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Dome
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ONE DOCTOR, TWO ROLES:
Jason Vaught, like other physician-scientists, splits his time between lab and clinic.

Guiding the Next Generation of Physician-Scientists

The new Physician-Scientist Training Program supports trainees and physicians whose work combines intensive research with clinical care.

Jason Vaught delivered a baby just a few hours earlier, and now he’s in Robert Brodsky’s hematology lab, preparing serum for experiments that could help other pregnant women and their babies.

The 34-year-old high-risk obstetrician and critical care doctor pauses from his pipetting to explain why he splits his time between the clinic, where he treats women with high-risk pregnancies, and Brodsky’s lab, where he is studying a particularly serious pregnancy complication called HELLP syndrome.

“I’m a better maternal-fetal medicine clinician because of my lab work,” he says. “And I’m a better researcher because I understand what’s at stake.”

Vaught is a physician-scientist, a term broadly defined as a person with an M.D. who devotes a substantial amount of time, usually around 70 percent, to biomedical research. Many, but not all, continue to work in clinical settings related to their research.

To encourage more physicians to pursue this important but arduous career path, the school of medicine created a new Physician-Scientist Training Program. The director is pathologist Kathleen Burns, who sees patients with blood disorders and studies the roles of repetitive DNA sequences in human disease.

(continued on page 4)
Looking Beyond the Affordable Care Act

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

While the rest of the country debates the future of the Affordable Care Act following the election, hospitals in Maryland are preparing for the second phase of the unique, five-year hospital payment agreement we have with the federal Centers for Medicare and Medicaid Services (CMS)—the folks who pay the bulk of our bills.

The state of Maryland has until the end of December 2016 to submit a proposal for a new, comprehensive, Maryland-only CMS payment process that would take effect in 2019. We are actively working on the draft of this plan.

Maryland has operated a unique, highly effective, all-payer hospital payment system for nearly 40 years. In 1997, Maryland created what is now the country’s only statewide Health Services Cost Review Commission (HSCRC), which sets uniform rates that every hospital must charge for services to all payers. In the other 49 states, the rates Medicare and Medicaid pay vary widely from what other insurers pay for exactly the same services.

Although this system worked well for many years, recently, CMS wanted Maryland to move to a system that rewarded value rather than volume. Instead of paying hospitals based on the number of patients they admit and how long these patients are hospitalized, the new waiver would concentrate on the overall, per-capita expenditures for hospital services, as well as on improvements in the quality of care provided and health outcomes for the general population.

Maryland wanted to make sure that our nearly four-decade-old, all-payer system didn’t go away. The HSCRC, with the help of an advisory council on which I sit, devised a proposal to CMS to continue our waiver. We recommended that Maryland hospitals link the growth in our budgets to the long-term growth in the state economy and that the HSCRC reward hospitals for keeping people healthy, instead of paying us for the number of patients we admit.

In January 2014, CMS agreed to our proposal and gave Maryland a five-year waiver, creating what the federal government calls a “demonstration” because it is designed to demonstrate its effectiveness.

Over the past two years, the state’s new CMS waiver has been successful. The all-payer hospital cost per capita in Maryland has risen at nearly half of the targeted annual increase. In addition, Medicare savings have reached nearly 75 percent of the overall five-year goal of $330 million—in just the first two years.

Quality measures have also exceeded the targets. Although we’re still refining our blueprint for a phase two plan to continue the waiver, its basic concepts are in place.

We propose developing a total cost-of-care model that focuses on the entire patient experience, inside the hospital and out.

We also want to coordinate or align the efforts and financial interests of all health care providers—hospitals, skilled nursing facilities, physicians—by providing incentives to slow the rate of cost increases and by providing care in the most appropriate setting.

In addition, we wish to ensure more patient-centered care, including a more well-defined program for primary care and for “dually eligible patients” who are eligible for both Medicare and Medicaid.

Finally, we want to make sure that this new model fairly recognizes the unique nature of the patients treated in academic medical systems, like Johns Hopkins, and that our culture of innovation and discovery continues to thrive.

We are proud in Maryland—and at Johns Hopkins—for long being a leader in curbing health care costs and advancing medical breakthroughs. We hope the new administration supports the adoption of phase two of our new CMS waiver to help us advance that tradition.

Striding Toward a Unified Future

IN THE SPIRIT OF IMPROVING THE CONNECTION BETWEEN THE JOHNS HOPKINS Hospital and its surrounding community, leaders on the East Baltimore campus have embarked on a series of Unified Steps walking tours. The inaugural walk in October, pictured above, also served as an opportunity for employees to chat with Johns Hopkins executives while participating in a healthy activity. The event kicked off with a pep talk from Paul B. Rothman, dean of the medical faculty and CEO of Johns Hopkins Medicine, and stretches led by MaryEllen Elie, Healthy at Hopkins program director. Then, 110 participants set off at a brisk pace through the Cleansing, Active, Restoring, Efforts (C.A.R.E.) neighborhood, to the east of the Johns Hopkins campus.

The enthusiastic crowd included Redonda G. Miller, president of The Johns Hopkins Hospital; Tony Bridges, director of East Baltimore community affairs; and James Page, vice president of diversity and inclusion and chief diversity officer for Johns Hopkins Medicine. A second walk was held Nov. 21.

Learn more about the walking tours at hopkinsmedicine.org/dome.

"IT'S REALLY IMPORTANT FOR OUR COMMUNITY TO SEE JOHNS HOPKINS OUTSIDE THE IVORY TOWER. WE NEED TO BE IN THE COMMUNITY."

—JAMES PAGE
CHIEF DIVERSITY OFFICER FOR JOHNS HOPKINS MEDICINE

Dome Switching to Bimonthly Print Publication

More news to be published online.

BEGINNING IN JANUARY, DOME WILL SWITCH TO A BIMONTHLY PRODUCTION schedule to enable the editorial team to report on institutional news and events quickly and more frequently.

Print issues will be produced every other month, with a special seventh edition of Dome in October devoted to Johns Hopkins Medicine’s involvement in our communities.

This change in production will allow us to provide readers more stories in the Inside Hopkins daily email, on hopkinsmedicine.org and insidehospkinsmedicine.org, and through social media.

As always, we welcome feedback and story suggestions. Please send them to Dome’s editor, Linell Smith, at lsmith103@jhmi.edu.
Ready for Their Close-Ups

Video history project introduces Johns Hopkins legends to broader audience.

When Jessica Ruck arrived at Johns Hopkins as a medical student in 2013, she couldn’t name the quartet of Johns Hopkins’ founding physicians depicted in John Singer Sargent’s iconic 1906 painting, “The Four Doctors”—pathologist William Welch, surgeon William Halsted, internist William Osler, and gynecologist Howard Kelly. Many of her classmates couldn’t either.

Then, a lunchtime talk about Johns Hopkins Medicine artifacts by Ralph Hrubans, director of the Department of Pathology, inspired Ruck to learn a lot more about the institution’s illustrious past. Hrubans suggested that creating a series of videos about the Big Four, and other key Johns Hopkins Medicine figures, would be a good way to make its rich history accessible to all.

In 2014, the medical student embarked on the history project, with help from Norman Barkin, director of pathology photography and the Graphic Arts Lab, and Jon Christofersen, a medical photographer and videographer in the school of medicine.

Supported in part by the Johns Hopkins Medical and Surgical Association, the two-year effort has produced seven videos, ranging in length from six to 12 minutes. In addition to celebrating Welch, Halsted, Osler and Kelly, the videos document the exceptional efforts of Mary Elizabeth Garrett, the 19th-century philanthropist who donated the funds needed to open the school of medicine, provided that women were accepted on the same basis as men; Vivien Thomas, the African-American surgical technician whose brilliant research and surgical techniques helped make Johns Hopkins the birthplace of cardiac surgery in the 1940s; and John Shaw Billings, the former Civil War surgeon who masterfully designed and oversaw construction of the original Johns Hopkins Hospital.

On-camera presenters for the series are Hrubans; John Cameron, former director of the Department of Surgery and a scholar of Halsted’s work; Stephen Achuff, former head of adult cardiology clinical programs, who helped to create and preserve the Oder Textbook Room in the Billings Administration Building; and John Rock, former director of the Department of Gynecology and Obstetrics, who speaks about Kelly.

Others include historian Kathleen Waters Sander, who wrote a biography of Mary Elizabeth Garrett; Levi Watkins, the late Johns Hopkins cardiac surgeon, who knew Thomas well; and Neil Grauer, a senior writer for Johns Hopkins Medicine, who has written two books about its history and discusses Billings’ remarkable achievements.

Ruck, who has completed her third year of medical school, is continuing to oversee the ongoing history project. Gary Lees, head of the Department of Art as Applied to Medicine, has recorded a video about Max Broedel, founder of the department, which was the first of its kind in the country. A video on William Sidney Thayer, one of Osler’s successors as physician-in-chief and head of the Department of Medicine, is also in the works.

To see the videos: bit.ly/Hopkinshistory

A Faster Antidepressant?

Johns Hopkins study suggests chemical compound can boost moods quickly and safely.

When people suffering from depression receive a prescription for antidepressants, they often assume they’ll feel better quickly. But in reality, most antidepressants take a month or longer to kick in.

“There’s a lag phase of four to eight weeks before there’s any improvement,” says Solomon Snyder, professor of neuroscience at the Johns Hopkins University School of Medicine. “For anyone who is seriously depressed or suicidal, that’s a very long wait.”

Snyder and other Johns Hopkins neuroscientists may have discovered a quick solution for depression. A chemical compound known as CPG3466B appears to boost the moods of mice in just a few hours, according to a study the team published in Molecular Psychiatry. Research associate Magd Halwass was the lead author; Snyder was a co-author.

CPG3466B mimics some of the effects of ketamine, a powerful tranquilizer that can serve as an antidepressant in small doses. Developed in the 1960s, ketamine was used to anesthetize injured American soldiers during the Vietnam War and is still used to treat pain in emergency rooms and intensive care units.

Ketamine carries many risks—it can be disorienting, causing symptoms similar to schizophrenia. Known as “Special K” on the street, it’s abused by those seeking a dreamlike high and dissociative state. Sexual predators slip the drug to potential victims, taking advantage of its power as a tranquilizer.

But in low doses, ketamine is also an effective—and rapid—antidepressant, elevating a patient’s mood in a matter of minutes. And because it works on a different chemical pathway than most antidepressants, it can bring relief to those who don’t respond to traditional antidepressants. Psychiatrists have experimented with giving intravenous infusions of the drug to those with severe, persistent depression, but they are wary of the risks.

“There’s a need for something similar,” Snyder says.

The Johns Hopkins team studied the effects of ketamine on the brain, isolating the chemical pathway that it alters. They found that CPG3466B acts on a different spot within the same pathway. But unlike ketamine, the compound is safe and non-addictive. CPG3466B was synthesized by a drug company years ago and tested in clinical trials for Lou Gehrig’s disease and Alzheimer’s. It didn’t help those conditions, but it also did not harm subjects or appear to be addictive.

When school of medicine researchers gave the compound to mice, they found that it improved their performance in two tasks commonly used to measure depression. Compared with a control group, mice that took the compound swam longer after being plunged into a vat of cold water—showing that they were persistent. The compound also appeared to embolden mice to run into an unfamiliar, bright space to snatch a morsel of food. Treated mice hesitated less before running into the space than those in the control group.

Snyder is optimistic that a drug company will seize on his group’s research and begin testing a version of the compound as a treatment for depression. He also hopes this research will lead to the discovery of other drugs that work along the same pathway—producing, one day, an entire class of safe and rapid antidepressants.

—Julie Schaper
Guiding the Next Generation of Physician-Scientists

(continued from page 1)

Specifics for creating a community of physician-scientists at the school of medicine include helping trainees identify research mentors, providing funding for research projects and travel to conferences, helping residents and fellows apply for career development awards and research grants, and helping physicians focus their career development awards and research projects and travel to conferences with research mentors, providing funding for research. The juxtaposition of science and medicine is the catalyst to help us become what we are," says Mark Anderson, director of the Department of Medicine. "But the physician-scientist pathway needs special care and feeding to really come to its full potential. We want to make sure we can deliver on this promise."

Departments, including those of Anesthesiology and Critical Care Medicine and of Gynecology and Obstetrics, are already supporting physician-scientists. Vaugth, for example, had no lab experience and no intention of becoming a researcher when he arrived at Johns Hopkins as a fellow in 2013. "I definitely started on a clinician track," he says. But his maternal and fetal medicine program encouraged a year of research and provided both time and financial support. As with other physician-scientists, finding the right mentor was key. Vaughgt teamed with Brodsky, director of the Division of Hematology, who was recently awarded him $3 million to study the test to diagnose a genetic blood-clotting disorder known as atypical hemolytic-uremic syndrome, which can occur in any age group. Vaughgt used the same test to study the serum of women with HELLP syndrome, finding evidence that the two conditions have similar biochemistries. His results, published in the May 2016 issue of Experimental Hematology, could lead to treatments that reduce preterm deliveries.

The Best of Both Worlds

Brodsky remains a mentor to Vaughgt, who joined the faculty in July. "Our lab supports him, but he's running his investigations independently," says Brodsky, who is now helping Vaughgt apply for career development funding from NIH.

Landon King, executive vice dean for the school of medicine, knows from his own experience that the right mentor can inspire a lifelong pursuit of research. The pulmonologist had such a mentor while in medical school. As a result, "I became enthralled with the idea of being able to contribute to our knowledge of particular ideas or problems," says King, who studied water channels in the lungs at Johns Hopkins alongside 2003 Nobel laureate Peter Agre.

"We want our programs to increase the likelihood of people choosing careers in investigation in addition to taking care of patients," says King. "We want our folks to come out of their training with opportunities and tools to pursue their aspirations."

Vaughgt, chatting with Brodsky as he works, has those tools and opportunities—a lab and mentor that support him, and patients who inspire him. Imagining a brighter future for women with HELLP syndrome "makes it easy for me to skip lunch and do this," he says. "This is the research I feel passionate about."

---Judy F. Menske and Karen Niskin
Q: Recruitment and retention are ongoing issues. Why is it hard to find and then keep good nurses?
A: Some of the reasons are related to demographics. Nurses in the baby boomer generation are retiring at a faster rate than new nursing graduates are entering the workforce. Nursing schools are graduating smaller classes because there just aren’t enough faculty members. Meanwhile, an aging population means more people need health care. Nurse shortages in many care areas increase job stress and decrease job satisfaction.

The good news is that there’s more interest in the nursing profession across genders and cultures than in the past. We recently held our first-ever statewide job fair for Johns Hopkins nurses. It attracted nearly 400 attendees, far exceeding our expectations.

Q: What changes have you seen in the profession of nursing?
A: Health care has become more competitive as hospitals work to provide innovative, high-quality care for the lowest cost. Outcomes are more transparent, and it’s easier to coordinate care across settings. Our patients and families are more informed. We partner with other clinicians to make sure we include patients and families in decision-making and have them present throughout the experience. Nursing has led a lot of these efforts, and there is a lot more we can do. I believe job stress will decrease in health care if we allow the collaboration with patients and families to replace the top-down model of care that was prominent for many years.

Q: Is there also more partnership with the rest of the care team, including physicians?
A: At Johns Hopkins, we’ve enjoyed a professional, collaborative relationship between physicians and nurses for many years. The emphasis on evidence-based practice and self-governance are very attractive to our nurses.

Q: You recently commissioned the Urban Institute, the nonprofit organization that studies economic and social policy, to study nurse retention at The Johns Hopkins Hospital. What did you hope to learn?
A: The question was, how do we keep what we value about Johns Hopkins nursing but make it better in the workplace and marketplace? In looking at our workforce, we thought about the things that retain staff members in any profession. It’s usually feeling valued, work/life balance and salary.

We want to understand the expectations of nurses at The Johns Hopkins Hospital and how they change over the course of a career, from new nurses to veterans with decades of experience. The Urban Institute conducted surveys, interviews and focus groups. It surveyed our existing staff members, as well as staff members who had left and people who were offered but did not take positions here. It also spoke with some of our managers, executives and leadership.

We are now engaging with our nurse managers and staff members to design solutions based on what we learned.

Q: What did the study find were the pluses for nurses of working at Johns Hopkins? Any drawbacks?
A: The results revealed several areas of opportunity for nursing and hospital leadership, including compensation, scheduling and promotions. Nurses want support from administration and leadership, a collaborative environment, and opportunities to grow.

Job stress was consistently rated very high across all groupings of years of experience. We’re not a factory. We see challenging cases and patients who need the specialized care only Johns Hopkins can deliver. Decisions have to be made quickly and with precision. Being a nurse means coming in every day and executing critical thinking. You have to be incredibly resilient. You have to be firm and lean in on your values, while also being able to bend as needs change.

On the plus side, the employee benefits are a real strength, with a huge emphasis on education and training. You can develop and reinvent yourself if you take advantage of those opportunities. That might be important at certain stages of your career. At other times, tuition benefits for dependents might be important too.

However, our jobs are often very task heavy, which reduces opportunities for nurses to take advantage of professional development. We’re working to fix this through creative scheduling and restructuring some of our workflows.

Beyond the benefits, people are our greatest asset. Nurses really value the expertise they see in their colleagues and the chance to develop and mentor those around them.

—Reported by Karen Niskin

PEOPLE

Q&A with Deborah Baker

As the first senior vice president for nursing for the Johns Hopkins Health System, Deborah Baker is a nursing leader for all Johns Hopkins hospitals.

Baker, who started the job July 1, works with chief nursing officers across the enterprise on strategic planning and vision related to the care of patients and the shift toward a full-service, integrated health system. It’s difficult to imagine someone more qualified: Not only did Baker earn her undergraduate and graduate degrees at the Johns Hopkins University School of Nursing, she has held a variety of teaching and leadership roles since joining the staff of The Johns Hopkins Hospital as a clinical nurse in 1992.

One of her greatest challenges is helping Johns Hopkins hospitals hire and retain highly qualified nurses at a time when demand outpaces supply. The Bureau of Labor Statistics anticipates 1.2 million nursing vacancies between 2014 and 2022, and the National Center for Health Workforce Analysis predicts a 12,100-nurse shortfall in Maryland by 2025.

Dome spoke with Baker recently about the challenges and rewards of Johns Hopkins nursing, and her efforts to attract and keep nurses.

IN BRIEF

State of Johns Hopkins Medicine Address

Mark your calendars for the 2016 State of Johns Hopkins Medicine address, which takes place on Thursday, Dec. 8, from noon to 1 p.m. in Turner Auditorium on the East Baltimore campus. Paul Rothman, dean of the medical faculty and CEO of Johns Hopkins Medicine, will update employees on the enterprise’s progress in innovating better care models, sustaining research and enterprise excellence and enhancing the joy in medicine. All faculty members, staff members, students, residents and postdocs are invited to hear this annual presentation. You may view the event live from a computer or mobile device.

bit.ly/stateofjhm

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Transforming Supply Chain Management for Health Care Providers

In a new company co-founded by the Johns Hopkins Health System, clinicians help determine best products and services.

A supply chain management organization founded last year by the Johns Hopkins Health System and Allegheny Health Network in Pennsylvania has already saved its members more than $11 million, according to its executive director, Jeffrey Martin.

In October, the new company introduced its name, Nobilant, and a website that targets national and regional audiences. Nobilant’s goal is to help Johns Hopkins and other hospitals and health systems save money on supplies, capital items and services that will ensure the best possible outcomes for their patients. So far, some of its contracts that contribute to member savings include those for hospital beds, elevator maintenance and home medical equipment.

The company operates by leveraging the collective purchasing volume of its member hospitals and health systems, as well as the expertise of its members’ clinicians, to get the best possible price for top-quality supplies. Perhaps its most distinctive characteristic is that it gives clinicians a key voice in the sourcing process. “Clinicians increasingly care more and more about the decisions being made regarding what supplies they can have. They want to be part of picking out the right product that has the best patient and financial outcomes,” says Kurt Heyssel, the health system’s senior director of supply chain management. “Nobilant will consult with physicians and clinicians first, and then find savings on what they say is best for their patients.”

Physicians from across the health system are already collaborating to determine the best products for Johns Hopkins patients. Their commitment to use certain products gives purchasing department staff members an advantage in negotiating contracts with suppliers.

Nobilant has formed two hubs: the Mid-Atlantic Hub—with Anne Arundel Medical Center, Greater Baltimore Medical Center, Trivergent Health Alliance in western Maryland and the Johns Hopkins Health System as members—and the Pittsburgh Hub, with Allegheny Health Network and Highmark Health as members.

Each hub has several committees—including laboratory, pharmacy, value analysis, facilities and supply chain—made up of clinicians and key stakeholders from each of its member hospitals and health care systems. Committees meet on a regular basis to analyze new products on the market and to discuss contracts, best practices and how to use products most effectively.

Member hospitals and health systems agree to purchase 85 percent of supplies through Nobilant contracts. They also pre-commit purchasing volume to new sourcing initiatives for products and services. Such guarantees allow the company’s purchasing staff to negotiate with suppliers for lower pricing on quality supplies, says Martin.

To learn more, visit nobilant.com.

Creating a Brand

Nobilant’s logo is a teal twist on the infinity symbol, meant to represent the endless possibilities and tailored contracting solutions it can provide to its members. The overall brand identity emphasizes the collaboration of its members’ clinicians and staff members to secure the lowest prices for the products that ensure the best possible outcomes for patients.

The name Nobilant was inspired by a Baltimore newspaper article published when The Johns Hopkins Hospital opened in 1889. In describing the hospital’s mission to treat any patient, regardless of his or her ability to pay, the article stated: “Its aim is noble.”

New Study by Johns Hopkins Researchers Suggests That a Specialized Area of the Mosquito Brain Mixes Tastes with Smells to Create Unique and Preferred Flavors

A new study by Johns Hopkins researchers suggests that a specialized area of the mosquito brain mixes tastes with smells to create unique and preferred flavors. The findings advance the possibility, they say, of identifying a substance that makes “human flavor” repulsive to the malaria-bearing species of mosquitoes, so instead of feasting on us, they keep the disease to themselves, potentially saving an estimated 450,000 lives a year worldwide.

“All mosquitoes, including the one that transmits malaria, use their sense of smell to find a host for a blood meal. Our goal is to let the mosquitoes tell us what smells they find repulsive and use those to keep them from biting us,” says neuroscientist Christopher Potter.

He adds that it is likely that insect repellents identified using malaria-bearing mosquitoes as a guide might also work against mosquitoes carrying Zika virus.

This work was supported by grants from the Johns Hopkins Medicine Discovery Fund, the Johns Hopkins Malaria Research Institute, and the National Institute of Allergy and Infectious Diseases.
Supply Chain Institute Provides Career Hope for Its Grads

Johns Hopkins, Baltimore City Community College partnership is inspiring students.

Shauntile Johnson asked if she could deliver a few brief remarks before the end of her graduation ceremony recently. Stylishly dressed in skinny black pants, purple knee-high boots and a sleeveless top—a departure from her attire as a student forklift driver—she leaned into the microphone and spoke confidently to the 50 or so people gathered in the small auditorium.

“I just wanted to say that the people in this program have become very special to me, and I appreciate every one of them.”

Johnson, 23, and eight of her classmates from the Supply Chain Institute’s eight-week training course stood on The Johns Hopkins Hospital’s Chevy Chase Bank Auditorium stage, posing for photos and clutching their completion certificates. The group had successfully completed the course dedicated to the ins and outs of warehouse supply chain. They were now certified in occupational health and safety, forklift driving, and warehouse logistics.

The course is a job training partnership between Baltimore City Community College and The Johns Hopkins Hospital. Students 18 to 25 spend two months learning the complexities of the different disciplines of the hospital supply chain. The program was established for Baltimore high school graduates interested in the field of large-scale shipping, receiving and distribution operations. Graduation from the institute is intended to serve as the first step on a career path, rather than mere training for an entry-level job.

Everything. The Johns Hopkins Hospital uses—supplies, equipment, food—comes to a 22-bay loading dock on trucks from vendors and distributors around the country. Each step of the complicated process, from warehouse inventory management to ordering the supplies to quality assurance to distribution, falls to the supply chain team.

The ceremony included graduates from the two previous classes as well as students in the current Supply Chain Institute class. So far, 28 students have graduated.

Desmond Jackson, director of patient accounts for the Johns Hopkins Health System, one of the architects of the course, says that the classes continue to draw students and, with each cohort, the course runs smoother. “It’s great that we’ve been able to get behind this project and that it’s up and running,” he says. Thus far, Johns Hopkins has hired two of the graduates but is interviewing more in the coming weeks.

Johnson, who lives in the Curtis Bay section of Baltimore, expressed gratitude to the program’s instructors and administrators. “Thank you for seeing something in our city’s young people,” she said. “We’re not bad. So many of us are just looking for a chance, something to grab onto. This class has been that for me.”

She said she’s putting her supply chain experience to work right away as a temporary employee in Sephora’s cosmetics warehouse. Five days a week, she rides a company shuttle from Curtis Bay to Aberdeen. But she has her sights set firmly on Johns Hopkins for full-time employment.

“That’s what I really want,” she says.

—Patrick Smith

On the Road to Serve the Community

New mobile clinic provides consistent health care to underserved patients in East Baltimore.

It’s baaaack! Johns Hopkins Bayview Medical Center’s Care-A-Van, the 40-foot mobile clinic that delivers quality medical care to a diverse population, returned last month to the streets of Baltimore. Barriers such as language, lack of transportation and lack of financial resources hinder many Baltimore residents from receiving proper health care. Since June 2000, the Care-A-Van has been taking care of the health needs of underserved people at no cost to them. Services—including tuberculosis testing, blood pressure checks, pregnancy testing and immunizations—are targeted to uninsured children and families who do not have a regular source of medical care.

After serving the community for many years, the original Care-A-Van needed to be replaced. The new van, made possible by a donation from the France-Merrick Foundation, features two patient exam rooms, an intake area, lab/work area, bathrooms and patient waiting area. It allows Johns Hopkins Bayview to expand its reach into local neighborhoods.
New Johns Hopkins Medicine Senior VP of Human Resources

Inez Stewart, M.Ed., has been appointed senior vice president of human resources for Johns Hopkins Medicine. Stewart has more than 30 years of experience in human resources management and will help recruit, develop and support Johns Hopkins employees while fostering the highest quality of patient care. Previously, she was vice president and chief human resources officer at Boston Children’s Hospital.

New Division Chief for Cardiac Surgery

Jennifer Lawton, M.D., has been appointed director of the Cardiac Surgery Research Laboratory and program director for the cardiothoracic fellowship training program. Lawton has spent much of her career raising awareness of heart disease as the leading cause of death for adult women in the United States. She specializes in a variation of coronary artery bypass graft surgery, which has been shown to have better results for women postoperatively.

New Executive VP and COO of The Johns Hopkins Hospital

Charles Reuland, M.D., M.H.S., executive vice president and chief operating officer for Johns Hopkins Bayview Medical Center, has been appointed executive vice president and chief operating officer for The Johns Hopkins Hospital. In this new, expanded role, Reuland will provide operational leadership to both campuses and spearhead the integration of activities needed to create a virtual “one hospital, two campuses” model wherever appropriate.

Research Leadership Appointment

Randall Reed, Ph.D., professor of molecular biology and genetics, has been appointed assistant dean for research. In his new position, Reed, a member of the Johns Hopkins faculty since 1984 and a Howard Hughes Medical Institute investigator for his first 22 years here, will focus primarily on research integrity, including new programs to enhance rigor in methodology and reproducibility in results. Reed’s own major research focus is on the mechanisms of ovarian signal transduction and neuroregeneration.

Outstanding Patient Care

Michael Lim, M.D., director of brain tumor immunotherapy and neurosurgery, has been appointed executive vice president of the Johns Hopkins Hospital. Lim has more than 30 years of experience in managing employee compensation programs, and his leadership is expected to help recruit, develop and support Johns Hopkins employees while fostering the highest quality of patient care.

JOHNS HOPKINS HEALTH SYSTEM

Alan Cyphers has been named senior director of compensation. With more than 20 years’ experience in managing employee compensation programs, Lim will continue the development of the strategic direction of the health system compensation programs.

EAST BALTIMORE

Patrick Byrne, M.D., professor of otorhinolaryngology–head and neck surgery and director of the Division of Facial Plastic and Reconstructive Surgery, is among the eight inaugural recipients of a RealSelf Fellowship to provide medical care and training in highly underserved communities worldwide. The fellowship will help fund an upcoming trip Byrne has scheduled to Nicaragua to treat children who have suffered disfiguring burns.

Cynthia Sears, M.D., professor of medicine and oncology and currently vice president of the Infectious Diseases Society of America (IDSA), has been chosen to become its president in 2018. The 9,000-member IDSA, founded in 1963, is considered to be the most prestigious infectious diseases organization in the world. Sears, a 25-year veteran of the Johns Hopkins faculty, is an internationally recognized expert in foodborne and intestinal infections.

Johns Hopkins Medicine Town Meeting Meeting on Town Hall

Plan to view or attend the final Town Hall Meeting of 2016 on Tuesday, Dec. 13, from noon to 3 p.m. in The Johns Hopkins Hospital’s Hunt Hall. Paul B. Rothman, dean of the medical faculty and chief executive officer of Johns Hopkins Medicine, and Ronald R. Peterson, president of the Johns Hopkins Health System and executive vice president of Johns Hopkins Medicine, will share updates on the strategic Plan. You will also find out the latest efforts regarding patient– and family–centered care.

Watch the simulcast: bsdhJHtownmmg

HIMSTOWN MEETING

Elizabeth Edall Kromm, Ph.D., has been appointed the inaugural vice president of population health and advancement. The new position reflects the hospital’s evolving focus on keeping the community healthy by building partnerships and developing new initiatives. Previously, Edall Kromm was senior director of population health and community relations. Prior to joining Howard County General, she was previously director of community relations for the Howard County General.

JOHNS HOPKINS MEDICINE INTERNATIONAL

Soraida Angiulli, M.M.H.A., has been named director of business growth and relationship development for the patient services division. Previously, she was director of the national capital region, where she led efforts to increase the integrative patient programs at Scribny Memorial Hospital and Suburban Hospital.

Tina Tolson, R.N., M.S.N., has been appointed director of operations for the patient services division. A 17-year veteran of Johns Hopkins nursing, Tolson will implement initiatives to engage employees, develop leaders and advance patient care.

MLK Jr. Commemoration

Johns Hopkins’ 35th Martin Luther King Jr. Commemoration will take place on Friday, Jan. 13, 2017, from noon to 3:30 p.m. in Turner Auditorium on the East Baltimore campus. A keynote speaker will address the theme “Moving Forward Together.” As always, Unified Voices, a choir of local residents and Johns Hopkins employees, will sing spirituals, and recipients of the 2016 MLK Jr. Community Service Awards will be recognized. Learn more about the event at insidehopkinsmedicine.org/mlk.