

FOCUS

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

INSIDE

8 TICKET TO RIDE

Toy car puts kids in the driver's seat, easing stress of going into surgery

12 BEHAVIORAL HEALTH

Innovation is increasing access to behavioral health care in our community

24 SAY SOMETHING

Short film helps children to understand what to do when they encounter violence, and to choose non-violent solutions

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Quality Partners ACO to participate in Medicare Shared Savings Program



Christiana Care Quality Partners ACO brings together 152 primary care physicians and other health care providers to work in new ways to provide better health, better health care and lower health care costs.

Innovative partnership, quality-driven approach signal "new day" in delivery of care

More than 25,000 Delaware Medicare beneficiaries will benefit from an innovative, highly coordinated, quality-driven approach to care as the Christiana Care Quality Partners Accountable Care Organization (ACO) began Jan. 1 as an approved Shared Savings Program (MSSP) participant with Medicare.

In an innovative statewide partnership, the Quality Partners ACO Shared Savings Program brings together physicians, three of Delaware's health systems — Bayhealth Medical Center, Christiana Care Health System and Nanticoke Health Services —

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and Westside Family Healthcare, a federally qualified health center. The 152 primary care physicians and other health care providers who form the base of the ACO team will set out on a new way of delivering care aimed to lower growth in health care costs while putting Medicare beneficiaries first.

Launched by Medicare to advance the Affordable Care Act, the MSSP facilitates coordination and cooperation among providers both to improve the quality of care for Medicare beneficiaries and to reduce unnecessary costs. Its three-part aim:

- Better care for individuals.
- Better health for our Medicare community.
- Lowering growth in expenditures.

“This approval from Medicare enables Delaware to take our next step into population health and provide outstanding high-quality, safe and effective care that is affordable and valued by those we serve,” said Janice E. Nevin, M.D., MPH, Christiana Care’s president and chief executive officer.

New day in health care delivery

This new, more integrated, quality-driven approach means care starts at the moment the relationship is established between the physician and the Medicare beneficiary, and not simply in response to symptoms.

“This approval from Medicare enables Delaware to take our next step into population health and provide outstanding high quality, safe and effective care that is affordable and valued by those we serve.”

JANICE E. NEVIN, M.D., MPH



“It’s about providing proactive care coordination outside the walls of the hospital buildings, improving access to care and smoothing transitions,” said Douglas Azar, senior vice president, The Medical Group of Christiana Care and network operations, and executive director of Christiana Care Quality Partners and Christiana Care Quality Partners ACO. “The ACO expects to better coordinate care for our members, especially those who have more significant needs due to multiple or severe chronic conditions.”

The Shared Savings Program is strategically more cost-effective, and participating providers are rewarded for outstanding quality and clinical indicators, he said.

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Medicare patients in the ACO will continue their established relationships with their primary care providers and specialists

Ultimately and more importantly, the accountability leads to better care both for individuals and for populations of people living with chronic conditions.

“It’s a new day in health care,” said Gary Siegelman, M.D., MSc., CPE, senior vice president and chief medical officer of Bayhealth Medical Center. “The tide has turned from an era when hospitals and doctors see patients predominately when they are sick. Things matter before a Medicare beneficiary becomes a patient. We are proactively meeting individual needs, enhancing overall health and taking account for clinical quality and expense for caring for a particular population.”

“We are thrilled to be a vital partner in this statewide ACO,” said Steven A. Rose, RN, MN, president & CEO of Nanticoke Health Services. “Our participation will continue to connect Western Sussex County residents with resources across the state.”

“This innovative partnership puts the Medicare beneficiary at the center of care,” said Tom Stephens, M.D., chief medical officer at Westside Family Healthcare. “By proactively coordinating care, attending carefully to care transitions between providers and greater use of information technology, we can improve patient outcomes and the patient experience.”

Nothing changes — everything changes

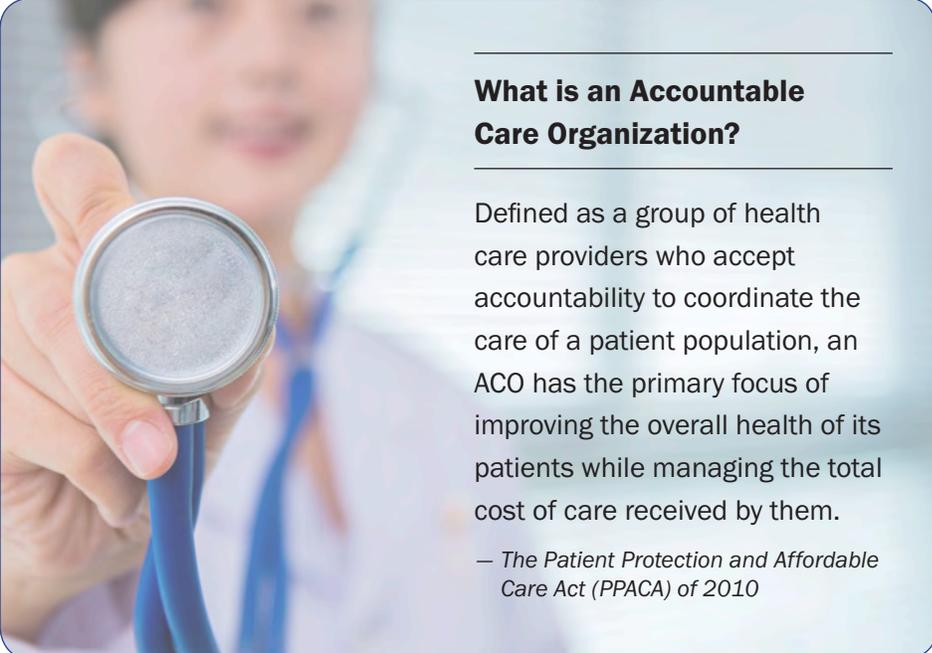
“Those whose physicians are part of the new Shared Savings Program should see little difference in terms of process,” said Alan Greenglass, M.D., president of Christiana Care Quality Partners ACO and senior vice president of network development. “They will continue established relationships with primary care providers and specialists. The Medicare approach is built on patient choice and an exceeding amount of flexibility.” This choice and flexibility exists currently under Medicare, and this aspect does not change, he said.

A unique aspect of the Quality Partners ACO is Care Link, Christiana Care’s information-technology-enabled care-coordination network that works directly with physicians to support their patients. Care Link harnesses an information-technology platform that integrates available sources of a person’s health data so that care providers have real-time access to the information they need to address clinical, behavioral, social and other needs that may affect someone’s ability to achieve optimal health and wellness.

“Armed with comprehensive information and care-coordination support, physicians will have the tools to drive comprehensive changes in the member’s care plan with the potential to significantly improve clinical indicators and health outcomes,” said Daniel Elliott, M.D., MSCE, FACP, medical director of Christiana Care Quality Partners ACO.

A far shift from the days when patient volume signaled success for physicians and health systems, the new Shared Savings Program rewards ACOs that lower their growth in health care costs while meeting performance standards on 33 measures of quality of care and clinical indicators.

“We are firmly convinced the Quality Partners ACO will benefit our physician colleagues and provide greater value to the Medicare population we are so privileged to serve,” said Dr. Nevin. “Thanks to this strong partnership with respected community colleagues, we are confident this will be an exciting and transformative effort for our community, and that, together, we will provide high-value care to our Medicare patients.” ●



What is an Accountable Care Organization?

Defined as a group of health care providers who accept accountability to coordinate the care of a patient population, an ACO has the primary focus of improving the overall health of its patients while managing the total cost of care received by them.

— *The Patient Protection and Affordable Care Act (PPACA) of 2010*

Data-sharing and daily huddles help us to better serve our patients

By Dennis Harris Jr., MSN, MA Ed, RN-BC, Nurse Manger, 6A ACE



Sharing data is important. Breaking it down with staff and packaging it in a way that we can act on it is even more valuable. Creating a bridge between the daily feedback we receive from our patients and the frontline staff who drive the Christiana Care Way gets us from just simply reporting out statistics to being able to shape the experience and move the needle.

As a unit manager, I enjoy rounding with my patients and families. It helps me to know what they are experiencing. The rounding process has shaped how I manage the patient experience on my unit.

iRounds have been a valuable tool to help us connect with patients and reinforce the great work of our frontline staff. Having the ability to perform a service recovery and change the trajectory of the patient experience for the positive is a gift. If you are a patient on my unit, I want you to know who I am and that we have a fantastic care team taking care of you. iRounds give me the platform to set the stage and develop relationships with our patients and families in a manner that supports The Christiana Care Way.

The data that we gather from patient rounding — both qualitative and quantitative — is not kept under lock and key. Our frontline staff deserves real-time feedback about successes and struggles as we work to continuously transform and improve the patient experience.

On my unit, 6A, we developed a twice-a-day staff huddle as a platform to share feedback with staff. Patient experience cannot be something we talk about as a staff meeting agenda item once a month. It needs to be real-time, every day, and part of our culture. Frontline staff are constantly faced with a multitude of ever-changing priorities. Daily huddles are a way to keep top priorities like patient experience, quality and safety at the top of the list.

At 7 a.m. and 7 p.m., our staff gathers around the front desk for our huddle. We call it our “two-minute drill.” We have developed a template in which we cover events of the past shift, look at potential dangers on the horizon, review quality

and safety items, perform staff recognition and discuss the patient experience.

Staff welcome the opportunity to see the big picture and think more globally. Their feedback has been overwhelmingly positive.

We started the huddle thinking it would be something we would have the management team lead Monday through Friday, and then over time we would expand responsibilities to our charge nurses on the weekend or when the leadership team is not present. It took about three days and the team was taking ownership and huddling even when management was not present. It has been transformational.

Being able to address issues real-time in the huddle, rather than retrospectively, has been valuable. On Monday mornings we review our priority items from the iRound weekly huddle report. We try to carry that theme through the entire week, and very often what started as an area of opportunity for the past week becomes a strength the following week because of the spotlight we were able to shine on it.

Patient-experience discussions at the huddle happen every day. We share both the positive and constructive patient feedback. We have had great success using the huddle to champion medication education with our patients on 6A. Staff understand the shared mission, and the needle moves. Over the past year our HCAHPS scores for medication education rose over the prior year. The huddle was a big part of that success.

Just as rounding on our patients is something that all disciplines should be involved in, every discipline could benefit from huddling as a team. We have to define our shared mission and center ourselves on that mission every day.

Before that Super Bowl winning team scores that game-winning touchdown, they come together, huddle, and make sure everyone on the team knows the mission and is on the same page. Having eleven players, no matter how talented, come to the line of scrimmage without shared communication before the play would result in communication breakdown and missed opportunities. Health care is similar. We have real all-stars working on our front lines. Huddling each day as a team allows us to take patient experience to the next level. ●



Jacqueline Malantonio, BSN, RN, MLS, and Jill Jensen, DNP, APN, transport a patient from the Emergency Department to the Observation Unit.

The right bed, the first time

Innovative IT platform streamlines capacity management system and builds infrastructure for future models of care

A new technology-driven capacity-management system launching in mid-March will harness the power of the electronic medical record to streamline the bed request process, ensuring that patients are efficiently admitted to the most appropriate bed for their unique care needs.

Known as CareAware, the customized enterprise platform synchronizes the bed control, patient transport, bed turnover and discharge processes to increase the efficiency, quality and safety of care, ultimately reducing length of stay and lowering cost.

According to Michelle Wheeler, BSN, MS, RN, operations director, Patient Access and Flow, of the capacity management system steer group, the new capacity management system automatically alerts the nursing coordinator of an admission or transfer to a more appropriate level of care as soon as an order is entered into the medical record. It also pulls specific clinical information about the patient into view so appropriate patient placement can follow.

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“The new patient placement system offers much more information about the patient’s needs upfront.”

MICHELLE WHEELER, MS, BSN, RN
OPERATIONS DIRECTOR, PATIENT ACCESS AND FLOW

“By pushing information to the people who need it, the inpatient units are better prepared to receive the patient, and we, in the ED, will avoid crowding situations that stretch our resources and tax our ability to care for patients in a safe and timely manner.”

LINDA LASKOWSKI JONES, MS, APRN, ACNS-BC,
CEN, FAWM, FAAN

VICE PRESIDENT, EMERGENCY & TRAUMA SERVICES



“Our goal is to place the patient in the correct bed the first time,” she said. “The new patient placement system offers much more information about the patient’s needs up front, allowing the coordinators to succeed in that effort.”

Integrated platform

While most bed management systems are separate platforms, Christiana Care’s new integrated system is uniquely tied in with the health system’s electronic medical record, Powerchart, as well as with important electronic programs used by the Emergency Department, Patient Registration, Finance and Patient Quality and Safety. Clinical data and patient attributes are automatically available in the bed management system, reducing potential losses or errors in data that come from information being manually entered, retrieved or communicated via paper or phone. Bed placement, patient escort and environmental services perspectives are interwoven, allowing the new integrated platform to streamline, automate and improve processes, ultimately increasing efficiency, reducing costs, improving quality and decreasing turnaround times.

Wheeler said the integration with transport and environmental services is “critical to improving the timeliness of patient flow through the organization.”

Maryanne Miller, project lead from Information Technology, also on the steer group, added that making information available sooner to staff on the receiving unit inherently improves both quality and safety of care.

“Timely, accurate clinical information right up front to help the bed board make really informed decisions in patient placement based on care needs will be a tremendous asset to the system,” she said. “From an IT perspective, the platform behind this new capacity management system — and what it allows us to do in terms of efficiency and streamlining — is really exciting.”

This landmark system mines indicators automatically populated in Powerchart records to flag special needs, such as those for isolation or bariatric equipment, to ensure placement not just to the first available bed, but to the most appropriate bed for optimal patient care. It’s an amazing evolution from just a few decades ago, when the bed board was actually just that — several large boards on wheels, roughly 20 feet wide, covered with pink and blue magnetic cards denoting bed availability by gender.

“This project will have a huge impact on making sure patients get to the right bed the first time,” said Timothy Shiuh, M.D., FACEP, assistant chief medical information officer and clinical leader of the capacity management system design team. “It has the potential to improve patient flow, patient satisfaction and timeliness of getting the patient upstairs from the ED to the most appropriate room.”

Smarter transformations

Linda Laskowski Jones, MS, APRN, ACNS-BC, CEN, FAWM, FAAN, vice president, Emergency & Trauma Services, co-sponsor for the CareAware project, said, “By pushing information to the people who

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need it, the inpatient units are better prepared to receive the patient, and we, in the ED, will avoid crowding situations that stretch our resources and tax our ability to care for patients in a safe and timely manner.

“Patient flow equates to patient safety,” she said.

Because transitions are the most vulnerable time in a patient’s acute hospital experience, Joanne McAuliffe, DNP, MSN/BA, BSN, RN, OCN, NEA-BC, vice president of Patient Care Services, Wilmington Hospital, sees the new capacity management system as an important tool to transform care at the bedside, both today and in the future.

“We have people transitioning from one location to another all day long,” said McAuliffe. “This smart platform will help us track the patient, tell us who the patient is in terms of his clinical needs and allow us to watch his needs change.

“The information we need is front and center, helping to guide operations in real time. That’s a huge win for everyone, but especially in terms of patient care,” she said.

As health care evolves toward a new emphasis on helping our communities and patients maintain their restored health after they leave the hospital, McAuliffe said the transition points will be critical.

“We’re transforming the way we predict and focus on patients, both in our day-to-day operations, and in the future,” she said. “The new capacity management system integrates technology and transforms practice at any bedside, regardless of location. It will also help us build a database to see our patient population from a data set — to determine the attributes we treat most frequently and where those people land within our hospital — and allow us to strategically forecast clinical needs, programs, staffing, skill sets and competencies.”

While all hospitals and health systems rely on some sort of bed management system, none of the steer members are aware of any that match Christiana Care’s ability to use data attributes to predict patient needs for bed placements.

“We’re on the forefront because we have the right people thinking in the right direction,” said McAuliffe. “We are an organization that recognizes the need to be astute in daily operations, but also thinking way beyond what we’re doing today.

“This is not a software package we’ve purchased, but one we are building in a reciprocal partnership with our vendor. We are influencing the model that will probably serve other hospitals and health systems as they launch their own efforts in the near future.”

The steer members all agree that the new capacity management system is the true definition of innovation.

“We’re partnering with a firm that is invested in helping hospitals and systems build an IT infrastructure — and get it right from the beginning,” said McAuliffe.

“We’re building a better future.” ●



“The information we need is front and center, helping to guide operations in real time. That’s a huge win for everyone, but especially in terms of patient care.”

JOANNE MCAULIFFE, DNP, MSN/BA, RN,
OCN, NEA-BC
VICE PRESIDENT, PATIENT CARE SERVICES,
WILMINGTON HOSPITAL



Richie Gommers IV drives himself to the operating room at Roxana Cannon Arshd Surgicenter while Anesthesiologist Stephen R. Tanner, M.D., and Richie's parents watch.

"The car helps with the separation between parents and a child, and that makes going to the OR a lot easier on everyone involved."

MARY KATHERINE MATTHEWS, DMD

Battery-powered cars reduce anxiety for children headed to the OR

Roxana Cannon Arsht Surgicenter puts kids in the driver's seat

Richie Gommer IV is like many five-year-olds who grow anxious when they have to see the dentist to have a cavity filled. It's hard to say goodbye to parents before entering the operating room, and children faced with separation often need oral premedication to quiet their fears.

But an innovative program at Christiana Care's Roxana Cannon Arsht Surgicenter allows children to drive themselves to the operating room in a battery-powered vehicle, reducing anxiety in children and parents. The result has been less use of oral premedication.

"It's amazing how much help this is to children emotionally," said Mary K. Matthews, DMD, who is Richie's dentist. "The car helps with the separation between parents and a child and that makes going to the OR a lot easier on everyone involved."

On a January morning, Richie sat nervously in a surgical gown waiting to have his teeth cleaned and cavities filled. His mother and stepfather were there to offer reassurance that all would be well.

But what helped most was when anesthesiologist Stephen R. Tanner, M.D., popped in to see the family with an unexpected offer. Dr. Tanner, medical director of the Arsht Surgicenter, suggested a ride to the operating room in a white BMW convertible that Richie could drive.

At first, Richie was uncertain how much fun this would be and said no. He wasn't interested.

But Dr. Tanner, who admits to being a big kid at heart, wore a welcoming smile as he pointed out the BMW's rocking radio and cool flashing lights. He invited Richie to bring along his stuffed animal – a Minecraft creeper.

Sensing a positive change in her son, Lauren Blanch, lifted Richie onto the seat of the BMW. "Buckle your seat belt," she said lightheartedly.

"It's like a Mario car," said stepdad Mike Dougherty. "I'll walk next to you."

Dr. Tanner kept a remote control at the ready to make sure there would be no collision with the walls. Gradually, in place of Richie's anxious expression was a big grin, as he and his creeper turned the surgicenter hallway into their own private racetrack and made their way to the operating room.

"It's great when parents can see their child going back with a smile, rather than tears," Dr. Matthews said.

That's what Dr. Tanner had in mind last year when he suggested that Christiana Care purchase two electric-powered

vehicles for children headed for the operating room for a surgical appointment. He felt the child-size vehicles would be fun, but more importantly would be good medicine for children and parents.

Since October, when a blue Jeep and a white BMW began driving through the hallways of the Arsht Surgicenter, the use of pre-operative sedation has dropped from 28 percent of children to 8 percent.

"This decrease of almost 75 percent means a decreased length of stay after a procedure and increased satisfaction for patients and their parents," said Nurse Manager Deborah C. Gigliotti, RN, MBA, CAPA. "Children have had an excellent experience, are wide awake and ready to go home."

The Arsht Surgicenter typically schedules eight to 15 children's dental procedures each week. It's clear that lessening children's fears is improving the quality of family care and in keeping with the Christiana Care Way, said Shawn R. Smith, MBA, vice president of Patient Experience.

"This type of effort shows our commitment to serve as respectful, expert, caring partners in the health of our neighbors," Smith said.

"Some kids are nervous about what will happen in the OR and don't want to leave mom and dad," said Dr. Tanner. "When we put a child in a car, this eases the separation and makes the whole transition gentle and fun. Parents often take photos, excited that their child gets to drive to the operating room."

Lauren Blanch agreed. She said her son Richie's mood lifted because of driving the BMW.

"It's nice to see he's smiling," she said. ●

Since using the cars, pre-operative sedation has dropped by almost 75 percent.





Wilmington Hospital ICU earns Silver Beacon Award from American Association of Critical-Care Nurses

The Wilmington Hospital Intensive Care Unit (WICU) has earned a Silver Beacon Award from the American Association of Critical-Care Nurses, the largest specialty nursing organization in the world. Christiana Care Health System is one of only 105 health care institutions in the nation and the only one in Delaware with Beacon Award recognition.

The WICU is the third Christiana Care unit and the first at Wilmington Hospital to earn a Beacon Award. The Medical Intensive Care Unit and the Cardiovascular Critical Care Complex at Christiana Hospital hold gold Beacon Awards.

“The Beacon Award reflects the WICU team’s dedication, passion and focus on patient- and family-centered care in advancing The Christiana Care Way,” said Janice E. Nevin, M.D., MPH,

Christiana Care president and CEO. “It demonstrates the power of partnership across units and disciplines to share and implement best practices that produce better outcomes for our patients.”

The Beacon Award recognizes exceptional critical care through improved patient outcomes and greater satisfaction among patients and nurses. The nine-bed WICU, which cares for some of the most vulnerable patients, met these criteria with initiatives to support the optimal health of patients and ensure an exceptional experience for them and their families.

Through the unit’s commitment to continuous learning and improvements to achieve optimal health for patients, the WICU successfully addressed some of the most challenging aspects of critical care to:

- Experience zero catheter-associated urinary tract infections (CAUTI) since 2012.
- Sustain 46 months without a central-line-associated bloodstream infection (CLABSI).
- Achieve zero instances of ventilator-acquired pneumonia for 26 months.
- Significantly decrease falls.
- Substantially decrease hospital-acquired pressure ulcers.
- Implement the Mobility program, engaging critically ill patients in activity to maintain physical and cognitive functions.

The WICU team has a history of innovative approaches. In 2010, the team established the first unit-based patient and family advisory council

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The Wilmington Hospital Intensive Care Unit is the third Christiana Care unit and the first at Wilmington Hospital to earn a Beacon Award.

and was instrumental in helping to develop the current systemwide Patient and Family Advisory Council. In 2013, the unit received the health system's first unit-based Value Improvement Team Award for reducing hospital-acquired infections. In January 2015, they earned the Christiana Care Focus on Excellence President's Award for achieving major decreases in *Clostridium difficile*, the most common microbial cause of health care associated infections in U.S. hospitals. The initiative is a model at the health system.

Dannette Mitchell, MSN, APRN, ACNS-BC, CCRN, clinical nurse specialist, attributes the WICU's success to ownership of initiatives and results, thoughtful changes to process and multidisciplinary involvement.

"Every month we reviewed and investigated outcomes, identified problems and set action plans into motion," Mitchell said. "We adopted an all-hands-on-deck philosophy that gave every person in the WICU responsibility for monitoring a task related to outcomes. When the staff nurses on the front line began to own the outcomes, we really started seeing results."

To reach its goals, the WICU team partnered on a shared decision-making council and a value-improvement team that included nurses, physician assistants, therapists, physicians and staff across units and specialties including infection prevention, pharmacy, emergency medicine, surgery, respiratory, physical therapy and others.

"Striving to do better is a daily way of life in the WICU," said nurse manager Michael Knorr, MSN, RN, PCCN. He commended the team and former WICU nurse managers Sandy Wakai, MSN, RN, CCRN, now of the Center for Advanced Joint Replacement, and Donna Casey, MA, BSN, RN, NE-BC, FABC, now vice president of patient care services, who both moved the Beacon application forward.

"We continue to review the processes they set in motion and that have demonstrated success," said Knorr. "We conduct monthly reviews. We look for opportunities during huddles and rounds. We actively seek out ideas from patients, families and colleagues. Every member of the unit is in some way engaged in the monitoring and actions to deliver the best patient care." ●

Sandy Wakai, MSN, RN, CCRN (center right), who now manages the Center for Advanced Joint Replacement, catches up with her WICU colleagues. She advanced the Beacon application while she was WICU nurse manager.



Christiana Care’s innovative behavioral health program increases access to care

Christiana Care is leading innovation in behavioral health services in the state and increasing access to mental health services for all Delawareans. That was the message presented by Sharon Kurfuerst, Ed.D, OTR/L, FACHE, senior vice president, health services operations, and Linda Lang, M.D., chair of the Department of Psychiatry, Feb. 3 at a meeting of the Behavioral and Mental Health Task Force in Dover.

“Our many innovations in the outpatient and inpatient settings provide care to the whole person, body and mind, and support our shared goal of the State Innovation Model to make the First State one of the five healthiest in the nation,” Kurfuerst said.

Christiana Care’s successful integrated behavioral health model — embedding therapists within specialty and family medicine practices — is expanding access to care and opening mental health doors to many children, adolescents and adults in our community who might

“Our many innovations in the outpatient and inpatient settings provide care to the whole person, body and mind, and support our shared goal of the State Innovation Model to make the First State one of the five healthiest in the nation.”

SHARON KURFUERST, ED.D, OTR/L, FACHE
SENIOR VICE PRESIDENT, HEALTH SERVICES OPERATIONS



Peter Booras, engagement specialist, counsels a patient in Project Engage. The program has provided care for nearly 4,500 patients to help them overcome substance abuse.

otherwise never seek help, she said. Since November 2014 when Christiana Care began integrating behavioral health consultants in 11 primary care practices and one specialty care practice, the team has seen more than 3,100 patients for a total of more than 8,500 sessions.

“To support the integrated model, Christiana Care recently hired four new behavioral health consultants, including one at the Smyrna Health & Wellness Center and one at the Middletown CareCenter,” Dr. Lang said.

Mental health experts in Christiana Care’s Adolescent Bridge program work with teens to address anxiety, depression, stress, anger management, relationship conflicts and other issues. Teens also join group sessions to learn about emotional health, communicating effectively, making sound decisions and dealing with stress and peer pressure. Since March 2015, there have been 75 new teen patients with 300 patient visits.

Helping people to overcome addiction

Among the innovations to inpatient care, Christiana Care’s Behavioral Health Service Line integrates care at the bedside and continues to add programs and resources to treat patients with substance-abuse disorder, which is a growing problem in Delaware and nationally. For example, this month the Behavioral Health Service Line begins a pilot program to improve the care of illegal-opioid-dependent hospitalized patients, including pregnant women. The new program includes screening patients admitted to the hospital for risk of opioid withdrawal and the use of standardized protocols to monitor and treat withdrawal.

“By 2018 Christiana Care will expand the inpatient psychiatry unit from 24 to 30 beds at Wilmington Hospital to provide acute medical services to patients with psychiatric illness,” Kurfuerst said.

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With Project Engage, Christiana Care's early intervention program that helps substance-using hospital patients connect with community-based treatment programs, nearly 4,500 patients at inpatient units and emergency departments of both Christiana and Wilmington hospitals received care. Project Engage has led to an increase in patients who enroll in community-based drug-treatment programs and a reduction in 30-day readmissions among patients with substance-abuse problems.

To help address immediate behavioral health concerns at both Christiana and Wilmington hospitals, Christiana Care is creating a Behavioral Health Rapid Response Team.

"This team will be comprised of behavioral health professionals, including nurses, psychiatrists and mental health associates trained to respond to staff and patients who require immediate attention to address a psychiatric situation in the hospital," Dr. Lang said.

Helping women overcome postpartum depression

Through the Center for Women's Emotional Wellness, Christiana Care

supports women planning to become pregnant throughout pregnancy, delivery and the first year after birth with outpatient therapy and medication management. In 2015, the team consulted with 240 new mothers in the hospital immediately following delivery and conducted 2,750 outpatient visits. Christiana Care screens all new mothers for mood and anxiety symptoms after childbirth, before they leave the hospital.

"Christiana Care understands the critical need for workforce development in Delaware to meet the behavioral health needs of our community and is taking measures to train the next generation of behavioral health professionals," Kurfuerst said.

Beginning in 2017, a Psychology Internship Program will integrate psychologists in outpatient and inpatient settings throughout the health system to receive training. In 2018, a Behavioral Health Residency Program will begin training psychiatrists.

"By receiving training and experience in behavioral health at Christiana Care, these newly trained experts are more likely to remain working in the state and help alleviate the shortage of trained professionals," Kurfuerst said.



Malina R. Spirito, PsyD., a licensed psychologist with Christiana Care's perinatal behavioral health program, is encouraged by the growing number of women who are seeking out assistance for mood disorders and other behavioral health issues that can be associated with pregnancy and being a new mother.



Among the Christiana Care team and community task force partners were: Linda J. Lang, M.D., Christiana Care's chair of the Department of Psychiatry; Sharon Kurfuerst, Ed.D., OTR/L, FACHE, senior vice president of Health Services Operations; James Lafferty, executive director, Mental Health Association in Delaware; Erin Booker, LPC, corporate director of Christiana Care Behavioral Health Services; and Rita Landgraf, secretary of the Delaware Department of Health and Social Services.

Building a community of care

Christiana Care remains committed to continue working with stakeholders in the state to advance the shared goals of improving behavioral health and providing greater access to care. Last October, Christiana Care hosted a Behavioral Health Summit that brought together about 50 thought leaders from the public and private sectors — state agencies, health systems, behavioral health facilities and practices, nonprofit organizations, patient and family representatives and law enforcement — in the first statewide focus group to examine the various touchpoints throughout Delaware's behavioral health system.

"The aim is to advance a holistic framework that produces healthier outcomes for individuals and communities," Kurfuerst said.

"Christiana Care also works actively in partnership with the Delaware Center for Health Innovation to advance our shared goals of improving behavioral health and access to care for all in our community." ●

Christiana Hospital achieves 'Baby-Friendly' designation

Christiana Hospital has earned Baby-Friendly™ designation from Baby-Friendly USA Inc. as part of the Baby-Friendly Hospital Initiative — a global program of the World Health Organization (WHO) and the United Nations Children's Fund (UNICEF). This designation distinguishes hospitals and birthing centers that offer an optimal level of care for infant feeding and mother/baby bonding, and has been achieved by only 10 percent of birthing facilities in the U.S.

An abundance of scientific evidence points to lower risks for certain diseases and improved health outcomes for both mothers and babies who breastfeed. The international Baby-Friendly Hospital Initiative encourages women to breastfeed and acknowledges birthing facilities that become "centers of breastfeeding support."



At Christiana Care, mother-baby bonding begins immediately following birth, when the labor and delivery nurse gives the baby to the mother to hold on her chest, skin-to-skin.

"Patient- and family-centered care is a hallmark of our services and the Baby-Friendly designation reflects that commitment," said David A. Paul, M.D., chair of Pediatrics at Christiana Care and physician lead of the Women and Children's service line. "Breastfeeding helps babies and their mothers achieve optimal health with reduced risk of sudden infant death syndrome, childhood cancers and diabetes for children and decreased risk of breast and ovarian cancer, anemia and osteoporosis for mothers who breastfeed."

While the Baby-Friendly designation focuses on breastfeeding, it also supports the importance of mother and infant bonding, regardless of feeding method. At Christiana Care, bonding begins immediately following birth, when the labor and delivery nurse gives the baby to the mother to hold on her bare chest, skin-to-skin. This contact helps stabilize the baby's temperature and blood sugar and stimulates mother-baby bonding.

Baby-Friendly-designated birthing facilities incorporate the internationally recognized Ten Steps to Successful Breastfeeding and comply with the International Code of Marketing of Breast-Milk Substitutes, both developed by the World Health Organization to increase initiation and duration of breastfeeding.

"Our staff works together every day to provide exceptional evidence-based maternity care – which makes our Baby-Friendly designation incredibly meaningful."

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

"Christiana Care is dedicated to supporting breastfeeding moms and babies in every aspect, from education and instruction by experienced nurses and lactation consultants, to our comprehensive Breastfeeding Education and Resource Center and our free breastfeeding support groups," said Sherry Monson, MSN, MBA, RN, vice president of Women and Children's Services. "Our staff works together every day to provide exceptional evidence-based maternity care — which makes our Baby-Friendly designation incredibly meaningful." ●

For more information about Christiana Care's Baby-Friendly initiatives, visit <http://www.christianacare.org/baby>.

13th annual Focus on Excellence Awards reflect gratitude, empathy and courage

Janice E. Nevin, M.D., MPH, president and chief executive officer of Christiana Care Health System, expressed deep gratitude to the many people behind the record-setting 155 Focus on Excellence Awards entries at the awards ceremony Jan. 20 at the John H. Ammon Medical Education Center.

“Your creativity and diligence are so vital to our continued success,” Dr. Nevin said. “Your sense of purpose is truly humbling and inspiring. Your work allows us to continue to adapt to the ever-changing world of health care.”

Themes for the annual celebration included gratitude, empathy and courage. Speaking to the theme of gratitude, she said, “I am deeply grateful for the great privilege of working with all of you. You folks are extraordinary people.”

Sharon Anderson, MS, BSN, RN, FACHE, chief population health officer and senior vice president, Quality, Patient Safety & Population Health Management, thanked the judges — a diverse group of more than 200 Christiana Care staff representing disciplines from throughout the organization — who devoted substantial time and thought to the task of selecting the winners. She also gave special thanks to the 58 employees whose year-round volunteer work help to make the exhibit and awards program possible.

“Today we celebrate the end of another year of Focus on Excellence competition by announcing the winning entries,” Anderson said. “Yet every project entry, whether it wins or not, represents Christiana Care’s staff’s commitment to drive improved performance in all that we do in support of The Christiana Care Way. The quantity and diversity of the submissions have always been reflective of Christiana Care’s innovation and teamwork to better serve our patients, families and community.”

All 155 projects were displayed during a two-week exhibition in October, and winning projects were displayed again in the Education Center on Jan. 20. All entries, in PowerPoint, plus a comprehensive book of abstracts in PDF format, are now available for viewing by Christiana Care employees on the Center for Quality & Patient Safety/Service Lines intranet site.

The quantity and diversity of the submissions have always been reflective of Christiana Care’s innovation and teamwork to better serve our patients, families and community. Teams are encouraged to identify an opportunity for improvement, then develop and carry out a plan to achieve improvements in process or outcomes using the Plan-Do-Check-Act or Lean Six Sigma DMAIC model. Teams create a storyboard that explains the project, and all of the storyboards are displayed in an exhibit in October, in conjunction with National Healthcare Quality Week.

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Press Ganey CMO Thomas H. Lee, M.D., discusses importance of empathy in health care

At the awards ceremony, guest speaker Thomas H. Lee, M.D., chief medical officer of Press Ganey, shared insights from his book “An Epidemic of Empathy in Healthcare: How to Deliver Compassionate, Connected Patient Care That Creates a Competitive Advantage.”



Thomas H. Lee, M.D. and Janice Nevin, M.D., MPH

A practicing internist and cardiologist at Brigham and Women’s Hospital in Boston, leader in provider organizations, researcher and health policy expert, as Press Ganey CMO he is responsible for developing clinical and operational strategies to help providers across the nation measure and improve the patient experience, with an overarching goal of reducing the suffering of patients as they undergo care and improving the value of that care.

At a time when consumers are increasingly engaged in their health care decisions and providers are being called upon to deliver even greater value, an “epidemic of empathy” in health care presents a clear path to patient-centered care and a valuable resource to reduce patient suffering and improve the patient experience, Dr. Lee said.

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President's Award

This year, the President's Award, presented by Dr. Nevin, is titled "Bundling Care to Create Value."

Christiana Care began the journey from volume- to value-based payment, in alignment with long-term strategic goals, by implementing two bundles under Medicare's Bundled Payments for Care Improvement (BPCI) initiative.

BPCI is an innovative new payment model that combines reimbursement for defined episodes of care, along with financial and quality accountability. Christiana Care is participating in Model 2 of the BPCI program, which defines an episode of care as the acute care hospital stay and all services provided to patients for 90 days after discharge. Two "bundles" were implemented in January 2015: total joint replacement and cervical spine surgeries.

Clinicians and key stakeholders redesigned clinical care and developed a longitudinal care-management infrastructure. Care Link's team of nurses, case managers, social workers, pharmacists and physicians is leveraged to provide comprehensive care from pre-surgery through 90 days after hospital discharge. To reduce supply expenses related to joint and spine implant costs, formulary pricing contracts were established with vendors.

The team also collaborated with post-acute-care services, including Christiana Care's VNA and skilled nursing facilities, to redesign care and improve patient experience. A third bundle, cardiac valve surgery, was added in April 2015.

In the first eight months, the Care Link team served more than 1,040 Medicare joint replacement and cervical spine patients. Patients discharged to the community (home or home health services) increased by 9 percent for the three populations combined and discharges to skilled nursing facilities decreased by 7.5 percent.

In addition to increasing patient satisfaction, these results reduced Medicare expenditures in the 90-day post-discharge period. Thirty-day and 90-day readmission rates decreased by about 26 percent overall. Internal financial analyses show savings of \$850,000 for joint replacement and cervical spine procedures in the first six months.

The successful methodology was expanded to four more bundle populations in 2015: lumbar spine and coronary artery bypass surgery in July, and heart failure and stroke in September. ●

"Your creativity and diligence are so vital to our continued success. Your sense of purpose is truly humbling and inspiring. Your work allows us to continue to adapt to the ever-changing world of health care."

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



Scott D. Siegel, Ph.D., director of Psychosocial Oncology & Survivorship at the Helen F. Graham Cancer Center & Research Institute, asks a question during Dr. Thomas Lee's presentation.

Christiana Care joins pioneering Health Care Innovation Collaborative

Christiana Care Health System has joined the Health Care Innovation Collaborative of the CEO Council for Growth, an initiative of the Greater Philadelphia Chamber of Commerce that influences regional and national policy through advocacy.

The organization represents a new and unprecedented national model for collaboration among health care providers, academic research institutions and the investor community. Working together, these organizations will leverage the unique assets of the Greater Philadelphia region to accelerate and lead the development of innovation in health care technology and delivery.

The collaborative chose to first focus on chronic diseases because they cause seven out of 10 deaths every year and treatment of these diseases accounts for 86 percent of health care costs in the United States.



"This collaborative serves as an open call to any organization ... to supply

us with ideas that can generate value for the work we do."

RANDY GABORIAULT, MS, SENIOR VICE PRESIDENT OF INNOVATION AND STRATEGIC DEVELOPMENT AND CHIEF INFORMATION OFFICER

"Christiana Care is excited to join this new, strategic partnership that enables us to share and learn from leading organizations throughout the Philadelphia region," said Janice E. Nevin, M.D., MPH, president and CEO of Christiana Care. "We look forward to



Insight, an innovative, tablet-based self-evaluation tool that enables patients to report the severity and impact of their symptoms, is among the innovations that Christiana Care shares with other organizations through the Health Care Innovation Collaborative.

this opportunity to design innovative solutions that will help our patients and their families achieve optimal health and an exceptional experience as we continue our transformational journey to advance The Christiana Care Way."

Christiana Care is the ninth member of the collaborative and is the first organization in Delaware to join.

"This is a unique experiment in which we are partnering with collaborators that span the entire spectrum of the health care ecosystem," said Randy Gaboriault, MS, senior vice president of innovation and strategic development and chief information officer for Christiana Care.

"Traditionally, providers have partnered with other providers. Through this collaborative, however, we are exploring ways to create and leverage innovative solutions not only with providers but also with payors, a media provider and investment firms."

To that end, the collaborative includes companies such as the Comcast Corp., Independence Blue Cross and Safeguard Scientifics, a holding company that provides growth capital for entrepreneurial

life sciences and technology organizations. The collaborative has received 115 applications and has generated interest from companies throughout the United States as well as Canada, the United Kingdom, South Africa, Israel, India and Australia.

"This collaborative serves as an open call to any organization — whether they work inside or outside of health care — to supply us with ideas that can generate value for the work we do," Gaboriault said. "It also gives us the opportunity to share our innovative programs with other organizations so they too can provide better care for their patients."

As an example, Gaboriault mentioned Insight, Christiana Care's patient self-evaluation tool, which enables patients to report the severity and impact of their symptoms using a tablet-based, patient- and clinician-friendly format.

"Through this collaborative, we can leverage the best possible resources throughout the region, nation and world to help our neighbors receive the best possible care," Gaboriault said. ●



Visitor registration is part of Christiana Care's commitment to open visiting hours, so patients may have visitors around the clock if it is in their best interest and sensitive to other patients.

Nighttime visitor policy supports rest and security for patients

Visits from family and friends are important to patient comfort and healing. As part of Christiana Care's visitor policy and welcome guidelines, and its commitment to a safe environment, the health system has introduced registration for visitors to Christiana and Wilmington hospitals during quiet hours of 9 p.m. to 6 a.m. Visitor registration is part of Christiana Care's commitment to open visiting hours, so patients may have visitors around the clock if it is in the best interest of their health and sensitive to other patients in the hospital.

Friends and family visiting between 9 p.m. and 6 a.m. may register at the front desk at Christiana Hospital. Visitors to Wilmington Hospital during these hours may continue to enter through the Emergency Department. Visitors are asked for photo identification or can have a photo taken. A computerized system will create a unique self-adhesive badge with the date, the visitor's name and picture, and the patient's room number. This practice is standard at many hospitals.

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"A significant body of evidence shows that the presence of family and friends — who are partners in our patients' care — plays a vital role in the health and well-being of patients."

DONNA M. CASEY, MA, BSN, NE-BC, FABC

VICE PRESIDENT OF PATIENT CARE SERVICES, CARDIOVASCULAR AND CRITICAL CARE NURSING

“We have listened carefully to our patients and their visitors, and created a consistent visitor policy that supports our aim to provide optimal health and an exceptional experience for our patients,” said Shawn Smith, MBA, vice president for Patient Experience. “The new protocol contributes greatly to the safety of our patients and their loved ones, as well as our staff, without compromising in any way our commitment to open visiting hours. We hope it will create yet another layer of confidence throughout the community in our ability to serve our neighbors as respectful, expert, caring partners in their health.”

When considering visitors during Quiet Hours at night, the patient’s condition, risk of infectious-disease exposure, and the health and well-being of other patients in the room or on the unit are all taken into account. Patients can let their nurses know if they do not wish to have a visitor. To maintain a quiet, restful environment, patients ideally would have one visitor at a time between 9 p.m. and 6 a.m., although they may have more if circumstances allow. Visitors staying overnight must be at least 18 years old and able to care for themselves independently.

Visitors who arrive before 9 p.m. but who wish to stay after 9 p.m. may be asked to register at the front desk to receive a badge. All visitors are encouraged to discuss their requests with the nurse who is caring for their friend or family member.

“Our welcome and visitor policy is very much in line with today’s best practices,” said Bruce T. Blackburn, CHPA, director of Public Safety. “Our new registration technology adds an enhanced layer of security. This is particularly important during nighttime hours, when patients are sleeping and hospital staff work to keep a quiet and safe environment to promote healing.”

To ensure the most effective protocol possible, the new policy was developed by a dedicated committee with leadership from Patient Experience, Nursing and Operations. Also integrally involved were 50 members of the Patient and Family Advisory Council — former patients and loved ones who contribute their perspectives to Christiana Care initiatives.

“A significant body of evidence shows that the presence of family and friends — who are partners in our patients’ care — plays a vital role in the health and well-being of patients,” said Donna M. Casey, MA, BSN, NE-BC, FABC, vice president of Patient Care Services. “Our patient- and family-centered care model at Christiana Care encourages this and has allowed us to welcome visitors 24 hours a day since 2005. With quiet hours visitor registration, we are creating a more healthful, safe environment for our patients and their loved ones, and for the staff at Christiana Care, while continuing to honor our open visiting policy.” •



Nighttime visitors to the hospitals receive a temporary photo ID badge.

The Supply Value Analysis Committee comprises 11 physicians and eight administrators whose multidisciplinary, collaborative approach better positions Christiana Care Health System to tackle difficult decisions in the areas of supply chain and physician-preferred devices.



Supply Value Analysis Teams stand ready to consider staff ideas on the products used to provide patient care

When the Heart Failure team needed a new, high-tech cardiac monitor for their toolkit, they took their case to the Supply Value Analysis Committee (SVAC).

The committee's job is to rule on large-scale orders for new medical supplies and devices that providers in any department want to use in the care of their patients. This group of 11 physicians and eight administrators applies science as well as value to new product choices.

"Having a multidisciplinary, collaborative approach that leverages the clinical, purchasing, materiel-management and financial expertise across our health system is paramount to our future success in the changing health care paradigm," said SVAC Chair Kert Anzilotti, M.D., MBA, chair of Radiology and physician leader of the Neurosciences Service Line. "The SVAC is a start at creating that collaborative competency and will better position us to tackle difficult decisions in the areas of supply chain and physician-preferred devices."

The process is easy to submit new supply ideas: Any employee or member of the Medical-Dental Staff can submit a request for a new product via the Christiana Care intranet through a link on the Purchasing Department page.

Every request comes across the desk of Clinical Technology Assessment Specialist Lois Simpson, MSN, RN. She and her colleagues in Purchasing do the important and necessary market research and financial analyses that support committee decision-making.

"Our job is to work collaboratively with those making the purchasing request to help ensure that the item is not only cost-competitive but is safe, adds value and offers a positive improvement or outcome for our patients," Simpson said. She is also responsible for promoting standardization of the products used on our patients across the health system and for ensuring that education plans are in place to meet any associated staff-training or certification requirements.

"Focusing on patient outcomes and enhancing quality and safety is key to providing care that our neighbors value," said Sharon Kurfuerst, Ed.D., OTR/L, FACHE, FAOTA, FABC, senior vice president for Health Services Operations. "While balancing cost-effectiveness with these outcomes is critical, our supply value analysis process allows the health system to make strategic purchasing decisions that support clinical excellence and the delivery of high-value, expert care."

At Christiana Care, the supply value analysis process touches everything new — including items as diverse as

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gauze used to dress a wound, a Foley catheter replacement kit, orthopaedic implants, cardiac monitors and pacemakers. The SVAC is supported by several subcommittees, comprised of medical, clinical and purchasing staff who review and have the authority to rule on orders of new medical supplies and devices with an annual spend of \$30,000 or less. Currently there are designated subcommittees for orthopaedics, neurospine and perioperative supplies, electrophysiology, interventional radiology, the catheterization lab and patient supply products. Staff who have a new product request present a data-driven rationale to their committee peers for the proposed acquisition.

“Most of the products we order are covered under agreements that our Purchasing Department administers,” said Mark McDermott, MBA, CMRP, vice president, Supply Chain. “In addition to helping guide the committee decision-making process, our contract managers play a critical role in negotiating competitive pricing with the manufacturer, mitigating any potential increase in pricing from current suppliers and ensuring adequate supply to meet expected demand. What we want our providers to know is that if they hear about a product that may work better than what they are using, they have an avenue through the SVAC to submit their request for more immediate review.”

The Heart Failure team, led by Mitchell Saltzberg, M.D., FACC, FAHA, medical director, worked with the Center for Heart & Vascular Health’s business informatics group to make the case for purchasing CardioMems, a tiny implantable device that monitors pulmonary artery pressure. The data Dr. Saltzberg presented to the SVAC showed that daily read-outs from the monitor could benefit patient care management and potentially reduce hospital readmissions.

“Our team was prepared to do the work involved to bring a new product into our system,” said SVAC member, Billie Speakman, MBA, RRT, vice president for the Heart and Vascular Service Line. “As a value driven organization, we have to make choices about what to order, and to do that effectively, we need to continue the conversation around medical best practices. We all need to take ownership of the process and be conscientious about doing what is best for our patients as well as the organization.” ●



“Having a multidisciplinary, collaborative, approach that leverages the clinical, purchasing, materiel management and financial expertise across our health system is paramount to our future success in the changing health care paradigm.”

KERT ANZILOTTI, M.D., MBA
CHAIR OF RADIOLOGY AND PHYSICIAN LEADER OF
THE NEUROSCIENCES SERVICE LINE



The supply value analysis process enables Christiana Care to make strategic purchasing decisions that support clinical excellence and the delivery of high-value, expert care.

Christiana Care Rehabilitation Services receives Clinical Educator's Award



Brian Catania, MPT, SCS, ATC, physical therapy program manager for Christiana Care Rehabilitation Services' Springside Plaza, works with Christiana Care exercise technician Justin Pepper, who has been formally accepted into the University of Delaware's Physical Therapy Program.

The University of Delaware's Physical Therapy Department partners with health facilities all over the country. But when it came time to recognize an organization that has made an outstanding, sustained contribution to the program's clinical education component, the school recognized one of its nearest neighbors — Christiana Care Health System.

At the winter commencement on Jan. 9, Sharon Kurfuerst, Ed.D., OTR/L, FACHE, FAOTA, FABC, senior vice president for Health Services Operations, accepted the Catherine Doetzer Kohlenstein Clinical Educator's Award on behalf of Christiana Care Rehabilitation Services.

"They are a very reputable PT program, and they have a number of clinical affiliations, so to be recognized in this way is significant," Kurfuerst said. "It's a strong testament to what our staff does every day to promote clinical excellence."

Such partnerships are one of the strategies that Christiana Care employs to achieve its goals of optimal health, exceptional experience and organizational vitality.

"When we talk about being innovative, respectful, expert, partners, it applies to patients, but it also applies to creating future practitioners and future leaders," Kurfuerst said.

"We want students to understand that you're there to serve a patient population, their families, the community. It's not just your 8-to-4 job. That's what The Christiana Care Way underscores."

Even if the students don't end up working locally, the hope is that they will spread the philosophy they learned at Christiana Care wherever they pursue their profession.

"We feel a strong obligation to give back to the professional community and grow the future of health care," Kurfuerst said. "This allows us to influence those who are giving care in our own community. It allows us to be a part of the academic training."

Gregory Hicks, Ph.D., PT, chair of the UD Department of Physical Therapy, holds a similar philosophy.

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SHARON KURFUERST, ED.D., OTR/L, FACHE, SENIOR VICE PRESIDENT, HEALTH SERVICES OPERATIONS

“We’re the only PT program in Delaware, so we put out a large proportion of the therapists in the state,” Hicks said. “As far as the training that goes into that, that goes out into the community. The investment that Christiana Care is making in our students is really an investment in the state.”

This commencement graduated about 30 students and is the last of the department’s small classes, he said. Subsequent classes are double that size.

As part of their training requirements, each student must complete 30 weeks — three 10-week rotations — of a clinical externship.

“Placing 30 — and now 60 students — that’s quite a volume of work,” he said. “That’s what this award is based upon, recognizing those folks who have gone above and beyond.”

The scope of opportunity within Christiana Care’s rehabilitation services is broad — from infants to geriatrics.

“At Christiana Care, we have anything and everything a student would want to learn or experience,” said Jennifer Thomas, MBA, MS, CCC-SLP, director of Rehabilitation Services overseeing inpatient therapists. “Students are on-site five days a week, so we get to see their work ethic, how they interact with patients, their caring, how they’re demonstrating the Christiana Care core values. It helps us from a recruitment standpoint.” On the flip side, the university provides educational opportunities for the physical therapists.

Carrie S. Foeller, PT, DScPT, CEEAA, assistant professor in University of Delaware’s Department of Physical Therapy; Sharon Kurfuerst, Ed.D., OTR/L, FACHE, FAOTA, FABC, senior vice president, Health Services Operations; and Gregory E. Hicks, PT, Ph.D., chair, Department of Physical Therapy, University of Delaware.

Jodi Hartlep, MHA/MBA, FACHE, director of Rehabilitation Services overseeing outpatient therapists, said the partnership benefits both Christiana Care and the University of Delaware.

“It gives our employees the opportunity to be clinical instructors,” Hartlep said. “They love to help mold the profession for the future. Along with hosting the students, many of our physical therapists will act as lab assistants, guest lecturers and collaborate in research.”

Above all, it’s the real-world experience that the partnership provides, she said. “In the classroom you learn the academic part of it, but there may be a lot of things going on with the patient that’s impacting their condition. This is something our therapists work with students on — what kinds of questions to ask patients so you can get to the root cause of the problem.”

Kurfuerst said the students keep Christiana Care’s staff on their toes. “It gives the physical therapists on staff the opportunity to remain up-to-date with practices,” she said. “When you have students asking you questions, you really have to think about what you’re doing and why you’re doing it.” ●





Nearly 80 people from the community attended the premiere of "Say Something" at Theatre N in Wilmington. "Say Something" is a short film designed to encourage children to speak up when they experience or witness violence.

Christiana Care hosts premiere of 'Say Something' at Theatre N

"Our hope through this film is to dissuade young people from resorting to violent acts and also to encourage them to confide in a trusted adult when they witness violence."

JOAN PIRRUNG, MSN, RN, ACNS-BC
CHRISTIANA CARE TRAUMA PROGRAM MANAGER

Christiana Care Health System hosted the premiere of a powerful new short film that illustrates the impact that violence has on a child's life through their eyes during a special event Jan. 29 at Theatre N in Wilmington.

"Say Something" is designed to encourage children to speak up when they experience or witness violence.

"Our hope through this film is to dissuade young people from resorting to violent acts and also to encourage them to confide in a trusted adult when they witness violence," said Joan Pirrung, MSN, RN, ACNS-BC, Christiana Care's Trauma Program manager. "By speaking up, we can have fewer lives impacted

by the very preventable problem of violence."

Christiana Care's Christiana Hospital is the only Level 1 trauma center that treats both adults and children in Delaware and the only one of its kind located between Baltimore and Philadelphia, meaning it offers the highest capability of trauma care in the region. Christiana Hospital's full range of trauma specialists treats more than 4,000 patients each year for every aspect of injury, from prevention through rehabilitation.

As a Level 1 trauma center, Christiana Hospital educates the community as well as patients on injury prevention, which includes ways to reduce the rate



Moderator Dawn Mosley, owner of IAM Film Works, Joan Pirrung, MSN, RN, ACNS-BC, Christiana Care's Trauma Program manager; Jennifer McCue Nemours/Alfred I. duPont Hospital for Children injury prevention coordinator; Colonial School District Superintendent Carlton Lampkins; New Castle County Police Department Police Chief Col. Elmer Setting and Wilmington Police Department Police Chief Col. Bobby Cummings at the Say Something premiere panel discussion.

of violent crime among children and teenagers.

"Say Something" is the third violence-prevention video sponsored by Christiana Care. It was created through a partnership with Nemours/Alfred I. duPont Hospital for Children, the New Castle County Police Department and the Colonial School District.

Nearly 80 people from the community attended the film, including State Rep. Stephanie Bolden, Wilmington City Councilman Bob Williams, Delaware Department of Health & Social Services Secretary Rita Landgraf and Delaware Department of Safety & Homeland Security Secretary James Mosley.

"The Ripple Effect," which premiered in 2013, was the first documentary to show the medical consequences of gun violence. "Choice Road," which premiered in 2011, is a fictional film that tells the story of the medical consequences of one teenager's decision to join a gang. Both films were created as a result of a grant from the Criminal Justice Council through the U.S. Attorney Office's Project Safe Neighborhoods initiative.

All three videos are produced by IAM Film Works of Dover, Del.

Following the film, panelists discussed possible solutions that can help reduce violence in our community. The

panelists included Pirrung; Jennifer McCue, Nemours/Alfred I. duPont Hospital for Children injury prevention coordinator; New Castle County Police Department Police Chief Col. Elmer Setting; Wilmington Police Department Police Chief Col. Bobby Cummings; and Colonial School District Superintendent Carlton Lampkins.

The panel was moderated by Dawn Mosley, owner of IAM Film Works.

For more information about the film, contact Chaz Molins, MSW, LCSW, coordinator of Violence Outreach, Intervention & Community Engagement for Christiana Care at 302-733-4996 or CMolins@ChristianaCare.org. ●

Edmondo J. Robinson, M.D., MBA, appointed chief transformation officer at Christiana Care

Edmondo J. Robinson, M.D., MBA, has been appointed chief transformation officer at Christiana Care. In this new role, Dr. Robinson has responsibility for transformation of health care delivery as we advance our population health initiatives and move from volume-based to value-based care. He will work closely with service line and essential services leadership as well as other internal and external partners to meet our strategic goals of optimal health, exceptional experience and organizational vitality with a focus on innovation.

Dr. Robinson will continue to have clinical oversight of the Wilmington campus on an interim basis.

Recently, Dr. Robinson spent significant time exploring health care delivery innovation and transformation with thought leaders, entrepreneurs and experts in Silicon Valley and in the United Kingdom.

Since joining Christiana Care in 2008, Dr. Robinson has played a key role on Christiana Care's leadership team. As senior vice president and executive director, Christiana Care – Wilmington, and associate chief medical officer, Dr. Robinson oversaw the transformation and expansion of the Wilmington campus that enables us to provide expert, innovative care in

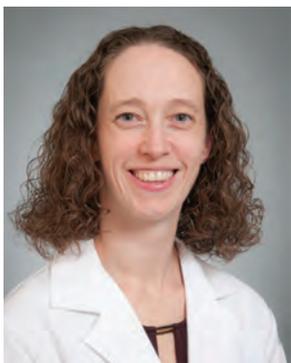
the city of Wilmington. Under his leadership as founding medical director of Christiana Care Hospitalist Partners, he recruited and managed a team of physicians and oversaw efficient use of hospital resources and transitions of care.

Dr. Robinson is a Christiana Care Value Institute scholar, conducting research using analytic methodology to inform management decisions, with particular interest in transitions of care, technology implementation and interdisciplinary collaboration.

He is a clinical assistant professor of medicine at Sidney Kimmel Medical College of Thomas Jefferson University. He holds a medical degree from the David Geffen School of Medicine at the University of California, Los Angeles, an MBA with an emphasis in health care management from the Wharton School at the University of Pennsylvania, and a master's degree in health policy research also from the University of Pennsylvania. ●



Erin Elizabeth Watson, M.D., FACEP, appointed medical director of Middletown Emergency Department



Erin Watson, M.D., FACEP, has been appointed medical director of the freestanding Middletown Emergency Department.

Dr. Watson received the Christiana Care Nurse-Physician Partner Award in 2013. She has been an Emergency Medicine attending physician at Christiana Care since 2012.

She graduated from Christiana Care's dual Emergency Medicine/Internal Medicine Residency program in 2010. She received her medical degree from Jefferson Medical College (now Sidney Kimmel Medical College) at Thomas Jefferson

University, Philadelphia, and her undergraduate degree in biological sciences from the University of Delaware. She was a nationally registered emergency medical technician from 1997 to 2002.

Dr. Watson is a clinical assistant professor of emergency medicine at Sidney Kimmel Medical College and a member of Christiana Care's ED Residency Clinical Competency Committee.

She has given 11 presentations at Christiana Care on a broad range of medical and emergency medicine topics and has published four peer-reviewed articles.

Dr. Watson is a 4th degree black belt and master instructor in the Korean martial art Tang Soo Do. ●

Sherry A. Monson, MSN, MBA, RN, begins two-year term as president of the Council of Women's and Infants' Specialty Hospitals



Sherry A. Monson, MSN, MBA, RN, vice president of Women's and Children's Services for Christiana Care Health System, begins a two-year term as president of The Council of Women's and Infants' Specialty Hospitals (CWISH), a membership organization of leading nonprofit hospitals that provide specialty care to women and infants.

Monson, who has more than 12 years' experience in nursing leadership in women's and children's health services, oversees Christiana Care's programs for women and children, recognized by the U.S. Department of Health & Human Services as the region's only National Community Center of Excellence in Women's Health.

Monson spearheaded the development of a new partnership between Christiana Care and CORD:USE, the nation's

leading cord blood banking organization. She has led care improvement initiatives in emergency medicine, behavioral health, strategic planning, project redesign and management and health information system communications.

In her new role, Monson leads efforts at CWISH to improve clinical processes that shape national policy and enable member organizations to provide the safest and highest-quality care to patients. A group of non-competing hospitals, CWISH members share clinical outcomes data, organizational data and successful initiatives so the collective strengths of the entire group can benefit patients.

"The strong partnerships that we have established with our CWISH members ensure that we can provide the highest quality and most expert care to our patients," Monson said. "Through this group, Christiana Care is able to continually improve the type of care we provide for the very special needs of women and children, and we can influence and advocate for policies that keep these patients and families healthy." ●



Tiffani Lee, MSN, RN, appointed nurse manager, 6C

Tiffani Lee, MSN, RN, has been promoted to nurse manager of 6C at Christiana Hospital. Lee has more than 12 years of nursing experience in a career that began at Christiana Hospital on the neurosurgical spine and vascular unit.

She received her BSN from the University of Delaware and her MSN from the University of Phoenix. She has served as assistant nurse manager on 3D for the past two years, contributing to achievement and sustaining tier 1 employee engagement and significant improvement in patient experience and outcomes. ●

Claudia Angelica Reyes-Hull, MA, promoted to manager of Language Services

Claudia Angelica Reyes-Hull, MA, has been promoted to manager of Language Services for Christiana Care Health System. She now oversees staff interpreters, schedulers, coordinators and external language services vendors. She brings an eclectic skill set and over 20 years of experience in legal medical interpretation and translation to her role.

After receiving a master's degree in architecture from the University of Texas at Austin, Reyes-Hull began her career designing and overseeing health care and human services projects. She participated in the implementation of cultural diversity and bilingual education programs for the public schools in Cleveland Heights, Ohio. She also has worked as a freelance interpreter for the Department of Justice in Cleveland, Ohio, the Pennsylvania Circuit Court and health care organizations including Cincinnati Children's Hospital and the Children's Hospital of Philadelphia.

Since joining Christiana Care in 2012, she has been instrumental in the growth of Language Services, developing protocols, supervising operations and developing training as a certified trainer for medical interpreters. ●



Delaware Ovarian Cancer Foundation pledges \$100,000 to support research at Christiana Care



The Delaware Ovarian Cancer Foundation presents the first half of its \$100,000 gift to support translational research for bench-to-beside approaches to prevention, screenings and treatment for this challenging form of cancer. Left to right: From the Helen F. Graham Cancer Center & Research Institute are Nicholas J. Petrelli, M.D., Bank of America-endowed medical director; Mark E. Borowsky, M.D., director, division of gynecologic oncology; and Stephanie Jean, M.D., director of gynecologic oncology research. Representing the DOCF are Survivor Liaison Carol Mesmer; Founder and President Dorianne Short; and Treasurer William Short. Ms. Mesmer and Ms. Short are survivors of ovarian cancer.

The Delaware Ovarian Cancer Foundation (DOCF) has made a \$100,000 gift to Christiana Care Health System to support ovarian cancer tissue research. The gift will enable the health system's Helen F. Graham Cancer Center & Research Institute to advance its translational research program in ovarian cancer, the first such program in the state.

According to the American Cancer Society, ovarian cancer ranks fifth among all cancer deaths for women and is the leading cause of death among gynecologic cancers. In 2016, more than 22,000 women will be newly diagnosed with the disease, and 14,000 women will die from it. Notoriously difficult to detect in its early stages, ovarian cancer is usually diagnosed after it has advanced, when mortality rates are much higher.

For Dorianne Short, these facts and figures are personal. An ovarian cancer survivor, Short now uses her experience to help others as founder and president of the nonprofit DOCF.

"Our mission is threefold — to raise awareness about the disease, to provide support for women affected by it and to fund promising research," Short said. "We have always hoped to find the right Graham Cancer Center research project to support. This new program is the opportunity we've been waiting for."

The Graham Cancer Center has long offered ovarian cancer clinical trials and now will add a translational research program focused on ovarian cancer.

"DOCF's generous gift will enable us to jump-start the program by creating a biorepository of diverse tissue samples for basic laboratory — 'bench' — research," said Mark E. Borowsky, M.D., director, division of gynecologic oncology at the Graham Cancer Center. "In time, what we learn at the bench can translate into new therapies that we'll bring directly to the patient's bedside."

Over the next two years, Dr. Borowsky's team will build this bank of ovarian tissues and serums collected from Christiana Care patients.

"The point of having a biorepository is to move toward personalized medicine and targeted therapy for ovarian cancers," said Stephanie Jean, M.D., director of gynecologic oncology research at the Graham Cancer Center. "We know that certain types of cancers respond differently to different treatments. Having a collection of ovarian tissues will allow us to conduct tumor molecular profiling and DNA sequencing. When we can identify and understand different mutations, the hope is that ultimately one day in the future, we'll be able to target treatments to these specific defects. But first we need the tissues to study."

Christiana Care also will hire a researcher to oversee the process of procuring and analyzing tissue samples and creating a database of clinical information — such as surgical and chemotherapy responses and cancer recurrence times — from women receiving treatment.

"The Graham Cancer Center is already deeply engaged in research in breast

CONTINUED

cancer, colorectal cancer, tissue engineering, gene editing, drug development and radiation oncology at our Center for Translational Cancer Research. Now, with this generous support from DOCF, we will expand this work in ovarian cancer," said Nicholas J. Petrelli, M.D., Bank of America endowed medical director of the Graham Cancer Center. "Our partnership with DOCF illustrates how philanthropy can drive scientific inquiry and underscores the health system's promise to serve as expert, caring partners in our community's health."

The Center for Translational Cancer Research is a collaboration among Christiana Care, University of Delaware, Nemours/A.I. du Pont Hospital for Children, Rice University/BioScience Research Collaborative, the Delaware Biotechnology Institute and The Wistar Institute in Philadelphia.

The Graham Cancer Center ovarian tissue project builds on recent immunotherapy research, conducted with research partners at Wistar, that is exploring how to stimulate the body's own immune system to fight ovarian cancer. Dr. Jean and Dr. Borowsky and their division of gynecologic oncology colleague Mark Cadungog, M.D., director of robotic surgery, in collaboration with Wistar's Jose Garcia, Ph.D., have demonstrated that inflammation, anti-tumor immunity and the clinical outcome of cancer patients are influenced by a common genetic difference in the TLR5 gene.

"Women across the state turn to the Graham Cancer Center for its excellent care and compassionate experts," said Short. "So DOCF is excited to help Christiana Care with ovarian cancer research that will someday lead to more effective screenings and treatments, which are so desperately needed." ●

Publishing

Kandie Dempsey, DBA, MS, RN, and **Stephen S. Grubbs, M.D.,** "Clinical Trial Assessment of Infrastructure Matrix Tool to Improve the Quality of Research Conduct in the Community." *Journal of Oncology Practice*. JOP Jan 1, 2016:63-64; published online on December 1, 2015.

Gwendolyn H. Grant, D.O., Jennifer B. Merriman, M.D., Matthew K. Hoffman, M.D., et al. "Implementation and Efficacy of a Formalized Venous Thromboembolism Prevention Strategy in the Peripartum Population." *American Journal of Obstetrics & Gynecology*, Vol. 214, Issue 1, S227-S228. January 2016

Matthew Hoffman, M.D., MPH, Anthony C. Sciscione, D.O., et al. "Evaluation of Failed Induction of Labor." *American Journal of Obstetrics & Gynecology*, Vol. 214, Issue 1, S19. January 2016.

Matthew Hoffman, M.D., MPH, et al. "Length of the Second Stage of Labor and Risk of Preterm Delivery in a Subsequent Pregnancy." *American Journal of Obstetrics & Gynecology*, Vol. 214, Issue 1, S147. January 2016

Matthew Hoffman, M.D., MPH, et al. "Clinical Validation of a Two-Protein Test For Spontaneous Preterm Birth (Sptb) Prediction in a Large Multicenter Prospective Study Of Asymptomatic Women." *American Journal of Obstetrics & Gynecology*, Vol. 214, Issue 1, S12. January 2016.

Matthew Hoffman, M.D., MPH, et al. "Mechanistic Insights from Serum Proteomic Biomarkers Predictive of Spontaneous Preterm Birth." *American Journal of Obstetrics & Gynecology*, Vol. 214, Issue 1, S148-S149. January 2016.

Matthew Hoffman, M.D., MPH, et al. "Verification of a Proteomic Serum-Based Classifier to Predict Spontaneous Preterm Birth in Asymptomatic Patients." *American Journal of Obstetrics & Gynecology*, Vol. 214, Issue 1, S119. January 2016.

Omar A. Khan, M.D., MHS, Eric V. Jackson, Jr., M.D., MBA, Kristen Miller, Dr.PH., MSPH, Tze C. Chiam, Ph.D. "Choosing Wisely in Delaware: Rationale for Evidence-Based Diagnosis and Evaluation of Low Back Pain." *Delaware Medical Journal*. January 2016.

Anthony C. Sciscione, D.O., et al. "Neonatal Genetic Variation in Steroid Metabolism and Key Respiratory Function Genes and Perinatal Outcomes in Single and Multiple Courses of Corticosteroids." *American Journal of Perinatol*. 2015 Oct;32(12): 1126-32.

Robert L. Witt, M.D. "Outcome of Thyroid Gene Expression Classifier Testing in Clinical Practice." *Laryngoscope*. 2016.

Presentations

Muge Capan, Ph.D., Kristen Miller, Dr.PH., MSPH, Ryan Arnold, M.D., Pan Wu, Ph.D., Danielle Mosby, MPH, Jun Tao, MS, et al. "Visual Sepsis Risk Profiling Model." Delaware IDEa Conference. Newark, Del. February 2016.

Justin M. Glasgow, M.D., Paul Kolm, Ph.D., Daniel J. Elliott, M.D., MSCE. "Impact of Hospitalist Workload on Utilization of Imaging and Consultations." Society of Hospital Medicine Annual Conference. San Diego. March 2016.

At the Triological Society Meeting, Miami, Florida, January 2016, **Robert L.**

Witt, M.D.:

- "Extracapsular Dissection with Facial Nerve Dissection for Benign Parotid Tumors."
- "Design of a biocompatible hydrogel capsule for use in salivary gland tissue engineering applications."

Appointments

Anthony C. Sciscione, D.O., has been accepted as an Active Fellow of the American Gynecological and Obstetrical Society (AGOS).

The Professional Advancement Council congratulates the following nurses on their promotion to RN III:

Jerry Mench, Christiana PACU; **Jane Njuguna,** 4C; **Eric Wickersham,** 3E MICU; **Kristen Lynn Hover,** 3E MICU; and **Susan Atkinson,** 4/5 Medical.

Awards

Stephanie Forester, BSN, RNIII, received the DAISY Award for Extraordinary Nurses for February, 2016. ●

March

DAFP 14th Annual Sports Medicine Symposium

Thursday, March 10, 4:45 – 10 p.m.

Medical Society of Delaware
900 Prides Crossing, Newark, Delaware

This innovative and provocative presentation will examine many long-held practices in the management of diseases of the heart and circulatory system. Directed at primary care physicians as well as specialists in cardiac care, a nationally recognized faculty will address controversial issues and long-held paradigms, as well as practical issues across the broad spectrum of cardiology. Register online by Feb. 25 at: <https://cchs.cloud-cme.com/cardiology2016>. Pre-registration is required. Questions: E-mail rpugh@christianacare.org.

2016 Focus on Hypertension Symposium

Thursday, March 10, 7:30 a.m. – 1 p.m.

John H. Ammon Medical Education Center

This year's program will provide the most up-to-date strategies and therapeutic goals for the prevention, diagnosis and control of hypertension and cardiovascular co-morbidities. Register online at <http://www.delamed.org/hypertension>.

Managing Dementia – A Multidisciplinary Approach

Friday, March 11, 8 a.m. – noon

John H. Ammon Medical Education Center

Presented by the Swank Memory Care Center, this symposium is appropriate for primary care physicians, nurses and other practitioners and will focus on the importance of treating the geriatric, memory-impaired patient. This multidisciplinary conference will include geriatric psychiatrists, geriatricians, nurse practitioners, occupational therapists and social workers. Registration is closed.

20th Annual Diabetes Update

Saturday, March 12, 8 a.m. – 4 p.m.

John H. Ammon Medical Education Center

Videoconferencing available at the Virden Retreat Center, University of Delaware Campus, Lewes, Del. Preregistration is required. Register at <https://cchs.cloud-cme.com/diabetes2016>.

National Patient Safety Week guest speaker

Tuesday, March 15, 8 – 9:30 a.m.

John H. Ammon Medical Education Center

Carole Hemmelgarn, patient advocate and safety specialist, will speak on "Communication: Is It What You Hear, What You Say or What You See?" Register via the Education Center. Use search code: NPSW.



April

4th Annual Neurovascular Symposium

Friday, April 8, 8 a.m. – 3:30 p.m.

John H. Ammon Medical Education Center

Stroke is one of the leading causes of death and disability in the United States. The 4th Annual Neurovascular Symposium hosted by Christiana Care focuses on the diagnosis, rapid triage and treatment options for acute stroke at a comprehensive stroke center. Registration begins at 7 a.m. To advance register visit <https://cchs.cloud-cme.com/Neurovascular2016>.

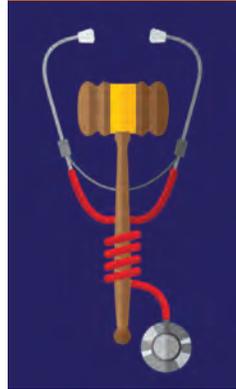
4th Annual APRN Pharmacology Update

Friday, April 15, 7:30 a.m. – 4:15 p.m.

John H. Ammon Medical Education Center

The APRN Pharmacology Update 2016 offers high-quality learning opportunities for advanced practice nurses who prescribe in any setting. Conference registration includes continental breakfast and lunch. Register online at <http://events.christianacare.org>.

New program assists patients who need legal help to overcome obstacles and improve their health



A new partnership pairing The Community Legal Aid Society Inc. (CLASI) and Christiana Care now advocates on behalf of economically disadvantaged adults and children.

The Delaware Medical-Legal Partnership (DMLP) offers free, on-site civil legal services to people who meet certain income and health care utilization criteria.

“DMLP integrates poverty lawyers into the health care team to help address social determinants of health, legal matters or needs that have an impact on patients/clients’ health or are created or aggravated by the patients/clients’ health issues,” said Kathy Cannatelli, MS, director for Community Health and Preventive Medicine.

DMLP legal assistance can help your income-eligible patients or clients and their families with a variety of challenges, including:

- Denials or terminations of public benefits like Medicaid, food stamps or Social Security.
- Eviction defense.
- Threatened utility shut-offs.
- Obtaining reasonable accommodations from employers.
- Advance health care directives or powers-of-attorney.

To receive services through DMLP, the following criteria must be met:

- The patient receives primary care from a Medical Group practice at Christiana Care.
- The patient has had at least one hospitalization or two emergency department visits in the past six months.
- The patient’s household or personal income must be below 200 percent of the federal poverty level.

Funding for the Delaware Medical-Legal Partnership is from the Harrington Fund at the Christiana Care Value Institute. To refer patients, contact Patient Support Services at 302-320-6586. ●



Recipe for healthy meals: Start with a plan

Eating healthy meals is a goal we all can achieve. But lifestyle changes don't simply happen by magic.

You need a plan.

Nutritious meals start with a thoughtful shopping list. The ingredients you choose are the building blocks of your menu.

Stock up on proteins that are low in fat, such as beans and lentils, fish and poultry. Avoid red meats, pork and deli meats. And up the ante on vegetables, either fresh or frozen.

Substitute fat-free milk for whole milk. Choose whole-wheat pasta instead of pasta made from refined flour. Switch from soda to sparkling water or 100-percent fruit juice. And instead of pastries and other sweets, buy juicy strawberries and other fruits.

Sticking to your list will reduce impulse purchases of foods you want to avoid — the bag of potato chips, that box of donuts, the carton of ice cream.

Here's a grocery shopping tip: Stick to the perimeter of the store, where fresh and refrigerated items are stocked.

Avoid the center aisles, where most processed foods are stocked.

If you don't bring salty, sugary or fatty foods into your home, you won't be tempted to eat them. If you already have planned a nutritious lunch, you won't find yourself grabbing junk food on the fly.

If time is an issue in your household, set yourself up for success with healthy grab-and-go items. If you need to dash out the door before you have made that egg-white omelet, you can fall back on no-fat yogurt. Instead of a toaster pastry, reach for a granola bar. (Be sure to read the labels before you buy. Some seemingly healthy choices actually contain lots of fat and sugar.)

Portion control also is an important part of meal planning. Avoid the plate you see in a lot of restaurants, where half the plate is a slab of meat, the other half is french fries and the only vegetable is ketchup.

Instead, limit the protein to four ounces, about the size of a deck of playing cards. That should take up about one-fourth of your plate. Devote another one-fourth to a starch such as brown rice, which also is high in fiber.

And the other half of the plate? Bring on the fruits and vegetables! Think steamed broccoli, red bell pepper strips and fresh pineapple.●



If you want to learn more about healthy eating, visit the My Wellness website and check out the tools for planning meals, which include creating and printing a customized meal plan and grocery list.

Christiana Care earns Gold and Silver Cancer Awareness Advertising Awards

“Promotional efforts like these help advance the tremendous work everyone does at the Graham Cancer Center.”

NICHOLAS PETRELLI, M.D.

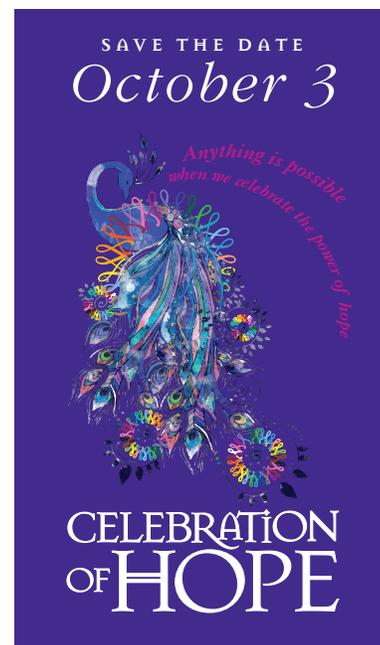
Christiana Care earned Gold and Silver awards in the 2015 Cancer Awareness Advertising Awards, the nation’s most elite competition dedicated solely to the promotion of cancer products and services.

Christiana Care’s Department of External Affairs earned a Gold award for the Celebration of Hope fundraising materials and a Silver award for The Case for Hope, a video featuring Christiana Care’s expert team of cancer doctors discussing treating cancer as a chronic disease.

Gold award winners earn a score of 95 to 99, placing in the top 5 percent of all entries. Silver awardees score from 90 to 94, ranking in the top 12 percent of entries.

“Congratulations to the Marketing/Communications team for these awards,” said Nicholas Petrelli, M.D., Bank of America endowed medical director of the Helen F. Graham Cancer Center & Research Institute. “Promotional efforts like these help advance the tremendous work everyone does at the Graham Cancer Center.”

The Cancer Awareness Advertising Awards Program is hosted by Marketing Healthcare Today magazine and Creative Images Inc., an internationally recognized firm that has specialized in strategic health care marketing for more than 20 years. ●



Best practice review

SINGLE-DOSE MEDICATION VIALS/AMPULES

Q. CAN I USE A SINGLE-DOSE VIAL FOR MORE THAN ONE PATIENT IF I USE A CLEAN SYRINGE AND NEEDLE?

- A. No, a single-dose vial (SDV) is approved for use on a single patient for a single procedure. An SDV should be used within one hour of opening and discarded immediately after the single use. Improper use of SDVs has resulted in harm to patients from bloodstream infections, viral hepatitis, meningitis and epidural abscesses.

Q. THE SINGLE-DOSE VIAL APPEARS TO HAVE MORE THAN ONE DOSE. CAN I SAVE THE LEFTOVER MEDICATION TO ADMINISTER TO MY PATIENT AT A LATER TIME?

- A. No, SDVs typically lack antimicrobial preservatives. Saving the unused medication can result in contamination and infectious complications to the patient. Vials/ampules should be discarded whenever sterility is compromised or questionable.

Q. HOW CAN I TELL IF A VIAL IS A SINGLE-DOSE VIAL OR A MULTI-DOSE VIAL?

- A. The medication label will clearly indicate if a vial is single-dose or multi-dose. Consider the vial to be single-dose if it is not clearly labeled for multiple doses.

Q. IS IT TRUE THAT SINGLE-DOSE MEDICATIONS ARE PACKAGED IN SMALLER VIALS?

- A. No, SDVs come in various sizes. Don’t assume a vial is multi-dose or single-dose based on its size or the volume of its contents.

Always exercise proper hand hygiene, aseptic technique and safe medication practices when preparing and administering medications. ●



If you have questions about this Best Practice Review, please contact the content experts: Infection Prevention: 733-3506; or Caroline Attia, PharmD: 733-6099; or call the Safety Hotline, 733-7233 (SAFE) from within Christiana or Wilmington Hospitals; or 623-7233(SAFE) from outside.

Ordering of oral chemotherapy agents

By Colleen Herman Pharm.D., and Cindy Barlow, Pharm.D., BCOP

Based on the potential risks and toxicities, the prescribing of select oral chemotherapy agents at Christiana Care is restricted. These restrictions are in place to assist with safe prescribing and to ensure optimal patient care. Despite the enteral route of administration, these medications may share similar risks to traditional intravenous chemotherapy. Special care must be used when ordering these medications as the risk and consequences of errors are high.

As defined in the Chemotherapy Medication Management Policy and table below, these agents have been stratified into three

categories and assigned prescribing restrictions. Previously, when an oral chemotherapy agent was ordered, a computerized alert notified the prescriber that the medication is an oral chemotherapy/cytotoxic medication. The alert did not indicate whether or not the prescribing of the agent is in fact restricted, which presented a challenge for prescribers who had to remember the different levels of restriction for select agents. The Pharmacy and Therapeutics Committee approved an electronic process change that went into effect July 2015 to effectively communicate the necessary information at the time of prescribing when appropriate based on policy. ●

Category Restriction	Medications	Process Change
<p>Category 1 Agents: Must be ordered directly by a Christiana Care hematologist or oncologist when being prescribed for a hematologic or oncologic condition.</p>	<p>Busulfan Capecitabine Chlorambucil Cyclophosphamide* Etoposide Lomustine Melphalan Methotrexate* Mitotane Procarbazine Temozolomide Thioguanine Tretinoin</p>	<p>Only hematologists or oncologists will be able to order these agents through CPOE. Other providers (i.e., all non-hematologists/oncologists) will experience a hard stop.</p> <p>Hard-stop alert text to the prescriber: <i>"This medication is a restricted cytotoxic drug that must be entered directly by a CCHS hematologist or oncologist. Contact an Oncologist/Hematologist who is credentialed at Christiana Care so they can directly order and manage this medication."</i></p>
<p>Category 2 Agents: When prescribed for a hematologic or oncologic condition must be ordered directly by a CCHS hematologist or oncologist or by attending physician if agreement is obtained by the ordering physician from a Christiana Care hematologist or oncologist.</p>	<p>Erlotinib Hydroxyurea Ibrutinib Mercaptopurine* Sorafenib Vemurafenib</p>	<p>Only attending physicians may order category 2 agents after verbal approval by either a hematologist or oncologist credentialed at Christiana Care. The ordering physician must document the name of the oncologist or hematologist that granted approval of the drug. This will now be a required field in CPOE. Residents and mid-level providers will experience the hard stop alert when ordering through CPOE.</p>
<p>Category 3 Agents: May be ordered by any Christiana Care prescriber.</p>	<p>Dasatinib Imatinib Nilotinib</p>	<p>No change</p>

*Prescribing not restricted for non-oncologic indications



CHRISTIANA CARE COMPLIANCE HOTLINE

Christiana Care's Compliance Hotline can be used to report a violation of any regulation, law or legal requirement as it relates to billing or documentation, 24 hours a day, 7 days a week. Callers may remain anonymous. The toll-free number is: 877-REPORT-0 (877-737-6780).

✓ To learn more about Corporate Compliance, review the Corporate Compliance Policy online or contact Christine Babenko at 302-623-4693.

FORMULARY UPDATE—JANUARY 2016

FORMULARY ADDITIONS

Medication – Generic/Brand Name	Strength/Size	Use/Indication	Comment
Clevidipine injection / Cleviprex	0.5 mg/mL 50 mL vial	Treatment of hypertension	Restricted to Level C areas for administration.
Nivolumab injection / Opdivo	10 mg/mL 40 mg & 100 mg vials	Treatment of advanced melanoma, non-small cell lung cancer and renal cell cancer	<ul style="list-style-type: none"> • Availability expanded to include FDA-approved indications. • Availability limited to HFGCC infusion suite.
Pegfilgrastim On Body Injector / Neulasta Onpro	6 mg/0.6 mL Prefilled Syringe Kit	Prevention of chemotherapy-induced neutropenia	Availability limited to HFGCC and Gynecologic Oncology infusion suites.
Sacubitril / Valsartan Entresto	24/26, 49/51 & 97/103 mg per tablet	Treatment of heart failure	Only cardiologists can initiate treatment. Other licensed independent providers can prescribe to continue treatment upon patients' admissions.

CHRISTIANA CARE MEDICATION POLICY CHANGE

Range Orders Range orders are not permissible.

THERAPEUTIC INTERCHANGE

Fluticasone furoate Oral Inhaler (Arnuity Ellipta)	<ul style="list-style-type: none"> • Fluticasone furoate 100 mcg daily → Fluticasone propionate 250 mcg BID. • Fluticasone furoate 200 mcg daily → Fluticasone propionate 500 mcg BID.
Fluticasone furoate & Vilanterol Oral Inhaler (Breo Ellipta)	<ul style="list-style-type: none"> • Fluticasone furoate 100/Vilanterol 25 mcg daily → Fluticasone propionate 250/Salmeterol 50 mcg (e.g. Advair Diskus) BID. • Fluticasone furoate 200/Vilanterol 25 mcg daily → Fluticasone propionate 500/Salmeterol 50 mcg (e.g. Advair Diskus) BID.

DELETIONS

Amphetamine / Dextroamphetamine extended-release capsules (Adderall XR)	15 mg, 20 mg and 25 mg capsules only. 5 mg, 10 mg and 30 mg capsules remain available.
Methylphenidate extended-release tablets (Concerta)	36 mg & 54 mg tablets only. 18 mg & 27 mg tablets remain available.
Theophylline injection	Deleted because of lack of use. Aminophylline injection remains available.
Ticlopidine injection	Deleted because of lack of use.
Tositumomab injection	Deleted because there is no longer a need for it.
Tropicamide 1% 3-mL bottle	The 15-mL bottle remains available.

MEDICATIONS NOT ADDED TO FORMULARY

Fluticasone furoate for oral inhalation (Arnuity Ellipta)
Fluticasone furoate & vilanterol for oral inhalation (Breo Ellipta)
Romidepsin (Istodax)



CHRISTIANA CARE
HEALTH SYSTEM

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

The JUNIOR BOARD of CHRISTIANA CARE
presents

RACE FOR THE ACE

FRIDAY, MAY 13th

7:00 to 10:30 p.m.

Vicmead Hunt Club

THE
**MEDICINE
BALL**

2016

For more information visit
www.christianacare.org/JBmedball or call 866-969-7787.

Proceeds benefit the Acute Care for the Elderly Unit at Wilmington Hospital.