

FOCUS

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

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Dentistry residents create back-to-school smiles

Four-year-old Deborah Agueda was afraid of the dentist. It was her first checkup. So before he could examine her teeth and gums, Zachary Roach, D.D.S., put on funny glasses and suggested Deborah sit on the lap of her 9-year-old sister, Samaira Rodriguez, to make her feel more comfortable.

"I'm Dr. Zach, and I'm going to look inside your mouth," Dr. Roach said. "I promise this won't hurt."

Deborah shook her head "no." She drew her lips tight and wouldn't say "ah." She tried to wriggle off her sister's lap. But eventually, Dr. Zach won her over.

"Your teeth are fine," he said. "And you did great!"

Dr. Roach and Patrick Whilby, D.D.S., are both dentists completing one-year residencies at Christiana Care Health System. They volunteered to provide free dental screenings on Aug. 15 at Back-to-School Day at the Sunday Breakfast Mission, which provides food, shelter and counseling for homeless people and others who need assistance.

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Christiana Care partnered with Westside Family Healthcare and All About Smiles, a private practice, to bring dental checkups directly to children who might not otherwise have access to care. This is the second year Christiana Care residents have volunteered at Back-to-School Day, said Susan Pugliese, D.D.S., General Practice Dentistry Residency program director at Christiana Care.

In all, the dentists saw 131 children. Of the 25 individuals examined by Drs. Roach and Whilby, six were referred for follow-up care.

"We are so appreciative of our partners in this great event to reach the kids who need it most," said the Rev. Tom Laymon, CEO of the Sunday Breakfast Mission. "The professionalism and spirit of collaboration coming from the folks at Christiana Care shows how they live up to their name."

Volunteers handed out free toothbrushes, toothpaste and dental rinse. In addition to checkups for kids, the dentists provided education for parents, advising them to schedule regular dental exams, replace sugary snacks with crisp vegetables, serve water instead of soda, and encourage children to floss daily.

"Kids should be seeing the dentist as soon as their first tooth erupts, or about age 1," Dr. Whilby said. "If their parents don't take them until there is a problem, like getting a tooth pulled, children tend to be scared of the dentist."

Jacob Lovaas of Wilmington brought his two sets of twins: Jason and Jayden, age 4, and Ariana and Adriana, age 3.

Jason and his sisters opened wide and approached their exams with a smile. But Jayden, who had a tooth extracted last year, hid behind his dad.

"It takes a long time to get him into the dentist's chair, but we know it's important for kids to get checkups," Lovaas said.

The dentists also helped one grownup, Samaira's and Deborah's mother, Sandra Marquez. Dr. Roach volunteered to examine her when another attendee told him that the young mother had a toothache.

"You have two teeth way in the back that have to come out," he said.

Marquez said she was taking Tylenol but the pain was still keeping her up at night.

"Tonight, take ibuprofen, because it treats the inflammation that causes the pain," Dr. Roach advised. "And on Monday morning, get those teeth taken care of."

Dr. Roach and Dr. Whilby connected Marquez with the dental clinic at Wilmington Hospital Health Center, which provides low-cost care for people who are uninsured or underinsured. On Monday, her abscessed teeth were extracted, and she was counseled on how to prevent future dental problems.

"If the Christiana Care residents had not offered to help me, if they had not told me where to go, I don't know what I would have done," Marquez said. "They truly cared about me and my kids." •



Samaira Rodriguez shows off a borrowed smile after being examined by Christiana Care dental residents at the Sunday Breakfast Mission's Back-to-School Day.

It's clear, health literacy matters

By Greg O'Neill, BSN, RN, CCRN, patient and family education specialist, Nursing Development & Education



October is National Health Literacy Month, a reminder to all of us who work at Christiana Care Health System of the importance of communicating clearly with patients so they can be true partners in their health.

The U.S. Department of Health and Human Services defines health literacy as "the degree to which individuals have the

capacity to obtain, process and understand basic health information needed to make appropriate health decisions and services needed to prevent or treat illness."

Yet even with recommendations to address health literacy from the most respected organizations in the country — including the National Institutes of Health and the Joint Commission — research demonstrates only 12 percent of adults have proficient health literacy, according to the National Assessment of Adult Literacy. Nearly nine out of 10 adults lack the skills necessary to manage their health and prevent disease.

Even people with excellent reading and writing skills may not know much about their health or may not be able to process information because of language, cultural barriers or other factors. You may be a rocket scientist yet fall short when it comes to understanding your glucose levels.

A lack of health literacy can translate into not taking medications at the proper time, eating foods that are bad for us and other behaviors that can negatively impact patient outcomes. That also can result in hospitalizations, lost work and other expenses that could have been avoided.

In plain language, health literacy impacts everyone. We have best practices at Christiana Care, and it is our responsibility to implement them as respectful, expert, caring partners in educating and treating patients.

That is why it is essential that we be respectful, expert, caring partners in educating patients in ways they value so they can take responsibility for their health and make informed choices. It's The Christiana Care Way.

So how do we achieve this goal? One way to introduce health literacy into exchanges with patients is the Teach-Back Method. It's a best practice from the Institute for Healthcare Improvement. Research shows the technique improves both the patient experience and patient outcomes.

Here are some tips for using Teach-Back:

- Use plain language rather than complicated medical terms.
- Ask the patient to teach back, essentially explaining back to you, using his or her own words, the information you have shared.
- Ask open-ended questions to elicit a response beyond "yes" or "no."
- If the patient is not able to teach back correctly, explain again and re-check for comprehension.

Remember, Teach-Back is not a test of the patient. Rather, it is an assessment of how well the provider explained the information. It's the provider's responsibility to make certain patients understand instructions and other education.

Eliminating barriers to communication involves partnerships, such as including family members in conversations. For patients who speak languages other than English, that means arranging for a qualified medical interpreter.

That said, there is no simple equation for determining a person's health literacy level and no quick fix to address it. The best solution is to adapt the way in which we communicate to be centered on patients and their families.

Health literacy is aligned with our policy to use plain language and ensure that written materials for patients and families are at a 6th – 8th grade reading level so that more people can understand them.

Christiana Care also provides patients and families with easy-to-comprehend information via the GetWellNetwork interactive patient-care system. Videos and other presentations are short, so patients don't get overloaded. Exit Care education materials provide patients with information and instructions they can refer to at home, instead of relying on their memories.

The bedside shift report is another opportunity to promote health literacy. At every shift change, nurses engage patients and families to confirm their understanding of the plan of care.

This fall, bedside shift report will be enhanced further by a standardized methodology called ICARE. This refined model ensures consistent communication and engagement, allows for confirmation of understanding and establishes a standard for reviewing safety concerns.

Learn more during Health Literacy Month

See page 25 for upcoming health literacy events. You also can access best practices on health literacy on the internal Christiana Care Quality and Safety website under Patient and Family Education Toolkits. •



The MICU at Christiana Hospital was the first unit in the state to receive the Beacon Award and is now the only unit in Delaware to receive the award three times. Holding Beacon Awards are nurse manager Carol Ritter, MSN, RN, CCRN, CNML (center); Bridget A. Remel, MSN, RN-BC, AGCNS-BC, CCRN-K and Andrew Vincent, BSN, RN, CCRN, lead writer on the Beacon application.

Christiana Hospital MICU earns third AACN Beacon Award

The Medical Intensive Care Unit (MICU) at Christiana Hospital has earned a Gold Beacon Award, the highest honor of the American Association of Critical-Care Nurses (AACN), the largest specialty nursing organization in the world. The recognition follows the Beacon Awards the unit received in 2012 and 2008.

Christiana Care Health System is one of only 64 health care institutions in the nation to earn the prestigious award. The MICU was the first unit in the state to receive the Beacon Award and is now the only unit in Delaware to receive the award three times. Christiana Care's Cardiovascular Critical Care Complex also earned a Gold Beacon Award in 2013.

"The MICU team exemplifies The Christiana Care Way, serving as respectful, expert, caring partners in

their neighbors' health and developing innovative models of care," said Janice E. Nevin, M.D., MPH, Christiana Care president and CEO. "These awards demonstrate continuous learning and effective systems of care that can deliver optimal health and an exceptional experience to the people we serve."

"The Gold Beacon Award reflects the dedication of the MICU team and their focus on patient- and family-centered care," said Diane Talarek, MA, RN, NE-BC, senior vice president of Patient Care Services and chief nursing officer. "Their interdisciplinary collaboration and emphasis on ongoing education and excellence have resulted in better outcomes for patients."

The MICU team cares for some of the health system's most vulnerable patients, with multiple complex health issues.

One of the unit's most notable achievements has been avoiding central-line-associated bloodstream infections (CLABSI), a costly and potentially fatal complication. For 21 consecutive months, the MICU had zero incidences of CLABSI.

"Our success with CLABSI helped us to realize that we could reach other milestones in enhancing patient safety and patient satisfaction," said nurse manager Carol Ritter, MSN, RN, CCRN, CNML.

To create a roadmap for success, the unit formed six value-improvement teams to focus on various concerns:

- Skin and pressure wounds.
- Ventilator-associated pneumonia, pain agitation and delirium, and mobility.
- Falls and restraints.
- Hand-washing and isolation.

- Safe practices and Joint Commission standards.
- CLABSI.

All MICU nurses are required to join a value-improvement team, which has multidisciplinary staff members, including physician assistants, dietitians, wound, ostomy and continence nurses, physical therapists, infection-prevention nurses and unit clerks.

Other MICU achievements include:

- Lowering the risk of falls by working with physical therapists to evaluate which patients are ready for physical therapy, designated with a red or green mobility card. The falls team also obtained external bed exit alarms. The result: seven months without a patient fall.
- Greatly reducing the use of Foley catheters by following evidence-based guidelines on preventing catheter-associated urinary tract infections.

- Participating in a Lean Six Sigma project to successfully reduce blood transfusions to align with national clinical guidelines.

"A key to our success was establishing a culture in which everyone feels comfortable and appreciative when another team member reminds them of best practices," Ritter said. "Our team does phenomenal work supporting each other in addition to supporting our patients."

The team also sought input from patients and families, making such recommended improvements as including relatives in bedside rounds and installing recliner chairs for visiting loved ones.

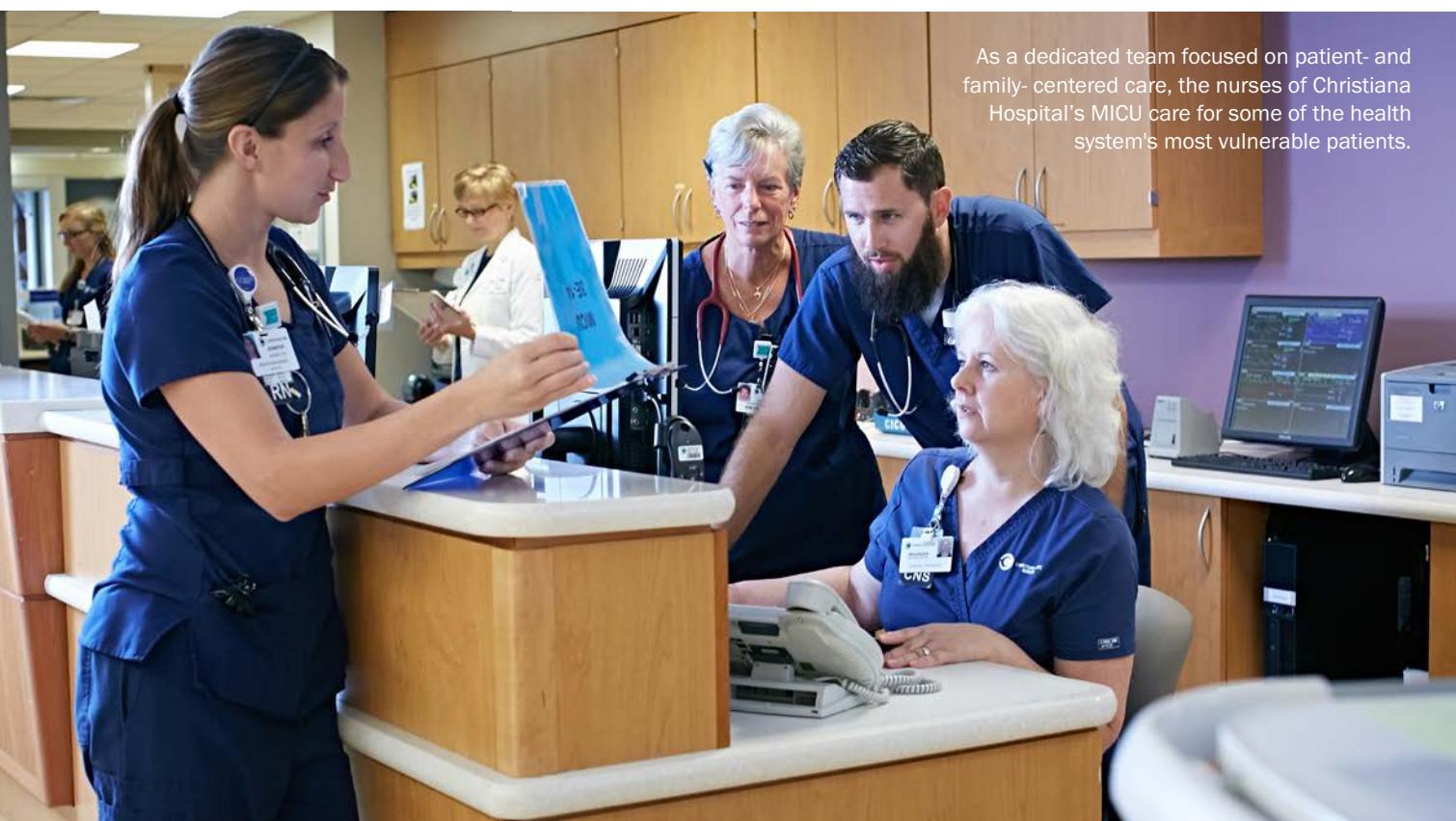
The MICU made strides in cultural competence, as well. In one example, the staff made arrangements for the family of a Muslim patient who died of cancer that allowed them to observe traditions of their faith, including burial within 24 hours of death.

To report on these initiatives, the Beacon application required a year of meticulous documentation. The application was written as a group effort with the committees and teams writing their specific sections. Andrew Vincent, BSN, RN, CCRN, took on most of the responsibility for the 48-page, 31,000-word application. Vincent, along with clinical nurse specialist Maureen A. Seckel, MSN, CCRN, FCCM, have been consulted by other institutions who are looking to apply for a Beacon award to share the experience and expertise of what it takes to compile and complete a Beacon application.

"The most important outcomes of our work benefit our patients so they might achieve optimal health," Ritter said.

Founded in 1969, AACN serves the interests of more than 500,000 acute- and critical-care nurses with more than 235 chapters worldwide. The Beacon Awards were launched in 2003. ●

As a dedicated team focused on patient- and family-centered care, the nurses of Christiana Hospital's MICU care for some of the health system's most vulnerable patients.



Strong leadership ensures our continued effectiveness

As we advance The Christiana Care Way and create new systems of care that provide value to the communities we serve, strong leadership ensures our continued effectiveness. Keys to Christiana Care's success include a strong emphasis and expertise in population health, fully integrated and supported service lines, and leveraging value-based payment models to achieve Optimal Health, Exceptional Experience and Organizational Vitality.

Our physician network Christiana Care Quality Partners, the Christiana Care Quality Partners Accountable Care Organization (ACO), our care coordination service Care Link and the Medical Group of Christiana Care are vital to achieving these goals.

A number of leadership changes were announced this month to align our administrative structure to fully support our efforts:

In support of our Essential Services:

Thomas L. Corrigan, MBA, CPA, has been named executive vice president and chief financial officer. The expanded role gives him responsibility for Health Services operations.

Sharon Kurfuerst, EdD, OTR/L, FAOTA, has been promoted to senior vice president, Health Services operations. In this new role, she is responsible for facilities and operations, while continuing strategic leadership of Rehabilitation Services and Behavioral Health administration.

Pat Grusenmeyer, Sc. D, FACHE who remains president of Christiana Care Health Initiatives Inc., is now the senior vice president, strategic business development. In this new role, he will provide strategic and operational leadership of work supporting new and existing partnerships.



Thomas L. Corrigan, MBA, CPA



Sharon Kurfuerst, EdD, OTR/L, FAOTA



Pat Grusenmeyer, Sc. D, FACHE



Ken Silverstein, M.D., MBA



Mike Eppehimer, MHSA, FACHE

In support of our clinical service lines:

Ken Silverstein, M.D., MBA, is now chief clinical officer. This new role expands on the leadership responsibilities of chief medical officer and includes strategic guidance and operational management of the service lines.

Mike Eppehimer, MHSA, FACHE, is now senior vice president, service line operations, reporting to Ken Silverstein, the chief clinical officer. The new role encompasses administrative leadership of the service lines.

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Sharon Anderson, RN, BSN, MS, FACHE



Doug Azar

In support of our new emphasis on population health and accountable care, the following leadership changes have been made to Christiana Care Quality Partners, the Christiana Care Quality Partners ACO, Care Link and the Medical Group of Christiana Care:

Sharon Anderson, RN, BSN, MS, FACHE, has been named chief population health officer and senior vice president, Quality & Patient Safety.

Doug Azar is promoted to vice president, network development and executive director, Christiana Care Quality Partners.

A new leadership position will be created to strengthen Medical Group operations; however, until this important position is filled, Patrick A. Grusenmeyer, Sc.D., FACHE, president, Christiana Care Health Initiatives Inc., and senior vice president, strategic business development, will serve in the interim role. ●

Christiana Care recognized as nationally top-ranked hospital for providing community value

Christiana Care Health System has been recognized as a nationally top-ranked Community Value Five-Star hospital by Cleverley + Associates, an independent health care data and consulting services firm in Columbus, Ohio.

Based on the firm's analysis, Christiana Care ranks as one of the top hospitals in the United States in terms of the value it provides to the community, scoring in the top 20 percent of facilities across the country. The analysis evaluated Christiana Care among its peers in the "high-intensity teaching hospital" category.

Cleverley + Associates evaluates hospitals using a proprietary community value index to rank hospitals on 10 measures, assessing a hospital's performance in four key areas:

- Financial Strength Index.
- Hospital Quality Index.
- Hospital Charge Index.
- Hospital Cost Index.

The index suggests that a hospital provides value to the community when it is financially viable, appropriately reinvests back into the facility, maintains a low cost structure, has reasonable charges and provides high-quality care to patients.

Cleverley + Associates released the findings about Christiana Care as part of its new publication "State of the Hospital Industry-2015 Edition." Cleverley + Associates is in its 12th year of reporting the community value index. ●



Christiana Care implements CANDOR

As a recognized national leader in quality and safety, Christiana Care has implemented CANDOR: Communication and Optimal Resolution. CANDOR enables Christiana Care to advance its culture of patient safety by further supporting patients through open communication and optimal resolution when an analysis and event review confirms unexpected patient harm.

Christiana Care was one of only three health systems in the nation — along with Dignity Health and MedStar Health — to partner with the Agency for Healthcare Research and Quality (AHRQ) and the Health Research & Educational Trust of the American Hospital Association in a demonstration project to develop educational resources and tools as part of CANDOR. The demonstration project officially ended in September.

"We believe dealing with medical error transparently and forthrightly is the right thing to do," said Kathleen McNicholas, M.D., JD, medical director of Performance Improvement, who is co-leader of the project along with Stephen Pearlman, M.D., MSHQS, Quality & Safety Officer, Women & Children's Service Line. "Learning from error and making improvements are essential to the process. Caring for the caregiver — as well as the family and patient — in these difficult circumstances is vitally important and should never be forgotten."

"The CANDOR team achieved numerous milestones to prepare for implementation," said Dr. Pearlman, "among them participation in a change-readiness assessment and gap analysis; creation of a CANDOR event response checklist; education of clinical departments to build awareness and general knowledge of CANDOR principles; and establishment of a Care for the Caregiver Program to support staff impacted by an adverse event contributing to harm to our patients."

CANDOR is consistent with our promise of The Christiana Care Way to be respectful, expert, caring partners with our patients in their treatment, especially when they are harmed. It supports our culture of responsibility, promotes our learning and reporting culture and enhances our commitment to patient- and family-centered care.

To date, more than 150 participants and key stakeholders at Christiana Care have received training in the four main components of CANDOR:

- **Communication:** focusing on the importance of disclosure, patient and family communication, and teaching others about disclosure.
- **Event reporting and analysis:** detailing the CANDOR method for harm event reporting, review and analysis.
- **Care for the caregiver:** focusing on the ways to identify and support second victims — the caregivers impacted by serious adverse events.
- **Resolution and leading the change:** describing how to establish a robust resolution process, integrating all knowledge gained through the event review and analysis.

A CANDOR response team will help guide and facilitate managing an event that has contributed to death or permanent harm. This includes coordinating communication with the patient, family and senior leadership, and activating the Care for the Caregiver program. •

CANDOR implementation team members include:

Ann-Marie Baker, MSN, RN-BC

Michele Campbell, RN, MSM, CPHQ, FABC

Chris Carrico, MSN, RN, CPHQ

Melody Depace

Heather Farley, M.D.

Kathleen McNicholas, M.D., JD

Anand Panwalker, M.D.

Stephen Pearlman, M.D., MSHQS

Susan Perna, MSN, RN

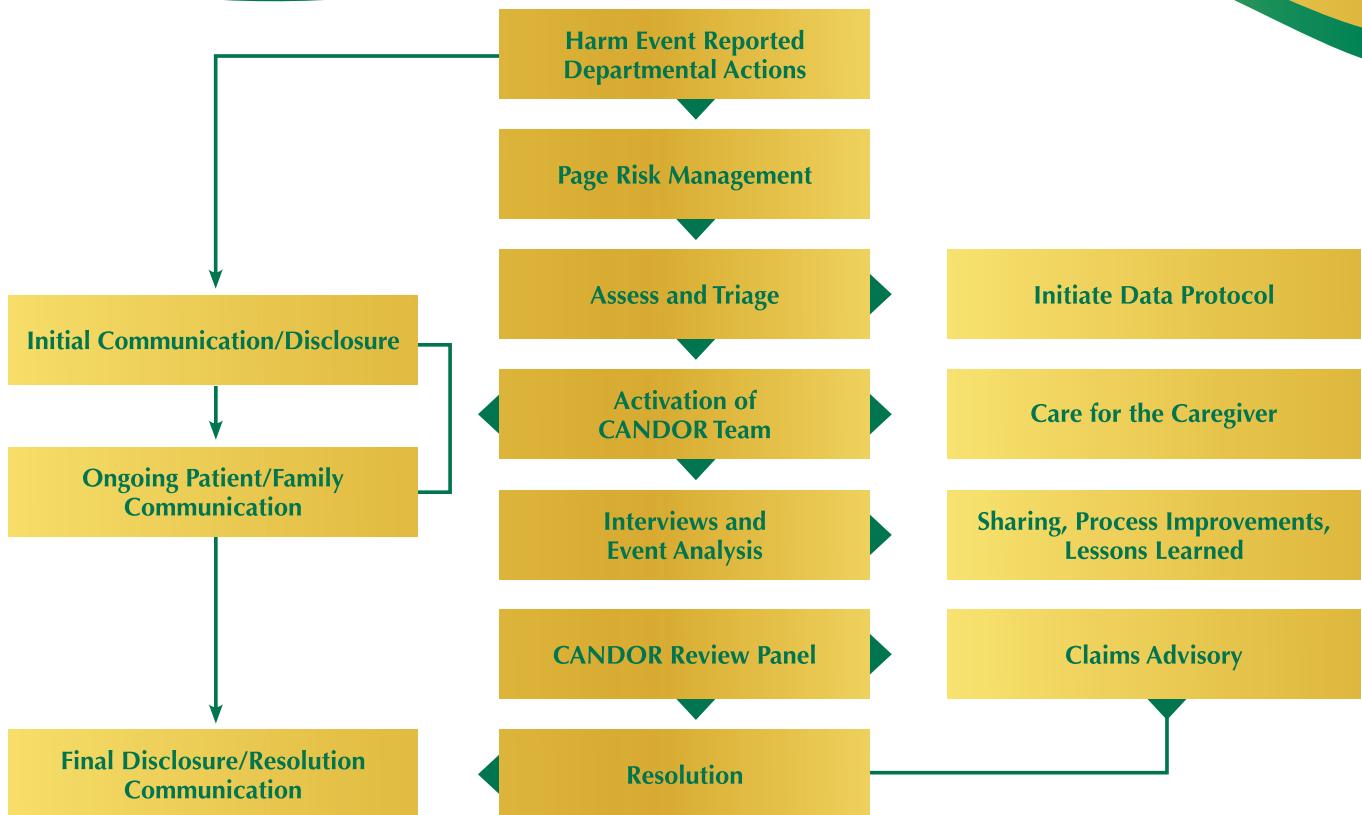
Brenda Pierce, Esq.

Margot Savoy, M.D., MPH

Paula Smallwood, MSN, RN, NE-BC

**If you have questions, contact
Chris Carrico, MSN, RN, CPHQ,
director, Patient Safety, at
ccarrico@christianacare.org.**

The CANDOR Approach



“Learning from error and making improvements are essential to the process. Caring for the caregiver – as well as the family and patient – in these difficult circumstances is vitally important and should never be forgotten.”

STEPHEN PEARLMAN, M.D., MSHQS
QUALITY & SAFETY OFFICER, WOMEN & CHILDREN'S SERVICE LINE

Residents and fellows learn skills that prepare them to be tomorrow's health care leaders

Twenty-six residents completed an intense, two-week leadership course available to junior and senior residents and fellows offered through the Christiana Care Learning Institute in September.

The LEED-R (Leadership Excellence Education for Residents/Fellows) course provided an opportunity to learn from more than 40 volunteer teachers from Christiana Care's executive leadership team, medical and surgical faculty and other enthusiastic experts.

"It is truly an honor to help develop the next generation of physician leaders while they are still learning in residency and fellowship," said Allen Friedland, M.D., FACP, FAAP, program director, Combined Internal Medicine-Pediatrics Residency Program.

Dr. Friedland is co-director of LEED-R with Barbara A. Monegan, MA, FABC, director, Talent Management and Leadership Development, and director of the Center for Transforming Leadership in the Christiana Care Learning Institute.

Residents and fellows are now more aware that emotional intelligence is as important as IQ as a physician leader, Monegan said.

A highlight of the curriculum was the LEED-Rship Cafe, where learners had the opportunity to meet 25 leaders one-on-one and ask any questions they wished, such as "How did you know you were interested in leadership?" and "Would you recommend getting an MBA?" within the confines of a nine-minute time limit per table.

Learners also worked to identify their strengths and blind spots through self-awareness exercises and assessments. They engaged in team-building activities and negotiation scenarios, and they underwent the Herrmann Brain Dominance Inventory assessment, which examines thinking style.

Dr. Friedland believes LEED-R benefits the overall health system, as well as the learners. Learners developed ongoing leadership projects to take place over the academic year. A few examples are: improving access to prescription medications for patients discharged after hours; highlighting the value of graduate medical education; using an interdepartmental education platform for a new protocol (HEART score) for chest pain patients in the ED; showing how residents and students can complete five easy tasks a day to improve the patient experience and use The Christiana Care Way; expanding LEED-Rship Essentials to all residents/fellows; and promoting health and wellness to our patients and employees.

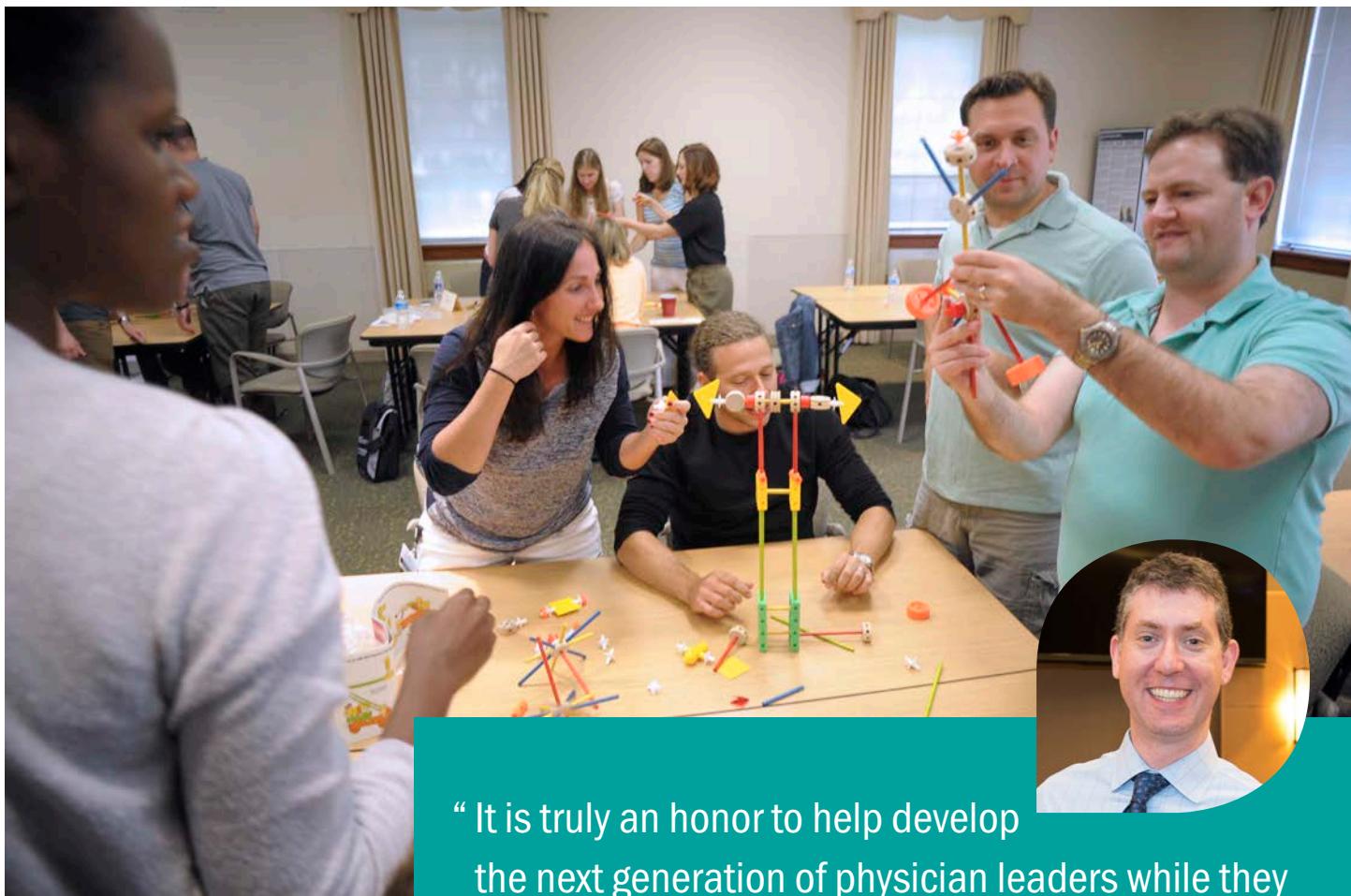
"There is a great deal involving health care that we are not exposed to both in medical school and the day-to-day business of our rotations," said Charlie Fedele, M.D., chief resident, Radiology Residency Program, one of the LEED-R 2015 participants. "This course allowed us to spend a good deal of time discussing the flaws of our changing health care system in an interdisciplinary setting. We were able to get the different perspectives of our peers across numerous programs, which I feel is invaluable." ●



This year's class, the third since 2013, concentrated a substantial amount time on the current state of health care delivery and implications of moving toward a population health model, a hot topic that generated some "vibrant discussions," said Dan Elliott, M.D., medical director, Christiana Care Quality Partners.

"We spent a lot of time talking through the distorted financial incentives that currently exist and identified some of the decisions and programs that are using reform of payment models to drive changes in health care delivery," Dr. Elliott said. "The residents were engaged and were quick to identify systemic inefficiencies that they see every day in clinical practice."

This year learners from 12 residency and fellowship programs were selected for LEED-R, including one from Nemours/Alfred I. du Pont Hospital for Children.



“It is truly an honor to help develop the next generation of physician leaders while they are still learning in residency and fellowship.”

ALLEN FRIEDLAND, M.D., FACP, FAAP, PROGRAM DIRECTOR, COMBINED INTERNAL MEDICINE-PEDIATRICS RESIDENCY PROGRAM



More than 40 leaders from throughout Christiana Care mentored the residents and fellows during the LEED-R program.

Helen F. Graham Cancer Center & Research Institute researchers pioneer quality-of-life intervention for throat cancer survivors



"Our goal is to return the function of the patient's salivary glands and reduce human suffering ... to relieve the debilitating lack of saliva in a patient who has undergone radiation treatments."

ROBERT WITT, M.D.

Swati Pradhan-Bhatt, Ph. D., and Robert Witt, M.D., are working to develop artificial salivary glands in the Center for Translational Cancer Research.

Among patients who have been successfully treated for throat cancer, a common side effect of treatment is damage to the salivary glands. The radiation used to kill the tumor can also cause the salivary glands to stop working, which can make normal activities like eating, swallowing and talking difficult and painful.

At Christiana Care's Helen F. Graham Cancer Center & Research Institute, cancer researchers Robert Witt, M.D., FACS, and Swati Pradhan-Bhatt, Ph.D., are on a quest to solve this problem through the development of artificial salivary glands.

"Our goal is to return the function of the patient's salivary glands and reduce human suffering ... to relieve the debilitating lack of saliva in a patient who has undergone radiation treatments," said Dr. Witt, the clinician/scientist principal investigator in the four-year initiative that began in 2012, and director of the Multidisciplinary Head and Neck Oncology Clinic at the Graham Cancer Center. "These are patients who have lost the ability to swallow properly, to enjoy food and liquids, and lack a sense of taste. They also are prone to many dental problems."

Working at the Center for Translational Cancer Research at the Helen F. Graham Cancer Center & Research Institute, Dr. Witt and Dr. Pradhan-Bhatt are national leaders working toward the development of artificial salivary glands. The research focuses on ways to grow cells taken from patients before they undergo radiation treatment. Ultimately, doctors will re-implant the patients' own cells back into their damaged salivary glands when radiation is complete, enabling them to restore their salivary glands.

Even before the launch of the National Institutes of Health funded study, Dr. Witt began the research with financial help from the philanthropy of a patient. His early success helped advance the research to a level where a proposal in 2012 for federal funding from NIH's National Institute of Dental and Craniofacial Research became feasible.

Dr. Pradhan-Bhatt is senior research scientist and director of tissue engineering at the Center for Translational Cancer Research. Early in her work with Dr. Witt and Cindy Farach-Carson, Ph.D., vice-provost for Translational Bioscience at Rice University in Houston, she discovered a technique to isolate salivary acinar cells in a lab culture. Acinar cells are one of three basic building block cells — responsible for water and enzyme production — comprising salivary glands.

Now in the fourth year of the four-year grant, researchers under Dr. Witt and Dr. Pradhan-Bhatt have isolated and observed how another building block cell, the myoepithelial cell, found wrapped around the secretory lobule in native tissue, undergoes contraction in response to a neurotransmitter chemical that activates a biological response. This contraction is thought to be the major way in which saliva is expelled from the secretory lobule so that it can flow into the mouth.

"We are trying to follow the actual steps of human development, where the salivary gland cells start to branch, just like you would see in a growing tree," said Dr. Pradhan-Bhatt. "These branching structures require the same growth factors and extracellular matrix proteins found in human development, yet it can all occur in the lab within a cell-friendly scaffold or housing called a hydrogel, which is human-compatible and absorbable."

"Additionally, Dr. Xinqiao Jia, a materials scientist/engineer at the University of Delaware, has invented micro- and nano-sized hydrogel particles that can be added into our hydrogels to allow for growth factor release into our implants. The scaffold allows cells to grow in spheroid structures that merge, forming lobes that closely resemble the ones found in the developing salivary gland. Working with our materials science and engineering colleagues, we are trying to tune the properties of the hydrogels as closely as possible to mimic the native human tissue microenvironment."

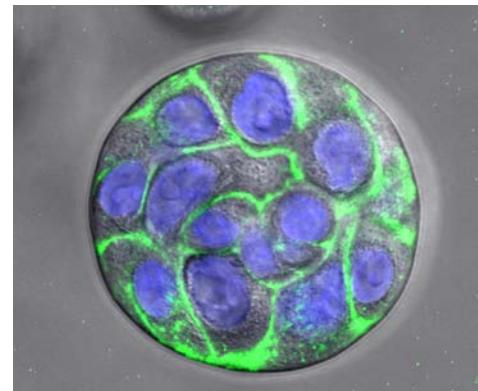
Other principal investigators named in the 2012 NIH grant include Dr. Farach-Carson and Dr. Xinqiao Jia. The team also includes Randall Duncan, Ph.D., professor, Department of Biological Sciences at the University of Delaware, and Dan Harrington, Ph.D., from the BioSciences Department at Rice University. "Their work is of enormous importance, and they play an essential role in this great honor," Dr. Witt said.

Research project grants, known as R01, are highly competitive. NIH awards them to specified projects that a named investigator or investigators perform. Dr. Witt is the first physician at Christiana Care to achieve the role of Principal Investigator for an NIH grant through work done at Christiana Care. The team is preparing to make application for a four-year extension of funding for the project.

The Center for Translational Cancer Research seeks to quickly move laboratory "bench" research to the bedside by applying basic science toward potential therapies. Established in 2004, the Center for Translational Cancer Research is a formal collaborative program among the Helen F. Graham Cancer Center & Research Institute, the University of Delaware, A.I. duPont Children's Hospital and the Delaware Biotechnology Institute. It also includes the High-Risk Familial Cancer Registry and the Tissue Procurement Center. ●

"We are trying to follow the actual steps of human development, where the salivary gland cells start to branch, just like you would see in a growing tree."

SWATI PRADHAN-BHATT, PH.D.



Magnified view of a salivary spheroid growing in a hyaluronic-acid-based hydrogel.

Christiana Care ranks among top 10 National Community Cancer Centers enrolling patients into cancer clinical trials

Christiana Care's Helen F. Graham Cancer Center & Research Institute has earned distinction as a top accruing member of the National Clinical Trials Network (NCTN) sponsored by the National Cancer Institute (NCI).

The Graham Cancer Center ranks 8th among NCI Community Oncology Research Program (NCORP) sites enrolling the highest numbers of patients into network clinical trials led by NRG Oncology research group, one of five U.S. research groups now participating in the NCTN.

In 2007, the Graham Cancer Center was one of 16 original sites selected by NCI to establish the Community Cancer Center Program. Since then, the Graham Cancer Center's overall clinical trial accrual rate has soared upwards of 20 percent, far above the national average of about 4 percent for similar programs.

"Congratulations to our physicians and research team for this phenomenal accomplishment," said Nicholas J. Petrelli, M.D., Bank of America endowed medical director of the Helen F. Graham Cancer Center & Research Institute. "Their vision and commitment broadens opportunities for eligible patients to access the very latest and most promising cancer treatments without leaving Delaware."

The NRG Oncology clinical trials group brings together the internationally recognized research leadership of the National Surgical Adjuvant Breast and Bowel Project (NSABP), the Radiation Therapy Oncology Group (RTOG), and the Gynecologic Oncology Group (GOG). Collectively, these groups represent 150 years of cumulative research experience in conducting practice-defining, multi-institutional clinical trials to improve survival and quality of life for patients with cancer.



Cancer research nurse coordinators Jen Hackney, BSN, RN, RT Cert., Michelle Messer, BSN, RN, and Kim M. Ochoa, BSN, RN, RT Cert., discuss medical record data of a patient enrolled in a clinical trial at the Helen F. Graham Cancer Center & Research Institute.

"Gaining a top-accrual spot in the NRG Oncology research group at this time is particularly noteworthy, considering that we have all been working through first year growing pains of a newly transitioned National Clinical Trials Network," said Christiana Care Cancer Research Director Kandie Dempsey, DBA, MS, RN, OCN. "Our success is a bold step toward extending clinical trial participation to even greater numbers of patients in small towns and local communities throughout Delaware and the entire country."

It was just last March that the NCI completed transformation of its longstanding Cooperative Group Program to form the new NCTN. Several Graham Cancer Center physician investigators and research

nurses held leadership positions on NCI cooperative group committees that helped guide the transformation of NCI's clinical trials program to expand scientific research opportunities across all aspects of the health care system to benefit cancer patients.

During the NCTN's inaugural year, NRG Oncology is credited with 32 percent of the total trial enrollment among the five participating U.S. research groups, which also include the Alliance for Clinical Trials in Oncology, the ECOG-ACRIN Cancer Research Group, the SWOG Cancer Research Cooperative and the Children's Oncology Group (COG).

CONTINUED

Know the risks and signs of breast cancer

October is National Breast Cancer Awareness Month, a reminder that breast cancer is second only to lung cancer as the most common cancer among women.

About one in eight women born in the United States will get breast cancer at some point in her lifetime.

Because of advances in treatment and early detection, fewer women are dying of the disease. In fact, there are 3 million survivors of breast cancer in the United States today, the largest group of cancer survivors.

A mammogram can help to detect breast cancer early when it's easier to treat. Knowing your body and knowing your risk factors are important, too.

There are some risk factors that can't be changed, such as gender. Women are 100 times more likely to get breast cancer than men, according to the American Cancer Society (ACS). Age matters, too. Two of every three invasive breast cancers are in women age 55 and older. About 5–10 percent of breast cancers are linked to genes passed down through families.

Lifestyle-related factors also play a role. Not having children or having a first baby after age 30 slightly increases the risk. So does alcohol. Women who imbibe two or more

drinks a day have 1.5 times the risk of breast cancer as women who don't drink.

Obesity, especially fat around the midsection, is another contributor. Studies also show that hormone replacement therapy after menopause (estrogen and progestin in combination) increases both the risk of breast cancer and the risk of dying of the disease.

Mammography, as prescribed by your doctor, is an essential screening tool. So is paying attention to your body. Here are some signs of breast cancer:

- A lump in the breast or armpit that doesn't go away after your menstrual period.
- Changes in skin, especially skin that develops a texture like an orange peel.
- A change in the nipple, including a burning sensation, dimpling, itching, retraction, scaling or ulceration.
- Clear or bloody discharge from the nipple.
- Any change in the size, contour, texture, or temperature of the breast.
- A pain in one spot that doesn't go away.

If you have any of these signs, make an appointment to see your health care provider right away. ●

"Congratulations to our physicians and research team for this phenomenal accomplishment. Their vision and commitment broadens opportunities for eligible patients to access the very latest and most promising cancer treatments without leaving Delaware."

NICHOLAS J. PETRELLI, M.D.

Members of the Graham Cancer Center research team continue to serve in leadership roles among these participating research groups.

In addition to the Christiana Care research team, the short list of top-accruing NCORP members recognized by NRG Oncology includes Kaiser Permanente, Oakland, Georgia Regents University Cancer Center; the Southeast Clinical Oncology Research Consortium; the University of Colorado Cancer Center, Aurora; Metro-Minnesota Community Oncology Research Consortium; the Michigan Cancer Research Consortium; Catholic Health Initiatives; Pacific Cancer Research Consortium; and Cancer Research for the Ozarks. ●



THERE ARE 3 MILLION BREAST CANCER SURVIVORS IN THE U.S. TODAY, THE LARGEST GROUP OF CANCER SURVIVORS.

Rehabilitation program for electric heart pump patients launched at Wilmington Hospital

Imagine awaking one day, your life newly reliant on an electric heart pump that must never lose power. Now imagine having to leave your familiar medical team at Christiana Care to travel to a rehabilitation facility in another state to learn the special skills you will need to live the rest of your life.

Until recently, that was the reality for patients with heart failure who had a left-ventricular-assist device (LVAD) implanted, either as a bridge to a heart transplant or as a destination therapy, if a new heart is not an option.

In February, the Center for Rehabilitation at Wilmington Hospital welcomed its first LVAD patient, following months of intensive staff training on the device and the particular needs of those living with it.

"It's a huge deal," said Mitchell Saltzberg, M.D., FACC, FAHA, medical director of the Heart Failure Program. He and his partner Meenakshi Bhalla, M.D. are the only two cardiologists in Delaware certified by the American Board of Internal Medicine in advanced heart failure and transplant cardiology. "Having a patient be able to stay in Delaware for their inpatient rehabilitation allows members of our team access to the patient, and at the same time it allows the patient to stay closer to their family. It gives us a greater comfort level."

Susan Felicia, FNP-C, coordinator and nurse practitioner for the VAD/Structural Heart Program, orchestrated the training for the rehabilitation staff that paved the way for the first LVAD admission.

"It's tough to ask the family to go to Center City Philadelphia or someplace else out of state when they're still working and living their lives," Felicia said. "In the past, patients have been separated from their families while they were going through an inpatient rehabilitation program. For success, you really need their physical and emotional well-being to be on the same page."

The new service was a godsend for Linda Leedom, a Newark resident who this spring became the first LVAD patient admitted to the Center for Rehabilitation at Wilmington Hospital. Not an ideal candidate for a new heart, Leedom needed to learn such technical skills as charging and changing her batteries as well as simple behavioral modifications, like sitting in the rear seat of a car, away from the airbag, and placing the shoulder seat strap behind her. She was impressed with the expert care of her doctors and the respect they showed in partnering with her to manage her treatment.

But as pain from the operation set in, so did the fear of the unknown — especially when she found she could walk only a few feet after entering rehab. But with her team's encouragement and personalization of her therapy regimen, Leedom was strolling around the facility in just a few weeks and encouraging newcomers that they, too, could improve.

"They couldn't do enough for me. They were all fabulous — they're like family," Leedom said of the rehab staff, who continue to reach out to her with helpful tips for living with her new device.

Leedom's care is in excellent hands. Christiana Care's is the only heart failure program in Delaware awarded the Joint Commission certification in heart failure. The program provides comprehensive services to patients with heart failure, with access to care by physicians, nurse practitioners, nutritionists, behavioral health specialists and social workers — all who have expertise in the care of heart failure patients. The Heart Failure Program has offices in New Castle and Sussex counties.

Meanwhile, the rehabilitation center is fully accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF). It is one of fewer than 100 centers in the country to hold CARF certification for its brain injury, stroke and amputation programs, according to Jennifer Thomas, MS, CCC-SLP, director of Rehabilitation Services. Its strategic location within Wilmington Hospital also gives it an advantage over a freestanding facility, she said, enabling it to seamlessly address urgent or consultative needs.

"For example, if we need the expertise of a cardiologist, they're here in the building and can respond in minutes — we just have to call," she said. "One of the things we really try to highlight about our services is we have that continuum of care to offer, from inpatient to rehab to outpatient."

Staff physical therapist Rebecca Beeby, PT, DPT, agrees.

"Patients have the continuous care of the providers they will meet before surgery, during their hospitalization and in recovery," Beeby said. "And, the patient is here — I have her direct line and don't have to worry about going through someone else first. From a team member's perspective, having that support is the best."

Even when there are no LVAD patients receiving care at the Center for Rehabilitation at Wilmington Hospital, staff training on their care will continue with new employees and is expected to become part of the annual critical skills refresher, said Felisha Alderson, MSN, RN, CRNN, nurse manager.

CONTINUED



“Having a patient be able to stay in Delaware for their inpatient rehabilitation allows members of our team access to the patient, and at the same time it allows the patient to stay closer to their family.”

MITCHELL SALTZBERG, M.D., FACC, FAHA

“There are things you don’t see all the time but that you need to know,” Alderson said. “Not every patient who has an LVAD is going to need rehab, but the ones that do, we want them to stay local. It’s a great service we offer to the community, and that’s what we’re trying to do — take care of the community.”

Leedom was so pleased with her rehabilitation experience at that she’s volunteering as a member of the center’s Patient-

and Family-Centered Care Council, which advises on future projects or improvements.

“I told Dr. Saltzberg it was like that saying — don’t repay kindness, pass it on,” Leedom said. “I don’t know how I could ever repay this kindness. They’ve given me back my life.” •

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.

Respiratory Care to implement annual PHIL Award

Patients may nominate a respiratory therapist via GetWellNetwork

The respiratory therapists at Christiana Care know you can't take breathing for granted. Now, a new award will make sure their work isn't, either.

Beginning next year, patients will have the opportunity to nominate their respiratory therapist for the nationally recognized PHIL Award, established in 2006 by the FACES Foundation and administered in 55 hospitals in 13 states. The honor, to be awarded during Respiratory Care Week in

"We see premature babies to 100-year-olds and everything in between. When nurses can't solve a breathing issue, they look to us to do it and help them create the best care plan for the patient."

LORRAINE BERTUOLA, RRT, BA

October, carries with it a paid trip to the annual conference of the American Association of Respiratory Care.

"They truly are the unsung heroes in the hospital community," said Sharman Lamka, FACES president and founder of the PHIL Award, who created the award in memory of her husband. "Before I went on the journey with my husband, I thought they came in the room and plugged in the ventilator and put something in the cannula so your nose doesn't get dry."

Lorraine Bertuola, RRT, BA, respiratory clinical manager, said she hopes the award will raise the profile of an under-recognized profession. Amanda Farris, BA, RRT-NPS, Adrienne Trzonkowski, BS, RRT, and Danielle Martino, BS, RRT, teamed up to bring the award to Christiana Care.

"We see the sickest patients," Bertuola said. "When all the chips are down, the respiratory therapist is involved. We're

at all the cardiac arrests, with all the patients on ventilators who may not survive what happened to them.

"We see premature babies to 100-year-olds and everyone in between. When nurses can't solve a breathing issue, they look to us to do it and help them create the best care plan for the patient."

The fact that the award will be determined by patients, Bertuola said, "is the ultimate compliment."

Christiana Care nurses are recognized by a similar honor called the DAISY Award, which was inaugurated in 2014.

Terry Press, RRT, has seen the role of respiratory therapists evolve over her 27 years with Christiana Care and is gratified they will be recognized for the work they do.

About 140 respiratory therapists at Christiana Care are divided into teams, allowing them to follow patients from their hospital admission to departure — which sometimes can be months. Spending more time at the bedside enables them to better educate patients and build relationships with fellow nurses, physicians and other providers to build a continuum of care.

"Families now know me by name, whereas years ago it was Breathing Lady or Ventilator Lady," Press said.

The most amazing moment, she said, is when a patient has been weaned off the ventilator.

"That point is the very first time I get to hear the patient's voice," she said. "The look on their loved one's face when they get to hear their voice — there's just nothing like it."

This year's National Respiratory Care Week is Oct. 25–31. •



The PHIL Award will provide a new opportunity for respiratory therapists to be recognized for outstanding patient care.

Christiana Care VNA private duty nurses offer skill and love to help single mother and child overcome daily challenges

Consider the strain every single parent is under caring for a child on her own. Then multiply that by the difficulties of a single parent with a medically fragile child, and you can understand why Veronica Jeffcoat considers Christiana Care Visiting Nurse Association private duty nurses her personal angels.

"I'm the sole support for me and my daughter Zoe. Without the private duty nurses from the VNA, I wouldn't be able to work, and my daughter wouldn't have the care she needs," Jeffcoat said.

Her daughter Zoe, now 11, entered the world after a difficult birth and has since suffered from the complications of brain damage and cerebral palsy, which include the need to be fed through a tube and susceptibility to infection.

For years, Jeffcoat cared for her daughter on her own, but as Zoe's medical conditions multiplied, so did the stress.

"When you have a very sick child, you need all the help you can get. I know. I did the care for years and it was overwhelming," she said.

Burdened by the mounting challenges of caring for her daughter and providing an income, she looked for support and found it at Christiana Care VNA.

"Our goal is to provide as much normalcy for families as possible," said Lauren Mahieu, RN, Christiana Care VNA nurse manager. "For many, that means we can be there, taking care of their child, so they can go to work and also get a good night's sleep."

Christiana Care VNA nurses are with Zoe Monday through Friday during the day when Veronica is at work and weekends from midnight until early morning. This enables Jeffcoat to confidently manage her full-time job. "My schedule changes every week and the VNA nurses make those changes with me," she said.



Veronica and Zoe Jeffcoat, and VNA Nurse, Vickie Duke, LPN.

VNA nurses have been a constant in Zoe's life since she started school. "Zoe couldn't manage school on her own, considering her many medical conditions. We were the familiar faces that helped her make the transition to school very well," said Vickie Duke, LPN, one of the private duty nurses who cares for Zoe.

Unfortunately, a year ago, Zoe suffered multiple bouts of infections that set off seizures, making it impossible for her to continue going to school. Her teacher now comes to the home, as does a physical and occupational therapist, and Christiana Care VNA nurses collaborate with them all, following through on their instructions to help Zoe maintain optimal health. They also manage Zoe's personal care, order her medications and medical equipment, arrange her medical appointments and even accompany her if Veronica is working.

"What sets us apart is that we really work hard at coordinating with caregivers for our clients, and we minimize any gaps in coverage. We are totally

committed to do the right thing for each individual patient," Mahieu said.

But the VNA nurses do much more for Zoe than provide her specialized medical care. They are trusted companions and friends. When her nurse arrives, Zoe looks for a big hug and beams knowing that her day holds many surprises. Will her nurse have a new creative art project to do together? Will they listen to some of her favorite music or laugh at a Nickelodeon show? Perhaps there will be a trip outside in the wheelchair or a catalog to look through to pick out new curtains for her room.

"She just lights up when her VNA nurses come into her room," Jeffcoat said.

"I think I am most proud of the fact that we are just like Zoe's mom in many ways: We want what is best for her, are dedicated to providing the care that she needs, and we love her," said Duke.

"That's true," said Jeffcoat. "These nurses are our family, and Zoe loves every one of them." •

Gone Fishin'! Adult Day Program outings create enriching experiences

A summer day fishing trip to Banning Park in Wilmington provided a lot of fun — and a special therapeutic opportunity — for clients and staff from the Christiana Care Adult Day Program.

The Adult Day Program, located in North Wilmington, provides a safe, caring home away from home for seniors or other individuals who may be limited due to age or illness. The program also provides family caregivers with some time to themselves, to get things done or just take a break and recharge.

The program members released all the fish but did bring home good feelings and a rich experience. To make the trip even more interesting and add to the fun, the clients formed competitive teams — the women against the men.

"It is important to have a well-defined philosophy underpinning a therapeutic activity program," said Gayle Pennington, MS, MA, NCC, program director of the Adult Day Program. "When our seven disabled older adults went on this trip to fish, socialize and enjoy a picnic lunch, we were using the Best Friends Approach to creating a person-centered model of integrated care."

Pennington said that therapeutic activities in the program reflect everyday life as much as possible, including opportunities to build new skills and engage in regular community outings and field trips. •



A good catch: Therapeutic benefits of Adult Day Program

- Stimulating cognitive processes, including decision-making and creative thinking.
- Increasing recognition of environmental stimuli.
- Exercising large and fine motor skills.
- Enhancing self-esteem by providing novel opportunities and a sense of accomplishment.
- Promoting socialization, group cohesiveness and team spirit.
- Connecting to the community.

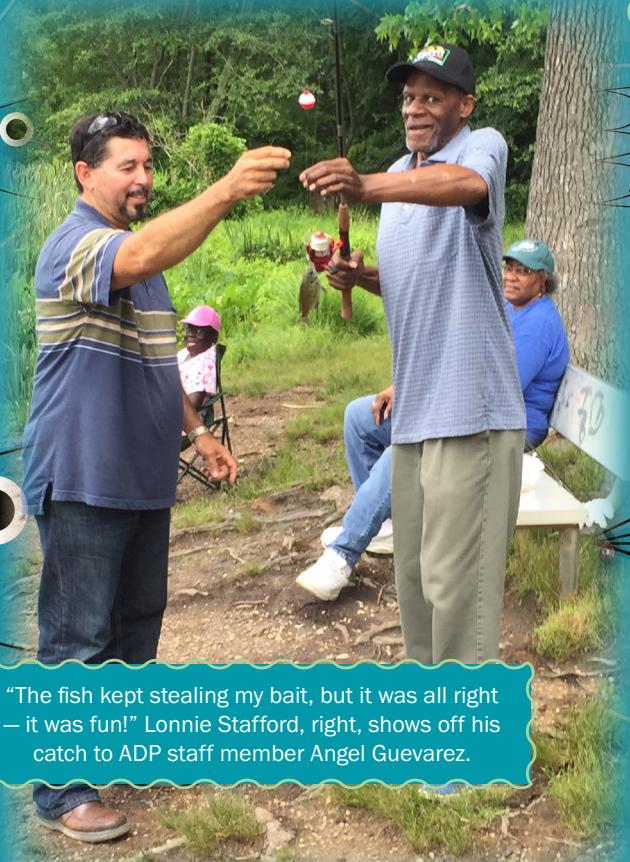
Learn more about Christiana Care's Adult Day Program at <http://www.christianacare.org/adultdaycare>.



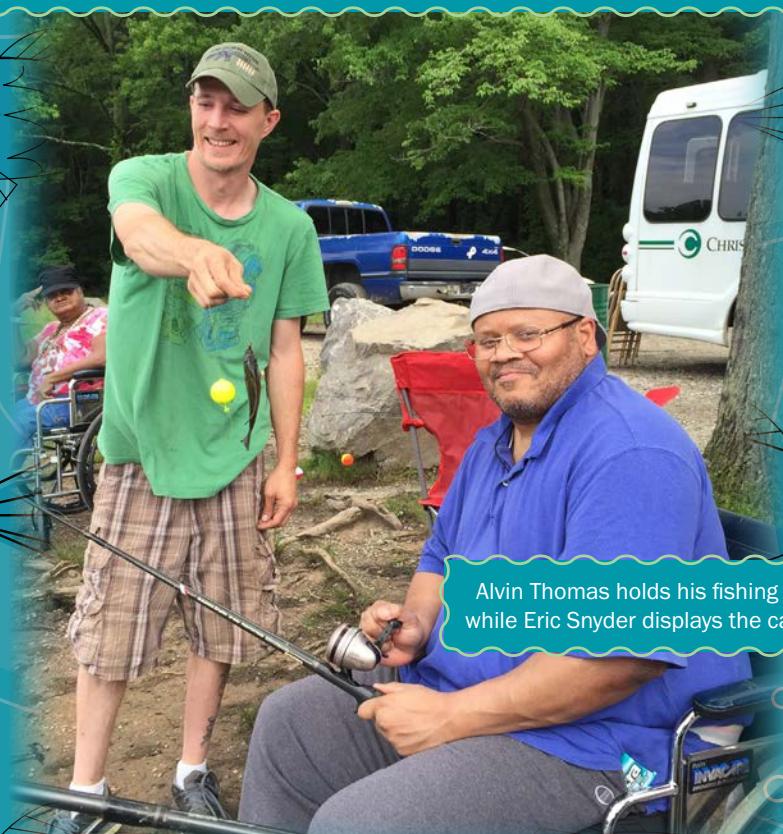
Another recent Adult Day Program event featured a trip to Wilmington Riverfront and a river taxi ride on the Christina River.

"I benefitted from the opportunity to be around water, see the ducks, and to enjoy the peace of being out of doors. I also enjoyed the social part of being able to fish with friends and the experience of trying something new".

— Patricia Freeman



"The fish kept stealing my bait, but it was all right — it was fun!" Lonnie Stafford, right, shows off his catch to ADP staff member Angel Guevarez.



Alvin Thomas holds his fishing rod while Eric Snyder displays the catch.

James M. Ellison, M.D., MPH, appointed Swank Foundation Endowed Chair in Memory Care and Geriatrics



James M. Ellison, M.D., MPH, has been named The Swank Foundation Endowed Chair in Memory Care and Geriatrics at Christiana Care Health System. The chair is made possible by a \$2.5 million gift from the Swank Foundation, which is dedicated to transforming care for people with memory issues.

"Dr. Ellison brings recognized achievements and a career-long commitment to the health of those with geriatric mood and anxiety disorders and neurocognitive disorders. He will further enrich the Swank Memory Care Center as a leading resource in Delaware and the region for patients with Alzheimer's disease and other memory disorders," said Janice E. Nevin, M.D., MPH, president and CEO of Christiana Care. "I deeply value the Swank Foundation's partnership as we work together toward optimal health for patients with Alzheimer's and memory disorders, and support for the families who love them and partner with us in caring for them."

Dr. Ellison will lead Christiana Care's Swank Memory Care Center, a unique resource in Delaware and the region for patients with Alzheimer's disease and other memory disorders, founded in 2011 with a \$1.25 million grant from the Howard W. Swank, Alma K. Swank and Richard Kemper Swank Foundation. At the Swank Memory Care Center, a team that includes geriatricians, nurses, social workers and others works with patients and families to provide support, education and guidance from diagnosis through treatment.

The Swank Foundation Endowed Chair in Memory Care and Geriatrics will enrich the state of Delaware's Alzheimer's Plan, promoting public awareness of the disease, strengthening the support for caregivers of people with Alzheimer's and advancing the important and growing infrastructure of related data, quality assurance and research.

Dr. Ellison joins Christiana Care from McLean Hospital in Belmont, Mass., most recently as chief psychiatrist and director of the Memory Disorders Clinic, director of the Geriatric Psychiatry Program and program director for the Partners HealthCare Fellowship in Geriatric Psychiatry. He has been an associate professor of psychiatry at Harvard Medical School. In his private practice, Dr. Ellison has provided consultation to psychiatrists in the care of complex and treatment-resistant mood-disorder patients and individuals with neurocognitive

disorders. His recent research focuses on geriatric psychiatry, primarily related to depression in later life, dementia, mild cognitive impairment and Alzheimer's disease therapeutics.

Dr. Ellison earned his medical degree from the University of California School of Medicine, San Francisco, completed his residency in psychiatry at Massachusetts General Hospital in Boston, and holds a master's degree in public health from the Harvard School of Public Health. He is board-certified in psychiatry, with added qualifications in geriatric psychiatry. He is considered an expert in psychopharmacology.

As a geriatric psychiatrist, Dr. Ellison has broadened public and professional awareness of mood symptoms in geriatric populations. He speaks to public interest groups and has lobbied for legislative reforms in the care of the elderly. He teaches and supervises physicians in training and practicing physicians, psychiatrists and psychiatric nurse clinical specialists. He has lectured extensively and presented at national conferences, including two annual courses for psychiatrists at the American Psychiatric Association. He is an active member of multiple committees for professional associations, academia and health care organizations. Dr. Ellison is an author, editor and contributor to medical journals and books.

"In order for older patients to derive greater enjoyment from their later years, clinicians must take special care during evaluation, treatment and follow-up when working with this growing population," said Dr. Ellison. "I am excited to join the exceptional team at the Swank Memory Care Center and look forward to our work together to advance awareness, prevention and care for people with memory and other cognitive issues."

With multiple appearances on Boston Magazine's Top Doctor list and named a Distinguished Life Fellow by the American Psychiatric Association, Dr. Ellison's honors also include the Massachusetts Psychiatric Society 2014 Outstanding Psychiatrist Award for Advancement of the Profession, McLean Hospital's 2012 Jonathan O. Cole Prize for excellence in psychiatry, and 2010 Educator of the Year from the American Association for Geriatric Psychiatry. •



Samantha Davis appointed 2C nurse manager

Samantha Ann Katherine Davis, MSN, BS, BSN, RN-BC, has been promoted to 2C nurse manager from her position as assistant nurse manager.

Davis attended LaSalle University, Philadelphia, where she received an MSN in nursing administration, a BS in Business Administration, and her BSN degree. She has been an RN since

2005 and is currently enrolled in the MBA program at Eastern University, St. David's, Pa.

Davis has worked in a number of clinical settings, including general medicine, telemetry, perioperative services, and the cardiac and vascular surgical ICU. She is American Nurses Credentialing Center board certified in medical surgical nursing and is a member of the American Nurses Association. ●



Samantha Ann Katherine Davis, MSN, BS, BSN, RN-BC

Patricia Blair named nurse manager of per diem nurse pool

Patricia Blair, MSN, RN, ACNS-BC, CEN, has been appointed nurse manager for the per diem nurse pool at Christiana Care, from her recent post as the assistant nurse manager/advanced practice nurse of the Emergency Department's Observation Unit.

Blair participated in the first critical care internship program at Christiana Care and has worked for the health system for nearly 30 years in various capacities.

She is a member of the adjunct clinical faculty for the University of Delaware and a member of the Delaware Emergency Nurses Association. She has participated in collaborative improvements across units (including Medical Intensive

Care Unit and Emergency Department) and in the cross training of staff for multiple roles.

"Her wealth of experience offers a community connection we feel will be instrumental in growing the Per Diem Nurse Pool here at Christiana Care," said Michelle Wheeler, MS, BSN, RN, director of Clinical Operations, Patient Access & Flow.

Blair received her BSN and MSN degrees at the University of Delaware, and has knowledge and experience in lean methodology gained at the University of Tennessee Center for Executive Education, and through Lean Six Sigma Green Belt training at Christiana Care. ●



Patricia Blair, MSN, RN, ACNS-BC, CEN

OMFS residents score highest in the Delaware Valley 'mock' boards

Oral and Maxillofacial Surgery (OMFS) chief residents Fadi Kosa, D.M.D., and Ryan M. Calvi, D.M.D., along with graduates Geoffrey Zinberg, D.M.D., and Matthew Krieger, D.M.D., who graduated from the residency program this past June, excelled at the Delaware Valley OMFS Residency Programs Annual Mock Oral Boards competition, marking the second consecutive year that Christiana Care residents aced the event.

Christiana Care scored highest among the OMFS residency programs participating in the competition, which also included residents from the University of Pennsylvania, Thomas Jefferson University, Drexel University and Temple University.

The annual mock oral boards test the residents on all aspects of the specialty, from oncology to trauma to craniofacial surgery.

"The results are primarily a reflection of the residents' hard-work and the dedication and teaching of the faculty," said Daniel J. Meara, M.D., D.M.D., chair of the Department of Oral and Maxillofacial Surgery & Hospital Dentistry and program director of Oral and Maxillofacial Surgery Residency. "The program continues to improve and strive for excellence, and this focus has continued to transform oral and maxillofacial surgery education and patient care at Christiana Care." ●



Fadi Kosa, D.M.D.



Ryan Calvi, D.M.D.

O C T O B E R

Moving Freely Without Pain: Shoulders**Wednesday, Oct. 14, 6 – 7 p.m.****John H. Ammon Medical Education Center**

Your shoulders offer a wide range of movement for your arms and hands, and are also strong enough to allow for actions such as lifting, pushing and pulling. They should move freely without restriction or pain — sometimes they do not. Join orthopaedic surgeons and physical therapists to discuss shoulder pain and techniques and treatment options. Call 800-693-2273 or visit <http://www.events.christianacare.org> to register.

Every Woman Matters: Breast Health and Women's Wellness Conference**Saturday, Oct. 17, 8 a.m. – 2:30 p.m.****John H. Ammon Medical Education Center**

This free conference is for all women, including breast cancer survivors, who would like to learn more about breast health, genetics, breast cancer screenings, treatment and survivorship. Includes continental breakfast and lunch. Seating is limited; to register call 800-693-2273. The Breast Center will be open 8 a.m.–noon for mammograms. Conference registration and a mammography appointment are required; call 302-623-4200 to schedule a mammogram.

National Disabilities Employment Awareness Month Expo**Tuesday, Oct. 20, 11:30 a.m. – 1 p.m.****Wilmington Hospital Gateway Conference Center, 8th Floor****Tuesday, Oct. 27, 11 a.m. – 1 p.m.****John H. Ammon Medical Education Center Auditorium**

(Park in T Lot with Shuttle Service to venue)

Join Christiana Care's Learning Institute and Multicultural Heritage Committee to help raise awareness that "disabled" doesn't mean "unable," and learn about the services, resources and support available in our community for people with disabilities. Representatives from Christiana Care's Patient and Family Advisory Council, Rehabilitation Services, Project SEARCH and Language Services will be present, along with more than a dozen external vendors and agencies. This is not a recruitment event. For more information, contact Staci Burwell at sburwell@christianacare.org.

10th Annual Strong and Healthy Latinas (Latinas Fuertes y Saludables): Love Yourself, Love Your Family**Saturday, Oct. 24, 9 a.m. – 3 p.m.****Bayard Middle School, 200 S. DuPont Street, Wilmington**

This program, presented entirely in Spanish for women of all ages and their families, provides information on breast cancer, importance of family history, raising healthy babies and creating healthy homes. Celebrate 10 years of Latina health and take advantage of available flu vaccines (for ages 9 and older) from the Henrietta Johnson Medical Center. Participate in Zumba and the Latina Baby Shower. Certified medical interpreters and bilingual staff will be on hand to help. Register at <http://events.christianacare.org/latinaconference> or call en Espanol 800-693-2273.

Moving Freely Without Pain: Surgery for Knee and Hip Arthritis**Tuesday, Oct. 27, 6 – 7:30 p.m.****John H. Ammon Medical Education Center**

Christiana Care orthopaedic surgeons Steven Delloso, M.D., and Alex Bodenstab, M.D., will speak on surgical treatment of knee and hip arthritis.

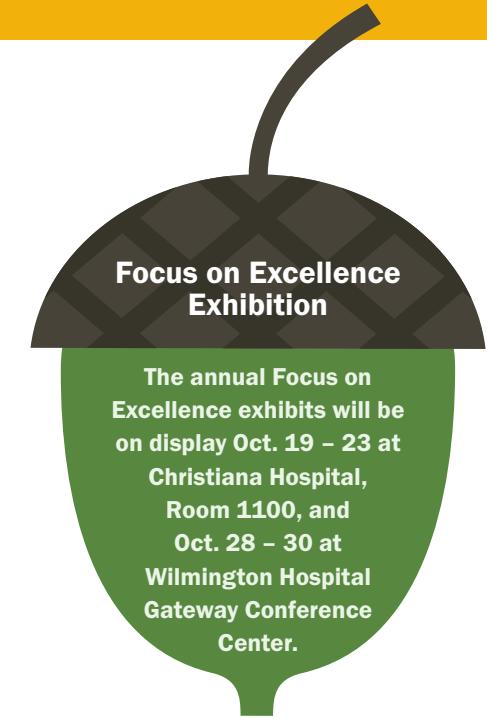
Kidney Transplant Symposium for Nurses and Technicians**Wednesday, Oct. 28, 7:30 a.m. – 4 p.m.****Executive Banquet Hall & Conference Center, 205 Executive Drive, Newark**

This symposium, themed "Setting the Stage," will provide nurses caring for potential kidney-transplant patients knowledge of how the selection process works for both recipient candidates and potential donors. Register by Oct. 14 in the Education Center or at <http://www.christianacare.org/kidneysymposium2015>.

6th Annual Arthritis Foundation Bone Bash**Friday, Oct. 30, 6:30 – 10:30 p.m.****DuPont Country Club, 1001 Rockland Road, Wilmington**

A semi-formal affair and auction to raise funds for arthritis research, advocacy and community-based education programs that help improve the quality of life for people with arthritis. For more information visit: <https://arthritismar.ejoinme.org/DelawareBoneBash>.

Find these events and more online at <http://events.christianacare.org>.



Health Literacy Month Events

HealthInfo2GO Cart. From the Gill Community Health Library

Thursday, Oct. 8, 11:30 – 1:30 p.m.

Christiana Hospital West End Café

Nursing Grand Rounds. Health Literacy teach-back and tools.

Wednesday, Oct. 14, 11 a.m., Room 1100, Christiana Hospital, Room 4N72A Wilmington Hospital (via live video)

The Value Institute Discovery Series. Health Literate Organizations, Individuals and Communities.

Friday, Oct. 16, 12 p.m., John H. Ammon Medical Education Center back auditorium, or online, <https://bluejeans.com/361095905>

Current Issues in Research. Teach-back for Informed Consent.

Wednesday, Oct. 21, 9 a.m., Room 1926 Christiana Hospital Women's & Children's Services Building

Medical Grand Rounds. Dean Schillinger, M.D.: Urgent Need for Health Literate Organizations.

Thursday, Oct. 29, 8 a.m., John H. Ammon Medical Education Center Auditorium and Wilmington Hospital Brandywine Conference Room 2 (via live video)

National Medical Librarians Month: Buck-a-Book Sales

Each item only a \$1. Cash only. No holds.

MONDAY – FRIDAY

OCT 19-23

The Lewis B. Flinn Medical Library
Room 1E60, John H. Ammon
Medical Education Center

MONDAY – FRIDAY

OCT 19-30

The Junior Board Cancer Resource
Library, Helen F. Graham Cancer
Center & Research Institute

Free Workshops running through December

Writing as Healing

2nd Mondays of each month.

Next session: Monday, Oct. 12, 1 – 3 p.m. and 6 – 8 p.m.

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

Led by Joan DelFattore, Ph.D. Writing supplies and light refreshments provided. To register, call 302-623-4580. Sponsored by the Junior Board Cancer Resource Library and the Psychosocial Oncology & Survivorship Program.

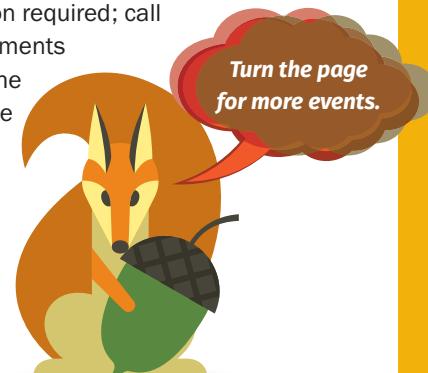
Healing through Art

**Thursdays, Oct. 15., Nov. 5, Nov. 19, Dec. 3, Dec. 17
3:30 – 5 p.m.**

Room 2205, East Wing, 2nd Floor

Featuring Wendy Wallace, MEd., each month's art projects focus on a theme. Registration required; call 302-623-4580. Light refreshments are provided. Sponsored by the Junior Board Cancer Resource Library, the Psychosocial Oncology & Survivorship Program and Cancer Care Management for those touched by cancer.

**Turn the page
for more events.**



N O V E M B E R

10th Annual Nursing Research Conference**SATURDAY****NOV 7****7:15 a.m. – 4 p.m.****John H. Ammon Medical Education Center**

Sessions include:

- Candy Wilson, Ph.D, 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 at <http://www.udel.edu/nrc>.

2nd Annual HVIS Conference**SATURDAY****NOV 7****7:30 a.m. – 1 p.m.****John H. Ammon Medical Education Center**

"Go with the Flow," this year's exciting agenda includes:

- Current State of Heart and Vascular Interventional Services."
- Trends/Technological Advances in the Electrophysiology Lab.
- Trending in Cardiac Catheterization Lab/Electrophysiology Labs.
- What's Trending in Vascular Interventional Radiology.

Light breakfast and mid-morning refreshments are included. Register by Oct. 23 at <http://www.christianacare.org/HVISconference>.**Moving Freely Without Pain: Hands****THURSDAY****NOV 12****6 – 7 p.m.****John H. Ammon Medical****Education Center**

Your hands are an important part of who you are, how you communicate and how you perform your daily tasks. They should move freely without restriction or pain — sometimes they do not. Join orthopaedic surgeons and physical therapists for a discussion about hand pain and techniques and treatment options to help you get back to your best self. Call 800-693-2273 or visit <http://www.events.christianacare.org> to register.

Delaware Military Medicine Symposium 2015**SATURDAY****NOV 14****8 a.m. – 4:30 p.m.****John H. Ammon Medical****Education Center**

Topics include "Updates from the Field," global health and military operations, infectious diseases, prosthetics, TBI, suicide, addiction, sexual assault, maxillofacial reconstructive surgery, coordination of care, and a panel discussion on local resources for active duty personnel, veteran, and their families. Learn more at <http://www.delamed.org/>.

Good things in store at Christiana Care West End and Overlook Cafes

With all patrons' health and wellness in mind, Christiana Care Food & Nutrition Services continues cooking up new ways to provide healthy, balanced food choices this fall.

Food & Nutrition is touting a new Check It Out menu program and cafeteria menu analysis.

Following the release of the 2015 Dietary Guidelines for Americans, in which focus has shifted from avoiding "nutrients of concern" toward encouraging healthy patterns of eating and looking at foods from a more "whole food" approach, cafeterias are embracing this mindset by evaluating the balance of dietary components in our menu items.

"Foods previously considered unhealthy due to a single dietary component such as fat, cholesterol or carbohydrate content will now be evaluated as a whole food when containing beneficial nutrients such as fiber, whole grains, omega-3 fatty acids and high-quality protein," said Debbie Learn Alchon, corporate director of Food & Nutrition Services.

The Check It Out program replaces the apple classification system that previously labeled menu items as good or poor choices. Instead, menu items that are nutritionally balanced will be identified with a checkmark to highlight recommended selections. "We will continue to offer a special meal platter of the day, but our Check It Out Healthy Pick of the Day will meet nutritional standards as a complete, balanced meal rather than simply maintaining calorie control," said Senior Registered Dietitian Bridget Garvin, MA.

CONTINUED

Publishing

Dominique Comer, Pharm.D., MS, Ruth Aguiar, BA, Pan Wu, Ph.D., Daniel J. Elliott, M.D., MSCE, et al. "Usefulness of Pharmacy Claims for Medication Reconciliation in Primary Care." *American Journal of Managed Care*. July 2015.

Ursula Guillen, M.D., et al. "Guidelines for the Management of Extremely Premature Deliveries: A Systematic Review." *Pediatrics* (2015), 136 (2), 343-350.

Sarahfaye Heckler, BA, Elizabeth A. Ivey, AS, Paul Kolm, Ph.D., William S. Weintraub, M.D., Pan Wu, Ph.D., et al. "Hypertrophic Cardiomyopathy Registry (HCMR): The Rationale and Design of an International, Observational Study of Hypertrophic Cardiomyopathy." *American Heart Journal*. August 2015.

Alexandra Mapp, MPH, Jennifer Goldsack, MChem, MA, MS, Seema S. Sonnad, Ph.D., et al. "Emergency Codes: A Study of Hospital Attitudes and Practices." *Journal of Health-care Protection Management*. June 2015.

Swati Pradhan-Bhatt, Ph.D., and **Robert Witt, M.D.** A chapter, "Tissue Engineering a Salivary Gland." *Sialendoscopy*.

Presentations

Alfred E. Bacon, M.D., Danielle Mosby, MPH, Claudine Jurkovitz, M.D., MPH, Bailey Ingraham Lopresto, MS, Marci Drees, M.D., MS, Anand Panwalker, M.D., Patty McGraw, RN, MS, CCRC. "Relapsing Clostridium difficile Associated Disease

Followed by a Registry and Fecal Microbiota Transplant Attitudes Questionnaire." IDWeek 2015. San Diego, Calif. October 2015.

Danielle Mosby, MPH, William Weintraub, M.D., Paul Kolm, Ph.D., Daniel Elliott, M.D., MSCE. "Building a Bigger Bridge: Improving Population Health through Linked Ambulatory Electronic Health Records." Northeast Regional Institutional Development Award (IdeA) Conference 2015. Bar Harbor, Maine.

At the Society for Medical Decision Making 37th Annual North American Meeting. St. Louis, MO. In October 2015:

- **Muge Capan, Ph.D., Pan Wu, Ph.D., Michele Campbell, RN, MSM, CPHQ, FABC, Susan Mascioli, MS, BSN, RN, CPHQ, NEA-BC, Eric V. Jackson, Jr., M.D., MBA.** "Using Technology and Provider Assessment to Redesign Clinical Recognition Systems."
- **Peter Lodato, MPH, Jennifer C. Goldsack, MChem, MA, MS, MBA, Susan Mascioli MS, BSN, RN, CPHQ, NEA-BC, Seema Sonnad Ph.D.** "The Value of Data Transparency at the Point of care: A Pilot Study."
- **Christine Manta, BA, Jacqueline Ortiz, M.Phil., Kimberly D. Williams, MPH, Seema Sonnad, Ph.D.**, et al. "Consent to Treat Forms Fall Short of Providing Information to Guide Decision Making."
- **Seema Sonnad, Ph.D., Debbi Chiappardi-Williams, RN, Andrew Doorey, M.D., Kimberly D. Williams, MPH.** "Patient Knowledge and

Preferences Surrounding Interruption of Anticoagulation Therapy for Minor Procedures."

Michael Vest, D.O. "Weight Based Prediction Equations Result in Hypocaloric Feeding of Obese Patients." CHEST 2015 Annual Meeting. Montréal, Canada. October 2015.

Susan Mascioli, MS, BSN, RN, CPHQ, NEA-BC and Jennifer Goldsack, MChem, MA, MS. "Sharing Successes: Abstract Submitting and Publishing." American Nurses Credentialing Center National Magnet Conference. Atlanta, GA. October 2015.

At the 25th International Sialoendoscopy Course-Advanced, Geneva, Switzerland, Sept. 9-15, **Robert Witt, M.D.**, presented:

- Salivary Gland Tissue Engineering.
- Recurrent Salivary Gland Stones.
- Do We Need to Close or Reconstruct the Papilla.

Appointments

Ralph P. Ierardi, M.D., FACS, director of Vascular Research, has been elected to a one-year term on the board of the Society for Vascular Surgery on the Membership Committee.

Paul R. Sierzenski, MD, MS-HQS, RDMS, FAAEM, FACEP, has been appointed to the academic rank of Professor of Emergency Medicine at Sidney Kimmel Medical College at Thomas Jefferson University, Philadelphia. ●

The new program has continuity with a number of initiatives to improve the nutritional quality of cafeteria offerings, such as the Rethink Your Drink Program, which changed all dairy products to nonfat or low-fat products and encouraged patrons to reduce intake of sugar-sweetened beverages.

Healthier beverage options now come in 20-ounce bottles, whereas less healthy beverages come in the 12-ounce size.

"Over the course of the past year we have expanded the selection of healthier grab-and-go snack options and decreased the available portions of less healthy snacks," Garvin said. "We also have added a variety of Kashi, Bear Naked, Nature Valley and Fiber One items to increase our variety of healthy grab-and-go options."

Last spring, Food & Nutrition introduced Monday-through-Friday Salad Bar rotation in the cafes to include a variety of creative salad options that entice patrons to try something different while

→ *"Check It Out!"*



providing nutritional balance. For example, one daily feature is a house salad of artisan greens with chickpeas, Gorgonzola cheese, kalamata olives and lite red-wine vinaigrette as suggested accompaniments. Nontraditional salad options also fit in the weekly rotation, including hummus, fruit and yogurt bar, and vibrant new premade salads. ●

Employee parking deck to add 420 spaces to Christiana Hospital campus

A new employee parking deck to be built over the F Lot will soon make parking easier for employees on the Christiana Hospital campus.

Construction begins in early October to add a 420-space deck over the existing F Lot. When completed in June 2016, the finished covered lot with upper deck will nearly double in size, with capacity for 930 employee vehicles.

During construction, employees who typically park in F Lot have several alternatives. A 175-space temporary surface lot — including crosswalk and sidewalk leading to the Women's building — will open in the front of the campus across from A Lot. Additional spaces have also been created for employees to park in G, K and T lots. Employees who work in certain designated departments will park at the HealthCare Center at Christiana and take a shuttle bus to and from the hospital. Campus shuttles will be added to help employees safely and efficiently reach the hospital entrance from remote lots.

Employees are also encouraged to carpool or to park at Wilmington and ride the shuttle to Christiana Hospital. Students are reminded to park only in Lot T.

"This project adds 420 parking spaces for employees and responds to the need for expanded employee parking on the Christiana Hospital campus," said Sharon Kurfuerst, EdD, OTR/L, FAOTA, senior vice president of Health Services Operations. "As an added safety and convenience measure, it places them as close as they can get to the main employee entrance. It also offers, for the first time, covered spaces on the lower level of the parking deck — a particular benefit in inclement weather."

"Once completed, this long-term employee parking solution will make getting to and from work more convenient and comfortable for our dedicated employees who arrive at all hours of the day and night, in all kinds of weather conditions, to keep our campus operational in service to our patients."

As with any project leading to progress, growing pains are to be expected. The result, however, Kurfuerst assured, will be worth any short-term inconvenience.

From October to mid-December, the foundation for the parking deck will be installed and the lot paved. Deck construction will begin in late February.

During a construction hiatus for winter weather between mid-December and late February, employees may temporarily resume parking in F Lot.

Rise to the challenge

Robert Mulrooney, vice president, Facilities & Services, is confident that Christiana Hospital employees will rise to the challenge, just as their Wilmington Hospital colleagues did a few years ago during the major transformation of that campus. Many parked in an offsite rented lot on Gilpin Avenue and rode shuttles to and from Wilmington Hospital.

"They knew the temporary inconvenience was leading to a long-term solution and that a nice, new garage would be waiting for them at the completion of the project," he said. "We've done this before, and we can do it again."

"Once completed, this long-term employee parking solution will make getting to and from work more convenient and comfortable for our dedicated employees who arrive at all hours of the day and night, in all kinds of weather conditions, to keep our campus operational in service to our patients."



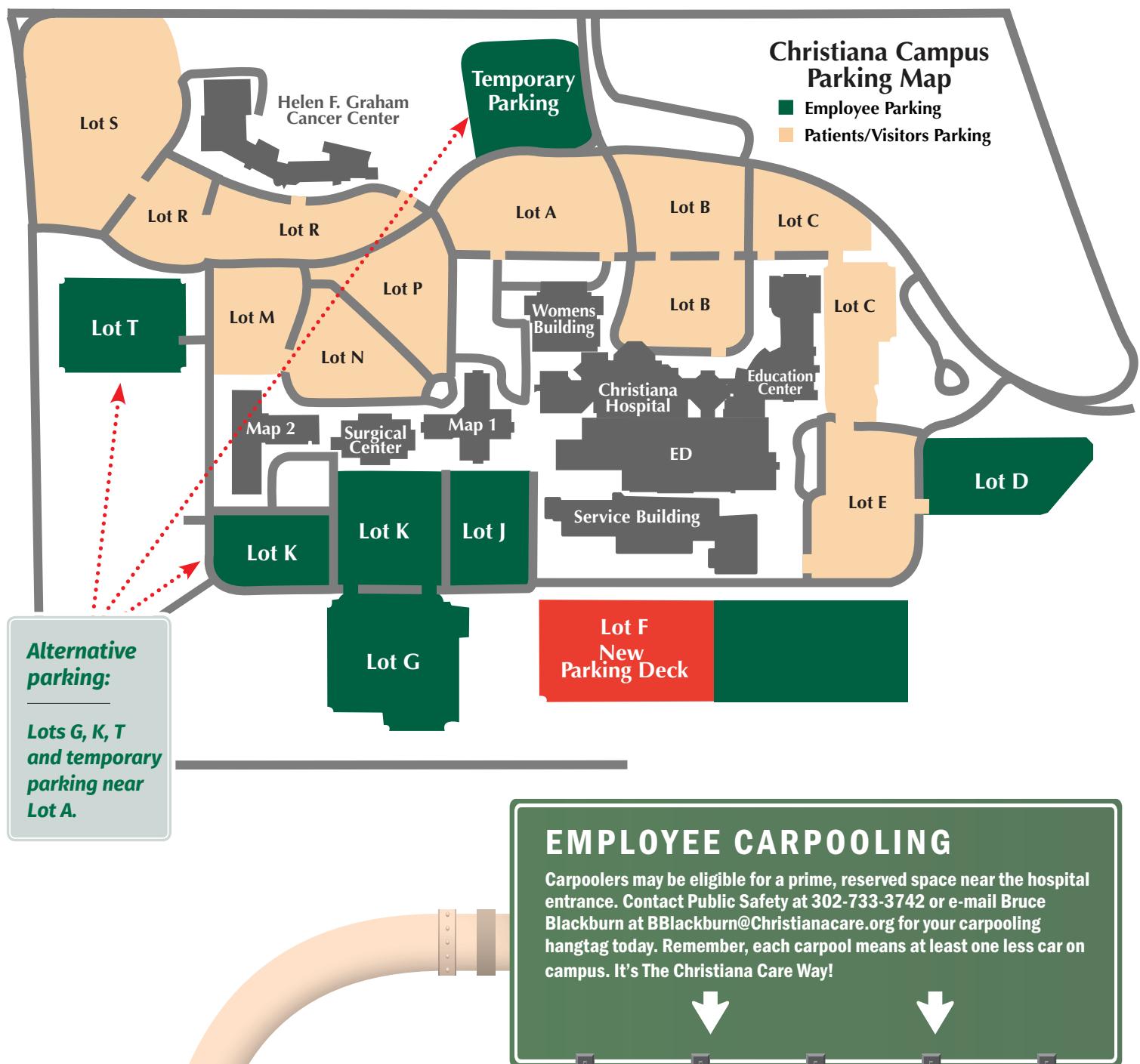
SHARON KURFUEST, EDD, OTR/L, FAOTA, SENIOR VICE PRESIDENT, HEALTH SERVICES OPERATIONS

Kurfuerst agreed. "This project is in direct response to requests by our employees for more convenient parking on the Christiana Hospital campus. We all recognize that a parking garage can't go up overnight," she said. "I am confident that Christiana Care colleagues will pull together during this

transformation in a way that continues to provide an exceptional experience for our patients and their families. Quite simply, that is The Christiana Care Way."

Careful consideration has gone into the planning of this project to lessen disruption during construction. For

example, according to Patrick Fugeman, vice president, Design & Construction Services, the employee deck will be constructed with a pre-cast system to minimize construction time, potentially shaving several months over the traditional poured-concrete method. •



New Christiana Care adult guidelines on skin and soft tissue infections

New Christiana Care inpatient guidelines for the treatment of skin and soft tissue infections (SSTIs) are available for use. With the rise in prevalence of SSTIs as the subsequent cause of many hospital admissions, the health system needs to utilize its resources effectively. The Antimicrobial Stewardship Program developed the SSTI treatment guidelines to optimize the management of these infections based on the institution's antibiogram. The chart below summarizes the preferred initial antimicrobial therapies and alternative options for patients with severe beta-lactam allergies. Please remember to de-escalate therapy once the final organism and susceptibilities return in order to decrease resistance and risk of superinfections such as Clostridium difficile-associated diarrhea.

TO ACCESS THE DETAILED GUIDELINES FROM I-NET PORTAL:

QUALITY & SAFETY ► CLINICAL RESOURCES ► MEDICATION MANAGEMENT ► INFECTIOUS DISEASES GUIDELINES

	Preferred Therapy	Alternative Therapy Severe β -lactam Allergy	Duration of Therapy	
IMPETIGO: bullous, nonbullous, and ecthyma				
Numerous lesions or outbreaks affecting several people to help decrease transmission of infection	Cephalexin 500 mg PO four times a day (or q6h)	Topical mupirocin BID for 5 days Trimethoprim/Sulfamethoxazole (TMP/SMX) PO (weight-based dose)* OR Doxycycline 100 mg PO q12h	7 days	
If MRSA suspected, add:	TMP/SMX PO (weight-based dose)*	OR Doxycycline 100 mg PO q12h		
PURULENT CELLULITIS: cutaneous abscess, carbuncle, furuncle, epidermoid cysts				
Mild	No antibiotic treatment Incision and drainage is recommended in the absence of systemic signs of infection		7 days	
Moderate	Incision and drainage TMP/SMX PO (weight-based dose)* OR Doxycycline 100 mg PO q12h			
Severe	Incision and drainage Vancomycin**			
NON-PURULENT CELLULITIS: cellulitis, erysipelas				
Mild	Cephalexin 500 mg PO four times a day (or q6h)	Clindamycin 300 mg PO q6h	Minimum of 5 days treatment with adequate clinical response	
Moderate	Cefazolin 1 g IV q8h	Clindamycin 600 mg IV q8h		
If MRSA suspected, add:	TMP/SMX PO (weight-based dose)*	OR Doxycycline 100 mg PO q12h		
Severe	Cefepime 1 g IV q8h AND Vancomycin** AND Metronidazole 500 mg IV q12h	Levofloxacin 750 mg IV q24h AND Vancomycin** AND Metronidazole 500 mg IV q12h		
NECROTIZING FASCIITIS including Fournier gangrene				
Infectious Diseases consult is recommended for all patients	Cefepime 1 g IV q8h AND Metronidazole 500 mg IV/PO q12h AND Vancomycin**	Levofloxacin 750 mg IV q24h AND Vancomycin** AND Metronidazole 500 mg IV q12h	Until further debridement is no longer necessary, patient has improved clinically and absence of fever for 48-72 hours	
Group A Streptococcus	Penicillin 2-4 million units IV q4-6h AND Clindamycin 600 mg IV q8h	Vancomycin** AND Clindamycin 600 mg IV q8h		
PYOMYOSITIS				
If immunocompromised patients or following open trauma to the muscle, add:	Ceftriaxone 1 q IV q24h	Vancomycin** Levofloxacin 750 mg IV q24h	2-3 weeks	
GAS GANGRENE OR MYONECROSIS				
	Vancomycin** AND Ampicillin/sulbactam 3 g IV q6h	Levofloxacin 750 mg IV q24h AND Vancomycin** AND Metronidazole 500 mg IV q12h	Until further debridement is no longer necessary, patient has improved clinically and absence of fever for 48-72 hours	
BITE WOUND INFECTION				
Dog / cat or human	Amoxicillin/clavulanate 875 mg PO BID	Metronidazole 500 mg IV/PO q12h AND Levofloxacin 750 mg IV/PO q24h	Preemptive early antimicrobial therapy for 3-5 days only for select high risk patients	

*Based on ACTUAL body weight; 45-60 kg = 1 DS tab PO q12h, 61-80 kg = 1 DS tab PO q8h, 81-105 kg = 2 DS tabs PO q12h, >105 kg = 2 DS tabs PO q8h

** Follow Christiana Care initial vancomycin guidelines targeting trough of 10-15 mcg/mL

References:

- Stevens DL, Bisno AL, Chambers HF, et al. Practice guidelines for the management of skin and soft tissue infections: 2014 update by the Infectious Diseases Society of America. Clin Infect Dis. 2014; 59:1-37.
- Abrahamian FM, Goldstein EJC. Microbiology of animal bite wound infections. Clin Microbiol Rev. 2011; 24 (2):231-46.
- Daurn RS. Skin and soft-tissue infections caused by methicillin-resistant *Staphylococcus aureus*. N Eng J Med. 2007; 357:380-90.
- Rajan S. Skin and soft-tissue infections: classifying and treating a spectrum. Cleveland Clinic Journal of Medicine. 2012; 79:57-66.

FORMULARY UPDATE—AUGUST 2015

FORMULARY ADDITIONS

Medication – Generic/Brand Name	Strength/Size	Use/Indication
Edoxaban / Savaysa	30 mg & 60 mg tablets	<ul style="list-style-type: none"> Treatment of deep vein thrombosis & pulmonary embolism Reduce risk of stroke or systemic embolism in those with nonvalvular atrial fibrillation
Pneumococcal 13-valent conjugate vaccine/ Prevnar 13	0.5 mL Prefilled Syringe	Prevention of disease caused by <i>S. pneumoniae</i>
Tetanus & diphtheria toxoids (Td) vaccine	0.5 mL prefilled syringe	Immunization against tetanus

NEW MEDICATION POLICIES

New medication administration schedule	The medication administration schedule 3 times daily while awake (0800, 1600 & 2200) provides an alternative to the 3 times daily schedule (0800, 1600 and 2400) for appropriate medications. The abbreviation for the new schedule is TID WA.
Rabies immune globulin dosing	Doses of rabies immune globulin will be rounded within weight bands of 3 or 4 kilograms over a weight range of 43 to 120 kilograms to minimize waste.

FORMULARY DELETIONS

Aripiprazole discmelt tablet	This dosage form will be deleted because it will no longer be manufactured.
Dexamethasone intensol solution, 1 mg/mL	This oral solution will be removed from the formulary because of its alcohol content (30%).

Best practice review

ACCESSIBILITY TO LOCKED BATHROOM

Q. HOW CAN I ACCESS A LOCKED BATHROOM IN THE EVENT OF AN EMERGENCY?

- A. A locked bathroom can be immediately accessed by means of one of the following:
- Doors with side panels or double-action doors can be opened by pulling doors open from the outside.
 - Use exterior thumb latch on the outside of the door (most patient bathrooms).
 - Use emergency key located in lock box outside of bathroom (most public bathrooms).

Q. HOW DO I ACCESS THE LOCK BOX CONTAINING THE EMERGENCY KEY?

- A. Lock boxes at all Christiana Care facilities have a pushbutton combination that can be opened using the universal code 911. After entering the code, slide the “open” button down to remove the cover. The key/tool is attached to the cover.

Q. SHOULD I RETURN THE KEY TO THE LOCKBOX?

- A. Yes. To replace the cover on the lockbox, you must again enter the code 911 and slide the “open” button down.

Q. TO WHOM SHOULD I REPORT A MISSING KEY?

- A. Missing key/tool should be immediately reported to Maintenance. Outpatient offices located off campus can report lost or missing keys to their site supervisor. ●

If you have questions about this Best Practice Review, please contact the content experts: Jill Karpinski, 733-3766, or Stacey Hurley, 623-5623, or call the Safety Hotline, 7233 (SAFE) from within Christiana or Wilmington hospitals; outside call 623-7233 (SAFE).



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Junior Board gift will purchase VNA Telehealth Monitoring Program upgrades

The Junior Board of Christiana Care Inc. presented a gift of \$57,000 to Christiana Care Visiting Nurse Association leaders on Sept. 10. The check, representing proceeds from the Junior Board's 2015 Medicine Ball, will help purchase upgraded equipment for the VNA Telehealth Monitoring Program.

As background for the gift presentation, attendees heard an update about Tasha Woodard, a VNA telehealth monitoring patient, who attended the Junior Board General Membership Meeting last fall to share how much the program supported her medical needs. A highlight of the fall event was when Woodard met her VNA telehealth nurse, Cheryl Alexander, for the first time in person. Telehealth monitoring helped Woodard while awaiting a lung transplant, which she received in August. She is currently doing well with her recovery. ●



With the 2015 Medicine Ball Fundraising Committee are VNA Leaders Lynn C. Jones, president, Home Health & Community Services; Christiana Care Board member and trustee Skip Pennella; Fundraising Chair Georiganna Riley; Vice President, Junior Board External Affairs Judy Kirlan; VNA nurse Cheryl Alexander, RN; and Rhonda Combs, senior vice president, Home Health & Community Services.

