

FOCUS

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

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Camp FRESH prepares teens for a healthy, successful life

How does Camp FRESH change lives? Ask Bonnie Henry of Wilmington. Both of her sons improved their grades after enrolling in this special summer program for teens at Christiana Care.

Latrell, 16, completed his second Camp FRESH session this year and is entering 11th grade. Carlos, an 18-year-old who attended Camp FRESH for four years, is now enrolled at Delaware Technical Community College with the goal of becoming a nurse practitioner.

“They learned responsibility, about being on time and the consequences if you aren’t on time,” she said. “They are more ready for school life and work life.”

For 10 years, Camp FRESH has provided teens with the tools and knowledge they need to grow and flourish, including heart-healthy cooking and meal planning, financial literacy and sexual responsibility.



CAMP FRESH | CONTINUED

In August, more than 50 campers and their families gathered to celebrate a decade of Camp FRESH. Among them was the Marshall family.

Eric Marshall Sr., a Wilmington father of four, plans his family's summer around Camp FRESH. Two sons attended Camp FRESH this year. His oldest daughter, Erin, was the first to attend in 2008. She is now 20 and an honors student at Delaware State University, thanks, in part, to what she learned at Camp FRESH.

"Young people learn a lot about social interaction and skills that help them at school and in the workplace," Marshall said. "They stay busy — and out of trouble."

Camp FRESH personifies The Christiana Care Way in delivering an innovative model of care, said Omar Khan, M.D., medical director for Community Health at the Eugene duPont Preventive Medicine & Rehabilitation Institute and service line leader for Primary Care & Community Medicine.

"It combines research and common sense," Dr. Khan said. "What you eat, how you play and who you hang out with all have an impact on health."

Family & Community Medicine educator Terry Casson-Ferguson helps to connect the dots for Camp FRESH teens and empower them to be in control of their health.

"We tell them that it isn't their parents' responsibility to make wise choices for them — it's their responsibility," said Casson-Ferguson, affectionately known as Miss Terry.

Zhaya Silva, 15, of Wilmington, has taken that advice to heart in starting her own exercise routine. "I am spending a lot more time working out and a lot less time on games," she said.

Elizabeth Harper, 17, of Claymont, is a second-year camper. She has been impacted by the meaningful conversations at Camp FRESH about difficult topics and tough choices campers face as they grow up. Most campers have witnessed gun violence, and many have known victims of violence in their neighborhoods.

"We talk about gun violence and its effect on the community," she said. That includes learning nonviolent strategies for solving confrontations and other problems.

Making good choices also means good nutrition. Elizabeth shares heart-healthy cooking techniques with her mother, Nakeya Martin.

"We save money cooking at home instead of eating out," Martin said. "She makes these really great potatoes, baked with olive oil, sea salt and dill weed — so much healthier than french fries."

Healthy eating was at the root of Camp FRESH, which began with a focus on nutrition and identifying "food deserts" in the city of Wilmington — neighborhoods where there was little access to fresh produce and other healthy food. The "FRESH" stands for "Fresh Resources Everyone Should Have." The campers canvassed their neighborhoods and took the knowledge they gained about nutrition home with them. And they made a positive impact on their communities.

"Corner stores started to adapt their purchasing habits to include healthier food," said Brian Rahmer, Ph.D., MS, director of community health engagement for the Women's and Children's Health Service Line. "Young people became involved in the civic process."

Over the years, the program expanded and evolved. The curriculum grew to include lessons about other healthy behaviors such as avoiding violence, responsible sexuality, and setting and achieving long-term goals.

Sandi Thuku, 14, of Newark, has a new outlook on college after a Camp FRESH field trip to the University of Delaware campus in Newark. "We learned about preparing for college, and now I can actually see myself going there," she said.

"We see these young adults blossom, many over the course of several years," said Christopher C. Moore, senior program manager, Center for Community Health in Family & Community Medicine. "We watch them mature and grow in the ability to make wise choices that will benefit them going forward in whatever they want to achieve in life." ●

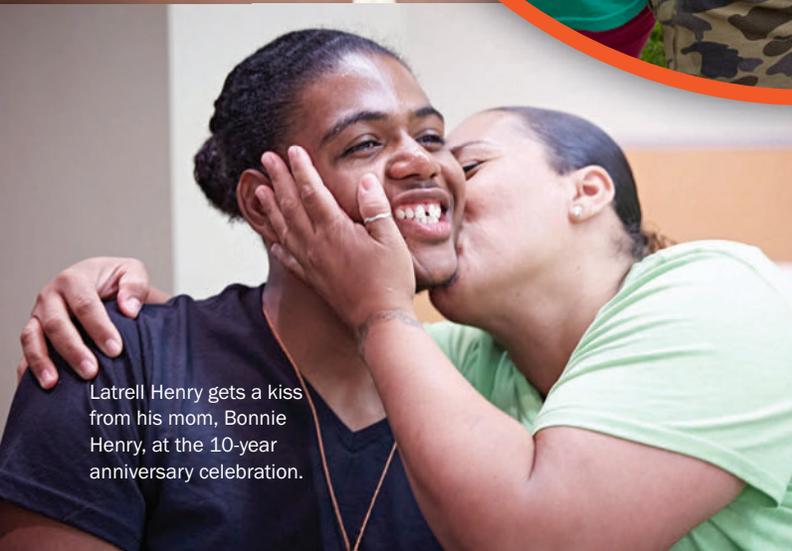




Eric Marshall Sr. with his sons Isaiah Marshall and Eric Marshall Jr.



Zhaya Silva shows off her graduation Camp FRESH certificate.



Latrell Henry gets a kiss from his mom, Bonnie Henry, at the 10-year anniversary celebration.



Elizabeth Harper (left) has learned about good nutrition and heart-healthy cooking techniques that she has shared with her mother, Nakeya Martin (right).

When extraordinary people share a shift, exceptional things happen

By **Michelle Porta, BSN, RNII**, Stroke Treatment and Recovery Unit, and **Mike Eppheimer, MHSA, FACHE**, Senior Vice President, Service Line Operations



Michelle Porta, BSN, RNII, and Mike Eppheimer, MHSA, FACHE.

Michelle Porta, BSN, RNII, a nurse on the Stroke Treatment and Recovery (STAR) unit at Christiana Hospital, and Mike Eppheimer, MHSA, FACHE, senior vice president of service line operations, participated in the 2016 Share-a-Shift program, organized annually by the Professional Nurse Council. Share-a-Shift gives nurses and health system leaders the opportunity to see health care with a new perspective by spending time “on the job” with one another. This year more than 20 nurse and leader pairs participated. They share their reflections on the experience:

Michelle Porta

“Share-a-Shift is a tradition I look forward to every year. I can share the experiences I have with our patients and families with health system leaders. and I get to see how the work they do helps guide our day-to-day care. I’ve had great Share-a-Shift experiences with former nurse leaders Shirley Moran and Liz Bross. This year, I requested to share a shift with Mike Eppheimer. I wanted to learn more about our service lines and to talk with Mike about how our work in stroke recovery and rehabilitation fits into Christiana Care’s goals.

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“I appreciated Mike’s genuine curiosity about the processes and procedures on our unit and how they affect individual patient care. It is clear that Mike is a leader who is very interested in making every patient and family experience exceptional.

“I joined Mike at Management Council, the monthly meeting for health system leaders. Attending the meeting with Mike gave me the opportunity to hear about some interesting topics and listen to our new Chief Nurse Executive Ric Cuming, his journey to become part of Christiana Care, and some of the plans he has for nursing and the support he will give us. Also discussed was the preparation for the Joint Commission visit and the chance to win a prize with a correct answer to a question the surveyors may ask. I won a prize!

“The biggest take-aways from each Share-a-Shift I have participated in are the opportunity for all nurses to see how The Christiana Care Way goes on behind the scenes with our health care leaders and the time and hard work that go into allowing each and every nurse to be part of this truly great place to work.”

Mike Eppheimer

“I really enjoyed having the opportunity to spend time with Michelle Porta on 6C. The exceptional care provided across our Neurosciences Service Line was recently reaffirmed by our successful Joint Commission Comprehensive Stroke survey. This excellence was clear in the time I was able to spend with Michelle and her colleagues on the unit.

“It was inspiring to hear Michelle’s story about how she became a nurse and see the obvious passion she has for her work. Michelle has a wonderfully friendly and open personality, and her warm relationship with the members of her team and her patients truly reflect The Christiana Care Way. The teamwork and empathy

that Michelle and her colleagues demonstrate was highlighted for me in a conversation with a patient and her husband — who both had great things to say about the care provided by our nursing team, of course.

“It was also a pleasure to have Michelle join me for our August Management Council meeting. I was happy that Michelle had an opportunity to meet our new Chief Nurse Executive Ric Cuming and hear his reflections on his first few weeks at Christiana Care and his vision for nursing. I hope Michelle also gained some insight into how we try to organize the messages and themes in our Management Council agenda and the many formal and informal connections and discussions that occur in that important leadership forum.

“Michelle mentioned to me that she has a habit of winning prizes at different events — and this Share-a-Shift experience was apparently one of the many things she has won. I can certainly think of many more exciting prizes than spending time with me, but I know that I was definitely lucky to have had the chance to make a connection with Michelle and be inspired by the amazing things she and her colleagues do for our neighbors every day.” ●



Through the Share-a-Shift program, Michelle Porta and Mike Eppheimer had the opportunity to share their experiences over the course of a day and learn more about each other’s experience at Christiana Care. This annual event helps to create fun communication and growth opportunities for Christiana Care’s Extraordinary People.



“The applications for this in genetic and cancer research are vast.”

ERIC KMIEC, PH.D.

Eric Kmiec, Ph.D., director of the Gene Editing Institute at the Center for Translational Cancer Research at Christiana Care's Helen F. Graham Cancer Center & Research Institute, with researcher and doctoral degree student Natalia Rivera-Torres, MS.

Researchers make breakthrough discovery to improve CRISPR/Cas 9 gene editing tool

Genetic researchers at Christiana Care Health System's Gene Editing Institute have demonstrated that short pieces of synthetic single-stranded DNA, known as oligonucleotides, when used in gene editing with the CRISPR/Cas9 technique, can promote the repair of genetic mutations, help achieve a cleaner "cut" of the gene and reduce the degree of genetic fraying, or heterogeneity, that occurs during gene editing.

Published in the Sept. 9 issue of the journal *Scientific Reports*, part of the Nature Publishing Group, the research shows that oligonucleotides can act to hold together the ends of the cut DNA and reduce heterogeneity. The article, titled "Analyses of Point Mutation Repair and Allelic Heterogeneity Generated by CRISPR/Cas9 and Single-Stranded DNA Oligonucleotides," also maps in new detail, through high-level bioinformatics, what takes place in each part of the gene when a CRISPR cut is made.

"The applications for this in genetic and cancer research are vast," said world-renowned molecular biologist and gene-editing pioneer Eric Kmiec, Ph.D., lead author of the study and director of the Gene Editing Institute at the Center for Translational Cancer Research at Christiana Care's Helen F. Graham Cancer Center & Research Institute. "If you want to repair a genetic mutation, you can't allow the DNA to be ripped apart when CRISPR makes a cut. You need it to remain intact to execute the repair, and that's what the oligonucleotide enables us to do."

Gene editing can be thought of as analogous to a word processor's spell-check and cut-and-paste functions, he said. "First you have to locate, cut and excise the genetic base, or letter. That's what the CRISPR does. Then the oligonucleotide enables us to repair and insert the right base."

Dr. Kmiec also used the analogies of cutting ribbons and applying bandages to describe the effect of the oligonucleotide. "CRISPR can leave frayed ends in the DNA," he explained. "It's as though you've tried to tear a ribbon in two. But for gene therapy, you want a clean cut at a precise spot with minimal fraying, like cutting a ribbon with scissors, so that the ends can re-close. That's what the oligonucleotide does. It also helps to maintain the cut, like using a bandage to hold the ends together. Without the oligonucleotide, the ends fray and we lose the gene."

Christiana Care's Gene Editing Institute, which recently entered a partnership with Philadelphia's Wistar Institute to accelerate breakthrough cancer research in the human genome, has been studying the gene editing mechanism for many years in the hope of fixing the genetic mutations that cause disease. In his work, Dr. Kmiec noticed that whenever he and his researchers used the

single-stranded DNA molecule, the oligonucleotide, the result was cleaner, and the gene came out healthier and nearly intact. That led them to the discovery that the oligonucleotide was not only helping to repair the mutation but was also preventing the destruction of the gene from fraying or tearing.

"We were studying sickle-cell anemia at the time, and this was a sidebar observation," said Dr. Kmiec. "But we followed up on it and found that the combination of the CRISPR and the oligonucleotide was doing something that is much more widely applicable for anyone doing this kind of work."

The next step for the research team will be to move from laboratory model cells to human progenitor cells. A federal biosafety and ethics panel recently approved the first use of the CRISPR/Cas9 technique in human patients, and Dr. Kmiec looks forward to that stage in his own research.

"That's exactly where all of us in this field are headed," said Dr. Kmiec. "Christiana Care will be right there on the playing field."

Along with Dr. Kmiec, authors of the study include Pawel Bialk at the Gene Editing Institute, Brett Sansbury at the Delaware State University Department of Chemistry, Natalia Rivera-Torres at the University of Delaware Department of Medical Laboratory Science, and Kevin Bloh at the Gene Editing Institute and the Nemours Center for Childhood Cancer Research.

The Gene Editing Institute at the Graham Cancer Center is a worldwide leader in personalized genetic medicine. Founded and led by Dr. Kmiec, the Gene Editing Institute is unlocking the genetic mechanisms that drive cancer and that can lead to new therapies and pharmaceuticals to revolutionize cancer treatment. The Gene Editing Institute also provides instruction in the design and implementation of these precise new genetic tools.

The Helen F. Graham Cancer Center & Research Institute, a National Cancer Institute Community Oncology Research Program, is part of Christiana Care Health System. With more than 219,000 patient visits last year, the Graham Cancer Center is recognized as a national model for multidisciplinary cancer care and a top enroller in U.S. clinical research trials. Its Gene Editing Institute, Center for Translational Cancer Research, Tissue Procurement Center, statewide High-Risk Family Cancer Registry and collaborations with world-renowned scientists at facilities such as the University of Delaware and The Wistar Institute in Philadelphia are opening new avenues to more quickly translate cancer science into cancer medicine. ●

1888 Society helps to build the future of Christiana Care through planned giving



As a member of the 1888 Society, Cathi Hodgins (second from right) continues a forward-looking philanthropic tradition begun more than a century ago. "I know a planned gift will support the health system into the future," she said.

Cathi Hodgins' first experience with Christiana Care Health System was more than a decade ago, when her mother received treatment for ovarian cancer. Impressed with the care and compassion she and her mother received, Hodgins been involved with the health system ever since.

In 2002 Hodgins became a trustee of Christiana Care. She has also served on the board and is a regular donor to the health system. This year, she joined the 1888 Society, a visionary group of donors who have included Christiana Care in their estate plans.

"When I met with my estate planner, he encouraged me to include a place that is meaningful to me in my giving plans," said Hodgins. "As we reviewed my portfolio, I decided to make a planned gift to Christiana Care. The health system is like a family to me, and I especially wanted to support its excellent nursing staff."

Owner and principal designer of Kitchens By Design, an award-winning interior design firm in Chadds Ford, Pennsylvania,

Hodgins met with Amy Bielicki, director of major gifts at Christiana Care, to discuss her specific interests and opportunities to support health care in the community. By joining the 1888 Society, Hodgins makes a powerful statement about her commitment to Christiana Care's mission.

Her generous commitment will support nursing education. Christiana Care offers tuition support and professional development opportunities to nursing staff, and nursing residencies and externships to student nurses.

Research demonstrates that care provided by nurses with a Bachelor of Science in nursing (BSN) contributes to better outcomes for patients. Currently, 67 percent of the more than 2,500 nurses at Christiana Care have a BSN degree or higher, above the national average. That number is expected to grow as any newly hired nurses without a BSN are now committing to obtain their degree within three years, said Jennifer Painter, MSN, APRN, CNS, RN-BC, OCN, AOCNS, director for Nursing Professional Development and Education.

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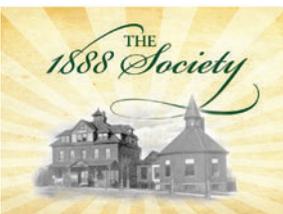


1888 Society member Cathi Hodgkins (center) meets with nurses who are advancing their education. “The health system is like a family to me,” said Hodgkins, “and I especially wanted to support its excellent nursing staff.”

“Christiana Care’s commitment to nursing education reflects our standards as a Magnet organization,” said Painter. Christiana Care has been twice designated as a Magnet organization for nursing excellence by the American Nurses Credentialing Center.

“I went back to college after my first career and worked full-time while earning a bachelor’s degree in interior design from the University of Delaware,” said Hodgkins. “So I know firsthand how hard it is to work and study. I’ve been running my own business for 20 years and am fortunate that I can help others aiming to better themselves.

“Making a planned gift assures me that Christiana Care will continue its excellent service after I’m gone. I know a planned gift will support the health system into the future.”

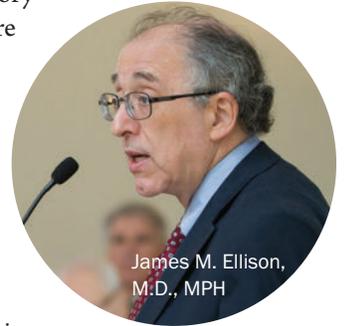


The 1888 Society continues a philanthropic tradition begun more than a century ago. In 1888, the first patient was admitted to Homeopathic Hospital, Christiana Care’s forerunner. Responding to requests from the Hospital’s

Lady Managers, volunteers who helped raise funds to secure the hospital’s future, philanthropist J. Taylor Gause made a gift to purchase a building in Wilmington. In doing so, he laid the foundation for what is today the area’s largest, most progressive health system.

“The 1888 Society is part of the history and future of Christiana Care,” explained Heide Rowan, chair of the 1888 Society. “When donors make a planned gift with this outstanding health care leader, we are making a difference in the lives and health of our own families, friends, neighbors and generations to come.”

To honor the 1888 Society, Christiana Care hosts an annual luncheon that acknowledges members, focuses on an urgent health care need and explores how the health system is addressing it. Held in May at Wilmington’s University and Whist Club, this year’s event featured James M. Ellison, M.D., MPH, The Swank Foundation Endowed Chair in Memory Care and Geriatrics at Christiana Care Health System. Dr. Ellison spoke about new advances in the diagnosis and treatment of memory disorders like Alzheimer’s disease, which pervade the U.S. population and affect people around the world. As the leader of the health system’s Swank Memory Care Center — Delaware’s first and only comprehensive outpatient program for patients with memory disorders and their families — Dr. Ellison shared his plans to build the center’s research program and expand its patient and caregiver services.



James M. Ellison, M.D., MPH

“The event was phenomenal,” Hodgkins said of the 1888 Society luncheon. “Hearing about the wonderful work Dr. Ellison and his team are doing for patients and families dealing with memory disorders was enlightening. And it drove home the point that, whether it is cancer, Alzheimer’s disease or another illness, Christiana Care approaches critical health care issues with passion and determination.” ●



Through planned giving, members of the 1888 Society continue a philanthropic tradition begun more than a century ago.



For more information on the 1888 Society, contact the Development Office at 302-327-3305 or developmentoffice@christianacare.org.

Simulation training dramatically improves Code Blue response times

When a Code Blue is called, signalling a person experiencing cardiac arrest, Christiana Care's specialty code team is on its way. The team arrives quickly at the patient's side, and when they arrive, two vital resources are already on the scene: the bedside nurse and an automated external defibrillator, or AED.

With the touch of a finger, the nurse can change the code cart's automated external defibrillator from a monitoring tool to an assessment tool to evaluate the patient's heart rhythm and, if appropriate, provide a life-saving shock to the patient's heart.

That technology is being used to its full capacity thanks to a recent real-time study of codes by Christiana Care's Institute for Learning, Leadership and Development (iLEAD). The study found that although nurses typically start immediate CPR on a patient during a code, the decision on an AED shock came after the code team arrived. Christiana Care's code cart defibrillators, however, have the ability to automatically assess whether an AED shock is called for.

1,185 nurses

were instructed by

20 SIMULATION-TRAINED

FACILITATORS in just over

four weeks.

"These machines are very sophisticated and easy to use," said Neil Jasani, M.D., MBA, FACEP, Christiana Care's chief learning officer, chief academic officer and vice president for Academic Affairs. "You just switch them from monitoring to AED mode, and they determine whether a shock is appropriate. Our nurses already know how to use the equipment, so we saw the opportunity to retrain them to

immediately switch the machine and, if needed, apply the shock. With this approach, we can significantly cut down time to first shock, which is closely tied to survival rates."

Real-world assessment and training

The code study was conducted last fall by Christiana Care's Virtual Education and Simulation Training Center. With the help of two nurses, training personnel set up a high-fidelity mannequin in a hospital bed on a unit at Christiana Hospital and then called a simulated Code Blue. They then videotaped what happened and assessed the response behavior.

What they found was considerable variability in time to first shock, with staff frequently waiting for the full code team to arrive rather than seizing the initiative to deliver the shock themselves.

"Our assessment sessions were unannounced, and the rest of the hospital did not know this wasn't a real patient going into cardiac arrest," explained Susan Coffey Zern, M.D., CHSE, director of the Virtual Education and Simulation Training Center. "So we believe our data is consistent with what would happen in a real code."

Dr. Zern and her colleagues developed a two-pronged approach to re-training. They first sent a web-based module on basic life support training to refresh nurses throughout the health system. Then they brought a high-fidelity mannequin to patient care units at Wilmington and Christiana hospitals for hands-on sessions in use of the AED equipment.

In November and December 2015, some 20 simulation-trained facilitators instructed a total of 1,185 nurses over just four weeks. The trainers employed the deliberate-practice instruction method, which provided repeated opportunities to deliver an AED shock to the mannequin

in a simulated high-stress environment, followed by performance assessments until all nurses attained 100 percent success.

"Having people practice and redo their skills until everyone was 100 percent was very important," said Dr. Coffey Zern. "This was not just checking people off on a list. This was training to mastery of the skill in an environment that felt very real."

The training is now integrated into all new nurse orientation. "Through innovative use of technology, we were able to implement a system change based on an assessment of current process, and the benefit supports the optimal health of our patients," said Dr. Jasani. "It's a great success story."

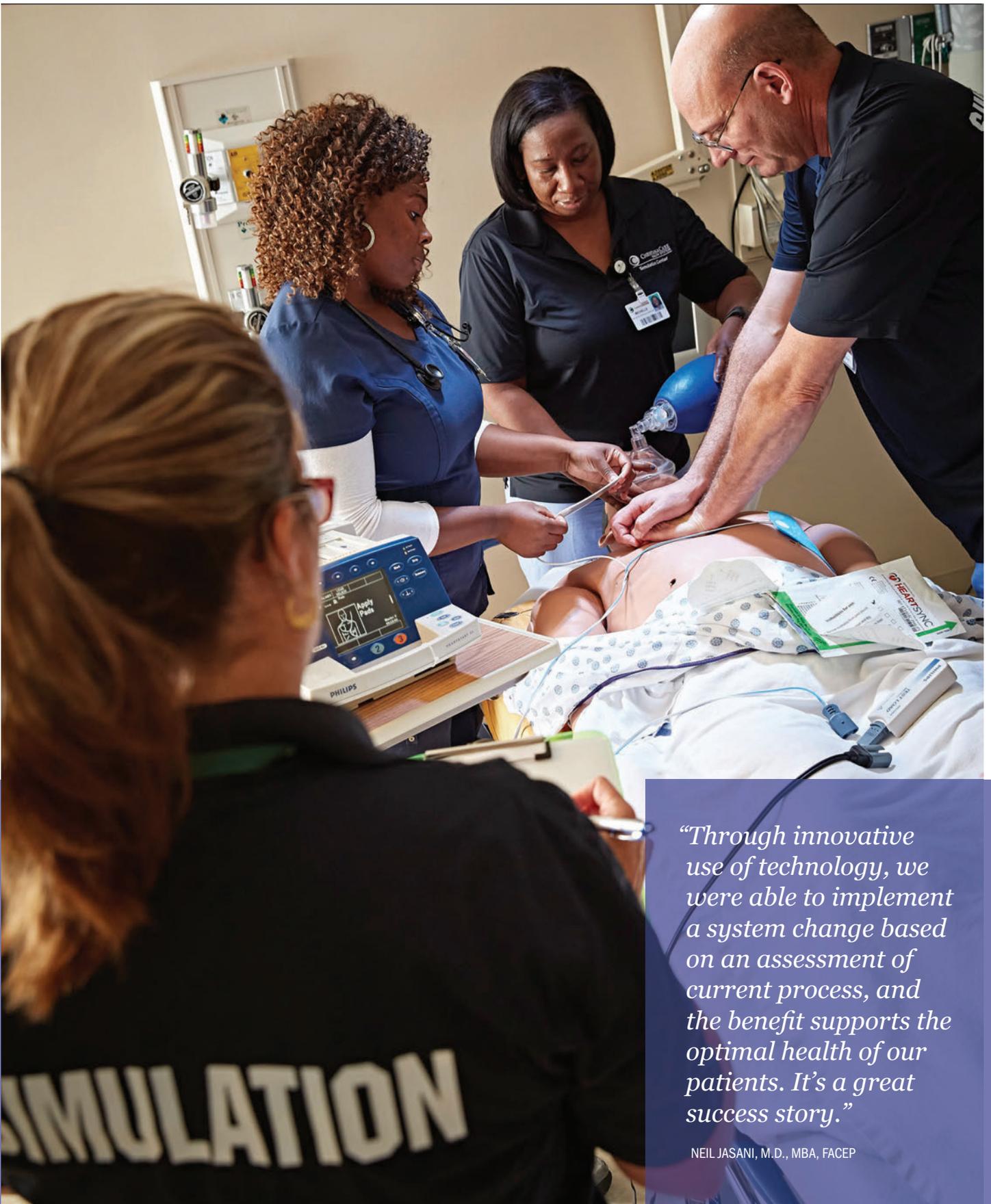
Empowered to excel

"The training made me feel empowered," said Lateshsha R. Collick, MHA, BSN, CNOR, nurse manager of the endoscopy suite. "The team took us through several cycles of shocks back-to-back until we felt comfortable. They really personalized the training and stuck with us until we fully understood how to utilize all of our resources in the appropriate way."

The training initiative reduced the nurses' time to first shock from as much as seven minutes to less than a minute-and-a-half, which beats the American Heart Association's Get with the Guidelines standard of two minutes.

The AED response training stands to further Christiana Care's excellence in providing the highest quality, evidence-based treatment. Its real-world application is already demonstrating benefits.

"The very next day after our training, we had an actual patient code," Collick said. "We immediately got the pads on and flipped the machine into automatic mode. In that case it turned out that we didn't need to shock the patient, but we did two cycles of CPR and got our patient back. We felt very successful." ●



“Through innovative use of technology, we were able to implement a system change based on an assessment of current process, and the benefit supports the optimal health of our patients. It’s a great success story.”

NEIL JASANI, M.D., MBA, FACEP

Simulation specialist Ania Castagna, BS-RT CT, Maxine Higgins, BSN, RN, of surgical unit 4C, simulation technology assistant Michelle Gregory, AAS, and simulation specialist coordinator Bill Marshall, BSN, RN, demonstrate Code Blue response in Christiana Care’s Virtual Education and Simulation Training Center.

Patient Glennis Fistzgiles and Crystal Pollock, RN-BC, share a moment of joy as Fistzgiles receives some especially good news about her health.



Primary care puts patient on the road back to health

Glennis Fistzgiles has high blood pressure. She is anemic. She has asthma and uses an inhaler to help her breathe. Her hip was damaged by avascular necrosis, which occurs when blood flow to a bone is reduced, and she needs a joint replacement.

For years, she relied on the Emergency Department when she got sick. Now, she is connected to caring, expert partners in her health who are keeping Fistzgiles out of the hospital through an innovative, affordable model of care.

“She is a shining example of how we can improve population health through high-quality primary care,” said her physician, Sarah Schenck, M.D.

Population health addresses the health outcomes of a group of individuals. The population can be a neighborhood, employees, an ethnic group or any other defined group. In Fistzgiles’ case, the population is high-risk patients, defined as individuals who are dealing with multiple illnesses or medications, or may have been hospitalized numerous times.

For patients like her, a visit with her doctor is seldom routine.

“Now we are at the point where we can replace your hip,” Dr. Schenck told Fistzgiles during a recent appointment.

“After that, you’ll be feeling much better and be able to walk more.”

Dr. Schenck connected her with a pulmonologist in the community, who will make sure her lungs are strong enough for anesthesia. She ordered a hip X-ray that will be forwarded to an orthopaedic surgeon. She noted that it is time for her to get a tetanus shot and a mammogram.

Months ago, the 54-year-old mother of five was much sicker. She had a large abdominal abscess. There was a suspicious spot on her lung. She was hospitalized for two weeks.

To help keep her out of the hospital, Fistzgiles was enrolled in a program called Ambulatory ICU, which includes short-term intensive nursing follow-up.

Crystal Pollock, RN-BC, her care coordinator, makes her appointments with Dr. Schenck, as well as specialists and other resources in the community. She arranges for tests and transportation. And she calls Fistzgiles often to remind her of upcoming appointments, make certain she understands her medications and answer any questions.

“With so many doctors and follow-ups to coordinate, we were concerned that Glennis would be lost in the shuffle,” Pollock said.

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The primary care team at the Rocco A. Abessinio Family Wilmington Health Center at Wilmington Hospital is enhanced with a pharmacist, a social worker and a behavioral health specialist to seamlessly connect patients who need extra help with care. Dr. Schenck is chief of the Division of Ambulatory Medicine, Section of General Internal Medicine, and medical director of the Wilmington Adult Medicine Practice.

“We are Glennis’ health care team, and Dr. Schenck is the quarterback,” Pollock said

Health problems have taken a toll on Fistzgiles. She lives with chronic pain, making it difficult to walk the nine blocks from her home to Wilmington Hospital. She has been unable to work since 1999.

The new model of care is proving to be a game changer. It has been almost a year since Fistzgiles was discharged from the hospital. She has not been readmitted or required care in the Emergency Department since. She feels better than she has in years. “Now I have Dr. Schenck and Crystal to keep me on track,” she said.

Treating her abdominal abscess required six weeks of intravenous antibiotics. Pollock coordinated infusion specialists to go to

her home to change her dressings and educate her husband on administering the medications.

It’s the care coordinator’s job to keep up-to-date with all the resources in the health system and the community, and to link patients with care they value. Before Fistzgiles leaves the office, Pollock gives her a printout with a list of the appointments she has made for her.

“Afternoons are still best for you, right?” she asked. “Yes, thank you,” Fistzgiles replied. “I truly appreciate your help.”

Fistzgiles helps, too, by partnering with the team. After many years of smoking, she was able to kick the habit. Dr. Schenck prescribed medication to get her over the rough patches and explained to her that giving up cigarettes would help her to heal faster.

If she has a concern about her health, Fistzgiles is proactive. She doesn’t wait for a small problem to become a big problem.

“When she needs something, when she has a question, she calls me and we get an answer for her right away,” Pollock said. “There is a trust there.” ●



“Glennis is a shining example of how we can improve population health through high-quality primary care.”

SARAH SCHENCK, M.D.

Patient Glennis Fistzgiles is avoiding hospital readmissions with help from Sarah Schenck, M.D., and care coordinator Crystal Pollock, RN-BC, and the primary care team at the Rocco A. Abessinio Family Wilmington Health Center at Wilmington Hospital.

LINCC Program trains staff to be qualified medical interpreters

For Zahide Cicek’s mother, a medical appointment was often a confusing experience.

“My mom doesn’t speak English, and every time she goes to the doctor or the Emergency Department, she needs an interpreter,” said Cicek, a medical assistant at the Helen F. Graham Cancer Center & Research Institute. “It’s hard for her to use the blue [telephonic interpreter] phone.”

A native of Turkey, Cicek now has added the purple interpreter’s tag to her employee badge as she serves other Turkish-speaking patients through the Language Interpreter Network at Christiana Care (LINCC), which provides qualified interpreters throughout Christiana Care in 21 different languages.

In a ceremony Aug. 18, Cicek and 32 other individuals graduated as professionally trained medical interpreters from the rigorous LINCC course, and 18 additional graduates were qualified as patient access liaisons, authorized to do non-medical interpreting.

“In many ways, the definition of respect is being able to sit with someone and communicate with them wholly,” said Christiana Care President and CEO Janice E. Nevin, M.D., MPH. “I can’t think of a more creative way to create access and to serve than this program.”

Dr. Nevin noted that the health system’s population of neighbors is becoming increasingly diverse, and qualified interpreters are a reflection of The Christiana Care Way.

“We see every day the positive change this makes in outcomes for our patients,” said Jacqueline Ortiz, MPhil, director, Cultural Competence/Language Services.

The graduates represented 13 languages. Bengali is among the fastest growing in demand. Cantonese and Turkish are being offered for the first time, expanding Christiana Care’s capacity to serve patients.

Claudia Angelica Reyes-Hull, MA, manager, Language Services, said interpreters work throughout the health system, from labor and delivery to end-of-life care. She recalled an event at Christiana Care in which multiple patients arrived at the Emergency Department, victims of a trauma, and all the injured patients spoke Mandarin Chinese. “In that case we were able to get four interpreters to the Emergency Department during the first hour. Before LINCC, there would have been no way to do this so quickly,” she said.

Bettina Tweardy Riveros, Esq., chief health equity officer, noted that approximately 85 different languages are represented in

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The Language Interpreter Network at Christiana Care in August added 33 newly certified professionally trained medical interpreters and 18 additional graduates who are qualified as patient access liaisons, authorized to do non-medical interpreting.



Delaware. The languages offered by the most recent graduates represent a large step forward in achieving health equity.

Via Parham, who was born in Mexico, is a scheduler for the Christiana Care Visiting Nurse Association.

“I wanted to be an interpreter because it gives me the ability to bridge that gap between the client and the provider,” Parham said. “We have many clients who speak Spanish.”

The graduates completed a challenging program presented over several months that included an oral assessment of speaking fluency, a 40-hour medical interpreting course, a written exam and an oral interpreter skills assessment.

Saira Mahmud, who was qualified to interpret Urdu in the first LINCC class in 2014, shared her first experience as an interpreter with the new graduates. She was called to Labor and Delivery to serve a patient who was having her first baby and experiencing complications. Mahmud’s specialized training as a medical interpreter was immediately put into practice.

“I’m HR, not clinical,” Mahmud said. “But I felt my training kick in as I started to interpret.”

Physicians had determined the patient needed a C-section, but the patient did not want to have surgery. After Mahmud intervened to help the patient communicate with her providers about her concerns, she understood the need for the procedure and agreed. Mahmud accompanied the parents into the operating room, where she continued to interpret.

“Thankfully all went well, and I shared a beautiful moment with this couple, the birth of their baby boy,” she said. “I walked out of the hospital feeling overwhelmed, but there was not a doubt left in my mind that I had made the right decision to be a medical interpreter. It is a calling that keeps me engaged in my daytime job where I strive hard to find the best talent. My interpreter engagements afford me the opportunity to see these very talented people at work. They serve as a profound reminder that both my jobs — HR and interpreter — are equally important, and in actuality are intertwined and bound by one mission — to serve.”

For Mahmud, that calling to serve is embodied in the purple tag on her ID badge that identifies her as an interpreter.

“That purple tag identifies you as a culturally competent patient advocate,” she told the graduates. “It identifies you as a culturally competent medical interpreter who truly makes a difference. It also identifies you as someone who provides an unspoken comfort to the patient and assistance to the provider.”

Saira Mahmud, who was qualified to interpret Urdu in the first LINCC class in 2014, shared her first experience as an interpreter in Labor & Delivery to help a patient understand that she needed to have a C-section.



“This purple tag is a true testament that you possess an outstanding skill — your native language. Today, this skill has awarded you with an opportunity to make a direct impact to the community we serve and to be exceptional as a Christiana Care employee. Your purple tag is your cultural heritage proudly on display.”

As licensed trainers for The Community Interpreter training course, Christiana Care opened the course to individuals employed at other institutions who are working to become medical interpreters. Seven individuals from the community who speak French, Portuguese, Spanish and Gujarati participated in the course, adding to the availability of interpreters throughout Delaware.

Languages available through LINCC include Spanish, Turkish, Hindi, Gujarati, Russian, Mandarin, Cantonese, Bengali, American Sign Language (ASL), Haitian Creole, French, Vietnamese, Korean, Malayalam, Yoruba, Twi, Swahili, Tagalog, Italian, Arabic and Portuguese. ●



Communication strategies make doctor/patient conversations more effective

Sometimes the key to communicating well with your patients is saying nothing at all.

Well, at first. The technique is called the “Two-Minute Rule,” and it’s one of more than a dozen approaches that doctors and nurse practitioners at Christiana Care are learning in relationship-centered communication.

Drawn from a curriculum developed by the American Academy on Communication in Healthcare, the program hasn’t been widely deployed, but plans are in the works to create modules adaptable to the unique needs of all nine service lines that would be integrated into the Value Institute Academy’s Patient Experience classes.

Facilitators plan to use feedback from about two dozen physicians and nurse practitioners who enjoyed a sneak peek at the training in a one-day symposium this spring. The group, consisting of new

providers and veterans, reported back tangible results from employing some of the methods.

“By letting patients talk for two minutes when they first come in and then asking if they have any other concerns to share, I get at what is most bothering them, and it makes for a more positive experience,” said cardiologist Ronald Lewis, D.O., FACC.

Evidence shows that typically, a physician will interrupt a patient within 18 seconds. If allowed to speak for up to two minutes, most patients will stop talking after about 90 seconds.

“The impression is that you have really listened to them,” said Janine Jordan, M.D., CHCQM, medical director of utilization management and a facilitator of the training. “Studies also show if you shake a patient’s hand, sit down and engage with them at eye level, they’ll perceive you’ve been in the room a minute-and-a-half longer than you

“By letting patients talk for two minutes when they first come in and then asking if they have any other concerns to share, I get at what is most bothering them, and it makes for a more positive experience for them.”

RONALD LEWIS, D.O., FACC

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were. Communication drives so much of our quality, our safety and adherence to the plan of care outcomes, that anything that can help us be better communicators is vital to improving our patients' health."

Dr. Lewis also has begun to consistently employ the "teach-back" practice of asking patients to describe in their own words the next steps in their care plan.

"Previously, I'd have people leave the office, go home and their daughter will call and say, 'Mom didn't understand what you were telling her,'" Dr. Lewis said.

There are many reasons a patient might not hear and understand what's being said in a conversation with a doctor or nurse. It might be a physical reason, such as a hearing impairment. Or it might be something else — for example, a patient who has just received bad news might have difficulty focusing on what else is being said.

"I think we all recognize that the industry's changing, and that our patients', consumers' and members' needs are changing," said Shawn Smith, MBA, vice president for patient experience, who organized the June training along with Dr. Jordan. "We identified some of those things that we need to address from an emotional perspective that we haven't really taught.

"The key objective is using empathy to connect with patients for a better interaction. The skill of eliciting the story really helps negotiate the agenda for the encounter. And research shows that when it's done effectively, a provider has better control of their day."

Anesthesiologist Patricia Moore, M.D., is chair of Patient Experience for the Surgical Service Line and attended the June training. She appreciates the importance of communication not only in establishing a respectful relationship with patients, but also as a key to positive clinical outcomes.

"How we communicate, what we communicate and in a way that it can be understood — all of that doesn't just affect how the patient feels, but it influences their health outcome," Dr. Moore said. "If a patient doesn't understand their discharge instructions, it's going to affect their outcome."

One of the techniques she has begun to consistently use is called "ICE," which stands for ideas (what patients think might be causing their complaint), concerns and expectations.

"The framework of ICE for having a discussion has been a way for me to engage in a more focused, active-listening, empathetic manner to identify what my patients' needs are and how I can best

"How we communicate, what we communicate and in a way that it can be understood — all of that doesn't just affect how the patient feels, but it influences their health outcome."

PATRICIA MOORE, M.D.



meet them," Dr. Moore said. "Take fear, for example. There's a lot of fear when someone is coming in and having surgery. Now, at the end of my discussion with each patient, I uniformly ask them if they have any questions or concerns."

CONTINUED

COMMUNICATION STRATEGIES

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It was in this manner that she discovered one of her patients was deathly afraid of needles — and while recovering from surgery in the hospital, the young woman had been diagnosed with early-stage diabetes. Not only did the conversation enable Dr. Moore to ensure the woman’s IV was placed in the least painful way; it led her to engage the patient’s primary care provider, a psychologist and a social worker to make sure the woman, who lived alone, would be able to prick her finger every day to check her blood sugar and inject herself with insulin if necessary.

“Otherwise, she would get very, very sick,” Dr. Moore said. “This will make a huge difference for her in terms of her long-term health. She was otherwise a very healthy woman. I might not have asked these questions.”

Meredith Santinelli, APN, credits the ICE method with helping her identify the culprit of one patient’s elevated blood sugar. The woman said she was compliant with her medication and diet. When asked what she thought might be causing her

“She thought she was doing fine with her diabetes control. Clearly there was an education gap there,” Santinelli said. “I’m a big fan of educating patients. Ultimately, it prevents readmission.”

Relation-based communication doesn’t take extra time, Dr. Moore said. “It just shows extra caring and demonstrates respect. We serve our neighbors as respectful, expert, caring partners in their health. This is an effective way of partnering with our patients in order for them to enhance their health care.”

Smith echoed her comments. “It fits into almost every facet of The Christiana Care Way. We show up as an expert in the room, and we allow the patient to tell his story for two minutes — that’s respectful. Listening to their stories shows you value them. You’re getting to learn more about the patient than through fly-by visits. When you have that relationship and it’s personalized, that builds trust. When you start building trust and you use empathy, you set them up for compliance for a good health outcome.”

“It was entirely clear she needed the surgery,” Dr. Kerzner said. “It really was having to convince her that while her fears were real, she wasn’t making a good decision based on them.”

While Christiana Care prepares to deploy the training throughout the health system, Dr. Kerzner has shared the strategies with colleagues.

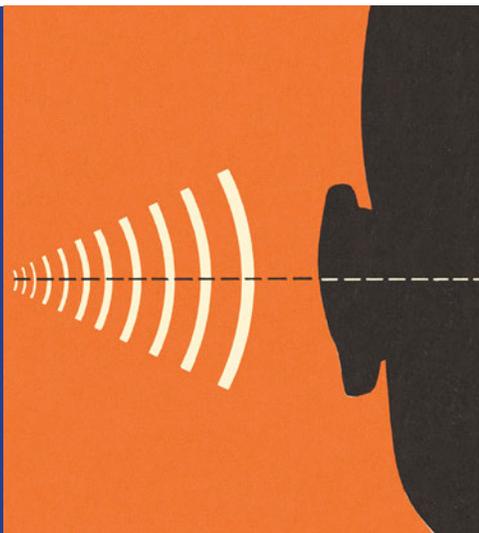
“I have been tracking seven providers, and their scores have improved,” he said, referring to the physicians’ CGCAHPS (Clinician and Group Consumer Assessment of Healthcare Providers and Systems) scores, which measure whether patients had a positive or negative experience. In patient surveys, the quality of communication with physicians has the highest correlation to overall patient experience.

“Shawn and I attempt to represent the physician voice when it comes to how to improve the patient experience,” Dr. Jordan said. “Health care is increasing demands on providers, which can lead to burn-out. We started thinking, are there ways to help physicians, to give them a toolkit to improve their communication? Now we don’t just say to doctors, ‘You’re doing poorly.’ We can say, ‘If you use these evidence-based best practices on every patient, on every visit, your scores will improve. Moreover, we will help you by giving you the opportunity to practice key skills that will strengthen and build relationships with patients and their families while receiving constructive feedback on your performance.”

“If we can teach providers standardized methods of effective, evidence-based communication skills that meet the current needs of both physicians and patients and their families, we can actually positively influence the whole health system. What health care providers say, and how we say it, and what we do, and how we do it, matters to patients and families. This should be a source of inspiration for our profession.” ●

“What health care providers say, and how we say it, and what we do, and how we do it, matters to patients and families. This should be a source of inspiration for our profession.”

JANINE JORDAN, M.D., CHCQM



lightheadedness and shortness of breath, the woman said that she was dehydrated because she wasn’t drinking her normal share of Gatorade and juice.

Santinelli was able to pair her with a diabetic educator to explain the effects of those sugary drinks.

Cardiologist Roger Kerzner, M.D., FACC, said he has found using these communication techniques saves time and yields a more valuable visit for both provider and patient. Using an empathetic approach, he was able to allay the concerns of one woman who needed mitral valve surgery but was afraid to have it.

New event reporting platform integrates data, leads to safer systems of care

A new adverse-event management platform scheduled to launch systemwide in early 2017 will make it easier to raise the alert about unsafe practices that could lead to unintended patient harm. It will allow those investigating incidents, near misses and good catches to respond more expediently, manage the event through to resolution more thoroughly, and share information across departments, service lines and essential services to detect and identify trends impacting patient safety.

Off the shelf, the system is recognized throughout the health care industry as RL6, created by RL Solutions, but those leading the transition hope an employee contest planned for later this fall will lead to a recognizable name that more uniquely identifies its capabilities with Christiana Care's unique safety culture driven by The Christiana Care Way.

What contest participants will be naming is the next generation of Christiana Care's current Safety First Learning Reports. It is a comprehensive safety, quality and risk-

management solution that helps manage adverse events from start to finish in five key work streams:

- Event reporting.
- Root cause analysis.
- Patient/family feedback.
- Peer review.
- Claims.

The flexible, easy-to-use software encourages event reporting, and features tracking and trending capabilities designed to help identify root causes and address recurring events. Uncovering the root cause translates into improved safety and outcomes — as well as cost savings — allowing teams to capture data and build a narrative to create and track action plans and provide feedback through the process to enhance the patient experience.

Journey to high reliability

“We need to increase reporting — that's how we learn about events, identify themes and trends in real time and drive changes to enhance the experience of people we have a privilege to serve,” said

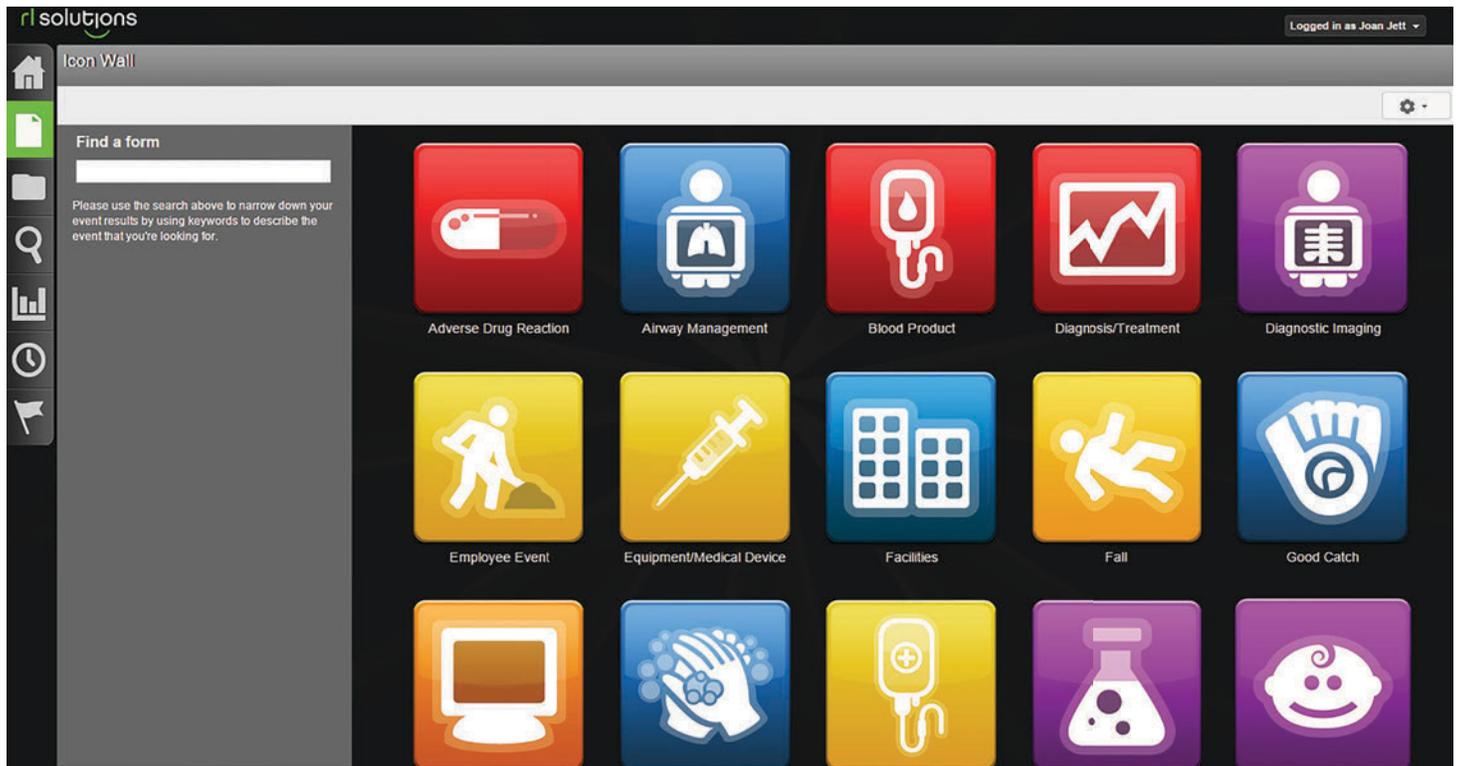
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“We want our event reporting to go up and patient harm to go down. It's by getting more reports that patterns and trends emerge that show us fundamental opportunities to fix our systems of care.”

ROBERT M. DRESSLER, M.D., MBA, FACP

NEW EVENT REPORTING PLATFORM | CONTINUED



A new, more user-friendly adverse-event management platform scheduled to launch in early 2017 will make it easier for frontline staff to report near misses or good catches in real-time, and will provide valuable, integrated trend reports that lead to more effective safety improvement decisions.



“This innovation in event reporting and management will help us find — and fix — deviations in our quality and safety practices and will support our journey to high reliability.”

SHAWN SMITH, MBA

Shawn Smith, MBA, vice president of Patient Experience. “This innovation in event reporting and management will help us find — and fix — deviations in our quality and safety practices that will ultimately support our journey to high reliability.”

The new tool, said Smith, is in direct response to frontline staff who have asked for an easier, less time-consuming and ultimately more effective way to file reports and follow up more effectively with the patient.

The intuitive platform features drop-down menu forms that encourage staff to report incidents, good catches and near misses from the convenience of any Christiana Care workstation or from a hand-held device. Data can be shared internally among departments and service lines and can be reported both internally and externally to regulatory bodies, patient safety organizations and insurance

companies. The platform triggers alerts to high-severity events, providing the big picture of what is happening within the hospital at any given time, and allows managers to create a variety of reports that drill down to specific details needed to make safety-improvement decisions.

“Understanding the vulnerability in our systems of care is pivotal in creating an environment that is highly reliable,” said Robert M. Dressler, M.D., MBA, FACP, quality and safety officer, Academic and Medical Affairs, and physician champion for the transition to the new event reporting system. “We are moving to a much more intuitive system that will make it more efficient for providers to report adverse events during the course of their daily work. It will also allow us to look at our event data in aggregate to discover areas that require more focused attention and realize improvements through monitoring our event reports.”

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“Consistent with CANDOR — which focuses on communication, event reporting and analysis, caring for the caregiver and a robust resolution process — this new event management process reinvigorates our culture of responsibility.”

MICHELE CAMPBELL, MS, RN, CPHQ, FABC,



See something, say something

The key part of event reporting, said Dr. Dressler, is getting the upfront nugget of an event from those on the frontline, such as physicians, nurses, staff and even patients and their families. The true innovation of this new event reporting platform, though, will be realized on what he describes as the “back end,” with teams from service lines and essential services, including Quality and Safety, Risk Management and Patient Relations, able for the first time to share information, trend data, monitor progress to resolution and collectively refocus on how to improve systems of care.

“Keep in mind that each event report in each of the existing siloed systems only provides the perspective of the individual who completes that particular report. It doesn’t tell the whole story,” he said. “If we can get more people to see something — and say something — from varying vantage points, we’ll capture more detailed information and truly be able to see the complete facts of the case to address the right challenge.

“With 15,000 event reports a year, we have to refocus our priorities to trend opportunities and focus our attention on higher-level events, either those occurring more frequently or that carry a higher risk.”

Consistent with CANDOR

The new event reporting and tracking platform advances the CANDOR approach to open communication and optimal resolution of unexpected patient harm formally adopted by Christiana Care last year.

“Consistent with CANDOR — which focuses on communication, event reporting and analysis, caring for the caregiver and a robust resolution process — this new event management process reinvigorates our culture of responsibility,” said Michele Campbell, MS, RN, CPHQ, FABC, vice president for Patient Safety and Accreditation. “It will allow us to report events more efficiently, perform more thorough analysis, uncover opportunities for improvement, hold leaders accountable for follow-up and put changes in place to enhance the safety of our patients.”

Safety is the story

Susan Perna directs Risk Management, one of the teams that best appreciates the limits of the current siloed event management process.

“So many departments across our organization are involved in event reporting and analysis,” she said. “This new platform brings us together, promotes transparency, enhances our culture of safety and helps us create new strategies to prevent harm and provide the safest environment possible for our patients,

their families and our staff. By sharing data more quickly and efficiently, we will be better able to put systems in place that prevent errors from happening again. As we think about a new name for the platform, “safety” really needs to be the story.”

From flip phone to iPhone

Brady Johnson, senior Patient Relations representative, likens the transformation from the current event reporting system to the new platform as “upgrading from flip phone to iPhone.”

“This new process will allow us to use data smarter and more efficiently,” he said. “It will give us a clearer picture of what we’re doing as an organization, help us to change behaviors, prevent challenges uncovered by the data, and ultimately add value to the care we deliver. It’s a new day in event reporting and management and in creating a safer environment and greater experience for our patients and their families.” ●

Have an idea of what we should call this new event management system?

Watch the portal for a contest to suggest catchy, safety-focused names.

Christiana Care research and advances in care highlighted at Delaware BioBreakfast

The Value Institute and the Helen F. Graham Cancer Center & Research Institute co-hosted the 2016 BioBreakfast, giving Christiana Care clinicians and researchers an opportunity to share medical advances with the regional biotechnology community.

“We are pleased to co-sponsor this annual BioBreakfast with the Delaware BioScience Association, an organization that is important to our Christiana Care community. We at Christiana Care Health System share a commitment to biomedical research with the organizations and members of Delaware Bio to improve the quality of medical care that we provide,” said Timothy Gardner, M.D., executive director of the Value Institute and medical

director of Christiana Care’s Center for Heart & Vascular Health.

On July 12, two dozen Christiana Care staff attended the BioBreakfast with 150 participants from around the region, networking and sharing ideas at the John H. Ammon Medical Education Center.

Advances in gene editing

The morning’s first speaker was Eric Kmiec, Ph.D., director of the Gene Editing Institute at the Graham Cancer Center and a pioneer in DNA research and the cutting-edge science of gene editing. At the invitation of Nicholas Petrelli, M.D., FACS, Bank of America endowed medical director of the Graham Cancer Center, Kmiec founded the Gene Editing Institute

in July 2015 and conducts translational research and technology development, and provides CRISPR/CAS9 gene editing tools.

Because of this work, the Gene Editing institute has launched partnerships that include:

- Collaboration with NovellusDX in Israel to find gene mutations amenable to customized gene editing treatments in patients.
- Assistance with research within the Wistar Institute in Philadelphia by providing gene editing tools for 70 Wistar researchers.
- Efforts to create educational resources on gene editing for everyone from

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Speakers at the 2016 Delaware BioBreakfast included: Julie Coker Graham, president and CEO, Philadelphia Convention & Visitors Bureau; Nicholas Petrelli, M.D., FACS, Bank of America endowed medical director of the Helen F. Graham Cancer Center & Research Institute; Claudine Jurkowitz, M.D., MPH, Value Institute senior physician scientist; Bob Dayton, Delaware BioScience Association president; Eric Kmiec, Ph.D., director of the Gene Editing Institute at the Graham Cancer Center; Eric V. Jackson Jr., M.D., MBA, associate director of the Value Institute and director of the Center for Health Care Delivery Science; Kert Anzilotti, M.D., MBA, chair of the Department of Radiology and physician leader of the Neurosciences Service Line; Timothy Gardner, M.D., executive director of the Value Institute and medical director of the Center for Heart & Vascular Health.



Eric Kmiec, Ph.D., talks about his exciting work in gene editing that is paving the way for a new generation of cancer treatments.



Kert Anzilotti, M.D., MBA, talks about the dramatic advances in stroke diagnosis and treatment taking place in Delaware.



Claudine Jurkovitz, M.D., MPH, talks about her work in developing a statewide chronic kidney disease registry in Delaware.

high school students to post-doctoral students. New training kits and webinars are in development with Genomeweb Webinars, Bio-Rad Laboratories and the National Institute of Health's (NIH) new training program called GEENI (Gene Editing National Initiative).

The Gene Editing Institute has a team that is looking at how to use CRISPR/CAS9 in clinical trials for patients with lung cancer in Delaware. "Gene editing is clearly going to transform medicine," Kmiec said.

Statewide kidney disease registry

Nephrologist and epidemiologist Claudine Jurkovitz, M.D., MPH, Value Institute senior physician scientist, described her project to link Delaware electronic health records from multiple data sources and build a statewide Chronic Kidney Disease Registry, offering a unified longitudinal description of care.

The registry is a Big Data Pilot Program funded under Delaware CTR-ACCEL, a project of the National Institutes of Health to accelerate clinical and translational research and build research infrastructure. Some of the initial goals for the registry are to develop models and methods for predicting hospital admission and to access transition-of-care information for children with chronic kidney disease as they grow into adults.

The Patient-Centered Outcomes Research Institute (PCORI) also recently awarded the Eugene Washington Engagement Award to Dr. Jurkovitz. This funding will enable engagement of patients and stakeholders in developing patient-centered outcomes research studies that utilize the statewide registry, said Dr. Jurkovitz, the PCORI principal investigator.

PCORI is an independent, non-profit organization authorized by Congress in 2010 to fund comparative effectiveness research that will provide patients, their caregivers and clinicians with the evidence needed to make better-informed health and health care decisions. PCORI is committed to seeking input from a broad range of stakeholders to guide its work.

Stroke care in Delaware

The final presenter from Christiana Care was neuroradiologist Kert Anzilotti, M.D., MBA, chair of the Department of Radiology and physician leader of the Neurosciences Service Line. He talked about recent advances in the diagnosis and treatment of acute stroke in Delaware, suggesting that major advances in cranial imaging, medications and endovascular procedures and devices now mark a "golden age of ischemic stroke treatment."

Hospitals in all three Delaware counties are collaborating to ensure stroke patients receive timely care.

Strokes are the fifth-leading cause of death in the United States and the leading cause of serious long-term disability, according to the U.S. Centers for Disease Control & Prevention. Patients identified and treated intravenously with tissue plasminogen activator (IV tPA) within four hours of the start of a stroke, however, have excellent chances of full recovery, Dr. Anzilotti said.

IV tPA treatment can dissolve the clot that causes the stroke and improve blood flow to the affected area of the brain. Dr. Anzilotti stressed, however, the importance of quickly identifying the signs and symptoms of stroke, given that every minute after the onset of the stroke increases the possibility of permanent disability or death.

Christiana Care has applied improvement science to the diagnosis and treatment of patients who have strokes. The stroke team has implemented standardized evidence-based protocols to optimize the care of acute stroke victims. As a result of these best practices, Christiana Care earned the Gold-Plus Quality Award from the American Heart Association and the American Stroke Association for maintaining high standards in the treatment of patients with stroke.

"This makes our hospital system one of the premier institutions for stroke care in the United States," said Dr. Anzilotti. ●

LeRoi S. Hicks and Velma Scantlebury honored at annual diversity conference

Velma Scantlebury, M.D., associate director of the Kidney Transplant Program at Christiana Care, and LeRoi Hicks, M.D., MPH, vice chair of the Department of Medicine, were honored for their contributions in health care and in their communities by the



Pennsylvania Diversity Council at the 7th Annual Philadelphia Diversity & Leadership Conference, Sept. 1. Dana Beckton, director of diversity and inclusion from the Office of Health Equity at Christiana Care, was a panelist for a breakout session titled “Diversity Is About Who’s on the Team, Inclusion Is About Who Gets to Play.”

Dr. Scantlebury was honored with a Most Powerful & Influential Women award, alongside female senior leaders from the medical, financial, technology, law and science fields.

Dr. Scantlebury has a special interest in increasing organ donation in the African-American community through education and awareness. She has served as a national spokesperson for Linkages to Life, an initiative to address the shortage of African-American organ donors.

She became the nation’s first African-American female transplant surgeon in 1989. In her career, she has performed more than 1,000 kidney transplants.

In a panel discussion, Dr. Scantlebury shared with the group that she had to be determined and persistent to follow her dream of becoming a surgeon in the face of professors telling her she’d never make it.



Dr. Hicks received the Multicultural Leadership award for his work in eliminating health care disparities. His background and related work in the area of diversity and inclusion includes serving as the former co-director of the Health Disparities Research Program and research faculty to the Community Health Innovation and Research (CHIRP) programs for the Harvard Catalyst. His research has been related to three areas:

- The effects of patients’ racial and cultural background on the treatment and clinical outcomes of chronic disease.
- The development and assessment of interventions aimed at improving quality of medical care and the reduction of disparities in care.
- Community-based participatory research to identify and address health care disparities.

He currently serves as mentor to the University of Delaware Minority Association of Pre-Medical Students and travels to provide lectures on health care disparities. ●



Sridevi Donepudi appointed assistant chief medical information officer

Sridevi Donepudi, M.D., was appointed Christiana Care's new assistant chief medical information officer in the ambulatory area.

Working with the ambulatory IT team and clinical leaders, Dr. Donepudi assumes informatics responsibility for the PowerChart ambulatory electronic medical record rollout and other ambulatory technology initiatives.

Dr. Donepudi most recently practiced at Stormont-Vail Health System in Topeka, Kansas, where she was involved in the implementation of an ambulatory electronic health record across more than 20 clinic sites with 1,500 providers and staff.

She has broad ambulatory IT experience and has led process redesign to support efficient capture of quality measures, among other initiatives.

She is a family physician who earned a master's degree in medical management from Carnegie Mellon University. She completed

her medical residency at Advocate Lutheran General Hospital in Topeka and received her medical degree from the University of Kansas School of Medicine.

She has received two Spirit Awards for patient care and for stewardship, the Most Valuable Player award, and was nominated for the Ruggie Humanitarian Award.

She has worked clinically as a solo practitioner and also as a member of a large group.

Dr. Donepudi sees patients at Christiana Care Family Medicine at New Castle Family Medicine. Her administrative office is in the IT center at One Reads Way. ●



Michelle Power named CDC Childhood Immunization Champion

Michelle Power, BS, MT (ASCP), has been named Centers for Disease Control and Prevention (CDC) Childhood Immunization Champion for her outstanding efforts to promote childhood immunizations in Delaware. The award acknowledges the outstanding efforts of individuals who strive to ensure that children in their communities are fully immunized against 14 preventable diseases before the age of 2.

Power was recognized for her involvement with the Neonatal Intensive Care Unit at Christiana Hospital and for her efforts in educating postpartum parents about the importance of childhood immunizations. She has been an active member of the Immunization Coalition in Delaware for more than 10 years.

"I am greatly humbled and honored to receive this award," said Power, an infection preventionist. "I have had the good fortune of working with a wonderful team of health professionals who are incredibly passionate about vaccines and who have helped me emphasize how immunizations can protect the health of children and adults."

Vaccinations prevent disease and reduce suffering, and improve longevity and quality of life. The CDC believes one of several measles outbreaks last year began when an infected overseas traveler passed on the highly contagious infection to unvaccinated

children in Disneyland in California. Between January and November 2015, there were 189 cases of measles — a disease thought virtually eliminated in the U.S. While Delaware's vaccination rates are high, there are still outbreaks, including this year's flu outbreak at a New Castle County prison and the 2014 outbreak of whooping cough, mainly in Kent County.

"Through the Childhood Immunization Champion awards, CDC and Delaware proudly acknowledge Michelle Power's passion, hard work and commitment to children's health," said Karyl Rattay, M.D., MS, director of the Division of Public Health.

"We are grateful for Michelle Power's deep commitment to keep our youngest and most fragile patients safe," said David Paul, M.D., neonatologist and chair of Christiana Care's Department of Pediatrics, physician leader of the Women's & Children's Service Line and chair of the Delaware Healthy Mother and Infant Consortium. "Through her tireless efforts to ensure that children are properly immunized, she is helping us create a healthier community and a healthier Delaware." ●



Bariatric Summit: Cradle to Cure

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>.

23rd Annual E.G. Scott Microbiology Symposium

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 Ogleton-Stanton Road, Newark, DE 19718. For more information call Erica Wilson: 302-733-3730.

15th Annual John Scholz Stroke Education Conference

Oct. 15, 8 a.m. – 1 p.m.

John H. Ammon Medical Education Center

Presented by the Delaware Academy of Medicine. Information and registration at <http://www.delamed.org/stroke>.

The Christiana Care Way Awards Exhibition

Oct. 16 –21, Christiana Hospital, Room 1100

Oct. 25 –28, Wilmington Hospital, Gateway Conference Center

Formerly the Focus on Excellence Awards, this exhibit features team projects demonstrating improvement in process or outcomes.

An Evening of Hope

Oct. 19, 6 – 8:30 p.m.

Wilmington Country Club, 4825 Kennet Pike, Wilmington

Join The Friends of the Helen F. Graham Cancer Center & Research Institute in supporting the Gene Editing Institute at the Center for Translational Cancer Research. Renowned molecular biologist and gene editing pioneer Eric Kmiec, Ph.D., will discuss the tools that he and other researchers are developing to treat the root causes of cancer. Register at <https://events.christianacare.org>.

ACCEL ACE Commencement

Oct. 20, 8:30 a.m.

Wilmington Hospital, Gateway Conference Center

The DE-CTR/ACCEL program will announce the ACCEL Community Engaged “ACE” Research Awards.

DE Emergency Nurses Association Symposium

Nov. 9, 7:45 a.m. – 3:45 p.m.

Dover Downs Hotel & Casino Conference Center

Presented by DENA and Christiana Care. For information, visit <http://www.de-ena.org>.

3rd Annual Heart & Vascular Interventional Services Conference

Nov. 12, 7:30 a.m. – 2 p.m.

John H. Ammon Medical Education Center

Informational sessions feature discussions of technological advances and trends in the Heart & Vascular Interventional Services Department presented by our expert heart and vascular physicians. Registration Deadline: Oct. 29. Registration fee: \$25 payable by check to Christiana Care Health System. Mail to Julie Tank, Christiana Hospital Heart & Vascular Interventional Services, Room 2866, 4755 Ogleton-Stanton Road, Newark, Delaware 19718. Contact Julie Tank at jtank@christianacare.org or call 302-733-5630 with questions. Christiana Care participants may preregister via the I-Net Education Center. Registrations are not confirmed until full payment has been received.

Women’s Health Lecture Headaches and Migraines: Treatment options from our experts

Nov. 30, 6:30 – 8 p.m.

Wilmington Hospital, Gateway Conference Center

Jessica Bradley, M.D. and Rosemary Szczechowski, Psy.D., share headache remedies, medications, causes and treatment. Register: www.christianacare.org/womenslectures or call 800-693-2273.

Perioperative Perspective: Latest Trends and Practices

Feb. 25, 2017, 7 a.m. – 3:15 p.m.

John H. Ammon Medical Education Center

The Perioperative Professional Nurse Council invites you to attend this 9th annual conference for nursing professionals, student nurses and surgical technicians, with national speakers and educational breakout sessions. ●

Brushing up on dental hygiene

When it comes to dental hygiene, preventive measures go a long way in ensuring a healthy smile.

At Christiana Care, employees and their dependents have access to dental benefits that include regular cleanings and checkups. But benefits don’t do us any good unless we take advantage of them.

By visiting your dentist at least twice a year, you can address dental problems before they cause pain or require expensive, complex treatment.

During a routine checkup, your dentist will monitor your teeth and gums and screen for early signs of oral cancer. The dentist also will inspect your fillings, crowns or dentures to make

CONTINUED

Financial wellness workshops offer great tips and hints

For the past several years, Christiana Care has placed increased importance on employee wellness. Later this year, in addition to physical, nutritional and emotional wellness, Christiana Care will emphasize financial wellness.

In the upcoming months, watch for tips and hints, newsletter articles, workshops and links to useful websites and resources about addressing financial wellness.

Also watch for your new guide to wellness: Christy Caregiver. When you see her, you will know that helpful information about wellness is not far away.

Financial Wellness Workshops will be available at the following locations beginning in October 2016:

- Christiana Hospital.
- Wilmington Hospital.
- Reads Way.
- HealthCare Center at Christiana Care.
- Middletown.

The workshops will cover a broad range of topics and aim to assist everyone in different ways:

Boost Your Retirement's Immune System

This session is geared toward starting the conversation about saving money for retirement. It is meant for those who are just beginning to save or are unsure how to do so.

Healthier, Wealthier, Wiser

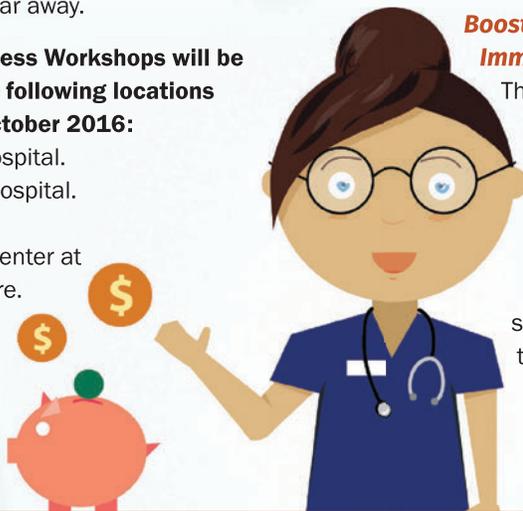
This session is for employees who wish to understand more than the very basics of retirement saving. They would probably have an account already and would like to learn more about how to make it healthier.

Getting Ready for Retirement

This session is for employees who are close to retirement age and are unsure of how to prepare or what it will mean for them.

Financial Planning for Women

This session is meant specifically for female employees who wish to learn how financial planning can be specific to them. ●



Watch for more about Christy Caregiver and check the intranet portals for information about the workshops.



certain the fit is right. X-rays allow the dentist to detect problems that can't be seen with the naked eye.

What we eat also impacts our teeth. Sugar — including brown sugar and so-called natural sugars — is the worst food for our teeth. So take it easy on the Halloween candy.

Research has shown that some foods may actually help counter tooth decay. Peanuts and aged cheddar, Swiss and Monterey Jack cheeses are believed to inhibit the acids that cause cavities.

No matter what you are eating, it's optimal to brush after every meal. Choose a brush that has the American Dental Association (ADA) stamp of approval on the package. Replace your toothbrush every two to three months or sooner if you have a cold or other illness.

Fluoride keeps teeth strong because it allows them to retain calcium and inhibits acids that damage teeth. But many people

who drink bottled water or use home filtration systems don't get enough fluoride. Use a fluoride toothpaste and a fluoride mouth rinse to fight cavities, just to make sure.

What about flossing? The ADA recommends that you clean the spaces between your teeth once a day, every day. It doesn't matter if you floss before or after you brush, just as long as you do it.

Flossing helps to remove plaque, a sticky, colorless film that builds up on teeth. If it isn't removed by brushing and flossing, plaque hardens into tartar, a deposit on the teeth that can only be removed by a dental professional. Flossing also helps to prevent cavities and gum disease.

Establishing good dental habits and making regular visits to the dentist will help to keep your teeth strong and healthy. That is something to smile about. ●

Publishing

Neal D. Goldstein, Ph.D., MBI, Stephen C. Eppes, M.D., Bailey C. Ingraham, MS, David A. Paul, M.D. "Characteristics of Late-Onset Sepsis in the NICU: Does Occupancy Impact Risk of Infection?" *Journal Of Perinatology*. September 2016.

Matthew K. Hoffman, M.D., MPH, et al. "Racial/Ethnic Disparities in Measures of Self-Reported Psychosocial States and Traits During Pregnancy." *American Journal of Perinatology*. August 2016.

Matthew K. Hoffman, M.D., MPH, Anthony C. Sciscione, D.O., et al. "Duration of Oxytocin and Rupture of the Membranes Before Diagnosing a Failed Induction of Labor." *Obstetrics & Gynecology*. August 2016.

Bailey Ingraham, MS, Kristen Miller, Dr.PH., MSPH, Alberto Iaia, M.D., Michael B. Sneider, M.D., Shabbir Naqvi, M.D., Kimberly Evans, CRA, MS, RT (R) (M), Vinay Gheyi, M.D., Kert Anzilotti, M.D., MBA. "Reductions in High-End Imaging Utilization with Radiology Review and Consultation." *Journal of the American College of Radiology*. September 2016.

Amy Mackley, MSN, RNCR, Michael Winter, Ursula Guillen, M.D., David A. Paul, M.D., and Robert Locke, D.O., MPH. "Health Literacy Among Parents of Newborn Infants." *Advances in Neonatal Care*. October 2016.

Kristen Miller, Dr.PH., MSPH, Carol Briody, MT (ASCP), CIC, Donna Casey, BSN, MA, RN, FABC, NE-BC, Jill K. Kane, BSN, RN, CCRN, Dannette Mitchell, MSN, APRN, ACNS-BC, CCRN, Badrish Patel, M.D., Carol Ritter, MSN, RN, CCRN, CNML, Maureen Seckel, MSN, APN, MSN, ACNS-BC, CCNS, FCCM, Sandy Wakai, MSN, RN, CCRN, Marci Drees, M.D., MS. "Using the Comprehensive Unit-based Safety Program Model For Sustained Reduction In Hospital Infections." *Journal of Infection Control*. September 2016.

David A Paul, M.D., et al. "Gram-negative Bacilli in Infants Hospitalized in the Neonatal Intensive Care Unit." *Journal of Pediatric Infectious Disease Society*. June 2016.

Sudhakar Satti, M.D., Jennifer Chen, Thinesh Sivapatham, M.D., Mahesh Jayaraman, M.D., and Darren Orbach, M.D., Ph.D. "Mechanical Thrombectomy for Pediatric Acute Ischemic Stroke: Review of the Literature." *Journal of NeuroInterventional Surgery*. July 2016.

Anthony C. Sciscione, D.O., et al. "Revisiting the Challenges of Training Maternal Fetal Medicine Fellows in Chronic Villus Sampling." *American Journal of Obstetrics & Gynecology*. August 2016.

Pan Wu, Ph.D., et al. "Differences in the Protective Effect of Breastfeeding on Child Overweight and Obesity by Mother's Race." *Maternal and Child Health Journal*. September 2016.

Presentations

Stephen A. Pearlman M.D., MSHQS. "Coding for Neonatology." Downstate Medical Center, Brooklyn, New York.

Nancy Galbreath, BSN, RN, CCRN, Jacqueline Grau BSN, RN, CCRN, Kellie Kessler BSN, RN, CCRN and Daniel Zirolli BSN, RN, CCRN. "Extubate Patients When Ready." AACN, NTI, New Orleans, Louisiana 2016

Appointments

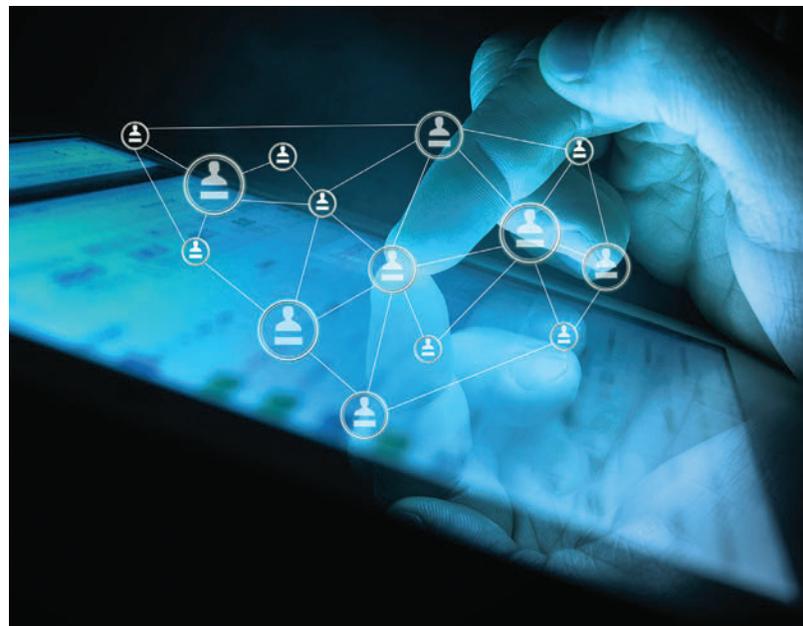
James M. Ellison, M.D., MPH, The Swank Foundation Endowed Chair in Memory Care and Geriatrics at Christiana Care Health System, has been appointed to the Delaware Medicaid Pharmacy & Therapeutics Committee.

The Professional Advancement Council congratulates the following new RN III nurses for August: **Tracy Bell**, NICU, **Mark Caldwell, II**, CVCCC, **Sara Feters**, CVCCC, **Jaclyn Kerezsi**, 2C, and **Nicole Possenti**, Christiana ED.

Radiation Oncology resident **Serguei Castaneda, M.D.**, will serve on the American Society of Radiation Oncology (ASTRO) Clinical, Translational and Basic Science Advisory Subcommittee for the term 2016-2017. He also serves on ASTRO's Global Health Subcommittee.

Awards

Erin Brennan, RN III, CCRN, in Christiana Hospital's Neuro Critical Care Unit (NCCU), has received the DAISY Award for Extraordinary Nurses for August 2016. ●



THERAPEUTIC NOTES

Update on heart failure medications By Laura Zizza, Pharm.D

In the United States, it is estimated that 5.7 million people greater than 20 years old carry a diagnosis of heart failure. This disease state is associated with significant morbidity and mortality. About 50 percent of patients diagnosed with heart failure will die within five years of the diagnosis. Survival for patients with heart failure has improved since the early 1980s, mostly due to evidence-based approaches to treatment, which involve coronary revascularization, implantable cardioverter-defibrillators, cardiac resynchronization therapy, and goal-directed medication therapy. Unfortunately, there have not been any medications on the market for the treatment of heart failure in over a decade, until recently. In 2015, two medications were FDA approved for heart failure: Entresto (sacubitril/valsartan) and Corlanor (ivabradine).

Entresto is a combination tablet made up of a neprilysin inhibitor (sacubitril) and an ARB (valsartan). It was the first drug in its class approved for reducing the risk of cardiovascular death and hospitalization for heart failure in patients with chronic heart failure (NYHA Class II – IV) and a reduced ejection fraction (EF < 35%). In the PARADIGM-HF trial, sacubitril/valsartan was compared to enalapril in this patient population. The overall number needed to treat to prevent one death from cardiovascular causes or first hospitalization for heart failure was 21 patients. With these benefits in mind, sacubitril/valsartan was added to the formulary at Christiana Care in January 2016.

The initiation of sacubitril/valsartan at Christiana Care was restricted to cardiologists because of the significant increase in the risk of angioedema when this medication is used with an ACEI. Angioedema is a reaction that causes swelling, typically of the face, lips, mouth, and throat; in severe cases, patients may require intubation to protect their airway. The sacubitril/valsartan package insert recommends a 36 hour washout period between discontinuation of an ACEI and the initiation of treatment

to reduce the risk of angioedema. Overall, however, sacubitril/valsartan has the potential to impact millions of patients with reduced ejection fraction heart failure and represents an improvement over previously available agents.

Corlanor (ivabradine) works by blocking the hyperpolarization-activated cyclic nucleotide-gated (HCN) channel responsible for the cardiac pacemaker If current. Overall, it works to slow the heart rate. In the SHIFT trial, ivabradine was compared to placebo in patients with chronic heart failure (NYHA Class II – IV) and a reduced ejection fraction (EF < 35%). Patients were on maximally tolerated beta blockade with a resting heart rate of 70 bpm and were in normal sinus rhythm. Patients with atrial fibrillation and atrial flutter were excluded as ivabradine actually increases the risk of these arrhythmias. No mortality differences were seen with ivabradine, but there were significantly lower hospital admissions due to heart failure in the ivabradine group.

The patient population to benefit from ivabradine is fairly narrow in comparison to sacubitril/valsartan, being limited to heart failure patients in normal sinus rhythm with a resting heart rate greater than 70 bpm on maximally tolerated beta blockade. Regardless, because of the decrease in heart failure admissions in this select patient population, ivabradine was added to formulary in September 2015. ●

References:

1. Mozaffarian D et al. Heart disease and stroke statistics—2016 Update. *Circulation*. 2016;133:e38-e360.
2. Entresto [package insert]. East Hanover, NJ: Novartis Pharmaceuticals; August 2015.
3. McMurray J et al. Angiotensin-neprilysin inhibition versus enalapril in heart failure. *N Engl J Med*. 2014;371:993-1004.
4. Corlanor [package insert] Thousand Oaks, CA: Amgen Inc; April 2015.
5. Swedberg K, et al. Ivabradine and outcomes in chronic heart failure (SHIFT): a randomised placebo-controlled study. *Lancet*. 2010;376:875-885.

CHRISTIANA CARE COMPLIANCE HOTLINE



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

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

FORMULARY UPDATE | JULY - AUGUST 2016

FORMULARY ADDITIONS

Medication – Generic/Brand Name	Strength/Size	Use/Indication	Comment
Bupivacaine liposome injection/ Exparel	1.3% 20 mL vial	Component of multimodal analgesic regimen for some joint replacement procedures	Availability limited to the Wilmington Hospital Center for Advanced Joint Replacement for joint replacement procedures
Buprenorphine-Naloxone/ Suboxone	4 mg/1 mg & 12 mg/3mg sublingual films	Treatment of opioid dependence	Line item extension
Coenzyme Q10	100 mg tablet	Management of cardiovascular disease	Line item extension
Fenofibrate	160 mg tablet	Treatment of dyslipidemia	Line item extension
Gabapentin/ Gralise	300 mg extended-release tablet	Treatment of postherpetic neuralgia	Line item extension
Mepolizumab injection/Nucala	100 mg vial	Add-on maintenance treatment of severe asthma with an eosinophilic phenotype	Availability & administration limited to CHRISTIANA CARE outpatient pulmonary & allergy office practices
Minocycline injection	100 mg vial	Treatment of multi-drug resistant <i>Acinetobacter</i> infections	<ul style="list-style-type: none"> Line item extension Prescribing restricted to infectious disease physicians
Selexipag/Uptravi	200 mcg & 800 mcg tablets	Treatment of pulmonary hypertension	<ul style="list-style-type: none"> Only cardiologists & pulmonologists can initiate treatment with selexipag All physicians can prescribe home therapy that is to continue on admission to the hospital
Emtricitabine-Tenofovir Alafenamide/Descovy	200 mg/25 mg tablet	Treatment of HIV infection	<ul style="list-style-type: none"> Line item extension Only infectious disease physicians can initiate new treatment among hospitalized patients. All prescribers can order treatment to continue upon patients' admissions to the hospital

CHRISTIANA CARE MEDICATION POLICY CHANGES

Phenobarbital injection	<ul style="list-style-type: none"> IV administration for treatment of alcohol withdrawal limited to level C units IV administration of loading doses ≥ 10 mg/kg limited to level C units
Voriconazole	Intensivists, as well as infectious disease physicians, hematologists and oncologists, can prescribe voriconazole
Patient care unit C3A	C3A is designated a level B unit for purposes of medication administration

FORMULARY DELETIONS

Chlorpheniramine	Removed because of infrequent use
Chloramphenicol	Removed because of infrequent use
Clindamycin injection 6-mL vial (150mg/ml)	Removed because of lack of use. Other injection vial sizes remain available

CONTINUED

FORMULARY UPDATE | JULY - AUGUST 2016 | CONTINUED

FORMULARY DELETIONS | CONTINUED

Clindamycin 1% topical solution	Removed because of infrequent use
Clomiphene	Removed because of lack of use
Cromolyn sodium	Solution for nebulization and ophthalmic solution removed because of infrequent use. No other dosage forms on the CHRISTIANA CARE Formulary
Dalteparin injection	Removed because of infrequent use. The formulary alternative is enoxaparin injection.
Desonide ointment	Removed because of infrequent use. The cream remains available
Donnatal tablet	Removed because of infrequent use. Elixir remains available
Formoterol oral inhaler	Product has been discontinued
Ganciclovir intraocular implant (Vitasert)	Product has been discontinued
Methyldopate injection	Removed because of lack of use
Penicillin G benzathine/ procaine injection (Bicillin C-R)	Product has been discontinued
Procaine penicillin injection	Removed because of lack of use and need
6% salicylic acid & propylene glycol gel	Removed because of infrequent use

Best practice review

FOOD AND DRINK POLICY

Q. DOES CHRISTIANA CARE HAVE A POLICY ON FOOD AND DRINKS IN THE PATIENT CARE AREA?

A. Yes. Christiana Care’s Food & Drink for Health Care Workers policy states that health care workers, including physicians, are not permitted to eat or drink, apply cosmetics or lip balm, or handle contact lenses in work areas where there is reasonable likelihood of occupational exposure (OSHA Bloodborne Pathogens standard 1910.1030). In addition to exposures, restricting food and drink promotes a clean, sanitary work environment.

Q. WHAT DEPARTMENTS ARE INCLUDED IN THIS POLICY?

A. This policy applies to all Christiana Care locations including medical office practices and outpatient services. The departments include (but are not limited to) patient care areas within inpatient units, ambulatory/outpatient settings, nurses’ stations, laboratory areas, ORs, PACUs, radiology suites, registration areas, emergency departments and all similar settings.

Q. WHERE CAN STAFF HAVE FOOD AND DRINKS?

A. Staff must use their designated break areas or locker rooms for eating and drinking. Food and drink will be removed or discarded in non-designated areas. Managers are responsible for compliance and may consult with Infection Prevention as needed.

Q. MY UNIT/DEPARTMENT DOES NOT HAVE A BREAK ROOM. WHERE CAN STAFF EAT AND DRINK?

A. If the design of the unit or department does not include a staff lounge or break room, the managers in the area will designate a location where there is no reasonable likelihood of occupational exposure for staff to store food, drink and eat. ●

Food or Drink for Health Care Workers Policy:

http://intranet/sites/InfectionPrevention/Manual/Documents/healthcare_worker_food_drink.pdf

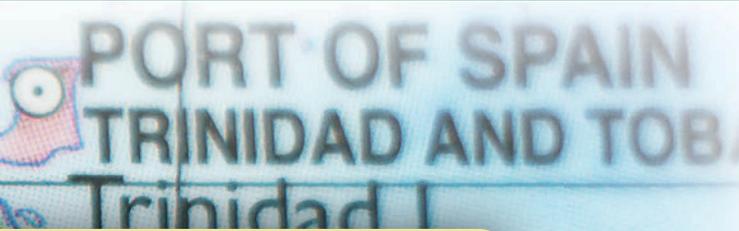
If you have questions about this Best Practice Review, please contact Infection Prevention at 733-3506 or call the Safety Hotline: 7233 (SAFE) from within Christiana or Wilmington hospitals. From outside call 623-7233 (SAFE).

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.

Medical mission to Trinidad and Tobago helps relieve lack of resources



Major General Francis D. Vavala of the Delaware Army National Guard, Chai Gadda, R.Ph., MBA, of BioTek reMEDys, mission leader Reynold S. Agard, M.D., and Delaware Gov. Jack Markell, at the latest all-volunteer, Hands International medical mission.



With a team of about 70 medical, surgical, nursing and allied health colleagues, Reynold S. Agard, M.D., led a medical relief mission to his native Trinidad and Tobago, Sept. 1.

Approximately half of the mission members were Christiana Care Medical-Dental Staff members, employees, retirees or volunteers. The group comprised specialists in endocrinology, obstetrics and gynecology, ophthalmology, cardiology and pulmonology.

At the send-off reception at Christiana Hospital, the group was joined by Delaware Gov. Jack Markell and by Trinidad and Tobago's ambassador to the United States Anthony Phillips-Spencer.

Under the auspices of the nonprofit Hands International, the mission set out to establish a mobile hospital in an area where doctors and medical resources are spread thin. They estimated they would be able to see approximately 6,000 patients in three days. Dr. Agard is a member of the board of directors of Hands International.

Christiana Care regularly provides material support and meeting space for medical missions, dating back to the 2010 support efforts of the Delaware Medical Relief Team after the earthquake in Haiti. ●