Mary Hoffecker had a special reason for participating in Christiana Care’s annual free skin cancer screening on May 11. She lost her brother, three-time Olympian Frank Masley, to melanoma last September. He was 56.

Frank, an avid outdoorsman, would have wanted her to help educate people about the dangers of sun exposure, she said. “He very much wanted to spread the word: ‘Put sunscreen on,’” Hoffecker said after being examined by physician assistant Naura Shah, who advised her to follow up with a dermatologist regarding a spot on her upper back.

CONTINUED INSIDE

Candrice R. Heath, M.D., was one of several dermatologists who volunteered to do skin cancer screenings at the Helen F. Graham Cancer Center & Research Institute in May.
Hoffecker was among 86 participants who were screened at the evening event, held at the Helen F. Graham Cancer Center & Research Institute. Of those, 26 were referred for follow-up visits. Another 15 were uninsured and will require additional assistance, including, in some cases, an interpreter, said Nora Katurakes, MSN, RN, OCN, manager of Community Health Outreach & Education.

For the past 27 years, the Graham Cancer Center has partnered with the Academy of Dermatology to offer an annual free skin cancer screening to encourage early diagnosis, when melanoma is highly curable. This year’s program included an education session, individual screenings and an informational booth by Moving for Melanoma of Delaware.

Skin cancer is the most common form of cancer in the United States. Two common types are basal cell and squamous cell cancer. Melanoma is less common but more dangerous.

Ultraviolet rays, including those used in tanning beds, are the most preventable risk factor for melanoma. In Delaware, this is borne out by the disease’s prevalence in Sussex County, home to the state’s beaches.

The first 20 years of your life are when much of the sun damage happens. People who spend a lot of time in the sun or have been sunburned; have light-colored skin, hair and eyes; or have a family member with skin cancer are more likely to get the disease. But it can affect anyone.

Skin cancer is the most common form of cancer in the United States. Two common types are basal cell and squamous cell cancer. Melanoma is less common but more dangerous. 340 new cases of melanoma will be diagnosed this year, and 27 people will die of the disease according to State statistics.
Regularly conduct a self-examination of your skin, from scalp to feet, using a hand mirror when necessary. Look for the “A, B, C, D, Es” of melanoma:

- **Asymmetric spots**, whose halves are unlike each other.
- **The border of marks** — note irregular, scalloped or poorly defined margins.
- **Color that varies** from one area to another — shades of tan, brown and black, or even white, red or blue.
- **The diameter of the marking**. Melanomas are usually greater than the width of a pencil eraser when they are diagnosed.
- A lesion that evolves, changing in size, shape or color, or just looks different from the rest.

When in doubt, make an appointment with a dermatologist.

That’s one of the reasons Christiana Care dermatologist Candrice Heath, M.D., was pleased to see Altamese Burbage, who is African-American, enter her exam room.

“It’s definitely a myth that people with brown skin can’t get skin cancer,” Dr. Heath said as she examined Burbage.

Another dark-skinned participant, Tanisha Lewis, concurred. She attended the screening to have two marks on her calf looked at. She was pleased to learn they were benign. Some of her family members, who have darker skin, might not have noticed such marks, she said. But that doesn’t make them immune to the disease. “They need to know we are all at risk,” she said.

Many people of color are known to believe that they are not at risk of developing skin cancer, such as melanoma, but medical facts do not support that belief.

State statistics indicate that 340 new cases of melanoma will be diagnosed this year, and 27 people will die of the disease.

In the case of skin cancer, an ounce of protection is worth a pound of cure. That’s the amount of sunscreen — enough to fill a shot glass or the palm of your hand — needed to cover all exposed areas of the body.
Friends of the Graham Cancer Center learn about new diagnostic blood test for invasive breast cancers

The Friends of the Helen F. Graham Cancer Center & Research Institute and community guests were among the first to hear about a novel diagnostic blood test developed by translational scientists at Christiana Care Health System to detect invasive breast cancers that are hard to detect with mammography alone. The blood test also shows promise for monitoring the recurrence of cancer, and the spread of cancer known as metastasis.

That research is being led by Jennifer Sims-Mourtada, Ph.D., Christiana Care’s director of Translational Breast Cancer Research, who presented at the Friends’ annual Spring Tea. She explained that scientists are able to distinguish between benign and invasive cancers by studying the changes in gene regulation that control how the immune system reacts to normal tissue.

“By giving physicians more information, this blood test is a companion to mammography that offers so much promise to deliver a real clinical impact within just a few years,” Dr. Sims-Mourtada said.

Delaware is no longer one of the top 10 states for rate of cancer mortality, but the state continues to have the nation’s highest incidence of invasive triple-negative breast cancers, especially...
among African-American women, she said. These triple-negative cancers are difficult to detect by mammography, tend to be diagnosed later and are resistant to targeted therapies. Her research on the immune system seeks to determine why Delaware ranks so high for triple-negative breast cancers and to develop targeted therapies.

Early identification of recurrent disease requires a very sensitive mechanism for detection — one Dr. Sims-Mourtada found in partnership with Adam Marsh, Ph.D., of the University of Delaware, who is founder of Genome Profiling, a startup company located in the Center for Translational Cancer Research at the Graham Cancer Center. The two hope their blood diagnostic will provide a way to monitor women over time for metastasis and may also be useful for studying the immune pattern of ovarian cancer. They plan to finalize the patent for the diagnostic for broader testing by summer 2018.

“Dr. Sims-Mourtada and her team have established a breast center of excellence that merges the collective energies of scientists, clinicians and a Community Research Advisory Board to promote evidence-based breast cancer research, improve lives of breast cancer patients and change the trajectory of breast cancer outcomes in Delaware and beyond,” said Nicholas J. Petrelli, M.D., Bank of America endowed medical director of the Helen F. Graham Cancer Center & Research Institute.

“The promise of this cutting-edge research gives us hope for our children,” said Friends Chair Lois Galinat, who hosted the Spring Tea with co-chairs Elisa Morris, Diane du Pont, Katie O’Dell-Shreve and Dana Nestor.

O’Dell-Shreve and tablemates Kim Alberta, who recently joined the Friends in January, and Sally Oberle of the Delaware Ovarian Cancer Foundation, said they were in awe of Dr. Sims-Mourtada’s research. “The collaboration of all of the different specialties working together, the growth and strides that have been made and the interdisciplinary sharing of information are amazing, and it is all right here at Christiana Care,” O’Dell-Shreve said. “What we are hearing makes us very hopeful.”

007-themed Celebration of Hope to help support cancer research

Since 2002, the Friends have raised $2.3 million for the cancer center and hope to add significantly to that number with their upcoming Celebration of Hope gala scheduled for Oct. 7 at Longwood Gardens. Proceeds from this James Bond themed event (Agent 007, a nod to the 10-07 event date) will support Dr. Sims-Mourtada’s pioneering breast cancer research. The Friends will also honor Marcia and Morton Kimmel at the October 2017 gala for their generous support of the Helen F. Graham Cancer Center & Research Institute.

“Philanthropic support allows us to build a foundation of research that makes us competitive with larger academic medical centers,” said Dr. Sims-Mourtada. “Having research located not in a large, academic center, but within the community as we do here at a community cancer center, represents a new model for translational cancer research where scientists interact directly with the medical oncologists and surgeons who take care of the patients. The Friends’ generous support will help make sure our collaborative research continues, even in times when federal research dollars are limited.”

For more information on sponsoring or attending the Celebration of Hope, visit https://events.christianacare.org.
Scientists from The Wistar Institute visited the Helen F. Graham Cancer Center & Research Institute May 22 to exchange ideas with Christiana Care clinicians about their research, which someday may lead to new treatments for people with cancer.

Such collaboration is the hallmark of the historic partnership between the Graham Cancer Center, one of the nation’s largest community cancer centers, and Wistar, a renowned leader in biomedical research focusing on cancer and vaccine development. Last year, the partnership was enhanced by the integration of Christiana Care’s Gene Editing Institute into Wistar’s Molecular Screening Facility.

“The meeting was so they could understand the importance of communication with clinicians to know what the major issues are in the treatment of cancer patients,” said Nicholas J. Petrelli, M.D., Bank of America endowed medical director of the Graham Cancer Center. “The best translational cancer research involves a multidisciplinary team of scientists and clinicians.”

“Our job as clinicians is to implement all of the knowledge we are given to help patients. Collaborations between basic science and clinical work ensure the scientific continuity of the care of our patients.”

GREGORY MASTERS, M.D.
Outside of the resources of pharmaceutical companies, such partnerships and the clinical trials born from them are vital to developing life-saving cancer treatments, said Maureen E. Murphy, Ph.D., professor and program leader of Wistar’s Molecular and Cellular Oncogenesis Program, associate vice president for faculty affairs and associate director for education and career development at Wistar Cancer Center.

“We don’t have millions of dollars that are normally needed for clinical trials,” she said. “Forums like this are going to be the only way to inform clinicians of our promising new research strategies.”

The Graham Cancer Center, as a National Cancer Institute Community Oncology Research Program (NCORP), is a leading enroller of patients in clinical trials in cancer prevention, control, treatment and imaging research. At any one time, about 110 trials are available for eligible patients.

But long before the clinical tests comes that first step in the laboratory.

The nearly 20 Wistar pre- and post-doctoral fellows began their visit with a tour of the cancer center, followed by an informational meeting in which they traded experiences with about a half-dozen clinicians. Three of the visiting scientists shared their research, most involving clinical samples from Christiana Care.

Postdoctoral fellow Curtis Kugel, Ph.D., presented a study focusing on the differences in the immune cells of melanoma patients younger than 50 compared with those of older patients. The results, he said, suggest age could be an important factor when considering immune-based therapies for melanoma.

Kevin Alicea-Torres, a graduate student, is looking at developing treatments that would eradicate certain immune cells in order to improve immunotherapy in cancer patients.

And postdoctoral fellow Ileabett Echevarria Vargas, Ph.D., outlined her search for an effective therapeutic strategy to combat NRAS mutant melanoma, a highly aggressive and resistant tumor that affects about 20 percent of melanoma patients. She described a drug combination that appears to be very promising in the treatment of this aggressive tumor type.

Clinicians’ feedback helps inform how and what the scientists research, said oncologist Gregory Masters, M.D., NCORP principal investigator at the Graham Cancer Center. In turn, their research helps educate clinicians about advances in the field and new opportunities that their research may present.

“Our job as clinicians is to implement all of the knowledge we are given to help patients,” Dr. Masters said. “Collaborations between basic science and clinical work ensure the scientific continuity of the care of our patients.”

Dr. Murphy had one word to describe patients: essential. Validation of the scientists’ work relies on the patient data provided by health care partners like Christiana Care.

“Without patient data, we don’t know how our data is trending,” Dr. Murphy said. “It was eye-opening for us to see what the clinicians are thinking about. And hopefully we gave the clinicians some interesting possibilities as well.”

Since 2011, Wistar and the Graham Cancer Center have been partners in translational research, meaning that preclinical discoveries made at Wistar can be advanced to early phase clinical trials at Graham Cancer Center.
EIGHT YEARS AGO, Bill Parker of New Castle was diagnosed with acute myeloid leukemia, with the FLT3 mutated gene, and thought that such an aggressive cancer could be his death sentence.

But Parker was given the opportunity to enter a clinical trial involving midostaurin (Rydapt) and now believes the tablets he took for 18 months saved his life. He recounted his story to physicians, nurses and researchers at the annual Oncology Patient Advocates for Clinical Trials (OPACT) Heroes Ceremony and NCI Community Oncology Research Program (NCORP) Awards Ceremony at the Helen F. Graham Cancer Center & Research Institute on May 18.

“I was 43, and when I began treatment at Christiana Care, I woke up every day on the sixth floor thinking this day could be my last,” said Parker. “I began treatment on Jan. 4, and by the end of the month I was in remission. I have so much gratitude for the support I received from my wife, Dottie, and my medical team. Today, I want to make others aware of the benefits of participating in clinical trials.”

The annual OPACT/NCORP Awards Ceremony is to celebrate everyone in the clinical trials program — physicians, research nurses, patient advocates and the patients themselves, said Nicholas J. Petrelli, M.D., Bank of America endowed medical director of Christiana Care’s Helen F. Graham Cancer Center & Research Institute.

Kandie Dempsey, DBA, MS, RN, OCN, cancer research director; Greg Masters, M.D., NCORP principal investigator; Jamal G. Misleh, M.D., Stephen S. Grubbs, M.D., Lt. Gov. Bethany Hall-Long, Adam Raben, M.D., chair of Radiation Oncology; Diana Dickson-Witmer, M.D., FACS, medical director of the Christiana Care Breast Center and Breast Program; Bill Parker, patient advocate; Dhaval R. Shah, M.D. Not present are Jon Strasser, M.D., medical director of Pediatric Radiation Oncology and program director for the Radiation Oncology Residency Program, Charles J. Schneider, M.D., FACP and Porselvi Chochalingam, M.D.
As a National Cancer Institute (NCI) Community Oncology Research Program (NCORP), the Graham Cancer Center is one of four hybrid academic and community cancer centers with a distinctive research mission. “It’s no secret that this program is recognized by NCI as one of the best in the country for leading-edge clinical trials and for our success in enrolling patients,” Dr. Petrelli said.

At any time there are about 110 clinical trials, and the Graham Cancer Center’s patient enrollment rate is 21 percent. In addition, the Graham Cancer Center has become a national model for cancer care, prevention and outreach, outpacing the nation in reducing deaths from a number of cancers, including breast cancer and colorectal cancer. “You have set a standard of care that is improving the lives of Delawareans, and I think you should be very proud of what you have accomplished,” said Delaware Lt. Governor Bethany Hall-Long, RN, Ph.D., FAAN, who was recognized during the ceremony for her work in cancer care and research, receiving the Community Excellence Service Award.

A member of the Delaware Cancer Care Consortium, which has labored to lower the state’s incidence of cancer, Hall-Long has also felt the sting of the disease in her personal life, as her mother, father and brother all battled different forms of cancer. “To get this award is humbling, because I have collaborated with so many Delawareans throughout the state who care about working on this disease,” she said. “No one can do this alone.”

Another significant honor went to Stephen S. Grubbs, M.D., who worked for decades as an accomplished oncologist and researcher at Christiana Care and now serves as vice president of clinical affairs for the American Society of Clinical Oncology. Dr. Grubbs received the Research Excellence and Service Award. “Steve has contributed in innumerable ways — through his own individual care of patients but also through coordinating cancer care and research in the state of Delaware,” said Gregory Masters, M.D., NCORP principal investigator. A board-certified medical oncologist, Dr. Grubbs is the author of many scientific and clinical papers and for many years was a principal investigator for Christiana Care’s Community Clinical Oncology Program (CCOP), which has played a critical part in enrolling patients in clinical studies for every major type of cancer.

“I started here more than 30 years ago, and I couldn’t be more proud to be back and see how clinical trials are flourishing,” said Dr. Grubbs. “Everything we’ve done here is about service. So it’s rewarding to hear from a patient like Bill Parker and learn how his life has been improved. Ultimately what we are focused on is our patient care.” Other OPACT/NCORP Accrual Awards were given to:

**RESEARCH EXCELLENCE FOR TOP AFFILIATE PARTICIPATION**

Porselvi Chockalingam, M.D.
Hematology and Medical Oncology physician at Beebe Medical Center in Lewes.

**RESEARCH EXCELLENCE FOR SURGICAL ONCOLOGY PARTICIPATION**

Diana Dickson-Witmer, M.D., FACS
Medical director of the Christiana Care Breast Center and Breast Program at the Graham Cancer Center.

**RESEARCH EXCELLENCE FOR TOP RADIATION ONCOLOGIST: CANCER CONTROL**

Jon Strasser, M.D.
Medical director of Pediatric Radiation Oncology and program director for the Radiation Oncology Residency Program at the Graham Cancer Center.

**RESEARCH EXCELLENCE FOR TOP PHYSICIAN: CANCER CONTROL**

Jamal G. Misleh, M.D.
Physician specializing in Hematology and Medical Oncology at the Graham Cancer Center.

**RESEARCH EXCELLENCE FOR TOP PHYSICIAN TREATMENT**

Dhaval R. Shah, M.D.
Physician specializing in Hematology and Medical Oncology at the Graham Cancer Center.

**RESEARCH EXCELLENCE FOR TOP RADIATION ONCOLOGIST: TREATMENT**

Adam Raben, M.D.
Chair of Radiation Oncology at the Graham Cancer Center.

**RESEARCH EXCELLENCE FOR TOP PHYSICIAN PHARMACEUTICAL CLINICAL TRIALS**

Charles J. Schneider, M.D., FACP
Medical oncologist previously with Christiana Care, now with the University of Pennsylvania.

**RESEARCH EXCELLENCE FOR TOP PHYSICIAN TREATMENT**

Jamal G. Misleh, M.D.
Physician specializing in Hematology and Medical Oncology at the Graham Cancer Center.
Terry Horton testifies before U.S. Senate on opioid epidemic

The chief of Addiction Medicine at Christiana Care Health System testified May 25 before the U.S. Senate Committee on Homeland Security and Governmental Affairs on Capitol Hill about the scourge of opioid addiction.

Speaking at a hearing on the nation’s synthetic opioid epidemic, Terry Horton, M.D., FACP, FASAM — one of the foremost experts on addiction medicine — warned members of Congress that the opioid epidemic “is critical, urgent and getting worse.” Dr. Horton also noted that when clinicians “provide the right treatment, we can reduce drug overdose deaths.”

“When we can lengthen a patient’s time in treatment, we know we will get better outcomes,” Dr. Horton said. “When we combine medication-assisted treatment and therapy, we can win this battle that is being fought by nearly every family in our country.”

Most prescription pain relief medications exist as synthesized versions of natural opiate drugs such as opium, morphine and heroin. These drugs are powerful painkillers and have become some of the most commonly abused in the nation, with an estimated 2.1 million Americans suffering from substance-use disorders related to prescription opioid pain relievers, according to the U.S. National Institute on Drug Abuse.

Titled “Stopping the Shipment of Synthetic Opioids: Oversight of U.S. Strategy to Combat Illicit Drugs,” the hearing was organized by the Committee’s chief investigative subcommittee, which studies the efficiency and economy of operations related to all branches of the government.

The hearing came as the U.S. Senate prepared to vote on the overhaul of the federal health law that opened the door to health insurance for millions of Americans and underpinned the opportunity for people with addictions to access evidence-based treatments. The American Health Care Act — the bill to repeal the existing law — would reduce the number of Americans with health insurance by 23 million, according to the Congressional Budget Office. The bill caps federal funding to states for their Medicaid program and scales back tax credits that help some people pay for private health insurance.

“The opioid epidemic has touched nearly every family in our community in some way, and it is getting worse,” said Bettina Twardy Riveros, Christiana Care’s chief health equity officer and senior vice president of government affairs and community engagement. “The proposed cuts to Medicaid would devastate the long-term effective treatments that are saving lives by preventing more overdose deaths every day.”

Dr. Horton shared overwhelming data that supports the fact that long-term treatment — including the use of medication-assisted therapies — can help people break the cycle of opioid addiction.

“We know how to treat this epidemic,” Dr. Horton said. “We are learning what works … That means we have hope, but only if our policy decisions continue to support evidence-based treatment.”

Throughout his career, Dr. Horton has developed initiatives to treat addiction that have been adopted nationally. Most notable is the early-intervention substance abuse program at Christiana Care known as Project Engage. Through this program, health care professionals known as engagement specialists, who are peers in recovery, reach patients with substance abuse problems at their hospital bedside. By reaching those patients while they are at the low point of their addiction, the engagement specialists have a greater chance of successfully linking those patients to resources in the community that put them on the path to recovery. Project Engage also has been highlighted by the American Society of Addiction Medicine as a national model.

“We know how to treat this epidemic. We are learning what works ... That means we have hope, but only if our policy decisions continue to support evidence-based treatment.”

TERRY HORTON, M.D., FACP, FASAM
At Christiana Care, Dr. Horton and his colleagues also developed and launched the opioid withdrawal clinical pathway, an innovative effort to screen, identify and treat opioid-addicted patients who are admitted into the hospital that improves the quality and safety of their care, improves their patient experience and reduces their cost of care.

“Today’s opioid crisis is arguably the worst in American history, and Delaware has not been immune to this heartbreaking epidemic,” said U.S. Senator Tom Carper (D-Del.), the ranking member of the U.S. Senate Committee on Homeland Security and Governmental Affairs’ Permanent Subcommittee on Investigations. “Dr. Terry Horton spoke to the seriousness of this epidemic in Delaware, where over the past three years, hundreds of families have suffered the loss of their loved ones to fatal overdoses, and many more have witnessed someone they love struggle with addiction or substance abuse. We know that opioid addiction is a complex problem, but we also know that fatal overdoses are preventable. It’s absolutely imperative that Congress provides not just law enforcement, but also our health care providers with the tools and funding resources they need to save lives and help people recover from this deadly disease.”

Christiana Care’s Project Engage is recognized as a national model for its ability to reach patients with substance abuse problems at their hospital bedside — patients to resources in the community giving patients a greater chance at recovery.
As they begin the course, clinician learners in Christiana Care Health System’s Advanced Quality & Safety Improvement Science Program have an idea they believe will improve care delivery. Over the next nine months, they learn how to pinpoint the problem, design a solution and earn the support of colleagues necessary to shepherd their idea to fruition. The program prepares its graduates to spread the methods of continuous quality improvement across Christiana Care.

The effort, now wrapping up its fifth cohort of students, has attracted new attention with the National Academy of Medicine’s March publication of “Clinical Engagement for Continuous Learning.” The discussion paper was co-authored by Christiana Care President and CEO Janice E. Nevin, M.D., MPH.

“The extraordinary people who work at Christiana Care possess unparalleled expertise in caring for their neighbors,” Dr. Nevin said. “The Advanced Quality & Safety Improvement Science Program gives them the tools to innovate toward our shared goal of helping our patients live healthier, fuller lives.”

Since the first class enrolled in 2012, 57 participants across 21 disciplines have graduated from the program.

Collaborative leadership style

Diana Dickson-Witmer, M.D., FACS, surgeon and medical director of the Christiana Care Breast Center and Breast Program at the Helen F. Graham Cancer Center & Research Institute, said the course led her to develop a more collaborative leadership style. She credits the program with her recent success in starting a fellowship program.

“The Advanced Quality & Safety Improvement Science Program gives them the tools to innovate toward our shared goal of helping our patients live healthier, fuller lives.”

JANICE E. NEVIN, M.D., MPH

Clinician learners get together to learn how to pinpoint the problem and design a solution as part of the Advanced Quality and Safety Improvement Science Program.

Christiana Care train-the-trainer program spreads quality improvement methods

“The extraordinary people who work at Christiana Care possess unparalleled expertise in caring for their neighbors,” Dr. Nevin said. “The Advanced Quality & Safety Improvement Science Program gives them the tools to innovate toward our shared goal of helping our patients live healthier, fuller lives.”

JANICE E. NEVIN, M.D., MPH
“When I actually collected data, I saw that our teams were using the new guidelines even before they were published.”

DIANA DICKSON-WITMER, M.D., FACS

“I think the course gave me many of the leadership skills that helped me bring together a faculty of almost 20 people and have them put together goals, objectives and a curriculum that allowed us to have a successful application,” she said.

The train-the-trainer focus of the course was identified in the National Academy of Medicine paper as one of the best practices in clinician education.

“Fostering the engagement and leveraging the insights of frontline clinicians in knowledge-generating activities will drive a continuously learning health system toward outcomes that are most relevant, easily translated and valuable to clinical practice and patients,” it says.

The Advanced Quality & Safety Improvement Science Program was created under the Value Institute Academy, which has since merged with the Christiana Care Institute for Learning, Leadership and Development, or iLEAD. The program aims to teach and inculcate the ethos of continuous performance improvement by engaging with those who are best equipped to improve patient care outcomes.

These clinicians bring extensive medical expertise to bear but sometimes find their core problem has relatively little to do with medicine.

**Improving emergency discharge**

As medical director of the Wilmington Emergency Department Geriatric Discharge Clinic, Ellen C. Finney, M.D., has seen firsthand the communication breakdowns that can occur following a trip to the Emergency Department.

Often, patients don’t understand their discharge instructions, which are in turn not adequately communicated to their primary care provider. Partly as a result, patients 65 and older have a higher likelihood of hospital admission in the month following discharge.

Dr. Finney’s quality improvement project sought to expand follow-up phone calls, previously made to some but not all patients. An Emergency Department nurse answers questions about the patient’s visit and discusses medications and follow-up treatment. Dr. Finney also established a discharge clinic at Wilmington Hospital for patients who were not able to be seen by their primary care provider in a timely manner.

The overall goal: Replace inpatient care with outpatient care while improving communication with patients and their primary care providers.

Like other graduates, Dr. Finney is collecting data and soon expects to learn whether the phone calls and discharge clinic had any effect on hospital admissions or 72-hour re-admissions to the Emergency Department.

“One of the deliverables at the end of the program is that they need to present the results,” said Quality & Safety Education Specialist Loretta Consiglio-Ward, MSN, RN, a key founding member of the program. “We also give them the opportunity to publish their work.”

Though some projects are published or presented at national conferences, the goal of the program is more modest, said Neil Jasani, M.D., MBA, FACEP, chief learning officer and vice president of Medical Affairs.

“Meaningful and actionable: They’re the adjectives that we strive for,” he said.

Along with Consiglio-Ward and Robert Dressler, M.D., MBA, quality and safety officer in the office of Academic and Medical Affairs, Dr. Jasani was among the founders of the program. Christiana Care created the course through its participation in an ongoing quality improvement effort through the Alliance of Independent Academic Medical Centers, a national network of large academic medical centers.

**Come with an idea**

Six years ago, when the team was creating the program, they decided experience would be the best teacher of quality improvement skills.

“Anybody could read a book or watch a video, but when you need to apply a process, you need to take into account...”

CONTINUED
that you’re asking for change from the people you work with,” Consiglio-Ward said. Additionally, having a clear focus related to one’s job serves as motivation for participants to give up their Tuesday evenings without financial compensation. The original team crafted the 40-hour curriculum with the expectation that many enrollees were to have a requisite basic knowledge in quality improvement. Mentors also knew clinicians would bring their natural problem-solving skills to the course, but solving a medical problem is not always the same as changing a system.

For example, some plans engender resistance because they don’t engage the right stakeholders, Dr. Dressler said. Other times, the problem is the problem. **Fixing the right problem**

When Dr. Dickson-Witmer was accepted into the class in 2015, she was trying to find a way to reduce the number of breast cancer patients who needed a return trip to the operating room. Her hypothesis was that the team wasn’t following the newest guidelines about when such a follow-up surgery was beneficial. But as she learned in class, identifying the real problem is a process unto itself.

“When I actually collected data, I saw that our teams were using the new guidelines even before they were published,” she said. Instead, surgeons are lowering the reoperation rate by doing a better job of removing all of the cancer cells the first time.

Using the latest techniques, Dr. Dickson-Witmer is reducing the percentage of her surgeries in which cancer cells are detected at the edge of a removed tumor. This measure is important because the presence of cancer cells at the border of the excised tumor, called a “positive margin,” is associated with a higher local recurrence rate.

She has shaved her positive margin rate from 24 percent, roughly the national average, to 10 percent. Her focus on a trackable, objective metric — rather than on reoperation more broadly, which can involve judgment calls — also helped earn support from the surgeons.

**A mission to learn**

Because Christiana Care is the largest teaching affiliate hospital of the Philadelphia-based Sidney Kimmel Medical College at Thomas Jefferson University, education is a key mission for the health system.

“What I really enjoy is watching people reach that ‘a-ha’ moment, to finally understand why we learned what we did,” Dr. Dressler said.

Margot Savoy, M.D., MPH, FAAFP, FABC, CPE, CMQ, medical director of the Department of Family & Community Medicine, said the course shows Christiana Care leaders are supporting a culture that values solutions.

“There’s nothing magical about quality improvement,” Dr. Savoy said. “Every single person is responsible for quality. There’s no other way for it to work.”

“Every single person is responsible for quality. There’s no other way for it to work.”

MARGOT SAVOY, M.D., MPH, FAAFP, FABC, CPE, CMQ
UD professor dispels myths about community nutrition

A grand rounds presented in May by Christiana Care’s Community Center of Excellence in Women’s Health featured Allison Karpyn, Ph.D., senior associate director from the University of Delaware’s Center or Research in Education and Social Policy.

Dr. Karpyn presented a lecture titled “Five Myths About Community Food and Nutrition: Understanding the Family Food Landscape” to clarify a variety of misconceptions. The myths listed and mostly debunked by Dr. Karpyn included:

- I have control over what I eat.
- Most minorities receive SNAP (food stamp) benefits.
- Corner stores only sell junk food.
- Supermarkets only care about their bottom line.
- (Electronic Benefit Transfer) EBT at Farmers Markets doesn’t really work.

Following Dr. Karpyn’s lecture, a panel discussion and Q&A was moderated by Chief Health Equity Officer, Senior Vice President Government Affairs and Community Engagement Bettina Tewardy Riveros, Esq.

“We were very fortunate to have the expertise of Dr. Karpyn to inform us on how to best address the food and nutrition gaps and needs in our community,” Riveros said. “Access to nutritious food is essential to supporting good health, and by working in collaboration with community partners we can address food insecurity for the families we serve.”

Best practice review

**Q. WHAT IS INFORMED CONSENT?**

A. Informed Consent is a process that involves a discussion between the patient or their decision maker and the clinician about the proposed treatment or procedure, the significant risks and benefits of the treatment or procedure, and alternatives to the procedure. It includes answering questions the patient or decision maker may have and verifying that the patient understands the information provided, and has agreed to a particular treatment or procedure. This dialog is the most important aspect of the informed consent process. The consent form verifies that the patient was informed and agreed to the treatment or procedure.

**Q. WHO IS RESPONSIBLE FOR PROVIDING THE NECESSARY INFORMATION AND OBTAINING AND DOCUMENTING INFORMED CONSENT?**

A. The clinician or designee who is credentialed to perform the procedure is responsible for providing the necessary information and getting the patient’s consent.

**Q. WHAT IS THE PURPOSE OF THE WITNESS?**

A. The witness affirms that they were present and saw the patient sign the consent document. The witness does not attest to the patient’s understanding of the procedure. However, if the signature is being obtained at a different time/place than when the patient was initially informed, then the person obtaining and witnessing the patient’s signature should confirm that the patient understands the proposed intervention. Teachback should be used to verify clear understanding.

**Q. CAN A CONFUSED PATIENT SIGN THE INFORMED CONSENT DOCUMENT?**

A. No. If the patient does not have the ability to reason, to consider relevant information and to evaluate the significant risks, benefits and alternatives to the proposed procedure, they may not consent for the procedure.

**Q. WHO CAN GIVE INFORMED CONSENT IF THE PATIENT LACKS DECISION-MAKING CAPACITY?**

A. Where applicable and available, the decision maker will be a court-appointed guardian, a patient-selected agent (durable power of attorney for healthcare/person named in an advance directive), or a patient-selected surrogate decision maker. If the patient has none of these please refer to the section “Decision Maker” in the Informed Consent Policy, for list of those permitted to make decisions on the patient’s behalf.

**Q. IS CONSENT NEEDED FOR AN EMERGENCY PROCEDURE?**

A. When possible, the clinician should try to obtain informed consent. However, emergent treatment may be provided without informed consent. The medical record will reflect the nature of the emergency, the treatment provided, and the reason informed consent was unable to occur.

If you have questions about this Best Practice Review, please contact the content expert, Donna Casey, at 733-2633, or call the Safety Hotline, 7233 (SAFE) from within Christiana or Wilmington hospitals; from outside call 623-7233 (SAFE).
First State School celebrates 32nd Annual Graduation and Awards program

The First State School recognized three students in its Class of 2017 graduating seniors, along with a substantial number of other students honored at the unique educational facility based at Christiana Care’s Wilmington Hospital.

First State School is a collaboration between Christiana Care Health System and the Delaware Department of Education through the Red Clay School District that gives children and adolescents who would otherwise be homebound with serious illnesses the chance to attend school with their peers while they get the medical treatment they need.

The Honorable Rita Landgraf, professor of practice and distinguished health and social services administrator in residence at the University of Delaware and former secretary of the Delaware Department of Health and Social Services, provided the commencement address, which was followed by achievement and memorial award presentations, and a musical presentation featuring the school’s chorus and steel drum band.

Red Clay School District Superintendent Dr. Mervin Daugherty, Telyha Brooker-Parquet, Red Clay School Board member Martin Wilson, Jashawna Harris, Red Clay School Board member Faith Newton, Brandon Rodriguez, and First State School Principal Kathleen Mattix.

The First State School chorus and steel drum ensemble provided an inspiring musical backdrop for the occasion.
We serve together, guided by our values
By Janice E. Nevin, M.D., MPH, President and CEO

One year ago, we began a journey to define the values and behaviors that will enable us to create an exceptional experience for everyone we serve — and for each other.

Since then, we have worked in ways that we’ve never worked before. We invited all of our Extraordinary People to participate in defining our values and behaviors. We created a new role in our Values Ambassadors, dynamic individuals who helped to communicate and foster engagement throughout our organization. In powerful discussions, we shared the values that are important to us as individuals and teams, and we talked about the values that unite us as a community of health care professionals.

The goal of this work was not to create a list of words to hang on a wall; it was to define values and behaviors that will lead Christiana Care through meaningful change. Our health care system in the United States is undergoing a transformation, and this is our opportunity to innovate — to leap forward and truly impact the health of our community.

Now an even greater journey begins. Together we will work to consistently demonstrate the behaviors that reflect our values.

We serve together, guided by our values: excellence and love.

Excellence

We share a commitment to excellence at Christiana Care. We know that no matter how good we are today, we always strive to do better. Whether we care for patients or support our colleagues in patient care, our commitment to excellence motivates us to be at 100 percent in every interaction. Every encounter with a patient, a family member or a member of our community is an opportunity to create an exceptional experience. Every interaction with a colleague is an opportunity to foster an environment in which we find joy in our work and inspire each other to perform at our very best.

We can eliminate preventable harm to patients. We can eliminate unnecessary variation in care and ensure the right care for every person at the right time, with the right people involved. We can use our resources wisely to ensure the greatest possible value.

Every improvement that we make as an organization, large or small, has the potential to make a real, lasting impact in the health and lives of our neighbors. This is why we are committed to excellence in all that we do.

Love

Hippocrates, considered the father of Western Medicine, said, “Wherever the art of Medicine is loved, there is also a love of Humanity.”

Lillian Wald, the founder of public health nursing, said that “nursing is love in action.”

There are many kinds of love. When we talk about love as a value in health care, we’re not referring to romantic or familial love. Love, in this sense, is a deep appreciation of the value and importance of each person we serve. Love encompasses many concepts, including empathy, compassion, respect, caring — and it is more than any one of those.

Love is also the way we approach our work, and the deep satisfaction we feel when we do it well and make a positive difference in people’s lives. I love my job. I love the opportunities I have each day to support my colleagues and to make an impact on the health of our community.

At its core, health care is about a relationship between human beings. It is not merely a transactional relationship, where one person purchases a service that another person provides. It is a partnership that at its best makes each person in that partnership feel loved.

When we practice with love, we achieve better outcomes. We are attuned to the needs and feelings of the people we serve, and we are aware of our actions and the impact they have.

We serve together

The Christiana Care Way is our mission and our promise to the people we serve.

The Diamond helps us to focus on our strategic aims and our means to achieve them.

Our values and behaviors, which you’ll see on the next page, will help us to work together to deliver on our promise, to achieve our strategic aims and to create the experience that we want for each other and for our community.

This is a time of incredible opportunity for us as an organization. We serve together, guided by our values, excellence and love. By consistently modeling our values and behaviors, we will thrive in this time of great change.

Thank you for all that you do to serve our neighbors as respectful, expert, caring partners in their health.

●
EXCELLENCE

We commit to being exceptional today and even better tomorrow.

We seek new knowledge, ask for feedback, and are open to change.

We use resources wisely and effectively.

We are curious and continuously look for ways to innovate.

We are true to our word and follow through on our commitments.
LOVE

We anticipate the needs of others and help with compassion and generosity.

We embrace diversity and show respect to everyone.

We listen actively, seek to understand and assume good intentions.

We tell the truth with courage and empathy.

We accept responsibility for our attitudes and actions.
Project SEARCH opens doors for young people with cognitive disabilities

Daniel Gollie knew he wanted to work. But he didn’t have the opportunity to develop skills or learn what he enjoys doing until he enrolled in Project SEARCH, a nine-month unpaid internship for people age 18-21 with cognitive disabilities.

As part of their high school transition, Project SEARCH interns receive classroom instruction and complete three rotations in various departments at Christiana Care Health System.

Gollie found the right job for him on his second rotation, in Facilities Maintenance.

“It was such a great fit, learning to use tools, that I was able to stay on for my third rotation,” he said. “The people I met appreciated my help and being part of their team.”

Gollie, who is now employed at Benjamin Franklin Plumbing, is one of nine students in the Project SEARCH Class of 2017. He and his classmates spoke at the sixth annual Project SEARCH graduation, June 5 at the John H. Ammon Medical Educational Center.

Tom Corrigan, executive vice president and CFO, praised the Project SEARCH graduates for having the courage to intern at Christiana Care.

“It takes some courage to come into a big place like Christiana Care,” said Tom Corrigan, executive vice president and CFO. “Our interns learn important skills, and we learn from them. It’s a two-way street.”

Mervin Daugherty, Ph.D., superintendent, Red Clay School District, encouraged the graduates to continue growing their skills as they begin their working lives.

“Success starts when you step outside your comfort zone,” Daugherty said. “This isn’t the end. We expect you to go out into the world and pay taxes.”

“I learned that I am a hard worker and a leader, not a follower. I can’t wait to start working.”

ADRIANNA BOLLING

CONTINUED
One of Christopher Lloyd’s rotations was in Surgical Material Distribution, where he gained self-confidence by completing tasks on time.

“I stocked and reorganized almost 3,000 items,” Lloyd said. “I enjoyed coming to work every single day because my coworkers were nice to me. I asked for help when I needed it, and they were always happy to help me.”

Several interns spoke of the caring relationship they developed with Christiana Care staff during their rotations.

“The people I worked with in Prep and Holding took the time to answer my questions, even when they were busy,” said Adrianna Bolling. “I learned how important communication is. I learned that I am a hard worker and a leader, not a follower. I can’t wait to start working.”

Rachel Scurti said she enjoyed filing documents and copying papers in Employee Health. She was inspired to accomplish personal goals such as getting her driver’s license.

“I’ve come out of my shell,” she said.

To date, 19 Project SEARCH interns have been hired by Christiana Care. In the past two years, 100 percent of students have found jobs either in the health system or elsewhere. Departments who hosted students include the Helen F. Graham Cancer Center & Research Institute, Clinical Engineering, Employee Health, Environmental Services, Facilities Maintenance, Food and Nutrition, iLead, Material Distribution & Logistics, Operating Room, Patient Escort, Patient Guides, Pharmacy, Prep and Holding, Property Management, Sterile Processing and Surgical Material Distribution.

Kendall Scott already has started working at Camp Bow Wow, a dog boarding business in Newark.

“I would never have been successful without Project SEARCH,” Scott said. “Today, I am a working man.”

In addition to Christiana Care and Red Clay, partners include the Delaware Department of Education, Division of Vocational Rehabilitation, Community Integrated Services, Autism Delaware and POW&R (Productive Opportunities for Work & Recreation).●
In recognition of their work helping patients live as well as they can for as long as they can, a Christiana Care social worker and Emergency Department physician have been honored by the Delaware Quality of Life Coalition, an all-volunteer non-profit association of providers, educators, clergy and caregivers.

Emergency Department physician Julie Cooper, M.D., and social worker Jaynnette Tirado, LCSW, received Excellence Awards in the physician and counseling professional categories, respectively, at the coalition’s April 20 conference and awards ceremony. Awardees were chosen solely based on their nominations, both of which came from John J. Goodill, M.D., FACP, FCCP, chief of Christiana Care’s Hospice and Palliative Medicine Section.

Dr. Goodill said Tirado is a compassionate, skilled listener who takes the time to work with families. And he called Dr. Cooper a “palliative care champion” for her work teaching Emergency Medicine residents how to have conversations about goals of care near the end of life with patients and their families.

“Christiana Care has been a supporter from the beginning,” said Keagen Brown, president of the Delaware Quality of Life Coalition (formerly the Delaware End of Life Coalition). “Christiana Care has been good at sharing knowledge. They’re really known as a thought leader.”

Under the direction of Roshni T. Guerry, M.D., medical director of Inpatient Supportive and Palliative Medicine, Christiana Care offers specialty services in palliative care, also known as comfort care or supportive care.

“Palliative medicine adds value to our care by providing opportunities to learn about what is important to our patients,” Dr. Guerry said. “This allows our team to collaborate with patients and their families to craft a care plan that’s tailored to each patient’s goals.”

Through this program, Christiana Care seeks to improve the quality of life of those living with serious illness and works to integrate its principles across other disciplines.

The program also seeks to dispel myths about palliative care.
Palliative care is not the same as hospice care. Palliative care is generally given in addition to — not in place of — prescribed treatments.

Christiana Care also has supported the use of the Delaware Medical Orders for Scope of Treatment form, or DMOST, which offers a new way for patients to communicate their preferences regarding medical care near the end of life. The DMOST form reconciles a patient’s preferences with sound medical judgment and then documents those preferences in a clear, standardized medical order. It is intended to be used by those who have less than a year to live.

In the Emergency Department, where the DMOST will most often be carried out, Dr. Cooper has been something of an evangelist for palliative care, spreading the word about how to have these difficult conversations. She helps teach the Emergency Department’s approximately 50 emergency medicine residents how to focus on patients’ goals and values.

“We spend a lot of time talking about the end of life. Most of us weren’t taught how to do that,” Dr. Cooper said.

For Tirado, a Christiana Care social worker since 2000, the key is spending the time it takes with patients to become their advocate. During group meetings, she reads families’ body language to ensure they truly understand what the care team is saying. And she stays after the rest of the team leaves to debrief the family, often gleaning information that wasn’t shared in a more formal setting.

It’s this trust that Tirado values most.

“You’re available to a family at their most vulnerable time,” she said. “For them to allow me to talk with them is something I don’t take for granted.”

Tirado also helps patients express their hopes in terms of the “Five Wishes,” which tell the family and doctors:

- Who you want to make health care decisions for you when you can’t make them.
- The kind of medical treatment you want or don’t want.
- How comfortable you want to be.
- How you want people to treat you.
- What you want your loved ones to know.

Christiana Care staff who have been honored at the conference in the past include Dr. Goodill, Shirley Brogley, ACHNP, ANP-BC, of the Supportive and Palliative Care Program, and Anne Mueller, MBA, MBE, who earned the Program Administration Award. ●
In critical moments, Christiana Care’s forensic nurse examiners deliver sensitive, tender care to victims of abuse, neglect, violence and trauma. This unique, powerful blend of compassion, skill and specialized knowledge earned the forensic nurse examiner team Christiana Care’s inaugural DAISY Team Award in April.

The DAISY Award is an international nurse recognition program honoring excellence. The Professional Nurse Council administers the DAISY program at Christiana Care to celebrate nurses, nurse leaders and teams for their exceptional care. The team award recognizes collaboration and teamwork that make positive differences in the lives of patients, families and community members.

“The Forensic Nurse Examiner team is a testament to the respectful, expert, caring partnerships Christiana Care strives for in serving our community,” said Chief Nurse Executive Ric Cuming, Ed.D., RN, NEA-BC, FAAN. “From their beginnings as pioneers in forensic nursing, they have continued to innovate and evolve in ways that advance their specialized care to support victims of violence and the programs that seek to prevent it.”

Forensic nurse examiners apply their expertise by obtaining a proper history, administering a safety assessment, identifying inflicted or accidental injuries, identifying and collecting evidence, and making written and photographic documentation. This gives the forensic nurse the ability to provide non-biased expert testimony in court.

Emergency Department Assistant Nurse Manager James Thomas, MSN, RN, nominated the team for the award, citing a growing list of accomplishments since the team’s inception as sexual assault nurse examiners in 1996.
Today, Christiana Care forensic nurse examiners provide comprehensive care for victims of sexual assault, domestic violence, child and elder abuse and neglect, pedestrians struck by vehicles, fire victims and victims of gunshots, stab wounds and other major assaults that result in trauma or life threatening injuries.

With a forensic nurse examiner located in the Christiana Hospital Emergency Department 24/7, the team cares for more than 2,000 patients each year. Last year, the team responded to more than 200 subpoenas. In cases that go to trial, almost all accept the forensic nurse examiner as the sole medical testimony.

“Forensic nursing is not an easy profession. That these nurses choose to develop expertise in this area sets them apart,” said Linda Laskowski Jones, MS, APRN, ACNS-BC, CEN, FAWM, FAAN, vice president of emergency and trauma services. “In caring for a population that’s been through incredible trauma, they deal with the rawest and most intimate details. And these nurses develop a tremendous amount of knowledge to be expert in forensic sciences. It demands attention to detail and a high level of skill to secure objective evidence that is admissible in court.”

Laskowski Jones credits much of the team’s growth and success to the steadfast leadership and commitment of Anita Symonds MS, BSN, RN, SANE-A, SANE-P, coordinator of the Nurse Examiners Program.

“We see significant injuries and unexpected deaths from all kinds of trauma and violence. Our nurses are driven by a passion for the work we do, unbreakable team camaraderie and amazing support from our colleagues,” said Symonds.

In 2006, the team extended their services by partnering with Christiana Care’s trauma team to collect forensic evidence for victims of violence. The forensic nurses work alongside the team as they’re trying to save a life, documenting and photographing wound characteristics, identifying and collecting potential evidence while preserving the chain of custody of medical evidence.

In 2011 they received specialized training to recognize characteristics of gunshot wounds. This training enables them to recognize entrance versus exit wounds, and range and direction of fire. As a result, the person who cannot speak for himself or herself now has the opportunity to have an accurate history of the event told.

The team of 22 nurses also steps out into the community for outreach and educational programs.

“The team is amazing in how they care for a delicate population,” said Tammy Layer, MSN, RN, OCN, nurse navigator with the supportive and palliative care team and co-chair of the Professional Nurse Council. “When patients arrive in the ER, the nurses support them physically and emotionally, help their families deal with the trauma and guide them to follow-up resources. As advocates for victims and the justice system, our forensic nursing team is a small group that makes a huge impact on our community.”

The forensic nurse team has earned national recognition from the Emergency Nurses Association and U.S. Department of Justice for providing emergency care of crime victims and forensic expertise at trials.

The Professional Nurse Council at Christiana Care selects DAISY Award recipients using a blinded selection process based on nominations from patients, families, staff and volunteers. All nurses — inpatient, outpatient and VNA — are eligible.

“In caring for a population that’s been through incredible trauma, they deal with the rawest and most intimate details. And these nurses develop a tremendous amount of knowledge to be expert in forensic sciences. It demands attention to detail and a high level of skill to secure objective evidence that is admissible in court.”

LINDA LASKOWSKI JONES, MS, APRN, ACNS-BC, CEN, FAWM, FAAN

ANITA SYMONDS MS, BSN, RN, SANE-A, SANE-P

“We see significant injuries and unexpected deaths from all kinds of trauma and violence. Our nurses are driven by a passion for the work we do, unbreakable team camaraderie and amazing support from our colleagues.”

ANITA SYMONDS MS, BSN, RN, SANE-A, SANE-P
While strokes and other neurological disorders can be seriously debilitating, in recent years an array of surgical and minimally invasive treatments have led to significant advances in neurological health at Christiana Care, an accomplishment highlighted at the 5th annual Neurovascular Symposium in April at the John H. Ammon Medical Education Center.

Barbara J. Albani, M.D., chair of Neuro-Interventional Surgery, noted that July marks the 10-year anniversary of the launch of the Neuro-Interventional Program. From that initiative grew a state-of-the-science treatment facility.

“We are recognized as a Comprehensive Stroke Center with one of the highest volumes of patients in the nation and an outstanding record of care,” said program chair Gregg H. Zoarski, M.D., attending physician in Neuro-Interventional Surgery. “We provide a full-range of neuro-interventional treatments for brain aneurysms, carotid disease and intracranial hemorrhage as well as vascular malformations, and in 2017 there is no reason for patients to look outside Delaware for cutting-edge medicine.”

Early presentations to the 175 attendees by four Christiana Care physicians dealt with acute ischemic stroke, the type of stroke that impacts the vast majority of stroke patients. “Our goal in treatment is to get to a vessel as fast, as safely and as quickly as possible and to get the vessel open in order to restore perfusion to the brain at risk,” said neuro-interventionalist Thinesh Sivapatham, M.D.

Mary Kobak, M.D., a Christiana Care family physician, said the conference provided a great deal of valuable information about strokes, a disease that results in significant morbidity and mortality among her patients. “We have a high-risk population in Delaware, with lots of high blood pressure, high cholesterol, diabetes and smoking,” said Dr. Kobak. “In listening to the speakers, I heard about helpful new technologies and preventive strategies.”

For instance, neurologist Anthony Munson, M.D., suggested that primary care physicians put up American Heart Association posters in exam rooms to explain stroke symptoms and the importance of calling immediately for an ambulance. “Patients spend time alone in the exam room, and I know when I am there, I read what’s on the wall,” Dr. Munson said.

“Identifying new approaches in the treatment of intracranial venous pathology, including clots in the dural venous sinuses which drain blood from the brain.”

GREGG H. ZOARSKI, M.D.

Christiana Care ran an extensive public communications campaign in May and June, with messages on social media and billboards across New Castle County highlighting the symptoms of stroke and the importance of calling 911 fast.

Over the years Christiana Care has treated severe stroke patients faster and faster, which is effective in preventing the neuronal loss in acute stroke which occurs at the rate of 2 million neurons a minute until revascularization is achieved, said Jonathan Raser-Schramm, M.D., Ph.D., medical director of the Stroke Program and attending physician in Inpatient Neurology. However, there is evidence from national studies that one in five patients presenting to emergency departments with mild stroke symptoms are not always diagnosed and treated in prompt fashion, even though mild strokes can be extremely life-altering, and tPA is often indicated.

CONTINUED
About 175 physicians and others attended the annual symposium.

“Mild stroke is really not a benign condition and can be very disabling. Patients may not be able to go home or resume their previous activities,” said Dr. Raser-Schramm.

Mary E. Jensen, M.D., professor of radiology, neurology and neurosurgery and vice chair for operations in the Department of Radiology in the University of Virginia Health System, described procedures for evaluation, treatment and clinical cases on dural venous sinus thrombosis and idiopathic intracranial hypertension, which is sometimes called “pseudotumor cerebri” (false brain tumor). The latter involves an increase in pressure around the brain, leading to headaches and vision problems.

“When it comes to the veins, this is one of the forgotten topics, but I think you will be hearing more about them in the near future,” said Dr. Jensen. A leader in neurointerventional radiology, Dr. Jensen has pioneered treatments for cerebral aneurysms, including endovascular coiling techniques.

Leif-Erik Bohman, M.D., neurosurgeon, talked about image-guided treatment of cerebral hemorrhage. Such hemorrhages are fairly common, representing 10 to 15 percent of all strokes. Until recently there has been no efficacious treatment and studies have shown patient outcomes to be poor, with only 20 percent of patients being functionally independent after six months. However, a minimally-invasive surgical procedure targeting small clots has shown promise in China, and this had led to the MISTIE trials in the U.S., using a stereotactic insertion of a catheter directly through the skull to withdraw a blood clot with a subsequent infusion of alteplase (tPA) for up to four days.

While there have been few published results of the trials, the procedure seems to help patients, and there are now two FDA-approved mechanical devices to remove the clots. Christiana Care will begin offering this endoscopic surgery procedure this year, said Dr. Bohman.

Randy Gaboriault, MS, chief information officer and senior vice president of innovation and strategic development, spoke about approaches to innovation in health care that will one day involve the widespread use of data-driven health algorithms assisting clinicians to provide effective, timely, low-cost care. Peer-reviewed literature on this topic is growing exponentially, from 400,000 articles published annually 15 years ago to 900,000 in 2016. And with so much information to absorb, the medical establishment has a significant lag time between the distribution of valuable new research and its adoption.

Using today’s medical records, computer algorithms can factor in diagnostic data, demographic data and environmental data to offer care teams real-time patient analytics. In fact, elements of this model are already in place in the Carelink CareNow service, which offers intensive engagement — and virtual monitoring — for the 5 percent of Christiana Care patients at risk for hospital readmission. Gaboriault speculated that one day the hospital system will provide similar digitized medicine for every patient and every intervention to maximize the patient experience and deliver customized care.
Pamela Boyd appointed 6E nurse manager

Pamela Boyd, MSN, RN, CNOR, has been appointed nurse manager on the medical unit 6E at Christiana Hospital. Boyd began her nursing career on 6E in 2006 as a student nurse extern. Upon graduation from Delaware Technical Community College, she joined Surgical Services as a perioperative nurse on the Wilmington Campus.

She earned her bachelor's degree in Nursing from Immaculata University in 2011 and her master's degree in Nursing from Wilmington University in 2014. She has served as chair of the Professional Nurse Council and was also a member of the Professional Advancement Council.

Since 2014, Boyd has served in the role of senior program manager for Patient Experience, working closely with nurses, physicians, patients and families in the pursuit of excellent care delivery and outcomes.

Lynda Huselton named nurse manager of 5E

Lynda M. Huselton, MSN, MSN, RN-BC, has been promoted to nurse manager of 5E, the Heart Failure unit, at Christiana Hospital. She was named assistant nurse manager on 5E in April 2016 and has served as the unit’s interim nurse manager since March.

Huselton started her nursing career at Christiana Care as a graduate nurse on the pulmonary stepdown unit in 2007. She completed her bachelor’s degree in nursing at Immaculata University in 2010 and her master’s degree in nursing and master’s degree in management at Wilmington University in 2016.

Publishing


Presentations


At the Delaware Valley Vascular Society Meeting in May 2017:
- Ralph Ierardi, M.D., and William S. Johnson, M.D. “Case study on Aortitis.”
- Ralph Ierardi, M.D. “Peripheral Vascular Disease and Aspects of Limb Salvage.”
- Ralph Ierardi, M.D. Moderated a session on abdominal Aortic Aneurysm management.


At the “Meet the Future of Value-Based Care – Post Acute Link Care Continuum Conference in Chicago, June 2017:
- Tabassum Salam, M.D., FACP, CHCQM and Ann Painter, MSN, RN. “Leading Edge Value-Based Care.”
- Lynn C. Jones, FACHE. “Post Acute Providers Going All-In on Risk.”

Robert Witt, M.D., was the guest of honor at the 2017 Annual Meeting and International Conference of the Taiwan Head & Neck Society in Haulien, Taiwan, where he presented “Thyroid Molecular Testing using Ultrasound,” and “Surgical Management of Grave’s Disease.”

Appointments

Ralph Ierardi, M.D., was appointed chair of the Membership Committee of the Society of Vascular Surgery.

Awards

Ene O. Belleh, MLS, AHIP, received the Professional Recognition Award for Leadership from the Medical Library Association-Hospital Libraries Section at the 2017 national conference in May in Seattle.

Robert Locke, D.O., MPH, received the Distinguished Service Award from the American Osteopathic Board of Pediatrics in “Recognition of Many Years of Outstanding Support, Dedication and Service in the Field of Neonatology.”
August 5

**BIG LATCH ON AND FAMILY FAIR**  
10 a.m. – 2 p.m.  
John H. Ammon Medical Education Center  
Join us for Christiana Care’s First Annual Latch On Event! Breastfeeders, chestfeeders, pumpers and hand expressers are welcome. Bring your families and supporters. Educational activities, refreshments, and fun! Register at parenteducation@ChristianaCare.org.

August 29

**5TH ANNUAL ADDICTION MEDICINE SYMPOSIUM: OPPORTUNITIES & CHALLENGES**  
John H. Ammon Medical Education Center  
Features experts in the area of psychological trauma, an update on federal and state efforts to address the current epidemic, and discussion of unique opportunities available for collaboration in treatment. Registration information will be available on the portal in mid-July. Contact Cheryl Botbyl at 302 733-6107 for information.

October 6

**DEMENTIA CARE 2017: CARING FOR THE CAREGIVERS**  
8 a.m. – Noon  
Rehoboth Beach Country Club, Rehoboth Beach  
Presented by the Swank Memory Care Center, this symposium is appropriate for primary care clinicians, nurse, social workers and other providers and will focus on the importance of treating the memory-impaired patient. Contact Cyndy Fanning at cfanning@christianacare.org with questions.

October 6

**BARIATRIC SUMMIT 2017: COLLABORATIVE CARE - INTERDISCIPLINARY APPROACH TO THE BARIATRIC PATIENT**  
8 a.m. – 4 p.m.  
John H. Ammon Medical Education Center  
This conference will offer insights to effective management of obese patients, surgical complications, obesity in adolescence, psychology of eating and the mechanisms of diabetes control in the post-surgical patient. A lecture specifically devoted to the duodenal switch procedure will be held. Agenda and Registration information will be available in August.

October 26

**2017 CANCER SYMPOSIUM**  
Embracing Palliative Care: A Physician’s Role  
6 – 8:30 p.m.  
John H. Ammon Medical Education Center  
The Helen F. Graham Cancer Center & Research Institute presents the 2017 Cancer Symposium on Thursday, October 26. This year’s symposium and dinner program Embracing Palliative Care: A Physician’s Role will help to advance the knowledge and practice of health care professionals who impact the quality of life for their patients and families who are experiencing life threatening illnesses. A panel discussion local experts will follow.

October 27

**DR. MARGARET I. HANDY ANNUAL MEMORIAL LECTURESHIP**  
7:30 a.m. – 3 p.m.  
John H. Ammon Medical Education Center  
The Dr. Margaret I. Handy Memorial Lectureship is a dynamic series designed to provide insight into cutting edge topics in Neonatal/Perinatal Medicine. Registration deadline for this free event is October 13, pre-registration is required. Register at http://www.planetReg.com/MargaretHandyLectureship2017. Contact Lisa Allen (Lisa.L.Allen@christianacare.org) with any questions.
On Saturday morning, May 13, an annual event at the John H. Ammon Medical Education Center brought dozens of healthy, spirited children back to the place where life began for them under not-so-certain circumstances.

Sixty-seven families, for a total of 249 guests, included children who “graduated” from the Neonatal Intensive Care Unit (NICU) gathering to reconnect with staff who helped parents and their babies while they received specialized care after birth.

The annual reunion celebrates the health of children who relied on Christiana Care’s NICU, the only Level III NICU at a high-risk delivering hospital in Delaware.

Christiana Care’s Neonatal Intensive Care Unit’s tradition of inviting children who passed though the NICU usually brings many youngsters back to Christiana Hospital to enjoy the shared experience of having navigated troubled waters at their birth.

“Planning the reunion is a team effort,” said NICU Assistant Nurse Manager Bonnie Chavez, BSN, RNC. “I enjoy being a part of this team and working with others to make it happen every year. We are learning new things every year about how to change and improve our communication with the families of our patients. It is always a pleasure to see the babies when they have gotten stronger and bigger. Talking with the families reaffirms what we do for them every day. It is our privilege to care for these remarkable babies and nurture them and the families moving toward discharge and better health outside the hospital.”
Exercising safely outdoors

It’s summer, the time of year when we can commit to be fit by exercising outdoors.

Before you climb on your mountain bike, lace up your running shoes or grab your tennis racket, be aware of the risks that accompany working out in hot weather.

Exercising in heat puts extra stress on your body. Both physical exertion as well as the air temperature and humidity can increase your core body temperature.

As a natural cooling mechanism, your body sends more blood to your skin. This results in less blood for your muscles, which makes your heart beat faster.

Perspiration evaporates and helps us to feel cooler. But if the humidity is high, sweat doesn’t readily evaporate from your skin, which pushes your body temperature even higher.

Overdoing it can result in heat cramps, heat exhaustion, or heatstroke, a life-threatening emergency.

It’s light longer in the summer, which means our exposure to harmful UV rays is increased. Too much sun contributes to wrinkles, premature aging of the skin, and skin cancer, including melanoma.

Avoid sun between 10 a.m. and 4 p.m., which is prime time for UV exposure. The American Academy of Dermatology recommends a sunscreen with an SPF of at least 30, all year-round, even on cloudy days. Don’t be stingy. Apply one ounce, enough sunscreen to fill a shotglass. Reapply every two hours or if you go in water or are sweating.

Here are other tips for working out safely:

• **Know yourself.** If you’re a novice fitness enthusiast or have health issues, be extra careful when it’s hot. Take frequent breaks. Don’t overdo it.

• **Watch the weather.** Avoid outdoor exercise in extreme heat, days when air pollution is high or when thunderstorms and lightning are forecast.

• **Warm up to outdoor exercise.** If you’re used to cooler weather or working out indoors, it will take one to two weeks to acclimate yourself. Start slow and build gradually.

• **Hydrate, hydrate, hydrate.** Dehydration is dangerous. Staying hydrated will help your body perspire and cool down. Keep fluids with you at all times—and don’t wait until you’re thirsty to drink! Consider sports drinks that replace the sodium, chloride and potassium you lose through sweat. Avoid alcohol, which contributes to dehydration.

• **Dress for success.** Lightweight, loose clothes allow perspiration to evaporate and promote coolness. Light colors are cooler than dark colors. And don’t go out without a hat.

• **Have a Plan B.** If it’s too hot and humid to exercise outdoors, head to the fitness center.
Heart failure, a condition in which the heart cannot pump enough blood and oxygen to support other vital organs, affects about 20 per 1,000 individuals ages 65 to 69, and more than 80 per 1,000 individuals among those 85 and older. With a continuously aging population, the number of Americans with this condition is expected to rise significantly in future years. Heart failure is accountable for over a million hospitalizations annually, and has a 30-day readmission rate as high as 25%. Due to its substantial impact on morbidity and mortality, heart failure management exceeds $30 billion annually. As a result, medication management is of utmost importance for this disease state, and there are a number of medications available that help to improve both symptoms and overall survival.

Initial breakthroughs in heart failure therapy began in the late 20th century, during which studies demonstrated the mortality benefits of a variety of medications, including angiotensin converting enzyme (ACE) inhibitors, angiotensin-receptor blockers (ARBs), beta-blockers, and spironolactone. Additionally, loop diuretics and digoxin were shown to help with disease burden by reducing symptoms and hospitalizations. Despite these advances, there have not been any pharmacologic breakthroughs for a number of years. However, recent progress has been made with the development and approval of several medications in 2015 that mark new milestones in the approach to heart failure therapy. The first agent, valsartan/sacubitril (Entresto®), is an angiotensin receptor-neprilysin inhibitor (ARNI) that was monumental in that it was found to reduce the risk of death from cardiovascular causes or being hospitalized for heart failure by 20% when compared to patients on an ACE inhibitor alone. As a result, this agent is recommended as a replacement for an ACE inhibitor or ARB in patients with chronic symptomatic heart failure with reduced ejection fraction (HFrEF). The other new agent, ivabradine (Corlanor®), is a sinusoidal node modulator that leads to a reduction in heart rate. This medication has also demonstrated efficacy in reducing hospitalizations, and is recommended in HFrEF after beta-blockers and other medications have been maximized. Both medications are on the CHS formulary; however, initiation of Entresto® is restricted to cardiologists (all providers may continue therapy upon patients’ admissions).

Despite these remarkable advances, there have been a number of studies searching for additional breakthroughs in the management of heart failure. As far as research in the pipeline, Entresto® is currently being studied in HFrEF in the PARAGON-HF trial, with expected completion in 2019. Empagliflozin, a sodium-glucose cotransporter 2 (SGLT2) inhibitor used in diabetes management, is presently being investigated in patients with both HFrEF and HfP EF in the EMPEROR-HF trials. Researchers plan to investigate its effects on hemodynamics in patients with heart failure with or without diabetes, due to recent large scale diabetes studies showing benefits of this agent on cardiovascular outcomes. Vericiguat, an investigational stimulator of soluble guanylate cyclase (sGC), is currently being evaluated in a phase 2b trial of patients with HfP EF suffering from worsening chronic heart failure, and GSK2798745, a novel transient receptor potential vanilloid 4 (TRP4) channel blocker, is being studied for its effects on pulmonary gas transfer and respiration in heart failure patients.

Heart failure management continues to evolve in an effort to provide optimal care and reduce its overall health care burden. Due to the known benefits of the time-honored medications, all patients with this condition should be receiving guideline-recommended standards of care in the absence of contraindications to therapy. Additionally, the emergence of newer agents leading to significant changes in the management of heart failure over the next several years should not hinder the continuous drive to improve the outcomes of our patients for years to come.●

References
<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><strong>Brivaracetam (Briviact)</strong></td>
<td>• Tablets: 25, 50 &amp; 100 mg&lt;br&gt;• Oral solution: 10 mg/mL; 300 mL bottle&lt;br&gt;• Injection: 10 mg/mL; 5 mL vial</td>
<td>Adjunctive therapy in the treatment of partial-onset seizures in adults and adolescents with epilepsy.</td>
<td>• Initiation of treatment limited to neurologists and neurosurgeons&lt;br&gt;• All prescribers can order treatment with brivaracetam to continue upon patient admission to a hospital</td>
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<tr>
<td><strong>Cobicistat/Elvitegravir/Emtricitabine/Tenofovir alafenamide (Genvoya)</strong></td>
<td>150 mg/150 mg/200 mg/10 mg Tablet</td>
<td>• Treatment of HIV-1 infection in adults and pediatric patients among those who have no antiretroviral treatment history, OR&lt;br&gt;• Replacement of current antiretroviral regimen in those who are virologically-suppressed on a stable antiretroviral regimen of elvitegravir, cobicistat, emtricitabine, or tenofovir alafenamide</td>
<td>• Initiation of treatment limited to infectious disease physicians&lt;br&gt;• All prescribers can order treatment with Genvoya to continue upon patient admission to a hospital</td>
</tr>
<tr>
<td><strong>Eslicarbazepine (Aptiom)</strong></td>
<td>200 mg &amp; 400 mg Tablets</td>
<td>Monotherapy or adjunctive therapy for the treatment of partial-onset seizures</td>
<td>• Initiation of treatment limited to neurologists &amp; neurosurgeons&lt;br&gt;• All prescribers can order treatment with eslicarbazepine to continue upon patient admission to a hospital</td>
</tr>
<tr>
<td><strong>Felbamate (Felbatol)</strong></td>
<td>• Tablets: 400 mg &amp; 600 mg&lt;br&gt;• Suspension: 600 mg/5 mL</td>
<td>Treatment of severe epilepsy in those who respond inadequately to alternative treatments with patient’s informed consent</td>
<td>Prescribing limited to neurologists and neurosurgeons</td>
</tr>
<tr>
<td><strong>Fulvestrant Injection (Faslodex)</strong></td>
<td>250 mg/5 mL prefilled syringe</td>
<td>Treatment of breast cancer</td>
<td>Prescribing limited to medical oncologists</td>
</tr>
<tr>
<td><strong>68Gallium DOTAstrate Injection (NETSPOT)</strong></td>
<td>Supplied as a kit</td>
<td>For use with positron emission tomography (PET) for localization of somatostatin receptor positive neuroendocrine tumors</td>
<td>Use restricted to Nuclear Medicine</td>
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<tr>
<td><strong>Glucose gel, oral (40% dextrose)</strong></td>
<td>37.5 gm unit dose tube</td>
<td>Treatment of hypoglycemia</td>
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<tr>
<td><strong>Octreotide Injection, Long Acting (Sandostatin LAR Depot)</strong></td>
<td>20 &amp; 30 mg injections</td>
<td>Treatment of carcinoid and vasoactive intestinal peptide tumors</td>
<td>Administration limited to Helen F. Graham Cancer Center</td>
</tr>
<tr>
<td><strong>Patiromer (Veltassa)</strong></td>
<td>8.4 gm, 16.8 gm &amp; 25.2 gm Packets</td>
<td>Treatment of non-life threatening hyperkalemia</td>
<td>Prescribing limited to nephrologists</td>
</tr>
<tr>
<td><strong>Perampanel (Fycompa)</strong></td>
<td>• Tablets: 2, 4, 6, 8 &amp; 12 mg&lt;br&gt;• Suspension: 0.5 mg/mL; 340 mL bottle</td>
<td>Adjunctive therapy for the treatment of primary generalized tonic-clonic seizures or partial-onset seizures with or without secondarily generalized seizures in patients with epilepsy</td>
<td>• Initiation of treatment limited to neurologists &amp; neurosurgeons&lt;br&gt;• All prescribers can order treatment with perampanel to continue upon patient admission to a hospital</td>
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<tr>
<td><strong>Tbo-filgrastim (Granix)</strong></td>
<td>300 mcg/0.5 mL &amp; 480 mcg/0.8 mL; prefilled syringes</td>
<td>Decrease the duration of severe neutropenia in patients with nonmyeloid malignancies receiving myelosuppressive chemotherapy associated with a clinically significant incidence of neutropenic fever.</td>
<td>Replaces filgrastim (Neupogen)</td>
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### FORMULARY DELETIONS

<table>
<thead>
<tr>
<th>Medicine</th>
<th>Reason</th>
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<tbody>
<tr>
<td>Ammonium lactate lotion</td>
<td>Removed from Christiana Care Formulary because of lack of use. Cream formulations remain available.</td>
</tr>
<tr>
<td>Betamethasone valerate 0.1% ointment &amp; cream</td>
<td>45 gram tube removed from Christiana Care Formulary. 15 gram tube remains available.</td>
</tr>
<tr>
<td>Betamethasone dipropionate 0.05% cream</td>
<td>45 gram tube removed from Christiana Care Formulary. 15 gram tube remains available.</td>
</tr>
<tr>
<td>Blephamide topical ointment</td>
<td>Removed from Christiana Care Formulary because of lack of use.</td>
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<tr>
<td>Calcium gluconate tablets</td>
<td>Removed from Christiana Care Formulary because of lack of use.</td>
</tr>
<tr>
<td>Chlordiazepoxide capsule</td>
<td>10 mg capsule removed from Christiana Care Formulary. 5 mg &amp; 25 mg capsules remain available.</td>
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<tr>
<td>Chlordiazepoxide/ Amitriptyline (Limbitrol)</td>
<td>Removed from Christiana Care Formulary because of lack of use.</td>
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<tr>
<td>Cyclopentolate 1% &amp; 2% ophthalmic solutions</td>
<td>5 mL bottle removed from Christiana Care Formulary. 2 mL bottle remains available.</td>
</tr>
<tr>
<td>Diazepam tablets</td>
<td>10 mg tablet removed from Christiana Care Formulary. 2 mg &amp; 5 mg tablets remain available.</td>
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<tr>
<td>Diclofenac 0.1% ophthalmic solution</td>
<td>5 mL bottle removed from Christiana Care Formulary. 2 mL bottle remains available.</td>
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<tr>
<td>Disopyramide</td>
<td>Removed from Christiana Care Formulary because of lack of use.</td>
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<tr>
<td>Edoxaban (Savaysa)</td>
<td>Removed from Christiana Care Formulary due to infrequent use and dosing concerns in those with an estimated creatinine clearance greater than 95 mL/minute. Other direct-acting oral anticoagulants remain available.</td>
</tr>
<tr>
<td>Filgrastim (Neupogen)</td>
<td>Replaced with tbo-filgrastim (Granix).</td>
</tr>
<tr>
<td>Galantamine</td>
<td>8 mg tablet removed from Christiana Care Formulary. 4 mg tablet remains available.</td>
</tr>
<tr>
<td>Gentian Violet</td>
<td>Removed from Christiana Care Formulary because of lack of use.</td>
</tr>
<tr>
<td>Loxapine capsule</td>
<td>50 mg capsule removed from Christiana Care Formulary. 10 mg &amp; 25 mg capsules remain available.</td>
</tr>
<tr>
<td>Methotrexate tablet</td>
<td>7.5 mg &amp; 10 mg tablets removed from Christiana Care Formulary. 2.5 mg &amp; 5 mg tablets remain available.</td>
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<tr>
<td>Methylprednisolone tablet</td>
<td>16 mg tablet removed from Christiana Care Formulary. 4 mg tablet remains available.</td>
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<tr>
<td>Methyltestosterone</td>
<td>Removed from Christiana Care Formulary because of lack of use.</td>
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<tr>
<td>Oxazepam</td>
<td>30 mg capsule removed from Christiana Care Formulary. 10 mg &amp; 15 mg capsules remain available.</td>
</tr>
<tr>
<td>Paricalcitol</td>
<td>2 mcg capsule removed from the Christiana Care Formulary. The 1 mcg capsule and the injection remain available.</td>
</tr>
<tr>
<td>Prenatal Vitamin tablet</td>
<td>The chewable tablets have been removed from the Christiana Care Formulary. Other dosage forms remain available.</td>
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<tr>
<td>Tincture of Benzoin</td>
<td>Removed from Christiana Care Formulary because of lack of use.</td>
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**CHRISTIANA CARE COMPLIANCE HOTLINE**

Christian 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. 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 Christine Babenko at 302-623-4693.
Golf Classic event raises over $100,000 to support Swank Memory Care Center

The 26th annual Christiana Care Golf Classic raised more than $100,000 to support the Swank Memory Care Center. Approximately 200 players and observers attended the annual golf outing, presented by the Cerner Corporation, May 25 at the DuPont Country Club.

In Delaware, where more than 26,000 people have a memory disorder, the number of people age 65 years and older with Alzheimer’s disease is expected to grow more than 33 percent by 2025. The Swank Memory Care Center, led by Swank Foundation Endowed Chair in Memory Care and Geriatrics James M. Ellison, M.D., MPH, provides support, education and guidance for patients and families, from diagnosis through treatment.