

FOCUS

AUGUST 2015 VOLUME 26, NO. 8

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

Advancing The Christiana Care Way

Optimal Health. Exceptional Experience.
Organizational Vitality.

These three aims will shape the evolution of Christiana Care. As health care in the United States undergoes tremendous changes, emphasizing the Triple Aim of better health outcomes, better experience of care and lower health care costs, Christiana Care is leading the way.

“We are ready at Christiana Care,” said Janice E. Nevin, M.D., MPH, Christiana Care president and CEO. “We have been enormously successful as a health system. That success really is the foundation for us to go to the next level.”

That next level includes entirely new models of health care delivery and new ways of working to achieve them. A new operating structure organized around nine service lines will help Christiana Care to build care around patients across the continuum.

CONTINUED P. 2



“WE ARE READY AT CHRISTIANA CARE.
WE HAVE BEEN ENORMOUSLY SUCCESSFUL
AS A HEALTH SYSTEM. THAT SUCCESS REALLY IS
THE FOUNDATION FOR US TO GO TO THE NEXT LEVEL.”

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

INSIDE: **5** INCREASING VALUE
New service lines structure
better organizes care.

12 SLEEP SAFETY
Christiana Care recognized as national
leader in infant sleep safety.

15 PROJECT ENGAGE
New innovations and partnerships in
treating substance-use disorders.

CONTINUED

“The Christiana Care Way is our mission,” Dr. Nevin said. “We serve our neighbors as respectful, expert, caring partners in their health. We do this by creating innovative, effective, affordable systems of care that our neighbors value.

“Those words work. They’re a great expression of our mission of service to our community. What we needed to do differently was reframe our goals — not only to look at what we were doing in our hospitals, in our facilities, but to think about how we could impact the health of the population.”

New payment models and the concept of population health are making this kind of impact possible in exciting new ways. Population health means understanding and being accountable for the health needs of a group of people, and reaching out to partner with them in managing their health, rather than waiting for them show up at the doctor’s office or in the emergency department. And value-based payment means that instead of being reimbursed specifically for the things we do — lab tests, therapies and office visits — we can be reimbursed for making a positive impact on people’s health, and we can share in the savings when we create good health outcomes for people while reducing the cost of care.

Dr. Nevin relayed a story from another U.S. hospital to illustrate the creative opportunities that exist within these new models of care. A woman who had diabetes was getting the right medication and the right education, but she kept showing up in the emergency department with her sugars out of control. Her doctors were puzzled until they discovered what the issue was: insulin has to be stored in a refrigerator, but the woman didn’t have one.

“They got her a refrigerator. Problem solved,” Dr. Nevin said. “It’s less expensive to buy a refrigerator than multiple trips to the emergency department and multiple inpatient stays.



“THE CHRISTIANA CARE WAY IS OUR MISSION ... WHAT WE NEEDED TO DO DIFFERENTLY WAS REFRAME OUR GOALS — NOT ONLY TO LOOK AT WHAT WE WERE DOING IN OUR HOSPITALS, IN OUR FACILITIES, BUT TO THINK ABOUT HOW WE COULD IMPACT THE HEALTH OF THE POPULATION.”

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

That’s what value-based payments start to allow us to do. What’s so exciting is that it aligns perfectly with our values as professionals and as an organization. It’s all about doing the right thing for the people we serve.”

Heralding the new strategic aims and the principles that support them is a new Christiana Care Diamond. With The Christiana Care Way at its center, it displays the strategic aims — Optimal Health, Exceptional Experience and Organizational Vitality — and the areas of work that will help to achieve them: Extraordinary People, Innovative Tools and Strategic Partnerships.

Optimal Health

“Optimal health is about being a top performer for everyone we serve,” Dr. Nevin said. “Not just for the people who are coming into our facilities, but for the populations for which we are accountable.”

For example, in January 2016, Christiana Care Health System will assume responsibility and be accountable for about 5,000 Medicaid patients. These are patients who already come to our primary care practices. In the current fee-for-service payment model, Medicaid pays Christiana Care for familiar billable items such as office visits and tests. In the new value-based payment model, Medicaid will pay for performance: Did we help these 5,000 people to be healthy, and did we do it in a cost-effective way? To succeed will require a new way of thinking about health care. No longer will it be enough to sit back and wait for patients to show up.

“Let’s use diabetes as an example,” Dr. Nevin said. “We know that when people have diabetes, if their sugars are controlled, they lead a better quality of life. They’re at less risk for heart disease. They’re at less risk for eye issues. They’re at less risk for neurologic issues. Maintaining eyesight, maintaining heart

health, and maintaining the full use of limbs — these are huge [gains] for patients. These are the kinds of outcomes that we want to impact.

“Because we’re responsible for their health outcomes, we’re not going to wait for them to come and see us. We’re going to reach out. If we know there’s a person out there who is diabetic and hasn’t been in for several months, hasn’t had their blood work checked, hasn’t had an eye exam, we’re not going to wait until he or she decides that it’s necessary. We’re going to reach out, partner with them and help them to get the care they need.”

Exceptional Experience

Creating an outstanding patient experience has been a familiar aim for everyone at Christiana Care. The new strategic aim — Exceptional Experience — is different in that it recognizes that not everyone is ready to identify themselves as a patient. When we’re not in a hospital bed or a doctor’s office, most of us think of ourselves as people — not patients. As we move outside the walls of our hospitals and facilities to address the health of the community, our efforts to improve the experience of health care must follow suit.

“How do we reach out?” Dr. Nevin said. “How do we understand what’s important to you? What are your preferences? How can we personalize your experience? Some people are always going to want to pick up the phone and call an office and make an appointment. My mother will always want to do that. My daughters don’t want to do that. They would much prefer to use an app or to get online and schedule an appointment. Some folks are fine scheduling and waiting for a couple of months before they get in to see a physician; others, not so much. If we really are going to serve all, we have to accept that challenge and work together to find new ways.”

CONTINUED P. 4



AS WE MOVE OUTSIDE OUR WALLS TO ADDRESS THE HEALTH OF THE COMMUNITY, OUR EFFORTS TO IMPROVE THE EXPERIENCE OF HEALTH CARE MUST FOLLOW SUIT.

How do we reach out?

How do we understand what’s important to you?

What are your preferences?

How can we personalize your experience?

CONTINUED

Organizational Vitality

The third aim, Organizational Vitality, is about ensuring that Christiana Care Health System continues to be an organization that is able to meet the evolving needs of the people we serve. This includes financial strength, and it also includes an organizational culture that embraces creativity, learning and innovation.

“Being a vital organization means we achieve our financial goals, but we know that we’re going to have to achieve them differently,” Dr. Nevin said. “This is where value-based payment comes in. We are being proactive in shifting from being purely fee-for-service or transactional to earning half of our revenue through value-based payment. In other words, if we’re going to get paid, we have to deliver on results. We have to deliver on outcomes. We think that’s really important, and we’re not alone. The Center for Medicare and Medicaid, CMS, has said that by 2020, 50 percent of the revenue that is earned has to come through value-based payment, so we’ve aligned our strategic aim around that. We believe it’s achievable.”

Extraordinary People, Innovative Tools, Strategic Partnerships

The three concepts at the base of the Christiana Care Diamond represent the areas on which we need to focus in order to successfully reach our goals.

Extraordinary People means identifying and recruiting the right people, and it also means developing our employees across the organization through education, mentoring and putting systems in place that provide the best conditions for staff and leaders to grow and succeed.

Essential to the success of each of the strategic aims will be innovation in collecting data, analyzing data and using that data to drive performance. Christiana Care has already made great strides in this regard, through projects such as Bridging the Divides and integration with the Delaware Health Information Network, and through technologies such as iRound, which helps us to rapidly understand and respond to our patients’ needs.

While we’ve made great strides in understanding how to measure different metrics for hospital patients, transitions

of care and measuring in the outpatient world is an area of enormous opportunity.

“We’ve got to become absolutely proficient in understanding how new technology can make us better,” Dr. Nevin said. “And if it doesn’t make us better, if it doesn’t drive value, if it doesn’t push us toward our three strategic aims, it may be great technology but it’s not going to make a difference in terms of our outcomes, and most importantly it won’t make a difference for the people that we serve.”

Strategic partnerships will be of enormous importance as we seek to make an impact on health across the community. Christiana Care has long enjoyed close collaborative relationships with organizations across the state and across the country. Partnerships with the National Cancer Institute have helped Christiana Care to develop a model cancer program that has influenced community cancer care across the nation. Partnerships with local and state organizations such as Westside Health, Friendship House and Wilmington HOPE Commission have enabled our organizations to combine their unique strengths to make real differences in people’s lives.

“That’s probably how we’ll have the biggest impact in terms of moving the needle on health,” she said. “We’re a great health care delivery system, but if we’re really going to impact health, it will be about partnering with organizations around the community to really deliver on health, and it will be about addressing social determinants of health. If you don’t have a place to live, if you don’t have food on the table, if you’re stressed financially, then it’s going to be very difficult for you to focus on your own health and the health of your family. So we want to partner in new ways with our community to make sure that we’re all working together to achieve good health outcomes.” ●



Christiana Care’s success in using Google Glass technology to enhance simulation training is just one example of how innovative tools helps us to achieve our goals.

Service lines organize care around the people we serve

“Every conversation about service lines should start with why,” said Kenneth Silverstein, M.D., MBA, chief medical officer of Christiana Care. “We want to talk about why we’re changing the organizational structure here, and it’s about providing high-value care on a consistent basis. High-value care is care that is safe. It’s care that consistently meets the needs and expectations of patients and their families, and it’s delivered through a system that’s sustainable in terms of cost. High-value care is an imperative, and changing the way we think about how we deliver care is equally important.”

Christiana Care has created nine service lines that organize care around patients and their experience across the continuum. The service lines do not replace the familiar departments and sections. Instead, they provide a natural way for departments and essential services to work together.

“If you think about departments, it’s more centered around the provider,” he said. “I’m an anesthesiologist. Patients don’t have anesthesia. Patients have cancer. When they interact with the health system, that’s how they want to be understood. If you have cancer, you want to work with a team that understands how to treat your cancer and help you get better. Service lines aren’t the complete answer. It’s one part of the organizational structure that gets us to have different conversations that reflect this coordinated nature of care that we need to deliver.”

At the top of the service line structure is the Clinical Value Council, which is the coordinating committee that oversees the nine service lines. A smaller working group that meets regularly to deal with issues around quality and safety for the organization is called the Clinical Value Council Executive Committee.

Each of the nine service lines is led by a team called a service line executive division, or SLED. Each SLED includes physician, nursing and operational leaders, plus a leader representing Christiana Care Quality Partners.

CONTINUED P. 6



“EVERY CONVERSATION ABOUT SERVICE LINES SHOULD START WITH WHY WE’RE CHANGING THE ORGANIZATIONAL STRUCTURE.

IT’S ABOUT PROVIDING HIGH-VALUE CARE ON A CONSISTENT BASIS.”

KENNETH SILVERSTEIN, M.D., MBA
CHIEF MEDICAL OFFICER, CHRISTIANA CARE

SERVICE LINES LEADERSHIP STRUCTURE



CONTINUED

“Christiana Care Quality Partners is our network of physicians that includes our employed physicians and our private community physicians working in partnership with one another, first of all, to care for the population of patients who are insured by Christiana Care,” said Mike Eppheimer, MHSA, FACHE, senior vice president for Acute Medicine and Neurosciences, and service line operations leader for both of those service lines. “But Quality Partners really gives us a wonderful mechanism to partner with our community physicians in a way that respects their business model but at the same time allows us to work together in a unified way to improve the care for our patients.”

This partnership is key to addressing the entire continuum of care.

“A good example of this is the work we’re doing in acute medicine around chronic obstructive pulmonary disease, or COPD,” he said. “Many times when people have COPD, they come into the hospital frequently as their disease is progressing. They’ll get great treatment in our emergency room or in our units, but often they’ll be discharged into the community and they may not connect all the dots in terms of seeing their pulmonologist or their primary-care physician. They may cycle back into the hospital again. As we’re thinking about clinical pathways and optimizing health for that population of patients, we’re trying to do a much better job of con-

necting them with care managers, with making sure that they’re getting the education they need. When they’re discharged from the hospital they’re getting connected to the care they need to, hopefully, keep them as healthy as possible and keep them from needing unnecessary readmissions to the hospital or care that isn’t optimal for their specific condition.”

Clinical pathways are an important concept within the service line structure. Each service line will be involved in developing clinical pathways that address the needs of people with specific conditions or diseases before, during and after they seek treatment at one of our hospitals or facilities. Clinical pathways will reduce variations in care —

SERVICE LINES LEADERSHIP TEAMS

| A C U T E M E D I C I N E | | | | | |
|--|---|---|--|---|---|
|  |  |  |  |  |  |
| Virginia U. Collier, M.D. <i>Service Line Leader</i> | Charlie Reese, M.D. <i>Associate Service Line Leader</i> | Mike Eppheimer, MHSA <i>Service Line Operations Leader</i> | Joanne McAuliffe, DNP, MSN/BA, BSN, RN <i>Nursing Leader</i> | Linda Laskowski-Jones, MS, RN <i>Nursing Leader</i> | John Powell, M.D. <i>Quality Partners Leader</i> |
| B E H A V I O R A L H E A L T H | | | | | |
|  |  |  |  |  | |
| Linda Lang, M.D. <i>Service Line Leader</i> | Terry Horton, M.D. <i>Associate Service Line Leader</i> | Sharon Kurfuerst, Ed.D. <i>Service Line Operations Leader</i> | Steve Beltran, BSN, RN <i>Nursing Leader</i> | Kathleen Willey, M.D. <i>Quality Partners Leader</i> | |
| C A N C E R C A R E | | | | | |
|  |  |  |  |  |  |
| Nicholas J. Petrelli, M.D. <i>Service Line Leader</i> | Christopher Koprowski, M.D. <i>Associate Service Line Leader</i> | William Holden, FACHE <i>Service Line Operations Leader</i> | Tammy Brown, BSN, RN <i>Nursing Leader</i> | Courtney Crannell, MSN, RN <i>Nursing Leader</i> | Jamil Khatri, M.D. <i>Quality Partners Leader</i> |

which in turn can reduce cost — while ensuring that patients are getting the optimal, evidence-based care, at the right time, with the right team. Training through the Value Institute Academy will help service line leaders and teams to learn how to develop these clinical pathways, and to create a standard Christiana Care approach to their development.

“Pathways will be commissioned by the appropriate primary service line, with other service lines participating as needed,” said Sharon Anderson, MS, BSN, RN, FACHE, senior vice president, Quality, Patient Safety and Population Health Management. “The vehicle to create them is this integrated

practice team, or IPT. Integrated practice teams are interdisciplinary teams that organize and focus on how care should be provided to a subpopulation of patients around a particular disease or condition. IPTs can also be organized around processes such as Universal Protocol or patient identification.”

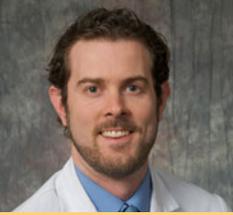
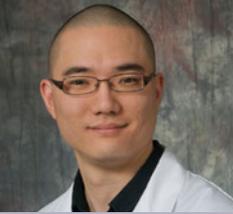
Integrated practice teams are not permanent committees. Instead, they meet to solve a particular issue or create a clinical pathway and then disband.

Already, the service line leadership teams are buzzing with enthusiasm about the new structure and the creative opportunities it provides.

“The service line is really an exciting concept for nursing, because we’re truly integrating and partnering with our physicians and other colleagues,” said Kimberly Talley, MSN, RN, CRNP, CNML-BC, FABC, vice president, Patient Care Services, Surgical, and nursing leader for the Surgical and Musculoskeletal service lines. “It’s also very important that we incorporate our patient and family advisers and really have them at the table for all of our discussions.”

She said that while nurses have always been comfortable in a team-based, multidisciplinary environment, the service line structure really elevates collaboration to a new level in designing optimal care around the needs of patients.

CONTINUED P. 8

| H E A R T & V A S C U L A R H E A L T H | | | | |
|--|---|---|--|---|
|  |  |  |  |  |
| Timothy J. Gardner, M.D. <i>Service Line Leader</i> | Kirk Garratt, M.D. <i>Associate Service Line Leader</i> | Billie Speakman, MBA <i>Service Line Operations Leader</i> | Donna Casey, MA, BSN, RN <i>Nursing Leader</i> | Anthony Furey, D.O. <i>Quality Partners Leader</i> |
| M U S C U L O S K E L E T A L H E A L T H | | | | |
|  |  |  |  |  |
| Brian J. Galinat, M.D. <i>Service Line Leader</i> | Eric M. Russell, D.O. <i>Associate Service Line Leader</i> | Sharon Kurfuerst, Ed.D <i>Service Line Operations Leader</i> | Kimberly Talley, MSN, RN <i>Nursing Leader</i> | Scott T. Roberts, M.D. <i>Quality Partners Leader</i> |
| N E U R O S C I E N C E S | | | | |
|  |  |  |  |  |
| F. Anzilotti, M.D. <i>Service Line Leader</i> | Valerie E. Dechant, M.D. <i>Associate Service Line Leader</i> | Mike Eppheimer, MHSA <i>Service Line Operations Leader</i> | Donna Casey, MA, BSN, RN <i>Nursing Leader</i> | Jason T. Nomura, M.D. <i>Quality Partners Leader</i> |

CONTINUED

“It’s really non-heirarchical,” said John Powell, M.D., Christiana Care Quality Partners leader for the Acute Medicine service line. “It’s not one person saying we’re going to do this. It’s a team sitting in a room, discussing, ‘OK, this is what we have to do as far as annual operating plan. How do we want to effect that change? What do we want to do as a priority to meet these goals?”

“In the past, if I wanted to solve a clinical problem, it might be me sitting down meeting with some other physicians who are interested in it. If we were fortunate, we would be able to pull in some of our nursing colleagues. But, the structure might not have supported it because they might have other competing goals.

“Now, we have a structure that supports a joint discussion among the physician leaders, the nursing leaders, our administrative representatives and then me as a physician leader from the Christiana Care Quality Partners side. The conversations are, actually, a lot of fun. For example, I might say we want to provide a certain therapy that, to me, sounds easy. And then a nursing colleague sitting beside me might say, ‘Hold on a second. Do you realize what is involved for our nurses to actually do this?’ And our operations colleague might explain on the administrative side what has to happen. We can really get into a rich discussion about creative ways to solve this problem and what other resources we might need.”

The new service line structure opens up exciting new avenues to achieve optimal

health, exceptional experience and organization vitality. For many people throughout Christiana Care, the new structure won’t immediately impact the day-to-day delivery of care. But a new mindset should start to take shape.

“What everyone at Christiana Care should be thinking about is team-based care,” Dr. Silverstein said. “The patients — the people we serve — need to be in the center of the universe here. If you’re a respiratory therapist, a nurse, a physician, a service assistant, a lab technician, a delivery driver — if you’re wearing a Christiana Care name badge, you are an important member of a high-functioning team. You have a job to do that helps us to create optimal health, exceptional experience and organizational vitality. That’s what this is all about.” ●

SERVICE LINES LEADERSHIP TEAMS

PRIMARY CARE & COMMUNITY MEDICINE

| | | | | | |
|--|---|---|--|---|---|
|  |  |  |  |  |  |
| Omar A. Khan, M.D. <i>Service Line Leader</i> | Eric T. Schwartz, M.D. <i>Associate Service Line Leader</i> | Katherine A. Kolb, MBA <i>Service Line Operations Leader</i> | Kristi Pintar, Ed.D. <i>Service Line Operations Leader</i> | Cynthia Griffin, MS, RN <i>Nursing Leader</i> | Daniel J. Elliot, M.D. <i>Quality Partners Leader</i> |

SURGICAL SERVICES

| | | | | |
|--|---|---|--|---|
|  |  |  |  |  |
| Gerard J. Fulda, M.D. <i>Service Line Leader</i> | Mark Schneider, M.D. <i>Associate Service Line Leader</i> | Judy Townsley, MSN, RN <i>Service Line Operations Leader</i> | Kimberly Talley, MSN, RN <i>Nursing Leader</i> | David D. Zabel, M.D. <i>Quality Partners Leader</i> |

WOMEN & CHILDREN

| | | | | | |
|--|---|---|--|---|---|
|  |  |  |  |  |  |
| David A. Paul, M.D. <i>Service Line Leader</i> | Elizabeth M. Zadzielski, M.D. <i>Associate Service Line Leader</i> | Sherry A. Monson, MSN, RN <i>Service Line Operations Leader</i> | Karen Haritakis, MSN, RN <i>Nursing Leader</i> | Elizabeth Igboechi, MSN, RN <i>Nursing Leader</i> | Gregory W. DeMeo, D.O. <i>Quality Partners Leader</i> |

Code of Ethics for Nurses dovetails with The Christiana Care Way

By Donna Casey, MA, BSN, RN, NE-BC, FABC, vice president, Patient Care Services, Cardiovascular and Critical Care



The Christiana Care Way is a daily reminder that we “serve our neighbors as respectful, expert, caring partners in their health.” Similarly, the new national “Code of Ethics for Nurses with Interpretive Statements,” published this year by the American Nurses Association (ANA), calls on nurses to practice “with compassion and respect for the inherent dignity,

worth and unique attributes of every person.”

This alignment demonstrates a shared commitment to patient- and family-centered care with the goals of optimal health and exceptional experience for each patient and family. Nursing is very much aligned as a profession — and especially at Christiana Care — to bringing this kind of value to those we serve.

As the guideline for all levels of nursing practice, the Code of Ethics for Nurses presents the fundamental values of the profession and is a moral compass for the ANA’s 3.1 million members. Through the ANA’s efforts, the code has been completely updated from the 2001 edition and was informed by 7,800 responses to an online survey as the new edition was conceived. And when an early draft was posted for public comment there were an additional 1,500 replies.

The code is an evolving expression of nursing’s values and first took shape when the professional association discussed the need for an ethical statement in 1896. Even before there was a formal code, nurses took The Nightingale Pledge, named for Florence Nightingale, founder of nursing. The pledge said, in part, “I will do all in my power to elevate the standard of my profession.” The ANA formally adopted a written code in 1950. Since then, the code has been revised about every 10 years.

Importantly to nurses at Christiana Care, the code emphasizes principles that are central to compassionate and effective nursing and to creating, in The Christiana Care Way, “innovative, effective, affordable systems of care that our neighbors value.”

We aim to achieve this goal by practicing the tenets of the code:

Dedication to Lifelong Learning. This includes continuing education, including achieving specialty certification and seeking advanced degrees, networking with colleagues and self-reflection. All this, in the words of the code, is “to optimize the health and well-being” of those in our care.

Collaboration and Mentorship. Experienced nurses are valuable role models for new RNs. This call to nurses to partner as knowledgeable and helpful colleagues is reflected in many places in the code. An example is Provision 1.5, which states that nurses should “collaborate to meet the shared goals of providing compassionate, transparent and effective health services.”

Thinking Expansively. The nurse’s primary commitment is to the individual recipient of health care, but in recent years the patient has been seen within a larger framework, one that includes the family, community and population. All now factor in a plan of care. That’s why Provision 2 states that “honest discussions about available resources, treatment options and capacity for self-care are essential. Addressing patient interests requires recognition of the patient’s place within the family and other relationships. When the patient’s wishes are in conflict with those of others, nurses help to resolve the conflict.”

Self-Care Is Vital. In recent years there has been a growing awareness that nurses have a duty to care for themselves just as they have a duty to others. Compassion fatigue can affect a nurse’s personal life and professional performance. Truthfully, nurses can’t just give and give without taking time for themselves.

The Code as a Metric of Evaluation. Christiana Care has incorporated the code in our peer review and performance review process. As a result, Christiana Care nurses understand that the code is aligned with clinical practice and that they will be evaluated each year on core principles such as Provision 3: “The nurse promotes, advocates for and protects the rights, health and safety of the patient.” Encouragement to integrate the code into our review process came from Christiana Care’s Dot Fowler, MSN, RN-BC, APRN, nursing professional advancement coordinator, who sees the code as an essential tool in achieving the highest standard of care.

The comprehensive Code of Ethics for Nurses builds on our health system’s own core values, supporting our dedication to being compassionate, principled and effective partners in care, and as stewards of The Christiana Care Way. ●

Donna Casey serves as co-chair of Christiana Care’s Ethics Committee and is a member of the American Nurses Association Ethics Advisory Board. She recently completed a three-year term as Secretary for the Delaware Organization of Nurse Leaders.

ACCEL Community Engagement partners are ‘innovators for the future of health care’



A unique partnership has strengthened collaboration among researchers, clinicians and community members to enhance health care access, education and engagement. At the second ACCEL Community Engagement Conference on May 18, partners from Christiana Care, the University of Delaware, Nemours/Alfred I. duPont Hospital for Children and the Medical University of South Carolina reported on successes and looked to the future.

At the conference, “Learning from Each Other: Building Academic-Provider-Community Partnerships for Research,” more than 150 attendees at the Chase Center on the Riverfront focused on new ideas for community-engaged research, developing strong grant proposals and broadening the success already achieved.

“You are key leaders — innovators for the future of health care,” said Janice E. Nevin, M.D., MPH, president and CEO of Christiana Care. “It is your commitment to this work that is going to make a difference in the health of people we serve.”

The ACCEL research partnership is the result of a \$20 million, five-year grant from the National Institutes of Health (NIH), along with \$5 million from the state of Delaware and \$3.3 million in matching funds from the research partners. The federal grant, formally known as Delaware CTR-ACCEL, was awarded to the collaborating institutions in 2013 to accelerate clinical and

translational research and build research infrastructure.

“Through ACCEL, we are building on our early success and taking a strategic approach to research endeavors that will move findings into the community faster and better because of our partnerships,” said conference chair Omar A. Khan, M.D., MHS, medical director for Community Health and the Eugene duPont Preventive Medicine & Rehabilitation Institute, and co-director of Community Engagement and Outreach for ACCEL.

In its first year, ACCEL established a Community Advisory Committee to connect clinicians, research partners and a diverse group of stakeholders from local communities. It awarded several research grants, and provided training in research methods and concepts to build expertise and infrastructure in Delaware.

ACCEL is building the research pipeline at an opportune time. The Center for Medicare & Medicaid Innovation awarded the State of Delaware a \$35 million grant for a state innovation model to improve patient care, support the health of all Delawareans and reduce costs of care.

“The aim is to make Delaware one of the five healthiest states in the nation,” said Dr. Nevin. “This is a testament to how we work in Delaware — as a community committed to improving the health of our neighbors through innovation, quality and value.”

Keynote speaker Ann Bonham, Ph.D., chief scientific officer with the Association of American Medical Colleges, said she meets with many groups around the nation hoping to integrate a community perspective into clinical and translational research, and she is impressed with what ACCEL is working to achieve.

“You have created a culture of inclusion that is engaged, committed and enthusiastic, and that is a real foundation for going forward,” said Dr. Bonham, adding that better health doesn’t happen overnight. “It’s a marathon, not a sprint.”

More than 30 research consultations, collaborations and grant submissions have occurred through ACCEL and have included a perspective on community engagement. In addition, the community has identified cancer, obesity, rehabilitation, cardiovascular disease, stroke, women’s health and infant mortality as areas of focus for research efforts.

Community engagement is an aspect of research with growing importance, said Dr. Bonham. This is apparent in the Affordable Care Act that established the Patient-Centered Outcomes Research Institute, which funds comparative clinical effectiveness research and requires strong community engagement. Increasingly the NIH also expects community engagement to be integral in grant proposals it selects to support.

U.S. Sen. Chris Coons, D-Del., made a special appearance at the conference, noting that he supports grants such as ACCEL that strengthen the voices of patients and community members in helping determine research to pursue.

At the conference, the first recipients of ACCEL Community Engagement Research Awards reported on their studies of physical activity among Delaware cancer survivors; strategies

“You are key leaders — innovators for the future of health care. It is your commitment to this work that is going to make a difference in the health of people we serve.”

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

for including Delaware youth with disabilities in the state's Youth Tobacco Survey; and the importance of client assessments of the value of community health workers in Delaware.

During interactive workshops, presenters and participants shared ideas for studying the effects of e-cigarettes; breastfeeding support in the workplace; sharing research findings with the media; and using evaluation data effectively in research.

Engaging community members is a vital part of the ACCEL initiative, said Peggy Geisler, MA, executive director of Sussex County Health Promotion and chair of the ACCEL Community Advisory Committee. "We can't make the assumption that we understand what our communities need," she said.

Luncheon keynote speaker Tim Brookes, MA, director of the Professional Writing Program at Champlain College in Burlington, Vt., provided a patient's perspective and suggested using narrative to further community engagement. He suggested an online

"You have created a culture of inclusion that is engaged, committed and enthusiastic, and that is a real foundation for going forward."

ANN BONHAM, PH.D.

CHIEF SCIENTIFIC OFFICER, ASSOCIATION OF AMERICAN MEDICAL COLLEGES

portal that invites patients, many of whom do their own online health research, to share their stories around an illness.

"Anyone with an illness is a bona fide researcher in their own right," said Brookes. "A portal would get people in a community sharing information that would be useful to patients, clinicians, researchers, epidemiologists and legislators."

Dr. Khan said ACCEL is dedicated to such innovation. "Identifying creative ways to ensure that research is meaningful for our community will enable health care providers, researchers and members of the communities we serve to partner in our shared commitment to achieving optimal health," he said. ●

The ACCEL program is strengthening collaboration among researchers, clinicians and community members to enhance health care access, education and engagement. Front row: Stuart Binder-Macleod, Ph.D., PT, FAPTA, University of Delaware; Heather Bittner Fagan, M.D., MPH; Kathy Matt, Ph.D., University of Delaware; Janice E. Nevin, M.D., MPH; Ann Bonham, Ph.D., Association of American Medical Colleges; and Michael Rosenthal, M.D. Back row: William S. Weintraub, M.D.; Iman Sharif, M.D., MPH, Nemours/Alfred I. duPont Hospital for Children; Brian Rahmer, Ph.D., MS; Carolyn Jenkins, DrPH, RD, CDE, APRN, Medical University of South Carolina; Omar Khan, M.D., MHS; Tim Brookes, MA, Champlain College; Frank Hawkins, AIDS Delaware; and Peggy Geisler, MA, Sussex County Health Promotion Coalition.





Dawn M. Jennings, RN, shows new mom Stephanie Forester how to safely place baby Logan on his back to sleep.

Christiana Care earns national recognition for infant sleep safety

“

Receiving national certification by Cribs for Kids as a Gold Safe Sleep Champion recognizes the dedication and expertise of our team in caring for babies and families.

”

SHERRY A. MONSON, MSN, RN, MBA
VICE PRESIDENT, WOMEN'S AND
CHILDREN'S SERVICES

Cribs for Kids has recognized Christiana Care Health System as a nationally certified Gold Safe Sleep Champion, acknowledging a demonstrated commitment to best practices and parent education concerning safe sleep for infants. Only seven institutions in the U.S. have earned this designation — the highest level of certification available.

To reach the Gold level, institutions must meet rigorous criteria, including implementation of a hospital-wide policy supporting safe sleep for infants, consistent modeling behaviors by nurses and physicians, use of wearable blankets instead of traditional blankets, a comprehensive education program for parents and strong community outreach.

“As the largest health care provider delivering babies in Delaware, we have a responsibility to model behaviors and educate parents about the do’s and don’ts of infant safe sleep,” said Pamela Jimenez, MSN, RN, FNP-BC/ PNP-BC,

coordinator of the Continuing Care Nursery and a member of the Infant Apnea Team. “It’s so meaningful to be recognized for our efforts.”

The Centers for Disease Control reports that every year in the U.S., approximately 3,500 infant deaths occur due to accidental suffocation, asphyxia or undetermined causes during sleep. The mission of Cribs for Kids is to prevent these deaths by educating parents and caregivers and helping them to provide a safe sleep environment for their babies. One way to encourage a safe sleep environment is by providing portable cribs to families who otherwise cannot afford a safe place for their infants to sleep.

Christiana Care has been an official Cribs for Kids partner since 2011 and in April was named among the first group of institutions to receive Gold certification.

“Christiana Care has been on board with our mission since day one, ensuring that parents are educated at the time of delivery and that every newborn has a

safe place to sleep," said Anne Pedrick, MS, executive director of Delaware's Child Death, Near Death and Stillbirth Commission. "Christiana Care has always been at the forefront of our efforts to help reduce infant mortality."

Jimenez has been the driving force behind Christiana Care's multi-pronged safe sleep initiative since her arrival in 2007. She and a team of other nurses and social workers are members of the Safe Sleep Committee created by the state commission, which oversees the Delaware chapter Cribs for Kids. Also actively involved in the mission is David A. Paul, M.D., chair of Pediatrics at Christiana Care and chair of the Delaware Healthy Mother and Infant Consortium.

"Sudden Infant Death Syndrome (SIDS) is the third leading cause of infant mortality in the U.S., and the rate in Delaware is higher than the national average, with eight deaths for every 1,000 births," said Dr. Paul. "Most of these deaths are preventable. By sharing critical messages with parents who may otherwise be unaware of the dangers, we can help save lives."

Every nurse and physician at Christiana Care who works with infants is fully trained in safe sleep practices and educates families. Informational materials include a crib card with easy-to-follow guidelines and two instructional videos, which are required viewing before discharge. Christiana Care also presents each new mother with a wearable blanket — an easy-to-use sleeping garment for the baby that provides a much safer alternative to blankets in the crib.

Through Cribs for Kids, families who do not have access to a safe sleeping environment for their newborns are presented with proper cribs. Health care professionals in Christiana Care's Pediatrics and Emergency Departments work closely with social workers to determine this need, and cribs are kept on-site for immediate distribution. Since 2011, Christiana Care has distributed 365 portable cribs to families who qualify.

Jimenez reports that the parents who receive cribs are incredibly grateful. "I recently asked one mom where her baby would be sleeping if she had not received a crib," said Jimenez. "She

answered that she didn't know — she would still be out trying to find the money to buy one."

Christiana Care introduced its safe sleep policy in January 2014. The policy is based on national guidelines from the National Institutes of Health and the American Academy of Pediatrics.

Christiana Care partners in community baby showers several times a year — free public events where parents-to-be receive education, support and encouragement. Attendees receive informational materials and a wearable blanket, and are entered into a raffle to win a crib. Representatives from Christiana Care also share safe sleep messages at health fairs and other community events. These activities are among the components involved in achieving Gold certification.

"Receiving national certification by Cribs for Kids as a Gold Safe Sleep Champion recognizes the dedication and expertise of our team in caring for babies and families," said Sherry A. Monson, MSN, RN, MBA, vice president of Women's and Children's Services at Christiana Care. "It speaks to our unwavering commitment to the patients we serve and to our role as partners in health in the community." ●



Partnering to promote safe sleep are David A. Paul, M.D., chair of Pediatrics; Social Work Supervisor Jennifer Stevenson, LCSW; and Pamela Jimenez, MSN, RN, FNP-BC/ PNP-BC, coordinator of the Continuing Care Nursery and a member of the Infant Apnea Team at Christiana Care.

“
Most SIDS deaths are preventable. By sharing critical messages with parents who may otherwise be unaware of the dangers, we can help save lives.”

DAVID A. PAUL, M.D.
CHAIR OF PEDIATRICS

Launching Oct. 1, ICD-10 will enhance quality and safety of care

After several delays, the federally mandated launch of ICD-10 is scheduled for Oct. 1.

ICD stands for the International Classification of Diseases. These codes provide critical information about epidemiology, managing health and treating conditions, and they provide insurers with information they need to determine reimbursement.

ICD-10 isn't just a new way for health systems to get paid. The goal is performance improvement, said Sharon Anderson, MS, BSN, RN, FACHE, senior vice president for Quality, Patient Safety, and Population Health Management and director, Center for Quality and Safety of the Value Institute.

"ICD-10 will drive much more detailed information around patient conditions, and the procedures and treatment modalities," Anderson said. "Greater level of detailed diagnoses and procedure codes will assist us in better understanding the value of the care that we deliver, which will ultimately enhance quality and safety."

The new system is designed to strengthen the connection between documentation and clinical care, said Kenneth L. Silverstein, M.D., MBA, chief medical officer.

"Providers involved in clinical care delivery need to know what is going on with their patients," Dr. Silverstein said. "ICD-10 implementation is an opportunity for clinicians to focus on communicating more effectively about the status of the patient."

In addition to driving reimbursement, ICD-10 will impact particular quality measures that are important to our organization, our providers and payers, said Thomas Corrigan, MBA, chief financial officer.

"More specific coding can provide better comparability," Corrigan said. "The rest of the world is already using ICD-10. Providing good, clear documentation up-front will provide better comparability for publicly released outcomes measures."

Documentation also impacts patients in the outpatient environment. "If a physician writes a prescription for a lab test or diagnostic test, there needs

to be specificity in ICD-10 terms," Dr. Silverstein said. "That results in benefits for patients and the services that support care."

Doctors and other providers can expect robust support for the transition at Christiana Care. A team of specialists from multiple areas is developing web-based education specifically for providers, to be released by Sept. 1. Education for non-coders and non-providers who were identified as having responsibilities that require knowledge of ICD-10 began in July.

"Change is always hard, but there is a very clear awareness in the health care industry that change is coming," Dr. Silverstein said. "We're committed to ensuring that our providers and employees have the support they need to make that change."

As Oct. 1 approaches, ongoing communications and updates will be shared via the ICD-10 intranet page at <http://inet/externalaffairs/ICD10>. The site includes links to helpful resources, including the CMS ICD-10 website <http://www.cms.gov/Medicare/Coding/ICD10>. ●



"ICD-10 will drive much more detailed information around patient conditions, and the procedures and treatment modalities. Greater level of detailed diagnoses and procedure codes will assist us in better understanding the value of the care that we deliver, which will ultimately enhance quality and safety."

SHARON ANDERSON, MS, BSN, RN, FACHE

SENIOR VICE PRESIDENT FOR QUALITY, PATIENT SAFETY, AND POPULATION HEALTH MANAGEMENT

DIRECTOR, CENTER FOR QUALITY AND SAFETY, VALUE INSTITUTE

Project Engage gains national attention for success in treating substance-use disorder

In the field of addiction medicine there is growing recognition for the innovative design of Project Engage. New research shows the success of the program's engagement specialists, who offer treatment options to alcohol-dependent patients at Christiana Care Health System.

An analysis of 195 alcohol-dependent patients who were offered peer-to-peer counseling and accepted treatment for substance-use disorder showed a significant decrease in 30-day readmission compared to a similar control population among patients without mental health disorders, said Claudine Jurkovitz, M.D., MPH, senior researcher, Center for Outcomes Research, Value Institute.

The readmission rate for the control group averaged 8.5 percent as compared to a 3.7 percent hospital readmission rate for Project Engage patients. (The 30-day readmission rate is a metric widely adopted in hospital-related research.) However, there was no difference between treated Project Engage patients and controls when patients had mental health disorders.

"Christiana Care is leading the way in a new area of study, one that is showing how we can mitigate the negative impact that substance abusers have on our health systems," said Terry L. Horton, M.D., FACP, chief of the Division of Addiction Medicine and medical director

of Project Engage. "We are offering a model for changing the face of addiction medicine in the United States and making it germane to the hospital system."

It appears that treatment experiences need to be customized to help patients with significant mental health issues, Dr. Horton said. More than half of hospital patients struggling with addiction have unmet mental health needs.

Project Engage was first piloted in 2008 and is a partnership between Christiana Care and Brandywine Counseling & Community Services, which provides addiction treatment. Through the program, peer counselors engage patients at the hospital bedside to talk about their substance use. In some cases, the counselors are also able to work with a social worker to assist patients in transitioning back into the community while meeting new sobriety goals.

"Using peer counselors in the battle against addiction is not a new idea, but integrating them into a hospital setting is new," said Beverly Wilson, MS, program manager of Project Engage.

The program shows that hospitals provide "a reachable moment" when an engagement specialist can meet with patients, offer empathy by sharing

their own struggle with addiction, and link patients with resources for recovery, said Mark Lanyon, Ph.D., ICADC, ICCDPD, LCDP, LPC, clinical program manager of Project Engage.

Of 1,123 patients with substance-use disorders offered help through Project Engage, 27 percent accepted treatment. "This is absolutely remarkable if you consider that people came into the hospital because they were sick — not because they were seeking help with alcohol or drugs," Dr. Horton said.

An analysis of Christiana Care hospital data has shown an average annual savings of \$6,000 per patient when engagement specialists have intervened.

In late April, Dr. Horton offered an abstract and poster on Christiana Care's hospital readmission rates at the national conference of the American Society of Addiction Medicine (ASAM) in Austin, Texas. The presentation was well-received, earning the study the Program Planning Committee Award.

CONTINUED P. 16

Terry Horton, M.D., FACP, chief of Christiana Care's Division of Addiction Medicine and medical director of Project Engage, accepts the 2015 American Society of Addiction Medicine Annual Conference Program Planning Committee Award for his work on Project Engage.



CONTINUED

The award is given for an abstract that illustrates new ideas, scientific merit and important findings for addiction medicine.

“This was an honor for us and validation that we are moving in a direction that shows promise to our colleagues in addiction medicine,” said Dr. Horton.

Dr. Horton shares the ASAM award with research colleagues Dr. Jurkovitz; Wilson; Bailey Ingraham Lopresto, MS, biostatistician, Value Institute scholar; Elizabeth A. Ivey, senior systems analyst, Value Institute; and George Woody, M.D., professor in the Department of Psychiatry, the University of Pennsylvania School of Medicine, Philadelphia, and a member of National Institute of Drug Abuse (NIDA) Clinical Trials Network Delaware Valley Node, Philadelphia.

In mid-April Dr. Horton also presented Project Engage research to the steering committee of the National Drug Abuse Treatment Clinical Trials Network, which is part of the NIDA, headquartered in Bethesda, Md. The committee of scientists report on the efficacy of new methods in addiction medicine.

“This year’s discussion was on how to move substance abusers toward treatment in the general health care setting,” he said. “We are delighted that scientists are interested in our work.”

The leadership of the University of Pittsburgh Medical Center (UPMC) also find merit in Project Engage and are using it as a model in creating new peer navigators in three UPMC hospitals. To understand Project Engage from the ground up, three members of the UPMC staff visited Christiana Care the first

week of April, shadowing engagements specialists as they interacted with patients and staff.

“Our visitors were seeking confirmation that they are on the right track in their approach to addiction,” said Dr. Lanyon. “I think they were impressed with how our engagement specialists could talk to patients, nurses and doctors and be respectful of everyone involved.”

Project Engage is seeking a grant from the National Institute on Alcohol Abuse and Alcoholism (NIAAA) with the University of Pennsylvania to study the effectiveness of further interventions with patients who have unmet mental health needs. ●



Terry L. Horton, M.D., FACP, speaking to Delaware construction trade group leaders.

Construction leaders meet with Project Engage

Recognizing the high incidence of alcohol and drug abuse in the construction trades, Delaware contractors are exploring ways to tap Christiana Care’s expertise in fighting addiction.

“Substance abuse is endemic, but unfortunately when we identify a problem we do not have the expertise to make sure someone is on the path to getting the help they need,” said Stephen M. Mockbee, founder, chairman and former president of Bancroft Construction Company and a Christiana Care Health System trustee. “Project Engage has the capacity to help us improve the health care of our employees.”

At a meeting of 40 Delaware contractors on May 20 at the University and Whist Club in Wilmington, Mockbee joined with other representatives from the construction trades, as well as staff from Project Engage, to outline the problem faced by the industry and discuss how Project Engage could make a difference. The event was held in partnership with the Delaware Contractors Association and Associated Builders and Contractors.

They hope to form a partnership with Project Engage, a collaborative program of Christiana Care and Brandywine Counseling and Community Services, which has used peer counselors to engage with more than 3,000 patients with substance use disorder at hospital bedsides.

Since 2008, the program has shown success in helping patients engage in substance-abuse treatment. Delaware contractors believe they have employees that could benefit from consulting peer counselors with Project Engage.

CONTINUED P. 17



Terry L. Horton, M.D.,
FACP, with Stephen
M. Mockbee.

Mockbee pointed out that the incidence of substance abuse is twice as high in the construction trades as in the overall U.S. population. For example, the use of prescription medication is estimated at 22.5 percent of workers in construction and 11.7 percent for Americans as a whole. Research suggests that 17.2 percent of construction supervisors have a problem with drug use and that 12.7 percent are heavily dependent on alcohol.

Three members of the construction community gave testimony to painful and challenging issues that they experienced around addiction. The speakers were Marian Young, a co-founder of the remediation and environmental consulting firm BrightFields Inc.; Lyle Frederick, project executive at Skanska USA Building Inc.; and mechanical contractor Ralph Degli Obizzi, who has been in business in Delaware since 1969. Each spoke of the need for greater education on addiction and professional assistance in order to offer employees and family quality care.

Degli Obizzi told the story of a heavy equipment operator who fell asleep on his backhoe and was far from cooperative when asked to take a drug test. Though the employee eventually admitted he had a problem and achieved sobriety, Degli Obizzi said there were many ups and downs that he was ill-equipped to handle.

“I think with proper guidance our employee would have returned to work quicker and with less aggravation,” Degli Obizzi said. “I believe it could have been easier with the help of Project Engage.”

Terry L. Horton, M.D., FACP, chief of the Division of Addiction Medicine and medical director of Project Engage, told contractors that he understood addiction personally and professionally. The grandson of a master carpenter, Dr. Horton grew up in a Wilmington neighborhood where three close boyhood friends struggled with addiction until they eventually landed in prison. “It was all drugs, all unintended and all undiagnosed,” he said.

He explained that drug use is not merely a matter of willpower.

“Addiction is a chronic brain disorder and is not a character flaw,” said Dr. Horton, who was, before joining Christiana Care, the medical director and vice president at Phoenix House Foundation, a national leader in providing substance abuse services. “Addiction is in every community and is about 10 percent of every population, though more in the construction work group.”

“Substance abuse is endemic but unfortunately when we identify a problem we do not have the expertise to make sure someone is on the path to getting the help they need. Project Engage has the capacity to help us improve the health care of our employees.”

STEPHEN M. MOCKBEE
FOUNDER, CHAIRMAN AND FORMER
PRESIDENT, BANCROFT CONSTRUCTION
COMPANY, AND TRUSTEE OF CHRISTIANA
CARE HEALTH SYSTEM

CONTINUED P. 18

CONTINUED

“Addiction is a chronic brain disorder and is not a character flaw. Addiction is in every community and is about 10 percent of every population....”

TERRY HORTON, M.D., FACP
CHIEF, CHRISTIANA CARE ADDICTION MEDICINE

Drugs hijack the brain’s motivational reward system and, over time, damage areas involved with judgment and risk decision making. “Motivational circuits are fried, and stereotypical behaviors are common,” he said. “Patients lie, they cheat, they deny and they manipulate. These are symptoms of the disease.”

But they also are miserable, and Dr. Horton has found that when substance-use disorder patients come to Christiana Care they often feel vulnerable and are reachable when engaged at the bedside by a peer counselor — someone who has walked in their shoes.

“If they are ready to change, we’ll help them transition into community-based drug treatment, walking alongside them on what feels like a shaky rope bridge, connecting them to a treatment network and everything that follows after that,” he said. “We’re about coaching, educating and supporting everyone — the patient, the family, the doctor and the nurse. That’s very much our role at Project Engage.” ●

PAIN & PALLIATIVE CARE

Ethics After Work tackles end-of-life planning issues

Conversations about the end of life can be uncomfortable and difficult, even for health professionals. But overcoming discomfort and initiating those important discussions can mean the difference between seeing a patient or loved one spending those final moments connected to life-prolonging equipment in a sterile room or peacefully surrounded by family and friends.

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

It’s a message many people don’t want to hear, said John Goodill, M.D., FACP, FCCP, director of Palliative Medicine Education and Outreach, who led the meeting.

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

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



John Goodill, M.D., FACP, FCCP

Dr. Goodill showed the film “Consider the Conversation: A Documentary on a Taboo Subject,” created with private funding by Terry Kaldhusdal, a 6th-grade history teacher, and Michael Bernhage, a health care business professional and hospice advocate, both of Wisconsin. The film presents interviews with physicians, patients, clergy, a journalist and others who address issues associated with planning the best possible outcome for each individual.

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

“We are focused on the patient and patient-centered care,” he said. “The practice of medicine has evolved to be a team effort. We should be listening and acting in a coordinated fashion to ensure that the patient and the family have the best information on which to base a plan of care.”

CONTINUED P. 19

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

JOHN GOODILL, M.D., FACP, FCCP
DIRECTOR, PALLIATIVE MEDICINE
EDUCATION AND OUTREACH



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

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

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

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

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

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

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

For many patients, living as well as possible means palliative care — care that is focused on providing comfort and relieving symptoms, including pain and anxiety. A multidisciplinary palliative care team at Christiana Care provides ongoing medical care along with emotional support and help in making decisions for management of advanced chronic and serious illness.

Hospice also offers palliative care. Generally admission to hospice is limited by insurance coverage to patients considered terminal or within six months of death.

Dying is “a very natural part of living, and we’ve kind of over-medicalized it ... we don’t give it room to happen as it should,” Dr. Goodill said. Discussions about individual wishes for end-of-life care with respect are life-affirming. “It’s about paying attention to the experience of the patient facing death. We need to listen to that.” ●

Descendants of Henrietta Lacks promote trust between researchers, minority community



Descendants of Henrietta Lacks toured the Helen F. Graham Cancer Center & Research Institute during a visit in which they talked about their grandmother's legacy.

The Lacks family is slowly re-building trust in the medical community — trust hard-earned by learning, after the fact, that their family matriarch's cell line was used for medical research without her knowledge or consent. Discoveries from her cells have led to the polio vaccine and advances in in vitro fertilization and cancer care. Decades later, her genome was publicly released by the National Institutes of Health — this time finally with the family's consent — further advancing scientific discovery and solidifying their trust in the research community.

By sharing Henrietta's story, the Lacks family hopes to encourage more minorities to participate in medical research that may help eliminate disparities in diagnosis and treatment.

Two of Henrietta's descendants — grandson David Lacks Jr. and great-granddaughter Victoria Baptiste — joined a panel discussion June 9 at Christiana Care to discuss the importance of research, bio specimens and the challenges of engaging the African-

American community. The event was sponsored by the Helen F. Graham Cancer Center & Research Institute's Center for Translational Cancer Research and also made possible by its Breast Cancer Research Program and the Delaware IDEa Network of Biomedical Research (INBRE). Nicholas J. Petrelli, M.D., Bank of America endowed medical director for the Helen F. Graham Cancer Center & Research Institute, moderated the discussion, and closed the program saying that "trust" was clearly the operative message.

"Henrietta's story reminds us that we must always be aware of the human component in research," said Jennifer Sims-Mourtada, Ph.D., senior research scientist and director of the Breast Cancer Research Program at the Center for Translational Cancer Research. She stressed that it is "absolutely essential" to have the participation of minority communities in research, or health disparities will become even greater.

Panelist LeRoi S. Hicks, M.D., MPH, vice chair of the Department of Medicine, explained that strict regulations are in

place today to ensure that minorities are appropriately recruited for, and represented in, medical research. He acknowledged that cultivating trust is key to breaking down long-established barriers, and added that engaging minority advocates is an important strategy for community-based participation.

"The distrust generated among members of minority communities through the years has led to a culture that reduces the number of blacks participating in medical research trials," he said.

Panelist Leila Hamroun, AIA, LEED AP, NCARB, breast cancer survivor and founding member of Christiana Care's Oncology Patient Advocates for Clinical Trials, shared the importance of health professionals and patients partnering in research. "The reality is that I am only here today because somebody before me participated in a clinical research trial. Enrolling is the only way to ensure that I, and others, will be here for a long time. We can't do it without each other. Without practitioners, we don't have a path to recovery. Without patients, practitioners don't have a path to discovery." ●

Henrietta Lacks' great-granddaughter Victoria Baptiste looks through a microscope during a tour of the Center for Translational Cancer Research at the Helen F. Graham Cancer Center & Research Institute.



THE IMMORTAL



HeLa CELL

Henrietta Lacks' cells became the first and most important line of human cells in scientific research history.

Henrietta Lacks was a poor, black, tobacco farmer whose story was chronicled in the best-selling book "The Immortal Life of Henrietta Lacks." The book has been translated into 25 languages and is sparking conversations in medical schools, hospitals and research labs across the country on the importance of establishing trust between researchers and patients and their families.

A few months before the 31-year-old's death from cervical cancer in 1951, a doctor cut out a small sample of her cancer cells, which became the first and most important line of human cells ever to survive and multiply indefinitely in the laboratory environment. Known as an "immortal cell line" — and

called HeLa cells in an attempt back in the 1950s to shorten her name and protect her identity — her genetic information has helped scientists make some of the most important advances in modern medical history. But her cells were taken and used without her knowledge or consent.

While the scientific advances from her cell line over the last six decades are historic, it is the lesson learned about informed consent and establishing trust with patients and their families that is causing medical researchers to take note of Henrietta's story today.

When asked if Henrietta would have consented to the use of her cells and genome had she been given the chance, the

Lacks descendants quickly answered "of course," citing her nurturing, selfless character. Their message in sharing Henrietta's story, they said, is to help researchers understand that the patient or family should be the first to know and decide about involvement in medical research studies, not the last to find out.

"If she had been given the opportunity to help, she would have," said Victoria Baptiste, a nurturer, like her great-grandmother, who will soon embark on a career as a labor and delivery nurse, and patient advocate.

Baptiste reminded the audience, "The specimens you procure come from a person, and when people are involved, things need to be handled on a

more sensitive level." She encouraged the audience to start the conversation with minority communities in order to educate them and develop trust.

Knowing what they do now about the medical advancements stemming from the HeLa cells, David Lacks Jr. said he wouldn't change his grandmother's history.

"What I would change was our family being the last to know," he said. "I am, of course, very proud — and awestruck — that my grandmother's cells did so much for society that would not have been possible without this woman. Most cells only live a few weeks at best. Hers thrived so much longer. She was truly someone special." ●



Leveraging science and technology to speed diagnosis of sepsis

Stephanie Levin, MS MT(ASCP) places a blood sample into the Verigene analyzer, which will identify the bacteria and support antibiotic selection for treatment of the septic patient in as little as three hours.

Every minute counts when it comes to diagnosing and treating sepsis, an infection in the blood stream that can turn deadly, fast.

Christiana Care Pathology and Laboratory Services has strengthened their arsenal in the fight against sepsis with a new protocol alert and some exciting new technology.

Sepsis is the body's extreme response to a bacterial or other type of infection (fungal, viral or yeast). The release of chemicals into the blood stream to fight the infection causes widespread inflammation that if left untreated, can slow blood flow and damage organs. In the later stages, sepsis can progress to life-threatening, severe sepsis or septic shock.

Severe sepsis claims the lives of more than 250,000 people a year in the United States, about one person every two minutes. For every hour that appropriate treatment is delayed, sepsis associated mortality increases by 7.5 percent. Early and accurate identification of sepsis is critical to survival.

"Our laboratory scientists are working closely with Christiana Care doctors and nurses to reduce mortality from sepsis and improve outcomes," said Cheryl Katz, MS, MLS(ASCP)SH, vice president, Pathology and Laboratory Services. "This collaboration has spurred innovation in many areas, including our nationally recognized, award-winning 'Sepsis Alert' protocol, but we continue to challenge ourselves to performance excellence when it comes to fighting this costly and potentially life-threatening condition."

Tracking Sepsis in the Lab

There is a long list of tests that the lab uses to indicate sepsis, including blood cell counts, coagulation studies, lactic acid screening, liver enzymes, and C-reactive protein and procalcitonin (PCT) levels. Katz says the following

new protocol and new technologies enhance current capabilities:

Band Alert — Bands are immature white blood cells, which appear to increase at the onset of a blood infection. A "Band Alert" to the Emergency Department signals a high band count (> 20%) in a patient's blood culture, which could be a potential early marker for sepsis.

"There have been some highly publicized cases reported in the literature where patients with unremarked elevated band counts have died from sepsis," explained General Lab Manager Sherry Mertz, MT(ASCP). "Our laboratory worked with physicians in the Emergency Department and the Hematology Lab to devise a meaningful set of criteria for reporting when a patient's band count is elevated, based on current guidelines and best practice recommendations."

“WE CONTINUE TO CHALLENGE OURSELVES TO **PERFORMANCE EXCELLENCE** WHEN IT COMES TO FIGHTING THIS COSTLY AND POTENTIALLY LIFE-THREATENING CONDITION.”

CHERYL KATZ, MS, MLS(ASCP)SH
VICE PRESIDENT, PATHOLOGY AND LABORATORY SERVICES



Microbiology Lab Manager Sarojini Misra, MS, SM(ASCP), SM(AAM) and Cheryl Katz, MS, MLS(ASCP)SH, vice president, Pathology and Laboratory review the pattern of bacterial growth on an agar plate to help identify the bacteria causing an infection.

Those guidelines are supported by work done right here at Christiana Care by Epidemiologist Marci Drees, M.D., MS, FACP, DTMH, et al., and published in *The American Journal of Medicine* in November 2012.

Procalcitonin (PCT) Testing — The Lab now offers PCT testing in-house, shortening the time to about an hour for results that formerly took three or four days.

PCT levels become elevated in the blood when a bacterial infection is present. This can be an early indicator of sepsis. PCT testing can also differentiate from a non-infection inflammatory response, which would not respond to antibiotic therapy.

In the ICU, Mertz points out, PCT levels are monitored regularly to guide timely de-escalation of antibiotic therapy. “This means the patient is on antibiotics only as long as necessary, which reduces their risk for dangerous antibiotic resistant infections and allows them to go home sooner, which helps lower costs associated with a longer hospital stay.”

Verigene Testing — This newly acquired technology can detect and identify clinically significant, harmful bacteria in positive blood cultures in a fraction of the time it takes traditional methods — up to 48 hours faster. Verigene can also identify some of the resistant markers to commonly prescribed antibiotics.

“This testing allows us to more quickly identify what is causing the infection, whether it will respond to antibiotic therapy and which antibiotics would be most effective,” explains Microbiology Lab Manager Sarojini Misra, MS, SM(ASCP), SM(AAM). “With this information the doctor can target the treatment to the specific infection in the individual patient.”

Beating the Clock against sepsis

“Sepsis is a time-sensitive disease that moves along a spectrum of evolving symptoms,” said Ryan Arnold, M.D., director of Emergency Medicine Research and clinical investigator at the Value Institute. “A patient’s condition could start out as a very mild disease but then progress to a life-threatening one very quickly, without timely and appropriate treatment.”

Dr. Arnold says the ability to identify sepsis early and accurately combined with prompt treatment with IV fluids and targeted antibiotics is critical to saving lives.

“When you are dealing with sepsis it is not a slam dunk,” he said. “There is a whole field of diagnostics in development looking for more definitive methods to confirm the presence of infection and guide decisions on how many and what antibiotics to prescribe. With these technologies we are moving closer and closer to more personalized medi-

cine where we not using algorithms but rather patient specific data to determine the correct treatment.”

Dr. Arnold is collaborating with Cheryl Katz and her team on an observational study of Heparin-binding protein (HBP) as a potential new biomarker in the blood to identify patients at risk for developing severe sepsis or septic shock. Christiana Care is currently the only U.S. institution collecting data for this study.

The results of Dr. Arnold’s previous work with investigators in Sweden recently were accepted for publication in *Critical Care Medicine*. He continues this work with colleagues at Christiana Care, collecting data on HBP levels in sepsis patients admitted from the Emergency Department at Christiana Hospital.

“Our focus is on patients whose clinical condition is challenged, but who have not progressed to severe infection to determine if HBP is an accurate predictor of those at risk for deterioration,” Dr. Arnold explained.

“Without the collaboration of our team members in the lab who donated their time to run the tests for us, we never could have progressed this far in our study,” he said. Research collaborations like these, he says, are needed to uncover more and more clues to cracking the code for sepsis. ●

Young scholars partner with Christiana Care to promote education on sickle cell disease

Students from Serviam Girls Academy took their science project directly to the community, promoting sickle cell disease awareness at Wilmington Hospital.

Four of Serviam's seventh- and eighth-graders researched how to monitor sickle cell and prevent pain crises for Toshiba ExploraVision, a national science competition. Sickle cell is a hereditary blood disorder that affects mostly people of African origin.

Donnita Scott, M.D., and Lonnie Angstadt, PA-C, both of Christiana Care Health System's Department of Emergency Medicine, are mentors at Serviam, a private, tuition-free school in New Castle for girls in grades 5 through 8. They saw an opportunity to meet a health care need and to build on the students' interest.

"We frequently see people in the Emergency Department in sickle cell crisis in extreme pain," Angstadt says. "These students want to become social activists and educate people about sickle cell."

To bring the students to Wilmington Hospital, their mentors partnered with Edmondo J. Robinson, M.D., MBA, FACP, senior vice president and executive director of Christiana Care Health System – Wilmington and associate chief medical officer and Jennifer M. LeComte, D.O., FACP, FAAP, medical director of the Transitions and Pediatric Practice.

In May the students, who are considering careers in medicine, set up a booth in the Wilmington Hospital lobby where they distributed brochures they had produced and handed out awareness bracelets printed with the message "Knock Out Sickle Cell."

They met with patients and staff, including Allen R. Friedland, M.D., FACP, FAAP, program director of the Medicine-Pediatrics Residency Program, and Bradley J. Sandella, D.O., fellowship program director in Sports Medicine, who talked with the young scholars about screening for sickle cell traits in college athletes.

"Collaborating with our neighbors is an important part of population health and getting them excited about being partners in their care," said Dr. LeComte. "It's wonderful to see young students so invested in being ambassadors for health in their own community." ●



“
Collaborating with our neighbors is an important part of population health... It's wonderful to see young students so invested in being ambassadors for health in their own community.
”

JENNIFER M. LECOMTE, D.O., FACP, FAAP
MEDICAL DIRECTOR OF THE TRANSITIONS AND PEDIATRIC PRACTICE



Students from Serviam Girls Academy visited Wilmington Hospital to help raise awareness about sickle cell disease.

Concord High School InvenTeam triumphs at MIT 'EurekaFest'

As a grantee under the Massachusetts Institute of Technology Lemelson InvenTeam program, 15 students from Concord High School homed in on hospital safety as a challenge to their ability to innovate.

Their invention, dubbed S.H.A.R.P., is a machine that helps detect metal objects that may be lurking in the 17 tons of laundry washed every day at Christiana Care Health System, by passing the textiles under a magnetic arch and raising an alarm when it finds something.

Such objects not only pose a potential safety risk for Christiana Care staff, but can also ruin equipment. A large rubber bladder used in the massive laundry system at Christiana Hospital was punctured, effectively destroying it, in May this year. "Fortunately, that doesn't happen very often," said Guy Defibaugh, director of Textile Services. Replacing the bladder cost more than \$5,000, he said.

Janice E. Nevin, M.D., MPH, president and CEO of Christiana Care Health System, welcomed the team to a special "report out" event at Christiana Hospital in July, to hear about EurekaFest, an annual convention at MIT where InvenTeams from across the nation pay a summer visit demonstrate their work. Christiana Care provided funding for the trip to MIT.

"We had an issue, and we got the best minds in the area to help us with that issue, and frankly what you have done is spectacular," said Dr. Nevin.

At EurekaFest the students were challenged to set up the S.H.A.R.P. machine quickly, demonstrate its capabilities, and receive feedback from experts at one of the world's universities that's most famous for excellence in technology.

At the Christiana Hospital report out event, the 15 team members separated into groups and explained to about 50 people in attendance the various aspects of carrying the invention from concept, to design, to construction and testing. ●



Ray Seigfried, Christiana Care senior vice president, Administration, Clinical and Materiel Operations, congratulates Concord High School teacher Jordan Estock and the innovative students behind a detection system that uses magnetic technology to warn of potentially dangerous objects hidden in textiles before they are sorted and cleaned in the hospital laundry. The project — the first ever selected from Delaware — was awarded a \$10,000 grant from the Lemelson-MIT InvenTeam Program at the Massachusetts Institute of Technology in Boston.



Above, Janice E. Nevin, M.D., MPH, welcomes members of the Concord High School Lemelson-MIT InvenTeams project to a program at Christiana Hospital's John H. Ammon Medical Education Center July 5.

Speaker addresses cultural competency in caring for the transgender patient



Willie Wilkinson, MPH, a transgender man, writer and public health consultant, speaks about advancing transgender cultural competency in delivering health care. Learn more at www.willywilkinson.com.

Which pronoun should you use to address a transgender patient? Which restroom should a transgender employee use? Should a transgender patient who is transitioning from a man to a woman be assigned to share a room with a male or female patient?

Willie Wilkinson, MPH, a transgender man, author of “Born on the Edge of Race and Gender – A Voice for Cultural Competency” and public health consultant, answered those questions and more in his presentation on advancing transgender cultural competency in delivering health care.

“We need to ask two questions. What is your gender? And what gender were you

assigned at birth?” he said. “Gender is an internal, intrinsic sense of who we are.”

Wilkinson spoke at the John H. Ammon Medical Education Center on June 30, the day after Christiana Care Health System expanded benefits to provide a lifetime maximum of \$75,000 to cover health expenses associated with gender transitions for employees and their dependents.

Christiana Care’s Multicultural Heritage Committee hosted the event in observance of LGBT Pride Month.

Wilkinson said about 0.3 percent of the population identifies as transgender. In recent months, transgender people have been in the spotlight with Olympic champion Bruce Jenner transitioning to

Caitlyn Jenner. But the culture is still largely misunderstood.

“People don’t choose to be transgender but they do choose how to express it,” Wilkinson said. “The reality is that the vast majority of transgenders have not had surgery either because it is not what they want or they can’t afford it.”

Transgender individuals face significant risk factors, he said. Because they are more than twice as likely to be unemployed and poor as cisgender individuals — people who identify with their birth gender — transgender people frequently lack access to primary health care, as well as transgender-related care such as hormone therapy, electrolysis and surgery. They are more than four times more likely to attempt suicide.

Wilkinson advocates identifying transgender people through electronic health records in order to ensure quality care. For example, a transgender woman who has transitioned should have a mammogram.

So what are the culturally competent answers to the first three questions? The speaker said:

- A patient should be addressed by the pronoun that refers to the gender the patient identifies with, both when the patient is present and when the patient's case is being discussed by the staff. That means a man who identifies as a woman should be called "she." A woman who identifies as a man should be called "he."
- A transgender employee who identifies as a man should use the men's room. A transgender employee who identifies as a woman should use the women's room.
- A transgender patient should be assigned either to a private room or to a room that is shared with a patient who is the same gender the patient identifies with.

There will be more questions to come as Christiana Care grows in supporting transgender patients, consumers and employees, said Rosa M. Colon-Kolacko, Ph.D., MBA, CDM, senior vice president, Learning Institute, and chief diversity officer.

"We are committed to being respectful partners with our colleagues and the patients we serve. It's The Christiana Care Way," she said. "There is so much more for us to learn in this area and the Learning Institute Center for Diversity, Inclusion, Cultural Competence and Equity will continue to offer educational opportunities." ●

TAKING A VACATION FROM SUMMER STRESS



When we think of summer we often think of vacation. But that doesn't mean summer is stress free.

Many of us push ourselves to get ready for a week at the beach with the kids, cutting back on sleep and leisure activities. We grab a quick bite instead of mindfully choosing healthy foods.

In fact, the World Health Organization has ranked the United States as one of the most anxious nations on earth, with 31 percent of Americans suffering from anxiety at some point in life. (Colombia was a distant second at 25.3 percent.)

Stress isn't limited to our emotions. It impacts our physical health, too, producing such symptoms as changes in sleep patterns, tense and aching muscles, headaches, gastrointestinal problems and fatigue.

The long-term consequences of stress are serious, including cardiovascular disease, depression, sexual problems, obesity and other eating disorders.

This summer, let's take a vacation from stress. One of the most effective antidotes to stress is regular exercise.

The Centers for Disease Control and Prevention recommend at least 150 minutes of moderate to intense activity each week, plus strength training twice a week. That translates to 30 minutes of exercise a day, five days a week, in addition to lifting weights, pull ups or some sort of resistance work.

Here are a few other ways we can reduce stress:

- Learn to say "no." In taking on more than you reasonably can manage, you are placing stress on yourself.
- Set aside some time for relaxation — for the pause that refreshes you and gives your inner batteries a chance to recharge. Options might include reading a good book, enjoying your garden, or indulging in a long bath.
- Avoid sugar, caffeine and alcohol. Start your day with a healthy breakfast and plan meals in advance so you can make nutritious choices.

You can train yourself to avoid stress by keeping a diary that will help you identify stressful situations. Soon you will see a pattern of people, places and situations that contribute to stress so that you can avoid those pitfalls in the future.

Sometimes, we need professional help in dealing with stress. One great resource is the Employee Assistance Program, which provides counseling services. To contact the EAP call 877-595-5284 or go to www.guidanceresources.com. ●

Christiana Care hosts Student Medical Association National Leadership meeting



Jacqueline Ortiz, director of Cultural Competency & Language Services, Vaughn Wright, director of Graduate Medical Education, DaShawn Hickman, chairperson of SNMA board of directors, Traci Trice, M.D., assistant dean, Diversity and Student Diversity Programs at Sidney Kimmel Medical College, Edmondo J. Robinson, M.D., MBA, senior vice president and executive director of Christiana Care - Wilmington and associate chief medical officer, Rosa Colon-Kolacko, senior vice president, Learning Institute & chief diversity officer, Jackie Lendsey, executive director, SNMA, and Dana Beckton, director Diversity & Employee Development.

Christiana Care Learning Institute hosted more than 50 pre-medical and medical students and other medical professionals as a part of the Student National Medical Association's National Leadership Institute meeting June 19-20 at Wilmington Hospital.

Edmondo J. Robinson, M.D., MBA, senior vice president and executive director of Christiana Care - Wilmington; associate chief medical officer, delivered the opening address and led a workshop session. He is a former vice president of the Student National Medical Association.

"The event highlighted the benefits of choosing Christiana Care for residency, with a number of students expressing interest in pursuing their residency training at Christiana Care," said Dana Beckton, director, Diversity and Inclusion/Employee Development. She said the event provided students with the chance to speak with residents and physicians from Christiana Care and Sidney Kimmel Medical College about medical school, residency and their career.

Among workshop topics presented were Physicians as Leader of a Multidisciplinary Team, Implementing and Disseminating Organizational Change, Emotional Intelligence and Healthy Public Policy.

Speakers from Christiana Care included Rosa M. Colon-Kolacko, Ph.D., MBA, senior vice president and executive director, Learning Institute and chief diversity officer,

Edmondo J. Robinson, M.D., MBA, delivered the opening address and led a workshop session. He is a former vice president of the Student National Medical Association.



Eric V. Jackson, Jr., M.D., MBA, director of The Center for Health Care Delivery Science - The Value Institute, LeRoi S. Hicks, M.D., MPH, vice chair, Department of Medicine, Brian M. Aboff, M.D., MMM, FACP, associate chair, Education, Department of Medicine; program director, Internal Medicine Residency; program director, Transitional Year Residency; associate program director, EM-IM Residency and Med-Peds Residency, resident Erica Locke, M.D., and Brian M. Rahmer, Ph.D. MS, program manager of Health Services Research, Department of Family & Community Medicine, Value Institute Scholar.

The Student National Medical Association supports current and future underrepresented minority medical students, addressing the needs of underserved communities and increasing the number of clinically excellent, culturally competent and socially conscious physicians. The organization seeks to ensure that medical education and services are culturally sensitive to the needs of diverse populations and to increasing the number of African-American, Latino, and other students of color entering and completing medical school. ●



David Bercaw, M.D., named chair of Family & Community Medicine

David Bercaw, M.D., FAAFP, was named chair of the Department of Family & Community Medicine at Christiana Care, effective July 1.

Dr. Bercaw joined Christiana Care in 1996 and served as vice chair of the department since 2010. He has helped to guide the Department of Family & Community Medicine and the health system to provide greater quality and value. As vice chair, he led the hospital inpatient service and oversaw Christiana Care's Culture of Responsibility/Professionalism training.

He collaborated on the credentialing, privileging and peer-review activities of more than 250 providers in the department. He has served as chair of Christiana Care's Bylaws Committee

and he is a member of the Medical Executive Committee.

Dr. Bercaw has been a recognized leader in the clinical education of students, residents, and faculty and community physicians at Christiana Care and in Delaware for nearly two decades. He has been appointed clinical associate professor in the Department of Family & Community Medicine at Sidney Kimmel Medical College, Thomas Jefferson University.

Dr. Bercaw is a Fellow of the American Academy of Family Physicians and is board certified by the American Board of Family Practice and board certified by the American Board of Family Practice. ●



Robert M. Dressler, M.D., MBA, named Quality and Patient Safety Officer

Robert M. Dressler, M.D., MBA, has been appointed Quality and Patient Safety Officer for Academic and Medical Affairs.

In this new role, Dr. Dressler will be responsible for designing training and educational programming for physicians and residents that promotes interprofessional safety and quality improvement in the new Service Line organizational structure and at the clinical department level.

In addition, Dr. Dressler will support the clinical department chairs in defining processes and pro-

grams for ongoing professional practice evaluation and focused professional practice evaluation, embedding a culture of responsibility in our training programs, and optimizing the clinical learning environment review mandates from the Accreditation Council for Graduate Medical Education related to quality and safety.

Dr. Dressler served previously as the associate patient safety officer and vice chair and director of Patient Safety and Quality for the Department of Medicine. ●



Michelle Wheeler appointed operations director, Patient Placement and Flow

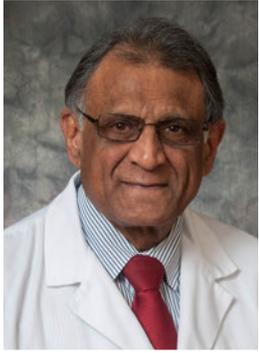
Michelle Wheeler, BSN, MS, has been named operations director, Patient Placement and Flow in the Department of Nursing.

Wheeler's recent experience has been in management in both the Perioperative Services and Heart and Interventional Services lines. She returned to the Patient Placement Department in May, 2014.

From 1997-2004 she was a nursing coordinator at Christiana Hospital. She joined Christiana Care in 1993 as a staff nurse on a neurosurgical patient care unit.

Wheeler earned her BSN and MS in Management degrees from Wilmington University. She received the Jefferson Award for her volunteer work with the homeless in 2014. ●

Anand P. Panwalker, M.D., appointed associate vice president, Medical Affairs



Anand P. Panwalker, M.D., has been named associate vice president for Medical Affairs with a focus on professional excellence.

In this capacity, Dr. Panwalker will develop and implement an onboarding process that clearly disseminates Christiana Care's cultural expectations. In addition, he will work closely with Physician Relations to facilitate outreach, communication and mentoring opportunities with both employed and community physicians.

Dr. Panwalker will act as a liaison with Medical-Dental Staff leaders regarding peer review and will serve as a permanent member of the Medical-Dental Staff Peer Review Committee and ex-officio member of all Department and Service Line Peer Review committees. In this capacity, he will facilitate standardized implementation of the Christiana Care Peer Review policy and procedures.

Dr. Panwalker served previously as chair of the Professional Excellence Committee for the Department of Medicine and Assistant Infection Prevention Officer. ●

Christiana Hospital OR welcomes new director, Amelia Vagnozzi, MHA, BSN, RN

Amelia Vagnozzi, MHA, BSN, RN, joined Christiana Care as director of the Christiana Hospital Operating Room. She received her BSN degree from Holy Family College, Philadelphia and her Master's in Health Administration from Saint Joseph's University, Philadelphia.

Since 1984, Vagnozzi has held a variety of health care roles including: OR nurse manager, Med/Surg Telemetry nurse manager, Sterile Processing/Case Cart manager and Clinical Information applications analyst. In her most recent role as manager of Thomas Jefferson University's Sterile Processing/Case Cart department, she provided leadership and management for operations at two facilities and was responsible for 90 full-time staff. ●



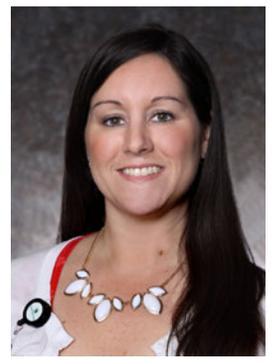
Elizabeth Houser named program coordinator of First State School

Elizabeth Houser, MSN, APN, PCNS-BC, has been appointed program coordinator of the First State School, located at Wilmington Hospital.

As the program coordinator Houser promotes and models the collaborative effort between Christiana Care and the Red Clay Consolidated School District, which enables 24 students from New Castle County to attend school daily and receive medical care and academic instruction. Due to the continuous, skilled nursing care provided at First State School, the students participate with peers and are instructed according to the Delaware Common Core Standards.

Houser has been a staff nurse at the First State School for eight years. She received an MSN degree with a focus as a Pediatric Clinical Nurse Specialist from the University of Delaware in 2014 and received her BSN degree from Widener University.

She has 11 years of professional pediatric nursing experience. Prior to joining the Christiana Care team in 2007, she worked at Lauren's House, a specialized facility for children with special needs, and at Nemours A.I. duPont Hospital for Children in the Hematology/Oncology Department. ●





Dawn E. Johnson, BSN, RNC, promoted to nurse manager

Dawn E. Johnson, BSN, RNC, was promoted to nurse manager for the Labor and Delivery, Triage, Periop, High Risk and Antenatal Units, effective June 21.

She has served as the interim nurse manager of those same units since March. She was promoted to assistant nurse manager in 2014 and served as patient care coordinator in the Labor and Delivery, Triage, Periop, High Risk and Antenatal Units since 2004. She joined Christiana Care in 2003 as a staff nurse.

Johnson's 27 years of professional nursing experience include four years in the neonatal intensive care unit at Albert Einstein Medical Center in Philadelphia, and the Medical College of Virginia; 13 years in the operating room at

Henrico Doctors Hospital and Pennsylvania Hospital, where she was a member of the Cardio-Thoracic surgery team; and four years as the operating room coordinator at A.I. duPont Hospital for Children in Wilmington.

Johnson received her Bachelor of Science degree in Nursing from Holy Family University, Philadelphia. She is an experienced leader in perinatal nursing and is certified in High Risk/Critical Care Obstetrics, Inpatient Obstetrics, ACLS and NRP. She is currently enrolled at Wilmington University and plans to receive her MSN/MBA degrees in 2016.

She also is an ACLS instructor and a Neonatal Resuscitation Program instructor. ●

Tamara Scott, RN, appointed program director of Wound Care Center



Tamara Scott, RN, has been appointed program director of the Christiana Care Wound Care and Hyperbaric Medicine Center at Christiana Care's Riverside campus, a Healogics wound care center.

Scott's career includes eight years of clinical and administrative nursing experience in med surgical, wound care, oncology and emergency care settings.

Previously, since 2011, she was the clinical coordinator at Healogics-Our Lady of Lourdes Center for Advanced Wound Therapy and Hyperbaric Medicine. Before that she was a staff nurse at Underwood Hospital in N.J.

She is a member of Phi Theta Sigma Nursing Honor Society and a recipient of a Healogics Awarded Clinical Partnership Award. She currently is dually pursuing MBA and MHA degrees at Rowan University. ●

Corporate Director Erin Booker, LPC, welcomed to Behavioral Health Services



Erin Booker, LPC, has been appointed corporate director of Behavioral Health.

Booker received an MS degree in mental health counseling from Nova Southeastern University Davie, Fla. She is 2002 graduate of Utica College of Syracuse University Utica, N.Y., with a bachelor's degree in psychology.

Her previous experience includes being the executive director of the Kirkbride Center for two years, where she was responsible for the organization and operations of the 223-bed acute psychiatric/drug and alcohol rehabilitation hospital

Prior to that, Booker was the clinical coordinator at UHS Keystone Center for three years, where she was responsible for managing all daily clinical operations of a 142-bed, inpatient dual diagnosis drug and alcohol treatment center, supervising up to 40 employees. ●

Expert care for aneurysms inspires patient to help others



“
I have a whole new perspective on life.
”

VICKI KING

Vicki King wasn't sleepy but she was having a hard time keeping her eyes open. "The muscles in my eyelids kept pulling them shut," she recalls.

As the perioperative operations business supervisor for Christiana Care Health System, she works in an office near the Emergency Department at Christiana Hospital. She went to the ED, where an MRI revealed three aneurysms in her brain.

Aneurysms are bulges in blood vessels caused by weakening in the wall of the vessel. Researchers estimate that 6 million Americans have an aneurysm. Most never cause a problem but one of King's aneurysms was perilously large. If it ruptured, she could die or be permanently disabled.

In February 2011, King had a procedure known as clipping in which the surgeon, Paul T. Boulos, M.D., performed a craniotomy, making a small opening in her skull. He placed a small titanium clip on the base of the aneurysm so blood can't enter it.

The team at Christiana Care's Center for Heart & Vascular Health kept a close eye on King's condition. In October 2011, she experienced an episode of confusion and tests revealed that one of her two remaining aneurysms required immediate attention.

Her second aneurysm was treated with endovascular coiling, a minimally invasive procedure in which soft platinum threads are placed inside the aneurysm through a catheter that is guided through the blood vessels from the right groin. Over time, a scar

develops around the coil, which prevents blood from getting into the aneurysm.

The neurointerventional surgeon was Barbara Albani, M.D., medical director, Department of NeuroInterventional Surgery. King calls her "my guardian angel."

Christiana Care's commitment to expert neurovascular care includes a team of four highly skilled neurointerventional physicians, who provide 24/7 care, including as many as 100 procedures each year for the treatment of aneurysms. Before the program was established in 2007, King would have had to travel to a large teaching hospital in Philadelphia or Baltimore for such sophisticated, high-level care.

Patients who require the highest level of care are treated in the 18-bed Lanny

Edelsohn, M.D., Neuro Critical Care Unit. Additionally, physical therapy, occupational therapy and speech therapy help patients to attain the best quality of life possible.

Resources also include an aneurysm support group for patients, their loved ones and others who have an interest in aneurysms, founded by Dr. Albani and her colleague, Sudhakar R. Satti, M.D. The group provides education on the latest treatments and techniques, as well as a forum for sharing concerns and experiences. "We talk about seizures, medications, procedures," Dr. Albani says. "They can feel what a coil is, feel what a clip is."

King, 54, of Newark, is an active member of the support group, as well as a peer mentor. "I'm available to talk to patients with aneurysms, who have lots of questions about what they can expect," she says. "Many of them are frightened and need reassurance."

After her surgeries, King had difficulty with short-term memory, as well as physical sensations related to her brain.

"I made five cups of coffee within an hour and did not remember making any of them," she says. "For three months, I felt like there was an octopus on my head, moving all the time."

Those issues resolved in time. The only vestige of her aneurysms is a tiny hole in her vision. "If I am looking at my name, Vicki, I don't see the C," she says. "It is something that I have adjusted to."

As part of her ongoing care, King has tests each year to check the health of her brain. "I have one aneurysm left and it's behaving itself," she says. "It is located in a very inaccessible place, so as long as it isn't causing a problem it's best to just let it be."

She is enjoying her work, as well as serving on the Patient and Family Advisory Council at Christiana Hospital, which works with the staff to explore ways to improve care. She is marking milestones in life, most recently her son's graduation from college. "I cried with pride, but also because I was so incredibly grateful to be there," she says. "I have a whole new perspective on life." ●

ACCORDING TO RESEARCHERS
APPROXIMATELY

6 million
Americans have
an aneurysm.



CHRISTIANA CARE'S ANEURYSM
SUPPORT GROUP OFFERS PATIENTS
AND THEIR FAMILIES INFORMATION
ON THE LATEST TREATMENTS AND
TECHNIQUES AND A FORUM TO
SHARE EXPERIENCES.

UD Alumni Association inducts Linda Laskowski Jones to Wall of Fame

Linda Laskowski Jones, MS, RN, ACNS-BC, CEN, FAWM, Christiana Care vice president, Emergency and Trauma Services, was inducted in to the University of Delaware Alumni Wall of Fame in June. Flanking Jones are Kathy Murray Schell, Ph.D., director & associate professor of the UD's School of Nursing; former University of Delaware President Patrick Harker, Ph.D; and UD Alumni Association President Kenneth C. Jones. ●



Sidney Kimmel Medical College Delaware Branch Campus welcomes fifth incoming class

Incoming group has more than doubled since first med students arrived in 2011

Christiana Care Health System celebrated a milestone as a teaching institution when the fifth class of third-year students from Sidney Kimmel Medical College at Thomas Jefferson University in Philadelphia arrived at the Delaware Branch Campus.

There are 23 students in this year's incoming class. That's a significant increase from the program's inaugural year in 2011, when 11 students opted to study at the medical school's "southern campus."

"The Delaware Branch Campus program has seen tremendous growth in the past five years and clearly demonstrates Christiana Care's commitment to education and learning across the continuum of training," said Neil Jasani, M.D., MBA, FACEP, chief academic officer and vice president, Medical Affairs. "Our branch campus students are with us for two years and this gives us a great opportunity to embed The Christiana Care Way into their training so that they can better help us take care of our neighbors."

Elzbieta Jacek, an incoming third-year student, said she chose the Delaware branch based on feedback from residents who had trained at Christiana Care. "They told me they got to do more procedures and got more individual attention," she said. "That made me want to become part of that team."

About half the students in the program are from Delaware. Three of the graduates have gone on to residencies at Christiana Care.

"This is the day you get to meet the people who will be your best friends for the next two years. We've worked hard to make this an incredible experience for students," said Lisa Maxwell, M.D., Family Medicine program director; co-director of the Emergency Medicine/Family Medicine Residency Program; and director of Pre-Doctoral Education.

The students were welcomed at a reception on July 9 at the Ammon Medical Education Center. Students and faculty from the classes of 2015 and 2016 were invited, as well as staff and other individuals who were recognized for their contributions to education. ●



Dr. Burday

AWARDS

Attending teacher of the year:
Matthew Burday, D.O.

Student coordinator of the year:
Lindsay Green, Family Medicine

Nurses of the year: **Will Arocho, CRNA, MSN**, Department of Anesthesiology; **John Deutsch, CRNA, MSN**, Department of Anesthesiology; **Timothy J. Eden, MSN, RN, ANP-BC**, Neuro-Interventional Surgery; **Beth Fitzgerald, MSN, RN, CNOR**, simulation specialist, Perioperative Department – VEST Center; **Nicole Shaw, MSN, FNP-BC**, Perioperative Services; and **Dani Schnaphf, RN, BSN**, Emergency Department.

CONTINUED P. 35



Christiana Care welcomed the fifth incoming class of third-year students to the Sidney Kimmel Medical College Delaware Branch Campus.

Publishing

Peter A. Burke, D.O., MBA, Michael T. Vest, D.O., Joseph Deutsch, M.D., Sneha Daya, M.D., et al. "Improving Resident Performance through a Simulated Rapid Response Team: A Pilot Study." *The Journal of the American Osteopathic Association*. July 2015.

Muge Capan, Ph.D., et al. "Individualizing and Optimizing the Use of Early Warning Scores in Acute Medical Care for Deteriorating Hospitalized Patients." *Resuscitation*. August 2015.

Richard Derman, M.D., MPH, FACOG and **Nancy L. Sloan, DrPH.** "Establishment of a Maternal Newborn Health Registry in the Belgaum District of Karnataka, India." *Reprod Health*. 2015 Jun 8;12 Suppl 2:S3. doi: 10.1186/1742-4755-12-S2-S3. Epub 2015 Jun 8.

Amy Mackley, MSN, RNC, CCRC, Robert Locke, D.O., MPH, David A. Paul, M.D., et al. "Effects of Advanced Maternal Age and Race/Ethnicity on Placental Weight and Placental Weight/Birthweight Ratio in Very Low Birthweight Infants." *Maternal and Child Health Journal*. July 2015.

Edmondo Robinson, M.D., MBA, et al. "TRANSFORM-ing Patient Safety Culture: A Universal Imperative." *Journal of General Internal Medicine* 30(4):384-6. April 2015 (published online December 13, 2014).

Jamie M. Rosini, Pharm.D., BCPS, Suraj Rajasimhan, Pharm.D., BCPS, Jason T. Nomura, M.D., et al. "Delayed Cardiac Dysrhythmias after Fingolimod Administration." *American Journal of Emergency Medicine*. July 2015.

Anthony Sciscione, D.O., et al. "Timing of Treatment Initiation for Mild Gestational Diabetes and Perinatal Outcomes." *Eunice Kennedy Shriver National Institute of Child Health and Human Development Maternal-Fetal Medicine Units MFMU Network*. *Am J Obstet Gynecol*. June 2015.

Robert L. Witt, M.D., FACS. "Surgeon Performed Thyroid Ultrasound Guided FNAC with On-Site Cytopathology Improves Adequacy and Accuracy." *The Laryngoscope*. June 2015.

Presentations

Theresa Burgess, PT, MSPT, CSPHP, CEASII, and **Rick Zock, PT, MPT, CSPHP, CEASII.** "Patient Handling Technologies from Clinic to Classroom through the Continuum of Care." *American Physical Therapy Association APTA NEXT 2015 Conference & Exposition*, National Harbor, Md. June 2015.

Bailey Ingraham Lopresto, MS. "Demographic Differences in Average Debt per Borrower and Proportion of Graduates that Borrow in Those Recently Graduating with a Bachelor's Degree 2011-2012." *Joint Statistical Meeting*, Seattle. August 2015.

Appointments

Stephen Pearlman, M.D., MSHQ, was named Quality and Safety Leader for the Women and Children's Service Line. Dr. Pearlman has a key role in assisting the newly formed service line focus on providing safe and quality care, reducing unnecessary clinical variation and improving patient satisfaction.

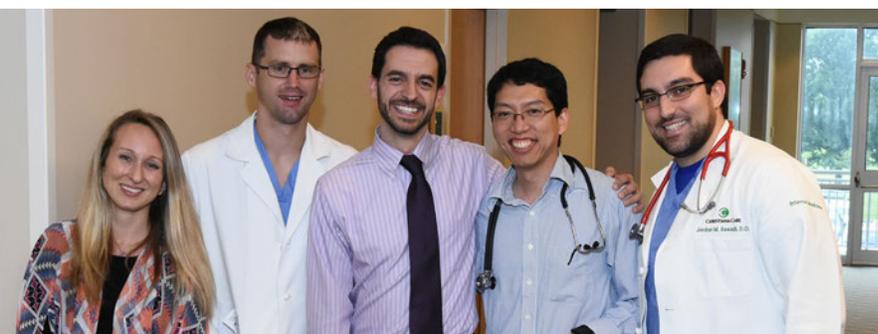
Christopher Corbo, corporate director of Benefits and Wellness, has been elected to a two-year term on the board of directors for the Greater Philadelphia Business Coalition on Health.

The Professional Advancement Council recognizes and congratulates the following new RN III nurses:

Lindsey Hoosty, MICU, **Megan Kerstetter,** 5A, **Stephanie A. Smith,** Christiana PACU, **Nicole Donahue,** L & D, **Erica Henry,** CVCCC, **Gwanda Hunter,** Christiana ED, **Isabel Pearce,** Wilmington ED, **Anne Costello,** NICU, **Heather Hastings,** 5E, Megan Coalson, 3B/3C/4A, **Alisha Dancy,** Wilmington PACU, **Alisha Gilbert,** 6B, **Jamie Murray,** Hemodialysis, and **Josephine E. Steffe,** CVCCC.

Awards

Victoria Hammond, RN from the 6C/STAR unit, and **Michelle Ellana, PCT,** from the 6A/ACE unit, are the 2015 WISH Champion of the Year awards recipients. Christiana Care's WISH program is derived from a national initiative called NICHE (Nurses Improving Care for Health System Elders), developed by New York University, Division of Nursing and the Education Development Center for Health Care Practice. For the past three years, the NICHE program awarded Christiana Care "Exemplar" status for the care it provides the elderly. ●



THE CLASS ALSO RECOGNIZED THESE CHRISTIANA CARE RESIDENTS FOR THEIR CONTRIBUTIONS:

Jordan Assadi, D.O., Internal Medicine; **Marjorie Eden Beams, M.D.,** Family Medicine; **Max Braverman, D.O.,** Surgery; **Jodi Brown, D.O.,** OB/GYN; **David Chen, M.D., MPH,** Med-Peds; **Elise Hogan, M.D.,** Family Medicine; **Dan Jacoby, D.O.,** Internal Medicine; **Jordan Klebanoff, D.O.,** OB/GYN; **Matthew Painter, M.D.,** Surgery; **Amit Patel, M.D.,** Internal Medicine; **Vishal Patel, M.D.,** Med-Peds; **David Pierre, D.O.,** Family Medicine; **Irfan Rhemtulla, M.D.,** Surgery; **Dave Roofeh, M.D.,** Med-Peds; **Akash Sethi, D.O.,** Internal Medicine; and **Dave Yearsley, M.D.,** Surgery.

Nora Katurakes, Dr. Petrelli and Zohra Ali-Khan Catts at the Shining Light Awards ceremony.



Cancer program earns Shining Light Award

Christiana Care's Helen F. Graham Cancer Center & Research Institute received a 2015 Shining Light Spotlight on Health Care Delivery Award from the Delaware Breast Cancer Coalition on June 12. The Shining Light Awards honor individuals and organizations who have made a difference in the local battle against breast cancer.

The Spotlight on Health Care Delivery Award highlighted the Christiana Care Breast Center and the Multidisciplinary Breast Cancer Clinic at the Graham Cancer Center. Nicholas J. Petrelli, M.D., bank of America endowed medical director of the Helen F. Graham Cancer Center & Research Institute, accepted the award. The award singled out Dr. Petrelli, Zohra Ali-Khan Catts, MS, LCGC, director of Genetic Counseling and Nora Katurakes, MSN, RN, OCN, manager of Community Health Outreach and Education.

"This award truly belongs to our physicians, nurses and entire staff who dedicate themselves to partnering with our patients and their families to provide expert care that our patients value," said Dr. Petrelli.

According to the Breast Cancer Coalition, "the number of mammograms, breast

cancer patients seen, cancer patients on clinical trials and funding for clinical as well as basic science research have increased exponentially under [Dr. Petrelli's] leadership. Genetic Counseling, under the direction of Zohra Ali-Khan Catts, has allowed the hospital to evaluate families with a history of cancer, provide genetic counseling to individuals and offer testing for genetic mutations and frequently the same can be done for other cancers. In addition, the community health and education department, under the direction of Nora Katurakes along with Christiana Care's outreach navigators and community partners, offers exceptional care to countless women across the state and delivers outstanding outcomes in health care delivery and research."

"There are countless heroes and heroines in the battle against breast cancer in Delaware," said Vicky Cooke, DBCC executive director. "We wish we could have awarded them all but our four 2015 honorees were the standout winners who will motivate others to become supporters against breast cancer in whatever capacity they can."

The other winners were Sussex County Chapter Women's Council of Realtors for "Spotlight on Philanthropy"; Jacque

"THIS AWARD TRULY BELONGS TO OUR PHYSICIANS, NURSES AND ENTIRE STAFF WHO DEDICATE THEMSELVES TO PARTNERING WITH OUR PATIENTS AND THEIR FAMILIES TO PROVIDE EXPERT CARE THAT OUR PATIENTS VALUE."

NICHOLAS J. PETRELLI, M.D., BANK OF AMERICA
ENDOWED MEDICAL DIRECTOR OF THE HELEN F.
GRAHAM CANCER CENTER & RESEARCH INSTITUTE

Connell for "Spotlight on Survivorship; and Delmarva Broadcasting Company of Central Delaware for "Spotlight on Business."

The Delaware Breast Cancer Coalition offers statewide programs and services of education, outreach, and early detection and treatment of breast cancer. ●

August



Delaware Donor Dash 5K Run/Walk

**Saturday, Aug. 22, check-in at 7:30 a.m.,
start time at 8:30 a.m.**

Dravo Plaza, Wilmington

Run to support increased awareness of organ and tissue donation. For more information, visit <https://dedonordash.org/>.

September

2015 Wilmington Heart Walk

Saturday, Sept. 12, registration opens at 8 a.m.

Bellevue State Park, 800 Carr Road, Wilmington

The 24th American Heart Association Annual Heart Walk has a new location and new day – Saturday, Sept. 12 at Bellevue State Park. The walk promotes awareness about heart disease and stroke while raising funds to fight the diseases.

Individuals can join one of the several teams from Christiana Care already listed on the site. Or call your co-workers, friends and family and start your own team. The first 1,000 Christiana Care employees and their team members to register receive a one-of-a-kind T-shirt.

Register today and make this our biggest walk ever. You can register a walking team at www.heartwalk.kintera.org/wilmingtonde.

An Insider's Peek into the OR

Sunday, Sept. 13, 11 a.m. – 2 p.m.

Christiana Hospital SurgiCenter

This open house, sponsored by the Perioperative Professional Nurse Council, gives Christiana Care employees and their children the opportunity to explore a real operating room with hands-on activities and fun contests. For more information, contact Jessica Donnelly, RN, at jedonnelly@christianacare.org.

Women's Health Lecture Series: Million Hearts Delaware – Passport to Health

Thursday, Sept. 17, 6:30 – 8 p.m.

John H. Ammon Medical Education Center

Learn about heart health and stroke prevention, and participate in balance testing and screenings. To register, call 1-800-603 CARE(2273) or go to www.christianacare.org/lectures.



October

Celebration of Hope

Saturday, Oct. 3, 7 p.m. - 11 p.m.

Wilmington Country Club

Join in for an enchanted evening to celebrate hope for a vibrant future. Delight in bountiful cuisine, live music and award-winning a cappella talent. Watch a celebrity chef create a fantastic sculpture in sugar and enjoy the sparkling opportunity to win an exquisite diamond from A.R. Morris Jewelers.

Ticket Prices: \$150/per person or \$300/per couple. Proceeds will support the Psychosocial Oncology & Survivorship Program at the Helen F. Graham Cancer Center & Research Institute, helping patients and their families navigate their journey through cancer. For sponsorship information, contact the Office of Development at 302-327-3305.

6th Annual Kidney Transplant Symposium for Nurses and Dialysis Technicians

**Wednesday, Oct. 28, registration begins at
7:30 a.m., symposium at 8.**

**Executive Banquet and Conference Center,
205 Executive Drive, Newark**

To register visit www.christianacare.org/kidneysymposium2015.

November

10th Annual Nursing Research Conference

Friday, Nov. 6, 7:15 a.m. - 4 p.m.

John H. Ammon Medical Education Center

Sessions include:

- Candy Wilson, PhD, APRN, WHNP-BC; Lt Col, USAF, NC, "Supporting Women as They Answer the Nation's Call: Building a Military Women's Health Research Interest Group," and "Building a Program of Research Regarding Women's Health Needs in the Deployed Setting."
- Mastery sessions on EBP Literature Searching Skills, and Writers' Workshop.
- Poster sessions.

Registration will be open Sept. 1 with information available by iNET and online at <http://www.udel.edu/nrc>.

"Go With the Flow," Heart and Vascular Interventional Services Conference

Saturday, Nov. 7, 7:30 a.m. - 1 p.m.

John H. Ammon Medical Education Center ●



Medication safety at transitions of care By Kavita Patel, Pharm.D

During a hospitalization it has been found that at least one medical error occurs in 1 out of every 2 patients.¹ These errors can occur with medications prescribed during hospitalization, written on discharge instructions, addressed during follow-up care or due to unclear discharge instructions.¹ Transitions of care (TOC) is an integral part of the patient care process in which a multidisciplinary team effort is made to avoid potential errors. The Centers for Medicaid and Medicare Services (CMS) define TOC as “the movement of a patient from one setting of care (hospital, ambulatory primary care practice, ambulatory specialty care practice, long-term care, home health, rehabilitation facility) to another.”² Several steps involved in successful TOC include concise patient education, appropriate follow-up care, and accurate medication reconciliation.

Accurate medication reconciliation is a key facet in TOC as incorrect medications and/or doses have the potential to lead to serious adverse effects, inappropriate pharmacotherapy, and increased healthcare costs.³ Within the Christiana Care Health System, pharmacists, certified pharmacy technicians, nurses and providers are the primary disciplines involved with obtaining medication histories at admission. Accurate and concise medication histories help paint a better clinical picture of the patient by revealing any undocumented disease states, providing explana-

tions for potential drug-related adverse effects, and helping determine therapy that needs to be changed or continued in the hospital setting. Goals of performing medication reconciliation are to prevent omission of therapy, duplication of therapy, drug-drug interactions, adverse effects and ensure medications are appropriate for the patient’s clinical status, such as kidney function, age, allergy profile.³

While it is important that the patient’s healthcare team ensure appropriate TOC, this model of care requires the patient to be an active member in his/her own care as well. Similar to how the healthcare team is responsible for delivering post-discharge care, the patient or caregiver must take responsibility for following through on post-discharge instructions. This includes keeping follow-up appointments, asking for explanation and clarification when necessary, and making a sincere effort to learn how to best manage their disease state(s) and medications.⁴

Christiana Care Christiana Care recognizes the importance of TOC and is actively working to improve medication reconciliation processes at admission and discharge. Effective TOC programs incorporate multidisciplinary team discussion and strive to engage patients in these safety efforts. The ultimate goal of TOC is to improve patient care across the entire care continuum. ●

References:

1. Kripalani S, Jackson AT, Schnipper JL, et al. Promoting effective transitions of care at hospital discharge: A review of key issues for hospitals. *Soc Hosp Med.* 2007; 2(5): 314-323.
2. “Eligible Professional Meaningful Use Menu Set Measures Measure 7 of 9.” *Electronic Health Records Incentive Program.* Centers of Medicare and Medicaid Services, May 2014. Web. Feb. 2015.
3. Sen S, Bowen JF, et al. Pharmacists implementing transitions of care in inpatient, ambulatory and community practice settings. *Pharm Prac.* 2014 Apr-Jun; 12(2): 439.
4. “Transitions in Care and Medication Reconciliation in the Older Adult Population.” *Virginia Health Quality Center,* 2010. Web.

Voluntary Self-Identification of Disability Survey

Due to new federal reporting regulations issued by the U.S. Department of Labor, Christiana Care must provide employees the opportunity to self-identify if they have a disability. Self-identifying a disability is **voluntary** and the information will be kept strictly confidential. Self-identification will not affect any employee’s standing or working position at Christiana Care. All employees are invited to voluntarily participate in the survey by self-identifying their disability status. Self-identification will allow Christiana Care to measure and improve the effectiveness of our affirmative action efforts and support awareness to identify diversity and inclusion initiatives. Employees opting to participate can update their personal information directly in Workday. Review FAQs about the self-identification survey on the HR Online home page. If you have questions, call the Employee Service Center at 302-327-5555. ●

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.*

FORMULARY UPDATE—JUNE 2015

FORMULARY ADDITIONS

| Medication – Generic/Brand Name | Strength/Size | Use/Indication | Comment |
|---------------------------------------|-------------------------------|--|---|
| Aripiprazole/ Abilify | 2 mg tablet | Treatment of several psychiatric disorders | Replaces oral solution which is no longer manufactured |
| Fingolimod/ Gilenya | 0.5 mg capsule | Treatment of relapsing forms of multiple sclerosis | Availability limited to Christiana Care-owned office practices |
| Levocarnitine/Carnitor | Oral solution 1 gram/10 mL | Treatment of carnitine deficiency | |
| Obinutuzumab injection/ Gazyva | 1000 mg/ 40 mL vial | Treatment of chronic lymphocytic leukemia | <ul style="list-style-type: none"> • Availability limited to Christiana Care ambulatory infusion centers • Prescribing limited to hematologists and medical oncologists |

NEW MEDICATION POLICY

| | |
|---|---|
| Ethacrynate sodium injection / Edecrin | Availability of ethacrynate sodium injection is restricted to patients with an allergy to loop diuretics and those who cannot take anything by mouth, i.e., strict NPO. |
|---|---|

FORMULARY DELETIONS

| | |
|---|---|
| Aripiprazole oral solution | The manufacturer decided to discontinue this product. |
| Dexamethasone elixir 0.1 mg/mL | Removed from the Christiana Care Formulary to avoid confusion with dexamethasone oral solution 0.1 mg/mL. |
| Human chorionic gonadotropin injection | Removed from Christiana Care Formulary because of lack of use |

Best practice review

SAFETY AND QUALITY OF CARE

Q. HOW MAY PATIENTS VOICE THEIR CONCERNS ABOUT THEIR QUALITY OF CARE OR SAFETY?

- A. Patients may voice their concerns about their safety and quality of care to the following:
- Their doctor.
 - Their nurse.
 - The nurse manager.
 - A nursing supervisor.
 - Patient Relations Department.
 - Delaware Office of Health Facilities Licensing and Certification.
 - The Joint Commission Office of Quality Monitoring.

Q. HOW MAY EMPLOYEES OR PHYSICIANS REPORT CONCERNS OR QUESTIONS REGARDING QUALITY OF CARE OR SAFETY?

- A. Employees and physicians may report their concerns or questions regarding Quality of Care or Safety to:
- Their immediate supervisor.
 - The Safety & The Joint Commission Resource Hotline dial SAFE (7233) from within Christiana or Wilmington hospital and 623-SAFE outside the hospital.
 - The Delaware Office of Health Facilities Licensing and Certification (1-800-942-7373).
 - The Joint Commission Office of Quality Monitoring (1-800-994-6610) or by e-mail at complaint@jointcommission.org.
 - Via the Safety First Learning Report. ●

REFERENCES: PATIENT RIGHTS AND RESPONSIBILITIES BROCHURE POCKET GUIDE TO KEY INFORMATION

If you have questions about this Best Practice Review, please contact the content experts: Denise Barbee, 733-2302, or Christine Carrico, 623-4968, or call the Safety Hotline, 7233 (SAFE) from within Christiana and Wilmington hospitals. Outside call 623-7233 (SAFE).



CHRISTIANA CARE
HEALTH SYSTEM

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

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

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

Leanne Holveck represents Delaware and Christiana Care at national Jefferson Awards ceremony in Washington, D.C.

Representing Christiana Care, Jefferson Award winner Leanne Holveck, senior library assistant at the Junior Board Cancer Resource Library, attended the national Jefferson Awards ceremony June 17-19 in Washington, D.C.

“Leanne is an exemplar of compassion and service who believes in the power of little things having a big impact on people’s well-being,” wrote Michele Fidance, Jefferson Awards Foundation national director for Delaware and Central Florida.

An avid quilter, Holveck has donated her talent to create Quilts for Comfort, a group that benefits patients undergoing cancer treatment, at-risk babies and young children. She also supports numerous other programs, causes and events in the community.

Holveck has been a volunteer site coordinator at Christiana Care with the Look Good Feel Better program of the American Cancer Society since 2007. “Many are better off thanks to her passion and energy,” Fidance said. ●

