Newly endowed chair of OB/GYN honors women’s health advocate Marie E. Pinizzotto, M.D.

The Marie E. Pinizzotto, M.D., MBA, Endowed Chair of Obstetrics and Gynecology honors Dr. Pinizzotto (center) for her dedication to women’s health. Flanking Dr. Pinizzotto are Robert J. Laskowski, M.D., MBA, Christiana Care president and CEO, and philanthropist and former Christiana Care board chair Carol A. Ammon.

Marie E. Pinizzotto, M.D., MBA, whose distinguished career underscores her leadership in women’s health, now lends her name and reputation to Christiana Care as namesake for the Marie E. Pinizzotto, M.D., Endowed Chair of Obstetrics and Gynecology.

Dr. Pinizzotto has a rich and meaningful connection to Christiana Care. She is a Christiana Care trustee and a past member of the Quality and Safety Committee of the Board of Directors. She earned her medical degree from Jefferson Medical College, completed residency training in obstetrics and gynecology at Christiana Care in the 1980s, and practiced in our community for nine years, beginning in 1988. Her passion for women’s health led her to Wyeth Pharmaceutical, a leader in women’s health care, where she headed the women’s health care division in the Global Safety and Surveillance Department. Dr. Pinizzotto also earned her MBA at the University of Delaware in 2008.
NEWLY ENDOWED CHAIR OF OBSTETRICS AND GYNECOLOGY

Today Dr. Pinizzotto is president and CEO of the Carol A. Ammon Foundation, which focuses on health care, education and children with disabilities. Previously she was president and founder of Drug Safety Solutions, L.L.C., a pharmacovigilance and risk-management consulting company. Pharmacovigilance is the science of detecting, assessing, understanding and preventing adverse effects of medicines.

“Women’s health at all stages of life has always been an integral part of Christiana Care,” said Robert J. Laskowski, M.D., MBA, president and CEO. “This endowment will serve as a springboard for transformation that will help us to care for women and children in even better ways in the future.”

Carol A. Ammon, immediate past chair of the Board of Directors of Christiana Care Health System, is the philanthropist behind the endowment. She announced the leadership gift to create the endowed chair at a ceremony Oct. 8 at the John H. Ammon Medical Education Center, which is named in honor of her father.

“Marie’s former patients are still asking me if I can persuade her to return to practice,” Ammon said. Turning to Dr. Pinizzotto, she said, “When I think about having an endowed chair for women and children’s health, I think … so many women in the community, so many people in the community, are going to be very happy to see your name up there, and it’s my honor and my privilege to be able to do that for you.”

Among the close friends who joined Dr. Pinizzotto at the ceremony were her fellow residents Gregory DeMeo, D.O., medical director, Labor and Delivery, and Anthony C. Sciscione, D.O., director, Maternal-Fetal Medicine, and Christiana Care’s OB-GYN residency program director. The three went through residency together, and Dr. Sciscione said that during their training, they shared a bond related to their working-class backgrounds, tight-knit families and a shared desire to “have a voice for those who do not.”

“We still work hard in this regard, with Marie taking the boldest step of any of us today,” said Dr. Sciscione. “Marie continues to broaden the scope of her impact in women’s health, concentrating on her deeply held belief of advocacy, speaking for those who might not be heard.”

Charles W. Whitney, M.D., a gynecologic oncologist and member of the Medical-Dental Staff who mentored Dr. Pinizzotto during her residency training, recalled not only her tremendous energy, enthusiasm and drive to succeed, but most of all, “that wonderful Marie smile.”

Richard J. Derman, M.D., MPH, FACOG, is the first to hold The Marie E. Pinizzotto, M.D., Endowed Chair of Obstetrics and Gynecology. Dr. Derman has chaired the department since 2008.

“I feel deeply honored,” Derman said. “Having an endowed chair in OB-GYN … makes a serious statement not only locally, but nationally and globally—and what great recognition for all the work of the wonderful OB-GYN clinicians at Christiana Care.”

Dr. Pinizzotto thanked Ammon for her generous gift and the honor it bestows. “I’m proud to have my name associated with this organization, which has focused on safety and excellence,” Pinizzotto said. “This dedication means very much to me, because of my interest in health care, but mostly because of my passion for women’s health.”

The Heart Failure Summit 2012 took place Oct. 26 at the University of Delaware, led by Mitchell Saltzberg, M.D., FACC, FAHA, and Carolyn Moffa, MSN, FNP-C, CHFN, medical director and leader of the heart failure program, respectively. The program included presentations on: novel biomarkers in heart failure; transcatheter aortic valve replacement; applying a transitional care model to the outpatient heart failure population; care and treatment for adult patients with congenital heart disorders; understanding special needs of the pregnant patient with heart failure; and nutritional management.

From left, Carolyn Moffa, MSN, FNP-C, CHFN, Mitchell Saltzberg, M.D., FACC, FAHA, and James T. Hopkins, M.D., medical director of the Cardiac Cath Lab.
At the 5th International Conference on Patient and Family Centered Care in Washington, D.C., keynote speaker Don Berwick, M.D., former administrator of the Centers for Medicare and Medicaid Services and founder of the Institute for Healthcare Improvement, talked about the need for rapid, large-scale transformation in health care.

“I am convinced that the key to improving the system is patient-centeredness,” he said. “Until patients are authentically involved, the efforts at improvement are not serious.”

That’s a strong statement, but as I’ve watched the evolution of our engagement with patient and family advisers at Christiana Care, Dr. Berwick’s insight rings true. We strive to always put the patient at the center of everything we do, but it’s almost impossible for us to understand how they experience our health system unless we ask them. As health care professionals, our intimate knowledge of the system makes it difficult to appreciate how it looks to an outsider.

The good news is that we have patients and family members who are eager to share in our mission of transforming health care. They want us to succeed. They want to partner with us to turn their experiences—positive or negative—into value that can be passed on to future patients.

I was privileged to meet some of these patients and family members for the first time in 2011, when we launched the Patient and Family Advisory Council at Wilmington Hospital. Advisers like Carol Francis, who stayed steadfastly by the side of her husband, who had late-stage Alzheimer’s disease, while he was in our hospital. And like Michael Gervay, who engaged with his father’s health care team in the ICU and asked to be included in interdisciplinary rounds—just as we were beginning to figure out how to involve patients and families in this process.

These advisers—and others—have helped our staff to understand how to be flexible in order to better serve our patients. At times, when it may have been tempting to sway a process in favor of what’s most convenient for the staff, the presence of a patient or family member in the room has been a powerful reminder of who we serve first—our patients.

This year, we established a steer committee that links the advisory councils that exist throughout Christiana Care. Some of these councils—HIV, Cancer, NICU—have been around for many years. Others have only recently begun. The Patient and Family Advisory Council Steer, led by Shelley Nix, senior patient representative, and Kimberly Talley, RN, director, Patient Care Services, is working to coordinate and provide support for recruitment, onboarding and other processes, with the goal of making patient and family advisers a truly integrated part of Christiana Care Health System. We’re also inviting advisers to serve on system and specialty committees, empowering them to be a part of the decision-making process.

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Staff ensure uninterrupted care and safety first during Superstorm Sandy

As a fierce super storm was bearing down on the East Coast and Delaware, employees throughout Christiana Care worked behind the scenes to help Christiana Care ride out the hurricane.

“Everyone pulled together,” said Diane Talarek, RN, MA, NE-BC, senior vice president, Patient Care Services, and chief nursing officer. “With the way that our staff came together to calm patients’ fears and partner with them in their care, you wouldn’t even have known that there was such bad weather outside.”

“With the way that our staff came together to calm patients’ fears and partner with them in their care, you wouldn’t even have known that there was such bad weather outside.” — Diane Talarek, RN, MA, NE-BC

The weekend before Superstorm Sandy struck Delaware, leaders representing nearly three dozen departments and service lines held conference calls to plan and discuss the developing situation. Their guiding principle was: safety first.

Christiana Care leaders instructed their employees to make safety preparations for their families and loved ones before coming to work on Monday. Nearly all outpatient procedures were postponed, while patients who had been prepped Sunday night for procedures—such as colonoscopies—were rescheduled to early Monday so that they would be able to return home before driving conditions grew hazardous. For patients who were scheduled to be discharged during the height of the storm, staff made accommodations for them to stay overnight, free of charge.

Christiana Care sent four hospital beds to a shelter at William Penn High School in New Castle for people with serious medical needs who had to evacuate their homes.

Hundreds of cots set up at both hospitals helped ensure staff remaining overnight were comfortable. On Tuesday morning, with the worst of the storm beyond Delaware, staff enjoyed a free breakfast of eggs, sausage, hashbrowns and waffles as a thank-you for a job well done.

As it turned out, Christiana Care emerged from the storm largely unscathed. There were no flood-related injuries reported to the Emergency Department, where the census remained relatively low on Monday. Electrical feeds that power the hospitals did not fail. Should that ever occur, Christiana Care is equipped with emergency generators that can power the hospitals for more than four days.

The biggest problems caused at Christiana Care by Superstorm Sandy turned out to be fixable leaks.

“There weren’t any serious problems,” said Bob Mulrooney, vice president of Facilities and Services. “Nevertheless, the response from our staff to Superstorm Sandy was excellent.”
Edwin L. Granite, D.M.D., retired Sept. 30 as Christiana Care Health System’s chairman of the Department of Oral and Maxillofacial Surgery and Hospital Dentistry, chief of Oral and Maxillofacial Surgery, and program director of the Oral and Maxillofacial Surgery Residency Program.

Christiana Care honored Dr. Granite by naming the clinic where he practiced, taught and mentored for decades, The Edwin L. Granite, D.M.D., Oral and Maxillofacial Surgery & Hospital Dentistry Clinic. For more than 60 years, this facility at Wilmington Hospital has provided affordable dental care to uninsured and under-insured patients.

“Dr. Granite helped to shape Oral and Maxillofacial Surgery education and surgical practice for over 47 years in Delaware —in private practice starting in 1962, and as an academician at Christiana Care,” said Daniel J. Meara, M.D., D.M.D., chair of the Department of Oral and Maxillofacial Surgery, Oral and Maxillofacial Surgery Residency Program director. “He provided dedicated and skilled care to his patients and has been a leader in education as a teacher and mentor to many residents and students who are now out practicing throughout the country and spreading his influence beyond Delaware. His vision for the Oral and Maxillofacial Surgery Residency Program has enhanced Christiana Care’s stature today as a comprehensive, academic teaching hospital with a fully accredited Oral and Maxillofacial Surgery Residency Program.”

Howard W. Zucker, D.D.S., vice chair of Oral Maxillofacial Surgery and Hospital Dentistry and associate program director, General Practice Residency, has known Dr. Granite since dental school—more than 50 years. Reflecting on Dr. Granite’s many accomplishments, Dr. Zucker cited Rudyard Kipling’s 1910 poem “If”: “If you can talk with crowds and keep your virtue / Or walk with kings — nor lose the common touch ...”

Dr. Zucker said, “Above all he is a wonderful human being who has always had time to speak to everyone, no matter their position. Comprehensive care and respect of all of our patients was paramount in his example and his teaching.”

Dr. Granite earned his degree in dental medicine from Temple University in Philadelphia in 1957. He chose to enter the oral and maxillofacial surgery (OMS) specialty while serving as a dentist in the Navy at Quantico Marine Corps Base in Virginia, and thereafter enrolled in a certification program at Jefferson Medical College Hospital in Philadelphia.

In 1965, he began his 47-year relationship with Christiana Care, starting as the coordinator and director of the OMS training program. He was appointed chief of the OMS section in 1993 and program director of the OMS residency program in 1999.

As a senior attending oral and maxillofacial surgeon at Christiana Care, Dr. Granite also was on courtesy staff at the A.I. duPont Hospital for Children and served as an OMS consultant to the Veterans Administration Hospital, the Delaware State Hospital, Bissell Hospital, Kent General and the University of Delaware. He also has served the public sector as consultant to the Delaware Institute of Dental Education and Research, which helps secure opportunities for Delaware residents to attend dental school through an annual admissions program with neighboring states and institutions.

Dr. Granite is a diplomate of the American Board of Oral and Maxillofacial Surgeons, the International Association of Oral and Maxillofacial Surgeons, the American Dental Society of Anesthesiology, the American College of Dentists and the International College of Dentists. He is a fellow of the American Association of Oral and Maxillofacial Surgeons, the Pierre Fauchard Academy, and the Wilmington City Council’s Community Service Recognition Award.

Dr. Granite’s underwater videography of seascapes, sharks and other marine life has been a highlight of the annual Medical-Dental Staff art exhibition and banquet.
The Helen F. Graham Cancer Center is among an elite group of institutions that provided tumor samples for groundbreaking research hailed as the largest, most comprehensive breast cancer genomic study ever. The results that are emerging from this study are redefining our understanding of breast cancer and other cancers, and signal a transformation in future treatments that will benefit a wide range of patients.

Recent discoveries, published in the October issue of Nature, identify four genetically different subtypes of breast cancer, and within those, the genetic drivers of many different types of cancer.

Researchers analyzed data from 825 breast tumor samples supplied by the Graham Cancer Center and other cancer centers as part of The Cancer Genome Atlas. They identified at least 40 genetic alterations that could be targeted with anti-cancer drugs, many of which are being developed or already used to treat other cancers with the same mutations. A surprising finding distinguishes a particularly poor-prognosis breast cancer subtype found in the deep skin layer of basal cells linked to ovarian cancer. This opens up the possibility of routine treatment for ovarian cancer with some commonly available breast cancer drugs.

“The promise of The Cancer Genome Atlas is coming to fruition with unprecedented insights into the biology of cancer,” said Nicholas Petrelli, M.D., Bank of America endowed medical director of the Helen F. Graham Cancer Center. “Our proven tissue procurement capability to match The Cancer Genome Atlas standards enables our contribution to this unprecedented effort to improve cancer therapies.”

Reports from The Cancer Genome Atlas on similar studies of colon and lung cancer, which the Helen F. Graham Cancer Center also participated in, were published in Nature in July and September. They pair colon and rectal tumors as a single type of cancer—not separate as previously thought—and identify potential new anti-cancer drug targets.

Tissue collection supports research on cancer genetics

The Cancer Genome Atlas, funded by the National Institutes of Health, uses genomic technologies and large-scale gene sequencing to map out an atlas of genetic changes for specific types of cancers, and shares that information publicly with scientists.

The Graham Cancer Center is on a short list of tissue-collection centers that includes major universities and leading hospitals such as MD Anderson Cancer Center, Memorial Sloan-Kettering Cancer Center and the Mayo Clinic. The Graham Cancer Center is one of only two National Cancer Institute Community Cancer Centers chosen to participate.

According to Dr. Petrelli, ChristianaCare’s Tissue Procurement Center is the result of a highly coordinated effort.
“We recognized almost a decade ago that our ability to collect, preserve and bank biospecimens would constitute an important research resource,” he said. “Our success in building the Tissue Procurement Center was the result of teamwork and cooperation across disciplines that included our Cancer Program research staff, the departments of Pathology and Surgery, as well as operating room staff.”

To date, the Tissue Procurement Center has banked about 3,000 human tissue specimens. Since 2009, it has provided some 300 tissue samples to The Cancer Genome Atlas for analysis. According to Tissue Procurement Manager Brenda Rabeno, MLS, MBA, these constitute most of the tumor types The Cancer Genome Atlas accepts.

“We have expanded our initial collection of brain, lung and ovarian tumors to include up to 20 additional tumor types,” Rabeno said.

Cancer patients having surgery at Christiana Hospital who have not had prior chemotherapy or radiation can consent to donate a small sample of their tumor for The Cancer Genome Atlas. Rabeno works with OR and Pathology staff to identify tumors that meet the program’s requirements and collect small samples. Following a rigorous quality-control process, the Tissue Procurement Center freezes the tissue in 1 milliliter vials before shipping them to The Cancer Genome Atlas Biospecimen Core Resource in Ohio for analysis, along with the required documentation, a blood sample and sometimes normal tissue.

“The most exciting aspect of this project is that the genetic secrets unlocked in these small tissue samples are being pooled and shared with scientists whose work has already advanced the progress of cancer research,” Rabeno said.
Christiana Care Health System has been recognized as one of 28 hospitals in the nation achieving exemplary outcomes for surgical patient care.

The American College of Surgeons National Surgical Quality Improvement Program (ACS NSQIP) recognized participating hospitals for achieving exemplary outcomes in five clinical areas:

- DVT (deep vein thrombosis, thrombophlebitis and pulmonary embolism).
- Cardiac incidents (cardiac arrest and myocardial infarction).
- Pneumonia.
- Surgical site infections (superficial and deep incisional and organ-space infections).
- Urinary-tract infections.

“Participation in the National Surgical Quality Improvement Program, sponsored by the American College of Surgeons, is required for maintenance of certification for surgeons and allows Christiana Care to compare our outcomes with similar surgical departments throughout the United States,” said Michael Rhodes, M.D., chair of the Department of Surgery at Christiana Care. “This national recognition reflects the dedication of our physicians, nurses and support staff to provide optimal care to our patients requiring surgical services.”

As a participant in ACS NSQIP, Christiana Care is required to track the outcomes of inpatient and outpatient surgical procedures and collect data that directs patient safety and the quality of surgical care improvements.

According to the American Hospital Association, Christiana Care ranks among the nation’s leaders in the number of surgical procedures, performing more than 40,000 each year. These range from common to highly complex, minimally invasive and robotic procedures.

The 28 hospitals commended achieved the distinction of attaining exemplary results in two or more of the five areas listed above. Risk-adjusted data from the July 2012 ACS NSQIP Semiannual Report determines which hospitals demonstrated exemplary outcomes.

ACS NSQIP is the only nationally validated quality improvement program that measures and enhances the care of surgical patients. The program measures the actual surgical results 30 days postoperatively and risk-adjusts patient characteristics to compensate for differences among patient populations and acuity levels. ●
Nurses collaborate to build a ‘bridge’ for renal transplant

The Christiana Care Visiting Nurse Association is helping to build a bridge for renal transplant patients, working with the health system’s Kidney Transplant Program to provide care, education and support in the critical first weeks after the patient goes home from the hospital.

Launched in August 2011, the program involves 12 nurses who will care for about 30 patients over the course of a year.

“It’s a small group of patients with highly specialized needs,” said Lynn C. Jones, VNA president and senior vice president of Post Acute Care Services.

Nurses from the Living With Cancer Program received special training in caring for transplant patients.

“Our oncology team was a good fit, because they are experienced in caring for immunosuppressed patients and patients on anti-rejection medication,” said Marge Harder, program director.

S. John Swanson III, M.D., chief of the Christiana Care Kidney Transplant Program, made an hour-long training video detailing the care for this patient population for the home-care nurses. In collaboration with the transplant team, the VNA created a day-to-day care plan with patient benchmarks, formulated on evidence-based guidelines.

Nurses begin home visits the day after the hospital discharges a patient and return every day for about two weeks, except on days when the patient goes to the transplant clinic at Christiana Hospital.

The nurses monitor patients for signs of rejection or infection. Nurses also verify that patients are following the established transplant protocols and provide follow-up education. Additionally, they are able to perform wound care, venipunctures and infusion therapy, and identify other services that patients might need, such as in-home physical therapy.

“We are there to make things as seamless as possible for the patient,” Harder says. “The nurse becomes the eyes and ears of the physician.”

Nurses provide more than expert care. They spend time with patients and their loved ones during a crucial time, offering reassurance and information. “They provide the compassion and support that these patients and their families need,” Harder said.

Patients appreciate that additional layer of care, said Geri Libetti, RN, CTCC, administrative director, Transplant and VAD Services. “The Transplant Program has received extremely positive feedback from patients on the VNA program,” she said.

Jessica Marvel, RN, (left), VNA home infusion nurse, works closely with Terina Williams, RN, Christiana Care renal transplant coordinator, to ensure a safe and successful transition home for kidney transplant patients after surgery.
Elderly patients with depression and anxiety are much less likely to require hospitalization or to engage in disruptive behavior when they receive home-based behavioral health care, according to a pioneering program by the Christiana Care Visiting Nurse Association.

That is, in part, because a trained psychiatric nurse sees things in the home that aren’t apparent in the doctor’s office or during a brief hospital stay, said Gale Bucher, director of Quality and Risk Management.

Did the patient get dressed today? Did she bathe, or comb her hair? Is she eating properly?

“By identifying problems and intervening sooner, we can help to keep these patients from going in and out of the Emergency Department,” she said.

Connie McKelvey, a psychiatric nurse with 35 years’ experience, was the first nurse in the behavioral health program. She is trained in cognitive behavioral therapy and serves as a trusted resource for patients and their loved ones. She ensures that patients are taking their medications properly. “I’m able to sit and talk with family members, who can tell me about the changes they have seen in the patient,” she said. “I also teach patients and their families about the process of their illness.”

Often, depression and anxiety are underlying issues in patients who have a number of health issues, such as congestive heart failure, multiple sclerosis or chronic obstructive pulmonary disorder (COPD). The program also helps people with Alzheimer’s and dementia.

More than 20 percent of home care patients have behavioral symptoms, Bucher notes. Those issues can make it difficult for patients to follow a treatment regime, delaying healing progress and ultimately increasing both health care costs and human suffering.

Launched in April 2011, the initiative is based on a successful model developed by the Visiting Nurse Society of New York. A team from the Christiana Care VNA made a field trip to New York and came away convinced that home-based behavioral health care would help patients in Delaware, too.

A year later, patients’ outcomes show significant improvement. Of the patients who had been experiencing anxiety, 17 percent improved; 78 percent were stabilized. Of the patients who displayed disruptive behaviors, 38 percent showed improvement.

Not all the patients had post-testing. Factoring in anecdotal reporting, Bucher said that number would have been even more positive.

“The patients are functioning better,” said Rhonda Combs, chief operating officer, VNA. “They are more able to be independent.”

When patients have been in crisis situations and require another level of care, the program facilitates their admission to the hospital.

The program has proved so successful the VNA has brought on board two more part-time nurses. Alzheimer’s and dementia.

“There is a tremendous need for these types of services, which we think will continue to grow in the future,” Combs said.
The Christiana Care Visiting Nurse Association has been named a Morehead Apex Workplace of Distinction, one of an elite group of workplaces where employees feel an exceptional level of safety, support and appreciation.

The honor is awarded annually to health care organizations that have reached and sustained the 90th percentile or higher on their employee surveys. These organizations recognize that one of the most valuable resources for providing safe, superior care is a rewarding work environment in which employees are engaged and supported.

Nationally, VNA attained the 92nd percentile. Christiana Care overall achieved the 80th percentile nationally and the 91st percentile among health care systems in the Northeast region.

“This award is a reflection of our culture of teamwork and appreciation,” said Lynn C. Jones, Christiana Care VNA president and chair of the board of the Visiting Nurse Associations of America.

“The positive sentiment from the staff is a tribute to our managers and supervisors, the people who are responsible every day for supporting and positioning our staff for success.”

In the survey, employees gave exceptional marks to VNA’s performance in patient care, patient safety, employee safety, supporting diversity and commitment to the community. Staff members say they enjoy their work in a positive environment of mutual respect.

“At VNA, we are working hard to create a great place to work for all our employees, who strive to provide high quality, personalized care for our patients, so that they are better able to remain independent and well where they most want to be—at home,” Jones said.

Pearl Hicks, a home health aide who works in New Castle County, appreciates that managers pass along positive feedback from patients about her performance. She also feels respected and appreciated by management.

Jody Fennell, RN, is a clinical coordinator in the Kent/Sussex office who has also worked as an interim manager. Last January, she began studying for a BSN degree at Wilmington University, taking advantage of Christiana Care’s tuition-reimbursement program.

That environment of mutual support and caring extends beyond the workplace. When Fennell’s home was destroyed by fire, her co-workers at VNA were there to help.

“Within hours of the fire, my colleagues had gathered all the clothes and supplies my family and I would need for the following few days,” she said. “And they continued to help until I assured them that we were back on our feet.”

Each year, Morehead awards the health care industry’s top achievers by objectively identifying the highest performers and acknowledging their contributions to care.
James Harrison can’t remember how many times he wound up in the Emergency Department at Wilmington Hospital during the 13 years he was addicted to heroin.

But he will never forget the compassionate nurse who took his hand, which was scarred by abscesses and years of injections.

“She didn’t just hold my hand,” he said. “She rubbed my skin and talked to me. I could feel that she cared.”

Nurses, social workers and others at Christiana Care who care for people with substance-abuse problems gathered at Christiana and Wilmington hospitals in September for National Recovery Month roundtables.

By listening to panel members share how they found freedom from active addiction, they hoped to gain insights that would help caregivers reach patients who abuse drugs and alcohol.

Nurses voiced their frustration at treating patients for drug- or alcohol-related conditions, only to see them return with the same problem. How could they better connect with their patients?

Studies conclude that training and awareness programs help nurses to more fully understand the behavior of patients with addictions. At the roundtable, they heard firsthand about the powerful urge a newly clean substance abuser feels to get high again.

“For me, being sober was painful,” said Peter Booras.

Booras is an engagement specialist at Wilmington Hospital, part of Project Engage, an innovative initiative that provides addicts with a direct link from the hospital to the resources that can support them in recovery.

“The extra step that we will take is to enroll the patients directly into treatment,” said Booras, who has been clean and sober for seven years. “We will drive them there.”

That strategy is proving effective, with about one third of patients enrolling in community treatment programs.

Project Engage is gaining national attention as a model for reducing both human suffering and the medical costs associated with addiction.

An effective first step in engaging a patient is to ask permission to address the problem, said Terry Horton, M.D., Christiana Care’s chief of Addiction Medicine and medical director of Project Engage.

“Ask, ‘Can we talk about your drinking?’” he suggests.

That simple question opens the door to meaningful conversation, such as the link between drinking too much and serious illnesses such as cirrhosis and pancreatitis.

Harrison’s father died of an overdose on the steps of Wilmington Hospital, where he was dropped by the addicts he used to shoot drugs with.

The younger Harrison might have died, too. Instead, he went to prison for selling drugs. There, he earned his high-school diploma. After his release, he went on to get a master’s degree in counseling. He found God, too, he said.

His road to recovery was long and difficult. He was kicked out of a treatment program nine times for breaking his pledge to stay clean. But he finally turned his life around and has been free from drugs for more than 20 years.

Today, Harrison is director of operations and communications at Brandywine Counseling & Community Services.

“The challenge is to look at folks differently,” he said. “You have to look at every time as an opportunity for a change catalyst.”
A 92-year-old man was admitted to the hospital. An ordinary man, one might think. But everyone has a story, and when Christiana Care volunteer Carlene Jackson sat down to talk with him, she learned a lot about his younger days as a country doctor in the pre-antibiotic era.

Jackson said “During bad weather he’d make house calls wearing snowshoes.” He spoke of selling his blood for cash while a he was a medical intern in Chicago. And he talked about his study of Iroquois history.

“He was just the most fascinating person,” Jackson said. “There were times when I’d ask a question and let him go. I’d be leaning forward, just enraptured.”

Jackson is part of the Living History Program at Christiana Care. This team of hospital volunteers interviews patients about non-medical aspects of their lives—their families, careers and interests. The volunteers write a short life history based on what they learn, give a copy to the patient and place another copy in the patient’s file for doctors, nurses and other health care team members to read.

“The Living History Program is about getting to know the patients and their families in a different way,” said Margarita Rodriguez-Duffy, director of Visitor & Volunteer Services at Christiana Care. “It has helped our patients be able to share their lives—their inner, vulnerable places—when they come to us. Patients want to be valued, to be special and appreciated, and this tool gives us the opportunity to do that.”

About 100 patient stories have been filed since the program started a year ago at Christiana Hospital’s ACE (Acute Care for the Elderly) unit and a rehabilitation unit at Wilmington Hospital. It’s a perfect fit with Christiana Care’s philosophy of patient and family centered care, said Rodriguez-Duffy.

“It allows our staff to get to know our patients better. And if you know them better, you can take care of them better,” said Linda Sydnor, geriatric clinical nurse specialist.

Their stories are interesting. For example, one patient spent years volunteering with his wife as Mr. and Mrs. Santa Claus at nursing homes. Another was a former New York City runway model.

“We had a gentleman who was one of the last of the Band of Brothers,” the World War II regiment made famous in a book and TV miniseries, Sydnor said. “What an honor it was for us to take care of him!”

The stories remind staff that health care is not about machines and medications, she said. “This is a person. He’s not ‘the gall bladder in 25B.’”

For volunteers, the program allows deeper and more satisfying interaction with patients. Jackson remembers John, 103 years of age, who was born in the coal region of Virginia, into a large family. His mother died when he was 5, and the children survived by trapping squirrels for food and using their fur, wrapped around wood blocks, for shoes.

“It was hard for him to actually look at me; he was very shy,” Jackson said. “Imagine Virginia 100 years ago. He had the most incredible life. He brought me to tears.”

She became especially close to the retired country doctor she interviewed, making regular visits to his bedside to hear engrossing tales of life in rural upstate New York, half a century ago.

When he died last summer, his daughter wrote to Jackson to tell her that the family made copies of Jackson’s written history available at the funeral.

That’s not uncommon, said Sheila Brune, director of Service Excellence at CGH Medical Center in Sterling, Ill., because often the history is the only concise record family members have of their loved one’s life.

Brune created the Living History Program a decade ago while director of case management at a hospital in Iowa. It’s now being used at approximately 50 hospitals and medical schools across the country.

As part of the Living History Program, Christiana Care volunteer Carlene Jackson meets with hospital patients and creates life-history narratives, which are shared with the patient and the patient-care team. These histories provide an opportunity for staff to learn more about the people they care for.
Rebecca Jaffe, M.D., elected to the American Academy of Family Physicians Board of Directors

Rebecca Jaffe, M.D., MPH, FAAFP, a trustee of Christiana Care Health System and member of the Medical-Dental Staff, has been elected to the American Academy of Family Physicians Board of Directors.

Dr. Jaffe received her medical degree from the Medical College of Pennsylvania and completed residency training at Christiana Care Family Medicine Residency Program. A past president of the Delaware Academy of Family Physicians, Dr. Jaffe has practiced for more than 25 years, advocating for patients and family physicians at the state and national level, and teaching future physicians and family medicine residents.

Directors of the American Academy of Family Physicians represent 105,900 family physicians across the United States using their expertise and experience to preserve and promote the science and art of family medicine and to ensure high-quality, cost-effective health care for patients of all ages.

Neurosciences team grows as spring opening nears for new unit

The Center for Heart & Vascular Health welcomes three new physicians to the Neurosciences team.

Valerie E. Dechant, M.D., is the new medical director of Neuro Critical Care. She is board-certified in neurology and vascular neurology. Dr. Dechant completed her fellowship in neuro critical care at Thomas Jefferson University in 2010. She is joined by David Ethan Kahn, D.O., neuro intensivist. Dr. Kahn completed his fellowship in neuro critical care from the University of Miami in 2012.

Jonathan Raser-Shramm, a stroke hospitalist, has also joined Christiana Care’s award-winning Stroke Program. Dr. Raser-Shramm is board certified in neurology and completed his fellowship in Vascular Neurology at the Hospital of the University of Pennsylvania in 2011.

Melissa Bollinger, RN, BSN, MBA, has been promoted to administrative director of Neurosciences from her former position as manager of Emergency Medicine Research.

Look for more news from the Neurosciences team soon, as final preparations take place before the opening of a new Neuro Critical Care unit, located on 2D, Christiana Hospital, in the spring. The unit will increase neuro critical care bed count to 18 from the current number, six.
Eric V. Jackson, Jr., M.D., MBA, named director of Value Institute’s Center for Health Care Delivery Science

Eric V. Jackson, Jr., M.D., M.B.A. has been appointed director of the Center for Health Care Delivery Science at Christiana Care Health System’s Value Institute, an innovative new initiative aimed at making health care safer, more effective and more equitable.

Dr. Jackson comes to the Value Institute from the Johns Hopkins Medical Institutions in Baltimore, where he was an assistant professor and director of the Center for Immersive Simulation and Telemedicne in the Department of Anesthesiology and Critical Care Medicine. He is clinically active in anesthesia and is specialty trained in pediatric anesthesia. He has ongoing collaborations with Peter J. Pronovost, M.D., an anesthesiologist at Johns Hopkins and an international leader in patient safety.

Dr. Jackson, who will also serve as associate director of the Value Institute, will focus his efforts initially on forming the new Center for Health Care Delivery Science. He and other members of the Value Institute will work to create a culture of value for patients while improving quality and safety and reducing unnecessary costs.

Drs. Blackwell, Weintraub honored for new AHA leadership roles

Christiana Care honored William S. Weintraub, M.D., FACC, FAHA, John H. Ammon Chair of Cardiology at Christiana Care, and Ray A. Blackwell, M.D., a member of Christiana Care Cardiac Surgeons, as they take on new leadership roles with the American Heart Association.

Michael K. Banbury, M.D., W. Samuel Carpenter III Distinguished Chair of Cardiovascular Surgery, hosted a reception recognizing Dr. Weintraub’s new role as president of the American Heart Association, Great Rivers Affiliate, and Dr. Blackwell’s new role as president of the New Castle County American Heart Association Board of Directors.

Anne K. Cobuzzi, immediate past chair of the American Heart Association and director, Global Medical Affairs, with AstraZeneca, praised Dr. Weintraub’s long-standing commitment to AHA that dates back more than 30 years. Dr. Weintraub began volunteering with AHA in the 1970s and received his first AHA grant in 1981.

Dr. Blackwell, who joined Christiana Care Cardiac Surgeons in 1996, received the Christiana Care Medical-Dental Staff Commendation for Excellence in 2010. He is an avid long-distance runner and an enthusiastic supporter of the AHA’s annual Heart Walk.
The Christiana Care Way states, "We serve our neighbors as respectful, expert, caring partners in their health."

One of the ways we take care of our neighbors is by partnering with the United Way, which focuses caring efforts in our community and enables them to be much more effective.

We don’t have to look far to see our neighbors who are struggling to get through the day because of physical, mental, financial or relationship challenges. Your contributions, even small ones, go a long way toward helping to improve the quality of life for all Delawareans.

Christiana Care’s goal is for 3,500 employees to give to the campaign this year. With your generosity, we will meet and surpass our goal. Every gift is important, no matter what the size.

As in previous campaigns, employees may designate to support The Community Impact Fund.

All employees should have received an email with a unique password and a link to United Way’s online E-Pledge System.

If you need assistance, contact Tara DeGhetto (tdeghetto@christianacare.org) and she will ask the United Way to resend it.

Thank you in advance for your generosity as we work together to reach our goal, and most importantly, support our neighbors.
Special guests make Stroke Education Conference memorable

The case study of Pamela Simon was on the agenda at the 11th Annual Stroke Education Conference, Oct. 13, at Christiana Care. Simon suffered a stroke seven months ago. Today she is active and well—and she came to the conference with her husband Brian and son Jake to prove it.

Jorge Vasquez, an EMT-paramedic, first saw Simon when he responded to a 911 call at 6:48 a.m. to help a woman slumped at her breakfast table. The patient was 44 years old and healthy, except for a recent virus, which gave her a bad cough and violent retching.

“She couldn’t talk with us and was getting upset,” Vasquez said.

Simon was rushed to Christiana Hospital, where a stroke team was poised to spring into action. Michael Carunchio, M.D., a neurologist, noted that Simon was paralyzed on her right side, suffered from facial droop, and that her pupils were not the same size.

Doctors had an important decision to make: Should they administer tissue plasminogen activator, commonly known as tPA. This enzyme, found naturally in the body, converts plasminogen into another enzyme to dissolve a blood clot. It’s an important tool in treating stroke patients.

But tPA is not without risk, because it increases the chance of bleeding in the brain.

Optimally, tPA should be given within three hours of the onset of a stroke. Simon was well within that window of time. On the National Institutes of Health stroke scale—a measure of 11 factors—her score was a 28, which is considered a severe stroke, yet within guidelines for tPA.

“After much discussion, we all favored administering tPA,” Dr. Carunchio said.

The process takes about an hour, said Donna Lougheed, RN, a nurse on the stroke team. During that time, Simon’s family was with her to comfort and support her.

After the tPA infusion, Simon was immediately transferred to the interventional lab, where Gregg Zoarski, M.D., a neurointerventional surgeon, and his colleague, Barbara Albani, M.D., used tiny wires to break up a clot in her brain and vacuum it away. They also placed a stent in Simon’s carotid artery to restore blood flow to her brain.

Simon recovered rapidly, undergoing rehabilitation therapies to help regain her strength, mobility and speech. At the conference, she provided feedback to the audience of health professionals about her experience as a patient. “I feel good. I am happy,” she said.

Her husband, Brian, added, “Thank you, Christiana Care. Without you, Pam wouldn’t be here today.”

The conference, sponsored by the Delaware Stroke Initiative and the Medical Society Delaware, also included modules on intracranial aneurysms and stroke prevention. 
5th Annual Delaware Orthopaedic Symposium

The Delaware Orthopaedic Symposium marked its fifth successful annual event Oct. 27 at the John H. Ammon Medical Education Center. The symposium featured keynote speaker John Tongue, M.D., president of the American Academy of Orthopaedic Surgeons, and the department chairs of Orthopaedic Surgery at Temple University, the University of Pennsylvania and Thomas Jefferson University health systems, and Einstein Medical Center. ●

Delaware Orthopaedic Symposium presenters gathered in front of Cast Mountain. The 12-foot-by-12-foot sculpture on display in the lobby of the Center for Heart & Vascular Health made its first-ever appearance in a U.S. hospital. Created by the National Bone Health Alliance and made of unused casts, the sculpture represents the 5,500 bone breaks that occur in the U.S. each day—16 daily in Delaware—due to osteoporosis and fragile bones. For Delaware, that means 16 fragility fractures every day due to osteoporosis.

Orthopaedics team enjoys a chance to ‘rest their bones’

A fall picnic at Bellevue State Park in North Wilmington brought the Department of Orthopaedic Surgery doctors, nurses, PAs and friends together for an afternoon of fun, food and relaxation.

Pam DeCostanza, RN, Hannah Kreidel, RN, Anita Schrader, RN, and Dave Palmarella.

Carolyn Gurzmirtl, Morgan Weber, Danielle Weber, and Dan Grawl, PA-C.

Brian Galinat, M.D., chair of the Department of Orthopaedic Surgery (left), and Leo Rasis, M.D., medical director, Center for Advanced Joint Replacement.
Symposium helps educate health care providers caring for chronic kidney disease patients

The Christiana Care Transplant Team sponsored the third annual transplant educational symposium in October, reaching out to nurses and ancillary staff who provide care for patients with chronic kidney disease. The focus of this year’s symposium was living kidney donation, one of the options available to patients who wish to help facilitate a kidney transplant.

Christiana Care speakers at the symposium, held at the Christiana Hilton, included S. John Swanson, M.D., chief of Transplant Surgery; Velma Scantlebury, M.D., associate chief of Transplant Surgery, Stephanie Gilibert, M.D., medical director of Kidney Transplant; Emily Pruitt, MSN, living donor coordinator, independent donor advocate Vanessa Downing, Ph.D.; Gail Eastman, MSN, APN-C, CCTC, pre-transplant coordinator; Emily Joyner, RN; Eileen Edge, LCSW, transplant social worker; and Geri LiBetti BSN, RN, CCTC administrative director, Transplant and VAD Services.

2012 Black Achievers honored

Christiana Care employees Tasha Moore-Wright, La Verne Smith and Carlette Dickerson received honors this year from the Black Achievers in Business and Industry Awards program. The program, entering its 24th year, honors African-American achievers nominated from participating companies, for their commitment to serve as mentors and role models for African-American youth.

Tasha Moore-Wright is part of Christiana Care’s Recruiting Services team and previously a top-performing member of the employee relations team known for delivering the high level of customer service that the role requires. She began her career with Christiana Care in the Payroll Department. She is an outstanding role model for the youth in the Black Achiever program.

La Verne Smith, the clerical supervisor for the Emergency Department at Wilmington Hospital, has been a dedicated employee of Christiana Care for 30 years. She demonstrates excellent leadership and mentoring skills. She often provides ongoing support to staff who are studying or training for other fields of study. Many of her clerical staff are nursing students in training, who often remain in touch with her after they move on to reach their career goals. She is an outstanding role model for the youth in the Black Achiever program.

Carlette Dickerson is the Pharmacy program coordinator with the Christiana Care Health Coach Program, which is part of the Center for Community Health, Department of Family and Community Medicine. Dickerson started at Christiana Care as a social worker with the Wilmington Healthy Start Program. She was a program coordinator for the Teen HOPE program at William Penn High School under the Alliance for Adolescent Pregnancy Prevention, a statewide program. Today she is a health coach and continues her efforts statewide helping teens make wise life choices. She is an ambassador to the community who exemplifies The Christiana Care Way, which is to serve our neighbors as respectful, expert, caring partners in their health.

Learn more online at www.christianacare.org/kidneytransplant.
If you are a smoker you probably have heard that tobacco is bad for you. You’ve been through the drill. And you are weary of being scolded.

This year, why not look at the situation in a positive light and concentrate on the benefits of quitting?

Former smokers don’t have to wait long to start reaping the benefits, according to the National Cancer Institute at the National Institutes of Health. In fact, the level of carbon monoxide in the blood begins to decline within a few hours of giving up tobacco, improving the blood’s ability to carry oxygen.

Within three months, your circulation and lung function will have improved significantly. In practical terms, that translates to such simple pleasures as taking a walk without getting out of breath. That annoying smoker’s cough has gone away—and if it hasn’t, make an appointment with your doctor.

In addition to a spring in your step, you will gain a jingle in your pocket. Someone who spends $5 a day on cigarettes will save $1,825 in one year.

Going tobacco-free is a significant lifestyle change that will greatly increase your chances for a long and healthy life. You will reduce your risk of getting cancer or respiratory diseases, and your risk of stroke or heart attack will drop.

You aren’t the only one who will benefit. People around you will no longer feel the effects of your secondhand smoke. If you are planning to have a baby, because you kicked the habit, you are much more likely to have a healthy baby. Your children will likely have fewer colds and ear infections.

Lots of folks who have given up tobacco say their sense of smell has improved and food tastes better. An added benefit: You just might use less salt.

Quitting is not easy. But that doesn’t mean you shouldn’t commit to change, even if you have tried before.

You don’t have to go cold turkey. Medications can help. And you don’t have to go it alone.

Want to quit but not sure how to get started? Employee Health Services offers programs that can help you to succeed. To learn more, check HR Online’s Health and Wellness area, or call the JUST QUIT HOTLINE, 1-866-409-1858.

Employee flu vaccinations approach Nov. 30 deadline

As of Nov. 15, 85 percent of employees received the flu vaccination—the minimum threshold of for the 2013 Transformation Rewards Program.

Employees vaccinated outside of Christiana Care should still complete the consent form, so that their vaccination will count toward Christiana Care’s flu vaccination rate. Employees may obtain a flu vaccination from Employee Health Services during regular business hours.

Employees must receive a flu vaccine or submit an exemption or declination form by Nov. 30. Employees who have not received the vaccine or submitted one of the forms by that date will be reviewed for discipline in accordance with Christiana Care policy.

Thank you for partnering with Christiana Care in the transformation of care.
Publications

Heather B. Fagan, M.D., Nora C. Katurakes, RN, OCN, et al., “A Randomized Controlled Trial of Tailored Navigation and Standard Intervention in Colorectal Cancer” in the journal of Cancer Epidemiology Biomarkers & Prevention cebp.0701.2012; Published OnlineFirst November 1, 2012; doi:10.1158/1055-9965.EPI-12-0701.

Denise Lyons, RN, GCNS, ACNS, BC, “Focus on Senior Patients: An interdisciplinary approach to geriatric education,” in Advance for Nurses, Oct. 15.

Presentations

Robert Witt, M.D., “Diagnosis and Management of Differentiated Thyroid Cancer using Molecular Markers”; “Tissue Engineering an Artificial Salivary Gland; Sialendoscopy: Indication and Technique”; and “Parotidectomy Techniques and a panel discussion on Management of Thyroid Nodules,” at the 13th International Congress of the Iranian Society of Otolaryngology, Tehran, Iran in October 2012.

At the Association of Rehabilitation Nurses 38th Annual Education Conference, Nashville, Tenn: Wendy Wintersgill, RN, CRRN, ACNS-BC, and Alice Segerstrom, RN, CRRN, “Current Issues: Tightening the Belt on Patient and Staff Safety.” Their poster received the Peoples’ Choice award.


Wintersgill also presented, with Rebecca Whitney, OTR/L, “Health Promotion through Positive Self-Efficacy Beliefs in an Inpatient Rehabilitation Program: An Interdisciplinary Effort to Improve Patient Outcomes at Discharge and with Transition Home.”

Nancy Homan, RN, MBA, APRN-BC, “We All Fall Down, but for Very Different Reasons,” at the Emergency Nurse’s Association National Conference in San Diego.

Appointments

The Professional Advancement Council congratulates and welcomes new RNIII’s: Bridget Bieber, SCCC; Amanda Mucaria, 4D; Shannon Leightly, 5C; Jamie Ayala, 5B; Kathleen Smith, Christiana ED; Laura Kretz, CVCCC; Jaimee Messick, Wilmington ED; and Jessica Seador, 2C.

Awards

Mary Ciechanowski, RN, ACNS-BC, CCRN, is the recipient the 2013 American Association of Critical Care Nurses (AACN) Circle of Excellence Award, which showcases the excellent outcomes of individuals caring for high acuity and critically ill patients and their families. Mary will be honored next spring at the 2013 AACN National Teaching Institute and Critical Care Exposition in Boston.

Michael J. Axe, M.D., a member of Christiana Care’s Medical-Dental Staff and a founding partner of First State Orthopaedics, received the 2012 Robert E. Leach Mr. Sports Medicine Award during the American Orthopaedic Society for Sports Medicine’s (AOSSM) annual meeting in Baltimore.

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 Ron Sherman at 302-623-2873.
Emergence of Cephalosporin-Resistant Neisseria gonorrhoeae and Updates to Treatment Guidelines  By Suraj Rajasimhan, PharmD, BCPS, and Connie Yu, PharmD, BCPS

According to the Centers for Disease Control (CDC), 390, 341 new Neisseria gonorrhoeae infections were reported in 2010 in the United States.1 Among bacterial sexually transmitted diseases, gonorrhea is the second most commonly reported. Serious complications such as pelvic inflammatory (PID) disease can result if gonorrhea is not treated appropriately.2

Diagnosis is based upon patient presentation and can be confirmed through laboratory tests. Gonorrhea in men is often asymptomatic. Initial characteristics include a burning sensation upon urination and white, yellow, or green discharge from the penis. Women may present with mild symptoms such as pain or burning during urination, increased vaginal discharge, pain during intercourse, and bleeding between menstrual periods.

Laboratory diagnosis can be performed using gram stains to identify gram-negative diplococci, or nucleic acid hybridization tests (NAAT), which are FDA approved for initial screening of N. gonorrhoeae. NAAT has better sensitivity and specificity in detecting N. gonorrhoeae than cultures but data on antimicrobial susceptibility testing on resistant strains is limited. A culture is needed to definitively diagnose infection, rule out infection, and/or provide a test-of-cure.

New data has recently been relayed on the emergence of cephalosporin-resistant N. gonorrhoeae (Ceph-R NG) based on reports of treatment failure from oral cefixime in Europe and rise in minimum inhibitory concentrations (MIC) of cefixime in the United States.3, 4, 5 Based on this new evidence, CDC no longer recommends cefixime at any dose as the first-line agent for the treatment of gonococcal infections.3 For treatment of uncomplicated gonococcal infection, CDC recommends combination therapy of a single intramuscular injection of ceftriaxone plus single-dose azithromycin orally or doxycycline orally twice daily for 7 days.2, 3 Use of azithromycin as the second agent is preferred over doxycycline due to higher prevalence of resistance to tetracyclines than azithromycin among isolates, as well as the convenience of one-time dosing.3

For outpatient settings in which ceftriaxone injection in not available, cefixime can be used in combination with azithromycin or doxycycline. However, due to the recent reports of increased resistance, the patient must return in one week for a test-of-cure at the site of infection if cefixime is used instead of ceftriaxone.3 Test-of-cure is ideally performed with a culture, or with NAAT when a culture is not readily available. Table 1 below outlines the updated recommendations for gonorrhea treatment from CDC.

Emergence of Cephalosporin-Resistant Neisseria gonorrhoeae and Updates to Treatment Guidelines  By Suraj Rajasimhan, PharmD, BCPS, and Connie Yu, PharmD, BCPS

Table 1: Updated CDC Recommendations for Treatment of Neisseria gonorrhoeae 5, 6

<table>
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<th>Indications</th>
<th>Previous Recommendations</th>
<th>Updated Recommendations</th>
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<tbody>
<tr>
<td>Uncomplicated gonococcal infections of the cervix, urethra, and rectum</td>
<td>Ceftriaxone 250 mg IM single dose OR Cefixime 400 mg PO single dose OR Single-dose injectable cephalosporin PLUS (Azithromycin 1 g PO single dose OR Doxycycline 100 mg PO BID for 7 days)</td>
<td>Ceftriaxone 250 mg IM single dose PLUS (Azithromycin 1 g PO single dose OR Doxycycline 100 mg PO BID for 7 Days) OR If ceftriaxone not available: Cefixime 400 mg PO single dose PLUS (azithromycin 1 g PO single dose OR doxycycline 100 mg PO BID for 7 days) PLUS Test-of-cure in 1 week OR If patient has severe cephalosporin allergy: Azithromycin 2 g PO in single dose PLUS Test-of-cure in 1 week</td>
</tr>
<tr>
<td>Uncomplicated gonococcal infections of the pharynx</td>
<td>Ceftriaxone 250 mg IM single dose PLUS (Azithromycin 1 g PO single dose OR Doxycycline 100 mg PO BID for 7 days)</td>
<td>Ceftriaxone 250 mg IM single dose PLUS (Azithromycin 1 g PO single dose OR Doxycycline 100 mg PO BID for 7 Days)</td>
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References:

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### FORMULARY ADDITIONS

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<th>MEDICATION – GENERIC/BRAND NAME</th>
<th>STRENGTH / SIZE</th>
<th>USE / INDICATION</th>
<th>COMMENT</th>
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| Brentuximab vedotin injection/ Adcetris | 50 mg vial | • Treatment of Hodgkin lymphoma  
• Treatment of systemic anaplastic large cell lymphoma | Administration restricted to Christiana Care-owned ambulatory infusion centers and Christiana Care-owned physician office practices |
| Calfactant suspension for intratracheal administration / Infasurf | 35 mg/mL  
3 mL & 6 mL vials | Prevention and treatment of respiratory distress syndrome in premature infants | |

### CHRISTIANA CARE MEDICATION POLICY

**Dofetilide (Tikosyn) Policy**

- Policy revised to:
  - Permit all prescribers on the Tikosyn registry, not just cardiologists, to write orders to initiate, re-initiate or continue dofetilide treatment among hospitalized patients.
  - Require prescribers to provide their DEA number with the dofetilide order at the time of entry into CPOE so Tikosyn registration can be verified.
  - Require the prescriber to indicate on the Tikosyn power plan if the patient has an ICD.
- Prescribers are not required to use the Tikosyn power plan to continue dofetilide when the patient was taking it at home at the time of admission.
- Prescribers are responsible for monitoring the QTc interval and adjusting dofetilide doses based on it.

### FORMULARY DELETION

- Beractant/Survanta: Replaced with calfactant (Infasurf).
- Maprotiline: Removed because of lack of use.
- Sustained-release nitroglycerin capsules/Nitrobid: Removed because of lack of use.
- Nortriptyline oral solution: No longer manufactured. The capsules remain available.
- Nystatin vaginal tablets: Removed because of lack of use. Formulary alternatives available.
- Perphenazine/Amitriptyline (Trilafon): Removed because of lack of use. Component medications remain on the formulary.
- Piroxicam 20 mg capsule: Removed because of relatively little use. The 10 mg capsule remains available.
- Spironolactone/Hydrochlorothiazide/ Aldactazide: Removed because of relatively little use. Component medications remain on the formulary.
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.

WJBR held a live radio broadcast of its morning show at Wilmington Hospital Tuesday, Oct. 23. The broadcast highlighted Christiana Care’s annual fund drive and focused on the tremendous progress to date in the transformation of the campus as we count down to the opening of the new lobby and the new Emergency Department, set for June 2013.

The morning DJs interviewed Edmondo Robinson, M.D., physician-in-chief at Wilmington Hospital and assistant Chief Medical Officer, Sharon Kurfuerst, vice president of Rehabilitation & Orthopaedic Services, and Joel Kelly, director of Development.

Dr. Robinson emphasized Christiana Care’s commitment to the city of Wilmington and talked about the expansion of the Wilmington campus and our efforts to focus on patient and family centered care. Kurfuerst spoke about rehabilitation services offered at Wilmington Hospital and Kelly discussed Christiana Care’s not-for-profit status and our fundraising efforts in support of the Wilmington campus.

Dr. Robinson speaks with WJBR about Christiana Care’s commitment to the city of Wilmington and the campus expansion.