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Johns Hopkins Medicine leaders redefine the institution's ideals in plainer English.

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Dome

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FRANCESCO BONGIORNI

Global Reach

An international partnership is transforming medical care 6,700 miles away.



Read more about the strategic priority for patient- and family-centered care online at hopkinsmedicine.org/strategic_plan.

AFTER 15 YEARS AT JOHNS HOPKINS, MOST RECENTLY IN CHARGE OF NURSING for inpatient surgery and neurosciences at Johns Hopkins Bayview Medical Center, Zeina Khouri-Stevens says she was ready for a new challenge. Last year she joined a team of other Johns Hopkins leaders working halfway around the world to help build a precedent-setting partnership.

Khouri-Stevens is the first chief nursing officer for Johns Hopkins Aramco Healthcare (JHAH), a new company formed as the result of a joint venture between Saudi Aramco, a world leader in energy, and Johns Hopkins Medicine. In this position, she oversees more than 1,000 nurses who work in a variety of specialties—from community health to oncology, labor and delivery to surgery—at many locations throughout the Kingdom of Saudi Arabia. Khouri-Stevens says their openness to change and passion for improving patient care have helped her to quickly settle into her new role.

The scale remains daunting: JHAH serves Saudi Aramco employees and their beneficiaries living throughout the Kingdom. About 355,000 people—a number greater than the entire population of Howard County, Maryland—look to the system for medical care.

“This is a huge responsibility,” she says. “It’s humbling.”

A MONUMENTAL CHARGE

As the world’s largest oil company, Saudi Aramco thrives through the discovery of untapped oil and gas reserves and innovative production techniques. Its 57,000 workers hail from more than 75 countries.

Saudi Aramco has always provided free medical care to its employees, retirees and their family members, including parents. In 2011, Saudi Aramco selected Johns Hopkins Medicine as its partner for a groundbreaking joint venture in health care. In January 2014, the new organization was inaugurated, uniting Saudi Aramco’s long-established health care delivery system with Johns Hopkins’ clinical, education and research expertise.

Khouri-Stevens is part of an executive team based in Dhahran and made up of leaders from Johns Hopkins Medicine and Saudi Aramco. Meanwhile, in Baltimore, Laurent Moreau and his team ensure that Johns Hopkins Medicine fulfills its contractual obligations to match JHAH’s needs with Johns Hopkins’ resources. Now a managing director at Johns Hopkins Medicine International, Moreau has been involved in this work since the earliest conversations with Saudi Aramco’s leaders.

(continued on page 4)

Doing More with Less

Tight funding for biomedical research requires creative planning for tomorrow.

PAUL B. ROTHMAN, M.D.
DEAN OF THE MEDICAL FACULTY
CEO, JOHNS HOPKINS MEDICINE



NPR's *Morning Edition* recently aired a series looking at the financing of biomedical research in the United States in light of the declining National Institutes of Health budget. In one interview, Harold Varmus, director of the National Cancer Institute, offered a sound piece of advice for

the research establishment: Instead of simply riding out the funding downturn, be proactive.

That is exactly what we are doing at Johns Hopkins Medicine. We certainly will continue to press lawmakers to restore the devastating funding cuts of the past decade, but in the meantime, we are looking for ways to do more with less.

To make the most of the tens of billions of dollars doled out by federal agencies each year, we are working to modernize our research ecosystem and find more efficient, sustainable ways of conducting and supporting research. Our Strategic Plan outlines several strategies for steering our biomedical research infrastructure into the future, and this is a conversation that needs to continue as a very high priority.

That is why we scheduled an off-site research retreat last fall—to bring together thought leaders from across the institution and give them the opportunity to pause and carefully consider how to optimize research and training in a highly competitive funding climate. Nearly 80 faculty and staff members gathered in St. Michaels on the Eastern Shore of Maryland for a weekend of lively, productive discussion.

Our keynote speaker was Roy Vagelos, former Merck CEO and chairman of the board of biotech company Regeneron, who talked about the current era in science, and how it presents both challenges and opportunities to make important discoveries in human health.

We had a provocative debate about the future makeup of the biomedical workforce and how to reshape our training programs to be more in line with tomorrow's career opportunities. We also brainstormed about new administrative structures to maximize success in grant funding—venues for people with different expertise to write proposals together and learn from each other.

Finally, we had sessions about jump-starting more entrepreneurial momentum at Johns Hopkins by boosting institutional support for commercialization efforts. One way we intend to do this is through our new innovation hub. FastForward, the program designed to move academic research into the commercial marketplace, has expanded to East Baltimore to provide lab and office space for startups. FastForward East, as the second incubator is known, will be closely tied to the Johns Hopkins University schools of medicine, public health and nursing.

People left the research retreat feeling inspired and hopeful—adjectives not always used these days in connection with academic research professions. We will continue to pursue treatments and chase new knowledge, even when practical applications are not immediately clear, because this work is indispensable. One need look no further than the recent Ebola virus disease outbreak to understand the critical importance of supporting biomedical research. A thriving scientific community is synonymous with progress. It defines Johns Hopkins, at present and up ahead.



To read more insights from Dean/CEO Rothman, visit hopkinsmedicine.org/leading_the_change.

Defining Core Values

New definitions will play a role in job evaluations, patient experience.

JOHNS HOPKINS MEDICINE'S CORE values—excellence and discovery, leadership and integrity, diversity and inclusion, and respect and collegiality—are no longer concepts left open to employees' interpretations.

Thanks to a retreat where representatives from across the institution were charged with defining the core values so that staff members, regardless of their role, could easily understand what behaviors were expected of them, the four pairs of values are now accompanied by two-sentence descriptions that begin with simple, inspirational phases: "Be the best," "be a role model," "be open" and "be kind."

"This will help the organization move in one direction," says Ruth Mitchell, a human resources organizational development consultant who helped facilitate the retreat. And as Johns Hopkins Medicine progresses through its five-year Strategic Plan, the defined core values will play an even more essential role in guiding employees' attitudes and actions.

Over the next two years, as part of their annual reviews, Johns Hopkins Medicine employees will be evaluated on how well their job performance exemplifies the institution's core values. For example, when being evaluated on leadership and integ-

rity, an employee who "interrupts customers, does not respond and demeans" may earn an unsatisfactory rating, while one who "actively listens and takes personal accountability, advocates for system change" may earn a rating of outstanding.

In addition, the core values will become the standards of excellence as the health system transforms the culture of delivering patient- and family-centered care to one that creates a "five-star" experience for our patients, says Lisa Allen, chief patient experience officer for Johns Hopkins Medicine.

Mitchell, who has been tasked with helping teams fulfill the core values, says the definitions will create a universal set of expectations and guidance. "As I would ask managers and employees what the core values meant, some didn't understand, and some had different interpretations. We were not in sync," she says.

She cited the diversity and inclusion value as an example. "When we think of diversity, it doesn't just mean race and gender; it means ideas, values, personalities and so many different things," Mitchell says. "By defining the core values, we have a broader understanding about what they mean to the organization, not just to an individual."

—Janet Anderson



The Values That Guide Us

EXCELLENCE & DISCOVERY

Be the best. Commit to exceptional quality and service by encouraging curiosity, seeking information, and creating innovative solutions.

LEADERSHIP & INTEGRITY

Be a role model. Inspire others to achieve their best and have the courage to do the right thing.

DIVERSITY & INCLUSION

Be open. Embrace and value different backgrounds, opinions and experiences.

RESPECT & COLLEGIALLY

Be kind. Listen to, understand and embrace others' unique skills and knowledge.

Employee Reviews Get a Digital Makeover

Online myPerformance evaluation system to roll out across Johns Hopkins.

THE INFUSION NURSES WHO REPORT to David Hirsch travel throughout Maryland, the District of Columbia, Virginia and Pennsylvania, providing intravenous therapies to people in their homes. That's beneficial to patients but a challenge for Hirsch, who is responsible for writing annual reviews for two office-based employees and 27 on-the-road staffers.

"It was difficult throughout the year to keep track of who got a compliment, who did something well or who should be recognized," says Hirsch, adult infusion nurse manager for Johns Hopkins Home Care Group.

Evaluations are now easier to write and better reflect the work of his team, he says, since the Home Care Group began piloting the SuccessFactors human resources system and its employee evaluation tool, myPerformance.

No longer are evaluations written on paper and filed away until the next employee review 12 months later. They are now online, and employees can log in at any time to document their progress toward previously defined goals. "It's more of a real-time and ongoing process," explains Hirsch.

The Johns Hopkins Hospital and Health System Corporation will switch to myPerformance in July, with rollout to the rest of Johns Hopkins Medicine expected by 2017. Johns Hopkins Community Physicians and Johns Hopkins HealthCare are already using it. The Johns Hopkins University will launch myPerformance in the next two years.

Greg Finnegan, director of organizational development and training for the Johns Hopkins Health System, says myPerformance helps the organization hire and develop leaders, set



Evaluations are now online, and employees can log in at any time to document their progress.

employee goals that align with strategic priorities, create a fairer merit pay system, and improve communication between employees and managers.

To improve fiscal planning, all employees using myPerformance will be evaluated on the prior fiscal year between July 1 and Oct. 20, instead of on their hire-date anniversaries. Their raises will kick in the following Jan. 1, prorated for employees hired less than a year before their first review, explains Sharon Kemp, senior director of compensation for the health system.

Evaluations in myPerformance place a greater emphasis on meeting previously set goals than in the past, and also take into account major job responsibilities and adherence to Johns Hopkins Medicine core values. Midyear check-ins ensure that employees are on track.

Patricia Adams, practice administrator for Johns Hopkins Community Physicians, says she was nervous at first about conducting evaluations in a compressed time frame. However, now that she and others in her White Marsh office are familiar with myPerformance, they find it more efficient than paper-based annual reviews because employees log their progress throughout the year.

"Before, you had a one-time meeting and you said, 'Here's your evaluation. What do you think?'" says Marlana Neumann, assistant director of member and community initiatives for Johns Hopkins HealthCare. "Now employees have more opportunity to give input into their own job evaluation and how they feel about the job they did."

—Karen Nitkin

INTEGRATION

Epic 2014 Ushers in New Features, Easier Navigation

Electronic medical record system to be upgraded April 12.

BEFORE JOHNS HOPKINS INTERNIST HOWARD Levy prescribes birth control pills to a patient, he checks her medical history. If he learns she has had blood clots in the past, he might recommend a contraceptive that doesn't increase her risk of future clots.

Although the current Epic configuration includes pre-Epic medical records, it is not easy for clinicians to peer into their patients' pasts. "I have to remind myself to wonder if there's a resolved problem, and I have to click over to the patient's history," says Levy, a physician champion and co-chair of the Epic design team focusing on patient- and family-centered care.

That will change when the Epic electronic medical record system is upgraded to Epic 2014 on April 12.

After the switch, Levy and other clinicians will be able to view current and past health concerns that are in Epic in a single window, he says. The medical history will be displayed together with the problem list, and right-clicking will move past conditions back into the current problems column. "For a problem that's resolved but might come back, such as cancer or asthma, having that information at your fingertips is important," Levy says.

A closer alignment between current and past medical problems is among the dozens of tweaks in the first major upgrade to Epic since Johns Hopkins Medicine began rolling out the system in 2013. Other changes will help users search patient charts, compare clinical data and navigate the online environment more efficiently.

AMONG THE EPIC 2014 UPGRADES:

- **Chart Search** allows clinicians to search for keywords in patient charts. For example, a search for "hypertension" would yield lists of blood pressure numbers, prescribed medications and lab results.
- **SlicerDicer** allows users to analyze data and conduct preliminary research. "Let's say you think patients on one statin have a different frequency of abnormal liver enzymes compared to another," says Levy. "With SlicerDicer, you can ask those questions."
- **FastPass** lets patients on waiting lists book earlier appointments. If a slot becomes available, the patient receives a MyChart message and can reserve the time slot online.
- **Orders Quick List** lets clinicians select from targeted sets of orders for frequent complaints, such as chest pain, and also create their own Orders Quick Lists for the issues they encounter most.

As with periodic upgrades to consumer phone and computer operating systems, the transition to Epic 2014 will deliver a new look and additional features. Since March, myLearning modules have been available to walk users through the changes most relevant to them.

The system will continue operating during the April 6–12 upgrade process and will shut down briefly on April 12 to cut over to the new version. Between April 6 and 12, users will not be able to create custom features, such as new SmartPhrases, but they will be able to use the SmartPhrases and other custom features they had previously created. The ability to create new custom features will resume after April 12.

—Karen Nitkin



"HAVING THAT INFORMATION AT YOUR FINGERTIPS IS IMPORTANT."

—HOWARD LEVY,
INTERNIST, CO-CHAIR OF
EPIC DESIGN TEAM

Global Reach

(continued from page 1)



Heitham Hassoun

COMING FULL CIRCLE

When the rest of the Johns Hopkins medical team returns to the hotel from the Dhahran Health Center, endovascular surgeon Heitham Hassoun is apt to head to the gym. He still uses the same bench press as when he snuck through the door at 13. Now his fitness helps fuel his role in a massive effort to improve health care for everyone within Saudi Aramco—and thousands more across the nation.

Hassoun calls himself an “Aramco brat.” In 1979, the Arab American Oil Company (Aramco) recruited his father, a Ph.D. in petroleum engineering, and his family moved from Houston to an Aramco-built community. Like a military base, Dhahran was a miniature American city, providing a familiar environment to the mostly Western expatriates.

Dhahran remained “home” even after Hassoun went to The Johns Hopkins University, then on to Baylor College of Medicine for his medical education and residency. In 2005, he joined the faculty of the Johns Hopkins Department of Surgery. Soon after, Julie Freischlag, then the director of surgery, invited him to speak at two Johns Hopkins Medicine International affiliates.

The trip led to other opportunities and the discovery of his life’s passion: working with health care providers worldwide to expand clinical services. Hassoun became Johns Hopkins Medicine International’s medical director in 2012 and was instrumental in developing the joint venture with Saudi Aramco.

Last December, he traveled to Dhahran to work with his colleagues at Johns Hopkins Aramco Healthcare (JHAH) and perform the first endovascular aortic aneurysm repair surgery in Saudi Aramco’s history. As co-leader in the vascular surgery program, he’s collaborating with his JHAH counterpart to enhance services. The early focus is development of endovascular therapy—less invasive treatment options for diseases of the arteries and veins, such as aortic aneurysms.

These efforts are beyond professional; they’re personal. The roads Hassoun traveled as a child now lead to his brother’s home. Ashraf Hassoun, who followed their father into the petroleum engineering business, is just one of the 355,000 Saudi Aramco employees and beneficiaries who stand to benefit from this partnership. —CG

Zeina Khouri-Stevens, a former nursing director at Johns Hopkins Bayview, relocated to Saudi Arabia to become Johns Hopkins Aramco Healthcare’s chief nursing officer. She oversees more than 1,000 nurses.



“Saudi Aramco is to energy what Johns Hopkins is to health care,” Moreau says. The company’s medical services span the entire Kingdom, about one-quarter the size of the continental U.S. The nature of the oil business requires delivering health care in a variety of locales: on an offshore oil rig, on a man-made drilling island or at gas-oil separation plants in a desert, where summer temperatures can exceed 120 degrees Fahrenheit.

Following JHAH’s inauguration, Moreau and members of the Johns Hopkins Department of Emergency Medicine took the two-hour plane ride from Dhahran to experience life at those gas-oil separation plants. Standing in soft, warm sand, they listened to plant supervisors share concerns about their employees who were far from home, family and specialized medical services. And they pondered how best to handle the casualties of a disaster, such as a gas explosion. While Saudi Aramco has carefully considered the possibilities, Moreau says, Johns Hopkins’ expertise will strengthen emergency planning.

LAYING THE GROUNDWORK

A first step for the new organization has been to establish a different management structure. Providing patient-centered care requires making decisions at many levels across multiple teams. As a model, Khouri-Stevens and the other Johns Hopkins leaders have turned to treatment delivery systems already in place in Baltimore.

“When we built programs at Hopkins Bayview, whether it was the bariatric program or orthopaedics, we had to cross lines from nursing to medicine



Laurent Moreau crouches in the sand in Shaybah, a remote Saudi Aramco work site.

“SAUDI ARAMCO IS TO ENERGY WHAT JOHNS HOPKINS IS TO HEALTH CARE.”

—LAURENT MOREAU
A MANAGING DIRECTOR AT JOHNS HOPKINS MEDICINE INTERNATIONAL

to administrative teams. We had to get consensus,” she points out. “Everyone brings something to patient care. I have carried that approach with me, and I’m trying hard to implement it here. We have started multidisciplinary meetings and rounds.”

The joint venture specifies 21 initial areas of focus, including cardiology, minimally invasive surgery, primary care, continuing education and clinical research. Each program is co-chaired by one representative from Johns Hopkins Medicine and one from JHAH. For the clinical programs, the first objectives were to assess each area, identify goals for development or enhancement, and design a blueprint for achieving them.

Evaluating the cardiology program was a priority, given the nation’s health profile. The World Health Organization reports that 46 percent of all deaths in the Kingdom are caused by cardiovascular diseases, compared with 31 percent worldwide. Diabetes, a major cause of heart disease, is three times as prevalent there.

Saudi Aramco employees and their health care beneficiaries can now count on the vision of the cardiology co-program leads: Gary Gerstenblith and Lowell Maughan on the Johns Hopkins side, and Saad Alhasaniah of JHAH. The cardiologists aim to work with colleagues in other disciplines to build a system that provides a continuum of cardiovascular care, including cardiology, advanced electrophysiology, structural heart disease, peripheral intervention, cardiac rehabilitation,

cardiac surgery and primary care that supports cardiac patients.

High on the to-do list is recruiting a cardiac surgeon to expand the services JHAH provides. Alhasaniah has already made better use of existing resources by adapting Johns Hopkins protocols. Primary care providers can now order certain evaluations like stress tests for their patients—an adjustment that allows cardiologists to focus on patients with a confirmed need for their attention.

The Johns Hopkins Hospital’s Heart Failure Bridge Clinic helps patients understand and manage their condition, lowering the possibility of inappropriate or avoidable readmission. After visiting the clinic in Baltimore, Alhasaniah identified Imad Hamdan, an internist at the main JHAH hospital, to manage postdischarge patients similarly.

The cardiology co-leads envision that their heart center will one day lead the region, allowing clinicians to conduct research and care for patients beyond the Saudi Aramco system.

Already, the partnership is contributing on a broader scale. At the Ministry of Health’s request, Khouri-Stevens and others have supported public health initiatives, such as educating citizens on Middle East respiratory syndrome coronavirus. This past winter, physicians from across the region attended a cardiology conference led by clinicians from Johns Hopkins Medicine and JHAH. The Baltimore team is working to plan another joint clinical conference, according to Moreau.

“The ambition is really to build a system that is on par with the Johns Hopkins Health System,” he says—“one that will amplify our mission across the entire region.”

—Cymantha Governs

To learn about the Johns Hopkins Aramco Healthcare executive team and to watch a video, visit hopkinsmedicine.org/JHAH_exco.

Johns Hopkins Aramco Healthcare (JHAH) at a Glance

3,400

Number of Saudi Aramco employees (on assignment to JHAH); 1,800-plus contractual employees and 140 JHAH direct hires

355,000

Number of Saudi Aramco’s employees and health care beneficiaries who receive care from JHAH

5

Number of facilities JHAH operates in the Eastern Province; it has a network of more than 80 contracted health care facilities across the Kingdom of Saudi Arabia

750,000

Number of patient visits in 2013

Shedding Light on Blood Vessels

Unexpected discovery of receptor offers hope for patients with circulatory ailments.

Three years ago, when Dan Berkowitz moved to an updated lab, he didn't consider the potential benefits of gaining a lighting system activated by motion. Not only has it helped The Johns Hopkins Hospital's director of cardiac anesthesia and his team see their blood vessel experiments more clearly, but it also has triggered an accidental discovery that may prove transformative in treating aneurysms and other vascular diseases.

According to Berkowitz, one day in the new lab in the Ross Research Building, lead investigator Gautam Sikka noticed that the tension in the blood vessels of mice being studied would decrease whenever the motion-activated lights came on when he entered the room. When he mentioned the finding to Berkowitz, it validated a hunch the scientist held about the phenomenon known as photorelaxation. "I had this slightly insane idea," Berkowitz explains. "What if there were receptors for light on blood vessels? Perhaps the blood vessels had 'eyes' that could 'see' the light."

Before long, the researchers identified a light receptor that was causing the blood vessels to relax. Next, they pinpointed the precise wavelength at which the receptor, melanopsin, was activated and at which the blood vessels showed the greatest relaxation. Then the scientists looked at how wavelength-specific light increased blood flow in the tails of normal mice but not in the tails of those that lacked the receptor, also known as opsin 4. The researchers found that the blood vessels of mice without the receptor did not relax at all in response to light.

Berkowitz says that opsin 4 is one of a group of nonimage-forming light receptors that are also found in the human retina. They help set the circadian rhythms

that affect the body's daily cycle of physical, mental and behavioral changes. Berkowitz also believes these receptors are present in blood vessels elsewhere in the human body.

"If we can develop novel ways of delivering light to blood vessels," Berkowitz says, "this molecular switch for relaxation could be harnessed to treat all types of vascular disease." These include peripheral artery disease, aneurysms and Raynaud's disease, a condition causing people to feel numbness and cold in their fingers and toes due to the narrowing of the small arteries that supply blood to the skin.

He says his team hopes to develop a new treatment for Raynaud's that directs wavelength-specific light at the blood vessels' opsin 4 receptors.

"We plan to use high-intensity, light-emitting diodes—LEDs—incorporated into gloves as a potential mode of therapy for these patients," says Berkowitz. (A patent on this product has been filed.) "Addition-

"If we can develop novel ways of delivering light to blood vessels, we can harness treatments for all types of vascular disease."

—DAN BERKOWITZ



Dan Berkowitz and his research team have found that delivering light to blood vessels can deter vascular disease.

ally, socks with LEDs could be used in diabetic patients to potentially enhance blood flow and heal chronic ischemic ulcers."

Senior author of the study that was published last fall in *Proceedings of the National Academy of Sciences*, Berkowitz has a joint appointment in the Department of Biomedical Engineering. Trained in South Africa, the anesthesiologist has spent most of his 21-year Johns Hopkins career studying mechanisms of vascular disease.

In his clinical work, Berkowitz often sees the effects of aging, damaged vascular cells. "Critical care anesthesia often

amounts to vascular system management," he says, "so it definitely has a connection to my vascular biology research."

Berkowitz's research focuses on specific targets in the endothelial cells that line blood vessels. He wants to know precisely what causes endothelial cells to get injured—a state that leads to the artery-hardening plaque that precedes strokes, heart attacks and other vascular problems.

—Judy F. Minkove and Lauren Nelson

See the light wavelength experiment in action: bit.ly/1wfUiO8.

INTEGRATION

Teamwork Critical to Success of First Joint Transport

Staff from The Johns Hopkins Hospital and All Children's Hospital come together to transport critically ill infant safely to Philadelphia.



The team includes, from left, Dean Shepherd, Philomena Costabile, Jenn Criscola, Billy McIntosh, Andreas Steinhoff and Christine Muller.

IN JANUARY, MEMBERS OF THE PEDIATRIC critical care transport teams at All Children's Hospital and The Johns Hopkins Hospital completed their first joint transport when they brought a critically ill infant to a hospital in Philadelphia for a lung transplant.

The child, a patient at The Johns Hopkins Hospital, had lung surfactant deficiency, a rare congenital problem that can only be cured by a lung transplant. When the baby's parents selected the transplant team at The Children's Hospital of Philadelphia—Johns Hopkins no longer performs pediatric lung transplants—Corina Noje, medical director of pediatric transport at The Johns Hopkins Hospital, and Philomena Costabile, assistant nurse manager for The Johns Hopkins Hospital's pediatric transport team, began planning the baby's transfer. They discovered that neither Johns Hopkins nor the Philadelphia hospital had a high-frequency ventilator, which was vital to transport the baby safely. All Children's Hospital, the Florida-based member

of Johns Hopkins Medicine, was able to supply one, along with staff who had a decade of experience in transporting fragile newborns.

After All Children's transport nurse Christine Muller and respiratory therapist Dean Shepherd arrived by air ambulance, they helped transition the baby to the special transport ventilator. Later, along with their Johns Hopkins colleagues, they closely monitored his condition for the nearly two-hour drive to Philadelphia. The child was doing well enough the next day to be placed on the list for lung transplant and is still awaiting a donor organ.

"This joint transport was a rewarding combination of the experience and strengths of both teams, their understanding of the baby's condition and needs after weeks of care, and our transport team's experience with this type of ventilation," says Julie Bacon, chief flight nurse for the All Children's neonatal and pediatric critical care team. "We look forward to expanding our collaboration."

—Ellen Arky



“You don’t come into this world by yourself, and you shouldn’t leave by yourself.”

—NO ONE DIES ALONE VOLUNTEER
PATRICIA GABRIEL

SOPHIE CASSON

At Suburban Hospital, No One Dies Alone Provides End-of-Life Companionship

Volunteers give comfort, bear witness.

TAMIKO SCIAN’S FEARS EVAPORATED the moment she entered the evening-dimmed hospital room and saw the elderly man lying still on the bed, breathing quietly. “He looked at ease,” recalls Scian. “I walked in and whispered in his ear. I identified myself and told him I would be with him for a few hours.”

Scian, a human resources specialist at Suburban Hospital, had been nervous about signing up for the hospital’s No One Dies Alone program because she lacked clinical experience. But she volunteered anyway, moved to action by the holiday spirit of giving and because she missed her own recently departed grandparents. As the man edged toward death, Scian held his hand, read Bible passages, played classical music on an iPod and sang “This Little Light of Mine.”

Though the man did not speak, Scian felt a deep connection with him, and she says she was honored to witness and ease his final moments. “I could feel his spirit in the room,” she says.

Scian is one of 29 Suburban employees volunteering with No One Dies Alone since it began in February 2013. Of the current volunteers, 19 work in food services, information technology and other nonclinical jobs, says Pamela Fogan, director of volunteer services. Fogan is still seeking more volunteers.

The program is as simple and meaningful as it sounds, providing quiet support to patients who would otherwise die without a companion or witness.

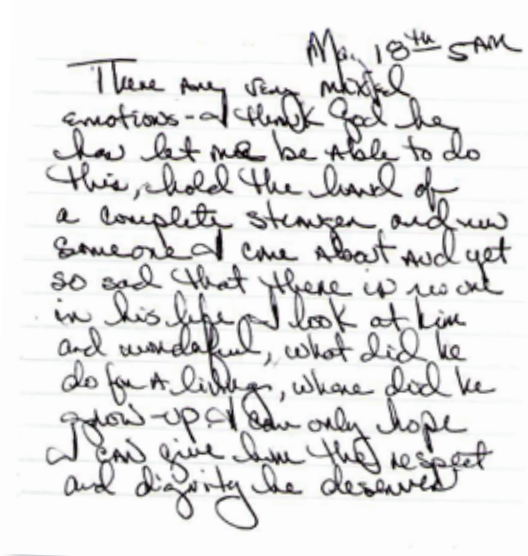
About one patient per month meets the criteria of being close to death, without support of family or friends, and receiving only comfort care. When an eligible patient is expected to die in 24 to 72 hours, a group email goes out, inviting volunteers to sign up for two-hour or four-hour shifts.

“You don’t come into this world by yourself,” says volunteer Patricia Gabriel, a nurse educator. “And you shouldn’t leave by yourself.”

REMORSE AND INSPIRATION

The seeds for No One Dies Alone were planted on the other side of the nation, where a dying patient asked Sandra Clarke, a nurse at Sacred Heart Medical Center in Eugene, Oregon, to sit with him. She tended to her other patients first, and the man passed away before she returned to his side. Her remorse inspired her to create the program in 2001. The concept has since been embraced by hospitals nationwide.

Customization is encouraged to fit the needs of each hospital. Suburban’s team rewrote Clarke’s orientation materials and created supply bags for volunteers to use, containing battery-operated candles, an iPod loaded with classical and gospel music, a printed labyrinth that volunteers can trace with their fingers for prayers, books about death and different religions, and a journal for jotting down thoughts



One volunteer’s journal entry



Suburban Hospital employees Tamiko Scian, Milton Alcazar and Patricia Gabriel volunteer with No One Dies Alone to ensure that patients have companionship in their final hours. For more tales from volunteers, visit hopkinsmedicine.org/dome.

as they sit with a dying patient.

Suburban is the only hospital within the Johns Hopkins Health System with the program so far, says Rev. Barbara McKenzie, a chaplain at Suburban, though all the hospitals have pastoral care departments that provide spiritual support to people coping with illness, trauma or grief.

During a recent 90-minute orientation, six potential volunteers—four women and two men—learned that a person’s final hours may be characterized by sporadic breathing, agitation and bursts of lucidity.

The volunteers are taught to read the body language of a person who can no longer speak: a deep, contented breath when a loving hand is placed on a shoulder, a brow that unfurrows at the sound of a soothing voice. “Always assume they can hear,” social worker Marie Tax tells the group.

Most program recipients are elderly people without loved ones nearby. Once, volunteers tended to a dying man while his wife, who was in her 90s, navigated two hours of Montgomery County public transportation to be by his side when he passed. In another case, a son flew to Maryland from Manhattan to say goodbye to his father but could not stay until the man died.

“JUST BE IN THE MOMENT”

For Gabriel, used to the problem-solving adrenaline of the emergency room, the program offers an opportunity to “just be in the moment,” honoring the life that is departing. “There is a sense of honor and respect that you’re able to be there,” she says.

When Gabriel was a teenager, her 40-year-old father dropped dead of a heart attack on the bathroom floor, instantly and alone. “No one even heard him fall,” she recalls.

A few years later, her 9-year-old brother succumbed to disabilities he had suffered his entire life, surrounded by family members in his final moments. “I do believe he absolutely heard us,” says Gabriel. The last words from her brother, the only boy in a six-sibling family, were “I love you,” she says.

“It really is just being with the person,” says Mary Aguilera-Titus, a massage therapist at Suburban who helped bring the program to Bethesda. “It’s only right to leave this world with somebody there.”

—Karen Nitkin

Suburban Hospital employees interested in volunteering with No One Dies Alone should contact Pamela Fogan at pfogan1@jhu.edu.

Winning the Race Against Waste

The Johns Hopkins Hospital has reduced regulated medical waste by more than half in four years.

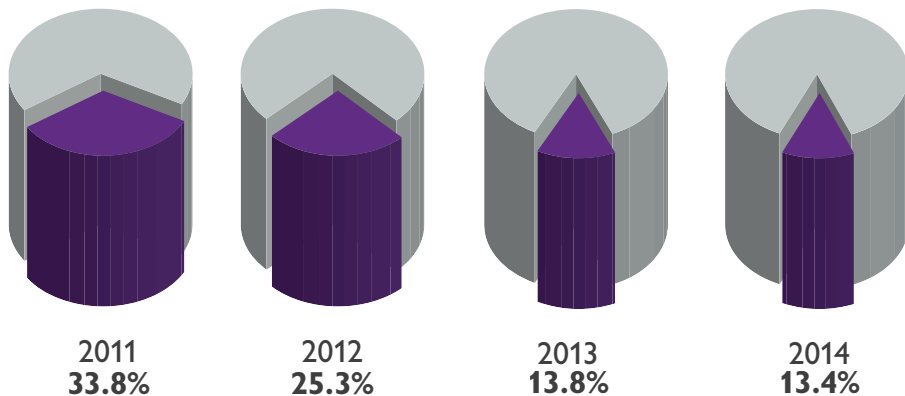
THE STATE OF MARYLAND REQUIRES HOSPITALS TO HANDLE AND DISPOSE OF ITEMS contaminated with potentially infectious materials differently from everyday garbage. The disposal process is costly and can pollute the environment.

Since 2011, The Johns Hopkins Hospital has reduced its annual production of regulated medical waste by 57 percent. Kristian Hayes, assistant director of general services, attributes the reduction to a hospitalwide awareness campaign aimed at educating staff on the difference between regulated medical waste and plain trash, and on how to properly dispose of them.

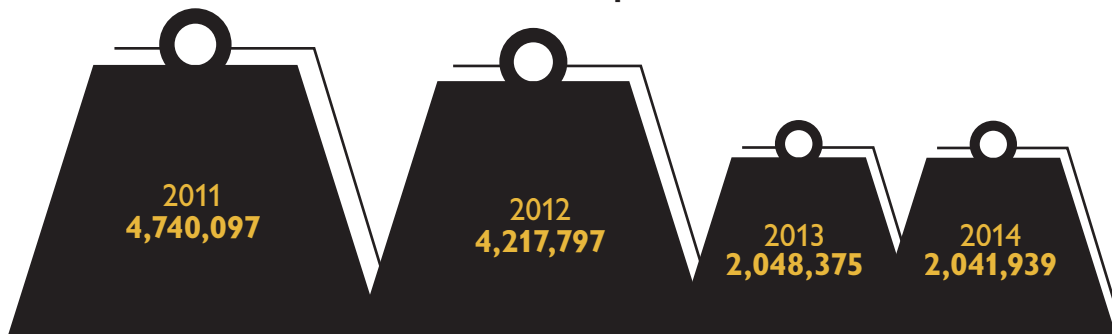
The initiative has cut disposal costs by 77 percent per year. The reduction also earned a 2014 award for environmental excellence from Practice Greenhealth, a nonprofit organization dedicated to sustainable health care.

—Patrick Smith

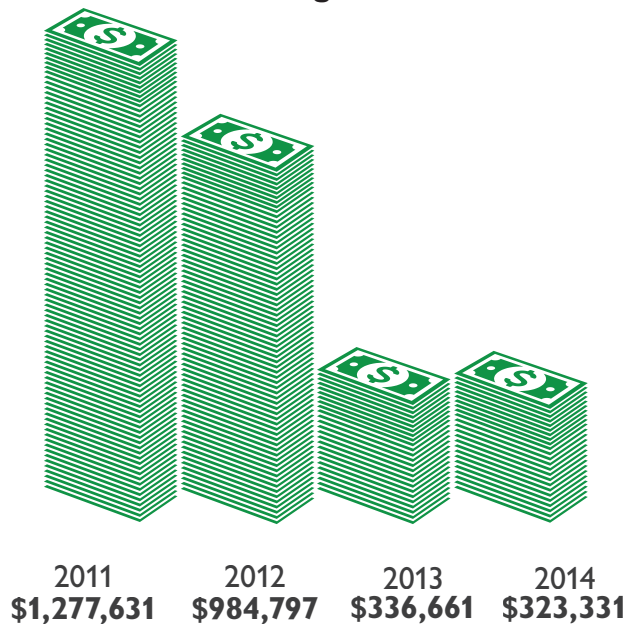
The Johns Hopkins Hospital's regulated medical waste is shrinking.



Reduction in pounds



Trimming the cost



“Reducing regulated medical waste by almost 1,400 tons per year speaks to The Johns Hopkins Hospital’s commitment to environmental sustainability as well as to cost savings.”

—KRISTIAN HAYES
ASSISTANT DIRECTOR OF GENERAL SERVICES

April 22, 2015, is Earth Day. For information and a schedule of Johns Hopkins Earth Day activities, visit <http://bit.ly/1FN86Bf>.

Johns Hopkins Medicine Town Meetings

Don't miss the opportunity to hear the latest developments in people, biomedical discovery, patient- and family-centered care, education, integration and financial performance from leaders across Johns Hopkins Medicine. Mark your calendars for upcoming Johns Hopkins Medicine Town Meetings, **from noon to 1 p.m. in Hurd Hall: Monday, June 29; Tuesday, Sept. 8; and Tuesday, Dec. 8.** The meetings will be videotaped and streamed live via Mediasite to designated auditoriums and conference rooms of member organizations outside the East Baltimore campus.

Expanding Home Care Group's Reach

In a collaborative arrangement with Allegheny Health Network, Johns Hopkins Home Care Group acquired minority ownership in Klingensmith Healthcare, a western Pennsylvania home medical equipment and respiratory services company. Allegheny now has controlling interest in the company, which allows them to provide a full range of health services in the home. The partnership expands the reach of Johns Hopkins Home Care Group's respiratory and home medical equipment expertise and services to western Pennsylvania.

Summer Best Dressed Sale



Riding on the success of the Fall Best Dressed Sale, in recent years the Women's Board of The Johns Hopkins Hospital has hosted a Summer Best Dressed Sale.

The 2015 event will take place on **Tuesday, May 5, from 9 a.m. to 4 p.m.** and **Wednesday, May 6, from 9 a.m. to 2 p.m.** at the Evergreen Carriage House at 4545 N. Charles St. There you'll find new and gently worn men's and women's apparel, furs, shoes, boots, accessories and jewelry, casualwear, and eveningwear. All proceeds benefit patient care at The Johns Hopkins Hospital. In 2014, funds covered the cost of nursing scholarships, bedside ultrasound equipment for women with suspected pregnancy complications and 125 Chemo Cozy jackets to make life more comfortable for patients receiving chemotherapy, among other projects. For the complete list and to learn more about the sale, visit womensboard.jhmi.edu or call 410-955-9341. The Women's Board is also accepting donations of unwanted clothes and accessories in good condition. See website for details.

April Is National Donate Life Month

During the month of April, the hospitals of Johns Hopkins Medicine will fly the Donate Life flag to help encourage Americans to register as organ and tissue donors and to celebrate those who have saved lives through the gift of donation. Nationally, more than 123,000 people—including 3,500 in Maryland—are waiting for a lifesaving transplant. Watch a Johns Hopkins employee explain how an organ donation saved his life: youtube.com/watch?v=UPKdpcLMkT4 and consider becoming a donor. For more information, visit donatelife.org.

Dancing with the Hopkins Stars

Prepare to be entertained at the inaugural Dancing with the Hopkins Stars event on **Tuesday, April 28, at 5:30 p.m. in Turner Auditorium.** The program features 10 Johns Hopkins couples who will perform choreographed routines before a live audience and a panel of judges. And yes, the prize is a coveted disco-ball trophy. Each couple will raise funds for the United Way initiative of their choice in support of Johns Hopkins Medicine's 2015 United Way campaign. Competitors include Landon King, executive vice dean of the school of medicine; Pamela Paulk, president of Johns Hopkins Medicine International; and Alan Partin, professor and director of the Department of Urology. The stage will be transformed into a ballroom, and there will be a judge's panel, disco-ball and all the flourishes of a professional dance competition. Admission is free, and a reception will follow. To see the complete list of competitors, visit hopkinsmedicine.org/unitedway/dwths.



Arielle Medford and Pablo Celnik

New Senior VP



Bonnie Windsor, M.S.H.C.A., B.S.N., has been named senior vice president of human resources for Johns Hopkins Medicine and the Johns Hopkins Health System. She succeeds **Pamela Paulk M.S.W., M.B.A.**, who has become president of Johns Hopkins Medicine International. Windsor, who began her Johns Hopkins career in 1977 as a registered nurse in the pediatric intensive care unit, has assumed increasingly greater administrative responsibilities during the ensuing decades. She became vice president of human resources for The Johns Hopkins Hospital and senior director of human resources for the health system in 2013 and will maintain those positions.

Administrative Appointments



Daniel Ashby, M.S., has been appointed senior director for pharmacy for the Academic Division. Ashby, director of the Department

of Pharmacy at The Johns Hopkins Hospital since 1999, will now also be responsible for oversight of pharmacy at Johns Hopkins Bayview Medical Center. **Javier Vazquez, Pharm.D., M.S.**, will remain director of pharmacy at Hopkins Bayview, while **Carla Gill, R.Ph., M.B.A.**, will become director of informatics and medication use systems. **Todd Nesbit, Pharm.D., M.B.A.**, will serve as director of pharmacy patient care services. The new structure aims to better integrate pharmacy services between the two hospitals and improve efficiency, access to resources and clinical outcomes.



George Jallo, M.D., will become director of neuroscience and chief of neurosurgery at All Children's Hospital on Sept. 1. Currently professor and clinical director of pediatric neurosurgery at The Johns Hopkins Hospital, as well as a professor of oncology and a professor of pediatrics, Jallo joined the Department of Neurosurgery in 2003 and succeeded **Benjamin Carson, M.D.**, as head of the Division of Pediatric Neurosurgery in 2010.



Daniele Rigamonti, M.D., professor and former director of stereotactic radiotherapy at The Johns Hopkins Hospital, has become medical chief of staff and head of neurosurgery for Johns Hopkins Aramco Healthcare in Saudi Arabia. Johns Hopkins Aramco Healthcare is a joint venture between Johns Hopkins Medicine and Saudi Aramco, a world leader in energy. Its goal is to strengthen the company's health system and establish population health strategies for Saudi Aramco's 355,000 employees, beneficiaries and retirees. Rigamonti remains on the full-time faculty of the Department of Neurosurgery.



MATCH DAY MANIA: After years of considering which field of medicine to pursue, 107 Johns Hopkins fourth-year medical students—along with thousands of others across the nation—learned where they will begin residency programs this summer. Match Day occurred on March 20 at medical schools throughout the country. At Johns Hopkins, the festivities took place in the Anne and Mike Armstrong Medical Education Building, where students gathered with family members, friends and mentors. Following a brunch, brief program, toast and dramatic countdown, students opened their envelopes and found out

which hospital and specialty program accepted them. The top specialties for the Johns Hopkins students this year included internal medicine, pediatrics, surgery, emergency medicine and psychiatry. Twenty-one students will be staying at The Johns Hopkins Hospital, and four will be heading to Johns Hopkins Bayview Medical Center. Among those who matched at Johns Hopkins Hospital is Yike Jin, pictured above. Jin will receive specialized training in neurosurgery. To get a better sense of the festivities, watch a video at bit.ly/MATCHDAY2015. Learn about three students and their matches at hopkinsmedicine.org/dome.

Marketing and Communications Kudos



Dalal Haldeman, Ph.D., M.B.A., senior vice president of marketing and communications for Johns Hopkins Medicine, has been named by *PRWeek* magazine as one of the nation's top 40 marketing innovators. Haldeman was cited for merging the marketing and public relations functions of her office "as a way to work together on common goals," as well as for changing the way Johns Hopkins Medicine viewed and implemented social media.

CIO Honor



Stephanie Reel, M.B.A., chief information officer and vice provost for information technology for The Johns Hopkins University and vice president for information services for Johns Hopkins Medicine, has been honored by *Becker's Hospital Review* as one of the nation's top 100 hospital and health system chief information officers. Reel leads the implementation of Johns Hopkins' Strategic Plan for information services; networking; telecommunications; and clinical, research and instructional technologies.

Burn Center Success

The Johns Hopkins Burn Center at Johns Hopkins Bayview Medical Center achieved two significant safety milestones in 2014: the lowest mortality rate in the nation and 12 months without a central line-associated bloodstream infection (CLABSI). The Burn Center's mortality rate for the first seven months of 2014 was 1.36 percent, compared with a national average of 3.3. Going CLABSI-free for 12 months put the Burn Center in the 10th percentile nationally among burn units.

Work-Life Recognition

The Johns Hopkins University and Johns Hopkins Health System have received the 2015 Work-Life Seal of Distinction from WorldatWork. For the third consecutive year, Johns Hopkins' Office of Work, Life and Engagement has demonstrated a strong portfolio of programs and services that assist faculty and staff in achieving a balance between their work and life outside of it.

EAST BALTIMORE



Jason Brandt, Ph.D., professor and chief of the Division of Medical Psychology in the Department of Psychiatry and Behavioral Sciences, has received the 2015 Distinguished Career Award from the International Neuropsychological Society.



Kelly Dunn, Ph.D., assistant professor in the Behavioral Pharmacology Research Unit, will receive the 2015 Young Psychopharmacologist Award at this year's American Psychiatric Association Convention in May.



Lisa Ishii, M.D., M.H.S., associate professor of otolaryngology—head and neck surgery, has received the Triological Society's 2015 Harris P. Mosher, M.D., Award for Clinical Research for her triological thesis, "The Social Distraction of Facial Paralysis: Objective Measurement of Social Attention Using Eye Tracking."



Elizabeth Montgomery, M.D., professor of pathology and oncology, has received a \$16,000 grant from the Esophageal Cancer Awareness Association to fund her collaborative research with **Robert Anders, M.D., Ph.D.**, associ-

ate professor of pathology and assistant professor of oncology, and **Elizabeth Thompson, M.D., Ph.D.**, resident in pathology, on ways to harness the body's immune system to fight cancer.



Thomas Smith, M.D., professor and director of palliative care for Johns Hopkins Medicine and the Johns Hopkins Kimmel Cancer Center, has received the 2015 Trish Green Quality of Life Award from the American Cancer Society.

JOHNS HOPKINS BAYVIEW MEDICAL CENTER



Roland Griffiths, Ph.D., professor of psychiatry and behavioral sciences, has received the 2015 Eddy Award for outstanding research on drug dependence from the College on Problems of Drug Dependence, the premier international organization in the field.



Eric Strain, M.D., professor of psychiatry and behavioral sciences and director of the Center for Substance Abuse Treatment and Research, has been named executive vice director of the Department of Psychiatry and Behavioral Sciences. In his new role, Strain will work closely with **Constantine Lyketsos, M.D.**, department director, in the ongoing implementation of its Strategic Plan, with special emphasis on the development of new programs and operations and on recruitment and faculty development.

JOHNS HOPKINS HEALTHCARE

Felicia Hill-Briggs, Ph.D., associate professor of medicine and senior director of population health research and development for Johns Hopkins HealthCare, has been named to the board of directors of the American Diabetes Association.

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Dome

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