

FOCUS

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Focusing on the people and initiatives that distinguish Christiana Care Health System

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100 Top Hospitals and Everest Award place Christiana Care among the best hospitals in the nation

For the fourth time, Christiana Care Health System ranks among the “best of the best” hospitals in the nation based on a nationwide independent comparison of quality data, value and performance.

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Some of the best hospital care available in the United States is right here in Delaware.

Christiana Care is the greater Philadelphia region's only hospital to make this year's Truven Health Analytics list of 100 Top Hospitals in the U.S. and is the only major teaching hospital in the nation to win the Everest Award consecutively in both 2015 and 2016. The Everest Award singles out health systems demonstrating the highest performance and fastest long-term improvement over five years, exceeding benchmarks for quality, safety and efficiency of hospital care.

"Earning these honors — particularly winning the Everest Award for two consecutive years — truly demonstrates the commitment of our extraordinary employees, leadership and volunteers

to advancing The Christiana Care Way, our promise to the community we serve to be respectful, expert caring partners in their health," said Janice E. Nevin, M.D., MPH, Christiana Care president and CEO. The consistent, rapid gains in quality and safety recognized by a second consecutive Everest Award are the hallmark of a focused health care workforce that understands what patients and the community value.

"Everest is external validation that we continue to do the right work that allows us to provide excellent care for our patients," said Kenneth Silverstein, M.D., MBA, chief clinical officer. "Our extraordinary people who care for our patients on a day-to-day basis, and those whose support makes high-

quality care possible, are the strength behind this award. Being recognized for consistent excellence by such a reliable, independent, trusted marker as the Everest Award suggests we're building the right system to be able to consistently provide the care our patients deserve."

Focused on success

Key measurements of performance in health care quality and safety are the difference makers that earned Christiana Care's inclusion as one of only 17 hospitals in the Major Teaching Hospital category in the 100 Top Hospitals list. They include lower-than-benchmark mortality and low 30-day readmission rates in key areas such

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"It is our commitment and our privilege to help our patients achieve optimal health by consistently improving to provide safe, effective care that produces superior outcomes."

JANICE E. NEVIN, M.D., MPH
CHRISTIANA CARE PRESIDENT AND CEO

as acute myocardial infarction (heart attack), heart failure, stroke, pneumonia, chronic obstructive pulmonary disease (COPD), and knee and hip replacement surgery. Top 100 hospitals also score well on the Agency for Health Research and Quality's Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey for overall patient satisfaction.

"It's not surprising to me that we've done well in COPD care," said Virginia U. Collier, M.D., MACP, Hugh R. Sharp Jr. Chair of Medicine and physician leader of the Acute Medicine service line. COPD has been an area of intense focus at Christiana Care over the past two years, as teams have examined every aspect of COPD care to identify opportunities to make it impactful and consistent for every patient. This includes enhanced support, education and connections to services in the community, based on the best evidence-based standards.

"When Christiana Care applies efforts in a focused way, the results are exceptional. These awards are validation of the focus we have on patient safety and quality throughout the health care system," she said.

She also credits data-sharing among physicians and system leaders to help them continually assess how well the health system is doing and identify opportunities for improvement.

"We critically evaluate ourselves and drill deeply into the data to identify opportunities and apply our energies to developing solutions," she said. "We are consistent in our approach to continuous improvement of safety and quality."

Gerard J. Fulda, M.D., chair of Christiana Care's Department of Surgery and physician leader of Surgical

Services, said diligent work by his team has decreased complications, such as venous thromboembolism (blood clots) and infections following surgery, to levels well below rates of many other



"We critically evaluate ourselves and drill deeply into the data to identify opportunities and apply our energies to developing solutions."

VIRGINIA U. COLLIER, M.D., MACP

HUGH R. SHARP JR. CHAIR OF MEDICINE AND PHYSICIAN LEADER OF THE ACUTE MEDICINE SERVICE LINE

major teaching hospitals. Initiatives are also in place for experts to help those at higher risk for complications manage their care before and after surgery.

"Making sure patients are in the best possible shape going into an operation significantly helps to reduce the chance of complications after surgery," Dr. Fulda said.

He said the Everest Award's validation of continued improvement assures patients and the community that when they come to Christiana Care, they will receive excellent, high-quality care from people who really care about their patients and their outcomes.

"That's the kind of hospital I would want to have care for me," he said.

When seconds count

Christiana Care's stroke readmission and mortality rates, which are better than the national median of peer hospitals, were key metrics placing

Christiana Care among this year's 100 Top Hospitals and Everest award winners. According to Kert Anzilotti, M.D., MBA, chair of the Department of Radiology and physician leader for Neurosciences, "These Truven honors validate that the work we're doing at Christiana Care is some of the best in the country."

As one of the busiest stroke centers in the country, Christiana Care is the only hospital in Delaware offering intra-arterial treatment for acute stroke, in which specialists known as neurointerventionalists feed a catheter through an artery from the leg to the brain to mechanically remove an acute thrombosis, or clot, at the height of the stroke. The technique saves lives, preserves brain tissue and reduces complications.

The Christiana Hospital stroke program has been recognized as a Comprehensive Stroke Center, the most advanced level

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"Our extraordinary people who care for our patients on a day-to-day basis, and those whose support makes high-quality care possible, are the strength behind this award."

KENNETH SILVERSTEIN, M.D., MBA
CHIEF CLINICAL OFFICER

of expertise in stroke care by national certifying organization The Joint Commission. Christiana Care is the only center to achieve this distinction within the region of Southeastern Pennsylvania, Eastern Maryland, Southern New Jersey and Delaware, outside of centers in urban Philadelphia and Baltimore.

Dr. Anzilotti points to the stroke program as a prime example of how the right people, the right technology and the right processes work together to create truly exemplary health care. That care includes the Lanny Edelsohn, M.D. Neuro Critical Care Unit, an 18-bed specialized intensive-care unit for patients critically ill from severe stroke, and the 24-bed Stroke Treatment and Recovery (STAR) unit, where patients prepare to leave the hospital and resume

a healthy life. It also includes the highly accredited Center for Rehabilitation at Wilmington Hospital, where patients regain basic skills such as speech and walking that they lost due to stroke. These and other services and teams at Christiana Care work together to provide innovative, effective, affordable care that patients value.

"Sometimes we overlook what a great health system Christiana Care really is," he said. "We are extremely lucky to have one of the best hospitals in the entire country right here in our own community."

Care in the community

The best hospital care extends far beyond the hospital walls. For example, Christiana Care's outpatient cardiac

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“This multifaceted approach is really making a difference and sending people home in the best possible condition.”

TIMOTHY J. GARDNER, M.D.
MEDICAL DIRECTOR, CENTER FOR HEART
& VASCULAR HEALTH



Wilmington Hospital's highly accredited Center for Rehabilitation is where stroke patients can regain basic skills such as speech and walking.

rehabilitation and secondary prevention program helps patients recovering from a heart attack regain their pre-diagnosis level of physical activity and provides coaching for a healthier lifestyle to prevent disease symptoms from returning.

“Cardiac rehabilitation is a very effective program that has great impact on improving the quality of life for patients and reducing the need to return to the hospital for disease-related complications,” said Timothy J. Gardner, M.D., medical director of Christiana Care’s Center for Heart & Vascular Health. Similarly, by coordinating care for patients with heart failure who are transitioning from the hospital to skilled nursing care, Christiana Care

is helping to maintain very specific, focused treatment, resulting in lower readmission rates.

“This multifaceted approach is really making a difference and sending people home in the best possible condition,” Dr. Gardner said.

Community outreach is another key to Christiana Care’s success. For example, Christiana Care’s Community Health Outreach and Education Program, based in the Helen F. Graham Cancer Center & Research Institute, reaches out to the region’s African-American, Hispanic, Asian and Indian communities — on their terms and in their languages — to help educate people about their

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“The bottom line is that the quality of care we’re delivering is very high, and so is the impact we’re having on our community.”

NICHOLAS J. PETRELLI, M.D.
BANK OF AMERICA ENDOWED MEDICAL DIRECTOR
OF THE HELEN F. GRAHAM CANCER CENTER &
RESEARCH INSTITUTE

cancer risk and screen for detection at the earliest stages, when cancer is most treatable. Delaware’s cancer mortality rate is dropping twice as fast as the national average, falling from highest to a predicted 17th in just a decade. Christiana Care’s efforts have been recognized as key to Delaware’s successful elimination of the racial disparity in colon cancer between African-Americans and whites — the first state to demonstrate that it’s possible to eliminate a health disparity statewide.

“The bottom line is that the quality of care we’re delivering is very high, and so is the impact we’re having on our community,” said Nicholas J. Petrelli, M.D., Bank of America endowed medical

director of the Helen F. Graham Cancer Center & Research Institute.

The expertise of Christiana Care’s cancer team extends through a breathtaking array of innovative services and advanced research. The Graham Cancer Center includes the only high-risk family cancer registry and adult genetic counseling and gene testing program in the state. It includes the Center for Translational Cancer Research, the Gene Editing Institute and a clinical trial accrual rate that is six times higher than the national average. That means that more cancer patients at Christiana Care are enrolled in clinical trials, which gives them access to the newest, most advanced cancer treatments.

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Using data in amazing new ways

The best health care is a partnership between the patient and the care team. A shining example of that partnership is Care Link, a new Christiana Care service that in many ways represents the future of health care.

Unlike traditional care-management programs, Care Link integrates staff into primary care practices and is powered by information technology and “big data,” which taps into all available sources of an individual’s clinical data, including lab and radiology results, pharmaceutical use, hospital admissions and discharges, and emergency department notifications. It does so by leveraging the Delaware Health Information Network and Christiana Care’s own electronic health record.

Claims data are included in the system to give Care Link a comprehensive clinical and financial view at both individual and population levels.

In addition, the information technology platform mines this data for subtle patterns that can predict patients who may be at high risk, which can then trigger the Care Link team to proactively reach out and help. By identifying and solving problems that patients might experience after a surgery or an illness before those problems become serious enough to require a trip to the emergency department, Care Link is reducing readmission rates to the hospital. In its first year, Care Link supported more than 2,500 90-day bundled-payment Medicare patients. Fewer than 9 percent needed to be readmitted within 90 days of leaving the

hospital, compared to 18 percent during the baseline period before Care Link management.

“Care Link allows us to provide personalized, highly coordinated care,” said Sharon Anderson, MS, BSN, RN, FACHE, chief population health officer and senior vice president, Quality & Patient Safety. “We are able to support our physicians in providing excellent care to their patients by addressing not only their clinical needs but behavioral and social determinants of health. At the same time, Care Link helps people navigate through all of their care needs, including follow-up appointments, tests and links to services in the community. This coordinated effort is helping us to improve health outcomes, to provide better patient experiences and to ensure the best use of resources.”

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TRANSFORMING CARE in the First State

Care Link’s team of nurses, case managers, social workers, pharmacists and physicians provide comprehensive care from pre-surgery through 90 days after hospital discharge as part of the Centers for Medicare & Medicaid Services’ Bundled Payments for Care Improvement initiative. Care Link also cares for patients throughout Delaware supporting Christiana Care Quality Partners Accountable Care Organization (ACO). Bayhealth Medical Center, Nanticoke Health Services, Westside Family Healthcare and more than 150 primary care physicians also are partners in the ACO. As part of the Medicare Shared Savings Program, the ACO rewards groups that lower health care costs and meet performance standards on 33 measures of quality of care and clinical indicators. Launched in January, physicians in the ACO currently care for about 25,000 patients.



“This coordinated effort is helping us to improve health outcomes, to provide better patient experiences and to ensure the best use of resources.”

SHARON ANDERSON, MS, BSN, RN, FACHE
CHIEF POPULATION HEALTH OFFICER AND SENIOR VICE PRESIDENT, QUALITY & PATIENT SAFETY

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Christiana Care ranks at the top in volume among leading health care systems, with only 20 hospitals in the U.S. having more admissions. We operate the only Level I trauma center between Philadelphia and Baltimore, and our Level III neonatal intensive care unit makes us the only delivering hospital in Delaware offering this specialized care.

Partnering with those we serve

Partnership with patients, families and the community have propelled Christiana Care toward success. When Christiana Care launched its Patient and Family Advisory Council in 2011, it electrified the organization and created a new way of working that put the voices of real people from the community into the decision-making process at every level of the health system. From advancing patient experience and systemwide goal-setting, to counsel on unit-based initiatives, service lines and clinical pathways, patient and family advisers help shape and drive the future of Christiana Care.

"In the past five years, we have transformed the way we work by bringing our patient and family advisers into every aspect of our organization," said Shawn Smith, MBA, vice president, Patient Experience. "This collaborative process helps us design systems, both within our hospitals and throughout the continuum of care, that truly work for the people we serve. It helps us to achieve our goals of optimal health, exceptional experience and organizational vitality."

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CHRISTIANA CARE VOLUME & RANKINGS *

ADMISSIONS

53,072

EAST
COAST

10

U.S.

21

SURGICAL PROCEDURES

38,712

EAST
COAST

14

U.S.

29

BIRTHS

6,469

EAST
COAST

15

U.S.

32

ED VISITS

187,317

EAST
COAST

13

U.S.

21

*Rankings by American Hospital Association survey database for fiscal year 2013.

Today, Christiana Care's Patient and Family Advisory Council, made up of more than 180 former patients and family members, provides input and perspective toward the development of new ways to improve care. Advisers have helped Christiana Care in shaping new visitor policies, provided feedback on hospital-gown design, and even partnered with nurses and physicians in developing new processes of care.

Aiming high

"When you get to the top of Mt. Everest, you'd think there is nowhere to go, yet our rate of improvement is accelerating," said Thomas L. Corrigan, MBA, CPA, Christiana Care's executive vice president of health services operations and chief financial officer. "Everybody has the opportunity to impact our patients. There is a culture here where

we're always looking for opportunities to perform better. The Everest Award is confirmation that we're doing things right."

As the national conversation continues to focus on the rising cost of health care, Corrigan says that Christiana Care is ahead of the game, focused on delivering the best value to patients and to the community. He points to successful efforts to eliminate waste, such as Christiana Care's reduction in unnecessary cardiac telemetry that saved \$4.8 million in health care costs and served as a national model for other hospitals to follow. And he points to the responsible stewardship of resources that permeates throughout every department at Christiana Care, where detailed attention to the budgeting process helps to constrain the rise of health care costs. However, he's quick

to note that this culture of efficiency is driven, first and foremost, by what is needed in terms of clinical care.

"When you come to us, you are being cared for by a very high-performing organization as measured by an independent party," Corrigan said. "Our patients can expect their clinical care to be as good as or better than anywhere else in the country. You're getting great care here."

"We live here, too. Delaware is a small state and in many ways that helps us to stay focused on the value we provide to the people we serve. The person we're caring for in our Emergency Department today is someone we might run into at the grocery store this weekend. We're part of our community, so we want to make sure that our neighbors have a great experience." ●



"Our patients can expect their clinical care to be as good as or better than anywhere else in the country. You're getting great care here."

THOMAS L. CORRIGAN, MBA, CPA, EXECUTIVE VICE PRESIDENT OF HEALTH SERVICES OPERATIONS AND CHIEF FINANCIAL OFFICER

Care for the Caregiver program helps us understand and empathize with 'second victims'

By Heather L. Farley, M.D., FACEP, program director, Care for the Caregiver



Midway through its first year, more than 100 physicians, nurses and other health care providers have benefited from Christiana Care's innovative Care for the Caregiver program, designed to support clinicians who feel traumatized by an unanticipated patient event while at work. The response has been significant and certainly speaks to the

importance of addressing the needs of potential "second victims."

A second victim is defined as a health care provider involved in an unanticipated adverse patient event, medical error or patient-related injury who becomes victimized in the sense that the provider is traumatized by the event.

Second victims often:

- Feel personally responsible for the patient outcome.
- Feel as though they have failed the patient.
- Second-guess their clinical knowledge and skills.

Christiana Care is a pioneer in establishing a peer support program for second victims. The program is available to any Christiana Care employee or Medical Dental Staff member working at any Christiana Care facility, and is accessible 24/7.

The goal of Care for the Caregiver is to help our health care team members understand what is known about the second victim phenomenon, to normalize what they are experiencing and to provide the support they need to return to caring for their patients with a healthy state of mind.

One-on-one peer support offers a safe forum for providers to express their thoughts and reactions, and facilitates processing of the complex and difficult emotions that often follow an adverse event. The program is an effective adjunct

to traditional support services, since some providers prefer speaking with a peer who may have had similar experiences.

There are currently 35 volunteer members of the Care for the Caregiver peer-support team, including attending physicians, residents, nurses, respiratory therapists, social workers and chaplains. Team members were selected because of their high level of competence in supporting their colleagues and have been trained in second-victim support techniques. They continue to work to improve their skills, undergoing refresher training in April, and attending monthly educational meetings.

It is often difficult for health care providers to acknowledge that they are suffering and in need of support. In order to ensure that potential second victims receive the help they need, Care for the Caregiver takes a proactive approach in identifying providers who may benefit from peer support.

Activation of the program is hardwired into the event review process (including CANDOR), enabling us to reach out as soon as possible, rather than solely waiting for clinicians to ask for help after an adverse event. Participation is entirely voluntary, however.

So far, 110 clinicians have accessed peer support. They include attending and resident physicians, nurses, advanced practice providers, patient care technicians, respiratory therapists and pharmacists. The Care for the Caregiver team has been activated following events in multiple different clinical areas, including the ICU, Labor and Delivery, the ED, the OR, outpatient practices, and the general medical and surgical floors.

We believe that as more colleagues become aware of this resource, the Care for the Caregiver program will continue to grow. Please spread the word! We spend a tremendous amount of time and energy caring for our patients (as we should). However, it is equally important that we care for ourselves — and for each other. ●

To access peer support for yourself or a colleague, page the Care for the Caregiver team using Vocera (1239) or long-range pager 302-884-9321.

To learn more about the Care for the Caregiver program, e-mail hfarley@christianacare.org.

Christiana Care's 200th kidney transplant recipient celebrates 'birthday'

Despite Type 2 diabetes, Mike LoPresti was cruising through life, often on his motorcycle. But after a road accident in February 2009, he wasn't bouncing back as he expected.

"I was not recovering well," said LoPresti, 63, of Newark. "I was feeling rundown, and having trouble breathing and sleeping."

In March, he learned that his problems were caused by fluid buildup due to renal failure. He started dialysis when he was in the hospital. "I felt like a zombie," he said. "Dialysis is very draining — something I wouldn't wish on my worst enemy."

Six months later, doctors suggested a kidney transplant. The team at the Kidney Transplant Program at Christiana Care Health System suggested that LoPresti consider a live donor rather than wait five years or more for a deceased donor.

"A living kidney donor can be someone you know such as a spouse, a relative, co-worker or friend, or even an altruistic stranger," said S. John Swanson III, M.D., chief of transplantation surgery. "Kidneys from living donors tend to work better and last longer because the donors undergo thorough testing to ensure that the organ is healthy."

Live donation offers other benefits, as well. With a deceased donor, recipients live with the uncertainty of getting a call at any time an organ becomes available. With a living donor, patients can plan transplantation in advance, usually in four to five weeks after the donor is evaluated and approved.

LoPresti helped to get ready for his transplant by embracing healthy habits. "I am the poster child for compliance," he said. "If I need to do five things to get better I will do all five. The soda went away. The fast food went away."

He dreaded dialysis, but he kept up with his regimen, which included four-hour



treatments every other day. He also looked for a live donor.

The first candidate was his daughter, MaryRuth Nich, a nurse practitioner at Christiana Care Cardiology Consultants. "Not only did she take wonderful care of me when I was sick; she agreed to be tested to learn if she was a match," he said.

But his daughter discovered she was pregnant shortly after being tested. A couple of friends talked about donating, but that didn't work out, either. "They weren't emotionally prepared to make the sacrifice."

The operators of Hilltop Inn, a tavern in Fair Hill, Maryland, agreed to host an event to raise awareness of kidney disease and raise money for his care. At the event, a woman he had never met came forward and offered to help.

"She said she was interested in becoming a donor," he said. Although she was not a match, that didn't mean he would not receive a kidney. The donor became part of the paired kidney donation program. She donated a

kidney to a patient who was a match for her, and in return, LoPresti received a kidney from a matching donor in the program.

Soon after his benefactor donated her kidney, LoPresti got his match. He was the 200th recipient of a kidney transplant at Christiana Care. His surgery was performed by Velma Scantlebury, M.D., associate director of the Kidney Transplant Program.

"Improved surgical techniques are making it easier for people to donate a kidney to a patient who is in need," Dr. Scantlebury said. "With more live donors, more patients are able to receive a life-transforming transplant."

Christiana Care launched the transplant program in 2007 and is the only health system in Delaware to offer adult kidney transplantation.

LoPresti, who feels much better and enjoys daily walks now, said he posted his kidney's "first birthday" on his Facebook page. "I think of the day I had my transplant as the day I was able to start my life over again," he said. ●

Overcome by sudden anxiety, new mom found help was there when she needed it

Katie Derbyshire was desperately aware that she needed help. She had just given birth to her first child — a son — and felt consumed by anxiety. She couldn't sleep. She couldn't think about anything but her son and endless what-if's. What if the baby stopped breathing? What if something happened to him? What if her life as she knew it was over?

"I felt like I was completely losing it," Derbyshire said. "I wasn't able to cope with anything. I remember telling my husband, 'I'm not feeling good. Something is not right.' It's one thing not to keep yourself together, but not being able to take care of your child — that's a whole different ballgame. It's the worst feeling in the world. And you feel like there's no way out."

Derbyshire's sister-in-law, who had suffered from postpartum depression, urged her to seek support from the Center for Women's Emotional Wellness at Christiana Care. Six weeks after giving birth, Katie made an appointment with behavioral health specialist Megan O'Hara, MSW, LCSW, who immediately recognized the signs.

"Katie was suffering from a severe perinatal mood and anxiety disorder," said O'Hara. "This disorder can come out of nowhere, even up to a year after giving birth, and can be extremely frightening, as Katie experienced." Because anxiety is the primary symptom and there is a range of severity from mild to severe, some women don't recognize it as depression. However, women experiencing all levels of severity can benefit from treatment.

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After her first baby was born, Katie Derbyshire felt consumed by anxiety and was referred by her sister-in-law to the Center for Women's Emotional Wellness at Christiana Care.

"It hits you without warning," said Derbyshire, a sales manager who lives in North Wilmington. "People think, 'it won't happen to me, I have everything together.' No woman wants to admit she's having a problem."

Derbyshire began seeing O'Hara once a week, and given the severity of her symptoms, she enrolled in an intensive, six-week program at an outpatient treatment center and continued meeting with O'Hara.

Through the Center for Women's Emotional Wellness, Christiana Care supports women through all stages of pregnancy and early motherhood, from planning to become pregnant, throughout pregnancy, delivery and the first year after birth. That support can include outpatient therapy and medication management when needed. In 2015, the team consulted with 240 new mothers in the hospital immediately following delivery and conducted 2,750 outpatient visits. Christiana Care screens all new mothers for mood and anxiety symptoms after childbirth, before they leave the hospital.

"Women need to know that these disorders can be treated and they can recover," O'Hara said. "A lot of women question whether or not they have postpartum depression. There's a fear of admitting that this is how you envisioned life after having a baby. People will tell you it's supposed to be the best time of your life. It's devastating when it's not. We are here to help."

With treatment, Derbyshire felt like herself again. When she and her husband Matt started planning for their second child, they took both Derbyshire's physical and mental well-being into account.

"I definitely had some anxiety going into my second pregnancy," Derbyshire said. "But I knew that working with Megan and the Center for Women's Emotional Wellness, we would have a plan." She met with O'Hara in advance of her delivery to talk about using the mindfulness and relaxation techniques she had learned, about incorporating outdoor exercise daily and about the medication she would need.

Derbyshire delivered her second child — another son — in May 2015. She continues treatment at the Center for Women's Emotional Wellness to work through any anxiety she experiences and to receive expert guidance in navigating the challenges of motherhood.

"My entire family is doing great," Derbyshire said. "The Center for Women's Emotional Wellness has helped me deal with the emotions and issues that follow having a baby. It's my safe place. It's where I got better. Adding another child to our family is no longer out of the question."



"My entire family is doing great. The Center for Women's Emotional Wellness has helped me deal with the emotions and issues that follow having a baby. It's my safe place. It's where I got better."

KATIE DERBYSHIRE

In addition to offering one-on-one counseling services, the Center for Women's Emotional Wellness has launched Moms Heal, a weekly support group for pregnant and new moms. Attendees discuss adjustment challenges, depression and anxiety during pregnancy and after giving birth, and learn effective coping skills. The group meets on Thursday evenings from 6 to 7 p.m. at Christiana Hospital. Sessions are free, registration is not required, and attendees do not need to be patients of Christiana Care. ●

For more information about the Center for Women's Emotional Wellness or the Moms Heal Support group, call 302-733-6662.

If you feel you are in crisis, call 911 or go immediately to the nearest emergency room, or call Christiana Care's 24-hour Crisis Line at 302-320-2118.



Lauren Foy, D.O., a primary care physician with Springside Family Medicine in Newark, offers LARC to her patients because “it takes user error out of the equation and allows a woman to choose pregnancy when her body is at its healthiest.”

Long-acting reversible contraception device preserves option to have more children

Sally Wihera, a mother of two from Dover, Delaware, doesn't think she and her husband will be having any more children, but she wants to keep their options open.

So, after she gave birth to daughter Mesa Jeanne in January 2015 and son John Wesley in February 2016, both at Christiana Hospital, she opted for long-acting reversible contraception (LARC), choosing an intrauterine contraceptive device (IUD).

“It's semi-permanent, easier than the birth-control pill and more convenient,” said Wihera, a military police officer stationed at Dover Air Force Base. “We're 100 percent certain that we won't want to have another child in the near future. Getting the IUD made sense.”

Wihera is among a growing number of women who, according to the Centers for Disease Control and Prevention, are choosing LARC, the most effective method of birth control short of sterilization or abstinence. Options are

an IUD inserted into the uterus or an implant placed under the skin of the arm. The devices, which are placed in a doctor's office, can be kept in place for years or easily removed by a medical professional if a woman decides she wants to become pregnant.

Christiana Care is providing women with more convenient access to LARC, increasingly offering the option in primary care doctors' offices and OB-GYN practices. Christiana Care also offers the option to women in the hospital after giving birth.

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Doctors, nurse practitioners and nurse midwives receive training in LARC and other contraceptive options through a new state initiative called Delaware CAN (Contraceptive Access Now), intended to reduce the number of unintended pregnancies in Delaware. With training, primary care and OB-GYN clinicians can offer LARC as an in-office procedure. The goal is to provide more options for women in Delaware, which has one of the highest rates of unplanned pregnancy in the nation.

Christiana Care, the largest employer of physicians in the state, is poised to make a significant impact on reducing unplanned pregnancies, said Julie Silverstein, M.D., FACP, medical director of the Rocco A. Abessinio Family Wilmington Health Center at Wilmington Hospital and associate service line leader for Primary Care & Community Medicine.

"This training will give us the skills to address women's questions and to offer contraceptive counseling in a primary care setting," Dr. Silverstein said.

"Opening up options for women visiting their primary care providers improves their access to a fuller spectrum of care and opportunities to help them achieve optimal health"

Lauren Foy, D.O., a primary care physician at Springside Family Medicine in Newark, offers LARC to her patients.

"LARC has been shown to be very effective, with a less than 1 percent failure rate," Dr. Foy said. "It takes user error out of the equation and allows a woman to choose pregnancy when her body is at its healthiest. When young women tell me they aren't using any birth control or are using it intermittently, I say, 'Let's talk about the options.' I always discuss LARC first."

Planning and spacing pregnancies is one of the most important things a woman can do for her health, said Elizabeth Zadzielski, M.D., MBA, FACOG, medical director for ambulatory

women's health and associate Women and Children's service line leader.

"It takes a mom's body at least a year, if not two, to recover from the demands of pregnancy," Dr. Zadzielski said.

"The outcomes are better for mom and baby when pregnancies are spaced, decreasing the risk of prematurity and lower birth weight. There are also the far-reaching benefits of a mom's ability to return to school and the workforce."

At an average cost of \$700 for the procedure, LARC is expensive, and Christiana Care and Delaware CAN are partnering to provide solutions.

Susan Wilson, M.D., MSc, director of Family Planning and Adolescent Services at Christiana Care, said her staff discusses options with patients before their visit, asking them if LARC is of interest.

"This allows us to check their insurance coverage or eligibility for a grant-provided device so that women can get a LARC on the same day as their visit with us," she said. "It's all about making access to LARC easier for patients. It's important for LARC to be available

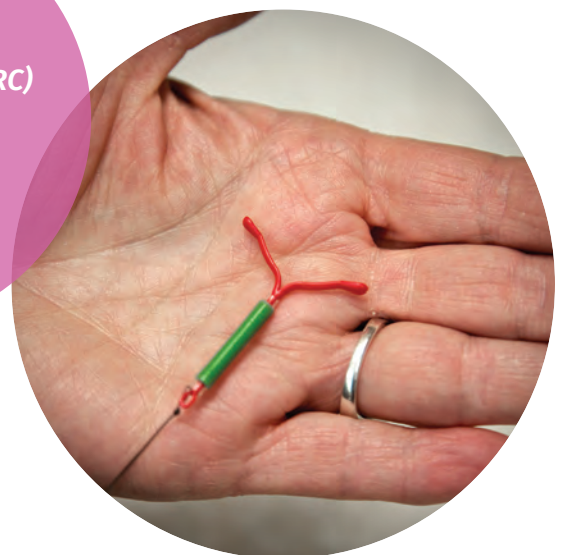
because it is our most effective form of birth control. This is the right thing to do, to make sure it's available to all women, especially women of lower socio-economic status and minorities, who tend to have more unintended pregnancies and are not as aware of all their contraceptive options."

Delaware Medicaid covers LARC for women who are not pregnant or who are at least six weeks postpartum. In 2015, Medicaid extended its coverage to include immediate postpartum insertion. Since then, hundreds of women giving birth at Christiana Hospital have chosen to have LARC placed immediately after giving birth, Dr. Wilson said.

Among them was 19-year-old Anna, of Wilmington, who recently gave birth to Alexander. She would like to go back to school to become a dental hygienist.

"When it comes to birth control, I knew I might forget about it, and it would be easier for me not to worry about it," said Anna, who chose an IUD and plans to keep it for at least three years. "My mom encouraged me. She said, 'You can wait, and later on you can have a friend for Alexander.'"

Long-acting reversible contraception (LARC) can be placed in a doctor's office or immediately after giving birth.



Christiana Care is turning the tide on lung cancer to improve survival rates



Firas Mourtada, MSE, Ph.D., D.ABR, chief of Clinical Physics at the Graham Cancer Center, oversees the delivery of radiation treatments working side by side with a team of radiation oncologists, physicists, and dosimetrists to ensure patients receive the safest and most effective treatment for cancer. He is also responsible for seeking and integrating cutting-edge radiation oncology technologies into Christiana Care Health System.

Christiana Care is turning the tide on lung cancer, the number one cancer killer of men and women in Delaware and the nation.

“Cancer rates are declining, thanks in part to our medical interventions and statewide education and screening partnerships,” said Nicholas J. Petrelli, M.D., Bank of America endowed medical director of the Helen F. Graham Cancer Center & Research Institute. “But lung cancer remains an enormous strain on Delaware’s cancer burden.”

The effort includes more screening for those at high-risk for lung cancer, with help to quit smoking. People diagnosed with lung cancer are receiving advanced treatment options and hope from promising new research.

As one of the original National Cancer Institute (NCI) selected Community Cancer Centers and now part of NCI’s Community Oncology Research Program (NCORP), the Graham Cancer Center has a leadership role in driving down lung cancer incidence and mortality rates in Delaware.

“We are doing all the things a comprehensive cancer center should be doing,” Dr. Petrelli said. “We are nationally recognized for our multifaceted, multidisciplinary approach to improving lung cancer survival as well emphasizing prevention strategies like counseling and help to quit smoking for those at high-risk.”

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“Cancer rates are declining, thanks in part to our medical interventions and statewide education and screening partnerships, but lung cancer remains an enormous strain on Delaware’s cancer burden.”

NICHOLAS J. PETRELLI, M.D.
BANK OF AMERICA ENDOWED MEDICAL DIRECTOR
OF THE HELEN F. GRAHAM CANCER CENTER &
RESEARCH INSTITUTE

Lung cancer kills more people than colon, breast or prostate cancer combined.

The latest figures from the Delaware Division of Public Health (2007 – 2011) show that lung cancer claimed 14.5 percent of all newly diagnosed cancer cases and 29.9 percent of cancer deaths in the state. More than half of the cases are diagnosed at a late stage where five-year survival is less than 1 percent.

The outlook is much better for people diagnosed early. That is why Christiana Care offers lung health screenings for

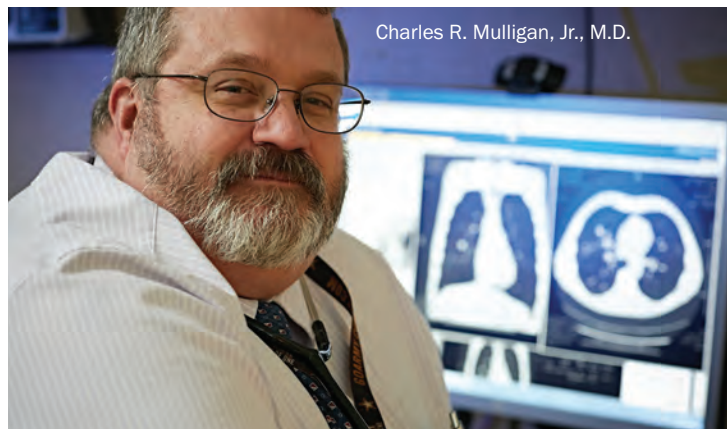
individuals with a history of smoking considered to be at high risk for lung cancer.

The Graham Cancer Center with the Christiana Care Medical Group have partnered with the Delaware Division of Public Health's Screening for Life program to offer all Delawareans who qualify the opportunity for low-dose CT scan lung screening according to national guidelines. Essential to the program are the counseling and help to quit smoking that the Graham Cancer Center offers. So far, more than 600 individuals have participated in the program.

"By and large, the majority of the CT scans performed are negative for lung cancer," said Chief of Thoracic Surgery Charles R. Mulligan Jr., M.D. "This presents us with a teachable moment about the risks of smoking and the benefits of our programs to help people quit." Equally exciting is that most of the lung cancers identified are early stage, when they are most treatable.

The Christiana Care Lung Health and Screening program includes a shared-decision-making visit with a nurse practitioner and the guidance of a nurse navigator who coordinates low-dose CT scan appointments, follow-up with the primary care provider and referrals, when necessary, to the pulmonary and thoracic specialists at the Graham Cancer Center's Multidisciplinary Thoracic, Esophageal and Lung Cancer Multidisciplinary Center for further evaluation and treatment.

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Charles R. Mulligan, Jr., M.D.

"So far, more than 600 individuals have participated in the program... This presents us with a teachable moment about the risks of smoking and the benefits of our programs to help people quit."

CHARLES R. MULLIGAN, JR., M.D.
CHIEF OF THORACIC SURGERY



The Thoracic, Esophageal and Lung Cancer Multidisciplinary Center team meets weekly and is helping to guide the development of the clinical pathway for operable Stage 2 non-small-cell lung cancer.

Christiana Care is turning the tide on lung cancer to improve survival rates CONTINUED**Next generation of medicines and technologies**

Many lung cancers require a multidisciplinary approach that combines surgery, medical oncology and radiation oncology. The Graham Cancer Center model of multidisciplinary cancer care has become the standard for leading institutions around the country and abroad.

Treatment options include advanced, minimally invasive procedures to detect and treat lung cancers. The Graham Cancer Center is home to one of the largest high-dose brachytherapy (internal radiation) programs for inoperable lung cancer, as well as Delaware's first and only CyberKnife robotic radiosurgery system to target hard-to-reach lung tumors with pinpoint accuracy.

The team specializes in standard chemotherapy regimens as well as experimental therapies, for all stages of disease, including tumors that are refractory to all conventional treatments. These include vaccines, immunotherapy and the latest targeted molecular therapy.

New clinical pathways, like the one for Stage 2 non-small-cell lung cancer, sharpen the focus on national guidelines and best practices to further reduce unnecessary variation in care and optimize patient outcomes.

Although clinical pathways are not new to cancer care, according to Dr. Petrelli, they foster continuous improvement

in the process of care. "The non-small-cell lung cancer pathway gives us an opportunity to take an even more discerning look at the treatment of patients diagnosed with this most commonly diagnosed form of lung cancer," he said.

The pathway opens a roadmap for patients to be partners in their care and for primary care doctors to communicate with specialists. Following the pathway can lead to decreasing the number of imaging procedures from diagnosis through survivorship, reducing the cost of care by standardizing chemotherapy protocols, increasing screening to find earlier-stage cancers and help for people to quit smoking.

World's first commercial blood test for lung cancer

The Graham Cancer Center offers access to the most promising clinical trials of new treatments that impact not only quality of life but improve survival rates.

A growing Translational Cancer Research Program pairs scientists with clinicians to move discoveries closer to everyday medicine.

One example is the Graham Cancer Center's unprecedented partnership with the Wistar Institute in Philadelphia that most recently took a giant leap closer to developing the world's first commercial blood test for lung cancer.

Graham Cancer Center clinicians collaborated with Louise C. Showe, Ph.D., a professor in the Molecular & Cellular

Oncogenesis Program at Wistar, whose team identified a panel of biomarkers circulating in the blood that could detect lung cancer in high-risk patients. The hope is that this test can confirm a patient's diagnosis and address the high false-positive rate obtained from low-dose CT scans, currently the gold standard for early lung cancer diagnosis.

This test could not have been developed at The Wistar Institute without access to essential patient blood and tissue samples provided by the Graham Cancer Center's Tissue Procurement Center. Stemming from this collaboration came a recent announcement by OncoCyte, a developer of liquid biopsy products for early cancer detection, about its

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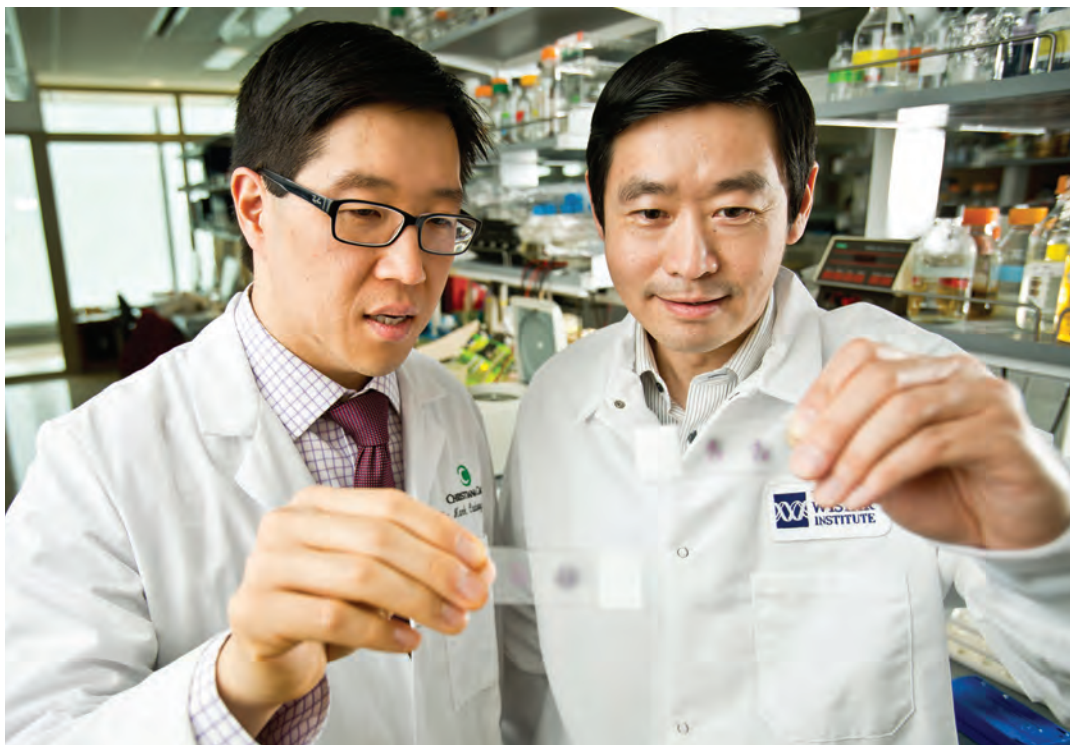


Christiana Care's CyberKnife Robotic Radiosurgery System is a noninvasive alternative to surgery for the treatment of tumors anywhere in the body — with fewer side effects.

global licensing agreement for exclusive rights to commercial development of the test set for later this year.

“Our large patient population and the commitment of our clinicians to research are key contributors to the successful partnership with Wistar that is moving basic science more rapidly toward discovery of its clinical potential,” said Gregory Masters, M.D., one of the investigators for this project at the Graham Cancer Center and principal investigator of the NCORP grant.

In another project, Qihong Huang, M.D., Ph.D., and his team at Wistar’s Tumor Microenvironment and Metastasis Program, are working on a diagnostic test that looks for genetic markers of non-small cell lung cancer. To validate his early findings in a larger test group, Dr. Huang is collaborating with thoracic surgeon Brian Nam, M.D., and the Thoracic/Esophageal MDC team at the Graham Cancer Center to collect and analyze blood samples donated from lung cancer patients.



Brian Nam, M.D., from the Helen F. Graham Cancer Center & Research Institute and Qihong Huang, M.D., Ph.D., from The Wistar Institute are partnering to develop a blood test for lung cancer.

“An important part of our mission is to emphasize to our health care providers how they can make an impact in their own practices to reduce the burden of lung cancer in our state,” Katurakes said. ●

Engaging the community

“Christiana Care is doing at the community level what we all should be doing at the national level,” said Albert A. Rizzo, M.D., FACP, FACC, chief of Christiana

Care’s Pulmonary and Critical Care Medicine Section. Dr. Rizzo is senior medical adviser to the American Lung Association and a longtime advocate for lung health on the national stage. “We must continue to raise awareness about the dangers of smoking as the number-one cause of lung cancer and to advocate for more prevention and research dollars if we are going to turn the tide on lung cancer.”

Community Health Outreach and Education Manager Nora Katurakes, MSN, RN, OCN, is leveraging the Graham Cancer Center’s outreach program to help providers advocate for their patients. For example, her team hosted a recent one-day workshop, “About Lung Cancer — What You Need to Know,” to update nursing professionals about the importance of teaching prevention and how to access available resources for their patients from prevention to survivorship.



Retired firefighter Andy Spedden and his Paws for People therapy dog, Guinness, were familiar faces around the Graham Cancer Center well before Spedden’s lung cancer diagnosis. He said their connection to the staff and patients “led me to the best treatment for my lung cancer. I thank God for this place.”

Hospitalists embedded with trauma service reduce mortality and 30-day trauma-related readmissions

Erin M. Meyer, D.O., FAWM, FAAP, FACP, SFHM, is one of several hospitalists embedded in the Trauma Program at Christiana Care.



"To my knowledge no one has done quite what we've done by incorporating hospitalists, and nationally there is interest in our results. One reason is because older Delawareans are hospitalized for injury four or five times the rate that this population is growing."

MARK D. CIPOLLE, M.D., PH.D., FACS, FCCM
MEDICAL DIRECTOR, TRAUMA PROGRAM

Christiana Care is one of the nation's first health care systems to embed hospitalists in the trauma service. A new study is showing that the program, begun in January 2013, is reducing patient mortality and 30-day trauma-related hospital readmissions for patients with multiple co-morbidities.

This January, Mark D. Cipolle, M.D., Ph.D., FACS, FCCM, director of outcomes research for the Surgical Services Line, reported on the results of the hospitalist program at the Eastern Association for the Surgery of Trauma (EAST) in San Antonio. Dr. Cipolle described a retrospective analysis of 469 patients who were co-managed by a hospitalist from December 2013 to November 2014 and 938 patients who did not have a hospitalist as part of the trauma care team.

"Our evidence suggests that hospitalists offer a great deal of value when embedded in a surgical service to co-manage patients with multiple comorbidities," Dr. Cipolle said. "Patients seen with a hospitalist as part of the team had fewer trauma-related hospital readmissions (0.6 percent vs. 2.4 percent) and lower patient mortality rates (2.9 percent vs. 0.4 percent)."

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The study also showed that patients seen by the hospitalist group had longer hospital stays (median of 3.5 days vs. 5 days) and more upgrades to the intensive care unit (2.1 percent of patients vs. 4.3 percent) when compared with the non-hospitalist group.

Hospitalist Erin M. Meyer, D.O., FAWM, FAAP, FACP, SFHM, said many of the trauma admissions involve older adults who arrive after a fall and have complex medical issues such as chronic kidney disease, diabetes and hypertension. Often during a patient's stay, a hospitalist will address these conditions so patients are discharged with their chronic diseases at baseline or sometimes under better control than when they arrived. Dr. Meyer also believes the program strengthens communication within the treatment team.

"The important focus on stabilizing our patients with comorbidities may be why we are seeing longer stays with the hospitalist group," said Dr. Cipolle. "Of course, the very good news is that there is a lower rate of mortality and trauma-related readmissions for this group."

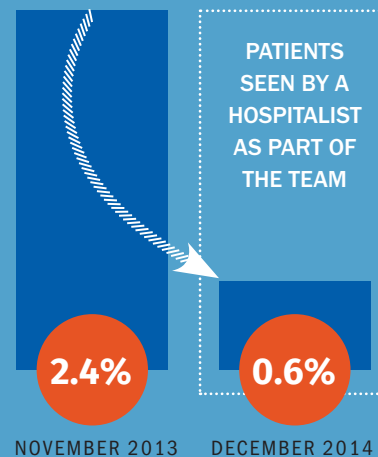
At Christiana Care, eight hospitalists rotate in weeklong shifts. They are highly visible to patients, who, in the study, had an average age of 72. While trauma surgeons manage a patient's pain and injury-related care, the hospitalists are active in attending to illnesses such as coronary artery disease, ischemic stroke and delirium. Although there is not yet enough data to say conclusively, evidence suggests greater patient satisfaction because of the multidisciplinary team approach, he said.

Dr. Cipolle is grateful to LeRoi S. Hicks, M.D., MPH, vice chair of the Department of Medicine, for being a strong advocate of bringing together trauma surgeons and hospitalists in the collaborative effort. He also praised Dr. Meyer for her key role in establishing the program. And from Dr. Meyer's perspective, Robert M. Dressler, M.D., MBA, vice chair, Department of Medicine, and Edmondo J. Robinson, M.D., MBA, MSHP, SFHM, FACP, chief transformation officer, were instrumental in making the program a reality.

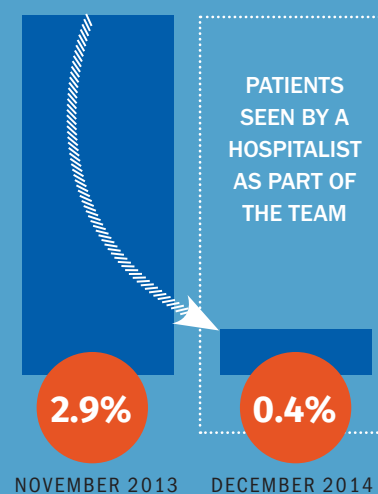
"To my knowledge no one has done quite what we've done by incorporating hospitalists, and nationally there is interest in our results," said Dr. Cipolle. "One reason is because older Delawareans are hospitalized for injury four or five times the rate that this population is growing."

With the assistance of the Value Institute, Dr. Cipolle and his research team submitted a paper on the study for The Journal of Trauma and Acute Care Surgery, and Dr. Meyer is collaborating with the Value Institute on a paper for the Journal of Hospital Medicine. Follow-up research will include a cost-analysis study of the program. ●

TRAUMA-RELATED HOSPITAL READMISSIONS



TRAUMA-RELATED PATIENT MORTALITY RATES





Kevin R. Hawkins, Perioperative Services senior business analyst, Luz K. Reyes-Laureano, medical laboratory scientist, and Susan Volk, MSN, RN, CCRN, CPAN, Perioperative Services SDS, explain how they collaborated on a Lean Six Sigma Black Belt project to improve processes related to wound care.

Lean Six Sigma projects demonstrate the power of effective partnerships

Strong partnerships forged between the Value Institute's Center for Organizational Excellence and the Department of Pathology and Laboratory Services are yielding new opportunities to design and implement innovative approaches to care.

"Just as we know the value of treating every patient as a partner, we also know the tremendous value that is created when we strengthen our partnerships within our organization," said Vernon L. Alders, MHCDS, MBA, MSW, corporate director of the Center for Organizational Excellence. "We are helping our organization achieve its goals by forging new, strategic relationships with our service line and essential service leaders and, through our Lean Six Sigma training program, providing the tools and resources to develop our valued employees."

Lean Six Sigma is a customer-focused methodology that trains employees to bring together a multidisciplinary team of stakeholders to analyze a problem and create sustainable advances.

"I've looked for people who would be strong Lean Six Sigma candidates and sought to remove roadblocks to the completion of projects," said Cheryl Katz, MS, MT, vice president of the Department of Pathology and Laboratory Services. One of those people is Medical Laboratory Scientist Luz Reyes-Laureano, MLS, ASCP, who collaborated closely with Perioperative Services Senior Business Analyst Kevin R. Hawkins. Together, they spearheaded a Black Belt project through Organizational Excellence and Laboratory Services to ensure that there is an accurate record of where wound packing is applied so the dressings can be properly replaced.

Christiana Care treats about 600 wounds each month. The project leverages electronic health record technology to simplify record keeping and reduce the likelihood of error in wound-packing replacement.

Three years prior, Organizational Excellence and Laboratory Services partnered on a Green Belt project led by Reyes-Laureano that focused on improving the turnaround rate in

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Laboratory Services for urinalysis results at Christiana Care's Emergency Departments. A report found that 78 percent of 26,000 urinalysis samples met the turnaround target of 30 minutes. Laboratory staff was confident that they could increase that percentage. As a result of applying Lean Six Sigma principles, the team arrived at nine suggestions for improving lab efficiency and, within the study period, the percentage of successful results within the target time increased to 93 percent.

Today, because of this effort, ED clinicians experience much shorter wait times to receive relevant data in treating infections and obtaining vital information on kidney disease and diabetes, said Reyes-Laureano, who was recently promoted to laboratory supervisor at the Middletown Emergency Department.

A blood culture preservation Green Belt project was the result of another partnership between Organizational Excellence and the Department of Pathology and Laboratory Services.

In 2012, Christiana Care's blood culture contamination rate was 3 percent.

"We wanted to lower the rate," said Stephanie Kelly, MLS, MBA, manager of laboratory outreach. "Contamination of a blood culture can lead to additional testing, improper antibiotic usage, increased hospital costs and increased length of stay."

Initially, Kelly's team considered having phlebotomists draw blood cultures in place of ED nurses. Although this idea appeared to be a quick fix, it would not have been the most cost-effective choice.

As the team gathered data, they learned that hospital phlebotomists were provided a disinfection sponge with 1.5 ml of an antiseptic cleaning solution — more than twice the volume of the antiseptic in ED kits. They proposed changing the volume of the antiseptic to the larger 1.5 ml size in the ED, using a prescribed scrubbing motion to apply the antiseptic to a patient's arm and establishing a standard protocol for blood-culture collection.

During the study period, contamination rates were reduced to 0.83 percent. Maintaining this rate could lead to annualized savings of \$39,000, according to the team's report.

"Sometimes the improvement that's most needed is something no one has thought of until you do a thorough analysis," Kelly said.

Today, according to the ED nursing staff, the recommendations are making a difference in the antiseptic collection of blood cultures.

"This is the type of change we're delighted to help bring about," Katz said. "Not only are we now able to analyze blood cultures in the proper way and get the right pharmaceuticals to our patients at the right time, but Laboratory Outreach Manager Stephanie Kelly was able to partner and lead groups outside her department. It is a shining example of how partnerships advance the Christiana Care Way." ●

NURSING

Perioperative nurses gather for annual conference



Christiana Care Health System's Perioperative Services Professional Nurse Council hosted Perioperative Perspective: Latest Trends and Practices, a day-long conference on Feb. 20 at the John H. Ammon Medical Education Center. Pictured at center with conference organizers is author and humorist Bobby Staten, MPH, BSN, RN, who spoke to more than 120 nurses, pharmacists and perioperative support staff about empathy and teamwork in patient care. Educational topics by other expert speakers included cultural competence, reducing pressure injuries, perioperative practice in pediatrics and women's health, stress and trauma, and advances in pain management. ●



*"Today there are
3 million Girl Scouts
in 92 countries living
healthier lives and
growing up to be
strong, active women.
That is music to this
doctor's ears."*

JANICE E. NEVIN, M.D., MPH
PRESIDENT AND CEO
CHRISTIANA CARE HEALTH SYSTEM



Women of Distinction Award honoree
Janice E. Nevin, M.D., MPH, chats with
Girl Scouts at the event.

Girl Scouts honor Dr. Janice Nevin as 2016 Woman of Distinction

For her innovative leadership of Christiana Care Health System and her steadfast commitment to the health of Delawareans, President and CEO Janice E. Nevin, M.D., MPH, was named the 2016 Woman of Distinction by the Girl Scouts of the Chesapeake Bay.

The award, presented at a celebration at the Hotel du Pont on March 8, honors women who are prominent role models for Girl Scouts and have contributed significantly to the community.

Honorary co-chairs of the event were Doneene Keemer Damon, Esq., director at Richards, Layton & Finger and chair-elect of Christiana Care's Board of Directors, and Kathleen Furey McDonough, partner at Potter Anderson Corroon and a Christiana Care trustee.

About 280 people, including Girl Scouts, Delaware leaders and colleagues, joined Dr. Nevin for the celebration. The event was officiated by Girl Scouts and included a proclamation from State Sen. Margaret Rose Henry, congratulations from U.S. Sen. Chris Coons and remarks from U.S. Sen. Tom Carper, who recognized Dr. Nevin for having "the heart of a servant."

In accepting the award from the Girl Scouts, Dr. Nevin said, "The leaders I admire and whose path I follow — and the leaders you follow in this historic and honorable organization — are the servant leaders ... It was the model my mentors followed, and, as you know from your own Girl Scout history, it was the model of your founder Juliette Gordon Low.

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"If Ms. Low were here today, I would thank her for her commitment to girls' health — incorporating sports and other physical activity and a focus on appreciating nature into Scouting was inspired and truly progressive. Today there are 3 million Girl Scouts in 92 countries living healthier lives and growing up to be strong, active women. That is music to this doctor's ears."

The event gave Girl Scouts the opportunity to participate in a panel discussion about careers in health care, academic paths and life balance with Dr. Nevin and other Christiana Care leaders: Donna James, director of Information Services; Sharon Kurfuerst, Ed.D., OTR/L, FACHE, senior vice president of Health Services Operations; Family Medicine Program Director Lisa Maxwell, M.D.; Sandra P. Medinilla, M.D., MPH, trauma surgeon and medical director of violence prevention; Clinical Specialist Dannette Mitchell, MSN, APRN, ACNS-BC, CCRN; and Jacqueline Ortiz, MPhil, director of Cultural Competence, Equity and Language Services.

Past Christiana Care-affiliated Girl Scout honorees include Trustee and past Board Chair Carol A. Ammon, named Woman of Distinction in 2007; Trustee and Pediatrician Patricia H. Purcell, M.D., named Woman of Distinction in 2003; and the late Katherine L. "Kitty" Esterly, M.D., chair of Pediatrics at Christiana Care from 1994 to 2007, honored posthumously with a Lifetime Achievement Award in 2015. ●



Girl Scout Zorah Johnson escorts Dr. Nevin to the award presentation in the Hotel du Pont Gold Ballroom.



(above) Women of Distinction honorary co-chairs Kathleen Furey McDonough and Doneene Keemer Damon, Dr. Nevin and Chesapeake Bay Council Board Chair Lynne S. Shand, presented the Women of Distinction Award to Dr. Nevin.



(left) Dr. Nevin in her remarks after receiving the Women of Distinction Award said she shares with Girl Scouts everywhere a commitment to be a "servant leader," like Girl Scout founder Juliette Gordon Low.



Launching the Young Friends of Christiana Care in February with their children were Trustee Margaret O'Dwyer with daughter Olivia; Vice Chair of Trustees Penny Saridakis and son Dean; and Trustee Diane du Pont with son Henry.

Young Friends kick off next generation of support for Christiana Care

"I've heard about the good work they do at Christiana Care from my mom, and being part of the Young Friends will let me see what she does as a trustee. This is a great opportunity to give to the community and help those who are less fortunate."

HENRY du PONT
FRESHMAN, TATNALL SCHOOL

Dean Saridakis, Olivia O'Dwyer and Henry du Pont may just be beginning the process of considering colleges and figuring out what they want to do with their futures, but one thing is certain: Even if they don't choose professions directly related to medicine, these young leaders already appreciate how vital a strong health care system like Christiana Care is to the vibrancy of a community.

Dean, a freshman at Tower Hill, Olivia, a junior at Archmere Academy, and Henry, a freshman at Tatnall School, are among the 23 founding members of the Young Friends of Christiana Care — teenage children and grandchildren of Christiana Care trustees eager to follow in their elders' footsteps by embracing the principles of leadership, learning and philanthropy, and to make the mark of their own generation by shaping the future of health care.

The group was launched by the three teens' mothers, Co-Chairs Penny Saridakis, Margaret O'Dwyer, and Diane du Pont, to help tomorrow's servant leaders gain valuable organizational and fundraising experience while discovering the joy of giving back to the community. Membership in the Young Friends also gives the teens an insider's look at the business of medicine and allows them unique opportunities to meet clinical professionals and explore careers in health care.

Penny Saridakis, who is vice chair of Trustees, hosted the inaugural Young Friends gathering at her home in February. "The Young Friends presents an extraordinary opportunity for high school students to understand health care from the inside out, and to build on their commitment to leadership in service to others," she said. "The philanthropy piece gives them the chance to dig deep and give back."

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At their first meeting, the Young Friends heard from representatives of three Christiana Care programs: First State School, Camp FRESH and the Emergency Department Special Needs Fund. Then came the tricky part — selecting which program's fundraising team each wanted to join.

Anna Erskine, a sophomore at Wilmington Friends School, chose the First State School fundraising team after hearing Elizabeth Houser, MSN, RN, program director, and recent graduate Darren Villanueva explain how funds will allow chronically ill students to experience overnight field trips to round-out the high school experience.

"They are working with kids who are our age," said Anna, who is the daughter of Trustee Meg Erskine. "I wanted to help give them some of the same opportunities we've had."

When Christopher Moore, who is senior program manager for Adolescent Health at Christiana Care's Center for Community Health, talked about how Camp FRESH helps teens from low-income neighborhoods develop healthy lifestyles and become health ambassadors in their own communities,

About the Young Friends of Christiana Care:



it struck a chord with Katie Harris, whose mother, Sissy Harris, is a trustee.

"I like eating healthy and being active and wanted to help provide those chances to other kids," said Katie, a sophomore at Tower Hill School.

Once a patient in the emergency department herself, Emily Coughenour, a freshman at Pennsylvania Leadership

Charter School, felt compelled to help Linda Laskowski Jones, MS, APRN, ACNS-BC, CEN, FAWM, FAAN, vice president, Emergency & Trauma Services, make sure that every patient leaves the emergency department with dignity in clean clothing.

"I felt a connection and wanted to help," said Emily, whose father, Jay Coughenour, and grandmother, Carol Coughenour, are trustees.

The three Young Friends teams quickly set to work coming up with fundraising ideas ranging from basket auctions to letter-writing campaigns. Other ideas included restaurant fundraisers and jeans days, where those who donate earn the right to wear blue jeans to school.

"I'm overwhelmed by the outpouring of ideas, the energy and the compassion of these students," said First State School's Houser after hearing the Young Friends' enthusiastic exchange of ideas.

"After just one brainstorming session, it's clear that these teens are already invested in helping Christiana Care," she said. "Great things can come of this." ●



Linda Laskowski Jones, MS, APRN, ACNS-BC, CEN, FAWM, FAAN, vice president of Emergency and Trauma Services, talked with the Young Friends of Christiana Care about opportunities to support the Emergency Department's Special Needs Fund, which includes a clothes closet for patients in need.



Ann Painter, MSN, RN, joins Christiana Care Visiting Nurse Association as senior vice president

Ann Painter, MSN, RN, has been appointed senior vice president, Christiana Care Home Health & Community Services.

Painter has more than 25 years of experience in the home health care industry and has

demonstrated exceptional skills as a transformational leader. She most recently was president and CEO of the VNA of Somerset Hills in New Jersey, where she had oversight of home health, hospice care, adult day services, wellness programs and more than 150 employees.

Her career has included diverse positions of increased responsibility, including director of Hudson County

(New Jersey) Medicare Services and manager of clinical leadership for Bayada Nurses. She was manager of staff development, assistant director of operations and director of clinical operations for the Visiting Nurse Association of Central Jersey. She has also served as graduate instructor of Health Informatics at Monmouth University.

In addition to a diploma in Nursing from the Ann May School of Nursing, Painter has BSN and MSN degrees from Monmouth University. An active leader in the industry, she has served as chair of the Home Care and Hospice Association of New Jersey and on the board of the New Jersey Collaborating Center for Nursing. She also has served on various committees for the Visiting Nurse Association of America. ●

Angela Klenk, MSN, BS, RN, CCRN-K appointed nurse manager, Infusion Services

Angela Klenk, MSN, BS, RN, CCRN-K, has been named nurse manager of Infusion Services for both Christiana and Wilmington hospitals.

Most recently, Klenk was the staff development specialist for 4C and 7E at Christiana Hospital.

From 2007 to 2013 she was assigned to the Post-Anesthesia Care Unit at Christiana Hospital, where she rose from an RN and to RN III. She has also served as an RN in the Medical Intensive Care Unit at Christiana Hospital and started her nursing experience as a critical care registered nurse intern.

She joined Christiana Care in 2002 as a clinical dietetic technician. She has served as a member of multiple nursing councils and committees during her 14 years at Christiana Care.

Klenk received a BS degree in applied nutrition and dietetics from the University of Delaware in 2002; a BSN degree from UD in 2006, and an MSN from Wilmington University in 2015. ●



Carol Flores-Gopez, MSN, MHA, CCRN, NE-BC, appointed nurse manager of CVCCC

Carol Flores-Gopez, MSN, MHA, CCRN, NE-BC, was named nurse manager of Cardiovascular Critical Care Complex (CVCCC) in February.

She served as the assistant nurse manager and patient care coordinator of CVCCC for 14 years. She earned her BSN from the University of Santo Tomas in Manila, the Philippines, and her MSN and MHA degrees from the University of Phoenix. She is certified in critical care nursing and is a certified nurse executive.

She was recognized in 2015 as a Top Nurse by Delaware Today in the category of Excellence in Service and received the Nursing Excellence Award from Christiana Care. ●





Kathy Young, MSN, RN, CNN, promoted to nurse manager of Hemodialysis at Christiana Hospital

Kathy Young, MSN, RN, has been promoted to nurse manager from her post as assistant nurse manager of Hemodialysis.

Young started her career at Christiana Care in 2001 and has held previous nursing positions, including staff nurse on 6A, dialysis staff RN, relief charge nurse and patient care coordinator.

She received her bachelor's degree in nursing from the University of Delaware in 1996, and her master's degree in nursing leadership from Wilmington University in 2014.

Prior to joining Christiana, Young was a charge nurse at Chester Care Center in Pennsylvania and relief charge nurse at Fresenius Brandywine Dialysis Center in Wilmington.

She has been actively involved with the dialysis community for the past 15 years and has been a certified nephrology nurse since 2005. She is a member of the Medical Review Board for the Renal Network and is a co-founder for the American Nephrology Nurses Association (ANNA) First State Chapter 134. She currently is the chapter's acting secretary and has held various officer roles, including president and treasurer. ●

PUBLISHING, PRESENTATIONS, APPOINTMENTS & AWARDS

Publishing

Darcy Burbage, MSN, RN, AOCN, CBCN. "Survivorship Care Planning" Chapter 6. Supportive Cancer Care, Alberts, Lluria-Prevatt, Kha, Weihs, Eds. Springer International Publishing. Switzerland 2016.

Matthew K. Hoffman, M.D., MPH, et al. "Development and Validation of a Spontaneous Preterm Delivery Predictor in Asymptomatic Women." American Journal of Obstetrics & Gynecology. February 2016.

Matthew K. Hoffman, M.D., MPH, et al. "Pregnancy As a Window to Future Cardiovascular Health: Design and Implementation of the nuMoM2b Heart Health Study." American Journal of Obstetrics & Gynecology. January 2016.

Danielle Mosby, MPH, Bailey Ingraham Lopresto, MS, Alfred Bacon, M.D., et al. "P-212 Systematic review: Fecal Microbiota Transplantation in the Treatment of Pediatric Gastrointestinal Diseases." Inflammatory Bowel Diseases. March 2016.

Anthony C. Sciscione, D.O., et al. "Association of Cervical Effacement with the Rate of Cervical Change in Labor Among Nulliparous Women." For the Eunice Kennedy Shriver National Institute of Child Health and Human Development (NICHD) Maternal-Fetal Medicine Units (MFMU) Network. Obstetrics & Gynecology. March 2016.

Alan Schwartz, Psy.D., David York, Ph.D., and Stacey Boyer. Book chapter, "Feeling Gravity's Pull: Answering the Unasked Questions of Gender and Sexuality in Two Collaborative Assessments." Brabender & Mihura's (Eds.) Handbook of Gender and Sexuality in Psychological Assessment. Routledge. New York. 2016.

Denise Taylor, MS, RD, Elisabeth Bradley, MS, APN, Stephen Meng, M.D., Jhapat Thapa, MBBS, and Edward Goldenberg, M.D. "Tobacco Cessation for Patients with Coronary Artery Disease." Delaware Medical Journal. March 2016.

Wendy Wintersgill, MSN, RN, CRRN, ACNS-BC, et al. "The Competency Model for Professional Rehabilitation Nursing." Rehabilitation Nursing Journal. 2016.

Chia-Shing Yang, M.D., Erik S. Marshall, M.D., Zaher Fanari, M.D., Michael J. Kostal, M.D., Joseph T. West, M.D., Paul Kolm, Ph.D., William S. Weintraub, M.D., and Andrew J. Doorey, M.D. "Discrepancies Between Direct Catheter and Echocardiography-Based Values in Aortic Stenosis." Catheterization and Cardiovascular Interventions. February 2016.

Wendy Wintersgill, MSN, RN, CRRN, ACNS-BC, et al. "The Competency Model for Professional Rehabilitation Nursing." pp. 41, 33-44. Rehabilitation Nursing Journal." 2016.

Robert Witt, M.D. "Extracapsular Dissection with Facial Nerve Dissection for Benign Parotid Tumors." Otolaryngology-Head and Neck Surgery 2016.

Presentations

Ryan Arnold, M.D., Muge Capan, Ph.D., et al. "Impact of Disease Severity Assessment on Performance of Heparin-Binding Protein for the Prediction of Septic Shock." The International Symposium on Intensive Care and Emergency Medicine. Brussels, Belgium. March 2016.

Heather Bittner-Fagan, M.D., Omar A. Khan, M.D., MHS, Brian M. Rahmer, Ph.D. MS, et al. "Community Engagement in Translational Research (Methods Workshop)." North American Primary Care Research Group, Cancun, Mexico. October 2015.

Richard J. Derman, M.D., and Omar A. Khan, M.D., MHS. "Collaborations in Global Health: The Global Network for Women's & Children's Health Research." ACCEL Innovative Discoveries Lecture Series, Christiana Care Health System. Stanton, Del. October 2015.

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Tze C. Chiam, Ph.D., Richard Caplan, Ph.D., Paul Kolm, Ph.D., Mitch Fawcett, MBA, Eric Jackson, M.D., MBA, William Weintraub, M.D. “Development of Prediction Model for Clinical Outcomes and Costs Associated with Cardiac Surgery.” Delaware IDeA Conference. Newark, Del. February 2016.

Neal D. Goldstein, Ph.D., MBI, Stephen Eppes, M.D., Bailey C. Ingraham, MS, David A. Paul, M.D. “Characteristics of Late-onset Sepsis in the NICU: Does an Increased Census Impact Risk of Infection.” Pediatric Academic Societies Annual Meeting. Baltimore. April-May 2016.

Stephen A. Pearlman, M.D., MSHQS. “Disclosure of Medical Errors.” Children’s Hospital of Philadelphia. February 2016.

Edmondo Robinson, M.D., MBA, et al.:

- “Preventability and Causes of Readmissions in a National Cohort of General Medicine Patients.” JAMA Internal Medicine. March 7, 2016.
- “International Validity of the HOSPITAL Score to Predict 30-Day Potentially Avoidable Hospital Readmissions.” JAMA Internal Medicine. March 7, 2016.

Alan Schwartz, Psy.D. “Assessment and the Analytic Identity: Using Psychological Tests to Sharpen Our Dynamic Understanding and Aid in Psychological Treatment.” American Psychoanalytic Association, New York. January 2016.

LeeAnn M. Tanaka, D.O., Omar A. Khan, M.D., MHS, Eric V. Jackson, M.D., MBA, Kristen Miller, DrPH, MSPH, and Tze C. Chiam, Ph.D., MS. “Choosing Wisely in Delaware: Rationale for Evidence-Based Diagnosis of Low Back Pain. Delaware Orthopaedic Symposium. Newark, Del. October 2015.

At the National Association of Clinical Nurse Specialists Conference, Philadelphia. March 2016:

- **Heather Panichelli, MSN, APRN, AGCNS-BC, CEN, CPEN:** “ED to SCCC Highway: Decreasing ED Length of Stay for Trauma Codes.”
“In the STROKE of Time.”
- **Maureen A. Seckel, APRN, ACNS-BC, CCNS, CCRN, FCCM.** “Measure of Fluid Responsiveness: The New Preload.”
- **Denise L. Lyons, MSN, APRN, AGCNS-BC, FNGNA.** “The WISH Program: An Interprofessional Approach to Geriatric Education.”
- **Patty Blair, MSN, APRN, ACNS-BC, CEN, and Heather Panichelli, MSN, APRN, AGCNS-BC, CEN, CPEN.** “Nobody Likes Your Orange Milkshake: Decreasing Turnaround Time for Abdominal CT Scan.”
- **Dannette A. Mitchell, MSN, APRN, ACNS-BC, CCRN, Teresa Panchisin, MSN, APRN, ACNS-BC, and Maureen A. Seckel, APRN, ACNS-BC, CCNS, CCRN, FCCM.** A poster presentation. “A CNS-Led Collaborative: Changing the Culture of Restraining Patients in the Intensive Care Unit.”

At the American Public Health Association Annual Meeting. November 2015. Chicago:

- **Lanae Ampersand, LCSW, Christopher Moore, BA, LSSGB, Kathy Cannatelli, MS, and Omar A. Khan, M.D., MHS.**

“No Heart Left Behind: Successful Delivery of Mental, Nutritional and Cardiovascular Health Messages to Both Teens and Adults.”

- **Karen B. Anthony, MS, Kathy Cannatelli, MS, Omar A. Khan, M.D., MHS, Jason M. Silversteen, D.O., Mitchell T. Saltzberg, M.D., Carolyn Moffa, MSN, FNP-C, Lynn C. Jones, FACHE, Rhonda Combs, MSN, RN, BC, Mary Williams, RD, and Regina Johnston, RD.** “Increasing Value to Medical Practices and Public Health: Adding Embedded Registered Dietitians and Diabetes Educators to Improve Team-Based Care.”
- **Carla Aponte, BFA, Venus J. Jones, Christopher Moore, BA, LSSGB, Kathy Cannatelli, MS, and Omar A. Khan, M.D., MHS.** “Health Ambassadors: Essential Community Linkages to Promote Health Before, During and After Pregnancy.”
- **Kathy Cannatelli, MS, Omar A. Khan, M.D., MHS, Brian M. Rahmer, Ph.D. MS, Carla Aponte, BFA, and Christopher Moore, BA, LSSGB.** “Improving the Health of Our Community: The Health Ambassador/Health Guide Connection.”
- **Richard J. Derman, M.D., Omar A. Khan, M.D., MHS, Kathy Cannatelli, MS, et al.** “Community Center of Excellence in Women’s Health: A Cross Departmental, Hospital Based Approach to Community Education & Outreach to Address Women’s Health Across the Lifespan.”
- **Omar A. Khan, M.D., MHS, et al.** “New Threats to Youth Tobacco Prevention: Bringing Together Partners from States, Sections and National Groups.”
- **Omar A. Khan, M.D., MHS, Margot L. Savoy, M.D., MPH, Karen B. Anthony, MS, et al.** “Innovations in Prediabetes Care: A Collaboration of the AMA, Y and Family Medicine Practices.”
- **Omar A. Khan, M.D., MHS, moderated the annual invited Panel on International Maternal, Neonatal and Child Health and served as session chair of the Panel on Global Health & Medical Education.**
- **Christopher Moore, BA, LSSGB, Kathy Cannatelli, MS, Omar A. Khan, M.D., MHS, Lanae Ampersand, LCSW, CPS, and Isaac L. Hicks III, RD.** “Camp FRESH: An Innovative Approach to Improving Risk Factors for At-Risk Adolescents.”

Appointments

Brian J. Galinat, M.D., MBA, has been appointed to the Board of the YMCA of Delaware.

The Professional Advancement Council congratulates and welcomes the following new RN III nurses: **Kimberly Malcom, MICN; Alana Coppol, 5D; Erin Taylor, Christiana ED; Jennifer Schulak, CPACU; and Samantha DeParre, Christiana ED.**

Lee Ann Powell, MSN, RN, ACNS-BC, AGNP-C, CCM, is serving as a member of the Systems and Advocacy committees of the Trauma Center Association of America, effective in January and until the end of 2019.

Awards

Brie Crabill, MSN, RN II, of Wilmington ICU, received the March 2016 Daisy Award for Extraordinary Nurses. ●

Christiana Care leaders inspire at Komen Philadelphia celebration

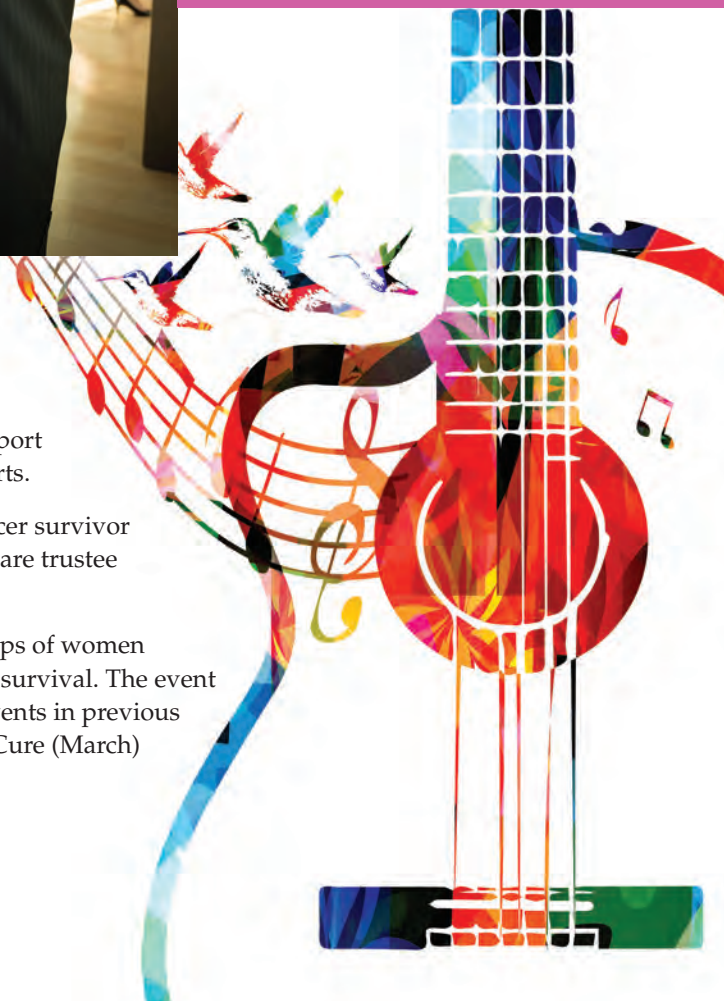


Representing Christiana Care Health System at Komen Philadelphia were Nora Katurakes, MSN, RN, OCN, manager of Community Health Outreach and Education, breast cancer survivor Maria Matos, trustee and executive director of the Latin American Community Center, and Nicholas J. Petrelli, M.D., Bank of America endowed medical director of The Helen F. Graham Cancer Center & Research Institute.

Nicholas J. Petrelli, M.D., Bank of America endowed medical director of The Helen F. Graham Cancer Center & Research Institute at Christiana Care, presented an educational message about cancer and cancer survivors at Strength & Survival: The Universal Language, a new community program by Komen Philadelphia with support from the Philly Pops, Feb. 13 at the Kimmel Center for the Performing Arts.

The audience also heard a message of hope and courage from breast cancer survivor and Helen F. Graham Cancer Center patient Maria Matos, a Christiana Care trustee and executive director of the Latin American Community Center.

The program, designed to help unify the ethnic and demographical groups of women throughout the community, was an educational event and celebration of survival. The event was an alternative to several well-known annual Komen Philadelphia events in previous years, including Sisters for the Cure (December), Latinas United for the Cure (March) and the Asian-American Women's Breast Health events. ●



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.

Patient advocate, safety specialist Carole Hemmelgarn: 'Labels belong on jars. They do not belong on patients.'



"We need to bring mindfulness back into health care. The patient comes first, last and everything in between."

CAROLE HEMMELGARN

Storytelling is an essential element in patient safety, said Carole Hemmelgarn, patient advocate and safety specialist.

"That's how our patients communicate with us," she said. "When you have patients who have questions, you should embrace them. They are your ally."

Hemmelgarn was a keynote speaker on March 15 during National Patient Safety Awareness Week. She used a real-life example of breakdowns in communication that resulted in harm to a patient.

These types of stories are important for care providers to hear in order to establish respectful, caring and honest partnerships with patients and families, said Christine Carrico, RN, MSN, CPHQ, director, Patient Safety and Accreditation.

"We are trying to open all lines of communication with our staff and our families so that we can be transparent," Carrico said. "Telling stories is how we learn, and Carole's story is very powerful."

Hemmelgarn stressed the importance of face-to-face communication in preventing medical errors, citing studies that conclude that only about 7 percent of a message is effectively absorbed through non-verbal communication.

"But when there's vocal communication and facial communication, it goes up to 55 percent," she said. "Still, we know we are not talking as much as we should since the [advent of the] electronic medical record. We don't find our patients in the medical records. We find them in the beds."

There are many reasons why communication between patients and clinicians fails, she said, including culture, ethnicity, language, age, hierarchy, busy-ness, lethargy, outside interference and distractions.

"We have to break down those barriers," Hemmelgarn said. "We really need to listen a lot more. We can learn so much more from our patients if we just listen."

She told the story of Sally, a 9-year-old girl whose condition deteriorated rapidly after she was admitted to a hospital in Colorado with leukemia.

The resident on duty prescribed medication for anxiety. When Sally complained of abdominal pain, the resident attributed it to Sally's mental distress. The resident ignored Sally's mother when she said her daughter was not an anxious child.

"Labels only belong on jars. They do not belong on patients," Hemmelgarn said. "We get locked into a diagnosis."

Sally continued to worsen. Her mother complained to nurses and the resident, but no one called an attending physician.

After hours with no improvement in her condition, Sally's parents demanded to see an attending physician, who rushed Sally into surgery. But it was too late.

At the end of the story, Hemmelgarn revealed that Sally was actually her own daughter, Alyssa. She died of sepsis that resulted from an untreated hospital-acquired infection.

Alyssa's death and her mother's struggle to obtain honest answers from the hospital sparked her career as an advocate for patients and patient safety.

"We need to bring mindfulness back into health care," she said. "The patient comes first, last and everything in between." ●

Christiana Hospital and Wilmington Hospital recognized by Human Rights Campaign

For the fifth consecutive year, Christiana Hospital and Wilmington Hospital have both been recognized as a Leader in LGBT Healthcare by the Human Rights Campaign (HRC) Foundation, the educational arm of the country's largest lesbian, gay, bisexual and transgender civil rights organization.

The honor is given to institutions that meet LGBT-inclusive benchmarks that are part of the Healthcare Equality Index (HEI), the HRC Foundation's survey that encourages equal care for LGBT individuals by evaluating inclusive policies and practices related to LGBT patients, visitors and employees.



"It's a recognition that we embrace and nurture diversity and inclusion for our patients, their loved ones and the people who work at Christiana Care Health System," said Bettina Tweardy Riveros, Esq., chief health equity officer.

The honor reflects multiple initiatives to provide high-quality care for LGBT patients, noted Rev. Timothy D. Rodden, MDiv, MA, BCC, FACHE, director, Pastoral Services.

"HEI provides a tool around which to organize and prioritize best practices as a hospital, including equal visitation rights, cultural competency education and inclusive employment activities," he said. "That also helps to enhance our focus on population health."

Christiana Hospital and Wilmington Hospital were the first health care facilities in Delaware to earn HEI recognition. Thanks in part to Christiana Care's partnership with the United Way of Delaware PRIDE Council's LGBTQ Health Equity Task Force, all nine hospitals in the state committed to the program; eight of those facilities were able to complete the process and receive Leader designation, four of them for the first time.

"The goal is to improve health equality for all the people of Delaware, no matter where they receive care," said Rodden, co-chair of the task force.

Christiana Care is a pioneer in its commitment to health equality. Initiatives include the development of LGBT-specific training for providers, as well as collaborative efforts with local LGBT advocacy groups.

The health system's newly formed LGBT Patient and Family Advisory Council includes people from the community and employees. It is chaired by Rev. Rodden and Ann-Marie Baker, MSN, RN-BC, senior program manager, Patient Experience.

"We want to make sure we hear from gay, lesbian, bisexual and transgender people what their experience has been and how we can make that better," he said. ●



"It's a recognition that we embrace and nurture diversity and inclusion for our patients, their loved ones and the people who work at Christiana Care Health System."

BETTINA TWEARDY RIVEROS, ESQ.
CHIEF HEALTH EQUITY OFFICER



Christiana Care staff helped keep things moving at the popular, annual heart health event.



Hundreds dance for health at 2016 Dance Your Heart Out

Delores Thomas of Wilmington has known she has hypertension for a long time. “I’ve been on medication for 17 years,” said Thomas, 55. “High blood pressure runs on both sides of my family.”

She never passes up an opportunity to have her blood pressure checked. She was glad she did when she attended Dance Your Heart Out, an annual event sponsored by Christiana Care Health System that combines screenings, education and lively dancing while raising awareness of women’s cardiovascular health.

“My blood pressure is a little up today, which is not good, so I am going to follow up with my family doctor,” she said.

More than 500 participants, mostly women, got a heart-healthy workout and a lot of important information at the March 10 event at the Chase Center on the Riverfront.

“I love the dancing, plus I get screenings for free,” she said. “I like that I can have fun while I am doing something healthy for myself.”

Doles, 58, and other returning attendees found two new educational opportunities at this year’s event — learning about their risk of stroke and risk of Type 2 diabetes.

“When individuals are aware of their risk factors, they can partner with their primary care providers to create a plan to keep them as healthy as possible,” said Karen Anthony, MS, senior program manager, Community Health and Preventive Medicine.

Prevention was a vital part of the message at the event. Attendees could learn how to plan menus that are low in salt and fat, as well as prepare meals with nutritious ingredients that reduce the risk of developing various cancers.

Kate Lamonica, 69, and Sharon Kwiatkowski, 66, of Newport heard about Dance Your Heart Out through a senior center.

“Now that we are getting older, we are more aware of how important screenings are,” Kwiatkowski said.

“And we also love to dance,” added Lamonica.



Barbara Doles of Smyrna enjoyed herself so much at last year’s event that she returned for a second year.

“More than 200 individuals received screenings for blood pressure, body mass index and body fat, diabetes and stroke risk ”

BETH BRADLEY, MS, APN, CLINICAL LEADER, CARDIOVASCULAR PREVENTION PROGRAM.

Staff from Metabolic Health Services - Weight Management assisted participants in learning how to check Body Mass Index.



Michael Waite, guest emcee, kept the vibe upbeat and moving for hundreds of enthusiastic dancers.

The event was a collaborative effort with Christiana Care's sponsoring partner, The News Journal.

The 6th annual Dance Your Heart Out would not have been possible without the commitment and dedication of the planning committee and many volunteers. Participating Christiana Care programs and service lines included: The Center for Heart and Vascular Health; Women & Children's Health Services; Primary Care & Community Medicine; Cardiac Rehabilitation/Secondary Prevention; Center for Heart and Vascular Health Blood Pressure Ambassador Program; Community Health Outreach and Education Program; Nutrition Services; Exercise Services; Cardiology Consultants; Camp FRESH; Health Ambassadors; The Swank Memory Care Center; Pulmonary Hypertension; Non-invasive Lab; Imaging Services; Breast Center; WomenHeart of New Castle County; Employee Health; Metabolic Health Services, Weight Management Center; Stroke Program; Language Services; and External Affairs.

Community groups partnering in the event were The Blood Bank of Delmarva, Delaware Department of Corrections and the American Heart Association. Dance instruction and performances were by Dance Delaware, Dance Jhankaar, Anytime Fitness and the YMCA of Delaware. ●

Heart Month lecture highlights decades of change in cardiac care

Much has changed since the early conception of cardiac rehabilitation back in the 1940s and '50s, according to Edward Goldenberg, M.D., FACC, director of Preventive Cardiology.

As part of heart month in February, Dr. Goldenberg and Janice Anderson, RN, manager of Cardiac Rehabilitation and Secondary Prevention, offered a free lecture at the John H. Ammon Medical Education Center, moderated by Timothy Gardner, M.D., medical director of Christiana Care's Center for Heart & Vascular Health.

Dr. Goldenberg recalled a conversation with one of his fellows who asked how heart attacks were treated in the 1940s and '50s. So he looked it up in an old cardiac textbook.

"They actually recommended to continue to smoke because it relaxed you, and to have one alcoholic beverage a day for the stress," he said. "Over the decades we've learned a lot."

The treatment of cardiac patients has evolved greatly since Dr. Goldenberg began practicing in 1978. "When you had a heart attack, you were kept in the hospital for about four weeks. You weren't allowed to get out of bed, weren't allowed to go to the bathroom. They thought the most important part of rehab was rest and relaxation," he said.

Now, the goal is to get the patient moving as soon as possible, Anderson said. Lying in bed can lead to muscle atrophy, blood clots and pneumonia. ●



Edward Goldenberg, M.D., director, Preventive Cardiology, Janice Anderson, BSN, RN, manager, Cardiac Rehabilitation and Secondary Prevention and Timothy J. Gardner, M.D., medical director, Center for Heart & Vascular Health.





Making an Impact program graduates second class of future leaders

Comprising 39 graduates and 12 coaches, the second class to graduate from Making an Impact learned valuable teamwork, problem solving and coaching skills. The program was customized for Christiana Care in partnership with The Advisory Board.

The second class of future leaders at Christiana Care graduated Feb. 17 from Making an Impact, a yearlong program to recognize and enhance participants' contributions in their current positions and prepare them for future roles.

Making an Impact is designed to build leadership skills such as problem solving, teamwork, coaching and influencing others, explained Barbara A. Monegan, director of talent management and leadership development at the Christiana Care Institute for Learning, Leadership and Development (iLead).

"Everyone here is a person we see as a leader," Monegan said. "This program is designed to give them the skills they need to realize their potential."

Launched in April 2015, the program encompassed four full-day workshops and the results summit. Making An Impact was customized for Christiana Care and presented in partnership with the Advisory Board Company.

The participants worked in small groups with a coach, who may be a manager or director, but who is not their reporting manager. Each participant worked on a project to learn problem-solving tools, teamwork and influence in the midst of making a difference in their work areas. Coaches, who volunteered for the role, met with their teams throughout the year, not only to ensure projects are on track but to help participants navigate the health system and develop relationships to overcome barriers.

It's less about the project than about building leadership capability at all levels and across disciplines, Monegan said. Although about half the rising stars are nurses, graduates

come from fields throughout the health system, including environmental services, laboratory services and security.

Each participant made a brief presentation about his or her project at the results summit, which was attended by their managers, directors or vice presidents. For many, this was a first public speaking experience.

Cindy Goodwin, senior education specialist in iLead, offered individual coaching to help participants hone their presentations. For the coaches, it was gratifying to see the culmination of all the hard work.

"As a coach, facilitating project work and mentoring talent is a thrilling experience," said Bonnie Osgood, MSN, RN-BC, NE-BC, nurse manager of 4N Medical. "I've had the pleasure to participate as a coach for two years. As a leader, this work is essential to build and engage our talent and help build the next generation of change agents to improve the environment and, as a result, improve the system."

For Environmental Services manager Nancy Mburu, an important lesson learned from Making An Impact was that finding the root causes of problems before jumping to conclusions is key to finding effective solutions.

"I gained skills in problem solving and learned how necessary it is to engage my frontline team members as shareholders in the process," Mburu said. "I brought my frontline team in, presented a problem, and the team came up with a creative solution to increase patient awareness of their room cleanliness by use of whiteboards to write the housekeeper's name and the time room cleaning is completed. We have seen our patient satisfaction scores on room cleanliness improve, as well as increased staff and patient engagement." ●



Junior Board member George Riley reads aloud with pediatric patients 5-year-old Kamiah and 7-month-old Naomi at the Rocco A. Abessinio Family Wilmington Health Center at Wilmington Hospital.

Reach Out and Read

With a generous donation of \$2,000, the Junior Board of Christiana Care Inc. has given more children the opportunity to curl up with a good book by growing the library at the Rocco A. Abessinio Family Wilmington Health Center at Wilmington Hospital. Pediatric patients ages 6 months to 5 years coming for a well visit and older children coming for sick visits all receive a new age-appropriate book. Along with their gift, Junior Board members collected more books so that more children can meet characters like Curious George, The Cat in the Hat and The Very Hungry Caterpillar when they visit the doctor. As part of Christiana Care's participation in the national nonprofit Reach Out and Read program, Christiana Care volunteers read to children in the waiting room, fostering the joy of reading among pediatric patients and their families. ●



Medical-Dental Staff Winter Meeting focused on disruptive procedures, pharmacology or tests that dramatically change clinical care

Physician leaders took a pied piper approach to attracting participants to The Christiana Care Medical-Dental Staff Multispecialty Winter Meeting Talks, a medical education event that included musical entertainment and art as an enticement to learning.

“Disruptive Procedures, Pharmacology and Technology at Christiana Care” was the title for a full morning of lectures at the John H. Ammon Medical Education Center on Feb. 6, followed by lunch and a concert.

“The winter meeting created an opportunity for physicians of multiple specialties to discuss fascinating new disruptive or potentially disruptive technologies at Christiana Care,” said Medical-Dental Staff President James Hopkins, M.D. “The speakers all did a fabulous job presenting a new laboratory test, pharmacology, or procedure that has dramatically changed clinical care in their specialty in the past five years.”

The educational offerings included such presenters and topics as Caitlin A. Halbert, D.O., discussing a less invasive surgical procedure for the

treatment of gastroesophageal reflux disease; Alfred E. Bacon, M.D., teaching about fecal transplants for refractory *Clostridium difficile* infections; David D. Biggs, M.D., lecturing on immune therapy in oncology; Sudhakar R. Satti, M.D., discussing emergent catheter embolectomy for cerebral vascular accidents; Neil J. Wimmer on transcatheter aortic valve replacement for inoperable elderly patients; David Cohen, discussing verigene technology; and Timothy Y. Shiuh, M.D., offering a current view and outlook on the effects of the electronic medical record on patient care and the lives of physicians. ●



“The winter meeting created an opportunity for physicians of multiple specialties to discuss fascinating new disruptive or potentially disruptive technologies at Christiana Care.”

JAMES HOPKINS, M.D., MEDICAL-DENTAL STAFF PRESIDENT



Drs. John O'Neill, Bijan Sorouri, Jim Hopkins, Dave Bercaw and Henry Weiner entertained their medical colleagues Feb. 6 after an educational seminar for members of the Christiana Care Medical-Dental Staff.



David Cohen, M.D., presented a talk on “the miracle of Verigene technology” as part of the Medical-Dental Staff’s Winter Meeting Talks.

April

Threads of Love Quilt

Friday, April 8, Wilmington Hospital cafeteria

Thursday, April 21, Christiana Hospital cafeteria

Celebrating National Donate Life Month, each square of this the unique touring quilt is a tribute to an organ donor. Kidney Transplant will have information tables by the hospital cafeterias and the quilt will be on display. For more about the quilt, visit <http://www.donors1.org/donor/quilt/>.



4th Annual Neurovascular Symposium

Friday, April 8, 8 a.m. – 3:30 p.m.

John H. Ammon Medical Education Center

Stroke is one of the leading causes of death and disability in the United States. The 4th Annual Neurovascular Symposium hosted by Christiana Care focuses on the diagnosis, rapid triage and treatment options for acute stroke at a comprehensive stroke center. Registration begins at 7 a.m. To advance register visit <https://cchs.cloud-cme.com/Neurovascular2016>.

The Gift of Life and Kidney Transplant flag-raising ceremony

Monday, April 11, 10 a.m.

Christiana Hospital, near main entrance

Chief Clinical Officer Kenneth Silverstein, M.D., MBA, Velma P. Scantlebury, M.D., FACS, associate director of the Kidney Transplant Program, transplant staff, Gift of Life CEO Howard Nathan, plus dozens of kidney donors and transplant recipients will participate in a ceremonial Gift of Life flag raising at Christiana Hospital. Meet in the John H. Ammon Medical Education Center at 10 a.m. Refreshments to follow.

4th Annual APRN Pharmacology Update

Friday, April 15, 7:30 a.m. – 4:15 p.m.

John H. Ammon Medical Education Center

The APRN Pharmacology Update 2016 offers high-quality learning opportunities for advanced-practice nurses who prescribe in any setting. Conference registration includes continental breakfast and lunch. Register online at <http://events.christianacare.org>.

MASVN Cardiovascular Nursing Conference

Saturday, April 16, 7:30 a.m.

John H. Ammon Medical Education Center

The Mid-Atlantic Chapter of the Society for Vascular Nursing's second annual cardiovascular nursing conference is titled "Improving the Flow." Details are available in the online employee Education Center. Breakfast and lunch included. \$25 admission, \$15 for students.

National Prescription Drug Take-Back

Saturday, April 30, 10 a.m. – 2 p.m. (rain or shine)

Christiana Hospital, MAP 2 parking lot

Unwanted or expired medications cause thousands of accidental poisonings each year and have been detected in municipal water supplies. Bring these old medications to Christiana Care for proper disposal. All medications will be disposed of in an environmentally responsible manner. Leave all medications in their original containers. Syringes/sharps will not be accepted.

May

ACCEL Community Research Exchange

Monday, May 23, 7:30 a.m. – 4:30 p.m.

Nemours/Alfred I. duPont Hospital for Children

Experience an exciting day of research networking between academic and community partners, with morning oral/platform presentation, a noon poster session and afternoon workshops/symposia. Register at <https://www.de-ctr.org/community/researchexchange>.

**Find these events and more online at
<http://events.christianacare.org>.**

Your PCP and you: partners in health

Think of your primary care physician (PCP) as your partner in wellness. Together, you can work to achieve optimal health, so you can enjoy a life that is as healthy as possible.

Now that Christiana Care employees have the results from your biometrics screenings, you and your PCP can collaborate on a plan of action. You also can view results on the wellness report card. Your PCP can educate you and your covered spouse about healthy behaviors that can keep small problems from becoming big problems, such as a low-fat, low-sodium diet and regular exercise. Your PCP will make you aware of regular screenings that you should have, based on your age and medical history. If you need medications, your PCP can write a prescription for you and help you learn how to take your medications properly.

Your PCP isn't working alone

Your PCP has an entire health care team behind him or her, which might help with referrals to appropriate services to support behavior change. For example, many offices have behavioral health consultants embedded there to help support people with difficult behavior changes. Some offices have people specifically trained in smoking cessation. Or individuals may be appropriately referred to the Delaware Quit Line.

Patients have an important role to play. Your PCP can encourage you to lose weight and give you advice on healthy ways to shed pounds. But as a partner in your own health, the heavy lifting is up to you. Medications and lifestyle changes make a big difference in managing chronic conditions, such as Type 2 diabetes and cardiovascular disease. But we are each responsible for maintaining a healthy diet, staying physically active and taking medications as directed.

Your PCP can educate you on the health risks associated with smoking, urge you to quit and prescribe medications that can help you over the rough patches. But the difficult task of kicking the habit is up to you. You aren't alone in your effort to improve your health. You have a partner, your PCP and the entire care team that works with your PCP on your behalf. ●

BLUE SKIES AHEAD FOR EMPLOYEE PARKING

Each day, construction progress brings employees at Christiana Hospital a little closer the opening of a new, 420-space employee parking deck being built over the F Lot.

When finished, the covered lot with upper deck will nearly double the capacity with spaces for 930 vehicles located as close as possible to the main employee entrance.

It also offers, for the first time, covered spaces on the lower level of the parking deck — a particular benefit in inclement weather.

Begun in October, the construction project is speedier than the traditional poured-concrete method, according to Patrick Fugeman, vice president, Design & Construction Services. The deck is being built with a pre-cast system that reduces construction time by several months over traditional construction methods. ●



This 225-foot high construction crane, which arrived in late February, lifts 65,000-pound precast pieces into place.

ACIP updates the HPV recommendation to add Gardasil®9

By Pooja Dogra, PharmD, BCACP, CDE

Human Papilloma Virus (HPV) infections are the most common sexually transmitted infection in the US. More than 14 million new infections occur annually and almost 50 percent of new infections occur in women ages 15-24. There are over 150 types of HPV, and while most cases of HPV infection resolve on their own, there are more than 40 strains that can cause cancer.

Table 1. Percentage of population with HPV-related disease in the United States		
Disease	Percentage of Population	HPV Types
HPV-related cancers (females and males)	64%	16, 18
	10%	31, 33, 45, 52, 58
Cervical precancers (CIN2 or greater)	50%	16, 18
	25%	31, 33, 45, 52, 58
Anogenital warts (females and males)	25%	31, 33, 45, 52, 58
	90%	6, 11

In 2014, the FDA approved Gardasil®9, an inactivated 9-valent vaccine (9vHPV) that protects against types 6, 11, 16, 18, 31, 33, 45, 52 and 58. The vaccine is approved for females age 9 through 26 for prevention of cervical, vulvar, vaginal and anal cancers and precancers and for prevention of genital warts and boys aged 9 through 15 years for prevention of anal cancer and precancer and for prevention of genital warts. A study that included 14,000 females aged 16 through 26, showed noninferiority for HPV types shared by 4vHPV and 9vHPV. 9vHPV was also shown to be 97 percent effective at preventing cervical, vulvar and vaginal cancers caused by the five additional HPV types (31, 33, 45, 52, and 58). Efficacy of Gardasil 9 was studied in 2800 females and 1200 males ages 9 through 15 by measuring antibody responses to the vaccine. Their antibody responses were similar to those in females 16 through 26 years of age.

There are three FDA-approved vaccines for the prevention of HPV related infections: Cervarix® (2vHPV, GlaxoSmithKline)/nonformulary, Gardasil® (4vHPV, Merck)/formulary, Gardasil® 9 (9vHPV, Merck)/formulary.

The Advisory Committee of Immunization Practices (ACIP) states off-label use of 9vHPV in males older than 15 years of age.

Vaccinations started with 2vHPV or 4vHPV may be completed with 9vHPV (in males 9vHPV or 4vHPV may be used to continue or complete the series).

At this time, there is not enough data regarding individuals who have been completely vaccinated with 2vHPV or 4vHPV to be revaccinated with 9vHPV.

Gardasil®9 is administered as an intramuscular injection given in a 3 dose series (0.5 ml), with the initial dose followed by a dose given at two and six months later.

The most common adverse reactions were injection site pain, swelling, redness and headaches.

ACIP updated the following HPV recommendations:

- Routine vaccination of females, 9vHPV, 4vHPV or bivalent HPV vaccine can be administered (aged 9-26).
- Routine vaccination for males, 9vHPV or 4vHPV can be administered (note 9vHPV not FDA approved for 16-21).
- Routine HPV vaccination should begin at age 11 or 12 years but the series can be started as early as age 9 years.
- Females aged 13 through 26 years and males aged 13 through 21 who have not been vaccinated previously or who have not completed the 3-dose series should be vaccinated.
- Males aged 22 through 26 years may also be vaccinated
- Men who have sex with men and immunocompromised persons through age 26 years, including those with HIV infection, should be vaccinated with either 9vHPV or 4vHPV if they were not previously vaccinated. ●

References:

1. Centers for Disease Control and Prevention. www.cdc.gov. Accessed Sept 15, 2015
2. Centers for Disease Control and Prevention <http://www.cdc.gov/mmwr/pdf/rr/rr6305.pdf>. Accessed Sept 15, 2015.
3. Centers of Disease Control and Prevention. <http://www.cdc.gov/vaccines/who/teens/downloads/9vHPV-guidance.pdf>. Accessed Sept 16, 2015
4. Gardasil®9 [package insert]. Whitehouse Station, NJ: Sharp & Dohme Corp., a subsidiary of Merck & Co., Inc; 2015.
5. Petrosky E, Bocchini JA, Hariri S, Chesson H, Curtis CR, Saraiya M, et al. Use of 9-Valent Human Papillomavirus (HPV) Vaccine: Updated HPV Vaccination Recommendations of the Advisory Committee on Immunization Practices MMWR. 2015;64(11):300-30

FORMULARY UPDATE—FEBRUARY 2016

FORMULARY ADDITIONS

Medication – Generic/Brand Name	Strength/Size	Use/Indication	Comment
Ceftolozane-Tazobactam/ Zerbaxa	1 gm ceftolozane sulfate & 0.5 gm tazobactam sodium per vial	Treatment of multi-drug resistant infections susceptible to ceftolozane-tazobactam	Prescribing restricted to infectious disease physicians.
Dolutegravir/Tivicay	50 mg tablet	Treatment of HIV-1 infection in combination with other antiretroviral agents	All prescribers can order treatment with antiretroviral medications to continue upon patients' admissions to the hospital and when it is necessary to commence prophylaxis against HIV-1 infection as soon as possible, e.g. after accidental potential exposure (e.g. needlestick), intrapartum prior to delivery, neonatal prophylaxis postpartum, or after a sexual assault. Only infectious disease physicians can initiate new treatment of HIV-1 infection with antiretroviral medications among hospitalized patients.
Idarucizumab Injection/ Praxbind	2.5 m/50 mL vial	Reversal of the anticoagulant effects of dabigatran for emergency surgery/urgent procedures or in life-threatening or uncontrolled bleeding	Prescribing limited to hematologists and board-eligible or board-certified critical care attending physicians.
Phentolamine injection/ e.g. Regitine	5 mg/mL 1-mL vial	Treatment of pheochromocytoma-associated hypertensive episodes, and management of sympathomimetic vasopressor extravasation	Available again. Product had been unavailable due to a product shortage.
Ticagrelor 60 mg tablet/ Brilinta	60 mg tablet	Treatment of acute coronary syndrome.	60 mg tablet added as line-item extension.
Triamcinolone acetonide Ophthalmic Suspension for Injection/Triesence	40 mg/mL 1-mL vial	Treatment of uveitis & cystoid macular edema; and enhanced visualization of posterior segment structures during vitrectomy.	

CHRISTIANA CARE MEDICATION POLICY CHANGE

Denosumab Injection (Xgeva)	Restriction on prescribing and administration removed to permit inpatient administration for hypercalcemia of malignancy when treatment with a bisphosphonate is not an option. Administration of Prolia remains restricted to Christiana Care-owned office practices and ambulatory infusion centers.
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DELETIONS

Edetate calcium disodium injection	No longer manufactured
Homatropine 5% ophthalmic solution	No longer manufactured
Hydromorphone suppositories	Lack of use

CONTINUED

FORMULARY UPDATE—FEBRUARY 2016

DELETIONS (CONTINUED)

Medication – Generic/Brand Name	
Metipranolol 0.3% ophthalmic solution	No longer manufactured
Metoclopramide injection 10 mL vial, 5 mg/mL	No longer manufactured. 2 mL vial remains available
Morphine suppositories	Lack of use
Nandrolone decanoate injection	No longer manufactured
Sulfadoxine-pyrimethamine tablets (e.g. Fansidar)	No longer manufactured
Tetracaine 2% topical solution	No longer manufactured
Thiopental injection	No longer manufactured
Tocainide tablets (e.g. Tonocard)	No longer manufactured
Tretinoin topical gel	Lack of use

MEDICATIONS NOT ADDED TO FORMULARY

Pegloticase injection (Krystexxa, Crelta Pharmaceuticals)
Umeclidinium/Vilanterol Oral Inhaler (Anoro Ellipta, GSK)

Best practice review

TAPE AND TAPE RESIDUE

Q. CAN I USE ADHESIVE TAPE TO AFFIX SIGNAGE TO SURFACES SUCH AS WALLS, DOORS, WINDOWS AND EQUIPMENT IN MY DEPARTMENT?

- A. No, adhesive tape is not to be used on any surface because it interferes with effective cleaning and disinfection. Alternatives to tape must be used to post signage throughout your department.

Q. WHAT ARE THE ALTERNATIVES TO ADHESIVE TAPE?

- A. Alternatives to adhesive tape are:
- Permanent signage using acrylic and other cleanable materials.
 - Wall-mounted sign holders or acrylic sign holders.*
 - Free-standing sign holders for desks or countertops.

- Magnets.
- Safco Quick-Find document holders.

*Acrylic sign holders are available through Christiana Care's Office Depot account.

Q. AFTER REMOVING TAPE FROM SURFACES, MUST THE TAPE RESIDUE ALSO BE REMOVED?

- A. Yes, all tape residue must be removed from surfaces. Tape residue renders the surface non-cleanable and can be considered a source of infection.

Q. WHAT CAN BE USED TO REMOVE TAPE RESIDUE?

- A. Some tape residue can be easily removed with PDI wipes. Other tape residue stains can be removed with Goo Gone® or Acetone, depending on the surface. ●

If you have questions about this Best Practice Review, please contact the content experts: Infection Prevention: 733-3720; or call the Safety Hotline, 733-7233 (SAFE) from within Christiana or Wilmington Hospitals; or 623-7233(SAFE) from outside.



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2016

For more information visit
www.christianacare.org/JBmedball or call 866-969-7787.

Proceeds benefit the Acute Care for the Elderly Unit at Wilmington Hospital.