Donor celebration marks milestone in Wilmington Hospital transformation

Christiana Care Health System unveiled the first phase of its newly transformed Wilmington Hospital Campus with a special dedication ceremony Thursday, May 30, in front of the hospital’s new main entrance. Attended by nearly 200 donors, trustees, employees and city and state dignitaries, the event culminated with the unveiling of a new nine-story tower named for Carol A. Ammon, the benefactor responsible for the largest individual gift in Christiana Care’s history for the Wilmington Hospital Transformation Project.

Carol A. Ammon and Christiana Care President and CEO Robert J. Laskowski, M.D., MBA, stand in front of the Carol A. Ammon South Tower.

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“This new facility transforms the care we are privileged to provide our neighbors,” said Robert J. Laskowski, M.D., MBA, President and CEO, Christiana Care. “This project is an exercise in innovation and partnership. We now have better organized our services in a way that meets the needs of our patients and their families and delivers care that is truly of value to them.”


“We can only be successful in our mission to make quality care accessible and affordable if we have the best possible facilities,” Gov. Markell said. “Thanks to the leadership of Drs. Laskowski and [Chief Medical Officer] Janice Nevin, and everyone involved in this renovation and expansion project, this marks a significant step in meeting our challenge to transform the way we deliver health care services.”

The climax of the event was an unveiling to reveal the building’s name: the Carol A. Ammon South Tower. Ms. Ammon has served as a trustee of Christiana Care since 1998 and previously served as the chair of the board of directors. She shared the example of her father, John H.
Ammon, who inspired her life-long desire to give back. She expressed her hope that her gift will inspire others to be generous.

“This expansion is about giving back to our community so people have the health care they need,” Ms. Ammon said.

In addition to Ms. Ammon’s gift, the generous philanthropic investment of more than 350 individuals, businesses and foundations — many who are listed on the glass-encased donor wall within the new main lobby — helped to bring the Wilmington Hospital Transformation Project to life. In total, the community provided more than $35 million, including 10 gifts of $1 million or more and 40 gifts of $100,000 or more. Together, these financial gifts represent the largest amount in donations in Christiana Care’s history.

“What these volunteer leaders and the volunteers they assembled on their teams did was to work tirelessly to open doors … and offer our neighbors the opportunity to make a philanthropic investment that will benefit our community today and for generations to come,” said Lear Pfeiffer, who co-chaired the donation campaign along with her husband Gary Pfeiffer, the board chair at Christiana Care.

After the ceremony, guests toured the new main lobby and Emergency Department of Wilmington Hospital, set to open in June.

“What you will see inside will amaze you,” Dr. Laskowski said. “But even more amazing is the way that the people — the doctors, nurses and support staff and volunteers, continue to transform care throughout this historic project. They are the heroes of today’s milestone in Christiana Care’s history.”

The Wilmington campus, at 14th and Washington streets, is on the same ground where Wilmington’s first
homeopathic hospital opened nearly 125 years ago. Upon completion of the project in 2014, the re-designed Wilmington Hospital expands by 337,000 square feet, creating a 1 million-square-foot, technologically advanced facility including a nine-story tower, an Emergency Department double its current size, a medical office building and a café.

Construction for this extraordinary transformation began in 2009. The expansion provides dramatically enhanced services to patients and their families. Further improvements to the campus include:

- An expanded 30-bed Center for Advanced Joint Replacement.
- Larger intensive- and intermediate-care units that double capacity.
- 13 larger, technologically advanced operating rooms in the new surgical suite.
- A tranquil atrium and healing garden.

The project also advances Christiana Care’s commitment to partner with patients and families. This has included the development of the Patient and Family Advisory Council, which recently marked its two-year anniversary as a forum for patients and family members to help guide the way in which the hospital delivers care.

Throughout the construction, Christiana Care’s Wilmington Hospital Campus has remained fully operational, providing all services and care to patients and their loved ones.

“For over a century, Wilmington Hospital has been serving the Wilmington community with first-rate health services,” U.S. Sen. Tom Carper said. “I am proud to have Christiana Care delivering health care services here in Delaware and as a crucial partner in health care reform.”

“As a proud Wilmingtonian, I am thrilled by the investment the landmark Wilmington Hospital will have on helping treat people in our community,” U.S. Sen. Coons said. “This expansion will offer state-of-the-art technology and clinicians at the top of their fields. Christiana Care and Dr. Bob Laskowski are the perfect team to lead this effort. I congratulate them on their progress and look forward to the advancements to come.”

“Christiana Care’s renovation and expansion of Wilmington Hospital will give more Delawareans access to world-class medical care and supports hundreds of much-needed jobs in the city,” Congressman Carney said. “I live just a few blocks from here and have watched this project grow over the last several years. I’m very excited to tour the new facility and see the state-of-the-art improvements.”

City of Wilmington Mayor Dennis Williams officially recognized the importance of the event by issuing a proclamation on the Wilmington Hospital Transformation Project.

“The transformation of Christiana Care’s Wilmington Hospital Campus represents Christiana Care’s continued commitment to serve its community and to ensure that its neighbors can access and receive the highest level of care and comfort for decades to come,” the proclamation reads.

Wilmington Hospital has the second busiest emergency department in Delaware, with 54,000 visits annually, and saw 75,000 patient visits in its Health Center last year. The Wilmington Hospital Campus has served the community for nearly 125 years, meeting diverse medical needs and providing a safety net for people in underserved communities.
When one is in the throes of tragedy, it is hard to imagine that anything good will come out of that tragedy. But that good can come in many forms and in unexpected opportunities.

On Valentine’s Day weekend 2011 my father died in the ambulance on our driveway. He had neither heartbeat nor oxygen for 13 minutes, was resuscitated and then was removed from life support in the hospital because he was brain dead and his lungs would not function.

He never told us that a year and a half earlier he had been diagnosed with palliative lung cancer and given only six months to live. It was quite a shock to my mother and me to find out about it in the emergency room at the end of his medical history review.

When my father was in the intensive care unit, Dr. Benninghoff informed me that the respirator was breathing for him. I knew my father did not want to be kept alive by medical assistance, and I asked he be removed from life support later that day. I greatly appreciated that Dr. Benninghoff did not give false hope or sugarcoat my father’s condition. It made the decision to remove him from life support easier.

The staff at Christiana Care treated my mother and me with dignity and respect, and answered all the questions I asked of them — no matter how many times I asked the same question. I never imagined that my father’s death would lead me to become involved in the Wilmington Hospital Patient and Family Advisory Council, working with the WICU staff and giving presentations about patient- and family-centered care. It also shocks me that it took my father’s death for me to be on television (one of the items on my bucket list) in a Christiana Care television commercial in my real-life role as a volunteer patient adviser.

Being on the Wilmington Hospital Patient and Family Advisory Council has helped me in multiple ways:

• I have been given a chance to help future patients and their families who are experiencing crisis situations similar to what I went through.

• By listening to stories of other patient advisers, I realized that every patient situation is different. I learned that all Christiana Care health care professionals in one way or another are involved in caring for patients — not only those who meet patients face-to-face.

• It has helped my mother and me in the process of grieving for my father. I am volunteering not only in memory of my father, but to also show my kids it is important to volunteer and help the community.

• I have a better knowledge and more interest in the medical field and health care.

In February 2013, my 78-year-old mother, who is handicapped, had a shoulder replacement done at Wilmington Hospital and then spent four days in the Center for Advanced Joint Replacement. Even though she has multiple health issues, she had confidence that the staff would take care of her. She says they went beyond her expectations in treating her, making her comfortable and letting her know what they were going to do to make her recovery as easy as possible.

Christiana Care is taking patient- and family-centered care a step further through The Christiana Care Way. Christiana Care wants to work with patients and their families to make the patient experience the best it can be by building strong partnerships among everyone involved.

I am honored to be involved and volunteering for the Wilmington Hospital Patient and Family Advisory Council. I look forward to doing more with the council and Christiana Care, helping staff and the local community to learn about and be a part of The Christiana Care Way.
Christiana Care’s inaugural Neurovascular Symposium brought together the health system’s neurosciences team, experts from around the country and nearly 200 health care professionals, including nearly one-third physicians.

All those who attended came to learn from the Christiana Care Center for Heart & Vascular Health’s neurovascular treatment program about the latest techniques and strategies in treating patients with cerebral aneurysms, life-threatening ischemic strokes, carotid artery disease and arteriovenous malformations.

“The neurosciences at Christiana have grown at an incredible rate over the last few years, making first-rate care available to patients throughout the state and adjacent areas,” said Gregg Zoarski, M.D., chair of the Education Planning Committee for the symposium.

“The neurosciences at Christiana have grown at an incredible rate over the last few years, making first-rate care available to patients throughout the state and adjacent areas,” said Gregg Zoarski, M.D., chair of the Education Planning Committee for the symposium.

“Still, a lot of providers don’t know what we do,” Dr. Albani said. “There have been tremendous advances in neuro-interventional therapies in the past few years, and this symposium served to educate our physician colleagues.”

The department has grown considerably and now includes three interventionalists and two nurse practitioners.

In remarks during the symposium, Joshua Hirsh, M.D., director of Interventional Neuroradiology at Massachusetts General Hospital in Boston and past President of the Society of Neurointerventional Surgery, praised Christiana Care’s investment in talent and technology to become a leader in
neurovascular intervention. He lectured on stroke imaging, encouraging doctors to order tests that indicate how much brain tissue has died when planning a course of treatment.

Christiana Care physicians, including neurointerventional surgeons Albani, Zoarski and Sudhakar Satti, M.D., spoke about the exciting range of treatment for strokes, cerebral aneurysms and other neurovascular disorders possible today by new technology, techniques and medications.

Also among the guest speakers: Raul Nogueira, M.D., director of Neuro Critical Care at Grady Memorial Hospital in Atlanta and an acclaimed interventional neurologist; and David Fiorella, M.D., director of Neuro-Interventional Radiology at Stony Brook University Medical Center in New York, an internationally recognized leader in aneurysm treatment.

“In more than 20 years of experience, mostly at a large academic center, I’ve never seen the sort of cooperation, support and collaboration that Christiana Care provides for patients with neurovascular illness.”

— Gregg Zoarski, M.D.

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LVAD Program team is available for consults and questions

The Christiana Care Left Ventricular Assist Device Program (LVAD) launched in 2011. Patients with advanced heart failure have often reached their maximum doses of medications and may have undergone coronary bypass or valve operations. For these patients, the LVAD can represent a bridge to heart transplantation, a bridge to recovery or a destination therapy. The LVAD team is available to answer questions or for consults on patients with mechanical circulatory assist devices.

For more information, contact the LVAD coordinator.

**TO CONTACT THE LVAD TEAM:** 855-VAD-CCHS (823-2247)

**OPTION #1 – VAD COORDINATOR ON CALL**

**OPTION #2 – HEART FAILURE/VAD CLINIC**

**OPTION #3 – GENERAL VAD PROGRAM QUESTIONS**

Gregg Zoarski, M.D., spoke about cervicocerebral vascular injury.

Sudhakar Satti, M.D., discussed intracranial vascular malformations and anomalies.
Christiana Care to spearhead Million Hearts Delaware campaign

Christiana Care is spearheading Million Hearts Delaware, a public-private statewide effort to advance the goal of the national initiative to prevent 1 million heart attacks and strokes by 2017.

The Million Hearts Delaware initiative aligns the efforts of hospitals, government, major employers and health care providers throughout the state to combat cardiovascular disease with two specific aims – public awareness and clinical prevention.

Edward Goldenberg, M.D., medical director of Cardiovascular Prevention and Elisabeth Bradley, APN, clinical leader of the Cardiovascular Prevention Program in Christiana Care’s Center for Heart & Vascular Health, initiated Million Hearts Delaware and are co-chairs.

Through public awareness, the campaign is focusing on blood pressure control and waist circumference, key measures to reducing heart attacks and strokes. The goals are to not only identify risk through blood pressure and waist circumference measurements, but also connect individuals with health care providers.

Clinical prevention efforts aim to improve care for people who need treatment by encouraging a targeted focus on the “ABCS”—Aspirin for people at risk, Blood pressure control, Cholesterol management and Smoking cessation—which address the major risk factors for cardiovascular disease and can help to prevent heart attacks and strokes.

Margot Savoy, M.D., Christiana Care’s medical director of Family Medicine Centers and medical director of Youth Rehabilitative Services, chairs the clinical prevention subcommittee. Marianne Carter, MS, RD, director of the Delaware Center for Health Promotion at Delaware State University, chairs the public awareness subcommittee. Denise Taylor, MS, RD, LDN, is project manager.

Among Delaware adults, obesity prevalence has doubled in the past two decades, from 14.4 percent in 1990 to 28.7 percent in 2010. Currently, 64 percent of Delawarean adults are classified as overweight or obese. Obesity is a behavioral risk factor like using tobacco, being physically inactive, or eating unhealthy, and it can lead to heart disease, diabetes and several types of cancer.

The economic cost of obesity in Delaware is estimated to be $207 million annually. Data shows that for every dollar spent to prevent chronic disease, we save $5.60 in health care costs.
Clinical trial explores gene-replacement therapy to slow progression of heart failure

Christiana Care Health System is part of an elite group conducting a groundbreaking clinical trial to learn if gene-replacement therapy can dramatically slow the progression of heart failure.

If successful, genetically targeted therapy would be the a major advance in the treatment of heart failure, says Mitchell Saltzberg, M.D., medical director of the Heart Failure Program at Christiana Care’s Center for Heart & Vascular Health and the principal investigator for the study at Christiana Care.

The “Calcium Up-Regulation by Percutaneous Administration of Gene Therapy in Cardiac Disease” or CUPID Phase 2b Trial is the largest study of its kind and the first-ever cardiac genetic trial in Delaware. Approximately 25 institutions in the United States and Europe are participating.

“It is exciting that there is a possibility to improve outcomes for many heart-failure patients with a novel gene-therapy approach,” Dr. Saltzberg said. “Heart failure is a very expensive progressive disease, and we are hoping this trial will represent a big step forward in finding more effective treatments.”

Heart failure exacts a staggering toll in both human suffering and health care costs. In the U.S., 5 million people have heart failure, with more than 500,000 new cases diagnosed each year. In patients over age 65, heart failure is the leading cause of hospitalization.

In the trial, genetic material is stripped from a virus to remove any possibility of infection. Then, new DNA material is inserted into the virus, and the virus is injected directly into the arteries that feed blood to the heart. The virus attaches to the heart-muscle cells and injects the DNA material, and this DNA turns on a protein that controls the way calcium is handled inside the heart-muscle cell.

Calcium controls the contractions of the heart muscle; the goal is to make contractions stronger. The treatment, called Mydicar, is delivered directly to the heart via a standard cardiac catheterization.

Preliminary results show that patients with heart failure who receive genetically targeted enzyme-replacement therapy fare far better than patients who receive a placebo. Their risk of death, hospitalization or the need for a heart transplant or left ventricular assist device (LVAD) declined 88 percent.

Further, many patients with advanced heart failure were stabilized, while patients who received the placebo continued to decline.

The study focuses on men and women age 18-80 with heart-failure symptoms despite medical therapy, reduced heart-muscle function and either a qualifying hospital admission within the past six months or two outpatient medical interventions for worsening symptoms. Patients may also qualify if they have elevated heart stress hormone levels, which are measured using a simple blood test.

Statistically, about 50 percent of patients have a high level of antibodies in their blood and cannot be included in the trial.

“Our target is to screen as many people as we can to see if they qualify,” Dr. Saltzberg says.

The trial is scheduled to run through January 2016.
Clinical trials investigate ways to help cancer patients quit smoking

One trial is a randomized, placebo-controlled study of a drug currently used in Alzheimer’s disease to treat cancer survivors who are six months post treatment and are still smoking. This type of study assigns patients to receive either the active drug Memantine or a placebo for 12 weeks.

Memantine is believed to block the release of glutamate, a neurotransmitter that is released by nerve cells in the brain, and subsequently dopamine, which may reduce the rewarding effects of nicotine. Patients will be assessed every two weeks and asked to report if they are smoking. They also will have urine tests at four, eight and 12 weeks to detect if patients are metabolizing nicotine.

The second trial is evaluating the feasibility of a Quitline-based intervention using motivational counseling and nicotine replacement therapy in patients undergoing or recently completing therapy for their primary cancer.

Participants will be randomly assigned to the Quitline intervention (Quit for Life program) or the usual care process as per the treating oncologist. Patients who are assigned to the Quitline process will receive counseling and nicotine replacement from the Quit for Life staff. The usual care group receives an NCI brochure on smoking cessation and nicotine patch therapy, if deemed appropriate by their physician.

Compliance is assessed every three weeks for 12 weeks, and every six weeks until week 24.

The goal is to identify effective methods to help patients to quit smoking. That is especially important for people who are undergoing cancer treatment because patients who do not smoke typically respond better to care.

“Two of our research nurses completed a 12-hour training session on motivational counseling, and are the first point of contact for these patients once they express an interest in quitting,” said Thelma Kempista, BSN, RN, research manager for CCOP at the Graham Center.

“We are all aware of the health hazard of tobacco use,” Dr. Grubbs said. “This message has been so clearly articulated over decades that I am afraid we have become numb to its significance.”

Both studies are sponsored by NCI through the Wake Forest CCOP Research Base in Winston-Salem, N.C. Christiana Care is one of 20 sites participating in the Memantine trial and one of 40 sites in the Quitline trial.
Graham Cancer Center pioneers clinical immersion program for engineering students

In a first-of-its-kind program in the nation, cancer specialists at the Helen F. Graham Cancer Center are closing the gap between the real world and the classroom for tomorrow’s biomedical engineers.

“Our goal was to introduce future biomedical engineers to the problems that need solutions in today’s operating room,” said surgical oncologist Joseph Bennett, M.D., who led a four-week clinical immersion session in January for University of Delaware (UD) students. “In just one month, the students came up with some very good ideas,” he said.

Eleven students took the course, offered in partnership with clinicians and professionals at Christiana Care, Nemours/Alfred I. duPont Hospital for Children and the Infant Behavior Laboratory at UD’s Early Learning Center. The course challenged students to come up with potential solutions for unmet clinical needs.

“This unique clinical immersion session is a model for similar cooperative learning experiences,” said Nicholas J. Petrelli, M.D., Bank of America endowed medical director of the Helen F. Graham Cancer Center. “What better way to allow biomedical engineering students to think outside the box than to place them in a health care environment to benefit patient treatment?”

The Graham Cancer Center hosted UD juniors Madison DeFrank and Anna Sung, who shadowed 10 different specialists and gained exposure to surgical oncology techniques, medical devices and instrumentation in the operating room. Their mission was to observe, identify and develop potential solutions to some of cancer surgery’s most intricate and pressing technical challenges.

The students presented their ideas to participating faculty and industry sponsors at the Nemours/A.I. duPont Hospital for Children in January during a poster session funded by the Delaware Health Science Alliance. Proposed innovations included a biodegradable suture delivery system, a waterproof sealant to close incisions, a “belly cam” to view the inner abdomen, an automated “twitch” monitor for patients under anesthesia and a pill-sized camera for taking pictures inside the digestive track. Several students are eager to transform their ideas into formal senior design projects next year.

Jill Higginson, Ph.D., associate director of UD’s Biomedical Engineering Program, conceived the idea for the course and secured the student placements together with David Martin, Ph.D., Karl Boer chair of UD’s Department of Materials Science and Engineering.

Surgical Oncologist Joseph Bennett, M.D., demonstrates a procedure with University of Delaware Biomedical Engineering students Anna Sung and Madison DeFrank in the Virtual Education and Simulation Training Center at Christiana Hospital.
Nobody likes to wait. But spending time in the Maternity Triage waiting room is now a much more pleasant experience, thanks to a complete renovation that has made the space larger, brighter and more family friendly.

“In a maternity area, patients don’t come alone,” said Sherry A. Monson, RN, MBA, MSN, CENP, vice president, Women’s and Children’s Health Services. “We think it’s important to provide a comfortable, soothing environment where the family can be together.”

Christiana Care is one of the highest-volume delivery centers in the Mid-Atlantic, with more than 6,200 births a year. The triage center logs about 20,000 patient visits a year.

That’s a lot of families — and a lot of waiting, 24 hours a day, seven days a week, 365 days a year.

“All our delivering moms enter through there, as well as a lot of moms who have appointments,” Monson said. “While the mom is being monitored, the dad, the sister and the other family members are waiting.”

Previously, the waiting area was divided into two rooms. Sometimes, if the rooms were crowded, relatives wound up in separate rooms.

In creating a unified waiting room Christiana Care’s design and construction team gathered input from triage doctors, nurses and staff. Designers combined the larger of the two existing waiting rooms with adjoining square footage that had previously been used as office space.

With one, spacious room, it’s easier for loved ones to stay connected. There are various size chairs to accommodate adults and children. There’s a space for reading and quiet conversation, in addition to a section where people can watch television. A children’s corner offers toys, games and activities to keep kids engaged.

Enabling families to remain together is in keeping with Christiana Care’s dedication to delivering quality care in ways that our families value.

“Our new Maternity waiting room is the first step to a fresh new face for Women’s Services and many new good things to come,” said Maria Soler, M.D., MPH, medical director of Triage Services.

The new waiting room features a floor-to-ceiling wall of windows to usher in natural light. A wood-slatted ceiling provides a warm, earthy touch. Acrylic panels are embossed in a leaf pattern. Upholstered pieces are attractive, yet easy to keep clean.

“Our goal was to choose something that might be in someone’s family room — because this is a family place,” Monson said.
Lee S. Cohen, M.D., lectures on perinatal mental health

What should a physician do when his patient who has been taking prescription medications for anxiety or depression becomes pregnant? Which medications are safe for the growing fetus, and which ones are not? Can depression itself actually harm the baby?

To shed some light on these and other questions in perinatal and reproductive psychiatry, the Department of Obstetrics & Gynecology and the Christiana Community Center of Excellence for Women’s Health invited Lee Cohen, M.D., to lecture in May.

Dr. Cohen is the first incumbent of the Edmund N. and Carroll M. Carpenter Professorship in Psychiatry at Harvard Medical School in the field of Women’s Mental Health and director of the Clinical Research Program within the Clinical Psychopharmacology Unit of Massachusetts General Hospital. He presented grand rounds to the OB-GYN Department titled “The Course and Trajectory of Psychiatric Illness During Pregnancy and the Postpartum Period,” and a second grand rounds to the Department of Medicine titled “Treating Mood Disorders across the Reproductive Lifecycle.” He also presented a discussion of his Course and Trajectory of Psychiatric Illness lecture to the Department of Family Medicine.

Dr. Cohen’s powerful research findings and recommendations will impact health care across disciplines. “The timing couldn’t have been better,” said Deborah Ehrenthal, M.D., MPH, director of Health Services Research for Women and Children. “We look forward to collaborating with Dr. Cohen in the development of a new perinatal mental health program to be launched this year.”

Dr. Cohen has been a principal investigator at a multisite, five-year federally funded study in which the relationship between mood disorder and reproductive endocrine function is being evaluated. He is also principal investigator in a National Institute of Mental Health study to evaluate the risk and predictors of relapse of depression during pregnancy. He has published extensively in the area of women’s mental health with a variety of original research articles and has contributed to various textbooks in the area of perinatal and reproductive psychiatry.

He is a past recipient of a National Institute of Mental Health Faculty Scholar Award and a Young Investigator Award from the National Association of Research in Schizophrenia and Depression (NARSAD). He has also been a recipient of an Independent Investigator Award from NARSAD to study the course of bipolar illness in pregnancy and the postpartum period; and the Outstanding Psychiatrist Award for Research from the Massachusetts Psychiatric Society.

From left, Richard J. Derman, M.D., MPH, Marie E. Pinizzotto, M.D., Endowed Chair of Obstetrics and Gynecology, Deborah Ehrenthal, M.D., MPH, director of Health Services Research for Women and Children, Liz O’Neill, project director, Department of Family and Community Medicine, with Lee S. Cohen, M.D.

“We look forward to collaborating with Dr. Cohen in the development of a new perinatal mental health program to be launched this year.”

— Deborah Ehrenthal, M.D., MPH
Nurses earn bragging rights in annual contest to measure research literature critiquing skills

Unit-based nursing education and practice committees review and update nursing clinical practice guidelines (CPG), which get updated every three years.

Since critiquing the research literature is an essential skill in this process, there are ongoing opportunities to practice critiquing skills offered at Christiana Care. Nine years ago at a Nursing Research Education Committee (NREC) brainstorming session at one of the Nursing meetings, the idea surfaced to launch a Nurses’ Week Poster Contest based on a critique of a research article during Nurses’ Week.

Here are the results for this year:

1st Place: Sarah Catherine Larocco, RN, BSN, CNOR, Christiana Hospital OR, for her critique of “Potential Errors and their Prevention in Operating Room Teamwork as Experienced by Finnish, British and American Nurses.”

2nd Place: Cheryl Weber, RN, and Michael Tomaszewicz, RN, 3 North, Wilmington Hospital for their critique of “Nurse Staffing Mix and Assault Rates on Psychiatric Units.”

3rd Place: Justine Harrington, RN II, 4D, for her critique of “A National Study Comparing the Tolerability and Effectiveness of Colon-Cleansing Preparations.”

Andrea Bonner, RNIII, BSN, PCCN, CDU/ED, and Kimberly Travis, RN and Lindsay Long, RN, of the Cardiovascular Critical Care Complex, received honorable mentions for their critiques of “Randomized Controlled trial of Tailored Nursing Interventions to Improve Cardiac Rehabilitation Enrollment,” and “Nurses’ Educational Needs for Pain Management of Post-Cardiac Surgery Patients,” respectively.
Christiana Care now recycles 25 percent of all waste that it produces.

“Efforts in all parts of the health system — Environmental Services, Perioperative Services, Heart and Vascular Health, Design and Construction, Food and Nutrition plus offices — have enabled us to surpass this milestone and sustain our efforts,” said Bob Mulrooney, vice president, Facilities and Services. He credits the work of “green champions” throughout the health system and the efforts of the Environmental Stewardship Committee, a multidisciplinary group of clinicians, administrators and operations managers. “Their creative ideas, study, planning and aggressive implementation made this possible,” he said.

On Earth Day, April 22, the committee held a special event to dissect trash from grey cans randomly collected from clinical and administrative units throughout Christiana Hospital. Their point was to identify items that could have been recycled but were thrown away. Jason Funyak, director of Environmental Services, said that 15 percent of the clinical waste and 20 percent of administrative waste could have been recycled.

“Cardboard glove boxes, drinking cups and much more can be recycled,” Funyak said. “All office paper, envelopes and soda bottles can be recycled.” He recommends that everyone look to the blue and green recycling bins throughout the campus before throwing anything in the grey trashcans.

Mulrooney and committee members are setting their sights on new environmental stewardship milestones. “If we can get to 25 percent recycled waste and we know that 10 to 20 percent of all other trash could be recycled, we can get to 30 percent or even 35 percent recycled waste,” he said. He welcomes new ideas from staff or the community on ways to help Christiana Care continue to recycle. E-mail suggestions to rmulrooney@christianacare.org.

Service Assistant Louis Duker highlights items that were thrown away but could have been recycled during an Earth Day recycling-awareness event at Christiana Care. Currently Christiana Care recycles 25 percent of all waste.
Volunteers celebrate at annual fete
Certificates given for hours-of-service milestones

Approximately 250 of Christiana Care’s 1,200 volunteers gathered at Deerfield Golf & Tennis Club April 26 to celebrate another year of collective service to Christiana Care Health System.

The celebration is a much-anticipated event for our volunteers. Every year the event has a different theme. This year, the theme was Hats Off to You. Many attendees wore their favorite chapeau, said Margarita Rodriguez-Duffy, director, Visitor & Volunteer Services.

Categories receiving service milestones ranged from 1,000 to 10,000 hours.

Tom Legana was inducted into Christiana Care’s Volunteer Hall of Fame for completing 10 years of service.

2013 inductees to the Christiana Care Volunteer Hall of Fame.
Sewing club helps cheer peds patients with hand-crafted presents

Carolyn Rifino and Eileen Bengermino, both members of the Spring Mill Sewing Club, present new dolls for distribution to pediatric patients at the Middletown Emergency Department. The club to date has made more than 600 dolls for children treated at various Delaware hospitals. The dolls are hand-sewn, numbered and culturally diverse. They take about 10 hours to sew and come in both genders. Each has a tag that tells who made it. In addition, members of the Middletown-Odessa-Townsend Jean Birch Quilting Group make blankets for the dolls.
Robert J. Laskowski, M.D., Randy Gaboriault discuss CEO/CIO partnership

Robert J. Laskowski, M.D., president and CEO of Christiana Care, and Randall Gaboriault, Christiana Care’s Chief Information Officer, were interviewed on how organizations can create a dynamic partnership between a CEO and CIO during the CIO Executive Council Leadership Event Tuesday, May 7 in Boca Raton, Fla.

Dr. Laskowski and Gaboriault were invited because of Christiana Care’s success in leveraging technology to provide care of greater value to its patients. At the beginning of the event, the audience of 150 people, all CIOs and senior leaders under the CIO level, watched a video on two of Christiana Care’s award-winning innovations, the Insight patient self-evaluation tool and the trauma touchscreen monitors.

The CIO Executive Council is a membership organization composed of several hundred of the world’s leading chief information officers, which provides professional services and resources to ensure the success of business leaders in delivering maximum value from information technology.

Watch video of the event online at news.christianacare.org.

Shawn R. Smith, MBA, joins Christiana Care as vice president, Patient Experience

Shawn R. Smith, MBA, joined Christiana Care’s External Affairs team in May as vice president of Patient Experience, reporting to Senior Vice President and Chief External Affairs Officer Michele A. Schiavoni, APR, M.S.

“I’m really delighted to be working for Christiana Care. I have been amazed at the high level of commitment to quality and safety here,” said Smith. “I believe that the patient experience can be dramatically improved by making every interaction memorable. As respectful, expert, caring partners in our neighbors’ health, every employee, no matter what the role or position, has the power to make or break our patients’ experience. I am looking forward to working with everyone to make each experience the best it can be.”

Smith most recently led Patient Experience for Meridian Health at Jersey Shore University Medical Center in Neptune, N.J., a 661-bed teaching hospital, where he oversaw day-to-day operations for patient relations, communications, food and nutrition, environmental services, patient transportation, volunteer services, pastoral care and patient experience.

While at Meridian, Smith developed and implemented a strategy to improve patient and family experience that led to the hospital’s HCAHPS rankings moving to the top 10 in New Jersey from No. 38.

Smith received a bachelor’s degree in hospitality management from Widener University and an MBA from the Villanova School of Business. He also serves on the Advisory Board of Press Ganey’s Academic Special Interest Group.
Billie Speakman named vice president of Heart Center

Billie Speakman, MBA, has been promoted to vice president of the Center for Heart & Vascular Health.

Speakman began her career at Christiana Care in 1992 as a respiratory therapist. She has since held multiple roles in Respiratory Care, ranging from clinical specialist in the Medical Intensive Care Unit to the director of Respiratory Care. In 2006 she was named director of Heart & Vascular Interventional Services with responsibility for the Electrophysiology Lab, Cardiac Catheterization and Vascular Interventional Radiology. In 2011, her responsibilities increased with the addition of the Section of Cardiology, Cardiovascular Research, Cardiology Fellowship and Acute Miocardial Infarction program.

Speakman received her MBA from Wilmington University in 2010 and completed the Advisory Board Fellowship Program in 2006. Among her accomplishments are implementing Cardiovascular Research financial management; Heart & Vascular Interventional Services (HVIS) pre-arrival services; Neurointerventional Services; Vascular Interventional radiology services on the Wilmington campus; Shared Governance; and the HVIS Physician/Admin Executive Committee. Most recently, Speakman implemented the new Cardiology Short Stay Unit at Christiana Hospital.

Leslie Mulshenock appointed director of Heart & Vascular Interventional Services

Leslie Mulshenock has been promoted to director of Heart & Vascular Interventional Services (HVIS).

Mulshenock joined Christiana Care as the business manager of HVIS in 2007 – a role that has expanded to include responsibilities for the Christiana Care Cardiology section and Cardiology Fellowship program.

She has successfully partnered with staff and physicians on supply savings, new equipment evaluations, electronic case reports, coding and compliance, and management of IT implementations such as Soarian, XIM and the CVU Tracker system.

Mulshenock received her MBA from Wilmington University in 2007.

Audrey Van Luven recognized for 25 years of service

Senior Vice President and Chief Human Resources Officer Audrey Van Luven received a Certificate of Appreciation for 25 years of service from Christiana Care President and CEO Robert J. Laskowski, M.D., MBA, in April.

Van Luven began her career at Christiana Care in 1988. She was promoted to director of Human Resources in 1998 and named vice president of Human Resources in 2006. She was appointed senior vice president and chief human resources officer in 2010.
Christiana Care researchers’ award-winning poster urges uniformity in data reporting

The Delaware Birth Defects Registry team won a first-place award from the National Birth Defects Prevention Network for a poster that demonstrates the value of uniform case-reporting criteria across states.

The poster, presented in Atlanta in February, looked at a group of fetal and newborn renal abnormalities in Delaware from 2007 to 2009. States vary in the way they collect data on birth defects, said research scientist Kristin M. Maiden, Ph.D., of Christiana Care’s Center for Women’s, Infants’ and Children’s Research, a co-author of the poster. When looking at kidney abnormalities, some states, including Delaware, count all cases; others count only those significant enough to require surgery. And many don’t reveal what, exactly, they count.

Christiana Care researchers reported 291 cases within a group of renal abnormalities, Maiden said. When cases that resolved on their own or were deemed medically insignificant were excluded, the total dropped to 31 cases that required surgical intervention, bringing Delaware in line with other states known to count cases similarly.

The research team argues that “not only should we try to come up with the same collection criteria, but if not, we should at least report the criteria,” Maiden said.

Massachusetts reports only the renal defects requiring surgery, she said, so that state was used in comparison. When the same criteria were used, Delaware’s case numbers turned out to be equal, she said.

The poster won first place in the Case Ascertainment category because it argued for such standardization, she said.

In a poster presented by the Delaware Birth Defects Registry Team last year at the same meeting, similar reporting discrepancies were noted when counting congenital heart defects, said Louis E. Bartoshesky, M.D., MPH, chairman of the Department of Pediatrics. Initially, it appeared that Delaware’s rates were high, but “it was a matter of definition. We counted every one and others counted only those that did not resolve spontaneously.”

By accumulating data on birth defects, trends can be spotted that can lead to improved public health policies. “The nature of birth-defect registries is to identify patterns and frequencies,” he said, but a lack of uniformity in criteria could lead to mistaken conclusions. “The point of the abstract is that all states should look at the data in the same way. It’s a step toward asking states to look more carefully at what we’re doing and trying to come up with something more consistent.”

With their award-winning poster that makes the case for uniform reporting of birth-defects data across the country: Kathleen Stomierski, program assistant; Deborah Ehrenthal, M.D., MPH, director of Health Services Research for Women and Children; Amy Acheson, program assistant; Louis Bartoshesky, M.D., MPH, chair, Department of Pediatrics; and Kristin Maiden, Ph.D., project manager
Mary Ciechanowski receives national nursing award

Mary Ciechanowski, MSN, RN, ACNS-BC, CCRN, stroke advanced practice nurse at Christiana Care, has been named a 2013 Circle of Excellence Award winner by the American Association of Critical-Care Nurses (AACN), the largest specialty nursing organization in the world. She is one of only 25 nurses nationwide to receive the honor this year.

The award recognizes outstanding caregivers for achieving excellent outcomes in the care of acutely and critically ill patients and their families.

Criteria used to evaluate the Circle of Excellence Award candidates include: relentless promotion of patient-driven excellence; communication skills; true collaboration; effective decision making; meaningful recognition of others; ability to transform thinking, structures and processes; and ability to address challenges, remove barriers to excellent patient care and achieve visible results through leadership.

Ciechanowski received her award at the National Teaching Institute & Critical Care Exposition, held in Boston May 18-23.

The AACN represents the interests of more than 500,000 acute and critical care nurses worldwide. The organization’s vision is to create a health care system driven by the needs of patients and their families in which acute and critical care nurses make their optimal contribution.

Robert Laskowski, M.D., receives BioScience Association Service Award

Robert J. Laskowski, M.D., MBA, president and CEO of Christiana Care Health System, received the 2013 Service Award from Delaware BioScience Association at an awards gala on May 22 at DuPont Country Club in Wilmington. Delaware BioScience is a trade association focused solely on promoting Delaware’s growing bioscience industry.

The Service Award recognizes individuals or organizations who have made significant contributions to improve Delaware’s life-science community. Dr. Laskowski received the award from Ty Jones, AstraZeneca director of Delaware External Affairs.

Past winners of the Service Award include Catherine M. Bonuccelli, M.D., clinical vice president, Respiratory & Inflammation, AstraZeneca; Thomas P. Ferry, senior vice president and CEO (ret.), Nemours & Alfred I. duPont Hospital; and J. Michael Bowman, chairman and president, Delaware Technology Park.

The Delaware Bio Annual Awards Gala is the premiere bioscience event in Delaware and honors men and women who helped build Delaware’s biotechnology industry.
Publications


Michael Spear, M.D., grant funded research at Jefferson on the use of Simulated Patients in teaching palliative care communication skills in an interdisciplinary model (July 2013 to July 2014).


Presentations
Nicholas J. Petrelli, M.D., Bank of America endowed medical director of the Helen F. Graham Cancer Center, delivered the commencement address to the Charter School of Wilmington’s graduating Class of 2013.

At the Society for Maternal Fetal Medicine Annual Meeting, San Francisco, February 2013:
• Deborah Ehrenthal, M.D., Kristen Maiden, Samuel S. Gidding, M.D., and Louis Bartoshesky, M.D., MPH, “The contribution of maternal medical factors to the risk of SGA in a diverse community practice-based sample,” and “Early childhood overweight and obesity among children born low birth weight or small for gestational age.”
• Deborah Ehrenthal, M.D., and Kristen Maiden, Emergency care and readmission during the postpartum period.”
• Deborah Ehrenthal, M.D., Melanie Chichester, BSN, RNC, and Matthew Hoffman, M.D., “Outcomes at a regional obstetrical hospital four years after implementation of the ‘39-week rule.’”

At the National Birth Defects Prevention Network Meeting, Atlanta, March 2013:
• Kristen Maiden, Kathleen L. Stomieroski, Louis Bartoshesky, M.D., MPH, Amy Acheson, and Deborah Ehrenthal, M.D., “A rational approach to inclusion of renal collecting system abnormalities.”

At the Pediatric Academic Societies Meeting, Washington D.C., May 2013:
• Deborah Ehrenthal, M.D., et al., “Breastfeeding, Infant Weight Gain, and Early Childhood Obesity.”

Robert L. Witt, M.D., was keynote lecture speaker at the German Society of Otolaryngology-Head & Neck Surgery meeting in Nurnberg, Germany in May. He presented “Tissue Engineering an Artificial Salivary Gland” and served on a Panel Discussion on “Current Aspects in Thyroid Surgery.

Appointments
Danielle Weber, BSN, RN-BC, is the new nurse manager in the Neuro Critical Care Unit. Weber has been with Christiana Care for 17 years. She was named nurse manager of the Surgical Critical CareComplex in 2011.

Louise Fagraeus, RN, BSN, CCRN, is the new Surgical Critical Care Complex (SCCC) Nurse Manager. Fagraeus has worked in the SCCC since 2003 and has been interim nurse manager since February 2013.

Awards
Omar Khan, M.D., the 2013 Medical Alumni Association Award from the University of Vermont College of Medicine.

Michael Spear, M.D., received board certification in Hospice and Palliative Care.

Robert L. Witt, M.D., was inducted as a corresponding member of the German Otolaryngology-Head & Neck Society in Nurnberg, Germany.

At Christiana Care, employees and their family members have access to a free, employer-sponsored resource that can help get them to get over the bumps in the road of life, from the blues over a newly empty nest to adopting a child.

The Employee Assistance Program (EAP) provides confidential counseling on personal issues by phone, 24 hours a day, seven days a week. And if you would rather talk face-to-face with someone near you, the EAP will refer you to a local counselor.

Because all your information is kept private, the EAP provides a safe venue to talk about what’s on your mind, including troubled relationships, job pressures and depression. Everybody has problems at one time or another and the EAP is designed to provide quick, convenient help, whenever you need it.

Your EAP also offers much more. After all, stress can be complicated, a swirl of worries about family and work, legal woes and money problems. That’s why the EAP team includes work-life specialists, attorneys and other professionals, in addition to counselors.

You can receive guidance on all kinds of life needs from your EAP, including buying a car, planning a vacation and making a will. Financial professionals can help to take the stress out of situations that impact your wallet, such as getting out of debt, managing credit cards and finding answers to questions about taxes.

“The EAP is a very useful resource in helping people to achieve work-life balance,” said Mary Smedley, RN, director, Employee Health. “It’s completely confidential and you can reach out any time, any where and get help with a variety of issues.”

Think of the EAP as a resource for your entire household. Is your child being bullied at school? Are you and your spouse having problems getting along? Are you looking for advice on saving for college?

In addition to guidance, employees can access information and reference materials so they can learn more on their own. You also can subscribe to electronic newsletters on your specific topics of interest.

It’s easy to get started. Call 877-595-5284. Or go online and go to guidanceresources.com.

Great teamwork makes Delaware Marathon a success

Christiana Care sponsored the 10th Annual Delaware Marathon Running Festival on Mother’s Day, May 13. More than 3,000 runners from 50 states competed in the marathon, half-marathon, four-person relay and eight-person relay. Fifty Christiana Care employees participated, including Robert J. Laskowski, M.D., MBA, president and CEO of Christiana Care Health System.

Health care professionals from Christiana Care volunteered to coordinate and staff the medical tent. They saw 28 patients in the medical tent and attended to runners on and around the course. The team included 23 nurses from the emergency departments at Christiana Hospital and Wilmington Hospital, 13 physicians, two Emergency Department techs, one physician assistant, an EMT from Christiana Care’s Medical Reserve Corps and two staff volunteers. The medical team was also supported by EMTs from the city of Wilmington and New Castle County Paramedics.

Proceeds from the event benefit local not-for-profit organizations, including the Helen F. Graham Cancer Center.
Sisters Surviving focuses on living healthy after breast cancer

Sisters Surviving, a wellness conference for African-American breast cancer survivors, brought together 75 women whose lives have been touched by cancer.

The one big question on every woman’s mind: What can I do to keep myself healthy?

The day-long event at the Helen F. Graham Cancer Center provided great information on healthy eating, fitness, genetics, spirituality and other topics.

“Nutrition is the number-one topic that brought me out,” said Sheila Walton-Moore, an eight-year survivor from Newark who has lost 40 pounds in the past year by sticking to a sensible, low-fat, high-fiber diet and taking daily walks with her husband.

Zohra Ali-Khan Catts, MS, LCGC, a genetic counselor at Christiana Care, spoke about the family risk factors associated with 5–10 percent of breast cancers. Kenneth L. van Golen, Ph.D., an associate professor of biology at the University of Delaware, discussed the link between obesity and breast cancer.

“No matter how many medical angles you look at breast cancer, it’s all about, ‘What can I do to take care of my body?’” Katurakes said. “We are educating women that there is more than one kind.”

Overall, black women are more likely to die from breast cancer than women of other ethnicities, according to the American Cancer Society. Eliminating disparities in order to provide expert care for everyone is an important part of The Christiana Care Way.

To determine the topics for the event, survivors shared their insights at three focus groups in September designed to identify their ongoing needs after treatment, said Renitia Pulliam, breast screening and survivorship coordinator at the Helen F. Graham Cancer Center.

“We learned what is on women’s minds and also that women are devoted to helping one another,” Pulliam said. “After one of the focus groups, women exchanged telephone numbers so they can continue to support each other.”

The Rev. Patricia Malcolm, a chaplain at Christiana Care’s Pain and Palliative Care Service, titled her presentation “Live, Love, Laugh: A Reflection of the Importance of Maintaining a Positive Outlook When Facing Serious Illness.” The topic resonated with Walton-Moore, who said surviving cancer forever changed her view of the world. She is working with her pastor to found a resource group for people dealing with cancer at Canaan Baptist Church in New Castle.

“I have always been a religious person, and going through this process has made me appreciate life more,” Walton-Moore said. “I look at the sky and watch the birds. I listen to the birds sing.”

Scott D. Siegel, Ph.D., health psychologist at the Graham Cancer Center, addressed the lingering emotional concerns survivors face even after they complete treatment. Other topics at the event included sexuality after cancer and dealing with cancer-related fatigue.

Christiana Care partnered with the American Cancer Society, Delaware Breast Cancer Coalition and Sisters on a Mission to organize the event.

“The purpose is for us to work together so we can provide information in a way that is not fragmented by bringing resources together for survivors who will use the information now and share it later with friends and family,” Katurakes said. “It’s good for our patients and good for our community.”

Sheila Walton-Moore, cancer free for eight years, with friend Jennifer Grace-Umoete at Sisters Surviving, a wellness conference for African-American breast cancer survivors.
Go Red for Women event promotes heart healthy living

The American Heart Association’s Annual Go Red for Women Luncheon and Fashion Show drew 140 men and women to the John H. Ammon Medical Education Center for a heart healthy lunch, educational seminars, a silent auction and fashion show.

Local heart and stroke survivors modeled clothing from Wilmington Country Store. They shared their inspiring stories of survival and triumph. The Go Red for Women movement focuses attention on the threat of heart disease in women while creating a call to action for all women to commit to living a heart-healthy lifestyle. This year’s event was a fundraising record-breaker.

Janice Nevin, M.D., MPH, was the featured medical speaker at 2013 Go Red for Women event, attended by 140 at the John H. Ammon Medical Education Center. With her above are Sandra A. Weiss, M.D., of Christiana Care Cardiology Consultants, Timothy J. Gardner, M.D., medical director of Christiana Care’s Center for Heart & Vascular Health, Penny Vigneau, senior vice president, Cardiovascular and Behavioral Health Services, and Velma P. Scantlebury, M.D., associate director of the Kidney Transplant Program.

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.
Safe medication use in older adults: incorporating the 2012 updated Beers Criteria

By Erica L. Dranko, Pharm.D.

Adults aged 65 or more make up a growing sector of patients with increasing use of health care in both the ambulatory and acute care settings. This trend has become increasingly evident with the prominent “baby-boomer” generation entering older adulthood coupled with the increasing life expectancy in the United States and worldwide. The percentage of persons who used five or more prescription drugs nearly doubled from 6 percent in 1999-2000 to 11 percent in 2007-2008 according to the National Center for Health Statistics. More than 76 percent of Americans 60 years and older used two or more prescription drugs and 37 percent used five or more prescription medications; yet, clinical drug trials often do not include elderly patients. The Beers Criteria is a clinical tool intended to promote safe medication use in this vulnerable, older population that is at risk for medication-related problems and adverse drug events. The original criteria were developed by Mark Beers, M.D., in 1991 with updates in 1997 and 2003. The current 2012 update has been endorsed and distributed by the American Geriatrics Society (AGS).

The Beers Criteria has identified potentially inappropriate medications (PIMs) through a systematic approach using a team of experts in pharmacology and geriatrics, evidence-based methods and consistent criteria to grade the level of evidence based on its quality and strength. The goal of the tool is to improve care of older adults by reducing their exposure to PIMs. Observational studies have identified a strong association between the medications listed as PIMs in the Beers Criteria and poor patient outcomes including adverse drug events, hospitalizations and mortality. A number of PIMs are also included on the list due to limited effectiveness in the elderly population, with risks such as delirium, bleeding and falls which do not outweigh any marginal benefit that could be provided. Medication-related toxicities such as central nervous system effects, cardiovascular effects and anticholinergic effects are some specific examples of why a medication may be considered inappropriate.

In previous versions of the Beers Criteria, PIMs were classified into two groups: 1) medications to avoid in older adults regardless of diseases or conditions and 2) medications considered potentially inappropriate when used in older adults with certain diseases or syndromes. The 2012 update comes with the addition of a third category, medications that should be used with caution. Examples of new additions to the 2012 Beers Criteria include megestrol, glyburide and sliding scale insulin. A complete listing of the Beers Criteria can be found in table-format within the online article on the AGS Beers Criteria 2012 Website.

Below is an example of how the categories of PIMs are organized within the criteria:

<table>
<thead>
<tr>
<th>POTENTIALLY INAPPROPRIATE MEDICATION USE IN OLDER ADULTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Therapeutic Category of Drug</td>
</tr>
<tr>
<td>Skeletal muscle relaxants</td>
</tr>
</tbody>
</table>

The panelists and AGS emphasize the use of the 2012 Beers Criteria as a guide and resource, but in no way a substitute for clinical judgment and patient-specific care. In some cases it may be necessary to use a medication listed in the Beers Criteria with the understanding that increased monitoring for efficacy, toxicity and adverse drug reactions may be required. In all cases, health care providers, inclusive of prescribers and pharmacists, should continuously survey for drug-drug interactions, drug-disease state interactions and the evidence-based design of therapeutic drug regimens in this growing population of older adults.

References:
**Best practice review**  
**HANDWASHING**

**Q. WHEN SHOULD I WASH MY HANDS?**  
A. I should wash my hands before and after patient contact, after touching surfaces in patient care areas including medical equipment, before donning gloves, when removing gloves and before and after entering a patient’s room or bay.

**Q. IS THERE A RECOMMENDED AMOUNT OF TIME THAT I SHOULD WASH MY HANDS?**  
A. I should lather well and scrub all surfaces of my hands with good friction for 15 seconds remembering to include my thumbs, knuckles and in between fingers.

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**FORMULARY UPDATE—MAY 2013**

**FORMULARY ADDITIONS**

<table>
<thead>
<tr>
<th>MEDICATION—GENERIC/BRAND NAME</th>
<th>STRENGTH / SIZE</th>
<th>USE / INDICATION</th>
<th>COMMENT</th>
</tr>
</thead>
</table>
| 17-hydroxyprogesterone caproate injection / Makena® | 250 mg/mL 5-mL vial | Reduce risk of preterm birth among women with singleton pregnancy & history of singleton preterm birth | • Alternative vaccine formulation for those with egg allergy. Vaccine prepared from virus propagated in canine kidney cells  
• Will be available for 2013-14 flu season  
• Syringe tip caps may contain natural latex |
| Influenza virus vaccine/ Flucelevax | 15 mcg of inactivated influenza A & B virus strains per 0.5 mL in a prefilled syringe | Prevention of disease caused by strains of influenza A & B virus | |

**NEW CHRISTIANA CARE MEDICATION POLICIES**

Acetaminophen-containing products  
Christian Care Formulary products containing more than 325 mg acetaminophen in a single dose unit will be replaced when substitutable products exist.

**FORMULARY DELETIONS**

<table>
<thead>
<tr>
<th>MEDICATION</th>
<th>COMMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Carbachol ophthalmic solution (e.g. Isopto-Carbachol)</td>
<td>No longer manufactured</td>
</tr>
<tr>
<td>Typhoid Vaccine</td>
<td>Lack of use. Christiana Care no longer provides vaccine to the travel clinic.</td>
</tr>
</tbody>
</table>

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**Hand Washing Alcohol Hands Sanitizer Procedure:**  
http://inet/InfCont/HANDWASH.htm

*If you have questions about this Best Practice Review, contact Leslie Freeman at 733-3581 or Carol Briody at 428-2851. Safety Hotline: dial 7233 (SAFE) from within the hospital or dial 623-7233 (SAFE).*
Junior Board Medicine Ball drawing wins one donor a $200 cut and style

The Executive Board of the Junior Board of Christiana Care with Medicine Ball supporter Michael Christopher of Michael Christopher Design.

Any donor who made a gift to the 2013 Medicine Ball by late April was eligible to be included in a drawing for a $200 prize, including a cut and style by Michael Christopher and a purchase of accessories at his salon. The 2013 Medicine Ball proceeds benefit nursing and allied health care professionals through scholarships. Audrey van Luven, senior vice president and chief human resources officer, and scholarship recipient Jessica Best, RN, who works in the Surgical Critical Care Complex at Christiana Hospital, spoke during the event to thank the Junior Board for its ongoing and generous support.

The Junior Board has provided more than $1 million in support for scholarships. Bea Foglio was the winner of the gift certificate. ☑