

INSIDE

3 GENDER EQUITY PROGRESS

More than 200 women in the school of medicine have reached the highest academic rank of full professor.

5 A SWEET 16 FOR HOPKINS SINGAPORE

The first global venture of Johns Hopkins Medicine has become a hub for medical research and cancer treatment.

6 PATIENT EDUCATION BOOST

New efforts are underway to ensure that patients understand what they need to know to hasten recovery after treatment.

INSIGHT

AN APP FOR THAT

Ten best practice tips guide the development of successful health apps.

Dome

A publication for the Johns Hopkins Medicine family

Volume 66 • Number 9 • October 2015



Michelle Robbins drives from one rural town to another in her job as case manager for Johns Hopkins HealthCare.

BRADY ANDERSON

Going the Extra Mile

On the Eastern Shore, case managers log laughs, tears and miles as they visit residents and guide them through complex illnesses.



Watch a video of case managers in action:
www.youtube.com/JohnsHopkinsMedicine



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

REGISTERED NURSE MARY LOU McCurdy parks outside an apartment complex in the Eastern Shore town of Princess Anne. She walks up a flight of stairs, knocks, walks in. Her sharp blue eyes quickly assess.

Nicole Brown, bald from chemotherapy, hunches on a couch, her 11-month-old daughter Miracle asleep beside her. When Brown sees McCurdy, her eyes well with tears. The nurse rushes to her side and rubs the back of a woman who has become her friend. “It makes me sad to see you sad,” says McCurdy. “Want me to sing you a song? Believe me, it will make you laugh.”

Brown, 38, rarely laughs these days. In February 2014, she was diagnosed with stage 4 breast cancer the same day she learned she was pregnant. Johns Hopkins doctors delivered Miracle early, by cesarean section at 28 weeks, so that Brown could start chemotherapy. The infant weighed just 2 pounds, 10 ounces.

McCurdy has been case manager to Brown and Miracle since last October, when mother and child, released from The Johns Hopkins Hospital, returned to Princess Anne. She’s one of 72 case managers in Maryland, including seven on the Eastern Shore, helping people who are enrolled in insurance plans managed by Johns Hopkins HealthCare.

Members of the Priority Partners, Employer Health Programs and US Family Health Plan insurance plans can be referred to case management or can request it. Most case management clients are members of Priority Partners, the managed care organization for Medicaid and

(continued on page 4)

An Emergency Milestone

RONALD R. PETERSON
PRESIDENT, THE JOHNS HOPKINS HOSPITAL
AND HEALTH SYSTEM
EXECUTIVE VICE PRESIDENT,
JOHNS HOPKINS MEDICINE



Even as it was being built, The Johns Hopkins Hospital's first case was an emergency. In the summer of 1879, the hospital's foreman of bricklayers, John K. Bruff, fell from a ladder in the Kitchen Building and plummeted 30 feet into the cellar, breaking his right leg below the knee.

Because the hospital was still under construction, he spent the next two months convalescing in a building where temporary floors were put down and a room was furnished for him.

Many more broken legs—and countless other emergencies—have since been treated in The Johns Hopkins Hospital, from the days of the original two-bed “accident room” in the early 20th century to today's ultramodern 73-bed emergency facility. In addition to six trauma care rooms equipped with the latest medical technologies, there are 67 private examination rooms consisting of 16 urgent care rooms, 26 acute care rooms, 17 observation rooms and eight psychiatric beds, plus an expanded radiology suite with X-ray, MRI and ultrasound.

And that is just at The Johns Hopkins Hospital. Now marking its 40th year, the Emergency Department is extraordinarily busy, not only on Orleans Street, but also at Johns Hopkins Bayview Medical Center and Howard County General Hospital. All three are managed by the department and handle nearly 200,000 patient visits a year combined. In the national capital region, Suburban Hospital and Sibley Memorial Hospital—which are managed locally but are part of the department's Emergency Medicine Operations Group—together handle more than 80,000 patient visits annually. All told, the Emergency Department at The Johns Hopkins Hospital and four of its member hospitals treat more than 280,000 patient visits a year.

Those numbers reflect only a portion of the Emergency Department's enduring influence on Johns Hopkins Medicine since its creation four decades ago—and, indeed, on medicine across the country and around the world.

During the past 40 years—and even before—Johns Hopkins physicians have been instrumental in developing the specialty of emergency medicine, from helping to devise equipment standards for ambulances and training for ambulance crews to creating cardiopulmonary resuscitation—an achievement that has saved an untold number of lives.

Today's department is also a powerful force within the expanding world of emergency medicine. Along with its traditional divisions devoted to education, clinical care and research, it is also advancing the field of tactical emergency medicine. Its global emergency services division is leading the integration of the department with various international medical operations and Johns Hopkins Medicine International. Another special asset is the Johns Hopkins Lifeline Transportation Program. Founded in 1992 as one of the first hospital-based critical care transport programs, Lifeline handled some 50,000 transports last year.

The Johns Hopkins Office of Critical Event Preparedness and Response, or CEPAR, is a unique operations and academic entity that is part of the department. Created after the 9/11 tragedies, it is responsible for the preparedness of all of Johns Hopkins, including the entire university and health system. Disaster-planning computer programs and procedures developed by CEPAR have been circulated nationwide.

The Emergency Department also heads the Homeland Security Center of Excellence, a national consortium of institutions funded by the U.S. Department of Homeland Security. This center is developing the means for preparing the nation for and responding to potential large-scale disasters.

Building on its remarkable track record, the department is poised for future success. We look forward to celebrating the accomplishments of the next 40 years—and beyond. ■

Learn more about emergency medicine:
hopkinsmedicine.org/emergencymedicine.

Improve the Experience, Improve the Score

ONE SOURCE THAT CONSUMERS use to evaluate a hospital is the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey, which is designed to capture the inpatient experience nationwide. The survey, which is mailed to randomly selected patients, asks about the care they received during a recent hospital stay and invites them to respond to questions such as: “Before giving you any new medicine, how often did the hospital staff tell you what the medicine was for?” Respondents can choose “never,” “sometimes,” “usually” or “always.”

The Centers for Medicare and Medicaid Services manages the survey and issues quarterly reports on the Hospital Compare website at medicare.gov/hospitalcompare. The data are culled from patient responses to 27 questions that focus on:

- Nurse communication
- Doctor communication
- Responsiveness of hospital staff
- Pain management
- Communication about medicines
- Discharge information
- Care transition
- Cleanliness of hospital environment
- Quietness of hospital environment
- Overall rating of hospital
- Willingness to recommend hospital

Each response generates a rating of one to five stars, with one being the lowest rating and five being the highest. Hospitals with high ratings have greater percentages of patients who chose the most positive response option.

Here are some suggestions to help consistently deliver an “always” experience.

- **Take the Language of Caring training.** Practice caring communication skills.
- **Review your unit's and department's HCAHPS scores.** Set improvement goals and hold yourself accountable.
- **Practice teamwork.** Speak positively of your team members and make sure that all care providers have the same treatment information.
- **Give a sincere and meaningful goodbye to patients who are leaving the hospital.** Ask how their experience was and how it could be improved.

To learn more about how to ensure that patients have a positive, five-star experience, review the service excellence resources at restricted.hopkinsmedicine.org/service/tools/hcahps_improve.html.

—Janet Anderson

Honoring Henrietta Lacks

RUHA BENJAMIN, AUTHOR OF *People's Science: Bodies and Rights on the Stem Cell Frontier*, will deliver the annual Henrietta Lacks Memorial Lecture on Saturday, Oct. 10, in Turner Auditorium on the Johns Hopkins East Baltimore Campus.

The free event, sponsored by the Johns Hopkins Institute for Clinical and Translational Research runs from 8:30 a.m. to 12:30 p.m.

In addition to Benjamin, who is an assistant professor at Princeton University, speakers include Dr. and Mrs. Roland Pattillo, Morehouse College; John Joseph Strouse, assistant professor, Johns Hopkins School of Medicine; and members of the Lacks family.

The 2015 winners of the Henrietta Lacks Dunbar Health Sciences Scholarship and the Urban Health Institute's Henrietta Lacks Memorial Community Award will be announced.

The annual event seeks to describe the reach and complexity—biomedically and ethically—of the story of Henrietta Lacks and HeLa cells. It honors her contribution to research, and provides insight into important issues surrounding clinical research. Advance registration is required.

Learn more at ictr.johnshopkins.edu/lecture.

School of Medicine Reaches Milestone: 200 Women Full Professors

BEHAVIORAL SCIENTIST FELICIA Hill-Briggs studies health disparities and how high-risk populations manage diabetes and other forms of chronic disease. She is also the 201st woman to become a full professor at the Johns Hopkins University School of Medicine. Her recent promotion marks the next chapter in the story of women in medicine at Johns Hopkins.

Janice Clements, vice dean of the faculty, will make opening remarks and Paul Rothman, dean of the medical faculty and CEO of Johns Hopkins Medicine, will speak about the school of medicine's strides toward gender equity at “Celebrating 200+ Women Professors,” an event scheduled for 4 p.m. on Wednesday, Oct. 14, in the Chevy Chase Bank Auditorium at The Johns Hopkins Hospital. The occasion will honor the achievements of Hill-Briggs, who will speak at the event, and 211 other women who have attained the highest academic rank at Johns Hopkins over the past century.

Also slated to speak are Susan Michaelis (No. 90) of the Department of Cell Biology; Julie Freischlag (No. 95), former director of the Department of Surgery, now dean of the University of California Davis School of Medicine; and Linda Fried (No. 50), formerly of the Department of Medicine, now dean of Columbia

University's Mailman School of Public Health.

These speakers were chosen, in part, because of the diversity of their training and careers, says Barbara Fivush, associate dean of women in science and medicine and professor of pediatrics, who organized the event. Michaelis has a Ph.D. in the basic sciences, Hill-Briggs has a Ph.D. in the behavioral and social sciences, Freischlag is a surgeon, and Fried is an M.D. and has an M.P.H. in epidemiology. “It's exciting to see that women have made their journey to professorship along different pathways,” she says.

The first woman to attain a full professorship at the school of medicine was Florence Sabin, in 1917. In 2003, the school promoted its 100th woman to that rank: Judith Karp is now professor emerita of oncology and the former director of the Johns Hopkins Kimmel Cancer Center's Leukemia Program.

That it took more than a century to reach the 100 milestone and only 12 additional years to reach the 200 mark is a testament to the institution's commitment to gender equity, Fivush says. “We view this as a huge shared accomplishment: So many of our earlier women professors paved the way for other women to achieve this rank and honor.”

—Christina DuVerney

Women in Medicine at Johns Hopkins, Then and Now

1893: Philanthropist Mary Elizabeth Garrett funds the founding of the school of medicine.

1917: Florence Sabin, in the Department of Anatomy, is promoted to full professor—the first woman to hold that rank. She distinguishes herself by studying the lymphatic system and histology. She is the first female member of the National Academy of Sciences.

1959: Helen Taussig, the founder of pediatric cardiology and a Lasker Award winner, is the second woman promoted to full professor.

2003: 100th woman is promoted to full professor.

2015: The 200th woman is promoted to that rank.



INTEGRATION

MyChart Gains Users

More Johns Hopkins Medicine patients than ever are activating their MyChart portals to see test results and to communicate with providers. “The feedback I'm getting from patients is that it makes them feel more empowered and connected to their health care,” says Steve Klapper, project leader for Epic, the electronic medical record system that powers MyChart.

Among people treated at Johns Hopkins in the past year, more than 30 percent of outpatients and 20 percent of inpatient and Emergency Department users have signed on to MyChart, Klapper notes.

Several improvements are making MyChart more useful, he says. Some departments now enable scheduling directly through MyChart, and others are piloting OpenNotes, which lets patients

see information written by their providers. A Spanish version of MyChart is expected by year's end.

—Karen Nitkin

MyChart Patient Activation



*Activation through Aug. 31



Felicia Hill-Briggs, in Her Own Words

I'm No. 201! At first I thought it was an odd number, just out of the first 200, but now I think it is symbolic. I think the next 100 women will likely reflect more of the things I reflect, not just in terms of racial and ethnic diversity, but also in terms of a broadening of academic disciplines and expertise.

When I first came to Johns Hopkins, there was still some skepticism about what a behavioral scientist could contribute within some of our academic medicine divisions. That has shifted as health care reform has moved us away from an acute care delivery model to one with a much greater emphasis on prevention and chronic disease management. Lifestyle drives so much of health outcomes. Modifying behaviors requires integrating behavioral treatments and specialists into medicine, because you can't make the patient healthy without the patient's help. Until routine medical care addresses patient engagement and patients' preparedness to manage their own health, you'll never have optimal health outcomes.

Felicia Hill-Briggs is senior director of population health research and development for Johns Hopkins HealthCare and a professor in the departments of Medicine and of Physical Medicine and Rehabilitation. She is also co-leader for behavioral, social and systems science at the Institute for Clinical and Translational Research; director of the Behavior and Psychometrics Subcore in the Diabetes Research Center; and a member of the core faculty at the Welch Center for Prevention, Epidemiology, and Clinical Research.

Going the Extra Mile

(continued from page 1)



Case managers at work. Top to bottom: Eugene Cooper Jr. and Mary Beth Watson; Mary Lou McCurdy and Nicole Brown; Florence Bumbrey and Michelle Robbins.



the Maryland Children's Health Program. They have one or more conditions, such as diabetes, cancer, obesity or HIV, as well as challenges with transportation, language or housing that impair their ability to access services and information.

These registered nurses serve as assistants, advocates and sounding boards. They organize transportation to doctors, connect people with housing and child care, recommend dentists, research treatment options, offer nutrition advice and bolster sagging spirits. The goals: improve health, reduce emergency room visits and trim hospital stays.

The case managers work with some people for just a few months, guiding them through a pregnancy or particular challenge. But they remain with others for years, sharing moments of despair and hope.

Brown has experienced more than her share of challenges. Her other daughter gave birth to a son just months before graduating from high school. Then Brown received the devastating news that her cancer was

spreading. McCurdy responded by adding the teen and second baby to her caseload, working even harder to lift Brown's spirits.

On a recent visit, though, Brown sounds defeated. "I'm just tired," she mutters, her head in her hands. Brown is tired of treatments that don't cure her, tired of wondering what will happen to her family after she is gone. And she's tired of trudging up and down those exhausting stairs.

But she's not tired of McCurdy, who telephones or visits every day. "She's a rock," says Brown. "Some days I don't expect her to call, but she does. It breaks up my day."

"She Tells Me to Never Give Up"

On the Eastern Shore, each Johns Hopkins caseworker manages 65 to 70 clients in a territory spanning the entire state of Maryland east of the Chesapeake Bay Bridge—some 4,834 mostly rural square miles. All live on the Eastern Shore and know the local doctors.

Case manager Mary Beth Watson, for example, still spends hours with patients at Peninsula Regional Medical Center in Salisbury, where she was an oncology nurse before switching to Johns Hopkins HealthCare case management five years ago. She met Gene Cooper Jr., 50, at the hospital as he began chemotherapy and radiation for cancer in his brain, lungs and lymph nodes.

"My goals are to make sure he knows who to call when he needs to call, and make sure if he's not feeling well that there's somebody he can reach out to," says Watson.

Cooper says he was "raised old-school" and doesn't like getting help. He quit high school after 10th grade and has always supported himself in construction, building houses "from the foundation up," he says with pride.

But now, unable to work and addled by the chemicals coursing through his system, he's grateful for Watson's

A Day in the Life

Eastern Shore case managers drive hundreds of miles some days, grabbing sandwiches on the road as they travel from one patient visit to the next. They usually work alone.

Michelle Robbins begins most days at 7:30 a.m., checking messages and writing reports. She's often back at her computer late the same night, searching for more information about an illness or making sure she hasn't overlooked a potential resource.

For each new referral, a case manager spends a couple of hours filling out documents. Then there are phone calls, to check in with clients, schedule visits, find resources and advocate for benefits.

Case managers try to visit or call each client at least once a month and contact some people several times a week. Because the Eastern Shore is large, they arrange just one or two in-person appointments a day.

However, plans often fall apart. Robbins recently arrived at Peninsula Regional Medical Center in Salisbury at 9 a.m. to meet a patient who said she had an appointment at that time. The appointment was actually at 10, and the patient, suffering from a stomach ailment, never appeared or called to cancel. "Our folks' lives are just so chaotic sometimes," Robbins says.

Mary Lou McCurdy recently drove an hour and a half each way to visit children referred by their primary care doctor for help combatting obesity. When she arrived, she saw that the parents were overweight as well. She gave the parents pedometers and used a drawing of a plate to discuss portion size, interventions that would not be possible over the phone.

"There's growing evidence that outcomes improve when you are face to face," says Linda Dunbar, Johns Hopkins HealthCare's vice president for population health and care management.

—KN

cheery assistance. "I get grumpy," he says, "and she tells me to never give up."

Watson visits Cooper at the hospital and at the Roaring Point Waterfront Campground in Nanticoke, where he temporarily shares a one-bedroom trailer with his fiancée and their two dogs. The nearest grocery store is 35 minutes away; the hospital is just as far. Cooper hopes his friends can remove the unhealthy mold in his own Salisbury home, which is much closer to the hospital and stores, so he can move back before the campground closes in November.

"Like a Sister"

Michelle Robbins has been Florence Bumbrey's case manager since Bumbrey was diagnosed with diabetes three years ago. Now Bumbrey, who lives in Fruitland with her husband, Robert, and their chihuahua, Lady, faces a new challenge. A rare cancer, epithelioid heman-gioendothelioma, is growing in her lungs.

Bumbrey, 58, is trying chemotherapy, but doctors don't know if it will help. "I'm going to be a fighter to the end," Bumbrey tells Robbins. "Sometimes I just lie in bed and cry because I don't know how I got this type of cancer. I'm praying for a cure."

As the two chat, Robbins encourages Bumbrey to keep taking walks with Lady and asks what she's planning for lunch. More than once, Robbins has looked at the food in her patient's pantry, suggesting easy improvements, like switching from white to whole-grain bread.

"She's more like a sister," Bumbrey says of Robbins. "I can talk to her. When I get some medical news, I call Michelle. She gives me good advice."

—Karen Nitkin

To find out more about Johns Hopkins HealthCare and its case management program, visit bit.ly/jhhealthcare.

Johns Hopkins Singapore Comes of Age



The intake desk at Johns Hopkins Singapore is the first stop for thousands of patients from within and beyond Singapore in need of cancer treatment.

IT'S A SWEET 16 YEAR FOR JOHNS HOPKINS Singapore, the first global venture of Johns Hopkins Medicine. Johns Hopkins began its partnership with the Singapore government's National Healthcare Group in 1999. At that time, the goal was to establish a cancer center in Singapore's National University Hospital. The joint venture answered a local need for advanced oncology services and the question of how to connect interested Johns Hopkins researchers with patients who have cancers endemic to that part of the world, such as liver and nasopharyngeal cancers.

Now, with a staff of 115 from nearly a dozen countries, the organization has become a hub for medical research, education and cancer treatment. "It's grown from a clinical trials unit to a leading cancer center in Southeast Asia," says Johns Hopkins Singapore CEO Lawrence Patrick.

Johns Hopkins Singapore's scientists have conducted more than 200 clinical trials—32 are active now—and published more than 100 papers considering subjects as diverse as the economics of cancer treatments and the efficacy of a certain drug on treating lung cancer in Indian patients.

Education has emerged as an equal priority.

Since the founding of a residency program for Johns Hopkins medical residents in 2006, Johns Hopkins Singapore now offers 10 accredited nursing and clinical education programs for future practitioners. More than 120 residents have performed rotations there.

In 2004, Johns Hopkins Singapore became that nation's first private medical center to achieve Joint Commission International accreditation. The next year, it relocated to Tan Tock Seng Hospital to meet the demand for inpatient care and expanded its clinical services. Now, outpatient visits hover near 30,000 per year, with many patients coming from beyond Singapore's borders.

The organization's ties to Johns Hopkins Medicine remain palpable to Kate Waldeisen, a project administrator at Johns Hopkins Medicine International who spent two months at Johns Hopkins Singapore during her administrative residency. "It's like we integrated a microcosm of Johns Hopkins into a public health system halfway around the world," she says.

—Cynthia Governs

To learn more, visit hopkinsmedicine.org/singapore.

2004: Johns Hopkins Singapore achieves Joint Commission International accreditation.

2006: Medical residency program founded.

1999: Johns Hopkins Singapore established as a joint venture between Johns Hopkins Medicine and the Singapore government.

2005: Santa Fe Relocation Services, a global relocation and shipping company, establishes a fund for Johns Hopkins Singapore's breast cancer research efforts. The company has contributed almost \$4.25 million to various investigations.

2015: Close to 30,000 outpatient visits per year.

Making It Personal

Care Team Board Puts Names to Faces and Faces to Roles

THE LABOR AND DELIVERY UNIT IN THE JOHNS HOPKINS HOSPITAL IS NOW USING a high-tech digital board that shows photos with the names and roles of all staff members working on the unit, thanks to the computer-based Tap N Go system that uses employees' ID badges. Images are pulled from JHED accounts, and roles are assigned and managed through a Web application.

Beginning with the charge and triage nurses, the big Care Team Board in front of the nurses' station on Zayed 8E includes nurses, physicians, environmental care staff, patient service coordinators, clinical technicians, unit associates and many other roles in the unit. With a quick check of the board, a nurse can put a face to the name of an attending physician, while a physician can identify an anesthesiology resident before heading to the operating room.

Improved communication leads to improved coordination, users say. Consider it an idea whose time has finally arrived.

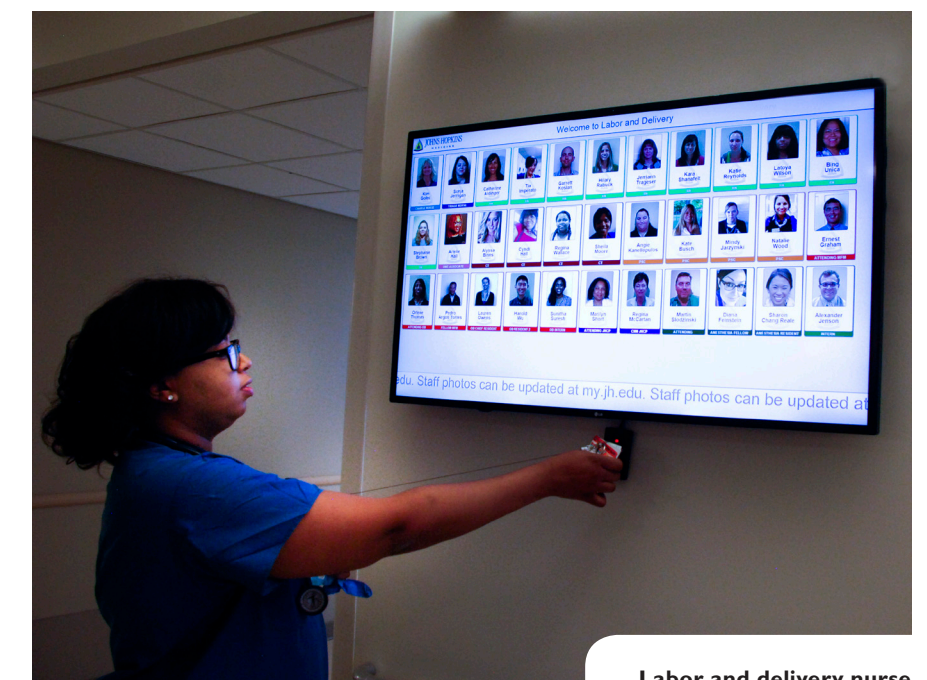
Ten years ago, Susan Will, a patient safety nurse in labor and delivery, thought a staff ID board would help build successful teams. She encouraged staff members to post their photos, names and roles on a magnetic board when they reported to work. As the initial system required staff members to remember to remove and replace their photos each day, the process was ultimately deemed too burdensome.

After the unit moved to the Sheikh Zayed Tower in 2012, a new Care Team Board was created as a Comprehensive Unit-based Safety Program (CUSP) project, in collaboration with the Integration Services Group in Information Technology.

"With a larger staff and a bigger physical unit to navigate, the CUSP team saw a real need in knowing who was on the unit and who was doing what," Will says. She and clinical informatics coordinator Rhonda Johnson took their problem to Eric Schmitt and Kirby Smith of the Integration Services Group, who helped produce the digital solution.

Labor and delivery is now adding a second Care Team Board on the other side of Zayed 8, while the neonatal intensive care and pediatric emergency units have already implemented their own boards.

—Alex Bowers



"EVERYONE SMILES THE FIRST TIME THEY SEE THEIR PICTURE ON THE BOARD. IT WAS ESSENTIAL TO INCLUDE EVERYONE TO BUILD A SUCCESSFUL TEAM ENVIRONMENT."

—SUSAN WILL

Labor and delivery nurse Tanesha Stokes taps the new board to see who will join her in the OR.

Education + Clear Communication = Better Patient Care

Johns Hopkins Medicine is making sure patients and caregivers have the information they need in formats that are right for them at the right time.

PICTURE THIS SCENARIO: A husband listens attentively as a nurse explains how to empty his wife's surgical drain in order to prepare to leave the hospital after an operation. The next day, he follows the instructions but adds an extra step, rinsing the device in the family's bathroom sink. As a result, the woman's incision becomes infected, requiring additional surgery.

Such well-meaning mistakes are not uncommon. "One of the reasons patients are readmitted is because they fail in self-care, such as keeping wounds clean," says Amy Deuschendorf, vice president for care coordination for The Johns Hopkins Hospital. "There's a lot of evidence that patient and family education makes a difference."

Deuschendorf and Kathy Smith, vice president of marketing and communications for The Johns Hopkins Hospital, are working with colleagues across Johns Hopkins Medicine on a sweeping overhaul of patient and family education. As co-chairs of Johns Hopkins Medicine's Patient and Family Education Steering Committee, they are leading the effort to create a vision and plan for delivering consistent, accurate health care information to patients and families.

The goal is to identify educational formats that are relevant to each stage of a patient's treatment, such as presurgery,



Technologies such as the tablet, shown here, are part of a patient and caregiver education plan that provides information in a variety of formats.

at the bedside in the hospital or at home postdischarge. The materials must also meet each patient's health literacy, or ability to understand and process information about his or her condition and care.

Historically, Johns Hopkins departments developed or purchased their own patient education materials. As a result, many patients and families received jargon-laden information derived from multiple sources, which often proved repetitive, contradictory or unnecessary. The steering committee is committed to

paring down such information to the essentials: care instructions, next steps and red flags, all in plain language.

Patients will receive materials tailored to their conditions and health literacy via many mediums, including hospital room televisions, tablets provided to inpatients, emails, printed documents and the MyChart patient portal of the Epic electronic medical record system.

Rollout and updates of these educational materials will be governed by a new Center for Patient and Family Education, and by the patient and family education

Reinforcing the Message

Programs to improve patient and family education are already underway at The Johns Hopkins Hospital and at other Johns Hopkins Medicine affiliates. These include:

- **Bridge to Home** asks patients to enlist a family member or friend to act as a "health buddy" to hear discharge instructions and assist with home care. "When patients are in the hospital, they are not in their most teachable moment," says Hannah Miller, a Johns Hopkins Hospital nurse who helped develop the program. "It's always good to have a second set of eyes and ears on the care and discharge plan."
- **Teach-back** is a communication technique for nurses, physicians and pharmacists. The method asks patients and caregivers to repeat what they have learned from health care providers, instead of simply saying they understand.
- **Tablet education** provides devices so patients can watch short videos on topics such as chemotherapy and treatment for congestive heart failure. —KN

committees at each Johns Hopkins Medicine entity. The steering committee plans to finalize a recommendation and plan by January and to begin introducing new content incrementally across the health system by the fall of 2016. —Karen Nitkin



Members of The Fund for Johns Hopkins Medicine team proudly display the amount of money raised in FY15.

Fast Facts About Fiscal Year 2015 Philanthropy

The Department of Neurosurgery raised **\$50 million**.

The Department of Medicine raised a record **\$44 million**.

The Johns Hopkins Children's Center had its best year ever. It raised **\$18.7 million**, surpassing its goal by 144 percent.

The single best month in the history of the fund was June 2015. It raised a total of **\$119 million**.

More than **\$30 million** was raised by four of Johns Hopkins Medicine's member hospitals: All Children's, Howard County General, Suburban and Sibley Memorial.

There were **41,000 unique donors**.

Sixty donors gave more than **\$1 million**. Eight of the donors gave more than **\$5 million**.

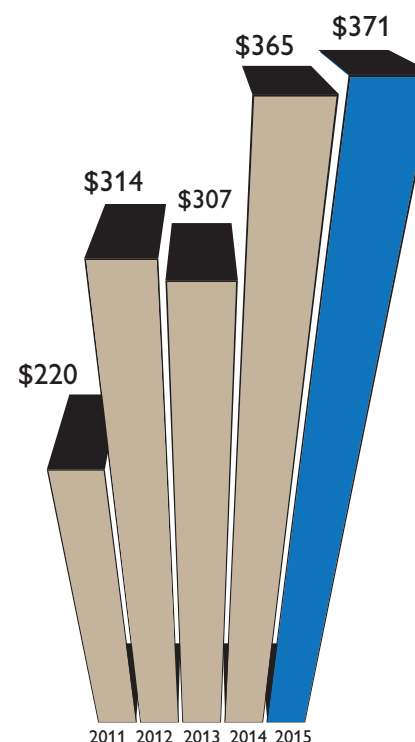
Sixty-one gift officers from the fund visited **5,900 potential benefactors**.

Source: *The Fund for Johns Hopkins Medicine*

A Very Good Year

In fiscal year 2015, Johns Hopkins Medicine raised more than \$370 million to support its mission of research, education and patient care.

Fundraising progress in millions



JOHNS HOPKINS MEDICINE BOARD OF TRUSTEES MEMBER LOUIS Thalheimer recently pledged \$5 million to launch a translational pre-seed grant program for Johns Hopkins scholar-inventors. "It will provide an injection of much-needed capital to projects that have well-defined commercialization milestones," says Christy Wyskiel of Johns Hopkins Technology Ventures. "It's a critical addition to the budding Johns Hopkins investment ecosystem." (See sidebar.)

The new program is one example from a successful year of fundraising for Johns Hopkins Medicine. In fiscal year 2015, The Fund for Johns Hopkins Medicine raised more than \$370 million to help support its tripartite mission of research, education and patient care.

As part of The Johns Hopkins University's Rising to the Challenge \$4.5 billion campaign, the fund has pledged to raise \$2.4 billion—slightly more than half. So far, it has raised roughly \$1.7 billion. It seeks an additional \$750 million over the next two years of the campaign, according to Steve Rum, Johns Hopkins Medicine's vice president for development and alumni affairs.

The goal for fiscal year 2016 is \$375 million—more than \$1 million a day. Averaging more than \$300 million per year in gifts, Johns Hopkins Medicine is among the world's leaders in hospital and medical philanthropy.

—Linell Smith

The Importance of Early Support

The Louis B. Thalheimer Fund for Translational Research was established to provide critical funding for projects with a clear commercialization pathway. For example, investigators at the Johns Hopkins University School of Medicine recently identified a therapeutic compound that can reinvigorate the internal system that appears to control the speed at which chronic wounds can heal. The discovery of this novel topical agent, which builds on earlier unique findings, may significantly accelerate healing, according to Christy Wyskiel of Johns Hopkins Technology Ventures.

She says that the researchers had all the right scientific ingredients for success but needed help putting together a plan to translate the technology to market and garner additional funding. Although their project received funding from the Maryland Technology Development Corporation, such ventures often lack the money to take the product to the next stage of validation work. Thalheimer Fund awards will now help support that important step.

—LS

IN BRIEF

Help Change the Odds for Families and Communities

The 2015 United Way Campaign kicks off on **Wednesday, Oct. 21**. Johns Hopkins Medicine will continue its efforts to make a positive impact for families in need. There are

many opportunities for giving to United Way, such as donating to the general gift fund; selecting a specific initiative to support, such as the family stability initiative; and designating the charity of your choice. The campaign runs through Dec. 11. To learn more about United Way and how you can make a difference, visit hopkinsmedicine.org/unitedway.



Women's Board volunteers Barbara Dover, left, and Duffy Weir replenish racks at the 2014 Best Dressed Sale.

Shop-Till-You-Drop Altruism

Step into a 19th-century carriage house to bag bargains on new and vintage clothing for women and men at the 48th annual Johns Hopkins Hospital Best Dressed Sale. Held by the Johns Hopkins Hospital Women's Board, the free event takes place from **Friday, Oct. 30, through Sunday, Nov. 1**, at the Evergreen Carriage House at 4545 N. Charles St. Hours are: **Oct. 30, from 10 a.m. to 7 p.m.**; **Oct. 31, from 10 a.m. to 3 p.m.**; and **Nov. 1, from 11 a.m. to 3 p.m.** A special preview party and sale will be held on **Oct. 29 from 4 to 8 p.m.** It costs \$45 in

advance and \$55 at the door. Over the years, the sale has raised millions of dollars for patient care at The Johns Hopkins Hospital. This year, proceeds will support ultrasound equipment for prenatal care, bone densitometry equipment, and schools of nursing and medicine scholarships, among other projects. Learn more at womensboard.jhmi.edu or call 410-955-9341.

Voyage to Better Health A *Woman's Journey*, Johns Hopkins Medicine's annual conference on women's health topics, will take place on **Saturday, Nov. 14**, at the Hilton Baltimore. Now in its 21st year, the daylong symposium brings together Johns Hopkins health experts to discuss such subjects as preventing bone loss, seasonal affective disorder and targeted cancer treatments. Keynote speaker Nellie Shuri Boma, a native of Cameroon, will share the story of how she became the first female medical director of a leading hospital in Abu Dhabi. At lunch, WJZ-TV anchor Denise Koch will offer her perspective on overcoming health challenges. Employee discounts and continuing medical education credits are available. To learn more and to register, call 410-955-8660 or visit hopkinsmedicine.org/womansjourney.



Open Enrollment Reminder

The open enrollment period for selecting health insurance and benefits runs from **Monday, Oct. 19 through Monday, Nov. 2** for most employees. A forthcoming newsletter will announce the rates and some changes to benefits. The aforementioned dates apply to employees of The Johns Hopkins Hospital and Health System Corporation, Johns Hopkins Bayview Medical Center, Johns Hopkins Community Physicians, Johns Hopkins HealthCare, Johns Hopkins Home Care Group, Sibley Memorial Hospital and Howard County General Hospital. Open enrollment period for All Children's Hospital takes place from **Oct. 14 through Oct. 28**; for Suburban Hospital, **Nov. 2 through Nov. 20**; and for the school of medicine, **Oct. 14 through Nov. 11**. Check with your organization for details on rates and plan changes.

Get Your Flu Shot!

Johns Hopkins Medicine will kick off the 2015 flu vaccination campaign on **Monday, Oct. 5**. An annual flu vaccine is the most effective way to protect Johns Hopkins patients, family members, visitors and employees from the threat of infection. Free flu shots will be available on-site and at select Walgreens locations. All employees, trainees, faculty members, students, contractors and volunteers covered by the mandatory flu vaccination policy, such as those who work in patient care areas, must receive a flu vaccination and provide documentation by Tuesday, Dec. 1. If you have a valid medical or religious reason for not getting a vaccination, you must request an exception by Tuesday, Nov. 3. (The corresponding deadlines for All Children's Hospital are **Oct. 20** for an exception and **Nov. 20** for vaccination.) Those who are not in compliance by the deadlines risk losing their jobs and clinical privileges. Learn more at hopkinsmedicine.org/mandatory_flu_vaccination.



Elected to Board



Paul B. Rothman, M.D., dean of the medical faculty and CEO of Johns Hopkins Medicine, has been elected to the 14-member board of directors of Merck, the global health care company that provides prescription medicines, vaccines, biologic therapies and animal health products to more than 140 nations. Rothman, a rheumatologist and molecular immunologist, will serve as a member of the company's research committee.

Top Cancer Docs

The Johns Hopkins Hospital, Johns Hopkins Bayview Medical Center, Sibley Memorial Hospital and All Children's Hospital all have cancer specialists who have been named to a new list of the nation's "Top Cancer Doctors 2015," compiled by *Newsweek*, in conjunction with Castle Connolly. All told, these Johns Hopkins Medicine institutions have 67 oncologists on the list.

Managing Cancer at Work Kudos

The Johns Hopkins Managing Cancer at Work program has received the 2015 Innovative Systems Change Award from the Maryland Cancer Collaborative. Johns Hopkins Kimmel Cancer Center leaders behind the Web-based resource, which supports Johns Hopkins Medicine employees affected by cancer, include **Terry Langbaum**, chief administrative officer; **Lillie Shockney**, cancer survivorship director and Breast Center administrative director; and nurse navigator **Marie Borsellino**.

Administrative Appointments



Catherine Boyne, M.H.A., has been appointed chief administrative officer for operational administration for the Department of Orthopaedic Surgery across the Johns Hopkins Health System. She will also be responsible for the strategic development and integration of the new Interdisciplinary Musculoskeletal Care Line. Boyne joined the Johns Hopkins Health System in 2011 as senior director of operations integration.

Andrea Cox, M.D., Ph.D., associate professor of medicine, has become director of the school of medicine's Medical Scientist Training/M.D.-Ph.D. Program. Co-director of the program since 2013, she succeeds **Robert Siliaciano, M.D., Ph.D.**, professor of medicine, molecular biology and genetics, and pharmacology and molecular sciences, who has headed the program since 1999.

Jonathan Efron, M.D., associate professor of surgery and chief of the Ravitch Service for gastrointestinal surgery, has been named executive vice director of the Department of Surgery. He will assist in the daily operations of the department and serve as a liaison between The Johns Hopkins Hospital and other Johns Hopkins Medicine hospitals.



Karen Haller, Ph.D., R.N., a 27-year Johns Hopkins Medicine nursing veteran, has been promoted to vice president of nursing and clinical affairs for Johns Hopkins Medicine International (JHI). Haller will work with JHI's vice president and executive medical director, **John Ulatowski, M.D., Ph.D., M.B.A.**, in developing the structure and resources needed to collaborate with health care organizations worldwide. Most recently, Haller was vice president for nursing and patient care services and chief nursing officer of The Johns Hopkins Hospital.

Patricia Phelps, M.S., Ph.D., has been named director of the Johns Hopkins Medicine Professional Development Office. The office serves graduate students and postdoctoral fellows in the schools of medicine, nursing and public health. Previously, Phelps created and led the Science, Training and Diversity Office at the University of North Carolina School of Medicine and held a leadership post at the National Institutes of Health's Office of Intramural Training and Education.



Selwyn Ray, J.D., has been appointed director of community relations for the Johns Hopkins Health System. Ray's primary responsibilities will be at the Johns Hopkins Bayview Medical Center, but he will also have a broader role in community health outreach for Johns Hopkins Medicine's academic division. Previously, Ray was executive director and senior vice president of community engagement for the Maryland Mentoring Resource Center.



Jim Scheulen, M.B.A., has been named chief administrative officer for emergency medicine services and capacity management for Johns Hopkins Medicine. In his new role, Scheulen will be responsible for fully integrating emergency medicine operations across the health system. He joined Johns Hopkins in 1990 as administrator for the Department of Emergency Medicine, a position he still holds. He later founded Johns Hopkins' Lifeline Transportation Program, co-developed the Hopkins Access Line (HAL), a dedicated resource that connects providers to Johns Hopkins physicians, and played an integral role in the creation of the Office of Critical Event Preparedness and Response (CEPAR).

EAST BALTIMORE



Peter Agre, M.D., professor of biological chemistry in the school of medicine, Bloomberg Distinguished Professor and director of the Johns Hopkins Malaria Research Institute, has received the Civilian Research and Development Foundation George Brown Award for International Scientific Cooperation for his work advancing international collaboration in science and medicine and for his active commitment to science diplomacy.

David Cooper, M.D., professor of medicine and of radiology and radiological science, has received



SUPPLIES PARTY: Johns Hopkins Medicine volunteers Elaine Welkie, left, and Selwyn Ray, to her right, fill backpacks with donated school supplies at the O'Donnell Heights Boys and Girls Club. The event was organized by April Holmes, a medication technician at Johns Hopkins Bayview Medical Center and mother to Wynter Holmes, the smiling 11-year-old at right. Holmes began collecting and giving away school supplies about five years ago. This year, she invited her co-workers to participate, and

the Johns Hopkins Bayview team donated 100 filled backpacks. The event helped more than 350 students start the academic year with pencils, notebooks and enthusiasm. Welkie is a community relations coordinator for Johns Hopkins Bayview, and Ray is director of community relations for the Johns Hopkins Health System. They are joined by Donya Jackson, a summertime Boys and Girls Club employee and a St. Mary's College of Maryland student.

the Endocrine Society's 2015 Outstanding Scholarly Physician Award. Cooper is internationally known in the thyroid and endocrine community for his work on the treatment of Graves' disease, subclinical thyroid disease and thyroid cancer.



Timothy Phelps, M.S., associate professor in and assistant director of the Department of Art as Applied to Medicine, has received the Association of Medical Illustrators' 2015 Max Broedel Award of Excellence in Education. The award is named for the founding director of Johns Hopkins' Department of Art as Applied to Medicine, the nation's first such department. Phelps also won a Certificate of Merit for his work on the book *Dance Science: Anatomy, Movement Analysis, Conditioning*.

Bethany Sacks, M.D., M.Ed., has been named director for the surgical clerkship education program in the school of medicine. A general surgeon, she will be responsible for supervising medical students' clerkship activities.

Timothy Wang, M.D., associate professor of dermatology, and **Timothy Witham, M.D.**, associate professor of neurosurgery, are two of 10 physicians nationwide to receive \$10,000 service excellence research awards apiece from the Healthnetwork Foundation.

JOHNS HOPKINS BAYVIEW MEDICAL CENTER



Allison Godsey, R.N., B.S.N., C.N.O.R., a neurosurgery specialty service coordinator in the operating room, has received the Department of Neurosurgery's Outstanding Service Award. She has led a team of dedicated OR staff members for a decade.



Amminikutty Ninan, M.S.N., R.N., C.M.S.R.N., an advanced clinical nurse, has received a 2015 GEM (Giving Excellence Meaning) Award from Nurse.com. The awards program honors outstanding nurses in regions across the country, leading to the selection of the National Nurses of the Year. Ninan, who treats patients in need of chemotherapy and bi-therapy, is one of six national winners.



Carol Sylvester, R.N., M.S., has been promoted to vice president of care management services. A 34-year Johns Hopkins veteran, Sylvester held leadership roles in Johns Hopkins Home Care Group and Johns Hopkins HealthCare before joining Johns Hopkins Geriatrics Center's leadership team 15 years ago.

SIBLEY MEMORIAL HOSPITAL



Katherine Lamond, M.D., M.S., an assistant professor of surgery who specializes in laparoscopic bariatric surgery, has been appointed medical director of the Sibley Center for Weight Loss Surgery. Before joining Sibley, Lamond served as an assistant professor of surgery at the University of Maryland School of Medicine.

SUBURBAN HOSPITAL



Joe Lindstrom has been promoted to the position of vice president of operations. A 17-year Suburban Hospital veteran, he was formerly senior director of diagnostic and support operations.

Dome

Published 10 times a year for members of the Johns Hopkins Medicine family by Marketing and Communications.

*The Johns Hopkins University School of Medicine
The Johns Hopkins Hospital
Johns Hopkins Bayview Medical Center
Howard County General Hospital
Johns Hopkins HealthCare
Johns Hopkins Home Care Group
Johns Hopkins Community Physicians
Sibley Memorial Hospital
Suburban Hospital
All Children's Hospital*

*Editor
Linell Smith*

*Contributing Writers
Janet Anderson, Alex Bowers, Christina DuVernay, Cymantha Govers, Neil A. Grauer, Judy F. Minkove, Karen Nitkin, Linell Smith*

*Copy Editors
Abbey Becker
Judy F. Minkove*

*Designer
Max Boam*

*Photographer
Keith Weller*

*Dalal Haldeman, Ph.D., M.B.A.
Senior Vice President,
Johns Hopkins Medicine
Marketing and Communications*

Send letters, news and story ideas to:
Editor, *Dome*
Johns Hopkins Medicine
Marketing and Communications
901 S. Bond St., Suite 550
Baltimore, MD 21231
Phone: 410-502-9602
Email: lsmit103@jhmi.edu

Read *Dome* online at
hopkinsmedicine.org/news/publications/
dome

© 2015 The Johns Hopkins University and
The Johns Hopkins Health System Corporation.

Follow Johns Hopkins Medicine

Facebook:
facebook.com/JohnsHopkinsMedicine

Twitter:
twitter.com/HopkinsMedicine

YouTube:
youtube.com/user/
JohnsHopkinsMedicine