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Patel was 50 when she received her first-ever mammogram at Christiana Care's Helen F. Graham Cancer Center & Research Institute. Outreach navigators from the Graham Cancer Center have been partnering with the Hindu temple for several years to educate women about their health and arrange for screenings.

To remove barriers to care for women at the Hindu temple, the outreach staff takes an innovative approach, arranging for the Breast Center at the Graham Cancer Center to be open on a Sunday. In the latest screening, 23 women were transported from the temple to the Breast Center and back in an expanded carpool, with volunteer drivers at the wheel.

"A lot of families own businesses and can't take off on a weekday or a Saturday," said Kruti Solanki, BSN, RN, a nurse who is the congregation's volunteer medical coordinator.

No worries about paperwork; the women had lots of help filling out forms. And when each woman went into the room for her screening, an interpreter was waiting for her alongside the mammogram technician.

"It was good having someone there who speaks my language," said Anjana Pandya, 54. "I wasn't sure what to expect, and it went very well."

Patel's mammogram did not indicate signs of cancer. But she learned she had a high level of vascular calcification in her breast and was referred to a cardiologist.

"I had a bypass," she said. "I would not have known there was a problem without the mammogram."

Today, Patel makes her own appointment for her annual mammogram. She and her adult daughter talk openly about women's health and the importance of regular screenings.

When Katurakes and the outreach workers come to the temple, they are greeted with hugs and smiles. Members of the congregation invite them to share nan, lentil soup and other Indian food.

"We have a relationship that has blossomed into a friendship," Katurakes said. "We care deeply for these women — and they care for us, too." ●



“We build trust and relationships by working directly with women who live in non-English speaking communities and don’t have ready access to information about screenings.”

NORA KATURAKES, MSN, RN, OCN
MANAGER, COMMUNITY HEALTH
OUTREACH AND EDUCATION,
GRAHAM CANCER CENTER

For 13 consecutive years Christiana Care has received a \$100,000 grant from Susan G. Komen Philadelphia to fund its Pink Ribbon Program, which pairs patients with bilingual navigators to improve access to free mammography screenings.

“We build trust and relationships by working directly with women who live in non-English speaking communities and don’t have ready access to information about screenings,” said Nora Katurakes, MSN, RN, OCN, manager of Community Health Outreach and Education at the Graham Cancer Center. “The grant allows us to educate women and their families about how to use insurance and access screenings.”

Outreach navigators from the Graham Cancer Center schedule mammograms, arrange for transportation and interpreters, and accompany patients to screenings.



The care team shares information with each other, the patient and family members during daily rounds at Wilmington Hospital. Partnership with patients, families and each other helps the health professionals at Christiana Care to ensure safe, high-quality care.

Christiana Care earns another 'A' in patient safety

For dedication to patient safety, Christiana Care has earned an A grade — the highest score possible — in the Spring 2015 Hospital Safety Score from the Leapfrog Group, a national hospital safety watchdog.

This is the third consecutive time Christiana Care has earned the A grade. Christiana Hospital and Wilmington Hospital are the only hospitals in Delaware to receive this recognition.

Only about 31 percent of more than 2,500 U.S. general hospitals received the A grade.

“Patient safety is our top priority at Christiana Care,” said Sharon Anderson, BSN, RN, MS, FACHE, senior vice president of Quality, Patient Safety and Population Health Management at Christiana Care. “This recognition belongs to the entire Christiana Care

team — our doctors, nurses and staff — who dedicate themselves to providing expert, safe care that our patients value.”

Developed under the guidance of Leapfrog’s panel of experts, the Hospital Safety Score uses 28 measures of publicly available hospital safety data to produce a single A, B, C, D or F

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SHARON ANDERSON, MS, BSN, RN, FACHE
SENIOR VICE PRESIDENT OF QUALITY, PATIENT
SAFETY AND POPULATION HEALTH MANAGEMENT

score. The grade represents a hospital’s overall capacity to keep patients safe from preventable harm.

The Hospital Safety Score is fully transparent, offering a full analysis of the data and methodology used in determining grades. The website <http://www.hospitalsafetyscore.org> provides past safety performance alongside hospitals’ current grade, allowing consumers to determine which local hospitals have the best track record in patient safety and which have demonstrated consistent improvement.

According to Leapfrog, the rating is the first and only hospital safety rating to be peer-reviewed in the Journal of Patient Safety. The Safety Score is free to the public and designed to give consumers information they can use to protect themselves and their families when facing a hospital stay. ●

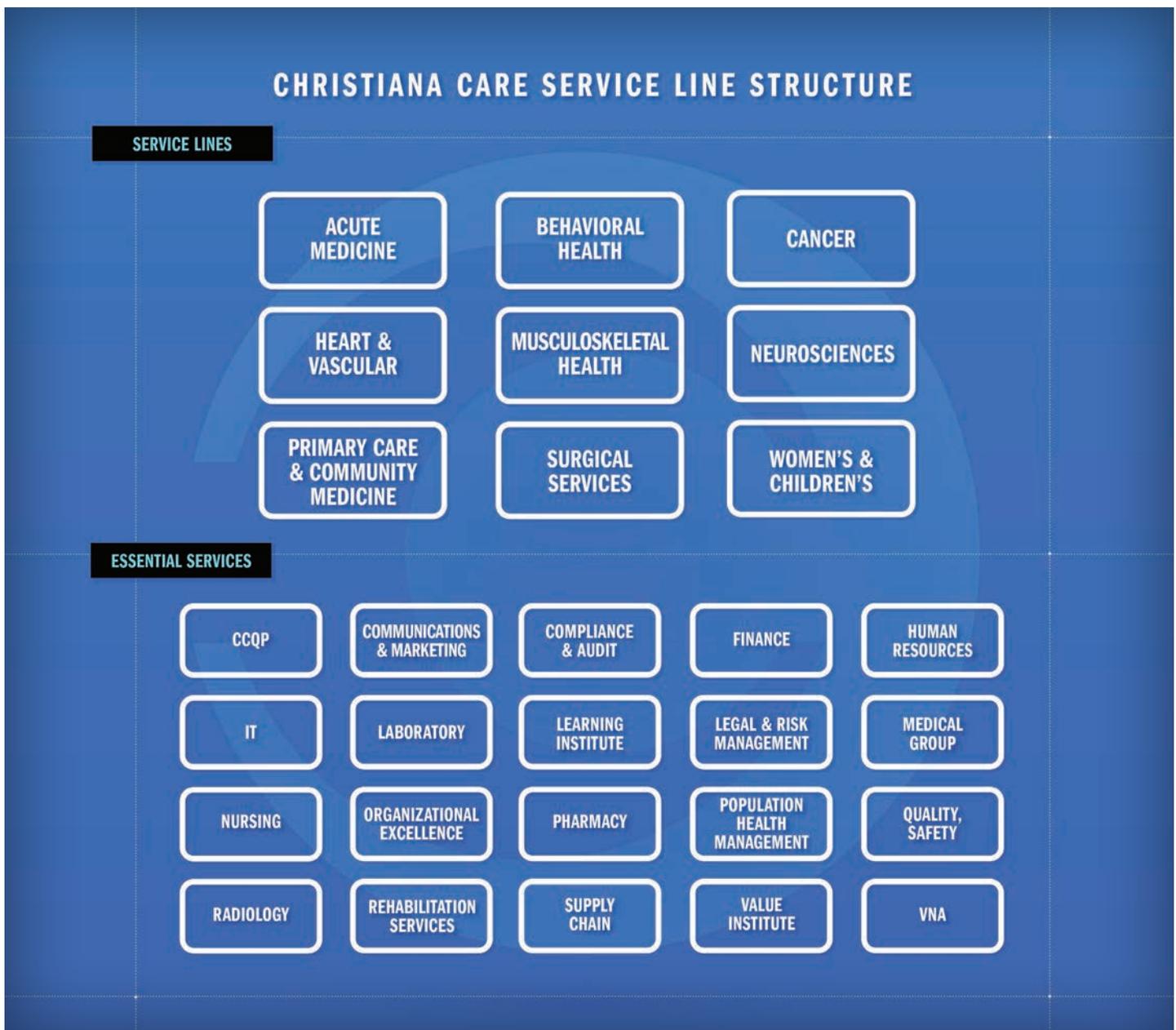
New service line structure supports The Christiana Care Way

Christiana Care Health System has reorganized its Quality and Safety work into a service line structure that will enable us to deliver on the promise of The Christiana Care Way — creating innovative, effective, affordable systems of care that our neighbors value.

This new structure positions us to advance a population health model of care: achieving excellence in patient outcomes, patient experience and high-value care. By simplifying our structure, we can reduce unnecessary variation in care, better coordinate care across the continuum, and continue to improve the quality, safety and value of the care we provide.

Nine service lines each are represented by an executive team comprised of physician, nursing and operations leaders across our organization. The service line executive teams will help to coordinate and integrate our many system change initiatives and Quality and Safety efforts, and collaborate closely with the Christiana Care Medical Group and Christiana Care Quality Partners.

CONTINUED P. 5



SERVICE LINE PHYSICIAN LEADERS

ACUTE MEDICINE

VIRGINIA COLLIER, M.D., MACP

BEHAVIORAL HEALTH

LINDA LANG, M.D.

CANCER

NICHOLAS J. PETRELLI, M.D.

HEART & VASCULAR

TIMOTHY J. GARDNER, M.D.

MUSCULOSKELETAL HEALTH

BRIAN GALINAT, M.D., MBA

NEUROSCIENCES

KERT ANZILOTTI, M.D., MBA

**PRIMARY CARE &
COMMUNITY MEDICINE**

OMAR KHAN, M.D., MHS, FAFAP

SURGICAL SERVICES

**GERALD FULDA, M.D. FACS,
FCCM, FCCP**

WOMEN'S & CHILDREN'S

DAVID A. PAUL, M.D.

The service line structure does not change the current organizational reporting relationships, and it does not replace the clinical departments. Department chairs continue to report directly to the chief medical officer. Christiana Care employees continue to report to and be evaluated by their current supervisor.

The service line structure is intended to be a flexible structure, acknowledging the complex relationships throughout Christiana Care Health System. Some programs cut across service lines. Our many vital essential services will continue to work across the service lines, and at the same time they will begin to work increasingly through the service line structure.

Watch for more information about the new service line structure in upcoming issues of Focus. ●

Christiana Care makes 100 Great Hospitals list

For the second year in a row, Becker's Hospital Review has named Christiana Care Health System to its list of 100 Great Hospitals in America. The list is a compilation of the "most prominent, forward-thinking and focused health care facilities in the nation."

According to Becker's, each hospital on the list has "a strong foundation of high-quality care, stellar credentials and a focus on doing what is right for the patients in its community. They are home to many medical and scientific breakthroughs, provide best-in-class patient care and are stalwarts of their communities, serving as research hubs or local anchors of wellness."

Becker's highlights Christiana Care's 2014 Best Hospital ranking by US News & World Report and its most recent Truven Health Analytics 100 Top Hospitals ranking and selection as one of 17 U.S. hospitals to earn the Everest Award. The publication also spotlights Christiana

Care's Neuro Critical Care Unit and certification as a Comprehensive Stroke Center by the Joint Commission and American Heart Association/American Stroke Association.

To develop the list, the Becker's uses several reputable hospital ranking sources, such as U.S. News & World Report, Healthgrades, Truven Health Analytics, The Leapfrog Group and Magnet designation from the American Nurses Credentialing Center. The list is not a ranking. The website displays hospitals in alphabetical order.

The magazine also considered questions such as "Would you take a loved one here for care? Would this hospital be on a short list of places to visit for an important procedure or health issue?"

Becker's Hospital Review is a monthly publication offering business and legal news and analysis relating to hospitals and health systems. ●

BECKER'S
Hospital Review

100 Great Hospitals
in America | 2015

THE LIST RECOGNIZES

the most prominent, forward-thinking and focused health care facilities in the nation.

Teamwork breathes spirit of collaboration into respiratory care

By Francis Gott III, MBA, RRT, Administrative Director, Pulmonary Services and Medical Critical Care



Like other clinicians at Christiana Care, respiratory therapists partner with patients and their families to provide expert, respectful care.

But we thought we could do better in delivering great care in ways that patients value. When we tackled this issue four years ago, there were 120 respiratory therapists on staff, rotating through Christiana Hospital and Wilmington Hospital.

As respiratory therapists, we care for people who have difficulty breathing. That includes patients with chronic respiratory diseases, such as asthma or emphysema, and premature babies whose lungs have not fully developed. We also provide care for patients with heart attacks and other emergencies, such as drowning.

Rotating through various departments, our RTs saw a diverse population of patients. But because they were continually cycling, it was difficult for them to form relationships with the doctors and nurses they work with. The RT was the quiet partner behind the scenes. So we decided to redesign our model in order to create an innovative, effective, affordable system of respiratory care that would better serve patients. That's The Christiana Care Way.

In the new approach, the RT staff was organized into teams: cardiac care; medical-surgical; women's and children's; and the Emergency Department. There also are RTs who are assigned to the Middletown Emergency Department, Wilmington Hospital and Christiana Care's two pulmonary function labs.

We work in every area of the hospital, 24 hours a day, seven days a week, adding value to the care plan, helping patients to get better.

In designating teams, we asked RTs if they had special areas of interest, essentially matching an RT's passion with the patient population. Although we weren't able to accommodate every request, we worked hard to ensure that as many RTs as possible were assigned to the team of their choice.

Today, there are 140 RTs who work at Christiana Care. All are assigned to teams, and they are cross-trained to care for patients with various needs. Every day, we see the positive results of teamwork. RTs have become true and valued partners with doctors and nurses at the bedside because they work together regularly. They know one another on a first-name basis.

As RTs become more comfortable in working with nurses, we also are growing more comfortable in asking for help. Can you please help me to reposition a patient? Can we get a patient a glass of water?

Conversely, we believe that these relationships also empower nurses to ask RTs for a helping hand when they need it.

The success of teamwork is reflected in better outcomes for patients. There's been a dramatic reduction in length of stay for patients in intensive-care units who are on ventilators, along with improvements in mortality. This is accomplished by the entire care team in an ICU working together to care for our patients, and RTs are crucial members of the team.

We are more efficient, too, thanks to the introduction of Six Sigma principles that reduce the waste and variation in systems and procedures.

Historically, we used estimates to determine how many RTs we need to provide quality care. Now, lean principles are embedded in our department. We ask ourselves, what is the work in our clinical space?

We have established Clinical Activity Time Standards or CATS that taken the guesswork out of the equation and give us a better handle on how many staff we need.

Another goal was to make it easier for patients to understand how respiratory therapy fits into their care plan. Patients who have asthma or chronic obstructive pulmonary disease have likely worked with an RT before. But many patients have not.

To that end, all RTs wear seafoam green scrub tops and black pants. That allows patients and families to readily identify us visually. Because we have assigned teams in various units, patients are far more likely to receive care from the same therapist. Establishing that rapport is helpful because we need patients to understand their meds, to educate them so that they understand their condition and know when to seek medical attention.

Recently, the team approach to care was praised by a family member who wrote to thank the staff for a loved one's care in the ICU. She wrote: "All departments worked together like a family and always introduced themselves, offered to answer a question and always included us in rounds."

Thanks to that collaborative spirit, we are no longer working behind the scenes. We are teammates, with more than 50 of our staff members currently sitting on systemwide committees and value-improvement teams. We are determined to keep up the good work. ●



Through Christiana Care's Honor Your Caregiver Program, Janice Mosher of Wilmington took time to thank nurse practitioner Krista Lee Brazell, MSN, CRNP, for her "total support" of a friend who had been treated at Christiana Care. Mosher wanted to recognize the respectful, expert care Brazell had provided in a time of need.

Honor Your Caregiver program lets patients, loved ones recognize provider excellence

During her hospital stay at Christiana Care, Carol Soha of Newark thought her caregivers were "diligent," "compassionate" and "personable." She went an extra step and took the time to tell them so through the Honor Your Caregiver program. Since March, patients, families and friends like Soha have participated in the Honor Your Caregiver program to say thank you and to recognize caregivers who were bright lights during difficult times.

Through a personal message and the option to make a donation to Christiana Care, patients and loved ones can acknowledge anyone who made a difference — a physician, a nurse, a chaplain, a housekeeper, a food-service worker — even an entire unit or department.

Janice Mosher of Wilmington took time to thank nurse practitioner Krista Lee Brazell, MSN, CRNP, on the Cardiac Short Stay Unit for caring for a dear friend. "Thank you for going above and beyond," wrote Mosher, a former Christiana Care employee. "Your explaining what was happening ... and your total support ... will always be remembered."

"At Christiana Care Health System, our caregivers are the heart of The Christiana Care Way — serving our neighbors as respectful, expert, caring, partners in their health," said

Chief Medical Officer Kenneth L. Silverstein, M.D., MBA, in launching the Honor Your Caregiver program. "Every day we see our physicians, nurses and staff working as a team to provide compassionate care of the highest quality."

Caregivers learn of their recognition with a special card that includes the personal message from the patient or loved one who acknowledged their exceptional care.

"It is a privilege to serve our neighbors and an honor to be recognized for it," said Sneha Daya, M.D., of Christiana Care Hospitalist Partners, who cared for Soha. "Carol was a pleasure to work with, and she reminded me that acknowledging details in patient care goes a long way."

"By making a donation in honor of a caregiver, patients, families and friends help enhance the impact our teams of caregivers have on our community," said Andrew Pack, executive director of Development. "This spirit of giving is a way to support Christiana Care's commitment to our neighbors." ●

Gifts to Honor Your Caregiver can be made online at <https://giving.christianacare.org/honor-your-caregiver-donation>.

Surgical Critical Care team earns Zero Harm award for staying more than 12 months CLABSI-free



Robert Dressler, M.D., MBA, associate patient safety officer and vice chair and director of Patient Safety and Quality, Department of Medicine (far left), and Michele Campbell, MSM, RN, CPHQ, FABC, vice president of Patient Safety and Accreditation, present the Zero Harm Award to the Surgical Critical Care Complex care team.

The Surgical Critical Care Complex at Christiana Hospital has achieved a full year without a central-line bloodstream infection (CLABSI). The achievement earned the unit a Zero Harm Award, which recognizes the achievement of zero harm for 12 consecutive months in a specific Christiana Care Focus on Excellence patient safety harm measure by a patient care unit, clinical department or specialty, or team.

“The SCCC team embraces the concept that successful outcomes are a result of interdisciplinary team collaboration,” said Kimberly Talley, MSN, RN, CRNP, CNML-BC, FABC, vice president, Patient Care Services, Surgical. “All members of the team have the same focus on patient safety and improved outcomes. They have high standards and expectations of the care that they provide, and I am truly amazed by the resilience and level of commitment and dedication of the SCCC staff.”

“It feels great!” said Louise Fagraeus, BSN, CCRN, nurse manager of the Surgical Critical Care Unit, reflecting on the achievement that is the result of constant focus and vigilance by every member of the care team. “Everybody on this unit wants to do a good job for our patients.”

Fagraeus said that a variety of key changes helped to catapult the unit to success in preventing infections. Among them were changes in central-line dressings — moving to a thicker, more durable dressing — and one-on-one staff education to ensure that everyone understood and adhered to new processes and

Centers for Disease Control guidelines for infection-prevention. The team also supports each other in constant vigilance to ensure that central lines are placed properly and changed or removed at the optimal times.

“Engagement of the frontline staff who do the work enabled the SCCC to change the culture and achieve zero harm for our patients,” said Michele Campbell, MSM, RN, CPHQ, FABC, vice president of Patient Safety and Accreditation.

Fagraeus credited nurses on her team for stepping up and engaging the entire care team to make zero CLABSIs an achievable goal. Among them were Bridget Bieber, MSN, CCRN, RNIII, who led the planning and staff education effort, and Teresa Panchisin, MSN, APN, ACNS. It was Panchisin’s idea to take a soap that was recommended for prevention of urinary-tract infections and use it for full-body bathing of patients, which is another process change that the team believes contributed to their success.

“The nursing care on this unit is amazing,” Bieber said. “This is a very challenging population to keep infection-free, because of the amount of central lines that are used in the SCCC.”

The SCCC team built on the success of previous Zero Harm Award winners. Collaboration with Christiana Care’s other intensive-care units enabled the SCCC team to learn what was working in other areas of the hospital and apply those lessons to the surgical environment. ●

Multidisciplinary team focuses on improving discharge process

Discharging patients safely from the hospital can be a complex process, especially when patients take multiple medications.

To create a new paradigm, a multidisciplinary team is at work developing a pilot for an improved discharge process that will relieve the burden on health care providers, patients and their families.

“This started off being about medication reconciliation,” said Virginia U. Collier, M.D., MACP, Hugh R. Sharp Jr. Chair of Medicine and executive steer on the project committee. “It’s a complex process, especially when patients are leaving the hospital with a list of medications that may be very different than what they came in on.”

There are three levers in the initiative: people, process and technology.

“The people component is essential. Technology doesn’t help and the workflow doesn’t improve if you don’t have buy-in from all members of the team,” Dr. Collier said.

The project has adopted the approach: “discharge begins upon admission.” That means the entire team — doctors, nurses, case managers, social workers, pharmacists and pharmacy technicians — work together throughout the patient’s stay to prepare the patient for discharge.

“We want the patient to be in the hospital as long as we are providing value to the patient — but not a minute longer,” Dr. Collier said.

Pharmacy plays a key role.

“An accurate medication history with ongoing reconciliation throughout the hospital stay reduces the risk of medication errors and preventable adverse events,” said Terri Corbo, Pharm.D., BCPS, FASHP, vice president,



“We are absolutely committed to creating a discharge process that is more efficient and effective for our patients, for our physicians and for other care providers.”

VIRGINIA U. COLLIER, M.D., MACP
HUGH R. SHARP JR. CHAIR OF MEDICINE

Pharmacy Services. “An accurate history and reconciliation also can tip off the care team to medication-related clinical symptoms.”

Certified pharmacy technicians will be positioned to capture accurate medication histories on high-risk patients soon after the decision to admit. Making this information available to providers early in the admission process sets the foundation for better outcomes.

Floor-based pharmacists, already positioned to provide patient-specific recommendations on medication therapies, will expand their focus to include documenting medication reconciliation recommendations for providers to consider before high-risk patients are discharged.

The new model includes an emphasis on interdisciplinary rounding, said Lisa Clayton, BSN, RN, MBA, program manager, Department of Medicine, and the project manager.

“Discharge is discussed on a daily basis,” Clayton said. “There will be a checklist for the day before discharge.”

An electronic module for case managers with the patient’s expected length of stay will help to establish benchmarks for discharge.

“If the patient has pneumonia and the expected length of stay is three days, but the physician determines the patient needs more care, the team can make that adjustment,” she said.

Goals for the improved discharge process include:

- Reduced length of stay for patients in both observation and inpatient status.
- Increased provider satisfaction through more efficient discharge planning and recommendations from Pharmacy for high-risk patients.
- Improved efficiency throughout the hospital stay.
- Increased satisfaction for patients, who will have the education they need to safely go home.
- Increase in medication histories collected by pharmacy technicians.

Specific metrics for those goals will be established as work on the pilot progresses. The plan calls for the initiative to be rolled out in several departments before it is launched throughout the health system.

According to Dr. Collier, “We are absolutely committed to creating a discharge process that is more efficient and effective for our patients, for our physicians and for other care providers. A successful project must be a win-win for all.” ●

Patients fare better, experience fewer readmissions when referred to VNA from Emergency Department



Jessica Shinn, MSN, RN-BC, MSM, case manager, and Karen Sisson, BSN, RN, VNA ED liaison, discuss a patient handoff in the ED at Christiana Hospital.

“This is an example of Christiana Care working to take care of the community in a way that’s not only cost effective but very much in line with how people want to be treated.”

LYNN C. JONES, FACHE
PRESIDENT, CHRISTIANA CARE HOME
HEALTH & COMMUNITY SERVICES INC.
SENIOR VICE PRESIDENT, POST-ACUTE
CARE SERVICES

When Irine Devroude, RN, of the Visiting Nurse Association (VNA) takes referrals from Christiana Care’s Emergency Department, she makes a commitment to see new patients within 24 hours.

“My role as a home health nurse is to empower patients and help them be successful,” said Devroude, who works first to educate patients so they can draw on the best resources to manage their illness.

A large majority of patients coming from the Emergency Department and into the care of VNA providers are doing well

with home recovery. Since October 2013, when the VNA began accepting patients directly from the ED, there have been more than 600 referrals, and 94 percent of those patients did not seek hospital readmission within seven days.

“The handoff between the ED and the VNA is proving to be a positive experience, and I am extremely pleased with how the care is working inside patient homes,” said Patty Resnik, MBA, FACHE, CPHM, CPHQ, RRT, vice president of Quality and Care Management.

Many factors went into the decision to refer patients from the ED to the VNA.

For example, surveys show that patients prefer home recovery to hospital admission, and Christiana Care providers increasingly look for ways to provide a continuum of care beyond hospital walls.

Patients who are capable of doing well at home should have the option to enroll in home health care, said Lynn C. Jones, FACHE, president, Christiana Care Home Health & Community Services Inc. and senior vice president Post-Acute Care Services.

“This is an example of Christiana Care working to take care of the community in a way that’s not only cost effective but very much in line with how people want to be treated,” Jones said.

With the ability to make more than 310,000 home visits a year, the VNA has enormous experience in assisting patients with hospital transitions, said Jennifer Rittreiser, MPH, who serves as VNA branch director. As a way to help patients be successful after discharge, the VNA added staff to handle referrals and help with medications. They set a benchmark for nurses to see patients at home within 24 hours, understanding the need for next day follow-up to ensure patients are adhering to ED instructions. There is also a policy for patients to see primary-care physicians within 72 hours.

“We’ve had no problem having patients seen in our community within the 72-hour time frame, and that’s been an important factor in obtaining positive outcomes for our patients,” said Resnik.

In her role as a VNA nurse, Devroude said she recently treated a Wilmington man who was a newly diagnosed diabetic. Since the young man lived with his mother, father and brother, Devroude began her visits with basic education for everyone.

She pointed out that diabetes did not have to be a condemning diagnosis but could be a way for the whole family to improve their health — and feel better — with changes in diet and exercise.

“It’s enormously rewarding when someone has that “aha” moment and realizes they can take control of an illness,” Devroude said. “In this case that happened for an entire family.” ●

New Patient and Family Advisory Council for Women’s and Children’s Services

Christiana Care Health System recently introduced the Patient and Family Advisory Council for Women’s and Children’s Services. The council partners with Christiana Care leaders and staff to provide a patient’s-eye view of projects and services in women’s health and pediatrics.

“There are so many ways in which you can help us,” said Sherry A. Monson, MSN, RN, MBA, vice president of Women’s and Children’s Services, at the kickoff event for the new council. “Progress, policies and changes need to reflect our partnership with patients and families.”



One of several Christiana Care Patient and Family Advisory Councils, the Women’s and Children’s group brings the insights of women of all ages, mothers, fathers and other family members “inside the building to help us live The Christiana Care Way,” said Shawn R. Smith, MBA, vice president of Patient Experience. “We aim to include our patients and their families at every level.” ●



If you would like to consider becoming a Patient and Family Adviser, visit <http://www.christianacare.org/adviser> or call Patient Relations at 302-733-1340.

Christiana Care Nurses named Top Nurses in Delaware Today

The May issue of Delaware Today features Christiana Care nurses named Top Nurses in 2015 by their professional peers. Selected in a poll by the Delaware Nurses Association, 38 Christiana Care nurses were honored in seven categories. Jennifer F. Cormier, MSN, RN, OCN, AGPCNP-BC, a nurse practitioner in the Helen F. Graham Cancer Center & Research Institute, was named winner in the geriatrics category.

“The recognition of our nurses acknowledges the respectful, expert care they bring as partners to our patients and their families,” said Diane P. Talarek, MA, RN, NE-BC, chief nursing officer and senior vice president, Patient Care Services. “They demonstrate why we are a Magnet-designated institution.”

In a feature article on nursing and technology, Cormier said that cancer treatment has benefited greatly from technological advances. “Digital images are a wonderful teaching tool for our patients,” she said. She talked about how technology supports patient- and family-centered care. “It’s marrying good old-fashioned TLC in this very technology-driven field. Technology enhances but does not replace the nurse-patient relationship.” ●



“The recognition of our nurses acknowledges the respectful, expert care they bring as partners to our patients and their families.”

DIANE P. TALAREK, MA, RN, NE-BC
CHIEF NURSING OFFICER, SENIOR VICE PRESIDENT, PATIENT CARE SERVICES



“They demonstrate why we are a Magnet-designated institution.”

DIANE P. TALAREK, MA, RN, NE-BC

Christiana Care’s Delaware Today 2015 Top Nurses are:

Marilynn K. Bartley, MSN, RN, FNP-BC Excellence in Service

Gale Moore Bucher, MSN, RN, COF-C Education

Darcy Burbage, MSN, RN, AOCN, CBCN Education and Excellence in Service

Donna M. Casey, MA, BSN, RN, FABC, NE-BC Excellence in Service

Michelle L. Collins, MSN, RN-BC, ACNS-BC Education

Martha Coppage-Lawrence, MSN, RN, CPNP Home, Community, Ambulatory care

Jennifer F. Cormier, MSN, RN, OCN, AGPCNP-BC Geriatrics and Home, Community, Ambulatory Care

Katherine Crawford, MSN, RN, CCRN Education

Kathryn Curtis, MSN, NP-C Family

Eileen S. Evangelista, MSN, APRN, FNP, CCRN Acute Care

Leslie C. Flowers-Verrucci, MSN, CRNP, CNS, APN-BC Acute Care

Dawn M. Fowler, MSN, NP-C Acute Care and Family

Carolina Flores-Gopez, MSN, MHA, CCRN, NE-BC Excellence in Service

Denise French, MSN, RN, AGCNS Geriatrics

Mary J. Gant, APRN-BC, RRT, CM-BC Excellence in Service

Janice Heinssen, MN, FNP-BC, AAHIVS Excellence in Service

Teresa E. Hills, MSN, RN, ACNP, BC, CNRN Acute Care

Jessey Jennings, RN, FNP-BC Acute Care

Linda Laskowski Jones, MS, RN, ACNS-BC, CEN, FAWM Excellence in Service

Kathleen King, RN Excellence in Service, Education, Home, Community, Ambulatory Care, Inpatient Service

Moonyeen (Kloppy) Klopfenstein, MSN, RN, AOCN Excellence in Service

Melva A. Lane, MBA, BSN, RN-BC Excellence in Service

LaTonya E. Mann, MSN, FNP-BC, OCN, CRNI Excellence in Service

Lorie E. Meck, BSN, RN-C Inpatient Service

Jo A. Melson, MSN, RN, FNP-BC Acute Care and Geriatrics

Mark F. Mendell, MSN, ANP, BC Geriatrics

Sherry A. Monson, MSN, MBA, RN, CENP Excellence in Service

Ruth A. Mooney, Ph.D, MN, RN Education

Donna Mower-Wade, MS, RN, ACNS-BC, CNRN, MS Acute Care and Geriatrics

Bonnie Osgood, MSN, RN-BC, NE-BC Excellence in Service

Elizabeth Rathmanner, MSN, RN-BC Excellence in Service

Valerie Schimpf, MSN, FNP-BC Family

Maureen A. Seckel, MSN, APN, ACNS-BC, CCNS Excellence in Service and Geriatrics

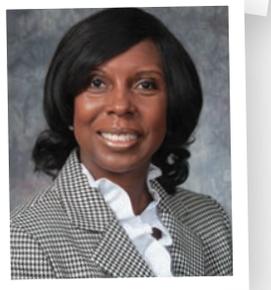
Kara Walker Streets, BSN, RN, MS, CEN, NE-BC Excellence in Service

Linda Sydnor, MSN, GCSN, ANP, BC Geriatrics and Excellence in Service

Kimberly Talley, MSN, RN, CRNP, CNML-BC, FABC Excellence in Service

Karen Toulson, MSN, RN, CEN, NE-BC, MBA Excellence in Service

Victoria Varga, RN, ADN-C Inpatient Service



Champions of Service Awards spotlight outstanding volunteers, role models

The annual Champions of Service: Celebrating Volunteers Awards Reception, April 30, drew nominees, families, mentors and supporters out for a special event to recognize the many Christiana Care colleagues who love to donate their time, energy and resources to others who need help in the community. Champions of Service combines the annual Jefferson Awards, which recognize outstanding volunteers across the country, and the Spirit of Women Awards, recognizing community heroes and young people who serve as role models through their volunteer efforts.

“As a not-for-profit health system, our mission is one of service to others,” said Christiana Care Chief External Affairs Officer and Senior Vice President Michele A. Schiavoni, MS, APR. “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. Through the Jefferson Awards and the Spirit of Women Awards, we are recognizing extraordinary individuals who devote themselves to making a difference in the lives of our neighbors and the communities we serve. This year we received more than 20 nominations.”



Community Hero awardee Peg Showalter with Michael Rosenthal, M.D.

Spirit of Women Community Hero Award

Michael Rosenthal, M.D., chair of the Department of Family & Community Medicine, presented the Spirit of Women Community Hero Award to Peg Showalter, who has devoted 58 years to volunteering for families throughout Delaware. A member of Hanover Church since 1958, she has been involved with Meals on Wheels, FISH, Adopt a Family, Cookies for Women, Christmas at Women’s Baylor, as well as several extended Missions trips. She says that she has always felt that she’s gotten much more from these activities than what she’s been able to give.

Young Person Role Model Award

Elizabeth M. Zadzielski, M.D., medical director of Christiana Care’s Women’s Health Ambulatory Services, Division of Education, introduced this year’s nominees for the Spirit of Women Young Person Role Model category, which recognizes young women who live beyond themselves and share their gifts of time, effort and ingenuity with others.

The winner this year was Angeliz Marrero. After seeing a video of a

24-year-old being beaten and kicked by three teens in 2014, the 18-year-old Howard Technical High School senior was inspired to use social media to create the Bully Project. Her encouraging, daily posts support those at risk for bullying and have drawn the attention of key governmental officials. Her online outreach efforts began while she was a 10th-grader. After observing firsthand what the trauma of self-harm and cutting can do to a loved one, she launched Angel’s Movement, an initiative through Twitter to give a voice to teens and people with disabilities who need a listening ear and encouragement.

The Jefferson Awards

The Jefferson Awards, founded in 1972, are a prestigious national recognition system honoring public service. Awards are presented locally and nationally. One of the awardees each year represents Christiana Care at the national ceremony.

Three nominees were awarded this year’s Jefferson Awards: Leanne Holveck, Stacy Myrie and Lauren Ramone. Holveck will represent Christiana Care at the national ceremony this summer in Washington, D.C.

Leanne Holveck is an exemplar of compassion and service who believes in the power of little things having a big impact on people’s well-being. She has volunteered as site coordinator for the Look Good Feel Better program of the American Cancer Society since 2007. She is an avid quilter who has donated her talent to create quilts for Quilts for Comfort, which benefits patients undergoing cancer treatment, at-risk babies and young children in the region. She also finds time to support numerous other programs, causes and events in the community. Holveck brings her “power



Jefferson Award winner Leanne Holveck

Spirit of Women Young Person Role Model nominees Dominique Stevens, Angela Modesto and Angela Marrerra (winner); (not in photo nominee Jocelin Esquivel-Perez).

Jefferson Award nominees, clockwise from top right, Judy Lind-Maloney, Stacy Burwell, Gwen Runge; (winners) Lauren Ramone, Leanne Holveck, and Stacy Myrie; and Tiffany Cannon and Chanel Tarrant.



of little things” philosophy to people every day.

Stacy Myrie believes in giving without any expectations of receiving and feels that volunteering is often just a matter of being present and engaging others. As a full-time medical assistant with Christiana Care Dermatology and a student at Delaware Technical Community College about to start the nursing program, she still finds the time to volunteer at the Little Sisters of the Poor, the Sunday Breakfast Mission, Special Olympics and other places and events. She gives at least two days of her personal time each month to helping others and often devotes all of her free time on holidays to helping those in need. Myrie hosted a special Thanksgiving dinner for 16 homeless men at her church in November. In May she volunteered to travel with the Delaware Medical Relief Team on a mission to help victims of two earthquakes in Nepal.

Lauren Ramone founded the nonprofit organization Pit Bull Pride of Delaware and serves as its president. She saves pit bulls from being euthanized at “high-kill” shelters, rehabilitates them

and places them with homes. She has saved more than 175 dogs. She hosts, on average, 10 to 15 adoptions and community events each year. A couple of the rescued dogs have gone on to become certified pet therapy dogs and visit children at Nemours/ Alfred I. duPont Hospital for Children, the Christina Early Education Center and a variety of other schools. ●



Clockwise from top left, Eve English, Ann Carney, Megan Goeller, Peg Showalter (winner), and Kelly Panetski. (Not in photo, nominees Kenyetta Alexander Andrea Higgins, Carol Hopkins, Edna Kotrola.)



Community Partnership meeting with a focus on victims of crime



“Among our community’s neediest populations – and perhaps the least visible – are victims of crime. Their wounds are often ones we cannot see but that indeed affect their health – even their ability to access health care – in detrimental ways.”

JANICE E. NEVIN, M.D., MPH, PRESIDENT AND CEO

Clockwise from top left, Janice E. Nevin, M.D., president and CEO, Christiana Care Health System; Pedro Torres, patient advocate, Latin American Community Center; (from left) Linda Brittingham, corporate director, Christiana Care Social Work, Stephanie Hamilton, social worker and coordinator, City of Wilmington Victim Services, Tonia Bell-Delgado, program coordinator of Adult Crime Victim Services; Pedro Torres, Melissa Pleasanton, Child Inc., and Lisa Borin Ogden, executive director of the Delaware Victims’ Compensation Assistance Program; Valerie Bradshaw, senior social worker, case management, State of Delaware, Venus Jones, Healthy Lifestyle coordinator, and Shirley Ibrahimovic, peer counselor.

When victims of crime are seen in the Emergency Department or physician offices, there are several ways that health providers can help them make contact with organizations that offer counseling, financial assistance and immediate shelter. At the Community Partnership luncheon at the Gateway Conference Center in April, representatives of social service programs explained how they help crime victims and shared insights on the needs of victims.

“It’s very important to talk about what we offer, because we want to be connected to the Emergency Department as a direct way of reaching crime victims who need our support,” said Stephanie Hamilton, victim services coordinator of the Wilmington Police Department. Her office served close to 1,300 crime victims last year.

The monthly meeting of the Community Partnership is an opportunity for local agencies to share information about programs — such as crime victim services — with staff from numerous departments in Christiana Care, along with other social services providers. The Community Partnership meetings are in their third year and are organized by Linda Brittingham, LCSW, BCD, director of the Department of Social Work, and her staff. Attendees include outreach workers from government service agencies and staff from nonprofits such as Child Inc., the Ministry of Caring and United Way of Delaware.

“Christiana Care has provided a forum for us to talk, learn about community resources and get to know each other,” said Eric Harris, executive director of Sojourners’ Place, a long-term program for the homeless. “Because of the relationships we are building, it is easier for all of us to do what we do.”

Christiana Care President and CEO Janice E. Nevin, M.D., MPH, said the Community Partnership is among her favorite programs. “If you look at our mission at Christiana Care, we talk about serving our neighbors as respectful, expert, caring partners in their health, and we know that is something we cannot do alone,” Dr. Nevin said. “Certainly we bring the expertise that comes with health care and health care delivery. But when it comes to health it’s the partnerships we have with you in the community that ultimately provide our neighbors with the value that they are looking for in how they live. I am deeply grateful for all the tremendous work you do.”

A 2013 report on the Community Health Needs Assessment for Wilmington suggested that Christiana Care Health Care System has an important role to play in facilitating community education and coordinating with local organizations to reach needy and underserved populations and neighborhoods.

“Among our community’s neediest populations — and perhaps the least visible — are victims of crime,” said Dr. Nevin. “Their wounds are often ones we cannot see but that indeed affect their health — even their ability to access health care — in detrimental ways.”

Christiana Care’s involvement with the Community Partnership grew out of a recognition, three years ago, that many homeless people were arriving at the Wilmington Hospital Emergency Department in cold weather seeking help. Most didn’t require emergency medical care. They needed help with social services such as shelter, food and clothing. But police and other public-service agencies did not have a coordinated way to meet those needs.

Brittingham worked to improve communication with government agencies and providers of social services, convening the Community Partnership and beginning regular meetings. As a result of the partnership, the number of people using the Emergency Department for social needs has dropped 83 percent.

“We want to be connected to the ED as a direct way of reaching crime victims who need our support.”

STEPHANIE HAMILTON

VICTIM SERVICES COORDINATOR, WILMINGTON POLICE DEPARTMENT

“We’re grateful for the role that Christiana Care has played in bringing us together,” said Hamilton of the Wilmington Police Department. “The social workers there are great to work with.”

Among those speaking about their programs at the April partnership meeting, were:

- Lisa Borin Ogden, executive director of the Delaware Victims’ Compensation Assistance Program.
- Melissa Pleasanton, a transitional counselor at Child Inc., which offers shelters for victims of domestic violence.
- Pedro Torres, an advocate for victims of crime with the Latin American Community Center.
- Tonia Bell-Delgado, program coordinator of Adult Crime Victim Services (for residents of New Castle County 50 and older), which is part of the Delaware Center for Justice.

“As partners, it’s important for us to know about each other’s resources so we can fully help victims,” said Pleasanton.

Victim safety and empowerment are primary concerns for each of the organizations. And in Delaware there is a Victims’ Bill of Rights, signed into law in 1992, under which victims are entitled to participate in all major phases of the criminal case process and to be informed about services for victims.

Ogden pointed out that agencies work hand-in-hand, citing the example of a victim of domestic violence. On a Saturday evening, a victim might go the Emergency Department for medical assistance and be referred to the Domestic Violence Hotline (302-762-6110). Through the hotline, the victim could find safety in a shelter run by Child Inc. and use the program’s case-management services. While in the shelter, the victim would be able to speak to a police-based advocate and file an Order for Protection from Abuse or press other charges. She might also make use of the Victims’ Compensation Assistance Program, which helps with medical bills and up to \$3,000 in lost income. The program also provides assistance with a security deposit and the first month’s rent on a new place to live.

“In a case like this, we haven’t fixed everything or taken away the pain,” said Ogden. “But the combination of our efforts is the opportunity for a new life.” ●

Neurovascular Symposium highlights essential resources of comprehensive stroke center



Gregg H. Zoarski, M.D.

“This conference highlighted how the new treatments for stroke have sparked an evolution in stroke care, taking it from a ‘chronic disease’ to one that is a ‘treatable emergency’.”

BARBARA J. ALBANI, M.D.

MEDICAL DIRECTOR OF
NEURO-INTERVENTIONAL SURGERY



What sophisticated resources does a comprehensive stroke center draw upon when combating one of the deadliest and most debilitating medical emergencies?

Answering that question was the central theme of the Third Annual Christiana Care Neurovascular Symposium, April 17 at the John H. Ammon Medical Education Center. A dozen health practitioners from Christiana Care were among the speakers.

“We’re conveying how to care for stroke patients from first ambulance contact to rehab,” said Jason Nomura, M.D., core stroke faculty and Emergency Department physician, and one of the symposium planners.

Program chair Gregg H. Zoarski, M.D., attending physician in Neuro-Interventional Surgery, was excited over this year’s record turnout. Nearly 200 regional health professionals registered for the daylong event to learn evidence-based diagnostic and treatment techniques for helping patients when a blood vessel ruptures in the brain (hemorrhagic stroke) or is blocked by clot (ischemic stroke). With over 20 years of experience in Neuro-Interventional Surgery treating embolic stroke, intracranial aneurysms, brain

and spinal vascular malformations, Dr. Zoarski has been an active participant in the evolution of stroke treatment.

“What I didn’t anticipate when I picked the topic of comprehensive stroke center was how rapidly stroke intervention would advance over just the past year,” said Dr. Zoarski. “We now have the results from several excellent randomized controlled studies that prove the benefit of intra-arterial stroke treatment over standard medical therapy. These studies demonstrate less disability and a trend toward lower mortality in ischemic stroke patients after mechanical removal of the arterial blockage.

“This conference highlighted how the new treatments for stroke have sparked an evolution in stroke care, taking it from a ‘chronic disease’ to one that is a ‘treatable emergency,’” said Barbara J. Albani, M.D., medical director of Neuro-Interventional surgery. “We can do things now that were only dreamed of in the past. While we continue to gain momentum with treatment, there is still much that needs to be accomplished in early recognition, so that patients can benefit from these treatment advances, and, most importantly, in prevention, so that stroke becomes a rare disease.”

An important change occurred in May 2014, when the Christiana Hospital was certified as a comprehensive stroke center by The Joint Commission and the American Heart Association/American Stroke Association. This recognition promises the highest standard of care for the 1,200 stroke patients treated each year at Christiana Care.

“This new level of certification recognizes the significant resources in staff and training that comprehensive stroke centers must have to treat complex stroke,” said Mary Ciechanowski, MSN, RN, APRN, ACNS-BC, CCRN, stroke program advanced-practice nurse.

The requirements for a comprehensive stroke center include:

- A neuro-intensive care unit with beds for complex stroke patients, providing neuro-critical care 24 hours a day.
- Use of advanced imaging capabilities.
- Coordination of post-hospital care for patients.
- Use of a peer-review process to evaluate and monitor care for patients with ischemic stroke and brain hemorrhage.
- A commitment to follow evidence-based guidelines and participate in stroke research.

The goal of all stroke treatment is to restore appropriate blood flow to affected areas of the brain as quickly as possible, said Brian King, NREMT-P, FP-C, flight paramedic. He pointed out that stroke onset is typically less dramatic than a heart attack and can easily go unnoticed. Yet strokes are the fifth leading cause of death and the leading cause of disability.

As a paramedic, he's found the Cincinnati Prehospital Stroke Scale is one of the easiest ways to identify stroke, as it makes use of three diagnostic signs: facial droop, arm drift and altered speech that leaves a person mute or slurring words. "If a patient has one of these there is a 72 percent likelihood of having a stroke," said King.

After detection, a patient's speed of arrival in the Emergency Department is a key determinant in treatment options and standard of care, said D. Ethan Kahn, D.O., neurointensivist. In evaluation of stroke, a CT scan is a vital tool for revealing a hemorrhage and showing whether it's possible to give tissue plasminogen activator (tPA) intravenously to relieve an ischemic stroke.

"At Christiana Care we have a 4.5 hour window for tPA treatment from stroke onset," said Dr. Kahn.

Sudhakar Satti, M.D., associate chief of Neuro-Interventional Surgery, and Thinesh Sivapatham M.D., neuro-interventionist, said that within the past year several studies have shown the efficacy of intra-arterial therapies (IAT), which are particularly helpful for patients arriving after the tPA treatment window has closed or when there are other contraindications for tPA. IAT therapies include chemical dissolution of clots with locally delivered thrombolytic agents and clot disruption, or thrombectomy, with a new generation of mechanical devices.



Jason Nomura, M.D., moderated a discussion on stroke prevention and pre-hospital care of stroke patients.

Three trials published in the New England Journal of Medicine (MR CLEAN, ESCAPE, and EXTEND I) recently have shown that ischemic stroke patients with vessel occlusion have positive results if clots are mechanically removed.

"We have waited three decades for trials with randomized control data such as this," Dr. Satti said. "This has been a huge year for us."

Other highlights:

Depression and apathy syndrome are common in patients after a stroke and are often related to a patient's vascular

disease, said Christopher Martin, M.D., psychiatrist. In general, a third of patients will have post-stroke depression. The best predictors for depression are the extent of a patient's physical disability, cognitive impairment, and underlying depression and dysthymia prior to a stroke.

Darcy Reisman, PT, Ph.D., associate professor, University of Delaware Department of Physical Therapy, spoke about brain neuroplasticity and stroke rehabilitation. Research is showing that recovery of motor function is mediated by neuroplasticity, and in physical therapy "use it or lose it" and "use it and improve it" are two phrases that apply. In terms of building neural networks, it's important to work directly on specific skills. So if you want a patient to walk, a patient should practice walking, she said. In fact, a therapist should ask a patient to repeat individual skills as often as possible. "Changes in the neural map continue even when there is a plateau in behavior," she said.

A presentation on "Obesity, Weight Loss and Public Health" suggested that many health providers do not see obesity as a disease but as a personal failing. Clinicians haven't yet offered the most effective therapeutic interventions for most of the 35 percent of Americans struggling with obesity, said Scott Kahan, M.D., MPH, director, National Center for Weight and Wellness, and Medical director, Strategies to Overcome and Prevent (STOP) Obesity Alliance, George Washington University. In his view, a multipronged approach to obesity is needed: Public health officials must work to address the physical and social environment (such as access to healthy foods and junk-food marketing), and clinicians need better education on obesity so they can help patients with options such as bariatric surgery and FDA-approved medications, as well as strategies for diet, exercise and moderate weight loss. ●

Celebration spotlights education and research, educators and learners

Educators and learners reflected on innovation, technology and ways to share creative ideas with colleagues at the annual Education and Research Celebration, sponsored by the Christiana Care Learning Institute. The event also celebrated the Christiana Care’s fourth consecutive annual ranking among the Top125 learning organizations recognized by Training magazine.

“We cannot deliver on The Christiana Care Way unless we devote ourselves as an institution to education,” said Janice Nevin, M.D., MPH, president and CEO, who spoke at the April 14 event via live video stream.

“Providing development opportunities for all of our colleagues to help them Learn, Grow and Make a difference is a priority for Christiana Care,” said Rosa M. Colon-Kolacko, Ph.D., MBA, senior vice president, Learning Institute, and chief diversity officer. “Through education, we can empower our extraordinary people to do even greater things.”

She noted that more than 60 creative individuals and teams at Christiana Care were nominated for 13 Learning and Research Awards that were presented at the event.

Jennifer Lukaszewicz, Pharm. D, as a member of the Antimicrobial Stewardship Program, earned an award for new strategies to disseminate knowledge by empowering ambassadors from various specialties. She said the event heightened her awareness of the way people learn in the workplace.

“As adult learners, we want education that we can put to use immediately,” Lukaszewicz said.

The keynote speaker was Constance Filling, MA, chief learning officer at the Association of American Medical Colleges, which opened a learning center in 2012 to advance learning practices at medical schools and teaching hospitals.



Staff play with a 3-D pen, one of many innovative technologies on display at the Education and Research Celebration.

“There are different ways that people learn, both by seeing and doing,” Filling said. “We need to construct our learning so that we can take advantage of the wisdom in the room.”

Throughout the day, learners could test new programs and technologies, including the 3Doodler, a pen that allows users to draw in 3D using an extruded plastic filament.

“It brings 3D printing to the individual level,” said Learning Institute Senior Instructional Designer Kristin Peters, MS. Employees can check out the pen by filling out an online request form on the Learning Institute intranet site, in the “Teach” section.

The event also made learners aware of a number of innovations that are readily

available, such as Gimp, a free photo editing tool, and assistive settings on iPads, including a text-to-speech function for people who are visually impaired. Doceri is an app that transforms an iPad into an interactive whiteboard.

“It records your screen and your finger movements on the screen — and it’s free,” she said.

Mike Feil, MS, an American Sign Language interpreter, demonstrated a robotic device that can be piloted remotely to travel wherever it is needed. An iPad is mounted on the unit and provides a visual and audio link to an interpreter.

“I can log onto the unit, ‘drive’ to the patient’s bedside and interpret,” Feil said. “Through technology, we can go wherever patients need us. ●



“Through education, we can empower our extraordinary people to do even greater things.”

ROSA M. COLON-KOLACKO, PH.D., MBA, SENIOR VICE PRESIDENT, LEARNING INSTITUTE, AND CHIEF DIVERSITY OFFICER

Balance is key to preventing falls

The Centers for Disease Control report that one in three people over the age of 65 will fall every year. Half of all injuries reported at Christiana Care are related to falls.

As the injury prevention coordinator for the Trauma Department, Kathy Boyer, MSN, RN, CCRN, is on a mission to reduce the number of falls that happen to the older population in our community. She teaches seniors in the community and at the bedside that most falls are preventable.



Boyer enlisted the help of Volunteer Delaware 50+ to bring a new fall-prevention program to seniors this spring. Called A Matter of Balance, the program aims to help reduce the fear of falling and increase the activity level of older adults who have concerns about falls. The classes help participants to view falls and fear of falling as controllable. It teaches them to set realistic goals for increasing activity, to change their environment to reduce fall risk factors and to increase strength and balance through exercise.

Often an older person who experiences a fall develops a fear of falling, and this can cause the person to limit activity. Limiting activity will only increase the chances of falling again due to the effects of immobility on the body. When people do not move, their bodies weaken and their balance worsens.

"It's important to check with your health care provider if you've experienced a fall, to determine if any follow-up testing or assessments are needed," Boyer said. "I also suggest that people think about their fall and try to determine if that specific fall could have been avoided. Do you need to move some furniture, slow down a bit, or add a railing to a set of steps?"

Some of the patients she speaks with in the hospital have temporary activity restrictions based on their injuries. Despite the restrictions, it is extremely important to keep moving in whatever manner they are permitted and stay active, she said. "I always say keep on keepin' on. After a fall, ask your doctor if you need follow-up care, review the fall and make changes if possible, and stay active within the physical restrictions placed by your doctor."

A Matter of Balance is sponsored by the Delaware Division of Services for Aging and Adults with Physical Disabilities and is a nationwide program. As a host site, Christiana Care will run

five eight-week sessions this year. For more information, call Susan Fox at Volunteer Delaware 50+, 302-255-9690. To learn about opportunities for fall-prevention education for senior groups in Delaware, call Kathy Boyer at 302-733-4250. ●

"I always say keep on keepin' on. After a fall, ask your doctor if you need follow-up care, review the fall and make changes if possible, and stay active within the physical restrictions placed by your doctor."

KATHY BOYER, MSN, RN, CCRN
INJURY PREVENTION COORDINATOR, TRAUMA DEPARTMENT



Scott Martin, from the Retired Senior Volunteer Program, demonstrates exercises at a session of A Matter of Balance.

First State School prom brings new beats to an 'Enchanted Forest'

The Wilmington Hospital Atrium was transformed into an enchanted forest for the First State School prom, May 1.

"Completed mostly by the students on the prom committee, the decorating work in the atrium setting offered them an opportunity to create their perfect, idyllic night," said Liz Houser, BSN, RN, First State School program director.

"Many of the students would not be able to attend a typical prom at a typical high school. But they were able to create their own enchanted evening this year."

The First State School gives children and adolescents who would otherwise be homebound with serious illnesses the chance to attend school with their peers while they get the medical treatment they need. Located at Wilmington Hospital, First State School offers kindergarten through high-school education to children with diabetes, sickle-cell anemia, severe asthma, cancer and other illnesses. The program is the first of its kind and one of only three in operation nationwide. It is co-sponsored by Christiana Care and the Delaware Department of Education through the Red Clay School District. ●



Javan James, Janay Laws, Darren Villanueva and Kyle Sage.

Liz Houser, BSN, RN,
and Coleen O'Connor,
former program
director of First
State School.



Jasmine Williams,
Maura Grier and
Tara Grier.



A student guest with Nastawnte Johnson,
Javan James and Reanna Skinner.



Students dance at the
First State School prom.



First State School staff.

Health care knowledge empowers healthier living

Knowledge is power. And learning more about health and how to access care empowers African-American women and their families to lead healthier lives. That was the message of Empowering Our Sisters, Our Journey to Wellness, a health and wellness summit held May 2 at the John H. Ammon Medical Education Center.

Velma Scantlebury-White, M.D., FACS, associate chief of Transplant Surgery at Christiana Care, moderated a panel discussion on the State Innovation Models (SIM) initiative, an ambitious plan to transform health care in Delaware that could become a model for the nation.

The goal is the Triple Aim: improving the health of Delawareans, improving the patient experience, and reducing costs. A key component of the plan is connecting patients to primary-care providers, who will improve patients' health and reduce costs by treating conditions in their earliest stages, said Margot Savoy, M.D., MPH, FAFP, CPE, FABC, medical director, Department of Family Medicine.

"You get back in the driver's seat, and primary-care will help you to navigate and get you where you need to go," Dr. Savoy said. She encouraged women to be mindful that all Delawareans are partners in the health system. That includes taking responsibility for reducing costs.

"If you go to the Emergency Department with a sore throat, it could wind up costing \$5,000 instead of \$50 if you go to your primary care provider," she said. "Everything that you do impacts somebody else. That money has to come from somewhere."

Dr. Savoy also spoke at a workshop on cardiovascular health and related diseases of the metabolic system, noting that African-Americans are at higher risk for hypertension, which contributes to



Velma Scantlebury-White, M.D., FACS, (second from left) with Delta Sigma Theta Sorority leaders Sarah Harrison, Thelma Ross and Linda Thomas at Empowering Our Sisters.

strokes and heart attacks. She encouraged participants to take charge of risk factors they can control, such as quitting smoking and losing weight.

"These are all 100 percent in your control," she said. "You are the ones who drive the health of your entire family."

Topics also included women's health throughout life, emotional and spiritual wellness, nutrition. There also were sessions for girls age 11-17. Participants received free health screenings and information on community resources from more than 20 exhibitors.

The second annual event was presented by Delta Sigma Theta Sorority Inc., Wilmington Alumnae Chapter, and Delta Outreach & Education Center and sponsored, in part, by Christiana Care Health System. Dr. Savoy and Dr. Scantlebury-White were event advisers.

Sponsors also included: AstraZeneca; Delaware Commission for Women; Delaware Health and Social Services; H&S Enterprises Inc.; Metropolitan Wilmington Urban League; Nemours Children's Health System; United Healthcare; United Way; the City of Wilmington; and Wilmington City Council. ●



Kidney transplant donors and recipients celebrate at April banquet



Christiana Care's Kidney Transplant Program hosted its fifth annual banquet April 11 to recognize living donors and recipients during National Organ Donation Month.

Chief of Transplant Surgery S. John Swanson, M.D., thanked all donors for their gifts to their recipients but added that each living-donor kidney actually saves two lives.

"By donating and adding a kidney to the donor pool, each donor's intended recipient is removed from the waiting list of patients, and this increases the opportunity for the next patient on the list who does not have a living donor," Dr. Swanson said.

The program has completed 216 kidney transplant surgeries. About 25 percent of those procedures have involved living donors. ●



The Friends of the Helen F. Graham Cancer Center host Spring Tea

Cancer awareness event featuring the Psychosocial Oncology & Survivorship Team



Friends of the Helen F. Graham Cancer Center & Research Institute Penny Saridakis and Diane du Pont, with du Pont's daughter Grace, were among about 60 guests who turned out for the Friends annual Spring Tea.

The Friends of the Helen F. Graham Center & Research Institute hosted their Spring Tea on May 1, highlighting Christiana Care's Cancer Psychosocial Oncology & Survivorship Program.



Lois Galinat

Approximately 60 guests from the community, including donors, clinicians, scientists and staff enjoyed a breakfast buffet and a presentation by psychologist Scott D. Siegel, Ph.D., director of Psychosocial Oncology and Survivorship. The program was followed by a guided tour of the center.

"The annual tea is our kick-off opportunity for friends and guests

to visit the Graham Cancer Center and to learn about the many outstanding programs, services and innovative research taking place right here in our community," said Friends Chair Lois Galinat, who opened the morning session. "Since cancer affects all of us directly or indirectly, we need guidance on how to help or just talk to someone with the disease. Our topic today touches on the very heart of our mission in support of cancer patients and their families."

Bank of America-endowed medical director Nicholas J. Petrelli, M.D., welcomed the group and extended his appreciation to the Friends for their dedication and support.

"None of the Graham Cancer Center successes over the last decade would have been possible without the generous support of our community and the philanthropic efforts of our Friends," he said. "Cancer cells are still the smartest cells on the planet, but we have made great strides in conquering them. I look forward in the next couple of years with your help to make even greater progress."

From the podium, Dr. Petrelli recognized cyclist Tim O'Neill in the audience, one of several riders who biked across the country in 2005 and raised more than \$42,000 for the Graham Cancer Center.

He introduced Dr. Siegel as a "Christiana Care rising star," citing how since joining Christiana Care in 2007, Dr. Siegel has worked to fully integrate cancer psychology and psychosocial services into the multidisciplinary approach to treatment modeled at the Graham Cancer Center and now replicated around the country.

Today the cancer psychology team directed by Dr. Siegel includes licensed psychologists Laura Simonelli, Ph.D,

associate director and director of clinical training, and Nicole Duffy, Ph.D. All three specialize in helping patients and their families through all stages of cancer. The program also offers counseling, outpatient social work services and a nurse-navigator survivorship program to educate and prepare people for life after treatment.

“Ours is a busy, fast-growing service that has nearly doubled over the last decade with 2,000 patient contacts in the last year alone,” Dr. Siegel said, “To date, our focus has been helping people who are interested and able to engage in our traditional services. Going forward we want to increase capacity to meet demand for these services while innovating new ways to reach the entire community.”

Dr. Siegel projected that among the 15,000 or more patients followed annually by Cancer Center clinicians and professionals, about 48 percent have need of psychosocial services. However, he estimated that only about one-third of those are willing and able to participate in traditional ways.

“We are focused on developing models of care that overcome the psychosocial and even practical barriers that restrict access to our services for some,” he said. Many ideas germinate from an active behavioral oncology research program, for which Dr. Siegel serves as principal investigator on studies funded by the National Cancer Institute and the Delaware IDeA Network of Biomedical Research (INBRE).

For the last eight years, the Friends of the Helen F. Graham Cancer Center & Research Institute, some 70 volunteers, have hosted their annual tea to educate and build awareness about cancer prevention, early detection and treatment. Since forming in 2002, the Friends have raised more than \$2 million dollars in support for new technology acquisitions, including Delaware’s first CyberKnife robotic radiosurgery system, a special needs fund for cancer patients and research on new cancer therapies under way at the Center for Translational Cancer Research at the Graham Cancer Center.

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



The annual Friends of the Helen F. Graham Cancer Center & Research Institute Spring Tea provided an opportunity for physicians, leaders and supporters of the Graham Cancer Center to share information and celebrate successes of the past year.

SAVE THE DATE

THE FRIENDS *of the* HELEN F. GRAHAM CANCER CENTER & RESEARCH INSTITUTE

CELEBRATION OF HOPE

The biannual fundraising event,
Saturday, Oct. 3, Wilmington Country Club.

For more information visit
<http://www.christianacare.org/friendshfgcc>.

Mother's Day manicures for moms-to-be

As a special Mother's Day treat for moms-to-be in the Antepartum Unit at Christiana Hospital, Christiana Care worked with Schilling-Douglas School of Hair Design to offer complimentary manicures to mothers hospitalized for observation or complications during pregnancy.

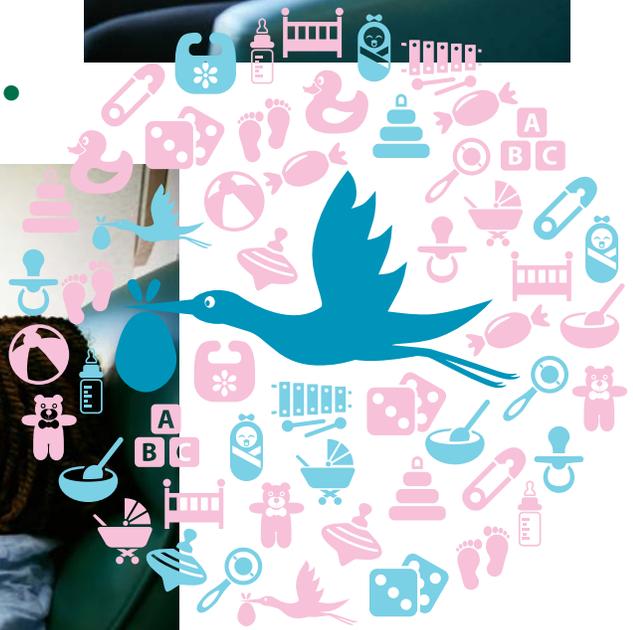
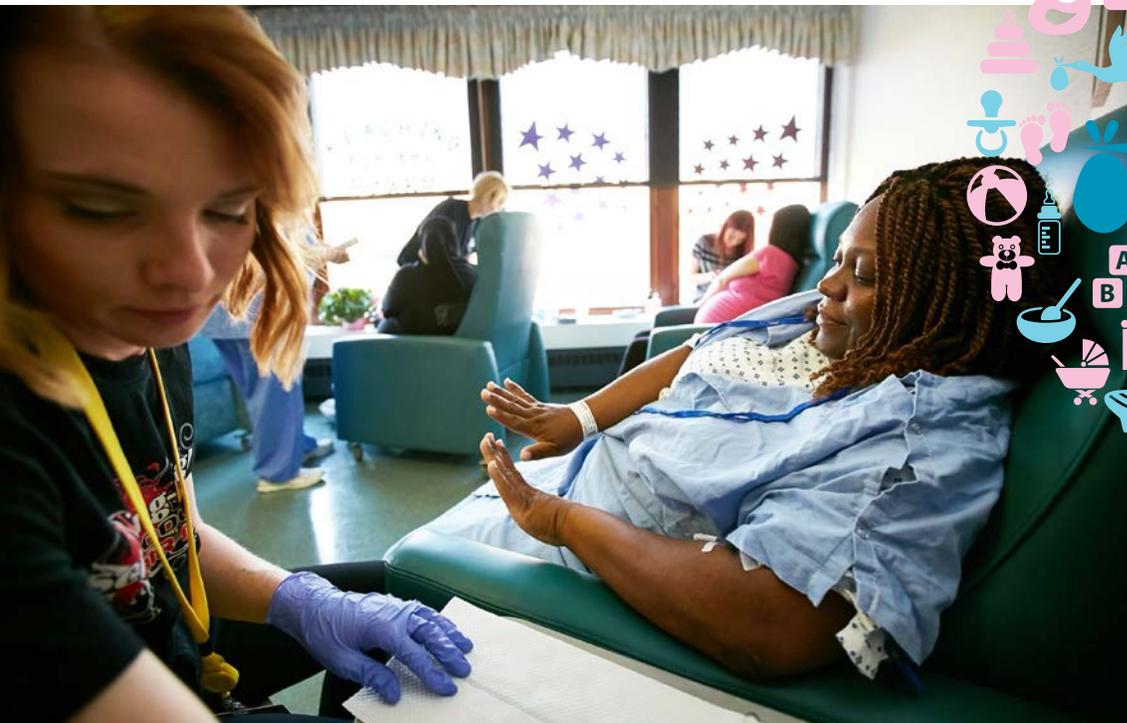
Some expecting mothers have been in the hospital for days or weeks. As a welcome diversion, the unit's family room was converted to a salon for the day, with four reclining chairs facing the windows. As relaxing music played, student manicurists pampered the moms with soothing hand massages, gentle nail filing and colorful polishes.

"This boost for our moms-to-be brings a fun, personal touch to their clinical care in a way that they value," said Shawn Smith, MBA, vice president of Patient Experience.

Mia Miller-Dobie pulled up photos of her older children — and an ultrasound of her baby on the way — on her phone to share with manicurist Danielle Martini, a senior cosmetology student. With freshly painted tangerine-colored nails, Kevinea Lea traded pregnancy tales and birth stories with Miller-Dobie while they enjoyed fruit and cupcakes provided by Circles service support and Christiana Care's At Your Service program.

Schilling-Douglas, located in Newark, Del., plans to add Christiana Care's Antepartum Unit to its regular rounds of complimentary services in the community, said Felisha Oberly, associate director at Schilling-Douglas. Students enjoy providing the services, and it gives them experience, she said.

For Lana Rein, a mom-to-be and a Christiana Care employee in Information Technology, it was a moment to relax, as she rested her newly pink nails on her belly and leaned back to enjoy a little respite. ●



As a special Mother's Day treat for moms-to-be in the Antepartum Unit at Christiana Hospital, Christiana Care worked with Schilling-Douglas School of Hair Design to offer complimentary manicures.

Summit leaders train focus on strategy for community engagement, value-based care

Christiana Care's partnerships and initiatives to meet the needs of its community engagement are broad and deep. A Strategy Summit on Community Engagement for Value-Based Care, hosted March 31 by Christiana Care's Learning Institute at the John H. Ammon Medical Education Center, aimed to further strengthen and guide Christiana Care's efforts to enhance community engagement in the design of value-based care.

"Today we are bringing our community together to think creatively about how we can best engage each other in community partnerships," said Michael Rosenthal, M.D., chair of Family & Community Medicine at Christiana Care and the Delaware ACCEL-CTR program's leader for community engagement and outreach. "We are here to build a better understanding of the needs of patients and their families, and develop approaches that amplify value-based care to improve health in the community."

At one level, value-based care is about Medicare reform and a federal change from compensating providers on fee-for-service, or volume of services, to fee-per-outcome, or value of services. But as summit leaders pointed out, value-based care goes far beyond that.

"In trying to put a definition to value-based care, we asked what value means to us as an organization and what it means to the community," said Shawn Smith, MBA, vice president of Patient Experience. "We realized that definition is in The Christiana Care Way: Its first and last words are 'we . . . value.' To create valuable partnerships with the neighbors we serve, we need to be respectful of what value means to them."

Organizing the summit were Omar A. Khan, M.D., MHS, FAAFP, medical director for Community Health and the



Rosa M. Colon-Kolacko, Ph.D., MBA, senior vice president of the Christiana Care Learning Institute and chief diversity officer, Shawn Smith, MBA, vice president of Patient Experience and Michael Rosenthal, M.D., chair of Family & Community Medicine at Christiana Care and the Delaware ACCEL-CTR program's leader for community engagement and outreach.

Eugene duPont Preventive Medicine & Rehabilitation Institute, and Kathy Cannatelli, MS, director of the Eugene du Pont Preventive Medicine & Rehabilitation Institute and Center for Community Health.

The summit coincided with the development of a five-year plan by the state of Delaware for large-scale health care reform, including a transition to value-based care. Delaware Health and Social Services Secretary Rita Landgraf spoke at the summit about Delaware's State Health Innovation Plan, supported by the Center for Medicare & Medicaid Innovation.

A chief goal of the plan is for all patients to have primary-care physicians instead of a remote system coordinating their care, and providers who work closely enough together that patients see themselves and all of their doctors as part of one personalized team. For providers, goals include developing a system that pays them for care coordination between a patient's office visits and rewards

quality and efficiency, rather than volume of care, Landgraf said.

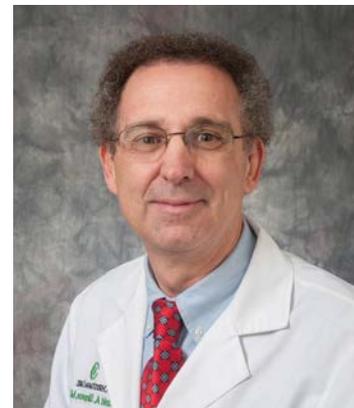
The summit highlighted the broad range of community engagement efforts already under way at Christiana Care, with representatives of more than a dozen programs describing their work.

Rosa M. Colon-Kolacko, Ph.D., MBA, senior vice president of the Christiana Care Learning Institute and chief diversity officer, noted access to care is vital to improving health, and our ability to understand diversity to partner respectfully with patients and families from different cultures is critical for Christiana Care's outreach programs to be effective.

"Our community outreach work is about creating access to help our neighbors navigate the health system to influence healthy behaviors," she said. "Knowledge of resources available for both health care providers and patients, and having a model that is more holistic and integrated is our biggest opportunity for community engagement." ●

A Q&A with David Simpson, M.D., director of the Swank Memory Care Center

Can you boost your intellect and postpone mental aging? Yes, said experts from Christiana Care's Swank Memory Care Center at an April panel discussion at Pizza by Elizabeths in Wilmington. Moderated by Virginia U. Collier, M.D., MACP, the Hugh R. Sharp Jr. Chair of Medicine, the panel featured David Simpson, M.D., director of the Swank Memory Care Center; Patricia M. Curtin, M.D., FACP, CMD, chief of Geriatric Medicine; and Mary Beth Transue, LCSW, senior social worker and program manager at the Swank Memory Care Center. In this Q&A, Dr. Simpson addresses memory loss and how to prevent it, and caring for a loved one with dementia.



David Simpson, M.D.

Q: What are some causes of memory loss?

A: Forgetfulness can be a normal part of aging, occurring from changes in the brain as we get older. Many other factors can cause memory loss, including a genetic predisposition; lack of important vitamins, especially B12; side effects from medications; and certain health disorders.

Anxiety and depression are often overlooked factors that can make a person more forgetful and appear to be dementia. In fact, as anxiety and depression dissipate or are treated, the forgetfulness usually fades.

Q: How can you tell if it's forgetfulness or dementia?

A: If you sometimes forget where you parked the car, that's OK. If you are consistently not recalling what your glasses are for, if you are confused about time and place, or if forgetting is truly disrupting your life, that can indicate a more serious problem.

Persistent, consistent forgetfulness is a sign to seek help from a medical professional.

Q: What's the best way to help a parent or loved one who has been diagnosed with dementia?

A: Caregivers are essential partners to our patients and to us as health care providers. In the early stages of the disease, talk with a professional about planning for the future by addressing finances and other legal matters.

Most of all, caregivers need to take care of themselves, so they can best help their loved ones with dementia. Seek and take advantage of help and support. At the Swank Memory Care Center, we can connect you to resources that can help your parent or loved one and you. The Alzheimer's Association has a 24/7 helpline (800-272-3900) as well as support groups, and can help identify day programs, private-duty nursing and transportation.

Q: What is being done more broadly to address dementia, Alzheimer's and memory loss?

A: As part of a federal initiative, Delaware has a state plan to address Alzheimer's disease and related disorders by raising awareness, strengthening long-term care for Delawareans with memory disorders, increasing support for caregivers, improving capacity for Delaware's workforce to respond to the needs of patients with memory disorders and increasing research capacity and data collection. Patricia M. Curtin, M.D., FACP, CMD, chief of Geriatric Medicine, was part of a task force that crafted the state plan. ●



Stay Sharp!

Be playful. Did you make your "to-do" list today? Planning tasks and using memory aids like notes and calendars can help aid memory.

Be social. Volunteer, take a class, play an instrument. Staying involved in activities can help your mind and your body.

Be active. Whether it's walking, gardening, housework or a full-on workout, several studies show that exercise is associated with better brain function. However, more research is needed to prove whether exercise can help to maintain brain function or prevent or delay symptoms of dementia or Alzheimer's disease.

Understanding Substance Abuse in Teens & Young Adults

3rd Annual Addiction Medicine Symposium

Saturday, June 6, 7:45 a.m. – 2:15 p.m.

Featured speakers will discuss brain development in youth, gateway drugs, how to recognize and respond to warning signs and symptoms, treatment approaches and what's happening in Delaware. Opening remarks will be provided by Delaware Health and Social Services Secretary Rita Landgraf.

Register at <https://addiction-medicine.eventbrite.com>.

The Legacy of Henrietta Lacks and HeLa Cells

Tearing down barriers to tissue collection and clinical research in the African-American community

Tuesday, Jun. 9, 6 - 8 p.m.

John H. Ammon Medical Education Center

The Center for Translational Cancer Research at the Helen F. Graham Cancer Center & Research Institute presents a fascinating conversation with members of the Henrietta Lacks family about one of the most important tools in the advancement of modern medicine, "HeLa" cells. The Lacks family members will join Christiana Care clinical and research leaders to speak about their famous relative, Henrietta, for which the HeLa cell was named.

A few months before Henrietta's death, a doctor cut out a small sample of her cancer cells, which became the first and most important line of human cells ever to survive and multiply indefinitely in the laboratory environment, thus forming an immortal cell line. Her cells have helped scientists make some of the most important advances in modern medical history — but they were taken without her knowledge and without her permission.

In the 64 years since her passing— more than twice as long as Ms. Lacks's own life — her cells have been the subject of more than 74,000 studies, which were vital for developing the polio vaccine, cloning, gene mapping, in vitro fertilization, and more.

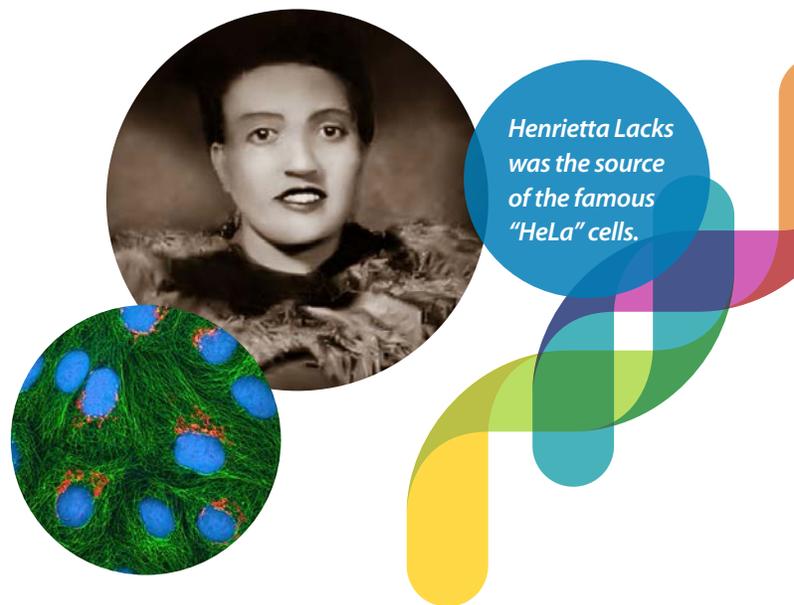
The discussion will include what it meant to the family to find out decades later that her cells were being used in laboratories around the world, yielding profound insights into cell biology, vaccines, in vitro fertilization and cancer. The evening will conclude with a panel discussion with medical experts on the importance of research, bio specimens and the challenges of engaging the African-American community in research studies.

Stewards of Children Workshops

Monday, June 15 and Tuesday, June 30

John H. Ammon Medical Education Center

Christiana Care is offering its employees Stewards of Children, a two-hour workshop to educate adults on how to prevent, recognize and react responsibly to child sexual abuse. Two workshops on June 15 and two on June 30 will start at 2 p.m. and 5:30 p.m., and 2 p.m. and 6 p.m., respectively. The workshop is to be taken on personal time. Register through the Education Center on the intranet portals — search for the keyword "Stewards." This program has been approved for 2.0 hours of continuing education credit by the National Association of Social Workers, National Board for Certified Counselors, and the Delaware Nurses Association.



Henrietta Lacks was the source of the famous "HeLa" cells.

Moderator Nicholas J. Petrelli, M.D., Bank of America endowed medical director, Helen F. Graham Cancer Center & Research Institute, will be joined by panelists including Zohra Ali-Khan Catts, MS, LCGC, director, Genetic Counseling & Gene Testing; Jerry Castellano, Pharm.D, corporate director of institutional review boards; Leila Hamroun, AIA, LEED AP, NCARB, founding member of Christiana Care's Oncology Patient Advocates for Clinical Trials (OPACT), LeRoi S. Hicks, M.D., MPH, vice chair, Christiana Care Department of Medicine, and others.

This event is made possible by the Center for Translational Cancer Research, the Breast Cancer Research Program at the Helen F. Graham Cancer Center & Research Institute and Delaware INBRE.

Register at <http://events.christianacare.org/event/the-legacy-of-henrietta-lacks-and-hela-cells/>.

Timothy J. Gardner, M.D., receives AATS Lifetime Achievement Award



Timothy J. Gardner, M.D., medical director of Christiana Care's Center for Heart & Vascular Health and executive director of the Value Institute, received the American Association for Thoracic Surgery's Lifetime Achievement Award. This award recognizes individuals for their significant contributions to the specialty in the areas of patient care, teaching, research or community service. Previous recipients include Dr. Frank Spencer of New York University and Dr. Eugene Braunwald of Harvard University.

Dr. Gardner was honored at the association's annual meeting in Seattle on April 26 for lifelong contributions to the cardiothoracic surgery specialty. His contributions include numerous publications on the study of cardiac disease, leadership in creating the AATS Scientific Affairs and Government Relations Committee and serving as the director and driving force of the National Institutes of Health Cardiothoracic Surgery Clinical Research Network.

Dr. Gardner served as AATS President in 2001-2002. He has participated in numerous committee, publications and leadership activities of the AATS. He also served as president of the American Heart Association and was the first International Councilor for the European Association for Cardio Thoracic Surgery.

Dr. Gardner is a professor of surgery at Kimmel Medical College at Thomas Jefferson University in Philadelphia. He was the William M. Measey Professor of Surgery and chief of the Division of Cardiothoracic Surgery for the University of Pennsylvania Health System from 1993 to 2003. He was a cardiac surgeon at the Johns Hopkins Hospital in Baltimore from 1976 to 1993. He joined the faculty at Johns Hopkins School of Medicine in 1976, was appointed professor of surgery in 1986 and mentored numerous surgery residents and research fellows at Johns Hopkins and the University of Pennsylvania between 1976 and 2004.

Dr. Gardner joined Christiana Care in 2005 to oversee final phases of construction of the state-of-the-science Center for Heart & Vascular Health in the Bank of America Pavilion on the Christiana Hospital campus.

Under his leadership, Christiana Care continues to be recognized as a regional center of excellence in cardiovascular medicine, where patients receive comprehensive, high-quality care. Dr. Gardner oversees a team of expert cardiologists, cardiac and vascular surgeons and subspecialists who offer patient-centered care using the most advanced treatment options and therapies available, including a Comprehensive Stroke Center designation from the Joint Commission and AHA/ASA.

Since 2011, Dr. Gardner has served as executive director of the Value Institute at Christiana Care Health System, leading a team of clinician researchers in programs to evaluate and deliver innovative solutions influencing quality of care, patient safety, population health, system performance and health policy development. ●



Timothy J. Gardner, M.D. (left), medical director of Christiana Care's Center for Heart & Vascular Health, received a lifetime achievement award from the American Association for Thoracic Surgery, presented by former AATS President G. Alexander Patterson, M.D.

Nicholas Petrelli, M.D., receives Delaware Bio Science Service Award



Nicholas J. Petrelli, M.D., Bank of America-endowed medical director of the Helen F. Graham Cancer Center & Research Institute, received the 2015 Service Award from the Delaware BioScience Association at an awards gala on April 22 at DuPont Country Club in Wilmington. Delaware BioScience is a trade association focused solely on promoting Delaware's growing bioscience industry.

The Service Award recognizes individuals or organizations who have made significant contributions to improve Delaware's life-science community. William Mongan from AstraZeneca presented the award to Dr. Petrelli.

Over the past 13 years, Dr. Petrelli has been a recognized leader in the state of Delaware in the fight against cancer and developed the Helen F. Graham Cancer Center & Research Institute into a national model of cancer care, prevention, outreach and research.

Thanks to Dr. Petrelli's leadership and partnerships with others in the state, Delaware's cancer mortality rate is now dropping twice as fast as the national rate. The state is outpacing the nation in reducing deaths from a number of cancers, including breast cancer and colorectal cancer. Among his many accomplishments:

- Led the development of 14 multidisciplinary disease site centers and selection as one of the original cancer centers to participate in the National Cancer Institute Community Cancer Centers Program.
- Achieved one of the highest National Cancer Institute clinical trials participation rates in the country at 24 percent, well above the national rate of 4 percent.

- Developed the first statewide High Risk Family Cancer Registry, consisting of 5,640 families with more than 220,000 individuals and the recruitment of five full-time genetic counselors.
- Established a research partnership with The Wistar Institute of Philadelphia, an international leader in biomedical research, to collaborate on translational cancer research with the aim of bringing the latest discoveries in cancer research to cancer patients in our community.
- Established the Center for Translational Cancer Research, 7,000 sq. ft. of laboratory space where scientists and clinicians work together to find new cancer treatments.

Dr. Petrelli has received numerous awards and has authored more than 300 peer-reviewed manuscripts. He has served on several advisory panels of the National Cancer Institute, the American Society of Clinical Oncology and the Society of Surgical Oncology. In 2013 he received the Order of the First State Award by Governor Jack Markell for his dedication to excellence in serving the community and the state of Delaware.

The Delaware Bio Annual Awards Gala is the premiere bioscience event in Delaware and honors men and women who helped build Delaware's biotechnology industry. ●

Dr. Petrelli (center) received his award from William Mongan, vice president of business development at AstraZeneca (left) and Bob Dayton, president of the Delaware BioScience Association.





Audrey Van Luven named Honorary Commander in Delaware National Guard

Christiana Care's Audrey Van Luven was among the leading Delawareans inducted as Honorary Commanders of the Delaware National Guard at Joint Force Headquarters in New Castle. In this program, civic leaders and military members partner to increase awareness and understanding of the assets each brings to the Delaware community as citizens, workers, employers and leaders.

Christiana Care's Audrey C. Van Luven, senior vice president and chief human resources officer, has been named an Honorary Commander in the Delaware National Guard. This two-year appointment reflects Van Luven's commitment on behalf of Christiana Care to support active military and veterans in employment opportunities.

Van Luven was inducted as Honorary Commander of the 166th Airlift Wing Maintenance Group at a ceremony at the Delaware National Guard Joint Force Headquarters in New Castle in April. Joining her were the nine other 2015 Honorary Commanders, also leaders in Delaware health care, education, business and government. Among them is Christiana Care board member and trustee Skip Pennella, named

to a second term as Honorary Commander of the 72nd Troop Command.

In her role, Van Luven partners with Commander Col. Michael Castaldi to develop and strengthen relationships between civic leaders and military members and to increase awareness and understanding of the assets each brings to the Delaware community as citizens, workers, employers and leaders.

"I am humbled by this appointment," said Van Luven. "I am passionate about supporting our military. Our active military and our veterans bring skills and values that can benefit employers, businesses and industries across the board. We all should be looking for ways to advance our military in the workforce."

With Van Luven's leadership, Christiana Care participates in Hiring Our Heroes, a national initiative sponsored by the U.S. Chamber of Commerce Foundation, to help veterans, transitioning service members and military spouses find meaningful employment opportunities.

Being part of the 166th Airlift Wing Maintenance Group holds special meaning for Van Luven. Her father, a staff sergeant in the U.S. Air Force, was an airplane mechanic stationed in Dover for a little over two years. She notes fondly that her parents met at a USO dance in 1955. Van Luven has numerous relatives who have served in various branches of the military and a stepson who is currently in the U.S. Army Reserve.

Following the induction ceremony, Col. Castaldi and his troops gave Van Luven a tour of the New Castle Air Force base, where they work on aircraft maintenance, inspections, technology and safety. "We are committed to the health of the aircraft," said Col. Castaldi, as they visited hangars, toured workshops and boarded a C-130 H2 cargo plane in for maintenance. The 1,100 troops in the 166th serve at New Castle and deploy overseas.

The use of Lean Six Sigma-style process-improvement models, employee-recognition programs and quality assurance, including an electronic tracking system for tools — not unlike the electronic health record — were compared to standards in health care. As Van Luven heard on the tour, "Planes are just like patients — a missing tool left in the plane can be catastrophic."

As Honorary Commander, Van Luven will represent Christiana Care at events recognizing National Guard achievements, participate in leadership and educational programs and create community awareness.

Pennella said that Van Luven can expect an enriching experience. "I've gotten far more out of this experience than I feel I've given," said Pennella, who chairs the board of the Visiting Nurse Association of Christiana Care and is a member of the Board Governance Committee. He is director of external affairs for CAI, a global information technology

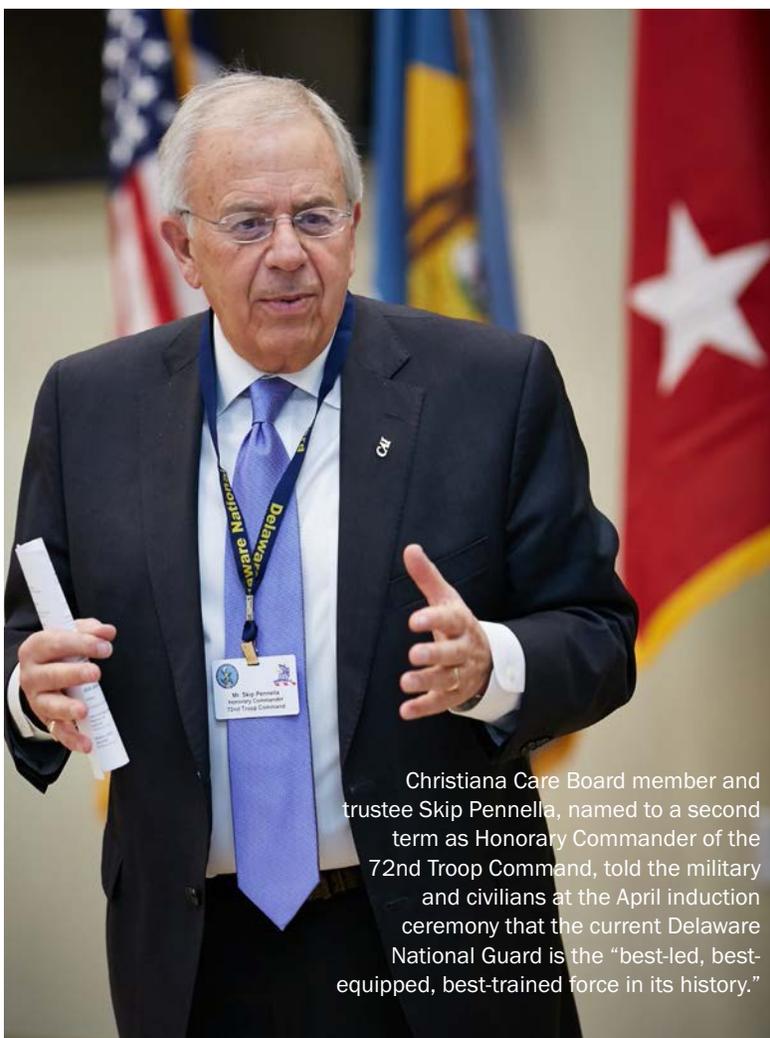
consulting and outsourcing company, and active in cultural and economic development in Delaware. Pennella, who served in the U.S. Army Reserve, called today's Delaware National Guard "the best-led, best-equipped, best-trained force in its history."

The Honorary Commander program is mutually beneficial, said Col. David Fleming, commander of the 72nd Troop Command. "Skip has been phenomenal," he said. "I think of the military side, and Skip thinks of the civilian side. That's the beauty of having an Honorary Commander."

Van Luven looks forward to the opportunity. "Our military and returning veterans, with their rigorous, mission-focused team training and experience at rising to challenges large and small, are a valuable resource as we build the workforce of tomorrow," she said. ●

"Our active military and our veterans bring skills and values that can benefit employers, businesses and industries across the board. We all should be looking for ways to advance our military in the workforce."

AUDREY C. VAN LUVEN
SENIOR VICE PRESIDENT AND
CHIEF HUMAN RESOURCES OFFICER



Christiana Care Board member and trustee Skip Pennella, named to a second term as Honorary Commander of the 72nd Troop Command, told the military and civilians at the April induction ceremony that the current Delaware National Guard is the "best-led, best-equipped, best-trained force in its history."

Shirley Klein, M.D., FAAP, named 2015 CDC Childhood Immunization Champion

Shirley Klein, M.D., FAAP, is Delaware's 2015 winner of the Centers for Disease Control (CDC) Childhood Immunization Champion Award, given jointly by the CDC Foundation and the CDC.

Dr. Klein is an attending physician in the pediatric practice program at the Rocco A. Abessinio Family Wilmington Health Center. She has worked for Christiana Care, mostly in outpatient pediatrics, for 32 years. Dr. Klein will be retiring this July.

Dr. Klein's efforts to educate patients and improve immunization coverage have contributed to vaccination rates in her practice that are higher than the national and state average. As the immunization representative for the American Academy of Pediatrics (AAP) Delaware Chapter and the AAP representative on the State of Delaware Vaccine Technical Advisory Committee, she influences vaccination policy and practice at the state level.

Over the course of her career, Dr. Klein has seen the difference vaccines have made in protecting the health of children. During her pediatric residency in 1969-1971, she admitted at least one child per week with Haemophilus influenzae Type B meningitis. Because there is now a vaccine to protect children from Hib disease, this is now a rare occurrence, with most cases in unvaccinated children. ●



Jennifer Goldstein, M.D., MSc, earns research award



Jennifer Goldstein, M.D., MSc, of the Department of Medicine, received a Milton W. Hamolsky Junior Faculty Scientific Presentation Award at the Society for General Internal Medicine meeting in April in Toronto, where the theme for the event was "Generalists in Teams: Adding Value to Patient Care, Research and Education."

Dr. Goldstein, a Christiana Care Value Institute scholar, Department of Medicine faculty member and Christiana Care Hospitalist Partner physician, was one of three Hamolsky Award winners whose abstracts were judged to be the most outstanding among those submitted by Junior Faculty members of SGIM, including faculty who are in their first two years of a faculty appointment. The \$1,000 Hamolsky award will be divided between the Department of Medicine and the Value Institute.

Her abstract, titled "Do High Quality Transitions of Care Reduce Hospital Readmissions among Patients with PCI and

CABG?" found that overall, patients who felt the most prepared for their discharge from the hospital were 14 percent less likely to be readmitted.

"If we can prepare patients well for discharge, we can, potentially, improve patient care and reduce unnecessary readmissions at the same time," Dr. Goldstein said. "This focus on high-value patient interventions is integral to the Triple Aim."

The study was co-authored by Christiana Care Vice Chair of Medicine LeRoi S. Hicks, M.D., MPH; Daniel Elliott, M.D., MSCE, FACP, medical director of Christiana Care Quality Partners, associate chair of research in the Department of Medicine at Christiana Care and a research scholar in the Christiana Care Value Institute; and Paul Kolm, Ph.D., director of biostatistics at the Christiana Care Center for Outcomes Research.

"It is gratifying to partner with the Value Institute in recruiting and supporting outstanding young researchers such as Dr. Goldstein," said Virginia U. Collier, M.D., MACP, Hugh R. Sharp Chair of Medicine. "Her award winning abstract reflects Christiana Care's growing capabilities in health care delivery science." ●

Christiana Care residents win medals at robotic surgery competition

The Christiana Care Robotic Surgery Team, comprising doctors from Christiana Care's Surgery and OB-GYN residency programs, received three medals at the Philadelphia Region Robotics Olympics at Temple University.

Team members Michael Lin, M.D., and Anthony Tascone, M.D., earned a gold medal for their performance in the general surgery competition, while Erin Smith, M.D., and Patricia Lo, M.D., earned the silver medal in the gynecologic surgery competition. Christiana's entire team also won the silver medal for the team overall combined score competition.

"This team worked so hard preparing for this competition, spending hours of their time individually on the simulators and

working together in teams in the OR. I felt really privileged to be a part of it," said team leader Mark Borowsky, M.D., director of Gynecologic Oncology.

The annual competition is sponsored by Intuitive Surgical Inc., the company that manufactures the da Vinci Robotic Surgical System.

"These awards are another example of the unsurpassed quality of our simulation center and the faculty who commit themselves to teaching our residents," said Gerard J. Fulda, M.D., FACS, FCCM, FCCP. "Our residents are among the most talented surgeons in the country, and I would put them up against any other training program." ●



Mark Borowsky, M.D.; Patricia Lo, M.D.; Sarah Samuel, M.D.; Erin Smith, M.D.; Tanya Hoke, M.D.; Michael Lin, M.D.; and Anthony Tascone, M.D.

ACE Research Awards Call for Entries



The ACCEL Clinical & Translational Research Center Community Engagement and Outreach component is now accepting applications for the second year of the ACCEL Community Engaged (ACE) Research Awards. The goal of this program is to create and grow community/academic partnerships to conduct research. Applications are due Aug. 10 at 5 p.m.

Learn more at <https://www.de-ctr.org/community/ace-proposal>. ●

Publishing

Heather Bittner Fagan, M.D., Michael P. Rosenthal, M.D., et al. “Primary Care Physicians’ Experience and Confidence with Genetic Testing and Perceived Barriers to Genomic Medicine.” *Journal of Family Medicine*. 2015;2(2):1024.

Zaher Fanari, M.D., Sandra A. Weiss, M.D., Wei Zhang, MS, Seema S. Sonnad, Ph.D., William S. Weintraub, M.D. “Comparison of Percutaneous Coronary Intervention with Drug Eluting Stents Versus Coronary Artery Bypass Grafting in Patients with Multivessel Coronary Artery Disease: Meta-Analysis of Six Randomized Controlled Trials.” *Cardiovascular Revascularization Medicine*. March 2015.

Brent Passarello, M.D., Zachary Levy, M.D., Brian Levine, M.D., Neil Jasani, M.D., et al. “Recidivism Among ED Super Users after Implementation of a Pain Protocol.” *American Journal of Emergency Medicine*. April 2015.

Stephen A. Pearlman, M.D., MSHQS. “Why Quality Matters.” *Journal of Perinatology*. 2015 May,35(5):311-2.

Aline Stant, MSN, RN. “Live Kidney Donation.” *DNA Reporter*. May 2015.

Terina Williams, MSN, NP-C CCTC. “New Kidney Allocation System: Comparing the Old with the New.” *DNA Reporter*. May 2015.

Presentations

At the Society of Academic Medicine Annual Meeting, San Diego, Calif. in May 2015:

- **Ryan Arnold, M.D., Brian Elliott, Zugui Zhang, Ph.D., Kristine Schultz, M.D., Christian Coletti, M.D., Eric Jackson, M.D., MBA, William Weintraub, M.D.** “Non-invasive Versus Invasive Resuscitation for Severe Sepsis: A Comparative Effectiveness Assessment of Associated Outcomes.”
- **Brian Elliott, Shannon Hayes, Mithil Gajera, M.D., Eric Jackson, Jr., M.D., MBA, Ryan C. Arnold, M.D.** “Outcomes in Severe Sepsis Resuscitation Relative to Shock Type.”

- **John E. Jesus, M.D., Brian Elliott, Lauren Cooksey, M.D., Ryan Arnold, M.D., et al.** “Association of Do-Not-Resuscitate Orders with the Disposition of Patients with Severe Sepsis.”
- **Jamie M. Rosini, Pharm.D., Joshua Davis, Jeffrey Muenzer, Brian J. Levine, M.D., Christy L. Poole, BSN, RN, CCRC, Dominique Comer, Pharm.D., MS, Ryan Arnold, M.D.** “High Dose Vancomycin Loading Versus Low Dose Is Associated With Decreased Nephrotoxicity In Emergency Department Sepsis Patients.”
- **Eli Zeserson, M.D, Hannah Lawry, M.D., Michael Hansen, D.O., Mark D. Cipolle, M.D., Ph.D.** “Traumatic Subarachnoid Hemorrhage in Awake Trauma Patients does not Require Neurosurgical Intervention.”
- **Jamie M. Rosini, Pharm.D., Joshua Davis, Jeffrey Muenzer, Brian J. Levine, M.D., Christy L. Poole, BSN, RN, CCRC, Dominique Comer, Pharm.D., MS, Ryan Arnold, M.D.** “The Incidence of Nephrotoxicity in High Dose Vancomycin Therapy Relative to Disease Severity in Emergency Department Sepsis Patients.”

At the AcademyHealth Annual Research Meeting, Minneapolis, Minn. in June 2015:

- **Elizabeth A. Donovan, MSN, RN, CWOCN, Christine J. Manta, Jennifer Goldsack, MChem, MA, MS, Michelle L. Collins, MSN, RN-BC, ACNS-BC.** “A Lean Six Sigma Approach Achieves Breakthrough Reductions in Hospital Acquired Pressure Ulcers for High Risk, Critical Care Patients.”
- **Jennifer Goldsack, MChem, MA, MS, Keith Heitz, MTS, CLSSGB, CPhT, Kimberly Britt, CPhT, Dominique Comer, Pharm.D., MS.** “Impact of a Pharmacy Discharge Program on Readmissions and Patient Satisfaction.”
- **Jennifer Goldsack, MChem, MA, MS, Matthew K. Hoffman, M.D., MPH, Rachel M. Brown, Edmondo J. Robinson, M.D., MBA, MS.** “The Impact of Introducing Electronic Record Keeping Technologies of the Frequency with Which Different Members of the Healthcare Team Perform Standard Tasks.”

- **Jennifer Goldsack, MChem, MA, MS, Christopher Mascioli, Seema S. Sonnad, Ph.D., Susan Mascioli, MS, BSN, RN, CPHQ, NEA-BC.** “The Value of Data Transparency at the Point of Care: Results of Patient and Visitor Interviews in the Hospital Setting.”
- **Jennifer Goldsack, MChem, MA, MS, Shelby K. Sydnor, Julian Jackson, Seema S. Sonnad, Ph.D.** “Hospital Advertising in a High Utilization, Highly Competitive Setting.”
- **Alexandra Mapp, MPH, Jennifer Goldsack, MChem, MA, MS, Leslie Carandang, Seema S. Sonnad, Ph.D., et al.** “Emergency Hospital Codes: Preferences for Standardization and Plain Language Are Mixed.”
- **Susan Smola, JD, MBA, Brian Rahmer, Ph.D., MS, Eric Jackson, Jr., M.D., MBA, Claudine Jurkowitz, M.D., MPH.** “Medical Home without Walls: Patient Engagement Model Informing a Randomized Clinical Trial.”
- **Susan Smola, JD, MBA, Zugui Zhang, Ph.D., James Bowen, Diane Bohner, M.D., Eric Jackson, Jr., M.D., MBA, Claudine Jurkowitz, M.D., MPH.** “Medical Home without Walls: A Community-Based Intervention Targeting Frequent Healthcare Utilizers.”

At the Pediatric Academic Society Annual Meeting in San Diego – April 24-28, 2015:

- **David A. Paul, M.D., Matthew Hoffman, M.D., et al.** “Factors Associated with Re-admission and Emergency Department (ED) Utilization in a Newborn Medicaid Population.” Platform Presentation.
- **Christine Ennis, M.D., Deborah Tuttle, M.D., Haritha Vellanki, M.D., Amy Mackley, RNC, CCRC, and Robert Locke, D.O., MPH.** “Do VLBW Infants on Exclusive Fortified Human Milk Achieve Adequate Growth?” – Platform Presentation.
- **Sandeep Sadashiv, M.D., Haritha Vellanki, M.D., John Stefano, M.D., John Emberger, RRT, Gina Moore, BSN, RN, CPHQ, Robin Maguire, MSN, Amy Mackley, MSN, and Robert Locke, D.O., MPH.** “Delivery Room CPAP – Outcomes of a Quality Improvement Initiative.”

- **Kaitlin McLean, M.D., David A. Paul, M.D., Nancy L Sloan, DrPH, Amy Mackley, RNC, CCRC, Richard Derman, M.D., Fran Jaeger, DrPH, Dana Thompson, MPH, Haritha Vellanki, M.D., and Robert Locke, D.O., MPH.** “Lack of Efficacy of Antenatal Corticosteroids in IUGR Infants.”
 - **Dustin Flannery, D.O., Amy Mackley, RNC, CCRC, and David A. Paul, M.D.** “Do Infants in the Neonatal Intensive Care Unit Diagnosed with Urinary Tract Infection Need a Voiding Cystourethrogram?”
 - **Kshiti D. Shah, M.D., Dana Thompson, MPH, Kathleen Stomieroski, Amy Acheson, MS, Louis Bartoszesky, M.D., MPH, Robert Locke, D.O., MPH., et al.** Contribution of Birth Defects as a Cause of Fetal and Infant Deaths in Delaware.
 - **Stephen Pearlman, M.D., MSHQS, Jeffrey Bolstridge, Tracy Bell, BSN, RN, David Paul, M.D., Barbara Dean, RN, Amy Mackley, RNC, CCRC, Gina Moore, BSN, CPHQ, Cheryl Swift, RN, and Dina Viscount, MSN, RN.** “Delayed Umbilical Cord Clamping Reduces the Need for Red Blood Cell Transfusions in Infants < 1500 Grams.”
 - **Margaret Lafferty, M.D., Deborah Tuttle, M.D., Stephen Eppes, M.D.** “Improvement in MRSA Colonization and Infection in the NICU.”
 - **Samir Yezdani, Amy Mackley, MSN, RNC, CCRC, Robert Locke, D.O., MPH, and David A. Paul, M.D.** “Low Placental Weight Is Not Associated with Bronchopulmonary Dysplasia and/or Death.”
 - **Amy Mackley MSN, RNC, Rachel Kwadu, Vanessa Shanks M.D., Wendy Sturtz M.D., and Úrsula Guillén M.D.** “Characterization of Spirituality in Maternal-Child Caregivers.”
 - **Omar Khan, M.D., MHS, and Albert Rizzo, M.D., et al.,** participated in a webinar organized by the American Public Health Association and the Delaware Public Health Association on Tobacco use and prevention during National Public Health Week in April 2015.
 - **Omar Khan, M.D., MHS, Michael P. Rosenthal, M.D., Elizabeth O’Neill, Iman Sharif, M.D, Peggy Geisler, Jennifer Passarella, Stephanie Rogers, RN, Brian Rahmer Ph.D, and Heather Bittner Fagan M.D.** “Integrating Community Engagement & Outreach across the Delaware Clinical & Translational Research Program (ACCEL). Annual Conference of the Association for Clinical & Translational Science, Washington D.C. April 2015.
 - **Denise Lyons, MSN, RN, AGCNS-BC, FNGNA and Elizabeth B. Shearon, RN-BC.** “Reducing Falls Using Another Pair of Eyes.” 18th Annual NICHE Conference. Orlando. April 2015.
 - **Carol Moore, MS, FNP-BC, Loretta Consiglio-Ward, MSN, RN, Surekha Bhamidipati, M.D.** “A Team of Experts is Not an Expert Team: Optimizing Interdisciplinary Rounds Communication.” TeamSTEPPS National Conference, Denver, Colo., June 2015.
 - **Denise Taylor, MS, RD, LDN.** “Million Hearts Delaware: A First State Coalition to Prevent Heart Attack and Stroke.” The Preventive Cardiovascular Nurses Association Annual Symposium, Anaheim, Ca. April 2015.
 - **Michael Vest, D.O.** “Energy Balance And Clinical Outcomes Of Obese Mechanically Ventilated Patients In The Intensive Care Unit.” Annual Clinical & Translational Science Conference. Washington, D.C. April 2015.
 - **Robert Witt, M.D., and Swati Pradhan-Bhatt, Ph.D.** “A Growth Factor Modular Hydrogel System Supports Stable Vascular Networks.” American Head & Neck Society Meeting. Boston. April 2015.
- At the Oncology Nursing Society 40th Annual Congress Orlando. April 2015:
- **Kandie Dempsey, BSN, RN, OCN, DBA, MS.** “Incorporating ClinicalTrials.gov into Patient Education and Care Coordination.”
 - **Darcy Burbage, MSN, RN, AOCN, CBCN,** “Survivorship Care Planning: One Size Does Not Fit All.”
 - **Courtney E. Crannell, MSN, RN-BC, OCN,** “Use of Automated Sepsis Advisory Trigger.”

Appointments

The Professional Advancement Council announced the following new RN III nurses: **Megan Merrill, CVCCC; Diane Kadel, 5A; and Heather Lukk, Christiana ED.**

Matthew K. Hoffman, M.D., MPH, is representing the American Congress of Obstetricians and Gynecologists in developing standards for the 11th International Classification of Diseases underway by the World Health Organization.

Awards

Jennifer Oldham, BSN, RN, CEN, FNE, received The DAISY Award for Extraordinary Nurses in April. ●

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. 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 Christine Babenko at 302-623-4693.

Mini-Med School provides lessons in health literacy



Friends Christine Fleming and Heather Tompkins try telling the color of some medications while wearing glasses that simulate vision loss during one of this year's educational sessions.

"Thinking activities help to keep your brain strong," she said.

Claudine Wujcik, OTR/L, an occupational therapist, focused on the impact aging has on vision.

"Hold up a finger and put it right in the center of your eye," she said. "That is what a person with macular degeneration sees."

To cope with failing vision, people can order checks with large print and ask their pharmacist to increase the type size on the labels on their medications.

She also suggested ways to keep eyes healthier, such as quitting smoking and wearing sunglasses with UV lenses.

To bring home the impact that vision has on safety, Wujcik invited learners to put on special glasses that reproduce such conditions as glaucoma and cataracts. Many had problems clearly identifying medications because the colors of the pills are difficult to determine for people with deteriorating vision.

Julliana Chen of Newark has been attending Mini-Med School for three years.

"I think it's healthy to keep up with the latest in health care," she says. "There is always something new to learn."

Timothy Gibbs, MPH, executive director of the Academy of Medicine and Delaware Public Health Association, said Mini-Med School helps to advance health literacy.

"It benefits everyone from senior citizens to high-school learners who are interested in careers in medicine," Gibbs said. ●

After watching his parents grow old, Pete Zeigler of Newark wanted to learn more about the aging process.

He got a quick overview of the physical changes associated with getting older at this year's Delaware Mini-Med School, a five-session program for people who want information on such topics as hypertension and lung cancer.

Now in its seventh year, Mini-Med is sponsored by Christiana Care and the Delaware Academy of Medicine/Delaware Public Health Association. There is no tuition. No tests, no grades. Learners must attend all five lectures to earn a certificate of achievement.

"I can trust that the information I get from these sessions is accurate," Zeigler said. "I like that we can ask questions."

At April event at the John H. Ammon Medical Education Center, Zeigler and

about 200 other learners listened to three experts from Christiana Care's Center for Rehabilitation Services.

Topics included identifying physical and structural changes as we age that affect vision, cognition and the body's musculoskeletal system, and the risks associated with these changes and possible outcomes if they are not managed.

Physical therapist Becky Brockson, PT, discussed good exercise habits, noting that a study found that people who walk on cobblestones have better balance and walk longer than people who don't challenge themselves physically.

Speech pathologist Heather Egnor, CCC-SLP, said that brains shrink as people age and that 20 percent of people over age 70 show mild cognitive impairment. She encouraged attendees to exercise their minds as well as their bodies.

Top safety concern: trips, slips and falls

June is National Safety Month, a reminder to us all of the importance of safety on the job. For most of us, the workplace is second only to home in the amount of time we spend there.

Although we think of work as a safe place, there are hazards inherent in any setting, ranging from fire to chemical accidents to personal violence. A health system has its own unique risks for injuries, such as needlesticks, cuts and puncture wounds and the injuries that can result from handling patients.

Slips, trips and falls are the most common accidents in workplaces overall, according to the U.S. Department of Labor.

In fact, falls are responsible for more than 95 million lost work days each year in the U.S. That is about 65 percent of all work days lost.

At Christiana Care Health System, slips, trips and falls are second only to needlesticks and cuts in recordable injuries. Other

causes of workplace injury include being struck by or stuck between objects, patient handling, lifting or moving materials, patient assaults and motor vehicle accidents.

From July 1, 2014, through May 7, 2015, there were a total of 170 employee slips, trips and falls, including: 28 on slippery floors, 22 falls on wet floors; 49 on snow or ice; 19 on cords, wires or tubing; and 18 on outdoor curbs, sidewalks or rocks. There were 56 other falls from various sources, including tripping over equipment and falling from chairs.

Some of the ways we can avoid slips, trips and falls are common sense: Keep your work area tidy. Don't place books, papers, purses, briefcases or other tripping hazards on the floor. Don't leave the drawers to desks or cabinets open. And never allow cords or wires to dangle or extend across a pathway.

Here are a few other ways you can reduce your risk of slips, trips and falls:

- Always turn on the light before you enter a dark room to avoid tripping over an item.
- Wear appropriate footwear. If you work in an area with uncarpeted floors, choose nonskid shoes.
- Make certain you have a clear line of vision when you are pushing a cart or carrying items.
- Watch where you are going. You are far less likely to stumble down stairs or trip in a parking lot if you are paying attention to your surroundings.



Be mindful of maintenance. If you see a spilled drink on the floor, a crumbly patch on a sidewalk or a light that needs to be replaced, please report it promptly. We all contribute to safety in the workplace. ●

Best practice review

SCREENING AND REPORTING FOR ABUSE & DOMESTIC VIOLENCE

Q. WHY SHOULD I SCREEN PATIENTS FOR DOMESTIC VIOLENCE OR ABUSE/ NEGLECT?

A. Christiana Care is committed to identifying a child, adult, or elderly patient who is suspected of being abused or neglected, and reporting to the appropriate state agency as required by law. The health care setting offers an opportunity for early identification and prevention of abuse, as some patients seek care for reasons not connected to their experiences with abuse/neglect.

Q. WHAT SHOULD I DO IF I SUSPECT THAT MY PATIENT IS A VICTIM OF ABUSE/NEGLECT?

A. If you suspect that your patient may be a victim of abuse:

- Assess patient for signs and symptoms of abuse (refer to Recognizing Abuse or Neglect poster).
- Notify your manager/supervisor, attending physician and or Department of Social Work of findings.
- Refer to hospital Abuse Neglect Policy.

Q. WHAT IF MY PATIENT DOES NOT WANT TO REPORT DOMESTIC VIOLENCE?

A. Domestic Violence does not fall under mandatory reporting. Offer to place them on the domestic violence hotline 302-762-6110. The hotline will provide the patient with all local resources, including safety planning with the patient. ●

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If you have questions about this Best Practice Review, contact the content experts: Anita Symonds, MS, BSN, RN, SANE-A, SANE-P, Forensic Nurse Examiner coordinator, 733-4799, or call the Safety Hotline, 7233 (SAFE) from within Christiana and Wilmington hospitals. Outside, call 623-7233 (SAFE).

Tramadol (Ultram) and Hydrocodone/Acetaminophen (Vicodin) scheduling changes

By Gounathan Adly, Pharm.D.

Controlled substances are divided in five schedules in the United States depending on their medical use and addictive nature under the Controlled Substances Act, passed by Congress in 1970.

- Schedule I drugs have a high potential for abuse and have no accepted medical use such as heroin.
- Schedule II drugs have the potential to cause severe psychological or physical dependence but they have an accepted medical use such as hydromorphone, fentanyl, and other opioids.
- Schedule III drugs have moderate to low potential for dependence and have an accepted medical use such as products containing less than 90 milligrams (mg) of codeine per dosage unit (e.g. acetaminophen with codeine).
- Schedule IV drugs have low potential for abuse and low risk of dependence such as benzodiazepines (e.g. lorazepam, diazepam, alprazolam).

- Schedule V drugs have the lowest potential for abuse and contain very limited amounts of narcotics such as diphenoxylate/atropine (Lomotil) and cough preparations containing no more than 200 mg of codeine per 100 milliliters (ml).

The Drug Enforcement Agency (DEA) and Food and Drug Administration (FDA) have recently made some changes to the scheduling of two commonly prescribed pain-management medications, tramadol and hydrocodone combination products (HCPs). Tramadol, previously unscheduled, has been designated as a schedule IV drug as of August 18, 2014. Effective as of October 6, 2014, HCPs such as hydrocodone/acetaminophen (Vicodin) moved from Schedule III to Schedule II. These changes occurred following recommendations made by the Assistant Secretary for Health of the U.S. Department of Health and Human Services in response to the increasing opioid abuse epidemic to combat rising prescription drug abuse. ●

Overview of regulations related to prescribing of tramadol and HCPs in the state of Delaware

	TRAMADOL	HYDROCODONE COMBINATION PRODUCTS
SCHEDULE	IV	II
Can a prescriber issue an oral prescription by phone?	Yes	No, schedule II drugs require a written prescription*
What is the maximum number of refills allowed?	5 refills in a 6 month period	No prescription for a schedule II drug may be refilled
How soon must a prescription be filled by the patient?	Within 6 months from the date of issue	Within 7 days from the date of issue
Can a prescription be transferred to another pharmacy?	A one-time transfer is allowed	No
What is the maximum number of dosage units which can be dispensed?	None specified	No more than 100 dosage units or a 31 day supply, whichever is greater
Is electronic transmission (e-prescribing) permitted?	Yes	Yes

References:

1. Drug Enforcement Administration, Department of Justice. Fed Regist. 2014 Aug 22; 79(163):49661-82. Available at: <https://www.federalregister.gov/articles/2014/08/22/2014-19922/schedules-of-controlled-substances-rescheduling-of-hydrocodone-combination-products-from-schedule>. Accessed October 9, 2014.
2. Code of Federal Regulations. Title 21: Food and Drugs Part 1308 Schedules of Controlled Substances 1308.12 Schedule II, October 2014. Available at: <http://ecfr.gpoaccess.gov/cgi/t/text/text-idx?c=ecfr&sid=8a13fb1f4c0d7fdb908504abaec4670&rgn=div8&view=text&node=21:9.0.1.1.9.0.26.5&idno=21>. Accessed October 9, 2014.

3. State of Delaware. Delaware code online. Title 16: Health and Safety Part IV foods and drugs Chapter 47: uniform controlled substances act. Available at: <http://delcode.delaware.gov/title16/c047/index.shtml>. Accessed October, 9, 2014.

FORMULARY UPDATE—APRIL 2015

FORMULARY ADDITIONS

Medication – Generic/Brand Name	Strength/Size	Use/Indication	Comment
Alemtuzumab (MS)/ Lemtrada	12 mg/1.2 mL solution 1.2 mL single-dose vial	Treatment of relapsing forms of multiple sclerosis only	Prescribing restricted to physicians enrolled in the Lemtrada REMS program
Lidocaine 4% Topical Solution/ LARYNG-O-Jet Kit	160 mg/4 mL	Topical anesthesia of the mucous membranes of the oropharynx, trachea and respiratory tract	Line-item extension
Pentostatin/ Nipent	10 mg vial reconstituted solution	Treatment of prolymphocytic leukemia & hairy cell leukemia	Prescribing restricted to hematologists and oncologists
Posaconazole delayed-release tablet/ Noxafil	100 mg tablet	Prophylaxis of invasive <i>Aspergillus</i> and <i>Candida</i> infections	Prescribing limited to infectious disease physicians, hematologists and oncologists
Teniposide /Vumon	10 mg/mL 5 mL ampule	Treatment of acute lymphoblastic leukemia as part of multi-agent regimen	Prescribing restricted to hematologists and oncologists

FORMULARY DELETIONS

Phentolamine injection	No longer manufactured
Scopolamine injection (0.4 mg/mL, 1 ml)	No longer manufactured



IN THE NEWS

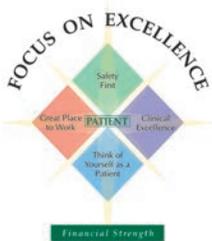
Terry Horton, M.D., FACP, chief of Christiana Care's Division of Addiction Medicine, speaks about Project Engage to several state lawmakers during the Senate Committee on Health & Social Services. Dr. Horton is the medical director of Project Engage, which is an early intervention program designed to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



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Christiana Care ED team provides medical support at Delaware Marathon

Thirty-two Christiana Care volunteers staffed the annual Delaware Marathon, May 10, at the Wilmington Waterfront, ready for action to support the 3,100 runners who participated in the event.

Comprising the race-day team were 17 Emergency Department and ED Observation Unit nurses, eight physicians, two ED techs, one EMT/Christiana Care Medical Reserve Corps member, and four event volunteers. They partnered with colleagues from the Wilmington Fire Department, New Castle County paramedics, University of Delaware Emergency Care Unit, and the Aetna Hose Hook and Ladder volunteer fire company.

"The teams rotated coverage of the medical tent, the finish line, and the transition area for the relay race using event radios for emergency communication," said Linda Laskowski Jones, RN, MS, ACNS-BC, CEN, FAWM, vice president, Emergency & Trauma Services. "We had an active day. We logged 26 patient encounters in the medical tent, in addition to providing support to runners in the transition area and finish line. I received wonderful feedback from the marathon organizers regarding our overall set-up and operations.

"It's always exhilarating to be a part of the great teamwork that we shared." ●



Christiana Care Emergency Department volunteers provided expert care to runners and spectators at the marathon.