerzner, Roger, M.D., Tabassum Salam, M.D., and Daniel Elliott, M.D., MSCE, FACP, "Factors Contributing to Readmissions for Patients with Ischemic Heart Disease," at the Mid-Atlantic Regional Meeting for the Society of General Internal Medicine, New York. Awarded best Educational Innovations Poster Presentation. March. Also presented at the National Meeting for the Society of General Internal Medicine, San Diego, April.

At the Workshop on Perinatal Strategies in Scottsdale, Arizona April 4-6, **Stephen A. Pearlman, M.D., MSHQS**, gave three presentations:

- “A Workshop on Neonatal Coding”
- “Coding Changes: Are You Ready?”
- A Quality Improvement Seminar, “Making the Most of Your Data and Earning Maintenance of Certification.”

At the 18th World Congress of Bronchology and Interventional Pulmonology (WCBIP) conference at Kyoto, Japan in April, **Tuhina Raman, M.D.**, presented:

- “An Unusual Mediastinal Mass,”* with co-author **Mary Iacocca, M.D.**
- “Pleural manometry: A forgotten tool in need of resurrection,” an oral presentation.

*Winner, Best Poster distinction.

Patty Resnik, RRT, MBA, FACHE, “Transitioning from Hospital to Home” at the Delaware Association of Home and Community Care, Dover. March.

Terri Steinberg, M.D., MBA, “For This Health System, Population Health is Personal.” Interview by Healthcare Informatics. Published online, April.

Norman Wang, D.D.S., and **Ryan McCarty, D.D.S.**, “The Role of General Dentists in the Treatment of Patients with Head and Neck Cancer,” at the Special Care Dentistry Association Annual Meeting in Chicago, April.

Appointments

The Professional Nurse Council announced that the following nurses were approved for promotion to RN III in April: **Lindsey McGraw**, Christiana ED; **Meghan Blomquist**, Christiana ED; **Gillian Tilley**, Flight Team; **Sally Greenway**, 2C; **Jackie Cox**, 6B; **Ashley Ridgley**, Wilmington ACE Unit; **Helen Hawrylack**, CVCCC; **Megan Smakulski**, 3D; and **Ingrid Collins**, Labor & Delivery. ●

UPCOMING EVENTS

may

Gail P. Gill Community Health Library open house celebration

Friday, May 30, 9 a.m. – 4 p.m.

John H. Ammon Medical Education Center, Suite 1E58

Learn about this unique resource center focused on consumer health and wellness for families, patients and the community. Enjoy refreshments and giveaways.



june

Poetry of Wellness

Wednesday, June 4, 6 – 7:30 p.m.

Helen F. Graham Cancer Center & Research Institute, east wing conference center

Enjoy poetry readings by Maggie Rowe, award-winning poet and teacher at the Cancer Support Community, and other area poets. Registration is not required. Call 302-623-4580 for more information.

Delaware Academy of Family Medicine Scientific Assembly

Saturday, June 7, 8:30 a.m. – 3 p.m.

John H. Ammon Medical Education Center

This year's assembly includes CME presentations from national and local leaders, a poster display and exhibit hall. Topics include “What's Up in Healthcare,” clinical updates in epilepsy, hypertension, cholesterol and obesity, and an ICD-10 overview. Registration begins 8:30 a.m. For more information: <http://www.delfamdoc.org/annualassembly.php>.

save the date

2014 Cancer Symposium

Thursday, Oct. 2, 6 p.m.

John H. Ammon Medical Education Center

Mark your calendars now for this always exciting educational event. This year's agenda will include: “Status of Lung Cancer Screening,” featuring Thomas Bauer, M.D., and Gerald O'Brien, M.D., plus several panelists, including Paul Kaplan, M.D., MBA, FAAP, CPE, senior vice president for Provider Strategy & Integration, Highmark; William Bowser, Esq., Chairperson, Delaware Cancer Consortium; and Heather Bittner Fagan, M.D., director, Health Services Research, Christiana Care Department of Family Medicine. The symposium will feature poster discussions from the Center for Translational Cancer Research. Invitations will be mailed this summer. ●

Knowing Your Narcan By Kristen P. Campbell, Pharm.D.

In the United States, prescriptions for opioid analgesics and methadone have increased by 700 percent and 1,200 percent, respectively, between 1997 and 2007.¹ In turn, the incidence of opioid overdose and toxicity has increased.

Opioid intoxication is characterized by apnea, miosis and stupor with respiratory depression (respiratory rate <12 breaths per minute) being the most compelling sign of opioid toxicity. Opioid overdose is complicated by altered pharmacokinetic properties (increased rate of absorption, enzyme saturation, etc.) that occur during an overdose resulting in prolonged intoxication. Additionally, the variations in duration of action among opioid formulations make optimizing naloxone administration an essential part in managing patients with opioid intoxication.¹

Naloxone (Narcan) is a competitive mu opioid-receptor antagonist indicated for the reversal of opioid activity in known or suspected overdose.² Naloxone can be given by various routes including intravenous (IV), intramuscular (IM), subcutaneous (SubQ), intranasal or inhalation. Following IV administration, the preferred route, naloxone begins to work within 2 minutes with a duration of 20-90 minutes.¹ The clinical effect of naloxone is shorter than most opioids, making repeat dosing of naloxone an important part of its administration. ●

REMEMBER TO...

Support the patient's ventilation while waiting for help or for naloxone to be administered.

Communicate that a dose of naloxone was given with every shift change. Patients who require naloxone once often need it again.

Monitor patients closely even after the naloxone has worn off, since most opioids have a much longer clinical duration than naloxone.

OPIOID OVERDOSE IN ADULTS³

	Dosing	Comments
Bolus: IV, IM, SubQ	0.4- 2 mg, repeat every 2-3 minutes May need repeat dose at later interval (20-60 min) depending on opioid/formulation	Dilute 0.4mg/mL with 9mL of NSS for a total volume of 10mL (0.04mg/mL) Give slowly to avoid reversing entire opioid effect unless absolutely necessary
Continuous Infusion: IV	2/3 of the bolus dose which caused successful reversal per hour and titrate as needed to assure adequate ventilation while avoiding withdrawal symptoms	Dilute in NSS or D5W Monitor for at least 12-24 hours until there are no signs of opioid toxicity following termination of infusion

REVERSAL OF RESPIRATORY DEPRESSION WITH THERAPEUTIC OPIOID DOSES IN ADULTS³

	Dosing	Comments
Bolus: IV, IM, SubQ	0.04-0.4mg, repeat every 2-3 minutes	Same as for opioid overdose
Continuous Infusion: IV	Same as for opioid overdose	Same as for opioid overdose

Reference:

1. Boyer EW. Management of Opioid Analgesic Overdose. N Eng J Med. 2012; 367(2): 146-155.
2. Naloxone [prescribing information]. Lake Forest, IL: Hospira, Inc.; 2012 Mar.
3. CCHS Formulary. Available from: Lexi-Drugs Online™, Hudson, OH: Lexi-Comp, Inc.; Accessed March 7, 2014.

Quality Partners Update

Tel-A-Nurse program answers employee health questions 24/7

Starting July 1, the Geisinger Health Options Tel-A-Nurse program helps Christiana Care employees with personal medical issues and provides round-the-clock answers to health questions. Whether it's the middle of the night or a holiday, you can speak to a registered nurse through the Tel-A-Nurse service at 877-543-5061 or go online for non-emergency medical advice.

"Offering our employees the Tel-A-Nurse program is one of the advantages of our partnership with Geisinger Health Options that sharpens our focus on quality health care that adds value," said Chris Corbo, corporate director of Benefits. "The Tel-A-Nurse program helps you get expert medical advice that's convenient and reliable. Getting the answers you need is as simple as picking up the telephone and calling."

This service is not for medical emergencies or urgent needs and should not replace your primary care provider.

Use this service 24 hours a day, seven days a week for health information and advice.

You can also chat live with a nurse online. Simply go to Geisinger's website (www.thehealthplan.com) to use this service for health advice when your provider is not available.

You can speak with a registered nurse regarding coughs, health advice about your new baby, colds, insect bites, arthritis pain, sunburns, information about medications and more.

Some of the topics included are:

- Stomach pains.
- Colds, flu and sore throat.
- Hay fever.
- Children's fever.
- Asthma.
- Mumps and measles.
- Burns.

Another option is to use the Tel-A-Nurse Audio Library to get answers to a wide range of medical questions.

There is no copay or extra charge for using the service. You can speak with a nurse as many times as needed.

Discussing health issues with your provider is the best approach. But if you can't, Tel-A-Nurse is a helpful option. ●

Need non-emergency medical advice?



Starting July 1, call Tel-A-Nurse at 877-543-5061.



Visit thehealthplan.com under the Member section.



Access the Audio Library via the Tel-A-Nurse phone number. This library is a compilation of recorded advice on many health topics, like viral infections, nutrition and more.

Grateful family supports NICU Babycam project

When the Colls — Kate, Shawn and daughter Isabella — welcomed new daughter Ava to their family in September 2013, they were so pleased with their care and experience at Christiana Care that they wanted to give back. They made a generous commitment to the Babycam project in the Neonatal Intensive Care Unit and returned this spring to visit the nurses on 3C, where Ava began her life. The Babycam project has been an effort to install cameras throughout the NICU that enable parents and families to be with their babies online when they can't be there in person. ●

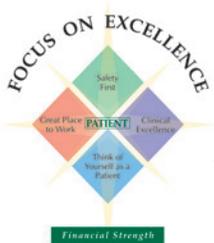




**CHRISTIANA CARE
HEALTH SYSTEM**

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.

Contributing for a cure, in Mom-Mom's memory



In memory of
her Mom-Mom, Brady Hrivnak, 8, of
Smyrna, raised \$125.63 for the Helen F.
Graham Cancer Center & Research Institute. To
assist those living with cancer, and to help ensure
future generations do not have to experience the
disease, Brady collected donations from friends and
family. Though her grandmother passed away more
than a year ago, Brady keeps her spirit alive
every day through her hard work and
generosity.

