Unique case management program helps keep patients healthy

Retired teachers Kathryn and John Bailey of Bear say Care Link’s help after Kathy suffered a stroke in January has enabled them to go on enjoying their very active retirement.

Care Link team improves health care experience

Get the latest at news.christianacare.org!
The day after she returned home from Christiana Hospital, stroke patient Kathy Bailey was surprised to receive a phone call from a Care Link nurse who asked if there was anything she could do to help—arrange in-home care, schedule follow-up appointments, provide transportation?

“What surprised me more than anything was at the end, she said, ‘I will contact you next week,’” said Bailey, 68, of Bear.

Bailey was impressed when the nurse called back and regularly checked in with her over the next three months. The former teacher says she is a big believer in teamwork and was determined to be an active partner in her own health care, so she appreciated the opportunity to learn how to optimize her quality of life.

“It really relieves my anxiety to know that there’s somebody else who cares. You don’t feel as if you’re leaving the hospital, they’ve done what they can do, and now you’re out on an island on your own,” Bailey said. “That’s the most important thing with Care Link—you’re not alone.”

The case management program is an integral component of Christiana Care Health System’s commitment to providing longitudinal care, said Katie Muther, MSN, RN, ONC, director of Care Link Services.

“After patients leave your doors and start on the road to recovery, we want to impact that experience,” Muther said.

The goal: Improve health care outcomes, enhance patient experience and reduce cost.

As part of that mission, Christiana Care began moving toward a value-based model of payment early last year when it took on two “bundles” of procedures for Medicare patients: total joint replacement and cervical spine surgeries. Instead of Medicare paying separate providers for all of the services the beneficiaries received, the health system would be accountable for the patients’ journey from pre-operation through recovery.

The financial structure presents an incentive to provide high-quality, coordinated care that keeps patients healthy and out of the hospital, allowing Christiana Care and Medicare to share any savings.

In the first three months, Care Link served more than 370 of these patients, tracking their progress, eliminating hurdles to care and ensuring they were following evidence-based, standardized clinical pathways. Early results showed greater than a 10 percent increase in the number of patients discharged to the community and a 25 percent reduction in 30-day readmissions.

“After patients leave your doors and start on the road to recovery, we want to impact that experience.”

KATIE MUTHER, MSN, RN, ONC, DIRECTOR OF CARE LINK SERVICES
About 40 Care Link workers staff the virtual care coordination hub in Wilmington. They are nurses, social workers, pharmacists and physicians.

Care Link teams monitor about 4,000 high-risk patients at any given time. About 1,000 patients are being followed as part of eight Medicare bundles. Other patients have been identified as high-risk through computer algorithms that comb real-time patient data related to about 50,000 people from Christiana Care’s records, the Delaware Health Information Network and elsewhere. The information can include hospital admissions, emergency department visits, physician appointments, lab results, pharmaceutical use and claims data. The system also recognizes patterns of care often needed by particular disease populations, enabling case managers — some of whom are embedded in physicians’ offices and the hospital — to be proactive about their clients’ needs.

Tabassum Salam, M.D., FACP, medical director of Care Link Services, called the case management program the “operational bedrock” for all of the health system’s population health initiatives.

In a March tour of Care Link, which resides in a relatively small facility, Gov. Jack Markell commented, “I thought you were in some big office somewhere.” Salam replied: “It’s not the space — it’s the tools that are important.”

The expanded operation has been going in earnest for about nine months, Muther said, following a three-year pilot program that created a care hub for people with ischemic heart disease. Its success led Christiana Care to grow Care Link and broaden it to other populations.

Some of the patients may not even receive their health care from Christiana Care, Muther explained. They are brought together under Christiana Care’s Quality Partners ACO (accountable care organization), consisting of health care providers across the state.

The interdisciplinary aspect of the Care Link team allows members to work together behind the scenes to coordinate care. A case manager can alert a physician to his patient’s troubling blood sugar pattern. A nurse can order a test when a patient can’t reach his doctor, saving a trip to the emergency department. A social worker can arrange to get a patient to an appointment she otherwise wouldn’t be able to make.

Muther recalled one instance in which a Care Link pharmacist spent hours unraveling an insurance web to get a stroke patient medicine she had needed for more than two years for pulmonary hypertension. “We increased this woman’s life expectancy and improved her quality of life,” Muther said.

Dr. Salam hopes to add respiratory therapists and dietitians to the Care Link teams in the near future.

“It takes a village,” she said. “We’re trying to help these patients overcome the barriers that traditionally have prevented them from achieving their highest level of good health. Some of the barriers are clinical, but a high percentage are related to social aspects — their own environment, literacy level, the psychological burden of illness. Most of the barriers aren’t health-related, they’re life-related. We’re going to address them all.”

Chief Information Officer Randall Gaboriault, MS, senior vice president of Innovation and Strategic Development, calls those who monitor the Care Link databases “guardian angels” who watch over patients when they are beyond the walls of the hospital, living their lives as people, not patients.

“We are on the brink of transformation,” said Gaboriault, who also chairs the Delaware Health Information Network. “In 10 years, the health system of today will seem archaic to us. We are the generation that’s going to change the model. We’re the ones who are going to change this industry.”
Keeping patients healthy and safe at home
VNA’s embedded Care Link liaison monitors dozens of cardiac patients at home

Cheryl Alexander, MSN, RN, sits before a computer screen, monitoring the vital signs of about 60 homebound patients. They are among the thousands who are being tracked by Christiana Care’s Care Link staff, whose cubicles surround her.

Alexander is the lead cardiac clinician for Christiana Care Health System’s Visiting Nurse Association, and it’s her job to spot trouble.

In the Camden office, Monica Matthews, RN, works with the Care Link teams to improve telehealth-related outcomes, said Lori Davis-Palmer, RN, clinical director for the VNA.

These patients, who receive in-home care, have been equipped with a scale, a blood pressure cuff and a pulse oximeter that measures the level of oxygen in their blood. Each morning at a set time, they use this equipment to register their data, which shows up on Alexander’s monitor.

The system ranks warning signs, like overnight weight gain of more than 3 pounds, which can mean that a patient is retaining a dangerous amount of fluid. That’s when Alexander makes her calls.

“Sometimes I’ll call and the person will laugh and say, ‘Cheryl, I knew you were going to call! I had Chinese food last night,’” she said, explaining that the salt leads to water retention. “My job is to teach them what these numbers mean, why they’re important and how to manage them. The more we can keep them home...
and out of the hospital, the better chance they have at optimal health.”

Andrea Huertas, MBA, BSN, clinical director for the VNA, said that from February 2015 to February 2016, 16.48 percent of all patients in the visiting nurse program were admitted to the hospital, but only 10.75 percent of those being telemonitored by Alexander and her downstate counterpart were hospitalized.

“Monica regularly participates in weekly, multidisciplinary case conferences and physician-based case conferences, where she collaborates with the team to report trends and concerns regarding patient conditions and offers suggestions for care improvements and referrals,” Davis-Palmer said. “She has been instrumental in working with our clinical coordinator to identify cases early-on for telemonitoring opportunities, which is the most effective time to have monitoring to prevent rehospitalization.”

According to Huertas, telemonitoring helps the team to stay one step ahead of potential crises. “With the immediacy of the technology, we can get real-time data over to the primary care physician or cardiologist,” she said.

Sometimes it helps just having someone to talk to, Alexander said, recounting how on a recent morning she called a 91-year-old patient whose vital signs looked weak. She spoke with his wife and learned that he hadn’t yet taken his medication, and once he did, everything returned to normal.

“She got a little teary, and said, ‘Cheryl, if you weren’t on the other line, I wouldn’t know what to do,’” Alexander said.

The VNA began telemonitoring patients about 10 years ago, starting in rural areas in lower Delaware where it was tougher to get to a hospital, said Andrea Dickerson, BSN, RN, nurse manager for the VNA cardiac team.

With the expansion of the Care Link program, she said, it made sense to embed Alexander in their new headquarters last fall to take advantage of the programs’ synergies. Once a patient is ambulatory again, he or she will remain in the Care Link system.

An important aspect of the telemonitoring process is teaching people how they can take control of their health, Dickerson said.

The program recently switched over to new software that includes an educational component. After a patient records his weight, blood pressure and oxygen reading, the monitor will ask three questions related to the patient’s disease — are their feet swollen, for example, or are they short of breath? Using branch logic, the system will call out troubling results.

“It helps people understand what’s going on with their bodies,” Dickerson said. “I could sit there all day and say, ‘You need to do this or that.’ But they see what happened — yesterday you didn’t take your water pill, and now you’ve gained 4 pounds and are feeling uncomfortable.”

Regardless of a patient’s answers, the system can pick up on subtle trends.

“They may be answering no to all of the questions, but we see their blood pressure is going down,” Dickerson said. “Research has shown that there will be slight differences that can be picked up 18 days before a full-blown cardiac event.”

It also provides daily snippets of health education for the patient. Anthony Tramonte, 73, took advantage of the telemonitoring program after being treated for congestive heart failure. Learning more about his condition has led him to shed 40 pounds and become more aware of what his body is telling him so that he doesn’t wind up back in the hospital.

“You learn a lot about yourself, how to work with the nurses, how to help them help you,” he said. “It makes you feel like somebody cares about you. That and your home environment are very important for your healing.”

ANDREA HUERTAS, MBA, BSN, CLINICAL DIRECTOR, VNA

“With telemonitoring, you can get a step ahead of the patient, and hopefully we can fix things more quickly. With the immediacy of the technology, we can get real-time data over to the primary care physician or cardiologist.”
At Christiana Care Health System, we are focused on providing safe, high-quality care for our patients. At the same time, we are intent on maintaining a safe workplace for our colleagues, who also are our neighbors. Being respectful, expert, caring partners is The Christiana Care Way. There is a very real impact on our people when they are injured on the job. It is important that we take care of each other.

Needlesticks are our most frequent recordable injury, defined as an injury that must be reported to the Occupational Safety and Health Administration (OSHA). A recordable needlestick occurs when a staff member is stuck with a needle that has been exposed to a patient’s blood or body fluids.

Since June, our needlestick prevention team has been working with the clinical staff to raise awareness of this issue. The team is led by Kimberly Miller, MSN, RN, CNOR, our Laser Safety/Needlestick Prevention Officer.

Kim is taking a multidisciplinary approach to preventing needlesticks. Needlesticks impact many departments; sticks are not just a risk to patient care staff. Support staff are also at risk. We are all partners in safety.

Needlesticks are a clear health risk to our colleagues. There are at least 21 infections that can be transmitted through body fluids, including hepatitis B, hepatitis C and HIV. If we don’t know which patient was in contact with the needle before our colleague was stuck, that colleague will have to go through a year of testing before he or she gets peace of mind — or learns that he or she was infected.

In FY2015, 137 sticks were reported. That is an average of two to three injuries each week. Since July, 99 sticks have been reported.

There are a number of different ways needlesticks can occur. Sticks can happen during suturing, often to the colleague who is assisting. On occasion, someone who is giving an injection to a patient winds up getting stuck. Sometimes, colleagues suffer an injury because someone did not properly dispose of a needle.

Recently, a member of the Environmental Services team was completing his work emptying trash on an inpatient unit when he was stuck with a needle that had made it into the waste basket. He was startled and frightened. He asked nearby staff for guidance and was told “not to worry.” But he didn’t get a full explanation that he could understand. He felt as if his concerns had been brushed aside. He became anxious.

The nurse manager assisted him with forms, and he made his way to Employee Health with the syringe in a plastic container. Later, he shared that he was so scared waiting for test results that he stopped working out and was not sleeping. He lost weight and was feeling down.

His lab results came back normal, and he is back to his routine. But he will have to be checked again in six months and is still a little wary.

So much of his stress could have been avoided had this colleague been treated in keeping with The Christiana Care Way. We all impact each other and need to show respect and caring to one another as colleagues.

Our nonclinical staff members shouldn’t have to worry about experiencing a needlestick injury because somebody put the item in the standard hospital trash bag or sent it to Textiles, balled up inside a patient’s bed linens. We need to do a better job of doing our part to keep each other safe.

Another important part of The Christiana Care Way is creating innovative, effective, affordable systems of care that our neighbors value.

Kim and her team are looking at advanced needlestick technologies that could reduce the risk of needlesticks and the adverse effects on our colleagues. While Christiana Care has already implemented several engineered needle safety devices, we continue to search for additional safety devices to replace needles that do not incorporate safety features.

Slips, trips and falls are the second most frequent source of injury at work. A designated committee meets each month and reviews those kinds of injuries. We are working hard to keep colleagues and guests safe with such measures as bundling cords under desks to reduce risk of falls. We have signs in the parking lots to warn of ice whenever temperatures dip below freezing.

We also have installed spill stations with bright yellow pads. Anyone can pull a pad and lay it over a spill to keep a colleague out of harm’s way.

We respect our colleagues by helping to keep one another safe. It’s The Christiana Care Way.
When Bonnie Haines of Pike Creek volunteers in Christiana Care’s Emergency Department (ED), she’s there to help provide exceptional patient service at one of the nation’s 20 busiest hospitals for emergency care — encompassing 139 emergency beds across three campuses at Christiana Hospital, Wilmington Hospital and Middletown Emergency Department.

Haines begins at the triage desk and asks how she can assist the staff in their demanding jobs over the next two hours. Often she finds herself chatting with patients on stretchers before they are assigned to a treatment room, asking if she can provide a heated blanket or track down an answer to a question.

“People appreciate that I am willing to listen, solve problems and help in whatever way I can. It’s very rewarding when you feel that your efforts have assisted a family,” said Haines, who along with husband, Alan, is a member of the Christiana Care Medical Reserve Corps. Since January, 13 members of this unique team of trained volunteers have expanded their roles to provide comfort and support to patients and hospital staff in the Emergency Department.

The volunteer efforts of the Medical Reserve Corps members are enormously helpful, given that some days the emergency departments can see 350 patients or more, said Linda Laskowski Jones, MS, APRN, ACNS-BC, CEN, FAWM, vice president of emergency and trauma services.

“While our doctors and nurses are focused on a patient’s medical condition, the Medical Reserve Corps volunteers can connect with people on a very human level,” Laskowski Jones said.

The Christiana Care Medical Reserve Corps is part of a national network of volunteers, organized locally, to improve the health care, emergency preparedness and response capabilities of their communities, as well as to support overall health and wellness efforts. The nationwide network is made up of close to 1,000 community-based units, with almost 200,000 volunteers.
Across the nation, Medical Reserve Corps volunteers prepare for natural and man-made disasters, as well as other emergencies affecting public health, such as disease outbreaks. Members include medical and public health professionals, along with volunteers with no health background.

Only 4 percent of Medical Reserve Corps are hospital-based. One of those is the 90-member Christiana Care Medical Reserve Corps, which was created to enhance the surge capacity of the health system during a mass-casualty incident. The Christiana Care Medical Reserve Corps also promotes citizen emergency preparedness among hospital employees and the community at large, while offering other volunteering opportunities.

To stay ready, the volunteers meet monthly for lectures and training, and participate in drills and exercises. This new partnership with the Emergency Department has been a natural extension of their training, providing an opportunity to interact with patients and hospital staff, and maintain familiarity with hospital procedures.

“When patients and their family members visiting our emergency departments are approached by a Christiana Care volunteer in a red MRC polo shirt, they should know that they will be in good hands.”

P. JANE WALMSLEY, MPH
MEDICAL RESERVE CORPS COORDINATOR, SAFETY AND EMERGENCY MANAGEMENT

The growing success of this volunteer effort is supported by collaboration among Emergency and Trauma Services, Patient Experience, Volunteer Services and the Medical Reserve Corps program,

CONTINUED
said Shawn Smith, MBA, vice president, Patient Experience. “All these departments have come together because we believe in building trust and showing patients that we care about them,” said Smith. “Along with our talented clinicians, our volunteers are making a huge difference for our families.”

Created in September 2003, the Christiana Care Medical Reserve Corps is part of a national network of locally organized volunteers whose mission is to improve emergency preparedness and response capabilities of their communities.

Overall, Christiana Care has about 1,200 volunteers who assist in a variety of roles throughout the health system.

The Christiana Care Medical Reserve Corps, based and managed in the Office of Safety and Emergency Management, is always looking for committed individuals willing to volunteer their skills and knowledge when an emergency or disaster strikes.

“Whether you have medical skills, public health skills, mental health skills or simply want to contribute to health and safety, there is place for you in the Christiana Care Medical Reserve Corps,” said Margarita Rodriguez-Duffy, MSW, CAVS, director, Volunteer and Visitor Services.

To learn more about the Medical Reserve Corps and other volunteering opportunities, call the Office of Volunteer Services 302-733-1284.
A pain in her chest brought Patricia McLaughlin to the Emergency Department at Christiana Hospital. Based on her condition, she was scheduled for triple-bypass heart surgery in November.

After the procedure, she said, “I was so weak, I felt I was never going to have any energy level at all.”

The 71-year-old New Castle woman, who was pre-diabetic and a smoker for more than 50 years, entered the Cardiac Rehabilitation program at the HealthCare Center at Christiana with high blood pressure and high cholesterol. “I was extremely nervous, extremely fragile,” she said.

But after three months of rehabilitation, McLaughlin has quit smoking, changed her diet and begun exercising regularly.

“If I could, I would keep going there for the rest of my life,” she said. “I’m definitely healthier. It helped open my eyes.”

McLaughlin is one of more than 900 patients who enroll in Christiana Care Health System’s Cardiac Rehabilitation program annually, according to Janice Anderson, BSN, RN, manager of Cardiac Rehabilitation and Secondary Prevention. That number has increased in recent years as Medicare and other insurers have broadened their coverage to include cardiac rehab, as studies have shown its effectiveness in preventing death following a heart attack and subsequent cardiac events.

A study of elderly Medicare beneficiaries indicates that just one session of cardia rehab lowers the risk of death by 14 percent and the chance of another heart attack by 12 percent. A dozen sessions decreases the risk of death by 22 percent and subsequent heart attack by 23 percent. And the recommended 36 sessions — three times per week over three months — reduce the risk of death by 47 percent and lower the risk of heart attack by 31 percent.

“After an event, many patients feel that they don’t have control over their body, but they do — and we want to make sure they understand this and how to exert control,” Anderson said.

Continued
Rehabilitation is a secondary prevention program and treats cardiac patients who typically have experienced a recent heart attack, coronary artery bypass surgery, heart valve repair or replacement, heart angioplasty or stenting, heart or heart-lung transplant, stable angina or heart failure.

“We want to detect this heart disease at the earliest stage and stop it,” she said.

Edward Goldenberg, M.D., medical director of cardiovascular prevention and cardiac rehabilitation, said the program helps patients to regain strength, flexibility and endurance, and educates them about nutrition, their medication, blood pressure, cholesterol, stress and the psycho-social effects of a cardiac event.

“The purpose is to return you to the level of functionality you were before you got sick and also to provide appropriate education to hopefully prevent you from having another event,” Dr. Goldenberg said.

At first glance, the rehab facility looks like a gym, its walls lined with treadmills, elliptical machines and stationary bicycles. But the people using them are wearing heart monitors, and those readings are being tracked on two screens behind a desk.

Each patient’s program is individualized. For example, one recent patient was an 85-year-old man who at first could only walk for one minute on the treadmill. Post-rehab, he was able to walk for 10 minutes and moved back home from his daughter’s house to resume an independent lifestyle.

Another recent patient was a 40-year-old man who completed his first triathlon one week before completing his rehab.

“Each patient is looked at as an individual. Not one person is held to the same standards as another,” Anderson said.

Exercise is just one of 10 components of secondary prevention. Others include nutrition counseling, weight management, smoking cessation, and managing blood pressure, cholesterol and diabetes.

With facilities in Newark and Wilmington, Christiana Care’s Cardiac Rehabilitation and Secondary Prevention program is supported by a diverse team of health care professionals including physicians, registered nurses, exercise physiologists and trainers, registered dietitians, health coaches, a clinical psychologist and a smoking-cessation counselor. It also has the distinction of being certified by the American Association of Cardiovascular and Pulmonary Rehabilitation.

Education is key, Anderson said. “It’s great to know your numbers and where they should be. But we want to make sure patients understand why that’s important.”

Cardiovascular disease is the No. 1 killer in Delaware, the United States and — in this decade — the world, according to the United Health Foundation. Delaware ranks 29th in the country for deaths from the disease.
In her younger days, Thelma Carole Edwards planned to become a registered nurse. “I have a nurturing spirit,” she said. “I’ve always wanted to be a nurse, a caregiver.” Ultimately, her desire for providing hands-on care evolved into a career as a massage therapist and aesthetician. Edwards and her husband own a wellness and skin care center in North Wilmington.

One day, she attended a health fair where she had a blood pressure screening. It was her introduction to the Blood Pressure Ambassador Program, a grant-supported program administered by Christiana Care Health System’s Center for Heart & Vascular Health.

“It appealed to me because it’s about helping others,” Edwards said. “So I volunteered to become an ambassador.”

The Blood Pressure Ambassador Program is being piloted within the city of Wilmington and is designed to increase awareness of high blood pressure in the African-American community. Blood pressure ambassadors are equipped with blood pressure cuffs so they can provide screenings and identify people who are at risk, and also connect individuals who do not have a family doctor or health insurance with a health guide.

“We know that about 40 percent of African-American adults have hypertension, but many of them are unaware of it,” said Angela Parker, MSN, RN-BC, project manager for the program. “The ambassadors’ role goes beyond high blood pressure management to help improve the way their neighbors look at overall health.”

Hypertension is a risk factor for stroke, kidney disease and heart attack. It’s called “the silent killer” because symptoms are not usually apparent.

Edwards never experienced a problem with hypertension and has no family history of high blood pressure. But only one week after she completed training to become an ambassador, that changed.

“I didn’t feel sick, but I wasn’t quite myself,” she said. “No headache, no pain, just a little tightness in my chest.”

She took her own blood pressure reading and was alarmed to see that it was 197/107, much higher than usual.

Edwards immediately called her primary care physician, who instructed her to go to the Emergency Department.
“She said I had an increased risk of stroke and needed to take it seriously,” she said.

Edwards did not have a stroke. But she did receive a wakeup call.

“Seeing those numbers put me on notice,” she said.

At 73, Edwards knows that the risk of high blood pressure increases as people age. She can’t change that. But she does have a say regarding risk factors associated with her lifestyle.

She began walking on a regular basis, “even in the rain,” she said. She embraced a low-salt diet.

Those changes made a positive difference. She no longer requires medication to keep her blood pressure under control.

Edwards continues to pay it forward through her work as a blood pressure ambassador. She has volunteered to screen attendees at two events — a bridal fair and a makeup demonstration.

Currently, more than 70 ambassadors screen individuals at community events and at screenings they initiate on their own. The goal is to increase the ranks to 100 ambassadors. If each volunteer screens 50 individuals, 5,000 people will learn their numbers.

“I didn’t become a nurse,” Edwards said. “But I am achieving my dream of helping other people with their health as a Blood Pressure Ambassador.”

Dr. Janice Nevin speaks at National Academy of Medicine

At the National Academy of Medicine in Washington, D.C., March 23, Janice E. Nevin, M.D., MPH, president and CEO of Christiana Care Health System, spoke to health care leaders and innovators about how health systems can inform health care policy and action through evidence. She participated on a panel at the Leadership Consortium for Value & Science-Driven Health Care, a network dedicated to health care progress through a model of continuous learning.

In achieving evidence-based policy and action, Dr. Nevin said innovations such as Christiana Care’s service line structure, Value Institute, Institute for Learning, Leadership and Development (iLEAD) and the Virtual Education and Simulation Training Center are enabling the health system to lead its community to optimal health. She highlighted that simulation-based research at the at Christiana Care has led to a remarkable door-to-treatment rate for stroke that is twice as fast as the national average.

“We continually work toward top performance for the benefit of our patients and our community,” Dr. Nevin said. “Evidence gleaned from research and experience is the most powerful way to achieve top performance across the continuum of care and to ensure that value-based care is accessible to all.”

To learn more about the Blood Pressure Ambassadors, visit http://www.christianacare.org/bpambassadors.
The last two decades have created a growing body of knowledge related to memory or cognitive disorders. According to James M. Ellison, M.D., MPH, DLFAPA, The Swank Foundation Endowed Chair in Memory Care and Geriatrics at Christiana Care, what happens before dementia — how we help patients and their caregivers by preventing or delaying these disorders — is the most important thing a medical professional can do to help gain control over this growing public health problem.

“We now know more about the spectrum of mild neurocognitive disorders, and that there are ways to diminish or delay the onset of symptoms of more advanced dementia.” said Dr. Ellison, at Christiana Care’s 2nd Annual Managing Dementia Symposium, presented by The Swank Memory Care Center in March. In fact, he said, “an intervention that would delay the onset of Alzheimer’s disease by five years would reduce the number of cases of Alzheimer’s disease in 2050 by almost half.”

Until then, with an aging population and limited pharmacologic treatments available, helping caregivers understand and avoid triggers that affect their loved ones’ behaviors may prove more effective than trying to treat the patient, said Dr. Ellison.

Joining him at the symposium to discuss the behavioral symptoms associated with dementia were Joel E. Streim, M.D., professor of psychiatry at the University of Pennsylvania’s Perelman School of Medicine, and Elizabeth Galik, Ph.D., CRNP, of the University of Maryland School of Nursing, who offered pragmatic tips to help caregivers better understand and manage sexual expression among older adults with dementia. The symposium, at the John H. Ammon Medical Education Center, was attended in-person by 250 physicians, nurses, behavioral health specialists, social workers, speech, physical and occupational therapists and long-term care facility representatives, plus another 50 professionals in Kent and Sussex counties via simulcast.

“This type of knowledge allows us to be better advocates for patients and families who need our support in managing memory-related disorders,” said Dennis Harris Jr., MSN, RN-BC, nurse manager of Christiana Hospital’s Acute Care for the Elderly Unit. The symposium was offered free of charge for Harris and the rest of the attendees thanks to generous funding by the Junior Board of Christiana Care.

“It is an honor to support The Swank Memory Care Center symposium and make this vital information available to health care providers,” said Junior Board President Nancy Rich. “This is a problem we all face and worry about.”

More than 26,000 Delawareans currently suffer from Alzheimer’s disease or dementia-related disorders, and another 52,000

CONTINUED
caregivers struggle to help their loved ones through this unforgiving diagnosis. The number of families needing support is growing rapidly.

“One in three families in the United States deals with dementia, and a new case is diagnosed every minute,” said David A. Simpson, M.D., FAAFP, medical director of the Swank Memory Care Center.

**Be in their world**

Much of the advice offered at the symposium was aimed at helping exhausted caregivers better understand and cope with their loved ones’ often baffling behaviors. First and foremost is to recognize that caregivers cannot do this all by themselves, Dr. Streim said. Resources abound, and families should take advantage of them, whether it be adult day care or relying on professionals who come into the home.

Dr. Streim also urged caregivers — family or professional — to focus on the older person’s experience and how things look and feel from their perspective.

“Try to imagine being in their world,” he said. While caregivers don’t have to agree with the person’s confusing requests or accusations, arguing certainly doesn’t help. “Their subjective experience is real to them. It’s important to join the patient in his or her world without contradicting them, especially since arguments are known to trigger agitated behaviors.”

Anticipating behavioral changes and understanding their causes can help caregivers deal with situations more effectively. Impaired language leaves a person unable to understand verbal explanation or communicate clearly. The inability to recognize familiar objects or the faces of loved ones can lead to confusion or fear.

“Imagine not being able to recognize your spouse’s face and having someone unfamiliar crawl into bed with you,” he said. “Simply understanding that he is scared gives us a richer sense of how we can help.”

Impaired motor performance keeps many victims of dementia from being able to eat or form words, prevents them from putting one foot in front of the other to walk, or challenges them to unscrew lids from jars or unlock a deadbolt.

What might appear to be lack of initiative, feeling or caring may actually be loss of executive function. This inability to organize and plan activities or perform sequential tasks leads a person to lose interest and disengage from activities they simply can no longer do.

Impairments in complex attention cause people to become overwhelmed, while impaired social cognition comes across as a lack of awareness of what others are feeling, or even of one’s own situation. Both can affect a patient’s judgment and lead to anger, rejection of care and combativeness.

“The key is for caregivers to design responses or approaches that lessen the extent of these behaviors or, better yet, avoid them altogether,” he said. Caregivers also need to consider unmet psychological needs, environmental irritants or adverse drug effects that trigger challenging behavior.

Noise, fluctuating temperatures, unfamiliar surroundings, changes in routine, and medical and psychiatric conditions can impact the behavior of someone with dementia. Such triggers can lead to inability to sit still, an intense feeling of restlessness, hand-wringing or pacing.

Citing medication’s limited effectiveness on dementia, Streim introduced symposium attendees to the DICE approach for managing behavioral symptoms. DICE: describes behaviors in their context; investigates environmental, caregiver and patient factors; creates a treatment plan; and evaluates the effectiveness of that plan frequently, especially when medications are involved. The goal is to deliver person-centered care.

“If we could delay onset of mild neurocognitive disorders by just six months, by 2050 there would only be half as many cases.”

JAMES M. ELLISON, M.D., MPH, DLFAPA
THE SWANK FOUNDATION ENDOWED CHAIR IN MEMORY CARE AND GERIATRICS, CHRISTIANA CARE

MAY 2016 FOCUS • 15
Preserving brain health

As we get older, most people experience some change in cognitive function for which we can compensate, using tools like lists or GPS navigation.

“It doesn’t mean, if you worry about your memory, that you’re going to develop Alzheimer’s disease,” Dr. Ellison said. But we do know that there is a spectrum that gets more serious with mild neurocognitive disorder.

“There is a huge amount we can do for people with this problem,” he said. “We can educate and support them, and involve them actively in their own treatment. We can help them develop an advance directive, assist with residential planning, getting their finances in order and perhaps even creating an exit plan from work. Around the home, we can help them think about safety from hazards such as the stove or driving. A brain-healthy lifestyle can also help delay the onset of impairment.”

Dr. Ellison used the acronym DANCERS to outline key steps for prevention, which stands for disease management, activity, nutrition, cognitive stimulation, engagement, relaxation and sleep.

A community of care

“It takes a village,” said Patricia M. Curtin, M.D., FACP, CMD, Christiana Care’s chief of Geriatric Medicine and director of clinical strategy and community affairs for The Swank Memory Care Center. “We must make sure that caregivers know that there is a team of people here to help them on this journey.”

Dr. Curtin closed the symposium by acknowledging the Howard K. Swank, Alma K. Swank and Richard Kemper Swank Foundation for its support since the center’s opening five years ago, the Swank Memory Care Center affinity group, who tirelessly raise philanthropic funds and share the news about Swank’s resources with those in the community who need support, and the

Healthy Brain DANCERS

Disease management: Many conditions and behaviors, such as smoking, sleep disorders, diabetes and high blood pressure, hasten the onset of cognitive impairment.

Activity: Older adults need to embrace a more active lifestyle that combines cardiovascular exercise for endurance, resistance exercise for strength and stretching for flexibility and balance.

Nutrition: A brain-healthy diet of whole grains, leafy green vegetables, berries and healthy fats can help slow cognitive decline.

Cognitive stimulation: Brain games have been linked with declining the risk of dementia.

Engagement: Social engagement has profound effects on immunity. Isolated elders are twice as likely to die prematurely.

Relaxation: Meditation and yoga help improve attention, balance and flexibility.

Sleep: Lack of sleep slows an older person’s response time, impairs memory and increases risk of falls.
Sexual expression among older adults with dementia

Whether family members of long-term care facility staff are comfortable with it or not, the reality is that at least half of all older adults continue to be sexually active. But what happens when the sexual behavior is inappropriate, either because it is happening in public or because the advances are not welcomed?

Sexual behavior among older people is the “elephant in the room,” said Elizabeth Galik, Ph.D., CRNP, of the University of Maryland School of Nursing, who calls it an emotionally charged issue that creates challenges on multiple fronts.

“People are uncomfortable talking about it. There are many beliefs about sexual expression, and what is normal and fine for one person, isn’t for another,” she said. “The conflict is a fine line between keeping older adults safe and allowing them to have choices.”

Taking a baseline sexual history is the first step in addressing problematic behavior, Galik advises caregivers. Is the behavior consistent with past behaviors? Also look at medications and medical history. As dementia progresses, people become more disinhibited. Frontal lobe injuries and some medications can aggravate inappropriate sexual behaviors. Social and environ-

mental factors also play a role. Does the person have a private place to engage in sexual activity, if desired, and is the person even capable of consenting to sexual contact?

Galik believes that before any medication intervention is attempted, caregivers should first “distract, redirect and separate” if the behavior is concerning, “Identify and avoid triggers,” she said.

But key, said Galik, is talking time to educate caregivers and family members about the very real possibility of adult sexual behavior. “It’s better to talk about it before it happens.”
CANDOR symposium highlights importance of open communication

At Christiana Care’s CANDOR symposium in March, physicians, nurses and staff gained new skills and insight into the important topic of communication about medical errors that lead to medical harm.

Introduced in September 2015, CANDOR (Communication and Optimal Resolution) advances Christiana Care’s culture of patient safety by supporting patients when an analysis and event review confirms unexpected patient harm.

“Christiana Care is a pioneer in transparency,” said Stephen Pearlman, M.D., MSHQS, Quality & Safety Officer, Women & Children’s Service Line. “We started this journey two years ago when we were one of three health systems invited by the Agency for Healthcare Research and Quality (AHRQ) and the Health Research and Educational Trust of the American Hospital Association in a demonstration project to develop educational resources and tools for CANDOR.”

The CANDOR approach emphasizes transparency and open communication with patients and families while supporting the emotional needs of patients, families and staff.

“We are committed to analyzing what happened and developing strategies to prevent the event from happening again,” Dr. Pearlman said. “We will share this information with the patient and family as part of the process.”

A total of about 80 participants representing all facets of Christiana Care Health System attended the three-hour sessions. Featured speakers were nationally recognized experts in communication about and disclosure of medical errors that lead to patient harm: Thomas Gallagher, M.D, professor and associate chair in the Department of Medicine at the University of Washington; and Bruce Lambert, MS, professor in the Department of Communication studies and director of the Center for Communication and Health at Northwestern University.

Dr. Pearlman noted that a swift and sure reaction to unexpected events is a crucial part of the process.

“The timing of when we find out about these events is critical,” he said. “If we don’t find out until days later we already have lost something. There isn’t the same degree of trust than if we talk to patients and families right away.”

Once an event is reported, Christiana Care takes a streamlined approach, with Patient Safety and Risk Management working together to evaluate the event.

“Patient Safety, under the leadership of Michelle Campbell, vice president for Patient Safety, and Chris Carrico, director of Patient Safety and Accreditation, and Risk Management under the leadership of Brenda Pierce, corporate counsel, and Susan Perna, director of Risk Management, were integral to the process of developing the CANDOR program,” Dr. Pearlman said.

The symposium also included a simulated physician-patient interaction demonstrating the CANDOR process.

“This is a big culture change that we are asking people to make, and events like the symposium help to promote CANDOR within our culture,” Dr. Pearlman said. “This is The Christiana Care Way, truly being respectful, expert caring partners in our neighbors’ health, and our commitment to safety and patient experience.”
Outstanding nursing care is at the heart of a hospital’s excellence. At Christiana Care Health System, patients are benefitting from a growing number of nurses who have attained advanced training and expertise by earning the highest degrees in nursing — a Ph.D. or a doctoral degree in nursing practice (DNP).

“So much of what happens in a hospital is a direct result of nursing care and nursing practice decisions,” said Vice President for Patient Care Services Joanne McAuliffe, DNP, MSN/BA, BSN, RN, OCN, NEA-BC. “Doctoral programs prepare nurses to think strategically and help their organizations improve care delivery.”

McAuliffe, who earned her Doctor of Nursing Practice at Johns Hopkins University School of Nursing, stressed that doctoral-level nursing programs are important to the future of health care.

“These programs prepare nurses to look at patient populations beyond the acute care setting, and to forecast and prepare for what’s coming in the future,” McAuliffe said. “It is clear that health care, in settings across the trajectory of care, needs more doctorally prepared nurses at the nurse-leader level to translate evidence into practice, improve patient outcomes and transform care delivery.”

Patients, their communities and the health care field all benefit from doctorally prepared nurses, said Michelle L. Collins, MSN, APRN, CNS, RN-BC, ACNS-BC, LSSBB, director of the Magnet program at Christiana Care.

“Not only does the doctoral degree inform nursing practice and research,” said Collins, who is pursuing her Doctor of Nursing Practice at Wilmington University. “These degrees open the door for nurses to inform national policy as well.”

Two degree options

In the United States, nurses can pursue either of two doctoral-level nursing degrees — a Doctor of Philosophy in nursing (Ph.D.) or a Doctor of Nursing Practice (DNP). The Ph.D. in nursing is a research-focused doctorate with an emphasis on preparing nurses to advance the science of nursing. The DNP is a practice-focused doctorate that prepares nurses to apply another level of advanced care, apply the latest research in clinical settings, and provide leadership in patient care and nurse training.

Christiana Care has long been a leader in supporting nursing excellence, which includes providing both pre-paid and tuition-reimbursement programs for nurses furthering their educations. The health system's distinction in supporting nursing education, including its pre-pay option for doctoral programs, was recognized by the American Nurses Credentialing Center when it awarded Christiana Care Magnet designation in 2010 and redesignation in 2015. Magnet status is the country’s highest recognition for nursing excellence and is held by only 7 percent of the nation’s hospitals.

Answering the call for nursing doctorates

In 2004 the American Association of Colleges of Nursing (AACN) voted to raise, by 2015, the level of preparation needed for advanced nursing practice from the master’s degree to the doctorate. This decision followed a study in the Journal of the American Medical Association that identified a clear link between higher levels of nursing education and better patient outcomes.
In 2005 the National Academy of Sciences also called for nursing to develop a doctorate that would prepare more nurses to serve as clinical faculty, as an aging population — for both nurses and the general public — is increasing the demand for nurses nationwide. In 2010 the Institute of Medicine released the landmark report “The Future of Nursing: Leading Change, Advancing Health” that, among its recommendations for bolstering nurse leadership, called for significantly increasing the number of nurses with doctorates.

Nurses have responded to the call. According to the AACN, from 2013 to 2014 the number of students enrolled in DNP programs increased from 14,688 to 18,352, and the number of DNP graduates increased from 2,443 to 3,065.

Pursuing a personal nursing journey

Going back to school for a doctoral degree is a rewarding challenge, according to Staff Education Specialist Jennifer Painter, MSN, APRN, CNS, RN-BC, OCN, AOCNS. “Obtaining this highest degree within nursing is going to help me think differently,” said Painter, whose job is to connect employees with educational opportunities. She is herself working toward a DNP at Wilmington University. “The degree is about gaining new perspective, new knowledge, new competencies, and learning to partner better with our patients and families. It is going to help me envision things differently, scope projects differently, and help me apply what I learn and continue to move our care to the next level.”

For Lorraine Nowakowski-Grier, MSN, APRN-BC, CDE, a diabetes nurse practitioner and diabetes educator who is also enrolled at Wilmington University, a DNP will help her “acquire the tools to better understand our health care system, its policies and finances, and become a better advocate for serving the diabetes population.”

Kathy Gallagher, DNP, APRN-FNP, CMC, UMC, BC, WCC, FACCWS, manager of the Acute Surgical Wound Service, found that her doctoral research has attracted international attention. A DNP graduate of Wilmington University, she presented her dissertation on the utility of web-based support for acute surgical wound care in London last year and in Atlanta in April, and she has been invited to present it in Florence, Italy, later this year. She has had two other research projects accepted for the Florence conference, one on catastrophic injuries and the other on the use of medical-grade honey as an alternative to surgery for open wounds.

“As more nurses recognize others are successfully earning their doctorates, they are inspired to pursue theirs,” said Gallagher.

That sentiment is echoed by Jill Englund Jensen, DNP, APRN, FNP-BC, nurse practitioner in the Emergency Department Observation Unit.
“In a field like medicine, where there are so many changes and so many challenges, it’s important to continue to learn,” said Jensen. “To get more clinically savvy, yes — but also in terms of learning about systems and population health.”

Jensen completed her DNP in 2014 through the University of Alabama. Her capstone project involved studying factors that affect a patient’s length of stay. She is now a member of Christiana Care’s Advanced Practice Registered Nurse Council, which is helping to define the clinical ladder for advanced practice providers at the hospital.

“Being a ‘doctor nurse’ can be difficult for people to understand,” said Jensen. “But in time it will become better recognized.”

Nursing Research Facilitator Lynn Bayne, Ph.D., NNP-BC, noted that pursuing her doctoral degree was a natural extension of a life-long quest for greater understanding. “I consider myself a scientist,” said Bayne, who received her Ph.D. from the University of Delaware. “I love to learn, and I knew I wasn’t done learning yet.”

In her work Bayne manages some 40 nursing research projects at any given time, some of which are capstone projects conducted by nurses pursuing doctoral degrees. Current examples, she noted, include research into expanding family visitation policies, improving wound-dressing options, and developing patient registries to facilitate FDA-recommended retrievals of medical devices.

“The nursing Ph.D. supports conducting research and developing leadership theory. The DNP helps to identify existing knowledge and best practices to bring to the bedside. These two doctoral degrees have a wonderful coexistence, side by side. Whether you are drawn to the Ph.D. track for research or to the DNP for applied science, it’s pretty exciting.”

LYNN BAYNE, PH.D., NNP-BC
Although the Helen F. Graham Cancer Center & Research Institute at Christiana Care has been the site of scores of clinical trials over the years, a recently completed study in breast cancer patients marks the first time that a clinical trial was designed, sponsored and run by Graham Cancer Center researchers.

For the study titled “Directed Exercise Intervention in Breast Cancer Patients with Arthralgias Receiving Aromatase Inhibitors: A Randomized Pilot Study,” Graham Cancer Center investigators compared a directed exercise regimen with walking in reducing joint pain, a common side effect of the class of estrogen-blocking drugs called aromatase inhibitors (AIs).

These drugs are often a first-line therapy after surgery and radiation for women with estrogen receptor-positive breast cancer, the most common type of breast cancer. The study results, in 27 women, showed that the directed exercise regimen — focused on joint mobility and stretching — may be superior to walking in reducing joint pain in women taking AIs.

Although AIs cause fewer side effects than older hormonal drugs, joint stiffness and pain are uncomfortable enough that 25 percent to 50 percent of patients who take AIs discontinue them or reduce the required dosage due to pain and stiffness. This means that many patients may be putting themselves at risk of facing a cancer recurrence.

Surgeon Diana Dickson-Witmer, M.D., medical director of the Christiana Care Breast Center and Breast Program at the Graham Cancer Center, pointed out how important AIs have been to breast cancer treatment, as they have enabled women to undergo less invasive and disfiguring procedures.

“Surgery for breast cancer, happily, has been becoming less and less aggressive for decades,” said Dr. Dickson-Witmer. “Our ability to continue to reduce the morbidity of surgery and radiotherapy for receptor-positive patients is predicated upon the assumption that they will be taking endocrine systemic therapy for five to 10 years. Exercise like that prescribed in this study can make a big difference in how much stiffness patients experience on endocrine therapy. That decrease in side effects of treatment can help thousands of women be compliant with the recommendation that they take an aromatase inhibitor every day for five to 10 years.”

Dr. Dickson-Witmer and the study’s principal investigator, oncologist Ramya Varadarajan, M.D., presented the study findings at the most recent San Antonio Breast Cancer Symposium in December. In April, the results were presented to the study volunteers during an event at the Graham Cancer Center, where the women were thanked for their participation in this milestone study for the center. The women in the control group, who did not do the directed exercises, were given a handout of the study exercises, with detailed instructions, at the event.

Pat Dileno, 61, was one of those in the control group who received the exercises at the event and was excited to incorporate
them into her routine. She said that being in the study was worthwhile and educational, even though she was not randomized to the intervention group.

“I felt good about participating in the study, because it’s important to do,” DiIenno said. “The most interesting part of the study for me was seeing all of the people involved at the Helen Graham Cancer Center.”

Before participating in the study, DiIenno said her relationship with the Cancer Center was largely with her physician only.

“There are many more people involved in our care than we realize,” she said.

Although she was in the control group, she said that simply participating in the study spurred her to move and exercise more. “I’m now doing a 30-minute workout, which is making a difference in my joint pain,” she said.

The directed exercise regimen, developed in collaboration with Christine Arnold, Ph.D., at Specialty Rehab, consisted of approximately 15 minutes of stretching and mobility exercises every day over an eight-week period. The exercises included hamstring stretches, quad stretches, calf muscle stretches, and various hand muscle strengthening and stretching exercises using putty.

Study investigator Jennifer Sims-Mourtada, Ph.D., director, Breast Cancer Translational Research, Center for Translational Cancer Research at the Graham Cancer Center, noted that Pfizer, the pharmaceutical company, which produces an AI (sold as Aromasin), will be distributing the intervention exercises to physicians worldwide as part of the company’s AI education program.

“This means that the results of this study will be distributed to women all over the world, and this hopefully will result in a benefit to their quality of life,” she said.

Sarah Erhart, 59, was a study participant who was randomized to the exercise intervention group. “I was glad to be able to participate to help others,” she said. “That’s a very rewarding feeling to help other people, help the doctors and help myself at the same time. You feel like a victim when you have cancer, and doing the exercises felt empowering. It feels like something you’re doing to fight back.”

Like DiIenno, Erhart said the study has spurred her to exercise more. She said she was extremely active before her cancer diagnosis in 2012 and is now back to cardio, weight training and swimming. She said the grip exercises were particularly helpful and that motivated her to seek out products she could use to work on grip strength, which she said was compromised by the feeling of arthritis in her hands. Simply opening jars and bottles was painful, she said, and required help from family members.

She liked the idea of using a drug-free approach to managing the arthritic side effects of the AIs, as she had tried arthritis medications and experienced uncomfortable side effects.

“My mother had cancer, too, and I do not want to go off of AIs no matter how bad the arthritis gets,” she said.

According to Dr. Varadarajan, one of the measurable ways that the directed exercise group showed improvement over the control group was significant improvement in grip strength and improvement in two-minute step tests and chair raises.

“This shows that patients are able to perform their activities of daily living better, and this will improve the compliance of taking their medication,” she said.

“The results of this study will be distributed to women all over the world, and this hopefully will result in a benefit to their quality of life.”

JENNIFER SIMS-MOURTADA, PH.D., DIRECTOR, BREAST CANCER TRANSLATIONAL RESEARCH

RAMYA VARADARAJAN, M.D., ONCOLOGIST AND PRINCIPAL INVESTIGATOR
Brian J. Galinat appointed to Board of American Academy of Orthopaedic Surgeons
First surgeon from Delaware to serve in prestigious role

Brian J. Galinat, M.D., MBA, chair of Christiana Care’s Department of Orthopaedic Surgery, was appointed to the Board of the American Academy of Orthopaedic Surgeons at the surgical society’s annual meeting.

Dr. Galinat is the first Delaware doctor to serve on the academy’s board.

“I am thankful to be selected to the Board and am excited by the opportunity to help our academy in this role,” he said. “I look forward to more widely sharing the successes we have had at Christiana Care, which are a direct result of the cooperative collaboration that has been established with our private practice orthopaedic surgeons. Further, I will be able to bring innovative ideas back to our community so that we can advance our ongoing focus of helping our patients maintain an active, healthy lifestyle.”

Representing more than 39,000 orthopaedic surgeons, the Academy of Orthopaedic Surgeons provides education on musculoskeletal issues to patients and physicians worldwide and advances the quality of orthopaedic care to patients in the United States. Dr. Galinat serves as a member-at-large for the term 2016-2018 and represents the views of orthopaedic surgeons who are age 45 or older.

“We are pleased that an individual of Dr. Galinat’s qualifications has been elected to serve on the AAOS Board of Directors,” said Gerald R. Williams Jr., M.D., the 2016-2017 Academy president. “Over the years, he has volunteered with the academy in a multitude of capacities, including the Board of Councilors. We look forward in the years ahead to his contributions regarding all aspects of orthopaedic practice.”

Dr. Galinat has been in practice in Delaware since 1989 and now specializes in shoulder surgery. He completed his orthopaedic residency at Thomas Jefferson University Hospital, Philadelphia, and a shoulder/sports-medicine fellowship at The Hospital for Special Surgery, New York City.

He became chief of the Section of Orthopaedic Surgery at Christiana Care in 2004 and helped establish the independent Department of Orthopaedic Surgery in 2011. He received an MBA degree at Wharton School of Business, University of Pennsylvania, in 2014, earning the Dean’s Spirit Award.

He is an associate member of the American Shoulder and Elbow Surgeons Society. He was team doctor for the Wilmington Blue Rocks from 1993 to 2006 and a team doctor for U.S. Soccer from 1991 to 2005.

He is the past Delaware representative to the Board of Councilors of the American Academy of Orthopaedic Surgeons and served on the Academy’s Coding, Coverage and Reimbursement Committee.

“I will be able to bring innovative ideas back to our community so that we can advance our ongoing focus of helping our patients maintain an active, healthy lifestyle.”

BRIAN J. GALINAT, M.D., MBA
Sean Nolan appointed vice president, Acute Medicine Operations

Sean Nolan has been appointed vice president, Acute Medicine operations, Christiana Care Health System.

Nolan came to Christiana Care from Frye Regional Medical Center in North Carolina, where he served as vice president of business development. Prior to that role, he worked for Inspira Health Network in New Jersey as assistant vice president of service lines – surgical and cardiovascular services.

Nolan received an undergraduate degree in accounting from Franklin & Marshall College, Lancaster, Pennsylvania, and a combined Master of Business Administration and Master of Healthcare Administration from the University of Pittsburgh.

Lola Osawe named administrative director of the Breast Center at the Helen F. Graham Cancer Center & Research Institute

Lola Osawe, MSHA, FACHE, FACMP, FACHE, has joined Christiana Care Health System as administrative director of the Breast Center at the Helen F. Graham Cancer Center & Research Institute.

She received her MSHA degree from Central Michigan University, an MS degree in military operational art and science from USAF Air University, Maxwell Air Force Base, Alabama, and a bachelor’s degree in pre-med/biological Sciences from the University of Delaware. She is currently enrolled at Central Michigan University as a candidate in the Doctor of Health Administration program.

Osawe brings extensive health care leadership experience in practice management, as well as surgical and outpatient services. Her most recent leadership role has been that of CEO/director of the Health Department for the Southern Ute Indian Tribe in Colorado.

Kevin M. Bradley, M.D., FACS, has been appointed the medical director of the Trauma Program at Christiana Care. He succeeds Mark Cipolle, M.D., PhD, FACS, FCCM, who served as medical director for nine years and has been appointed director of Outcomes Research for the Surgical Service Line.

As director, Dr. Bradley will build upon his previous leadership as associate director of the Trauma Program.

Dr. Bradley is a 1996 graduate of the Temple University School of Medicine and 2003 graduate of the Temple University Hospital Surgical Residency Program. He underwent fellowship training at the R. Adams Cowley Shock Trauma Center in Baltimore. Following five years working as an assistant professor and trauma surgeon at Temple University Hospital, Dr. Bradley joined the Department of Surgery at Christiana Care in 2009.

He was awarded the Medical-Dental Staff’s Rising Star Award in 2014.

He is a colonel in the U.S. Army Medical Corps and completed several tours of duty with the Army in the Middle East and Central Southeast Asia.

Sherry Sixta, M.D., FACS, has been appointed associate medical director of the Trauma Program. She graduated from the University of South Carolina School of Medicine, completed a general surgery residency at Christiana Care in 2010 and fellowships in acute care surgery and surgical critical care at the University of Texas Health Sciences and Memorial Hermann Hospital in Houston, Texas.

Dr. Sixta began her career as a trauma critical care surgeon at Cooper University Hospital before joining us again at Christiana Care. She has an interest in acute care surgery, coagulopathies, trauma and resident education.

Lola Osawe named administrative director of the Breast Center at the Helen F. Graham Cancer Center & Research Institute

Lola Osawe, MSHA, FACMP, FACHE, has joined Christiana Care Health System as administrative director of the Breast Center at the Helen F. Graham Cancer Center & Research Institute.

She received her MSHA degree from Central Michigan University, an MS degree in military operational art and science from USAF Air University, Maxwell Air Force Base, Alabama, and a bachelor’s degree in pre-med/biological Sciences from the University of Delaware. She is currently enrolled at Central Michigan University as a candidate in the Doctor of Health Administration program.

Osawe brings extensive health care leadership experience in practice management, as well as surgical and outpatient services. Her most recent leadership role has been that of CEO/director of the Health Department for the Southern Ute Indian Tribe in Colorado.
Publishing

Linda Laskowski Jones, MS, APRN, ACNS-BC, CEN, FAWM, FAAN.


Presentations

At the Delaware Academy of Family Physicians 2016 Annual Scientific Assembly and Awards Ceremony in April:

• Melanie Chichester, BSN, RNC-OB, CPLC, “Bleeding in Pregnancy.”
• Lindsay Ashkenase, M.D., David Cohen, M.D., and Julie Gardner, Pharm.D. “Outpatient Antibiotic Stewardship.”
• Raema Mir, M.D. “Primary Care Updates: USPSTF Updates for Diabetes Screening.”

At the University of Delaware 50th Anniversary Celebration for the School of Nursing, Newark, Delaware:

• Linda Laskowski Jones, MS, APRN, ACNS-BC, CEN, FAWM, FAAN. “Professionalism in Nursing.” Lecture to the graduating class.
• Jennifer Painter, MSN, APRN, CNS, RN-BC, OCN, AOCNS. “Student Nurse Extern Program.”
• Dana Beckton spoke on diversity and inclusion.
• Tracy Bell, RN, spoke on The interview process and application process for the residency program.

Appointments

The Professional Advancement Council congratulates new RN III nurses: Sharon Dietzel, SCC; Catherine Corbett, 3D MICU SD; Kelsey Petrusky, 5B; Dana Roncagliolo, Christiana Surgicenter; and Alfred James Grant, IV, Christiana Hospital ED.

Omar Khan, M.D., MHS, has been promoted to Associate Professor of Family & Community Medicine, Sidney Kimmel Medical College, Thomas Jefferson University.

Lee Anne B. Powell, MSN, RN, ACNS-BC, AGNP-C, CCM, was appointed to the Board of Directors for the Trauma Center Association of America.

Awards

Heather Panichelli, MSN, APRN, AGCNS-BC, CPEN, has been selected as the national “Society of Trauma Nurses (STN) Fellow” for 2016. She is the only one recipient in the U.S. to receive the honor.

At the Delaware Academy of Family Physicians 2016 Annual Scientific Assembly and Awards Ceremony in April:

• George N. Spyropoulos, D.O., was named 2016 Teacher of the Year for the Christiana Care Family Medicine Residency Program.
• Sarah Mullins, M.D., was named 2016 Family Physician of the Year.
• Erin M. Kavanaugh, M.D., received the 2016 President’s Award.

Elizabeth Onesí, RN, spoke about her nursing career and the nurse residency program.

Tam DeFeé, HCMBTA, PHR, delivered the welcoming remarks and spoke on networking and continuing education.


Two of Christiana Care’s websites were award winners in the 2015 Interactive Media Awards, announced in February.

For the second year in a row, Christiana Care News (http://news.christianacare.org) earned Best in Class in the Hospital category — the highest award in the competition, representing the very best in planning, execution and overall professionalism.

Christiana Care’s online events calendar (http://events.christianacare.org) earned the competition’s second-highest honor, the Outstanding Achievement Award.

“Our physicians, nurses and staff do amazing work every day at Christiana Care,” said Staci Vernick, chief external affairs officer and senior vice president, External Affairs and board and trustee relations. “By sharing our news and highlighting opportunities for people to be involved, we grow our reputation as a health system and strengthen our partnerships in the community.

“Effective online communication is vital to our organization. These awards are further validation that we’re on the right track. Thanks to our Web, Editorial, Communications and Marketing teams, whose collaboration makes these websites a success.”

Christiana Care News launched in 2010 and was redesigned last year with a new, mobile-friendly interface. It also includes Christiana Care’s Wellness blog, which features recipes and articles by Christiana Care experts on a wide variety of topics to help people achieve and maintain optimal health.

The online events calendar launched in 2015, replacing the previous Events & Classes section of christianacare.org and creating a more visually engaging online presence for Christiana Care’s community events, health lectures, classes and support groups. Both websites make it easy to share Christiana Care news and information through social media.
Multicultural Heritage Committee sponsors presentation, panel discussion at ‘The Intersection of Faith and Health’

Newswoman Gwen Owens is no stranger to illness. She was diagnosed first with leukemia and then with breast cancer.

On her journey to wellness, Owens sought out the best medical care she could find. And she relied on her faith.

“I am living on faith and walking in faith every day,” she said. “Faith is so important in terms of healing.”

Owens spoke at “The Intersection of Faith and Health: How Faith, Spiritual Beliefs and Practices Affect Healing,” a presentation and panel discussion recognizing Women’s History Month. The March 31 event at the John Ammon Medical Education Center was sponsored by Christiana Care’s Multicultural Heritage Committee.

Owens was introduced by her cousin, Dana Beckton, director, Diversity and Inclusion. Beckton noted that faith is diverse, reflected in many cultures and traditions.

“Spirituality means different things to different people,” she said. Owens is a committed Christian. “It goes to the core of my being. It helps me to exist in a world that can be very difficult.”

When she was diagnosed with leukemia, she and her husband decided to keep her illness private and regularly prayed together. But when she had a double mastectomy with chemotherapy and radiation treatments, she couldn’t keep it a secret. She surrounded herself with a circle of fellow believers, immersed herself in the scriptures and prayed without ceasing.

“Instead of thinking about what pain I was in, I counted my blessings,” she said. “Lord God, thank you for this pain because that means I am alive and kicking.”

Owens noted that she was always the unwilling center of attention — “because I was on TV” — during her career as a broadcast journalist.

Her illnesses helped her to realize that careers can be fleeting. But faith and family endure.

“You can’t have a testimony without a test,” she said. “God is bigger than the fears.”

Jennifer Mann, BSN, RN CCRC, said she attended the event hoping to gain insights that will help her in her work as an OB-GYN research nurse.

“All of our patients are women,” Mann said. “Some of them have been through very challenging situations, like losing a baby they had already chosen a name for.”

The event also featured insights from four diverse women of faith. Panelists included: Kate Madigan, an educator and breast cancer survivor who has a non-traditional approach to faith; Sister Julian Wilson, a Christiana Care chaplain who is Episcopalian; Patricia Malcolm, an archdeacon in the Episcopal Diocese of Delaware; Bushra Qureshi, a Muslim mother of three and vice president of her mosque; and La Vaida Owens-White, a retired Christiana Care outreach worker and cancer survivor who now serves as a nurse in the faith community.

From left, Gwen Owens, Patricia Malcolm, Bushra Qureshi, La Vaida Owens-White, Kate Madigan and Sister Julian Wilson.

CONTINUED
Janice E. Nevin, M.D., MPH, president and CEO of Christiana Care Health System, and Randy Gaboriault, MS, chief information officer and senior vice president of Innovation and Strategic Development, were among national health care leaders on an executive panel on emerging technologies in the transformation of health care delivery at HX360 2016 in Las Vegas, Nevada, in March.

“The future of health care belongs to the innovators,” said Dr. Nevin. “At Christiana Care, we are leading our community to optimal health by creating innovative processes, improvements and tools in partnership with our patients and families. When you think of how we’ve led the way in Delaware in patient- and family-centered rounding, use of Google Glass and our Virtual Education and Simulation Training Center, it’s exciting to think of what is on the horizon.”

Convened by the Healthcare Information and Management Systems Society (HIMSS) and AVIA, HX360 is the largest health IT educational conference in the nation, bringing together decision-makers from top health systems and leaders in clinical innovation and technology to address how emerging technologies and new health system business models are transforming health care.

On the panel “Innovation in Major Health Care Delivery Systems: Reality vs. Rhetoric,” Dr. Nevin and Gaboriault discussed the Christiana Care experience in leveraging technology to drive change in health care models.

“We’re seeing ever-increasing expectations that technology is the key enabler to create healthier lives,” Gaboriault said. “Ideas are emerging both organically, from inside systems like Christiana Care, as well as non-organically from the startup community. Creating new solutions has become a core competency for us. We’re forging new relationships and new approaches to drive innovation and create the future delivery model.”
Graduating medical students snap up all Christiana Care residency positions in first round

For the fourth consecutive year, Christiana Care has matched all of its residency position openings on the first round of the National Residency Matching Program (NRMP).

In all, there are one osteopathic and 11 allopathic residency programs at Christiana Care, plus residencies in oral and maxillofacial surgery, dentistry, podiatry, pharmacy, pharmacy critical care and pastoral care. The national matching program aligns the preferences of medical school graduates with the preferences of residency program directors to fill training positions throughout the U.S.

“This is a great testament to the support, leadership and dedication of all of our department chairs, program directors, assistants, coordinators, residents and faculty.”

NEIL JASANI, M.D., MBA, FACEP
CHIEF LEARNING OFFICER; VICE PRESIDENT, MEDICAL AFFAIRS, DIO
May

Faith, Uncertainty and Cancer
Thursday, May 5 and 19, 6 – 7:30 p.m.
(First and third Thursday of each month.)
Helen F. Graham Cancer Center & Research Institute
Main Lobby, East Entrance
Receive spiritual support and guidance, and explore issues such as faith, meaning, purpose, uncertainty, doubt and quality of life. Facilitated by Sister Julian Wilson, MSFL, ACC and Michelle Bailiff, LCSW. Call 302-623-4717 to register.

2016 Junior Board Medicine Ball
Friday, May 13, 7 – 10:30 p.m.
Vicmead Hunt Club
Don’t miss this elegant affair, featuring smooth jazz, tasty and plentiful hors d’oeuvres, refreshing libations and a charming countryside setting the stage for a fun-filled evening for a worthy cause. Libations feature our signature cocktail, beer and wine. A cash bar is also available. Proceeds benefit the Wilmington Hospital ACE unit. For tickets visit https://events.christianacare.org/event/medicine-ball-2016/

ACCEL Community Research Exchange
Monday, May 23, 7:30 a.m. – 4:30 p.m.
Nemours/Alfred I. duPont Hospital for Children
Plan to experience an exciting day of research networking between academic and community partners, with morning oral and platform presentations, a noon poster session and afternoon workshops. Register at https://www.de-ctr.org/community/researchexchange.

Christiana Care Golf Classic
Thursday, May 26
DuPont Country Club
Proceeds support Project Engage, the nationally recognized addiction intervention program developed at Christiana Care Health System. Register online at https://events.christianacare.org/event/classic/

June

Value Institute Spring Symposium
“Bridging the Gap: Connecting Data to Decisions”
Friday, June 10, 11 a.m. – 1 p.m.
John H. Ammon Medical Education Center
Value Institute staff and scholars will share their research and initiatives during the symposium. Lunch will be provided.

Save the Date!
The American Heart Association’s 25th Annual Heart Walk
Sunday, Sept. 11, 9 a.m.
Wilmington Riverfront
The annual Heart Walk promotes awareness about heart disease and stroke, while raising funds to fight the diseases. Mitchell T. Saltzberg, M.D., FACC, Medical Director, Heart Failure Program, is this year’s honorary physician chair. Donna Casey, BSN, MA, RN, FABC, NE-BC, vice president, Patient Care Services, is this year’s honorary administrative chair. To register a walking team at www.heart.org/wilmingtonwalk, click on “Participant Registration.” Individuals can join one of the several teams from Christiana Care already listed on the site or start a new team. Register to receive one of 1,000 Christiana Care Heart Walk T-shirts reserved for employees and their team members.

Find these events and more online at http://events.christianacare.org.
Benefits Open Enrollment takes place April 28-May 16 with exciting new offerings

Benefits Open Enrollment takes place from April 28 to May 16 and is mandatory for all employees. Open Enrollment provides the opportunity to take a fresh look at the wonderful array of benefits Christiana Care offers. This year there is the exciting addition of telehealth to the medical plan.

“As health care professionals, we work tirelessly to find innovative, effective and affordable systems of care to improve the lives of our patients,” said Chris Corbo, corporate director of Benefits and Wellness. “Each of us needs to apply that same focus to our own health and well-being. This means taking greater personal responsibility and determining what efforts you can make to improve your health, such as to schedule preventive screenings, participate in wellness programs and stay involved.”

Being an active partner with Christiana Care in your health means signing up for and using the many available offerings. For the plan year beginning July 1, here are the new benefits and changes:

- Christiana Care Care Now telehealth – launching new telehealth service for medical plan participants.
- Short-Term Disability – Introducing a new voluntary Short-Term Disability Plan.
- Long-Term Disability – Minor change to “buy-up” options.
- Employee Contributions – Health benefit premiums increase slightly, less than prior years and below national average.
- Prescription Drug Program – Copays increase for FY17 and changes to drugs included on Discounted Copay List (formerly Zero Copay List).
- Dental Plan – New adult orthodontia benefit; dental premiums increase slightly.

Like last year, employees will again complete the Open Enrollment process using Workday.

Thank you for your partnership as we work together to deliver on our commitment to improve the health and well-being of our employees and their families.

Upcoming benefits fairs provide more information:

**Tuesday, May 3**
**VNA-Camden, conference room**
2 p.m.-4 p.m.

**Wednesday, May 4**
**VNA-One Reads Way, entrance area**
8:30 a.m.-10 a.m.

**Wilmington Campus – Overlook Café**
11 a.m.-1:30 p.m.

**Thursday, May 5**
**Health Care Center at Christiana, entrance way**
8:30 a.m.-10 a.m.

**Christiana Campus – glass room in the cafeteria**
11 a.m.-1:30 p.m.

**Care Now Telehealth option for employees**

Coming soon, Christiana Care Care Now is launching Care Now telehealth program to help employees and covered dependents receive health care in a secure, fast and easy way 24 hours a day, seven days a week. Care Now allows you to connect through video with a doctor quickly and easily with your mobile device, tablet or personal computer. It’s free to enroll and there is no copay for the first six months.

Care Now is a partnership with American Well, one of the largest telehealth operators in the U.S., covering more than 23 million people.

“Christiana Care greatly values and understands the vital role of the primary and specialty care physician in employee health and well-being,” said Chris Corbo, corporate director of Benefits and Wellness. “Care Now is a supplemental service to use when your doctor’s office is closed, your children need immediate care or you are traveling for work or vacation and need a doctor or forgot a prescription. Through this partnership, we are offering this innovative technological solution to help achieve optimal health and an exceptional experience.”

With Care Now, employees can have a private, secure video visit with a board-certified doctor at any time of the day or night, 365 days a year.

Express Care is the initial roll out under Care Now. Express Care covers your health concerns that require immediate attention – such as colds, flu, sprains or strains or if you are simply not feeling well – but not serious enough to require a visit to the emergency department. Eventually, Care Now will offer access to behavioral health professionals, care coordinators through Christiana Care’s Care Link and primary care doctors.

To get started, all you have to do is download the Care Now app and register for free. Be sure to sign up early, before you actually need to use Care Now.

Watch for more details.
A new source of pediatric poisoning: electronic cigarettes and liquid nicotine
By Jamie M. Rosini, PharmD, BCPS

Electronic cigarettes (e-cigs) have become a popular replacement for the traditional tobacco smoking cigarette. These battery-operated nicotine-delivery devices mimic the look and feel of smoking. E-cigs contain liquid nicotine and other byproducts of solvents that are vaporized and inhaled. The device typically consists of three parts: the cartridge holds varying concentrations of liquid nicotine and a humectant carrier (usually propylene glycol), a battery is used to heat and vaporize the solution, and a tube allows the user to inhale the vapor.

With the increased usage and easy accessibility of electronic cigarettes, poison control centers are reporting a surge in calls regarding liquid nicotine exposures in children under the age of six. In 2015 through July 31, the American Association of Poison Control Centers (AAPCC) reported nearly 2,000 e-cig devices and liquid nicotine exposures.

Nicotine-containing products are a known source of poisoning, however, e-cigs and liquid nicotine are a new source for nicotine exposure. Common clinical manifestations of nicotine toxicity include vomiting, agitation, hypertension, tachycardia, and seizures followed by hypotension. The toxic dose for nicotine is 1-13 mg/kg. The humectants can be toxic as well. When vaporized, they produce acetaldehyde, formaldehyde, and acrolein, which are toxicants. Some of the flavorings have also been found to be cytotoxic and consumers should be aware that the labeling may not be accurate.

When full, e-cig cartridges may contain more than one milliliter of liquid nicotine. Children may become exposed via the e-cig or the refill bottle. Refill bottle sizes typically are 5-30 mL, but larger containers holding liters or gallons are also available. The concentrations are typically up to 35 mg of nicotine per mL and some products, designed for dilution before use, can contain up to 100 mg/mL. Liquid nicotine is marketed in a variety of flavors including bubble gum, fruit flavors, and chocolate increasing attractiveness to teenagers and toddlers. Many refill bottles lack child resistant packaging and may allow for easy accessibility for children.

E-cigs and liquid nicotine are currently unregulated in the United States and consequently their ingredients are often not standardized. Many states also do not restrict the sale of liquid nicotine or devices to minors. While their use may be allowed in locations where smoking is restricted, the smoking of e-cigs is portrayed as a more cost-effective and socially acceptable device that can be utilized as an aid to quit smoking. Although this new trend may contain fewer toxins than traditional tobacco cigarettes, little is known on how this new form will impact public health.

Any child who ingests any amount of liquid nicotine should be evaluated in an emergency department. The Poison Control Center is a 24-hour toll-free emergency hotline that provides medical toxicology and poisoning related emergency medical information and can be reached by dialing 1-800-222-1222.

References:
## Formulary Additions

<table>
<thead>
<tr>
<th>Medication – Generic/Brand Name</th>
<th>Strength/Size</th>
<th>Use/Indication</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Bendamustine injection / Bendeka</strong></td>
<td>25 mg/mL 4 mL vial</td>
<td>Treatment of chronic lymphocytic leukemia and non-Hodgkin’s lymphoma</td>
<td>Line-item extension</td>
</tr>
<tr>
<td><strong>Blinatumomab injection / Blincyto</strong></td>
<td>35 mcg vial</td>
<td>Treatment of refractory or relapsed Philadelphia chromosome-negative B cell ALL</td>
<td>• Prescribing limited to hematologists &amp; medical oncologists</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• High-alert medication</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Safe handling precautions</td>
</tr>
<tr>
<td><strong>Cangrelor injection / Kengreal</strong></td>
<td>35 mcg vial</td>
<td>Adjunct to PCI to reduce the risk of periprocedural myocardial infarction,</td>
<td>Availability limited to Cardiac Catheterization Lab</td>
</tr>
<tr>
<td></td>
<td></td>
<td>repeat coronary revascularization, and stent thrombosis in patients who have</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>not been treated with a P2Y12 platelet inhibitor and are not being given a</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>glycoprotein IIb/IIIa inhibitor</td>
<td></td>
</tr>
<tr>
<td><strong>[18F] Flutemetamol injection / Vizamyl</strong></td>
<td>150 MBq/mL 1 mL vial</td>
<td>Used with PET imaging of the brain to estimate beta-amyloid neuritic plaque</td>
<td>Availability limited to Nuclear Medicine</td>
</tr>
<tr>
<td></td>
<td></td>
<td>density in adults with cognitive impairment</td>
<td></td>
</tr>
<tr>
<td><strong>Hyoscyamine injection / Levsin</strong></td>
<td>0.5 mg/mL 1 mL ampule</td>
<td>Reduce GI motility to facilitate diagnostic procedures such as endoscopy or</td>
<td>Line-item extension</td>
</tr>
<tr>
<td></td>
<td></td>
<td>hypotonic duodenography</td>
<td></td>
</tr>
<tr>
<td><strong>Meningococcal Serogroup B Vaccines / Bexsero &amp; Trumenba</strong></td>
<td>0.5 mL prefilled syringe</td>
<td>Active immunization of children, adolescents, and adults aged 10 to 25 years against invasive meningococcal disease caused by N. meningitidis serogroup B</td>
<td>• Trumenba® available only for those with a latex allergy</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Availability limited to CCHS school-based health centers and CCHS-owned office practices</td>
</tr>
<tr>
<td><strong>Tacrolimus extended-release tablet / Envarsus XR</strong></td>
<td>0.75 mg, 1 mg and 4 mg tablets</td>
<td>Prevention of organ rejection in kidney transplant recipients converted from tacrolimus immediate-release formulation</td>
<td>Line-item extension</td>
</tr>
</tbody>
</table>

## Christiana Care Medication Policy Change

**Escitalopram (e.g. Lexapro)**

The restriction on escitalopram prescribing and the substitution of citalopram for escitalopram are discontinued.

## Deletions

**Antipyrine-Benzocaine Otic Solution (e.g. Auralgan)**

No longer manufactured.

**Mupirocin 2% cream (e.g. Bactroban)**

The cream removed from the CCHS Formulary because of its expense relative to the 2% ointment. The ointment remains available.
OXYGEN ZONE SHUT-OFF

Q. WHAT IS AN OXYGEN ZONE VALVE?
A. An oxygen zone valve is a device used to physically interrupt the flow of oxygen to an identified area.

Q. WHERE CAN I FIND THE OXYGEN ZONE VALVE?
A. Oxygen zone valves are in a wall box outside the area they serve. Each valve has a label listing the room numbers served by that valve. There may be more than one oxygen zone valve per area.

Q. WHEN MIGHT SOMEONE CONSIDER SHUTTING THIS VALVE OFF?
A. The oxygen zone valve might need to be shut off in the event of a fire in a room where oxygen is in use or during an uncontrolled release of oxygen due to a piping failure. The oxygen zone valve may shut off a single patient room or multiple patient rooms.

Q. WHO IS AUTHORIZED TO SHUT OFF THE OXYGEN ZONE VALVE?
A. The Charge Nurse/Person and/or Respiratory Care are responsible for assessing the patient care area at the time of an emergency and determining whether any patients can be without oxygen temporarily or relocated to a safe area to expedite the oxygen zone valve closure. After the assessment the Charge Nurse/Person can direct the staff from Public Safety or Maintenance to turn off the oxygen zone valve and notify the Dispatch Center to document the action.

If you have questions about this Best Practice Review, please contact the Content Expert: Mike Chambers: 320-2392; or call the Safety Hotline- dial 7233 (SAFE) from within Christiana or Wilmington Hospitals, or 623-7233 (SAFE) from outside.

Employee parking to open, patient and visitor garage construction to begin

Starting in late May, employees at Christiana Hospital will be able to park in the newly expanded Lot F, which has nearly doubled in size to fit more than 900 vehicles on the upper deck and covered lower lot. The lot is in direct response to employees’ requests for more convenient parking. Employees also can continue to park in lots D, G, J, K and T.

To better serve patients and visitors, Christiana Care is building an enclosed, four-story garage (currently Lot B) near the front entrance of Christiana Hospital. With construction scheduled for June 20 through May 2017, this new patient and visitor lot will add 700 new parking spaces on the campus with covered walkways to the hospital’s main entrance and the Women and Children’s building. Christiana Care will offer free valet parking to patients and visitors during construction. When it reopens, the temporary surface lot near Lot A will be converted to patient and visitor valet parking only.

Signage and other communications will be available to guide patients and visitors during the construction.

Look for updates about the new patient and visitor garage project on http://www.christianacare.org and the intranet portals.
Cindy Foundation provides safety net for cancer patients

The Cindy Foundation has given $15,500 to Christiana Care Health System to support the Cancer Special Needs Fund at the Helen F. Graham Cancer Center & Research Institute. The Fund provides patients with financial assistance for medical expenses not covered by health care insurance.

“Cancer’s toll on families is not only physical and emotional — it’s also often financial,” said Nicholas J. Petrelli, M.D., FACS, Bank of America endowed medical director of the Graham Cancer Center. “At the Graham Cancer Center, we provide excellent clinical care and supportive services, and we connect patients with resources like our Special Needs Fund that ease the financial burden of cancer. The Cindy Foundation’s generous support enables us to help more patients during the most challenging time of their lives.”

Founded in 2009, the Delaware-based Cindy Foundation honors the life and memory of Cynthia “Cindy” DiPinto, a Delawarean who died of ovarian cancer at age 43. In the past seven years the non-profit has supported cancer awareness, education and research. Christiana Care is one of its major recipients.