

# FOCUS

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*Focusing on the people and initiatives that distinguish Christiana Care Health System*

**INSIDE:**

7

**NURSING CERTIFICATIONS**

National nursing certifications demonstrate commitment to quality

18

**HELP AT ST. PAT'S**

Christiana Care and St. Patrick's Center partner to care for city's homeless

24

**DANCE YOUR HEART OUT**

Hundreds get moving at annual event



Education, compassion and partnership with her patients and colleagues are what make Bonita Penn, BSN, RN, thrive as a Christiana Care nurse.

## Christiana Care nurses find joy in partnership with patients and each other

**A**s a nurse at both the Christiana Hospital Emergency Department and Middletown Emergency Department, Bonita Penn, BSN, RN, is the first point of care for many people who are critically ill or injured.

"A multitude of memories come to mind when I reflect on my years at Christiana Care," said Penn, an employee since 2008. "The ones that stand out the most are taking care of critical patients and experiencing the level of trust and appreciation their families have for the nursing staff."

CONTINUED P. 2

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“It is even more heart-warming to later follow up on a patient’s condition and learn that they were discharged from the hospital and are on the road to recovery,” she added.

Penn holds bachelor’s degrees in nursing and psychology and is now taking advantage of Christiana Care tuition reimbursement and scheduling adjustment benefits to pursue a master’s degree.

“Christiana Care is superior in supporting nurses, specifically in the area of higher education,” she said. Penn believes it is important for nurses to pursue advanced degrees and certification because “it enables us to provide the most up-to-date and evidence-based care to the patients we serve.”

A steadfast advocate for changing lives through education, Penn serves on the board of directors as a scholarship liaison for the Fresh Start Scholarship Foundation Inc. — service she describes as “gratifying and meaningful.” She was a Fresh Start scholar herself while working toward her bachelor’s degrees.

“The financial support and mentorship that Fresh Start provides keeps women in college, encourages them to graduate and sets them on a journey of greater success,” she said.

Penn is one of 2,480 professional nurses proud to call Christiana Care home. During National Nurses Week, May 6 through 12 — and indeed, every day — “Christiana Care is honored to call each and every one of these nurses our own,” said Diane P. Talarek, MA, RN, NE-BC,

senior vice president of Patient Care Services and chief nursing officer.

Penn and several of her professional nurse colleagues from throughout Christiana Care shared their thoughts on what it means to be not just a nurse, but a Christiana Care nurse:

### An angel in the night

Christiana Care’s most recent DAISY Award winner, Keisha Bourne, BSN, RN, is pursuing a master’s degree while spending nights caring for Christiana Care’s tiniest patients and their mothers on postpartum unit 3B. First-time mom Allison Steuber, who nominated Bourne for the award that thanks nurses for skillful and compassionate care, wrote, “My husband and I refer to Keisha as our angel. I’m not sure that I



First-time mom and fellow nurse Allison Steuber, MSN, RN III, CEN, thanked post-partum unit nurse Keisha Bourne, BSN, RN, for her exceptional care by nominating her for a DAISY Award, an honor recognizing extraordinary nurses.

could have survived that night without her," referencing an experience that would challenge any parent — when their newborn screamed all afternoon and into the night.

Steuber appreciates the care with an insider's perspective, as well. She is a nurse and chair of Christiana Care's Professional Nurse Council. "That she took the time to calm my husband and me," wrote Steuber, "is something we will never forget. I met a woman at a class a few weeks after I delivered, and we were sharing our birth stories. When I started to talk about this angel who took care of us one night, she looked at me and said, 'Was her name Keisha?' She, too, had been fortunate enough to be cared for by this nurse. We will never forget the care she provided to our family."

Bourne acknowledges that winning the DAISY Award is one of the innumerable moments that underscore why she became a nurse.

"The fact that my simple actions impacted a family in such a memorable way is extremely special, and possibly defining," she said. "My goal each night is to provide each patient and family with exceptional, culturally sensitive care and compassion. I aim to build trusting rapport with them so that they will be confident that, even at their most vulnerable moments, there is someone who has their absolute best interest at heart and hand."



Patricia Briggs, MSN, RN4, CCRN, HTCP/1

**The difference between nursing and professional nursing**

Patricia Briggs, MSN, RNIV, CCRN, HTCP/1, is another award-winning Christiana Care nurse, who will be recognized during Nurses Week with the 2015 Dot Fowler Award for service reflecting The Christiana Care Way. This Cardiovascular Critical Care Complex nurse says she feels fulfilled leaving her shift each morning knowing that her presence during the night made a difference to a patient or family member, even when the patient is too ill to remember her name.

**"I live for the moments that I can make a patient smile, calm a patient's anxiety or ease pain. When a family member says to me, 'I can go home now, you are here,' I feel very blessed and thankful. What a great gift to receive!"**

PATRICIA BRIGGS, MSN, RNIV, CCRN, HTCP/1

CONTINUED P. 4



**Nominate a Christiana Care nurse who has made a difference in your life!**

The DAISY Award is a worldwide program that rewards and celebrates the extraordinary clinical skill and compassionate given by nurses each day. Christiana Care Health System is proud to be a DAISY Award Partner by giving one of our nurses this special honor each month. Visit <http://www.christianacare.org/daisyaward>.





Melanie Bugg, BSN, RN, of the Visiting Nurse Association enjoys the personal experience of caring for patients in their homes.

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"I live for the moments that I can make a patient smile, calm a patient's anxiety or ease pain," said Briggs. "When a family member says to me, 'I can go home now, you are here,' I feel very blessed and thankful. What a great gift to receive!"

Briggs was looking for a new challenge in nursing when she started working on her master's degree a few years ago.

"That is when I realized the difference between nursing and professional nursing," she said. "The nursing clinical ladder supports and encourages one's development as a professional nurse. It develops nurse leaders. It encourages engagement. It makes the profession of nursing exciting! We need enthusiastic and engaged nurse leaders to take our organization to the next level. The clinical ladder encourages that."

Opportunities are readily available to Christiana Care nurses, said Briggs. "You just have to take advantage of them."

Working at a Magnet designated health system is also important to Briggs. "Being part of a Magnet organization is why we have so many opportunities

**"I'm inspired by those little moments when I can see I've made a difference for someone. As a home care nurse, I love seeing my patients develop a confidence to manage their illnesses at home."**

MELANIE BUGG, BSN, RN

within our organization to grow professionally and be treated as professional nurses. Our voices are heard. Our input is encouraged. It is up to each one of us to get involved and make a difference."

### **Inspired by little moments**

When her family moved to Delaware from Philadelphia five years ago, Melanie Bugg, BSN, RN, knew she wanted to work for Christiana Care.

"Christiana Care's reputation reaches all the way to Philly," said Bugg, who spent six years working on a medical-surgical tele-observation floor in one of that city's hospitals. During three of those years, she commuted from Delaware while finishing her bachelor's degree at Immaculata University.

Finally, she landed the job she'd hoped for. For the last two years, she has put

her professional nursing skills to use caring for patients in their homes with Christiana Care's Visiting Nurse Association.

"I'm inspired by those little moments when I can see I've made a difference for someone," she said. "As a home care nurse, I love seeing my patients develop a confidence to manage their illnesses at home."

The transition from hospital to home nursing was a fulfilling one for Bugg, who explained that VNA nurses have the great experience of spending time with a patient one-on-one in their environment where they feel the most comfortable and the most open to learning.

"Home nursing care has an enormous impact on our community," she said. "I can't imagine what health care would be without home care."

## Caring for patients and their families

George Potts, BSN, RNIII-BC, chairs his unit-based Quality and Safety Council, manages orthopaedic traction and new-hire precepting and is a charge nurse and member of the hospital-wide falls prevention program. He's also participating in Christiana Care's Drexel University pre-pay program for the Adult Geriatric Acute Care Nurse Practitioner Program, in addition to his full-time work as a surgical trauma nurse.

He is a busy man, no doubt, but never too busy to remember that his patients hadn't planned to be in the hospital in the first place.

"They have no notice or forewarning; we just meet by chance," Potts said. "Understanding this relationship allows me to be a better, well-rounded nurse and take their circumstances into consideration. They may no longer have a ride home; their clothes have been cut off; their bills are not being paid."

He also recognizes that traumatic injuries affect each patient's family members, too, and is grateful to work for an organization that offers "soft services" to help make their stay easier, such as vouchers for meals or accommodations to allow loved ones from out of town to stay close to the hospital in their family's time of need.

**"It is an awesome opportunity to share the education that I have been afforded to help my patients and their families become better patient advocates"**

GEORGE POTTS, RNIII-BC

"It is an awesome opportunity to share the education that I have been afforded to help my patients and their families become better patient advocates," he said. "It is also very gratifying to see the impact of our work when patients come back and share their stories of how thankful they are for the care we provided and tell us how they have become more actively involved in their own health."

## Seeds of success

Victoria Varga, an RNII on Wilmington's 4N stroke unit, says that what she loves best about her job are hugs with patients and families when they are being discharged from her unit, and when she gets to see how well they are doing. One patient's mother, she recalled, touched her deeply when she told Varga, "You were my family."

CONTINUED P. 6



Charles Uniatowski

Victoria Varga, RNII, of the stroke unit at Wilmington Hospital, is working toward her master's degree in nursing.



As a surgical trauma nurse, George Potts, BSN, RNIII-BC, understands the importance of partnering with his patients and their families.

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This award-winning nurse, who was named a top nurse in 2014 and 2015 by Delaware Today, is currently completing her RN to MSN. A federal SEED Scholarship (Student Excellence Equals Degree) allowed her to take her first two years' courses at no cost to her at Delaware Technical & Community College before transferring to University of Delaware. In fact, she was part of the inaugural graduating class to benefit from SEED funding, which marks its 10th anniversary this year. Varga was recently invited to participate in two roundtable discussions — one with U.S. Secretary for Education Arne Duncan, the other with Delaware Governor Jack Markell and former Governor Ruth Ann Minner — to talk about the importance of funding to ensure educational opportunities for all who need support.

While federal funding was the springboard to Varga's pursuit of higher education, she credits Christiana Care's generous educational benefits with making it possible to advance in her profession.

"Christiana Care is truly a great place to work," she said. "We get the opportunity to serve our community and have a plethora of resources available to us."

### Making an impact

Christopher Otto, BSN, RNIII, CHF, PCCN, cares for patients on the Heart Failure Stepdown unit at Christiana Hospital and is the vice chair of the Professional Nurse Council (PNC). He agrees that the resources available to Christiana Care nurses are abundant.

"Christiana Care really supports nurses and shared decision-making by giving us the opportunity to be involved and make changes that affect our practice," Otto said. "Nursing and organization leaders open themselves to the bedside nurses' input and views. They really take the time to listen to us. Whenever I am challenged while trying to make changes, I am given opportunities to

think creatively and improve my work so that I can create even better change.

"In my role on PNC I can make improvements that affect all nurses. I can take their voices, opinions and feedback to the system level and make improvements felt across the organization that make a difference in numerous nurses' careers."

Otto finds it equally rewarding to make a difference in his patients' lives.

"Every time a patient or their family member tells me how much I have made an impact on their life, I am reaffirmed that nursing is what I am meant to do."●

**"Every time a patient or their family member tells me how much I have made an impact on their life, I am reaffirmed that nursing is what I am meant to do."**

CHRISTOPHER OTTO, BSN, RNIII, CHF, PCCN



Christopher Otto, BSN, RNIII, CHF, PCCN, a nurse on the Heart Failure Stepdown unit and vice chair of the Professional Nurse Council, collaborates with peers and leaders to make improvements for patients and their families and for his nursing colleagues.



Jennifer Sikoutris, RN, CEN, PCEN, believes certification is key to providing high-quality care.

CHRISTIANA CARE HAS MORE THAN  
**1,500** certified nurses  
representing more than  
**100** different specialties

## National specialty certification demonstrates commitment to nursing excellence

**N**urses advancing their education and practice often do so by the letter. Nursing certifications, designated by lettered credentials, indicate specialty clinical training and expertise. After achieving the most widely recognized indicator of nursing — the RN for registered nurse — nurses can take certification programs supported by professional and trade organizations to attain the highest standards of specialty nursing care.

“National certification is a professional achievement that demonstrates a nurse’s commitment to the pursuit of excellence in specialty nursing practice areas,” said Diane P. Talarek, MA, RN, NE-BC, senior vice president of Patient Care Services and chief nursing officer. Talarek has a Nurse Executive certification (NE-BC).

Established in the early 1990s, certification requires rigorous testing and recognizes nurses for clinical excellence in various specializations.

Christiana Care’s more than 1,500 certified nurses represent more than 100 different specialty areas. That includes 66 percent of bedside nurses and 88 percent of nurse leaders. Nurses may have multiple certifications ranging from Acute Care Nurse Practitioner (ACNP-BC) to Psychiatric-Mental Health Care (PMHNP-BC).

“Certifications affirm advanced knowledge, skill and practice to support expert patient- and family-centered care,” said Tamekia L. Thomas, MSN, RN, PCCN, ACNS-BC, certification coordinator at Christiana Care. Her certifications are in Progressive Care Nursing (PCCN) and Medical Surgical Nursing (ACNS-BC).

Christiana Care offers in-person and on-line review courses as well as support for initial testing fees and certification renewal. Nurses also benefit from encouragement from their peers.

“We have study groups for nurses taking review courses,” says Jennifer Sikoutris, RN, CEN, PCEN. “We believe certification is key in providing quality care, and our nurses support one another in reaching that goal.” Sikoutris is a nurse in the Emergency Department at Wilmington Hospital and chair of the Nurse Education Council. Her certifications are both in Emergency Nursing.

Nurses interesting in learning more about earning a nursing certification may contact Tamekia Thomas at [tthomas@christianacare.org](mailto:tthomas@christianacare.org) or 302-733-1190. ●

## Innovation is about what works — better

By Catherine Burch, MSM, CUA, IT Team Leader



Last month, I had the opportunity to participate in the Delaware Idea Challenge with my colleague, John DiGiovanni. As part of the challenge, we were members of a five-person team that was given a problem to solve — in two hours. Heading to the event, we didn't know what the problem would be, only that it was a problem facing the city of Wilmington.

The methodology we used in the challenge is one we are very familiar with here at Christiana Care. Our team started by gathering the facts to better understand the current state and then brainstormed ideas for a creative solution.

Our team was from diverse backgrounds with varied skills and experiences. Together, we researched, sketched and developed a solution along with a raw prototype. While no idea was off-limits, we strived to come up with a solution that was creative, but also realistic and user-centered. We wanted a solution that could be implemented, and would be easy to use and supportable if we won.

Our work at Christiana Care prepared us well for the challenge. As members of Christiana Care's Technology Development Group, we work as part of a team with a simple mission: to positively impact patient outcomes and overall experience through the development of innovative technology solutions. We develop solutions using design thinking in partnership with our colleagues across the organization. We not only brainstorm and leverage each other's skills and expertise, but we also invest a great deal of time observing and understanding the people involved in the solution — users of the software or patients involved in the process. This partnership is what allows our team to create innovative, effective, affordable systems that our neighbors value. It's why innovation is an integral part of The Christiana Care Way.

At Christiana Care, we recognize that the ability to innovate requires a mindset and development process that might seem alien in some risk-averse, time-limited health

care environments. That's what makes our organization special. We recognize that in order to foster a creative environment, we need to be comfortable with some level of risk. This doesn't mean that we tolerate risk to our patients — our commitment to patient safety is unwavering. It means that we understand that innovation is hard, it can move at a fast pace, and it can involve many roadblocks and intermediate failures along the way.

Innovation also involves starting small, but thinking big. While a grand vision is great, we recognize the value in breaking an idea down into smaller parts and just trying something — trying something manually, trying it electronically, just trying it however you can, on the smallest scale.

It's important to recognize those small successes with every trial, but remember that not every attempt needs to be a success. The success is in identifying opportunities for refinement through iterations. Thomas Edison said it well when he said, "I have not failed. I've just found 10,000 ways that won't work."

Consider the history of the iPod. In 2001, when the first iPod was introduced, there were other MP3 players on the market. Steve Jobs had the idea to make that existing idea better, more usable.

At Christiana Care, we have an opportunity every day to rethink how we do things. Innovation is that exciting leap forward into uncharted territory. It's about that next great idea that can change everything. It's about an idea that may introduce something new, may improve a product or make a service better, may improve a workflow or make the patient experience better, or may improve patient outcomes.

Opportunities for innovation are all around you; it just starts with an idea.

After presenting to a panel of Idea Challenge judges, representing venture capitalists, engineers and technology executives from the region, we placed as runners-up in the competition. But we were not discouraged. For every great idea, there can always be a better one. ●

## Conference addresses health care needs of LGBTQ community



Leaders from Christiana Care, United Way Delaware and other community partners joined to raise awareness about the health care needs of LGBTQ people and the need for cultural competency among care providers to support these individuals and families.

In her work with the Independence at Home program in the Department of Family and Community Medicine, Holly Wright, APN, has likely cared for patients who are gay. But she doesn't know who they are. She has never asked.

"Most of my patients are older, and I'm sure I have had gay and lesbian patients who just haven't come out yet," Wright said. "Some are in assisted-living facilities where they might not feel comfortable coming out."

Clinicians and people in the community, including funeral directors, outreach workers and transgender people, learned about the challenges in caring for older gay people in a seminar titled "LGBTQ Aging and Healthcare: A Cultural Competency Perspective," March 23 at the John H. Ammon Medical Education Center.

"The more we learn, the better able we are to be respectful, expert, caring partners in our neighbors' health. That's The Christiana Care Way," said Janice E. Nevin, M.D., MPH, Christiana Care

president and CEO, who introduced the conference with Michelle Taylor, CEO of United Way of Delaware.

Having conversations about sexual orientation and gender identity is important because lesbian, gay, bisexual, transgender and questioning (LGBTQ) patients often have different risk factors than straight people, said Rev. Timothy D. Rodden, M.Div., MA, director, Pastoral Services and co-chair, Delaware LGBTQ Health Equity Task Force.

"It is critical to following established practices of care," Rodden said.

Gay men are 43 times more likely to develop anal cancer. Lesbians are more likely to have risk factors for breast and gynecological cancers, yet are less likely to get screenings. LGBTQ people are at a higher risk for depression and substance use disorders.

Older people in the LGBTQ population came of age at a time when being gay was a criminal act and are less likely to be out than their younger counterparts.

In a Lambda Legal survey, 38.5 percent of gay men, lesbians and bisexuals said they believed medical personnel would treat them differently if they knew their sexual orientation.

The day-long conference included a showing of the documentary film *Gen Silent*, in which gay senior citizens must decide whether they should come out or go back into the closet in a hostile nursing-home environment. There were two panel discussions, on clinical resources and resources in the community for LGBTQ people.

Achieving cultural competency means not making assumptions about the gender of a partner or spouse, Rodden said. Health care providers also can make LGBTQ patients feel more at ease by displaying the Human Rights Campaign logo, a yellow equal sign on a blue background, in the office and by adding inclusive language to forms.

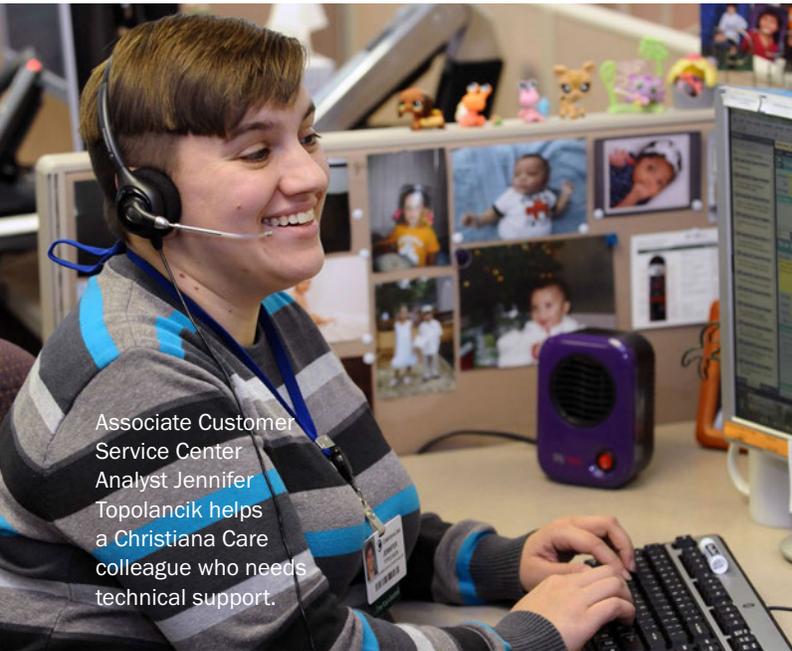
"Ask patients: Who are the important people in your life? When you are taking a sexual health history simply ask: Do you have sex with men, women or both?" he said. "Ask like it's a normal thing to ask because it is a normal thing to ask."

That resonated with Xiangfen Gu, an outreach coordinator at the Helen F. Graham Cancer Center & Research Institute who works with the Chinese community.

"With Asian people, it's difficult for them to talk about their sexual orientation," she said. "Now I have an idea on how to open the conversation."

The conference was jointly provided by Christiana Care's Center for Diversity and Inclusion, Cultural Competence and Equity; the Delaware Nurses Association; the Delaware Academy of Medicine; and the Delaware Academy of Family Physicians. Additionally, the United Way of Delaware was a sponsor. ●

## IT Customer Service Center delivers expert help, fast



Associate Customer Service Center Analyst Jennifer Topolancik helps a Christiana Care colleague who needs technical support.

In today's health care setting, technology is critical in delivering high-quality patient care. With so many medical services relying on information technology, it can be frustrating for clinicians and other staff if this technology is not performing well. Calling the IT Customer Service Center to report a problem and having to wait on hold can elevate frustration levels even more.

Since last summer, IT Customer Service Center average wait times have consistently dropped each month. In July 2014 the average wait time was seven minutes. In August it was two minutes. In March of this year, the average wait time was only 47 seconds.

"We love the challenge of being responsive to our customers and working with them until they're satisfied that their devices are performing as they should," said Veronica Williams, an associate customer service analyst and one of 18 members on the Customer Service Center team.

The Customer Service Center is in Corporate Commons at 1 Reads Way, within a building that many know as the home of the Visiting Nurse Association. It's here that staff handles 8,000 calls in a typical month, along with 1,300 non-urgent requests via the Christiana Care Health System intranet portal. The center is staffed 24/7, 365 days a year.

"We support thousands of devices — anything related to information technology, such as computers and laptops, telephones, TVs, smart phones, Med/PCT Carts and handheld devices that are used to assign meds through the electronic medication administration record," said Don DiGiovanni, IT manager.

The Customer Service Center handles password issues (the password reset is the most common issue received) and any other issue or how-to question about a dizzying array of software applications — over 400 at last count.

"We support more applications than most technical call centers," said Brenden McNeil, a customer service analyst.

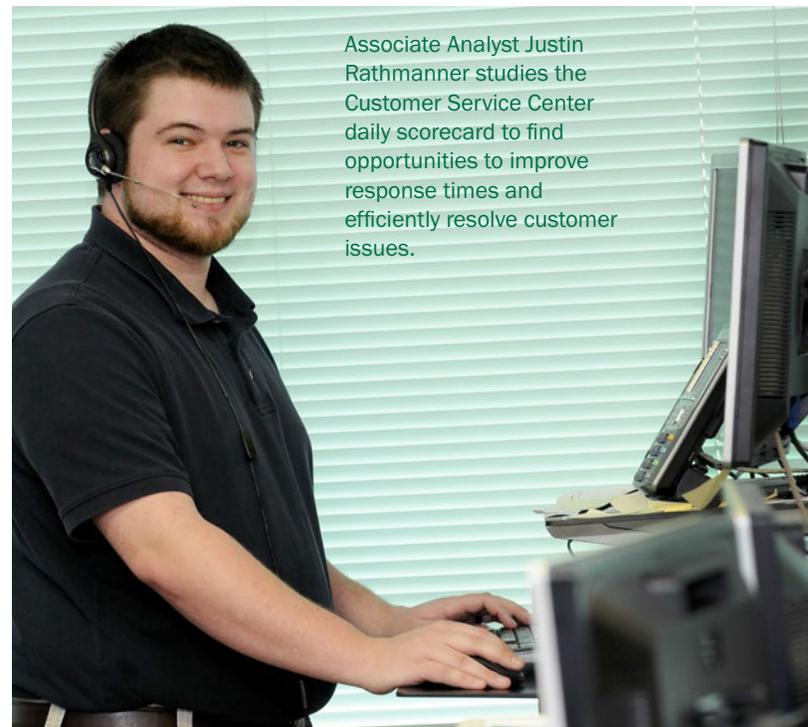
The Customer Service Center supports a total of 23,000 people who use computer technology in their daily job, including employees and non-employees, such as nursing and medical students, residents and contract physicians.

Teri Foy, manager of Allied Health and Undergraduate Education, works with close to 400 students a year and says she calls customer service when students forget passwords or get locked out of computer systems.

"I use the Customer Service Center often, and they are always there when I need them," said Foy. In survey results, customers praise analysts for their level of caring and service, regardless of how large or small the problem is.

Analysts understand that assisting providers in a clinical setting means that time is of the essence, which adds a sense of urgency to answering calls.

"Everybody appreciates that the call they are getting could be impacting the care of a patient," said Customer Service Center team leader Jeremy Hoffman. He praises team members for their equanimity, given the volume of calls. A staff less collegial, less calm and less conscientious might be overwhelmed by the pressure, he said. In fact, Customer Service Center analysts such as Jim Boyle have a reputation for dispensing help with a dash of humor that customers appreciate.



Associate Analyst Justin Rathmanner studies the Customer Service Center daily scorecard to find opportunities to improve response times and efficiently resolve customer issues.



**The Customer Service Center is staffed round the clock, 365 days a year and typically handles about 8,000 calls per month.**

The analysts also must find time to learn to troubleshoot new systems going live. But amid all the daily demands, they resolve 72 percent of issues during the first contact with the customer. The industry standard is 61 percent, said DiGiovanni, adding that he would put Christiana Care's Customer Service Center up against any service center in the country.

The team has found ways to improve performance without large expenditures. For example, part of the credit for the reduction in telephone wait times goes to McNeil, who created a daily scorecard of each previous day's performance. The scorecard shows a variety of measures where an analyst can sometimes improve.

Justin Rathmanner, an associate Customer Service Center analyst, said he studies the scorecard for metrics such as how quickly he answers calls and how efficiently he's been able to resolve issues. Then he sees what daily adjustments he can make to improve his performance. Colleagues have reacted similarly to the scorecard. This level of commitment has brought down the average wait time by more than five minutes.

"We're lucky because we get to solve people's problems, and that's rewarding," Rathmanner said. ●

### TIPS FROM THE IT CUSTOMER SERVICE CENTER



Associate Analyst Veronica Williams helps a customer of the IT Customer Service Center.

- **Need help resetting a password? Call 327-3637. In March alone, 3,500 customers called the Customer Service Center for that purpose. An automated system allows customers to reset a password without talking to an analyst. If they are unsuccessful or need additional support, an analyst is available to help.**
- **For non-critical issues, such as assistance with equipment moves, submit a request on the intranet portal. For critical issues, call the Customer Service Center and speak directly with a customer service analyst. These calls receive the highest priority. Do not leave a voice mail when the request is urgent.**
- **When reporting an issue, it's important to have the symptoms of the issue or the error message available so that the analyst can resolve the issue in a timely manner. This means being able to describe the applications you were working on when the problem occurred, your location and other information that might help the analyst to diagnose the problem.**

## British professor shares insights on achieving health care's Triple Aim



Michael "Monty" Mythen,  
MBBS, M.D., FRCA

**“Stay focused on the fact that that patient’s on the rope with us and we’re all part of a team together.”**

MICHAEL MYTHEN, MBBS,  
M.D., FRCA

Professor Michael “Monty” Mythen, M.D., a thought leader in the United Kingdom’s quest for its own version of the health care Triple Aim, shared his experience as an intensivist, anesthesiologist and researcher at combined Surgical and Anesthesia Grand Rounds at the John H. Ammon Medical Education Center at Christiana Hospital. Dr. Mythen is the Smiths Medical Professor of Anaesthesia and Critical Care and honorary consultant, anaesthesia and critical care, University College London.

In his introductory remarks, Mark Schneider, M.D., MBA, interim chair of the Department of Anesthesiology at Christiana Care, said Dr. Mythen’s experience provides “an exemplary base” for Christiana Care’s journey to reach the Triple Aim of improving the quality of the health care experience, improving the health of the population and reducing per capita cost.

Dr. Mythen’s lecture, “Enhanced Surgical Recovery: Reducing Variation — U.K. Experience — U.S. Opportunity,”

highlighted his experience as team leader of the U.K.’s National Health Service (NHS) sponsored Enhanced Recovery Partnership. Enhanced surgical recovery (known also as rapid recovery), “is a modern, evidence-based model of care that creates healthier patients who recover faster from major surgery,” according to the NHS official website.

At a time when the British government was changing leadership in 2010, the British National Health System received a mandate to increase the quality of care in the face of a budget freeze on health care expenditures and an expected 20 percent cost increase over the next few years.

Dr. Mythen said reducing variation became essential for improving quality of care while controlling costs, even though the national health system in the U.K. already had an excellent reputation for cost-efficiency.

One “wild variation” that Dr. Mythen and colleagues found ripe for investigation was the length of hospital stay across the country for colorectal resection patients, which ranged from five to 18 days. He pointed out similar variation in the United States; one study of 499 institutions in California showed variations in length of stay, complications and mortality comparable to the U.K. study.

According to Dr. Mythen, iatrogenic harm — harm introduced by the surgeon, physician or health care provider — was central to the problem where length of stay was longest and consequently the cause of financial loss for many of the hospitals under review. However, the iatrogenic harm was not the result of health care providers doing anything “wrong” per se. Rather, it was the care “traditions” that were harmful, causing high rates of morbidity and mortality, thus reducing health care quality and driving up costs.

Dr. Mythen referenced Henrik Kehlet, M.D., a colorectal surgeon from Denmark, as “the grandfather of enhanced recovery” and someone who has long argued that the traditional environment and practices for patients after colorectal surgery is not evidence-based.

“Dr. Kehlet had been saying for decades that ‘we can get them out in 24, 48, 72 hours after open or laparoscopic [colorectal] surgery by just [ignoring] all of the iatrogenic nonsense that we’ve been telling each other is somehow evidence-based. But we can’t find the evidence.’”

Patients are fitter sooner and ready to go home earlier with reduced complications, he said. The model of care is safe and effective, ensuring

patients are partners in their care — focusing on less-invasive surgical techniques, pain relief and the management of fluids and diet, which help patients to recover better post-operatively with no additional burden on primary or social care.

Prefacing his lecture, Dr. Mythen sketched his 2012 experience as laboratory leader for Caudwell Xtreme Everest 2 Project at the Smith’s Medical High Altitude Laboratory in Nepal. Other researchers in the project included surgeons, anesthesiologists and critical care doctors interested in the human factors and implementation science essential to getting the Triple Aim to be accurate.

Comparing teamwork high in the Himalayan Mountains with the

environment in London, he said, “The joke was that it is easier to get four doctors together on the summit of Mt. Everest to agree than it is to get them to change their daily practice.”

Why?

“If they make a mistake up there ... they’re probably all four going to die, whereas, if they’re having a bad day at the office it’s usually someone else who gets hurt, and that’s the patient,” he said. Continuing his mountain-climbing metaphor, he urged his colleagues to “stay focused on the fact that that patient’s on the rope with us and we’re all part of a team together.” When guided by this sense of partnership, systems changes become much easier. ●



Gerard J. Fulda, M.D., FACS, FCCM, FCCP, chairman, Christiana Care Department of Surgery; Michael (Monty) Mythen, MBBS, M.D., FRCA, Smiths Medical Professor of Anesthesia and Critical Care and director, Centre for Anesthesia, University College London; Mark Schneider, M.D., MBA, chair of the Christiana Care Department of Anesthesiology; and Judy A. Townsley, MSN, RN, CPAN, vice president, Perioperative Services.

## 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.

## Caregivers support each other in Christiana Care Way Rounds



John J. Goodill, M.D., FACP, FCCP, director of Palliative Medicine Education and Outreach, listens as colleagues share comments at The Christiana Care Way Rounds.

**T**he patient was a young woman, near death from injuries suffered in a brutal assault.

The trauma team quickly realized there was a second patient. The woman was pregnant.

The impact the mother and baby had on the clinicians who cared for them was the focus of The Christiana Care Way Rounds session on March 10, titled “Searching for Hope in the Darkness.”

These types of rounds give caregivers a way to express their empathy, said Kathleen McNicholas, M.D., FACS, JC, LLM, medical director, Performance Improvement. “We can’t just say this is a clinical experience,” she said. “We are dealing with real human beings, and The Christiana Care Way is a perfect vehicle for this powerful initiative.”

Co-sponsored by the Think of Yourself as a Patient Committee and Palliative Care, this quarterly series of conversations is an opportunity for colleagues to reflect on the emotionally challenging experi-

ence they share as expert, caring partners in their neighbors’ health.

“I am bowled over by the compassion in this organization and the unsung heroes who show how much they care in so many ways,” said Rosni Guerry, M.D., medical director of Palliative Medicine and a scholar in Christiana Care’s Value Institute.

Caregivers from the Emergency Department, Surgical Intensive Care Unit (SICU), Neonatal Intensive Care Unit (NICU), and others were encouraged to reflect on the case and share their feelings about the plight of the young woman and her baby.

“There’s no hierarchy here,” said John J. Goodill, M.D., FACP, FCCP, director of Palliative Medicine Education and Outreach. “Everyone is on an even level.”

Some of the caregivers’ responses: “Sad.” “Angry. Sick to my stomach.” “Preventable.” “Unfair.” “Heartbreaking.”

**“I am bowled over by the compassion in this organization and the unsung heroes who show how much they care in so many ways.”**

ROSNI GUERRY, M.D.  
DIRECTOR, PALLIATIVE CARE EDUCATION

The baby weighed less than three pounds when she was delivered by emergency C-section. After the family gathered, she was baptized at her mother’s bedside. While the mother was on life support, NICU nurses volunteered to take the baby to visit her each day. “I took pictures of the baby with her mother’s hand so this little girl would have something to remember her by,” said Tamie Hotchkiss, RNC.

After the mother died, a number of nurses contributed money for the family. Chaplains from Pastoral Care provided support for the family and the caregivers.

“These kinds of cases involve many people from many departments, all working together to care for patients and their families,” said Shirley Brogley, ACHPN, ANP-BC, Palliative Medicine.

In reflecting on the mother and baby, caregivers pondered their feelings. One nurse said she thought anger management should be taught in high schools. Another expressed admiration for the mother’s determination to live long enough to give birth.

Talking about feelings and nurturing empathy ultimately has a positive impact on care, said Shawn R. Smith, MBA, vice president, Patient Experience.

“I am enthusiastic about our dialogue on the emotional impact care has on patients and the caregivers,” he said. ●

## Care for the Caregiver program helps the ‘second victim’

As part of our participation in Project CANDOR (Communication and Optimal Resolution), Christiana Care is launching June 1 a Care for the Caregiver program for colleagues who feel traumatized due to involvement in an unanticipated patient event while at work.

“Among the hallmark behaviors of The Christiana Care Way are respect and compassionate care for every person,” said Heather L. Farley, M.D., FACEP, medical director of the Middletown Emergency Department and director of the Care for the Caregiver Program. “This holds true when it is one of our own colleagues who is grieving due to the experience of a traumatic or unanticipated event. In these moments, Christiana Care responds with outreach and compassion when a colleague becomes a ‘wounded healer’ or ‘second victim,’” she said.

### We are here for you

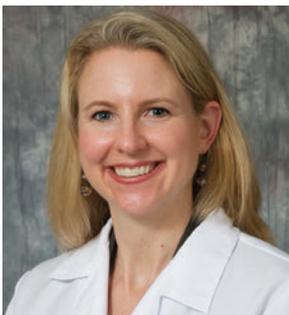
Christiana Care is creating a Care for the Caregiver team who will provide peer support to physicians and staff at Christiana Care following an adverse patient event. Our goal is to help our health care team members understand what is known about the wounded-healer phenomenon and help employees quickly return to their satisfying professional practice. The program is open to any Christiana Care employee or Medical-Dental Staff member working at a Christiana Care facility.

### What is a second victim?

A second victim is a health care team member who is involved in an unanticipated patient event, stressful situation or patient-related injury and who becomes hurt in the sense that he or she is traumatized by the event.

Second victims often:

- Feel personally responsible for the patient outcome.
- Feel as though they have failed the patient.
- Second-guess their clinical skills and knowledge base.



**“Among the hallmark behaviors of The Christiana Care Way are respect and compassionate care for every person. This holds true when it is one of our own colleagues who is grieving due to the experience of a traumatic or unanticipated event.”**

HEATHER L. FARLEY, M.D., FACEP  
MEDICAL DIRECTOR, MIDDLETOWN EMERGENCY DEPARTMENT  
DIRECTOR, CARE FOR THE CAREGIVER PROGRAM

### The Care for the Caregiver team

The Care for the Caregiver team is made up of volunteers from a variety of disciplines, including attending physicians, residents, nurses, social workers and chaplains. Team members have been trained in critical incident stress management and were selected because of their high level of competence in helping second victims.

#### **The Care for the Caregiver team has been created to help:**

- Increase institutional awareness of the second-victim phenomenon.
- Provide consistent, targeted systemwide guidance and support of the second victim.
- Provide additional resources for the management team to effectively support second victims.

#### **The Care for the Caregiver team will:**

- Provide the second victim with a “safe zone” to express thoughts and reactions to enhance coping.
- Ensure that information shared is strictly confidential.
- Provide one-on-one peer support and explore the staff member’s normal reactions and feelings that often occur after a stressful or traumatic event.

Project CANDOR is a two-year demonstration project to support patients through open communication and optimal resolution when an investigation reveals unexpected patient harm. Funding for the project comes from the U.S. Agency for Healthcare Research and Quality. Christiana Care is one of only three health systems in the nation to participate in the project, which is also a partnership with the Health Research & Educational Trust of the American Hospital Association. ●

**➤ To contact the Care for the Caregiver team, call pager number 302-884-9321.**

## Experts share current knowledge of Alzheimer’s disease in inaugural Swank Memory Care Center conference



Established in 2011 with a \$1.25 million grant from the Howard W. Swank, Alma K. Swank, and Richard Kemper Swank Foundation of Wilmington, the Swank Memory Care Center assists clinicians, patients and caregivers in managing all aspects of dementia.

As the conference began, Michael Rosenthal, M.D., chair of the Department of Family & Community Medicine, which oversees the center, thanked the Junior Board of Christiana Care for fundraising efforts on behalf of the center. A \$72,000 gift from the Junior Board provides support for patients, families and caregivers, as well as community education for health care providers, which made the conference possible. Dementia education is a vital way for Christiana Care to partner with the community, Dr. Rosenthal said.

The conference was in keeping with a state of Delaware Alzheimer’s Disease plan, announced in February 2014 at the Swank Memory Care Center, calling for increased understanding and awareness about Alzheimer’s and related disorders, as well as focusing more attention on long-term care, better data collection and strengthening support for caregivers.

“One of the key features of Swank is that you get medical support along with psycho-social support,” said Patricia M. Curtin, M.D., FACP, CMD, chief of Geriatric Medicine and director of clinical strategy and community affairs at the Swank Memory Care Center. “We assist the patient with the disease, but many times there is a caregiver who takes care of their loved one 24/7. Our Swank team helps with counseling, support groups and connecting people to resources that can make caregiving a little easier.”

A multispecialty approach to dementia will become increasingly important as 50 percent of people who reach 85 are expected to develop Alzheimer’s disease. With this population, said Jeffrey M.

With an estimated 16,000 Delawareans expected to be living with Alzheimer’s disease by 2025, Christiana Care’s Swank Memory Care Center held its first conference on March 20 to educate health care providers about Alzheimer’s and other neurological conditions that affect memory and reasoning.

Called “Managing Dementia: A Multi-specialty Approach,” the conference drew more than 160 people to the John H. Ammon Medical Education Center at Christiana Hospital to hear from leaders in geriatrics, neurology and neuropsychiatry on diagnosing and assisting patients with multiple cognitive deficits associated with dementia.

“Our goal in all that we do is to offer ideas and practices that people find immediately helpful,” said David Simpson, M.D., medical director of the Swank Memory Care Center and a member of the conference planning committee.

The Swank Memory Care Center, at 205 W. 14th St. in Wilmington, is the first and only comprehensive outpatient memory center in Delaware.

**“One of the strong features of Swank is that you get medical support along with psycho-social support.”**

PATRICIA M. CURTIN, M.D., FACP, CMD  
CHIEF, GERIATRIC MEDICINE  
DIRECTOR, CLINICAL STRATEGY AND  
COMMUNITY AFFAIRS  
SWANK MEMORY CARE CENTER

Guarino, M.D., geriatrician at the Swank Memory Care Center, there is often an overuse of medications — a practice known as polypharmacy — and this should be avoided. Polypharmacy produces patient dissatisfaction, unwanted drug interactions, falls and hip fractures, and patient noncompliance in taking important medications, he said.

The speakers noted that there are no proven medications or nutritional supplements for slowing the development of Alzheimer’s. While antipsychotics have been used to manage aspects of psychosis and confusion, these medications carry warnings about increased risk of death and stroke, said Neal G. Ranen, M.D., geriatric neuropsychiatrist with Ranen Psychiatric Associates in York, Pa., and Baltimore, Md.

Lanny Edelsohn, M.D., FAAN, a neurologist with Christiana Care Neurology Specialists, shared a similar point of view. “We do need better medications,” said Dr. Edelsohn, who conducts clinical trials for promising new drugs. “Hopefully in the near future we will have a treatment that works.”

In the progression of Alzheimer’s, brain abnormalities appear to be caused by proteins that disrupt normal functioning. This leads to memory loss and disruptive behaviors — the most common being apathy, depression, agitation and aggression, followed by sleep disturbances, anxiety, delusion and hallucinations, said Dr. Ranen.

These behaviors present challenges to caregivers, but there are hopeful studies suggesting that when caregivers receive counseling they are more confident in their role and experience less depression, even when there is little positive change in a loved one, Dr. Ranen said.

Georgianna “George” Riley of Pike Creek, a member of the Junior Board of Christiana Care, agreed on the importance of finding emotional support and attended the conference because she is part of a network of caregivers for a family member with Alzheimer’s. “I feel that it is most important, personally and for all caregivers, to continue to learn all we can about the disease and the implications for care throughout this journey,” Riley said.

When she began caregiving, she heard about the Swank Memory Care Center and was pleased with all the support her family received there. Her goal now is to see that the center becomes better known. She is a member of a recently convened affinity group that will advocate for the center.

“Swank was a great starting point, giving us a diagnosis and helping us understand what type of care my mother-in-law would need,” said Riley. “With Alzheimer’s, if you know the facts, you are better equipped to deal with the realities of the disease and can more calmly cope with this labor of love.” ●

Michael Rosenthal, M.D., chair of Family and Community Medicine, thanks Junior Board Chair Nancy Rich for the organization’s generous support of dementia education for health care providers through the Swank Memory Care Center.

## Christiana Care experts teach safe patient handling



On March 14, Christiana Care experts led a workshop, “Integrating Safe Patient Handling and Mechanical Lifts,” sponsored by the Delaware Physical Therapy Association. PEEPS/Safe Patient Handling educators Rick Zock, MPT, CSPHP, CEAS II, Jennifer Binkley, DPT, CSPHA, CEAS II, and Terri Burgess, MSPT, CSPHP, CEAS II, along with physical therapists James Halbert, DPT, Robin Pearce, DPT, and Christiana White, DPT, taught colleagues from around the state about the benefits of incorporating lifting technologies into therapeutic interventions, and introduced techniques to initiate challenging training more acutely and progress patients safely. ●



A special thank you to the Junior Board of Christiana Care, Inc. for their leadership support of the Swank Memory Care Center

## Social workers, nurses provide vital support for Wilmington’s homeless at St. Pat’s

In the heart of one of the city’s poorest neighborhoods, Christiana Care is helping to deliver riches beyond measure in the form of care, respect, nourishment and hope to the homeless served by St. Patrick’s Center in Wilmington’s East Side.

Long-known in the community for its services to seniors, the center fondly known as St. Pat’s recently broadened its mission to assist the homeless. While a variety of community-based services are in place to help the elderly, Christiana Care social worker Linda Brennan-Jones, BALS, BS, points out that the homeless population too often falls through the cracks. For example, people who aren’t old enough to qualify for St. Patrick’s senior meal program and who lack money for bus fare must walk 17 blocks to Emmanuel Dining Room for a midday meal. Three Wednesdays each month, though, volunteer teams of Christiana Care employees and friends prepare and



Robert Jackson meets with social worker Carmela “Mel” Longobardi at St. Patrick’s Center in Wilmington’s East Side.

serve bagged lunches for people at the homeless sanctuary. Providing more than mere nourishment, Brennan-Jones explains that the sharing of simple sandwiches, fruit, water and a snack opens the door for conversations about health-related concerns and helps Christiana Care nurses and social workers embedded at St. Pat’s uncover needs and coordinate services.

### Community catalyst

Christiana Care’s relationship with St. Pat’s grew out of many cold winter nights when homeless people would arrive at the Wilmington Emergency Department seeking help. Most of them didn’t require emergency medical care — they needed assistance with shelter, food and clothing. But late at night, the police had nowhere else to take them.

Committed to serving its neighbors, Christiana Care wanted to help, but an Emergency Department was not the place to coordinate social services.

Linda Brittingham, LCSW, BCD, director of Social Work at Christiana Care,

took on the challenge and convened a community partnership meeting of leaders from all organizations in the city that serve the homeless.

“So many organizations were out there doing good work, but all of us were doing our own thing,” Brittingham said. “Christiana Care stepped in as a catalyst and got everyone talking to each other and working together.”

From that initial meeting grew heightened collaboration among the organizations that serve Wilmington’s most vulnerable citizens. A special partnership emerged between Christiana Care and St. Pat’s.

### Vital social and medical support

The needs of the homeless go far beyond cold weather. Recognizing that a social worker with experience addressing medical needs would be vital to helping his center’s diverse clientele, Joseph P. Hickey, executive director of St. Patrick’s, approached Christiana Care proposing a partnership. He had recently received a grant from the state for an on-site social



Linda Brennan Jones helps with food distribution at St. Pat’s.

worker at his center. Brittingham's social-work team, he knew, was uniquely qualified to help those in his charge get help for both social and medical needs.

Today, three Christiana Care social workers work regularly scheduled days at St. Pat's to provide care management services under Hickey's grant. Additional support is being provided through Christiana Care's Medical Home Without Walls program, which helps to coordinate care for this very same population of people who tend to only seek medical care through the Emergency Department. Several times a month, a nurse practitioner from Medical Home Without Walls visits St. Pat's to provide blood-pressure screenings and wellness checkups. A community educator also regularly visits the center to help participants navigate the insurance system.

"St. Patrick's Center helps many people with basic needs every day and is an important part of the East Side community," Hickey said. "With the addition of social workers, nurses and others from Christiana Care on-site at the center, we now provide vital social and medical support services. Our partnership has led to significant improvements in the daily lives of many people."

The partnership was an immediate success. Since Christiana Care teamed up with St. Pat's — and thanks to greater coordination of social services by the group Brittingham pulled together — the number of people using the Emergency Department for social needs has dropped an astounding 83 percent.

### Good stories every day

Their unique presence at St. Pat's allows the social workers to do things they say no one else has been able to accomplish. "We're even getting people into residential rehabilitation programs where we can follow them several times a week and do real case management," said Carmela Longobardi, MSW.

They helped a man who had been told for 10 years he didn't qualify for an eye exam to get both an exam and free glasses. They helped one man get the job certification he needed to return to the workforce.

"We do what medical social workers do best," said Marie Hougentogler, BS, who came out of retirement to be part of the Christiana Care social work team assigned to St. Pat's. "We tease out all the problems, we get people a medical family and then we work with them for their other issues, as well — things like housing and bus tickets to help them get to work. We're getting people off of the street."

According to Brennan-Jones, several in the community return to St. Pat's each Wednesday, knowing that Christiana Care will be there to help them. For the first time, many of them are being followed medically and even have medical records. She calls it an example of population-health case management at its best.

"Every single day, good stories happen at St. Patrick's!" Longobardi said.

### Food for the soul

Bagged lunches aren't the only sustenance Christiana Care delivers to help

feed the homeless at St. Pat's. Brennan-Jones was quick to approach the newly opened Au Bon Pain cafe at Wilmington Hospital, asking them to donate unsold food to St. Patrick's. They agreed, and the social workers quickly recruited volunteers among Christiana Care employees to transport leftover pastries, bagels, bread, salads and sandwiches every night to St. Pat's.

"It's an amazing amount of food," said Brennan-Jones. "Sometimes I have to make two trips to my car!"

### "You can't not want to help"

The social workers admit that each spends hours far beyond her work schedule serving St. Pat's, and they continually find new opportunities for people to help.

"We tell our friends about it. We serve holiday meals. You can't not want to help," said Hougentogler. "Everybody works together and shows true respect for the homeless. You get caught up in it. It's very rewarding."

Longobardi agreed. "Christiana Care has such a presence there, and all of us involved want to do more. It's just a feeling that we're supposed to be there, in partnership with St. Pat's, making a difference in our community." ●



Christiana Care social workers meet with people at St. Pat's to assist with a wide variety of medical and non-medical needs.

## Christiana Care celebrates 30th anniversary of Middletown High School's school-based health center

On March 17 at Middletown High School, the Appoquinimink School District, the Division of Public Health and Christiana Care joined with an array of elected officials, educators and health care providers to celebrate the 30th anniversary of the state's first school-based health center (SBHC).



Mary M. Stephens, M.D., MPH

The community health program, which began at Middletown High School and has grown to include 29 schools, has been effective in meeting the health needs of adolescents, said Mary M. Stephens, M.D., MPH, medical director of Christiana Care's School-Based Health Centers. Christiana Care has been involved in school-based health centers for more than 20 years and took over management of Middletown School-Based Health Center from the Division of Public Health in 2011. Currently, Christiana Care provides services at 15 school-based health centers.

"By caring for students where they spend so much of their day we assist them in a protective environment," said Dr. Stephens, adding that there were 21,000 visits to Christiana Care's school-based centers last year.

Within the centers, teens have the chance to see nurse practitioners, licensed clinical social workers and registered dietitians.

**"This is access to care in the heart of a community and this type of service is at the core of Christiana Care's mission."**

MARY M. STEPHENS, M.D., MPH

Among those marking the 30th anniversary was Delaware Gov. Jack Markell, who attended with his mother, Leni Markell, the Middletown center's first licensed clinical social worker.

"Everything important I have learned about school-based health centers I learned from my mother," said Markell.

Valerie Woodruff, former secretary of the Delaware Department of Education and principal of Middletown High School when the health center opened there, was on hand, along with Mike Castle, the former congressman and governor. Castle, who advocated for the launch of the centers in 1985, and said he is pleased that they still offer medical treatment, mental health services, family counseling, health education, nutrition counseling, sports and school physicals along with other services.

U.S. Sen. Tom Carper, who is also a former Delaware governor, joined the celebration, via a recorded video. Carper said when he came into office in 1993 he was able to expand the school-based health program with the support of the legislature.

A former student also spoke at the celebration to express her thanks. Caitlin Fitzpatrick, 26, was a student at Middletown from 2003 until her 2007 graduation.

"The wellness center became an important support for me," said Fitzpatrick, who sought therapy there and help with depression, racing thoughts, time management and peer conflict.

She was also inspired by the dedication of the staff and went on to earn a degree in psychology from Wilmington University. After college graduation, she met with Christiana Care's Patricia Cotton, LCSW, and coordinator of the Middletown school-based wellness center, asking how she could do an internship in this setting and become a mental-health practitioner. Cotton advised Fitzpatrick to pursue a master's degree in social work, which she did, earning her degree at Delaware State University.

"As part of that program I was accepted as an intern at Middletown High School and felt that I had come full circle, helping another generation of students in the offices where I was helped," said Fitzpatrick, who is now employed as a social worker.



Former U.S. Rep. and Delaware Governor Mike Castle was an early advocate for the launch of school based health centers.

Stephens said Fitzpatrick's story rings true, in that students can come to the centers with serious problems and are often eager to take advantage of services.

"Sometimes all students need is a little help to keep on track, but without that help a problem could snowball," she said. "We want to keep teenagers in school and we do that by providing access to care from staff invested in students' well-being."

There also is research to suggest that school-based centers improve access to providers and educate students about their health, reduce emergency room visits, lower the body mass index of students and improve graduation rates, said Dr. Stephens.

During the celebration, Dr. Stephens recognized numerous local and state dignitaries. At the state level, they included Sen. Bruce Ennis, Sen. Bethany Hall-Long, Rep. Kevin Hensley, and Karyl T. Rattay, M.D., MS, FAAP, FACPM, director of the Delaware Division of Public Health.

Others taking part in the celebration were Robert Stout, a member of Middletown Town Council; William Powers of New Castle County Council; Matt Burrows, superintendent of Appoquinimink School District; Matt Donovan, principal of Middletown High School; and Christiana Care staff from the Middletown health center. ●



Leni Markell, nurse practitioner Pam Achenchi and social worker Patricia Cotton chat at the Middletown High School Wellness Center 30th Anniversary celebration.

## Concerned about your mental health? Help is at hand

In any given year, one in five Americans will have a diagnosable mental health condition, according to the Substance Abuse and Mental Health Services Administration. Half of Americans will meet the criteria for mental illness at some point in their lifetime.

Stress is one of the most common concerns. Often it's temporary, as in feeling pressure to complete a project on deadline or getting stuck in traffic when you are running late for an appointment.

But chronic stress is a serious issue. Symptoms include sleeplessness, muscle tension, muscle aches, headaches, gastrointestinal problems and fatigue.

Over time, stress can make a dramatic impact on our health, contributing to high blood pressure, which increases our risk of stroke and heart disease. Stress also can make existing conditions worse, including GI problems, obesity, depression and anxiety, and sexual dysfunction.

Regular exercise can relieve many symptoms of stress. Avoiding caffeine, alcohol and nicotine helps, too. So does getting a good night's sleep.

Sometimes we need more help in dealing with stress, such as cognitive therapy.

Identifying what triggers stress is a good starting point. To get a better handle on situations that cause stress, keep a journal in



which you write down stressful incidents, how you reacted and what you did to make yourself feel better. Soon, you will see patterns emerge.

Learning to say no to stressful situations is helpful in avoiding stress. So is staying away from negative people and spending more time with positive folks.

For Christiana Care staff, the Employee Assistance Program is a useful resource that offers free, confidential behavioral health assessments, short-term counseling and referrals, in addition to basic legal and financial advice and other help with the transitions of life. It's easy to get started; call 877-595-5284 or go online to <http://www.guidanceresources.com>.

Mental health issues can take a lot of the happiness out of life and interfere with our enjoyment of our friends, families and work. You don't have to go it alone. Help is only a click or a phone call away. ●

## Value Institute celebrates 10 years of Achieving Competency Today

Leaders and participants in the Achieving Competency Today (ACT) course celebrated the 10th anniversary of the program at the John H. Ammon Medical Education Center on April 1 and praised ACT for making significant contributions to the culture of improvement at Christiana Care.

In the 19 ACT courses over the past decade, ACT interprofessional learners have collaborated on 70 performance-improvement projects, “proving that health care really is a team sport,” said Sharon Anderson, MS, BSN, RN, FACHE, senior vice president for Quality, Patient Safety, and Population Health Management.

The ACT course is provided through the Value Institute Academy, which applies a formalized approach to staff education and training in order to facilitate changes in health care delivery that create innovative, effective, affordable systems of care that our neighbors value.

Participants include resident physicians, physician assistants, pharmacists, nurses, social workers, pastoral care and laboratory professionals, and many others.

“ACT is an interdisciplinary approach to experiential learning that teaches the science of improvement and asks participants to immediately use what they’re learning,” Anderson said. “This is key for health care, as we’re called on to reduce patient harm, standardize our approaches to treatment and drive outcomes that are measurable.”

Over the years, ACT has received numerous awards, including a 2010 Innovation Award from the Alliance of Independent Academic Medical Centers, along with numerous Christiana Care Focus on Excellence Awards.

ACT teaches a framework for improvement called PDCA: “Plan. Do. Check. Act.” It’s a model that calls on participants to carefully think about an identified problem, review the data, investigate the medical literature, talk with stakeholders, assess root causes, and then design and test an intervention and measure the effect.

“An early project was to have a more helpful search engine on the Christiana Care intranet website, and that idea lives on today with a tool that makes it easier to find all sorts of clinical resources — and there are many such successful projects,” said Carol Kerrigan Moore, MS, FNP-BC, safety and quality education specialist and an ACT facilitator.



There are now close to 500 learners who have completed the program. The Value Institute Academy facilitates change in health care delivery through staff education and training, covering topics such as patient safety, population health, clinical team effectiveness and improvement science.

Cynthia Noble, MSN, RN-BC, of the Center for Advanced Joint Replacement, a recent ACT graduate, was the only nurse on her seven-member team. She quickly realized that the diversity of the teams is a strength of the program.

“It turned out we each brought different strengths. ACT was a very rewarding experience,” Noble said.

Evaluations by participants show that learners not only are satisfied with the course, but also experience a significant increase in confidence and skills, which they take back to their individual departments. A six-month post-course follow-up demonstrates strong retention of those skills.

“I can’t think of any other program that matches ACT in terms of the ability of folks from all parts of the health system to interact and develop projects centered on quality and safety,” said Neil Jasani, M.D., MBA, FACEP, chief academic officer and vice president of Medical Affairs.

At the graduation, Anderson and Brian W. Little, M.D., Ph.D., retired vice president of Academic Affairs, were praised for pursuing funding to launch the program. Originally, ACT was a four-week program funded with a grant from the Robert Wood Johnson Foundation, with a curriculum developed by Harvard University’s Partnerships for Quality Education.

Since then, the program has been extended to 12 weeks and is now funded internally.

Among those who find ACT valuable is Lisa Maxwell, M.D., director of the Family Medicine Program, co-director of the Emergency Medicine/Family Medicine Residency Program and director of pre-doctoral education.

“I know for a fact that participation in this course has given residents a competitive advantage as new graduates,” said Dr. Maxwell. “I believe they are better physicians because of this training, and I will continue to require it for as long as the ACT leadership will provide that opportunity.”

This session’s ACT team projects looked at:

- Improving the Rapid Response Team paging system with a redesigned paging form that offers more complete and helpful information.
- Finding ways to rethink the ordering of electrocardiograms so those that are not needed immediately are not ordered as STAT EKGs.
- Developing potential improvements in communications to cardiology consultants by providing clear clinical questions, a standard format and a better ability to reach the teaching team member who placed the consult.

After the teams presented summations of their projects at the graduation, Timothy J. Gardner, M.D., medical director of the Center for Heart & Vascular Health and executive director of the Value Institute, congratulated participants on their work. “I am impressed with how well you’ve analyzed your challenges and the thoughtful improvements you’ve created,” he said. ●

### Are We on the Same Page? Improving the RRT Paging System

Tiffany Eckert, M.D., Family Medicine, PGY-3, Shivani Shah, M.D., Obstetrics-Gynecology, PGY-1, Andrew Vincent, RN, Medical Intensive Care Unit, Jennifer Lukaszewicz, Pharm.D, Clinical Pharmacy Specialist, ID, Jeffrey Wharton, M.D., Internal Medicine, PGY-3, Novneet Sahu, M.D., Emergency Medicine/Family Medicine PGY-3, Kamleish Persad, D.O., Internal Medicine, PGY-2.

### Heart to Heart – Improving Cardiology Consult Communication

Seema Niphadkar, D.O., Internal Medicine PGY-3, Jaclyn Limberakis, D.O., MS, Family Medicine PGY-2, Cynthia Noble, MSN, RN-BC, Center for Advanced Joint Replacement, David Yearsley, M.D., Surgery, PGY-3, David Roofeh, M.D., Medicine/Pediatrics PGY-2, Samantha Geboff, PA-C Critical Care, Alfloyd Woodard, M.D., Internal Medicine, PGY-2.

### Is STAT the New Routine? Rethinking the Ordering of STAT EKGs

Lisa Gahagen, PA-C Critical Care, Jill Kane, BSN, RN, CCRN, Medical Intensive Care Unit, Jamie Gellock, D.O., MPH, Family Medicine, PGY-3, Eric Halpern, M.D., Internal Medicine, PGY-2, Akash Sethi, D.O., Internal Medicine, PGY-3, Jordan Klebanoff, M.D., Obstetrics-Gynecology, PGY-1, Dawn Rhoades, clerk/registrar, Emergency Department.

## Hundreds feel the beat at Dance Your Heart Out



More than 500 people danced at the 2015 Dance Your Heart Out, presented by Christiana Care.

Jackie Rogers plans to dance her way to her 60th birthday. At Christiana Care's Dance Your Heart Out event at the Chase Center on the Riverfront, she and more than 500 others demonstrated that line dancing, hip-hop and Zumba can be fun ways to get healthy.

The annual event is part dance party and part health fair. For Rogers, with a family history of high blood pressure and diabetes, Dance Your Heart Out was an early birthday celebration as she enters a new decade of her life.

"I am fully aware that diabetes and high blood pressure are connected to weight," said Rogers, a Wilmington resident. "I am determined to do everything I can to stay healthy."

At Dance Your Heart Out, Christiana Care combined screenings, education and entertainment. Adults, teens and children crowded the dance floor for dance instruction and energetic performances by the Christina Cultural Arts Center, Dance Delaware and the YMCA. With encouragement from emcee Ken Brown, dean of students and family services at Kuumba Academy Charter School in Wilmington, attendees danced the Dougie and learned to "Turn Down for What."

Regina Brothers of Wilmington has danced with friends and neighbors at the event for the past four years.

"I like that I can get free screenings, and the dancing is fun. I always learn something new," Brothers said. "This year, I learned that dark chocolate in small amounts can be good for us, but not milk chocolate."

Jacqueline Carter of Wilmington takes medication to control her blood pressure and was happy to see that her numbers were good. Participants received 653 free screenings in all, including 243 screenings for blood pressure, 137 for bone density and 273 for body-fat analysis. The screenings were done by Christiana Care's Weight Management Center, Imaging Services, the Center for Heart & Vascular Health and the Blood Pressure Ambassadors at Christiana Care.

Ann-Marie Baker, MSN, RN-BC, senior program manager, Patient Experience, gave Carter and other attendees a card to help them keep track of their readings.

"If you're at a grocery store or a drug store where you can check your blood pressure, you should write it down on the card and take it with you to your next doctor's appointment," Baker advised.

Edward Goldenberg, M.D., Christiana Care's medical director of Cardiovascular Prevention and honorary chair for the event, and Alisa Carrozza, employee wellness coordinator, did a Q&A with the audience to test their heart health knowledge and cheered on their efforts toward good health.

"You can make a difference in your own health and for generations to come," said Dr. Goldenberg. "Your children will learn good health by watching mom and dad."

Other community partners participating in the event included Dance Delaware, Million Hearts Delaware, DE Quitline, American Heart Association and WomenHeart of New Castle County.

Participating Christiana Care programs and departments included Christiana Care's Comprehensive Stroke Program, Camp Fresh and Alliance for Adolescent Pregnancy Prevention, Pulmonary Hypertension Program, Nutrition Services, Exercise Services and Pulmonary Rehabilitation, Cardiac Rehabilitation, Christiana Care Cardiology Consultants, Center for Comprehensive Venous Health, the Breast Center, Family & Community Medicine, OB-GYN, Internal Medicine, the Center for Heart & Vascular Health, Non-Invasive Lab, Employee Health, Nutrition and Exercise Services, Weight Management Center and External Affairs. ●



**DANCE** *your* **HEART OUT**

Between dances, participants visited the health expo for screenings and health information.

## National Patient Safety Awareness Week looks at how to address harm from both system and family perspectives

**“The priority has to be around the safety and quality of the care we provide. Patients have the right to reasonable care and safety, and to know what happened to them. Caregivers have a right to expect our support.”**

MICHELE CAMPBELL, RN, MSM, CPHQ, FABC  
VICE PRESIDENT, PATIENT SAFETY AND ACCREDITATION



In a keynote address at Christiana Care during National Patient Safety Awareness Week in March, Richard C. Boothman, JD, executive director of clinical safety at University of Michigan Health System, shared his health system’s proactive approach to responding in a timely, thorough, and patient-centered way to unexpected patient harm events.

The pioneering Michigan Model is based on three guiding principles:

- We will compensate quickly and fairly when inappropriate medical care causes injury.
- We will support our staff vigorously when the health care involved was reasonable.
- We will reduce patient injuries (and claims) by learning from our patients’ experiences.

The strategy has produced impressive results. In 2001, Boothman said the health system fielded about 300 malpractice cases. Last year, there were 65.

“The priority has to be around the safety and quality of the care we provide,” said Michele Campbell, RN, MSM, CPHQ, FABC, vice president, Patient Safety and Accreditation. “Patients have the right to reasonable care and safety, and to know what happened to them. Caregivers have a right to expect our support. This aligns with our strategy and participation in the CANDOR project to promote communication and optimal resolution when patients are unexpectedly harmed. It advances The Christiana Care Way.”

Helen Haskell of Columbia, S.C., founded Mothers Against Medical Error after her 15-year-old son died of internal bleeding caused by a perforated ulcer, after elective surgery to correct a chest defect. She spoke about patient safety from the perspective of the family.



Richard C. Boothman, JD

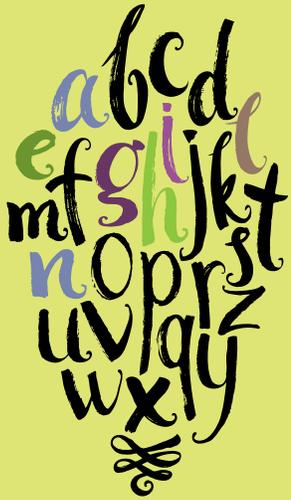
Her son, Lewis Blackman, was treated over a weekend by staff who failed to recognize signs of clinical deterioration and ignored the family’s request to call in an attending physician when Lewis stopped producing urine and complained of extreme pain. An autopsy revealed that medication had perforated his intestines.

After his death, the hospital apologized and eventually settled with the family without litigation. The family were not made aware of any immediate changes in protocols or procedures.

“We thought there needed to be significant changes,” Haskell said.

Under the Lewis Blackman Act, patients in South Carolina have the right at any time to discuss their care with an attending physician. Upon request, a nurse will call an attending physician or provide a means through which patients can call directly for emergency medical assistance.

“The patient’s voice is the critical element in patient safety,” she said. ●



### Writing as Healing

Second Mondays.

Next up: May 11, 1 - 3 p.m.,  
and 6 - 8 p.m.

**Helen F. Graham Cancer Center  
& Research Institute,  
Room 1107**

Expressive writing has been shown to be helpful in reducing stress, promoting healing and improving the quality of life. This free workshop is open to all and offered on the second Monday of every month. Sessions are led by Joan DeFattore, author and recent retiree from the University of Delaware's English Department, plus other guest facilitators. Workshops offer hands-on experience with varied topics and forms of writing, and opportunities for participants to share or discuss their writing. Sponsored by the Junior Board Cancer Resource Library and the Psychosocial Oncology & Survivorship program of the Helen F. Graham Cancer Center & Research Institute. Seats are limited. Call 302-623-4580 to register.

### National Nurses Week Lecture: New Nurses' Code of Ethics

**Monday, May 11, 8 - 9 a.m. and 4 - 5 p.m., Room 1100, Christiana Hospital**

**Tuesday, May 12, 4 - 5 p.m., Brandywine Conference Center, Wilmington Hospital**

Donna Casey, MA, BSN, RN, FABC, NE-BC, vice president, Patient Care Services, Cardiovascular and Critical Care, and co-chair, Christiana Care Ethics Committee, will present a lecture on ethics and quality care. Register via the Education Center using inservice codes INSV 10569 (Christiana) and INSV 10569W (Wilmington). Light snacks and refreshments will be available. E-mail questions to [cotto@christianacare.org](mailto:cotto@christianacare.org).

### New Hearing Aid Technology

**Tuesday, May 12, 6:30 - 8 p.m.**

**John H. Ammon Medical Education Center, Room 14**

Just like any electronic devices, hearing amplification and their accessories change continually. Christiana Care expert Kelli Shivers-Beswick, AuD, leads a discussion about the latest developments in hearing-aid technology and what it means to you. Register online at <http://events.christianacare.org> or call 302-693-2273.



### ACCEL Community Engagement Conference

**Monday, May 18, 7:30 a.m. - 4:30 p.m., Chase Center on the Riverfront**

Learn about advances in community-based research and discuss ways for community partners and researchers to collaborate on improving health. Call 302-320-6796 or 302-320-6584, or register online at <http://events.christianacare.org>.

### Value Institute Spring Symposium "Health Care Disparities"

**Tuesday, May 19, 9 a.m. - noon, John H. Ammon Medical Education Center**

Featured speakers include Lisa Cooper, M.D., MPH, winner of the MacArthur Fellowship "Genius" Grant and distinguished professor of medicine at Johns Hopkins University School of Medicine, and Giselle Corbie-Smith, M.D., MSc, Kenan Distinguished Professor in the Department of Social Medicine at the University of North Carolina School of Medicine and director of the UNC Center for Health Equity Research. Register online at <http://events.christianacare.org>.

### Art Show & Reception

**Helen F. Graham Cancer  
Center & Research Institute**

Reception Friday, May 29,  
3 - 6 p.m. in the Graham  
Center's East Building small  
conference room.

View artwork created by participants of the Healing Through Art & Creative Journaling programs, open May 26 - June 5 in the East and West lobbies of the Helen F. Graham Cancer Center & Research Institute. Hosted by the Junior Board Cancer Resource Library staff and art teacher Wendy Wallace, M.Ed, a reception on May 29, 3 - 6 p.m., will offer finger foods and refreshments, music and chance to meet the artists. All are welcome. For more details call 302-623-4580.

## Building world-class perioperative teams

At Christiana Care, nurses focus on collaboration, mutual respect

**“Team builders see challenges rather than roadblocks and embrace adversity as a chance to learn.”**

ROBYN BENINCASA  
WORLD CHAMPION ADVENTURE RACER  
AND AUTHOR

What does perioperative nursing have in common with extreme adventure racing? It’s this: To excel, everyone must work as a team.

More than 140 nurses, pharmacists and perioperative support staff were inspired to pull together at Perioperative Perspective: Latest Trends and Practices, a day-long conference on Feb. 28 at the John H. Ammon Medical Education Center at Christiana Hospital.

The greatest teammates produce the greatest results, said keynote speaker Robyn Benincasa, world champion adventure racer and author of “How Winning Works: 8 Essential Leadership Lessons from the Toughest Teams on Earth.”

“We weren’t the best athletes,” Benincasa said. “We won because we were better teammates than anybody else in the race.”



Keynote speaker Robyn Benincasa works with teams as a world champion adventure racer.

An arm wrestling exercise (right) demonstrated the value in giving and accepting help from teammates. Tena Barnes Carraher (below, right), founder of The DAISY Foundation, spoke on gratitude and the power of meaningful recognition.

Being a good teammate means accepting help as well as offering it, she said. She demonstrated by inviting attendees to arm wrestle. Pairs who worked together could easily move one another’s arms to each side, while pairs who struggled against each other could not.

“In accepting help, we are giving a gift to the person who is helping us,” she said. “Helping someone gives us a sense of accomplishment. Extend a hand rather than point a finger.”

Team players also share an attitude of mutual respect. They focus on strengths and abilities rather than job titles. They value unique qualities.

“Team builders see challenges rather than roadblocks and embrace adversity as a chance to learn.”

Benincasa’s talk resonated with Jessica Donnelly, BA, RN, a perioperative nurse at Wilmington Hospital and chair of the Perioperative Professional Nurse Council.

“This conference gives us a fresh perspective on the importance of being a team player,” she said. “It takes a team to provide high-quality care for patients.”

Tena Barnes Carraher, founder of The DAISY Foundation to recognize extraordinary accomplishments in nursing, spoke on gratitude and the power of meaningful recognition. More than 1,800 hospitals and health systems, including Christiana Care, now participate in The DAISY Award program.

“Meaningful recognition is a key component in having a healthy work environment,” she said. “When a nurse receives a DAISY Award, everyone in the unit gets excited about that accomplishment.”

In breakout sessions, attendees could choose from four clinical topics: flexible endoscopes; diversity and inclusion; fecal microbiotic transplants; and tumor ablation.

In the closing session, Craig Clapper, PE, CMQ/OE, a founder of the consulting firm Healthcare Performance Improvement, asked nurses to break into small groups to discuss their own experiences with patient safety challenges and solutions.

In the workplace, he said, sharing stories in team meetings provides an opportunity to raise everyone’s awareness of the importance of safety.

“We have a head to think — and a heart to care,” said Clapper. ●

**“This conference gives us a fresh perspective on the importance of being a team player. It takes a team to provide high-quality care for patients.”**

JESSICA DONNELLY, BA, RN

## Best practice review

### NEEDLESTICK PREVENTION

#### Q. WHAT TASKS MOST COMMONLY RESULT IN NEEDLESTICK INJURIES?

A. Suturing is the most common task resulting in needlesticks. Many times, the person assisting is stuck by the person suturing. Giving injections is the second most common task that results in needlesticks.

#### Q. WHAT CAN I DO TO PROTECT MYSELF AND OTHERS FROM A NEEDLESTICK OR SHARP INJURY?

A. Needlestick and sharp injuries can be prevented by:

- Properly using safety needle devices.
- Never recapping a needle after use.
- Anticipating patient movement when giving injections.
- Removing scalpel blades with an instrument instead of your fingers.
- Keeping exposed sharps in view and under your control.

- Placing needles and sharps in sharps containers immediately after use.
- Visually inspecting for unprotected sharps on trays, in beds and in waste receptacles.
- Never reaching into a sharps container.
- Replacing sharps containers when three-quarters full.

#### Q. WHAT SHOULD I DO IF I STICK MYSELF WITH A NEEDLE?

A. The following steps should be taken when a needlestick exposure has occurred:

- Allow the wound to bleed.
- Wash the wound with soap and water, or rinse mucous membranes with water.
- Notify your manager of the incident.

- Contact Employee Health Services for support and assistance.
- Complete the online Needlestick Report form.

#### Q. WHERE CAN I FIND THE NEEDLESTICK REPORT FORM?

A. The Needlestick Report form can be found on the portal under Safety First Learning Reports and also under References: <http://employeehealth/NeedleStick/EmployeePatient.aspx>

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*If you have questions about this Best Practice Review, please contact the content experts: Jeffrey Benyo, 733-3598 or Mary Smedley 733-1413, or call the Safety Hotline, 7233 (SAFE) from within Christiana Hospital or Wilmington Hospital. From outside call 623-7233 (SAFE).*



## Girl Scouts honor Katherine “Kitty” Esterly, M.D.

The late Katherine L. “Kitty” Esterly, M.D., who served as the chair of Pediatrics at Christiana Care from 1994 to 2007 and is widely recognized as a pioneer in Delaware pediatrics, was honored with a Women of Distinction Lifetime Achievement Award by the Girl Scouts of the Chesapeake Bay.

The annual event honors women who are prominent role models for Girl Scouts, who have contributed significantly to the community and who live by the principles of the Girl Scout Promise and Law. The 2015 Women of Distinction honoree was Delaware Secretary of the Department of Health and Social Services Rita Landgraf.

Honorary co-chairs of the event were Carol A. Ammon, retired founder and CEO of Endo Pharmaceuticals and past chair of the board at Christiana Care, and Janice E. Nevin, M.D., MPH, president and CEO of Christiana Care.

The event also included a pre-dinner panel discussion by Delaware health care experts that included Michele Schiavoni, APR, MS, chief external affairs officer and senior vice president of Christiana Care, and Rosa M. Colon-Kolacko, Ph.D., MBA, CDM, senior vice president, System Learning, and chief diversity officer at Christiana Care. ●

Anne T. Hogan, CEO of Girl Scouts of the Chesapeake Bay, Delaware Gov. Jack Markell and Christiana Care President and CEO Janice E. Nevin, M.D., MPH, display the plaque recognizing the late Dr. Katherine “Kitty” Esterly as a Women of Distinction honoree.

## Women's History Month discussion looks at women in the workplace



Christiana Care colleagues engaged in a rich discussion about women's opportunities and obstacles in the workplace.

**W**omen make up 47 percent of the workforce, yet only 4.6 percent of the CEOs of Fortune 500 companies are women.

Judy McHugh calls those statistics "dismal" and challenged Christiana Care employees to identify the greatest obstacles women face on their career path.

McHugh is senior vice president of the executive coaching firm Leader's Edge/Leaders by Design in Philadelphia. She pointed to surveys that highlight the differences between men and women in how they seek advancement.

For example, if there are 10 requirements for a better position and a woman has only nine, women are unlikely to apply. That's a stark contrast to their male colleagues.

"If men see that they have half the qualifications, they go ahead and apply," McHugh said. "Ladies, you have to go for it."

The March 24 event at the John H. Ammon Medical Education Center was hosted by Christiana Care's Multicultural Heritage Committee in observance of Women's History Month.

"We hope everyone who has an interest will come to these events because there is always an opportunity to learn," said Dana Beckton, director, Diversity and Inclusion, at Christiana Care's Learning Institute's Center for Diversity and Inclusion, Cultural Competency and Equity.

McHugh asked what employees see as the greatest impediment for women on the job. Answering through the Train by Cell audience poll system, 40 percent of respondents said stereotyping.

"That's the kind of thinking in which a woman would not be offered a promotion that requires travel because everyone assumes she won't leave her family," McHugh said. "Who says that because I have a family I don't want to travel?"

She encouraged women who want to get ahead to create their own authentic style rather than emulate men. She also urged them to focus on doing stellar work to attract the attention of a sponsor, a decision maker who will advocate for them.

"There's a lot of research out there that people like to help other people," she said. "It's OK to be ambitious. The only way to change something is to do it."

Jacqui Crawford, MSN, RN, assistant nurse manager in the operating room at Christiana Hospital, said the discussion helped her to better define challenges women face in achieving success in the workplace.

"We as women have a lot of work to do in pushing away stereotypes and pushing forward in our careers," Crawford said. ●



## Two residents recognized with Gold Humanism honors



Michael Hansen, D.O., Brian Jay Levine, M.D., FACEP, FAAEM, and Elise Attardo, D.O.

**“These are caring clinicians who are embodiments of what we want all residents to be — solid physicians trusted by their colleagues and the families they care for.”**

BRIAN JAY LEVINE, M.D., FACEP, FAAEM  
RESIDENCY PROGRAM DIRECTOR, DEPARTMENT OF EMERGENCY MEDICINE



Elise Attardo, D.O., a fifth-year chief resident in combined Emergency and Family Medicine, and Michael Hansen, D.O., a second-year resident in Emergency Medicine, were inducted into the Gold Humanism Honor Society and recognized as outstanding role models for compassionate care, at a banquet on March 27 at the Sidney Kimmel Medical College at Thomas Jefferson University in Philadelphia.

“These are caring clinicians who are embodiments of what we want all residents to be — solid physicians trusted by their colleagues and the families they care for,” said Brian Jay Levine, M.D., FACEP, FAAEM, residency program director in the Department of Emergency Medicine.

The national Gold Humanism Honor Society was established in 2002. More than 20,000 medical students, residents and faculty have been inducted for exceptional clinical care and compassionate leadership. At Thomas Jefferson University the Gold Humanism Honor Society chapter is in its fifth year, though this is the first year that the chapter has inducted residents, and 21 doctors were in the first class of residents.

“It’s great that we can offer this honor to our residents,” said Dr. Levine.

The banquet speakers encouraged the inductees to “always follow the campside rule — to leave the profession better than when you entered,” he said.

Dr. Attardo and Dr. Hansen were nominated for the society by Dr. Levine and Lisa Maxwell, M.D., program director in the Department of Family Medicine, co-director of the dual residency program in the Department of Emergency Medicine/Family Medicine and director of pre-doctoral education. Assisting with the nomination was Neil Jasani, M.D., MBA, FACEP, chief academic officer and vice president of Medical Affairs at Christiana Care. However, the final decision on the inductees was made at the Sidney Kimmel Medical College of the Thomas Jefferson University.

"This honor recognizes all the qualities that we hold near and dear in our clinicians and embodies The Christiana Care Way, where we pledge to serve our neighbors as respectful, expert, caring partners in their health," said Dr. Jasani.

Dr. Attardo, a graduate of Philadelphia College of Osteopathic Medicine and chief resident of the Emergency and Family Medicine program, said the values of the honor society are in tune with her views on medicine.

"I think we're called on to lead by example," she said. "For me, this means talking to patients like they are our friends and family."

Dr. Hansen, a graduate of Lake Erie College of Osteopathic Medicine, said there is a particular challenge in upholding values of compassion and thoughtful communication in the practice of emergency medicine, which is emotional and demanding for all parties involved, given the unexpected nature of trauma.

"In emergency medicine, a lot happens quickly and you have to respond," said Dr. Hansen, who was recently elected by colleagues to become chief resident.

"Being in the moment and being present to the experience of a family is the root of humanistic medicine."

Dr. Attardo and Dr. Hansen said family experiences have shaped their views of medicine. Dr. Attardo's father is a family doctor, and her mother is a nurse. She grew up listening to compelling stories of what makes a good clinician. Dr. Hansen's father died of amyotrophic lateral sclerosis a few years ago, and he experienced the importance of consulting physicians with empathy and the ability to listen well.

Both residents said they've been encouraged in the practice of humanist medicine by hospital mentors and values exemplified in The Christiana Care Way.

"Mike and Elise are residents with enthusiasm for what they do, and they can rally their colleagues," said Dr. Levine. "I also think, when families meet them, they have an instant sense that they will take good care of their loved ones."

Dr. Attardo and Dr. Hansen said that receiving the reward was a humbling experience, in that many fellow residents at Christiana Care could also be singled out for their outstanding humanistic care. ●

**"This honor recognizes all the qualities that we hold near and dear in our clinicians and embodies the Christiana Care Way, where we pledge to serve our neighbors as respectful, expert, caring partners in their health."**

NEIL JASANI, M.D., MBA, FACEP  
CHIEF ACADEMIC OFFICER  
VICE PRESIDENT, MEDICAL AFFAIRS



## Lateshsha Collick, MHA, BSN, RN, CNOR, appointed nurse manager of endoscopy suite

Lateshsha Collick, MHA, BSN, RN, CNOR, has been appointed nurse manager of the endoscopy suites at Wilmington and Christiana hospitals.

Collick provided primary leadership to the staff and physicians of the ENT, oral-maxillofacial, and ophthalmic service lines at Wilmington Hospital operating room, while also supporting the entire staff and services offered on the Wilmington campus, including thoracic, bariatric, plastics, general and orthopedic surgery.

Her previous role as patient care coordinator encompassed developing and maintaining collaborative relationships with physicians, staff, sales representatives and team members. She has been actively involved in the On-Time Start and Flow initiatives within the perioperative service line.

Collick received a BSN from Clarkson College, Nebraska, and MHA from Bellevue University, Nebraska. ●

## Department of Medicine welcomes new administrative director, Kate Rudolph



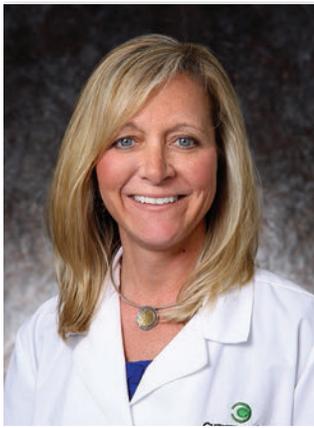
Delaware native Kate Rudolph, recently with the University of Pittsburgh Medical Center (UPMC), joined Christiana Care as administrative director, Inpatient Medicine, in the Department of Medicine.

At UPMC she served as the division administrator for the Division of Gastroenterology, Hepatology and Nutrition.

As administrative director of Inpatient Medicine for Christiana Care Health System, she reports to Michael S. Eppehimer, MHSA, senior vice president, Acute Care and Neurosciences. She will focus on providing operational leadership for the Division of Hospital Medicine, Acute Care GI Service and other related team-based care efforts across Medicine.

Rudolph received a bachelor's degree in economics and history from the University of Maryland, a master's degree in health care policy and management from Carnegie Mellon University, and she completed an administrative fellowship at UPMC. ●

## Joan Pirrung, MSN, RN, ACNS-BC, is Society of Trauma Nurses president elect



Joan Pirrung, MSN, RN, ACNS-BC Christiana Care's Trauma Program manager, was elected to serve a one-year term as national president-elect of the Society of Trauma Nurses.

The Society of Trauma Nurses is a professional, nonprofit organization whose mission is to ensure optimal trauma care to all people through initiatives related to prevention and education,

and focused on trauma nurses' collaboration with other health care disciplines.

Pirrung has worked with the Delaware trauma population for 22 years, first at the bedside in intensive care and for the last 13 years as trauma program manager.

A major part of Pirrung's role is to manage and actively participate in Performance Improvement, which has a major impact on re-designating as a Level 1 trauma center every three years. This includes case review, co-chairing Performance Improvement committee meetings, programs and research, and assisting in loop closure.

She also manages 12 advanced practice nurses, a registry staff, injury- and violence-prevention coordinators, addiction counselor, an educator/trauma coordinator and office staff. The position extends into several nursing floors through various multidisciplinary committee memberships and works closely with the trauma physicians to ensure optimal care is provided to trauma patients.

Pirrung has authored or co-authored nine articles in peer-reviewed journals on topics including trauma care, advanced-practice nursing careers, education, rounding, motorcycle safety, brain injury and early recognition of pelvic fractures.

"Educating others on trauma care as well as injury prevention is vital to the success of the Trauma Program," said Linda Laskowski Jones, RN, MS, ACN-BC, CEN, FAWM, vice president of emergency and trauma services. "Violence prevention and intervention is one program that has evolved over the past few years to meet the mission of Christiana Care in treating diseases within our community. Joan has played a key role in the concerted efforts of our injury prevention and outreach program team."

Pirrung's term as president-elect will be followed by a one-year term as president. ●

## Lisa Maxwell, M.D., is president-elect of national family medicine program directors association



**L**isa Maxwell, M.D., Family Medicine program director, was elected national president-elect of the Association of Family Medicine Residency Directors.

Since its founding in 1990, the number of residency training programs represented has increased from 20 to more than 400 today. Dr. Maxwell joined the association in 2008. She currently serves as chair

of the association's Program Director Development Committee, responsible for the direction of any educational projects, including preceptorships, webinars and the National Institute for Program Director Development.

At Christiana Care, Dr. Maxwell is the director of the Family Medicine residency program, co-director of the Emergency Medicine-Family Medicine residency program, and assistant DIO and director of undergraduate medical education in the Department of Academic Affairs. She oversees the Delaware

branch campus of Sidney Kimmel Medical College at Thomas Jefferson University. Dr. Maxwell has an appointment as assistant professor in Family and Community Medicine from Sidney Kimmel Medical College.

Dr. Maxwell was voted Teacher of the Year in 2014 by the Delaware Academy of Family Physicians. Recent awards she has received include a Christiana Care Rising Star Award from the Medical-Dental Staff of Christiana Care Health System in 2012 and an Association of Family Medicine Residency Directors Program Director Recognition Award, Bronze Level, in 2013.

Dr. Maxwell completed a fellowship in faculty development at Christiana Care in which she focused on taking care of the needs of an underserved population within and around Wilmington. She finished her residency training in family medicine at the Crozer Keystone Health System in Pennsylvania in 2005.

Dr. Maxwell received a bachelor's degree in chemistry and molecular biology at Rutgers University. She completed her medical education at the Robert Wood Johnson Medical School, Piscataway, N.J., where she was president of the Alpha Omega Alpha Honor Society. ●

## Samuel R. Wetherill, Pharm.D, MHA, appointed director



**S**amuel R. Wetherill, Pharm.D, MHA, has been appointed director of pharmacy supply chain and automation.

Wetherill has provided leadership to the evening shift pharmacy operations of Christiana Hospital since 2007. In his new role, he will provide leadership in aligning the pharmacy supply chain with each service line. Core concepts in the realignment

include focusing on the specific needs of the patients within each service line and applying the concept of a patient-demand-driven value supply chain. His leadership will enable

Christiana Care to identify the metrics and tools needed to define the "cost to serve" so that thoughtful, value-based decisions can be made.

Wetherill's professional experience includes supply-chain responsibilities in the hospital, retail and military sectors, which helps his ability to identify and implement best practices in service to our patients.

His impact on the military's pharmacy supply chain earned him recognition as U.S. Army Reserve Pharmacist of the Year for 2013.

He received his bachelor's degree in pharmacy from the University of the Sciences in Philadelphia and his doctorate in pharmacy from the University of Florida. He received a master's degree in health care administration from Simmons College in Boston. ●

## Publishing

**Timothy J. Gardner, M.D.**, et al. "Predicting Recurrent Mitral Regurgitation After Mitral Valve Repair for Severe Ischemic Mitral Regurgitation." *Journal of Thoracic and Cardiovascular Surgery*. March 2015.

**Matthew K. Hoffman, M.D., MPH, FACOG**, et al. "A Description of the Methods of the Nulliparous Pregnancy Outcomes Study: Monitoring Mothers-to-Be (nuMoM2b)." *American Journal of Obstetrics and Gynecology*. April 2015.

**Amratash Malodiya, M.D., Michael T. Vest, D.O., Gerald M. O'Brien, M.D.** "An Unusual Cause of Pulmonary Nodules in a Patient with Relapsing Polychondritis." *Respiratory Care*. April 2015.

**Jason T. Nomura, M.D.**, et al. "Impending Paradoxical Embolus." *Journal of Emergency Medicine*. April 2015.

**Anthony Sciscione, D.O.**, et al. Society for Maternal-Fetal Medicine Clinical Guideline #8: The Fetus at Risk for Anemia-Diagnosis and Management. *Am J Obstet Gynecol*. March 2015.

## Presentations

**Lindsay Ashkenase, M.D.**, and **Seema Dattani, M.D.** "Impact of Social and Cultural Interviewing on Providing Patient Care to the Urban Underserved Population." 2015 Innovations in Medical Education Conference. Los Angeles. February 2015.

At the Society for Healthcare Epidemiology of America, Orlando, May 2015:

- **Jennifer C. Goldsack, MChem, MA, MS, Christine DeRitter, BSN, RN-BC, Amy Spencer, MSN, RN-BC, Cynthia L. Taylor, MS, BSN, RN, CRN, Michele Power, BSMT (ASCP) CIC, Sofia F. Kim, M.D., Ryan W. Kirk, and Marci Drees, M.D., MS, FACP.** "Cost Impact of Adopting PCR-based Active Surveillance to Discontinue MRSA Contact Isolation for Patients Admitted to Medical-Surgical Units."
- **Marci Drees, M.D., MS, FACP, Jennifer C. Goldsack, MChem, MA, MS, Christine Manta, Seema S. Sonnad, Ph.D.** "Public Perceptions of Risk of Ebola and Attitudes Toward a Theoretical Ebola."

**Sarah Drummonds RN, BS, RCES, Beth Fitzgerald MSN, RN, CNOR, and Inga Sinyangwe MSN, RN.** "The Great High 5: The Integration of Aseptic Technique in the Interventional Radiology Procedural Setting. Association of peri-Operative Registered Nurses (AORN) Surgical Conference and Expo. Denver. March 2015.

**Beth Fitzgerald, MSN, RN, CNOR.** "Perioperative Simulation." The Association of Peri-Operative Registered Nurses (AORN) Surgical Conference and Expo. Denver. March 2015.

**Lisa Maxwell, M.D.**, presented the following at the AAFP's Residency Education Symposium – Program Directors' Workshop in Kansas City, Mo., March 2015:

- AFMRD Responds to Environmental Changes in Residency Education
- So You Want to Be a Mentor?
- The Residency Performance Index: AFMRD's Tool for Program Improvement
- So You Need a Mentor: Now What?

At the International Society for the Pharmacoeconomics and Outcomes Research Annual International Meeting, Philadelphia. May 2015:

- **Jonathan D. McGhee, D.O., FACEP, Richard B. Bounds, M.D., FACEP, and Christian Coletti, M.D., FAAEM, FACP.** "Implementation of a Statewide Opiate Prescribing Policy Is Not Associated with a Significant Decrease in Opiate Prescriptions from the Emergency Department."
- **Jamie M. Rosini, Pharm.D, Brian J. Levine, M.D., FACEP, FAAEM, and Ryan Arnold, M.D.** "High Dose Vancomycin Loading Versus Low Dose is Associated with Decrease Nephrotoxicity in Emergency Department Sepsis Patients."

At the UK Sepsis Trust East Midland Conference Centre, Nottingham, United Kingdom in May 2015 **Kristen Miller, Dr.PH., MSPH, Muge Capan, Ph.D., Ryan Arnold, M.D.** presented:

- "Implementing a Sepsis Process of Care Assessment to Provide Patient-Specific Feedback to Clinicians."
- "A Human Factors Framework for Optimizing Sepsis Alert Design for Clinical Decision Support."

**Kristen Miller, Dr.PH., MSPH, Muge Capan, Ph.D., Eric V. Jackson, Jr., M.D., MBA, Pan Wu, Ph.D., Ryan Arnold, M.D.** "Operationalizing Alert Design for Clinical Decision Support." International Symposium on Human Factors and Ergonomics in Health Care: Improving the Outcomes. Baltimore. April 2015.

**Adam Raben, M.D.** "Long Term Biochemical Control and Toxicity for Favorable and Intermediate Risk Patients Using Real-Time Intra-Operative Inverse Optimization (io-psi) Prostate Brachytherapy Alone. American Brachytherapy Society Annual Meeting. Orlando. April 2015.

**Danielle L. Mosby, Patty McGraw, RN, MS, CCRC, Marci Drees, M.D., MS, FACP, Bailey Ingraham-Lopresto, MS, Claudine Jurkowitz, M.D., MPH, Anand Panwalker, M.D., and Alfred Bacon, M.D.** "Relapsing Clostridium Difficile Associated Disease Followed by a Registry and Fecal Microbiota Transplant Attitudes Questionnaire." American Society for Microbiology 115th General Meeting, New Orleans. May-June, 2015.

At the Society of General Internal Medicine 38th Annual Meeting, Toronto, Ontario, Canada. April 2015:

- **Edmondo Robinson, M.D., MBA**, et al. "International Multicenter Validation of the "Hospital" Score to Predict 30-Day Potentially Avoidable Readmission in Medical Patients."
- **Vijaya Surekha Bhfixamidipati, M.D., Seema S. Sonnad, Ph.D., Daniel J. Elliott, M.D., MSCE, FACP, LeRoi S. Hicks, M.D., MPH, Janine M. Jordan, M.D., Patty McGraw, RN, MS, CCRC, Bailey Ingraham-Lopresto, MS, Elizabeth Ivey, and Edmondo Robinson, M.D., MBA.** "Physician-Patient Communication and Outcomes: A Mixed Methods Study."
- **Vijaya Surekha Bhamidipati, M.D., Seema S. Sonnad, Ph.D., Daniel J. Elliott, M.D., MSCE, FACP, LeRoi S. Hicks, M.D., MPH, Janine M. Jordan, M.D., Patty McGraw, RN, MS, CCRC, Bailey Ingraham-Lopresto, MS, Elizabeth Ivey, and Edmondo Robinson, M.D., MBA.** "Interdisciplinary Admissions and Rounding to Improve Patient Outcomes."

**Stephen A. Pearlman, M.D., MSHQS**, at the Perinatal Workshop of the American Academy of Pediatrics. March 2015. Scottsdale, Ariz.:

- “Coding Workshop for the Neonatologist.”
- “They Can Handle the Truth: Disclosure of Medical Errors.”
- “Quality Improvement for the Neonatologist: What’s in Your Toolbox.”

**Timothy D. Rodden, M.Div., MA, BCC, FACHE**, and **Vicky Tosh-Morelli**.

“Challenges and Pitfalls for Mature LGBTQ Individuals in the Healthcare System.” LGBTQ Aging and Healthcare: A Cultural Competency Perspective 2015 Conference. Christiana Hospital, John H. Ammon Medical Education Center. March 2015.

The following presentations were given at the Eastern Society for Pediatrics Annual Meeting. March 2015, Philadelphia:

- **Stephen A. Pearlman, M.D., MSHQS, Jeffrey Bolstridge, Tracy Bell, BSN, RN, Barbara Dean, RN, Amy Mackley, MSN, RNC, Gina Moore, BSN, CPHQ, David A. Paul, M.D., Cheryl Swift, RN, and Dina Viscount, MSN, RN.** “Delayed Cord Clamping Reduces the Need for Red Blood Transfusion in Infants < 1500g.” Eastern Society for Pediatric Research. March 2015. Philadelphia
- **Christine Ennis, M.D., Deborah Tuttle, M.D., Haritha Vellanki, M.D., Amy Mackley, MSN, RNC, CCRC, and Robert Locke, D.O., MPH.** “Do VLBW Infants on Exclusive Fortified Human Milk Achieve Adequate Growth?”
- **Sandeep Sadashiv, M.D., Haritha Vellanki, M.D., John Stefano, M.D., John Emberger, RRT, Gina Moore, BSN, RN, CPHQ, Haritha Vellanki, M.D., Robin Maguire, MSN, APN, Amy Mackley, MSN, RNC, and Robert Locke, D.O., MPH.** “Delivery Room CPAP – Outcomes of a Quality Improvement Initiative.”
- **Sandeep Sadashiv, M.D., Jennifer Hesler, M.D., Haritha Vellanki, M.D., John Emberger, BS, RRT-ACCS, FAARC, Amy Mackley, MSN, RNC, CCRC,**

**Theresa McGreevy, NNP, Wendy Sturtz, M.D., Robert Locke, D.O., MPH.**

“Neonatal Transport – Focus On Minimizing Lung Injury By Monitoring Tidal Volume.”

- **Christina Freibott, Ursula Guillén, M.D., Amy Mackley, MSN, RNC, CCRC, Robert Locke, D.O., MPH.** “Minor Increase Over Minimal Risk without Direct Patient Benefit in the NICU: Parental and Staff Perspectives.”
  - **Kaitlin McLean, M.D., David A Paul, M.D., Shivaprasad Goudar, M.D., MPHE, Nancy L Sloan, DrPH, Amy Mackley, MSN, RNC, Richard Derman, M.D., MPH, FACOG, 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., Erik Brandsma, M.D., Amy Mackley, RNC, CCRC, David A. Paul, M.D., et al.** “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 Bartoshesky, 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, Barbara Dean, RN II, Amy Mackley, MSN, RNC, CCRC, Gina Moore, BSN, CPHQ, Cheryl Swift, RN, Dina Viscount, MSN, RN.** Delayed Umbilical Cord Clamping Reduces the Need for Red Blood Cell Transfusions in Infants < 1500 Grams.”
- Michael T. Vest, D.O., Paul Kolm, Ph.D., James Bowen, BA, Patty McGraw, RN, MS, CCRC, James Halbert, D.P.T, Claudine Jurkowitz, M.D., MPH, et al.** “Outcomes and Discharge Disposition of Obese and Non-Obese Critically Ill Patients in a Community based Medical Intensive Care Unit.” American Thoracic Society International Conference, Denver. May 2015.

At the IADR. Boston. March 2015, **Robert Witt, M.D., and Swati Pradhan-Bhatt, Ph.D:**

- “Basement Membrane Assembly Establishes Polarity and Connectivity in Salivary Cells.”
- “Salivary Spheroid Respond to FGFR2b Stimulation in ECM-Modified 3D Hydrogels.”
- “Polarity Features in Salivary Cells for Use in Salivary Gland Regeneration.”

## Appointments

The Professional Advancement Council announced the following promotions to RN III: **Nicole Allen**, NICU, **Kristin Duffield**, 4 West, Wilmington, **Kimberly King**, Christiana ED, **Dustin McFarland**, MICU, **J’nelle Scarbriel**, 4 West, Wilmington, **Kevin Walker**, PACU, **Charyl Weber**, 3 North, Wilmington, **Darla Winstead**, Wilmington PACU.

**Louis E. Bartoshesky, M.D., MPH**, was reelected Chair of the American College of Medical Genetics Social, Ethical and Legal Issues Committee at the annual meeting of ACMG in March, 2015.

## Awards

**Lindsay Ashkenase, M.D.**, graduated from the HRSA Family Medicine Physician Faculty Development Fellowship: Developing Leaders in Residency Training and Scholars in Cultural Competency, February 2015. Los Angeles.

The top three entries in the NPSAW Employee Activity program for demonstrating unity in patient safety either through partnering with each other, partnering with the community, or partnering with our patients, are: **Laura Lenox** from Clinical Pharmacy, the theme of the presentation, “Everyone has a Hand in Patient Safety”; **Tracy Crowther, BSN, RNII**, and **Fran Archibald, RN**, from CSA Council for Quality & Safety, presentation focus, “Putting the Pieces of the Puzzle Together for Patient Safety” and **David Fitzgerald, Shannon Biko, Nikkole Lee, Tara Miles**, and **Lauren Piascinski** from Neuro Critical Care for submitting “2 Heads are Better than 1.” ●

# Management of thromboembolic risk in patients with atrial fibrillation

By **Connie Yu, Pharm.D, BCPS**

Atrial fibrillation (AF) is a common cardiac rhythm disturbance consisting of a supraventricular tachyarrhythmia. Complications related to AF include hemodynamic abnormalities, frequent hospitalizations, and thromboembolic events. The risk of stroke is increased five-fold in patients with AF, and AF-related strokes are likely to be more severe than non-AF-related strokes. The significant morbidity and mortality associated with these complications highlights the importance of stratifying thromboembolic risk in AF patients and using appropriate antithrombotic medications to prevent strokes and systemic emboli. The American College of Cardiology and American Heart Association Task Force on Practice Guidelines, in conjunction with the Heart Rhythm Society, recently released updated guidelines on the treatment of AF, including recommendations on the use of antithrombotic therapy in AF patients.

The decision to use antithrombotic medications should be individualized based on the patient’s risks of stroke and bleeding. Additional considerations when selecting an antithrombotic regimen include patient tolerability, cost, patient preference and potential for drug interactions. Regardless of whether the AF pattern is paroxysmal, persistent or permanent, the selection of an antithrombotic agent should be based on the risk of thromboembolism. The CHA<sub>2</sub>DS<sub>2</sub>-VASc score, which has a broader score range and includes more risk factors compared to the CHADS<sub>2</sub> score, is recommended to assess stroke risk in patients with nonvalvular AF (Table 1).

For patients with nonvalvular AF and a CHA<sub>2</sub>DS<sub>2</sub>-VASc score of 0, antithrombotic therapy may be omitted. For those with a CHA<sub>2</sub>DS<sub>2</sub>-VASc score of 1, prescribers may consider no antithrombotic therapy or treatment with an oral anticoagulant or aspirin. For patients with nonvalvular AF who have prior stroke, transient ischemic attack or a CHA<sub>2</sub>DS<sub>2</sub>-VASc score of 2 or greater, oral anticoagulants are recommended. Options for oral anticoagulants include warfarin with goal INR 2.0 to 3.0, dabigatran, rivaroxaban or apixaban. For patients with AF and mechanical heart valves, warfarin is recommended with a goal INR of 2.0 to 3.0 or 2.5 to 3.5, depending on the type and location of the prosthesis. The INR should be checked at least weekly when anticoagulation is initiated and rechecked at least monthly when the INR is in range and stable. In patients with nonvalvular AF on warfarin and unable to maintain a therapeutic INR, the guidelines recommend using dabigatran, rivaroxaban or apixaban.

Warfarin with INR of 2.0 to 3.0 is a reasonable option for patients with nonvalvular AF with a CHA<sub>2</sub>DS<sub>2</sub>-VASc score of 2 or more and either have end-stage chronic kidney disease (CKD) with creatinine clearance < 15 mL/min or are on hemodialysis. Patients with nonvalvular AF and moderate-to-severe CKD with a CHA<sub>2</sub>DS<sub>2</sub>-VASc score of 2 or more may be treated with decreased doses of dabigatran, rivaroxaban or apixaban, although safety and efficacy have not been established (Table 2). When starting a direct thrombin inhibitor

**Table 1. Comparison of CHADS<sub>2</sub> and CHA<sub>2</sub>DS<sub>2</sub>-VASc Risk Stratification Scores**

| CHADS <sub>2</sub>                                | SCORE | CHA <sub>2</sub> DS <sub>2</sub> -VASc  | SCORE |
|---|-------|---|-------|
| Congestive heart failure                          | 1     | Congestive heart failure  | 1     |
| Hypertension                                      | 1     | Hypertension  | 1     |
| Age ≥ 75 years                                    | 1     | Age ≥ 75 years  | 2     |
| Diabetes mellitus                                 | 1     | Diabetes mellitus   | 1     |
| Stroke/transient ischemic attack/ thromboembolism | 2     | Stroke/transient ischemic attack/ thromboembolism   | 2     |
| Maximum score                                     | 6     | Vascular disease (prior myocardial infarction, peripheral artery disease, or aortic plaque) | 1     |
|   |       | Age 65-74 years   | 1     |
|   |       | Sex category (i.e., female sex)   | 1     |
|   |       | Maximum score   | 9     |

**References:** Bristol-Myers Squibb Company. Eliquis prescribing information. [http://packageinserts.bms.com/pi/pi\\_eliquis.pdf](http://packageinserts.bms.com/pi/pi_eliquis.pdf). Accessed November 20, 2014.

January CT, Wann LS, Alpert JS, et al. 2014 AHA/ACC/HRS guideline for the management of patients with atrial fibrillation: a report of the American College of Cardiology/American Heart Association Task Force on Practice Guidelines and the Heart Rhythm Society. *Circulation* 2014;130:e199-267.

or factor Xa inhibitor, renal function should be evaluated prior to initiation and re-evaluated at least annually.

Selecting an antithrombotic agent for patients with AF depends on variables including clinical factors, patient preference and

cost. The guidelines recommend periodically re-evaluating the need for and choice of antithrombotic therapy to reassess stroke and bleeding risks. ●

**Table 2. Dose Selection of Oral Anticoagulant Options for Patients with Nonvalvular AF and CKD**

| RENAL FUNCTION                | WARFARIN                      | DABIGATRAN*                        | RIVAROXABAN*                                      | APIXABAN*                       |
|-------------------------------|-------------------------------|------------------------------------|---|---------------------------------|
| Normal/mild impairment        | Dose adjusted for INR 2.0-3.0 | 150 mg BID (CrCl > 30 mL/min)      | 20 mg daily with evening meal (CrCl >50 mL/min)   | 5 mg or 2.5 mg BID <sup>†</sup> |
| Moderate impairment           | Dose adjusted for INR 2.0-3.0 | 150 mg BID (CrCl > 30 mL/min)      | 15 mg daily with evening meal (CrCl 30-50 mL/min) | 5 mg or 2.5 mg BID <sup>†</sup> |
| Severe impairment             | Dose adjusted for INR 2.0-3.0 | 75 mg BID (CrCl 15-30 mL/min)      | 15 mg daily with evening meal (CrCl 15-30 mL/min) | No recommendation               |
| End-stage CKD not on dialysis | Dose adjusted for INR 2.0-3.0 | Not recommended (CrCl < 15 mL/min) | Not recommended (CrCl < 15 mL/min)                | No recommendation               |
| End-stage CKD on dialysis     | Dose adjusted for INR 2.0-3.0 | Not recommended (CrCl < 15 mL/min) | Not recommended (CrCl < 15 mL/min)                | No recommendation <sup>‡</sup>  |

\*Concomitant use of P-glycoprotein inducers or inhibitors with dabigatran or the concomitant use of dual P-glycoprotein and strong CYP3A4 inducers or inhibitors with rivaroxaban or apixaban, particularly in the setting of CKD, may require dosing adjustment or avoidance of concomitant drug use.

<sup>†</sup>Use apixaban 2.5 mg BID if any of the following 2 patient characteristics are present: Cr ≥ 1.5 mg/dL, age ≥ 80 years, body weight ≤ 60 kg. Apixaban is not recommended in patients with severe hepatic impairment.

<sup>‡</sup>In patients with end-stage CKD on stable hemodialysis, prescribing information indicates the use of apixaban 5 mg BID with dose reduction to 2.5 mg BID if the patient is either ≥ 80 years or body weight ≤ 60 kg.

AF = atrial fibrillation, BID = twice daily, CKD = chronic kidney disease, Cr = creatinine, CrCl = creatinine clearance, INR = international normalized ratio.

## FORMULARY UPDATE—MARCH 2015

### FORMULARY ADDITIONS

| Medication – Generic/Brand Name             | Strength/Size | Use/Indication  | Comment   |
|---|---------------|---|---|
| <b>Dextromethorphan polistirex / Delsym</b> | 30 mg/5 mL    | Cough suppression during neurophysiological monitoring of patients undergoing a neurosurgical procedure | Distribution limited to the Christiana Care surgical procedure units        |
| <b>Vancomycin capsule</b>                   | 125 mg        | Treatment of Clostridium difficile infection  | Distribution limited to the Christiana Care Middletown Emergency Department |

### FORMULARY DELETIONS

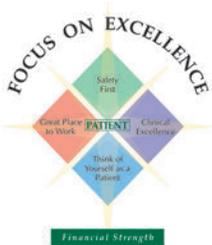
|   |   |
|---|---|
| <b>Apraclonidine 0.5% ophthalmic solution</b>   | Removed from the Christiana Care Formulary because of lack of use   |
| <b>Caffeine &amp; Sodium Benzoate injection</b> | Removed from the Christiana Care Formulary because of lack of use   |
| <b>Cycloserine</b>                              | Removed from the Christiana Care Formulary because of lack of use   |
| <b>Ergotamine / caffeine suppositories</b>      | Removed from the Christiana Care Formulary because of lack of use   |
| <b>Isoniazid 100 mg tablet</b>                  | Removed from the Christiana Care Formulary because of lack of use. The 300 mg tablet and injection remain on the Formulary. |



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The Dysrhythmics, a rock and roll band comprising mostly Christiana Care physicians, headlined a March 29 event at Christiana Fire Hall to raise money for Friendship House, a non-profit organization supporting homeless families in Delaware. Friendship House is based in New Castle County. It is a non-profit, Christian corporation that provides services to individuals and families who are homeless or at risk of becoming homeless. Learn more about Friendship House at <http://www.friendship-house.org>.



## Docs who rock help Christiana Care community partner Friendship House

**Above: The Dysrhythmics: Michael Rhodes, M.D., Henry Weiner, M.D., John O'Neill, M.D., Denise Russell, John Sanders, Mike Ward, Bijan Sorouri, M.D., and Jim Hopkins, M.D.**

**Left: Front man George Zlupko, M.D., from Christiana Care's Emergency Department, and the R&B band Runnin' Late, opened for The Dysrhythmics.**