

A New Hopkins Children's

What will pediatricians and their patients find in The Charlotte R. Bloomberg Children's Center?

For months faculty and staff at Johns Hopkins have been keyed up for the opening of the new Charlotte R. Bloomberg Children's Center in May. As one resident said, citing an engaging design and mountains of space, "Honestly, it's absolutely amazing. There's a sense of awe about this building, a buzz about this place."

But what's the buzz for community pediatricians and the patients and families they refer to the Children's Center? What will the new building mean for them?

First off, getting there will be much easier. The current Children's Center is a hospital within a hospital—or in this case a large academic medical center with several entry points. Now the Children's Center will have its own distinct 12-story building and entrance at 1800 Orleans Street in East Baltimore. Twice the size of the current Children's Center, the hospital will be easily accessible and visually identifiable by its curved, colorful façade. An expansive landscaped vehicular entry plaza will allow families and patients to be dropped off in front of the building, or enter via a pedestrian bridge connecting the garage across the street to the hospital. From there, color-coded wayfinding guides them.

"While large, this building was designed to be approachable and easily navigable by patients and

families," says Pediatrics Administrator **Ted Chambers**. "It also brings some pleasant and curious surprises to help calm families facing a medical crisis."

For instance, walking into the four-story atrium they'll find art work—like an ostrich suspended from the ceiling, a family of playful puffer fish, and a cow jumping over a necklace of moons—and soothing limestone and marble interior spaces designed to have a healing effect. Amenities include family lounges on every floor, an on-demand dining service, and an interactive in-room television system that offers, in addition to extensive TV programming, access to the Internet, gaming and patient education videos on subjects ranging from managing a chronic condition to coping with your hospital stay. Also, all 205 rooms are private with sleeping accommodations for parents, and spacious enough for medical equipment and changing levels of care.

"Teenagers really crave privacy," says adolescent unit nurse manager **Nancy Stanley**. "We want to be able to offer the space and amenities

Twice the size of its predecessor, Bloomberg Children's Center will be easily accessible via an expansive landscaped entry plaza and visually identifiable by its curved and colorful façade.

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George Dover, M.D.
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The Collaboration Continues

The original aim of this newsletter, born a decade ago here in the Children's Medical and Surgical Center (CMSC), was to share our experiences—and insights gleaned from them—in pediatric medicine. Whether we practice in academic medical centers or in the community, the care of our patients would be advanced through collaboration. In that quest, we've benefited beyond expectations—we've learned about each other's struggles and successes in managing childhood conditions and together have developed new ways to improve care for children.

Now we're leaving the CMSC and beginning a new era in pediatric medicine at The Charlotte R. Bloomberg Children's Center opening May 1. But we're not leaving behind our half-century of experience caring for children in the CMSC—nor are we departing from our renewed partnership with you the community pediatrician.

Frankly, we are excited by the beauty, space and state-of-the-art features this new building will offer your patients. Both patients and families will have easier access to our new children's hospital and a more pleasant, healing environment in which to receive care. And as this issue of *Pediatrician* reveals, they'll benefit from expanded and newly designed clinical services. Inpatient and outpatient oncology will now be close neighbors enhancing continuity of care, for example, and state-of-the-art ORs will increase our pediatric surgeons' ability to perform minimally invasive procedures.

But please see for yourself and join us March 22 for our referring physicians open house at The Charlotte R. Bloomberg Children's Center (see opposite column). We'll take you on a tour to show you what we're so thrilled about, and also toast our continuing collaborative care for children.

Thank you and please enjoy this issue. ■

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families need to visit and room-in comfortably, day or night."

The new building is designed to be quieter and safer, too. Decentralized nurse stations will keep nurses closer to patients as well as diffuse the din that occurs when nurses converge at a single work station. Also, a new sound-engineered nurse call system will eliminate overhead nurse pages, and high-end acoustical ceiling tiles and rubber floors will reduce escalating noise levels, which studies show interfere with healing, lead to medical errors, and desensitize staff to the urgency of alarms.

An advanced air circulation system will keep airborne germs in check and prevent or reduce respiratory complications. A radio-frequency identification system will improve efficiency and speed of care by instantly locating staff and equipment, and bar-coding technology will verify lab samples and medications, reducing the risk of errors. To ensure efficient and safe continuity of care, the new Children's Center will also feature adjacencies for the pediatric oncology inpatient and outpatient units, and for Labor & Delivery and the 45-bed neonatal intensive care unit (NICU) (see page 5).

Other features include an expanded,

easy-to-access pediatric emergency department and dedicated pediatric trauma bays (see page 3), a 40-bed pediatric intensive care unit (PICU), and 10 state-of-the-art surgical suites (see page 4). A dedicated pediatric radiology suite adjoins the pediatric operating rooms, minimizing floor travel for patients and optimizing access to imaging for surgeons in the OR and intensivists in the PICU. Pediatric transport and physician referrals services are also being revitalized in concert with the opening of the new hospital.

The development of many of these features, notes Chambers, can be attributed to input from community pediatricians, especially those who sit on the Children's Center's Physician Advisory Group (PAG). "In this long planning, design and building process, we solicited ideas from families but also from private practice pediatricians and our PAG members who refer patients to us," Chambers said. "Brick and mortar can make a big difference, but most vital to our future success is our continuing partnership with pediatricians in the community." ■

For more information, go to www.hopkinschildrens.org/

Referring Physician Open House

Community pediatricians are invited to join Children's Center Director George Dover and pediatric faculty from 5:00 – 7:30 p.m. on March 22 for a reception and guided tours of The Charlotte R. Bloomberg Children's Center. For more information and to sign up for a tour, call 410-502-9430 or visit www.hopkinschildrens.org/March22/



More Space for a Premier ED

Pediatric Emergency Medicine Director **Doug Baker** couldn't be happier with the space his department will have in the new Children's Center. After all, it will be twice the size of the existing pediatric ED with private exam rooms in a child-friendly atmosphere, and easily accessible with a convenient drop off area by the front entrance and a covered 12-bay ambulance area at the rear. A covered pedestrian footbridge from the parking lot to the new hospital will ease access, too.

But exceptional emergency medicine is more than big and bright accessible space, Baker knows from experience. That's why leading up to the opening of the new building he's also been growing his staff—in fact tripling it to manage even more patients more effectively and reduce wait times. But he also has another goal in mind.

"We're recruiting national leaders in pediatric emergency medicine to build a premier emergency medicine service and to ensure the best possible outcomes for our patients," says Baker.

Hand-in-hand with that goal is strengthening the department's relationships with referring physicians, adds Baker, who serves the dual role of Vice President for Community Outreach.

"We're able to practice a much better brand of medicine when we have that strong link between the community pediatricians and the university faculty," says Baker. "And that means keeping the primary care physician in the loop, both at the front end and the back end." ■

For more information, visit www.hopkinschildrens.org/emergency-medicine/



At their new entrance, Pediatric ED physicians (from left to right) **Elizabeth Hines**, **Karen Schneider**, **Bruce Klein**, **Jean Ogborn**, **Thuy Ngo**, **Doug Baker**, **Mitchell Goldstein**, and **Jennifer Anders**.

Less Trauma for the Trauma/Burn Team

As they prepare to move into the new Charlotte R. Bloomberg Children's Center, pediatric trauma staff are leaving old trauma facilities behind—gladly. Trauma and radiology are currently off of the adult emergency department, a floor below the pediatric ED. In the new Children's Center the pediatric ED, trauma and radiology units will be good neighbors on the same ground-floor level.

"No longer will we have to put children on elevators to get CT scans in radiology," says Pediatric Trauma/Burn Program Coordinator **Katie Manger**. "We'll have 24/7 MRI

and quicker access to care."

Indeed, in the new trauma unit, pediatric ED staff will have swift access to two dedicated state-of-the-art pediatric trauma bays and, if needed, to four adult trauma bays that are adaptable for children and adolescents. Also, while medical equipment is fixed to the floor in the current trauma bays, futuristic overhead booms in the new bays will make what's needed easily and quickly accessible.

"We were constantly tripping over wires and cables, but now nothing is on the floor," says Pediatric Trauma/Burn Program Manager **Susan Ziegfeld**. "The booms give us the

best access to the patient."

Also, with OR-like scrub rooms off the trauma bays, trauma surgeons can quickly perform emergency operations without transporting the patient to an OR. "We never have to leave the patient's side," says Ziegfeld.

Features in the new burn unit, Ziegfeld and Manger add, include all-private rooms—important in minimizing infection risks—and two large dressing rooms with the latest equipment to minimize the pain associated with dressing changes.

Noting that the unit is the state-designated pediatric trauma/burn unit, Ziegfeld adds, "For trauma or burn, patients should be referred here. There's not a time we would say, 'No, we won't take him.'" ■

For more information, call 888-kid-burn.

The pediatric trauma/burn team, from left to right, trauma surgeon **Dylan Stewart**, coordinator **Katie Manger**, manager **Susan Ziegfeld**, nurse practitioner **Daniela Coelho**, and social worker **Mindi Lutwin**.

A Less-Invasive Environment

Pediatric surgeon **Fizan Abdullah** makes no bones about it. The current operating rooms used by Children's Center surgeons were designed and built for adults and well before the era of minimally invasive procedures increasingly being performed for pediatric patients today. But all that changes, he adds, when The Charlotte R. Bloomberg Children's Center—featuring 10 dedicated and spacious state-of-the-art pediatric operating suites—opens in May. Features of the new ORs include overhead booms designed to better position audio, video and medical equipment, including minimally invasive instruments, during procedures.



Laparoscopic and telemedicine components have been built into the new operating rooms, notes pediatric surgeon Fizan Abdullah.

“A lot of laparoscopic and telemedicine components have been built into some

of these ORs, what we're referring to as laparoscopic suites,” says Abdullah. “In the immediate future lap surgery will increasingly be a bread and butter component of our surgical expertise.”

The operating rooms—the first pediatric operating rooms in the state of Maryland—are also customized for the treatment of specific conditions, including cardiac, neurologic, oncology, orthopedic, pulmonary, and urologic disorders. Single occupancy rooms in the new hospital, Abdullah adds, will allow surgery patients to recover without being disturbed by a potentially upset neighbor. ■

For more information, visit www.hopkinschildrens.org/pediatric-surgery/

Child Psychiatry

A Brick-and-Mortar Placebo Effect?

In 1913, when the Henry Phipps Psychiatric Clinic opened on the Hopkins campus, patients availed themselves of pipe organ concerts and garden strolls. The building's very architecture was meant to divert minds and ease stress in an age before SSRIs. Similarly, the airy entryway to The Charlotte R. Bloomberg Children's Center and its Child and Adolescent Psychiatry unit bathed in sunlight on the 12th floor, may spark a possible brick-and-mortar placebo effect in patients.

“Institutional doesn't come to mind,” says Nurse Manager **Nancy Paglowski**. “I think the kids and their families will be astonished, in a word, by this setting.”

All patient rooms are now singles, and some have added technology for patients with other medical conditions. The area promises to be quieter, too, with staff carrying visual pagers. Also, while the unit will have a 20-bed capacity, the present number of inpatient beds will hold at 12 for a time.

“It's a gentle start,” says Clinical Director **Marco Grados**, “because that's in keeping



“Even the new waiting room is night-and-day different,” says child psychiatrist Marco Grados.

with the nature of psychiatry. Environment can significantly affect our patients, so we need to test the waters first.” ■

For more information visit www.hopkinschildrens.org/psychiatry/

Care Under One Roof

What's new in pediatric cardiology in The Charlotte R. Bloomberg Children's Center? One roof, says Director **Joel Brenner**, noting that division facilities and faculty have been somewhat scattered and separate in the existing Children's Center. But with an outpatient clinic, state-of-the-art catheterization laboratory, fetal echo program, non-invasive imaging suite and faculty offices all housed together on the second floor of the new hospital, care will not only be cozier but more collaborative, too—and that means better. ■

For more information, visit www.hopkinschildrens.org/cardiology/

Physical Therapy

A Rehab First

For the first time, Hopkins Children's outpatients will have a dedicated space to receive physical and occupational therapy. Located on the second floor of The Charlotte R. Bloomberg Children's Center, the new Outpatient Pediatric Rehabilitation Clinic will provide evaluation and treatment services for children and adolescents who are not achieving their physical, functional and communicative potential. The clinic will be staffed by licensed and certified therapists with specialized training in pediatrics, who work as a team with families and physicians to set goals for each child. “We intend to give every child the best opportunity to participate fully in school-based programs, sports, social and family activities,” says **Michael Friedman**, Director of Rehabilitation Therapy Services. ■ For information, call 410-614-3234.

Connecting Cancer Care

For children with cancer, continuity of care is essential. That was the response of Pediatric Oncology Director **Donald Small** and his staff when asked years ago for input on the design of the new Charlotte R. Bloomberg Children's Center and its pediatric oncology inpatient unit. So rather than just build an inpatient unit, why not add an adjacent pediatric oncology outpatient unit?

"From the point of view of our patients and their families, as well as our physicians, fellows, nurses and other staff, the improvement in continuity of care would be tremendous," Small said at the time.

The powers that be listened and connected the two units in the new Children's Center. That means rather than taking a ten-minute walk across campus to check on a recently discharged patient now in the outpatient clinic, staff only have to walk down a hallway.

"Perhaps someone on the outpatient side did not know what the patient's condition was like on the inpatient side, whether the patient is better, worse or the same as when they were discharged," Small says. "Now the inpatient team can easily help out with that evaluation by running over quickly to the outpatient clinic to see the patient and consult with staff."

The arrangement improves physician learning, too, Small explains. After discharge fellows will have a greater ability to see their own patients and how the patient's particular type of childhood cancer is responding to treatment.

Other features of pediatric oncology in the new Children's Center include larger and all-private inpatient rooms, more-accessible treatment rooms, and a lead-lined room for targeted treatments with radioactive materials. The outpatient side features an open and naturally lit two-story infusion room

designed to be less claustrophobic than the current infusion bays, and more exam rooms to speed up patient flow and reduce wait times. Also, as in the current Children's Center, all of the nurses are specially trained in caring for children with cancer.

"We're the only unit in the area with a dedicated nursing staff who only take care of cancer patients," Small says.

Small adds that pediatric oncology will continue its policy of seeing patients the same day as their call. "Pediatricians may worry about how to get their patient into the Hopkins system, but that's something they don't have to worry about," Small says. "If they call the HAL line, my office, the outpatient clinic or inpatient unit, we will get them to the right place and see them that day." ■

For more information, visit www.hopkinschildrens.org/oncology/

Neonatology

Newborn Design with Less Movement in Mind

For high-risk premature neonates, unnecessary movement is the enemy—a message neonatologist **Sue Aucott** took to heart in helping to design Hopkins new neonatal intensive care unit (NICU). Critical to safe and efficient transport, she stressed, is a close proximity between Labor & Delivery and the NICU, The Sutland/Pakula Family Newborn Critical Care Center.

"Having the units apart adds an extra challenge to moving babies, especially critically ill newborns," Aucott says. "The less movement the better."

In the new configuration, moving is minimal. The NICU and Labor & Delivery are within a whisper of each other on the eighth floor of the new clinical building, with the obstetric ORs as a connector so that high-risk neonates will be handed off to

NICU staff immediately after delivery. Of course, more than proximity went into planning, says obstetrics Nurse Manager **Joan Diamond**: "Our units were designed as the ultimate in care, with high-risk newborns in mind."

Communication is key. OB census screens on NICU computers allow staff to identify high-risk moms in Labor & Delivery. And well before delivery, a neonatologist or fellow will have met with those mothers-to-be and familiarized them with the NICU to prepare for their newborn's stay. When pre-term labor begins, OB staff text the NICU's delivery room response team—a NICU resident, fellow, respiratory therapist and admissions nurse—to prepare to pick up the newborn.

Should complications arise with any infant, pre- or full-



In one of the new obstetric ORs, obstetrics Nurse Manager **Joan Diamond** with NICU Nurse Manager **Sue Culp**.

term, Labor & Delivery and the NICU are well-situated as part of an academic medical center with multiple subspecialty services readily available. And earlier in a pregnancy, Hopkins offers fetal echocardiography and genetic testing to inform parents and help guide care.

Another plus: Family-friendly amenities are prominent in the new units, including all-private rooms with sleeping facilities and on-demand meals. In the NICU, parents can access three

private sleep rooms with cooking, bathing and laundry facilities. And a new nurse-call system that eliminates overhead pages means a quieter environment.

"Parents who are more comfortable in their surroundings make it much easier for us to care for babies," says NICU Nurse Manager **Sue Culp**. "With a private room and decreased stimulation, they really get to focus on their baby." ■

For more information, visit www.hopkinschildrens.org/

Building Within, Reaching Out

With the new Charlotte R. Bloomberg Children's Center, Johns Hopkins has not only been building within but also reaching out. Newly established pediatric outreach programs at Howard County General Hospital, Sibley Memorial and Suburban hospitals, in addition to an existing network of pediatric cardiology and gastroenterology clinics in central Maryland, have given Hopkins Children's a growing presence throughout the state. Also, plans for more outpatient specialty clinics are in the works. But the goal, says Vice Chair for Pediatric Health System Coordination **Peter Mogayzel**, is not to saturate the state with Johns Hopkins outpatient clinics but to work with community pediatricians to strategically fill specialty spaces where such care is needed.

"We are looking to the private practice pediatricians to identify the services that are really needed in their communities, the services that would be most beneficial to them," Mogayzel says. "It doesn't help them much if they need a pulmonologist and we give them a cardiologist."

Another strategy is to keep specialty care where it's best delivered and most convenient for the patient. In other words, don't send the patient to Hopkins Children's in East Baltimore if the patient can receive appropriate specialty care in the community.

"This improves patient satisfaction and allows us to identify patients who would best benefit in coming to the Children's Center and getting more advanced care



"Our goal is to provide services in the community so patients don't have to come to East Baltimore to get expert subspecialty care." – Peter Mogayzel, M.D.

here," says Mogayzel, who is also medical director of Hopkins Children's pediatric subspecialty clinic.

While individual specialties have ventured out on their own to set up clinical outposts in the community, this new approach represents the first institution-wide outreach initiative for Hopkins Children's. The initiative, Mogayzel adds, also works

hand-in-glove with improvements planned for the Children's Center's pediatric transport and referral services programs.

"This is all part of a re-look at access," says Mogayzel, "a streamlined way for physicians in the community to get consultations and transport their patients to the hospital if need be." ■

For more information, call 410-955-2035.



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