

MINUTES
498th MEETING OF THE FACULTY SENATE
3:00 pm, Wednesday, May 5, 2021
Virtual Zoom Meeting

PRESENT: Bennett, Bitzer, Blakeley, Bulte, Burke, Burkhart, Cabahug, Cervenka, Cooke, Collaco, DeZube, Doetzlhofer, Donehower, Eberhart, Gallia, Gregg, Karjoo, Mahesh, Manahan, McFarland, O'Brien, Redmond, Reesman, Seymour, Singla, Stayman, Stevens, Swenor, Tamashiro, Vernon, Wagner-Johnston, Weiss, Williams, Wu, Zeiler

Mmes:

Messrs:

ABSENT: Akst, Al-Grain, Antoine, Bigelow, Boss, Campbell, Carr, Cormack, DeZern, Fowler, Fu, Gottlieb, Gourin, Iijima, Kim, Macura, Margolis, Marino, Merkel-Keller, Ponor, Razzak, Taylor, Tschudy

Mmes:

Messrs:

REGULAR GUESTS: Ishii, Skarupski

Mmes: Guy, Robbins

Messrs:

GUESTS: Bezek, Hingtgen, Daughtery Biddison, DeWeese, Miller

- I. Welcome.** Dr. Mahesh welcomed the Senate members and guests.
- II. Approval of the minutes.** The minutes of the 498th meeting of the Faculty Senate was presented. A motion was made, seconded and minutes were approved as distributed.
- III. Redonda Miller, MD; The Johns Hopkins Hospital: A 2021 Update.** First COVID-19 case confirmed in Maryland March 5, 2020: JHH admits first patient with COVID-19, suspends elective/non-urgent surgeries and procedures; April 2020. At the first surge peak, 11 units created/converted to support biomode requirements (6 ICU, 1 IMC, 4 acute); December 16, 2020: First vaccine does administered at JHH; January 2021: JHH COVID-19 census reaches peak above 130. May 2021: JHH Census at 70 (3 half units in biomode). Pandemic totals to-date: All admissions => 2,700, Pediatric admissions =>200. JHH early response included daily system-wide needs assessment. We were able to provide testing results within 24 – 48 hours. We developed and activated unique ways to care for patients (i.e. prone positioning via a "Prone Team" experts in all aspects of mobility for people with critical care needs). We developed integrated tracking systems to allow hourly updates about which patients are in-house, in the waiting room, length of stay, testing and vaccine administration, etc. The IT team has been instrumental in this effort. The Hospital staff and faculty maximized practice flexibility to address needs. For example, floor nurses were trained to be IMC nurses, IMC nurses to be ICU nurses. We redeployed CRNAs to be respiratory therapist. We redeployed staff who were out of work due to non-urgent surgeries being suspended, to be Safety Officers and Transport Officers. In addition to meeting daily patient care demands, these efforts showed the spirit of collegiality of the Hopkins family. We hired "Covidist" to be specialists in the care of individuals with COVID, both maximizing practice patterns and allowing other care streams to re-open. We addressed the issue of equity in the community by going out into the community to administer testing and then connect those individuals with appropriate care. We are also working with Baltimore City to help address social determinants of health for at risk Baltimore City residents. We are cognizant of the mental/emotional wellness of faculty and staff due to the challenges of providing care throughout the pandemic and are working to address those needs. Due to these and other efforts, the Hopkins outcomes in COVID-19 patient care (as reported by Vizient) were excellent (superior survival compared to other health systems nationally despite a high number of ICU admissions). There are also non-COVID accomplishments in FY21. We maintained our #3 ranking in US News and World Reports. We achieved an overall score of A as the Leapfrog Hospital Safety Grade. We installed magnetometers in the Emergency Department. They are live in the adult and pediatric emergency department and behavioral health area and there are plans to review safety measures at all of the Hospital entrances. We launched the "Johns Hopkins Find Your Way" app in fall 2020. The [app](#) uses GPS to help patients navigate the campus (from parking, to each appointment, back to car). We had program growth in the following areas: Pediatric Fetal Heart Center, Adult Heart and

Vascular Institute, Pediatric Epilepsy Monitoring Unit, Hopkins Triage and Integration Physician program and Palliative Medicine. Our focus for FY22 is on several areas for improvement including continuing initiatives in prevention in infection mortality, elopements and pressure ulcers. We also want to grow in market opportunities in Neurosciences, Oncology, Transplant, Cardiovascular and Pediatric surgical specialties. Also to continue to safely decrease length of stay, increase staffing flexibility and centralization and sharing of resources. We have embarked on capital planning and technology.

- IV. Theodore L. DeWeese, MD, Vice Dean for Clinical Affairs; Mark Hingtgen, MS, Vice President and Chief Finance Officer; Joe Bezek, Sr. Director of Finance: Allocation of Faculty Effort.** JHSOM has created a committee that seeks to understand the various ways in which SOM faculty invest their effort. This is part of the overall Faculty Compensation Committee effort. The committee developed and drafted a plan under the direction of Dean Rothman. All clinical departments are represented on the committee along with two IBBS representatives. The committee has been working on this for the past 2 ½ years with numerous discussions with Dean Rothman and drafts of effort allocation models. The overall goal is to develop a transparent model that captures all of the essential elements of faculty effort. Faculty are being asked to list all of the effort in their professional capacity across the five domains of: research, education, administrative, clinical and “other unfunded academic service”. The goals were to: 1. Define the entirety of faculty effort to understand how it is deployed across all our missions. 2. To ensure this distribution of time is transparent to all, consistent with goals of the faculty member as well as the goals and resources of the department. 3. Develop a uniform model that helps faculty and departments understand where investments in faculty have been made and how to deploy the effort. 4. To strategically manage levels of protected time for unfunded research, support for education activities and clinical provider capacity, that enables the SOM and its departments to better manage financial performance and ultimately improve faculty compensation. The model is an exercise of understanding and defining faculty activities focused on effort alone and therefore, not compensation. Departments have faculty compensation plans that outline how faculty are to be paid. Members of the committee presented to the Faculty Senate to make sure that SOM faculty are aware of these efforts to understand and define SOM faculty effort. Faculty Senate members had several questions about this initiative including: (1) a need for coordination of the multiple existing reporting tools/requirements (eDisclose, effort reporting, annual review, COEUS, etc.), (2) requesting clarity about what a “work week” on which the FTE is calculated is defined as, (3) whether this is coordinated with other clinical coordination efforts (i.e. QGenda) and how Faculty autonomy is being considered in this effort. All senators are asked to share this effort with their department faculty members and return to Faculty Senate ready to share and discuss feedback.
- V. Lee Daugherty Biddison, MD; Chief Wellness Officer; Inter-professional well-being survey.** We as an institution are participating with Stanford’s physician wellness academic consortium to try to move forward on our issues of professional fulfillment and clinical well-being. This is an IRB funded research study. This is also to inform our operational work across the institution. Over the past year you may have noticed various things from the Office of Well-Being and Rise to help with wellness. We want to double-down on work place efficiency issues which help to alleviate burn-out. This survey will help have a good measure of where we are on some of these issues. The survey is currently scheduled to launch in late May and run through June. This survey will go to credentialed providers who are employed by JHM across the institution, all the hospitals, school of medicine and registered nurses. This round will not include non-clinical faculty but the intention is to expand that in the future. Part of that is to how the survey was initially developed. The work began around clinician burn-out. But there is acknowledgement at a national level that this issue is not isolated to clinicians. This is just our first step in focusing on that clinical group. This is a short 10 minute survey that will include questions on burn-out, fulfillment, work efficiency, peer-support and work-life balance. We are working with our colleagues to ensure we receive actionable data. Dr. Biddison would like to come back after the data is collected and present the data and get input on how to prioritize responses.

VI. Jennifer L. Reesman, PhD; Request for senate seating of KKI faculty. Dr. Reesman is making a request on behalf of the JHU SOM KKI faculty to have a seat on the faculty senate. They are stating they have different needs that are separate from the individual JHU SOM department needs. This matter has been brought forth to Janice Clements, Vice Dean of Faculty. She is reviewing the letter sent by Dr. Reesman with legal. This matter will be readdressed at the June 23rd meeting.

With no further announcements, Dr. Mahesh thanked everyone and adjourned the meeting at 5:01 PM. The Faculty Senate will meet next on June 16, 2020 on Zoom.

Respectfully submitted,

Jaishri Blakeley, MD
Faculty Senate Secretary
Monica Guy
Recording Secretary