Grants Give Collaborations a Running Start

University and school of medicine funding programs encourage researchers to team with experts in other disciplines.

EARLY EVERY DAY, Peter Searson, director of the Institute for NanoBioTechnology, leaves his office to run between 5 and 10 miles with members of the Hopkins Harriers, a group he helped found in 2000.

The midmorning exercise seems to sharpen his thinking, he says, and staves off late-afternoon drowsiness.

Searson studies the blood-brain barrier. He wonders if intense exercise really does improve cognition, perhaps by generating proteins that can somehow get past the brain’s protective filter.

“For years, I’ve been thinking about how I could turn my interest into an inquiry,” he says.

Searson got his chance in early 2015, when The Johns Hopkins University launched the Discovery Awards program. The fund encourages collaborative research, paying as much as $150,000 for studies led by researchers from more than one Johns Hopkins school or affiliate. The idea is to support explorations that can lead to larger, grant-funded studies, says Denis Wirtz, the university’s vice provost for research.

Within days of the Discovery announcement, Searson contacted Kerry Stewart, exercise physiologist in the school of medicine, and Howard Egeth, cognitive psychologist in the Krieger School of Arts and Sciences.

Fast forward to the summer of 2016. The three investigators are comparing notes as they stand in the Clinical Research Unit at Johns Hopkins Bayview.

(continued on page 4)
People

Ronald R. Peterson
President, Johns Hopkins Health System
Executive Vice President, Johns Hopkins Medicine

here in East Baltimore, the change of leadership at The Johns Hopkins Hospital has generated much excitement—and rightly so. Dr. Redonda Miller’s appointment to succeed me as president of the hospital on July 1 was widely applauded, and she quickly has demonstrated tremendous promise as a visionary and engaging leader.

From my vantage point as president of the Johns Hopkins Health System, I can report that The Johns Hopkins Hospital isn’t alone when it comes to exciting new developments. All of our medical centers are either completing or embarking upon noteworthy ventures. Here are a few highlights:

At Johns Hopkins Bayview Medical Center, preliminary plans are now underway for construction of a much-needed new patient tower. Johns Hopkins Bayview is the only major hospital in the Baltimore area without a complement of all-private inpatient beds. We need to change that. An integral part of the planning process includes important discussions about how to better coordinate clinical services across the two academic campuses. Examples of such joint planning efforts include maternal and child services, neurosciences, orthopaedic surgery, and other surgical and medical disciplines.

In the national capital region, great things are happening at both Sibley Memorial Hospital and Suburban Hospital. Sibley’s magnificent, beautifully designed, 200 all-private-bed medical center—appropriately named the New Sibley—opened in September after three years of construction. Budgeted to cost around $240 million, it likely will come in under budget—something that rarely happens these days! It introduces Johns Hopkins cancer care to the region with a new branch of the Johns Hopkins Kimmel Cancer Center, including expanded inpatient oncology units, a pediatric radiation oncology unit, and plans for installation of proton beam therapy. In addition, it has a new Women’s and Infants’ Services Department, with 19 private, special care nursery bassinets, an orthopaedic unit with a rehabilitation gym, and integrated technology to improve the patient and visitor experience.

At Suburban, we are planning for a comprehensive physical redevelopment of the medical center and its campus. All of this will be overseen by Suburban’s new president, Jacqueline “Jacky” Schultz, a 30-year veteran of the health care industry, who previously served splendidly as interim president for nine months before the Suburban board made her appointment permanent in July.

Just as the academic division is immersed in joint program planning, our National Capital Region Planning Committee, consisting of Sibley and Suburban board members, executive leadership, and representatives from Johns Hopkins Medicine, is also focusing intensely on determining which medical center is best suited to provide various services.

Howard County General Hospital has been inundated with new patients due to the closure of services at Laurel Regional Hospital. Howard County General is now approaching full occupancy on a day-to-day basis. Plans are underway to significantly increase bed capacity and address the substantial need to improve psychiatric facilities.

The last time I visited Johns Hopkins All Children’s Hospital in St. Petersburg, Florida, I looked out of President Jonathan Ellen’s office window and got a bird’s-eye view of the major research building currently under construction there. Five years ago, the desire of the hospital’s trustees to become an academically driven medical center was a main reason behind their agreement to join Johns Hopkins Medicine. Now, an exciting, beautiful new research and education facility will soon be part of their campus—fulfilling that long-held wish.

Exciting Developments Everywhere

Begning Semenza, whose discoveries on how cells respond to low oxygen levels could result in treatments for illnesses ranging from cancer to diabetes, is among three researchers to receive the 2016 Albert Lasker Basic Medical Research Award.

Last month, The Lasker Foundation recognized Semenza, director of the Vascular Biology Program in the Institute for Cell Engineering, along with co-winners William Kaelin Jr. of Dana-Farber Cancer Institute and Peter Ratcliffe of Oxford University, for the “discovery of essential pathways by which human and animal cells sense and adapt to the presence of oxygen.” They shared an award of $250,000.

Semenza, 60, is best known for his groundbreaking discovery of hypoxia-inducible factor 1, or HIF-1, the protein that switches genes on and off in cells in response to low oxygen levels. This finding, along with his additional work clarifying the molecular mechanisms of oxygen regulation in cells, has far-reaching implications in understanding the impact of low oxygen levels in cancer, diabetes, coronary artery disease and other conditions. His research paves the way for developing drugs that could kill cancer cells by cutting off the supply of oxygen a tumor needs to grow or could increase the ability of HIF-1 to ensure that tissues affected by such conditions as arterial disease can survive on low oxygen levels.

The Lasker Awards recognize the contributions of scientists, clinicians and public servants who have made major advances in the understanding, diagnosis, treatment, cure or prevention of human disease. They are among the most prestigious awards in science.

A native of New York City, Semenza earned his M.D./Ph.D. from the University of Pennsylvania and completed his internship and residency in pediatrics at Duke University. He began his career at Johns Hopkins in 1986 with a postdoctoral fellowship in medical genetics.

A member of the McKusick-Nathans Institute of Genetic Medicine and Johns Hopkins Kimmel Cancer Center, Semenza has authored more than 400 research articles and book chapters, which have been cited more than 100,000 times. He is editor-in-chief of the Journal of Molecular Medicine.

To learn more and to see a video, visit hopkinsmedicine.org/dome.

Patent- and Family-Centered Care

Meet the New Sibley
Long-awaited expansion offers improvements in patient-centered care and state-of-the-art technology.

The new patient tower of Sibley Memorial Hospital, which opened on Sept. 26, features 200 all-private rooms and the Sidney Kimmel Cancer Center, which offers expanded space for medical oncology, including 34 private infusion rooms and an inpatient oncology unit. In addition, the new building also contains the region’s only radiation oncology program dedicated to children. Other improvements that are part of the $75,000-square-foot hospital expansion include two floors of women’s and infants’ services and an orthopaedic unit with a rehabilitation clinic. The new patient tower will be LEED Gold Certified and includes many green features, including the largest green roof of any health care facility in Washington, D.C.

The Emergency Department, which opened last year, has 28 treatment rooms, CT and MRI capabilities within and adjacent to the new ED; and specialized, fixed decontamination showers to handle exposure to radiation, chemical or biological contaminants.

To learn more, go to hopkinmedicine.org/dome.
Johns Hopkins Comprehensive Care Center for Zika Virus Opens

The new Johns Hopkins Zika Center will diagnose and treat pregnant women, newborn babies, and men and women of all ages with the mosquito-borne and sexually transmitted virus. Scientists will assess long-term effects of the virus as well as new approaches to its prevention and treatment. Developed under the leadership of the Wilmer Eye Institute, the center is composed of providers and staff members from many adult and pediatric departments and divisions within Johns Hopkins Medicine and the Bloomberg School of Public Health.

“This breadth gives us the ability to diagnose, treat and help prevent further proliferation of disease,” says ophthalmologist and center director William May of the Wilmer Eye Institute.

Zika virus is known to cause microcephaly, a birth defect that affects the brain, but it is also reported to cause eye abnormalities in more than half of babies infected with the illness. The Wilmer Eye Institute and its faculty members will diagnose and, in many cases, treat people of all ages for eye diseases associated with Zika virus, including cataracts.

Adults and children worldwide can be referred to the center by outside physicians or through several Johns Hopkins departments and divisions, including emergency medicine and maternal-fetal medicine. Patients can also call the Wilmer Eye Institute to schedule an appointment.

—Kim Polyniak

INTEGRATION

Epic Experts Share What Works

DIANNE K. NISIKIN

Anny Lee had an idea. It was 2013, and Epic had just gone live for Johns Hopkins Community Physicians locations, including Odenton, where Lee is an internist and the office medical director. He wanted the electronic medical record system to better help clinicians meet Accountable Care Organization standards. ACOs, like the Johns Hopkins Medicine Alliance for Patients, provide coordinated care across specialties to Medicare patients.

So Lee, who leads Epic development for community physicians, created a dashboard that prompts providers to schedule track preventive care supporting ACO standards, including screenings for breast cancer, depression and fall risk.

As a result, ACO metrics improved across ambulatory sites. Breast cancer screenings for appropriate patients rose from 57 percent to 64 percent, for example. Depression screenings went from 47 percent to 74 percent, and fall risk screening jumped from 24 percent of eligible patients to 70 percent.

A few months ago, Lee took his success story to the Expert Group Meeting, an annual event hosted by the Epic Systems Corporation at its headquarters in Verona, Wisconsin. The weeklong conference attracts Epic designers and users from across the country, who share ideas and give talks about their experiences with Epic. Lee’s presentation, “Epic Tools to Meet Every ACO Metric,” was among 26 given by Johns Hopkins Medicine experts. Here are three others:

Title: Transport Goes Mobile

Presenter: Tara Waldrop, Epic applications coordinator

Technology: An app called Rover assigns and manages hospital transport, such as taking a patient from the Emergency Department to a hospital bed, or from a bed to the operating room. Transporters use mobile devices to accept assignments and indicate when they are in progress and complete. Rover provides the patient’s name, date of birth, weight, and locations of pickup and drop-off. A comment field has room for information, such as whether a patient can communicate verbally or needs oxygen.

Where and When: Rover was introduced at Johns Hopkins Bayview Medical Center in 2015.

Results: Transport time dropped six minutes because transporters have information with them and no longer have to find and use computers in the hospital.

Title: MyChart eCheck-In

Presenters: Kelly Cavallio, Epic operations administrator

Steven Klapper, Epic project lead

Technology: With eCheck-In, patients can confirm appointments, update insurance, verify medications and fill out questionnaires up to a week before their appointments. The system generates a bar code that patients bring to their appointments.


Results: About 400 patients per day use the system, which improves accuracy and saves time for office staff and patients.

Title: MyChart OpenNotes

Presenters: Howard Levy, internist and Epic physician builder

Evangeline Schindler, Epic application coordinator

Technology: OpenNotes gives patients access to the clinical notes written by their providers. Patients can find the notes through a hyperlink in MyChart.

When and Where: Voluntary pilot began at The Johns Hopkins Hospital in July 2015.

Results: Through March 15, 2016, 8,342 patients received notes from 77 providers, and 541 patients opened them. At least one patient caught an error in the notes, which was subsequently corrected. Doctors believe the system improves communication with patients and helps build a more comprehensive patient record.
Grants Give Collaborations a Running Start
(continued from page 1)

Catalyst Awards Give Early Research a Boost

Cardiologist Chiadi Ndumele recently led a study showing that people who are obese are more likely to suffer from heart failure. But hearts are funny things. That same obesity also seems to keep people with heart failure alive. Ndumele, who joined the school of medicine faculty in 2015, is using a Catalyst Award grant to try to understand why thin people with heart failure are more likely to die than overweight people with the same condition.

The Catalyst Awards program, launched by The Johns Hopkins University in 2015, gives grants of up to $75,000 for research led by investigators with three to 10 years of faculty experience (bit.ly/JHCatalyst). The first round of awards went to 37 early-stage Johns Hopkins researchers in 2016, 34 faculty members from across the institution, including neurologist David Zee, who has studied and treated inner ear and balance disorders for decades. He teamed with school of medicine colleagues, including com-

“EVEN IF THEY DON’T GET THE AWARD, THEY STILL MET AND DISCUSSED THE PLANS TOGETHER.”
—DENIS WIRTZ

More Than One Way to Fund a Study

1. Johns Hopkins Discovery Award: Grants of up to $100,000 and up to $150,000 for studies led by investigators from at least two of the university’s schools or affiliates (bit.ly/JHDiscovery).
2. Johns Hopkins Catalyst Award: Grants of up to $75,000 for investigators with three to 10 years of faculty experience (bit.ly/JHCatalyst).
3. School of Medicine Discovery Fund Synergy Awards: Grants of up to $100,000 for collaborative research with at least one investigator in the school of medicine (bit.ly/SOMSynergyFund).
4. School of Medicine Discovery Fund Innovation Awards: Grants of up to $50,000 for innovative projects led by a single school of medicine investigator (bit.ly/SOMDiscoveryFund).
In Sickness and in Health

With 147 years of combined service, four Suburban Hospital nurses share friendships forged in good times and bad.

CATCH Diane Harris and Ruthie Reutlinger-Dudley in a rare down moment, and you’ll likely find the Suburban Hospital nurses ooh-ing and ahh-ing over photos of their grandchildren. The two, along with Karen Sgueo and Ruthie Sokolove, have forged deep bonds while working together in the pre-operative care unit, where they make sure each patient is ready for the operating room.

In a hospital with about 1,800 employees, including some 600 nurses, friendships flourish in every unit. But these nurses are unusual because they’ve known each other for decades. Together, they share 147 years of Suburban Hospital nursing experience, seven grandchildren, at least 15 holiday parties and hours of conversations.

“We’ve been through deaths, births, weddings—all the major life events,” says Reutlinger-Dudley, whose mother, Juanita Reutlinger, was also a Suburban Hospital nurse.

Sgueo, 66, is Suburban’s longest-serving nurse; she donned a jaunty cap and starched white miniskirt for her first day of work in 1970. Reutlinger-Dudley, 62, boasts 41 years on the job. Sokolove, 65, clocks in at 35. Harris, 61, joined the staff 25 years ago.

The four laugh easily, tease freely, kiss cheeks and pat shoulders. Their conversation gets even more animated as they describe an annual holiday party for the 10 nurses and three technicians in their unit. Reutlinger-Dudley, known as Ruthie D., mixes her famous cosmos. Sokolove’s husband cooks the brisket, even though he, like other spouses, is not invited.

The friendships are solid things, built over time. Hard work, shared jokes and fond memories are the bricks. The mortar forms when these women lean on each other, like when a parent dies or a relative needs surgery.

“The worst was when Harris’ son died. Some people stayed away, unsure what to say or do. Not Sgueo, who had lost her son to a heart condition when he was 6. “That same day, Karen showed up at my front door with a basket of fresh muffins,” says Harris, her eyes blurring. The two grab each other’s hands as they remember.

“We’ve built a community,” says Sokolove, unit manager and the only full-timer of the four. “We know we can count on each other through thick and thin.”

—Karen Nitkin

“It’s Flu Shot Time

Johns Hopkins Medicine faculty, staff, medical students, postdocs and residents who provide direct patient care or who work in a patient area are required to get an annual flu vaccination. Starting Oct. 3, most Johns Hopkins Medicine employees will be able to get a free flu shot at one of the health system’s on-site vaccination clinics, as well as at participating Walgreens. Johns Hopkins physicians and providers will not offer FluMist, nor accept it in lieu of a shot, because an advisory from the Centers for Disease Control and Prevention states that nasal spray vaccines have not been effective during the past two seasons. For all member organizations except Johns Hopkins All Children’s Hospital, the deadline to comply with the mandatory vaccination policy is Dec. 6; the deadline to request a medical or religious exemption from the policy is Nov. 1. The compliance deadline for Johns Hopkins All Children’s is Nov. 14, and the exemption deadline is Oct. 14. For more information and for a list of dates, times and locations for flu shots, visit bit.ly/jhmflushots
CPR in the OR

Employing a “rapid-cycle deliberate practice” simulation model, Johns Hopkins pediatric anesthesiologists shave critical seconds off the time from cardiac arrest to cardiopulmonary resuscitation.

**Pediatric anesthesiologist**

Rahul Koka recalls the cardiac arrest and resuscitation of a good friend in the operating room at a community hospital. What impressed him was the speed at which anesthesiologists began chest compressions and defibrillation, so much so that the experience spurred him to develop ways to improve resuscitation in the pediatric OR, including a new quality improvement initiative at the Johns Hopkins Children’s Center.

“This project is personal for me,” says Koka. “Despite some tremendous odds working against my friend, he was successfully resuscitated due to a very good protocol for cardiopulmonary resuscitation.”

Johns Hopkins has very good arrest protocols for both adults and children, Koka says, but for an intervention where seconds can make the difference between life and death, there’s always room for improvement. It’s well-documented in the literature, Koka explains, that for every minute without chest compression or defibrillation after cardiac arrest, there is a 10 percent drop in survival. “You need good chest compressions quickly.”

In that regard, Koka’s “rapid-cycle deliberate practice” simulation stresses repetition, repetition and more repetition. Under Pediatric Advanced Life Support, or PALS, protocols, Koka notes, current CPR practice recommends didactics and simulation every two years. In his mind, that’s not often nor repetitive enough.

“The argument I would make is that’s not how violinists or pianists practice—they do it over and over and over again,” says Koka. “That’s how we’re aiming to practice.”

Importing in part the CPR protocol pioneered in the Johns Hopkins pediatric intensive care unit, Koka increased the frequency, length and depth of the simulations, adding pre-training simulations and debriefing surveys to assess the team’s confidence and performance in conducting the code. Simulation training sessions that took 30 minutes in the past now last an hour or more.

“We’d simulate an arrest, do compressions, then talk about what we did, and that was it,” says Koka. “But for this quality improvement protocol, that’s just the beginning, the first third of a simulation training. We go in, do the simulation, debrief, and then we do it again and again until we get it right.”

Getting it right means nuanced the protocol to chip seconds off of the time to chest compression and defibrillation. The simulations are also highly individualized to the anesthesiologist leading the code, who may believe, for example, that resuscitation can go quicker with the code cart on his right side rather than his left.

The results? Koka’s goal was chest compression within 10 seconds—and defibrillation within 30 seconds—of arrest. Anesthesiologists participating in the initiative were able to reduce the average time to compressions from 150 seconds to 2 seconds and the average time to defibrillation from 232 seconds to 31 seconds.

An added value of the QI initiative is its potential for influencing CPR simulations at other children’s hospitals. Greater frequency and intensity of simulations, says Koka, will help fight the learning decay that typically occurs six to eight months after a training simulation.

“Ideally, you want to be repeating this about every six months using different techniques and expanding it beyond attending physicians,” says Koka. “I would like to include nurse anesthetists as well.”

—Gary Logan

**IN BRIEF**


This year’s annual United Way campaign, beginning Thursday, Oct. 13, is focused on improving life for families and their communities. By participating in the annual campaign, you can help ensure that children succeed in school, and that families have access to healthy meals, resources for employment and a place to call home.

Visit hopkinmedicine.org/unitedway to make your contribution and to learn more about United Way programs. You can choose where your dollars go, such as the general United Way fund or a specific initiative supporting your community or county, like the Johns Hopkins Neighborhood Fund. You can also direct your donation to a 501(c)(3) charity of your choice.

**Special Town Meeting on Community Engagement**

Johns Hopkins Medicine’s commitment to the communities it serves was built into the founding of The Johns Hopkins Hospital and has continued through countless programs and initiatives in the decades since. Mark your calendars to join Paul Rothman, dean of the medical faculty and CEO of Johns Hopkins Medicine, on Thursday, Oct. 20, from 12:30 to 1:30 p.m., in Hurd Hall for a special Town Meeting on community engagement.

Meeting on community engagement. Live-streamed to all member organizations, the event will feature updates on Johns Hopkins Medicine’s current and planned community programs, and an expanded Q&A session to allow faculty members, staff members and students to provide feedback and ask questions about the institution’s community engagement efforts.
Alex Garza was pan-roasting halibut and plating shrimp when the rain began. Nearly 6 inches fell in two hours, creating a furious brown river that took two lives and destroyed Ellicott City’s historic downtown. When cars began floating past Tersiguel’s French Country Restaurant, Garza and the other cooks stopped working to make sure the gas was off and customers were safe.

The July 30 flood shuttered Tersiguel’s and about 90 other businesses, putting more than 450 people out of work. When the water receded, Garza walked home carrying his 9-inch culinary-grade knife and wondering where he would work next.

Less than a month later, Garza, 29, started a full-time job as a line cook for Howard County General Hospital. “Being able to serve others goes a long way in the healing process,” he says. Recruitment specialist Ana Liesch says she hopes to hire other locals who lost jobs due to the storm, billed as a once-in-a-thousand-year event.

“We are providing support any way we can,” says hospital President Steven Snelgrove. “It may mean asking for volunteers to serve those who are doing the physical labor. It may mean moral support.”

In mid-August, as heat and humidity soared to dangerous heights, the hospital set up first-aid tents along Main Street. Nurses treated people for high blood pressure, exhaustion and dehydration during two days of emotional cleanup. On Oct. 1, a group of hospital volunteers was scheduled to clear debris from a litter-filled portion of the Patapsco River.

Nonprofits, individuals and governments have all stepped forward to begin the process of restoring downtown Ellicott City. The hospital, meanwhile, has been fulfilling its role as healer. It also gave $10,000 from its community funding program to the Ellicott City Partnership, which is directing 100 percent of donations toward rebuilding efforts.

Karen Nitkin
Lasker Award

Gregg Semenza, M.D., Ph.D., whose discoveries on how cells respond to low oxygen levels could result in treatments for illnesses ranging from cancer to diabetes, is among three researchers to receive the 2016 Albert Lasker Basic Medical Research Award. The Lasker Foundation recognized Semenza, along with co-winners William Kaelin Jr., M.D., of Dana-Farber Cancer Institute and Peter Ratcliffe of Oxford University, for the “discovery of essential pathways by which human and animal cells sense and adapt to the presence of oxygen. Semenza is best known for his groundbreaking discovery of hypoxia-inducible factor 1, or HIF-1, a protein that switches genes on and off in cells in response to low oxygen levels. He is a member of the National Institute of Biomedical Imaging and Engineering, the McKinsey-Na- thans Institute of Genetic Medi- cine, and Johns Hopkins Kimm- cell Cancer Center.

New Senior Director for the Johns Hopkins Health System

Angelo Mojica, Ph.D., has been named the senior di- rector of food and culinary services for the Johns Hopkins Health System. Mojica will provide leadership to all food services departments and be responsible for integration of the food service operations among each of the five Johns Hopkins hospitals. He will oversee the health sys- tem’s food supply chain initiative and collaborate across the system to improve patient satisfaction and employee engagement in food service operations. Prior to joining Johns Hopkins, Mojica was responsible for the food service and culinary nutrition operations at the Uni- versity of North Carolina at Cha- pel Hill.

Damon Runyon Awards

Daniel Goldman, M.D., Ph.D., Michael Koldobskiy, M.D., Ph.D., and Cara Rabib, M.D., Ph.D., all oncology fellows, were each awarded a four-year, $248,000 award to support their basic science research. One award is a Damon Runyon Cancer Research Foundation Fellowship. The rheumatologist, Damon Runyon-Sohn Pediatric Fellowship Awards. Goldman, whose research focuses on the protein signaling pathway that leads to cancer, received the Runyon research foundation fellowship. Koldobskiy, who studies the relationship between epigenetic modifications, the chemical modifications that modify a gene’s expression without changing the gene’s sequence, and Rabib, who examines how mutations in the Wnt gene result in acute myeloid leukemia, each received a Runyon-Sohn fellowship. Runyon was a famous boxer and author who died of cancer in 1946. The Sohn foundation was founded in 1945 and is dedicated to the treatment of pediatric cancer and the care of children with diseases. It honors the memory of Ira Sohn, an investment trader on Wall Street, who died of cancer at 29.

Blue Distinction Center Honors

CareFirst BlueCross BlueShield has designated Johns Hopkins Bayview Medical Center as a Blue Distinction Center for Knee and Hip Replacement. Earlier this year, Howard County General Hospital was designated a Blue Distinction Center for Maternity Care, a new programmatic area under the Blue Distinction Specialty Care Program, which recognizes health care facilities nationwide for demonstrating expertise in delivering quality care safely, effectively and cost-efficiently.

Quality Innovation Awards

Howard County General Hos- pital and Johns Hopkins Bay- view Medical Center have re- ceived the Virginia Health Qual- ity Center Quality Innovation Award for improving patient care and reducing hospital-acquired infections in 2015. Granted to the top 10 percent of hospitals in Maryland, Virginia and West Virginia, the award is based on patient safety and service scores. The evalua- tions used data from the Targeted Assessment for Prevention, deliv- ered by the Centers for Disease Control and Prevention, and the Hospital Consumer Assessment of Healthcare Providers and Sys- tems.

Comprehensive Stroke Center

Johns Hopkins Bayview Medical Center has been issued a full designation as a Comprehensive Stroke Center by the Maryland Institute for Emergency Medical Services Systems (MIEMSS). This five-year designation comes after the Medical Center’s successful completion of a MIEMSS Comprehensive Stroke Center site survey.

Filipina Women’s Network Award

Eloiza Domingo-Snyder, director of diversity, inclusion and cultural compe- tency for Johns Hop- kins Medicine and the Johns Hopkins Health System, was named one of the 100 Most Influential Filipina Women by the Filipina Women’s Network (FWN). The honor, in the FWN’s Builder Award catego- ry, recognizes Domingo-Snyder’s exceptional impact at a large workplace.

Illuminating a New Chapter

Richard Huganir, Ph.D., director of Neuroscience, the world’s largest research foundation fellowship, received the first Elsevier-DANSY Award for creating a compassion- ate environment in which skilled care thrives. The award, presented by Suburban Hospital’s nursing council of professional development, was created by the DAISY (dies attacking the immune system) Foundation, established in 1999 by the family of a terminally ill patient whose nursing care touched them greatly.

Marketing and Communications

Jill Choate has been named the new director of the Johns Hopkins Medicine Digital Health Awards Program. The awards recognize individuals and organizations who work closely with the health care community to improve access to care and to inspire and facilitate engagement among health care providers and patients.

Eating Healthy and Physical Activity Sympo-
sium

The Johns Hopkins Bayview Medical Center will host its third annual Eating Healthy and Physical Activity Symposium on March 11. The symposium is sponsored by the Emergency Department and the Department of Medicine. The symposium is free and open to the public. For more information, contact the Emergency Department at 410-706-3322.

Theforegroundis"choosingyour(size)theregion"tosolve

WHO / WHAT

The open enrollment period for selecting health insurance and benefits runs from Oct. 17 through Oct. 31 for employees of The Johns Hopkins Hospital and Health System Corporation, Johns Hopkins HealthCare, Johns Hopkins All Children’s Hospital Group, Sidney Kimmel Medical Center and Howard County General Hospital. Open enrollment for other Johns Hopkins Medicine organizations: Johns Hopkins All Children’s Hospital, Oct. 15 through Oct. 30; Howard County General Hospital, Oct. 31 through Nov. 8.; and News & Media Services will receive a newsletter announcing the rates and any changes to benefits.

Open Enrollment Reminder

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