

FOCUS

AUGUST 2016 VOLUME 27, NO. 8 *Focusing on the people and initiatives that distinguish Christiana Care Health System*

INSIDE

6 WHAT POVERTY MEANS

Unique simulations helps physicians learn the real-life effects of poverty on health and well being.

24 HARRINGTON FUND

New grants will support a variety of programs to make an impact on the health of our community.

39 GET FIT

Fitness centers offer free, 24/7 fitness opportunities for employees.

Cancer Moonshot summit highlights partnerships and innovation



Janice E. Nevin, M.D., MPH, Christiana Care president and CEO, welcomes local and regional cancer experts and community partners to the Delaware Cancer Moonshot Summit.

At Christiana Care's Delaware Cancer Moonshot Summit, June 29, nearly 180 people gathered to learn how innovative partnerships and research are positioning the health system to be a leader in the National Cancer Moonshot Initiative to accelerate progress in cancer prevention, diagnosis, treatment and care.

The summit at Christiana Care coincided with Vice President Joseph Biden's National Cancer Moonshot Summit in Washington, DC. The summit was one of more than 260 held nationwide convening researchers, medical professionals, cancer survivors and others to discuss how to eliminate the disease.

CONTINUED ON PAGE 2

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Top
Stories

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Wellness

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CHRISTIANA CARE
news

Cancer Moonshot Summit

Cancer is expected to claim the lives of 2,000 Delawareans this year. It's predicted that in the First State alone, 5,000 residents will be diagnosed with the disease. But Delaware is making great strides — its rate of cancer-related deaths is dropping at more than twice the pace of the rest of the country.

“Today’s summit is the first time that individuals and organizations representing the entire cancer community will convene under the national goal of doubling the rate of progress toward a cure.”

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

“Today’s summit is the first time that individuals and organizations representing the entire cancer community will convene under the national goal of doubling the rate of progress toward a cure,” said Janice E. Nevin, M.D., MPH, Christiana Care president and CEO. “That’s a big bet. Deal us in. It’s high time we all take action.”

Dr. Nevin stressed that two key words from The Christiana Care Way — partnership and innovation — can accelerate the pace of progress in cancer research, prevention, treatment and care.

Presentations at the summit highlighted Christiana Care’s and the state’s leadership in addressing cancer disparities, gene editing, translational cancer research, clinical trials and behavioral science.

Unprecedented partnership

The opening presentation spotlighted the historic partnership between the Helen F. Graham Cancer Center & Research Institute, one of the nation’s largest community cancer centers, and The Wistar Institute, the nation’s first National Cancer Institute-designated cancer center dedicated solely to biomedical research. The affiliation is the first-ever inter-institutional and collaborative affiliation between a basic research institution and a community cancer center.

“The Graham Cancer Center’s partnership with Wistar has created unique opportunities for collaboration in cancer research, bringing together for the first time basic and translational investigators with dedicated community oncologists,” said Nicholas J. Petrelli, M.D., Bank of America endowed medical director of the Helen F. Graham Cancer Center & Research Institute. He outlined two projects involving biomarkers for the early detection of lung cancer that have been fast-tracked as a result of the partnership.

“With each institution’s infrastructure and programs adding to the strategic value of the other’s research vision, the whole of this partnership is truly greater than the sum of its parts,” said Dario Altieri, M.D., president and CEO of The Wistar Institute Cancer Center. “This partnership will advance important scientific discoveries that can accelerate the path to prevention, diagnosis, treatment — and eventually help lead to the cure of many cancers.”

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Dario C. Altieri, M.D., Wistar president and CEO and director of The Wistar Institute Cancer Center, and Nicholas J. Petrelli, M.D., Bank of America endowed medical director of the Helen F. Graham Cancer Center & Research Institute.

The day before the summit, the Gene Editing Institute announced its partnership with Wistar to accelerate breakthrough cancer research in the human genome. According to its director, world-renowned molecular biologist and gene editing pioneer Eric Kmiec, Ph.D., the Gene Editing Institute is embarking on a clinical trial using an enhanced CRISPR gene-editing tool. The CRISPR tool was approved in June for its first human tests by the Recombinant DNA Advisory Committee, an ethics panel set up by the National Institutes of Health.

“The clinical trial at the Graham Cancer Center will be one of the first in the U.S. using this advanced gene editing technology,” he said.

Researchers at the Gene Editing Institute recently made a breakthrough discovery to greatly enhance the precision of CRISPR in editing the human genome. They did so by combining CRISPRs (clustered regularly interspaced short palindromic repeats) with short strands of synthetic DNA, called single-stranded DNA oligodeoxynucleotides. The combination enables researchers to better identify and develop innovative, personalized cancer therapies.

Via webcast, Vice President Biden said that what he knows about cancer, he learned from helping his son, former state Attorney General Beau Biden, battle a brain tumor that claimed the 46-year-old’s life a year ago.

Biden recalled having to enlist the help of his son-in-law, a surgeon, to gather Beau Biden’s medical information and fly it from Walter Reed Army Medical Center, where his son was a patient, to his doctors at the MD Anderson Cancer Center in Texas. Health records should be able to flow seamlessly and ubiquitously, he said.

The Moonshot — named after President John F. Kennedy’s challenge to land a man on the moon — aims to achieve revolutionary results for mankind by breaking down silos and sharing information, underscoring urgency, making care affordable and eliminating unnecessary regulatory hurdles, Biden said.

“I firmly believe we can do in the next five years what normally would take 10,” he said.



Vice President Joe Biden delivered a video message during the national Cancer Moonshot event.

Delaware’s record of success

Through the Graham Cancer Center’s leadership with others in the state, Delaware eliminated the disparity between Caucasians and African-Americans in the rates of colorectal cancer incidence and mortality.

“We actually moved the needle in 10 years,” said Congressman John Carney, who spoke at the summit. “I couldn’t be more optimistic this time ... that we can do even better. We ought to be able to do here in Delaware what no other state in this nation can do.”

“The Graham Cancer Center’s partnership with Wistar has created unique opportunities for collaboration in cancer research, bringing together for the first time basic and translational investigators with dedicated community oncologists.”

NICHOLAS J. PETRELLI, M.D.

Jennifer Sims-Mourtada, Ph.D., senior clinical scientist and director of translational breast cancer research at the Center for Translational Cancer Research at the Graham Cancer Center, said her team is focusing on disparities in outcomes, especially with triple-negative breast cancer, an aggressive form that disproportionately affects African-American women and for which Delaware has the highest rate in the nation.

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Cancer Moonshot Summit



“We actually moved the needle in 10 years. I couldn’t be more optimistic this time ... that we can do even better. We ought to be able to do here in Delaware what no other state in this nation can do.”

U.S. REP. JOHN CARNEY

Researchers are making progress identifying blood-based biomarkers that could be used to create targeted therapies, she said.

Christiana Care also tops the industry in the rate of patients participating in clinical trials — 21.2 percent compared with 3 to 4 percent nationally, said Gregory A. Masters, M.D., principal investigator, National Cancer Institute Community Oncology Research Program (NCORP) at the Graham Cancer Center.

In addition to Congressman John Carney, other dignitaries in attendance included Secretary Rita Landgraf, Wilmington City Councilwoman Sherry Dorsey Walker and Wilmington City Councilman Darius Brown.

On a closing panel presentation, Linda Larimore, who was diagnosed in 2011 with Stage 4 colorectal cancer, the same disease that claimed the life of her father, spoke passionately about the importance of participating in clinical trials.

She has taken part in several clinical trials, and her colon and liver are cancer-free, but the disease has spread to her lungs. If any other clinical trials are available, she told the crowd, “Sign me up!”

Dr. Petrelli, who moderated the panel, said Larimore was a perfect example of how “we’ve turned cancer into a chronic disease. When I was in training, you wouldn’t have been able to tell that story,” he said. ●



Panelists at the Delaware Cancer Moonshot Summit included Nicholas J. Petrelli, M.D., Linda Larimore, Jennifer Sims-Mourtada, Ph.D., Gregory A. Masters, M.D., Eric Kmiec, Ph.D., and Anne E. Kazak, Ph.D.

Service lines are a conduit for productive collaboration

By Kert F. Anzilotti, M.D., MBA, Physician Leader, Neurosciences Service Line



At Christiana Care Health System, we are dedicated to being respectful, expert caring partners in our neighbors' health. That's The Christiana Care Way.

But we don't accomplish this goal working as individuals. We are better partners when we collaborate with our colleagues.

Diverse groups with different perspectives come up with more robust ideas on how we can create a safer, more efficient and more pleasant environment for our patients.

Sharing our collective knowledge, insights and ideas is an important part of our service line structure, which brings together colleagues from various disciplines so we can provide the optimal experience for patients.

Service lines position us to deliver on the promise of The Christiana Care Way by creating innovative, effective, affordable systems of care that our neighbors value. The service line structure is designed to be flexible, acknowledging the complex relationships of various disciplines throughout the health system.

In the Neurosciences Service Line, we enjoy a positive and productive relationship with our clinical colleagues. But the team that creates our success is more than the familiar faces we see every day.

Radiologists are not just focusing on radiology. We are thinking about the greater patient experience. Collaboration between doctors and nurses has gone to a new level because we share collective goals. We are working together to address such safety concerns as falls and infections.

We also have developed a deep appreciation for our relationship with our colleagues in Food & Nutrition, who have partnered with us to enhance the patient experience.

We have been paying close attention to the patient experience and we understand that meals are an important part of a patient's day. Food is essential. After all, most of us eat three meals a day. And good nutrition helps patients to get well.

Our colleagues in Food & Nutrition have been doing an outstanding job in making sure patients' meals are warm and that they arrive at the right time. If a patient is having a study

done at a time when meals are served, our colleagues in Food & Nutrition make certain that a fresh meal is available for that patient when he or she returns to the room.

When our patient satisfaction scores improved from a baseline of 78 percent to 84 percent, we realized that a key part of that success is the great work our colleagues in Food & Nutrition are doing. It wasn't enough for us to send a grateful, congratulatory e-mail. We asked if we could meet with our Food & Nutrition colleagues in their staff meeting and thank them in person for their expertise and hard work in enhancing the patient experience.

The service line structure has helped us to improve in other areas. Traditionally, nurses would survey patients to identify problems and fix them. That might include anything from the room being too cold or questions about their medications.

But we realized that the physicians weren't involved in this process. Patients were missing out on an important opportunity to voice concerns about their care. So we pulled the doctors in so we can directly address patients' problems and provide more comprehensive care.

Achieving these improvements for our patients did not require a major capital expense. No sophisticated technology was necessary. Colleagues didn't have to go through hours of intensive training.

Some of the enhancements are simple reflections of our dedication to being respectful partners. A warm meal and a warm handshake are basic ways we show we care for our patients and our colleagues.

It's about changing our culture. Our focus is the relationship with our patients and the relationship with our colleagues in diverse disciplines. The service line structure has empowered us to discover this.

We are not isolated. We are building teams that create enhanced patient experience, organizational vitality and safety. It's a common goal that we work at collectively.

Collaboration also enhances the employee experience. Working for the greater good has a positive impact on worker satisfaction. When people can identify with a larger group, when we are trying to accomplish something together, it makes us feel better about our work.

It's the right thing to do. It's The Christiana Care Way. ●



Vouchers, transportation passes, electronic transfer processes, benefits and eligibility combined to flabbergast many of the resident physicians in training at the Community Action Poverty Simulation.

Simulation exercise gives first-year residents a glimpse into the challenges of poverty

As his family struggled to keep the electricity on, buy groceries and arrive at medical appointments on time, Jonathan Hilton, M.D., formed a new understanding for what low-income patients experience every day.

A first-year resident in emergency medicine, Dr. Hilton faced these obstacles while playing the role of a 16-year-old pregnant girl in a family of four. The challenge was part of Christiana Care's Community Action Poverty Simulation, held June 23 at the John H. Ammon Medical Education Center.

The simulation, which was an important element of the hospital's orientation for 75 new first-year residents, is an educational immersion experience that sensitizes participants to what it is like to be poor.

"I can't believe how frustrated I was, and this was only a simulation," Dr. Hilton said.

Over three hours, residents were given a name and enrolled in one of 26 Wilmington families. They grappled with the need to seek food, shelter and other basic necessities during a month, when time and money were stretched to the breaking point.

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“Week by week we had to juggle priorities and I definitely have greater empathy for people with very limited resources.” —Jonathan Hilton, M.D.

In some cases, they were tempted to break the law to care for their families. In other cases, they didn't know how to read or communicate in a grocery where only Spanish was spoken. Participants jumped hurdles to secure bus passes, cope with illness and find the money for medications. Often they would lose their jobs, find themselves broke or be sentenced to jail.

“Week by week we had to juggle priorities, and I definitely have greater empathy for people with very limited resources,” said Dr. Hilton, who shared how the experience made him feel with other residents and facilitators after the exercise ended.

LeRoi Hicks, M.D., MPH, vice chair, Department of Medicine, talked about different forms of health care disparity. Dr. Hicks is nationally known for his research in this field, has served on the national advisory council for the Society of General Internal Medicine and has been a grant reviewer with the National Institutes of Health.

The simulation — a first of its kind in Delaware — was a lively experience with representatives from more than a dozen community organizations volunteering to take part, adding another element of realism. Among the Wilmington-area organizations that sent representatives were an interfaith shelter, a pawn shop, a bank, a church, a grocery, social-service agencies and the Wilmington Police Department.

“Residents and volunteers from the community jumped into this wholeheartedly, which is one reason why it went so phenomenally,” said Dana Beckton, director, Diversity and Inclusion. Her office funded the purchase of the simulation kit from the Missouri Association for Community Action, and she co-facilitated the immersion experience with Jacqueline Ortiz, MPhil, director, Cultural Competence and Language Services.

“I think our medical residents and community members got a lot from this event,” said David Paul, M.D., chair of the Department of Pediatrics and physician leader of the Women & Children's Service Line. “It's also unique, in that we don't know of other resident programs that have done this.”

Dr. Paul played the role of a “bad guy” in the simulation, adding chaos to stressful situations. He attempted to lead people astray and break the law to pay bills — and participants saw how easy it was to turn to a life of crime.

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LeRoi Hicks, M.D., MPH, vice chair, Department of Medicine, an expert in health care disparity, and Lisa Maxwell, M.D., associate chief learning officer and designated institutional officer, staffed a kiosk representing health care during the simulation exercise.



Dana Beckton, director, Diversity and Inclusion, moderated the poverty simulation event.



Simulation participants encounter complications in the process of enrolling a child in public school.



Simulation participants struggled to overcome language barriers and red tape.

SIMULATION HIGHLIGHTS CHALLENGES OF POVERTY | CONTINUED

As a major teaching hospital, Christiana Care provides a clinical learning environment for more than 280 residents and fellows within 13 residency programs. The poverty simulation is Christiana Care's early participation in a national effort of the Alliance of Independent Academic Medical Centers called "A-HA!" or "Advancing Health Advocacy through Resident Education." It is a targeted initiative to raise awareness about disparities in health care.

"We have a whole curriculum we are developing for interns on health and income disparities," said Dr. Paul. He is working on the curriculum with Renee Kottenhahn, M.D., FAAP, associate director, Pediatric Practice Program; Arlene J. Smalls, M.D., leader of the curriculum initiative; Michael Maguire, M.D., MPH, second-year resident, Internal Medicine/Pediatrics; Marisa Gilstrap, M.D., third-year resident, OB-GYN; Kristen Fritzges, second year Med-Peds resident; and Loretta Consiglio-Ward, MSN, RN, education specialist, Institute for Learning, Leadership & Development. They aim to help residents become competent and compassionate clinicians who understand vulnerable and marginalized populations and feel engaged in their local community.

According to Dr. Smalls, the team selected the poverty simulation because of its interactive nature, because research suggests it can have a lasting impact and because it has received positive feedback in other states.

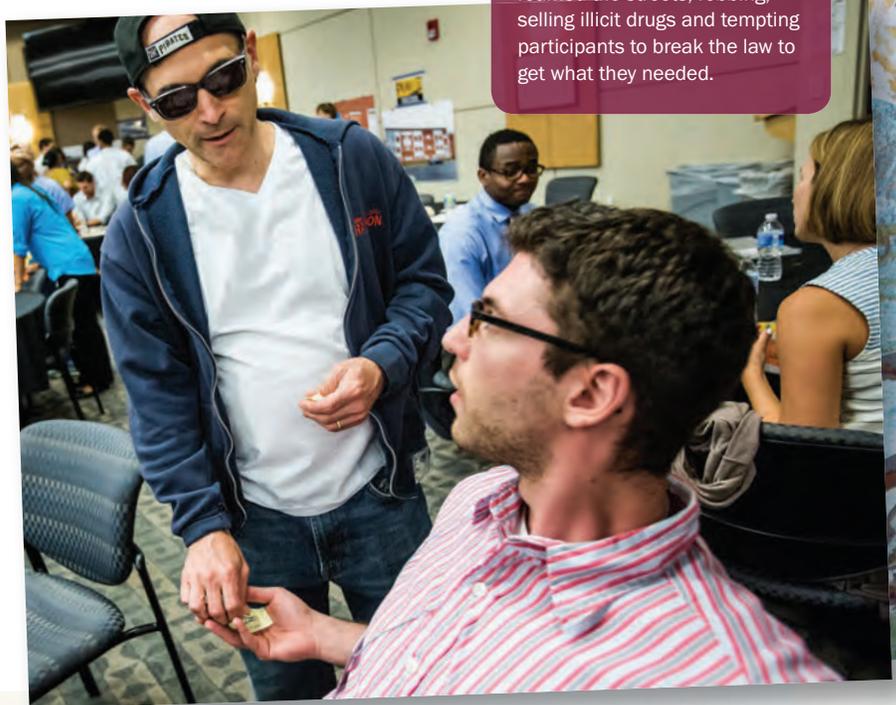
"At the end of the simulation, our interns felt it was a fun and valuable experience, giving them insight on why patients might have a difficult time making appointments and taking medication," said Dr. Maguire. "They also appreciated the chance to connect with real community programs and businesses in Delaware."

Graduate faculty and hospital administrators also observed the poverty simulation, and Christiana Care leaders are exploring ways it can be used across departments to extend awareness about disparities in health care. In addition, there are plans to use the poverty simulation with next year's first-year residents.

To measure the effectiveness of the simulation, Consiglio-Ward is facilitating a study of attitudes toward poverty among first-year residents, both before and after the immersion experience.

"Improving our providers' understanding of the challenges our neighbors face in being active participants in their health care is an important element for our population health strategy," said Robert Dressler, M.D., MBA, quality and safety officer, Academic and Medical Affairs. "With this knowledge, our providers can begin to address these social determinants of health one person at a time." ●

David Paul, M.D., incognito, played the role of a bad guy who roamed the streets, robbing, selling illicit drugs and tempting participants to break the law to get what they needed.



"I think our medical residents and community members got a lot from this event. It's also unique, in that we don't know of other resident programs that have done this."

— David Paul, M.D., chair, Department of Pediatrics

Amanda J. Kay, M.D., MPH, FAAP, a board-certified pediatrician with Wilmington's Pediatric Practice Program, Pediatrics resident Selasie Goka, M.D., and Linda Brennan-Jones, BS, BALS, outpatient social worker, display backpacks offered to pediatric patients at risk for nutrition insecurity.



Christiana Care Pediatric Practice Program partners with Food Bank, Kiwanis to help defeat food insecurity

Parents and children visiting the Pediatric Practice Program at Wilmington Hospital over the past year have received assistance in overcoming food insecurity, including emergency food provided through a partnership among Christiana Care, the Food Bank of Delaware and Kiwanis Club of Wilmington.

Recognizing that parents do not always have access to adequate food, which can result in the lack of proper nutrition for children and adults, the pediatric staff of the Rocco A. Abessinio Family Wilmington Health Center devised this program, called “Reach Out and Feed.” It aligns with policy recommendations by the American Academy of Pediatrics, which has called for pediatricians across the nation to address the food security issue

by screening children to identify vulnerable patient families and connect them with community resources.

“By coordinating with community resources, we strengthen our ability to place our patients and their families on the path to wellness,” said Christiana Care Chief Health Equity Officer Bettina Tweardy Riveros. “The food security program is an innovative example of coordination across organizations that are committed to serving our community and that have identified resources to address a pressing need — hunger — that is foundational to helping patients achieve optimal health.”

Children who live in households that are food insecure get sick more often, recover more slowly from illness, have poorer overall

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health and are hospitalized more frequently, according to the American Academy of Pediatrics, which estimates that close to 16 million U.S. children are struggling with hunger.

“Food insecurity is a huge concern in the city of Wilmington, where there is a high percentage of low-income families,” said Christiana Care’s Jennifer M. LeComte, D.O., FACP, FAAP, medical director, Transitions and Pediatric Practice. “I am concerned because poor nutrition can have a lifelong impact on health, affecting everything from bone density to heart health and cognitive development.”

She is pleased that pediatricians at the Wilmington Health Center now have a way to open a conversation about food with families. During pediatric appointments parents are asked two important questions:

- 1 *Within the past 12 months, did you worry whether your food would run out before you got money to buy more?*
- 2 *Within the past 12 months, did the food you buy just not last and did you not have money to get more?*

Parents answering yes to either question are offered an “emergency food backpack” filled with nutritious and kid-friendly foods. The backpacks are provided by the Food Bank of Delaware and are funded by a grant from a local chapter of Kiwanis International. Backpack food items include shelf-stable milk and juice, as well as granola bars, applesauce, cereal and three full meals. Parents are also provided with a list of local food pantries to meet future needs.

Families face all sorts of issues when it comes to being able to obtain the right balance of foods, said Amanda J. Kay, M.D., MPH, FAAP, a board-certified pediatrician with Wilmington’s Pediatric Practice Program. She recalls working with a family in which she recommended a mother switch from whole milk to skim milk to reduce calorie intake for an obese child. But the mother said she could only buy whole milk in her small neighborhood grocery.

“Of course, we never want to judge — food insecurity can happen to anyone,” said Dr. Kay. “I have had families with children who were hungry in the office, and they needed to open the food packs right away. When a family faces food insecurity, we provide a backpack for every child in the home. As a provider, I’ve learned it’s important to know what resources can help our families.”

Often Wilmington Health Center pediatricians assist families leaving emergency shelters, helping parents learn about food pantries and other services. And for parents who would like further aid, social workers meet with them before they leave the pediatric practice. Social workers can make sure patients are taking advantage of federal nutrition programs such as the Special Supplemental Nutrition Program for Women, Infants and Children (WIC), the Supplemental Nutrition Assistance Program (SNAP), as well as school lunch and breakfast programs.

“Many of our families don’t know how far their money will stretch, and that causes a lot of stress,” said Linda Brennan-Jones, BS, BALS, outpatient social worker. “What I see is that through our pediatric outreach that we can impact the whole family — psychologically and nutritionally.”

Drs. LeComte and Kay hope to expand the food program to include another round of backpack grants, more nutritional education and more access to fresh fruits and vegetables for patients.

“I have high hopes that we can build on our success and continue to make a difference in the lives of our families,” Dr. LeComte said. ●



Food insecurity is a huge concern in the city of Wilmington. ... Poor nutrition can have a lifelong impact on health, affecting everything from bone density to heart health and cognitive development.”

JENNIFER M. LECOMTE, D.O., FACP, FAAP



Barbara Smith-Little has a skin screening performed by Daniella Benson, PA-C.

Free skin cancer screenings connect neighbors to potentially life-saving care

Michael Palombi and his girlfriend Caroline Rossiter were worried about skin cancer. Earlier this year, both of Palombi's parents were treated for early-stage melanoma. Rossiter's mother and older brother have been diagnosed, too.

"And I have this spot above my lip," she said. "It comes and goes but it never really heals. Sometimes, it bleeds."

So the Pike Creek couple signed up for the annual free skin cancer screening at the Helen F. Graham Cancer Center & Research Institute. They were glad they did.

Both were examined by dermatologists and referred for follow-up visits. The doctor who saw Rossiter shared her concern regarding the spot on her face. Palombi's doctor found a suspicious mole on his stomach.



Nora Katurakes, RN, MSN, OCN, manager of Community Health Outreach and Education at the Graham Cancer Center, leads an annual community outreach meeting on skin cancer focusing on incidence among people of color.

"How often do we check out our stomach?" he said. "This visit may have saved my life."

For the past 26 years, the Graham Cancer Center at Christiana Care and the Academy of Dermatology have partnered

to offer screenings to help people get diagnosed early, when melanoma is highly curable. In all, 186 individuals were screened at the event May 25-26 at the Graham Cancer Center. Of that number, 84 were referred for follow-up visits.

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Rossiter, 42, visited tanning booths in her youth, which dramatically increases the risk of skin cancer, according to the American Cancer Society. Both she and Palombi, 46, have a family history of melanoma.

“Early detection is important because melanoma is highly treatable in its earliest stages,” said Nora Katurakes, RN, MSN, OCN, manager of Community Health Outreach and Education at the Graham Cancer Center. “Melanoma also is highly preventable, which is why children should always wear sunscreen — and learn to reapply it often.”

Other ways to protect skin from harmful UV rays include:

- Stay in the shade between 10 a.m. and 4 p.m., when the sun is strongest.
- Wear clothes that cover your arms and legs, and a wide-brim hat.
- Choose sunglasses that block sun from the side and offer both UVA and UVB protection.

- Wear sunscreen and lip balm with an SPF of 15 or higher.

Lisa Carr, 52, of Wilmington, was alarmed by a spot on her back that appeared about two years ago. She suffered severe sunburns as a child, which increases her risk of melanoma. “I have fair skin and sunburned dozens of times when I was younger,” she said. “I put on baby oil and fried so I could fit in.”

The dermatologist who examined Carr found two suspicious areas: the spot on her back, plus a mole on her ankle. “I thought I was aware of what was going on with my skin, but I never looked at my lower legs,” she said.

Barbara Smith-Little, 70, is African-American and has had sensitive skin for more than 20 years. “People of color aren’t immune to skin cancer, and I have a few spots that I want to get checked out,” she said.

Smith-Little, of New Castle, was reassured after her exam that she doesn’t have signs of skin cancer. “I’m fine, although my doctor encouraged me to cover my arms and stay out of the sun,” she said.

Outreach and education workers from the Graham Cancer Center stressed that thorough, head-to-toe exams are essential in detecting changes in moles and other signs of skin cancer. That includes looking at the scalp and spaces between fingers and toes. Use a hand mirror to check the buttocks, backs of legs and genitals.

Health care providers who volunteered their time and expertise were: Daniella Benson, PA-C; Michele Compton, PA-C; Gwen Dalphon, PA-C; Matthew Hanson, M.D.; Helen Mashek, M.D.; Rachel Neumoyer, NP; Eric Oliet, M.D.; Lori Spencer, M.D.; Peter Panzer, M.D.; and Cynthia Webster, M.D. Moving for Melanoma of Delaware also was a partner for the event. ●

Junior Board announces new Board of Directors

Georgianna Riley began a two-year term as president of the Christiana Care Junior Board Inc. on July 1. She takes over as president after serving a two-year term as chair of membership. She joined the Junior Board in 2013 and volunteers in the Surgical Waiting Lounge at Christiana Hospital. Riley also has volunteered and served as chair of the 2015 Medicine Ball Fundraising Committee. In addition, she participates in the Swank Memory Care Medical Leadership Council, which focuses on philanthropy and building awareness and advocacy for the Swank Memory Care Center.

Riley is a retired registered nurse with more than 35 years of experience. She is an active member of St. John the Beloved parish, serving as a Eucharistic minister and assisting in parish life activities that support the parish and the Emmanuel Room. ●



THE 2016-2017 JUNIOR BOARD BOARD OF DIRECTORS

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Violence prevention highlighted at ACCEL Research Exchange

Christiana Care researchers, clinicians and volunteers played an important role in sharing information on the scope of community-engaged studies and projects during the 2016 ACCEL Research Exchange, a day of networking among academic and community partners.



“We are working on community-engaged research to improve the health of Delawareans and, in support of that, our overarching theme this year was the public health problem of violence.”

OMAR KHAN, M.D., MHS, FAAFP

A focus of the May 23 conference at Nemours/Alfred I. duPont Hospital for Children was examining the problem of violence and reaching for solutions through community-driven partnerships.

“We are working on community-engaged research to improve the health of Delawareans and, in support of that, our overarching theme this year was the public-health problem of violence,” said Omar Khan, M.D., MHS, FAAFP, co-director, Community Engagement and Outreach, ACCEL, and physician leader of Christiana Care’s Primary Care & Community Medicine Service Line. “Addressing and preventing violence in our neighborhoods is a real community need.”

The annual conference is part of the institutional partnership among Christiana Care, the University of Delaware,

Nemours/A.I duPont Hospital for Children and the Medical University of South Carolina through a \$20 million, five-year grant from the National Institutes of Health, along with \$5 million from the state of Delaware and \$3.3 million in matching funds from the research partners. The federal grant, formally known as Delaware CTR-ACCEL, was awarded to the collaborating institutions in 2013 to accelerate clinical and translational research and build research infrastructure.

“As partners, we all have complementary missions: building a strong collaboration to enhance health care with research projects that are meaningful and vital to our community,” said Dr. Khan.

The morning keynote speaker was David Vlahov, Ph.D., RN, FAAN, dean and professor at University of California, San

Francisco. He spoke about a community academic partnership in Harlem studying the effectiveness of pharmacies selling syringes without a prescription as a means of lowering transmission of HIV among drug users. With low initial use of the program, the Harlem community academic partnership conducted an information campaign to reach intravenous drug users, pharmacies and the wider community. The program suggests that community academic partnerships can accomplish broad-scale mobilization, said Vlahov, adding that the effectiveness of mobilization efforts can be designed, measured and summarized.

Howard Pinderhughes, Ph.D, chair and associate professor of social and behavioral sciences in the School of Nursing at the University of California, San Francisco, presented on “Healing from Adverse

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Christiana Care clinicians and researchers presented community-based research initiatives:

Community Experiences: Public Health Strategies to Prevent/Address Trauma-Related Violence,” drawing on his research on youth violence prevention and health disparities among youths.

“We welcome an understanding of projects like these, as we improve urban health in Delaware through collaborative, community-based programs and research” said Dr. Khan.

Speaker Rita Landgraf, secretary of the Delaware Department of Health and Social Services, addressed risk factors for gun violence. She pointed out that living in impoverished conditions, having low educational attainment and experiencing abuse as a child are all factors for being involved in gun violence in a lifetime.

Landgraf said the Centers for Disease Control and Prevention has a public-health violence-prevention model based on multidisciplinary science that Delaware is working to implement. That model is based on defining and monitoring a problem, knowing protective factors that are a buffer against risk, developing and testing prevention strategies and implementing evidence-based programs.

To learn more about the ACCEL program, community participation and resources, visit <https://de-ctr.org/>.

Heather Bittner Fagan, M.D, MPH, FAAFP, associate vice chair for research in Family & Community Medicine and team leader of the ACCEL Community Engagement Awards and Brian Rahmer, Ph.D., MS, director of community health engagement in the Department of Pediatrics, shared practical information on how researchers and community partners can collaborate on a community-engaged research project. ACCEL offers grants and other funding opportunities. To-date, ACCEL has awarded more than \$1.5 million in research funding. Areas of study have included improving outcomes for infants who have cardiac surgery, community assets and barriers to reducing childhood obesity, and a better understanding of treatment-resistant breast cancer cells.

LeRoi Hicks, M.D., MPH, vice chair, Department of Medicine and Claudine Jurkovitz, M.D., MPH, Value Institute senior physician scientist, talked about the use of “big data” sets with sophisticated algorithms to identify trends. They shared strategies for the use of large databases to address issues of gun violence.

Sandra P. Medinilla, M.D., medical director, Violence Prevention, helped launch Cease Violence in Wilmington, a nationally recognized program to prevent gun violence by identifying nonviolent solutions to resolve conflict. The majority of gun violence victims in Delaware are treated at Christiana Care.

Chaz Molins, MSW, LCSW, coordinator of violence outreach, intervention and community engagement, leads Christiana Care’s Youth Violence Prevention Program, which dramatizes the consequences of gun violence for teens and introduces them to young people directly affected, such as Christian Harris of Bear who lost his right leg to a gunshot wound, to encourage teens to make good choices to avoid gun violence.

Rahmer and co-investigator Nora Katurakes, MSN, RN, OCN, manager, Community Health Outreach and Education, Helen F. Graham Cancer Center & Research Institute, are collaborating with colleagues at Christiana Care and in the community to assess the value of community health workers by surveying individuals who have used community health services.

Rahmer and Christopher Moore, BA, LSSGB, program manager of Community Health in Family & Community Medicine, are leading a pilot project on using video journaling as a research method. With co-investigators from other institutions, the project uses video journaling as an assessment tool with adolescent males studying the “Wise Guys: Male Responsibility” curriculum developed to prevent teen pregnancy.

Scott D. Siegel, Ph.D., director of Psychosocial Oncology & Survivorship at the Graham Cancer Center and a Value Institute Scholar, is a co-investigator for “Examining Survivors of Cancer and Physical Activity in Delaware: A Community-Based Participatory Research Needs Assessment.” Most cancer survivors do not meet minimum recommendations for physical activity. This project is assessing the collective awareness of survivors regarding physical activity and cancer and physical activity programs and services available to Delaware cancer survivors. ●

Ambulatory Powerchart roll-out creates single, integrated electronic health record

Upgrade provides unique opportunity to make care delivery process more user friendly



“This is what every health system is striving for — a completely integrated health system for patients.”

TIMOTHY SHIUH, M.D., FACEP



When the Christiana Care outpatient, or ambulatory practices switch over to the Powerchart electronic health record (EHR) later this year, cardiologist Roger Kerzner, M.D., FACC, will be able to care for his patients in ways never before possible.

The more clinician-friendly EHR is the same platform used to track health services for inpatients — people admitted for a hospital stay. Powerchart will be implemented across all ambulatory practices within The Medical Group and will enable clinicians to look at populations of patients more easily.

“It opens up opportunities to do non-visit-based care, such as letting me look at panels of my patients — for example, those with high blood pressure, to see if their blood pressure is under control,” said Dr. Kerzner, who is assistant medical director for specialty services for The Medical Group of Christiana Care.

“I can also request a daily list of patients who didn’t get prescribed lab work done so I can follow up with them. It’s an exciting tool that lets us really do population health,” he said.

Christiana Care prepares to convert its current ambulatory EHR from Centricity to Cerner’s Powerchart platform this fall. According to Timothy Shiu, M.D., FACEP, associate chief medical information officer, “Creating an integrated health record used systemwide is a pivotal moment in our transformation as an organization.”

One source of truth

The project’s mantra, said Dr. Shiu, is, “One patient, one chart, one source of truth.”

The move to the same record used for inpatient care will allow the seamless flow of clinical information — whether a patient is cared for in the Emergency Department or a medical aid unit, has outpatient surgery, is hospitalized, or sees a primary care or sub-specialty physician in one of The Medical Group’s 40 practices.

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“Wherever the point of care, the data is the same and shared across all sources,” said Dr. Shiuh. “Our goal is to improve coordination of care, improve transitions and reduce duplications.”

The process of care will also become more patient-friendly, thanks to enhanced access to the patient portal, where patients can view notes and medication lists, and communicate securely with their physicians. The portal will allow patients to complete paperwork in the comfort of the own homes instead of arriving early for appointments to fill out forms in the office.

Check-in will be done at a kiosk instead of waiting in lines — although staff will continue to be on-hand to assist patients. During office visits, providers will have ready access to the patient’s clinical information, with key indicators specific to that visit highlighted for the provider’s attention.

In other words, what is highlighted for a cardiologist might be different information than what pops up for a surgeon. Information pertinent to the appointment — including clinical pathways, which provide decision support for physicians — automatically will generate.

Leveraging internal talent

In a visionary, unprecedented partnership between a health system and vendor, Christiana Care leverages internal talent, ideas and innovative thoughts to drive Cerner to do better, Dr. Shiuh said.

“Information Technology projects are no longer merely about purchasing and configuring new software,” he said. “We’re strategically partnering with our vendor to help them refine and develop their products. We test the products internally and provide feedback to help make the product better for the entire customer base. The vendor gets input, feedback and ideas from real-world clinicians, and we are able to drive development and the future of Cerner solutions to meet our needs.”

He explains that IT is also leveraging its relationship with Organizational Excellence to apply Lean principles and use the EHR conversion as an opportunity to change processes of care that improve efficiency and make systems more usable to clinicians and users.

Vernon Alders, MHCDS, MBA, MSW, corporate director of Organizational Excellence and director of the Center for Organizational Excellence for the Christiana Care Value Institute, described the ambulatory Powerchart rollout as an opportunity to re-evaluate how the system delivers care, and make the best use of technology to move ambulatory practices into the future with respect to population-based care.

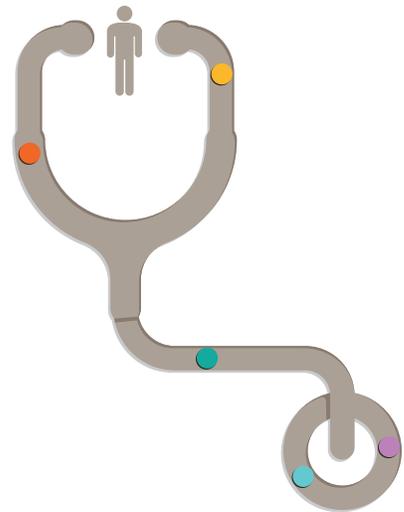
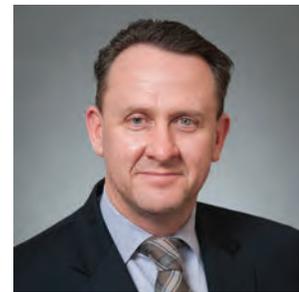
“We’re breaking out of the old way of delivering care and developing processes that are more patient-friendly — more customer-focused — built upon team-based care looking at the wellness of populations of patients in our community,” he said. “We’re creating a new vision and designing care for the future. This will be something very new.”

An interdisciplinary team of frontline staff — office staff, nurses and physicians — from The Medical Group came together on a Clinical Operation and Redesign Team to do a deep-dive into all 40 ambulatory practices. They looked at what they call “pain points” within the current system, mapped workflows and came up with the “voice of the customer,” which pinpoints that which is effective, as well as opportunities for improvement. From the team’s findings, IT is programming the new system to meet the needs of both patients and providers.

The goal is to standardize the care experience within subspecialties so that workflows and experiences for patients are consistent across practices. Clinical information will be readily accessible to all Christiana Care providers in just one record across ambulatory and acute-care sites. “This will give us the ability to

“We’re breaking out of the old way of delivering care and developing processes that are more patient-friendly.”

VERNON ALDERS, MHCDS, MBA, MSW



CONTINUED

AMBULATORY POWERCHART ROLLOUT | CONTINUED

know who our patients are and retrieve information vital to their care across the system,” said Alders.

Dr. Shiu concurs: “This is what every health system is striving for — a completely integrated health system for patients. We not only want to implement one patient chart, but to do so in a way that improves patient care and transforms our clinicians’ ability to work in the system.”

The integrated EHR — and the new ways of delivering care that it makes possible — offer an enhanced ability for clinicians like Dr. Kerzner to collaborate with specialty partners, now that all are using the same electronic medical record.

“It’s just a better system for us to interact and wrap ourselves around the patient to coordinate care,” he said. “It gives us the ability to evaluate quality and the experience of care we’re providing in ways better than we’ve ever had. Care becomes more uniform, and we now have ready access to information we had to go searching for in the past. Before

this transformation, I didn’t know if my patients were really compliant with their cholesterol medication, but now I have that information available to me in real time.”

Dr. Kerzner said Christiana Care’s investment in Ambulatory Powerchart and all of the process advantages that come with it confirms that the health system really is committed to the Triple Aim of health care — and to Christiana Care’s strategic aims of Optimal Health, Exceptional Experience and Organizational Vitality.

The easier-to-use platform is sure to lead to greater provider satisfaction — the fourth and an equally important aim in improving the care delivery process. ●



“It gives us the ability to evaluate quality and the experience of care we’re providing in ways better than we’ve ever had.”

ROGER KERZNER, M.D., FACC

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Christiana Care among AHA 2016 Most Wired Hospitals

Technology improving efficiency of care delivery

Christiana Care Health System has earned a new distinction as one of the nation's Most Wired hospitals, according to results of the 18th Annual Health Care's Most Wired survey released by the American Hospital Association's (AHA) Health Forum.

"This recognition shows how we are leading the nation in the integration of care and technology to connect with the people we serve in new and very different ways to help them achieve optimal health," said Randy Gaboriault, MS, chief information officer and senior vice president of Innovation and Strategic Development.

According to the survey, technology is improving the efficiency of care delivery and creating a new dynamic in patient interactions. Most Wired hospitals are using telehealth to fill gaps in care, provide services 24/7 and expand access to medical specialists. This year's results show:

- The top three telehealth services offered in hospitals are consultations and office visits, stroke care, and psychiatric examinations and psychotherapy.
- Stroke care is the most rapid growth area for telehealth services, up 38 percent from 2015, as evidence-based studies emphasize the time urgency of stroke care.
- More than 25 percent of hospitals use internet-enabled monitoring devices for chronic disease management of congestive heart failure, diabetes and heart disease.

In redefining the way that they provide care in their communities, Most Wired hospitals are using technology to build patient engagement with individuals' lifestyles in mind, which includes electronic access to their care team.

- 68 percent accept patient-generated data through the patient portal.
- 26 percent of Most Wired organizations offer electronic visits through a mobile application.
- 61 percent use social media to provide support groups.

"Hospitals are breaking out of their traditional four walls and providing care where and when patients need it," said Rick Pollack, president and CEO of the AHA. "These Most Wired hospitals exemplify this transformation by harnessing technology, engaging patients and offering services remotely.

Most Wired hospitals are utilizing population health management tools and partnering with other health care providers to share critical clinical information used in analyzing interventions aimed at key patient groups, such as those with diabetes. To get patients the right care, hospitals are using predictive modeling to eliminate preventable problems.



Randy Gaboriault, MS

- 53 percent interface electronic health record data with population health tools.
- 62 percent stratify patients according to risk.
- 51 percent aggregate data from patient encounters to create a community health record.

The versatility of mobile technologies makes it possible for clinicians and care team members to have the right tools for sound clinical decision-making wherever they are: 81 percent of Most Wired hospitals use mobile applications to notify clinicians of sudden changes in patient conditions and correlated events such as falls or respiratory distress or failure.

As they build out new capabilities, hospitals are also taking strong actions to ensure health data is secure.

- More than 90 percent use intrusion-detection systems, privacy audit systems and security incident event management to detect patient privacy breaches, monitor for malicious activities and produce real-time analysis of security
- 84 percent conduct a third-party security audit annually to ensure that guidelines are followed.

HealthCare's Most Wired survey, conducted between Jan. 15 and March 15, 2016, is published annually by Health & Hospitals Networks (H&HN). The 2016 Most Wired survey and benchmarking study is a leading industry barometer measuring information technology use and adoption among hospitals nationwide.

The survey of 680 participants, representing an estimated 2,146 hospitals — more than 34 percent of all hospitals in the U.S. — examines how organizations are leveraging IT to improve performance for value-based health care in the areas of infrastructure, business and administrative management, quality and safety, and clinical integration. ●

➤ Detailed results of the survey and study can be found in the July issue of H&HN. For a full list of winners, visit www.hhnmag.com.

'I was my father's best shot,' says daughter who donated kidney

An only child, Dayna Morris has always been very close to her mom and dad. Every Saturday night, Morris and her husband would go out to dinner with her parents.

Then her dad, James Claxton, lost his appetite. After more than 20 years with diabetes, his kidneys were failing. He was on dialysis three days a week. One of the side effects was an unpleasant, metallic taste in his mouth.

"Nothing tasted good," he recalls. "I was tired out."

That was in 2012. Claxton's doctors recommended a kidney transplant. He consulted with the kidney transplant team at Christiana Care, an easy drive from his home in Pennsville, New Jersey, and the only adult transplant center between Philadelphia and Baltimore.

He learned that the wait for a kidney from a deceased donor could be as long as five years. A live donor would eliminate that wait. Outcomes for transplants involving live donors also are significantly better.

"With a living donor, recovery is quicker, and the organ is less likely to be rejected," said S. John Swanson III, M.D., surgical director for the Kidney Transplant Program. "The kidney also begins working faster and continues working longer because the kidney is usually healthier and outside the body for less time than one from a deceased donor."

Claxton did not ask his daughter if she would be tested to see if she was a match.

It was Morris who suggested it.

"His color was horrible, he lost a ton of weight — and I could fix this," Morris said. "As an only child, I felt that I was my father's best shot."

At the transplant center, she underwent "every test under the sun," including extensive psychological and medical testing, she said.

Both her husband and her father had lots of questions regarding the safety of the procedure.

"They answered every single question," Claxton said. "Everyone in the transplant program was extremely professional, as well as friendly and compassionate."

During her tests, Morris learned that she needed a hernia repair. The team consulted with another surgeon so that she could have that operation at the same time she was donating a kidney.

Her transplant surgery was performed by Dr. Swanson. Her father's surgeon was Velma P. Scantlebury, M.D., FACS, associate director of the Kidney Transplant Program.

Eight weeks after she donated the kidney, Morris was back at work as an advanced math teacher.

Four years later, both father and daughter are doing well. They quickly reestablished their tradition of having dinner together each Saturday.

"My dad has a better quality of life. He isn't hooked up to a dialysis machine for four hours, three times a week," she said. "It's great seeing him enjoying his food."

Claxton says he feels better at 70 than he did when he was 60.

"I'm back playing golf. I go to the gym two or three times a week," he says. "My daughter gave me a whole new lease on life." ●

"Everyone in the transplant program was extremely professional, as well as friendly and compassionate."

JAMES CLAXTON

James Claxton and daughter Dayna Morris.

Unique therapy programs showcased at Parkinson's disease conference

Christiana Care Health System therapists have two words for people living with Parkinson's disease: BIG and LOUD.

These two unique therapy programs are now offered at five locations across the state and at Christiana Care's Concord Health Center in Chadds Ford, Pennsylvania. Christiana Care also hosts four support groups for people with Parkinson's and their caregivers.

"The population is aging, and we have more and more people being diagnosed with Parkinson's disease and coming into the system," said Cathy Kelly, OTR/L, Occupational Therapy Department manager for Christiana Care.

Last fall, she attended a local Michael J. Fox Foundation fundraiser that drew hundreds of people for a pancake breakfast. "It made me very aware how large the community is," she said.

When she returned to work that Monday, she started organizing an educational event to be sponsored by Christiana Care. The Living Well with Parkinson's Disease Conference, held May 7, drew about 115 people with the condition, their caregivers and health professionals to the Christiana Hospital campus.

The event highlighted the therapies offered by Christiana Care, which often yield measurable results in the first hour of treatment. Kelly said Christiana Care Rehabilitation Services has nine physical and occupational therapists and 13 speech therapists who work with people with Parkinson's disease.

The Lee Silverman Voice Treatment (LSVT) LOUD therapy was developed in 1987 to help people with Parkinson's retrain their brains to strengthen their voices and improve articulation.



LSVT BIG therapy teaches clients whose movements are affected by Parkinson's disease how to improve dynamics by mentally exaggerating their motions.

LSVT BIG therapy adapted the principles of the speech program to help patients improve their balance and body movements. It consists of seven different exercises administered four times per week for four weeks. After that, patients embark on a comprehensive lifelong home exercise program, returning for reevaluation on an annual or semi-annual basis.

Both therapies use repetitive, exaggerated exercises to recalibrate a person's recognition of what normal movement feels like.

Parkinson's disease is a progressive disorder of the nervous system characterized by tremor, rigidity of the muscles and a reduction in the size of movements. It also can decrease facial expressions, affect swallowing and reduce intelligibility of speech.

"Everyone experiences it differently," said Christine Cook, MA, CCC/SLP, who became certified in the LSVT LOUD therapy in 2008 and held a breakout session for health professionals at the conference.

Laurie Scott, OTR/L, spoke to the group of patients and caregivers about the importance of staying active.

"The sooner you get moving, the longer you can stave off the progression of the disease," she said. "The goal of LSVT BIG therapy is to give you back the parts of your life that Parkinson's disease has taken away."

Cynthia Huffine, DPT, a physical therapist certified in the LSVT BIG program, said the therapies work because of the brain's plasticity. "It is capable of change," she said.

Huffine also underscored the value of activity, recommending a boxing program designed for people with Parkinson's disease, tai chi, yoga, dancing, swimming and motion-controlled videogames. Even those who use a wheelchair or who are confined to a bed can exercise, she said.

Bob Klopfenstein, 71, of Wilmington, was diagnosed with Parkinson's nine years ago. He exercises four times a week and has gone through both the BIG and LOUD therapies.

He also takes advantage of Christiana Care's support groups. Klopfenstein signed up for the conference, he said, because he wants to stay updated on his condition.

"Sharing ideas is the most important thing," he said. ●

In LGBT Pride Month event, Christiana Care colleagues discuss challenges of coming out



Coming out as lesbian, gay, bisexual or transgender to family, friends and colleagues is an emotionally charged, life-changing event.

At Christiana Care, colleagues shared their personal stories in a panel discussion in observance of LGBT Pride Month, hosted by the Multicultural Heritage Committee.

The event on June 30 at the John H. Ammon Medical Education Center also marked the premier of the video, “It Gets Better,” produced to support and inspire LGBT youth. The video, which features insights from Christiana Care colleagues, will be distributed by the United Way to Gay/Straight Alliances in Delaware public schools.

“This work is so important here at Christiana Care and in our community,” said Bettina Tweardy Riveros, Esq., chief health equity officer. “The message is one of courage and of hope and shows that things can actually get better.”

Dana Beckton, director, Diversity and Inclusion, noted that LGBT youth are four times more likely than their straight peers to attempt suicide.

“Given the events that have happened in Orlando, coming out LGBT is a difficult decision that folks have to make,” she said.

Panelists said that before they came out they often felt lonely and depressed, and some were bullied at school.

It wasn’t easy sharing their sexual orientation with relatives and, in some cases, spouses. But in the end, they felt free and happy. Often, parents and former spouses became their champions.

Paul Archer, coding coordinator, HIMS, came out in 1996 to his father, a retired Episcopal priest. While his father was accepting, Archer was ostracized by his brother.

Still, he has no regrets about acknowledging his authentic self.

“When you know the value of yourself, the rest of it goes away,” Archer said. “You can stand tall.”

Sandra Medinilla, M.D., MPH, came out to her husband, who offered his immediate support. Today, Dr. Medinilla is remarried. She and her wife recently adopted twins.

CONTINUED

“The reason I am out at work is because it doesn’t make a difference,” she said. “Love is love is love.”

Tomika Reid, a surgical technologist in the Operating Room, was married with two small children when she shared her sexual orientation with her family 25 years ago.

“I couldn’t keep up with the lies any more,” she said. “My aunt, who is very religious, told me I needed to be happy.”

Her son was angry but eventually became close friends with Reid’s girlfriend. Her mother was not supportive, although their relationship has improved over the years.

“It was all taboo to her. But she has gotten better,” she said.

Justin Glasgow, M.D., came out to a community of friends when he was in college. He believes it’s important not to downplay the difficulty of the experience.

“Be a realistic reflection. Everyone here had at least one negative experience during the coming out process,” he said.

In discussing ways to support LGBT colleagues, Rev. Timothy Rodden, MDiv, MA, BCC, FACHE, director, Pastoral Services, and system coordinator, LGBTQ Health Initiatives, encouraged coworkers to be proactively supportive.

“When there are adverse news events, take the opportunity to bring up the suffering of gay people,” he said. “Make sure there are adequate support systems in place when you come out. Let people know that we are safe harbors.”

For the past five years, Christiana Hospital and Wilmington Hospital

have both been recognized as a Leader in LGBT Healthcare Equality by the Human Rights Campaign (HRC) Foundation, the educational arm of the country’s largest lesbian, gay, bisexual and transgender civil rights organization.

The honor is given to institutions meeting LGBT-inclusive benchmarks that are part of the Healthcare Equality Index (HEI), the HRC Foundation’s survey that encourages equal care for LGBT individuals by evaluating inclusive policies and practices related to LGBT patients, visitors and employees. ●

“The reason I am out at work is because it doesn’t make a difference.”

Christiana Care: It Gets Better



Love is love is love.”

SANDRA MEDINILLA, M.D., MPH

Watch the video, go to:
[https://www.youtube.com/
christianacare](https://www.youtube.com/christianacare)

Harrington Fund supports community partnerships and scholarship to address social determinants of health

In the spirit of paying it forward, Christiana Care Health System has designated a \$13 million bequest from the estate of a legendary champion of the health system and its community to advance scholarship and support innovative projects that help reduce health care disparities for underserved and disadvantaged populations throughout our area.

The gift establishes the Charles J. Harrington Fund, named for its benefactor, the late director emeritus of the Christiana Care Board of Directors and former Christiana Care trustee who was a strong proponent of service and of the importance of philanthropy.

“The Harrington Fund enables us to advance scholarship and community partnerships that will benefit the health of our neighbors and our region,” said Janice E. Nevin, M.D., MPH, president and CEO of Christiana Care. “It is our honor to recognize Mr.

Harrington’s legacy by using his gift to advance clinical knowledge and promote the transformative power of partnership by joining forces with groups already making a difference to even more effectively serve our community together.”

With the delivery of health care transitioning rapidly toward a population health approach — where the focus shifts to effective and meaningful ways of keeping groups of individuals healthy through primary care and prevention before they need to seek emergency care — addressing economic, environmental, employment and other social factors that impact health are paramount. Programs that address social determinants of health, such as those selected for support from the Harrington Fund, delve into grassroots issues facing our community and promise greater value in health care by removing obstacles that keep people from achieving optimal health.

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Wilmington Trust, which managed the estate of philanthropist Charles J. Harrington, Ph.D., presented a portrait of Dr. Harrington to Christiana Care Health System. The portrait had its home at Wilmington Trust, where Dr. Harrington sat on the board of directors. Presenting the portrait, accompanied by Vice Chair of Christiana Care Trustees Penny Saridakis, were Wilmington Trust representatives Mark Graham, leader of wealth advisory services, Clark Robertson, vice president and senior relationship manager of wealth advisory services, Nicole St. Amand, assistant vice president, and Bill Bechstein, chief operating officer and vice president.

Supporting our community's health

One component of the fund, known as the Harrington Value Institute Community Partnership Fund, supports new or existing innovative community programs that target one or more social determinants of health and include both a community focus and a clinical outcome.

Understanding that medical conditions can be aggravated by legal or social problems, the partnership integrates attorneys into the health care team to help with issues such as proper mold remediation in an asthmatic resident's rental home or preventing a utility company from cutting off electricity to the home of someone who requires supplemental oxygen to reduce the need for repeated emergency treatment at the hospital.

"Providers often don't think about legal issues when treating patients, and patients themselves are often not aware that a legal remedy exists for their problem, or they cannot afford legal representation," said Susan Howard-Smola, J.D., MBA, senior clinical researcher with the Christiana Care Value Institute. "Linking these disparate resources provides patients with more comprehensive care that benefits the patient and the health system."

Three additional projects were announced as 2016 funding recipients at the Value Institute's spring symposium, June 10: one that helps guide conversations between patients and their health care providers about end-of-life preferences; a second that works in low-income and low-performing schools to improve reading and overcome language-based learning disabilities; and a third that dedicates the services of both full- and part-time bicultural and bilingual promotoras in the Hispanic community for culturally appropriate health outreach and education.

"With this generous funding, we are able to partner on opportunities that target social determinants of health — factors that affect daily life and health, such as neighborhood, education and economic stability — and include both a community focus

and a clinical outcome," said Edmondo Robinson, M.D., MBA, FACP, Christiana Care's chief transformation officer, who chairs the advisory group for the fund. "Foremost in our minds when selecting recipients is advancing our commitment to the health of our neighbors."

DMOST implementation, education and research



John Goodill, M.D.

Led by John Goodill, M.D., Christiana Care's director of palliative care education and outreach, in partnership with the Delaware Academy of Medicine and Delaware Public Health Association.

The Delaware Medical Orders for Scope of Treatment (DMOST) form facilitates end-of-life conversations, documents decisions and translates into more person-centered care reflective of what individuals want

and what is likely to be beneficial in the final phase of life. "It empowers people to get the medical care they need, at the place and in the way that they want," Dr. Goodill said.

As Harrington Fund recipients, Dr. Goodill and project partners the Delaware Academy of Medicine and Delaware Public Health Association have achieved a five-year goal to bring this important clinical tool to our community. Initially it will launch a paper form shared between patients and their health care providers. Plans are to create a statewide electronic registry for the collected information. Most states already have similar tools in place to help guide end-of-life treatment, and research indicates increasing evidence that a medical order that health care providers are obligated to follow is more effective than an advance directive in ensuring that people get the type of medical care they want at the end of their lives.

CONTINUED

"Dr. Harrington's long-time affiliation with Christiana Care truly reflected his interest in the organization and its future. We thank our friends at Wilmington Trust for giving us a wonderful remembrance of Dr. Harrington."

PENNY SARIDAKIS



HARRINGTON FUND | CONTINUED

“Our ultimate goal is helping people live as well as they can for as long as they can,” said Dr. Goodill. “With Harrington Fund support, Delaware now has the ability to do that.”

Reading Intervention Reading Corps Program

Led by Vicki Innes, executive director, Reading Assist Institute, Wilmington, Delaware.

For someone who cannot read, knowing how to properly take prescribed medications, following care instructions after surgery or even truly understanding their own medical conditions can be challenging, if not impossible. With more than 7,500 early elementary students in Delaware reading below grade level, the consequential impact on their future health could be staggering. About 20 percent of these students have some level of developmental reading disorder, like dyslexia, making it difficult to learn how to read in the same way as their classmates.

In a unique school and community partnership, the Wilmington-based Reading Assist Institute (RAI) tutors students individually and works with teachers and their classes, bringing evidence-based, multisensory, structured language instruction for struggling readers. Support from the Harrington Fund will allow the RAI Reading Corps to provide early intervention for more public elementary schools who suffer from language-based learning disabilities and who are reading at or below the 25th percentile. The hope is that by opening their world to reading, doors will also open to better health.



Reading Assist Institute Reading Corps will provide early intervention to more schools thanks to support from the Harrington Fund.

Healthy Latina families: improving access and care

Nora Katurakes, MSN, RN, OCN, manager, Community Health Outreach & Education, Christiana Care Helen F. Graham Cancer Center & Research Institute, in partnership with the Latin American Community Center.

Launched in 2012, the Promotoras for Healthy Family Program strategically embeds specially trained Hispanic, Spanish-speaking health advocates known as promotoras throughout Latina communities to provide health outreach and education, eliminate barriers to care and link members of the Hispanic community with medical homes.

CONTINUED



Nora Katurakes, MSN, RN, OCN



Juanita Ramos, Promotoras Community Outreach Coordinator, and Luisa Ortiz- Marquez, Healthy Family/ Promotoras Program Manager, work together to provide outreach and education to the Hispanic community.



Support from the Harrington Fund allows continuation of the program including both a full-time program manager and part-time staff promotoras, as well as recruitment and education for a team of up to 20 trained volunteer promotoras reaching throughout the Hispanic community. The goals are to enroll 100 new Hispanic families from identified neighborhoods, continue to serve enrolled families and reach an additional 400 individuals with information about health and access to care.

Advancing scholarship

In October, the Harrington Fund made it possible for Elizabeth J. Brown, M.D., MSPH, a highly regarded specialist in family medicine, to join Christiana Care’s Family & Community Medicine faculty as the Harrington Clinical Investigator and a Value Institute scholar. Previously a fellow in the renowned Leonard Davis Institute of Health Economics at the University of Pennsylvania and a Robert Wood Johnson Foundation Clinical Scholar at Penn’s Perelman School of Medicine, Dr. Brown’s research includes access to care, education and organization of health care delivery, with areas of focus in child and adolescent health, geriatrics and long-term care and health policy.

“Dr. Brown’s research portfolio and clinical skills have already become a valuable asset to the Value Institute’s commitment to research that meets the Triple Aim of improving the quality of the health care experience, improving the health of populations and reducing health care costs,” said Timothy J. Gardner, M.D., medical director of the Center for Heart & Vascular Health



Elizabeth J. Brown, M.D., MSPH

and executive director of the Value Institute. “Support from the Harrington Fund enables us to further build our research base for the benefit of the neighbors we serve.”

The Harrington Fund is helping to build the health care research pipeline in Delaware through the Value Institute Harrington Fund Student Research Scholarship. Now in its second year, the 10-week summer internship program allows two university juniors or seniors to gain hands-on experience in research projects aimed at improving the delivery of health care in the community. This summer’s scholarship winners are a pre-medicine-focused Delaware State University student who plans to pursue a career in cardiothoracic surgery and a nursing student at Delaware Technical & Community College focused on research in women and children’s health.

As Delaware’s leading health care provider, Christiana Care is committed to partnering with community-based services to address social needs that impact wellness and access to care. Innovative partnerships and scholarship supported by the Harrington Fund promise tremendous benefit to the community by addressing social determinants of health and making health care truly accessible — and of greater value — to all. ●



Harrington Value Institute Community Partnership Fund 2016 recipients were congratulated at the Value Institute spring symposium.

Value Institute Spring Symposium illustrates the importance of research for clinical practice

In a transformative era when reimbursement models are rewarding quality improvements in medicine, Christiana Care is well positioned to bring evaluative science to clinical practice because of the research of the Value Institute.

“If we are going to be successful in achieving optimal health for our patients and exceptional patient experience, as well as maintaining organizational vitality, we need the Value Institute,” said Janice E. Nevin, M.D., MPH, president and CEO. “They are a critical partner in all that we do.”

Dr. Nevin praised the Value Institute’s focus on achieving excellence in patient-centered care in opening the Value Institute’s spring symposium at the John H. Ammon Medical Education Center in June. More than 200 participants gathered to celebrate the fifth anniversary of the Value Institute.

Participants learned about representative research to improve clinical outcomes for patients and the creation of a collaborative clinical/research culture devoted to health care delivery science applied across Christiana Care’s service lines.

The Value Institute has earned prestigious awards from funders such as the Center for Translational Research, the National Science Foundation, the Center for Medicare and Medicaid Services and the Patient Centered Outcomes Research Institute.

“This is a form of external validation, showing that our work is significant and is being shared on a national platform,” said Eric V. Jackson Jr., M.D., MBA, director, Center for Health Care Delivery Science, and associate director, Value Institute. Symposium participants also heard about the many presentations at national and international medical meetings and numerous publications by members of the Value Institute team.



Dominique Comer, Pharm.D, MS, senior clinical investigator, and Pan Wu, Ph.D., biostatistician, discuss their work using pharmacy claim data to pinpoint patients who did not fill anti-hypertensive drug prescriptions given by their physicians.

For Dr. Nevin, the Value Institute is intimately connected to The Christiana Care Way, helping to provide innovative, effective, affordable systems of care valued by patients.

For example, a recent Value Institute study shows that a program to embed hospitalists in the trauma service, begun in January 2013, is reducing patient mortality and 30-day trauma-related hospital readmissions for patients with multiple comorbidities. Mark D. Cipolle, M.D., Ph.D., FACS, FCCM, medical director, Trauma Program, said the research is showing that hospitalists offer a great deal of value when embedded in a trauma program. The research is earning Christiana Care national recognition as one of the first health systems to take this approach.

CONTINUED



“We are working closely with clinicians to help define best practices and what is valuable to our patients.”

ERIC V. JACKSON JR., M.D., MBA

Dr. Jackson said programs highlighted during the symposium were a snapshot of how the Value Institute is moving forward, stressing that the Triple Aim is a guiding principle – working on projects to promote exceptional patient experience, improve population health and reduce the cost of care.

“We are working closely with clinicians to help define best practices and what is valuable to our patients,” Dr. Jackson said.

Another example: A “big data” initiative to create a system that will predict sepsis will help to overcome barriers to timely diagnosis by integrating electronic health records and clinical expertise to provide an evidence-based framework. “Sepsis is the leading cause of death in hospitals and something we want to better understand,” said Dr. Jackson.

And through the creation of a Chronic Kidney Disease Registry, multiple data sources are being used to create a longitudinal description of kidney care in Delaware, and develop models and methods for predicting hospital admission.

“Ultimately, one of our goals is to reduce hospitalization rates of patients and predict the rate of hospitalization within a defined time frame from an office visit,” said principal investigator Claudine Jurkovitz, M.D., MPH, Value Institute senior physician scientist.

Timothy J. Gardner, M.D., executive director of the Value Institute and medical director of the Center for Heart & Vascular Health, said Christiana Care’s “busy, hard-working clinicians need this kind of research support and collaboration to improve their daily practice.”

Dr. Gardner also shared a new organizational model he called “Value Institute 2.0.” Initially in 2011, the Value Institute was organized around four pillars: the Center for Quality and Patient Safety, the Center for Outcomes Research, the Center for Operational Excellence and the Center for Health Care Delivery Science, a team focused on applying scientific approaches to create and analyze system-based processes. To create a more collaborative and interactive environment, the new model is one of overlapping centers, with the Center for Health Care Delivery Science at the heart of research activities. Connecting around this central purpose are funded research, quality and safety, and clinical health services research.

The guiding ethos of the new model is in support of Christiana Care’s service line structure. “We have strong collaborations and evidence that we are an integral part of daily life at Christiana Care,” Dr. Jackson said. ●

Value Institute leaders participating in the Spring Symposium: Front: Pan Wu, Ph.D., biostatistician, Kristen Miller, DrPH, MSPH, associate director, Human Factors, Tim Gardner, M.D., Janice Nevin, M.D., MPH, Eric V. Jackson Jr., M.D., MBA. Back: Dominique Comer, Pharm.D, MS, senior clinical investigator, Mark Cipolle, M.D., Ph.D., FACS, FCCM, director, Outcomes Research Surgical Service Line, Muge Capan, Ph.D., associate director, Health Systems Optimization, Edmondo J. Robinson, M.D., MBA, FACP, chief transformation officer, Christiana Care, Justin Glasgow, M.D., Ph.D., Internal Medicine Resident, Christiana Care, Robert Locke, D.O., MPH, FACOP, FAAP, Co-director, Center for Neonatal Evidence-Based Care and Population Health, Christiana Care, Marissa Band, JD, supervising attorney, Community Legal Aid Society Inc., Susan Howard-Smola, JD, MBA, senior clinical researcher; and Claudine Jurkovitz, M.D., MPH.



Blood Pressure Ambassadors Program receives generous gift from BNY Mellon Mid-Atlantic Charitable Trust



Representatives from BNY Mellon Mid-Atlantic Charitable Trust presented a gift to support Christiana Care Health System's community-focused Blood Pressure Ambassadors Program to leaders from Christiana Care's Center for Heart & Vascular Health and several blood pressure ambassadors.

A \$25,000 gift to Christiana Care Health System from the Helen D. Groome Beatty Trust, administered by BNY Mellon Wealth Management, is helping to prevent high blood pressure and make Delawareans healthier. With this generous gift, Christiana Care's volunteer blood pressure ambassadors will continue to strengthen their successful campaign as peer educators in the community to raise awareness about the consequences of high blood pressure, particularly among African-Americans for whom high blood pressure is more prevalent.

"Through our Blood Pressure Ambassadors Program, Christiana Care has pioneered a health screening and education program in our community to identify individuals with high blood pressure, with the goal of getting them medical care that will reduce the complications of chronic high blood pressure, such as heart attack, stroke and kidney failure," said Timothy Gardner, M.D., medical director of Christiana Care's Center for Heart & Vascular Health. "The ambassadors enthusiastically help their own neighbors — our own neighbors — achieve optimal health with attention to this fundamental health measure."

Getting the message out is critical. Loss of life related to high blood pressure contributes to nearly 1,000 deaths in the U.S. per day and the rate has been on the rise, reported the Centers for Disease Control and Prevention. High blood pressure is also associated with significant economic impact, costing Americans an estimated \$46 billion annually in health care services, medications and missed days of work.

"The opportunity to connect underserved neighborhoods with preventive health care inspired us to support this innovative program," said Lee Woolley, president, Mid-Atlantic Region, BNY Mellon Wealth Management. "We are thrilled to help Christiana Care, through the generosity of the Helen D. Groome Beatty Trust, continue its grassroots effort to help our neighbors become healthier through access to important information and free screenings, and help make a positive change in the lives of so many Delawareans."

During visits to churches, community centers and local events, the 95 blood pressure ambassadors have conducted more than 2,500 screenings in the last year.

According to the American Heart Association, one in three Americans has

high blood pressure. The incidence of high blood pressure among African Americans is higher, at 40 percent. If unmanaged, high blood pressure can lead to serious and fatal health problems, including heart attack, stroke and kidney failure.

Michelle Schwandt, trustee and chair of Christiana Care's Heart and Vascular Leadership Council, which promotes important heart-healthy initiatives, said the gift underscores the importance of prevention.

"This important support from the Beatty Trust helps us tackle the silent killer of high blood pressure, which strikes families and communities, often without warning signs or symptoms. BNY Mellon Wealth Management and our blood pressure ambassadors are our partners in keeping our neighbors healthy."

With events at central neighborhood locations like supermarkets and libraries, "our goal is to get the message to patients where they are, and that is in the community," said Ray Blackwell, M.D., cardiac surgeon and chair of the Blood Pressure Ambassador Advisory Committee. "The more people who know, the more people we can treat, the more lives we can save." ●

Once a stroke patient, he now volunteers to help others

Every Thursday, Don Squires joins the medical team and goes on rounds visiting stroke patients at Christiana Hospital.

Squires can empathize with the patients he serves. In 2005, he suffered a stroke. Now he helps others as a Christiana Care volunteer, reaching out to stroke patients and their loved ones.

“I’ve gone to the hospitals, to nursing homes and to patient’s homes, if the family requests it,” said Squires, of New Castle.

He also is on the Surgical Falls Prevention Committee, Patient and Family Advisory Council and Exceptional Experience Committee at Christiana Care. He speaks to new employees at orientation and attends conferences on stroke care.

“Patients are very grateful when he comes to visit,” said Jonathan Raser-Schramm, M.D., Ph.D., medical director of Christiana Care’s Stroke Program and the Stroke Treatment and Recovery Unit (STAR). “He’s an amazing resource for people who have just had this diagnosis.”

Squires says he is happy to be of service.

“I am a very positive person and try to convey that to patients,” he said. “Everything I do is for the patient and to promote The Christiana Care Way.”

The Christiana Hospital Stroke Program has been recognized as a Comprehensive Stroke Center, the most advanced level of expertise in stroke care, by The Joint Commission. It’s the only center between Philadelphia and Baltimore to achieve the distinction, which offers 24/7 availability of expert stroke care, including neurologists, neurosurgeons and neurointerventional radiologists.

Christiana Care’s team also includes specially trained nurses, a behavioral health specialist, social workers, a nutritionist, a case manager, a

rehabilitation liaison and physical, occupational and speech therapists.

“It’s a whole new world in stroke treatment these days, and Christiana Care has the latest and greatest,” said Squires.

Squires was 58 when he suffered an intracranial hemorrhage, essentially a bleed in his brain.

“I was drinking iced tea, and it just came out of the left side of my mouth,” he recalls. “Then I fell to the floor.”

In all, Squires was hospitalized for 41 days, first at Christiana Hospital, home to the Center for Heart & Vascular Health, and then at Wilmington Hospital, where he received physical, occupational and speech therapy.

“They did a lot to keep me going,” he said. “I couldn’t walk, couldn’t balance, couldn’t get out of bed. They taught me how to walk again and how to pick myself up if I fell.”

He received abundant emotional support from the staff.

“Every person — the man who mopped the floor, my nurses, my therapists — encouraged me to keep going, to never give up on myself,” he said.

Squires keeps that positive vibe going with the patients and families he visits.

“I find out about them, what kind of stroke they had. Then they tell me a little about themselves,” he said. “I encourage them with humor and by sharing my story.”

A decade after his stroke, Squires lives with lingering deficits. He can’t move the fingers on his left hand. He wears an electronic device to prevent foot drop.

“I still drive with one hand. I still shovel snow,” he says. “I’ve retrained my body and my mind.”

Patients often are depressed after a stroke.



They ask Squires whether it’s normal to have changes in mood. He tells them every patient is unique. But mood swings are common.

“In the first few years, I got edgy faster than I would have ordinarily. I couldn’t concentrate on people talking for more than 15 minutes,” he said. “Now I am much better at focusing.”

Dr. Raser-Schramm notes that Squires also helps to connect patients and families with community resources through the stroke support group that meets the second Thursday of each month at Christiana Hospital. Patients share their challenges, as well as their successes.

“A woman in our group recently walked for the first time in a year. One person couldn’t play the piano — and now he can,” Squires said. “It’s really neat to see the camaraderie and support we show one another.” ●

Richard G. Cuming, Ed.D., MSN, RN, NEA-BC named chief nurse executive



Richard G. Cuming, Ed.D., MSN, RN, NEA-BC, has been named chief nurse executive (CNE) at Christiana Care Health System.

A highly experienced and nationally respected nurse leader, Cuming joins Christiana Care from the Philadelphia-based Einstein Healthcare Network where he served as chief nurse executive and vice president for Health Care Services.

At Einstein, Cuming oversaw the operations and strategic direction of nursing services, perioperative and emergency services at Einstein Medical Center Philadelphia, Einstein Medical Center Elkins Park, MossRehab, Einstein Center One and Willowcrest, a skilled nursing center.

He collaborated on nursing practice and standards for Einstein physicians.

“We are thrilled to welcome Ric Cuming as the first chief nurse executive at Christiana Care,” said Janice E. Nevin, M.D., MPH, president and chief executive officer. “Ric is a transformational leader who will build on the nursing excellence that has earned Christiana Care two Magnet designations, many other nursing honors and recognitions and accolades from our patients and families. Ric’s leadership will support our goals of optimal health, exceptional experience and organizational vitality in service to our community.”

In an era of great change in health care, nurses are essential partners in both strategy and operations, said Dr. Nevin. “Reporting directly to me, Ric will lead our extraordinary nursing staff in setting strategic imperatives and guiding change to ensure evidence-based care is translated into daily nursing practices through the health system to best serve our patients and families.”

Prior to joining Einstein in 2014, Cuming served as a nursing executive for operations management in the Performance Management and Innovation Department at Tenet Healthcare Corp. He also served as senior vice president and chief nursing executive at the Jackson Health System in Miami.

This fall, Cuming will be inducted as a fellow of the American Academy of Nursing. AAN fellows are the most accomplished leaders in nursing education, management, practice and research.

“I am honored to be joining this exceptional team of nurses to further their track record of excellence in Delaware and in the nation,” said Cuming. “I look forward to partnering with the extraordinary nurses at Christiana Care to further elevate our profession in service to our patients, their families and the community we will all share.”

Cuming is board-certified as an advanced nurse executive by the American Nurses Credentialing Center. He sits on the editorial board of the AORN Journal of the Association of Perioperative Registered Nurses, where he served on the national board of directors, and is a member of several professional organizations, including the American Nurses Association and the American Organization of Nurse Executives.

Cuming is a 2015 alumnus of the Robert Wood Johnson Foundation Executive Nurse Fellowship Program. He earned his diploma of collegial studies in nursing at John Abbott College in Montreal, his Bachelor of science in nursing from the University of Ottawa, his Master of Science in nursing at the University of Miami and his doctorate in adult education and human resource development with a minor in advanced nursing administration from Florida International University.

He presents and publishes on nurse empowerment, nurse leadership and evidence-based nursing practice. ●



CHRISTIANA CARE COMPLIANCE HOTLINE

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

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

Tim Rodden named United Way of Delaware 2016 Volunteer of the Year

The Rev. Tim Rodden, MDiv, MA, BCC, FACHE, director of Pastoral Services at Christiana Care Health System and system coordinator, LGBTQ Health Initiatives, has been named United Way of Delaware's 2016 Volunteer of the Year for his work with the United Way's PRIDE Council. Michelle Taylor, president and chief executive officer, United Way of Delaware, presented the award at UWD's annual celebration on June 16.

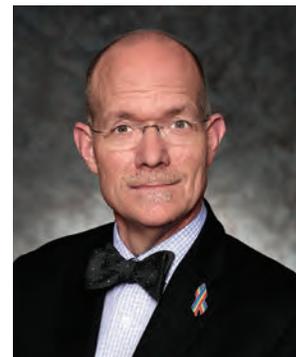
"Tim's service to the LGBTQ community and United Way's PRIDE Council has been an inspiration to me personally," Taylor said. "Our volunteers are the backbone of our work in the community, and Tim has helped us to truly live up to our commitment to diversity and inclusion. His work has been instrumental in improving the lives of LGBTQ Delawareans."

Rodden has been a steadfast supporter of PRIDE's Delaware Anti-Bullying/Gay Straight Alliance summits. As co-chair of United Way of Delaware PRIDE Council's LGBTQ Health Equity Task Force, he met one-on-one with the Delaware hospitals that hadn't participated in the Healthcare Equality Index and was instrumental to eight Delaware hospitals being named 2016 Leaders in Healthcare Equality by the Human Rights Campaign.

He also has developed and presented training for health care professionals in the culturally competent care of those identifying as LGBTQ at several national conferences.

"I am honored and humbled to be recognized in this way," Rodden said. "This recognition will serve to highlight the importance of the work we all do to improve the lives of LGBTQ Delawareans as it relates to surviving adolescence, getting best practice physical and mental health care, and for workforce inclusion. A lot has happened in Delaware in the last five years, and United Way of Delaware has been at the forefront in a lot of these initiatives."

The UWD PRIDE Council's mission is to organize community resources, including corporate, education, health, government and religious organizations, to improve the lives of lesbian, gay, bisexual, transgender and questioning (LGBTQ) youth and adults in Delaware. ●



Brian Aboff, M.D., named APDIM president



Brian Aboff, M.D., MMM, FACP, became president of the Association of Program Directors in Internal Medicine on July 1.

The international organization of accredited internal medicine residency programs has more than 4,500 members from more than 370 programs. Representing a diverse group of people with a common mission, APDIM supports program

directors, associate program directors, program administrators, faculty, chief residents and other staff who are dedicated to graduate medical education in internal medicine.

Dr. Aboff serves Christiana Care as the associate chair for education and has been the Internal Medicine and Transitional Year Program director since 2005.

He is a graduate of Weill Cornell Medical College and completed his internal medicine residency training at the Vanderbilt University Hospital. After serving an additional year as a chief medical resident, Dr. Aboff spent four years in the U.S. Air Force at Wright-Patterson Air Force Base, where he served as the chief of General Internal Medicine.

A general internist and medical educator, Dr. Aboff joined Christiana Care in 1993. He completed a master's degree in medical management from Carnegie Mellon University in 2014.

In addition to his APDIM work, Dr. Aboff recently completed a term as chair of ACGME's Transitional Year Review Committee.

He has been named a Top Doctor by Delaware Today magazine, is a Teacher of the Year award winner and is a recipient of the Leonard Lang Award given by the Delaware Chapter of the American College of Physicians to honor a physician and chapter member who "exemplifies in his or her personal and professional life the qualities of an outstanding internist." ●

Dr. Patricia Curtin honored with national Jefferson Award for Outstanding Public Service



Christiana Care's chief of Geriatric Medicine recognized for community service, including her ongoing work caring for the people of Haiti

For her humanitarian work at home and abroad, Patricia Curtin, M.D., FACP, CMD, of Christiana Care Health System received the National Jefferson Award for Outstanding Public Service by an Employee at a ceremony on June 16 in Washington, D.C.

Dr. Curtin is the first Christiana

Care employee to win a national honor from the Jefferson Awards Foundation.

The Jefferson Awards are a prestigious national recognition system honoring public service in America. The winner exemplifies the concepts of service, leadership and caring. In April, Dr. Curtin was honored with a 2016 Jefferson Award at the local level for her dedication to high-quality care for the elderly, her passion for mentoring students and her medical service abroad caring for underserved people in Haiti.

A respected health care professional, Dr. Curtin is chief of Christiana Care's Geriatric Medicine Section in the Department of Medicine and has helped establish Christiana Care as a national leader in elder care. She has won an Award for Best Practices for Older Adults from the American

Organization of Nursing Executives/John A. Hartford Foundation Institute for Geriatric Nursing and the 2015 Harrington Award for Distinguished Service from Christiana Care's Trustees.

"Dr. Curtin is a true servant leader," said Janice E. Nevin, M.D., MPH, president and CEO of Christiana Care. "It is an honor to know her and a privilege to have her on our faculty. This national recognition reflects what we know about our wonderful colleague — that she is a career-long exemplar of The Christiana Care Way, always working in service of others."

Dr. Curtin was nominated for a Jefferson Award in part for her volunteer efforts with the University of Notre Dame's Haiti Program. Since the island nation was struck by a devastating earthquake in 2010, she has traveled there 10 times, bringing her professional skill, personal commitment and powerful advocacy to the aid of Haitians.

Dr. Curtin has led and organized medical mission teams in providing care to families in mobile clinics and children in orphanages. Caring for more than 100 patients per day and teaching them basic health information, she set up clinics where patients were screened for diabetes and hypertension, treated for malaria and other diseases, and given hope for a brighter, healthier future.

She also volunteers for the Sunday Breakfast Mission, the Alzheimer's Association, the Multiple Sclerosis Society and St. Mark's High School.

"As a physician and a volunteer, Dr. Curtin is a respectful, expert, caring partner with her neighbors in their health, whether it be in Haiti or right here in Delaware," said Margarita Rodriguez-Duffy, MSW, CAVS, director, Visitor & Volunteer Services and program coordinator of the Jefferson Awards at Christiana Care. ●



Dr. Kirk Noel Garratt named chief of Cardiology



Kirk Noel Garratt, M.D., MSc, was named Christiana Care's John H. Ammon Chief of Cardiology in July.

Dr. Garratt joined Christiana Care in September 2015 as associate medical director for the Center for Heart & Vascular Health. He continues to serve as associate medical director, leading the Quality and Patient Safety activities of the Heart and Vascular Service Line.

He received his medical degree from the University of California, Irvine, followed by Internal Medicine Residency training at Duke University and a cardiology fellowship at UCLA. He trained in interventional cardiology at the Mayo Clinic Foundation in Rochester, Minnesota, and subsequently spent 17 years as a Mayo Clinic cardiologist.

In 2005, he joined Northshore-LIJ, Lenox Hill Hospital and Lenox Hill Heart and Vascular Institute in New York, serving as staff interventional cardiologist, director of cardiac intervention, director of cardiovascular research, director of the interventional cardiovascular fellowship program and associate chair of cardiovascular medicine responsible for quality and process improvements. He left the Northshore-LIJ health system in 2015 with the academic title of professor of medicine.

Dr. Garratt is an international leader in interventional cardiology and serves on the executive committee of the Society for Cardiovascular Angiography and Interventions (SCAI). He will serve as SCAI president in 2018.

In addition to his leadership role in interventional cardiology, Dr. Garratt is a highly regarded cardiology leader in quality, patient safety and performance improvement.

He has participated in clinical research for more than 30 years, authored more than 300 publications, and is a reviewer and editor for multiple medical journals. He has earned recognition, awards and grants for academic achievement, research, teaching and mentorship.

Dr. Garratt succeeds William Weintraub, M.D., MACC, FAHA, FESC, who has assumed an emeritus leadership role in the Cardiology Section. He currently serves as unit medical director of the Cardiology ICU and as associate program director of the cardiology fellowship.



Dr. Weintraub is a key leader in the Christiana Care Value Institute. He serves on the Executive Committee and is Christiana Care's leader for the NIH-funded Delaware Clinical Translational Research (DE-CTR) consortium, which includes the University of Delaware and Nemours/A. I. duPont Hospital. He also directs other NIH-funded projects and national research collaborations with colleagues

in the Value Institute and the Christiana Center for Outcomes Research, and serves as a senior mentor for many diverse research activities at Christiana Care. ●

Mary Trainer appointed administrative director of Care Link



Mary Trainer, MSN, RN, CCM, in June joined Christiana Care Health System as administrative director of Care Link.

Trainer previously was district director of case management for Kindred Health Care, where she was responsible for eight Pennsylvania and New Jersey regional long-term acute care operations. She was director of medical care management for VIP Medicare Plans with Amerihealth Caritas health plan and administrative manager of case management for Christiana Care.

"She is a master's prepared, certified case manager with experience in hospital-based case management, health plan care management and LTACs," said Patty Resnik, MBA, MJ, RRT-NPS, FACHE, CPHQ, vice president, Quality & Care Management. "She brings a broad base of care management knowledge and expertise from a variety of health care settings to Care Link, and we are excited to have Mary join our team."

Trainer received her MSN in health administration from the University of Delaware in 2011. ●

Publishing

Mark D. Cipolle, M.D., Ph.D., Bailey C. Lopresto Ingraham, MS, Joan M. Pirrung, MSN, RN, ACNS-BC, Erin M. Meyer, D.O., Christine Manta, BA, Alexandra S. Nightingale, BS, Edmondo J. Robinson, M.D., MBA, and Glen H. Tinkoff, M.D.

“Embedding a Trauma Hospitalist in the Trauma Service Reduces Mortality and 30-Day Trauma-Related Readmissions.” *Journal of Trauma and Acute Care Surgery*. July 2016.

Dayee Jacob, MS, DABR, Melissa Lamberto, Lana M. de Souza Lawrence, and Firas Mourtada, Ph.D., M.S.E., D. ABr. “Clinical Transition to MBDCa from TG 43 Formalism for HDR Brachytherapy: A Retrospective Analysis of the Treatment of Cervix Using Tandem and Ring Applicator.” *Brachytherapy*, Vol. 15. May 2016.

Melissa Lamberto, Dayee Jacob, MS, DABR, John Strasser, M.D., Christopher Koprowski, M.D., and Firas Mourtada, Ph.D., M.S.E., D. ABr. “Dosimetric Impact of SAVITM Breast Applicator Position Near Tissue Heterogeneities.” *Brachytherapy*, Vol. 15. May 2016.

Dayee Jacob, MS, DABR, and Firas Mourtada, Ph.D., M.S.E., D. ABr., et al. “Dosimetric Deviation of Leipzig and Valencia Skin Applicators When Used without Cap.” *Brachytherapy*, Vol. 15, May 2016.

Firas Mourtada, M.S.E., Ph.D., D. ABr., et al. “Implementation and Validation of an End-to-

End Commissioning Process for Model-Based Dose Calculation Algorithms in Brachytherapy.” *Brachytherapy*, Vol. 15. May 2016.

Paul Kolm, Ph.D., et al. “Demystifying the New Statistical Recommendations: The Use and Reporting of P Values.” *Journal of the American College of Cardiology*. July 2016.

Timothy D. Rodden, MDiv, MA, BCC, FACHE, and **Brett Herb, LCSW**. “LGBT Cultural Competence: Train the Trainer Webinar.” Association for Nursing Professional Development/Lippincott. June 2016.

Sudhakar R. Satti, M.D., Thinesh Sivapatham, M.D., et al. “Basilar Artery Perforator Aneurysms (BAPAs): Review of the Literature and Classification.” *Journal of Neurointerventional Surgery Online* First article. June 2016.

Presentations

Jeffrey Guarino, M.D., Nicole Guarino, Ph.D., Jason Koch, D.O., and **M. Eden Beams, M.D.**, “Survey of Patient and Caregiver Understanding of Alzheimer’s Disease” at the American Geriatrics Society Annual Conference in Long Beach, California in May 2016.

Stephen A. Pearlman M.D., MSHQS. “Care for the Caregiver.” Respiratory Care Symposium, Christiana Care Health System. June 2016.

Timothy D. Rodden, MDiv, MA, BCC, FACHE, et al. “Strengthening LGBT Care in a Hospital

and in the Community.” Association of Professional Chaplains Annual Conference. Orlando, Florida. June 2016.

Yukiko Washio, Ph.D., Neal D. Goldstein, Ph.D., Richard Butler, MS, Stephanie Rogers, MSN, RN, David A. Paul, M.D., Miksha Terplan, M.D., MH, and Matthew K. Hoffman, M.D. “Self-reported Cigarette Smoking, Marijuana Use, and Other Illicit Drug Use in Northern Delaware.” College on Problems of Drug Dependence, Palm Springs, California. June 2016.

At the 2016 National Teaching Institute & Critical Care Exposition in New Orleans in June:

- **Bridget Bieber, MSN, CCRN, and Kathy Crawford, MSN, CCRN**. “Hemodynamic Insights in Your Acute Care Patient.”
- **Donna Casey, MA, BSN, RN, FABC, NE-BC**. “Courageous Care: Ethics Informed Peer Review: Why and How.”
- **Helen Hawrylack, BSN, RNIII, CCRN**. “Mentoring Bedside Nurses through the Research Process” and “Self-Care: Setting Healthy Boundaries to Manage Stress and Anxiety.”
- **Tim Heckman, BSN, RN-BC, Jennifer Papi, BSN, RN, PCCN, and Samantha Kelley, BSN, RN**. “Ventilator Associated Pneumonia: Prevention in the Midst.”
- **Tiffani Lee, MSN, RN, PCCN, Kimberly Mattison, BSN, RN, PCCN, Shannon Guzman, BSN, RN-BC, and Sonya Stover**,

CONTINUED

Best practice review

SAFETY AND QUALITY OF CARE

Q. HOW MANY PATIENTS VOICE THEIR CONCERNS ABOUT PATIENT SAFETY OR THE QUALITY OF CARE?

A. Patients may voice their concerns about patient safety and quality of care to the following without fear of retaliation:

- Their doctor
- Their nurse
- The Nurse Manager
- A nursing supervisor
- Patient Relations Department
- Delaware Office of Health Facilities Licensing and Certification

Q. HOW MANY EMPLOYEES OR PHYSICIANS ASK QUESTIONS OR REPORT CONCERNS REGARDING SAFETY OR THE QUALITY OF CARE?

A. Employees and physicians may ask questions or report concerns regarding safety or the quality of care to the following without fear of retaliation:

- Their Immediate Supervisor
- The Safety & The Joint Commission Resource Hotline dial SAFE (7233)

from within CH or WH and 623-SAFE outside the hospital

- Safety First Learning Report
- Delaware Office of Health Facilities Licensing and Certification (1-800-942-7373)
- The Joint Commission Office of Quality Monitoring at www.jointcommission.org or by e-mail: patientsafetyreport@jointcommission.org ●

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

MSN, CCRN, NE-BC. “Relieving the Pressure: Reducing Unit Acquired Pressure Ulcers on Medical/Pulmonary Stepdown.”

- **Kimberly Mattison, BSN, RN, PCCN, Sarah Smith, BSN, PCCN, Megan Smakulski, MSN, MBA, RN, PCCN, and Sonya Stover MSN, CCRN, NE-BC.** “Crushing CLABSI: Collaborative Approach to Eliminate Central Line Associated Blood Stream Infections.”
- **Bridget Remel, MSN, APRN, AGCNS-BC, CCRN-K.** “Five I’s to Success in Critical Care Education: Imagine, Innovate, Inspire, Invigorate and Improve.”
- **Megan Smakulski, MSN, MBA, RN, PCCN, Jennifer Papi, BSN, RN, PCCN, and Sonya Stover MSN, RN, CCRN, NE-BC.** “Courageous Collaborative Care — Value Improvement Teams Make a Difference on a Stepdown Unit.”
- **Megan Smakulski, MSN, MBA, RN, PCCN, Sonya Stover, MSN, CCRN, NE-BC, and Emily Riddick, RN-BC.** “Total Knockout with CAUTI Prevention Team.”
- **Maureen Seckel, MSN, APRN, ACNS-BC, CCNS, CCRN, FCCM.** “Why Sepsis 3.0 in 2016: Breaking Down New Definitions and Criteria,” and “The New Preload: Measures of Fluid Responsiveness in Sepsis.”
- **Kevin Sorce, RN, CCRN.** “Courageous CAUTI Reduction.”

Appointments

Robert Mulrooney has been appointed to a three-year term on the Environmental Appeals Board of the State of Delaware Department of Natural Resources.

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

Jennifer Piaskowski, Labor and Delivery; **Rachel Stock**, Christiana ED; and **Traci Williams**, 3N Wilmington.

Edmondo J. Robinson, M.D., MBA, has been appointed as a member of the City of Wilmington’s Health Care Task Force, created to study the city’s health care program for employees with the purpose of finding cost savings and efficiencies.

Awards

Jeffrey Guarino, M.D., received Family Medicine Faculty of the Year Award at the Family Medicine and Emergency Medicine/Family Medicine residency program graduation.

Christiana Care’s External Affairs team recently received several awards for health care advertising and marketing excellence.

- Senior Marketing Communications Manager **Janeen Hill, MBA**, won recognition with a Merit Award from the Healthcare Marketing Report’s annual Healthcare Awards — the industry’s largest health care advertising awards competition — for the Graham Cancer Center’s Celebration of Hope event materials.
- Senior Marketing Communications Manager **Rose Mili** won two Aster awards, including a gold award for advertising for the 10th Annual Latina Conference; and a bronze award for invitations to the Every Woman Matters Breast Health & Wellness Conference.

- In addition, External Affairs’ Patient Portal campaign won gold from Healthcare Marketing Report.

Erin Kavanaugh, M.D., received the Emergency Medicine/Family Medicine Faculty of the Year Award at the Family Medicine and Emergency Medicine/Family Medicine residency program graduation.

Mary Stephens, M.D., received the 2015-2016 Excellence in Teaching Award at the Oral & Maxillofacial Surgery and Hospital Dentistry residency program graduation.

Sonya Stover, MSN, CCRN, NE-BC received a Circle of Excellence award at the 2016 National Teaching Institute & Critical Care Exposition in New Orleans in June. ●

Cerner supports Project Engage at Christiana Care Golf Classic

Sharon Kurfuerst, EdD, OTR/L, FACHE, FAOTA, FABC, senior vice president, Health Services Operations, and Terry L. Horton, M.D., FACP, chief, Division of Addiction Medicine, medical director, Project Engage and Value Institute scholar, accepted a \$25,000 check from presenting sponsor Cerner Corporation at the conclusion of the 2016 Christiana Care Golf Classic. ●



Ferguson Deck

New employee parking deck opens

Ferguson Deck named for retired executive who championed its construction



Retired executive vice president and COO Gary Ferguson cuts the ribbon on the new employee parking deck that bears his name.

The June 13 opening of the new second-story employee parking deck at Lot F at Christiana Hospital is particularly meaningful to its namesake, Gary Ferguson.

In his role as executive vice president and chief operating officer until his retirement in September 2015, it always concerned him when employees, patients and visitors had a difficult time finding a place to park on the hospital campus.

“Parking has long been a challenge on the Christiana Hospital campus with its many surface lots spreading across the property,” said Ferguson, who championed plans for the overall campus parking enhancement plan. “I was extremely pleased when the Board approved funding for both the employee deck and visitor garage. I was proud to play a role in making the deck a reality and am honored that Dr. Nevin and the health system chose to recognize me by naming it the Ferguson Deck.”

The second-level deck adds more than 400 parking spaces for employees and, as an added safety and convenience measure places them as close as they can get to the

main employee entrance. It also offers for the first time a number of covered spaces on the deck’s lower level — a particular benefit in inclement weather.

“Providing ample, convenient parking to make it easier for our extraordinary people to arrive safely at work at any hour of the day or night, in all kinds of weather conditions, is an important step in keeping our campus operational and creating an exceptional experience for our patients, their families and all who work at Christiana Care,” said Sharon Kurfuerst, Ed.D., OTR/L, FACHE, FAOTA, FABC, senior vice president, Health Services

Operations. “When the welcome to our campus is stress-free for everyone, it sets the tone for positive interactions throughout the day. Now that we have improved parking for our employees, we are focusing our efforts toward making parking easier for our patients and visitors with the construction of the new garage in the front of the building.”

Garage construction began on June 30 with completion targeted for June 2017. ●



Administrative support staff served water ice at the new employee garage to help celebrate the opening.

Fitness centers, a 24/7 resource for employees

Membership at the fitness centers at Christiana Care Health System has been free since July 1, 2015, and more colleagues than ever are taking advantage of this convenient, accessible resource for getting and staying fit.

In fiscal year 2016, 4,123 employees were members, up from 1,641 the previous year. Members made 32,655 visits to fitness centers at Christiana Hospital and Wilmington Hospital, up from 19,962 visits the prior year.

Now, employees who work out at the Christiana Hospital fitness center will have access to new interactive cardio equipment, including elliptical machines and stationary bikes. These are in addition to the treadmills that help fitness enthusiasts keep track of their progress, notes Joe Novack, MBA, BS, exercise fitness technician.

“We can see how many miles, how many hours, we are logging,” Novack said, noting that last year employees put in 36,500 miles during 8,600 hours and 7,000 workouts on treadmills at the Christiana Hospital fitness center.

Exercising on a regular basis helps employees to lose weight, reduce their

“I found myself sitting around on my lunch break, reading or just walking around. I decided to take the plunge at the fitness center to lift weights, release tension and have fun.”

MARQUIS MATTHEWS

risk of cardiovascular disease and better manage stress. Fitness centers are open 24/7, offering ready access to employees on all shifts.

Marquis Matthews, who works in legal risk management, began lifting weights four years ago.

“I found myself sitting around on my lunch break, reading or just walking around,” he said. “I decided to take the plunge at the fitness center to lift weights, release tension and have fun.”



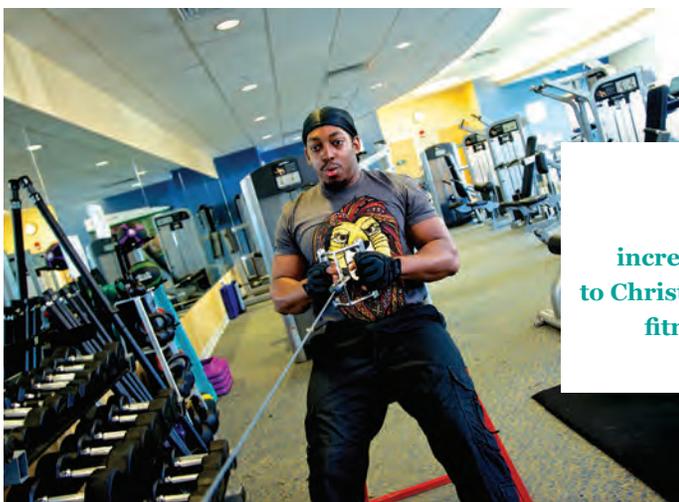
In the beginning, he could bench press 115 pounds. “Now I can do 325 pounds — and it’s amazing how much better I feel,” he said. “Best of all, I met my girlfriend at the fitness center.”

The fitness centers conduct seasonal incentive wellness challenges to help members stay motivated and engaged with exercise while helping other members who haven’t been working out regularly to kickstart a new routine.

Matthews is participating in this summer’s Great Exercise Chase, which includes 30 different challenges, such as trying a new exercise or machine or completing two minutes of marching in place.

Don’t work near a fitness center? There are 37 different classes offered on-site at various Christiana Care locations, including step aerobics, Zumba, yoga, weight training, flex and strength training and more. For details, check the schedule on the Caring for Yourself website.

Not sure where to begin? Visit a fitness center, where you can learn your body composition — which measures lean muscle and body fat — and receive an exercise plan tailored to your needs and goals. ●



65%
increase in visits
to Christiana Care’s
fitness centers
this year.

August

Open House: Specialty Practices at the Wilmington Hospital Gateway Building

Wednesday, Aug. 17, 4:30 - 6:30 p.m.

Gateway Building, 2nd, 4th and 5th floors

Meet the staff and learn about the services offered at the many specialty practices of the Christiana Care Medical Group. Pick up your "Passport to the Gateway" and visit the newly opened practices to be eligible to win dozens of prizes. Light refreshments will be provided.

INBRE Scholars Research

Friday, Aug. 19, 11:30 a.m. – 1:30 p.m.

John H. Ammon Medical Education Center

The Delaware IDeA Network of Biomedical Research Excellence (INBRE) and The Value Institute host this annual lunch and networking event that features student researchers providing their findings on research topics aimed at improving the delivery of health care, in partnership with their Christiana Care mentors. Registration is limited to 150 people. Visit <https://events.christianacare.org>.

BIG, LOUD & PROUD

Parkinson's Disease Education Support Group

Fourth Friday every month.

Next meeting: Aug. 26, noon – 1 p.m.

Springside Plaza, Connor Building, Suite 101

Meet other people with Parkinson's disease and talk about how to cope with changes in your life. Speak to health professionals about how to live well with Parkinson's disease. Care partners of individuals with Parkinson's disease are welcome. For information or to register, call 302-838-4700.

September

25th Annual Heart Walk

Sunday, Sept. 11, 9 a.m., Wilmington Riverfront

The annual American Heart Association Heart Walk promotes awareness about heart disease and stroke while raising funds to fight the diseases. Register a walking team at <http://www.heart.org/wilmingtonwalk>. 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.

Open House: Breast Center

Wednesday, Sept. 21, 4:30 - 8 p.m.

Breast Center at the Helen F. Graham Cancer Center & Research Institute

Tours the Breast Center and meet breast surgeons, breast radiologists and technologists. Call 302-623-4206 for more information.

2016 Cancer Symposium

Thursday, Sept. 22, 5:30 – 8:30 p.m., John H. Ammon Medical Education Center

The Helen F. Graham Cancer Center & Research Institute presents this year's symposium and dinner program "Latest Advances in Lung Cancer Screening" for health care professionals to share the results and discuss shared decision-making modules for lung screenings. A panel discussion will follow. Posters on research under way at the Center for Translational Cancer Research will be available for viewing. Register at <https://cchs.cloud-cme.com/cancer2016>.

Dr. Margaret I. Handy Memorial Lectureship

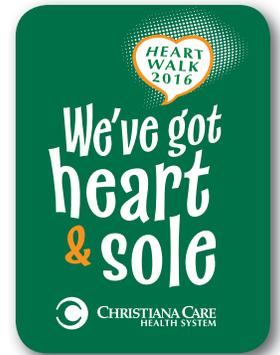
Friday, Sept. 23, 7:30 a.m. – 3 p.m., John H. Ammon Medical Education Center

This dynamic series provides insight into cutting-edge topics in neonatal and perinatal medicine. Register at <https://cchs.cloud-cme.com>. Participants may submit a poster for display on topics related to neonatal clinical research, quality improvement, education or other initiatives. Submit abstract (250 words or less) to Beth Smith, besmith@christianacare.org by September 2, 2016.

Headache and Migraines: The Right Relief for You!

Tuesday, Sept. 27, 6:30 – 8 p.m., Gateway Conference Center, Wilmington Hospital

What causes migraine headaches, and how do you get relief? Learn about headache remedies, medication, causes and treatment. Register at 800-693-2273 or <https://events.christianacare.org>.



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

Care Now telehealth increases access to quality care

Christiana Care has launched the Care Now telehealth program to help employees and covered dependents receive health care in a secure, fast, 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 through the end of the year.

If you are at work and would like to connect to Care Now, you can use the kiosk set up in Employee Health at Wilmington Hospital. Look for a similar kiosk at Employee Health at Christiana Hospital in coming weeks.

"While I am familiar with telehealth, I personally had never used it," said Chris Moore, senior program manager in Community Health. "I was really pleased with the results. The kiosk is patient-friendly and private. The technology is user-friendly, with step-by-step instructions. And the visit was concise and efficient. The doctor provided me with a script. I really appreciated having access to the Care Now kiosk and believe this is a very useful resource for Christiana Care employees."

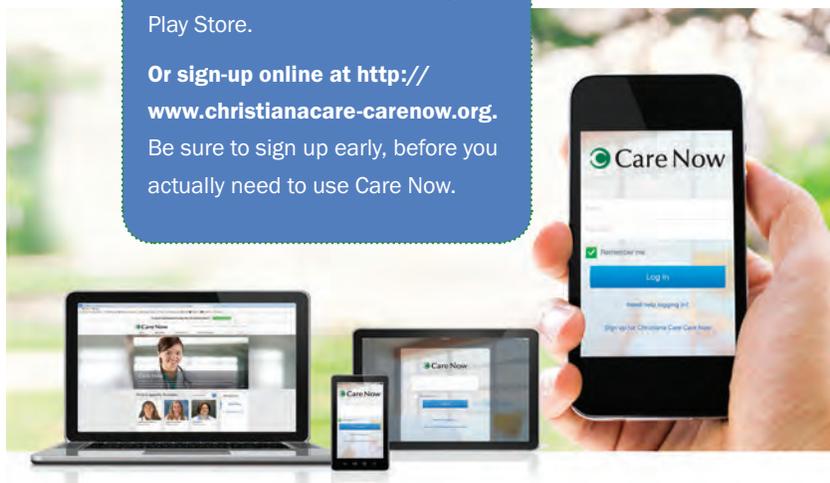
Care Now is a supplemental service to use when your doctor's office is closed, your children need immediate care or you are traveling for work or vacation and need a doctor. With Care Now, employees can have a private, secure video visit with a board-certified doctor at any time of the day or night, 365 days a year.

Care Now 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. ●

How to get started

Download the iOS or Android Christiana Care Care Now app from the iOS App Store or Google Play Store.

Or sign-up online at <http://www.christianacare-carenow.org>. Be sure to sign up early, before you actually need to use Care Now.



October

A Peek Inside the OR

Sunday, Oct. 2,
11 a.m. – 2 p.m.

Christiana SurgiCenter

This open house gives Christiana Care employees and their children the opportunity to explore a real operating room with hands-on activities and fun contests.

Bariatric Summit: Cradle to Cure

Friday, Oct. 7, 8 a.m. – 4 p.m.

John H. Ammon Medical Education Center

Presented by Christiana Care and Nemours/Alfred I. duPont Hospital for Children. Pre-registration is required at <https://cchs.cloud-cme.com>.

15th Annual John Scholz Stroke Education Conference

Saturday, Oct. 15, 8 a.m. – 1 p.m.

John H. Ammon Medical Education Center

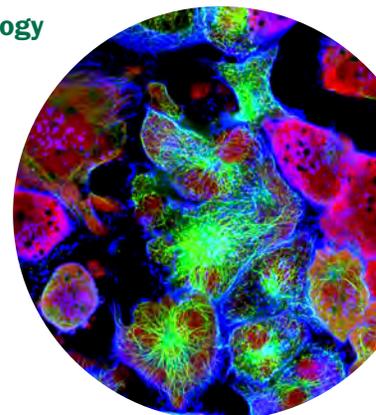
Presented by the Delaware Academy of Medicine. Learn more and register at <http://www.delamed.org/stroke>.

23rd Annual E.G. Scott Microbiology Symposium

Tuesday, Oct. 11, 7 a.m. – 4 p.m.

John H. Ammon Medical Education Center

Pre-registration requested by Oct. 3. Registration Fee: \$60. Send checks to: Erica Wilson, Dept. of Pathology and Lab Medicine, room L125, 4755 Ogletown-Stanton Road, Newark, DE 19718. For more information: Erica Wilson: 302-733-3730.



Kcentra transition to pharmacy

By Andrea Passarelli, PharmD, BCPS, BCCCP

Oral anticoagulants are an important class of medications used to treat and prevent venous thromboembolism and to prevent strokes in patients with atrial fibrillation and prosthetic heart valves. The most serious adverse effect of these medications is life-threatening bleeding which may necessitate emergent reversal. Immediate reversal may also be necessary for patients on oral anticoagulants needing an urgent surgery or procedure. Christiana Care Health System has developed institutional guidelines for the reversal of anticoagulants, which can be found on the portal.

Kcentra (four-factor prothrombin complex concentrate [PCC4]) is FDA-approved for reversal of warfarin in patients with major bleeding or requiring an urgent procedure and may be used off-label for reversal of target-specific oral anticoagulants. As of March 1, 2016, Kcentra dispensing has transitioned to the Department of Pharmacy from the Blood Bank. Kcentra will now display as a medication order rather than a transfusion order and will be documented as given on the medication administration record (MAR). Kcentra prescribing is restricted to hematologists, board-eligible or board-certified critical care attending physicians, and attending physicians in the Middletown Free-standing Emergency Department. The Blood Bank medical director or designee should be contacted for emergent hematology approval. The approving physician's name is required when placing the order.

Kcentra doses are rounded to the nearest vial size within -10% to +20% of the ordered dose in Factor IX units based on weight and INR. Powerchart will automatically calculate the dose for patients weighing less than 100 kg based on the last documented patient weight. If no weight is available, the prescriber must manually enter the weight to avoid processing delays. An estimated weight may be used if the patient is unable to be weighed in a timely fashion. Patients weighing 100 kg or more will receive the maximum dose (2500 to 5000 Factor IX units based on INR and agent being reversed).

Kcentra doses will be prepared and dispensed by the pharmacy at Christiana Hospital and Wilmington Hospital. At the Middletown Free-standing Emergency Department Kcentra will be available in the Acudose cabinet and prepared by nursing staff. It does not require a filter for administration and tubing should be flushed with 50 mL of 0.9% sodium chloride after administration to ensure that the entire dose is given. Kcentra is derived from human plasma, so patients who refuse blood products for religious or other reasons may refuse to accept Kcentra. Blood product consent is not required for Kcentra administration.

Please do not hesitate to contact Pharmacy with questions regarding Kcentra. ●

FORMULARY UPDATE | JUNE 2016

FORMULARY ADDITIONS

Medication – Generic/Brand Name	Strength/Size	Use/Indication	Comment
Benzocaine 20% spray/ Hurricane One	0.5 mL unit dose	Topical local anesthetic.	
Daratumumab injection/ Darzalex	20 mg/mL 5- and 20-mL vials	Treatment of relapsed or refractory multiple myeloma.	<ul style="list-style-type: none"> • Prescribing restricted to oncologists and hematologists. • Availability limited to Helen F. Graham Cancer Center.
Elotuzumab injection/ Empliciti	300 mg & 400 mg vials	Treatment of relapsed or refractory multiple myeloma.	<ul style="list-style-type: none"> • Prescribing restricted to oncologists and hematologists. • Availability limited to Helen F. Graham Cancer Center. • Use limited to its FDA-labeled indication.
Etravirine/Intence	200 mg tablet	Treatment of HIV-1 infection.	<ul style="list-style-type: none"> • Only infectious disease physicians can initiate new treatment with this medication among hospitalized patients. • Other prescribers can continue treatment with this medication when the patient is taking it at the time of admission to the hospital.
Prazosin/Minipress	1 mg & 5 mg capsules	Treatment of posttraumatic stress disorder.	

CONTINUED

FORMULARY UPDATE | JUNE 2016 | CONTINUED

THERAPEUTIC INTERCHANGES

Theophylline Extended-Release (ER) Tablets	<ul style="list-style-type: none"> • 100 mg ER tablet BID → Theo-24 200 mg capsule daily or Theophylline Liquid 50 mg QID. • 150 mg ER tablet BID → Theo-24 300 mg daily or Theophylline Liquid 100 mg TID. • 200 mg ER tablet BID → Theo-24 400 mg daily or Theophylline Liquid 100 mg QID. • ER tablet any dose BID → Theo-24 daily dose once daily or Theophylline Liquid ¼ daily dose QID.
Triumeq	Triumeq 1 tablet daily → Epzicom 1 tablet daily plus Dolutegravir 1 tablet daily.

CHRISTIANA CARE MEDICATION POLICY CHANGES

Abacavir-Lamivudine/Epzicom	Restriction to outpatients cared for by the HIV Community Program and Wilmington Health Center office practices has been removed.
Argatroban	All providers permitted to titrate the argatroban dose based on aPTT results. Only hematologists can initiate treatment with argatroban.
Dofetilide/Tikosyn	Only cardiologists and cardiology midlevel practitioners may initiate or reinstate treatment with dofetilide, or change patient's dofetilide dose. All prescribers can order treatment with dofetilide to continue at the patient's home dose upon patient's admission to the hospital.

DELETIONS

Atazanavir/Reyataz	200 mg capsule deleted because of lack of use. The 300 mg capsule remains available.	Nelfinavir/Viracept	No longer a need for this product.
Dalteparin/Fragmin	Multidose vials have been discontinued. Pre-filled syringes remain available.	Neomycin irrigation solution	Deleted because there is no available source for this product.
Efavirenz/Sustiva	The 50 mg, 100 mg and 200 mg capsules deleted because of lack of use. The 600 mg tablet remains available.	Nevirapine/Viramune	The solution (50 mg/mL) removed from the Christiana Care Formulary because of lack of use. The 10 mg/mL suspension and 200 mg tablet remain on the Formulary.
Etravirine/Intelence	100 mg capsule replaced with the 200 mg capsule.	Rimexolone 1% ophthalmic solution	Deleted because of lack of use.
Fosamprenavir/Lexiva	No longer a need for this medication.	Stavudine/Zerit	No longer a need for this product.
Gallium nitrate injection	Product has been discontinued.	Thioridazine	50 and 100 mg tablets deleted because of lack of or infrequent use. The 10 mg and 25 mg tablets remain on the Christiana Care Formulary.
Griseofulvin ultra-micro-size tablets/Gris-PEG	Deleted because of lack of use. The oral suspension remains available.	Tipranavir/Aptivus	No longer a need for this medication.
Indinavir/Crixivan	No longer a need for this medication.	Trimethobenzamide/Tigan	Deleted because of lack of use.
Levamisole/Ergamisol	Product has been discontinued.	Tromethamine injection/Tham	Product has been discontinued.
Medroxyprogesterone acetate injection/Depo Provera	The 400 mg/mL vial has been deleted because of lack of use. The 100 mg/mL vial remains available.	Verteporfin/Visudyne	Product is no longer used.
Meningococcal vaccine (Groups A, C, Y and W-135)/Menomune	Deleted because of lack of use. Menactra and Menveo remain on the Christiana Care Formulary.	Zidovudine/Retrovir	The 300 mg tablet has been deleted because of lack of use. The injection and syrup formulations remain on the Christiana Care Formulary.
Moricizine	Product has been discontinued.		



CHRISTIANA CARE
HEALTH SYSTEM

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

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

Christiana Care welcomes incoming medical students

24 new students arrive at Sidney Kimmel Medical College Souther Branch Campus



Twenty-four students from The Sidney Kimmel Medical College at Thomas Jefferson University joined faculty and staff at the John H. Ammon Medical Education Center July 7 for an evening reception to welcome them to their home for the next two years.

The reception for incoming medical students at Christiana Care is now a well-established tradition, as this 2016 group is the sixth incoming class.

Several people from the faculty and staff were recognized by the graduating class of medical students for their performance excellence. Hal C. Byck, M.D., was named Attending of the Year. Max Braverman, D.O., received a Resident Recognition award. Ruth Ann Haschak was recognized as Student Coordinator of the Year. ●

Back row: Christopher Mitchell, Kelsey Capron, M.Tucker Brown, Amanda Griboli, Megan Minor, Kevin Walsh. *Middle row:* Gretchen Herman, Nalia Ijaz, Michelle Lee, Victoria Vavala, Sara Taylor, Michelle D'Souza, Peter Block, Eileen Robinson. *Front row:* Matthew Wilshire, Brian Dahlben, Pavitra Krishnamani, Christine Dang, Stephy Thomas, Julie Gianakon, Alexander Chou, Brian Blazovic.