At Christiana Hospital, a nimble, dedicated team cares for patients whose health concerns clearly warrant emergency care but whose need for hospital admission is not as obvious.

The Emergency Department Observation (ED OBS) Unit is a 12-bed unit adjacent to the Christiana Hospital Emergency Department that recently finished its first full year of caring for patients. The patients who arrive there do not need to be admitted but are in need of care that goes beyond the initial evaluation and management of an emergency care setting.

“We care for the large proportion of Emergency Department patients who benefit from an extended observation period,” said Jason Nace, M.D., medical director of the ED OBS Unit. “By identifying patients who are the right candidates for our unit, we are supporting our Emergency Department colleagues by freeing up space and...
resources so they can focus on the care of patients in need of emergency services. We also are supporting our colleagues on the inpatient units by enabling them to save hospital beds for patients who truly need to be admitted.”

Not every hospital has an emergency department observation unit. The value of ED observation units is gaining traction nationwide as they demonstrate success in treating patients and reducing health care costs. An article in the October 2012 issue of the journal Health Affairs stated that if hospitals without dedicated observation units began using them for their short-stay patients, the move could save as much as $3.1 billion in U.S. health care costs per year.

ED OBS Units see patients with common health concerns such as fainting, fluid and electrolyte disorders, and abdominal pain. Christiana Care’s ED OBS Unit sees patients with those conditions as well as skin and kidney infections, and concussions. The unit also assists patients in need of ambulatory infusion services. Patients with heart issues that warrant observation care are seen separately in Christiana Hospital’s Cardiac Short Stay Unit.

Christiana Care’s ED OBS Unit uses a coordinated approach that is grounded in partnerships among staff and patients to accelerate the delivery of expert, value-based care and reduce length of stay for patients who pass through Christiana Hospital’s Emergency Department, which, with more than 120,000 visits each year, is one of the nation’s busiest. As soon as Emergency Department staff identify a patient who could benefit from extended observation, the ED OBS Unit staff goes directly to the patient. The Emergency Department staff, ED OBS staff and the patient have a discussion at the bedside to ensure a safe handoff, and then the patient is brought to the ED OBS Unit to be monitored and treated over the next several hours.

The ED OBS Unit is the only unit in the health system managed round-the-clock by advanced practice nurses, meaning that changes to the medical management of the patient can be made quickly as the patient’s clinical status changes. Patients who are in need of services that don’t necessarily require them to be admitted, such as physical therapy, antibiotics or lab tests, can receive them in the observation unit.

The ED OBS nurses are trained in advanced cardiac life support care and have special training to administer medications. The patient care techs on the team are trained in emergency care skills such as phlebotomy, EKG testing and teaching patients how to properly use crutches. The unit clerks also are certified in CPR and Patient Equipment Environment Posture Safety (PEEPS) training.

More than 270 of the 320 patients seen each month in the ED OBS Unit are discharged within 24 hours. Most patients are discharged within 16 hours.

“We strive to get our patients out as quickly and as safely as possible,” said Sharon Vickers, RN, MSN, CEN, ED OBS Unit staff development specialist.
Along with expert care, patients need respect
By Neil Jasani, M.D., Vice President, Academic Affairs

In a time of sweeping health care reform, doctors are evaluated on the quality of care they provide. Patients also evaluate doctors on the way in which they provide that care, essentially the respect and courtesy they show patients and families.

The Centers for Medicare and Medicaid Services (CMS) gathers data on the physician experience and shares information on how hospitals fare in their evaluations with the public. Soon, information on individual providers will be available to consumers. Even if you took the public reporting from CMS out of the equation, this data would still be relevant because physician-experience scores are an important metric of how our neighbors perceive us.

It is also an opportunity for us to extend The Christiana Care Way into our community and provide patients with the most up-to-date care management guidelines and the best technology. We must also remember to deliver that care in a way that our patients value.

On the Physician Experience Committee, doctors discuss ways we can improve our patients’ perception of us. There are currently 18 physicians on the committee, a robust mix of community-based doctors and doctors who are employed by the health system all focused on: serving our neighbors as caring, respectful partners in their health.

The Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) asks the following questions about physician communications:
- During this hospital stay, how often did doctors treat you with courtesy and respect?
- How often did doctors listen carefully to you?
- How often did doctors explain things in a way you could understand?

Based on the answers to these questions, we learned that patients feel they don’t always receive the respect and attention they deserve. In the CMS evaluations, Christiana Care ranks in the bottom third of health systems in the physician experience.

You are likely surprised to learn that. Doctors and everyone else in the health system work hard to do their best for patients.

Still, when we look at our scores, it is clear we must do better. And, indeed, our scores are improving. Our goal is to be at the top.

AIDET is one way we are working to improve the patient experience. Its principals are essential in successful interactions between doctors and their patients.
- Acknowledge others. Smile, make eye contact, offer a warm greeting
- Introduce yourself and the care team
- Duration? How long will my test or procedure take?
- Explain in common language
- Thank you. We are grateful for the opportunity to serve

Each time we interact with a patient we might ask ourselves: Have I done all of those things?

AIDET helps to bring the The Christiana Care Way to life throughout the system. It is incorporated into orientation for all new employees.

But our efforts to improve the physician experience go far beyond AIDET. We have just started to scratch the surface in learning how to partner with our patients.

Starting in October 2013, we set benchmarks for improvement. In addition to the surveys patients receive from the government, we are sending our own surveys in order to gather more detailed information that can help us to do better.

We are also gathering data from various service lines, such as hospitalists and heart and vascular specialists. We want to learn more about how we stack up compared to other institutions in the Council of Teaching Hospitals and Health Systems (COTH).

We are also being proactive in how we get the message to our physicians. The doctors on our Physician Experience Committee are leaders. We are partnering with Sean Smith, vice president, Patient Experience, to take that message to various departments in our system.

Ultimately, it is all about delivering the best patient care. And when we fall short, we must work quickly to recover.

For example, a hospitalist shared that a patient was upset because a specialist had not explained why a procedure was delayed.

So, the hospitalist sat down with the family and went over the reasons for the delay.

That brief conversation provided the patient with much more than information. Along with expert care, patients need respect, compassion and reassurance.

Good partners care about their patients. We listen to them. We sit down and talk to them.
Christiana Care earns an “A” for patient safety

Christiana Care achieved an “A” grade for hospital safety — the highest possible — in the Spring 2014 Hospital Safety Score from the Leapfrog Group, which rates how well hospitals protect patients from accidents, errors, injuries and infections.

Christiana Care is the only hospital in Delaware to earn this recognition.

Leapfrog is a national, nonprofit industry watchdog that measures and publicly reports hospital performance by assigning a letter grade of A through F, based on a hospital’s overall capacity to keep patients safe from preventable harm. The score includes 28 safety measures to produce the single letter grade.

“Patient safety is our driving priority and informs everything we do,” said Sharon Anderson, MS, RN, senior vice president of Quality and Patient Safety at Christiana Care. “This recognition truly belongs to our doctors, nurses and entire staff who dedicate themselves to partnering with our patients and their families to provide expert, safe care that our patients value.”

More than 2,500 U.S. general hospitals received safety scores in spring 2014, with about 32 percent receiving an “A” grade. The Hospital Safety Score is fully transparent, and its website offers a full analysis of the data and methodology used in determining grades.

“Safety should come first for our families when we pick a hospital, because errors and infections are common and deadly,” said Leapfrog CEO Leah Binder. “No hospital is perfect, but we congratulate the co-workers at Christiana Care for achieving an “A” and showing us that Christiana Care makes the well-being of patients a top priority.”

According to Leapfrog, the rating is the first and only hospital safety rating to be peer-reviewed in the Journal of Patient Safety. The score is free to the public and designed to give consumers information they can use to protect themselves and their families when facing a hospital stay.

13 named Top Doctors by Philadelphia magazine

Thirteen physicians from Christiana Care’s Medical-Dental Staff were named to Philadelphia magazine’s 2014 Top Doctors list. Nominated by their peers, the 724 listed represent the best doctors in the region, according to the publication.

Philadelphia magazine bases its Top Doctors list on results from Castle Connolly, an independent research company. Physicians can nominate peers for Top Doctor recognition 365 days a year by visiting the Castle Connolly’s online physician nomination portal.

Congratulations to the following physicians:

FAMILY MEDICINE
David Driban, M.D.
Jon C. Yeargan, M.D.

GASTROENTEROLOGY
David R. Beswick, M.D.
Scott M. Meyerson, M.D.

GERIATRIC MEDICINE
Ina Y. Li, M.D.

GYNECOLOGIC ONCOLOGY
Mark E. Borowsky, M.D.

HEMATOLOGY
R. Bradley Sleave, M.D.

INTERNAL MEDICINE
David Maleh, M.D.

MEDICAL ONCOLOGY
David D. Biggs, M.D.
Gregory A. Masters, M.D.

ORTHOPAEDIC SURGERY
Peter F. Townsend, M.D.

PEDIATRICS
Neal B. Cohn, M.D.

SURGERY
Velma P. Scantlebury, M.D.●
ACCEL grant nurtures research initiatives based on community partnership

Christiana Care Health System is leading a new kind of research endeavor — developing projects in partnership with members of underserved communities to improve health.

In a key component of the ACCEL grant for clinical and translational research initiatives, Christiana Care is working to conduct research that is meaningful to Delawareans, and ultimately will improve health in the First State. This was the focus of the Delaware CTR-ACCEL conference on community engagement on May 12 at the Chase Center on the Riverfront in Wilmington. Attended by more than 200 researchers, health care professionals and community leaders, the conference focused on how to develop research initiatives that will translate from hypothesis to effective treatment and better health care.

“ACCEL” — Accelerating Clinical and Translational Research — is a $28 million multisite grant from the National Institutes of Health (NIH).

“ACCEL will have a great impact on clinical and translational research in Delaware and our partner state, South Carolina,” said Michael Rosenthal, M.D., chair of Family & Community Medicine at Christiana Care and ACCEL’s leader for community engagement and outreach. “Results will demonstrate significant improvement in health outcomes for individuals, families and communities.”

At the conference, experienced health care providers offered their perspectives on the opportunities and challenges of community engagement. All attendees could then share their views on community engagement in workshops with topics vital to the health of Delawareans: obesity, cardiovascular health, maternal and child health, cancer and using social media for community engagement.

Creating an infrastructure for clinical and translational research is the key reason the NIH in 2013 awarded a five-year, $20 million grant to four research partners: Christiana Care Health System, the University of Delaware, Nemours/A.I. duPont Hospital for Children and the Medical University of South Carolina. In addition, the state of Delaware is providing $5 million and the research partners are jointly contributing $3.3 million in matching funds.

“The partners have put an emphasis on innovation, acceleration of research and translation of research to patient treat-ments that will win major new funding, continuing the cycle of advancements — all of which will benefit our neighbors and communities,” said Omar Khan, M.D., MHS, FAAFP. Dr. Khan, Christiana Care’s associate vice chair of Family & Community Medicine and co-director of community engagement and outreach for ACCEL, chaired the conference.

New research is important, especially if it can help reduce health care costs, which are on a trajectory that is unsustainable, said Delaware Gov. Jack Markell, who, with Delaware’s U.S. Rep. John Carney, greeted conference participants. Both said they are hopeful for what the NIH grant will achieve.

Smoking prevention and cessation is an example of how communities can use evidence from research to crowdsource change, said keynote speaker Patrick J. Quinlan, M.D., CEO of the Ochsner Clinic Foundation & International Services and executive director of Ochsner Center for Community Wellness & Healthy Policy. Dr. Quinlan called smoking a unique hazard and an “epidemic by design,” in that cigarettes are the only legal substance that will kill 480,000 Americans this year, if used exactly as directed. As the danger of smoking has been revealed in thousands of studies, community engagement has led to public policies, such as those prohibiting the sale of cigarettes to minors, Dr. Quinlan said.

This struck a chord with Ed Sobel, D.O., a member of ACCEL’s Community Advisory Committee and long-time New Castle County family physician. “In counseling patients to stop smoking,” Dr. Sobel said, “I never knew when I was effective and when I was going through the motions. We can use research on how best to advise people in our community.”

Devona Williams, Ph.D., is working with ACCEL to develop the project’s Community Advisory Committee. She led the workshop on cancer at the community conference.
impressed by an idea for spreading health care messages offered by LaVaida Owens-White, RN, MS, a Community Advisory Committee member and a nurse consultant after retiring from Christiana Care. Owens-White had visited hairdressers in the African-American community to tell them about the availability of free mammograms. After Owens-White visited the hairdressers, health care providers saw an increase in women requesting mammograms, demonstrating the powerful impact of this innovative approach.

William S. Weintraub, M.D., John H. Ammon Chair of Cardiology and director of the Center for Outcomes Research at Christiana Care’s Value Institute, was a facilitator of the cardiovascular health workshop.

Dr. Weintraub, who is also the Christiana Care lead for the ACCEL project, said he was impressed by another suggestion, which is to have religious leaders deliver health care messages from the pulpit.

“This level of community leadership can have a tremendous impact,” Dr. Weintraub said.

Overall, Dr. Rosenthal said he was pleased with the results of the day, as it led to new conversations and the start of new partnerships.

“Not everybody is going to be on the same page all of the time,” he said. “But partnerships are about learning from each other’s perspectives. We will accomplish our goals as we build networks and connections to keep advancing knowledge.”

Community Advisory Committee explores ways to translate research

Joining in the discussion at the May 12 conference were members of ACCEL’s new Community Advisory Committee, who explored how community engagement can become a core component in building infrastructure for translating research into clinical practice.

“The role of the Community Advisory Committee is incredibly important in offering perspectives for productive approaches to solving health problems,” said Michael Rosenthal, M.D., chair of Family & Community Medicine at Christiana Care, and ACCEL’s leader for community engagement and outreach.

The Community Advisory Committee has 17 members. Devona Williams, Ph.D., a Delaware-based management consultant with expertise in diversity training and community engagement, has worked with Dr. Rosenthal and ACCEL colleagues to develop the committee. It includes a diverse group of representatives from faith-based and community health organizations, educators, health providers, leaders from government, non-profits and corporations.

In recruiting people for the committee, Williams explained that broad community engagement around medical research is relatively new to Delaware.

“We want people’s practical ideas on how to improve health outcomes and to feel vested in this work and know that their input is valued,” said Williams. “This is the creation of a new research infrastructure.”

Lucky winner receives a valuable package of gifts

Barbara Burd, one of the first 100 guests to purchase tickets for the 2014 Medicine Ball, was the lucky winner of the Michael Christopher package, including a haircut and finish with Michael, a makeup application by Kristina Ruggerio Cosmetics, a designer handbag and special hair care products.

Michael Christopher presented the gifts to Barbara Burd in person at a recent drawing.
In accepting the Public Service Award from the American Society of Clinical Oncology (ASCO) for his efforts to prevent cancer and help those battling it in the First State, U.S. Rep. John Carney of Delaware praised the leadership role of Christiana Care’s Helen F. Graham Cancer Center & Research Institute.

ASCO annually presents the Public Service Award to a person involved in legislative, political action or community service activities that impact public awareness about cancer, its causes, cures or treatment. Previous recipients include Mayor Michael Bloomberg, U.S. Sen. Ted Kennedy and Surgeon General C. Everett Koop. Rep. Carney received the award at ASCO’s annual meeting on June 1.

In a gesture of collegiality, Rep. Carney invited to the podium Nicholas J. Petrelli, M.D., Bank of America endowed medical director of the Graham Cancer Center, and Stephen S. Grubbs, M.D., a medical oncologist at the Graham Cancer Center. All three have been active on the state of Delaware’s Cancer Consortium for many years.

“Without the leadership from Dr. Petrelli and Dr. Grubbs we would not have been able to accomplish the things we did these last 20 years. I want to share this award with them,” Rep. Carney said.

Ten years ago, Delaware had the second highest cancer mortality in the nation. Today, thanks to a partnership between the state and health care providers including the Graham Cancer Center, Delaware ranks 14th on that list. Cancer mortality rates for both men and women in the state are dropping twice as fast as the national average.

“It is a pleasure working with Congressman Carney in the fight against cancer,” said Dr. Petrelli. “He has a deep dedication to preventing cancer and helping patients who are battling it. And he tries to achieve these goals by working as a community, whether it’s here in Delaware with the members of the Cancer Consortium, or in Congress with representatives from both parties. He’s a strong leader and an example for policymakers across the country, and I look forward to working with him for many years to come because he continues to challenge us as physicians to be better at our jobs.”

To help in the fight against cancer, Delaware introduced several preventive measures, such as the statewide smoking ban and access to screenings for everyone regardless of income. The state is also providing comprehensive treatment for those without insurance and is working to reduce prescription drug shortages.

Rep. Carney has been a member of Delaware’s Cancer Consortium since its creation in 2001, and for more than a decade chaired the Consortium’s Disparities Committee. During that time, he helped lead the successful implementation of Delaware’s colorectal cancer screening program.

The program led to a 41 percent reduction in colorectal cancer mortality rates among African-Americans, eliminating the racial disparity between African Americans and whites in the state. The program increased screening rates for all Delawarans to 74 percent, among the highest in the nation.

Last year, ASCO’s official journal, the Journal of Clinical Oncology, featured a study on the program’s results, “Eliminating Racial Disparities in Colorectal Cancer in the Real World: It Took a Village.” It reported that the colorectal cancer treatment program alone saved $8.5 million between 2001 and 2009 due to the reduced incidence of cancer and a shift to treatment of cancers that require less aggressive therapy. Dr Grubbs and Nora Katurakes, MSN, RN, OCN, Christiana Care’s manager of Community Health Outreach and Education, were both authors of the manuscript along with Rep. Carney, marking the first time a sitting member of Congress had been included as an author in the Journal of Clinical Oncology.

Founded in 1964, ASCO is the world’s leading professional organization representing physicians who care for people with cancer. With nearly 35,000 members, ASCO is committed to improving cancer care through scientific meetings, educational programs and peer-reviewed journals.
If there was one thing First Lady Carla Markell could change on this earth, she would eliminate every type of addiction.

The wife of Gov. Jack Markell said consequences strike not just the addicted individual but nearly everyone they have a close relationship with, which is why she emphasized the importance of supporting patients and their families on May 9 during the 2nd Annual Addiction Medicine Symposium at the John H. Ammon Medical Education Center.

Easy access to care and support services are necessary to help patients and their families embark on the road to recovery.

“When I was a teenager, I was invited to a support group for caregivers where I learned that I had a strong possibility of becoming an addict myself if I didn’t get help.”

— FIRST LADY CARLA MARKELL

Sponsored by Christiana Care Health System and the National Drug Abuse Treatment Clinical Trials Network, the 2nd Annual Addiction Medicine Symposium highlighted many of the problems patients with addictions face when they attempt to access substance abuse treatment. Key leaders from across the region shared their insights on how to help patients overcome barriers of care that can prevent them from seeking help for substance abuse problems. The symposium was attended by about 180 people, close to double the audience figure during the inaugural event a year ago.

In addition to the First Lady of Delaware, regional and national leaders in addiction medicine who spoke at the symposium were Anthony Dekker, D.O., clinical professor of addiction medicine
at George Washington University; George Woody, M.D., Professor in the Department of Psychiatry at Perelman School of Medicine at the University of Pennsylvania; and Vincent Kane, director of the National Center on Homelessness Among Veterans. The symposium also featured Secretary Rita Landgraf of the Delaware Department of Health & Social Services.

One of the speakers, Jeff Wahl, offered an insider’s perspective on the obsession and compulsion to abuse drugs and alcohol.

“Just like children don’t grow up and plan to have cancer, I wasn’t planning on having an addiction,” Wahl said. “It started with alcohol and it progressed from there. Once I started using cocaine, I couldn’t sleep, so I began taking sleeping pills. The sleeping pills made me depressed so I began taking antidepressants. Dental surgery led me to get addicted to opiate pain pills. Eventually, I began smoking crack and shooting methamphetamines. At the end of my addiction, I was using drugs because it was the only thing that made me feel normal.”

Wahl, now sober and in recovery for six years, works for Project Engage, a nationally recognized, early intervention program founded by Terry L. Horton, M.D., chief of Christiana Care’s Division of Addiction Medicine. Project Engage puts specially trained intervention counselors such as Wahl, known as engagement specialists, on-site at the hospital to work one-on-one with patients addicted to drugs or alcohol.

The engagement specialists also link the patients with resources in the community that can put them on the path to recovery and sobriety. As many as 30 percent of Project Engage participants follow through with treatment, a significant increase compared to the rates among traditional substance abuse treatment models within hospitals. Project Engage is a collaborative effort between Christiana Care and Brandywine Counseling and Community Services.

The symposium also featured an interactive session that served as a way to encourage teamwork among the audience members so they could develop innovative solutions and coordinated approaches to helping patients access the care they need. Project Engage engagement specialists Peter Booras and Marc Briggs and Christiana Care addictions counselor Lisa Gonzalez led the audience through actual case studies in which patients faced multiple barriers to accessing care for their addictions.

“Many patients want help but don’t know how to get it,” Booras said. “We need to help them get the access they need and ensure that their care is continued outside the hospital. When patients with addictions are able to access care both within the hospital and outside of the hospital, they are more likely to leave their cycle of addiction. The care doesn’t end and shouldn’t end right at their hospital discharge.”

Educational partners for the program included the Delaware Academy of Medicine and Perelman School of Medicine at the University of Pennsylvania.

“Many patients want help but don’t know how to get it. We need to help them get the access they need to ensure their care is continued outside the hospital”

— PETER BOORAS

Lisa Gonzalez, an addictions counselor with Christiana Care, and Project Engage engagement specialists Marc Briggs and Peter Booras, ran a session on how to create team-based solutions to help patients overcome barriers to care.
Christiana Care tuition assistance helps nurses earn BSN degrees

When Richard Brett, BSN, RN, joined Christiana Care in 2007, he was prepared with an associate’s degree from Gloucester County Community College in New Jersey. Learning about Christiana Care’s tuition assistance programs for nurses, he quickly decided to further his education both for his own professional development and to meet the national nursing professional goal to have more bachelor’s-prepared nurses in the U.S.

“This program is one of the reasons I joined the nursing team at Christiana Care,” he said. He completed his bachelor’s degree in nursing at Wilmington University in 2011. “With a BSN,” he said, “I can become the nurse I want to be.”

Supporting academic advancement is vital to attracting and retaining the most talented nurses, said Diane P. Talarek, RN, MA, NE-BC, chief nursing officer and senior vice president of Patient Care Services. “We want to be partners to all our nurses as they build on their expertise,” she said. “An important part of our partnership is offering the opportunity for our nurses to further their education.”

Christiana Care’s tuition assistance program for nurses supports the educational goal endorsed by the Institute of Medicine’s Future of Nursing report, calling for a minimum of 80 percent of all nurses to have a BSN by the year 2020.

Christiana Care offers a prepay program for nurses pursuing bachelor’s, master’s and doctoral degrees at Drexel University, Immaculata University, the University of Delaware and Wilmington University. Christiana Care pays full tuition for nurses enrolled at these schools. If nurses choose to go to another school, Christiana Care provides tuition reimbursement.

“Over the past several years, we have worked to expand the number of schools in our nursing prepay programs,” said Michelle Collins, MSN, RN-BC, ACNS-BC, director of Nursing Professional Development and Education. “This effort has helped more nurses across our system advance their education. Our prepay programs are especially popular as a method of tuition assistance.”

Dannette A. Mitchell, CCRN, MSN, APN, ACNS-BC, clinical nurse specialist of the intensive care unit at Wilmington Hospital, earned her master’s degree at the University of Delaware in 2013. She wanted to take her knowledge and skill set to a higher level. With her busy schedule, Mitchell appreciated the support from Christiana Care’s Nursing Professional Development and Education department.

“Christiana Care did more than help me with the financial side of getting my master’s degree. I had support through my entire journey,” Mitchell said.

“When nurses contact us about continuing their education, we partner with them every step of the way,” said Staff Education Specialist Jennifer Painter, MSN, RN, OCN, AOCNS. “We can provide support including assistance with outlining a plan for them to reach their academic goals.” Once nurses are enrolled in a program, “we can help arrange their precepted experiences and assist with creating a flexible, balanced work schedule with support from their managers,” Painter said.

Promoting education and advancement is in keeping with being a Magnet-designated health system, said Janet Cunningham, MHA, RN, NEA-BC, CENP, associate chief nursing officer and vice president of Professional Excellence. “We are committed to the best possible career experience for each nurse and the best possible health care experience for every patient and family,” she said. “Encouraging our nurses to further their education is important to all of us at Christiana Care. It advances our nurses’ professional development, it creates better patient outcomes, and it furthers the profession of nursing.”

Professionally, he said, his BSN positions him for advancement on the clinical ladder and, most importantly, makes him a better nurse.

“I learned so much in my program,” Brett said. “All this support reinforces how valued nurses are at Christiana Care.”
Value Institute partners with experts to offer education aligned with the Triple Aim

Health and health care in the United States are changing, with a focus on what the Institute for Healthcare Improvement calls the Triple Aim — improving the quality of the health care experience, the health of a population, and per capita cost.

The Christiana Care Value Institute is dedicated to increasing value in health care by improving the way we care for patients through research and education.

To present educational opportunities, subject matter experts and faculty from across Christiana Care Health System are partnering with the Value Institute Academy and the Value Institute centers for Health Care Delivery Science, Organizational Excellence, Outcomes Research and Quality and Safety. The Academy — established in 2013 in collaboration with the Christiana Care Learning Institute — offers courses to enable individuals and teams to innovate and drive scientifically based-improvements in health care delivery, along with programs designed for basic through advanced skill levels.

Tracks include Research Methodologies, Improvement Science, Patient Safety, and Patient Experience.

Our Population Health track supports a collaborative approach to building skills, assets and relationships that will help participants most effectively meet our neighbors’ needs across inpatient, outpatient, residential and home settings. Health professionals who may benefit most are case/care managers, social workers, nurses, pharmacists, patient care facilitators, physician assistants, health coaches, allied health professionals and interested physicians.

Goals for attendees include promoting the highest standards of care management through transition-of-care best practices to provide safer, more effective, efficient and equitable continuity of care to improve patient outcomes.

Interprofessional teams who are well-versed in case management and care-coordination principles promote the collective ability of health care professionals to effectively meet patient health needs. These needs may include social assistance (such as transportation, appointment scheduling and reminders, caregiver assistance, phone contact), peer support, community resource coordination, home services and medical device procurement.

Content over the two-day course includes topics such as:
- Communication
- Motivational Interviewing and Strategies for Effective Patient Engagement
- Case Studies
- Integrating Behavioral Health
- Trauma-Informed Care
- Psychosocial Issues with Primary Care
- Funded and Unfunded Care
- Healthcare Delivery Systems
- Insurance Lines
- Health Plans and Coverage Issues
- Underinsured, Uninsured, Homeless and Resources for All
- Ethical and End-of-Life Issues in Case Management
- Cultural Issues
- Clinical, Functional and Satisfaction Outcomes
- Polypharmacy and Medication Adherence.

Christiana Care employees and Medical/Dental staff may attend free of charge. The fee for all other registrants is $500.

The newest track is Population Health, which will launch with an exciting two-day interactive workshop, Best-in-Class Case Management, offered through Catherine Mullahey & Associates on Tuesday, Aug. 12 and Wednesday, Aug. 13 at Christiana Care’s John H. Ammon Medical Education Center Main Auditorium.

Population health requires a longitudinal and pro-active focus across the continuum of care, emphasizing interprofessional health care teams engaging in effective, efficient, patient-centered care coordination.

For more information on the Population Health Track or other Value Institute Academy offerings and updates, see http://www.christianacare.org/valueinstituteacademy or contact Value Institute Academy Education Coordinator Theresa Fields at tfields@christianacare.org or 302-733-2066.
The Bariatric Surgery Center of Excellence at Christiana Care Health System has again been fully accredited as a Metabolic and Bariatric Surgery Accreditation and Quality Improvement Program (MBSAQIP).

The accreditation process is completed through a joint program of the American College of Surgeons and the American Society for Metabolic and Bariatric Surgery.

“Our program meets the most rigorous requirements and provides not only the hospital resources necessary for optimal care of morbidly obese patients, but also the support and resources to address the entire spectrum of care and needs of bariatric patients, from the prehospital phase through postoperative care,” Michael B. Peters Jr., M.D., medical director of Christiana Care’s Bariatric Surgery Program.

“We meet all standards of care for various weight loss operations, including revision procedures,” he said.

Dr. Peters said that the MBSAQIP physician inspector remarked that he could not recall the last time he saw such a devoted staff and a world class facility. “As the medical director I could not have been more proud,” he said.

This accreditation demonstrates the commitment of the Christiana Care bariatric surgery program to providing the highest quality care for its patients.

“Patients can expect a multidisciplinary approach in their care that includes surgical, medical and psychological evaluations,” said Kim Tran, R.Ph, MBA, director of the Christiana Care Weight Management Center. “Nutrition and behavior modification education and assessment is also provided.”

“It is this thorough pre-operative process and our commitment to long-term follow-up that leads to better surgical outcomes and a healthier patient,” Tran said.

“The Bariatric Surgery Center of Excellence recently moved to Christiana Care’s Wilmington Hospital,” said Dr. Peters. “This was an extensive transformation for the program. It involved everyone — administration, architects, designers, engineers, nurses, OR staff, surgeons … the list goes on.

“Completing construction and developing the infrastructure and staff, transferring the care model from Christiana Hospital to the Wilmington Hospital, took over a year,” Dr. Peters said.

“Christiana Care provides patients with a local facility capable of safely handling bariatric patients, surgeries and all their follow up needs,” he said. “There is no need to travel great distances to get this specialized care. Maintaining community-centered care has been a common goal of the surgeons and hospital team throughout the program’s history.”

The National Institutes of Health requirements for bariatric surgery include having a body mass index (BMI) of 40kg/m2 or higher; or 35kg/m2 with significant weight-related, co-morbid conditions including but not limited to diabetes, hypertension and sleep apnea. The resolution rates for these conditions are higher with surgical intervention and at the present time bariatric surgery is the most effective treatment for morbid obesity.

“Our program meets the most rigorous requirements and provides not only the hospital resources necessary for optimal care of morbidly obese patients, but also the support and resources to address the entire spectrum of care and needs of bariatric patients.”

— MICHAEL B. PETERS JR., M.D.
First State School event held to recognize achievement and service

The First State School’s June 4 end-of-year celebration focused on celebrating the achievements of students, faculty and others associated with the groundbreaking, in-hospital program for kids who cannot attend mainstream schools because of their medical condition. No graduates were scheduled to matriculate this month.

“The First State School is an outstanding example of The Christiana Care Way,” said Edmondo J. Robinson, M.D., MBA, FACP, Physician-in-Chief, Christiana Care – Wilmington and associate chief medical officer. “It is a caring partner with families and the school system, and an innovative, effective program that our neighbors value.”

Annual awards included:

**HIGHEST ACADEMIC ACHIEVEMENT AWARDS**
Janet P. Kramer, M.D., Award, Ja’Nay Laws, and the Tracey Williams Memorial Award, Maura Grier, presented by Kelley N. Brake, MS, Ed.

**MOST IMPROVED STUDENT AWARDS**
Nicole Miles Long Memorial Award, Telyka Brooker-Parquet and the Handlin-Blakely Memorial Award, Madison Kahn, presented by Peggy Strang, M.Ed.

**NURSING AWARD**
For the Student Most Committed to Improving Their Medical Health, Dominique Grayson, presented by Elizabeth Houser, RN, BSN, Mary Beth Lewis, RN and Marilee Scarpitti, RN, ASN.

**JENNIFER KANE & VERNITA MILLER AWARD**
For Courage, Integrity and Friendliness, Javan James, presented by Vincent Miller.

**MEMORIAL AWARDS**
The Jesse Benjamin Snook Award for Courage and Kindness, Reanna Skinner.
The Dominique Emma Smith Award for Courage and Compassion, Darren Villanueva.
The Sarah Laine Hagerty Award, Tyler Mayfield.
The Etiquette Award, Ja’Nay Laws.

In addition, the school’s Creative Arts Yearbook was dedicated to retired chair of Pediatrics, Louis Bartoshesky, M.D., MPH.

**THE JANE P. MARONEY AWARD FOR OUTSTANDING COMMUNITY SERVICE TO CHILDREN AND ADOLESCENTS**
Coleen M. O’Connor, MS, NCC, LPCMH, Dr. Robinson and David A. Paul, M.D., Christiana Care Health System chair of Pediatrics, presented the award to Shirley Klein, M.D., director of the Pediatrics Practice at Wilmington Health Center.
As the largest individual donor to support Christiana Care Health System, Carol A. Ammon is the picture of philanthropy, giving her talent, energy and financial support to transform Wilmington Hospital into a state-of-the-art center of healing and compassion in the heart of the city.

On May 13, the unveiling of her portrait inside the Carol A. Ammon South Tower at Wilmington Hospital provided an opportunity to recognize her extraordinary contributions to Christiana Care and to the community.

“Philanthropy is a catalyst for change,” said Robert J. Laskowski, M.D., MBA, Christiana Care president and CEO. “A building like this couldn’t happen without that community, that catalytic spark that comes from neighbors giving.”

Dr. Laskowski called Ammon “a transformational leader” whose extraordinary generosity is further elevated by insight and compassion. Her vision for making expert, respectful care accessible to all is unwavering, he said.

Ammon is the founder and retired chief executive officer of Endo Pharmaceuticals Inc., a specialty pharmaceutical firm in Chadds Ford, Pa. Before that, she was president of DuPont Merck’s U.S. Pharmaceutical Division. She also served as chair of the board of Christiana Care from 2006 to 2011.

Her gift to Wilmington Hospital is the largest individual donation in the health system’s history.

Ammon recalled that she was invited to become involved with Christiana Care nearly 20 years ago. Her enthusiasm was immediate and enduring.

“I realized that I was part of a community,” she said.

Gary Pfeiffer, board chair of Christiana Care, and Robert J. Laskowski, M.D., MBA, president and CEO, with Carol A. Ammon at the unveiling of her portrait at Wilmington Hospital.

Gary Pfeiffer, the current board chair, said Ammon made a lasting impression on the health system’s leadership. “You brought your intellect, your business sense and your New York sense of humor,” he said.

Janice Nevin, M.D., chief medical officer, remembered the night in 2009 when the board, then chaired by Ammon, took the bold step of approving the $210 million transformation of Wilmington Hospital.

“It was one of the finest moments I have ever experienced,” she said. “The facility that resulted from that decision has allowed us to transform how we care for patients, becoming their true partners.”

Edmondo Robinson, M.D., MBA, physician-in-chief at Wilmington Hospital and associate CMO, said the generosity of Ammon and other donors extends beyond the hospital, touching the people of the city. “The community deserves this wonderful hospital, with all its technological advances,” he said.

“There are people in the city who have been coming here since they were born, and this transformation is a reflection of our commitment to them.”

After nearly five years of renovations, Wilmington Hospital has almost doubled in size to 1 million square feet, including a new intensive care unit, 120 private patient rooms and a new surgical suite with 13 operating rooms and four procedure rooms. The Emergency Department has doubled in size.

While the construction and renovation will be completed later this year, Ammon said her service will continue.

“It doesn’t end here,” she said. “I want to stay involved.”
Chamber of Commerce honors Dr. Laskowski for lifetime achievements

Christiana Care President and CEO Robert J. Laskowski, M.D., MBA, received a Lifetime Achievement Award from the New Castle County Chamber of Commerce at the annual Chamber awards luncheon on Thursday, May 8, at the White Clay Creek Country Club.

The Chamber recognized Dr. Laskowski as a leader in health care transformation for increasing community access to respectful, expert health care and for developing a culture at Christiana Care dedicated to patient- and family-centered care for the health system’s community and the region.

“Dr. Laskowski is a dynamic, visionary leader who has established Christiana Care as one of the nation’s largest, most innovative and effective health care providers,” said Mark Kleinschmidt, president of the New Castle County Chamber. “In doing so, he not only created thousands of jobs, but he also helped to attract and retain countless employers by transforming Christiana Care into a beacon for our community and the health of all Delawareans.”

Dr. Laskowski announced earlier this year that he is retiring in December after serving from 2003 to 2014 as president and CEO of Christiana Care.

In his leadership, Dr. Laskowski remained highly focused on Christiana Care’s mission of service as a not-for-profit health system. In 2013 alone, Christiana Care provided the community with $26.8 million in charity care. He also led the transformation of Christiana Care’s organizational culture through the adoption of The Christiana Care Way, which states: “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.”

During Dr. Laskowski’s tenure, Christiana Care has earned national recognition for excellence from Truven Health Analytics and as a Magnet-designated health system by the American Nurses Credentialing Center.

He established the Christiana Care Value Institute to contribute to national research on health and health care with the goals of identifying and implementing strategies to achieve better health at lower cost.

Dr. Laskowski advanced primary and specialty care with the opening of Christiana Care’s Concord Health Center, the expansion of the Helen F. Graham Cancer Center & Research Institute, establishment of the nationally recognized Center for Heart & Vascular Health, and the Transforming Wilmington project, which expanded Wilmington Hospital to increase access to health care in the heart of Delaware’s largest city.

Dr. Laskowski is the 2012-2014 chair-elect of the Council of Teaching Hospitals and Health Systems of the Association of American Medical Colleges and becomes chair for 2014-2016.

In addition to his health care leadership, Dr. Laskowski’s exemplary community service has benefited Delaware and the surrounding region. Dr. Laskowski is past chair of the board of directors of the United Way of Delaware and past chair of the Delaware Healthcare Association board of directors. He is a member of the First State Innovation board and the University of Delaware Lerner College of Business and Economics college advisory board and serves on the Federal Reserve Bank of Philadelphia Economic Advisory Council.

“We were very fortunate when Dr. Laskowski came to Delaware to lead our largest health care system,” Kleinschmidt said. “This award represents our appreciation for everything he has done for our community.”

“Dr. Laskowski is a dynamic, visionary leader who has established Christiana Care as one of the nation’s largest, most innovative and effective health care providers.”

— MARK KLEINSCHMIDT
Excellence in Nursing Awards highlight National Nurses Week

As part of National Nurses Week, Christiana Care Health System’s Department of Nursing recognized outstanding nurses at a ceremony in the John H. Ammon Medical Education Center. On May 8, a standing-room-only crowd congratulated nurses recognized at the Excellence in Nursing Awards, organized by Christiana Care’s Professional Nurse Council. The ceremony also acknowledged the record 82 nurses newly promoted to RN III, marking professional advancement on Nursing’s clinical ladder.

Drawing on the 2014 theme of National Nurses Week, “Nurses Leading the Way,” Diane P. Talarek, MA, RN, NE-BC, senior vice president of Patient Care Services and chief nursing officer, called nurses “experts in bridging transitions” to the benefit of patients’ health outcomes and supporting families. Speaker Jerome Walker, a member of Christiana Care’s Patient and Family Advisory Council, encouraged nurses to retain the attributes of compassion, communication, helpfulness and strength. “As patients and family members,” he said, “we can feel when you are passionate about helping us. You make it better for us.” See www.christianacarenews.org for the complete list of 2014 Excellence in Nursing Award winners.

DOT FOWLER AWARD
Susan M. Wood, RN, of the Special Care Nursery, with Dot Fowler, WHNP-BC, the long-time Christiana Care nurse and namesake of the award, which honors a nurse who represents the Christiana Care Way.

PARTNERS OF NURSING AWARD
Project Engage
Chris Anderson, engagement specialist
Lisa Bechler, engagement specialist
Peter Booras, engagement specialist
Marc Briggs, engagement specialist
Amira Council, social worker
Mike Eppehimer, vice president, Department of Medicine
Lynn Fahey, CEO (Brandywine Counseling & Community Services)
Arlene Friedman, administrative assistant
Terry L. Horton, M.D., medical director of Project Engage
Elizabeth Lombino, clinical supervisor (Brandywine Counseling)
Gerald Medkeff, engagement specialist
Jeff Wahl, engagement specialist
Sheila Walker, engagement specialist
Beverly Wilson, program manager

Project Engage, which won the Partners of Nursing Award, is a nationally-recognized early intervention program founded by Terry Horton, M.D., chief of Christiana Care’s Division of Addiction Medicine, that puts specially trained intervention counselors onsite at the hospital to work one-on-one with patients addicted to drugs or alcohol. The engagement specialists also link the patients with resources in the community that can put them on the path to wellness. Project Engage is a collaborative effort between Christiana Care and Brandywine Counseling and Community Services.
Each year, more than 61,000 people in the United States are diagnosed with skin cancer, according to the Centers for Disease Control and Prevention — and Richard Watson was intent on learning if he would be one of them.

Watson, 61, of Newark takes medication for arthritis that makes his skin especially sensitive to the sun. And his father developed skin cancer on his ears. “I crab and fish and hunt, so I am in the sun all the time,” he said. “Even with sunblock, even with a hat, it’s hard to avoid getting a sunburn.”

So Watson signed up for a free screening on May 13 at the Helen F. Graham Cancer Center at Christiana Care. “I have these little marks on my face that I’m worried about,” he said.

Like 41.4 percent of white adults in Delaware, he has suffered a sunburn within the past year. The CDC also reports that new melanoma diagnoses in 2002-2006 were 23 percent higher in Delaware than the national average.

For the past 24 years, Christiana Care and the Academy of Dermatology have partnered to offer free screenings to help people get diagnosed early, when melanoma is highly curable. Patients also are educated on ways to prevent skin cancer, such as applying liberal amounts of sunscreen once every two hours and avoiding tanning beds.

The event is an opportunity to ask questions, as well. One attendee wanted to know if wearing sunglasses helps to prevent skin cancer.

No, it doesn’t. But sunglasses do offer other benefits.

“You have an increased risk of cataracts if you don’t wear UV-protected sunglasses,” explained Nora Katurakes, MSN, RN, manager, Community Health Outreach and Education at the Graham Cancer Center.

On the first session of the two-day event, 97 people were screened, with 55 referred for a follow-up visit to further examine a suspicious spot on the skin. On the second day, 117 people received screening; 41 were referred. Outreach workers also connected patients who don’t have insurance with health care resources for follow-up care.

Patricia Chakonas, 58, of Wilmington, fell asleep in the sun when she was 12 and suffered a severe burn. In recent years, she has applied sunscreen to her skin to avoid burns.

“The first thing I am going to do when I get home is check the expiration date on the bottle,” she said. “Until tonight, I did not know that sunscreen loses its effectiveness over time.”

Cathleen Roberts Harris, 53, of Bear said she often works outdoors in her garden and will make sunscreen part of her routine.

“As an African-American, I want everyone to know that people of color get skin cancer, too,” she said.

Ten members of the Delaware Academy of Dermatology volunteered their services. They are: Michele Compton, PA-C; Matthew Hanson, M.D.; Dawn Hirokawa, M.D.; Helen Mashek, M.D.; Eric Oliet, M.D.; Peter Panzer, M.D.; Scott Panzer, M.D.; Lori Spencer, M.D.; Cynthia Webster, M.D.; and Nicole Wotus-Silvestri, PA-C.

Volunteers also included members of the Delaware Diamond Chapter of the Oncology Nursing Society and Delaware Technical Community College students.
Patient Care Services announces new leadership appointments

Diane P. Talarek, MA, RN, NE-BC, senior vice president and chief nursing officer, announced the promotion of five colleagues in Patient Care Services.

Donna Casey, MA, BSN, RN, NE-BC, FABC, appointed vice president

Donna Casey, MA, BSN, RN, NE-BC, FABC, has been appointed vice president, Patient Care Services, Cardiovascular and Critical Care.

Casey, who was promoted from director of Nursing for Cardiovascular/Critical Care, now has responsibility for the Heart & Vascular and Critical Care service line, including the Cardiovascular Critical Care Complex, NeuroCritical Care Unit, Medical Intensive Care Unit, 3D Pulmonary Step-Down Unit, 4E Cardiac Step-Down Unit, 5E Heart Failure Unit, 6C STAR Unit, e-Care and Flex Monitoring.

Most recently Casey has provided interim coverage for WICU and 6S at Wilmington Hospital. She also serves as co-Chair of the system’s Ethics Committee. Donna is a graduate of the Advisory Board Executive Fellowship Program and is currently pursuing her doctorate in Nursing Practice. A graduate of State University of New York and University of Virginia, she joined Christiana Care 11 years ago.

Casey serves on the American Nurses Association Ethics Advisory Board. She recently completed a three-year term as Secretary for the Delaware Organization of Nurse Leaders.

Shirley Moran, MS, RN, NE-BC, appointed vice president

Shirley Moran, MS, RN, NE-BC, has been appointed to vice president, Patient Care Services, Department of Medicine.

Moran, who was promoted from her post as director of Patient Care Services, has been providing interim coverage for Patient Placement, Safety Companion Pool, Nursing Coordinators, and the 4N and ACE unit at Wilmington Hospital.

As vice president of Patient Care Services, Medicine, she will be responsible for the patient care units within the medicine service line, including general medical patient care units 5A, 5B, 5C, 5D and 6E, Hematology/Oncology, Acute Care of the Elderly (ACE), Express Admissions Unit, the Vascular Access Team, the Hemodialysis Unit, and the Radiology Nursing team.

Moran holds a master’s degree in Human Resources from Wilmington University. She is a graduate of St. Francis Hospital School of Nursing, Wilmington and the Advisory Board Executive Fellowship Program.

“Each of these leaders has been instrumental in the achievement of key nursing and system strategic initiatives over the past year.”
— DIANE P. TALAREK, MA, RN, NE-BC
Kimberly Talley, MSN, RN, CRNP CNML-BC, FABC, appointed vice president

Kimberly Talley, MSN, RN, CRNP CNML-BC, FABC, has been appointed vice president, Patient Care Services, Surgical.

Talley, who has 23 years of nursing experience, was promoted from her post as director of Patient Care Services. As vice president she is responsible for units within the surgery service line including: the Surgical Critical Care Complex, Transitional Care Unit, 2C Surgical Step-Down, 4C, 4D, 7E, CAJR, and 4W Surgery. Most recently Talley has provided interim coverage for 4W and the JRC units at Wilmington Hospital.

She is co-chair of the Patient and Family Advisory Council and the advisor for the Evidence-Based Nurse Practice Council. She is a Certified Registered Nurse Practitioner and serves on the Board of Directors for the College of Nursing and Health Professionals at Drexel University. She is a graduate of the Advisory Board Executive Fellowship Program.

Talley joined Christiana Care in January 2012.

Michelle L. Collins, MSN, RN-BC, ACNS-BC, promoted to director

Michelle L. Collins, MSN, RN-BC, ACNS-BC, has been appointed director of Nursing Development and Education.

Collins, promoted from her post as manager of Nursing Professional Development and Education, has responsibility for Nursing Development and Education, Wound Ostomy and Continence Nursing, the Critical Care Nurse Residency, Student Nurse Extern and Get Well Network programs.

She is a leader for the Learning Institute Centers for Educator Development and Patient-Family Education and the advisor for the Nursing Education Council.

Collins achieved Green Belt certification in Lean Six Sigma methodology from the Juran Institute in 2014 and is currently pursuing her Black Belt. She received the Christiana Care Health System Distinguished Faculty Award in 2013.

Collins, who joined Christiana Care in 1991, holds a master’s degree in Nursing from the University of Delaware and is board certified as both an Adult Health Clinical Nurse Specialist and as a Nursing Professional Development Specialist.

Susan Mascioli, MS, BSN, RN, CPHQ, NEA-BC, appointed director

Susan Mascioli, MS, BSN, RN, CPHQ, NEA-BC, has been appointed director, Nursing Quality and Safety.

Mascioli, promoted from her post as manager of Nursing Quality and Safety, is responsible for nursing quality and safety initiatives as well as regulatory standards compliance for nursing. She is the advisor for the Nursing Quality and Safety Council. In 2013 Susan achieved Green Belt certification in Lean Six Sigma methodology from the Juran Institute in 2013 and is currently pursuing her Black Belt.

Mascioli holds a master of science degree in Healthcare Administration from Wilmington University and a bachelor of science degree in nursing from Widener University.
Christiana Care Health System on May 1 welcomed LeRoi S. Hicks, M.D., MPH, as a second vice chair of the Department of Medicine and section chief of General Internal Medicine.

Dr. Hicks fills the vacancy left by Julie Silverstein, M.D., FACP, who was appointed medical director of Wilmington Health Center, said Virginia U. Collier, M.D., MACP, Hugh R. Sharp Jr. Chair of the Department of Medicine.

“Dr. Hicks is a proven leader who has demonstrated an ability to build partnerships and perform the collaborative, innovative work necessary to achieve transformational change,” Dr. Collier said.

“With his previous training and experience, he is well positioned to assume a leadership role in the department and the section of General Internal Medicine.”

Dr. Hicks graduated from Indiana University School of Medicine and received a Master’s in Public Health with a focus on Clinical Effectiveness from the Harvard School of Public Health.

He was an internal medicine (primary care) resident and chief resident at Mount Auburn Hospital in Cambridge, Mass., and completed a fellowship in general internal medicine and faculty development at Brigham and Women’s Hospital.

He served as an associate physician and hospitalist at Brigham and Women’s Hospital from 1999 until being appointed chief of Hospital Medicine at the University of Massachusetts in 2011.

At UMass, his team won four Champions of Excellence Awards for growth, financial sustainability (twice) and high-quality care.

Dr. Hicks is nationally known for his research on health care disparities. He serves on the National Council of the Society of General Internal Medicine, has been an National Institutes of Health grant reviewer, and is an editor and reviewer for multiple medical journals.

As section chief of General Internal Medicine, he will supervise the divisions of Hospital Medicine and Ambulatory Medicine. His hospital medicine efforts will focus on working with members of the section on Educational, Clinical and Quality Improvement initiatives; steering Medicine unit-based activities such as interdisciplinary rounding and process redesign efforts; championing initiatives relating to patient flow from ED to inpatient and intensive care units; and helping with our discharge process redesign.

In Ambulatory Medicine, he will supervise and mentor our Ambulatory General Internal Medicine Faculty. “I’ve asked Dr. Hicks to be a highly visible presence at Wilmington Hospital to ensure that there is uniformity across the department and between the two hospitals,” said Dr. Collier.

Dr. Collier thanked Dr. Dressler “for his outstanding interim leadership of Hospital Medicine.”

“Due in large part to his hard work and enthusiasm, Christiana Care hospitalists from both IPC and Christiana Care Hospitalist Partners made great strides to improve the value we provide for our patients.”

Dr. Collier said that Dr. Dressler will continue to serve as vice chair of Medicine and will now be able to focus on his role as director of Patient Safety and Quality for Medicine. In addition, Janice E. Nevin, M.D., MPH, chief medical officer, has asked that Dr. Dressler serve in an expanded role as associate patient safety officer.

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.
CIO Randy Gaboriault discusses new health care payment models at Congressional luncheon

Christiana Care Chief Information Officer Randy Gaboriault addressed the staffs of numerous Congressional lawmakers during a May 7 luncheon focused on new health care payment models created by the Affordable Care Act and the creation of Accountable Care Organizations.

Gaboriault, who also chairs the Delaware Health Information Network, the first operational statewide health information exchange in the nation, spoke about how the health care industry is preparing for these new payment models. He talked about current obstacles and solutions within the health IT environment.

The event was hosted by the Workgroup for Electronic Data Interchange, the leading authority on the use of health IT to improve health care information exchange in order to enhance the quality of care, improve efficiency and to reduce costs of the U.S. health care system.

Staff from the following U.S. lawmakers were in attendance: U.S. Rep. Marc Veasey (D-Texas); Sen. Ted Cruz (R-Texas); Sen. Jay Rockefeller (D-W.Va.); Sen. Rob Portman (R-Ohio); Sen. Pat Roberts (R-Kan.); and Sen. Mark Kirk (R-Ill.).

Tamekia L. Thomas recognized by AACN’s Circle of Excellence Award program

Tamekia L. Thomas, MSN, RN, PCCN, ACNS-BC, received a 2014 American Association of Critical-Care Nurses (AACN) Circle of Excellence Award. She was one of only 25 nurses to receive the national award this year in Denver at the National Teaching Institute & Critical Care Exposition May 17-22.

AACN awards members for meeting a challenging set of criteria, such as promoting patient-driven excellence, modeling skilled communication, collaboration, effective decision-making, transformative thinking, and achieving visible results that contribute to organizational excellence.

Thomas is the Critical Care education coordinator/certification coordinator for Christiana Care Health System. She has been recognized for her contributions to critical care education, community service and dedicated support for promoting nursing professional certification.

She was nominated by colleagues Maureen Seckel, RN, APN, APRN-BC, CCNS, CCRN, and Michelle L. Collins, MSN, RN-BC, ACNS-BC, and Mary Ciechanowski, MSN, RN, ACNS-BC, CCRN, with assistance from Elizabeth Bradley, RN, APN, ACNS-BC, and Bridget Remel, MSN, RN-C, CCRN.
Symposium highlights influence of battle injuries on advances in surgery and medicine

The inaugural Delaware Military Medicine Symposium led by the Delaware Academy of Medicine in collaboration with the Delaware Chapter of the American College of Surgeons in April highlighted the medical advances gleaned from the last 13 centuries of war.

The conference, organized to honor the Delawareans who served in the military, also focused on tailoring medical care to fit the state’s 78,016 veterans and the 50,237 Delawareans currently on active duty or in the reserves.

“The most violent activity humans participate in does advance our understanding of injury and how to care for it,” said Glen H. Tinkoff, M.D., associate vice chair of surgery at Christiana Care.

ABC reporter Bob Woodruff, critically injured by a roadside bomb while embedded with troops in Iraq in 2006, was the keynote speaker at the April 26 conference. He said he would not have survived the blast without the military’s rapid transport and innovative treatments that were not yet available in civilian hospitals.

“You can draw lines and show the rapid advances that have coincided with conflicts,” said Kathleen W. McNicholas, M.D., FACS, JC, LLM, medical director of Performance Improvement at Christiana Care and immediate past president of the Academy.

Civilian trauma care was far ahead of military care in 2001, before the conflicts, Dr. Tinkoff said. He said Level 1 trauma centers such as Christiana Care have always served as training grounds for military surgeons.

“They have an edge that civilian trauma centers do not, especially in the fields of vascular surgery and orthopedics,” said John Swanson, M.D., chief of the Christiana Care Health System Kidney Transplant Program.

The list of advances rooted in the current conflict is long: burn treatments, transfusions techniques, artificial lungs, hypothermia treatments, resuscitation fluids, rapid patient transfer, renal replacement therapy, limb-saving techniques, advances in vascular surgery, new gauzes and bandages, treatment of traumatic brain injury – even an exoskeleton to help paralyzed patients stand.

“We have a lot of people coming back, people who are our neighbors and maybe in your practice,” said Dr. Swanson, M.D., a retired Army colonel. “You have to look at them differently because they’ve been through a lot, emotionally as well as physically.”

Dr. Swanson said medical professionals should make themselves aware of the resources highlighted in the program that are available to veterans and active duty personnel through local reserve and National Guard military units and the V.A.

He hopes medical professionals consider patients’ military history to determine how it may affect their present health: “Make sure you know what your patient could have experienced – post traumatic stress and unrecognized mild traumatic brain injury can be playing a role in his or her symptoms. He or she could have been exposed to something in the combat zone that could explain present..."
symptoms. Military history is a very important part of their medical history.”

“The symposium gave us a greater understanding of the trials and tribulations of those who served,” Dr. Tinkoff said. “These are unique individuals who have mustered the courage to go into harm’s way for the rest of us, so we can live in freedom.”

Tailoring treatment to fit those who served is especially important with the burgeoning need for medical care for veterans. “We’re finding out, unfortunately, with the situation with the V.A., that there are not enough people to care for the veterans,” Dr. Swanson said. “We’re going to have to use civilian resources to expand that care.”

Attendees found the military approach instructional, even in non-technical areas. Several mentioned Lt. Col. David Sparks’ presentation on helping families enter the grieving process. Sparks worked as a chaplain at Dover Air Force Base, where the bodies of all U.S. military casualties are processed.

“It was heart-wrenching to sit there and try to understand how they do it day in and day out. “Every soldier who dies in combat in Iraq and Afghanistan comes through Dover,” Dr. Tinkoff said. “We also deal with grief at CCHS in our ICU’s and trauma center. Any exposure to another professional’s approach is helpful.”

The first Delaware Military Medicine Symposium will not be the last, according to Timothy E. Gibbs, MPH, executive director of the Delaware Academy of Medicine. “The symposium was a great success. We absolutely will be doing it again next year. “It was, from our standpoint, and that of the attendees, a home run.”

Christiana Care medical team supports 2014 Delaware Marathon

A year after Christiana Care medical team members saved the life of a runner who went into cardiac arrest near the finish line of Delaware’s most visible race, they were back at the 2014 Delaware Marathon Running Festival to serve their neighbors again.

Through a joint effort between Christiana Care emergency services and sports medicine, 36 employees volunteered to help the roughly 3,500 runners who participated in the race. Christiana Care’s team featured 19 nurses from the Emergency Department and ED Observation Unit, nine physicians including seven residents, a medical student, an ED tech, an ED clerk and an emergency medical technician with Christiana Care’s transport team. The team also was supported by four other volunteers.

During the marathon, the team rotated coverage of two medical tents and logged 32 patient encounters. They treated people with a variety of health concerns, including musculoskeletal pain, cuts and abrasions from falls, blisters, dehydration, dizziness, exhaustion, cramping, vomiting, headache, exhaustion and dyspnea.

“I am so grateful for our medical team’s longstanding and dedicated work in helping to organize this event and, most importantly, for their care for the runners who participated,” said Linda Laskowski Jones, MS, RN, APRN, ACNS-BC, CCRN, CEN, vice president of emergency services and trauma at Christiana Care. “Together we made a tremendous interdisciplinary team who worked with an all-hands-on-deck philosophy and exemplified The Christiana Care Way.”

Christiana Care is the annual title sponsor of the marathon, now in its 11th year. Many Christiana Care employees were among the runners, including Christiana Care President and CEO Robert J. Laskowski, M.D., MBA.
Stress food safety, especially when the party’s outdoors

Now that summer has finally arrived, it’s time to enjoy picnics and barbecues. But warm weather also helps bacteria to multiply, which can make you and your guests sick for days after the party is over. So keep food safety in mind while you are putting on your apron and reaching for the tongs.

The key to preventing foodborne bacteria is to keep foods at proper temperatures, indoors and outdoors.

Cold foods should be kept at 40 degrees or colder until they are served, according to the U.S. Food and Drug Administration. You can safely pass the potato salad and coleslaw for two hours, unless the mercury rises above 90 degrees. In that case, one hour is the limit.

Hot foods should be kept at 140 degrees or warmer before serving, which you can test with a meat thermometer. The barbecued chicken and burgers have the same two-hour window, or one hour if it’s 90 degrees or above outside. Any food, hot or cold, that stays out beyond those timelines should go straight to the garbage can. Don’t risk eating it.

Also, don’t allow cooked food to come in contact with the same platter and utensils you used for raw meats. Cross contamination is another source of foodborne bacteria.

If you are picnicking away from home you might not have a source of running water. So wash fruits and veggies before you pack them.

Before you start cooking, wash your hands, just as you do at home. If you don’t have access to soap and water, use an antibacterial sanitizer.

Here are other summer safety tips:

• More than 500 cases of Lyme disease were confirmed in the state last year, according to the Delaware Division of Public Health. The disease is carried by ticks, so protect the areas that ticks gravitate to: the back of the neck, armpits, groin, and behind the knees and ears.

• Don’t forget your sunscreen. The Centers for Disease Control and Prevention recommends a sun protective factor (SPF) of 15 or higher. Reapply every two hours or sooner if you swim or perspire heavily. You also will reduce your risk of sun damage by staying in the shade. Wear a wide-brimmed hat and loose-fitting pants and long-sleeved tops.

• Stay hydrated. Keep water with you throughout the day, especially if you are outdoors. Avoid alcohol and caffeine. Don’t wait until you feel thirsty to drink. An easy way to determine if you’re hydrated is to check your urine. It should be pale yellow, almost clear. If your urine is dark yellow, you need to drink more water.
Population health management: what’s in it for you?

Population health management is a term you may be hearing more often. It deals with improving the health of an entire population. The population could be all Christiana Care employees and their dependents, all our patients, or broader still, the entire community we serve.

Christiana Care’s implementation of population management techniques in our employee benefits plan can be helpful to you and your family.

“To be effective, a population health program requires input from primary care physicians,” said Chris Corbo, corporate director of Benefits at Christiana Care. “That’s how Christiana Care knows where to focus efforts and resources to improve the health of our employees and dependents.”

The theory behind population health is that it’s more efficient and effective to focus on care for a defined population. The first step is to identify those who need more care — those with chronic or complex conditions such as diabetes, heart failure or hypertension.

That’s where case managers come into play. Through our partnership with Geisinger Health Plan, Christiana Care offers trained case managers to help these patients. These nurses, employed by Geisinger Health Plan, help coordinate the patient’s care through all parts of the health care system. They work closely with the patient, the patient’s family and all the patient’s health care providers to ensure the patient gets the appropriate care. This extra assistance keeps patients healthier and improves their quality of life.

For those who are relatively healthy, we can identify preventive tools, such as screenings and education, to help them live the best life possible.

By focusing on population health, we are better able to help our employees and their dependents get the help they need. And, we can plan for the future by identifying and securing resources important to keep them healthy.

Remember, all of these services work best if patients have an assigned primary care physician and see that physician regularly. Family physicians, internists and pediatricians are referred to as primary care physicians because they provide a broad spectrum of care over time and coordinate all of the care you receive.

Your primary care physician is the “captain” of your health care team and should always be aware of what is happening with your care.

If you have not yet selected a primary care physician or want to change your selection, visit www.thehealthplan.com/cchs or call the HR Service Center at 302-327-5555.

Quality Partners Network Update

Christiana Care Quality Partners provider network now consists of more than 1,400 physicians, representing more than 95 percent of physicians on our Medical-Dental Staff.

Quality Partners has established robust partnerships across almost all specialty areas. In addition to primary care (pediatric, family medicine, internal medicine) achieving about 98 percent participation, specialty areas such as cardiology, ob/gyn, orthopaedics and ENT have participation rates of about 95 percent.

As of early June, the one specialty area with a less significant participation rate is dermatology. Check to be sure your dermatologist is participating.

Also, St. Francis Hospital and Nemours/Alfred I. DuPont Hospital for Children and its affiliated physician practices are participating in the network.

For a list of participating physicians, visit www.thehealthplan.com/cchs. You can also call the HR Service Center at 302-327-5555, Monday-Friday, 8 a.m. to 4:30 p.m.
Publications


Presentations

At the AcademyHealth Annual Research Meeting, San Diego, June 2014:

- Christina Barnett, PA-C, LSSGB, Adrian Fedyk, LSSGB, Seema S. Sonnad, Ph.D., Jennifer C. Goldsack, MChem, MA (Oxon), MS, June J. Estock, MSN, RN, CPHQ, LBB. “Transfusions. It’s Bloody Easy.”


- Jennifer Goldsack, MChem, MA (Oxon), MS, Susan Mascioli, MS, BSN, RN, CPHQ, NEA-BC, and Janet Cunningham, MHA, RN, NEA-BC, CENP. “Lean Six Sigma’s DMAIC Methodology Drives a Back-to-Basics Approach that Reduces Patient Falls.”

- Jennifer C. Goldsack, MChem, MA (Oxon), MS, Luz Reyes-Laureano, MLS (ASCP), and June A. Estock, MSN, RN, CPHQ, LBB. “Lean Six Sigma Delivers Lab- oratory Performance Improvement for the ED.”


- Heather J. Powell, MSN, RN, RN-BC, Kimberly D. Williams, MPH, Melinda Acevedo, MSN, RN, RN-BC, Jeanaire Okoniewski, MSN, RN, RN-BC, Jennifer K. Toto, BSN, RN-BC, Aimee T. Vincent, MSW, John H. McMullen, MBA, MSN, RN, NE-BC, “Improving Transitions from Acute Care to the Extended Care Setting.”

- Susan Smola, J.D., MBA, Ryan Arnold, M.D., MS, FFAEM, J. Thomas Laughery, Joshua Isserman, MHS, and Eric V. Jackson Jr., M.D., MBA. “Validation of an Automated Decision Support Tool for Early Sepsis Detection in a Tertiary Health Care System.”


- Seema S. Sonnad, Ph.D., Jennifer C. Goldsack, MChem, MA (Oxon), MS, et al. “Increasing the Enrollment of Elderly Patients in Clinical Trials.”

Elise Hogan, M.D., Matthew Paoli, D.O., and Novneet Sahu, M.D., with the guidance of David Bercaw, M.D., “Hemophagocytic Lymphohistiocytosis,” 51st Annual William J. Holloway Infectious Disease Symposium, Wilmington, Del., May 2014.


American Geriatrics Society Annual Scientific Meeting, Orlando, May 2014:
• Jeffrey Guarino, M.D., “Advance Care Planning in the Outpatient Setting.” Poster presentation.
• Jeffrey Guarino, M.D., and Elise Attardo, D.O., “Dementia with Behavioral Disturbances in a Retired Secret Service Agent.” Poster presentation.


At the American Society of Clinical Oncology annual meeting, Chicago, May 30 - June 3 2014:
• Stephen S. Grubbs, M.D., oral, “The Clinical Trial Assessment of Infrastructure Matrix Tool to Improve the Quality of Research Conduct in the Community.”
• Michael J. Guarino, M.D., posters:
  ○ “Feasibility and Results of a Randomized Phase 1b Study of Fractionated el-OY-Clivatuzumab Tetraxetan in Patients with Metastatic Pancreatic Cancer Having Two or More Prior Therapies.”
  ○ “Activity of IMMU-130 Anti-CEACAMS-SN-38 Antibody-Drug Conjugate on Metastatic Colorectal Cancer Having Relapsed After CPT-1 1: Phase 1 Study.”
  ○ IMMU-132, an SN-38 Antibody-Drug Conjugate (ADC) targeting Trop-2, As a Novel Platform for the Therapy of Diverse Metastatic Solid Cancers: Clinical Results.”
• Gregory A. Masters, M.D., Michael J. Guarino, M.D., Jamal Ghazi Misleh, M.D., oral, “A Randomized Double-Blind Phase II Study of Platinum Plus Etoposide With or Without Concurrent 2D6474 (Z) in Patients With Previously Untreated Extensive-Stage Small Cell Lung Cancer (SCLC): Hoosier Oncology Group LUN06-113.”
• Gregory A. Masters, M.D., poster, “Final Results of a Phase I Study of Amrubicin and Cyclophosphamide in Patients With Advanced Solid Organ Malignancies: Hoosier Oncology Group LUN07-130.”
• Nicholas J. Petrelli, M.D., posters:
  ○ “Neoadjuvant Rectal Cancer Score to Predict Survival: Potential Surrogate Endpoint for Early Phase Trials.”
  ○ “Final Results from NSABP Protocol R-04: Neoadjuvant Chemoradiation Comparing Continuous Infusion 5-FU With Capecitabine With or Without Oxaliplatin in Patients With Stage LII and LIII Rectal Cancer.”
• Adam Raben, M.D., oral, RTOG 0436: “A Phase II Trial Evaluating the Addition of Cetuximab to Paclitaxel, Cisplatin, and Radiation for Patients with Esophageal Cancer Treated without Surgery.”
• Christopher D. Kopr owski, M.D., MBA, poster, “The effect of Institutional Clinical Trial Enrollment Volume on Survival of Patients with Stage LII Non-Small Cell Lung Cancer Treated with Chemoradiation: A Report of Radiation Therapy Oncology Group (RTOG) 0617.”


Appointments
The Professional Advancement Council congratulates and recognizes the following new RN III nurses:

Diane L. Drummond, 5E; Holly Faulls, NICU; Beth Fraticelli, 4 North Wilmington; Kimberly Frey, Vascular Access; Ashley Lawrence, Transitional Care Unit; Mary Pat Laws, 6 West, Wilmington; Jennifer Papi, 3D; Arielle Peirce, 6 South, Wilmington; and Valerie Pruitt, 6C.

Awards
Margaret Keenan, Ph.D., completed a one-year Behavioral Science/Family Systems Educator Fellowship through the Society of Teachers of Family Medicine.

Omar Khan, M.D., MHS, was recognized for excellence as a reviewer throughout 2013 by the Annals of Internal Medicine.


Mary Stephens, M.D., FAAFP, became a Fellow of the American Academy of Family Physicians.
Comparison of oral anticoagulants in Christiana Care formulary

Lindsey G. Butta, Pharm.D.

Anticoagulants, also described as “blood thinners”, are prescribed to eliminate or reduce the risk of blood clots. With the recent Food and Drug Administration (FDA) approval and addition of new oral anticoagulants to the Christiana Care Health System Christiana Care formulary, it is important to recognize the FDA indications specific to each agent, the cost implications, and advantages and disadvantages of the drug that is initiated.

Although dabigatran, apixaban, rivaroxaban, and warfarin are all considered oral anticoagulants, they do vary in their mechanisms of action. Table 1 categorizes these agents according to their mechanisms of action. Depending on their mechanism, each drug affects the body’s coagulation cascade differently to reduce the risk of thrombus or as treatment following a clotting event.

Table 1. 1-4

<table>
<thead>
<tr>
<th>ORAL ANTICOAGULANT</th>
<th>MECHANISM OF ACTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dabigatran (PradaXa®)</td>
<td>Inhibits the thrombin needed in the conversion of fibrinogen into fibrin during the coagulation cascade (direct thrombin inhibitor)</td>
</tr>
<tr>
<td>Apixaban (Eliquis®)</td>
<td>Inhibits free and clot-bound Factor Xa and prothrombinase activity as well as indirectly inhibiting platelet aggregation induced by thrombin; decreases thrombin generation (direct factor Xa inhibitor)</td>
</tr>
<tr>
<td>Rivaroxaban (Xarelto®)</td>
<td></td>
</tr>
<tr>
<td>Warfarin (Coumadin®)</td>
<td>Inhibits synthesis of vitamin K-dependent clotting factors including Factors II, VII, IX, and X, as well as proteins C and S (vitamin K antagonist)</td>
</tr>
</tbody>
</table>

With their mechanisms in mind, Table 2 on page 33, illustrates the FDA indications of each oral anticoagulant. All four of these medications are included in the Christiana Care formulary. Dabigatran is indicated to reduce the risk of stroke and systemic embolism in patients with non-valvular atrial fibrillation, to treat deep vein thrombosis (DVT) and pulmonary embolism (PE) in patients who have been treated with a parenteral anticoagulant for 5-10 days, and to reduce the risk of recurrence of DVT and PE in patients who have previously been treated. Dabigatran is dosed twice daily and must be adjusted based on renal function. Apixaban is solely FDA indicated to reduce the risk of stroke and systemic embolism in patients with nonvalvular atrial fibrillation. Apixaban is also dosed twice daily, and the dose must be adjusted in patients with any two of the following: serum creatinine equal to or greater than 1.5 mg/dL, 80 years or older, or weight 60 kg or less. Rivaroxaban dosing differs depending on indication or use. It is dosed once daily for use in patients with nonvalvular atrial fibrillation. If prescribed for the treatment of DVT or PE, it is dosed as 15mg twice daily with food for the first 21 days, followed by 20mg once daily with food for the remaining treatment and long-term reduction in the risk of recurrent DVT/PE. Rivaroxaban dosing for postoperative DVT prophylaxis following hip or knee replacement surgery is 10mg once daily with or without food. Warfarin, the first of these oral anticoagulants in existence, is FDA approved for several additional indications listed on next page Table 2.

After deciding the most appropriate oral anticoagulant for a patient based upon FDA indication, other factors must be taken into consideration including compliance, monitoring, risk of falls, etc. All options require strict patient compliance to optimize efficacy. Oral anticoagulants dosed once-daily versus twice-daily may be a better alternative for noncompliant patients. Warfarin must be closely monitored through the laboratory value INR (International Normalized Ratio), whereas the other anticoagulants do not require monitoring labwork. Warfarin has a unique drug-food interaction with foods containing vitamin K. Generally, foods containing vitamin K are green, leafy vegetables such as spinach. These foods should not be eliminated from a patient’s diet; however, they should be kept at consistent amounts to avoid frequent INR fluctuations and warfarin dose changes. Despite its monitoring and drug-food interaction, warfarin is by far the most economical oral anticoagulant. Insurance companies can be contacted regarding coverage of the other newer oral anticoagulants. The risk-benefit ratio must also be considered prior to prescribing an anticoagulant. Patients at high risk of falls or with an extensive history of noncompliance may not be good candidates for long-term anticoagulation. As far as the reversal of these oral anticoagulants in the instance of bleeding, a Care Management Guideline is can be found on the Christiana Care Portal.
### Table 2. 1-6

<table>
<thead>
<tr>
<th>ANTICOAGULANT</th>
<th>COST*/UNIT</th>
<th>COST*/DAY FOR ATRIAL FIBRILLATION</th>
<th>COST*/DAY FOR DVT/PE</th>
<th>COST*/DAY FOR KNEE ARTHROPLASTY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dabigatran (Pradaxa®)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>150mg</td>
<td>$5.83</td>
<td>$11.66 (twice daily)</td>
<td>$11.66 (twice daily)</td>
<td>Not FDA indicated</td>
</tr>
<tr>
<td>75mg</td>
<td>$4.38</td>
<td>$8.76 (twice daily)</td>
<td>$8.76 (twice daily)</td>
<td></td>
</tr>
<tr>
<td>Rivaroxaban (Xarelto®)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20mg</td>
<td>$11.45</td>
<td>$11.45 (once daily)</td>
<td>$11.45 (once daily)</td>
<td>$11.45 (once daily)</td>
</tr>
<tr>
<td>15mg</td>
<td>$11.45</td>
<td>$11.45 (once daily)</td>
<td>$11.45 (once daily)</td>
<td>$22.90 (twice daily)</td>
</tr>
<tr>
<td>10mg</td>
<td>$11.45</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Apixaban (Eliquis®)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5mg</td>
<td>$5.83</td>
<td>$11.66 (twice daily)</td>
<td>Not FDA indicated</td>
<td>Not FDA indicated</td>
</tr>
<tr>
<td>2.5mg</td>
<td>$5.83</td>
<td>$11.66 (twice daily)</td>
<td>Not FDA indicated</td>
<td></td>
</tr>
<tr>
<td>Warfarin (Coumadin®)**</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg</td>
<td>$1.75-2.71</td>
<td>$1.75-2.71 (once daily)</td>
<td>$1.75-2.71 (once daily)</td>
<td>$1.75-2.71 (once daily)</td>
</tr>
</tbody>
</table>

*Costs based on average wholesale price (AWP).

**Warfarin (Coumadin®) also FDA indicated for prophylaxis of myocardial reinfarction, prophylaxis and treatment of prosthetic cardiac valve embolism, post-myocardial infarction thrombosis, and venous thromboembolism. Cost is similar among indications.

Reference:
### 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>Desvenlafaxine / Pristiq</td>
<td>50 &amp; 100mg tablets</td>
<td>Treatment of major depressive order</td>
<td>Available only to continue treatment upon patients’ admissions to hospital</td>
</tr>
<tr>
<td>Lurasidone / Latuda</td>
<td>20, 40, 60, 80 and 120 mg tablets</td>
<td>Treatment of schizophrenia and bipolar depression</td>
<td>Initiation of treatment limited to psychiatrists. All prescribers can order to continue treatment upon admission to hospital</td>
</tr>
<tr>
<td>Macitentan / Opsumit</td>
<td>10 mg tablet</td>
<td>Treatment of pulmonary arterial hypertension</td>
<td>▪ Ordering restricted to prescribers enrolled in Opsumit REMS program</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>▪ Available only to continue treatment upon patients’ admissions to hospital. Treatment with macitentan must be initiated in the outpatient setting</td>
</tr>
<tr>
<td>Memantine extended-release tablets / Namenda XR</td>
<td>7, 14, 21 &amp; 28 mg capsules</td>
<td>Treatment of moderate and severe dementia</td>
<td>Line-item extension</td>
</tr>
<tr>
<td>Meropenem injection / Merrem</td>
<td>500 mg &amp; 1 gram vials</td>
<td>Treatment of susceptible infections</td>
<td>Replaces doripenem injection</td>
</tr>
<tr>
<td>Posaconazole injection / Noxafil</td>
<td>300 mg/16.7 mL</td>
<td>Prophylaxis of invasive fungal infections</td>
<td>▪ Prescribing limited to infectious disease physicians, hematologists &amp; oncologists</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>▪ Line-item extension</td>
</tr>
<tr>
<td>Riociguat / Adempas</td>
<td>0.5, 1, 1.5, 1.5 &amp; 2.5 mg tablets</td>
<td>• Treatment of chronic thromboembolic pulmonary hypertension</td>
<td>▪ Ordering restricted to prescribers enrolled in Adempas REMS program</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Treatment of pulmonary arterial hypertension</td>
<td>▪ Available only to continue treatment upon patients’ admissions to hospital. Treatment with riociguat must be initiated in the outpatient setting</td>
</tr>
<tr>
<td>AquADEKs multivitamin pediatric oral liquid</td>
<td>60 mL</td>
<td>Nutritional supplement</td>
<td>▪ For neonatal intensive care unit patients</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>▪ Line-item extension</td>
</tr>
<tr>
<td>Ilex skin protectant paste</td>
<td>White petrolatum copolymers</td>
<td>Skin protectant</td>
<td>Line-item extension</td>
</tr>
</tbody>
</table>

### Therapeutic Interchange

**Revised urinary anticholinergic interchange**

- Darifenacin 7.5 mg daily → Tolterodine LA 2 mg daily
- Darifenacin 15 mg daily → Tolterodine LA 4 mg daily
- Fesoterodine 4 mg daily → Tolterodine LA 2 mg daily
- Fesoterodine 8 mg daily → Tolterodine LA 4 mg daily
- Oxybutynin XL 5 mg daily → Oxybutynin IR 2.5 mg BID
- Oxybutynin XL 10 mg daily → Oxybutynin IR 5 mg BID
- Oxybutynin XL 15 mg daily → Oxybutynin IR 5 mg TID
- Solifenacin 5 mg daily → Tolterodine LA 2 mg daily
- Solifenacin 10 mg daily → Tolterodine LA 4 mg daily
- Trosplum 20 mg BID → Oxybutynin 5 mg BID
- Trosplum ER 60 mg daily → Oxybutynin 5 mg BID
- Tolterodine 1 mg BIDv → Tolterodine LA 2 mg daily
- Tolterodine 2 mg BID → Tolterodine LA 4 mg daily

*continued*
## Formulary Update

### New Christiana Care Medication Policies

<table>
<thead>
<tr>
<th>Oral antipsychotic medications</th>
<th>Initiation of treatment with aripiprazole, clozapine, fluphenazine, loxapine, lurasidone, olanzapine, perphenazine, trifluoperazine, thioridazine, thiothixene and trifluoperazine restricted to psychiatrists.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-checking of orders in CPOE and paper order sets</td>
<td>Pre-checking of medication boxes on paper order sets or within computerized provider order entry is generally prohibited. In rare circumstances, an exception may be granted by the P&amp;T Committee. Exceptions require demonstration that the risk to the patient from not receiving, or untimely administration of, a particular medication significantly outweighs the risk of that medication being prescribed inadvertently.</td>
</tr>
<tr>
<td>Christiana Care Health System standard phenylephrine concentrations</td>
<td>Phenylephrine for IV infusion is available in concentrations of 25 mg in 250 mL (100 mcg/mL) of NS and 200 mg in 250 mL (800 mcg/mL) of NS in the PACUs and SCCC. In other areas only the 200 mg in 250 mL preparation is available for administration.</td>
</tr>
</tbody>
</table>

### Formulary Deletions

<table>
<thead>
<tr>
<th>Drug</th>
<th>Reason for Deletion</th>
</tr>
</thead>
<tbody>
<tr>
<td>Doripenem</td>
<td>Replaced with meropenem</td>
</tr>
<tr>
<td>Rasburicase 7.5 mg vial</td>
<td>Deleted because unnecessary. Other vial sizes available</td>
</tr>
<tr>
<td>Tincture of belladonna</td>
<td>Deleted because of lack of use</td>
</tr>
<tr>
<td>Tirofiban injection / Aggrastat</td>
<td>Deleted because there is no longer a need for it</td>
</tr>
<tr>
<td>Zidovudine 100 mg capsule</td>
<td>Deleted because of lack of use</td>
</tr>
</tbody>
</table>

---

Go Red for Women event promotes heart-healthy living

The American Heart Association’s Annual Go Red for Women Luncheon and Fashion Show drew more than 150 men and women to the John H. Ammon Medical Education Center for a heart-healthy lunch, health screenings, educational seminars, a silent auction and fashion show.

Local heart disease and stroke survivors modeled clothing from Wilmington Country Store, sharing their inspiring stories of survival and triumph.

The Go Red for Women movement focuses attention on the threat of heart disease and stroke in women while creating a call to action for all women to commit to living a heart-healthy lifestyle.
Golf & Tennis Classic supports First State School

Despite a threat of stormy weather, the 23rd annual Christiana Care Golf & Tennis Classic, May 23 at the DuPont Country Club, was a record-breaking success. More than 200 golf and tennis players participated, raising more than $137,000 for the First State School of Christiana Care.