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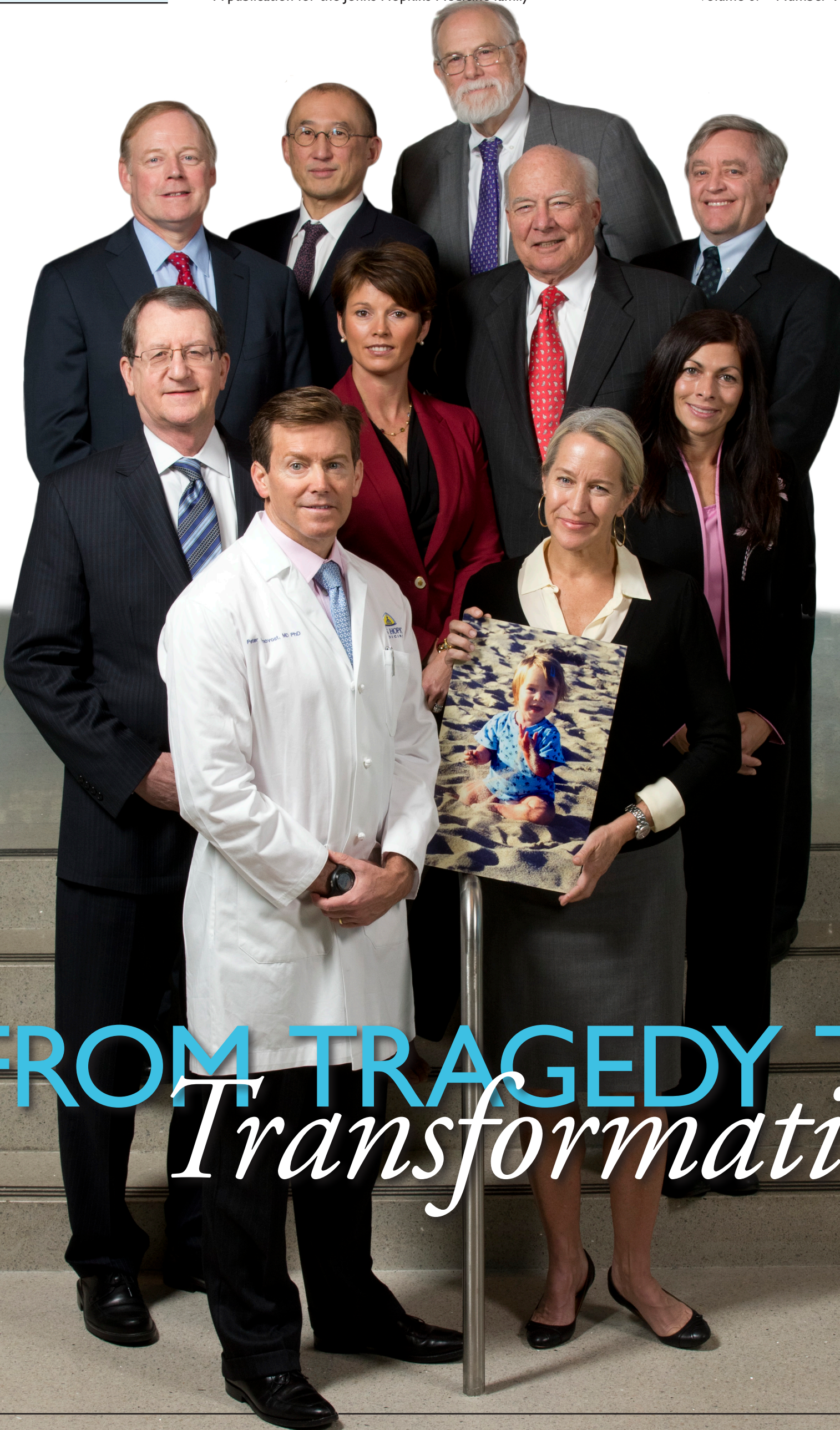
▶ AIM FOR INNOVATION 2016

Learn how innovative thinkers cultivate creativity at Johns Hopkins.

# Dome

A publication for the Johns Hopkins Medicine family

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## FROM TRAGEDY TO *Transformation*

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# Strengthening a Culture of Safety

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

**F**ifteen years ago, 18-month-old Josie King died at The Johns Hopkins Hospital from medical errors that led to sepsis, a bloodstream infection that threatens the lives of patients in hospitals and nursing homes. With 750,000 cases and 250,000 deaths per year, sepsis is the 10th leading cause of death in the United States and the leading cause of inpatient death. Every hospitalized patient is at risk for contracting it.

Managing patients with severe sepsis and septic shock has become a priority for Johns Hopkins Medicine and the Armstrong Institute for Patient Safety and Quality. A new computer-based algorithm developed at Johns Hopkins can now predict which patients are at risk for this condition more than two-thirds of the time, providing a 60 percent improvement over existing screening protocols.

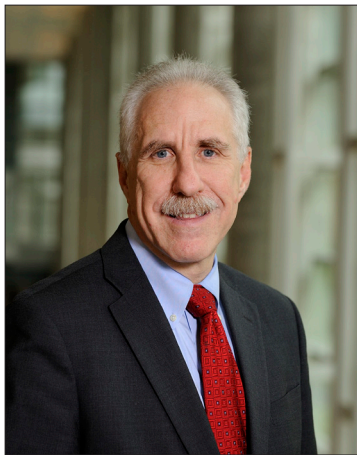
This is just one of the many innovations and new initiatives we have introduced since 2001, when leaders across Johns Hopkins Medicine came together to build a culture that could better ensure the safety of our patients. The story and details of that effort are offered in this special patient safety issue.

Our mission first took on special urgency in 1999 when the Institute of Medicine published its landmark study, "To Err Is Human." For the first time, nearly 98,000 deaths annually in this country were blamed on medical errors. Last year, the institute released another disturbing report that says a wrong or delayed diagnosis will probably affect every one of us during our lifetime. "Improving Diagnosis in Health Care" concludes that misdiagnoses are more common, and often more dangerous, than hospital-acquired infections and mistakes in medication administration.

Many of our physician-scientists are working hard to change that. For instance, one method under study uses a device that tracks minute differences in eye movements to better diagnose strokes, which are often overlooked in female, minority and young patients. A preliminary study suggests this method is 99 percent accurate.

The Armstrong Institute and others across the organization continue to make headway in finding ways to improve patient safety. We have new safety dashboards to show our teams how they are performing, we are piloting a computerized "harms monitor" in the surgical intensive care unit at The Johns Hopkins Hospital and some of our divisions have chief quality officers.

We are also improving patient handoffs—one area of health care that is particularly vulnerable to errors in communication. Bedside reporting during shift changes, where the outgoing nurse introduces the patient and the treatment plan to the incoming nurse in the patient's presence, is one way we are strengthening safe, seamless care. At Howard County General Hospital, leaders hold a safety briefing every day to discuss the status of



**"WE HAVE NEW SAFETY DASHBOARDS TO SHOW OUR TEAMS HOW THEY ARE PERFORMING, WE ARE PILOTING A COMPUTERIZED 'HARMS MONITOR' IN THE SURGICAL INTENSIVE CARE UNIT AT THE JOHNS HOPKINS HOSPITAL AND SOME OF OUR DIVISIONS HAVE CHIEF QUALITY OFFICERS."**

the hospital—such as the number of available beds—the anticipated needs for the day, and any possible safety or security issues for patients, visitors or staff members. These meetings provide a venue for working collaboratively to address problems before they become threats.

Such initiatives are bearing fruit. This past year, The Johns Hopkins Hospital, Johns Hopkins Bayview Medical Center, Howard County General Hospital and All Children's Hospital were honored by the Joint Commission's Top Performer on Key Quality Measures program. The Top Performer designation is reserved for accredited hospitals that consistently perform at a very high level, following best practices for treating people who require surgery or suffer heart attacks, heart failure, pneumonia or other serious conditions. This is the third consecutive year that The Johns Hopkins Hospital has been so recognized.

That said, there is still work to do. Under Maryland's hospital payment system, we must show improvements in quality measures, such as readmissions and hospital-acquired infections. Similarly, *U.S. News & World Report* has changed the formula it uses to rank hospitals, shifting weight from reputation to a handful of patient safety indicators.

Johns Hopkins Medicine is committed to providing the safest care possible. As medical complexity rises and treatment boundaries get pushed, however, opportunities for errors also abound. Along with the tremendous effort to heal our patients must come an equal determination to protect them from harm. Ensuring patient safety is a goal for which we are all responsible.

# Year in

Highlights from stories about s



**PEOPLE:** MERIT (Medical Education Resources Initiative for Teens) provides learning experiences and opportunities to young people in Baltimore City public high schools. It's one of many community-focused mentoring programs.



**BIOMEDICAL DISCOVERY:** The FDA granted breakthrough therapy status to pembrolizumab to treat patients with colon cancer who have certain alterations in so-called mismatch repair genes. The decision was prompted by research led by oncologists Dung Le and Luis Diaz at the Johns Hopkins Kimmel Cancer Center's Swim Across America Laboratory.



**EDUCATION:** A new professorship devoted to primary care will lead efforts to strengthen interest in the field across medicine, nursing and public health. Drawing on the legacy of William Osler (The Johns Hopkins Hospital's first head of medicine), John Flynn, Maura McGuire and Steve Kravet are among those leading the change.

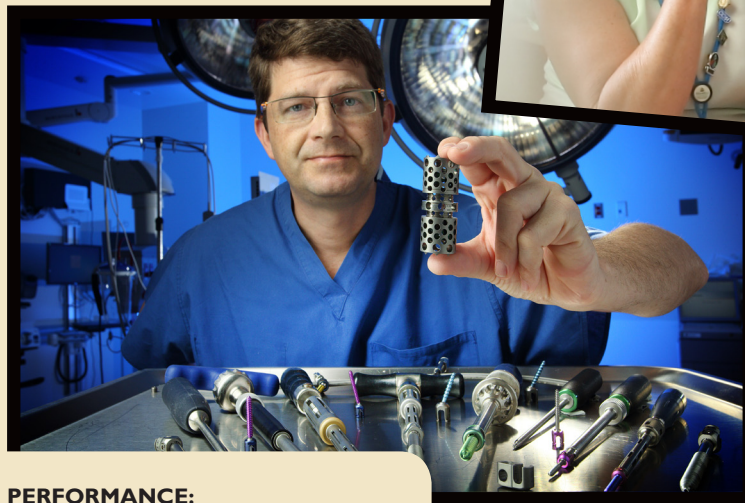


# Review 2015

strategic priorities at Johns Hopkins Medicine



**INTEGRATION:**  
After the April 27 unrest in Baltimore, Harriet Lane Clinic clinicians used Epic, the electronic medical record system, to reach patients whose pharmacies were destroyed by looting.



**PERFORMANCE:**  
A collaboration between spinal surgeons and Johns Hopkins' purchasing department will save \$3.3 million annually for Johns Hopkins Medicine. It's one of many supply chain initiatives that has reduced costs substantially.



**PATIENT- AND FAMILY-CENTERED CARE:**  
Seventy-two case workers located throughout Maryland help manage the illnesses of roughly 5,000 people enrolled in the insurance plans managed by Johns Hopkins HealthCare.

## QUALITY IMPROVEMENT:

- The Johns Hopkins Hospital, Johns Hopkins Bayview Medical Center, Howard County General Hospital and All Children's Hospital are honored as leaders in care by the Joint Commission's 2014 Top Performer on Key Quality Measures program. The Top Performer designation is reserved for accredited hospitals that consistently perform at a very high level, following best practices for treating people who require surgery or suffer heart attacks, heart failure, pneumonia or other serious conditions. This is the third consecutive year that The Johns Hopkins Hospital has been recognized as a Top Performer.
- Johns Hopkins Home Care Group and Potomac Home Health Care achieve HomeCare Elite status for the third consecutive year. This honor is reserved for Medicare-certified agencies that rank in the top 25th percentile for quality and performance metrics.

## HIGHLIGHTS FROM AROUND THE HEALTH SYSTEM:

- All Children's Hospital breaks ground on its new research and education building.
- Johns Hopkins Bayview Medical Center opens the North Pavilion and Sidney Kimmel Cancer Center.
- Howard County General, Suburban and Sibley Memorial hospitals receive awards from the American Heart Association/ American Stroke Association.
- Sibley Memorial Hospital opens its new emergency department.
- Johns Hopkins Community Physicians is recognized by the National Committee for Quality Assurance for delivering the highest level of patient-centered care at various sites.
- Johns Hopkins HealthCare launches its new Medicare Advantage plan, Johns Hopkins Advantage MD.
- At Johns Hopkins Home Care Group, the Johns Hopkins Outpatient Pharmacy opens a new facility at Green Spring Station and a new specialty pharmacy with Johns Hopkins Specialty Infusion Services in Baltimore.
- Johns Hopkins Medicine International: Johns Hopkins Aramco Healthcare develops and launches a robotic urology surgery program and initiates training programs for physicians, nurses and technicians.

These milestones are among many notable accomplishments at Johns Hopkins in 2015. [Learn more at hopkinsmedicine.org/dome.](http://hopkinsmedicine.org/dome)

## PEOPLE

# Video Series Spotlights Employee Volunteers

## #TimeForBaltimore

When her neighborhood playground fell into disrepair, Ede Taylor took on the project of reviving the spot as a place for kids to play and learn. A project coordinator with the Johns Hopkins Medicine Office of Community Health, Taylor is active in her north-east Baltimore neighborhood and led a huge team of volunteers to rebuild the Sinclair Lane Elementary School playground. Watch Taylor and her team build the playground in one day, and learn why she believes in her hometown of Baltimore.



Read the story and see the video at [hopkinsmedicine.org/dome](http://hopkinsmedicine.org/dome).



# From Tragedy to Transformation: 15 Years of Patient Safety Progress



## Josie King

The Johns Hopkins Hospital admitted Josie King on Jan. 30, 2001, her 18-month-old body covered in second-degree burns from a bathtub accident.

The first few days were rough, but over time the little girl healed. Then, just days before her scheduled release, Josie's heart stopped. She died on Feb. 22.

An initial in-depth review, called a root cause analysis, pinpointed dehydration and an unnecessary dose of methadone as the culprits. A second analysis, released in 2010, revised that conclusion, adding septic shock from a hospital-acquired infection and saying that the narcotic was not to blame. The larger picture: Systems had failed. Communications had broken down, and a parent's repeated pleas that her daughter was thirsty were not heeded.

Josie's parents, Tony and Sorrel King, channeled their grief into action, creating the Josie King Foundation to fight against medical errors.

Sorrel gave time and money to Johns Hopkins, working closely with Peter Pronovost to bring patient safety programs to the institution that had caused her so much pain. Her 2009 book, *Josie's Story*, is both memoir and call to action. She created the Josie King Hero Award for caregivers who create a culture of safety and gave the first one to Pronovost.

Fifteen years after her daughter's death, Sorrel King offers this advice to everyone involved in patient care: "Slow down and take your eyes off the computer. Look at the patient in the bed and listen. Listen to that mother who is saying something is wrong."

**O**N MARCH 4, 2001, GEORGE DOVER stood outside a Baltimore County home, rang the doorbell and changed the future of Johns Hopkins Medicine.

The director of the Johns Hopkins Children's Center had come to the home of Tony and Sorrel King to apologize to the grieving parents.

Six weeks earlier, the Kings' 18-month-old daughter, Josie, had wandered into an upstairs bathroom, turned on the hot water and climbed into the tub. By the time her screams brought her mother, Josie had second-degree burns on more than half of her body. The toddler was rushed by ambulance to The Johns Hopkins Hospital, where she received skin grafts and healed. Within weeks, she was acting like her old self. Then her condition deteriorated. Josie grew pale and unresponsive. She died Feb. 22 of what was ultimately identified as septic shock, just days before she was scheduled to return home.

The day Josie died, her Johns Hopkins-affiliated pediatrician, Lauren Bogue, walked into Dover's office. She encouraged him to visit the King family and accept responsibility on behalf of Johns Hopkins. The unusual proposal quickly won full support from Johns Hopkins leadership—even its lawyers. Bogue arranged the meeting and accompanied Dover.

"I remember it was pouring rain and cold," says Bogue. "Baltimore at its worst." The pain inside the house was palpable, she recalls.

"The first thing I said to the Kings was that I was terribly sorry," says Dover. "In those days, that was not fashionable. We told Tony and Sorrel we would find out exactly what had happened, we would communicate what we found and we would do our best to make sure it never happened again."

Dover kept his word, telephoning Sorrel every Friday morning, even when there was little to report.

On June 2, a second tragedy occurred. Ellen Roche, a healthy 24-year-old, died of lung failure less than a month after inhaling an irritant medication while participating in an asthma research study.

Ten days after Roche's death, the U.S. Office for Human Research Protections suspended all federally funded human subject research at Johns Hopkins, halting nearly 2,500 investigations for several months.

The two deaths shattered Johns Hopkins, propelling what some consider the most significant culture change in its history.

"These events created a moral moment where we had to make a choice," says Peter Pronovost, director of the Armstrong Institute for Patient Safety and Quality. "It was: Are we going to openly address our shortcomings? Or are we going to hide behind our brand and say all is well? Leadership stood up and said, 'We need to start talking about this.'"

In the 15 years since that fateful crossroads, as the health care system expands, Johns Hopkins Medicine has pioneered a culture of accountability and patient safety advances. By 2015, all six Johns Hopkins hospitals were recognized by the Joint Commission in its Top Performer on Key Quality Measures program. Johns Hopkins programs and safety metrics were adopted around the world.

But before that could happen, safety had to become the top priority.

Research oversight became more stringent; two Institutional Review Boards became seven.

"We have a whole process to identify a high-risk protocol like the one Ellen Roche was in," says Dan Ford, vice dean for clinical investigation—a position created after Roche's death. "We conduct research in the safest possible setting. Each research team has to know how it would handle an emergency."

On the clinical side, opportunities for error continue to be systemically eradicated by changing procedures, equipment, even the culture within units. The Armstrong Institute, founded in 2011, leads this effort while training a new generation of patient safety innovators. Clinicians receive emotional support after adverse patient events. Family members are encouraged to assist with care and speak up if something doesn't look right.

## Making Safety the Top Priority

**T**HESE CHANGES MIGHT HAVE SAVED THE fathers of Ronald R. Peterson and Pronovost. Peterson, president of The Johns Hopkins Hospital and Health System and executive vice president of Johns Hopkins Medicine, lost his father to sepsis, a bacterial bloodstream infection acquired after surgery. Pronovost's father died at age 50 after being diagnosed with leukemia instead of lymphoma.

But the pervasiveness of these deadly mistakes didn't become clear until the 1999 release of "To Err is Human." The headline-grabbing report from the Institute of Medicine asserted that as many as 98,000 people perished in American hospitals each year because of preventable errors. "The culture seemed to be—I hate to say it—that a certain amount of bad stuff happens in medicine," says Peterson.

The deaths of King and Roche made patient safety personal—and urgent. "We took the position that the buck had to stop at the top of the organization," says Peterson. "It was our responsibility to take definitive steps to address this."

The effort began with three bold steps: Make safety the No. 1 priority of Johns Hopkins Medicine. Start every board of trustees meeting with a safety report instead of a financial review. And create a safety-focused Center

## Comprehensive Unit-based Safety Program (CUSP)

Today, there are more than 170 CUSP teams across the health system—and hundreds more outside of Johns Hopkins. Critical to the program are five steps:



1

Train staff members in the science of safety.



2

Engage staff members to identify defects.



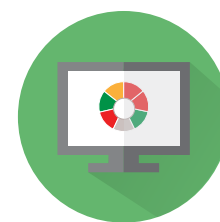
3

Partner a senior executive with each unit CUSP team.



4

Learn from defects.



5

Implement validated tools for improvement.

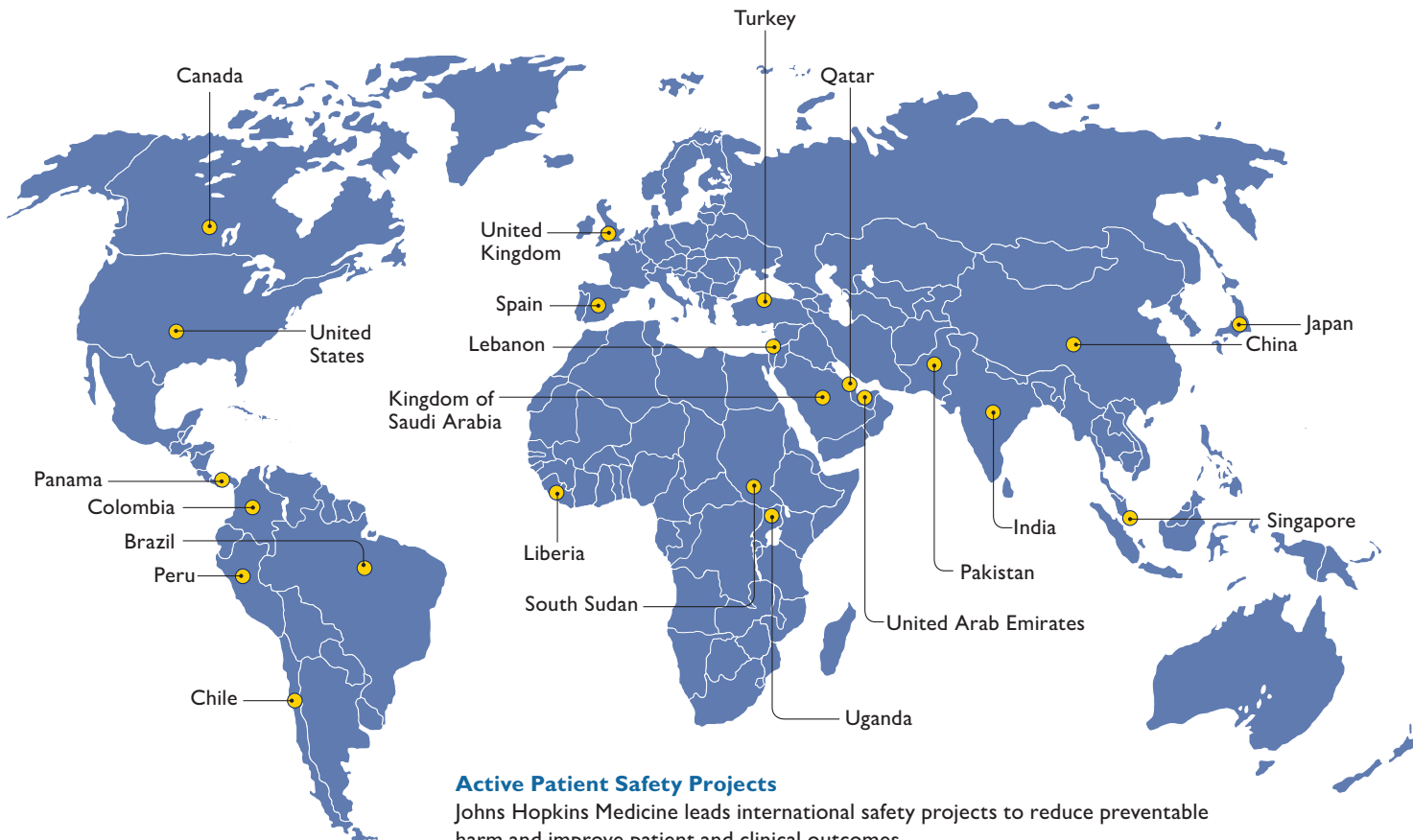
**"IF YOU DON'T KNOW IT'S BROKEN, IF YOU DON'T TALK ABOUT IT, YOU CAN'T FIX IT."**

—RICHARD "CHIP" DAVIS



## “THE ARMSTRONG INSTITUTE HAS A SINGLE PURPOSE—TO ELIMINATE PREVENTABLE HARM.”

—C. MICHAEL ARMSTRONG



for Innovation in Quality Patient Care, funded with \$500,000 each from The Johns Hopkins Hospital, the Johns Hopkins University School of Medicine and The Johns Hopkins University.

Richard “Chip” Davis became the center’s executive director, and Pronovost, its medical director. “Improving patient safety wasn’t a choice at Johns Hopkins,” says Lori Paine, who filled the newly created role of patient safety coordinator and is now director of patient safety for The Johns Hopkins Hospital and Armstrong Institute. “It was an obligation.”

When Tony and Sorrel King received a settlement from Johns Hopkins, they created the Josie King Foundation and donated money to Johns Hopkins for patient safety programs. “She held us accountable,” Pronovost says of Sorrel King. “She didn’t want what happened to Josie to happen to anybody else.”

### A Comprehensive Approach

**N**EARLY 200 SEPARATE TASKS ARE REQUIRED to reduce preventable harm for a single intensive care patient, notes the Armstrong Institute. Johns Hopkins began treating safety like a science, collecting data to find, test and deploy systemic improvements.

An early target for this approach: bloodstream infections acquired through central-line catheters. In 2001, Pronovost and his infection control colleagues distilled 120 pages of information from the Centers for Disease Control and Prevention into a five-step checklist that was distributed to intensive care units.

Moveable carts were created with all the tubes, drapes and other equipment necessary for insertions. Doctors would no longer have to search for items in eight separate locations.

But the key step was empowering nurses to act if they saw doctors skipping items on the checklist. “People need to know that if someone they see above them is doing something that is dangerous to the patient, they have every right to speak up,” says Edward Miller, former CEO of Johns Hopkins Medicine and dean of the school of medicine.

It was a major culture shift, embraced by top leadership but resisted by some physicians.

“Some of the senior doctors said, ‘I’ll be darned if some nurse is going to tell me what to do,’” recalls William Brody, former president of The Johns Hopkins University. “One time I got a complaint from a doctor, and I said to the nurse, ‘Just put my name and phone number up on

the nursing station. Call me, even if it’s 2 in the morning, and I’ll come in and have a conversation.’ I never had to.”

Compliance skyrocketed. Pronovost and his colleagues estimated that the checklist prevented 43 infections and eight intensive care unit (ICU) deaths over two years, saving the hospital \$2 million in health care costs. The dramatic results were featured in a *New Yorker* article and helped Pronovost win a \$500,000 “Genius Grant” from the MacArthur Foundation. More important, checklists became a standard, lifesaving component of health care nationwide.

The new culture of accountability led to the creation of the Comprehensive Unit-based Safety Program (CUSP), developed at Johns Hopkins more than 10 years ago. CUSP gives all caregivers tools and support to address problems such as hospital-acquired infections, medication administration errors and communication breakdowns.

More than 170 CUSP teams have been activated at Johns Hopkins Medicine, and hundreds more have been organized in hospitals internationally. The results are striking. With CUSP teams and checklists in 1,100 ICUs in 44 U.S. states, bloodstream infections are down by 40 percent in those hospitals, saving 500 lives and \$34 million.

In another strategy to improve the safety of systems, The Johns Hopkins Hospital hired Peter Doyle in 2007 as its first human factors engineer. A goal of his profession, Doyle explains, is to optimize patient safety by studying how clinicians interact with medical devices in complex, interconnected and often hectic work environments. This includes working with nurses and clinical engineers to reduce unnecessary patient monitoring alarms, assisting in the selection of the safest pumps for infusing medications, and assuring that laboratory specimens are properly labeled for diagnostic accuracy.

### The Armstrong Institute

**M**EDICAL MISTAKES NEARLY KILLED C. Michael Armstrong. First, doctors at another hospital missed signs that he had leukemia. Then he developed a serious infection post-chemotherapy. After a tough battle in the ICU, he lived. Years later, he was belatedly diagnosed with advanced cancer and given a 50-50 chance of living five years. If he survived, he vowed, he would “do something big” for patient safety. Armstrong finished treatment in 2009. Two years later, he donated \$10 million to Johns Hopkins to create the Armstrong Institute for

(continued on page 6)

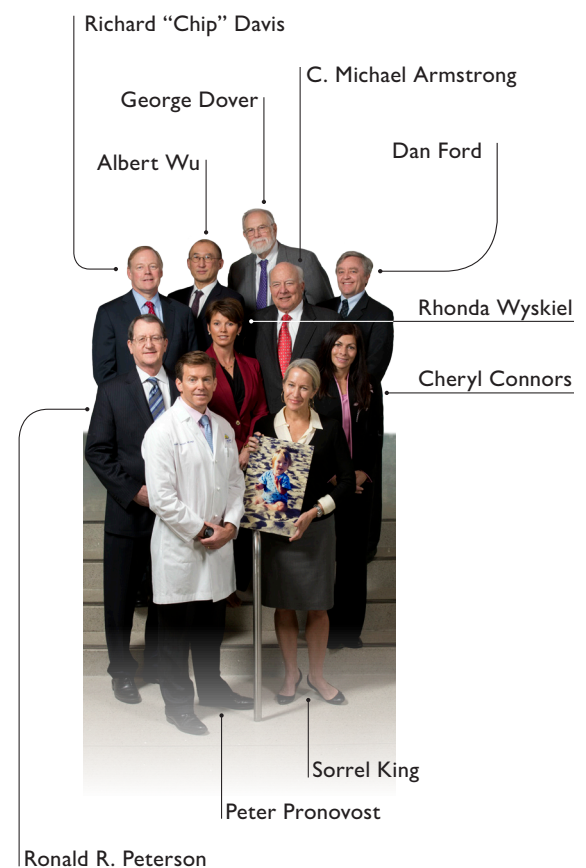


### Ellen Roche

Ellen Roche, a technician in the Asthma and Allergy Center at Johns Hopkins Bayview Medical Center, was a lifelong animal lover who planned to become a veterinarian. In 2001, the 24-year-old Reisterstown resident volunteered for an asthma study that would measure how healthy lungs respond to a chemical irritant, hexamethonium.

Roche, who had participated in other studies previously, was the third research subject. The first had developed a dry cough, and the second seemed fine. Roche fared far worse. She was admitted to intensive care on May 5, the day after she inhaled the chemical. She died of lung failure on June 2.

In October 2001, the Roche family received an undisclosed financial settlement from Johns Hopkins and established a scholarship fund in her name for students interested in veterinary medicine or related fields.





**“THE DOCTORS OR NURSES OR PHARMACISTS WHO HAVE BEEN INVOLVED IN MISTAKES ARE THE ONES WHO DESIGN THE SOLUTIONS.”**

—PETER PRONOVOST



## Project Emerge

In 2013, the Armstrong Institute created Project Emerge, a tablet-based application that shows clinicians what actions are needed to prevent harm. The system integrates more than 200 safety procedures, as well as patient information from multiple sources, into two dashboards.

The “harms monitor” allows staff members to track seven harms, including any setbacks to physical therapy regimens. It also determines the number of days since a central line was inserted.

Patients and loved ones use the family involvement portal to ask questions of the care team and upload photographs.

Microsoft will collaborate with Johns Hopkins to bring Project Emerge to intensive care units nationwide.

## From Tragedy to Transformation (continued from page 5)

Patient Safety and Quality.

The institute, headed by Pronovost, combines safety specialists from across Johns Hopkins, bringing “common purpose, programs, education, training, objective measurements and, probably more important than anything, accountability,” says Armstrong, former CEO and chairman of AT&T and Hughes Electronics and chairman of Johns Hopkins Medicine’s board of trustees from 2005 to 2013. For example, he says, prescription errors were dramatically cut by automating the multistep process with barcodes, scanners and confirmation checks.

The institute’s Patient Safety and Quality Leadership Academy, a nine-month multidisciplinary training program for future quality and safety leaders, has trained 60 employees so far, says Melinda Sawyer, assistant director of patient safety for the institute. Of those, she says, 94 percent now lead quality and safety projects at Johns Hopkins Medicine.

They are working to improve patient experiences, prevent harm during handoffs, minimize health care disparities between populations and decrease the number of missed diagnoses.

## Taking Care of Second Victims

**W**HEN TERRIBLE THINGS HAPPEN IN hospitals, doctors, nurses and other members of the care team often suffer remorse and confusion. Sometimes the stress prevents them from doing their best work or prompts them to leave the profession.

Now, such “second victims” can find help in a program at The Johns Hopkins Hospital. Resilience in Stressful Events (RISE) uses trained peer responders to provide psychological first aid and emotional support whenever hospital staff members are traumatized by patient-related events.

Cheryl Connors, a patient safety specialist with the Armstrong Institute, teamed with Albert Wu, a Johns Hopkins professor of health policy and management, to create RISE in 2011. The program, supported in part by the Josie King Foundation, is based on Wu’s research on second victims, a term he coined in a *British Medical Journal* article in 2000. “RISE appeals to the best instincts of clinicians to support one another after adverse events,” he says.

RISE’s trained volunteers are available around the clock to speak confidentially with staff members, offering coping strategies and listening without judgment. The 30-member team at Johns Hopkins includes nurses, doctors, therapists, chaplains, pharmacists and others.

In the past four years, the team has received about 100 calls and met with close to 300 people, says Connors.

## Family Involvement

**R**HONDA WYSKIEL WAS A NURSE AT THE JOHNS Hopkins Hospital when her 48-year-old mother was admitted, fighting for her life after surgery at another institution. Wyskiel tip-toed into the room where her mother was sleeping and whispered a request to her co-workers.

“I said, ‘I need to part her hair on the other side.’ They had it parted on the wrong side,” recalls Wyskiel. “I wanted to put ChapStick on. And the nurses told me not to touch her. I was only allowed in her room for 15 minutes at a time, and I couldn’t help.”

For Wyskiel, whose mother died at home a short while later, the experience was a turning point. She began involving family members in patient care, encouraging loved ones to ask questions, share observations and take on tasks, such as applying lotion and helping with feeding.

In 2010, Wyskiel formalized the approach with the Family Involvement Menu, a list of care activities for family members. The menu improves the hospital experience for patients and loved ones while enhancing patient safety, says Wyskiel. Family members know the patient’s medical history, can coax reluctant eaters to take one more bite and often are the first to recognize signs of distress, she says.

“I could give you 100 examples of times when family members have spoken up about a process or something we’re going to do to a patient where it could cause potential harm,” she says. “Family members are the real experts in the room.”

She now teaches other health care organizations how to involve families in care. “I would like to see the cultural shift occur where family members really are members of the health care team,” she says. “Families really want to be included.”

To make sure their voices are heard, the Children’s Center created the Pediatric Family Advisory Council. Started in 2007 as an eight-member steering committee, it has grown to a council of more than 50 parents and staff members. By 2013, similar Patient and Family Advisory Councils were active in every Johns Hopkins Medicine hospital, community physicians group and home care group.

Four years after her daughter’s death, Sorrel King asked Pronovost a question that haunts him to this day: “Would Josie be less likely to die now?” Pronovost and others at Johns Hopkins continue working to ensure that the answer is yes.

—Written by Karen Nitkin and Lisa Broadhead; additional reporting by Linell Smith and Patrick Smith



To learn more about Johns Hopkins safety programs and to see videos, visit [hopkinsmedicine.org/dome](http://hopkinsmedicine.org/dome).

## IN BRIEF

### Command Center to Improve Patient Flow

Since the opening of the Sheikh Zayed Tower and The Charlotte R. Bloomberg Children’s Center in May 2012, The Johns Hopkins Hospital has experienced significant growth. To better manage the increasing census and improve the flow of patients in and out of the hospital, Johns Hopkins has partnered with GE Healthcare Camden Group to build a state-of-the-art centralized control center. The new Johns Hopkins Capacity Command Center, or C3, will provide real-time analytics to guide decisions to place the right patient in the right bed at the right time.

The high-tech center is located in the former admissions space across from the Nelson/Harvey lobby and will bring together staff members from departments who have been independently engaged in managing patient flow, including the Hopkins Access Line, bed management, Lifeline, admitting and environmental care services. Twenty-two digital screens will keep the team informed in real time about which hospital units need additional staff members, the status on the number of patients being treated in a department at any given time, the need for and availability of beds across the hospital, the highest-priority admissions and discharges, and other information essential for ensuring high-quality patient care. Learn more about the command center at [insidehopkinsmedicine.org/c3](http://insidehopkinsmedicine.org/c3).

### A New Building for All Children’s

All Children’s Hospital in St. Petersburg, Florida, recently broke ground on a new research and education building that will focus on finding discoveries and treatments for childhood diseases. Expected to open in 2018, the seven-floor, 225,000-square-foot facility will provide multifunctional space for residents, fellows and medical students to work in team settings. It will also house a new simulation lab, where trainees can practice procedures and patient interactions.

Five floors will be devoted to offices and lab space for research scientists, including academic and research offices for four current All Children’s Hospital institutes dedicated to improving treatments, education, research and outcomes in pediatric cardiology/cardiac surgery, cancer and blood disorders, brain protection sciences, and maternal and neonatal health. The building will also provide a new home for the pediatric biorepository, which stores blood and tissue samples for research and potential targeted therapies. Learn more about the new building at [allkids.org/researchbuilding](http://allkids.org/researchbuilding), and watch a video at [bit.ly/jhallchildrensresearchandedbuilding](http://bit.ly/jhallchildrensresearchandedbuilding).







The 2015 MLK Jr. award recipients: Back row, from left, Kekoa Taparra, Joe Smith, Corey Williams, Annie Umbricht, Jelani Zarif, Carla Beckford. Front row, April Holmes and Lee Keagle.

# Legacy of Service

Eight recipients of the 2015 Martin Luther King Jr. Community Service Awards were honored at Johns Hopkins' annual MLK commemoration.

**Carla Beckford**  
Manager, Employment Services  
Johns Hopkins Bayview Medical Center

The daughter of Jamaican immigrants, Carla Beckford says her parents instilled in her the values of education and a strong work ethic—lessons she passes on by volunteering with the Maryland Business Roundtable for Education. In this work, Beckford visits various local high schools to talk to students about the importance of education. “If I can get through to one child in that classroom, I’ve done my job,” she says.

She also serves as a mentor in the Big Brothers Big Sisters program, and uses her human resources skills to facilitate resume training and job coaching classes for the unemployed through a program sponsored by her church.

“Some people like to close up shop when they leave work, but I love what I do,” says the five-year Johns Hopkins employee. “Through all of my volunteer work, the end goal is empowerment, knowledge and self-determination.”

**April Holmes**  
Medication Technician  
Hopkins ElderPlus

For the past seven years, Thanksgivings at the Holmes house have been quiet. April Holmes is too busy volunteering, redistributing hot meals, and handing out food and clothing, courtesy of the Bea Gaddy Family Center and the O’Donnell Heights Tenants Council. “I find it more rewarding to give back,” says Holmes.

After work, Holmes also helps mind and feed children three days a week at the Boys & Girls Clubs of Metropolitan Baltimore’s O’Donnell Heights branch. And every year, she spearheads a school supplies fundraiser for local students.

**Lee Keagle**  
Application Coordinator, Epic  
The Johns Hopkins Hospital

As a Florida vacationer, Lee Keagle has made the 100-mile drive between Jacksonville and Daytona Beach numerous times. Last April, however, she biked that route while making an eight-day trek from Baltimore to Key West, Florida, as part of the Ulman Cancer Fund for Young Adults’ Key to Keys fundraiser. Her 34-member team, including seven cancer survivors, raised over \$150,000 in support of the organization’s programs for young adults battling cancer.

Keagle got involved with the Baltimore-based nonprofit as a triathlete and marathon runner. Now, she coaches women who want to get into those forms of racing through the Iron Girl Training Program.

“It’s rejuvenating to see these women—many of them cancer survivors—cross the finish line after working so hard,” she says.

Keagle is also part of B-More Engaged, a local Meetup group that brings young professionals together to volunteer. Activities include cleaning and repainting city classrooms, and serving breakfast to homeless veterans and cooking meals at housing facilities for families of Johns Hopkins patients.

**Joe Smith**  
Director, Local Government Affairs  
The Johns Hopkins University

Joe Smith has been giving his time to help others for nearly half a century. Still, there are two endeavors he holds closest to his heart: his work with the Bethel AME Church scholarship ministry and with the Y in Central Maryland’s Baltimore City Community Leadership Board. His 20 years of ministry work have provided critical mentoring and financial support to Bethel students; \$40,000 worth of scholarships were distributed last year alone. Smith’s six years of YMCA volunteering and fundraising have also supported mentoring and jobs for young people. Smith grew up in rural Georgia, where he was born to a 16-year-old single mother, graduated high school at 15 and—after writing a 25-page letter to the president of Morehouse College—attended the school on a full scholarship. “When you grow up in poverty and rough neighborhoods, you easily see the value of being helpful to others,” he says.

**Kekoa Taparra**  
Ph.D. Candidate, Cellular and Molecular Medicine  
The Johns Hopkins University School of Medicine

Kekoa Taparra dedicated his career to cancer research after 10 members of his own family were treated for various forms of the disease. Now a fourth-year cellular and molecular medicine Ph.D. student in the Department of Radiation Oncology and Molecular Radiation Sciences, the native Hawaiian

volunteers weekly at the Hackerman-Patz Patient and Family Pavilion, which houses Johns Hopkins oncology patients and their families. There, he connects on a personal level with some of the very same patients he encounters in his daily work.

As an elected council member of the American Association for Cancer Research, Taparra represented the organization recently in Washington, D.C., defending the importance of National Institutes of Health funding to policymakers. He also received grant funding to host a summer program for graduate students through the Biomedical Scholars Association, for which he is an active volunteer mentor and community service chair.

**Annie Umbricht**  
Assistant Professor, Department of Psychiatry and Behavioral Sciences  
The Johns Hopkins University School of Medicine

Since 2002, Annie Umbricht has been donating weekly primary care services for people visiting Shepherd’s Clinic, a local nonprofit that serves those who can’t afford commercial health insurance but who are nevertheless ineligible for government assistance. “It’s my way of filling the gaps in the system and practicing medicine that helps patients develop resilience,” says Umbricht, who has a joint appointment in internal medicine at Johns Hopkins Bayview Medical Center. In 2009, Umbricht helped open the clinic’s Joy Wellness Center, where patients can access integrative treatments, like acupuncture and massage.

**Corey Williams**  
Manager of IT Clinical Operations and eRadiology Center  
The Johns Hopkins Hospital

Corey Williams credits his father, Ted, another MLK award winner, with building his sense

of community commitment. During the 22 years he has worked at Johns Hopkins, Williams volunteered for programs sponsored by his church, including helping to build a senior home for widowed members of the congregation and a new child care center for low-income families. His affiliation with Choo Smith Youth Empowerment, an organization dedicated to improving the lives of Baltimore youth, began when his daughter attended the group’s basketball camp. Most recently, he served as co-chair of the fundraising committee. His dedication to motivating youth carries into his work at Johns Hopkins, where he co-leads the Dunbar Young Scientists program. This eight-week summer session provides hands-on experience and exposure to health care careers for Paul Laurence Dunbar High School students.

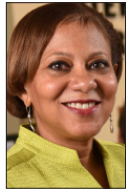
**Jelani Zarif**  
Postdoctoral Fellow, Urology  
The Johns Hopkins University School of Medicine

Every Saturday before 9 a.m., Jelani Zarif heads to West Baltimore’s Delta Lambda Foundation Outreach Center to mentor Baltimore City juniors and seniors as part of the Beautillion Scholars Program. The program helps prepare young African-American men for college, careers, relationships and community service. Zarif also mentored a student with Medical Education Resources Initiative for Teens, a program encouraging underrepresented high school students to become health care leaders. He says he benefited from mentors during his own formative years and is a strong believer in the words of Martin Luther King Jr. “I think everybody can serve and be great,” says Zarif.

—Stephanie Price, Sarah Richards and Katelynn Sachs



**JOHNS HOPKINS MEDICINE**



**Lisa Cooper, M.D., M.P.H.**, professor of medicine, epidemiologist and minority health expert, has been named vice president for health care equity for Johns Hopkins Medicine. Under her leadership, the institution will further develop a systemwide plan to address health care disparities in high-risk populations. Cooper will advance strategies to collect race, ethnicity and primary language data, and create a dashboard to report clinical performance in readmissions, chronic disease management and patient satisfaction scores by subpopulation.



**Paul B. Rothman, M.D.**, dean of the medical faculty and CEO of Johns Hopkins Medicine, has been named by Becker's Hospital Review as one of 2015's 130 Nonprofit Hospital and Health System CEOs to Know. The men and women on this list lead some of the largest, most successful and prominent nonprofit health care organizations in the nation.

**JOHNS HOPKINS HEALTH SYSTEM**



**Redonda Miller, M.D., M.B.A.**, and vice president for medical affairs for The Johns Hopkins Hospital, has been appointed to the new position of senior vice president for medical affairs for the Johns Hopkins Health System. In her previous role, Miller, a 1992 graduate of the school of medicine, built a productive, collegial working relationship with her peers at Johns Hopkins Bayview Medical Center, Howard County General Hospital, Suburban Hospital, Sibley Memorial Hospital and All Children's Hospital.

The finance division has announced new vice presidents: **Ed Beranek** is now the vice president of revenue management and reimbursement. He will manage regulatory reporting and compliance with the Maryland Health Services Cost Review Commission. **Sandra Johnson**, named vice president of revenue cycle management, will oversee the management of claims processing, payment and revenue generation. **Tom Trzcinski**, the new vice president of finance and treasurer, will manage the banking, cash flow and insurance systems for the enterprise. And **Mike Larson**, appointed vice president of finance and corporate controller, will direct the financial operations of Johns Hopkins HealthCare and oversee the accounting and reporting policies and procedures.

**ACADEMIC DIVISION**



**Kathy Smith**, vice president of marketing and communications for The Johns Hopkins Hospital and senior director of strategic marketing and outreach for Johns Hopkins Medicine, has been appointed to the new position of vice president of marketing and communications for Johns

Hopkins Medicine's Academic Division. She will oversee the enhanced integration of marketing and communications for both The Johns Hopkins Hospital and Johns Hopkins Bayview Medical Center. In this new role, she will work to identify greater efficiencies and collaborative approaches across both hospitals and the school of medicine.

**Quality Improvement Honors**

**The Johns Hopkins Hospital, Johns Hopkins Bayview Medical Center, Howard County General Hospital and All Children's Hospital** have been honored as leaders in care by the Joint Commission's 2014 Top Performer on Key Quality Measures program. The Top Performer designation is reserved for accredited hospitals that consistently perform at a very high level, following best practices for treating people who require surgery or suffer heart attacks, heart failure, pneumonia or other serious conditions. This is the third consecutive year that The Johns Hopkins Hospital has been recognized as a Top Performer.

**Johns Hopkins Home Care Group and Potomac Home Health Care** have achieved HomeCare Elite status for the third consecutive year. This honor is reserved for Medicare-certified agencies that rank in the top 25th percentile for quality and performance metrics.

**Marketing and Communications**

**Johns Hopkins Medicine Marketing and Communications** received top awards from the Public Relations Society of America Maryland Chapter's 2015 Best in Maryland competition. The department won for crisis communications for the collective response to Ebola virus disease; *Hopkins Medicine* and *Dome. Insight* and *Physician Update* won Awards of Excellence. **Johns Hopkins HealthCare** won two awards in the direct mail category, a Best in Maryland award for its "Your Worst Nightmare" vaccination campaign and an Award of Excellence for its "Know the Facts" vaccination campaign.

In addition, the Health Information Resource Center, a clearinghouse for professionals who work in consumer health fields, gave Digital Health Awards to marketing and communications teams and individuals for exceptional publications, videos, infographics and Web work.

Gold Digital Health Awards went to the 2014 Johns Medicine Biennial Report, *Hopkins Medicine* and *Dome*, for the video "The Extra Mile." To see additional awards, visit [bit.ly/digitalhealthawards](http://bit.ly/digitalhealthawards).

**EAST BALTIMORE**

**Sharon Allan, A.C.N.S.-B.C., M.S.N., R.N., C.C.R.C.**, has been appointed functional program coordinator for clinical standards and chair of standards of care. The 30-year Johns Hopkins Hospital veteran was previously a clinical nurse specialist for the cardiovascular surgical intensive care unit.



**WE LOVE LUCY:** David Hackam, the Johns Hopkins Children's Center's surgeon-in-chief, can be just as playful as Lucy Jenkins, its vivacious 2015-2016 Children's Miracle Network Hospitals Champion. Now 4 years old, Lucy was an infant when Johns Hopkins pediatric surgeons took a novel approach to repair a premature fusion of the cranial sutures between the bones of her tiny skull. Using new

technology, they mapped out every aspect of her complex surgery before making a single incision, improving the surgery's precision and safety. Now, Lucy will help host the 2016 Mix 106.5 FM Radiothon on Feb. 17-18. Proceeds benefit Johns Hopkins Children's Center patients and their families. Learn more about Lucy and her remarkable journey to better health: [bit.ly/LucyJHChildrenscenterradiothon](http://bit.ly/LucyJHChildrenscenterradiothon).



**Dan Berkowitz, M.B.B.Ch., M.D.**, has been promoted to vice chair for research in the Department of Anesthesiology and Critical Care Medicine. He remains director of the Division of Cardiac Anesthesia and director of the Integrated Vascular Biology Laboratory. A 21-year Johns Hopkins veteran, Berkowitz also holds an appointment in biomedical engineering.



**Filissa Caserta, M.S.N., A.C.N.P.-B.C., C.C.R.N.**, has been named assistant director of nursing for practice and clinical standards for the central nursing administration. A 20-year Johns Hopkins Hospital veteran with expertise in the assessment and treatment of patients with neurologic pathology, she previously served as a senior nurse practitioner at the hospital's neuroscience critical care unit.



**Sara Cosgrove, M.D.**, director of the Antimicrobial Stewardship Program at The Johns Hopkins Hospital and associate professor of medicine in the Division of Infectious Diseases, has been appointed to the Presidential Advisory Council on Combating Antibiotic-Resistant Bacteria.



**Susan Lehmann, M.D.**, associate professor of psychiatry and behavioral sciences, has been named clinical director for the Division of Geriatric Psychiatry and Neuropsychiatry. She is now responsible for overseeing all geriatric psychiatry

and neuropsychiatry clinical services at both The Johns Hopkins Hospital and Johns Hopkins Bayview Medical Center.

**SIBLEY MEMORIAL HOSPITAL AND SUBURBAN HOSPITAL**

Both hospitals have been recognized for excellent emergency services by *Bethesda Magazine* readers in the Best of Bethesda 2016. Suburban was voted as having the Best Hospital Emergency Room, and Sibley was voted as a top vote-getter for Best Emergency Room.

**Sibley Memorial Hospital** has been recognized as a leader in lesbian, gay, bisexual and transgender (LGBT) health care equality in the "Healthcare Equality Index 2015" report, an annual survey conducted by the Human Rights Campaign Foundation, the educational arm of the country's largest LGBT organization. Sibley achieved leadership status for its commitment to equitable, inclusive care for LGBT patients and their families.

**JOHNS HOPKINS MEDICINE INTERNATIONAL**



**Kathy DeRuggiero**, a 32-year Johns Hopkins nursing veteran and leader, has been named vice president of patient services. Before serving recently as interim vice president, she was director of nursing for emergency medicine and critical care transport. In this role, she was responsible for oversight of emergency services, the adult emergency department, urgent care and the emergency acute inpatient service. She holds a joint appointment at the Johns Hopkins University School of Nursing.

**Dome**

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**2016 Town Meetings**

Save the dates for the 2016 Johns Hopkins Medicine Town Meetings. They will be held in **The Johns Hopkins Hospital's Hurd Hall from noon to 1 p.m. on March 31, June 21, Sept. 13 and Dec. 13.** Dates for Johns Hopkins Bayview Medical Center in Grossi Auditorium are Feb. 8 and Sept. 9, and at All Children's Hospital on March 17. The meetings will be streamed live to affiliate locations.





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