

FOCUS

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

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NICU fosters first-hold bonding between parents and critically ill infants

Rachel Overdevest snuggles her baby boy, River, in the Neontatal Intensive Care Unit at Christiana Hospital while his twin, Wesley, sleeps in the incubator nearby. Rachel was able to snuggle her babies only a half-day after they were born.

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NICU FOSTERS BONDING | CONTINUED

Mothers are able to hold their babies sooner in the Neonatal Intensive Care Unit (NICU), thanks to research based at Christiana Care. The change is welcome to the care team and many parents who previously would have had to wait a median six days before they could hold their critically ill newborn.

Research suggests early skin-to-skin contact between a parent and infant provides multiple benefits, including reduced infant mortality, improved cardiorespiratory stability and temperature regulation, decreased length of hospital stay, increased breast milk production, higher rates of breastfeeding and increased parental satisfaction and confidence in caring for their baby.

"We had a very positive response in the NICU, with everyone recognizing the importance of overcoming obstacles so parents can hold their newborns for the betterment of their health," said Neonatology Fellow Kaitlin M. Kenaley, M.D. She presented the findings in a paper and poster discussion in September at the Vermont Oxford Network's Annual Quality Congress and NICQ & iNICQ Symposium in Chicago.

Dr. Kenaley explained how Christiana Care collaborated to decrease time-to-first-hold from a median of six days to a median of one day. The achievement surpassed the goal for babies requiring mechanical ventilation. Christiana Care's NICU team is working toward a long-term goal of 75 percent of newborns who require mechanical ventilation being held within 24 hours.

"Families are often anxious when they see their baby in the NICU for the first time connected to catheters, tubes and wires," said neonatologist Julia D. Ryan, M.D. "Our goal is to help families feel empowered to hold their newborns soon after delivery to

improve early parental bonding and to make this experience a little less stressful."

A key to success was a team approach that included neonatal attending physicians, a fellow, nurse practitioners, nurses, respiratory therapists, and physical and occupational therapists. Along with Dr. Kenaley, co-leaders of the Lean Six Sigma project were Dr. Ryan, John L. Stefano, M.D., director, Department of Neonatology, and Annette L. Rickolt, MSN, APN, RNC, clinical nurse specialist.

"I feel great because the changes we've implemented are so beneficial to the health of our newborns, and these are changes our nurses, who provide so much of our care, have really taken to," Dr. Stefano said.

Discussions with staff on sustainability of important aspects of the project have led to changes that include:

- Encouraging parental holding during a mother's prenatal consults.
- Reaching consensus on NICU guidelines on medical stability among the staff so everyone is aware of a unified policy.
- Improving education of staff and families.
- Ensuring proper staffing is in place to support early holding.
- Altering the physical layout in NICU rooms so intubation and monitoring are not obstacles.
- Creating a nursing checklist to support the first parental hold.

"We have worked on communication and broken down a lot of the barriers to make sure that our staff can feel comfortable with our changes," Dr. Ryan said. ●



"

We had a very positive response in the NICU, with everyone recognizing the importance of overcoming obstacles so parents can hold their newborns for the betterment of their health."

KAITLIN KENALEY, M.D.



NICU Special Needs Fund helps families bridge financial gaps

Born weighing two pounds, eight ounces, baby Colton lived his first four months in Christiana Hospital's Neonatal Intensive Care Unit (NICU). His dad, Steve Moore, on days off from work, drove Colton's mother, Nicole Brinker, more than 180 miles round-trip from home so that she could be with her precious preemie.

When travel expenses quickly added up for the couple, Christiana Care's Kitty Esterly, M.D., NICU Special Needs Fund helped them bear the costs.

Although private insurance or Medicaid covers most medical treatments for newborns, out-of-pocket NICU-

related expenses — for transportation, prescriptions, baby supplies, medical equipment, lodging and meals — can place a burden on families with limited budgets. Christiana Care established the NICU Special Needs Fund to take financial worry away from parents and caregivers so they can focus on spending critical time with their newest family member.

"Colton was born almost four months premature," said Brinker. "Going back and forth to visit our little guy for months wasn't something his dad and I had planned, and our paychecks only stretch so far. Gas station gift cards from the NICU were a life-saver. We could buy gas and something extra to eat. Without this boost,

"This fund helps Christiana Care's most vulnerable newborns by assisting their families."

DAVID A. PAUL, M.D.

CONTINUED

NICU SPECIAL NEEDS FUND | CONTINUED

we wouldn't have been able to visit Colton as often and for as long. The support meant everything to my family — it was one less thing to worry about."

Today, Colton is home, doing well and being "spoiled" by his parents and five older siblings, mom and dad say.

The NICU Special Needs Fund — named for Dr. Kitty Esterly, who was a pioneer in neonatology and former chair of Christiana Care's Department of Pediatrics — is one of many ways that Christiana Care serves as a caring partner in the health and well-being of its neighbors.

"Dr. Esterly cared deeply and passionately about every baby," said David A. Paul, M.D., FAAP, physician leader, Women's and Children's service line, and chair, Department of Pediatrics. "This fund helps Christiana Care's most vulnerable newborns by assisting their families."

Nationwide annually, 10 to 15 percent of babies born are admitted to a NICU for some period of time. In Delaware, Christiana Hospital is the only high-risk delivering hospital providing Level III neonatal intensive care — the highest level of care. Fully equipped with advanced technology and expert neonatal specialists, the NICU averages 1,200 admissions yearly. Patients come from the hospital's delivery room or are brought from area hospitals by the health system's neonatal transport team.

The NICU staff works around-the-clock to nurture these fragile lives to stronger, better health and to extend dignified, respectful and compassionate supportive services, like the Special Needs Fund, to their families.

"When families are expecting, they prepare for life after delivery — setting up the nursery, buying diapers, a car seat and other baby supplies. So an early birth or admission to the NICU is blindsiding, financially and emotionally," said Jennifer Stevenson, MSS, MLSP, LCSW, NICU social work supervisor. "The NICU Special Needs Fund lets us help when families need something like special preemie clothes or a smaller car seat. It's a safety net during a very stressful time. Our NICU families are extremely grateful for the help we provide."

The NICU's healing programs and exceptional quality of care have earned national recognition, including a 2014 Success Story Award from Press Ganey, a trailblazer in patient experience measurement and performance improvement, for patient-focused, family-friendly care. ●



"The NICU Special Needs Fund lets us help when families need something like special preemie clothes or a smaller car seat. It's a safety net during a very stressful time. Our NICU families are extremely grateful for the help we provide."

JENNIFER STEVENSON, MSS, MLSP, LCSW

Leadership collaboration adds value for patients and staff

By Samantha Ann Katherine Davis, MSN, RN-BC, nurse manager, 2C-Ortho/Neuro/Trauma Unit and Kevin M. Bradley, M.D., FACS, medical director, Trauma Program

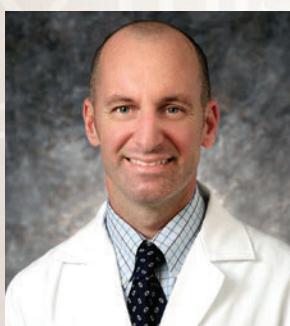


Each Thursday on Unit 2 at Christiana Hospital, where I am the nurse manager, I meet with our medical director, Dr. Kevin Bradley, to go over our models of care and look for innovative ways to add value for patients.

Working collaboratively to develop strategies that support our commitment to optimal health, exceptional

experience, extraordinary people and organizational vitality, we have over the past 18 months achieved significant improvements for our vulnerable patients on 2C.

- Our fall rate decreased by 68 percent since we made a decision that every bed and chair would have an alarm and that no patient is allowed to be in the bathroom alone.
- We have seen a 57 percent drop in unit-acquired pressure ulcers, because every patient on our floor receives a complete skin assessment by two nurses, who immediately document any concern. We turn and reposition patients every two hours. Nurses on each shift fill out forms to verify they have checked under devices such as neck braces. That's diligence.



Staying ahead of the curve in health care is a monumental task that nobody can achieve alone. On our trauma unit, 2C, I have a trusted partner in Samantha Davis, the nurse manager. This partnership has helped make a significant impact on 2C's Optimal Health metrics and helps us and our teams to realize strategic goals.

Samantha and I meet weekly to discuss active issues on the unit. Our meeting removes us from the busy clinical environment and allows us to have a conversation on relevant issues. To keep the meeting on track she generates an agenda. We talk about ways to achieve better patient satisfaction and better provider satisfaction.

We discuss our Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey scores that reflect our patients' perspectives on our hospital care. We talk about issues such as delays in discharge or delays in nurses being able to contact providers.

- We have created charge nurse monitoring tools that encompass evidence-based practices, so our C. diff infection rate is down because we use best practices before we make the decision to send specimens off to the lab. We have been CAUTI (catheter associated urinary tract infection) free for 14 months.

- Recognizing that stimuli such as noise and light can be challenging for people with brain injuries, and that 2C has a high volume of patients and is very busy, we decided to intentionally dim lights and quiet the unit down each day from 2 to 4 p.m. to help calm our patients, as well as the staff and visitors.

Because we are in constant communication and strategize on a regular basis, we were able to put these changes into action quickly. Our partnership extends beyond our regular Thursday meetings. Dr. Bradley is sympathetic to what nurses on the floor are going through. He supports our team. We talk about civility in the workplace. I could not ask for a better partner.

Our emphasis on open communication has had a ripple effect. We now do staff huddles at 7 a.m. and 7 p.m. to make announcements and raise safety issues.

Collaboration and communication are part of our culture. It's good for our patients — and it's good for our staff. ●

Our success in enhancing care for our patients has resulted in a Christiana Care Way Award for our unit. Together, we have come up with ways to make our unit more efficient and provide our patients with greater value.

Samantha's suggestion to cohort geriatric patients and cohort traumatic brain injury patients reduces strain on the staff.

We have established a stepdown designation to better align nurse/patient ratios and allow for more effective care.

To reduce clutter, Samantha reemphasized moving equipment into our physical therapy gym during off hours, which makes our unit more environmentally friendly for patients and visitors.

Empowering the nurse manager to take the lead in the unit has become an important part of our partnership, to identify areas of opportunity and develop innovative strategies.

Our partnership between unit medical director and nurse manager provides a collaborative approach that allows both of us to do our jobs well. ●



Jaime Giraldo Arango, M.D., FACS, who has offices in the Rocco A. Abessinio Family Wilmington Health Center, is one of four general surgeons who have recently joined the Medical Group of Christiana Care.

The Medical Group surgery practice expands support for patients and physicians

Four accomplished general surgeons have joined the The Medical Group of Christiana Care in recent months, making it easier for Christiana Care clinicians to refer patients for surgical procedures to correct a range of abdominal and breast diseases.

The surgeons join more than 140 doctors, nurse practitioners, physician assistants and other caregivers seeking to serve patients through the collaborative use of electronic health records, the promotion

of quality improvements, and by providing expert, timely and compassionate care.

"As we move forward with value-based compensation and continue to place an emphasis on improvements in care while holding down costs, we are delighted to have outstanding general surgeons join our Medical Group," said Gerard J. Fulda, M.D., FACS, FCCM, FCCP, chair of the Department of Surgery. "They will be able to assist patients with issues related to a wide variety of general surgical diseases."

Three of the new general surgeons are now in Suite 3301 of the Medical Arts Pavilion 2 on the Christiana Hospital campus. They are colleagues who know and respect each other, having worked in New Castle County solo and group practices for decades. In addition, they are board-certified by the American Board of Surgery, are experienced with endoscopic and laparoscopic techniques and have affiliations with the Helen F. Graham Cancer Center & Research Institute.

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The surgeons are:

- James I. Tikellis, M.D., who earned his medical degree from Emory University School of Medicine in Atlanta. He completed his residency in general surgery and fellowship in trauma and critical care medicine at the University of Medicine and Dentistry of New Jersey.
- William C. Egan, M.D., FACS, who earned his medical degree from the University of Pittsburgh School of Medicine. He completed his residency in general surgery at State University of New York (SUNY) Upstate Medical University, Health Science Center.
- J. Wesley Clayton III, M.D., MBA, FACS, ACPE, who earned his medical degree from Jefferson Medical College in Philadelphia. He completed his residency in general surgery at Christiana Care and holds a master's of business administration degree in health care from Wilmington University in Delaware. Dr. Clayton is also an adjunct professor with the Graduate Business Degrees Program at Wilmington University.

"We have all seen patients for each other and have the same high expectations, with a desire for excellence in all that we do,"

said Dr. Clayton. "More importantly, we are all community-oriented. Our patients are like family, and they often bring other family members to us for care."

Dr. Egan has lightheartedly suggested that the surgeons are akin to the Three Musketeers, who hold the motto: "One for all and all for one."

Another new general surgeon to join the Christiana Care Medical Group is Jaime Giraldo Arango, M.D., FACS, who has offices in the Rocco A. Abessinio Family Wilmington Health Center. A Colombia native, Dr. Giraldo Arango obtained his medical degree from Pontifical Bolivariana University in Medellin, Antioquia, Colombia, and did his residency at Christiana Care and the Instituto de Ciencias de La Salud, Medellin. More recently, he has been an attending surgeon at the Great River Medical Center in Burlington, Iowa, and Trinity Regional Medical Center in Fort Dodge, Iowa. He is board-certified by the American Board of Surgery and has experience in general surgery, critical care, and endoscopy and laparoscopic surgery.

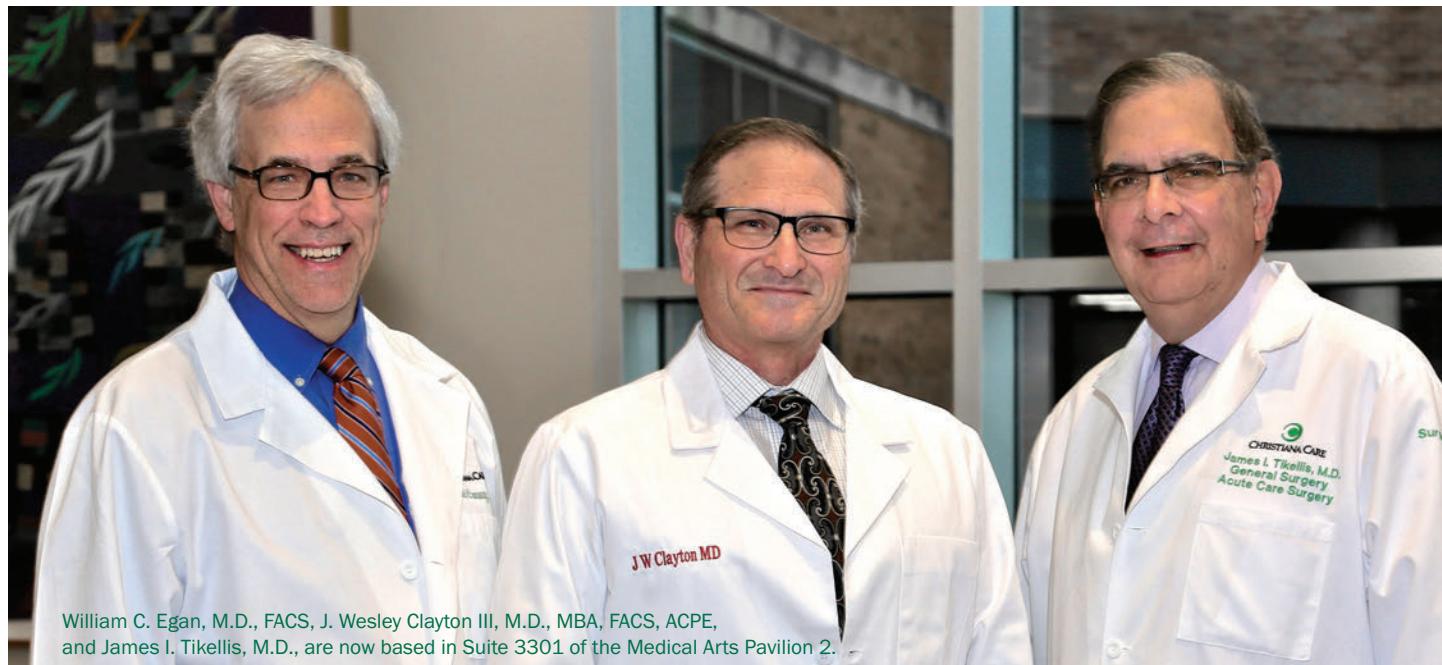
Dr. Giraldo Arango said there are several reasons that he is returning to the Christiana Care Health System.

"The first thing is that I have experienced what a well-run hospital system this is," he said. "And I have been blessed to have supportive mentors, such as Dr. Fulda. I also have been offered wonderful opportunities to serve the Delaware community and hopefully can make a difference, not only in the area of medicine, but on social issues, too."

Dr. Giraldo Arango joins the general surgical practice in the Gateway Building that includes Matthew S. Rubino, M.D., FACS, chief of Surgical Services, and Jeffry T. Zern, M.D., FACS, director of Minimally Invasive Surgery, General Surgery. "With the addition of the new surgeons we are strengthening support for our patients within the medical group, making it easier for patients to be treated in a timely way," said Dr. Rubino.

The general surgeons will assist in the Emergency Department and often consult with patients admitted to the hospitals of the Christiana Care Health System. They will also be active in the General Surgery Residency Program helping educate the next generation of physicians.

"We all welcome the opportunity to teach and experience the sense of collegiality that comes from working closely with clinicians in our group," said Dr. Tikellis. •



William C. Egan, M.D., FACS, J. Wesley Clayton III, M.D., MBA, FACS, ACPE, and James I. Tikellis, M.D., are now based in Suite 3301 of the Medical Arts Pavilion 2.



At TEDx, Christiana Care CEO reveals key to unlocking value in health care

"There's something else — something very important — that we need from health care that we are not getting."

JANICE E. NEVIN, M.D., MPH

Addressing the cost of health care means not only treating people when they are sick, but helping them to stay well. Innovative tools such as Christiana Care Health System's Care Link are making this possible, said President and CEO Janice E. Nevin, M.D., MPH, in her TEDx Wilmington Talk "Better Health at Lower Cost — Absolutely!" on Dec. 6 at the Hagley Museum.

"In the U.S. we are really good — often the best in the world — at sickness care," Dr. Nevin told the audience in the packed auditorium at Hagley's Soda House. "That is the care we get in the hospital, the emergency room, the crisis center. It is testing and treating illness.

"But there's something else — something very important — that we need from health care that we are not getting."

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The missing link to optimal health is addressing the gaps between sicknesses and health crises. It is ensuring that patients' social and behavioral health needs — with their great impact on health — are being met, in addition to their medical needs.

"It's about giving people the right care in the right place at the right time," Dr. Nevin said. "That will get us to better health at lower cost — to value."

This proactive approach is most important for people with chronic conditions like diabetes, heart failure and asthma, she explained. Some 45 percent of all Americans have at least one chronic condition, and 81 percent of people in the hospital at any one time are there for complications of chronic illness.

Chronic illness is costly in human terms and in financial terms. Half of all money spent on health care in the U.S. is spent on 5 percent of the population — and the great majority of that 5 percent has one or more chronic illnesses.

"This doesn't have to be," Dr. Nevin said. "Chronic diseases can be managed in a way that improves health and allows patients to stay at home and out of the hospital, living in ways that are meaningful and valuable to them."

Christiana Care's Care Link, a new approach to managing chronic illness, is helping patients achieve optimal health, enhancing patient experience and reducing cost.

A unique care-management program, Care Link uses health data and predictive analytics to assess a patient's health and risk for illness or relapse. The Care Link team of nurses, physicians, social workers and pharmacists focuses on individuals at greatest risk and provides customized care in ways that best suit each patient's needs.

Care Link teams monitor about 4,000 high-risk patients at any given time through computer algorithms that comb real-time patient data from a wide variety of sources, including the Delaware Health Information Network. The information can include hospital admissions, emergency department visits, physician appointments, lab results, pharmaceutical use and claims data. The system recognizes patterns of care often needed by particular disease populations, enabling case managers — some of whom are embedded in physicians' offices and the hospital — to be proactive about patients' needs.

In its first six months, Care Link has reduced readmissions to the hospital, decreased emergency department visits and improved outcomes after surgery. Early data show savings in the millions.

Care Link, said Dr. Nevin, demonstrates that "we can get the care we need and the health we deserve at a cost that is affordable to us and to society. That is sustainable value."

Other speakers at the TEDx Wilmington Salon, themed "Investing in Opportunity, Managing for Risk" and sponsored by Brown Advisory, were Atnre Alleyne of the Delaware Campaign for Achievement Now on "Why Investing in Public Education Is So Risky" and Dune Thorne of Brown Advisory on women reaching their full professional potential with "Jump to the New S Curve: Unleash the Power of Inclusion."

Video of Dr. Nevin's TEDx talk is expected to be available online at a later date. •



Christiana Care President and CEO Janice E. Nevin, M.D., MPH, and fellow TEDx Wilmington speakers Atnre Alleyne of the Delaware Campaign for Achievement Now and Dune Thorne of Brown Advisory.

Board and Trustees announce new leaders

The Board of Directors and Trustees of Christiana Care Health System have announced new leaders, all long-time advocates for Christiana Care and active in health system governance.

Doneene Keemer Damon, Esq., executive vice president of Richards, Layton & Finger, a prominent Delaware law firm, is the new chair of the Board of Directors of Christiana Care. Penelope T. Saridakis, a prominent community leader in health care, education and the arts, was elected chair of Trustees. Financial business leader Philip S. Reese, who helped establish both Conectiv and Manufacturers Hanover Bank, was elected vice chair of Trustees.

Damon, a leading secured finance lawyer who is nationally recognized for her expertise in the use of statutory and common law trusts, has served Christiana Care as a trustee, board member and past chair of the Executive Compensation and Succession Planning committee. In 2014, she chaired Christiana Care's CEO search committee appointing Janice E. Nevin, M.D., MPH, as president and chief executive officer.

A leader in the legal profession as well as in the community, Damon currently serves as vice chair and director of diversity of the Securitization and Structured Finance Committee of the American Bar Association's Business Law Section. She has served on the board of over a dozen organizations, including her current positions on the Delaware Community Foundation Board of Directors and on the Board of Trustees of the Lawyers Committee for Civil Rights Under Law.

Damon has been widely recognized for her leadership and commitment to excellence. In 2015, she received the ABA's prestigious Jean Allard Glass Cutter Award in recognition of her exceptional

“ I embrace this leadership responsibility to help Christiana Care excel. My goal is to continue the leadership values of this organization in support of our mission to bring value in every aspect of service to our neighbors.”

DONEENE KEEMER DAMON, ESQ



contributions to her profession. She was named to the VIP Woman of the Year Circle for 2015-2016 by the National Association of Professional Women, and most recently was honored with the Delaware Barrister Association's 2016 Thurgood Marshall Award for her tireless commitment to justice.

“I am honored to serve as chair of the Board of Directors for Christiana Care,” said Damon. “I believe a true leader should have the ability to lift and inspire others while serving and leading. Christiana Care has one of the most engaged boards I have ever served on, and I embrace this leadership responsibility to help Christiana Care excel. My goal is to continue the leadership values of this organization in support of our mission to bring value in every aspect of service to our neighbors.”

Damon succeeds Gary M. Pfeiffer, retired senior vice president and chief financial officer of the DuPont Company and former secretary of Finance for the State of Delaware, who chaired the board since 2011. Pfeiffer joined the Board of Directors in 2005, chairing the Finance Committee and serving on the Investment, Quality and Safety, Executive Compensation and Succession Planning, Nominating, and Executive committees.

He and his wife Lear co-chaired the donation campaign, raising more than \$35 million for the Wilmington Hospital Transformation in 2013.

“Gary Pfeiffer’s leadership — his extraordinary financial knowledge, his visionary approach to strategic community partnerships and his absolute determination that health care experiences be exceptional for every member of our community, regardless of circumstances of economics, geography or health — has well-positioned Christiana Care as a vitally strong, nationally recognized model of success,” said Dr. Nevin. “We are immeasurably grateful for his partnership, his ability to bring people together in



GARY PFEIFFER

support of vital transformation projects and his unwavering commitment to optimizing the health of our community."

Dr. Nevin also applauded the guidance and support of directors completing terms on the Christiana Care Board: Carroll M. Carpenter, John R. Cochran III, W. Donald Johnson, Fred C. Sears, Wilfred B. Sherk, and Janice Tildon-Burton, M.D.

"It has been a privilege to partner with each of them, many who have served on the board for nearly a decade, in finding innovative, strategic ways to deliver value to our neighbors in The Christiana Care Way," she said.

Newly appointed to the Board of Directors of Christiana Care are Lolita A. Lopez, FACHE, president and CEO of Westside Family Healthcare; Andrew M. Lubin, president and founder of Delaware Financial Group; and Nicholas M. Marsini Jr., retired regional president for PNC Bank of Delaware.

Christiana Care Trustee Penny Saridakis serves on the Nominating Committee, the External Affairs Committee and the ad hoc Committee on Trustee Governance, and most recently as vice-chair of Trustees. She was lead co-chair of The Friends of the Helen F. Graham Cancer Center & Research Institute, which raised nearly \$700,000 under her leadership from 2009 to 2013, and in 2015, with two fellow trustees, launched the Young Friends

of Christiana Care, a program for high school students that focuses on leadership, learning and philanthropy. As chair of Trustees, she has an ex-officio seat on the Board of Directors.

Former vice president of the global debit business at MasterCard International and of global debit products for Citibank, both in New York, Saridakis returned to Delaware in 2002, devoting her time to enhancing the quality of life in Delaware through health care, education and the arts. She is a board member of the Delaware Theatre Company and currently chairs their capital campaign. She is a past member of the board of directors of the Grand Opera House and has served on committees at Tower Hill School and The Christmas Shop Foundation. She co-chaired the 2016 Delaware Art Museum Holiday House Tour.

“As trustees, we have the responsibility — and the privilege — of serving as ambassadors for Christiana Care within our community.”

PENNY SARIDAKIS

Saridakis succeeds philanthropist and highly regarded civic leader Carroll M. Carpenter as Trustee chair.

"As trustees, we have the responsibility — and the privilege — of serving as ambassadors for Christiana Care within our community," Saridakis said. "Echoing the legacy set for us by our visionary predecessor, Carroll Carpenter, Phil Reese and I are honored and energized to partner with the trustees to elevate awareness, encourage engagement and solidify support for this health system that has touched so many of our lives and stands ready to do so today, tomorrow and in the future."

Phil Reese is a business leader, civic activist and philanthropist. He was one of the architects of the strategy that created Conectiv, a Fortune 500 energy company, and served in various roles including president of Conectiv's commercial and residential energy services subsidiary. He was part of the team that started Manufacturers Hanover Bank (Delaware) and now sits on the Delaware holding company of SunTrust Bank. A decorated veteran of the Vietnam War, Reese is immediate past chair of the Board of the Delaware Public Employees Retirement System. As a Christiana Care trustee, he co-chaired the ad hoc Committee on Trustee Governance, participated as a member of the ad hoc Strategy Group and sits on Christiana Care's Investment Committee.

At the Nov. 17 bi-annual meeting of the Christiana Care Trustees, Carpenter welcomed the new leadership team and,

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PENNY SARIDAKIS



PHIL REESE

BOARD AND TRUSTEE NEWS | CONTINUED

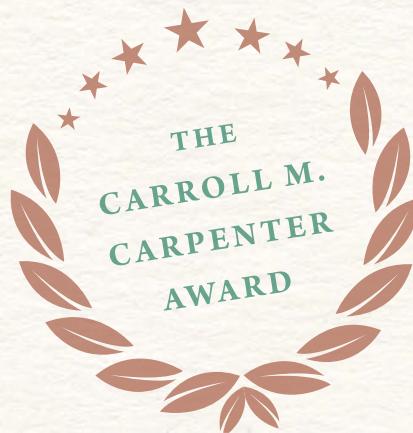
leading by example, encouraged Christiana Care trustees to honor their responsibility as philanthropists, volunteers and community representatives.

"Penny has set the gold standard for leadership councils throughout Christiana Care," Carpenter said. "Her latest vision and dedication to organizing the Young Friends of Christiana Care is just another example of her skill in setting

goals and accomplishing them. There is no doubt she and Phil Reese will take trustee engagement to another level."

The following community leaders were affirmed as Trustees of Christiana Care: Lois S. Galinat, who chairs The Friends of the Helen F. Graham Cancer Center & Research Institute; Donna M. Goodman, vice president and chief financial and operating officer at Westside Family Healthcare; Daryl

A. Graham, vice president of Global Philanthropy at JPMorgan Chase & Co; Georgianna Riley, president of the Junior Board of Christiana Care, Inc.; LaKresha S. Roberts, Esq., chief deputy attorney general at the State of Delaware Department of Justice; Thomas G. Speers III, interim pastor of Greenhill Presbyterian Church; and Aubree Kemble Wellons, owner of Adorn Goods — Artful Home & Epicure and Dilwyne Designs, both in Delaware. ●



CARROLL M. CARPENTER AWARD HONORS PASSIONATE ADVOCATE

To commemorate the distinguished service of Carroll M. Carpenter as chair of Trustees, Christiana Care has established the Carroll M. Carpenter Award, to be bestowed annually to a trustee who closely emulates her vision, leadership and commitment to Christiana Care.





“Her vision, time and resources have helped shape us into a beacon health care system and leading provider of world-class cancer care, research and outreach.”

JANICE E. NEVIN, M.D., MPH

Announcing the award, outgoing Board Chair Gary Pfeiffer said that it represents extraordinary leadership.

“Carroll has created opportunities to engage our full community in advancing The Christiana Care Way,” Pfeiffer said.

In addition to her leadership of the Trustees since 2010 and service as an ex-officio member of the Board of Directors since 2014, Carpenter co-chaired The Campaign for the Helen F. Graham Cancer Center and, along with her late-husband, Edmund “Ned” Carpenter II, served as honorary co-chair of The Campaign for Christiana Care, cultivating a giving community that raised millions for the Bank of America Pavilion and the John H. Ammon Medical Education Center on the Christiana Hospital campus. As a member of The Campaign for Wilmington Hospital Transformation’s Executive Committee, she helped lead the metamorphosis of a community cornerstone that the Carpenter family contributed to for more than half a century.

“In all she does, Carroll Carpenter exemplifies The Christiana Care Way,” said President and Chief Executive Officer

Janice E. Nevin, M.D., MPH. “She has passionately advocated for and worked to implement changes that have made us better able to serve. Her vision, time and resources have helped shape us into a beacon health care system and leading provider of world-class cancer care, research and outreach.”

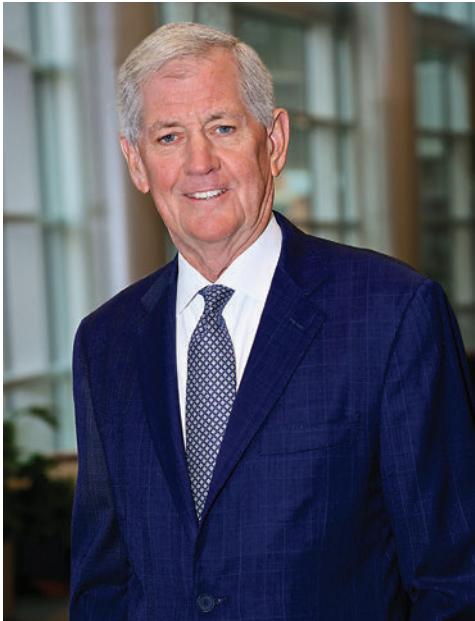
Carpenter founded in 2002 The Friends of the Helen F. Graham Cancer Center & Research Institute, a volunteer organization funding programs that enhance the patient experience, support cancer research and provide public education on prevention, early detection and treatment of cancer. Since its inception more than 60 volunteers have raised more than \$2 million.

“I am a lucky and blessed woman,” said Carpenter in learning of the award created in her honor. “From my childhood when my grandmother and mother hosted doctors in our home for lunch, my passion has always been medicine, and it has been such an honor to work in this field and see you engage and to learn from all of you. Keep doing what you are doing, and I will proudly continue to be a trustee with you.” ●



TRUSTEES' HARRINGTON AWARD GOES TO JOHN COCHRAN FOR OUTSTANDING COMMITMENT AND GENEROSITY

In one of Carroll Carpenter's final official duties and honors as chair of Trustees, she presented the 2016 Charles J. Harrington Award for outstanding commitment and generosity to Christiana Care Health System to fellow trustee and Christiana Care director John R. Cochran III.



Mr. Cochran led MBNA's masterful embrace of the mantra "Think of Yourself as a Customer." As a member of the Christiana Care Board of Directors, his leadership inspired Christiana Care to translate it to "Think of Yourself as a Patient," the precursor to the Exceptional Experience facet of the Christiana Care Diamond and a systemwide commitment to patient- and family-centered care that has helped elevate Christiana Care to national recognition.

Former executive vice chairman of MBNA America Bank, NA, and member of the management team that established MBNA in 1982, Mr. Cochran's long-held passion for focusing on the customer was ignited in a tiny A&P produce department, where a work ethic instilled at a very young age as he worked his way through school led him to make sure the customer was always treated well. Handpicked by MBNA's founder, the late Charles Cawley, to join the company full-time, he went on to develop the concept that led to MBNA becoming one of the country's largest direct marketers, with more than 40 million customers worldwide. A humble, family-focused man, Mr. Cochran is known by colleagues and friends for his sincerity, thoughtfulness and passion for success.

"John has always led from the top with an instinct for quality and character in others," said Carpenter, a past Harrington Award recipient herself, along with her late husband, Edmund "Ned" Carpenter II, in 2003. ●

“He has given — and continues to give — endless hours of his days to benefit institutions in our state. We are blessed by his wisdom.”

CARROLL M. CARPENTER

Christiana Care partners with the Substance Abuse and Mental Health Services Administration to educate hospitals on Project Engage

Leaders with Project Engage, the exemplary early-intervention substance abuse program at Christiana Care Health System, were keynote speakers for an educational webinar on Wednesday, Nov. 9, “Health System-wide Sustainable Peer Program Best Practice,” to showcase how to launch sustainable peer recovery programs in health care systems and communities across the United States.

Hundreds of health care providers across the country registered to learn about how Christiana Care’s Project Engage model improves outcomes while reducing costs.

The U.S. Substance Abuse and Mental Health Services Administration (SAMHSA), the division of the federal Department of Health and Human Services charged with leading public health efforts to advance the behavioral health of the nation, facilitated the webinar.

The online program conveyed how an interdisciplinary team can partner to develop and run peer recovery programs that help individuals with substance use disorders connect to treatment and recover. The presenters shared successful factors for sustaining a systemwide peer program so that hospitals and communities can better serve individuals with the chronic disease of addiction.

Through Project Engage, health care professionals known as engagement specialists, who are peers in recovery, reach patients with substance abuse problems at the hospital bedside — at the low point of their addiction — and link them to resources in the community that put them on the path to recovery.

“Even people who have struggled with addiction for years or decades have been able to overcome their dependence on drugs and achieve optimal health because of the empathy and support from their engagement specialist,” said Terry L. Horton, M.D., FACP, chief of the Division of Addiction Medicine and creator of Project Engage. “We are grateful that SAMHSA recognizes Project Engage’s evidence-based care and has given us the opportunity to help

hospitals and communities across the country learn about this special program.”

For patients who are in the hospital because of an illness that may be completely unrelated to alcohol or drug use, Project Engage creates a unique opportunity for intervention and bolsters Christiana Care’s efforts to achieve medicine’s Triple Aim of improving the experience and quality of care while reducing health care costs.

Christiana Care launched Project Engage in the patient care units of Wilmington Hospital in 2008. Since then, the program has expanded throughout both hospitals, primary care practices, Women’s & Children’s services and community programs.

More than 5,000 patients have been helped through Project Engage, and research shows that individuals who have worked with a peer in recovery are significantly less likely to require readmission to the hospital. The average annual savings when engagement specialists have intervened are approximately \$6,000 per patient. The program is carried out through a partnership between Christiana Care and Brandywine Counseling and Community Services, a nonprofit that provides substance abuse and mental health services.

“The first step in treating any disease is to engage the patient in treatment,” said Rita Landgraf, secretary for the Delaware Department of Health and Social Services. “For people impacted by addiction, Project Engage shows how important it is to involve people with shared life experiences in order to gain their trust and support them as they begin their treatment. Peers offer that living proof that treatment does work and people do live in long-term recovery.”

The webinar was moderated by SAMHSA Region III Regional Administrator Jean Bennett, Ph.D., RN, along with Project Engage speakers Mark DeWitt Lanyon, Ph.D., ICADC, ICCDPD, LCDP, LPC, clinical program manager for Project Engage, and engagement specialist Peter Booras. ●



“

Even people who have struggled with addiction for years or decades have been able to overcome their dependence on drugs and achieve optimal health because of the empathy and support from their engagement specialist.

TERRY L. HORTON, M.D., FACP

Military vets bring valued skills to the workplace



Great employees are dedicated, adaptable and disciplined, characteristics that are personified in individuals who have served in the military.

"Leveraging the Talent of Your Vets" was the topic of a Christiana Care Multicultural Heritage Committee event at the John H. Ammon Medical Education Center on Nov. 9. The speaker was 'Lola A. Osawe, MHSA, FACHE, FACMPE, administrative director of the Breast Center and U.S. Air Force reservist.

In addition to the skills they learn in the military, veterans bring "adaptability, resiliency and stick-to-it-tiveness" to the workplace, she said. "That toughness you learn in the field isn't something you can put on a resume. In an intense clinical environment, that is who you want on your team."

Three military veterans who work at Christiana Care participated in a panel discussion: G. Blake Collins, MBA, CBET, CHTM, FABC, director, Clinical Engineering; Fred Filippone Jr., sergeant, Security; and Sam Wetherill, Pharm.D., MHA, director, Pharmacy Supply Chain. The fourth panelist was Alan Scott, benefits and quality improvement manager for Community Integrated Services,

which partners with organizations to help people find jobs. Christine Kubik, who leads Delaware Joining Forces, a network of agencies and external service providers who work to improve life for veterans, moderated the discussion.

Collins, who served 21 years in the Navy, received basic and advanced biomedical equipment technician training at the U.S. Army Medical Equipment and Optical School. He said that veterans are dependable teammates who often have extensive training in leadership and management.

"I know they come in on time," he said. "They have that discipline."

Wetherill, an Army officer who now serves in the Reserve, said that vets are culturally competent colleagues who learn to work well in a diverse group. His experience includes duties abroad in Germany, Bosnia and Kosovo. He was mobilized three times in support of Operation Iraqi Freedom and Enduring Freedom.

"The military is the most inclusive place you can imagine," he said. "From a cultural perspective, we meet people from all over the country, all over the world."

Filippone, who served a tour of duty in Afghanistan, said he works with the health

system to make adjustments for the time he devotes to training with the National Guard each year.

"I give them a schedule of when I am going to be off so they can prepare for it," he said.

Scott asks service people what additional duties they have been trained to perform in addition to their regularly assigned tasks. He encourages job seekers to craft two resumes — one that emphasizes military service and one focused on civilian life.

Vets bring both diversity and transferable skills to the workplace, said Dana Beckton, director, Diversity and Inclusion.

"The Multicultural Heritage Committee has worked hard over the past year to show the value of all of our extraordinary employees," she said. "This event highlights the idea that our diverse experiences bring transferable skills to the workplace that might not be immediately recognized."

There were a number of vets among the attendees. Catherine White, a medical equipment tech in Clinical Engineering, said she believes her service in the Navy gives her an edge in the workplace.

"The Navy taught me dedication and discipline, two values I bring to my job," she said.

CONTINUED

Having a ruff day? Paws to de-stress!

Pet therapy helps to reduce stress and anxiety for patients through a popular program at Christiana Care, but a visit by furry friends on Dec. 7 just for staff was something new.

"Christiana Care has long embraced the benefits of pet therapy for our patients," said Heather Farley, M.D., FACEP, director of Provider Wellbeing. "When I noticed that staff members would also light up when they saw the dogs, I thought, why not share this with our exceptional people, too?"

Hospital staff enjoyed a welcome time-out with therapy dogs at an event called "Paws to De-stress."



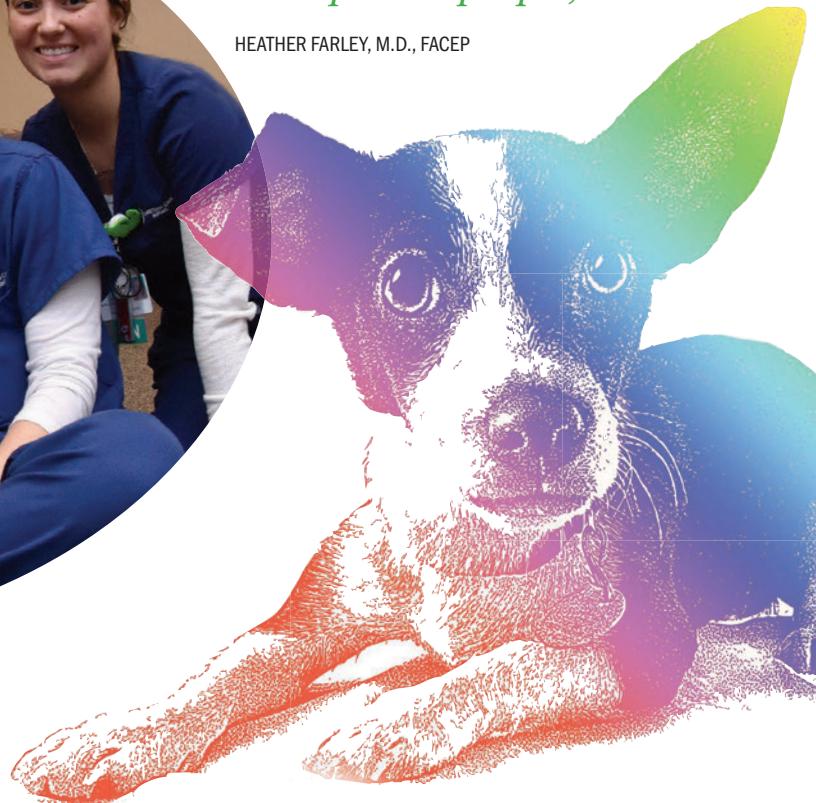
Charlie the yellow Labrador retriever trades affection with nurses at Christiana Hospital at the Paws to De-stress event.

"The act of petting an animal produces an automatic relaxation response in many people," she said. "We were excited to bring a few moments of well-deserved relaxation and fun to our hard-working employees.

"On behalf of the Center for Provider Wellbeing and iLEAD, I would like to thank the human and canine volunteers from Paws for People who graciously shared their time to make this possible. The event was so well-received, we plan to hold additional Paws to De-stress sessions in the future. ●

"When I noticed that staff members would also light up when they saw the dogs, I thought, why not share this with our exceptional people, too?"

HEATHER FARLEY, M.D., FACEP



MILITARY VETS | CONTINUED

In an era of sweeping health care reform, Osawe said vets are uniquely positioned to aid in the transition.

"Change is the new normal, and veterans have always been bridge builders because of their resiliency," she said. "Integrity first, service before self, excellence in all we do:

those are values that transfer in whatever work we do."

Audrey C. Van Luven, senior vice president and chief human resources officer, is an honorary commander in the Delaware National Guard. She said that Christiana Care is committed to helping veterans, transitioning service members and military

spouses find meaningful employment. From 2014 through 2015, Christiana Care hired more than 60 veterans.

"Men and women who have served our country are the kind of extraordinary people we are looking for to serve our patients," she said. ●

ACT graduates tackle clinical issues and advance the study of improvement science

Achieving Competency Today: Issues in Health Care Quality, Cost, Systems and Safety (ACT), one of Christiana Care's leading graduate-level improvement science courses, combining experiential learning and outcomes analysis, held its fall graduation on Nov. 30 at the John H. Ammon Medical Education Center with presentations by four teams of interprofessional learners.

"The knowledge, skills and tools that you have been introduced to in this course will be critical in our rapidly changing health care environment, whether you are a nurse, physician assistant, resident physician or fellow, medical student, pharmacist, or allied health professional," said ACT Program Director Carol Kerrigan Moore, MS, APRN, a safety/quality education specialist at the Institute for Learning, Leadership & Development (iLEAD).

ACT was launched in 2004 and has played a role in Christiana Care being named a Top 100 Hospital by Truven Analytics, which rates exceptional health care value through an 11-measure scorecard, said Mike Eppelheimer, MHSA, FACHE, senior vice president of service line operations. In addition, Truven has

recognized Christiana Care with an Everest Award, placing the health system in a select group of Top 100 Hospitals that have achieved the fastest long-term improvement over five years.

On behalf of senior management, Eppelheimer thanked the learners for their commitment. "We are an organization that has great outcomes and we have been recognized for rapid improvement year after year as we keep getting better," he said. "I think the learning you experience in this program is a big part of why we are recognized for our improvement."

Moore thanked ACT Team faculty and facilitators for guiding the learners. The facilitators included: Theresa Fields, MSM; Loretta Consiglio-Ward, MSN, RN; Christine Sowinski, MSM; Joseph McDaniel, RN, MBA, LSSBB; and Leslie Konizer, MS.

"We also are indebted to the many stakeholders who engage with the ACT teams and contribute so much support, providing valuable learning and feedback," said Moore.

At the end of the presentations, Neil Jasani, M.D., MBA, FACEP, chief learning officer and vice president of Medical Affairs of Christiana Care, reflected on the overall success of ACT.



"From the beginning of the program, we've had over 500 graduates, 70-plus projects that went into systemwide adoption, and we have won numerous awards nationally," Dr. Jasani said. **"To me, ACT is the best interprofessional development program at this institution." •**



TEAM 1

By December 2016, to reduce by 50 percent the incidence of patients who arrive to the surgical floor without being seen by an accepting inpatient provider within two hours. June Ndibo, RN-BC; Matthew Mason, Pharm.D.; Marina Ayrapetyan, M.D.; Sanjana Bhatia-Patel, D.O.; and Jeffrey Glaser, M.D. Absent from photo: Eden Beams, M.D.

TEAM 2

By Nov. 21, 2016, to increase by 20 percent the number of patients on Christiana Care Unit 4D who receive peri-procedural deep vein thrombosis prophylaxis. Tammy Layer, BSN, RN, OCN, Kelsey McIntyre, Pharm.D.; Marcus Davis, M.D.; Elizabeth Bond, M.D.; Dina Hussam, M.D.; and Kathryn Vosbury, PA-C.

**TEAM 3**

To increase the completion of the goals of care from within 24 hours of admission for patients seen by teaching teams in Internal Medicine and Family Medicine at Christiana and Wilmington hospitals. Specific goal — to increase completions by 25 percent within two weeks. Vivek Kataria, Pharm.D.; Raema Mir, M.D.; Fahmida Khan, D.O.; Sun Kim, RNII; Apryle Kuznicki, D.O.; and Fazal Ali, D.O.

**TEAM 4**

To engage a population of underserved homeless adults, age 55 years and older, who use a neighborhood community senior center (St. Patrick's Center in Wilmington), where at least 30 percent will be better able to manage their hypertension, diabetes or mental health by June 2017. This ACT project will continue as part of the winter 2017 ACT course. Loren Nunley, M.D., MBA; Padmini Manrai, MS4; Roman Steiner, Pharm.D.; Christine Dang, MS3; and Cindy Wen-Ping Siu, M.D. Absent from photo: Lisa Gastan, BSN, RN.





In October, a celebration at Legislative Hall in Dover recognized the 20th anniversary of Delaware's statewide trauma system and honored some of the men and women who have contributed to its success.

Delaware Trauma System celebrates 20 years of saving lives, reducing disability

For those fortunate enough to not need the Delaware Trauma System, the thought of how the state responds to emergencies likely lingers just long enough to pull over for a speeding ambulance. But each of those screaming sirens represents an elaborately choreographed production being played out by dozens of people and facilities throughout the state, making it much more likely for residents here to survive a

trauma — and less likely for it to cause a permanent disability.

It wasn't always that way.

Twenty years ago, personal cell phones were relatively new, and 911 was still working its way toward becoming a universal emergency number. Meanwhile, red call boxes were scattered along the interstate but were non-existent in many rural areas.

"The operator would have to ask, 'Where are you?' In an emergency, if you're babysitting someone's child, for example, you don't necessarily know their address. Your brain is focused on the emergency, you can't think about where you are," said Linda Laskowski Jones, MS, APRN, ACNS-BC, CEN, FAWM, FAAN, vice president of Emergency and Trauma Services at Christiana Care Health System.

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"Who pays attention to mile markers when you're panicking? The call boxes were a mile apart, so if your incident occurred in the middle, you're still going half a mile. There were delays in access to care," she said.

In cases of traumatic injury, seconds can mean the difference between life and death, not to mention disability. The 60 minutes following a traumatic injury, known as "the golden hour," are considered the most critical for successful medical treatment.

"If you don't treat a traumatic brain injury immediately, you've essentially wasted time," said Glen Tinkoff, M.D., FACS, trauma director at Christiana Care's Wilmington Hospital, who has been medical adviser for the trauma system for the past 16 years. "Coordination is the key to emergency medical services. Decades ago, trauma caregivers statewide realized that if we adopted consistent care and uniform processes, we could prevent deaths and reduce the likelihood of injuries becoming serious disabilities."

The challenge was getting everyone on the same wavelength — literally, when it came to radio communication — and having hospitals hammer out a standardized procedure for choosing the facility best suited to a patient's needs and the fastest way of transporting them there. Then there were other considerations, among them coordinating with the Blood Bank, training flight nurses and figuring out a web of communication that would keep all of the crucial players in the loop in real time.

One of the faces of the crusade was a young mother.

On July 15, 1991, Peggy Beattie took the day off from her job at the DuPont Experimental Station so she and her husband Mike could take their 10-month old son to the beach for the first time.

Mike, a car salesman, was driving a dealer's demo Oldsmobile down Route 1. Peggy sat in the back next to baby Alex in his car seat, a lap belt securing her in the middle spot. Around 11 a.m., the family had passed Dover and were nearing Milford when they suddenly came up on a work truck in the left lane. It displayed no amber warning lights, and Mike realized too late that it was creeping along at about 5 miles per hour.

The force of the Beattie's car crashing headlong into the heavy truck threw Peggy forward so violently that her lap belt cut her pancreas in two and severely damaged her stomach, intestines and other soft tissue. When paramedics arrived, the young mother was in a severe state of shock and had no detectable blood pressure.

Restrained by a belt but with no airbag to cushion the blow, Mike slammed into the steering wheel, crushing his nose and snapping his collar bone. Remarkably, Alex suffered only brush burns on his shoulders from the straps of his car seat.

The family was transported to Bayhealth Milford Memorial Hospital, where a plastic surgeon happened to be on duty who could repair Mike's face. Another surgeon was able to stabilize Peggy. But

when paralysis started setting in from the swelling of her injuries pinching off blood flow, the staff at Milford realized she needed specialty care they could not provide. Peggy was flown by state police helicopter to Christiana Hospital, which has since become the region's only Level 1 trauma center for adults and children. There, she underwent more surgeries and was placed on a ventilator in the intensive care unit, where she would remain for five weeks.

Three months after the accident, Peggy was flown to Magee Rehabilitation Hospital in Philadelphia. Five months later, Peggy, now a quadriplegic, returned to her job as an industrial bioscientist.

At every step, Peggy received the best care possible. But it was only by chance that all of the elements of an organized trauma system were available when she needed them. It was clear that a formal system was needed.

"Things couldn't have gone better for her," Laskowski Jones said. "Our point was that the moon and the stars had aligned. How often does that happen? None of that was hardwired. What we wanted was for it to be solidified, not by chance."

The young mother was asked to join the crusade, Laskowski Jones said, testifying before the Joint Finance Committee in Dover to help convince legislators to accept federal grant money that would be matched by the state to create a coordinated trauma system.

"She actually drove us," Laskowski Jones said of herself and Dr. Tinkoff. "I couldn't

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"Coordination is the key to emergency medical services. Decades ago, trauma caregivers statewide realized that if we adopted consistent care and uniform processes, we could prevent deaths and reduce the likelihood of injuries becoming serious disabilities."

GLEN TINKOFF, M.D., FACS

DELAWARE TRAUMA SYSTEM | CONTINUED

believe it. Here we were in the back of this van, being driven by a quadriplegic with hand controls!"

Twenty years later, the Delaware Trauma System is one of the nation's few inclusive statewide structures in which every acute hospital participates. Its goals: increase the chance of survival, reduce the incidence of permanent disability and reinstate the patient as a functioning member of society.

"It's not just saving a life, but making sure it is a quality life, even though it may be a different life," Laskowski Jones said.

After several years of preparation, the Delaware Trauma System was created through legislation in 1996. The first four years were "gear-up time," Laskowski Jones said. By 2000, the system had collected enough data to begin tracking it.

Since then, the system has treated 101,000 seriously injured people and is credited with saving 1,319 lives, representing a nearly 50 percent decrease in the mortality rate. That measure is consistently lower than the national average as reported by the National Trauma Data Bank.

Among the entities that offer synchronized care under the statewide system are 911 operators, emergency medical services, fire and police, air medical transport, hospital emergency trauma teams, operating rooms and intensive care units.

"Seriously injured people have a much better chance of surviving now than they did 20 years ago because the state, our first responders and hospitals are synchronized in their care and treatment of trauma patients."

DR. KARYL RATTAY
DIRECTOR OF THE DIVISION OF PUBLIC HEALTH

In October, dozens of representatives of these groups packed the House chambers at Legislative Hall to celebrate the system's 20th anniversary and to honor 14 trauma caregivers for their 20 years of continuous service. Laskowski Jones and Dr. Tinkoff were among them. The other recipients from Christiana Care were Marilynn Bartley, MSN, RN, and Gerard Fulda, M.D., FACS.

"Seriously injured people have a much better chance of surviving now than they did 20 years ago because the state, our first responders and hospitals are synchronized in their care and treatment of trauma patients," said Dr. Karyl Rattay, director of the Division of Public Health.

"No matter where people are injured in Delaware, they enter a system of care with a goal of ensuring that trauma patients are treated using the most up-to-date standard of care in the facility best equipped to manage their injuries," said Rita Landgraf, secretary for the Department of Health and Social Services.

Trauma from intentional and unintentional injuries is the leading cause of death and disability for Delawareans and visitors from 1 to 44 years old. Unintentional injuries include falls, burns, car crashes, bicycle or pedestrian accidents and farm and industrial mishaps. Intentional injuries result from violence, assaults, shootings, stabbings and suicide.

More than 77 percent of all injury-related hospitalizations in the state are the result of falls, highway and assault-related wounds. Educating the public on trauma prevention is key.

"People think accidents happen. They don't have to," Dr. Rattay said.

But when they do, the trauma system is ready, to the gratitude of people like Melanie Pertain, who in 2013 became

one of the more than 4,000 trauma injury patients to be treated at Christiana Hospital.

Pertain, who happens to work at Christiana Care as a registered respiratory therapist, shared her story at the anniversary celebration.

Friday, Oct. 18, was her husband's birthday and the couple's wedding anniversary. With their 3-year-old son and 15-month-old daughter, they were headed north on Route 202 in their Honda Accord on the way to a hayride at a farm, when a drunk driver of an oncoming car smashed into them.

Pertain, the most injured of them all, suffered facial fractures and a traumatic brain injury. All were taken to Christiana Hospital, where she stayed for two weeks before moving to a local rehabilitation hospital.

"I had tremendous care in the Emergency Department, before I was taken to the operating room," she said.

The incident left her shaken but thankful.

"I tell myself: Be grateful, not hateful," she said.

As she spoke, in the back of the room, in a wheelchair on the end of the last aisle, sat Peggy Beattie.

Despite having played a crucial role in the development of the Delaware Trauma System, she had no idea it had come so far.

"I was amazed," she said. "I really had no idea the extent of the whole project — the continuous training of the first responders and the cooperation of all of the hospitals," she said. "I owe a huge, huge thank-you to the people who put in so much time and energy to develop this system." ●

Value Institute fall symposium looks at assumptions driving what some see as ‘too much care’



While medicine offers tremendous benefits to patients who are acutely ill, when clinical issues are not life-threatening there is often a good reason for providers to be wary, lest they test too often and treat too aggressively.

Finding ways to strike a “Goldilocks balance” — treating not too little or too much — was the theme of a lively keynote address at the Value Institute Fall Symposium, Nov. 15 at the John H. Ammon Medical Education Center.

The keynote speaker was Gilbert Welch, M.D., MPH, professor of Medicine and Community & Family Medicine at The Geisel School of Medicine at Dartmouth University. Dr. Welch's research has often focused on the problems created by medicine's efforts to detect early disease. The title of his talk — and the subject of a Christiana Care panel discussion that followed — was: “Less Medicine, More Health: Seven Assumptions That Drive Too Much Medical Care.”

“Gil Welch has a healthy skepticism about new treatments and medical breakthroughs. He is very much part of the Dartmouth School that questions the assumption that more medical care is always better,” said Vernon Alders, MHCDS, MBA, MSW, corporate director of Organizational Excellence and a Value Institute-Dartmouth Scholar. “Dr. Welch is truly one of those great teachers who makes you question the way things are, allowing you to think differently about your work. In addition, he and his colleagues have been instrumental in shaping national health policy, influencing public opinion and advancing the science of health outcomes evaluation.”

Dr. Welch pointed out that a recent survey of primary care physicians revealed that almost half felt that many patients receive too much medical care. He laid out seven assumptions that are important for clinicians to challenge. The first assumption is that all risk can be lowered.

CONTINUED

FALL SYMPOSIUM | CONTINUED

This was shown in the ACCORD (Action to Control Cardiovascular Risk in Diabetes) study, in which the National Institutes of Health ran a clinical trial to study the benefits and risks of intensively lowering blood glucose treatment strategies for patients with diabetes and cardiovascular disease. In 2008 the trial was ended 18 months early after 257 patients in the intensive treatment group had died, compared with 203 in the standard treatment group.

"The disturbing truth is that risks can't always be lowered, and trying produces its own risks," Dr. Welch said.

Dr. Welch's second challenge is the assumption that it is always better to fix a problem if there is a mechanical intervention available. In reality, this is not always true, as was shown in the COURAGE study, a clinical trial of more than 2,200 stable ischemic patients, in which Christiana Care's William Weintraub, the John H. Ammon Chair of Cardiology and director of the Center for Outcomes Research, was a principal investigator.

In the trial, one group of patients was asked to manage their heart disease with optimal medical therapy (medication and lifestyle changes). In a second group, the use of optimal medical therapy and percutaneous coronary intervention (PCI) were used together, though this did not extend the life of patients. PCI is a procedure to open narrowed arteries which is sometimes known as angioplasty with stent. "The disturbing truth is that trying to eliminate a problem can sometimes be more dangerous than managing the problem," said Dr. Welch.

In his view, other assumptions worthy of challenge include:

Finding a disease sooner is always better. The high prevalence of benign prostate cancer in older men is one example of how early diagnosis can needlessly turn people into patients.

- It never hurts to get more information.***

Medicare lists more than 2,000 blood tests it will pay for, and there are 3 billion data points in the genome, all of which could result in information that is more frightening than useful for patients.

- Action is always better than inaction.*** In terms of back surgery, a retrospective study showed that refraining from surgery often produces a better outcome. Two years following a back injury, 33 percent of the patients who treated their pain without surgery were not back at work, while 74 percent of those who had surgery had not returned — and 85 percent of the latter group were on narcotics.

- Newer is always better.*** In fact reliability is not well-established with new products and procedures. For example, early enthusiasm for the use of a bone marrow transplant in the treatment of metastatic breast cancer has not proved to be effective over time.



- ***It's all about avoiding death.*** If this were the only important value in life, why would we climb mountains or swim in the ocean? And why wouldn't we lower the national speed limit to 55? Values such as quality of life can take precedent over aggressively fighting death. "We should also recognize that a fixation on preventing death can diminish life," he said.



A Christiana Care panel engaged with Dr. Welch in a wide-ranging discussion moderated by Eric V. Jackson, M.D., MBA, associate director of the Value Institute and director of the Center for Health Care Delivery Science. Insights from the panel included:

Omar Khan, M.D., MHS, FAFP, physician leader for the Primary Care & Community Medicine Service Line and medical director for Community Health and the Eugene du Pont Preventive Medicine & Rehabilitation Institute addressed the importance of family doctors.

He pointed out that primary care physicians have the opportunity and privilege of becoming an integral part of their patients' lives, encouraging their efforts to improve their diet and exercise, and helping them negotiate the puzzling and sometimes conflicting advice that can lead to unnecessary interventions.

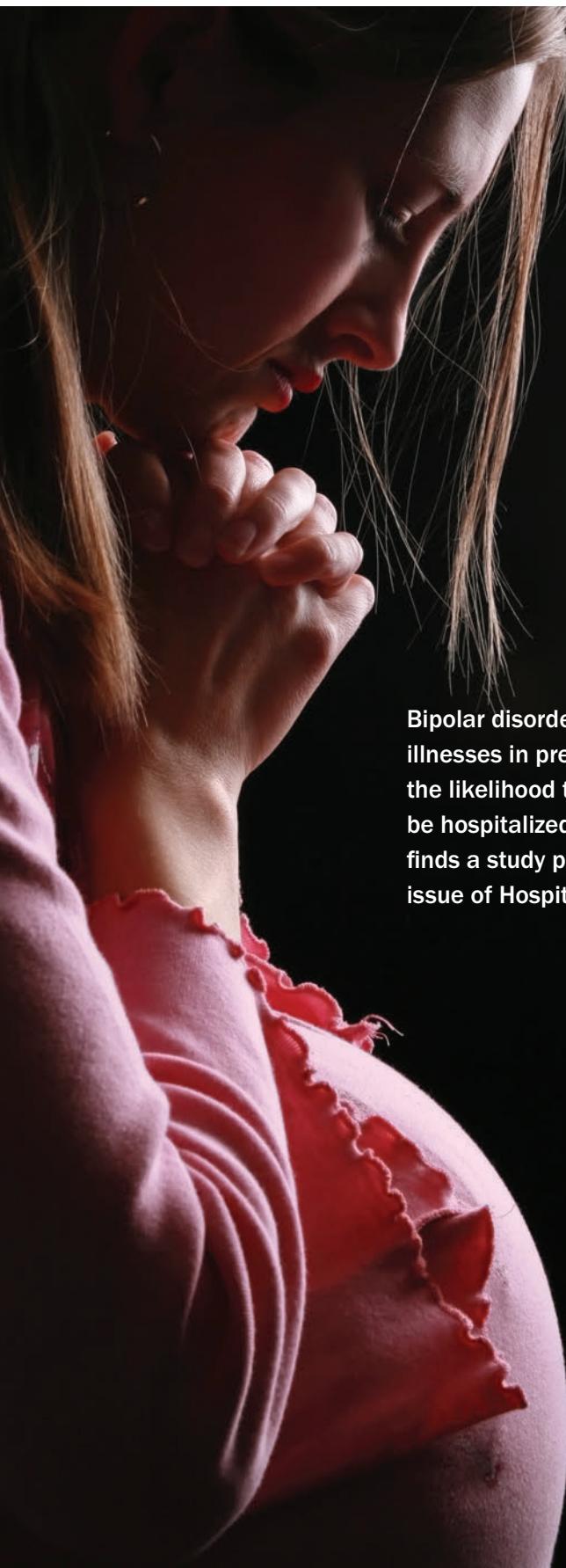
Teresa Corbo, Pharm.D., MHCDS, FASHP, vice president of Christiana Care Pharmacy Services, and Value-Institute-Dartmouth Scholar, was asked how the less-is-more approach applies to prescriptions. She said that the most common side effects of medications are often presented to patients, but this does not always include all of a drug's potential secondary effects. Patients can't make a fully informed decision unless the drug's full profile is shared.

Daniel J. Elliott, M.D., MSCE, FACP, medical director of Quality Partners and the Quality Partners Accountable Care Organization and a Research Scholar in the Value Institute, discussed areas of improvement in communication with patients. He noted the challenge of explaining relative and absolute risk when describing medical options to patients. Both are important, but unless options are boiled down to something easy to explain, it is hard to incorporate these concepts into everyday practice.

Bettina Tweardy Riveros, Esq., chief health equity officer, spoke about ways to empower Delawareans to take more control of their health through positive food choices. She observed that The Food Trust, a non-profit that helps make affordable nutritious food accessible to everyone, is working in Delaware communities to encourage the development of healthy food retail, expand the variety of food offerings and provide consumers with information to support healthy decisions.

Participants thanked Dr. Welch for his timely and nuanced presentation. They also noted that Christiana Care is well-positioned to strike a balance in favor of high-value care as Delaware's leading medical provider, and is already having a positive impact by advocating lifestyles that advance the overall health of our neighbors. •

Research: Babies of mothers with mental illness more likely to need hospital, emergency care



Bipolar disorder and other mental illnesses in pregnant women increase the likelihood that their newborns will be hospitalized or need emergency care, finds a study published in the October issue of Hospital Pediatrics.

The study, titled "Hospital Admission and Emergency Department Utilization in an Infant Medicaid Population," led by David A. Paul, M.D., chair of Pediatrics at Christiana Care, is the first large-scale analysis to evaluate how mental illnesses among pregnant women are tied to the serious medical needs of their newborns.

According to the U.S. National Institute of Mental Health, 21.8 percent of adult women in the United States experience mental illness.

The study evaluated more than 4,000 infants who were delivered at Christiana Care Health System's Christiana Hospital, the only high-risk delivering hospital in Delaware that offers the highest level of neonatal intensive care. The study found that 11 percent of babies were hospitalized and 41 percent were treated in the Emergency Department within their first six months of life.

The findings also uncover unique insights that can be used to deliver high-value care to clients of the federal-state insurance program Medicaid, a critical health care safety net for more than 161,000 Delawareans who live below the poverty line and, in general, one of the largest consumers of state budgets.

"The study shines a bright light on the importance of mental and behavioral health on the overall health of women and their babies," said Dr. Paul.

"Specifically, the findings underscore the potential value of increasing access to mental health through the integration of behavioral health specialists into primary care, which opens mental health doors to thousands of pregnant women so they achieve optimal health."

"We know that feeling unprepared for parenthood is associated with increased infant hospitalization and use of the

CONTINUED

21.8%

OF WOMEN IN THE U.S. EXPERIENCE
MENTAL ILLNESS

4,000

NEWBORNS WHO WERE DELIVERED AT CHRISTIANA
HOSPITAL WERE EVALUATED FOR THIS STUDY.

Emergency Department, so it's important for us to look for ways to support new parents, especially those struggling with mental health issues," said Rita Landgraf, secretary of the Delaware Department of Health and Social Services, which oversees Medicaid. "This study speaks to the importance of the integration of behavioral health care with primary care, and in this case, specialty care, and of connecting individuals with the treatment services they need."

Historically, research has found that less than 10 percent of infants are either hospitalized or need emergency care during their first year of life.

By comparison, the study found that:

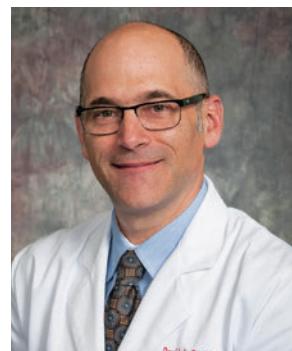
- 40 percent of newborns whose mothers were diagnosed with a mental illness other than bipolar disorder or depression needed to be hospitalized.
- 16 percent of newborns whose mothers were diagnosed with depression needed to be hospitalized.
- 11 percent of newborns whose mothers were diagnosed with bipolar disorder needed to be hospitalized.

The study also found that:

- 34 percent of newborns whose mothers were diagnosed with a mental illness other than bipolar disorder or depression needed emergency care.
- 16 percent of newborns whose mothers were diagnosed with depression needed emergency care.

As the study authors expected, the main predictor of hospitalization and emergency care was whether the newborns underwent care in the hospital's neonatal intensive care unit. While that factor is difficult to change, the mental illness findings illustrate the value of integrating behavioral health services into primary care and OB-GYN care for pregnant women.

The study was completed by Christiana Care, Sidney Kimmel Medical College of Thomas Jefferson University, Delaware's Department of Health & Social Services and Division of Medicaid and Medical Assistance, the University of Wisconsin School of Medicine and Public Health, and HealthCore, Inc., whose partnership with AstraZeneca's Real World Evidence Collaboration helped fund the study. Matthew Hoffman, M.D., MPH, FACOG, Marie E. Pinizzotto, M.D., endowed chair of Obstetrics and Gynecology at Christiana Care, was a co-author of the study. ●



David A. Paul, M.D.



Matthew Hoffman, M.D., MPH, FACOG



Did you know? Christiana Care's Center for Women's Emotional Wellness provides specialized support for women before, during and after pregnancy. To learn more call 302-733-6662.

Christiana Care Breast Center receives national recognition for excellence

The Breast Center at the Helen F. Graham Cancer Center & Research Institute at Christiana Care Health System has received a 2016 Guardian of Excellence Award® from Press Ganey for patient experience in outpatient services. A nationally noted symbol of achievement in health care, the annual award recognizes top-performing health care organizations that have consistently achieved the 95th percentile or above for performance in patient experience, based on data collected from patients over one year. This is the first Guardian of Excellence Award for Christiana Care.

"I have many opportunities on our visits to witness the Breast Center's staff at work. Everyone is so courteous, friendly and helpful to patients and families, who are often uneasy about being there."

CHRISTINE LEWANDOWSKI

"I have many opportunities on our visits to witness the Breast Center's staff at work," Lewandowski said. "Everyone is so courteous, friendly and helpful to patients and families, who are often uneasy about being there."

Among the programs and services offered at the Breast Center are 3D and digital mammography, breast surgery, the state's only dedicated breast MRI scanner, 24-hour urgent case evaluation,



Christiana Care patient Christine Lewandowski knows the Breast Center experience well. Earlier this year, she visited Breast Center surgeon Diana Dickson-Witmer, M.D. FACS, to have a small area of concern checked out.

"It ended up being nothing to worry about," said Lewandowski, who also has routine mammograms at the center. "But I was incredibly impressed with Dr. Dickson-Witmer and her staff, who were 'on-the-ball' and professional. They patiently answered all of my questions, which eased my anxiety a great deal. It was an amazing and unique patient experience."

Lewandowski's view of the Breast Center includes another special perspective. She and her five-year-old golden retriever Spirit volunteer with Paws for People, a nonprofit pet therapy program in Delaware. The two are regulars at the Graham Cancer Center, where Spirit provides a friendly and comforting presence to visitors.

financial support, breast care and cancer prevention and education programs. All of these are delivered in a welcoming, patient-centered environment by staff working closely together to ensure patients have a positive experience.

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"We're a tight team," said Kathy Esdale, B.S., RTRM (BS), a Breast Center technologist. "We always remember to be aware that our patient is someone's very important person — that part of our job is to make her our most important person too for the time she's in our care."

As part of the Helen F. Graham Cancer Center & Research Institute, a National Cancer Institute Community Oncology Research Program, the Breast Center is a model for care across the country. Devoted exclusively to breast care, diagnosis and treatment, the Breast Center serves more than 26,000 patients annually in a space and program designed by breast health specialists and women.

"Press Ganey's award to the Breast Center indicates that patients feel the value of our partnership and trust us to deliver on our promise to them," said Nicholas J. Petrelli, M.D., Graham Cancer Center Bank of America endowed medical director. "This honor reflects the role the entire Breast Center team plays in the health system and the lives of our patients."

When a patient arrives at the Breast Center, a greeter welcomes and orients her to the visit and reception area amenities — including light refreshments. In clinical areas, leading-edge

equipment provides the best available technologies for screenings, procedures and treatment. And the patient focus extends to "private rooms that feel more like home than a medical office offer a quiet space for consultations," said Dawn Jordan, office assistant in Breast Surgery.

"This award is a great honor for the health system, particularly the Breast Center staff," said 'Lola A. Osawe, MHSA, FACHE, FACMPE, the Breast Center's administrative director. "They work very hard, and it's wonderful to see their talent, commitment and impact recognized at this level."

Presented on Nov. 3 at a ceremony in Orlando, Florida, the Guardian of Excellence Award honors consistently sustained performance in the top 5 percent of all Press Ganey clients from May 2015 to April 2016.

"Patient satisfaction is a hallmark of great health care systems," said Shawn R. Smith, MBA, vice president of patient experience at Christiana Care. "This award is an important national recognition that demonstrates our Breast Center's commitment to understanding and improving the patient experience and our attention to what patients value." ●

"This award is a great honor for the health system, particularly the Breast Center staff. They work very hard, and it's wonderful to see their talent, commitment and impact recognized at this level."

'LOLA A. OSAWA, MHSA, FACHE, FACMPE



With patient Christine Lewandowski and her therapy dog Spirit in front, leaders and staff of the Breast Center at Christiana Care celebrate their Guardian of Excellence Award.



Middletown Emergency Department's partnership with Artesian Water Company exemplifies the positive impact of strategic partnerships in the community.

Artesian Water Company gift benefits patients at Middletown Emergency Department

Since opening in 2013, Christiana Care Health System's Middletown Emergency Department has provided much-needed emergency services close to home for the residents of Delaware's Southern New Castle and Northern Kent counties.

The 36,500-square-foot freestanding facility has brought 24/7 emergency care to the growing area, which currently has about 86,000 residents. They previously had a drive of 25 minutes or more from the Middletown area to the nearest emergency room.

Community leader Dian C. Taylor, president and CEO of Artesian Water Company and longtime Christiana Care supporter, wanted to show appreciation and asked how she could help.

Linda Laskowski Jones, MS, APRN, ACNS-BC, CEN, FAWM, FAAN, vice president of Emergency and Trauma Services at Christiana Care, had a request at the top of her wish list. "We wanted to expand our capacity to conduct on-site screenings for blood clots and flu," she said. "Dian reached out at just the right time."

Taylor and Artesian Water Company, which provides water services throughout the Delmarva Peninsula, contributed \$100,000 to purchase two specialized technology systems that quickly and effectively rule out or identify a blood clot or flu virus. One is a testing unit that screens blood samples for D-dimer fragments, high levels of which can indicate a blood-clotting problem like deep vein thrombosis or pulmonary embolism. The other is a polymerase chain reaction

"Middletown Emergency Department's partnership with Artesian Water Company ... exemplifies the impact of strategic partnerships to uphold our promise of value and excellence in our community."

JANICE E. NEVIN, M.D., MPH

CONTINUED

(PCR) test, which offers rapid lab testing of nasal secretions for flu and other viruses.

Having the technology for these tests on-site at the Middletown Emergency Department vastly improves the patient experience and the clinical staff's ability to start appropriate treatment, said Cheryl Katz, MS, MT, vice president of Pathology and Laboratory Services at Christiana Care.

"Without this technology, we'd have to transport specimens from Middletown to Christiana Care's main campus for testing," said Katz. "Several D-dimer tests are conducted each day. And in flu season, as many as 10 PCR tests are performed each day. Instead of driving specimens more than 20 miles away, we walk them across the hall, drastically cutting down the wait for patients and the delay in their receiving treatment."

On Nov. 1, Taylor and Artesian Water Company's management team and board of directors visited Middletown for a tour of the facility and dedication of a lobby plaque acknowledging the company's gift.

"I am so honored, personally and on behalf of Artesian, to be here today and recognized by Christiana Care for our contribution to the Middletown Emergency Department," said Taylor, a Christiana Care trustee. "We are partners in this community, helping to better the



Christiana Care President and CEO Janice E. Nevin, M.D., MPH, thanked Dian C. Taylor, President and CEO of Artesian Water Company, for supporting the Middletown Emergency Department's commitment to optimal health in the community.

lives of those we serve, and I am pleased that we are able to contribute to the health and well-being of our neighbors."

Joining the group were Janice E. Nevin, M.D., MPH, president and CEO of Christiana Care, Charles L. Reese IV, M.D., chair of the Department of Emergency Medicine, Laskowski Jones and other Christiana Care leaders.

"Christiana Care constantly strives to create value for the people and communities we serve," said Dr. Nevin. "Middletown Emergency Department's partnership with

Artesian Water Company, another customer-focused service provider, exemplifies the impact of strategic partnerships to uphold our promise of value and excellence in our community."

"Emergency medicine is an essential part of any community. The public depends on us around the clock," Dr. Reese said. "When we have community support, like Artesian's philanthropy, we are better able to do our job of keeping people healthy and well. We are grateful for the gift and for Artesian's trust in Middletown Emergency Department to be good neighbors." •

"Emergency medicine is an essential part of any community. The public depends on us around the clock. When we have community support, like Artesian's philanthropy, we are better able to do our job of keeping people healthy and well."

CHARLES L. REESE IV, M.D.





Junior Board gifts benefit patients, families, nursing students

Recent donations from the Junior Board of Christiana Care Health System support a new hospital unit specializing in acute care for the elderly, scholarships for nursing students, specialized dental technology and aid for families with babies in the Neonatal Intensive Care Unit.

"The Junior Board is committed to enhancing patient care through our work and through our donations," said Georgianna Riley, president of the not-for-profit corporation that gives its time and talents to support Christiana Care's mission.

The Junior Board has designated more than \$120,000 to be distributed in four areas:

- \$75,228 for the new Acute Care for the Elderly Unit at Wilmington Hospital. The money was raised at the 2016 Medicine Ball, the Junior Board's annual event benefiting Christiana Care.
- \$39,624 in nursing scholarships from the Ruth T. Shaw Memorial Fund. The

Junior Board is a beneficiary of the trust, which is designated for nursing education.

- \$3,500 for rotary endodontic equipment for the The Edwin L. Granite, D.M.D., Oral and Maxillofacial Surgery & Hospital Dentistry Clinic at Wilmington Hospital. The equipment is used in the debridement of root canals, allowing patients to avoid having their teeth extracted.
- \$3,164 for the Kitty Esterly, M.D., NICU Special Needs Fund, which helps financially stressed families who are not able to meet the unexpected costs involved with a baby born prematurely or with special needs.

"We are so grateful for the Junior Board's dedication to Christiana Care," said President and CEO Janice E. Nevin, M.D., MPH, at the Junior Board meeting in September. "Time and again, they partner with us to meet the needs of the community we are privileged to serve with trademark enthusiasm and generosity."

The 2017 Board of Directors of the Junior Board of Christiana Care Inc., are (front row, from left) Nancy Rothman, Nancy Rich, Georgianna Riley, Linda White, Patricia Brock and (back row, from left) Susan Katz, Pattie Parker, Phyllis Adams, Carol Dehorty, Carol Coughenour.

In Fiscal Year 2016, the nearly 300 members of the Junior Board volunteered 15,299 hours. Since the Junior Board's inception, it has donated nearly \$14 million to Christiana Care.

Founded in 1888, the Junior Board raises funds for Christiana Care by operating gift shops in Christiana Hospital and Wilmington Hospital, and hosting annual fund-raising events to support patient needs. Junior Board volunteers, wearing their traditional pink jackets, serve in numerous roles throughout Christiana Hospital, Wilmington Hospital and the Helen F. Graham Cancer Center & Research Institute to ensure an exceptional experience for patients and visitors. •

Barristers Association honors Christiana Care Board Chair Doneene Damon



Doneene Keemer Damon, Esq., executive vice president of Richards, Layton & Finger and chair of Christiana Care Health System's Board of Directors, has received the annual Thurgood Marshall Award from the Delaware Barristers Association. The award honors a dynamic and progressive leader of the Delaware bar who has demonstrated a tireless commitment to improving and facilitating the administration of justice for all.

"Our new Board chair, Doneene Damon, exemplifies leadership," said Janice E. Nevin, M.D., MPH, president and CEO of Christiana Care Health System. "I am grateful that Doneene's extraordinary commitment to our community includes Christiana Care."

Currently vice chair and director of diversity of the American Bar Association Business Law Section's Securitization and Structured Finance Committee, Damon has held numerous leadership positions in the state and national bar. In the past decade she has also served on the boards of over a dozen charitable, legal and community organizations, including the Delaware Community Foundation Board of Directors and the Board of Trustees of the Lawyers Committee for Civil Rights Under Law.

Her many professional accolades include the ABA's prestigious Jean Allard Glass Cutter Award, the National Association of Professional Women's VIP Woman of the Year Circle, the National Diversity Council Leadership Excellence in the Law Award, the Pennsylvania Diversity Council's Leadership in Law Award, and the International Women's Review Board for Excellence in Law. Damon has also been chosen as a fellow of the American College of Commercial Finance Lawyers and was recently elected to the American Law Institute. ●



Timothy Y. Shiuh named chief medical information officer

Timothy Y. Shiuh, M.D., has been appointed Christiana Care's chief medical information officer (CMIO).

Dr. Shiuh joined Christiana Care's Information Technology Department two years ago as assistant chief medical information officer. He was instrumental in the successful implementation of the provider documentation project.

In that role he oversaw the execution of physician-friendly design for recent PowerChart projects such as Dynamic Documentation, ICU eCare replacement, ED projects, the eSignout replacement project, PowerChart Anesthesia and other important initiatives. He is a trusted Cerner adviser and has been a valued contributor to Cerner for PowerChart functional enhancements and new application features.

In his role as CMIO, Dr. Shiuh will continue to drive the implementation and optimization of Christiana Care's integrated electronic health record and help the organization leverage this digital platform to advance clinical efficiency and care delivery. He also will collaborate with Christiana Care leadership, clinicians and our strategic partners to develop a comprehensive clinical information systems strategic vision that facilitates the clinical, quality, safety and financial objectives of the health system.

Dr. Shiuh has worked with Christiana Care for 10 years and will continue to practice clinically as an Emergency Medicine physician. He is a native Delawarean and completed his undergraduate, medical school and residency training at the University of Rochester-Strong Memorial Hospital.

He is board certified in clinical informatics through the American Board of Preventive Medicine. He is currently enrolled in the Dartmouth Master of Health Care Delivery Science program. ●

Ric Cuming inducted as fellow of American Academy of Nursing



Ric G. Cuming, Ed.D., RN, NEA-BC, FAAN, chief nurse executive at Christiana Care Health System, has been inducted as a fellow into the American Academy of Nursing.

American Academy of Nursing fellows are recognized among the most respected nursing leaders in education, management, practice and research. The approximately 2,200 fellows, recognized for national and international achievement, contribute to advances in nursing education and practice, national health initiatives and addressing health disparities.

Cuming joined Christiana Care in August after serving as chief nurse executive and vice president for health care services at the Philadelphia-based Einstein Healthcare Network.

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

Donna Casey appointed chair of ANA Ethics & Human Rights Advisory Board



Donna Casey, DNP(c), MA, RN, NE-BC, FABC, vice president, Patient Care Services, Cardiovascular and Critical Care, has been appointed chair of the American Nurses Association Ethics & Human Rights Advisory Board.

Casey, who co-chairs Christiana Care's Ethics Committee, has served on the ANA's Ethics & Human Rights Advisory Board since 2012. The board recommends policy on issues of concern in ethics and human rights to the ANA board of directors.

She is a graduate of the Advisory Board Executive Fellowship Program and is currently pursuing her doctorate in nursing practice. She has authored many documents for the ANA, including the position statements on human rights, nutrition and hydration at the end of life and on risk and responsibility.

A graduate of State University of New York and University of Virginia, she joined Christiana Care in 2003. ●

Anna Marie Hanna named director, Real Estate and Property Management



Anna Marie Hanna has been promoted to director, Real Estate and Property Management.

In this role, she is responsible for all real estate and property management functions, including administration of leases, acquisition of real estate, management of freestanding medical office buildings and management of condominiums.

Hanna has been with Christiana Care since July 2015 as the lease administrator. She brings more than 13 years' experience in real estate and property management to her new role.

Prior to joining Christiana Care she held various lease administration and property management positions with Secure Management Inc. and Pettinaro Construction. ●

Karen M. Soja named Christiana Care Quality Partners director of network operations



Karen M. Soja, CPA, has been appointed director of network operations for Christiana Care Quality Partners.

Soja's background includes nearly 30 years' broad business experience in public accounting. She most recently was a senior compliance consultant for Highmark Inc., serving as a compliance liaison for Highmark Blue Cross Blue Shield Delaware Health Options Inc. (Health Options). Her early health care experience began in hospital and health center finance, with more recent operational experience in the payor environment.

She received a Bachelor of Science in accounting, cum laude, from the University of Delaware College of Business and Economics in 1987. ●

Mia Papas named Value Institute director of Clinical Research and Health Outcomes



Mia Papas, Ph.D., has been appointed director of Clinical Research and Health Outcomes within the Christiana Care Health System Value Institute.

Papas' leadership responsibilities include providing mentorship to Value Institute investigators and scholars, as well as expert service line consultation.

She is known to many at Christiana Care for her work as a research mentor and consultant in Emergency Medicine. She has taught numerous courses in the fields of epidemiology, public health, biostatistics and applied data analysis. She is an active member of the American Public Health Association and the American College of Epidemiology.

She has had a long-standing interest in the science of population health with several focused interests, including maternal and child health, cancer control and prevention, and health disparities. The central theme across these three areas of investigation is the application of epidemiologic methods to identify the social and behavioral characteristics of communities and individuals that influence population health.

Papas is actively engaged in research focused on the role of maternal dietary factors in influencing child obesity, premature mortality among those with severe mental illness, and health disparities experienced by those with physical and emotional disabilities.

Her analytical expertise includes experimental and observational study designs, big-data analytic methods, the assessment of validity and reliability of screening tools, sample size and statistical power, the analysis of longitudinal data, hierarchical linear modeling, the use of geographic information systems in understanding the effect of place on health and health behaviors, factor analysis, survival analysis, and multivariate logistic and linear regression.

She has received numerous honors and awards for mentoring and teaching and has held several academic appointments with the University of Delaware and Drexel University.

She received her Bachelor of Science in mathematics, cum laude, from Fairfield University, a Master of Science in epidemiology and biostatistics from the University of Massachusetts at Amherst, and a Ph.D. in epidemiology from the Johns Hopkins Bloomberg School of Public Health.

She has authored more than 40 peer-reviewed articles, has successfully obtained funding from the National Institutes of Health and the Centers for Disease Control and Prevention, and has presented her research at more than 80 National and International conferences. ●



Delaware's own basketball champion Elena Delle Donne said of the Young Friends, who in their first year raised more than \$15,000 to support programs at Christiana Care: "It's exciting to think about what else they can accomplish together."

Young Friends embrace leadership, giving and The Christiana Care Way

It's not unusual for people to look up to 6-foot-5 Christiana Care spokeswoman Elena Delle Donne for her accomplishments both on and off the basketball court. The native Delawarean is an Olympic gold medalist, WNBA 2015 Rookie of the Year and three-time All Star.

Delle Donne attributes those accomplishments to teamwork, and as featured speaker at the November meeting of the Young Friends of Christiana Care, she encouraged the philanthropists-in-training to build on their strengths as a team to continue helping others in the community.

"What an impressive group — so intelligent and driven," Delle Donne

said of the Young Friends, who in just their first year raised more than \$15,000 to support programs at Christiana Care. "It's exciting to think about what else they can accomplish together."

Now in their second year, the Young Friends of Christiana Care are high school-age children and grandchildren of members of Christiana Care's Board, Trustees, Junior Board and Leadership Councils who are learning the value and importance of philanthropy and community involvement.

With fundraising efforts that have included jeans and tag days at their schools, letter-writing campaigns, and mouse pad and T-shirt sales, they helped First State

School students enjoy overnight field trips and an end-of-the-year prom, supported summer life skills programming for at-risk youth through Camp FRESH, and helped ensure that patients leave the Emergency Department with dignity in clean clothing through its Special Needs Fund.

"Touring First State School showed me how health care really can make a difference," said Middletown High School freshman Emily Gale. "I'm excited to be part of the Young Friends and the new opportunities we'll have to help."

The Young Friends visited First State School in November to learn about the school within Wilmington Hospital that helps chronically ill students continue

their education while receiving needed medical support. Helping others their own age resonated with the Young Friends, who selected First State School as their fundraising focus for 2016-17.

"The Young Friends' energy and passion have already had a remarkable impact on our community," said Trustee Chair Penny Saridakis, who created the group with fellow trustees Diane du Pont and Margaret O'Dwyer. They co-chair the Young Friends with Beth Moore, also a trustee. "We couldn't be more pleased with the way this next generation is carrying on the legacy of leadership so important to all of us who serve as trustee ambassadors for Christiana Care."

Young Friends events give the teens a firsthand look at the programs and services offered by Christiana Care and provide a forum for career and life coaching from an all-star lineup of Christiana Care leaders and mentors. Teaming up with Delle Donne for the First State School tour was Christiana Care President and CEO Janice E. Nevin, M.D., MPH, who shared her own lessons in teamwork and encouraged the teens to turn challenges into leadership opportunities.

"These extraordinary Young Friends are already choosing a path of leadership and giving back that deeply emulates The Christiana Care Way," said Dr. Nevin. "If, like Elena Delle Donne, they hold strong to their dreams, despite whatever detours

life sends them, these young women and men will go far as our leaders of tomorrow."

The message of perseverance resounded with Young Friend Sarah Greenberg.

"It was so great to hear what you do for the community and how you have overcome difficult obstacles in life to get where you are today," she wrote in a thank-you letter to Dr. Nevin following the Young Friends meeting. "Hearing your journey to become the chief executive officer of Christiana Care Health System was inspiring and reminded me that you don't need to plan everything ahead, and you should follow what you love most." •



Christiana Care President and CEO Janice E. Nevin, M.D., MPH, and Olympic gold medalist Elena Delle Donne shared a fun moment — and their lessons in teamwork — at the Young Friends meeting.



Elena Delle Donne (center) joined Young Friends co-chairs and Trustees Margaret O'Dwyer, Beth Moore, Diane du Pont and Trustee Chair Penny Saridakis to encourage the students to build on their strengths in the program's second year.

Medical-Dental Staff recognizes members for medical missionary work



Vinod Kripalu, M.D., and Reynold S. Agard, M.D., received the prestigious annual Commendation for Excellence from the Medical-Dental Staff

The Christiana Care Medical-Dental Staff honored all of its members, their friends and associates who have given their time and personal resources to medical missions at home and abroad at its 17th Annual Art Exhibit, Awards & Buffet Dinner, Nov. 4.

Two physicians, Reynold S. Agard, M.D., and Vinod Kripalu, M.D., received the prestigious annual Commendation for Excellence from the Medical-Dental Staff. Drs. Agard and Kripalu co-founded Premiere Charities Inc. and the Delaware Medical Relief Team, groups that organize and carry out missions in response to disaster and poverty both internationally and at home. They have led medical relief teams in response to major earthquakes in Haiti and Nepal and to far-flung places including Nigeria, Kenya, India, Trinidad and others.

They sponsor and volunteer at a weekly free meal in Wilmington that annually feeds more than 10,000 meals to people in need. Dr. Agard also is a co-founder of Hands International Inc. Dr. Kripalu, with his wife, Dr. Chetana Kripalu, also founded and support an orphanage for 50 children in Balagurukulam, India.

A slide presentation at the event highlighted dozens of Medical-Dental Staff members who have served on medical and charitable missions in Appalachia, Vietnam, Ecuador and many other places.

"These amazing initiatives are one demonstration of the commitment the Christiana Care Medical-Dental Staff has to their profession and patients," said James T. Hopkins, M.D., Medical-Dental Staff president. ●

Medical-Dental Staff Rising Star Awards

Banquet attendees congratulated the recipients of the 2016 Rising Star awards. These awards recognize attending physicians nominated by a Christiana Care physician leader for outstanding clinical, leadership and teaching achievements.



Rising Star Karen Antell, M.D., MPH,
with David M. Bercaw, M.D.



Rising Star Casey L. Bedder, D.O.,
with Micky Ostrum, M.D.



Rising Star Mark Gregory Cadungog, M.D.,
with Nicholas J. Petrelli, M.D.



Rising Star Rez Daugherty, M.D.,
with Kert Anzilotti, M.D.



Rising Star John A. DeFrate, M.D.,
with Linda Lang, M.D.



Rising Star Linsey D. O'Donnell, D.O.,
with Omar Khan, M.D.



Rising Star Jonathan Raser-Schramm, M.D.



Rising Star James E. Ruether, M.D.,
with Virginia Collier, M.D.



Rising Star Cem Soykin, M.D.,
with David Paul, M.D.

Diabetes Prevention Program addresses prevalence of prediabetes

One of every three adults in the United States has prediabetes, a precursor to full-blown Type 2 diabetes. But most of them don't know it.

"I was totally shocked," said Martha Avila, who works in Christiana Care's physician billing department. "I am a healthy eater and cut sugar from my diet two years ago."

Avila learned her blood glucose levels were high through her employee HRA/biometric results. Intent on reducing her risk of developing diabetes, she enrolled in PrevenT2 at Work, a free, year-long program for Christiana Care employees, a collaborative effort between the Primary Care and Community Medicine Service Line and Human Resources and Benefits.

"Identifying people with prediabetes presents an important opportunity for us to impact their health before they become diabetic," said Omar Khan, M.D., MPH, service line leader for Primary Care and Community Medicine and a practicing family physician at the Wilmington Hospital Family Health Center. "It is exciting to partner with our employees through innovative, effective programs that they value. It's The Christiana Care Way in action." CONTINUED

*This is a
life-changing
program.*



The positive impact on preventive health is expected to become even greater. The Centers for Medicare and Medicaid Services is expected to start reimbursing health systems offering prediabetes programs starting as early as 2018, Dr. Khan said. That positions Christiana Care well to develop a high-quality program internally and to consider future expansion to neighbors in the community.



"It is exciting to partner with our employees through innovative, effective programs that they value. It's The Christiana Care Way in action."

OMAR KHAN, M.D., MPH

Avila and the other enrollees started classes in July with Isaac Hicks III, RD, a Christiana Care registered dietitian and community educator. The curriculum was developed by the Centers for Disease Control and Prevention. Dietitians are trained by the National Association of Chronic Disease Directors. Attendees meet once a week for the first six months and once a month for the following six months.

"This program offered at no cost reflects our commitment as leaders in health care to keeping our neighbors healthy, starting with our own employees," said Chris Corbo, corporate director of Benefits and Wellness.

More than 3,600 employees and spouses are prediabetic, based on their HRA results, said Karen Anthony, MS, CHES, senior program manager, Department of Family & Community Medicine. Diabetes is a serious disease that also contributes to cardiovascular disease and some forms of cancer.

"We give people the tools they need to decrease their risk of getting diabetes," Anthony said.

Avila and her colleagues are learning to identify triggers that lead to unhealthy eating. They are gaining experience in problem solving and staying motivated.

"It is a big commitment," Anthony noted. "But CDC research shows that ongoing support is what gets results. Slow and steady wins the race."

Avila learned that a modest weight loss of 5-7 percent would decrease her risk of developing Type 2 diabetes by almost half. So far, she has lost 12 pounds.

"I am thinner now than I was 20 years ago," she said.

Further, she has learned to be a partner in her own health.

"Accountability has been a big one for me, measuring food and ingredients to cook," she said. "I use fresh ingredients instead of processed foods, baked rather than fried. And I check the labels so I know the fat, sugar and sodium content of what I am buying."

She is weighed every week so she can monitor her progress. Avila also tracks how much she exercises. She walks during her lunch break and takes Zumba, yoga, strength and cardio classes offered by the employee fitness center at various locations. She recently took up kickboxing at a community center.

Colleagues in the program encourage and support one another.

"We stay connected through email and send each other links to recipes and articles on exercise," she said.

Avila said the program is giving her the tools she needs to achieve optimal health today and in the future.

"It's not just taking a few classes and then going back to the way I was before," she said. "This is a life-changing program." •

**REGISTER FOR
DIABETES
PREVENTION
PROGRAM**

Christiana Care employees and covered spouses who are at risk for diabetes may be eligible to enroll in new rounds of the PreventT2 program that will begin in January, February and March.

For more information about the Diabetes Prevention Program or to register for an upcoming class, call 302-661-3050.

Jan. 12

AFFORDABLE CARE ACT INFORMATION & ENROLLMENT

4:30 – 7 p.m., Helen F. Graham Cancer Center at Christiana Hospital – West Entrance

Need help with health insurance for yourself or your family? Certified, bilingual Marketplace Guides from Westside Family Healthcare can help you enroll in a plan before Jan. 31, 2017 to receive coverage in 2017. For more information, call 302-320-6586 or healthguides@christianacare.org.



Jan. 17

FREE MEN'S HEALTH LECTURE: THE LATEST MINIMALLY INVASIVE SURGICAL SOLUTIONS TO YOUR PROSTATE PROBLEMS

6:30 – 7:30 p.m., Eugene du Pont Preventive Medicine & Rehabilitation Institute

Meet urology expert Christopher Mitchell, M.D., Director of Robotic Surgery at Christiana Care for a free lecture. He will be speaking on the advances of minimally invasive robotic surgery and other solutions for prostate care. Both men and women are invited to attend. Seating is limited. Register today: <https://events.christianacare.org/event/robotic-jan17/>.



Jan. 19

FREE WOMEN'S HEALTH LECTURE SERIES: NUTRITION MYTHS AND FACTS – TRUTH ABOUT THE HOTTEST TRENDS

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

Alyssa Atanacio, RD, LDN, shares facts about GMOs, organic foods, eating for your body type and more. Register: events.christianacare.org/womenslectures or call 800-693-2273.



Feb. 3

CELEBRATE WEAR RED DAY

Visit www.christianacare.org/wearredday.

Feb. 16

ANNUAL COMMUNITY HEART MONTH LECTURE

7 p.m., John H. Ammon Medical Education Center



Feb. 25

PERIOPERATIVE PERSPECTIVE: LATEST TRENDS AND PRACTICES

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. For more information, contact Starr Fields, fields@christianacare.org.

SAVE THE DATE!

March 3

28TH ANNUAL UPDATE IN CARDIOLOGY

7:15 a.m. – 4:00 p.m., John H. Ammon Medical Education Center

<https://cchs.cloud-cme.com/Cardiology2017>.

March 11

DIABETES UPDATE

8 a.m. – 4 p.m., John H. Ammon Medical Education Center

The 21st annual Diabetes Update is a full day educational opportunity to learn the latest information on diabetes and diabetes related co-morbidities, and to meet identified needs of diabetes clinicians in this area. This year's Saturday symposium will examine an array of progressive topics to include "Measures of Healthcare Quality," "The Artificial Pancreas," and "Hypoglycemia Associated Autonomic Failure," from some of this country's foremost leaders in these areas. Additionally, content will focus on the management of gestational diabetes, Type 2 diabetes, diabetic neuropathy and motivational interviewing of the patient with diabetes. This course is intended for endocrinologists, ophthalmologists, internal medicine and primary care physicians, as well as nurses and nurse practitioners, scientists, dietitians, physician assistants, and other health care professionals. To register go to <https://cchs.cloud-cme.com/Diabetes2017>.

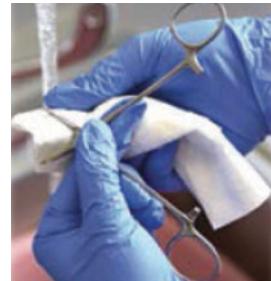
Find these events and more online at
<http://events.christianacare.org>.

Best practice review

PRECLEANING REUSABLE INSTRUMENTS

Q. WHAT SHOULD I DO WITH REUSABLE INSTRUMENTS AFTER FINISHING A PROCEDURE?

- A. • Wipe reusable instruments with a moistened surgical sponge, paper towel, gauze or clean surgical towel to remove visible debris. Use plain water. DO NOT USE saline as it may cause deterioration of the instruments.
- Spray instruments with Pre Klenz (enzymatic preclean spray) to keep them moist.
- Hinged instruments must be sprayed in the open position.
- Place instruments in an appropriate transport vessel: a biohazard plastic bag, a red biohazard container, or the rigid metal container with “soiled” tag.



Q. WHEN SHOULD THE PRECLEANING BE PERFORMED?

- A. Precleaning should be performed immediately after the procedure to prevent blood and debris from drying on the instruments. Precleaning may be performed in the procedure room or in the soiled utility room if the procedure was done at the bedside.



Q. WHO SHOULD PERFORM THE PRECLEANING?

- A. Precleaning may be performed by designated staff or staff that delivers the dirty instruments to the soiled utility room.



Q. MY DEPARTMENT IS LOCATED OFF CAMPUS, HOW SHOULD I PRECLEAN DIRTY INSTRUMENTS?

- A. As stated above, reusable instruments should be wiped and sprayed with Pre Klenz immediately after use to prevent blood and debris from drying on the instruments.
- Instruments must be washed/cleaned with Prolystica Enzymatic Cleaner prior to transport to the hospital Sterile Processing Department (SPD).
- Instruments that have been cleaned with Prolystica may be placed in the blue/white containers for transport to hospital SPD.

Job Aids with the precleaning steps outlined are being distributed to all departments as applicable. Transport containers are also being distributed. ●

If you have questions about this Best Practice Review, please contact the content expert, Lila Price: 733-5050. Safety Hotline: dial 7233 (SAFE) from within Christiana or Wilmington hospitals; Outside – dial 623-7233 (SAFE) or call the Safety Hotline: 7233 (SAFE) from within Christiana or Wilmington hospitals; from outside, call 623-7233 (SAFE).

Publishing

Linda Laskowski-Jones, MS, APRN, ACNS-BC, CEN, FAWM, FAAN, et al. "Admit to Observation Status: Policy Brief." *Nurs Outlook* 64 (2016), 604-606. American Academy of Nursing on Policy.

Maureen A. Seckel, MSN, APRN, ACNS-BC, CCNS, CCRN, FCCM, et al. "Challenges in Sepsis Care: New Sepsis Definitions and Fluid Resuscitation Beyond the CVP." *Critical Care Nurse Quarterly*. 2016.

Anthony Sciscione, D.O., et al. "Relationship Between Excessive Gestational Weight Gain and Neonatal Adiposity in Women with Mild Gestational Diabetes Mellitus." *Obstetrics & Gynecology*.

Presentations

Muge Capan, Ph.D., Ryan Arnold, M.D., MS, James Wilson, CRNA, et al. "Intervention Strategies for Complex Patients with Sepsis." INFORMS Computing Society Conference. Austin, Texas. January 2017.

At the Columbia University Medical Center, New York, **Matthew K. Hoffman, M.D., MPH, FACOG** presented:

- "Emerging Perspectives in Preterm Birth." Grand Rounds, Department of OB-GYN. December 2016.
- "Challenges and Opportunities of International Research." November 2016.

Stephen A. Pearlman M.D., MSHQS, was the course director for Hot Topics in Neonatology Quality Day. Washington, D.C. December 2016.

Jamie Rosini, Pharm.D., BCPS, Jennifer Murray, Pharm.D., Brian Levine, M.D., and Mia Papas, Ph.D., MS. "Vancomycin Doses Are Not Associated with Increased Nephrotoxicity in Severe Renal Impairment." Society of Critical Care Medicine. Honolulu, Hawaii. January 2017.

Robert L. Witt, M.D., at the Hong Kong International Sialendoscopy and Salivary Gland Conference, Prince of Wales Hospital, The Chinese University of Hong Kong, Hong Kong, December 2016:

- Recurrent Salivary Gland Stones.
- Tissue Engineering an Artificial Salivary Gland (Keynote Speaker).
- Do we need to stent the Papilla?
- Minimally Invasive Surgical Techniques for Benign Salivary Neoplasms.
- Etiology and Management of Recurrent Pleomorphic Adenoma.

Appointments & Achievements

The Professional Advancement Council congratulates the following new RNIII nurses promoted in November: **Brent Hastings, BSN, RN, CEN**, Christiana ED; **Thomas Joseph Byrnes, IV, BSN, RN, CCRN**, SCCU; **Eric Oberle, BSN, RN, CCRN**, MICU, Christiana Hospital; **Jodi Hayden, BSN, RN, CEN**, Middletown ED; **DeLea L. Jacobs, BSN, RN, CEN**, Wilmington ED; **Jennifer Sliney, BSN, RN, CEN**, Christiana ED; **Blyss Galizia, BSN, RN, CNOR**, Christiana OR; **Stephanie Daneshgar, BSN, RN, CNOR**, Christiana OR; **Ines Boado, BSN, RN, CMSRN**, 2C, Christiana Hospital; **Paula Loder, BSN, RN-BC**, 6E, Christiana Hospital; **Kaitlin**

Johnson, BSN, RN, PCCN, 6S, Stepdown, Wilmington Hospital; **Jacqueline Day, BSN, RN, PCCN**, 2B, Transitional Surgical Unit, Christiana Hospital; and **Darlene Glazier, BSN, RN-BC**, 6E, Christiana Hospital.

Mary Cay Curran has been named as Administrative Director of Sterilization Services.

The following Christiana Care nurses have received DNP, doctoral degrees. A project or dissertation title, and the university granting the doctorate, is included after the name and credentials.

• **Tammie Moore, DNP, ARPN.** "Managing Follow-up Care for Inferior Vena Cava (IVC) Filter Retrieval through Development of an IVC." Wilmington University.

• **Rebecca Douglas MacIntyre, DNP, ARPN.** "Implementing an Infection Control Bundle for the Reduction of Ventriculostomy-Related Infections in a Neurologic Critical Care Unit." Drexel University.

• **Cheri Kitts, DNP, APRN.** "Improvement of Care Coordination for Patients with Sub-massive and Massive Pulmonary Embolism Through Implementation of a Pulmonary Embolism Response Team Model." Wilmington University.

• **Denise Lyons, DNP, APRN.** "Measuring Staff's Knowledge, Attitudes and Perceptions Regarding the Care of the Hospitalized Older Adult." West Chester University.

• **Kathy Gallagher, DNP, ARPN.** "Utility of Web-based Support for Acute Surgical Wound Care." Wilmington University. ●

Heart & Vascular Interventional Services Conference

The 3rd Annual Heart & Vascular Interventional Services Conference in November featured discussions of technological advances and trends in the Heart & Vascular Interventional Services Department presented by our heart and vascular physicians and experts at the John H. Ammon Medical Education Center. ●

From left, Stephanie Lowe, BSN, RN, CCRN, Edith Scheidt, BSN, RN, Amy Farrow, BSN, RN, Marilou Denzman, RN, Linda Kusters, neuro interventional technologist, Debra Springer, vascular interventional technologist, and Michael Chambers, vascular interventional technologist. Absent from photo: Theresa Barker, RTR (VI), BS, and Kelly Mancuso, RT(R) (CT) (VI).



Paid time off program supports work-life balance

Christiana Care recognizes the need and importance of paid time away from work for rest, relaxation, vacation, sickness and other personal reasons. Christiana Care was one of the first companies in the area to offer a Paid Time Off “bank program” for full- and part-time employees. The PTO program consists of two accounts, a Paid Leave Account and a Disability Leave Account.

Our PTO program allows employees to leverage their PTO bank to plan for days off that are meaningful to them, such as vacations, religious observances, school events, volunteer opportunities and hobbies.

How does Christiana Care determine PTO?

PTO is allocated based on an employee's scheduled hours, position and service. Here's an example:

| | |
|---------------------------|------------|
| Vacation time | 10-15 days |
| Organizational holidays | 6 days |
| Personal days | 3 days |
| Sick days | 5 days |
| Floating holidays | 2 days |
| <hr/> 26-31 days per year | |

Although Christiana Care attempts to provide as much flexibility as possible, service to our patients places some limitations around the use of PTO. Some departments close for organizational holidays because demand for services diminish. Employees working in departments that are open 24/7 and who are scheduled to work a holiday are able to take another day off during the week, which allows them to bank their PTO hours for a later date.

Advance planning for those meaningful days off allow departments to establish equitable PTO policies that balance employees requests with operational needs.

Upcoming Holidays:

| | |
|---------------------------|---------------|
| Constitution Day (Mexico) | February 6th |
| Valentine's Day | February 14th |
| President's Day | February 20th |
| Ash Wednesday | March 1st |

So if there is a special date coming up that is important to you, please plan ahead and review with your department manager. Thank you for your ongoing efforts to advance The Christiana Care Way. ●

THERAPEUTIC NOTES

Fluoroquinolone safety concerns and FDA warnings

By Devon Trumbower, PharmD

The fluoroquinolone (quinolone) class of antibiotics has been a mainstay in the arsenal of infectious disease treatment since they were developed in 1962. In the United States, the most frequently prescribed quinolones are ciprofloxacin, levofloxacin, and moxifloxacin. These medications are used for a wide range of indications including urinary tract infections, respiratory infections, intra-abdominal infections, sexually transmitted diseases, skin and skin structure infections, and tuberculosis.

Recently, the quinolones have gained more notoriety over safety concerns. Two Federal Drug Administration (FDA) advisory committees, The Antimicrobial Drugs Advisory Committee and the Drug Safety and Risk Management Advisory Committee met in November 2015 to discuss the risks and benefits of fluoroquinolone therapy for three specific indications: sinusitis, acute bacterial exacerbation of chronic bronchitis, and uncomplicated urinary tract infections. Based on the assessments ascertained during that meeting, the FDA published new warnings about the severe side effects of these drugs. They assert that systemic use of fluoroquinolones may cause "disabling and potentially permanent serious adverse effects" that "generally outweigh the benefits for patients with these conditions". The group advises prescribers to reserve the drug class for patients who do not have alternative treatment options.¹

The FDA is most concerned with reports of tendinitis and tendon rupture, myopathy, joint pain and swelling, peripheral neuropathy, and neurological effects such as psychosis, anxiety, depression, and confusion. The advisory panel notes that side effects have historically occurred within hours to weeks after starting the medication, have continued for an average of 14 months, and

have lasted up to nine years. Seventy-five percent of patients experiencing these side effects were between 30 and 59 years of age. Specific to tendinopathy and tendon rupture, certain populations appear to be at the greatest risk: adults older than 60, patients also receiving corticosteroids, solid organ transplant recipients, and those with renal impairment.²

In response to these updated warnings, Christiana Care has revised our guidelines for the treatment of urinary tract infections. Fluoroquinolones are now positioned as "last line" empiric therapy for uncomplicated cystitis in patients with severe beta lactam allergies. Otherwise, a beta lactam antibiotic is preferred. In addition to cystitis, the FDA warns against using quinolones empirically for sinusitis and acute bacterial exacerbations of chronic bronchitis. According to The Infectious Diseases Society of America (IDSA), 90-98% of rhinosinusitis cases are viral. For the few cases with bacterial etiology, amoxicillin/clavulanate (Augmentin) is recommended as the empiric drug of choice.³ For exacerbations of chronic bronchitis that warrant antibiotic treatment, the Global Initiative for Chronic Obstructive Lung Disease (COPD GOLD) guidelines recommend empiric treatment with an aminopenicillin (e.g.. amoxicillin or Augmentin), a macrolide (e.g., azithromycin), or a tetracycline (e.g., doxycycline).⁴

Given the expansion of the fluoroquinolone boxed warnings and recent FDA communications regarding safety reports, prescribers should consider reserving fluoroquinolones and utilizing alternate drug classes for the empiric treatment of infections such as cystitis, sinusitis, and acute exacerbation of chronic bronchitis. Recommendations from expert organizations in combination with local resistance data should be used to guide therapy choices. ●

References:

1. Fluoroquinolone antibacterial drugs for systemic use: Drug safety communication – warnings updated due to disabling side effects. (2016, July 26). Retrieved July 27, 2016 from <http://www.fda.gov/safety/medwatch/safetyinformation/safetyalerts-forhumanmedicalproducts/ucm513065>.
2. Use fluoroquinolones only as drug of last resort for some infections. (2016, July 27). Retrieved August 5, 2016 from <http://www.aafp.org/news/health-of-the-public/20160727fluoroquinolones.html>.
3. Chow AW, et al. IDSA clinical practice guideline for acute bacterial rhinosinusitis in children and adults. *Clinical Infectious Diseases*. 2012;e1-e41.
4. Global strategy for the diagnosis, management, and prevention of chronic obstructive pulmonary disease. 2016 Global Initiative for Chronic Obstructive Lung Disease, Inc: <http://goldcopd.org/global-strategy-diagnosis-management-prevention-copd-2016/>; accessed August 8, 2016.

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 | NOVEMBER 2016**FORMULARY ADDITIONS**

| Medication – Generic/Brand Name | Strength/Size | Use/Indication | Comment |
|--|--------------------------|--|---------------------|
| Bleomycin injection | 30-unit vial | Treatment of some types of cancer; pleurodesis | Line item extension |
| Factor IX (recombinant) / Benefitix | 3,000 unit kit | Management of factor IX deficiency | Line item extension |
| Hemophilic Factor (recombinant) / Advate | 2,000 & 3,000 unit vials | Management of hemophilia A | Line item extension |
| Histamine Phosphate Injection / Histatrol | 0.275 mg/mL, 5 mL vial | Used as a positive control when skin testing for penicillin allergy | |
| Leucovorin | 200 mg vial | Modulation of the pharmacologic effects of selected medications | Line item extension |
| Naloxegol / Movantik | 12.5 mg & 25 mg tablets | Treatment of opioid-induced constipation in adult patients with chronic noncancer pain | |

REVISED THERAPEUTIC INTERCHANGE

| | |
|---|--|
| Phenobarbital Tablet Interchange | The policy was updated to include the substitution of 97 mg or 97.2 mg phenobarbital tablets when 90 mg phenobarbital tablets are ordered. |
|---|--|

FORMULARY DELETIONS

| | |
|--|--|
| Alamag suspension | Removed because of a lack of use. Maalox with simethicone will be used in its place. |
| Betaxolol 0.25% ophthalmic solution | Removed because of a lack of use. |
| Citric acid & D-gluconic acid irrigant solution / Renacidin | Removed because of a lack of use. |
| Clobazam suspension | Removed because of short shelf life and expense. The tablet remains available. |
| Cocoa butter | Removed because of lack of use. |
| Estradiol transdermal 0.025 mg & 0.1 mg patches | Removed because of lack of use. The 0.05 mg patch remains available. |
| Gaviscon suspension | Removed because of lack of use. |
| Molindone | Removed because of lack of use. |
| Naphazoline 0.1% ophthalmic solution | Removed because of lack of use. |



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

Annual Holiday Meal shows Christiana Care's appreciation for all that we do

Christiana Care Health System cafeterias served 7,264 holiday meals on Dec. 16, as a way of saying thanks to all of the employees, staff and volunteers who deliver on the promise of The Christiana Care Way.

"Thanks to the wonderful volunteers and our awesome cafeteria and production staff, we were able to continue our extraordinary custom of providing this special meal," said Debbie Learn Alchon, MS, RD, corporate director, Food and Nutrition Services. "Without the effort and holiday cheer of those who gave their time and jolly spirit who volunteered to serve our employee guests, we would be unable to continue this holiday tradition. Much obliged to all who participated!"

Physicians, staff and volunteers enjoyed:

**2,640 pounds
of chicken**

**2,100 pounds
of vegetable medley**

**1,952 cups
of eggnog**

**1,500 pounds
of rice**

**1,413 pounds
of cheese cake**

**123 pounds
of cookies**

