On June 14, Patricia Wing-Green led the way for patients and visitors to the Christiana Hospital campus to park in a new garage at the main entrance. At the opening ceremony, she drove her car into the garage as the first person to park in the new facility.

The four-level parking garage offers 700 spaces of free parking for patients and visitors. Planned in consultation with Wing-Green and the other members of Christiana Hospital’s Patient and Family Advisory Committee, the garage increases access and convenience for patients and families.

“Our new patient and visitor garage enables us to better serve our neighbors through easier access to Christiana Hospital,” said President and CEO Janice E. Nevin, M.D., MPH. “Now our patients and families are just steps away from the expert care they come to us to receive.”

The garage complements the architectural design and brick façade of the hospital and features a covered walkway to the main entrance. Energy-efficient LED lighting enhances comfort and safety. The first level is dedicated to handicapped parking, with additional handicapped spaces on all levels. The garage also has charging stations...
A major construction project to expand the employee parking garage at Wilmington Hospital began June 19 and is scheduled to be completed in early November 2017. The employee parking garage will be expanded upward two levels, increasing parking from approximately 600 spaces to 900 spaces.

“The decision to build this new garage speaks directly to our commitment to increasing access to care and creating an exceptional experience for our patients and visitors,” said Sharon Kurfuerst, Ed.D., OTR/L, FACHE, senior vice president, Health Services Operations. “The garage increases patient and visitor parking on campus as close as you can get to the hospital’s front door.”

The parking garage is an important milestone in the transformation of the Christiana Hospital campus, which continues with the construction of a new Women’s and Children’s building, scheduled to open in 2020.

Project will expand Wilmington Hospital employee parking garage

Christiania Care employee parking will be disrupted during the project due to the temporary loss of parking spaces; however, accommodations have been made to ensure ample parking for hospital employees close to the campus throughout construction.

For the complete project timeline and parking details, visit http://news.christianacare.org/2017/07/new-parking-garage-increases-access-and-convenience-for-patients-and-families/
I have been continually inspired by your commitment to quality, patient safety, excellence and service to our community in support of our mission — The Christiana Care Way. I see each and every day that Christiana Care is an incredible health care organization that lives its mission and takes its values to heart.

Our Magnet® designation is a wonderful example. Christiana Care is the only Delaware health system to have achieved Magnet designation twice. Magnet is the ultimate recognition of the best in nursing care and reflects a commitment to excellence from the entire health care team.

Magnet also reflects our organization’s values. In nursing and throughout Christiana Care, we serve together, guided by our values of excellence and love.

Since our new values and behaviors were announced in June, we have been working as an organization to embrace them as they help us live our mission. Magnet helps us get there.

Lillian Wald, the founder of American community nursing, acknowledged that while nursing can be intense, it is “love in action.” In caring for our patients and their families we demonstrate our love for humanity. In nursing and throughout health care, we are called to a profession that focuses on the relationships we create with our patients and their families, with our colleagues and with ourselves.

We take care of other people at some of the most important — and often challenging — times in their lives, and we make a difference. That is love.

As a Magnet organization, we provide nursing care that is evidence-based, data-driven and patient-centered. That is excellence.

The American Nurses Credentialing Center (ANCC) has designated only 8 percent of U.S. hospitals as worthy of Magnet status. Research demonstrates that patients at Magnet hospitals receive the highest levels of care and compassion, experience the highest levels of quality and safety and enjoy improved outcomes and greater satisfaction.

Magnet designation attracts top nurses to our organization who are valued partners in the health care team. We have an environment where our nurses can bring their very best every day in service to our mission and in service to our neighbors. Our extraordinary people have the tools they need to do their jobs, and they feel joy and meaning in their work. Excellence to me means all of those things, and we achieve it together.

In serving together, we advance the five model components of Magnet — structural empowerment; transformational leadership; new knowledge, innovations and improvements; exemplary professional practice and empirical outcomes.

The model components of Magnet directly align to Christiana Care’s values and behaviors, sharing commitments to innovation and new knowledge, continuous improvement, a genuine sense of responsibility and providing the highest quality care by active listening, seeking to understand and anticipating the needs of others.

Magnet is an ongoing journey of excellence that comes from a place of love. It’s about applying best practices, providing care with compassion and generosity, exploring creative ideas and employing innovative tools and technologies that lead to better care, better experiences and better outcomes for our patients and their families.

Magnet encourages us to continuously improve — to be exceptional today and even better tomorrow. Thanks to each and every one of you for all you do to make us a Magnet organization.
Since it opened four years ago, Christiana Care’s Middletown Emergency Department has treated more than 17,000 children — an average of 14 per day — for everything from fevers to broken bones to respiratory distress. Now, that expertise has earned the facility the designation of Level 4 Delaware Pediatric-Ready Emergency Department.

That means the center and its staff are specially equipped, trained and prepared to treat pediatric emergencies.

To give parents even greater peace of mind, Delaware was a demonstration state for the pediatric-ready initiative by the national Emergency Medical Services for Children (EMSC) program. All Delaware hospitals participated.

“These kinds of designations hardwire standards into a proactive environment and support ongoing excellence,” said Linda Laskowski-Jones, MS, APRN, ACNS-BC, vice president of emergency and trauma services for Christiana Care.

“It’s a source of pride for the staff, and the staff in Middletown deserves recognition. Most importantly, it keeps us in a state of readiness to handle whatever type of patient comes through that door.”

Last year, guidelines were drafted by the Delaware EMSC program, and a new level was added to include freestanding departments — those not connected to a hospital — in the review process, said David Salati, BSN, RN, CPEN, CCRN, MICP, pediatric nurse coordinator for the department.

Previously, only hospitals could apply for three levels of distinction. Dedicated children’s hospitals can qualify for Level 1. Christiana Hospital is Level 2, and Wilmington Hospital is Level 3.

Erin Watson, M.D., FACEP, medical director for the Middletown Emergency Department’s new Level 4 Delaware Pediatric-Ready ED designation reflects that the staff is specially equipped, trained and prepared to treat pediatric emergencies.

“This kinds of designations hardwire standards into a proactive environment and support ongoing excellence.”

Linda Laskowski-Jones, MS, APRN, ACNS-BC
Department, said the recognition reflects their mantra: “We want to provide great health care to the community in the community.”

And that community is growing. From 2000 to 2010, Middletown’s population swelled more than 206 percent, to 18,871 from 6,161, according to U.S. Census figures. It was projected to have grown another 10.6 percent, to 20,876, by 2016.

The Middletown Emergency Department includes a dedicated child resuscitation room ready to treat newborns and older children. It holds warmer beds for babies and an infant-specific pediatric ventilator, among other specialized equipment. The waiting area features child-sized furniture, and the televisions are locked onto programs appropriate for younger patients.

Pediatric patients, considered to be age 14 and under, aren’t just “little adults,” said nurse manager Kara Streets, MS, BSN, RN, CEN, NE-BC.

“What works for an adult may not work for a child,” Streets said. “Take something as simple as CPR — we’re going to focus on respiratory, not circulation, as you would in an adult. If you fix the respiratory issue first in a child, the cardiac arrest likely is not going to occur.”

Equipment, too, must be able to fit all shapes and sizes. Whereas one or two sizes can be enough to accommodate most adults, children will require half a dozen, she said. The patient’s weight must be considered when dispensing medicine, and treatment must be catered to children’s developmental stages, which can vary greatly in even a year. Then there are the intangible skills needed to be able to put a child at ease when, for example, scary things like needles are involved.

And children can’t always tell you what’s going on. “You have to talk to them at their level and reassure them you’re going to take care of them,” Dr. Watson said, adding, “Sometimes, the toughest part of taking care of the kids is taking care of their parents — their child is sick, and they’re scared.”

To communicate with parents who don’t speak English, a video-enabled service is available to provide a real-time, personal translator.

Many states don’t have such a pediatric review system, Laskowski-Jones said.

“That can be a scary thing if you’re a parent and have a sick child, because you don’t know if that weird-sized chest tube is going to be available, or if the staff has ever experienced this type of situation.”

Stefanie Golebiewski-Manchin, M.D., pediatric physician coordinator for the department, called the new designation “extremely important.”

Parents can rest easily knowing that regardless of where they live in Delaware, their closest emergency department is prepared to provide their children high-quality skilled care.

“The biggest thing is it assures the community that we’re prepared to handle every pediatric patient that comes in that door, no matter what,” Dr. Golebiewski-Manchin said.
Patients in North Wilmington have enhanced access to convenient, high-quality care through Christiana Care’s recently opened Wilson Primary Care office on Foulk Road. The practice provides primary medical care for adults and children, including immunizations, physical examinations and minor medical procedures. The staff includes two physicians and a nurse practitioner.

In addition, an OB-GYN practice will share the space, and specialists will rotate through the practice as needed.

“We saw a unique opportunity in North Wilmington to expand primary care and our delivery system,” said Robert Bycer, vice president of the Medical Group at Christiana Care. “Providing accessible primary care is part of our commitment to helping our neighbors achieve optimal health.”

Previously, the Medical Group operated a primary care practice on Foulk Road, which expanded when it moved to become the Concord Primary Care practice. Wilson Primary Care represents the transition of an existing community-based practice to become part of the Christiana Care primary care network.

Wilson Primary Care is led by Tiffany B. Shapiro, D.O., and Jennifer W. Grilli, D.O., who are both board-certified in family medicine.

Dr. Shapiro earned her medical degree from the University of Medicine and Dentistry of New Jersey School of Osteopathic Medicine and completed a family practice residency at Wellington Regional Medical Center in West Palm Beach, Florida.

Dr. Grilli earned her medical degree at Philadelphia College of Osteopathic Medicine and completed her residency at Christiana Care.

Drs. Shapiro and Grilli partnered together to bring patients from their prior practices, Lancaster Pike Internal Medicine and New Castle Primary Care, respectively, to Wilson Primary Care. Jackie-Joe Lindo, MSN, FNP, recently joined the clinical team.

Practice hours are Monday, Tuesday and Thursday, 8 a.m. to 5 p.m., Wednesday, 8 a.m. to 6:30 p.m., and Friday, 8 a.m. to 4:30 p.m. For more information or to schedule an appointment, call 302-477-2560.
Christiana Care Neurology Specialists neurodiagnostic lab earns exemplary status accreditation

Christiana Care’s outpatient neurodiagnostic lab has earned exemplary status accreditation from the American Association of Neuromuscular & Electrodiagnostic Medicine in testing for neuromuscular abnormalities, demonstrating clinical excellence as a regional center for electrodiagnostic medicine.

“Congratulations on achieving this honor,” said William Pease, M.D., president of the American Association of Neuromuscular & Electrodiagnostic Medicine. “You have confirmed your laboratory’s commitment to providing the highest quality health care.”

The accreditation, which is the top award from the AANEM and based on a rigorous peer-review process, establishes that the Christiana Care Neurology Specialists lab has state-of-the-art testing equipment and three highly trained doctors who meet leading-edge standards for electromyography/nerve conduction studies (EMG/NCS). EMG/NCS are common outpatient procedures that are valuable in diagnosing chronic and life-threatening peripheral nervous system disorders.

“The work that we have done to achieve this accreditation has positively impacted the nature of our testing and means that patients will have the most accurate diagnosis and be more comfortable while having the test done,” said Yadira Velazquez-Rodriguez, M.D. The work included enhancements to quality and safety, technology, and patient satisfaction.

As the need for electrodiagnostic medicine increases throughout the region, Christiana Care is becoming an accomplished testing and treatment center for patients who previously would have needed to travel to nearby states. For example, in October 2016, a new neurodiagnostic lab opened at Christiana Hospital that offers EMG/NCS testing plus 24-hour electroencephalogram (EEG) testing throughout the hospital. EEG is a common form of testing for epilepsy and other brain disorders.

“With the development of our neurocritical care unit, our specialists realize that patients with specific disorders can begin to have clinically silent seizures as their disease progresses,” said Kert Anzilotti, M.D., MBA, chief medical officer, acute care. “So being able to do 24-hour monitoring is a somewhat newer aspect of this care that’s proving important.”

At Wilmington Hospital, improvements to the EMG/EEG lab are planned for later this year.

“We are on a growth curve for this type of inpatient and outpatient testing, and we are doing our best to meet the needs of our patients,” Dr. Anzilotti said.

Christiana Care Neurology Specialists Dagmara M. Pychynski, M.D., Yadira Velazquez-Rodriguez, M.D., and Richard A. Fischer, M.D.
Genomic research partnership speeds progress toward personalized cancer medicine

Personalized cancer therapies are on the horizon, thanks to a new genomic cancer research partnership between the Gene Editing Institute of Christiana Care Health System’s Helen F. Graham Cancer Center & Research Institute and the biotechnology company NovellusDx.

The Gene Editing Institute has licensed its innovative gene editing technology to Jerusalem-based NovellusDx to improve the efficiency and speed of NovellusDx’s cancer diagnostic screening tools. With the use of advanced gene editing technology, NovellusDx will be able to identify the genetic mechanism responsible for both the onset and progression of many types of cancer and determine the most effective cancer therapy. NovellusDx will pay royalties to Christiana Care for 10 years for the use of its innovative gene editing technology.

“This partnership promises to redefine and transform cancer treatment by speeding progress in breakthrough personalized medicine for many forms of cancer,” said Nicholas J. Petrelli, M.D., the Bank of America endowed medical director of Christiana Care’s Helen F. Graham Cancer Center & Research Institute.

“This work has the potential to change the way cancer treatment is carried out,” said Haim Gil-Ad, CEO of NovellusDx. “Once the genetic makeup of a patient is known, we will be able to immediately test and monitor the effect of a patient’s mutations in live cells and determine the appropriate treatment for that patient.”

Today, genomic sequencing plays an ever-increasing role in cancer treatment, but the functional significance of most mutations found in a patient’s DNA is unknown — and so is the effect drugs have on them. NovellusDx will use the gene editing tools to help determine which drug is best for individual patients by recreating the mutations in a test system and then screening a series of known cancer drugs against those mutations to determine their efficacy.

“The Gene Editing Institute is thrilled to partner with the outstanding scientific team at NovellusDx who are international leaders in the development of personalized medicine and cancer treatment,” said Eric Kmiec, Ph.D., director of the Gene Editing Institute.
“Combining our state-of-the-art gene editing technology with NovellusDx’s expertise ... will lead to immediate clinical applications and the delivery of precision and personalized cancer therapy at its very best.”

**Eric Kmiec, Ph.D.**

“We look forward to a long, productive relationship not only in helping to identify effective cancer treatments but also in understanding the mechanism of gene editing in human cells.

“Combining our state-of-the-art gene editing technology with NovellusDx’s expertise will accelerate and improve NovellusDx’s diagnostic testing process, reducing the time it takes to generate the treatment options for the physician and the patient. This will lead to immediate clinical applications and the delivery of precision and personalized cancer therapy at its very best.”

NovellusDx has established a unique approach to identify unknown “driver” gene mutations that can accelerate or facilitate cancer progression. With clinical partners throughout the world, NovellusDx obtains DNA sequence information and creates a personal profile of the genetic mutations from individual patients. Using the licensed gene editing technology from the Gene Editing Institute, NovellusDx will be able to define the impact of each mutation on the activity of signaling pathways of the tumor and suggest the most effective therapy to the patient’s physician.

“The technology we are commercializing from the Gene Editing Institute will allow us to go from next generation sequencing data to real genes with all of the specific patient’s mutations faster and more reliably, allowing us to scale-up and meet our demand while reducing the turnaround time,” said Michael Vidne, chief commercial officer at NovellusDx.

A $900,000 grant from the U.S.-Israel Binational Industrial Research and Development (BIRD) Foundation in December 2016 facilitated the Gene Editing Institute-NovellusDx partnership. The BIRD Foundation promotes collaboration between U.S. and Israeli companies in a wide range of technological fields for the purpose of joint product development.

“We are pleased to support this significant collaboration which will not only benefit the parties but will advance personalized medicine, improving the chances of effective cancer treatment,” said Eitan Yudilevich, Ph.D., executive director of the BIRD Foundation.

The Gene Editing Institute’s partnership with NovellusDx will speed progress toward personalized cancer therapies. Richard Dashefsky, Esq., senior counsel, Christiana Care, Michael Vidne, chief commercial officer, NovellusDx, Haim Gil-Ad, CEO of NovellusDx, Nicholas Petrelli, M.D., Bank of America endowed medical director of the Helen F. Graham Cancer Center & Research Institute and Eric Kmiec, Ph.D., director of the Gene Editing Institute.
Insomnia keeps people up at night — and frequently leaves them exhausted and unfocused during the day. Many people think of sleeping pills as the first-line remedy. But medications are not a long-term solution.

“Most medications that help with sleep are designed to be used short-term,” said Alan Schwartz, Psy.D., psychologist of Christiana Care Behavioral Health Consultants who sees patients at Foulk Road Family Medicine. “A problem arises when people who take them over long periods of time come to associate taking medications with getting sleep. Interestingly, many people also continue to take the medications even though they do not help sleep.”

Cognitive behavioral therapy for insomnia (CBT-I) is an evidence-based, effective method for improving sleep. Christiana Care behavioral health consultants embedded in primary care and neurology practices use CBT-I with patients to improve sleep hygiene, create an environment conducive to rest, and develop helpful behaviors and a helpful mindset about sleep.

While insomnia may be linked to a health issue, such as sleep apnea, it also can be a problem of its own. Studies suggest that 6-10 percent of Americans have insomnia.

“Sleep and problems with sleep are seen across all medical specialties and disciplines,” Dr. Schwartz said. “Sleep is a very delicate process, and particularly when people are feeling stressed or anxious, they often have trouble sleeping.”

Dr. Schwartz collaborates with several colleagues from Christiana Care’s Behavioral Health Consultants, including Kathryn Poppiti, LPCMH, at Lancaster Pike Internal Medicine, and Frank Malinsky, LCSW, at the primary care practice at the HealthCare Center at Christiana, seeing patients specifically referred for CBT-I.
The first step in the process is a sleep assessment that identifies mental health and medical issues that might interfere with sleep. In addition, behaviors that might get in the way of nighttime sleep are identified, such as napping during the day, drinking caffeinated beverages or lack of physical activity.

“Some people have a partner whose snoring impacts sleep,” Malinsky said. "Some have partners who like to sleep with the television on. Some people have pets who wake them up at 4 o’clock in the morning. Or they may be allergic to their pets and that impacts their sleep.”

Reading or watching TV in bed interferes with sleep.

“We want people to associate being in bed solely with sleep and intimacy,” Malinsky said. “Using the bed for other activities dilutes the powerful association between bed and sleep.”

Medications also can disrupt sleep. For example, Malinsky consulted with one patient’s doctor who switched his medications from a time-released formula to a shorter-acting one that didn’t keep him up at night.

Shilpa Kauta, M.D., is the medical director of the Christiana Care Sleep Disorders Center and a neurologist at Christiana Care Neurology Specialists with expertise in insomnia.

“Given the right behaviors, people can get a good night’s sleep,” Dr. Kauta said. “Medicines tend to wear off. Good sleep habits are enduring.”

She noted having a behavioral health consultant embedded in the practice provides patients with enhanced access to care. In some practices, CBT-I is offered in a group format. At the Internal Medicine Center at Lancaster Pike, Poonum Maru, D.O., and Kathy Poppiti, LPC (BHC), completed a three-session CBT-I group with patients reporting positive results.

“We are seeing far more patients establishing care with behavioral health with our embedded behavioral health consultants than we did when we were only able to provide referrals,” Dr. Kauta said.

Doctors and behavioral health consultants are partnering with the Sleep Disorders Center. Referrals, typically through the primary care physician, are made to the sleep center if a patient is suspected of having apnea or another undiagnosed problem. Many patients who have already had a sleep study or currently use a CPAP device come to CBT-I.

“This partnership allows for a collaborative approach to determining the most appropriate patient-focused treatment plan,” said Melissa Bollinger, MBA, BSN, RN, director of Neurosciences. “The long-term effect of insomnia impacts far more than the individual. Insufficient sleep is a public health concern. A multi-specialty sleep center can help facilitate the highest level of quality care.”

Rising at the same time each morning helps to establish good sleeping habits, said Michele Cavanaugh, APN, the behavioral health consultant in the neurology practice.

“You get up at the same time every day, seven days a week, regardless of how much sleep you got the night before,” she said. “Eventually, there’s a back-fill.”

Dr. Schwartz notes that at times patients are asked to go to sleep later than they typically would in order to get a brief but solid block of sleep. “If they don’t nap during the day, the ‘sleep pressure’ can assist them in getting to sleep at night.”

In addition, addressing people’s beliefs about sleep — the cognitive part of CBT-I — can help in understanding obstacles in thinking and emotions that may be interfering.

Limiting the time in bed when they are not sleeping also is helpful. If you haven’t fallen asleep after 15 minutes, get up and perform a mundane task. Or practice guided imagery or meditation. Don’t check e-mail or watch TV. The blue light from devices is stimulating and interferes with sleep.


About 60 percent of the patients she works with have insomnia.

“The people who are willing to try these strategies soon become aware of how much their daytime activities and nighttime environment impact their sleep,” she said. “Learning new behaviors truly makes a difference.”
For the first time in as long as he can remember, emergency medicine physician Timothy Shiuh, M.D., FACEP, didn’t have to play the part of a hunter-gatherer trying to track down a succinct medical history on an elderly patient who presented with chest pain during a recent shift in the Emergency Department (ED).

Thanks to the rollout deployed in the Heart and Vascular practices of the ambulatory component of the integrated PowerChart electronic health record, all of the information Dr. Shiuh needed — office notes by the patient’s cardiologist, diagnostic results and the phone communication records among the cardiologist, the office nurse and the patient — was readily available to him in a click, at the patient’s bedside in the ED.

“Often patients can’t provide us an adequate history because of their illness or incapacity,” said Dr. Shiuh. “Now, with the PowerChart integration, we will have complete transparency of all the information about a patient that is gathered in any of our venues of care within the health system.”

Previously, ED physicians had no access to outpatient cardiology records and would have to either reach out to the on-call provider to fill in the gaps or render the best possible care without vital information, he said. By increasing transparency of medical information, integrated records are helping to improve communication about a patient’s medical condition through care transitions, reducing redundancy and unnecessary care. Ultimately, he said, it enables better care for patients.

“Now, with the PowerChart integration, we will have complete transparency of all the information about a patient that is gathered in any of our venues of care within the health system.”

Timothy Shiuh, M.D., FACEP
Multiple venues, one space
Sri Donepudi, M.D., MMM, FAAFP, a family medicine physician and assistant chief medical information officer who has informatics responsibility for the PowerChart ambulatory technology initiatives, described the move toward an integrated record as a huge benefit for both patients and providers.

“Those on the hospital side will have ready access to clinical interactions and be better able to understand when a patient hits the ED what led them to that outcome and what the events were preceding their presentation there,” she said. “On the ambulatory side, when a physician is picking up patient care after an ED visit or hospital stay, he or she will have information readily available about the care provided in-house. An integrated record helps us achieve mutual goals of reducing readmissions and making sure we have good handoffs of care. We no longer have to log into two separate systems to try to piece together needed information. We are all now living in one space.”

Cardiologist Roger Kerzner, M.D., FACC, who is the clinical director for specialty services for The Medical Group of Christiana Care and a team leader on the PowerChart ambulatory rollout, said that the benefits of the new system will only grow as primary care and more specialty practices are brought online.

“It is so much easier for any doctor on the inpatient side to know what has happened on the outpatient side and vice versa,” he said.

He recently called the hospital to share information about one of his patients and found that the physician already knew the whole story thanks to notes he had entered in PowerChart.

“We have never had this level of integrated sharable information before,” said Dr. Kerzner. “To have all of us on one record, both inpatient and outpatient, allows us, as a large health care team, to collaborate so much more efficiently. The tool itself has the ability to more easily provide data about our patients — information we have struggled to get in the past. Integration and collaboration prepare us to really focus on population health.

“We are learning the system well with this rollout in cardiology and vascular practices,” he said. “It will take us some time to get there, but the promise is there. I can see it in the system. This is set up to be a lot better.”

Fellow cardiologist Mike Kostal, M.D., agrees. “Before integration, what happened in the outpatient cardiology world had been invisible to the rest of the world,” Dr. Kostal said. “It is now much easier to collaborate on care when the treatment plan is very visible to other providers.”

Dr. Kostal is part of the specialized “tiger team” of clinical and informatics experts helping to drive the ambulatory rollout in cardiology and vascular practices.

“This single, integrated record will provide the health system meaningful tools to look at broader opportunities of how we serve patients and broader populations of people,” he said.

The ambulatory move to the same record used for inpatient care will allow seamless flow of clinical information about a patient — whether she is cared for in the ED, has outpatient surgery, is hospitalized, or sees a primary care or sub-specialty physician in one of The Medical Group’s 40 ambulatory practices.

It is not unusual for large systems such as Christiana Care to have organically grown multiple platforms, according to Dr. Donepudi. Yet, with the focus now on population health and the need to be able to share information and track patients across the continuum, she said the benefits to being on an integrated platform demonstrate an absolute commitment to both providers and patients.

The rollout involves intensive collaboration between clinical and information technology experts to fine-tune workflows, policies and protocols that meet practice needs.

“We have grown a lot as an organization in our synergistic partnership between IT and operational and administrative leadership to balance the needs of practices with the opportunities and limitations of the technology platform itself,” said Dr. Donepudi.

“Christiana Care’s investment in converting the current ambulatory EHR from GEMMS and Centricity to Cerner’s integrated PowerChart platform — and to transition paper practices over to Cerner — demonstrates an absolute commitment to our providers in terms of providing synergy across their work in taking care of our community.

“It also shows a commitment to our community by allowing us to share information that helps us recognize how to better serve our patients and address needs across the entire continuum of care in our organization.”
Two Lesbian, Gay, Bisexual, Transgender and Queer Pride Month events at Christiana Care, June 27, highlighted the importance of respecting and serving the needs of LGBTQ people in health care and in the community.

Christiana Care is a national leader in nurturing equality, with Christiana and Wilmington hospitals earning the 2017 Leader in LGBTQ Healthcare Equality designation, receiving a perfect score on the national Healthcare Equality Index from the Human Rights Campaign Foundation.

Christiana Care’s inaugural “Pride in Our Work” Health Symposium focused on improving care for LGBTQ patients.

The event was the brainchild of Justin Glasgow, M.D., Ph.D., a Christiana Care hospitalist and researcher in the Value Institute.

Nyasha George, M.D., a primary care physician at Wilmington Hospital, presented a case study to set up the first topic, “Welcoming All Patients.”

Through real-life examples, Dr. George demonstrated how the current process of collecting patient information fails transgendered patients at multiple touchpoints. There are missed opportunities to disclose sex, gender, sexual orientation, preferred name and preferred pronoun. This sends a message that the patient “may not be welcomed here.”

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The desired solution is to provide universal protocols and structured opportunities to facilitate disclosure of sex, gender, sexual orientation, preferred name and preferred pronouns using examples from the National LGBT Health Education Center.

Linda Hawkins, M.D., co-director of the Gender & Sexuality Development Clinic at the Children’s Hospital of Philadelphia, shared the journey at CHOP and its “Promise of Partnership.”

Dr. Hawkins provided startling statistics, based on research from the Human Rights Campaign in 2012, noting that 29 percent of lesbian, gay and bisexual parents and 73 percent of transgendered parents responded yes when asked “Do you think you or your child would be treated differently by your health care provider if you were open about your identity?”

The Healthy People 2020 goal is to improve the health, safety and well-being of lesbian, gay, bisexual and transgender individuals. Dr. Hawkins shared key points on creating an inclusive experience from policy to practice, looking at staff LGBT competence, assessing the space, looking at logistics, building open dialogue and external promotion.

Among her recommendations:
- Apologize, then do it right. Do not try to excuse the mistake away.
- Check for unconscious bias in all interactions. What assumptions are we making about patients and families?
- Pay attention to the climate of the organization for employees. It is difficult for employees who don’t feel that they can be open to tell their patients to be themselves.

On the topic of “Creating a System of Care,” Eric Halpern, M.D., and Anna Filip, M.D., presented case studies.

Dr. Halpern, an internist in the Christiana Care Medical Group and an expert in HIV, shared the complexity of STD testing in the LGBTQ community.

Dr. Filip, a family medicine physician and assistant residency director at Christiana Care, said high percentages of LGBTQ patients have negative interactions when accessing care or do not access care out of fear. She noted it can take more than two hours for LGBTQ patients from Delaware who rely on public transportation to access certain specific services in Philadelphia or Maryland.

“As a leader in LGBTQ health care equality, we understand the importance of serving the unique health care needs of lesbian, gay, bisexual and transgender people in our community,” said Bettina Twearidy Riveros, chief health equity officer.

Sarah McBride discusses true equality for transgender people

Sarah McBride is a daughter, a sister and a widow. Her accomplishments include serving as student body president at American University and working as an intern at the White House.

She also is a transgender woman, the first openly transgender person to address a political convention, speaking at the 2016 Democratic National Convention in Philadelphia.

In her talk at Christiana Care, McBride’s topic was “true allyship” — moving beyond the symbols of safety pins and rainbows to press for equality for LGBTQ people in legal rights, social acceptance and health care.

“We have seen incredible progress in Delaware and across the country, but if LGBTQ people don’t achieve true equality our work is not finished,” McBride said. “We cannot be patient. We must show radical impatience.”
McBride was born in 1990 at Christiana Hospital, with an assigned sex of male. But that gender designation was not her authentic self.

“I remember laying in my bed at night, praying that I would wake up and be me,” she recalled. “It’s a constant feeling of homesickness.”

McBride came out to her family on Christmas Day 2011 and at college the following May. Both announcements were met with “love, kindness and affirmation,” she said.

She fell in love with Andy Cray, a transgender man and activist she met at a White House reception. Soon after, Cray was diagnosed with cancer. He died four days after their wedding.

McBride said Cray received high-quality care and was treated with respect throughout his illness.

“But throughout his battle, we remembered that 70 percent of transgender people suffer some sort of discrimination in health care,” she said.

That resonated with Susan Greig, BSW, a social worker who attended the event.

Her speech was invigorating and informative, making me leave the room at the end wanting to do my piece to effect change,” Greig said.

In the discussion that followed, McBride was joined by three panelists: Drewry Nash Fennell, Esq., chief officer of Strategic Communication and Development at Christiana Care; Naomi Washington-Leapheart, faith work director for the National LGBTQ Task Force; and her wife Kentina Washington-Leapheart, a former hospital chaplain who is program director for religious justice and sexuality education at the Religious Institute.

McBride’s parents supported Fennell when she came out in 1990s. But others were slower to accept or understand, and Fennell saves a place in her heart for those who have yet to make that step.

“Keep your heart open to people who are not totally with you. Leave them the space to move toward you.”

Drewry Nash Fennell, Esq.

“Keep your heart open to people who are not totally with you. Leave them the space to move toward you.”

Sarah McBride
Carelink CareNow earns national patient safety award

Christiana Care’s Carelink CareNow program has been honored with a 2017 Stand Up for Patient Safety Management Award for its “impressive results” in reducing readmissions.

The annual award by the National Patient Safety Foundation, newly merged with the Institute for Healthcare Improvement, lauds outstanding patient safety initiatives led or created by mid-level management. It recognizes two programs: one inpatient, and one outpatient.

To earn the outpatient award, Carelink CareNow had to demonstrate that it had improved patient safety with the involvement of all levels of staff within the health system.

“Our success with our care management and management program stems from a culture at Christiana Care in which the patient and their family is placed at the center of all we do,” said Sharon Anderson, RN, BSN,MS, FACHE, chief population health officer and senior vice president of Quality and Patient Safety. “Through this program, we partner with patients and their primary care physician and provide them with tools, knowledge and support to help them reach their health goals. This includes also ensuring that patients’ social and behavioral health needs — with their great impact on health — are being met, in addition to their medical needs.”

The Stand Up for Patient Safety program was created in 2002. As one of its award-winners, Carelink CareNow is among members who are “leading the way in innovations to improve patient safety, patient engagement and health outcomes,” said Tejal K. Gandhi, M.D., chief clinical and safety officer for the Institute for Healthcare Improvement.

“We are very pleased to recognize their work ... and help inspire others,” he said.

The Carelink CareNow program also recently earned the John M. Eisenberg Patient Safety and Quality Award, the nation’s preeminent recognition for quality and safety in health care. It is presented by the Joint Commission along with the National Quality Forum.

Carelink CareNow is a robust information technology-enabled network of care coordination support services that builds relationships among providers and patients to optimize outcomes.
16 Christiana Care leaders earn certificate in health care leadership

Sixteen participants from across Christiana Care Health System completed the Christiana Care/University of Delaware certificate program in health care leadership, May 25. The 49-hour course consisted of one full-day business presentation boot camp, nine four-hour executive education seminars, two business presentation coaching sessions for participant teams and two individual executive coaching sessions for each participant.

Launched in 2012, the award-winning certificate program has provided training to 80 managers at Christiana Care. Christiana Care and the University of Delaware in 2015 received the University Professional and Continuing Education Association Mid-Atlantic section’s Engagement Award for the program, recognizing the mutually beneficial exchange of knowledge and resources in providing a customized executive education program.

Meredith Kydd-Hindelang, MHA, Lateshsha Collick, MHA, BSN, RN, CNOR, Stephanie Kelly, MBA, MLS (ASCP), Vinay Gheyi, M.D., Kathleen Bonis, RRT, Scott Pentecost, CTRP, Felisha Alderson, MSN, RN, CRNN, Jack Baroudi, Ph.D. (UD team member) Zohra Ali-Khan Catts, MS, LCGC, Jennifer Bacon, Cindy Waddington, MSN, RN, AOCN, NE-C, Kevin Bailey, PT, MBA, Suzanne McKenna, MLIS, Denise Barbee, MJ, BSN, RN, Carol Foedtke, MJ, BSN, RN, Joyce Breinlinger, MBA, CPA, and Jennifer Ostertag-Stretch, MBA.
The Christiana Care Department of Pediatrics presented three awards to caregivers in June.

“The Department of Pediatrics developed the Louis Bartoshesky, John Stefano and Susan Imam Awards to honor the legacy of excellent clinical care and teaching in our Department,” said David A. Paul, M.D., chair of Pediatrics and physician leader of Women & Children’s health. “The 2017 award recipients all demonstrate outstanding commitment to clinical care and teaching. They all have a history of excellence in their service to Christiana Care and the neighbors that we serve.”

Himani Divatia, D.O., received the Louis Bartoshesky Award for Excellence in Clinical Care and Teaching by a Pediatric Hospitalist. She was recognized by her peers based on the outstanding energy she brings to teaching and her outstanding clinical care. Dr. Divatia is associate program director of the Medicine-Pediatrics residency program.

“Her leadership has allowed Christiana Care to recruit some of the best and brightest NNPs in the country and allowed our NICU to be one of the most sought out regional training sites for nurse practitioners,” Dr. Paul said.

Unanimously chosen by his colleagues to receive the John Stefano Award for Excellence in Teaching and Clinical Care by a Neonatologist, Robert Locke, D.O., MPH, was recognized for his unwavering commitment to teaching resident and fellows, his collaborative efforts in patient care and his willingness to hear different points of view. He has continually been singled out by patients for his clinical and communication skills. He also is an outstanding researcher and serves as a strong advocate for breastfeeding.

Christina Hendler, NNP, APRN who received the Susan Imam Award for Excellence in Teaching and Clinical Care by a Neonatal Nurse Practitioner, was recognized as a leader among her peers and highly respected by her colleagues. A compassionate, caring nurse, she enjoys challenging cases and has excellent diagnostic skills. She has received accolades from the residency program for her teaching of pediatric residents in both the NICU and delivery room.

Dr. Bartoshesky and Dr. Stefano are currently both professors of pediatrics at Sidney Kimmel Medical College at Thomas Jefferson University. Each has more than 30 years’ service to Christiana Care Health System. Imam started as a staff nurse at Christiana Care in 1980, completed her training to become a neonatal nurse practitioner in 1988 and served as the manager of the NNP group from 1992 to 2014.●
2017 Excellence in Nursing Awards spotlight extraordinary nurses

During National Nurses Week in May, the annual Excellence in Nursing Awards celebration organized by Christiana Care’s Professional Nurse Council fills the main auditorium of the John H. Ammon Medical Education Center to spotlight exceptional nurses at Christiana Care Health System. This year’s ceremony acknowledged more than 100 nurses from the nine Christiana Care service lines, plus the annual Dot Fowler Award and awards for nurses in special categories including Advanced Practice, Educator, Leadership and Mentoring. The Department of Social Work was recognized with the 2017 Friends of Nursing Award.

The program also highlighted individual DAISY Award winners and winners in two new DAISY award categories, the DAISY Nurse Leader Award and the DAISY Team Award. The DAISY program recognizes nurses, nominated by patients, families and colleagues for being expert, caring partners in health.

Congratulations to the 2017 Excellence in Nursing Awards honorees

**Acute Medicine**
- Carla Arot – Endocrinology
- Susan Atkison – Direct Care Expert, 4N
- Jaclyn Barton – 6S
- Sarah Burcham – Medical Observation
- Babin Chandran – Direct Care Expert, 6S
- Alana Coppol – Direct Care Expert, 5D
- Catherine Corbett – Direct Care Expert, 3D
- Kathleen Di Guglielmo – 3D
- Tania Dossantos – Direct Care Expert, 5B
- Sueanne Fregapane – 5B
- Justine Harrington – 4D
- Christina Hoddinott – Direct Care Expert, Wilmington Hospital ED
- Laura Ignarski – Wilmington Hospital ED
- Jennifer Jaeger – MICU
- Laura Kaminski – 5C
- Catherine Kane-Picciotti – Direct Care Expert, Wilmington Hospital ED

**Acute Medicine**
- Mary Pat Laws – Direct Care Expert, 6W
- Heather Lukk – Direct Care Expert, Christiana Hospital ED
- Erin Maynard – Wilmington Hospital ED
- Andrew Miller – Christiana Hospital ED
- Judy Napieralski – Direct Care Expert, Christiana Hospital ED
- Stacy Nicastro – Medical Group
- Annie Patterson – 6A ACE
- Nikki Marie Recchioni – Direct Care Expert, Christiana Hospital ED
- Melanie Ries – 4N
- Suzanne Rubi – WICU
- Bridget Ryan – Direct Care Expert, MICU
- Sidonie Salmon – Direct Care Expert, 3D
- Jennifer Selvarian – 5A
- Rose Ann Smith – Wilmington Hospital ACE
- Victoria Varga – 4N
- Andrew Vincent – Direct Care Expert, MICU
- Lauren Warren – Direct Care Expert, 6A ACE
- Jessie Wilczynski – 6E
- Amanda Williams – Direct Care Expert, 4N

**Acute Medicine**
- Tanya Marandola, MSN, RNIII, CNOR (center), direct care expert at the Roxana Cannon Arsh Surgicenter, accepts the 2017 Dot Fowler Award from the award’s namesake, Dot Fowler, MSN, RN-BC, APRN, and Chief Nurse Executive Ric Cuming, Ed.D., RN, NEA-BC, FAAN.
John Fankmeni, BA, RN, of the Christiana Care Visiting Nurse Association receives his recognition for excellence in Primary Care & Community Medicine from Chief Nurse Executive Ric Cuming, Ed.D., RN, NEA-BC, FAAN.
Women & Children’s (cont’d)
Susan Shockley – 4A
Susan Wood – Direct Care Expert, NICU

Advanced Practice
Craig Laing – VAD Program
Denise Lyons – WISH

Educator
Danielle Sofia – Staff Developmental Specialist
Susan Volk – Staff Developmental Specialist

Leadership
Samantha Ann Davis – 2C
Lindsay Sanderson – 4D

Direct Care Nurse Mentor Awards
Victoria Varga – winner
Karin Emmett – Christiana Hospital OR – nominee
Kim Vella – Wilmington Hospital ED – nominee

Management/Leadership Nurse Mentor Awards
Sarah Flanders – winner
Sharon Vickers – SDS, Christiana Hospital ED – nominee

Dot Fowler Award
Tanya Marandola – RCA Surgicenter, Wilmington

Daisy Award Winners
April 2016 – Phillip Scott, WICU
May 2016 – Julie Mullins, 5C
June 2016 – Katharine Potter, 5B
July 2016 – Stefanie Desiderio, Christiana Hospital ED
August 2016 – Erin Brennan, NCCU
September 2016 – Karen Minard, 5D
October 2016 – Megan Cronshaw, Labor & Delivery
November 2016 – John Keichline, Middletown ED
December 2016 – Angela Goodale, SCCC
January 2017 – Kristen Barrett, Labor & Delivery
February 2017 – Melanie Chichester, Labor & Delivery
March 2017 – Michael Screpesi, CVCCC
April 2017 – Lindsay Smith, Labor & Delivery ●

The Professional Nurse Council honored the Department of Social Work with the Friends of Nursing Award for being expert, caring partners in patient care.
Cynthia Griffin, MS, BSN, RN, CPHQ, CCM, has been named Christiana Care’s new chief nursing officer, community care.

In her new post, Griffin oversees nursing care of Christiana Care owned and affiliated community-based primary care services.

Griffin is a long-time Christiana Care employee who most recently served as director of nursing services for The Medical Group of Christiana Care, responsible for the clinical oversight of 35 physician offices.

She has been a registered nurse for more than 30 years and has worked in various capacities, including on medical, surgical, heart failure and heart transplant units and in outpatient areas such as elementary schools, physician practices, urgent care and outpatient health care centers. In addition, she has extensive experience in quality, safety and accreditation and has facilitated many teams in improving processes that lead to safer practices.

She is a member of the American Academy of Ambulatory Care Nursing, American Nurses Association and the Delaware Nurses Association.

She earned her Master of Science in nursing at Hampton University in Virginia.

Kate Rudolph, MS, has been appointed corporate director of Christiana Care’s Surgical Services.

Since joining Christiana Care and the Acute Medicine Service Line in 2015, Rudolph has led several successful initiatives, including the development and implementation of the lower GI bleed pathway, implementation of the MUSCLES service line team meeting, creation of the Acute Medicine data and project management teams, and oversight over the Acute Care GI Service program.

In her new role in Surgical Services, she will have oversight of quality initiatives, data management, business operations and the Kidney Transplant Program.

Prior to joining Christiana Care, Rudolph was the division administrator for the University of Pittsburgh Medical Center (UPMC) Division of Gastroenterology, Hepatology and Nutrition. She also completed a two-year administrative fellowship at UPMC focusing on physician practice management and clinical operations.

Rudolph has a master’s degree in healthcare policy and management from Carnegie Mellon University.
Publishing

Presentations
Darcy Burbage, MSN, RN, AOCN, CBCN. “Team Collaboration to Improve the Patient/Caregiver Experience with Financial Toxicity and Distress.” Multinational Association of Supportive Care in Cancer Annual Conference. Washington, D.C. June 2017.

Appointments
The Professional Advancement Council congratulates the following new RN III nurses: Jessica Schwartz, MSN, RN, PCCN, 3D/TMU, Gabriela Fioravanti, BSN, RN, CEN, Wilmington ED, and Amanda Williams, BSN, RN-BC, 6E.

Awards & Achievements
Ralph P. Ierardi, M.D., was honored by the Christiana Care Department of Surgery with the Thomas K. Mammen, M.D., Chief Resident Teaching Award in June, “in recognition of his unwavering devotion and passion in teaching the art of surgery.”
Rosie Musheno, M.D., was named Christiana Med-Peds Residency Program Resident of the Month.
Erin Meyer, D.O., received the annual Hospitalist Award from the Delaware Chapter of the American College of Physicians.
Jennifer LeComte, D.O., received the Leonard P. Lang Award from the Delaware Chapter of the American College of Physicians.
Kathleen Wroten, MSN, RN, CIC, FAPIC has been nationally recognized for her achievements in the field of Infection Control and Epidemiology and has been accepted as a member of the 2017 group of Association for Professionals in Infection Control Fellows.
Group energy is a great motivator in keeping fit.

Ask Joe Scialara, PA-C, who has organized activities from kickball tournaments to trail runs.

“I have always been very active and not shy about encouraging other people to join activities,” he said.

The physician assistant and operating room staffs have teamed for exercise-related events, such as dodge ball tournaments at a trampoline park where more than 100 colleagues got their hearts pumping.

“It all started when we got together with a few friends who work together. Then other people saw how much fun we were having and wanted to join in,” he recalled.

“So we started looking for more activities that are fun and exciting.”

Stephanie Turner, PA-C, runs 5K and obstacle course races. She also is a CrossFit athlete and hot yoga enthusiast.

When Scialara recruited colleagues for the Tough Mudder, a challenging, 12-mile obstacle course, she was quick to volunteer.

The mud run stuck with racers. Christiana Care employees have formed a team for the endurance event three years in a row.

“I am serious about fitness, and these kinds of events are a great opportunity to both take on a challenge and bond with colleagues,” she said.

A member of the Wellness Committee, Scialara encourages PAs to take part in the annual kickball match and barbecue for the OR staff, residents and physicians. Colleagues also get together informally to play basketball.

“We also usually have a PA team in at least one outside league, like Delaware Sports League, in volleyball, softball and hockey,” he said. “We even have a PA, Jonathan Miller, who is a past national champion in Kettlebell Sport.”

Scialara has found that a little friendly competition between staffs is a great icebreaker and an effective stress buster.

“The kickball events are usually residents and doctors versus OR staff,” he said. “It’s interesting to see people let their hair down outside of work. It definitely takes the stress out and promotes a collegial atmosphere.”

Danielle Broadwater, Wellness program coordinator, noted that tech tools make it easy to exchange ideas and suggest group fitness activities.

“We can keep the ball rolling by sharing what our departments are doing and getting involved with colleagues,” she said. “Join the conversation by following our Yammer group, Let’s Commit to be Fit. Find other programs, events, and quarterly activity challenges on the Wellness website.”

INTERESTED IN BECOMING A WELLNESS CHAMPION? CONTACT DANIELLE AT DANIELLE.BROADWATER@CHRISTIANACARE.ORG.
UPCOMING EVENTS

August 29

5TH ANNUAL ADDICTION MEDICINE SYMPOSIUM: OPPORTUNITIES & CHALLENGES

Registration opens at 7:30 a.m. for this full-day symposium
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. Register at 5thAddictionMedSymposium. Contact Cheryl Botbyl at 302-733-6107 for information.

September 5

HOW TO BE THE SHARPEST KNIFE IN THE DRAWER: PRACTICAL WAYS TO KEEP YOUR BRAIN SHARP
6:30 – 8 p.m.
John H. Ammon Medical Education Center

Nora Walstrum, MA, CCC-SLP, CBIS, will explore how stress, aging and a busy lifestyle affect day-to-day thinking and functioning, and identify practical, easy “tricks of the trade” that you can start using right away.

September 10

AMERICAN HEART ASSOCIATION’S ANNUAL HEART WALK
8 a.m., Wilmington Riverfront

Christiana Care is a presenting sponsor of the American Heart Association’s Annual Heart Walk to promote awareness about heart disease and stroke while raising funds to fight the diseases. Money raised from this event goes toward cardiovascular research, public health, advocacy and education. Register a walking team at http://www2.heart.org/site/TR?fr_id=2362&pg=company&company_id=8280. Individuals can join one of the several teams from Christiana Care already listed on the site, or call co-workers, friends and family and start a new own team. On-site registration begins at 8 a.m. The walk starts at 9 a.m. Act now to be one of the first 1,000 Christiana Care employees and their team members to register and receive free a fun and colorful T-shirt.

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 Physicians, Psychologists, Psychiatrists, Nurses, Social Workers and other providers and will focus on the importance of treating the memory-impaired patient. Pre-registration is required by Sept. 29.

To register, go to: http://www.planetreg.com/christianacaredementiacare2017. There is no charge to attend. Please contact Cyndy Fanning, cfanning@christianacare.org, with questions or to request additional information.

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. Register today: http://www.planetReg.com/BariatricSummit2017. Please contact the Office of CME at 302-623-3882, if you need additional information.
October 7
THE FRIENDS OF THE HELEN F. GRAHAM CANCER CENTER PRESENT CELEBRATION OF HOPE

7 – 11 p.m.
Longwood Gardens Conservatory, 1001 Longwood Road, Kennett Square, Pa.

Join us for an evening of intrigue and fun. Enjoy delectable cuisine and your favorite beverage — shaken or stirred. Try your hand at an array of Monte Carlo games and trade in your chips for raffle tickets for chances to win exciting prizes like stepping out as Bond girl for the day, and stepping into a $1,000 Neiman Marcus shoe shopping spree, and more. Other prizes include a romantic stay at Ian Fleming’s private Jamaican villa and an in-home Casino Royale style gaming party. Proceeds will support ground-breaking research on a new cutting edge blood-based diagnostic test for breast cancer, developed by the Translational Breast Cancer Research Program. When you play, cancer patients and their families win.

Please reserve your tickets by Sept. 15. Call 302-327-3305.

October 21
EVERY WOMAN MATTERS
7:30 a.m. – 2:30 p.m.
John H. Ammon Medical Education Center

Save the date for this breast health and wellness conference for all women, including breast cancer survivors who would like to learn more about breast health, breast cancer, genetics, hormone receptors, diabetes and survivorship. The conference is free and includes continental breakfast and lunch. Invitations will be mailed in the coming weeks.

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 Oct. 13. Pre-registration is required. Register at http://www.planetReg.com/MargaretHandyLectureship2017. Contact Lisa Allen (Lisa.L.Allen@christianacare.org) with any questions.

October 26
CANCER SYMPOSIUM Embracing Palliative Care: A Physician’s Role
6 – 8:30 p.m., John H. Ammon Medical Education Center

This year’s symposium and dinner program 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 including local experts will follow.
Best practice review

PARE BINS

Q. WHAT IS A PARE BIN?
A. PARE (Pharmaceutical Waste Reduction Effort) bins are used for the proper disposal of hazardous pharmaceutical waste. Some pharmaceuticals used by Christiana Care are considered hazardous by the Environmental Protection Agency (EPA). Others do not meet the definition of hazardous waste but are considered toxic by other agencies and are disposed of as hazardous waste as a best practice.

Q. WHAT CAN BE DISPOSED OF IN THE PARE BIN?
A. The list of pharmaceuticals that can be disposed of in the PARE bins should be posted near the bin or can be found on the INet (PARE Disposal List). If the pharmaceutical is on the list, dispose of the following in the bin:
• Unused quantities of listed pharmaceuticals in syringes, IV tubing, etc.
• Blister packs that contain the listed substances.
• Expired pharmaceuticals listed that cannot be returned to the pharmacy for credit.
• Chemotherapy waste (e.g., IV bags, tubing, contaminated linens and urine if chemo was administered in the previous 72 hours).
• Controlled substances must never be disposed of in the PARE bins.

Q. HOW DO I DISPOSE OF A MEDICATION NOT LISTED?
A. Medications not listed may be disposed of as follows:
• Controlled substances must be disposed of via plumbing based disposal (sink or toilet). If available, a cactus sink may be used for disposal of liquid controlled substances
• Medications not listed should be disposed of via the sharps container if attached to a needle/syringe, otherwise dispose of in regular trash or down the drain.

Q. CAN THOSE PRACTICES LOCATED OFF SITE ALSO USE PARE BINS?
A. Yes, any department that administers and disposes of pharmaceuticals listed on the PARE list should have a PARE bin. Contact Occupational Safety for delivery of a PARE bin.

Q. HOW CAN I REPLACE THE PARE BIN WHEN IT IS FULL?
A. Contact Occupational Safety if you need to have a PARE bin picked up and replaced with a new container.

If you have questions about this Best Practice Review, please contact the Content Expert: Occupational Safety: 733-3914; Safety Hotline: dial 7233 (SAFE) from within Christiana or Wilmington hospitals, or 623-7233 (SAFE).

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. 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.

28 • FOCUS AUGUST 2017
Humulin® R U-500 is a concentrated form of regular insulin and has been available for use in the United States as a multidose vial since 1994. Since this time, there has been no delivery device specific for measuring U-500 insulin based on the number of active units of insulin being delivered. Instead, patients and providers have been primarily utilizing U-100 insulin syringes to administer their medication and have been referencing insulin doses as the amount of insulin that is being drawn into a U-100 syringe rather than the number of active units of insulin U-500 being administered. The use of syringes not specific to the U-500 product over the last 20 years has led to dosing confusion and the potential for catastrophic medication errors.

In 2016, two new U-500 products gained Food and Drug Administration (FDA) approval, the Humulin® R U-500 KwikPen® and the BD U-500 Insulin Syringe. These newly approved products measure the number of active units of U-500 being delivered. The purpose of these products is to enable providers and patients to universally reference U-500 insulin as the number of active insulin units without requiring dose conversions. As patients in our community are transitioned to these new delivery methods it is imperative the health care team be attentive to exactly which product patients are using to ensure safe and appropriate prescribing.

The first step in clarifying doses of insulin U-500 will be determining whether the patient is utilizing a KwikPen or vial. If using a KwikPen the patient will be selecting the number of active units of insulin to be delivered on their device. If using a vial they may be using either a U-100 insulin syringe or a U-500 specific syringe. Patients using the U-100 syringe will likely be sharing the amount of insulin they are drawing into the syringe rather than the number of active insulin units, whereas those using the U-500 syringe will be sharing the number of active insulin units. The below questions may be useful when speaking with a patient to help differentiate the type of syringe being utilized.

It is paramount that all members of the health care team be aware of the new U-500 delivery devices as well as the traditional U-100 syringe dosing methods to allow for appropriate dosing during transitions of care. Misinterpretation of which device is being utilized or how a patient is discussing insulin U-500 can lead to serious adverse drug reactions secondary to either over or under dosing of insulin.

Christiana Care will be transitioning to use of the Humulin R U-500 KwikPen for all inpatients on August 1st 2017. A multidisciplinary team has coordinated the details of this product transition. Education for providers, nurses and patients to ensure safety throughout this conversion will be available. The most notable inpatient change is on ordering and administration. U-500 insulin will now be ordered in number of active units, as opposed to milliliters, and administered accordingly. However, several safety measures will be employed during this conversion such as an independent nurse double check to ensure this high risk medication is handled properly and our patients remain safe.

### Therapeutic Notes

**Update on Insulin U-500: new FDA approved products**

Katelyn McCormick, Pharm.D., BCPS

<table>
<thead>
<tr>
<th>Question</th>
<th>U-100 syringes</th>
<th>U-500 syringe</th>
</tr>
</thead>
<tbody>
<tr>
<td>What is the total number of units that can fit in the syringe?</td>
<td>Syringes measure total volume of either 30, 50 or 100 units</td>
<td>Syringe measures up to 250 units</td>
</tr>
<tr>
<td>What increment does the syringe measure in?</td>
<td>There are numeric markings every 5 or 10 units (e.g., 5, 10, 15) and incremental markings between the numerals equal to either 1 or 2 units</td>
<td>There are numeric markings for every 25 units (e.g., 25, 50, 75) and incremental markings between the numerals equal to 5 units</td>
</tr>
<tr>
<td>What color is the syringe?</td>
<td>Typically orange cap</td>
<td>Kelly green cap</td>
</tr>
<tr>
<td>Medication – Generic/Brand Name</td>
<td>Strength/Size</td>
<td>Use/Indication</td>
</tr>
<tr>
<td>--------------------------------</td>
<td>--------------</td>
<td>----------------</td>
</tr>
<tr>
<td>Atezolizumab Injection/Tecentriq</td>
<td>60 mg/mL 20 mL vial</td>
<td>• Metastatic non-small lung cancer  • Locally advanced or metastatic urothelial carcinoma</td>
</tr>
<tr>
<td>Cabazitaxel Injection/Jevtana</td>
<td>40 mg/mL 1.5 mL vial</td>
<td>Metastatic prostate cancer</td>
</tr>
<tr>
<td>Ferric Carboxymaltose Injection/Injectafer</td>
<td>50 mg/mL 15 mL vial</td>
<td>Iron deficiency anemia</td>
</tr>
<tr>
<td>Fluciclovine Injection/Axumin</td>
<td>9-221 mCi/mL 26 mL in vial</td>
<td>Used with positron emission tomography (PET) imaging in men with suspected prostate cancer recurrence</td>
</tr>
<tr>
<td>Ixabepilone Injection</td>
<td>15 mg &amp; 45 mg vials</td>
<td>Locally advanced or metastatic breast cancer</td>
</tr>
<tr>
<td>Ocrelizumab Injection/Ocrevus</td>
<td>30 mg/mL 10 mL vial</td>
<td>Treatment of multiple sclerosis</td>
</tr>
<tr>
<td>Panitumumab Injection/Vectibix</td>
<td>20 mg/mL 100 mg &amp; 400 mg vials</td>
<td>Metastatic colorectal cancer</td>
</tr>
<tr>
<td>Penicillin G benzathine injection/Bicillin LA</td>
<td>2.4 million unit</td>
<td>Treatment of infections</td>
</tr>
<tr>
<td>Pralatrexate Injection/Folyn</td>
<td>20 mg/mL 20 mg &amp; 40 mg vials</td>
<td>Relapsed or refractory peripheral T-cell lymphoma</td>
</tr>
<tr>
<td>Ramucirumab Injection/Cyramza</td>
<td>10 mg/mL 10 &amp; 50 mL vials</td>
<td>• Advanced or metastatic gastric cancer  • Metastatic colorectal cancer  • Metastatic non-small cell lung cancer</td>
</tr>
<tr>
<td>Romidepsin Injection/Istodax</td>
<td>10 mg vial</td>
<td>Treatment of peripheral and cutaneous T-cell lymphomas</td>
</tr>
</tbody>
</table>
**FORMULARY UPDATE | JUNE 2017**

### FORMULARY ADDITIONS

<table>
<thead>
<tr>
<th>Medication – Generic/Brand Name</th>
<th>Strength/Size</th>
<th>Use/Indication</th>
<th>Comment</th>
</tr>
</thead>
</table>
| Temsirolimus Injection/Torisel | 25 mg/mL 1mL vial | Advanced renal cell carcinoma | Prescribing limited to oncologists for FDA-labeled indications  
Administration limited to Christiana Care oncology office practices |
| Trabectedin Injection/Yondelis | 1 mg vial | Treatment of unresectable or metastatic soft tissue sarcoma | Prescribing limited to oncologists for FDA-labeled indications  
Administration limited to 24 hour inpatient admission |
| Tranexamic acid | 650 mg tablet | Treatment of menstrual bleeding | Line-item extension |
| Ziv aflibercept Injection/Zaltrap | 25 mg/mL 100 mg & 200 mg vials | Metastatic colorectal cancer | Prescribing limited to oncologists for FDA-labeled indications  
Administration limited to Christiana Care oncology office practices |

### FORMULARY DELETIONS

<table>
<thead>
<tr>
<th>Medication</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cholera vaccine</td>
<td>Removed because of lack of use</td>
</tr>
<tr>
<td>Hydrocodone/ homatropine syrup</td>
<td>Removed because of lack of use</td>
</tr>
<tr>
<td>Iloprost/Ventavis</td>
<td>Removed because of lack of use</td>
</tr>
<tr>
<td>Japanese encephalitis vaccine</td>
<td>Removed because of lack of use</td>
</tr>
<tr>
<td>Levonorgestrel Long-Acting Reversible Contraceptive/Mirena</td>
<td>Replaced with the Liletta, another levonorgestrel long-acting reversible intrauterine device</td>
</tr>
<tr>
<td>Neostigmine injection/1 mg/mL</td>
<td>Replaced with neostigmine 0.5 mg/mL</td>
</tr>
<tr>
<td>Nitrofurantoin macrocrystal 100 mg capsule</td>
<td>Removed to reduce risk of medication error because of confusion with nitrofurantoin monohydrate macrocrystal capsule (Macrobid). The 50 mg nitrofurantoin macrocrystal capsule remains on the Christiana Care Formulary</td>
</tr>
<tr>
<td>Quadrivalent human papillomavirus vaccine/ Gardasil</td>
<td>Product discontinued. Gardasil 9 vaccine remains on the Christiana Care Formulary</td>
</tr>
<tr>
<td>Ticarcillin injection</td>
<td>Product discontinued</td>
</tr>
<tr>
<td>Yellow Fever vaccine</td>
<td>Removed because of lack of use</td>
</tr>
<tr>
<td>Zanamivir/Relenza</td>
<td>Removed because of lack of use</td>
</tr>
</tbody>
</table>
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