The Christiana Care Way

We serve our neighbors as respectful, expert, caring partners in their health. We do this by creating innovative, effective, affordable systems of care that our neighbors value.

See article on page 3.

One of the most significant changes in health care in America starts Oct. 1 when millions throughout the nation will shop for health insurance.

Closer to home here in Delaware, 90,000 people currently uninsured will shop for affordable health insurance through a new virtual exchange called the Health Insurance Marketplace.

“This is a transformative time in health care,” said Robert J. Laskowski, M.D., president and CEO of Christiana Care. “For the first time many adults and children will have access to primary care and medical homes — getting the care they need, when they need it.”

To help the uninsured navigate the new virtual Health Insurance Marketplace, Christiana Care has hired nine marketplace guides. Christiana Care is the only hospital health system in the region that has been awarded a state contract to hire the marketplace guides.

Marketplace guides help patients through health care system changes

With specially trained marketplace guides like John Kearney, Christiana Care is helping many of the nearly 90,000 uninsured Delawareans access both health insurance and health care through the new Health Insurance Marketplace that opens to the public Oct. 1.
Marketplace guides prepare to help patients

Trained as health educators, the guides help patients enroll in the Health Insurance Marketplace and educate them on how best to manage their health care needs. They serve patients at six Christiana Care locations, including:

- Christiana Hospital Emergency Department.
- Wilmington Hospital Emergency Department.
- Middletown Emergency Department.
- Wilmington Hospital Health Center.
- Christiana Care Family Medicine Center.

The guides also visit local community centers, health fairs and churches to help the uninsured shop for health insurance.

Christiana Care’s marketplace guides and health coaches will assist the uninsured beginning Oct. 1, the start of open enrollment for the Health Insurance Marketplace. The guides will help people to get the insurance coverage they need and avoid any penalties through the end of March 2014.

“At Christiana Care, our role is to serve our neighbors, and the marketplace guides program gives us the ability to further provide our neighbors with access to health care,” said Janice Nevin, M.D., chief medical officer at Christiana Care. “Helping our most vulnerable patients get health insurance is part of our partnership with our community.”

“For the first time, many adults and children will have access to primary care and medical homes — getting the care they need, when they need it.”

— Robert J. Laskowski, M.D., MBA

Christiana Care’s commitment to making quality health care as accessible and affordable as possible starts with our own employees. Christiana Care is dedicated to offering high-quality health insurance for benefits-eligible full-time, part-time and weekend-incentive employees. Through innovative programs and partnerships, ranging from wellness benefits to the new Christiana Care Quality Partners, we offer health care options our employees value.

For more information on marketplace guides and the Health Insurance Marketplace, visit www.ChooseHealthDE.com.

The Fund for Christiana Care supports the most urgent needs of our patients

Annual gifts enable Christiana Care Health System to meet the most pressing needs of our patients – your friends, neighbors, and loved ones. Your generous gift to The Fund for Christiana Care will help provide resources that make an immediate impact and allow the health system to respond to opportunities as they arise.

TO MAKE A GIFT TODAY, VISIT CHRISTIANACARE.ORG/MAKEAGIFT, OR CALL 302-327-3305.
More than two years ago, Christiana Care launched its first campus-wide Patient and Family Advisory Council at Wilmington Hospital. Grounded in principles and best practices of patient- and family-centered care, this council has been an extraordinary example of what it means to partner with patients and families in pursuit of excellence in health care.

As an organization, we are preparing to further embrace this best practice of partnering with our community and launch the Patient and Family Advisory Council at the Stanton campus at Christiana Hospital. The council is currently recruiting for patient/family and staff advisers.

The Patient and Family Advisory Council represents a commitment to transparency, partnership and collaboration that is unprecedented in Christiana Care’s history. But as we stand at this milestone and look to the journey ahead, it’s worth asking the question: Why?

At Christiana Care, excellence is what we do. Striving for excellence and always reaching toward higher achievement are hallmarks of this organization. But we can’t do it alone. Without the feedback and guidance of our patients and neighbors in the community, we will only have half of the equation solved. And until we solve the complete value equation, our success is incomplete. So it is vitally important that we have our community’s perspective.

The Wilmington Hospital Patient and Family Advisory Council has many examples of how this partnership with our neighbors has resulted in successful outcomes. For example, the patient/family advisers have provided feedback on many early drafts of education and practice. The advisers have been instrumental in the implementation of the “My Hospital Stay” packet, which many patient care units are using to help patients prepare for discharge.

What makes this process even more gratifying is the fact that these patient and family advisers are volunteers. As former patients or family members of patients, they care enough about Christiana Care to give up their own free time to help us make a positive difference in people’s lives. In some cases, they began their relationship with Christiana Care under circumstances that may not have been the best. But they didn’t walk away; instead, they worked with us to improve the experience in order to make it better for our next neighbor. That’s exactly the kind of person we want as an adviser — the person who will give honest feedback, have the passion to learn, serve and participate in bringing about meaningful change.

All of us at Christiana Care are called to serve our neighbors as expert, caring partners in their health. This promise is not limited to nurses and physicians. It involves escort, dietary, administration, billing, transportation and all disciplines of providers — each of us has a role to play in creating the patient experience at Christiana Care. As we launch our newest advisory council, I encourage you to reflect on how you can make this partnership come to life in the context of your own team or department.

Do you know a current or former patient, patient’s family member or staff member who has the qualities to help us improve the patient experience?

If you know a good candidate to be on the council, contact Shelley Nix, co-chair, Christiana Hospital Patient & Family Advisory Council, at Lnix@christianacare.org or 302-428-4608.

You can also refer patients and family members to christianacare.org/adviser to learn more and fill out an online information request.

Who can participate?

Patients and family members must have received services at Christiana Hospital within the past three years. Staff members should understand the core concepts of patient- and family-centered care and The Christiana Care Way. Staff must also be a role model or key contributor in their most recent performance evaluation and have manager approval.

All participants should be motivated to create a partnership among staff, patients and families to create positive, meaningful change.
Center for Advanced Joint Replacement celebrates house warming at Wilmington Hospital

T he Christiana Care Center for Advanced Joint Replacement, one of the most advanced and comprehensive programs for hip and knee replacement in the United States, began admitting patients to its new home at Wilmington Hospital Sept. 3.

Located in a sparkling new environment on the 7th floor, the Center now features 30 private rooms for patient recovery, a new therapy gym and other amenities. This was made possible thanks to the Campaign for the Wilmington Campus.

Christiana Care performs the highest number of total joint replacement procedures in the Philadelphia region, with more than 2,000 total hip and knee replacements annually. That volume ranks in the top 20 nationwide.

Christiana Care also was one of only 128 hospital health systems in the nation — and the only hospital health system in Delaware — to earn the highest rating for knee surgery in Consumer Reports current issue on hospital surgery ratings.

What’s the secret to success?

“We’ve used a team-based approach to care, resulting in clinical outcomes that are among the best in the nation,” said Leo Raisis, M.D., medical director of the Center for Advanced Joint Replacement. “The key ingredients are preplanning, consistency and a highly motivated, highly qualified staff.”
“Success is due in large measure to the efforts of a dedicated, interdisciplinary team that includes 16 orthopedic surgeons, nurses, advanced-practice nurses, physician assistants, case managers, physical and occupational therapists and perioperative staff, among others,” said Nurse Manager Theresa Foraker, RN, BSN. She and Dr. Raisis have led the program since it began in 2000.

The Center for Advanced Joint Replacement strives to incorporate the best practices in all aspects of care. Intravenous antibiotics, anticoagulation therapy and pain management are all standardized. Optimal patient-safety measures, getting patients moving on the day of surgery, maximal patient satisfaction scores and minimal time in the operating room are all primary goals.

In 2011, Christiana Care invited the Joint Commission to visit the Center for Advanced Joint Replacement for a voluntary survey. The Center for Advanced Joint Replacement earned a Gold Seal of Approval for the total knee and hip replacement program at both hospital campuses.

The certification recognizes Christiana Care’s compliance with The Joint Commission’s national state-of-the-art standards for health care quality and safety in disease-specific care. Christiana Care is one of only 300 hospitals out of 8,000 in the U.S. to achieve Joint Commission total hip and knee replacement certification.

On a unit dedicated just to total joint-replacement procedures, camaraderie and a supportive spirit develop among patients and families, providing a psychological “you-can-do-it” boost to their recovery process.

Since most joint-replacement procedures are elective, patients can plan ahead to optimize their fitness for surgery and their recovery experience. Patients receive:

- A preoperative physical-therapy evaluation and class to help them prepare for what is ahead.
- Care from unit-based physical therapists to help mobilize the new joint and get them used to walking and even climbing stairs.
- An emphasis on group activities as well as individual care.
- Education for family and friends to participate as coaches in the recovery process.

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- Complimentary lunch with their coach on the second day after surgery.
- An occupational therapist to teach them how to use adaptive equipment, if needed.
- An after-care program, coordinated by their case manager who works with them from the very beginning.

“Through our new joint center, we are partnering with our neighbors to significantly enhance the patient- and family-centered experience when they are under our expert care,” said Brian Galinat, M.D., chair of the Department of Orthopedic Surgery at Christiana Care.

“Our patients can feel confident knowing that they will receive expert help through our innovative and effective systems of care, beginning when they are initially seen by their surgeon and continuing as they successfully recover from their operation and are able to resume doing the activities they enjoy.”

Steven M. Dellose, M.D., greets Christiana Care trustees and donors Phil and Daphne Reese at the Sept. 3 open house.

Leo Raisis, M.D., greets Christiana Care trustee and board member Betty Caffo and her husband Al Caffo at the celebration.

Christiana Care Podiatric Medicine & Surgery residents Brian Gradisek, DPM, and Aabha Suchak, DPM, assisted orthopaedic surgeon Paul Kupcha, M.D., in developing electronic poster presentations for presentation at the American Orthopaedic Foot and Ankle Society’s annual meeting in July. Dr. Gradisek presented “A Transverse Dorsal Approach to the Tarsometatarsal Joints in Acute Traumatic Injury.” Dr. Suchak presented “A Circumferential Tension Band Technique for the Operative Treatment of Navicular Bone Fractures.”

Brian Gradisek, DPM, Aabha Suchak, DPM, and Paul Kupcha, M.D.
The Middletown Emergency Department underwent an unannounced licensure survey by a representative from the Delaware Office of Health Facilities, Licensing and Certification in July to fulfill a requirement for permanent licensure as a free-standing emergency department in Delaware. The survey represented the second part of a two-part survey process. The first part took place prior to opening the ED and involved a policy, procedure and facility document review with the state. Based on that review, a provisional license was issued until an on-site survey could be conducted with a focus on real-time ED operations.

The surveyor inspected the facility, interviewed selected staff and observed the process of care delivery for a specific patient, a patient undergoing phlebotomy, a CT scan being performed and a medication check by a nurse. The surveyor also evaluated selected patient records, including those of a current patient encounter, a patient who was transferred out of the ED to a higher level of care, and a patient who was treated and released.

The surveyor complimented the ED and issued no findings or recommendations. The Middletown Emergency Department has been deemed a fully licensed free-standing emergency department.

“I’d like to thank Kara Streets, Laura Ward, Lenetta Roberts and Dr. Tom Sweeney for their assistance with the on-site review,” said Linda Laskowski Jones, MS, RN, ACNS-BC, CEN, vice president, Emergency Services and Trauma. “I’d also like to thank the MED leadership team, the entire MED staff, and everyone throughout Christiana Care Health System involved in supporting Middletown ED’s efforts in designing and implementing an outstanding emergency department.”

Weekend stress test scheduling available at Wilmington Hospital

Christiana Care’s Non-invasive Lab at Wilmington Hospital now offers weekend inpatient stress testing on Saturday and Sunday mornings.

“Weekend scheduling at Wilmington Hospital follows The Christiana Care Way,” said Anthony Gialloreto, director, Christiana Care Non-invasive Services. “Now, inpatients who might be experiencing a problem and are urgently in need of a stress test won’t have to be transported to the stress lab at Christiana Hospital. This service is more effective in a way that patients value. It’s a significant expansion of services that involves participation from the nuclear medicine section, the non-invasive lab and a cardiologist to supervise the test.”
Bernadette E. Baker, RN, registered nurse with the Christiana Care Center for Heart and Vascular Health’s prevention team, offered free blood pressure screenings and provided tips on ways to prevent heart disease during the kick-off event for Million Hearts Delaware, Thursday, Sept. 5, at the ShopRite of Governor’s Square in Bear.

Bernadette E. Baker, RN, registered nurse with the Christiana Care Center for Heart and Vascular Health’s prevention team, offered free blood pressure screenings and provided tips on ways to prevent heart disease during the kick-off event for Million Hearts Delaware, Thursday, Sept. 5, at the ShopRite of Governor’s Square in Bear.

Million Hearts Delaware is a public-private statewide effort to advance the goal of the national initiative to prevent 1 million heart attacks and strokes by 2017. Million Hearts Delaware aligns the efforts of hospitals, government, major employers and health care providers to combat cardiovascular disease with two specific aims: public awareness and clinical prevention.

“Our partners throughout the state are spreading the important news that heart disease is not just a deadly disease but a preventable disease,” said Ed Goldenberg, M.D., chief of preventive medicine for Christiana Care and the founder of Million Hearts Delaware. “We are empowering Delawareans to take preventive steps to improve their heart health so they can gain more years with their loved ones, their children, their parents and their families.”

The blood pressure screenings align with one of the key goals of Million Hearts Delaware, which is to improve care for Delawareans who need treatment by encouraging a focus on the “ABCS.”

The acronym stands for:
- Aspirin therapy for people at risk.
- Blood pressure control.
- Cholesterol management.
- Smoking cessation.

Million Hearts Delaware is supported by a grant funded in part by Christiana Care. Learn more at www.millionheartsde.com.
Stephen Kouba, M.D., swore it was a dream when he woke up in an ambulance and learned that he was headed to the Christiana Care Center for Heart & Vascular Health.

The last thing he remembered was sprinting toward the finish line of the half marathon portion of the 10th Annual Delaware Marathon Running Festival, held Mother’s Day, May 12, in Wilmington.

“When I crossed, I felt kind of funny,” said Dr. Kouba, an orthopaedic surgeon from Fayetteville, N.C. “I stopped, and the next thing I knew I went down. And that was the beginning of my journey.”

It was almost the end of his life, said Linda Laskowski Jones, MS, RN, ACNS-BC, CEN, vice president of emergency services for Christiana Care, who was leading the medical team at the race that day.

“He was gone,” Jones said. “His heart had stopped.”

Fortunately for Dr. Kouba, his episode began in quite possibly the only place it could have ended well. Waiting at the finish line medical tent were 20 members of Jones’ staff and the equipment — most notably an automated external defibrillator (AED) — needed to save his life.

“There was no delay,” Jones said. “Once they determined that he had stopped breathing and his heart had stopped, they immediately initiated CPR.”

One of the first members of the ED staff to reach Dr. Kouba that day was Kellie Glenn, who was volunteering at her first marathon. When she reached him, he collapsed in her arms, and what followed, she said, was a flurry of teamwork that saved his life.

“It looks like this really chaotic moment,” Glenn said. “Being a part of that team, I know it’s actually organized chaos. It’s seamless.”

Dr. Kouba’s wife, Marsha, was running the full marathon that day, and she is no stranger to tragedy at a marathon — she was at the 2013 Boston Marathon when the second bomb went off. But this was different. Dr. Kouba said Marsha, a nurse, broke down when ED staff reached her on her cell phone during the race and told her what had happened.

Part of what caused Dr. Kouba to go into cardiac arrest was exercise-associated collapse, Jones said. It typically occurs at the finish line and is caused by a redistribution of blood when a runner stops abruptly. Walking a little after crossing the finish line can help prevent this from happening.

Dr. Kouba had other heart issues, including an atrial flutter that was discovered in North Carolina. After the incident at the Delaware race, he was fitted with a pacemaker.

As a token of appreciation for saving his life, Dr. Kouba and his family purchased a second AED for the Emergency Department at Christiana Care. At the marathon, the staff only had one AED on hand, and once it left in the ambulance there was no spare.

“Hopefully, the AED I purchased helps someone else,” Dr. Kouba said.

Jones is certain that it will.

“He’s paying it forward by giving us equipment to save lives in the future,” she said.
Program helps nurses reclaim ‘The Personal Cost of Caring’
Staff learn to manage emotional trauma caused by caring through tragedy

“Nurses spend so much time caring for others that they often forget to care for themselves,” said Dan Doherty, RN, MSN, CEN, staff development specialist, Christiana Hospital Emergency Department. “After a while, caring for critically ill, dying or suffering patients can wear a nurse down. Eventually, you become the rescuer who takes that trauma home after work. Or you detach out of sheer self-preservation.”

He coordinates a program to help nurses in the ED to address vicarious trauma, in which caregivers internalize their patients’ trauma. “The Personal Cost of Caring” focuses on compassion fatigue, in which caregivers lose their ability to react sympathetically.

Workplace stress was listed as one of the top concerns by Christiana Care employees in the health system’s biannual employee-engagement survey.

“At work, we see pain and suffering,” he said. “Then we go home and watch the news. More pain and suffering. After dinner, we watch ‘Criminal Minds’ and ‘CSI.’ Even more pain and suffering.”

The result is continuous exposure to pain, suffering and negative emotions, which adds to the effect of vicarious trauma and compassion fatigue.

In the program, nurses attend a series of three 90-minute workshops in which they learn to monitor the sources of trauma and re-engage with the positive aspects of life. They also learn strategies for separating work and home.

“That means letting things out and talking about your day to decompress, but without going into the gory details that may result in distress to the listener,” Doherty said.

Heather Jones, a nurse who has worked in the ED for six years, will always remember the day a baby suffering from cardiac arrest was rushed in for CPR.

“We knew the likely outcome for the child was poor,” she said. “It’s hard not to take that home with you.”

Doherty suggested Jones and the other nurses involved in the case take the workshop.

“At first, I was skeptical,” she said. “But the skills we learned really help.”

Jones’ homework included devoting at least 15 minutes each evening to a shared conversation with her fiancée. This simple task promotes positive re-engagement with others.
“You are 100 percent focused on your loved one and not thinking about what went on at work,” she said.

She stopped watching the TV show “Trauma: Life in the ER.” She makes a point to regularly treat herself to small pleasures: a hot bath, a new blouse, a pedicure.

“I learned that my emotions are natural,” she said. “I verbalize them and then let them go.”

Soon, nurses in other units began asking about the program.

“Research shows that medical-surgical floors have the same level of vicarious trauma and detachment as the ED,” Doherty said. “They might spend days with a patient and become very attached to the patients and their families.”

Kirstan Baxter, RN, BSN, CCRN-CSC, nurse manager of the Cardiovascular Critical Care Complex at Christiana Hospital, asked Doherty to present the series at the suggestion of staff nurses, who had addressed the issue of workplace stress during the rigorous process of applying for Beacon certification from the American Association of Critical Care Nurses.

“Our nurses recognized that there are things that we can do to support one another in dealing with stress,” she said.

In the program, nurses learn not to feed off each another’s stress. Instead, they acknowledge the feelings of others without judgment or negativity.

“Be prepared to listen, but don’t feel like you have to fix the problem,” Baxter said. “We can reframe our thoughts and offer positive support.”

To learn more about “The Personal Cost of Caring,” contact Dan Doherty at ddoherty@christianacare.org

Lynn Weaver Campbell, BSN, RN-BC and Jacqueline Kreydt, BS, RN, won 2013 Delaware Excellence in Nursing Practice awards from the Delaware Nurses Association in partnership with the Delaware Organization of Nurse Leaders.

The awards recognize nurses who consistently promote and excel in their profession and bring a positive approach to their area of nursing practice. Selected by peer review, Campbell won for Inpatient, Hospital-Based Nurse and Kreydt for New Registered Nurse Graduate.

Thirty-five years ago, Campbell, inspired by her mother who is a nurse, began her career in psychiatric nursing at Christiana Care. Currently, she divides her time among the Psychiatric Crisis Team in the Emergency Department, the Psychiatric Consult Liaison Service and medical-surgical floors.

Campbell shares the credit with her colleagues. “My co-workers throughout Christiana Care, in psychiatry as well as the medical-surgical floors, could all be nominated for an award of excellence. I see them perform miracles every day,” she said.

Her nurse supervisor, Steve Beltran, BSN-C, calls Campbell “a tremendous patient advocate who goes above and beyond in her services to others, embodies the core values of Christiana Care and is truly an innovative thinker.”

For Kreydt, nursing is her second career. Formerly a recreation therapist, she became a nurse “to be closer to the patient’s care even before the recovery process,” she said. She works at Christiana Care’s Center for Rehabilitation at Wilmington Hospital, where she is happy to be surrounded by “knowledgeable, hard-working staff who never stop teaching me new skills and helping me improve my current ones,” she said.

Joyce Aboagye-Marfo, RN III, CCRN, her mentor and sometimes charge nurse, cites Kreydt’s strengths: “She’s easily approachable, well-informed and compassionate.”

Said Janet Cunningham, RN, MHA, NEA-BC, CENP, vice president of professional excellence and associate chief nursing officer: “Jackie and Lynn exemplify Christiana Care’s standard for nursing excellence — the reason we are Magnet.”
Value Institute launches Student Scholars Program

A summer internship program launched this year at Christiana Care’s Value Institute already has produced potentially valuable health care research and ignited an interest in pursuing health care careers among participants.

Four students participated in the seven-week Value Institute Student Scholars Program: Leslie Carandang, a sophomore at Boston College studying science; Julian Jackson, a sophomore at Tower Hill high school; Alexandra Mapp, who is pursuing a Master’s degree in public health from Drexel University; and Shelby Sydnor, a senior economics major from the University of Maryland.

Value Institute mentors worked with the students on research projects aligned with the Value Institute’s Triple Aim of improving population health, patient experience and health care value.

“We are really trying to train the next generation of researchers to think about the broad spectrum of research that can address the Triple Aim,” said Seema Sonnad, Ph.D., director of Health Services Research for the Value Institute. “Regardless of whether these students go on to graduate school, medical school or into practice settings, we hope that what they learn here will broaden their understanding of the impact that research can have in a real-world clinical setting and that the Value Institute can become even better known as the go-to source of education and research in that area.”

Mapp, who is continuing her research at Christiana Care, worked on two projects. Her ongoing project, under the mentorship of neurointerventional surgeon Sudhakar Satti, M.D., and Dr. Sonnad, is investigating subarachnoid hemorrhages — bleeding in the area between the brain and the thin tissues covering the brain — and aneurysm rupture to determine the average size of aneurysms that are likely to rupture and what, if any, risk factors are associated with ruptures. She began her research by reviewing five years of medical records, including 257 patients who came to Christiana Care with a subarachnoid hemorrhage.

“This research could help reshape the way doctors are making decisions on which unruptured aneurysms need surgical intervention, preventing adverse patient outcomes that arise from a ruptured aneurysm,” Mapp said.
Mapp also partnered with Carandang to research the use and uniformity of emergency codes, such as “code blue” or “code red,” in different hospitals in the region, under the mentorship of Dr. Sonnad and Jennifer Goldsack, MS, research associate at the Value Institute. They discovered significant variations in the meanings of emergency codes among hospitals, as well as examples of the varying code systems creating confusion and delayed response times.

“This was sparked by people calling the wrong codes because of differences among multiple health care systems,” Carandang said. “If we see there is a need for code standardization or a shift to plain language — saying ‘medical emergency’ instead of ‘code blue’ — or further education among staff, that could improve patient outcomes.”

In addition, Carandang researched reasons for low clinical trial participation among the elderly, under the mentorship of Dr. Sonnad. Carandang found elderly patients often want more information about how participation in a trial will affect their day-to-day lives, and often are more likely to participate if a trusted physician is involved in answering their questions and enrolling them.

“The elderly population accounts for 36 percent of health care costs, and that number is expected to more than double by 2060, so it’s important that physicians know how to care for them. But currently the trials for these medications do not necessarily involve the elderly patients who ultimately will use them,” she said. Leslie Carandang’s work has been submitted for publication consideration to the journal Clinical Trials. Other projects have manuscripts in preparation.

Jackson and Sydnor worked together on a project intended to research the influence and effectiveness of health systems advertising their services. Sampling advertising in the Philadelphia area, they discovered hospitals more frequently advertise their expertise and specialists, rather than their technology or advanced surgical equipment. However, their research ran into roadblocks that left them unable during their summer work to research patient response to those advertisements — a valuable research lesson in itself, said Dr. Sonnad.

Sydnor also conducted research on preventing falls in hospitalized patients under the mentorship of Goldsack and Associate CNO Janet Cunningham, MHA, RN, NE-BC, CENP, vice president, professional excellence.

“I was very grateful for the opportunity to work at the Value Institute this summer,” Sydnor said. “I was able to learn a lot about the research process and how these groundbreaking studies translate into providing the most successful and efficient health care possible. I now have a much greater appreciation and understanding of the importance of research and hope to take what I have learned this summer with me as I apply for graduate school and look to enter this innovative field myself one day.”

“We hope that what they learn here will broaden their understanding of the impact that research can have in a real-world clinical setting and that the Value Institute can become even better known as the go-to source of education as well as research in that area.”

— Seema Sonnad, Ph.D.

Need to get away? Try one of these ‘expeditions’

Two Institute for Healthcare Improvement (IHI) Expeditions sponsored by the Value Institute Academy are currently open for enrollment.

The expeditions are topic-specific, action-focused, online programs, lasting two to four months, designed to help front-line teams make rapid improvements in key areas. The programs may be viewed from a personal computer.

For more information, contact Theresa Fields, Education Coordinator, Value Institute Academy, 733-2066.
Christiana Care Health System’s Helen F. Graham Cancer Center scored highest in patient experience for the quality of cancer care among six U.S. centers in a July survey report issued by the Mayo Clinic and the American Institutes for Research.

In the prototype Consumer Assessment of Healthcare Providers and Systems (CAHPS) Survey for Cancer Care, Christiana Care had the highest score for overall care with 88 percent of patients giving a 9 or 10 (on a scale of 0 – 10) to their cancer care team. Christiana Care’s average score of 9.5 on this question was significantly higher than the average for all six centers.

The survey, sponsored by the Agency for Healthcare Research and Quality and the National Cancer Institute, with supplemental funding from The California HealthCare Foundation, mines deeper than patient satisfaction to shed light on how patients perceive the quality of care delivered at each center.

The Helen F. Graham Cancer Center also was top performer in four out of five composite measures in the patient survey: affective communication (e.g., listening, show of respect, spending time); shared decision making; exchanging information and keeping the patient up-to-date; and access to care.

“Our patients are telling us that our way of caring for them is working. It’s multidisciplinary cancer care done right.”

— Tricia Strusowski, MS, RN
Like all CAHPS surveys, the Survey for Cancer Care is in the public domain, so any center or hospital providing cancer care can download and use it. In addition, top center scores serve as benchmarks for other cancer centers to help evaluate their own performance.

“The results of the Cancer CAHPS survey are so important because they offer, perhaps for the first time, real affirmation that multidisciplinary cancer care is making a positive difference in the lives of our patients and family members,” said Tricia Strusowski, MS, RN, Christiana Care cancer program clinical director.

Multidisciplinary cancer care consists of a unit of doctors from different specialties who collaborate to focus on caring for patients with a specific type of cancer. In one visit, the patient typically meets with a nurse navigator and a team of doctors consisting of a medical oncologist, a radiation oncologist, a surgeon, and other specialists and appropriate support services to create a treatment plan.

Strusowski served on the Technical Expert Panel for survey design that included input from 16 focus groups of individuals or family members who had cancer.

“Our patients are telling us that our way of caring for them is working,” she said. “It’s multidisciplinary cancer care done right.”

According to Nicholas J. Petrelli, M.D., Bank of America endowed medical director of the Helen F. Graham Cancer Center, “The CAHPS survey results strengthen our stature as a national model for multidisciplinary, patient-centered, value-driven cancer care.” The survey will be a useful performance-improvement tool internally, and “data sharing through AHRQ and the CAHPS network will offer insights to community cancer centers around the country who want to improve the quality of their own cancer care services,” he said.

A total of 1,367 out of 2,826 eligible respondents completed the survey by mail or over the phone, for an overall response rate of 48.3 percent. At the Graham Cancer Center, 90 patients completed the survey.

Eligible participants had received cancer care, including surgery, medical oncology or radiation therapy, between January and September 2012, and had treatment in the 10 weeks prior to their participation. Respondents also provided demographic and health-related information. Survey results were adjusted for differences in respondent characteristics across centers.

Although American Institutes for Research cannot publically name the other centers participating in the pilot, each participating center received a report on its individual performance and how it compares to all six centers combined, as well as to the top center.

One of the most technologically advanced and largest cancer programs on the East Coast, the Graham Cancer Center is among the original National Cancer Institute Community Cancer Center Program sites awarded in the U.S. The Graham Cancer Center’s world-class team of specialists provided care for more than 195,000 patient visits last year.

The CAHPS program is a multi-year initiative of the Agency for Healthcare Research and Quality to support and promote the assessment of consumers’ experiences with health care. First launched in October 1995, the program has expanded beyond its original focus on health plans to address a range of health care services and meet the information needs of health care consumers, purchasers, health plans, providers, and policymakers.

Founded in 1946 as a nonpartisan not-for-profit organization, the American Institutes of Research is one of the world’s largest behavioral and social-science research organizations.
Firas Mourtada, Ph.D., DABR, to lead Delaware Valley chapter of AAPM

Firas Mourtada, MSE, Ph.D., DABR, is the new president-elect of the Delaware Valley Chapter of the American Association of Physicists in Medicine.

Dr. Mourtada, who joined Christiana Care in 2011, works with a team of radiation oncologists, physicists and dosimetrists overseeing radiation treatments to ensure patients receive the safest and most effective treatment for cancer. He supports initiatives for clinical trials at the Helen F. Graham Cancer Center as well as clinically oriented research in collaboration with the Center for Translational Cancer Research and within Christiana Care’s Radiation Oncology Department.

Dr. Mourtada is an adjunct associate professor in the Division of Medical Physics, Department of Radiation Oncology, Kimmel Cancer Center, Thomas Jefferson University, Philadelphia, and in the Department of Radiation Physics, UT MD Anderson Cancer Center, Houston.

He received an MSE in 1994 and Ph.D. degrees in 1998 in biomedical engineering and radiation health, respectively, at The Johns Hopkins University in Baltimore.

Radiation Oncology Physics Residency Program reaccredited

The Christiana Care residency program in radiation oncology physics, in affiliation with the Thomas Jefferson University residency program for medical physicists, has been accredited through Dec. 31, 2015.

The Board of Directors of the Commission on Accreditation of Medical Physics Educational Programs program made the announcement Aug. 6.

“Dr. Mourtada has done a phenomenal job in pulling together the residency program in radiation oncology physics,” said Nicholas J. Petrelli, M.D., Bank of America endowed medical director of the Helen F. Graham Cancer Institute.

“Training young individuals to become medical physicists is an important component of the Department of Radiation Oncology at the Helen F. Graham Cancer Center.”

— Nicholas J. Petrelli, M.D.
Matthew Hoffman, M.D., MPH, leads major research trial on preterm birth prevention methods

A Christiana Care physician will be the principal investigator for a research trial that could redefine the way preterm childbirth is prevented.

Matthew Hoffman, M.D., MPH, vice chairman of the Department of Obstetrics & Gynecology and director of the Division of Education and Research at Christiana Care, will lead a 14-center clinical trial to compare the use of progesterone vs. pessaries to prevent preterm birth. The trial will be conducted through the Maternal Fetal Medicine Units Network (MFMU), a research network created by the National Institute of Child Health and Human Development, for which Dr. Hoffman serves as a principal investigator.

The trial, which is currently going through the governmental approval process, will look at two main issues: whether screening expectant mothers to detect a short cervix, a factor attributable to 40-50 percent of preterm births, helps prevent preterm birth; and whether the use of progesterone therapy or pessaries — silicon devices that encircle the top of the cervix to close it non-surgically — among women diagnosed with short cervix is more effective in preventing preterm birth.

Dr. Hoffman will act as principal investigator on the second portion of the trial, testing the efficacy of progesterone vs. pessaries, and is authoring protocols that will be enacted by the 14 centers within MFMU, including Christiana Care.

“There’s a huge difference between a 33 percent and an 80 percent reduction,” Dr. Hoffman said.

The MFMU trial, targeted to start in late autumn, will put the promising results of that Spanish study in a head-to-head test using a much larger sample, screening about 25,000 women and using a study group of 824, randomly divided to get either progesterone or pessary therapy. The study is expected to take 2.5 years to complete.

Along with his work with MFMU and his prominent role in the pessary trial, Dr. Hoffman is director of Obstetrical and Gynecological Research for Christiana Care, where he has conducted studies and led initiatives that have contributed to reducing the infant mortality rate in Delaware and reduced the use of unnecessary medical procedures during childbirth.

He also established Christiana Care’s Prematurity Prevention Program, is an assistant professor at Jefferson Medical College of Thomas Jefferson University in Philadelphia, a sought-after lecturer on women’s health issues and a reviewer for medical journals including Obstetrics & Gynecology and the American Journal of Obstetrics & Gynecology.

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.
Making health care better for employees, as individuals and as a group

Christiana Care’s enhanced health plan for employees is designed to provide high quality, accessible, efficient care for individuals — and also to improve the well-being of employees and their families as a group.

Starting in summer 2014, employees and their dependents will benefit from a clinically integrated network in which providers and the health care system work together to keep patients healthy.

“Christiana Care is the state’s largest private employer, and this is an exciting opportunity to take our commitment as a leader in health care to an even higher level,” said Alan Greenglass, M.D., chief executive officer of Christiana Care Quality Partners.

Clinically integrated networks offer significant improvements over the health maintenance organizations (HMOs) of the 1990s, which focused on containing costs through negotiating discounts with providers and health care systems.

“A clinically integrated network is based on quality care and safer care, not just cost,” Dr. Greenglass said.

Clinically integrated networks also are designed to improve population health by understanding the needs of individuals and the greater group of employees. The goal is to provide the resources employees need and make them accessible.

Population health is the health outcomes of a group of individuals, including the distribution of such outcomes within the group. In this clinically integrated network, the population is Christiana Care employees and their dependents. We are in this together striving to make care more effective and efficient.

Population health doesn’t mean patients are a number, Dr. Greenglass said. In such a network, each individual has access to acute care, preventive care and screenings. Multidisciplinary teams ensure extra help for patients managing chronic conditions and other issues.

A clinically integrated network improves quality of care through electronic medical records, so all your doctors are on the same page.

“They know about your allergies, your medications, your medical history,” Dr. Greenglass said.

Providers have more real-time information, so they can make better decisions. Opportunities for ongoing education help providers to stay up-to-date.

“It’s a model that defines success based on patient outcomes rather than payment for service,” Dr. Greenglass said. “When patients are as healthy as possible, everyone wins.”

Advantages of a Clinically Integrated Network Like Christiana Care Quality Partners

Focus on quality care and safer care, not just cost
Implements health of both individuals and populations
Flexible, patient-friendly access
Enhanced data for more effective plans of care

Publishing


Carys Price, PT, MSPT, MS, BEd, CSPHP, CEAS II, Linda Sanderson, BSN, RN, “Significantly Reduce Your Healthcare Worker Lost Time Injuries With Safe Patient Handling” Accepted for Publication, Nursing 2013.

Anthony Sciscione, D.O., et al., for the Eunice Kennedy Shriver National Institute of Child Health; Human Development (NICHD) Maternal-Fetal Medicine Units (MFMU) Network:
Employee News

Resources available to help staff manage stress

Christian Care places an emphasis on the wellness of its employees. Receiving special consideration are the benefits and resources to help employees manage stress. Below are highlights of current resources. These fall under the Employee Engagement Survey topic “The amount of job stress I feel is reasonable.”

- A Stress Management Committee has convened to address the topic of stress in the workplace and identify tools to continue to support staff. Current work includes identifying causes of stress, communicating about stress relief programs, partnering with the Employee Assistance Program to offer onsite sessions/support and training/education on how to identify work stress in colleagues and referral resources.

- HR Online Wellness site offers workshops focusing on anxiety and offers stress release videos.

- Employee Fitness Centers at both hospitals offer multiple fitness programs, including one-on-one training to customize a workout, at a significantly reduced rate.

- Chapels at Wilmington and Christiana hospitals are available for quiet, reflective time and a designated quiet room at the Helen F. Graham Cancer Center is open for reading, meditation, reflection and guided imagery.

- Pastoral Care offers debriefing sessions for groups experiencing stressful events.

- A number of voluntary benefits can help with the day-to-day life events that can cause stress, such as Hyatt Legal Plans, VPI Pet Insurance, Group Critical Illness Coverage, Group Accident 24 Hour Coverage, and InfoArmor Identity Theft Protection.

- An improved Employee Assistance Program, launched in 2011, offers a range of resources including up to five free in-person sessions per issue and online tools.

- Christiana Care partners with Children & Families First to offer services to help balance the demands of work, family and personal life, including referrals to help with child care and elder care.

- Full-time and part-time employees who have completed three months of service receive a generous Paid Time Off program for time away from work for vacation, sickness and other personal reasons.

- Christiana Care is partnering with the United Way of Delaware later this year to offer $tandbyME®, a voluntary benefit that offers free one-on-one support to individuals to understand more about their money, learn how to make good financial decisions and have choices for savings and loans.


Presentations

David A. Paul, M.D., Blood Transfusion and NEC: Causation or Association, at the Special Interest Group NEC, UK, First International Conference in London, July 2013.

Linda Laskowski-Jones, MS, RN, ACNS-BC, CEN, FAWM, will present “Practicing on the Wild Side: Wilderness Wounds,” online via Lippincott’s eConference Room, Oct. 26, 1:30 p.m.

Claudine Jurkovitz, M.D., will present a poster “Decrease of Glomerular Filtration Rate at 30-Day Readmission after Percutaneous Coronary Intervention” at the American Society of Nephrology, SN Kidney Week 2013 Annual Meeting, Nov. 7 in Atlanta. Her abstract uses retrospective data from Christiana Care’s Bridging the Divides program.
More than 200 employees and their family members turned out for Christiana Care Night with the Blue Rocks on Monday, Aug. 19. The game was the kickoff event in this year’s Great Place to Work Week Celebration, Sept. 16-20.

The celebration recognizes the efforts all of us undertake each day to partner with our patients, our neighbors and each other to make Christiana Care a Great Place to Work.

Janice Nevin, M.D., chief medical officer, threw out the first pitch. Children of Christiana Care employees accompanied each of the Blue Rock players to their positions to start the game.

Employees in attendance received a free Christiana Care backpack. Team mascot Rocky Bluewinkle stopped by to pose for pictures with families throughout the game.

“It was a fun night and wonderful way to kick off our Great Place to Work celebration,” said Heidi Klous, senior education specialist in Human Resources, who led the organizing committee. “There is a lot more taking place Sept. 16-20, including individual and departmental contests, opportunities for recognition, exciting prizes and free ice cream for everyone.”
The Junior Board of Christiana Care Health System installed several new officers, effective July 1. The Junior Board of Christiana Care is a not-for-profit corporation with its own board and volunteer membership. Guided by a commitment to community service and support of the health system, its members give of their time and talents, raising money by reaching out into the community and by operating the gift shops in both hospitals. They also hold the annual Medicine Ball fundraiser, which provides support for a variety of services and programs within Christiana Care Health System. Since 1985, The Junior Board of Christiana Care Inc. has raised $13,134,000 in support of services and programs throughout Christiana Care. The Junior Board members also provide unprecedented volunteer service at Christiana and Wilmington hospitals, the Helen F. Graham Cancer Center and the Roxana Cannon Arsht Surgicenter, with more than 14,000 hours in the past year.

Back row: Christine Frysztacki, first vice president, Ways & Means; Patricia Brock, assistant treasurer; Angela Case, membership; Ann Kappel, provisionals and ex officio; Nancy Rich, second vice president, Hospital Services, and president elect; Patricia Parker, recording secretary. Front row: Barbara Burd, provisionals; Irene Larson, third vice president, External Affairs; Diane Thomas, president; Judy Sherman, treasurer; Carol Dehorty, administrative secretary.

Christiana Care Chief Medical Officer Janice Nevin, M.D., MPH, throws out the first pitch.
Some people get confused about good cholesterol and bad cholesterol.

But learning your cholesterol count is always good because knowing your numbers empowers you to become an active partner in your health.

Cholesterol is a waxy substance found in the blood that helps us to build cell walls, produce hormones and make our organs function. LDL (low density lipoprotein) is the bad cholesterol that forms deposits on artery walls. HDL (high density lipoprotein) is good cholesterol. HDL helps clear excess cholesterol from our blood so it doesn’t clog our arteries.

“High levels of bad cholesterol is a major risk factor for heart disease, heart attack and stroke,” said Edward Goldenberg, M.D., medical director, Employee Wellness. “You can’t feel it when your cholesterol levels are elevated, so it’s important for all adults age 20 or older to get a fasting lipoprotein profile, which measures total cholesterol, including LDL and HDL, as well as triglycerides.”

If your results are normal, you should be tested every five years. Your test report will show your cholesterol levels in milligrams per deciliter of blood (mg/dL).

That sounds complicated, especially when you are weighing your bad cholesterol, good cholesterol and triglycerides – the form in which most fat exists in food as well as in the body.

So let’s make it simple. The number you want to hear for triglycerides is less than 150. For LDL, it’s less than 100. And for HDL, the goal is more than 40 for woman and more than 50 in men.

Based on your numbers, your doctor might prescribe medication, taking into account your age, your medical history and your lifestyle.

If your condition is borderline, you can improve your numbers through changes in the food you eat and your level of physical activity. You truly have a say in your own health!

High-fiber foods, such as oatmeal and bran, act like sponges, reducing the cholesterol that is absorbed into your blood.

Fish that are high in Omega-3 fatty acids, including salmon, sardines and albacore tuna, also are healthy choices.

Moderate physical activity – 30 minutes of exercise a day – can help raise your level of good cholesterol, HDL. Giving up tobacco also contributes to increased levels of HDL.

Want to learn more about cholesterol, healthy eating and exercise?

Go to Wellness: Caring for Yourself, on the portal for good information on ways to keep yourself fit and well.
2013-14 Employee Flu Vaccinations begin Oct. 7

Employee flu vaccinations will begin Monday, Oct. 7 this year.

Vaccination stations will be located at selected entrances of both hospitals (Oct 7-11) and ancillary sites (Oct 14-18). More details will be announced as this event draws closer.

The standard trivalent latex-free, preservative-free flu shot will be offered at all the vaccination stations.

Given the availability of new vaccine products, a few changes to the vaccination program will occur this year:

- New flu vaccines for egg-allergic individuals will be available through Employee Health Services for employees or Medical-Dental staff. Egg allergy will no longer be accepted as a medical exemption for Christiana Care’s program.
- Quadrivalent (which includes an additional strain of influenza B) and intradermal flu vaccines will NOT be offered by Christiana Care, but employees or Medical-Dental staff can elect to receive these vaccines elsewhere.
- High-dose (for those age 65 or greater) and intranasal vaccines (for up to age 50) will be available via Employee Health, if desired.

An additional change is that flu vaccines will no longer be distributed to nursing units for staff vaccination. All on-campus staff are expected to be vaccinated at the entrance vaccination stations during the first two weeks of the campaign, or at Employee Health Services (after the initial campaign). Off-campus sites may still order vaccine for staff.

For any questions or concerns, please contact Employee Health Services at 733-1479, or Infection Prevention at 733-3506.

Best practice review  INSULIN LABELING

Q. WHAT IS CHRISTIANA CARE’S PROCESS FOR THE LABELING OF INSULIN VIALS WITH A NEW EXPIRATION DATE?
A. Christiana Care’s process for the labeling of insulin vials is that all insulin vials are labeled with a new expiration date by pharmacy before being stocked on the patient care areas.

Q. IS PATIENT SPECIFIC INSULIN DISPENSED WITH AN EXPIRATION DATE LABEL FROM PHARMACY?
A. Yes, patient specific insulin is dispensed with an expiration date on the label from pharmacy.

Q. UPON OPENING, DO ANY OF THE INSULINS NEED TO BE LABELED WITH A NEW 28-DAY EXPIRATION DATE?
A. No, when opening an insulin vial or patient specific insulin adhere to the expiration date that has been applied by pharmacy. The insulins are good through the expiration date unless it becomes contaminated.

Q. WHAT SHOULD I DO IF THE INSULIN VIAL IS UNOPENED BUT HAS REACHED ITS EXPIRATION DATE?
A. Expired unopened insulin vials should be returned to pharmacy.

Q. HOW SHOULD I DISPOSE OF INSULIN VIALS THAT ARE OPENED AND HAVE EXPIRED?
A. Expired or contaminated insulin vials should be disposed of in the PARE container if there is product remaining in the vial, regular trash if empty.

If you have questions about this Best Practice Review, please contact the Pharmacy Content Expert: Caroline Attia, Pharm.D, at 733-6099. Safety Hotline: dial 7233 (SAFE) from within the hospital; or dial 623-7233 (SAFE).
September

27th AIDS WALK
Saturday, Sept. 28, 10 a.m. Registration begins at 9am. Walks are at both Wilmington Riverfront and Grove Park in Rehoboth.
Support the Christiana Care HIV Program by walking with us, or by donating to our team. Go to www.aidswalkdelaware.org, select Christiana Care HIV Program, and help make a difference.

October

Institute for Healthcare Improvement (IHI) Expeditions, Improving Care for Frail Older Adults with Complex Needs
Five sessions, begins Oct. 1.
Contact Theresa Fields at the Value Institute, tfields@christianacare.org to request admission.

Friends of the Helen F. Graham Cancer Center 10-year anniversary event:
A Celebration of Hope
Honoring Carroll M. Carpenter and Nicholas J. Petrelli, M.D., will be Saturday, Oct. 5, 7 - 11:00 p.m., Wilmington Country Club
Your support of this exceptional event funds essential research in our quest for a cure, initiatives that open up new possibilities, and patient care that creates a brighter future for many.
Mark your calendar now for an evening of great fun, delectable food and live entertainment. All proceeds will support the Helen F. Graham Cancer Center.
Purchase tickets online at christianacare.org/friends/upcomingevents.

6th Annual Renal and Hypertension Symposium
Saturday, Oct. 5, 8 a.m. -2:30 p.m., John H. Ammon Medical Education Center.
Registration deadline: Sept. 27. Register online at: https://cchs.cloud-cme.com/renal2013.

12th Annual Stroke Education Conference
Saturday, Oct. 12, 7 a.m. – 1:45 p.m.
John H. Ammon Medical Education Center
Sponsored by the Delaware Stroke Initiative. Watch the portals for information to come.

The Lowdown on Low T and Low E (testosterone and estrogen) a free lecture brought to you by Christiana Care Concord Health Center
Tuesday, Oct. 8, 7 - 8:30 p.m., Brandywine River Museum, 1 Hoffman’s Mill Road, Chadds Ford, Pa.
You’ve heard all the talk and seen the TV ads about low E and low T; now get the medical facts in this free lecture. Learn about hormones, hot flashes, intimacy, medications, side effects and more from a Christiana Care expert, Estelle Whitney, M.D.
PEEPS Team Bariatric Workshop  
Thursday, Oct. 24, 11:30 a.m. – 3:30 p.m.,  
L856 Christiana Hospital.
Register through the Education Center.

Strong and Healthy Latinas:  
Love yourself. Love your family.  
8th annual free health awareness event presented  
entirely in Spanish, Saturday, Oct. 26, 10 a.m. - 3 p.m.,  
Bayard Middle School, 200 S. Dupont St., Wilmington.
For more information call Community Health Outreach  
and Education at 302-623-4661.

11th Annual Delaware Emergency Nurses  
Association Symposium  
Wednesday, Oct. 30, 7 a.m. – 3:30 p.m., Dover Downs Hotel and Casino, 1131 North DuPont Highway, Dover.
- First-response to non-fatal strangulation.
- Handling postpartum emergencies.
- Causes of teen suicides and the effects on parents and families.
- Acute stroke management.
- A slate of unusual EMS cases.
- Social media pitfalls in emergency nursing.
For more information or to register, contact Meriam Dennie, mdennie@christianacare.org

Value Institute Symposium: End-of-Life Care in America — A Clinical and Public Policy Perspective  
Thursday, Oct. 31, 9:30 a.m. – 12 p.m., John H. Ammon Medical Education Center
The Value Institute presents palliative care experts Diane E. Meier, M.D., FACP, of Mount Sinai Medical Center and David J. Casarett, M.D., MA, of the University of Pennsylvania. This symposium is co-sponsored with the Delaware Public Policy Institute. Register at http://www.christianacare.org/value-symposium.
Migraines affect 18% of women and 6% of men in the United States. A migraine may be the patient’s sole reason for seeking treatment in the emergency department or may be a secondary condition the patient experiences during an admission. The Disability in Strategies of Care (DISC) Study published in 2000 determined that matching the level of treatment to the illness severity was a more effective treatment strategy than using a step-wise approach to treatment. Thus, starting treatment with a non-specific medication and moving to a migraine specific medication after treatment failure is not recommended.

The use of migraine specific medications is often hampered by their wide array of contraindications as well as potential adverse effects. The mechanism of triptans and dihydroergotamine is via activation of serotonin 1B and 1D receptors causing vasoconstriction. Dihydroergotamine also activates several other serotonin and dopamine receptors and unlike triptans includes a risk of serotonin syndrome when used in combination with SSRI’s. The seven triptans available are all slightly different pharmacologically and patient’s response may differ between agents. The main differences between the two triptans on the Christiana Care formulary include the availability of sumatriptan as a subcutaneous injection and more drug interactions with eletriptan.

Medications from several classes are used to supplement migraine specific medications or are used in place of migraine specific medications when contraindications are present. NSAID’s help to decrease pain and symptoms associated with migraine via a peripheral and central mechanism, and may be used in combination with other therapies, including migraine specific medications. Dopamine antagonists have been found to be beneficial not only for the nausea and vomiting that often accompany migraines, but for the pain as well. The analgesic mechanism in migraine is not completely understood, but is thought to involve the D2 receptor.

Although they are not considered preferred therapies, other medications are commonly used for the treatment of migraines. The use of butalbital is not recommended due to the risk of medication-overuse headaches (MOH). Opioids have a high rate of migraine recurrence, increase the chances of MOH, and may decrease the effectiveness of concomitant NSAID’s; however, sedation due to opioids may allow a patient to sleep and break the headache cycle. Acetaminophen by itself is not recommended; however, pregnant patients may have very few other alternatives.

### Therapeutic Notes

**Acute Migraine Treatment** By: Katelyn McCormick, Pharm. D., BCPS

<table>
<thead>
<tr>
<th>CLASS</th>
<th>DRUG</th>
<th>DOSE</th>
<th>WARNINGS/PRECAUTIONS</th>
</tr>
</thead>
</table>
| Triptans      | Sumatriptan (Imitrex)       | • 25–100 mg po once, optional 2nd dose after 2 hours if a satisfactory response was not obtained (max 200 mg/day)  
• 6 mg SQ once, optional 2nd dose after 1 hour (max 12 mg/day) | • Maximum 50 mg / dose in patients with mild/moderate liver disease  
• Pregnancy category C  
• Contraindicated in patients with ischemic heart disease, severe liver disease, uncontrolled hypertension, and for use within 24 hours of another specific migraine treatment |
|               | Eletriptan (Relpax)         | • 20–40 mg po once, optional 2nd dose after 2 hours if headache returns (max 80mg/day) | • Drug Interactions with 3A4 inhibitors  
• Pregnancy Category C  
• Contraindicated in patients with ischemic heart disease, liver disease, uncontrolled hypertension, and for use within 24 hours of another specific migraine medication |
| Ergotamine Derivative | Dihydroergotamine (Migranal) | • 1 mg IV/IM/SQ with the option to repeat hourly to a maximum dose of 2 mg/day (IV) or 3 mg/day (IM/SQ) | • May cause significant nausea/vomiting  
• Pregnancy Category X  
• Contraindicated in patients with ischemic heart disease, severe liver disease, uncontrolled hypertension, for use within 24 hours of another specific migraine treatment, for use with peripheral/central vasoconstrictors, and with potent CYP3A4 inhibitors |
| NSAID         | Ketorolac (Toradol)         | • Ketorolac 30 mg IV or 60 mg IM  
• Ibuprofen 200-800 mg PO  
• Naproxen 750 mg PO once, optional 500 mg 2nd dose | • Contraindicated in history of GI bleeding, other bleeding risk factors and renal impairment  
• Pregnancy Category C / D (>30 weeks gestation) |
|               | Ibuprofen (Advil)           |                                                                      |                      |
|               | Naproxen (Naprosyn)         |                                                                      |                      |
| Dopamine Antagonist | Prochlorperazine (Compazine) | • Prochlorperazine 5-10 mg IV (also available PO/PR/IM)  
• Metoclopramide 10 mg IV (also available PO/IM)  
• Chlorpromazine 0. 1 mg/kg IV (also available PO/IM) | • Monitor for QT prolongation and extrapyramidal symptoms  
• Metoclopramide is Pregnancy category B  
• May cause hypotension  
• IV administration preferred for treating patients with nausea |
|               | Metoclopramide (Reglan)     |                                                                      |                      |
|               | Chlorpromazine (Thorazine)  |                                                                      |                      |

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### FORMULARY ADDITIONS

<table>
<thead>
<tr>
<th>Medication – Generic/Brand Name</th>
<th>Strength / Size</th>
<th>Use / Indication</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Apixaban / Eliquis</td>
<td>2.5 mg &amp; 5 mg tablets</td>
<td>TReduction of stroke and systemic embolism risk among those with nonvalvular atrial fibrillation</td>
<td></td>
</tr>
<tr>
<td>Mesalamine / Delzicol</td>
<td>400 mg delayed-release capsule</td>
<td>Treatment of ulcerative colitis</td>
<td>Replaces Asacol 400 mg delayed-release tablet</td>
</tr>
<tr>
<td>Pertuzumab / Perjeta</td>
<td>30 mg/mL 420 mg vial</td>
<td>Treatment of HER-2 positive metastatic breast cancer</td>
<td>Administration limited to CCHS-owned office practices &amp; ambulatory infusion centers</td>
</tr>
</tbody>
</table>
| Prothrombin Complex Concentrate (Human) / Kcentra | Kit containing 500 unit vial | Urgent reversal of acquired coagulation factor deficiency induced by warfarin or other vitamin K antagonists in adult patients with acute major bleeding | Prescribing limited to:  
  - Surgical critical care intensivists  
  - Neurointensivists  
  - Other physicians only with approval of a Department of Pathology credentialed physician |
| Zonisamide / Zonegran           | 25 mg, 50 mg and 100 mg capsules | Anticonvulsant | |

### NEW CHRISTIANA CARE MEDICATION POLICIES

- **Amikacin injection**: Prescribing of amikacin restricted to Infectious Disease physicians for treatment of multi-drug resistant gram negative bacterial infections, or mycobacterial infections when in short supply
- **Anaphylaxis CMA**: Care management algorithm (CMA) for anaphylaxis
- **Revised Intracranial hemorrhage CMG**: Human prothrombin complex concentrate (Kcentra) replaces activated recombinant factor VII (NovoSeven) in this care management guideline (CMG)

### FORMULARY DELETIONS

- **Asacol (mesalamine) 400 mg tablet**: This tablet is no longer manufactured
- **Eucerin cream**: This product was replaced with Formula II cream, which Materials supplies
- **Lithium 300 mg immediate-release tablet**: Removed from Christiana Care Formulary to reduce risk of medication errors. The 300 mg capsule remains available
- **Oprelvekin (Neumega) injection**: Removed from Christiana Care Formulary because of lack of use
- **Sodium thiosulfate 10% injection**: This product strength is no longer manufactured. The 25% injection remains available

### NOT ADDED TO FORMULARY

- Lurasidone
- Ofatumumab injection
Local kids raised $640 to benefit Christiana Care by holding a car-wash fundraiser in Greenville, Del., Aug. 22. The money will help fund the NICU BabyCam Initiative so that each of Christiana Hospital’s 72 neonatal intensive care beds has a baby camera monitoring system. Families will be able to see their newborns from home or other remote location while they are cared for at Christiana Hospital’s NICU. You too can help support this or another Christiana Care service or initiative by contacting Karen Gadson, in Development at 302-327-3337 or kgadson@christianacare.org.

“Kids Helping Kids” – $640 raised for NICU BabyCams