Soon after Dolores Nolan moved to Grand Oaks, an assisted living community that is part of Sibley Memorial Hospital, she found herself in and out of the emergency room with blood pressure fluctuations and swelling in her legs. She could barely cross her apartment with a walker—until the Johns Hopkins Memory and Care Program stepped in.

Nurse practitioner Beth Abate and geriatrician Kanwal Awan visited Nolan, now 88, to assess her health. Her son, Richard, told them that his mother seemed unusually confused and was spending a lot of time alone, an uncharacteristic situation for the formerly active woman who had worked as a public school librarian while raising her family.

Awan and Abate worked diligently with Nolan’s primary care physician to adjust her blood pressure medications. They also encouraged her to exercise. Now, a year later, Nolan has lost about 20 pounds and exercises twice a week on a bike and treadmill. Not only has she resumed walking and attending the music and craft programs at Grand Oaks, but she recently spent three weeks in San Francisco visiting her daughter and grandchildren.

“I can’t tell you how much Beth has done for me,” Nolan says. “She is readily available when I need her, and she has helped maintain my health, which has kept me out of the hospital.”

Count Nolan among the success stories for the 1½-year-old Johns Hopkins program at Grand Oaks. It consists of a Johns Hopkins nurse practitioner who works full time at the facility and a Johns Hopkins geriatrician and geropsychiatrist who each spend one day a week at the 172-apartment complex seeing and evaluating patients. The trio works together as consultants, developing care management plans for residents in partnership with their primary care providers, family caregivers and Grand Oaks staff, striving to improve residents’ health by pushing the benefits of healthy eating and exercise.

Read more about the strategic priority for patient- and family-centered care online at hopkinsmedicine.org/strategic_plan.
Providing a Five-Star Patient Experience

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

Daniel Coit Gilman, the first president of The Johns Hopkins University and the first head of The Johns Hopkins Hospital, was way ahead of his time. As far back as 1889—the year we opened—he recognized that to be a first-class hospital, we had to operate with the same concern for patient comfort that a first-class hotel provides for its guests. He even visited top hotels in New York to study their methods.

In recent decades, we did not fully follow Gilman’s example when it came to paying attention to the service side of what we do for our patients. We tended to focus more on the science and the technical aspects of patient outcomes rather than what is now called “the patient experience.”

Patients today care a great deal about the service levels in hospitals, and about how they and their families are treated. The public, as well as federal and state regulators, are zeroing in on the wealth of information about patient experiences now available online. Many patients are deciding where to go for treatment based on what they read.

Next month, the government-approved survey of patients’ experience—the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS)—will switch from its complicated ranking method to an easy-to-understand star rating system. We’ll be ranked as either a one-, two-, three-, four- or five-star hospital—just as hotels are often ranked now.

Naturally, we aspire to be a five-star hospital. Indeed, among our strategic priorities is to become the national leader in the provision of patient- and family-centered care. Our faculty members—and especially our nurses—eagerly support this goal, and we’ve adopted some practical steps to achieve it. Each of the Johns Hopkins Health System’s hospitals has a patient and family advisory council, with former and current patients and their families who provide feedback regularly on their hospital stays. We’ve done away with restrictive visiting hours, enabling families to visit our patients 24/7. Increasingly, we arrange for family members to spend the night in their loved one’s room.

We know, as Gilman did, that part of what goes on—or should go on—in any hospital is to be attentive not only to the technical aspects of treating our patients, but caring for their needs as human beings as well.

Steps to a Better Workplace

JOHNS HOPKINS MEDICINE’s Strategic Plan outlines the institution’s commitment to attract and retain a superior workforce while providing stellar patient- and family-centered care. To reinforce these priorities, the enterprise will administer three vital surveys over a consolidated time frame to assess employees’ satisfaction at work. Teams will use the results from the surveys to create action plans to improve their workplaces.

By participating in the surveys explained below, every staff member has the potential to enrich his or her work environment.

• EMPLOYEE ENGAGEMENT SURVEY (March 9 to March 29): Distributed to all employees of Johns Hopkins Medicine and The Johns Hopkins University, this survey includes questions on accountability, growth, respect and diversity. The survey is administered by the Gallup Organization, which will email an invitation to employees with a random survey access code that ensures confidentiality.

• SAFETY CULTURE ASSESSMENT (March 9 to April 10): Johns Hopkins Medicine care and support teams—including physicians, nurses, lab technicians, environmental services employees and transporters—will take the survey with roughly 30 questions. This survey gauges each unit’s and department’s culture of safety by asking questions about teamwork, perceptions of accountability, and handoffs and transitions across units.

• R.N. SATISFACTION SURVEY (April 6 to April 26): Johns Hopkins Hospital registered nurses who provide direct patient care will participate in this National Database of Nursing Quality Indicators survey that will measure job satisfaction. Questions about professional development and leadership support are among the criteria assessed.

For more information about each of these surveys, visit intranet.insidehopkinsmedicine.org/jhm_annual_surveys/

Did You Know?

Neurosurgery’s Declaration of Independence

This month marks the 110th anniversary of Harvey Cushing’s historic appeal to recognize neurosurgery as an individual medical specialty. The pioneering neurosurgeon wrote his landmark paper, “The Special Field of Neurological Surgery,” while he was an associate professor of surgery at Johns Hopkins. It appeared in the Bulletin of The Johns Hopkins Hospital in March 1905. Originally delivered as a speech, the paper is now recognized as the equivalent of neurosurgery’s combined birth certificate and Declaration of Independence.

— Neil A. Grauer
Cancer: Emperor of All Maladies

PBS series puts Johns Hopkins Medicine in the limelight.

Cancer in its multitudinous forms remains the second leading cause of death in the United States and touches members of nearly every family, regardless of race, gender or age.

The intricate story of cancer—from its ancient roots to the latest in gene and immunotherapy—will be told in an upcoming three-part, six-hour PBS documentary series executive-produced by Ken Burns and directed by Barak Goodman. The series, Cancer: The Emperor of All Maladies, is based on the Pulitzer Prize-winning book of the same name by Siddhartha Mukherjee, a cancer specialist at Columbia University. It premieres on Monday, March 30, on PBS affiliates and will be shown over three consecutive nights.

The documentary team filmed in various locations at Johns Hopkins, including the Pancreas Multidisciplinary Cancer Clinic, the Lung Cancer Program at Johns Hopkins Bayview Medical Center and the pediatric oncology wing of The Charlotte R. Bloomberg Children’s Center. Film crews were embedded at the Kimmel Cancer Center for 18 months to document the hopeful and sometimes heartbreaking narratives of its patients, clinicians, scientists and staff.

Goodman says the production team chose Johns Hopkins as one of its film locations because it wanted a leading hospital on the forefront of cancer treatment and research. Johns Hopkins also has valued experience with film crews, he says, as it was the location for two other documentaries: Hopkins 24/7 and its sequel, Hopkins.

William Nelson, director of the Kimmel Cancer Center, says that Johns Hopkins agreed to be part of the project because it believed in the message and trusted the filmmakers. “We were very impressed with the aspirations of the filmmakers to make this into an educational tool and help demystify the disease.” He says the show will also demonstrate physicians’ critical role as caregivers.

—Greg Rienzi and Judy F. Minkove

Watch the trailer—visit hopkinsmedicine.org/dome.

INTEGRATION

EPIC SHORTCUTS

Experts Share Their Favorite Tips

Isaac Perkins, a principal trainer for ASAP, the Epic application for emergency departments, understands why some users have not yet created the SmartTools that would make day-to-day use of the electronic medical record system easier.

The initial Epic training is so extensive, he says, that users focus on what they need to know. ASAP has been in place at Howard County General Hospital and Sibley Memorial Hospital since June 2013, Suburban Hospital since July 2014 and Johns Hopkins Hospital emergency departments since August. Staff should now be comfortable with the system and be ready to fine-tune their techniques, he says.

Perkins and other Epic experts have provided advice for improving documentation, enhancing efficiency and decreasing errors in all Epic applications. “There are certain things that are like pearls of wisdom that we want to make sure everybody knows,” says Stephanie Poe, chief nursing information officer for The Johns Hopkins Hospital. Users should consider the following tips:

Understand and use Epic’s SmartTools, which auto-populate with a larger block of text after a few characters are typed in:

SmartLinks, which pull information from the patient record into the document; and SmartTexts, which are standard phrases and text blocks that have been approved for each department. It takes some effort to create and learn to use these tools, but once they are in place, they can save significant time.

Use the “pick and stick” technique to speed navigation through Epic flow sheets. Click on the “Doc Detail Report” link on the right side of the flow sheet screen. Then left-click to pick the option, and right-click to make it stick. This will automatically advance the cursor to the next flow sheet row, eliminating the need to scroll up and down. This trick is a particular time-saver for nurses, respiratory therapists and others who document frequently in flow sheets.

Document in real time, or as close to it as possible. Real-time documentation is particularly important for clinicians who use flow sheets to record numbers-based data, such as weight or blood pressure, because it ensures that the information is available to the patient’s care team.

Make sure to log in to the correct department, because the system’s navigators are designed for the work flow in each specific area.

Use filters to find information quickly. For example, a clinician can filter the medication administration page so it only shows active medications.

Be specific and detailed in Epic documentation. If calling an insurance company to follow up on a claim, for instance, record the number called, the person contacted and what was said, along with any next steps to resolve a claim.

Look before clicking to make sure that the correct patient is being documented and that accurate information has been added to the record.

In orders or medication-related documentation, do not use abbreviations that are prohibited; they are easy to misread. For example, IU, for international unit, could be confused with IV. Use of other abbreviations is strongly discouraged.

The tips come courtesy of Isaac Perkins, Stephanie Poe, Epic instructional designer Andrea Agaba, Epic professional billing instructional designer Danielle Cameron and Serena Cook, instructional designer for Willow, Epic’s module for inpatient and outpatient pharmacy.

Visit the training portal at http://restricted.hopkinsmedicine.org/epic/training/index.html for more training materials.

—Karen Nitkin

A CONVERSATION ON CANCER

A town hall discussion with the creators, patients and scientists associated with Cancer: The Emperor of All Maladies will be held on Monday, March 23, from 1 to 2:30 p.m. in the Chevy Chase Bank Auditorium in The Johns Hopkins Hospital’s Sheikh Zayed Tower.

Cancer: emperor of all Maladies

March 30, 2015

—Karen Nitkin

THE DOCUMENTARY TEAM FILMED IN VARIOUS LOCATIONS AT JOHNS HOPKINS, INCLUDING THE PANCREAS MULTIDISCIPLINARY CANCER CLINIC, THE LUNG CANCER PROGRAM AT JOHNS HOPKINS BAYVIEW MEDICAL CENTER AND THE PEDIATRIC ONCOLOGY WING OF THE CHARLOTTE R. BLOOMBERG CHILDREN’S CENTER. FILM CREWS WERE EMBEDDED AT THE KIMMEL CANCER CENTER FOR 18 MONTHS TO DOCUMENT THE HOPEFUL AND SOMETIMES HEARTBREAKING NARRATIVES OF ITS PATIENTS, CLINICIANS, SCIENTISTS AND STAFF.

GOODMAN SAYS THE PRODUCTION TEAM CHOSE JOHNS HOPKINS AS ONE OF ITS FILM LOCATIONS BECAUSE IT WANTED A LEADING HOSPITAL ON THE FOREFRONT OF CANCER TREATMENT AND RESEARCH. JOHNS HOPKINS ALSO HAS VALUED EXPERIENCE WITH FILM CREWS, HE SAYS, AS IT WAS THE LOCATION FOR TWO OTHER DOCUMENTARIES: HOPKINS 24/7 AND ITS SEQUEL, HOPKINS.

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—GREG RIENZI AND JUDY F. MINKOWE
A CHAMPION FOR SENIORS’ HEALTH

In 2013, when Sibley Memorial Hospital assumed management of Grand Oaks from Sunrise Senior Living, registered nurse Andrea Nelson partnered with Grand Oaks staff members to ease the transition. As director of memory care programs at Johns Hopkins Bayview Medical Center, Nelson worked on promoting the program to residents. She also helped design and stock the two-room clinic suite and created training materials for nearly 200 Grand Oaks employees. She led training classes on dementia and Alzheimer’s disease, and emphasized the need for a safe physical environment to prevent falls.

The 172-unit assisted living community fosters the benefits of exercise, healthy eating and activities like puzzle solving to keep the mind active. Nelson is working with the on-site staff to enhance a wellness program for residents that already includes tai chi, walking, swimming, yoga and meditation—activities which research has shown can improve quality of life.

A joint venture of the Department of Psychiatry and Behavioral Sciences and the Division of Geriatric Medicine and Gerontology at Johns Hopkins Bayview Medical Center, the program is the first phase of a branded Johns Hopkins Medicine geriatrics program in the Washington metro area, says Tom Berlin, administrator for the division. Additional phases could involve a geriatrics/geropsychiatry outpatient practice for community residents 65 and older or the incorporation of teledmedicine programs that could enable some patients to be seen remotely.

Gauging Patient Needs

At Grand Oaks, geropsychiatrist Milap Nowrangi sees a full gamut of seniors, from those who “just want to know where they stand” mentally to others with more telltale signs of dementia or other behavioral concerns. He assesses residents’ needs, orders lab work or formal testing to assess brain functioning, if needed, and suggests treatments like behavior modification plans and medications.

“We hope to effect change throughout the facility to keep residents physically and mentally healthy,” Nowrangi says. “Our ultimate goal is to serve as a role model in an interdisciplinary care approach for other assisted living facilities.”

The Memory and Care Program reaches out to all new residents of Grand Oaks. Last fall, Awan spent nearly two hours meeting and giving physical examinations to 81-year-old Thomas Winans and his wife, Jane. Jane, 75, Jane had recently been hospitalized at Sibley for congestive heart failure. During the interview, which took place at the Winans’ kitchen table, Thomas reported that he had some weakness in his legs and trouble sleeping, despite taking prescription sleep aids.

Awan retrieved a plastic tub of 12 to 15 medicine bottles from the couple’s bedroom and examined them, asking about each medication and writing everything down to make sure it matched a list held by Grand Oaks. She recommended that Thomas begin exercising and establish a daily schedule, including setting times to go to sleep and wake up, to help with his insomnia.

Awan’s to-do list included updating medication lists in the couple’s records, following up with their cardiologist and internist, discussing her recommendations with their daughter, and referring Thomas to the geropsychiatrist to manage the prescription sleep medicines.

The 36-year-old physician says she was drawn to geriatrics during an internal medicine residency at the University of Pittsburgh in 2005. Coming from her native Pakistan, where the average life expectancy is 66, “I never saw such old patients,” she says. She went on to a geriatric medicine fellowship at Mount Sinai Hospital in New York before joining Johns Hopkins in 2011.

Aging by the Numbers

Longer life spans and baby boomers contribute to the predicted 25 percent increase of the 65-plus population that receives geriatric care in the Sibley service area.

While medicine is rewarding, she says, geriatrics is even more so: “What I enjoy is the fact that patients are very complex and medically very challenging. It’s like having pieces of a puzzle you have to put together.”

Help for Elderly Couples

Many residents at Grand Oaks have more than one health condition and take multiple over-the-counter or prescription medications. Some also take responsibility for spouses whose health is failing.

Abba Lichtenstein, a 92-year-old retired civil engineer, looks after his wife, Cecile, who has Alzheimer’s disease and lives in Oasis, a separate section of Grand Oaks that provides 24-hour care for patients with memory-related disorders. When Abba’s physician advised him to go to the hospital for urgent medical treatment, he was reluctant to leave his wife until he spoke with Abate. She accompanied him to the emergency room and also arranged for the Lichtensteins’ daughter to care for Cecile until Abba returned home three weeks later.

“Beth was very good—both for me and for Cecile,” he says. “Her help here is a blessing for all the patients.”

Abate says just spending time with the residents offers clues to what they need. “This is how I get my reward—seeing them happy,” she says. “You do as much as you can, the best you can, and be there for them.”

—Karen Blum

To see a video of the Johns Hopkins Memory and Care Program, visit hopkinsmedicine.org/dome.
We use the HCAHPS survey, which was constructed based on responses from thousands of patients who were asked what was important to them. You won't notice things like food, parking or room decor on it. So what is important to patients? To be treated courteously, to have their concerns and questions heard, to receive explanations in a way they can understand, and to have medications and discharge plans clearly communicated.

The survey asks questions such as: “During this hospital stay, how often did nurses treat you with courtesy and respect?” and “During this hospital stay, how often did doctors listen carefully to you?” Patients answer “never,” “sometimes,” “usually” or “always.”

The “always” experience is what we are striving for. It’s what our patients and their families deserve.

What are our scores like?
Our scores are good, but we can make them better. HCAHPS is moving from displaying survey results only in “always” percentages to employing a five-point “star” system, which is scheduled to launch on the Hospital Compare HCAHPS website in April. The Johns Hopkins Hospital will have four stars overall based on the data to be posted. The good news is that we are just a percentage point or two away from earning five stars.

The data tell us that when patients perceive that their care team is working together to care for them, they rate us more highly on the overall experience of care.

What can we do to improve our scores?
The only way the scores will improve is if we change the experience. Certainly working on teamwork is important, because we see how patients’ perceptions of teamwork affect their overall experience.

It’s everyone’s job to provide the best possible patient experience.

We are reinvigorating the new and improved Language of Caring approach to communication. This is a module-based program that teaches patient-centered communication. We have a strong commitment from leaders at all levels throughout the system to work through the modules over the next 12 months, and we are adapting it for use by physicians. Our goal is to provide compassionate care—to build trust, alleviate suffering, provide a healing environment and offer a sense of hope or comfort.

When people are in the hospital, they are anxious and scared, and they need to feel listened to and cared for. If they do not, they become more anxious and may become more demanding. When you help them feel connected, you can resolve problems earlier or stop them before they even start.

Promoting the ‘Always’ Experience: A Conversation with Lisa Allen

Lisa Allen is the chief patient experience officer for Johns Hopkins Medicine. Trained as a medical anthropologist, she works closely with leaders and frontline medical staff to improve patients’ experience, which is measured with the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) inpatient survey and other CAHPS for outpatient surveys.

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PATIENT- AND FAMILY-CENTERED CARE

**Security Escorts**
Corporate Security wants to remind all Johns Hopkins Medicine faculty, students and staff on the East Baltimore campus and at Johns Hopkins Bayview Medical Center that at any time of day or night, they can request Corporate Security escort services from a force that employs 550-plus officers. A uniformed officer will accompany employees to their cars or nearby destinations anywhere on campus. Over the past year, notes George Economou, senior director of security, parking and transportation, there’s been a slight increase in thefts and crimes of opportunity. He urges staff members not to use cellphones or other electronic devices while moving about and crimes of opportunity. He urges staff members not to use cellphones or other electronic devices while moving about and crimes of opportunity. He urges staff members not to use cellphones or other electronic devices while moving about and crimes of opportunity. He urges staff members not to use cellphones or other electronic devices while moving about and crimes of opportunity. He urges staff members not to use cellphones or other electronic devices while moving about and crimes of opportunity.

**Blood Clot Symposium**
Deep vein thrombosis (DVT)—a blood clot that occurs mostly in the legs—is a major “silent” health problem affecting between 300,000 and 600,000 Americans every year. Pulmonary embolism (PE) causes as many as 100,000 deaths annually, according to the Centers for Disease Control and Prevention. Yet most DVT/PE cases are preventable. Long a leader in venous thromboembolism (VTE) prevention, Johns Hopkins Medicine will hold its seventh annual VTE symposium on Friday, March 13, in the Hurd Mail from 8 a.m. to 1 p.m. The event is sponsored by the Department of Medicine, in collaboration with the Armstrong Institute for Patient Safety and Quality. The keynote speaker is Mark Crowther, chair of the Department of Pathology at St. Joseph’s Healthcare in Canada. All are invited to attend or watch online. Short talks showcasing VTE-related research studies across Johns Hopkins Medicine, patient speakers and a panel discussion will follow the lecture. Info El- liott Haut, eghaut1@jhmi.edu

**Anticipating Inpatients’ Needs**
Patients arriving at Suburban Hospital for treatment will now receive My Get Well Kit, a folder of material designed to help them understand and navigate their hospital experience. Developed jointly by the hospital’s Patient and Family Advisory Council and the Patient Education Committee, the folder includes a notebook, a patient handbook, a medication record wallet card and a back pocket for education materials, along with an after-visit summary that lists which medicines to stop and which to take. The goal of the kit is to help inpatients and their family members participate in their own care and to allow them to record and review important information during their hospital stay.

**BRIEFCASE**

You say that patient safety and the patient’s experience are tightly interwoven. How so?
You can’t have an unsafe environment and positive experience. It’s all on a continuum: If you have a bad safety event, how likely is it that you’re going to have a positive patient experience?

Beyond that, patients whose experienc es are good tend to be more engaged, and engaged patients and families can help prevent medication errors. An engaged patient is one who’s thinking, “I know this test result is supposed to come back today. I haven’t heard anything. I should ask about that.”

Talking to our patients about patient safety is a way to engage them and improve their experience: “I know someone just asked you to identify yourself, but it’s my job to keep you safe. I want to make sure it’s the right medication.”

Letting people know why we do what we do engenders a sense of connectedness and helps patients feel that they are in partnership with their care providers.

“So what is important to patients? To be treated courteously, to have their concerns and questions heard, to receive explanations in a way they can understand, and to have medications and discharge plans clearly communicated.”
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**Q&A**

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Not Just Pretty Pictures

A 24-hour channel available only on hospital televisions calms restless nerves and makes way for restful healing.

Through a bank of evergreens, broad, snowy mountain ranges stretch over a lake. Moments later, Pacific waters lap at a crystal-white beach. In the background, piano and guitar music provide a gentle soundtrack.

You’re not here in glacier National Park or along the Oregon coast; you’re actually in a patient room at The Johns Hopkins Hospital in Baltimore, where the television is tuned to the C.A.R.E. Channel.

Only available in hospitals, this channel was created from the belief that images of nature promote healing. It offers a 24-hour schedule of programming that features original music and nature scenes from national parks across North America.

“I love this channel,” says Mary Margaret Jacobs, Johns Hopkins Hospital patient and visitor services director. “It creates a peaceful and quiet environment and helps patients and families relax and focus.”

An acronym for “continuous ambient relaxation environment,” the C.A.R.E. Channel, including all Johns Hopkins affiliates. A subscription includes a computer drive stocked with nearly 100 hours of high-definition nature scenes that, for most hospital patients, never repeat.

The channel takes viewers through meadows, over mountains, past waterfalls. Scenes are programmed to coincide with viewers’ real time, helping semiconscious patients distinguish night from day. For instance, the channel broadcasts a black, star-filled night sky and a soundtrack of harp and guitar music from 10 p.m. until dawn.

Nurse Lauryn Saxe says she and her colleagues on the medical intensive care unit credit the channel with soothing confused patients. “When patients don’t know where they are, the C.A.R.E. Channel can help with a sense of calm and peacefulness.” She believes the channel is even more beneficial in easing the anxiety of family members.

“People can kind of get lost in these scenes of unbelievable beauty,” explains Ford Croll, who heads the film crew that spends as much as 10 days on location shooting scenes for the channel.

Tranquil natural environments may even lessen physical pain. Jacobs says that the hospital’s pain management task force is working on a “pain control and comfort menu” that will include the C.A.R.E. Channel as a “tool” to relieve pain without medication.

A Familiar Path to Relaxation

If you think you’ve heard the channel’s original soundtrack before, that’s by design. It is familiar enough to calm nerves but not so recognizable as to evoke specific memories or associations. The soundtrack is entirely instrumental, Mazer explains, because voices and songs can evoke powerful memories and feelings. A song that’s soothing to one person might trigger bad memories in another. Either effect will distract from what she calls “the therapeutic environment.”

The same applies to any visual references to people. While the channel presents a variety of wild animals and birds, it avoids any suggestion of humans. There are no cabins in the mountains, no picnic baskets on the beach.

“A sailboat on a lake is a distraction,” Croll says. “Suddenly the patient is thinking about what it’s like to ride on it. The more we can get patients to focus just on the beauty of nature and music, the less likely they are to think about stressful situations.”

Mazer says commercial television, with “so many loud, fast, angry people and images,” can be unsettling, even terrifying, for people who aren’t fully conscious or are cognitively compromised.

Instead, the C.A.R.E. Channel helps patients focus on the moment at hand.

“The most healing moment of all is when we’re not worried about what’s happening next and we’re not recovering from what happened last,” she says. “It’s when we’re not thinking about anything but are just fully there.”

—Patrick Smith

TV TIDBITS

Television in all patient rooms of The Johns Hopkins Hospital offers Internet access, games and regular commercial programming. While the DirecTV package costs $10 a day, the following channels are free:

The C.A.R.E. Channel. Standard since 2004, the station ships a hard drive of programming that Johns Hopkins integrates into its interactive television system.

CNN. Helps patients keep up to date on world events during their stay at Johns Hopkins.

Mid-Atlantic Sports Network (MASN) and MASN2. Donated by Baltimore Orioles owner Peter Angelos, the two regional all-sports networks carry every Orioles and Washington Nationals baseball game during the season.

Bloomberg Television. The all-business news channel was donated by its owner, Johns Hopkins alumnus and philanthropist Michael Bloomberg.


Sonic Radio. Seven different music-only stations, featuring jazz, country, pop, classic rock, Latin hits, soul and children’s music.

“...The scenic visuals take your mind off the immediate stress. The music is nice to nap to, especially since it’s hard to get much sleep in the hospital.”

SCOTT HUFFINES, JOHNS HOPKINS HOSPITAL PATIENT

Intensive care nurse Lauryn Saxe often sees the calming effect of the C.A.R.E. channel on patients—and their families.
Ever since radiation treatments for nasopharyngeal carcinoma damaged her jaw and weakened her teeth, Caroline York has become “super-focused” on her oral health. For the past eight months, she has visited the Johns Hopkins Dental Clinic to receive the complex care she needs from clinic director and M.D. Alex Pazoki, an oral and maxillofacial surgeon—trained in diseases, injuries and defects in the head, neck, face and jaws—and his semiretired predecessor, Bill Henderson.

“They’ve been fantastic,” says York, vice president of operations for a pharmaceutical firm. “I feel confident that I’m in good hands.”

Her case also has offered teaching moments for Leah Leinbach, a resident in the general practice dental residency training program housed at the clinic on the second floor of the Alfred Blalock Building. Sponsored by the Johns Hopkins University School of Medicine, the program provides a year’s advanced training in hospital dentistry.

Each postdoctoral resident spends approximately nine months in the clinic. The remaining three months include lectures and rotations in anesthesia, internal medicine, and oral and maxillofacial surgery.

“I’ve been fortunate to help with such a wide range of issues—from cancer to car accident injuries to bone lesions and rare infections,” says Leinbach, who earned a medical degree from the Johns Hopkins School of Medicine.

The program, which began in 2010, has grown to include three general practice residents. Leinbach, Eric Fitzgerald and Matthew Carella—both men University of Maryland School of Dentistry graduates—were selected from 96 applicants. Aided by a hygienist and dental assistants, the trainees shadow and assist the dentists, who care for some 300 patients per month. The residents also have patient obligations, often working alongside periodontists, endodontists, pediatric dentists, and maxillofacial and oral surgeons. Future plans call for establishing an oral and maxillofacial surgery residency program, according to Pazoki.

When the dental clinic opened at The Johns Hopkins Hospital in 1952, its mission was to provide Emergency Department and hospital coverage for oral maxillofacial trauma and to support the needs of the hospital. At that time, the clinic’s faculty repaired jaw fractures, extracted teeth and performed bone grafts.

“Now the clinic offers routine dental care for patients and employees. It also provides evaluation of oral cancer and jaw tumors as well as reconstructive oral and maxillofacial surgery, and supports all the surgical divisions. It is part of the Division of Dentistry–Oral and Maxillofacial Surgery, a part of the Department of Otolaryngology–Head and Neck Surgery,” says John Petrone, who directs the residency program.

Cardiac surgeon Duke Cameron explains that all patients undergoing valve replacement surgery or a bone marrow transplant must have an oral examination. “An infected tooth, gingivitis or maxillofacial infection can be the source of an infected heart valve,” he says.

York, who’s been cancer-free for the past three years, says that being a part of the teaching experience brings her greater peace of mind. “The risks of post-radiation complications will follow me for the rest of my life and can reignite a medical crisis at any time,” she says. “The questions residents ask and the oversight they receive help me feel comfortable that nothing will be missed. I feel relief knowing that my dentists and oral surgeons here will keep a close watch.”

—Judy F. Minkove

Learn more about the general dental residency program and dental clinic services at hopkinsmedicine.org/otolaryngology/specialty_areas/dentistry/oral_surgery or call 410-955-6663.

Defusing a Cancer Threat

TRIPLE-NEGATIVE BREAST CANCER, which accounts for about 20 percent of all breast cancers in the United States, is as bad as it sounds. The cells that form these tumors lack three proteins that would make the cancer respond to powerful, customized treatments.

Instead, doctors must turn to traditional chemotherapy drugs, which only show long-term effectiveness in 20 percent of women. In addition to being resistant to chemotherapy, these breast cancers are known to include a high number of breast cancer stem cells, which are responsible for relapes and for producing the metastatic tumors that lead to death.

Now, a research team led by Gregg Semenza of the Johns Hopkins Kimmel Cancer Center has discovered a way that breast cancer cells are able to resist the effects of chemotherapy. What’s more, the scientists have found a way to reverse that process. Their findings were published online in Proceedings of the National Academy of Sciences.

Previous research revealed that triple-negative breast cancer cells show a marked increase in the activity of many genes known to be controlled by the protein hypoxia-inducible factor (HIF). So the team decided to test whether HIF inhibitors could improve the effectiveness of chemotherapy.

“Our study showed that chemotherapy turns on HIF and that HIF enhances the survival of breast cancer stem cells, which are the cancer cells that must be killed to prevent relapse and metastasis,” says Semenza. “The good news is that we have drugs that block HIF from acting.”

Semenza notes that the HIF inhibitor digoxin is already approved by the Food and Drug Administration for treating heart failure. Several other drugs that inhibit HIF also have been identified and are currently being tested in patients with cancer. If the team’s work is verified in clinical trials, the researchers think that potentially unresponsive patients could be identified before treatment and given a more effective combination therapy.

—Catherine Kolf
New President

Pamela Pauk, M.S.W., M.B.A., has been named president of Johns Hopkins Medicine International, where she will oversee its ever-growing international enterprises. Pauk joined Johns Hopkins in 1998 and has held various executive, leadership, and consulting positions. Most recently, she was senior vice president of human resources for Johns Hopkins Medicine and the Johns Hopkins Health System.

Administrative Appointments

Namandje Burn phosphorus, Ph.D., associate professor of pharmacology and molecular sciences, has been appointed vice chair of the associate dean for graduate biomedical education. Burn phosphorus also serves as the American Society for Pharmacology and Experimental Therapeutics 2015 Diversity for Drug Metabolism Early Career Achievement Award for her groundbreaking research on how treatments are processed in cells by enzymes.

Sherita Golden, M.D., Ph.D., professor of medicine and endocrinologist, has been appointed executive vice chair of the Department of Medicine. She will work closely with administrators and clinical leaders throughout Johns Hopkins Medicine to form and implement department policies and establish new programs to further enhance the various Johns Hopkins Medicine entities.

Craig Hendrix, M.D., professor of medicine, pharmacology and molecular sciences, has been named the director of the Division of Clinical Pharmacology in the Department of Medicine. He succeeded Theresa Shapiro, M.D., Ph.D., who has headed the division since 2008 and announced her plan to step down in 2013; she stayed on until a successor was chosen.

Diversity Honors

Johns Hopkins Bayview Medical Center has received a Bridging the Gap Achievement Award from the Greater Baltimore Committee for its demonstrated commitment to diversity, exemplified by inclusive business practices that create and implement opportunities in its workforce for underrepresented communities. The medical center’s commitment to the faith-based community through a variety of programs was also cited.

Marketing and Communications

Recognition

Johns Hopkins Medicine’s Internet Marketing and Web Services team, the Digital Media Group team and the Marketing and Communications Department in general all received 2014 With Honor awards from the Health Information Resource Center. The Internet Strategy and Web Services team received a silver award for its Johns Hopkins Medicine Healthy Aging website.

Clinical Excellence from Castle Connolly, a research and medical information company. The award recognizes Brem’s commitment to improving the lives of headache patients.

Richard Chaisson, M.D., professor of medicine, epidemiology and international health, co-director of the Johns Hopkins Center for Tuberculosis Research, and director of the international Consortium to Respond Effectively to the AIDS/TB Epidemic, has received the International Union Against Tuberculosis and Lung Disease’s 2014 Scientific Prize in recognition of his published research papers over the preceding four years.

Maria Cozach, D.N.P., R.N., assistant vice president of The Johns Hopkins Hospital, has been inducted as a Fellow into the American Academy of Nursing in recognition of her significant contributions both nationally and internationally to the management of medical alarm systems.

Catherine DeAngelis, M.D., Professor and Editor-in-Chief of the Journal of the American Medical Association. The award is named by Forbes Magazine to its 90 Under 30 Young Scientists Who Are Changing the World list. Nance developed the first nanoparticles that can penetrate deep within the brain, which could lead to new treatments for brain cancer and other brain ailments.

Bert Vogelstein, M.D., professor of oncology and pathology, Howard Hughes Medical Institute investigator, and director of the Ludwig Center at Johns Hopkins, has received the Warren Triennial Prize from the Medical Society of the County of Greater Baltimore. The prize, which is awarded every three years, honors scientists who have made outstanding contributions to medicine.

HOWARD COUNTY GENERAL HOSPITAL

Eliza h Edsall Kromm, Ph.D., has been appointed senior vice president of population health and community relations. She will design and implement Howard County General Hospital’s population health management program in collaboration with other community partners and in coordination with the broader Johns Hopkins Medicine strategy. She also will serve as principal leader in community relations outreach efforts.

DOME • MARCH 2015 • 8

DRAWS DOWN THE PAIN: Pediatric neurologist Carl Stafstrom asks his young patients to draw pictures of themselves in the throes of headache pain. The colored-pencil results, some streaked with tears, spots swim in front of eyes, and sunlight and music are antagnotized. Over more than two decades, Stafstrom has amassed about 1,000 headache illustrations, each one a window into symptoms that are invisible to doctors and equipment, such as sensitivity to light and noise for migraines, or the pressure sensation that is characteristic of tension headaches. “Children, especially young ones, may not be able to express their symptoms in words,” Stafstrom says. His published studies show that these drawings can help neurologists tell migraines from other headaches and track treatment effectiveness.

To learn more, visit hopkinschildrens.org/an-artful-diagnosis-of-headache.aspx. To see some of the drawings, visit hopkinsmedicine.org/dome.

Elizabeth Nance, Ph.D., a postdoctoral fellow in anesthesia and critical care medicine, has been named by Forbes Magazine to its 90 Under 30 Young Scientists Who Are Changing the World list. Nance developed the first nanoparticles that can penetrate deep within the brain, which could lead to new treatments for brain cancer and other brain ailments.

Vogelstein, M.D., a co-founder of The Cancer Genome Atlas initiative, has been named by Forbes Magazine to its 90 Under 30 Young Scientists Who Are Changing the World list. Vogelstein’s lab revealed the most common mutations in human cancers. The group’s findings could lead to new treatments for brain cancer and other brain ailments.

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Julie Brahm er, M.D., professor of oncology, has been named director of the Thoracic Oncology Program at the Johns Hopkins Kimmel Cancer Center. She will oversee a $35 million investment in the program and the opening of the new Thoracic Center of Excellence at Johns Hopkins Bayview Medical Center.

Henry Brem, M.D., professor and director of the Department of Neurosurgery, has received a National Physician of the Year Award for his work in neurosurgery.

William Baumgartner, M.D., professor of surgery, vice dean for clinical affairs and senior vice president of the Office of the President, has been named to the Johns Hopkins Medical Staff by John Hopkins Medicine. He succeeds Theresa Shapiro, M.D., Ph.D., who has headed the division since 2008 and announced her plan to step down in 2013; she stayed on until a successor was chosen.

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Johns Hopkins Medicine

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