White House praises success of new substance abuse intervention project

White House Deputy Director of the Office of National Drug Control Policy David K. Mineta, at left, talks with Chief Medical Officer Janice Nevin, M.D., MPH (center), and Hugh R. Sharp Jr. Chair of Medicine Virginia Collier, M.D., during a visit to Christiana Care to learn about an innovative, bold new substance-abuse intervention program called Project Engage.

White House Deputy Director of the Office of National Drug Control Policy David K. Mineta says the Obama administration is drawn to programs like Christiana Care’s successful Project Engage “like bears to honey.”

Mineta visited Christiana Care’s Department of Medicine in September to take a closer look at the growing substance/alcohol abuse intervention project led by the Department of Medicine’s Chief of Addiction Medicine, Terry Horton, M.D., in collaboration with several partners. Project Engage brings help and recovery resources for patients to a place where they are most likely to accept it: Wilmington Hospital Emergency Department and other points of entry where patients are treated for a plethora of health problems, ranging from delerium tremens to diabetes to heart failure and much more. The immediate screening, brief intervention and referral-to-treatment program requires collaboration among serveral organizations in order to become a reality.

Working with Brandywine Counseling & Community Services and Aetna
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Secretary of Delaware Health and Social Services Rita Landgraf and Delaware State Representative Michael Barbieri also attended the September meeting, underscoring the key role Delaware plays as an incubator for innovative programs that blend private and public interests.

Project Engage’s “low-tech” approach, with an embedded outreach coordinator on-site to begin working directly and intensely with addicted patients during “reachable moments” at the hospital, is key to the program’s success. Mineta said Project Engage and others like it could also help create jobs, such as peer-to-peer counselors. “A collaborative approach is required to bend the cost curve and be more effective locally,” said Mineta.

Medicaid plan Delaware Physicians Care, Dr. Horton and others published study results that Mineta says are unusual and attractive for many reasons, primarily the high rate of patients successfully admitted to community-based substance use disorder treatment programs.

Between Sept. 1, 2008, and Dec. 30, 2010, 423 patients who came into the ED with alcohol and/or other substance abuse problems consented to speak with an interventionist. Of those 423 patients, 41 percent were successfully admitted, directly leading to hospital utilization reductions and cost savings in emergency department visits and hospital inpatient admissions.

Collaborating partners

Peter Booras, a drug and alcohol counselor from from collaborating partner Brandywine Counseling, is a frontline player in Project Engage. Booras specializes in engaging clients at the hospital, when they are considered most open to substance abuse intervention.

Delaware Physicians Care, an Aetna Medicaid plan also collaborating in the project, substantiated the results. “It’s great to be involved with such a collaborative project,” said Patricia Wright, director of collaborative programs for Delaware Physicians Care. “It engages not only patients but also the staff taking care of them in the most optimal care treatment plans. These folks are passionate about what they are doing … actively engaged in every sense of the word.”

“What makes Project Engage so interesting is there’s a research piece, a financing piece, a provider piece, and a [state] government piece,” said Mineta. “It’s unusual to see all these pieces in one place integrating substance use care with primary care.”

In tracking patients who received peer-to-peer counseling, the group found that individuals were taking better care of their health, visiting their primary care physicians more and relying less on emergency care.

Cover story, continued

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The United Way of Delaware campaign launched Oct. 17 runs through Dec. 15 at Christiana Care. By now, all employees should have received an ID and password to the United Way of Delaware’s E-Pledge system from Christiana Care President & CEO Robert J. Laskowski, M.D. Please pledge as early as possible this year, share your commitment with colleagues and help build momentum to achieve the largest percentage of participating employees ever. You will be joining thousands of others who care about creating opportunities for a better life for all Delawareans.

With your support, United Way of Delaware improves quality of life for all Delawareans by supporting programs that focus on the building blocks for a good life: Education, Income and Health.

You can designate your gift to:
- Christiana Care using United Way code 9049.
- Christiana Care VNA (code: 539).
- Christiana Care’s Helen F. Graham Cancer Center (code: 9596).
- Christiana Care’s Wellness Program PMRI (code: 9084).
- Christiana Care’s Evergreen Center (code: 9517).
- The First State School (code: 11205).
- The United Way’s Community Impact Fund.
- A charity of your choice.

Your donation is tax-deductible under United Way’s 501(c)3 nonprofit status.

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**Small changes, big results**

**A little gift makes a big difference!**

**Over the course of one year, if you…**

<table>
<thead>
<tr>
<th>Skipped your morning latte just once a week</th>
<th>Your savings could …</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rent two films each month instead of going to the movies</td>
<td>Provide 5 days of early care and education for a pre-kindergarten student</td>
</tr>
<tr>
<td>Refilled your water bottle daily instead of buying a new one</td>
<td>Ensure a home-delivered meal to 18 elderly residents</td>
</tr>
<tr>
<td>Gave yourself a weekly manicure/pedicure instead of going to the salon</td>
<td>Tutor 36 at-risk youth for one hour after school</td>
</tr>
<tr>
<td>Brought your lunch to work every day</td>
<td>Match 32 at-risk youth with adult mentors</td>
</tr>
<tr>
<td></td>
<td>Provide one week of care for 15 homeless children</td>
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</tbody>
</table>
Keith White, a retired Boeing engineer and an avid sailor, was undergoing treatment for Paget’s disease when he experienced arm pain lasting several months. In September 2010, his doctors at Christiana Care diagnosed him with a rare osteosarcoma. Because of cardiac issues and a pacemaker, White was not a candidate for chemotherapy.

His orthopedic surgeon, Mihir Thacker, M.D., discussed treatment options with White, making sure his patient understood the procedures and risks. Dr. Thacker told White that one option would save his right arm and maintain some function, but would involve risks of ongoing pain as well as more surgery in the future. A second option was to remove his right arm, collarbone and shoulder, and build a new shoulder.

White says he told Dr. Thacker “there was really no choice,” and opted for the more extensive procedure. He was “confident that my team had the expertise and experience” to achieve a favorable outcome.

**The Team**

At the helm of the surgical team was leader, Dr. Thacker, an assistant professor of Orthopaedic Surgery at Jefferson Medical College in Philadelphia, with extensive training in India, Singapore, Florida and New York. He is the only specialist in Delaware performing orthopedic oncology surgery for adults. Physician’s Assistant Robert Biddle aided in the actual surgery, and also with postoperative care at Christiana Hospital before White transferred to the Center for Rehabilitation at Wilmington Hospital. White is “one of the toughest, most resilient patients I have known,” says Biddle, adding that this was “the first time I had seen this particular procedure involving a rare arm condition.”

Tina Scherer, RN, MSN, one of the Helen F. Graham Cancer Center’s inveterate Nurse Navigators, added her 22 years of oncology nursing experience, including 10 years as liaison with doctors, patients, and their families. She became the “go-to” person when questions arose. Theresa Gillis, M.D., who is board-certified in physical, rehabilitative and pain medicine, rounded out White’s multidisciplinary care team.

Dr. Gillis joined what she refers to as the “caring family” at Helen F. Graham Cancer Center after distinguished years of service at the University of Texas Anderson Cancer Center.

One year after his surgery, White is in good spirits, relatively painfree, and still making progress. He has learned techniques such as tai chi and scar massage for relief of phantom sensations. Frequent walks on inclines and uneven or rough surfaces and other exercises for balance have rounded out his conditioning and accelerated his return to sailing.

‘An Assumption of Wellness’

White’s positive outlook, which Dr. Gillis calls “an assumption of wellness,” has been an important factor in his recovery. She stresses the value of communication with patients, “so they are not feeling adrift.” Despite the loss of his arm and some enduring pain, White describes his care and treatment as an “uplifting and reassuring” experience. For example, he recalls visiting Dr. Thacker for removal of surgical staples. Halfway through the process the surgeon stopped, saying, “We’ll have a rest now,” and put his arm around White’s shoulder. He adds that visits with Dr. Gillis, to review of his daily routines and medication, have provided care and concern for his total wellbeing.

White calls his care “world class,” leading him to a positive outcome and an active future.
Christiana Care’s 2011 Flu Campaign is off to an impressive start with more than 7,700 employees receiving the vaccine through Oct. 21. Well-orchestrated Flu Shot Stations held at Wilmington and Christiana hospitals and at satellite locations through Oct. 20 helped colleagues get vaccinated and submit their Seasonal Influenza Vaccination Consent Form. Another 240 colleagues submitted either an Exemption from Influenza Vaccination Form (verifying they cannot receive the flu shot due to health or religious reasons), or a Form declining the Influenza Vaccination.

Survey results show improved process
Survey feedback from week one of the campaign revealed 82 percent of respondents had a very positive or positive impression of the flu shot stations, and 90 percent said that getting the flu shot via the stations was much better or somewhat better compared to previous years. 85 percent of respondents felt the communications leading up to the campaign adequately informed them of what to do and what to expect.

With almost 8,000 responses already recorded, this year’s historic flu campaign, which runs through Nov. 30, is in great shape. Christiana Care is striving for complete vaccination of our employees and Medical-Dental staff, and if you didn’t take advantage of the convenience of the Flu Shot Stations, it’s still easy to get the flu vaccine. The shots are always available at Employee Health Services.

As a reminder, employees who do not complete one of the three authorized forms by Nov. 30 will be considered noncompliant. This will be considered as part of the annual mandatory education requirement of the performance evaluation process. Employees who are not in compliance are not eligible for a payout in the 2012 Transformation Rewards Program. Watch for more information on the portals and a complete wrap-up of the campaign and the hard work of many in the next edition of Focus.

From top right clockwise, Flight Nurse David Kohl, RN, receives a flu shot from Joanne Matukaitis, RN, director of patient care services; Mary Smedley, director of Employee Health Services, vaccinates Christiana Care Chief Operating Officer Gary Ferguson; and Katherine Pereira-Ogan, director of Service Excellence, gives the annual dose to Billing Clerk Susan Ferris.
Christiana Care Medical Oncologist Stephen S. Grubbs, M.D., and Cancer Research Director Kandie Dempsey, MS, RN, OCN, CCRP, were named to leadership roles with the newly formed Alliance for Clinical Trials in Oncology. Additional physician investigators will serve on Alliance committees. The Alliance merges three National Cancer Institute (NCI)-funded research cooperative groups in a bid to bring the latest cancer control, prevention and treatment clinical trials more quickly to patients at their community cancer centers. The merged groups include the Cancer and Leukemia Group B/CALGB; the North Central Cancer Treatment Group/NCCTG; and the American College of Surgeons Oncology Group/ACOSOG. Dr. Grubbs was elected to the Alliance Board of Directors and the Executive Committee, responsible for recommending overall policy and direction, as well as Alliance priorities and activities. Dempsey was appointed chair of the Alliance’s Clinical Research Associates (CRA) Committee, representing the certified professionals who monitor and ensure compliance with clinical trial protocols at their respective institutions in the United States and Canada. The CRA Committee plays a critical role in educating CRAs on clinical research methods, policies and procedures, NCI initiatives and Alliance research.

Nicholas J. Petrelli, M.D., Bank of America endowed medical director of the Helen F. Graham Cancer Center at Christiana Care, has been appointed to the newly created position of Associate Director for Translational Research at the Wistar Institute. Dr. Petrelli’s primary focus remains the Graham Cancer Center, which he has led for nine years. “This appointment is simply a continuation of the translational research that occurs at the Helen F. Graham Cancer Center and will speed up our collaborative research projects with the Wistar Institute,” Dr. Petrelli says. “It solidifies our agreement with Wistar.” Under Dr. Petrelli’s leadership, The Helen F. Graham Cancer Center has developed a state-of-the-art clinical oncology care program. The center has been selected by the NCI as a Community Cancer Center Program and has achieved a top-ranking 24 percent accrual rate in NCI-sponsored clinical trials.
Did you know that the annual Focus on Excellence awards submissions are available for you to review on the portals?
Select Focus on Excellence 2011 Projects to review the 77 entries and don’t forget to cast your vote for the People’s Choice Award.
This year’s Focus on Excellence Awards Ceremony takes place on Thursday, Dec. 1.
Guest speaker is patient safety expert Michael Leonard, M.D., principal at Pascal Metrics.

The Department of Orthopaedics physicians, staff and volunteers celebrated the official incorporation of Christiana Hospital Nursing Unit 2D as part of Christiana Care’s renowned Center for Advanced Joint Replacement with a ribbon cutting. In the photo above, Department Chair Brian Galinat, M.D., cuts the ribbon, held taut by Surgical Physician Assistant Dan Grawl (left) and Eric T. Johnson, M.D., president-elect of the Medical-Dental staff (right).
The loss of a baby is devastating for parents who leave the hospital with empty arms. At Christiana Care, many bereaved parents find help working through their grief in the Loving Arms Parent Support Program.

The Loving Arms program reaches out to families, beginning at the time of the loss, throughout the year at monthly support group meetings, and annually at a memorial service to honor and acknowledge their loss.

Founded in the late 1970s, and developed through the years by Christiana Care nurses, social workers, and chaplains, Loving Arms is one of the longest continuously running programs in the country for parents grieving the loss of a baby because of ectopic pregnancy, miscarriage, stillbirth, or as a newborn death.

“The founders recognized that losing a child is a lasting tragedy for a family,” says Therese Gilchrist, MSW, who has facilitated the group since 2001. The program also provides literature on common grief reactions, counseling on ways to help siblings understand the loss through story and coloring books, advice for family and friends on ways they can support grieving parents, and advice for coping with loss during the holidays.

Facilitated by Gilchrist, Christiana Care chaplain Patricia Singleton, and Melanie Chichester, BSN, RNC, of Labor & Delivery, Loving Arms meets at Christiana Hospital on the third Monday of each month. For more information, call 302-733-4367.
It’s difficult for people to make and keep medical appointments when they don’t have homes. A creative collaboration between Christiana Care’s Department of Social Work and the Sunday Breakfast Mission (SBM) in Wilmington has built a bridge between medical services and homeless people, getting them the care they need so they can improve their health and become less dependent on the Emergency Department at Wilmington Hospital for treatment.

“Compliance with health care goes out the window when you’re homeless,” says Linda Brittingham, corporate director, Social Work. “There are more immediate needs, such as what you are going to eat or where you are going to sleep.”

A test program launched in 2010 after ED staff noted an increase in the flow of patients from the mission focused on the city’s only walk-in shelter for the homeless. It expanded when SBM opened a shelter for women and children.

“Christiana Care and the Sunday Breakfast Mission were both working with the same population,” Brittingham recalls. “We wondered what we could do better if we worked together.”

In all, 66 homeless people — 48 adults and 18 children — were enrolled in the program, with needs ranging from dialysis to vaccinations to obstetrical care.

Of the group, 40 percent of adults remain active in the program. Nearly three-fourths—72 percent—of the children are active. And 50 percent of the people with a high use of hospital services showed a decrease in both the number of ED visits and the number of days spent in the hospital.

Linda Brennan-Jones, a social worker at Wilmington Hospital Health Center, and Pastor Dave Jones, who directs the men’s program at SBM, worked together to create a plan for an undocumented patient with kidney failure and severe peripheral artery disease. That included linking him to a primary care provider, obtaining medication and providing transportation to outpatient dialysis services.

They also helped him to obtain identification papers so he could travel out of state to be with relatives who could offer support.

Since April, 33 additional adults have found primary care providers or medical homes through the Adult Medicine Office. To keep them on track, there is frequent communication between social workers and the shelter nurse regarding appointment reminders, transportation to the doctor, administering medications and help in navigating the health care system.

Those successes have inspired other outreach initiatives. Helping an elderly recluse whose home had been condemned required help from Christiana Care and multiple community resources. After arranging for medical care, detangling his finances and obtaining temporary housing, he now lives at Ingleside Apartments, an affordable community for seniors in Cool Spring, where he gets a physician from Christiana Care’s Home Visit Program.

“The process took months,” Brennan-Jones says. “But by working cooperatively, we were able to get the job done.”

On Oct. 27, Christiana Care will partner with Connections, a social service agency in Wilmington that serves the homeless and people who suffer from substance abuse and mental illness. The health fair at Connections’ Homeless Café will include flu shots and a nutritious meal.

“There are so many people in need, including families that have never had financial issues before,” Brittingham says. “We are always looking for new ways to help.”

Key partnerships boost Christiana Care’s community impact

“Christiana Care and the Sunday Breakfast Mission were both working with the same population. We wondered what we could do better if we worked together.”

Linda Brittingham, Corporate Director, Social Work

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.

All reports go directly to Compliance Officer Ronald B. Sherman.

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 Mr. Sherman at 302-623-2873.
Adult Day Program at Riverside provides a safe, happy haven

Christiana Care’s Adult Day Program serves adults who, because of age or disability, are unable to stay at home alone when their caregivers are away. Elizabeth McLaughlin’s brother John has been a program member since 1999. She says the caring people who work there hold a very special and valuable place in their lives.

Although John McLaughlin isn’t able to speak, his sister says it’s easy to understand him once you take the time to get to know him. She praises staff and Director Gayle Pennington, who have taken that time to understand her brother, McLaughlin says.

John was quickly understood

“I’m really grateful that he is with people who understand him so quickly,” Elizabeth McLaughlin says.

The bright, airy facilities, the deep sense of teamwork and a wellspring of engaging activities at the program combine to create an environment that is good for the clients and comforting for their caregivers, McLaughlin says.

“They don’t focus on the disability,” she says. “They focus on each person’s individual interests and goals and find ways to make everything work for people of all levels of ability.”

Welcome Thelma from Chicago

Shirley Dillon’s mother, Thelma Chandler, moved from her home in Chicago in 2009 to live with Dillon. She has been going to the Adult Day Program since spring.

“She was missing her friends and relatives in Chicago, and I was trying to do everything myself,” Dillon says. She was happy to learn about the Adult Day Program, and happier still with the level of service and care her mother receives at the program.

“I am very, very persnickety about my mom’s wellbeing, and everyone at Christiana Care has been extremely accommodating,” Dillon says.

Dillon describes the program as a new experience for both herself and her mother, who was never into arts and crafts or some of the other activities the program participants do, but now seems to enjoy.

“T hey do an excellent job of keeping her stimulated, and it gives me some time to take care of things I need to do.”

Dillon recommends the program to others who are caregivers for elderly parents or other family members.

“I think Christiana Care has done really a fantastic job. I have to give accolades to Gayle and everyone else,” she says.

Ina Li, M.D., associate director of Geriatrics for Christiana Care, recounts one story after another of patients and their families whose lives have changed as a result of participating in the program.

She recalls one elderly patient who lived alone and frequently became lonely, anxious and depressed. Every two to four weeks, she would check in to the hospital, where she felt safe and got the social interaction she needed. Since going to the Adult Day Program in April at Dr. Li’s suggestion, the woman has stayed out of the hospital and, most importantly, she is enjoying her life much more.

Dr. Li praises the program’s staff for their ability to manage medically complex patients, as well as focus on every individual’s interests in order to keep them engaged and returning often.

She tells the story of another patient whose wife was his primary caregiver. Dr. Li recognized that, as her patient’s abilities declined, his wife was getting caregiver burnout. And, because of the man’s size — well over 6-feet-tall — his wife had trouble getting him out of the house. The staff at Riverside not only handled transportation, but also welcomed him, discovered his passion for sports and quickly introduced him to others who shared his interests.

Although he was reluctant to go at first, now he looks forward to getting out and being part of this new community of friends.

“And it is such a huge thing for the wife that he is able to get out of the house for a few hours a day and she can rest,” Dr. Li says. “When he comes home, she is reenergized to take care of him.”
Coming events

Registration is now open for the Fourth Annual Delaware Orthopaedic Symposium scheduled for Saturday, Oct. 29, from 7:30 a.m. to 1 p.m., in the John H. Ammon Medical Education Center. The symposium includes three education tracks: orthopaedic surgery, primary care orthopaedic medicine and orthopaedic nursing. Registration is $50. Continuing education units (CEUs and CMEs) are offered. Sponsors are Christiana Care's Department of Orthopaedic Surgery, the Delaware Society of Orthopaedic Surgeons and the Medical Society of Delaware. Register at www.delawareorthopaedicsymposium.com.

The Helen F. Graham Cancer Center at Christiana Care is holding a Day of Hope celebration for cancer patients, survivors and their loved ones on Nov. 5, from 9 a.m. to 4:30 p.m. The event offers life-affirming activities that educate and entertain. Day of Hope activities enable participants to rest and recharge the mind, body and spirit — and have fun along the way. On this day you can:

- Try meditation, yoga and labyrinth walking.
- Learn about nutrition, acupuncture stress and creating balance.
- Make a scrapbooking memory page.
- Learn how to cope with fatigue, lymphedema, fear and manage stress.
- Seth Torregiani, M.D., from the Department of Medicine/Pediatrics, will present “Journey to the Present: Strategies for Healing in the Midst of Disease.”
- Paul McGhee, Ph.D., provides a lunch address “Laugh it up! A Sense of Humor is Fundamental to living with Cancer.”
- Opus One Jazz Ensemble
- Door prizes.
- Light refreshments are provided in the morning and a healthy box lunch at noon. There is no fee to attend but you must register by Oct. 28 by calling 623-4707 or 623-4717.

For our adult volunteers, please save the date for our annual holiday lunch scheduled for Friday, Dec. 16 at the Deerfield Golf and Tennis Club. Invitations will be sent to you directly with specific details. Please be sure to respond.

Join your colleagues for “2011-2012 Flu Season” featuring Delaware Public Health Director Karyl Rattay, M.D., and Christiana Care’s Hospital Epidemiologist Marci Drees, M.D., for a discussion on what to expect this flu season on Nov. 7, from 6-7 p.m. The event takes place in the John H. Ammon Medical Education Center Main Auditorium. Dr. Drees presents on “Vaccination of high-risk individuals: current thoughts and controversies.” A moderated question and answer session follows. The meeting features the unveiling of new advocacy and awareness materials developed by the sponsoring partners targeting both health care providers and consumers.

“2011-2012 Flu Season” is a part of the “Primary Care and Public Health Series” presented by the Delaware Academy of Family Physicians and the Delaware Academy of Medicine. The event is for all Delaware medical providers and public health personnel. To register, visit http://www.cvent.com/d/tcq79g.

Nursing clinical ladder adds rungs

New Level I RN, Level IV RN tiers reflect career progression for bedside nurses

Nursing’s professional advancement ladder expands to four tiers and has a new name, offering greater opportunities to recognize bedside nurses as they progress from novice to expert.

The two new tiers, Level I RN novice/advanced beginner, and Level IV RN expert, offer new nurses increased mentoring support and a foothold on the ladder, while acknowledging the career-spanning contributions of more seasoned professional nurse leaders.

The Christiana Care Nursing Care Delivery Model is based on the American Association of Critical Care Nurses Synergy Model for Patient Care, which focuses on the unique relationship between nurses and patients.

The four-tiered Synergy-based system rolls out the first phase this fall on inpatient units.

❖ For more information, follow the link on the Nursing portal’s Professional Advancement Council’s homepage.
Edmondo Robinson, M.D., MBA, named physician-in-chief at Wilmington Hospital

Christina Care Chief Medical Officer Janice Nevin, M.D., MPH, announced the appointment of Edmondo Robinson, M.D., MBA, FACP to a new position within Christiana Care Health System: Physician-in-Chief, Christiana Care – Wilmington Hospital and Assistant Chief Medical Officer.

Dr. Robinson assumes primary clinical leadership responsibility for the Wilmington campus, including the Wilmington Transformation Project.

He continues to serve as the medical director of Christiana Care Hospitalist Partners.

Dr. Robinson joined Christiana Care in 2008 as the founding medical director of Christiana Care Hospitalist Partners, and assistant medical director for the multispecialty Medical Group of Christiana Care.

He is a Clinical Assistant Professor of Medicine at Jefferson Medical College and a former Robert Wood Johnson Foundation Clinical Scholar.

He completed his residency in Internal Medicine at the Harbor-UCLA Medical Center and received his medical degree from the University of California, Los Angeles School of Medicine in 2003.

He earned a master’s degree in Business Administration, with an emphasis in Health Care Management, from the Wharton School at the University of Pennsylvania in 2002.

He received a master’s of science degree in Health Policy Research at the University of Pennsylvania. Dr. Robinson is currently focusing on managing the transitions of care into and out of hospital inpatient settings.

Dr. Robinson also is interested in the efficient use of hospital resources.

During his tenure at Christiana Care, Dr. Robinson has created a high functioning hospitalist group and has been the leader of numerous projects, including the redesign of care on 5D.

Regional Hematology and Oncology PA gains ASCO certification for quality outcome initiatives

Timothy Wozniak, M.D., and Regional Hematology and Oncology, P.A. (RHOPA), have received the American Society of Clinical Oncology’s Quality Outcome Practice Initiative (QOPI) certification. The certification achievement has a three-year term.

Dr. Wozniak is a principal investigator for the National Surgical Adjuvant Breast and Bowel Project, one of several research bases included in the National Cancer Institute Community Clinical Oncology Program at Christiana Care.

To maintain certification a practice must participate in QOPI chart abstraction by submitting data for at least two modules per year.

ASCO’s Quality Oncology Practice Initiative is an oncologist-led, practice-based quality improvement program. It’s goal is to promote excellence in cancer care by helping practices create a culture of self-examination and improvement.

The members of RHOPA, in addition to Dr. Wozniak, include:

- Steven Falchuk, M.D.
- Martha A. Hosford-Skapof, M.D.
- Jamil Khatri, M.D.
- Barbara A. Neilan, M.D.
- Pamela S. Simpson, M.D.
- Kathir Suppiah, M.D.
- Ramya Varadarajan, M.D.
Christiana Care’s We Improve Senior Health (WISH) Program is a collaborative effort among nurses, physicians, pharmacists, rehabilitative therapists, social workers, dietitians and staff from other disciplines to improve the care that Christiana Care delivers to senior patients in all settings. Christiana Care recognized 10 years of the WISH program this fall with celebrations at Wilmington and Christiana hospitals.

WISH is a way of thinking about and caring for older patients. The WISH Senior Health Resource Team at Christiana Care serves as a resource to the doctors, nurses and other health care providers in the health system to ensure that everyone is working together to provide best practice geriatric care. WISH Senior Health Resource Team members are empowered to make changes to avoid complications associated with hazards of hospitalization for older adults, including adverse drug reactions, delirium, depression, falls, malnutrition and dehydration.

**WISH by the numbers:**

- Four review courses offered for national certification in gerontology.
- Five health systems visited Christiana Care to review the WISH program and ACE units.
- Six articles on WISH published in peer review journals.
- Ten posters on WISH program findings presented at national meetings.
- More than 45 WISH training programs offered since 2001.
- More than 75 oral presentations made by the WISH team to local and national audiences.
- More than 1,450 health care providers completed WISH training and have become Senior Health Resource Team (SHRT) members.

(In photo left) Colleen McGhie, RN, of 4E, Christiana Hospital, won the 2011 WISH Champion Award. Standing to her left is WISH program coordinator Denise Lyons, RN.
Know Your Feet, Save Your Feet

The foot is complex.

- 28 bones
- 35 joints
- 10 major tendons
- 5 nerves
- 3 arteries
- 109 ligaments
- Complex cushioning system
- The average person takes 15,000 steps per day at a force of 1 to 3 times his or her body weight per step.

The foot changes with age.

- The foot gets longer and wider with age so, measure every two years.
- The cushioning under the ball and heel get thinner so, look for shoes with greater cushioning.
- Joints lose range of motion; so, add stretching for the foot and ankle, especially the Achilles tendon.
- Toe deformity due to shoe wear is common so, wear proper shoes.

Feet Facts

- 1 in 6 people in the United States has foot problems.
- 86% of women will seek medical care for foot pain sometime in their life.
- 83% of women wear shoes that are 1 – 2 times too small for their feet.

Treat your feet right.

They support you. You need to support them. Wear shoes that fit properly. Poorly fitting shoes can cause bunions, corns, calluses, hammer toes and other foot problems. You can prevent some of these problems by paying attention to how you select your new shoes. Here are some suggestions on proper shoe fit:

- Don’t select shoes by the manufacturer’s size. Sizes vary among shoe brands and styles. Judge the shoe by how it fits on your foot.
- Select a shoe that conforms as nearly as possible to the shape of your foot.
- Have your feet measured regularly. The size of your feet change as you grow older. For women, size may change during pregnancy.
- Have BOTH feet measured. Most people have one foot larger than the other. Fit to the larger foot.
- Fit at the end of the day when your feet are largest.
- Stand during the fitting process and check that there is adequate space (3/8” to 1/2”) for your longest toe at the end of each shoe.
- Make sure the ball of the foot fits comfortably into the widest part (ball pocket) of the shoe.
- Don’t purchase shoes that feel too tight, expecting them to “stretch” to fit.
- Your heel should fit comfortably in the shoe with a minimum amount of slippage.
- Walk in the shoe to make sure it fits and feels right.
- Wear a lower heel. A 2-inch heel causes fewer problems than a 4-inch heel. A lower heel will give you an elongated appearance if it is a thin stiletto type rather than a thick or chunky heel.
- Try to save the use of your high-heeled shoes for functions where you will not be on your feet for extended periods of time; treat them as a limited-privilege accessory.
- Take your designer shoes to a pedorthist to have them custom fit to your feet. He or she may be able to stretch the toe box to better accommodate your feet.
- Try wearing a larger size than usual and insert heel cups into the backs for a better or more comfortable fit.
- Wear open toe shoes instead of a similarly-styled shoe that causes discomfort in your toes. Partially open toe shoes have become more acceptable in many work environments, allowing you to further customize your shoes to your feet.
- Remember, that however appealing those high-heel, high-fashion shoes are, your feet need to carry you around for a lifetime. Treat them kindly.

CHRISTIANA CARE HEALTH SYSTEM
Orthopaedic Surgery
Word of a young University of Delaware student’s rare medical condition affecting her eyesight reached Christiana Care in a roundabout way. But the emergent, unusual care she received at the Christiana Care Wound Care & Hyperbaric Medicine Center was far more direct.

According to her mother, Barbara McCullough, Alyssa Tait was at the Division of Motor Vehicles to take care of some business on a Monday morning several months ago when she stood up, got dizzy and suddenly lost most of the vision in her right eye.

“She went to a specialist in ophthalmology-surgery in Wilmington,” McCullough says. The diagnosis was a central retinal artery occlusion (CRAO), a blood clot in her eye capable of causing rapid and permanent vision loss.

Like ‘a stroke in the retina’

“CRAO is rare, comparable to a stroke in the retina, the part of the eye that enables us to see,” explains Wound Care Center Director Adrienne Abner, RN, MSN, CSW, MBA. “Vision loss from CRAO is usually dramatic and permanent.”

Hyperbaric oxygen therapy (HBOT) can decrease the swelling that causes the vision loss, Abner says, adding, “optimally, treatment guidelines for CRAO using HBOT should occur within several hours.”

Word about Tait’s condition came through the community’s medical grapevine to the staff at Christiana Care, who reached out to the surgeon, Paula Ko, M.D. Tait was fast-tracked for an appointment to evaluate the potential benefit of HBOT therapy at the Lea Boulevard location in Wilmington. Medical Director Nicholas O. Biasotto, D.O., George Zlupko, M.D., who is certified in hyperbaric medicine, and John DeCarli, D.O., believed that HBOT could help prevent further vision loss and even help restore some vision for Tait.

With the support of Diversified Clinical Services, Inc., a network of wound care and hyperbaric medicine centers, the Christiana Care staff had instant access to all evidence-based protocols for treating CRAO as well as available consults from another hyperbaric-certified physician online.

But both HBOT chambers were booked for other patients on the day Tait was approved to begin therapy.

Got ‘all the wheels in motion’

“We were able to get all the wheels in motion to have the patient start her first treatment Thursday evening instead of Friday morning as we first planned,” Abner says. “In a matter of hours we completed screening, evaluation, insurance approval and scheduling, which usually takes a week. So, Alyssa began therapy in the chamber by 6 p.m. Thursday.” This was no simple task given that the hyperbaric staff usually works weekdays from 8 a.m.-4:30 p.m.

The “clinical window of opportunity” to apply effective HBOT was shrinking, Abner says. Tait needed two treatments per day for 10 treatments.

“The nursing staff and doctors really scrambled to arrange for five straight days of therapy,” McCullough says. They reshuffled personal priorities to do what they could to regain any portion of Alyssa’s vision loss.”

As a mother, McCullough was concerned about how Alyssa would process the sudden vision loss and all the information -- some of which could be hard to take. “No one expects their 20-year old child to have a mini-stroke, but the Christiana Care staff was wonderful,” McCullough says. “They explained things in a simplistic and thorough way and sincerely cared enough to do whatever they could to make a difference for my daughter.”
The Helen F. Graham Cancer Center’s 2011 Cancer Symposium highlighted issues in breast cancer screening and breast cancer genetics, and included presentations by David Biggs, M.D., and Zohra Ali-Khan Catts, M.S. CGC. More than 175 guests were at the event at the John H. Ammon Medical Education Center, which also featured the Annual CCOP Awards presentation and the presentation of posters by students from the Center for Translational Cancer Research and the University of Delaware.

Girl Scouts visit Springside to learn about breast health

In observance of October, Breast Cancer Awareness Month, members of Newark Girl Scout Troop 42 toured the Christiana Care Imaging Springside mammography suite. Technologist Mary K. Euston gave the Girl Scouts a tour and explained the importance of mammograms and self-exams to breast health.
Do you need to verify your employment or income for any reason, such as to obtain credit, a mortgage or car loan?

Starting Oct. 26, Christiana Care is introducing The Work Number, a new automated service providing fast, secure employment and income verification.

Rather than contacting Human Resources or Payroll to process an employment or income verification, you can save time by directing those who require proof of employment or income to The Work Number at www.theworknumber.com or 1-800-367-5690.

To verify your employment you only need to provide the Christiana Care Health System employer identification number –13407. To verify your pay, you need to provide the mortgage company or other authorized verifier a one-time use salary key. You generate this by following the system access instructions and using the Christiana Care Health System employer identification number 13407 and PIN number. The initial PIN number is your date of birth (month, day mmdd) and last four digits of your social security number. When you sign on for the first time, a prompt will direct you to change your PIN number.

This new service reduces the turnaround time to verify employment and income. When you apply for a car loan, mortgage or an apartment lease, you now have more control over the process in allowing others to access your information.

For easy step-by-step instructions on how to use The Work Number, check out HR Online or call the HR Service Center at 302-327-5555 for more information.

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Formulary Update September 2011

<table>
<thead>
<tr>
<th>FORMULARY ADDITIONS</th>
<th>Medication - Generic/Brand Name</th>
<th>Strength / Size</th>
<th>Use / Indication</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Indocyanine green injection</td>
<td>25 mg/10 mL</td>
<td>Assess degree of occlusion following clipping of aneurysm</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rimabotulintum toxin B / Myobloc</td>
<td>--2,500 units / 0.5 mL, --5,000 units / mL</td>
<td>Treatment of sialorrhea among patients with motor neuron disease</td>
<td>Available only for administration in CCHS physician office practices</td>
<td></td>
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</tbody>
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<thead>
<tr>
<th>CCHS MEDICATION POLICY</th>
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<tr>
<td>Vancomycin serum concentration orders</td>
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<table>
<thead>
<tr>
<th>FORMULARY DELETIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Carisoprodol (Soma)</td>
</tr>
<tr>
<td>Carisoprodol with aspirin (Soma Compound)</td>
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</tbody>
</table>
Archangelo and his wife, Eva, began promoting policies and raising awareness to increase the rate of organ donation in Delaware in 1991. That is the year his daughter, Gabrielle, received a life-saving liver transplant – at the time a rare procedure – at just 13 months of age. Subsequently, Eva, who had juvenile diabetes, would require two separate transplant procedures — kidney in 1997, and later a pancreas.

Archangelo recalled hearing the story of the organ donor whose act helped save Gabriella’s life. A mother in Texas survived a head-on collision, but lost her young son and husband in the tragedy. “She didn’t want another mother to feel the pain she did,” Archangelo said. “You hear a thing like that, and you want to give back.”

In 1998, the Archangelos were guests when Gov. Tom Carper signed a bill requiring the state Department of Motor Vehicles to ask drivers if they want to be identified as organ donors on their licenses. And Gabrielle, a healthy young girl thanks to someone else’s liver living inside of her, appeared on flyers and posters promoting organ donation.

“Gabe is one of our greatest volunteers. He’s tremendously active. He’s always thinking of ways to get our message out to the public,” said Todd Franzen, community education coordinator for Gift of Life.

The Delaware chapter’s efforts appear to have paid off already, according to state statistics compiled by Gift of Life. Archangelo started leading the Delaware Gift of Life chapter around 2005.

Among Delawareans holding driver’s licenses or state IDs, the percentage of people listed as organ donors has increased every year since 2006 — from 38.86 percent to 43.57 percent at the beginning of this year.
Therapeutic Notes

My Patient Has A Transplant
What Now? PART 2

A brief overview of significant drug-drug interactions with post-transplant medications

Nadia Hellenga, Pharm.D

As reviewed in “My Patient Has A Transplant, What Now? Part 1,” it is critical to continue and monitor immunosuppressant therapy while a patient is in the hospital. Some immunosuppressants, especially the calcineurin inhibitors (CNIs, i.e., cyclosporine and tacrolimus) and the mammalian target of rapamycin (mTOR) inhibitors (i.e., sirolimus and everolimus), have potential for significant drug interactions with other medications.

The CNIs and mTOR inhibitors are major substrates and moderate inhibitors of the cytochrome P450 metabolism pathway in the liver causing them to have many significant interactions with other medications. One of the most significant interactions is with the “azole” antifungal medications (see Table 1). The interaction with voriconazole is especially severe as patients may develop toxic levels of their immuno-suppressant within one or two days of starting therapy.

Doses of the CNIs should be reduced preemptively and monitored daily when starting and stopping therapy with voriconazole. Use of voriconazole with sirolimus is contraindicated. On the other end of the spectrum, rifampin dramatically increases the clearance of the CNIs and mTOR inhibitors, putting patients at risk of organ rejection and necessitating dose increases within 5-7 days of starting rifampin. Again, frequent monitoring is recommended. Refer to Table 1 for additional drug interaction information.

To summarize, there are several potential drug-drug interactions with immunosuppressant medications. The interactions can affect levels of CNIs and mTOR inhibitors quickly and significantly, putting patients at risk for either immunosuppressant toxicity or potentially life-threatening organ rejection. The key is to be aware of the interaction potential, monitor levels frequently, and possibly adjust levels preemptively.

<table>
<thead>
<tr>
<th>Drug</th>
<th>Effect</th>
<th>Dose adjustment needed?</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Azole Antifungals</td>
<td>Dramatically increase levels of CNIs and mTOR inhibitors.</td>
<td>Yes – Concomitant use of sirolimus and voriconazole is contraindicated. Decrease CNI down to 30% of original dose when starting voriconazole.</td>
<td>Monitor levels of CNI frequently during and for about a week after completion of antifungal therapy</td>
</tr>
<tr>
<td>Voriconazole (Vfend®), Fluconazole, Itraconazole, Ketoconazole</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rifampin, Isoniazid</td>
<td>Significantly reduce levels of CNIs, mTOR inhibitors, and mycophenolate salts</td>
<td>Yes – Double or triple original dose while on anti-tubercular therapy</td>
<td>Monitor levels daily when initiating therapy and twice a week after therapy discontinued. Adjust doses accordingly.</td>
</tr>
<tr>
<td>Protease Inhibitors</td>
<td>Dramatic increase in levels of CNIs and mTOR inhibitors.</td>
<td>Yes – Reduce doses of immunosuppressants</td>
<td>Monitor drug levels closely and adjust doses as needed.</td>
</tr>
<tr>
<td>Phenyltoin (Dilantin®)</td>
<td>May decrease levels of CNIs and mTOR inhibitors.</td>
<td>Possibly</td>
<td>Monitor levels of both agents closely. Avoid combination, if possible, using an agent such as levetiracetam.</td>
</tr>
<tr>
<td>Dronedarone (Multiq®)</td>
<td>Possibility of QTc prolongation with cyclosporine, tacrolimus, or sirolimus.</td>
<td>Possibly</td>
<td>Use of Cyclosporine is contraindicated with dronedarone. Avoid combination, if possible. Monitor QTc and immunosuppressant drug levels closely.</td>
</tr>
<tr>
<td>Calcium Channel Blockers</td>
<td>My increase levels of CNIs and mTOR inhibitors</td>
<td>Possibly</td>
<td>Monitor drug levels and adjust doses as needed.</td>
</tr>
<tr>
<td>(Diltiazem, Nifedipine, Nicardipine)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Metoclopramide (Reglan®)</td>
<td>My increase levels of CNIs and mTOR inhibitors</td>
<td>Possibly</td>
<td>Monitor drug levels and adjust doses as needed.</td>
</tr>
<tr>
<td>Macrolide Antibiotics</td>
<td>My increase levels of CNIs and mTOR inhibitors</td>
<td>Possibly</td>
<td>Monitor drug levels and adjust doses as needed.</td>
</tr>
<tr>
<td>(Erythromycin, Clarithromycin)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nephrotoxic Agents (i.e. Amphotericin, Acyclovir, Aminoglycosides, IV contrast dye)</td>
<td>Potential for increased nephrotoxicity when used in combination with a CNI.</td>
<td>Possibly</td>
<td>Avoid use if possible. Keep patient well hydrated and monitor renal function closely.</td>
</tr>
<tr>
<td>Live Vaccines</td>
<td>Potential for infection in immunocompromised patients</td>
<td>Use contraindicated</td>
<td>Vaccinate patients prior to transplantation.</td>
</tr>
</tbody>
</table>

Table 1 – Potential Significant Drug Interactions with Immunosuppressant Medications
If there’s trouble in the wilderness: two ‘fellows’ you can count on

Wilderness Medicine champions Linda Laskowski Jones, vice president of Christiana Care’s Emergency & Trauma Services, and husband Larry Jones, an EMT and environmental scientist, volunteer their considerable skills keeping others safe in the wild.

Be it bears, cougars, lack of food and water or lost campers, they have a plan for every challenge.

Congratulations to both of them for recently becoming Fellows of the Academy of Wilderness Medicine at the August wilderness conference in Snowmass, Colo.

Linda Laskowski Jones, vice president of Emergency & Trauma Services, and husband Larry Jones, an EMT, spent five years and logged thousands of miles traveling in pursuit of fellowships in the Academy of Wilderness Medicine.