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Dome

A publication for the Johns Hopkins Medicine family

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Missy Wicklin, left, a nurse in the pediatric intensive care unit, says Building Bridges has improved communication between nurses throughout the Children's Center, including Megan Keydash, right, of the infant and toddler unit.

Children's Center Nurses Forge Connections Across Units

Patient care improves by sharing information.



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

WHEN INFANT AND TODDLER NURSE MEGAN Keydash met one of her future patients for the first time, he was sedated and asleep in The Charlotte R. Bloomberg Children's Center's pediatric intensive care unit (PICU). Born with his bladder outside his body, the 8-month-old baby had weathered hours of reconstructive surgery and was beginning a recovery that would last months.

Like other babies treated at The Johns Hopkins Hospital for the rare condition called bladder exstrophy, this young patient stayed in the PICU for several days before settling into the infant and toddler unit, where he would remain for six weeks with legs in traction to prevent motion, plus a couple more weeks to be weaned off sedation.

Moving children with such complex conditions to an acute care unit can be stressful for the nurses assuming responsibility for their care, says Dawn Luzetsky, assistant director of pediatric nursing.

Now, thanks to a nurse-led communications improvement initiative, nurses like Keydash are better prepared to receive these patients. Keydash met the baby and his family prior to the move, and discussed his care with PICU nurse Missy Wicklin. She even visited the PICU a second time to make sure the boy was ready for her unit, where there are three patients per nurse instead of the one-to-one ratio of intensive care.

The Building Bridges program was launched a year ago by Wicklin and fellow PICU nurse Kim Politz to improve communication between nurses in different units of the Children's Center. The need became more pronounced after the new facility opened in 2012 and ushered in such procedure changes as PICU stays for bladder exstrophy babies who had previously gone directly to the acute care unit after surgery. "It helps to actually meet the patient and talk to the family," says Keydash. Michelle Mowry, another infant and toddler nurse, agrees. "We get to know little tricks, such as what the children like and how we can console them."

Encompassing the entire Children's Center, Building Bridges brings together roughly 20 nurse leaders who share information about procedures in their units while

(continued on page 4)

What Our Nurses Can Teach Us

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



In March, I had the wonderful opportunity to congratulate Carol Ball, senior director of nursing administration at Johns Hopkins Bayview Medical Center, as she celebrated her 50th year in nursing there.

I've known Carol since I first went to Hopkins Bayview, then known

as Baltimore City Hospitals, in 1982. I recognized instantly that she would be a key member of the Johns Hopkins team when City Hospitals joined Johns Hopkins Medicine in 1984—first as the Francis Scott Key Medical Center and then, in 1994, as Hopkins Bayview. That proved to be the case, then and thereafter. In 2011, she became the first nurse in the history of Johns Hopkins Medicine to have an inpatient unit named for her.

Even back in the '80s, Carol was fostering the philosophy of patient- and family-centered care, which has since become the guiding clinical principle of Johns Hopkins nursing—and, indeed, all of Johns Hopkins Medicine.

Reflecting on Carol's half-century career—and the May arrival of National Nurses Week—prompts me to recall the critical role of nurses in making Johns Hopkins a model of excellence in compassionate patient care. The Johns Hopkins Hospital's Training School of Nursing opened in 1889, a few months after The Johns Hopkins Hospital itself. Its legacy of innovation and excellence is carried on now by our 3,000-member nursing staff at the hospital and by the Johns Hopkins University School of Nursing, founded in 1984 and consistently ranked as among the finest in the nation.

In 2003, The Johns Hopkins Hospital became the first in Maryland to receive the American Nurses Credentialing Center's top honor, Magnet designation, in recognition of the highest-quality patient care, teamwork, professionalism and innovation. Only about 7 percent of the nation's hospitals have nursing staffs who win this once-every-four-years honor, and The Johns Hopkins Hospital has retained the accolade each time it has been bestowed, most recently in 2013.

The reasons are clear. Johns Hopkins nurses have been indispensable partners in our ongoing efforts to lead the way in developing patient- and family-centered care, advancing quality and safety, measuring outcomes to promote continuous improvement, and fostering translational research.

Today, working with colleagues in multidisciplinary teams, Johns Hopkins nurses are implementing The Johns Hopkins Hospital's Bar Code Medication Project to track the accuracy of medication administration; adopting a special protocol to fight catheter-associated urinary tract infections, reducing them significantly in both pediatric and adult patients; and providing recommendations from the perioperative staff that have led to dramatic improvements in infection control.

Clearly, what I said in paying tribute to Carol Ball applies to our entire nursing staff. Our nurses are the faces of Johns Hopkins, our invaluable frontline, hands-on caregivers. We honor them for their strong commitment and passion to serve and to heal.

For more on Carol Ball, see page 4.

New Buildings Bring Next Generation of Patient Care

THE OPENINGS OF THE NEW Sidney Kimmel Cancer Center in February and the North Pavilion in March expand the treatment and care available on the Johns Hopkins Bayview Medical Center campus.

The North Pavilion features a new adult emergency department that is designed to expedite care. For example, each new patient is seen quickly by an initial provider at a “first-look station” before proceeding to the large family lounge. After seeing a provider in an intake room, patients can wait for test results in a separate lounge. Those requiring more monitoring or testing before returning home can stay in larger rooms in an observation unit with access to emergency staff.

The \$40.1 million building also houses the Pediatric Center, which combines a pediatric emergency department—the first at Hopkins Bayview—and a pediatric inpatient unit. The center is staffed 24/7 by a multidisciplinary team trained in the medical, emotional and developmental needs of children. It also provides specialized equipment in a range of sizes, as well as technology and monitoring systems designed specifically for children.

The expanded Sidney Kimmel Cancer Center increases the size of the medical oncology practice and brings radiation oncology to Hopkins Bayview for the first time. Thoracic oncology—lung cancer, esophageal

cancer and mesothelioma—is the main focus of this location. The new facility provides thoracic expertise from radiology, pathology, interventional pulmonology, and surgical, medical and radiation oncology. A lung cancer screening program offers screening procedures for people at risk for developing lung cancer.

“We consolidated all of our thoracic cancer services onto the Hopkins Bayview campus to provide better patient-centered care,” explains Julie Brahmer, director of the Thoracic Oncology Program. “Having all of these disciplines in one location is a great benefit to patients.”

Beyond its focus on lung cancer, the Cancer Center is equipped to offer expert surgical, medical and radiation oncology care in all types of cancer, in addition to palliative care.

The \$26 million facility houses 21 infusion bays, 20 clinical exam rooms, a CT simulator and a linear accelerator for radiation treatments. Having radiation oncology on campus means patients can now come to one place for all of their cancer treatments.

—Sara Baker and Karen Tong



To go on a virtual tour of the Kimmel Cancer Center on the Hopkins Bayview campus, watch this video: bit.ly/hopkinsbayviewcancercenter.



The new adult and pediatric emergency departments at Johns Hopkins Bayview Medical Center, top, were designed to assess and treat patients more efficiently. After a “first look,” adult patients proceed to segmented areas, based on needs and acuity. Registration and treatment for pediatric patients take place at the bedside using portable technology; children have access to a playroom and child life coordinator 24/7.



The expanded Sidney Kimmel Cancer Center, bottom, offers medical oncology and provides radiation oncology, with a major focus on lung and esophageal cancer and mesothelioma.

Online Health Portals Deliver Johns Hopkins Expertise

Healthy Aging, Healthy Heart offered on hopkinsmedicine.org.

FEELING STRESSED? You may be tempted to soothe your tension with ice cream or crunch it away with potato chips. Reading an article from the Healthy Heart section on hopkinsmedicine.org, you learn that snacking on tryptophan-rich nuts is a healthier way to foster relaxation. So you munch a handful of almonds instead.

Healthy Heart, introduced in February, is the latest addition to the robust offering of online consumer health information and tools found on the health portal of hopkinsmedicine.org (hopkinsmedicine.org/health).

Providing insights drawn from Johns Hopkins expertise and research, Healthy Heart follows in the digital footprints of Healthy Aging, the health destination for adults over 50 and family caregivers, which launched in May 2014. The Johns Hopkins health portal also features a comprehensive Health Library—an A–Z reference guide to diseases, conditions, tests and procedures—and a physician directory, videos, and links to online health seminars.

Healthy Aging and Healthy Heart contain consumer-friendly, informative articles written in collaboration with Johns Hopkins clinicians and researchers, says Stacia Jesner, director of digital content strategy. “We want to bring the best insights and expertise of Johns Hopkins faculty to consumers all over the world,” she says.

The sites also “increase the relevance of Johns Hopkins



“WE WANT TO BRING THE BEST INSIGHTS AND EXPERTISE OF JOHNS HOPKINS FACULTY TO CONSUMERS ALL OVER THE WORLD.”

—STACIA JESNER,
DIRECTOR OF DIGITAL CONTENT
STRATEGY

DEAN MITCHELL / ISTOCK

and without hyperbole. A search engine at the top right of the landing page helps patients and their caregivers find additional information and doctors, he notes.

Roger Blumenthal, director of the Ciccarone Center for the Prevention of Heart Disease, plans to refer more patients and employees to the Healthy Heart site. “Once they understand the basics, they have a better idea of what to discuss with the doctors,” he says. “It’s a nice resource for people to go to for more information. And it has our Johns Hopkins touch on it.”

—Karen Nitkin

Visit Healthy Heart at hopkinsmedicine.org/health/healthy_heart/. Find Healthy Aging at hopkinsmedicine.org/health/healthy_aging/.

INTEGRATION

Epic Tools Give Patients Power to Schedule

With Direct Scheduling and FastPass, MyChart users can make, change appointments online.

TWO NEW EPIC TOOLS, DIRECT SCHEDULING and FastPass, give Johns Hopkins patients the ability to make and change their own appointments through their MyChart portal.

Since the July 2014 launch of Direct Scheduling, more than 1,000 patients have bypassed the telephone to make appointments online. FastPass, which debuted last month with the upgrade to Epic 2014, lets patients with appointments put themselves on electronic waiting lists to receive alerts when earlier timeslots become available.

Patients can now use Direct Scheduling to make mammogram appointments at The Johns Hopkins Hospital, Sibley Memorial Hospital, and Johns Hopkins Imaging at Green Spring Station and White Marsh. Pilots are underway for family practice, internal medicine, pediatrics, and gynecology and obstetrics visits. Next will be a primary care rollout for Johns Hopkins Community Physicians and internal medicine at the Johns Hopkins Outpatient Clinic, says Epic project leader Steven Klapper.

Direct Scheduling is more convenient for patients than calling for appointments, says Pedro Diaz, manager of about 30 agents who receive more than 15,000 phone calls per month from patients scheduling outpatient imaging. The agents spend several minutes on the

FASTPASS: AN ELECTRONIC WAITLIST

- Patients who sign up for FastPass receive alerts through MyChart when earlier appointment times become available. “If you decline or ignore the message, then nothing happens,” says Epic consultant Beth Cuddy. “If you accept the offer, it will change your appointment time.”
- FastPass takes into account the type of appointment—for example, a new patient exam may need more time than an annual visit—and lets the patient add preferences for providers, locations and timeslots. An open timeslot is offered to all FastPass users who meet the criteria and is awarded to the first person who accepts it.
- FastPass launched at several Johns Hopkins Community Physicians locations and will expand over the next few months, says Cuddy. Patients interested in using FastPass should ask scheduling staff about participation at their clinic.

phone with each caller, going over their patient history to ensure the optimal procedure is chosen, then help to select a date and location.

By contrast, when patients make mammogram appointments through Direct Scheduling, they sign into their MyChart page, answer yes-or-no questions about their breast history and health, choose screening locations, scan available appointments between one week and two years away, and select the one they want.

If patient responses reveal a health issue, such as a new lump, Direct Scheduling prompts the patient to telephone a scheduler for a diagnostic visit or submit the request as a MyChart message, says Diaz.

Patient records are reviewed for all mammogram appointments, whether they are made online or over the phone, says Joshua Sankovitch, Epic application coordinator. He adds: “Now that the entire enterprise is moving to Epic, we will have the luxury of expanded insight into the patient’s history, with a single record across all Hopkins locations.”

—Karen Nitkin



Nurses Forge Connections

(continued from page 1)

increasing their own understanding of other areas. Although the group meets just four times a year, it is easing nurse frustration and inspiring improvements in patient transfer and reporting procedures, Wicklin says.

(Other Johns Hopkins hospitals also have mechanisms to improve communication across units. For example, Suburban Hospital has monthly nursing council meetings with representatives from every unit, and All Children's Hospital has several communication improvement efforts that include nurses.)

At the first Building Bridges meeting, many nurses who had worked in the Children's Center for decades encountered colleagues they had never met, highlighting the barriers that can exist between units. "When everyone is in their silos, it becomes difficult to put the patient in the center of what we are doing across the continuum of care," says Luzetsky.

Infant and toddler nurses now share their knowledge of bladder exstrophy care with PICU nurses who have less experience with the condition. And unit nurses better understand the reasoning behind what they had



"The big thing is just to be able to understand where the nurses in the other units are coming from," says Kim Politz, right, a PICU nurse who started Building Bridges with Missy Wicklin, left.

the preoperative team.

The unit nurses didn't understand why they were being asked to report twice on the same patient, until Sexton explained the procedure change at a Building Bridges meeting. Later, Sexton created an information sheet that explained the reason for the preoperative call, what questions to expect and what information to provide.

Building Bridges also has improved the procedure for alerting nurses when patients move from one unit to

previously seen as a frustrating duplication of reports, resulting from a change in procedure with the move to the Children's Center.

Now, patients already in the hospital go first to a preoperative unit instead of directly to the operating room for surgery, explains Kim Sexton, a nurse in the pediatric preoperative and post-anesthesia care unit. This change means unit nurses must provide two reports before their patients go into surgery—one to the operating room team and one to

"When everyone is in their silos, it becomes difficult to put the patient in the center of what we are doing across the continuum of care."

—DAWN LUZETSKY,
ASSISTANT DIRECTOR OF PEDIATRIC NURSING

another, says Politz. Although a physician team still determines when a patient is ready to move, that decision is now relayed to the receiving nurse and the relinquishing nurse at the same time, instead of going first to the receiving nurse.

Similar group discussions aim to reduce the number of patient transfers that occur close to a shift change. If the discharging nurse gives a patient's report to a receiving nurse who then passes it on to the nurse in the next shift, information can get lost, says Politz. It's better, she says, for both the receiving and the discharging nurse to remain on the job for several hours after a patient transfer.

Because of Building Bridges, Children's Center nurses are now more comfortable asking each other for information or advice, says Wicklin. "I think every unit had the feeling that we were supposed to know what we were doing and we should not need help from anybody else. A big part of what we have achieved is that we now share our knowledge and ideas for how to fix things."

—Karen Nitkin

EDUCATION

Residency Attracts and Retains New Pediatric Nurses

AN INNOVATIVE RESIDENCY PROGRAM AT ALL CHILDREN'S HOSPITAL not only improves nurses' knowledge of pediatric care but also helps to retain them as employees, according to Michelle Cook, coordinator of the yearlong training program.

Begun in 2009 to boost newly minted nurses' skills and support their transition to practice, the program enrolls new groups two or three times each year. The nurse residents work with a preceptor on their unit, complete 10 weeks of classes and simulation training, and continue with monthly classes, clinical debriefings and support sessions. Each resident also works with a mentor.

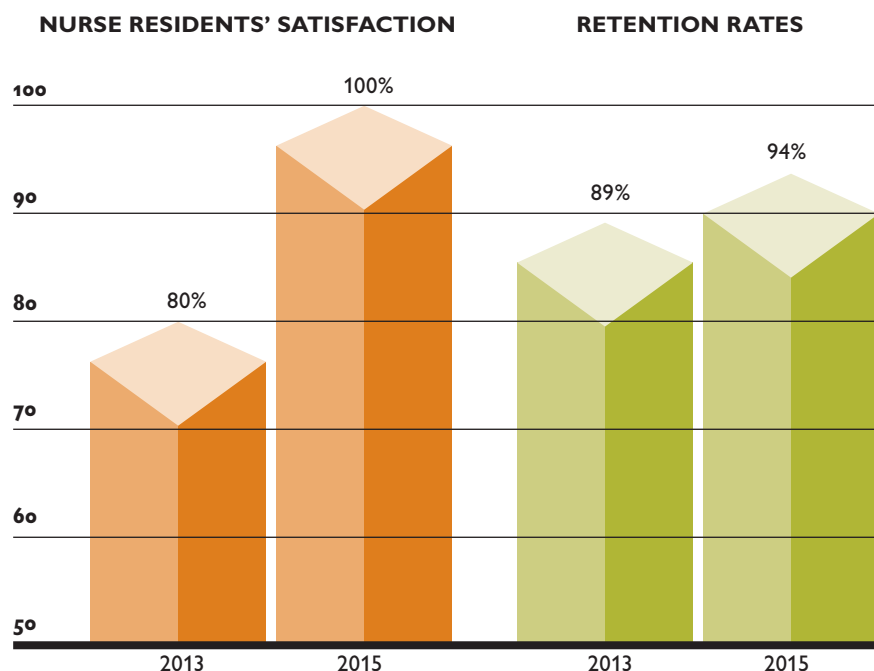
Cook says that nurse residents' satisfaction with training topics, such as communication, prioritization, safety, and time and task management, has increased from 80 to 100 percent during the past two years. At the same time, the retention rate at 18 months has risen from 89 to 94 percent. So far, 185 residents have been hired into the program.

"There is nothing sweeter than watching a new graduate nurse successfully complete orientation and become an integral part of our team," Cook says.

In addition to attracting B.S.N. graduates from around the country, employees who work as patient care technicians at All Children's while completing their B.S.N. degrees can also apply to the program.

—Ellen Arky

To find out more, visit allkids.org/PediatricRNResidency.



PEOPLE

A Half-Century of Dedication

CAROL BALL, SENIOR DIRECTOR OF NURSING ADMINISTRATION at Johns Hopkins Bayview Medical Center, recently celebrated 50 years of service as a nurse there. Over the years, she has held many different positions at Hopkins Bayview, including staff nurse, head nurse in the emergency department, nursing supervisor, and director of nursing and support services. In 2011, she became the first nurse in the history of Johns Hopkins Medicine to have an inpatient unit named in her honor.

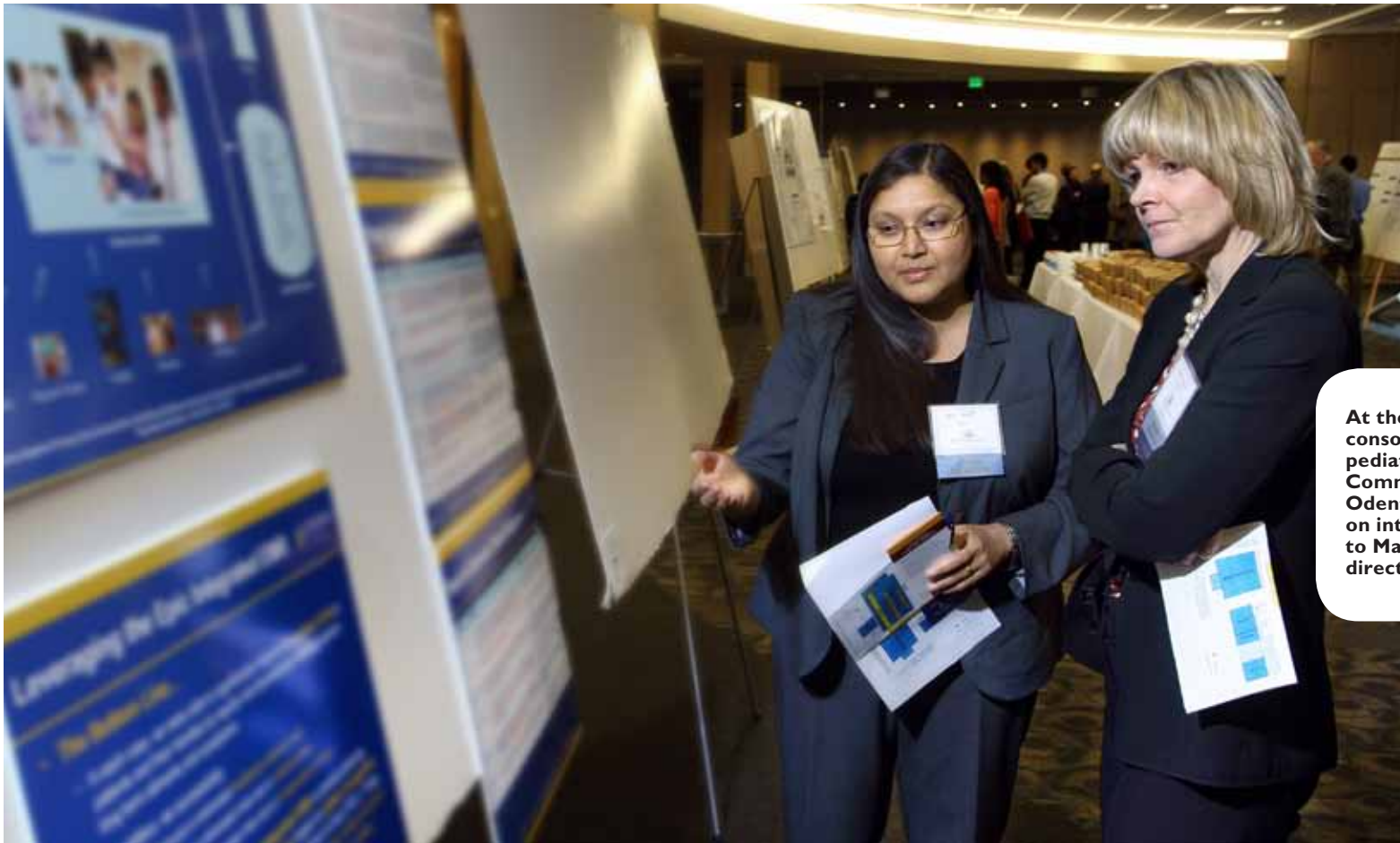
Learn about Carol Ball's accomplishments in a video at bit.ly/carolball.

Ronald R. Peterson, Ruth Brooks and Carol Ball at a 1983 awards ceremony.



"Part of being a good leader is helping people to problem-solve and look at what possibilities are available to improve their work situations."

— CAROL BALL



At the recent primary care consortium, Vani Bhatt, left, a pediatrician at Johns Hopkins Community Physicians at Odenton, explains her findings on integrating medical records to Maura McGuire, JHCP director of education.

Strides in Primary Care

New professorship and other efforts bolster an under-recognized specialty.

WHEN AMERICANS TALK ABOUT physicians, many speak enthusiastically about their family doctors, pediatricians or general internists. Among medical students, however, primary care remains less favored as a career choice than other specialties. Lower pay, longer hours, low Medicare reimbursements and more elderly, complex patients contribute to its unpopularity across the nation. By 2025, experts predict a potential shortfall of up to 31,100 primary care physicians.

Now, with the creation of a Bloomberg Distinguished Professorship devoted to primary care—a position that includes teaching nursing and public health students—Johns Hopkins Medicine hopes to invigorate and advance the field, says Maura McGuire, assistant dean for part-time faculty. This year, the school of medicine will also launch a primary care track for interested medical students, with a focus on chronic disease treatment, research and health care delivery.

The professorship was announced at the recent Johns Hopkins Primary Care Consortium, a biennial event intended to “share the energy around creating a collaborative, multidisciplinary academic home for primary care at Hopkins,” says McGuire, who also serves as Johns Hopkins Community Physicians’ director of education.

Held in February, the daylong conference drew more than 200 health care professionals, Johns Hopkins leaders and trainees from across the institution to Turner Auditorium. Speakers addressed evidence-based clinical processes, leadership, education and public policy development on primary care.

The idea for the new professorship grew out of the first Johns Hopkins Primary Care Consortium, estab-

lished in 2013 by a core group of seven colleagues from the schools of nursing, medicine and public health who felt the need to be more aggressive in advancing primary care. Leading the nationwide search are John Flynn, vice president of the Office of Johns Hopkins Physicians, and David Chin, distinguished scholar at the school of public health. The goal is to fill the position in 2015.

“People around Johns Hopkins are becoming more attuned to the importance of primary care,” says McGuire. “They’re realizing that primary care is part of the solution to improving quality, outcomes and cost.”

Topics at the biennial focused on how to inspire excellence, innovation and joy in primary care settings, and how to drive more health professionals into careers in primary care.

In an impassioned first-person account, second-year medical student Juliana Macri described how her mother’s “old-school” general internist painstakingly unraveled a misdiagnosis of Lyme disease made in an emergency room. She credits him for preventing her mother’s situation from becoming more serious—he recognized that she had babesiosis, another tick-borne illness—and for inspiring Macri to pursue a career in primary care.

Challenging “the myth that primary care isn’t what Hopkins does,” Macri urged her audience to insist that primary care be as significant a part of a Johns Hopkins medical education as understanding organ transplanta-

tion and Whipple procedures for pancreatic cancer.

When it debuts this summer, the school of medicine’s primary care track will include a three-year clinical experience in innovative practices, research projects, a clinical rotation for fourth-year med students, and mentorship and interaction with local leaders in the primary care field. Colleen Christmas, Johns Hopkins Bayview Medical Center’s internal medicine residency director, oversees the new track and hopes that the students who

complete it will enter primary care-oriented residencies.

The new Bloomberg Distinguished Professor will guide these and other efforts, notes McGuire, “and become an accelerator to connect with others doing

primary care research.” That person will also boost philanthropy and advance coordination and integration of primary care in the medical, public health and nursing disciplines across The Johns Hopkins University.

Just as the Armstrong Institute for Patient Safety and Quality has raised the profile of patient safety, notes McGuire, “we plan to create a center of excellence in primary care to improve health outcomes across the life course.”

—Judy F. Minkove

PRIMARY CARE includes general and family practice, general internal medicine, general pediatrics and geriatric medicine.



Watch Juliana Macri’s presentation on why she chose primary care and learn more about the Primary Care Consortium at hopkinsmedicine.org/primary_care_consortium/.

Notable Primary Care Milestones at Johns Hopkins Medicine

1892: Johns Hopkins Physician-in-Chief William Osler publishes authoritative textbook on medicine, laying the groundwork for the field of primary care.

1981: Johns Hopkins Community Physicians established, now the largest academic primary care group in Maryland.

2002: New Osler Center of Excellence offers advanced training in the doctor-patient relationship and seeks to influence public policy by establishing humane systems of primary care.

2009: Required longitudinal ambulatory clerkship within Genes to Society curriculum exposes first-year med students to primary care practices.

2013: Urban health primary care residency launches.

2013: First Primary Care Consortium is held to inspire and nurture development and professional growth of providers of primary care research, education and clinical medicine.

2015: Bloomberg Distinguished Professorship in Primary Care is established.

2015: Primary care track at the school of medicine is launched.



The illustration shows a portion of the new biocontainment unit.

1. Patient rooms have dedicated space for donning (green) and doffing (yellow) personal protective equipment (PPE). This layout allows for unidirectional flow to reduce the chance of cross-contamination.
2. One of the three private patient rooms that allow for critical care activities.
3. An on-site laboratory allows for safe and rapid diagnostic testing in special biosafety hoods. The lab also has separate donning and doffing rooms.
4. The staff entrance provides showering facilities and serves as a clean-in/clean-out anteroom for the entire unit.
5. The special air-handling system on the unit allows for the care of patients infected by pathogens that are transmitted via the airborne route.

New Biocontainment Unit Ready to Take on Highly Infectious Diseases

OVER THE PAST SIX MONTHS, A TEAM OF architects, clinical engineers, physicians, nurses and infectious disease experts at The Johns Hopkins Hospital has transformed a deactivated clinical unit into a state-of-the-art biocontainment unit. It is now ready to treat patients with highly infectious diseases, such as Ebola virus disease, bird flu and Middle East respiratory syndrome.

The 7,900-square-foot Biocontainment Unit includes three patient rooms, an on-site laboratory, shower facilities and clean-in/clean-out anterooms for health care providers. Two pass-through autoclave sterilizing machines allow the safe processing of highly infectious waste. The unit's ventilation system is separate from the rest of the hospital.

Initially proposed last year during Johns Hopkins' preparation to safely treat patients with Ebola, the unit

was designed and constructed specifically to guarantee the safety of patients, families and care teams, according to Lisa Maragakis, medical director of the unit and the Johns Hopkins Health System's senior director of infection control. It is located in a part of the hospital that was previously the site of a historic and pioneering unit for the care of patients with HIV and AIDS.

Although a unit of its size would typically care for 20 or more patients, the Biocontainment Unit has a maximum capacity of three patients at any given time. The extra space helps regulate the flow of the care team in and out of patient rooms, allowing staff members to don and doff the required personal protective equipment and care for patients without contaminating themselves or others.

Brian Garibaldi, associate director of the unit, says the unit's most important feature is the group of roughly 100 clinical and nonclinical staff members who

have self-selected to undergo rigorous training to safely care for patients with all types of highly infectious diseases, including those transmitted by physical contact, droplets and through the air. When the unit does not have patients, it will be used for education, training and research.

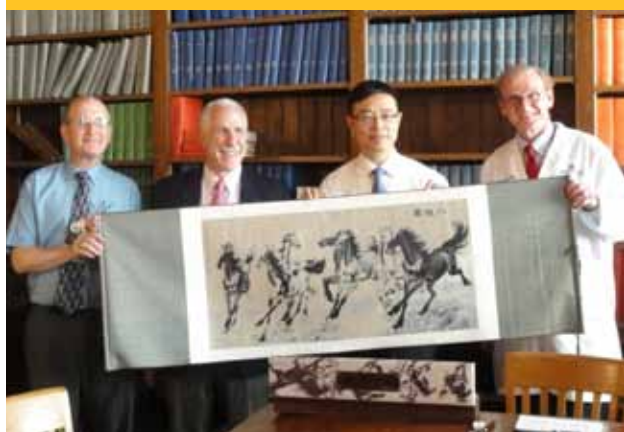
To plan the unit, the Johns Hopkins team consulted with experts from the Centers for Disease Control and Prevention, the National Institutes of Health (NIH), the University of Nebraska Medical Center and Emory University Hospital. Staff members also visited similar units at the NIH Clinical Center and University of Nebraska Medical Center, where patients infected with Ebola have been treated successfully.

—Marian Callaway



To learn about the unit's construction, view a video: bit.ly/buildingbiocontainmentunit.

IN BRIEF



A gift from China: Zhejiang DIAN Diagnostics Co. CEO Haibin Chen presents an original work of art to the Johns Hopkins Medicine Department of Pathology. From left, Johns Hopkins pathologist Michael Borowitz; Johns Hopkins Medicine Dean/CEO Paul Rothman; Chen; and Ralph Hruban, interim director of the Department of Pathology.

Chinese Col-LAB-oration

An international collaboration between Johns Hopkins Medicine's Department of Pathology and Zhejiang DIAN Diagnostics Co., the largest private diagnostic laboratory in China, became official last month. Representatives from the Chinese lab toured The Johns Hopkins Hospital's new-

est and most sophisticated diagnostic laboratories, then attended a signing ceremony in the Billings Administration Building. The collaboration between Johns Hopkins and DIAN, which has laboratories in 17 Chinese cities, will offer Chinese doctors and patients access to Johns Hopkins' diag-

nostic services, bring medical education programs led by Johns Hopkins pathologists to China, and make the latest diagnostic knowledge available via iPad apps in English and Mandarin. Ranked the No. 1 U.S. teaching program in its field by *U.S. News & World Report*, the Johns Hopkins Department of Pathology is home to experts in more than 20 diagnostic areas. Its core lab analyzes more than 8 million samples per year, and the surgical laboratory handles about 80,000 cases annually, including second opinions drawn from all over the world.

Labyrinth Milestone

The labyrinth at Johns Hopkins Bayview Medical Center is a spiral walking course that leads into the center and back out. There are no dead ends or false turns. Designed to offer community members, patients, visitors and employees a peaceful, quiet and

healing space, the labyrinth is marking its 15th anniversary. Join staff members and visitors for A Celebration of the Labyrinth Through Art on Tuesday, June 2, from 4 to 6 p.m. at the Hopkins Bayview labyrinth (located on Mason Lord Drive, adjacent to the red awning entrance). The event—free and open to the public—will commemorate the impact the labyrinth has had on the community and Hopkins Bayview, and will feature performances by local musicians, dancers and artists. Light refreshments and complimentary parking will be provided. For more information, call 410-550-7569. Learn more about the labyrinth at bit.ly/hopkinsbayviewlabyrinth.

Suburban and Sibley Memorial Hospitals Cancer Survivorship Event

On Saturday, June 6, from 10 a.m. to 2 p.m., the pastoral care and oncology depart-

ments at Sibley Memorial Hospital will host a cancer survivorship event at the hospital in partnership with Suburban Hospital to commemorate National Cancer Survivors Day. (The event is being held a day earlier than the national commemoration date). Themed "Seeing the Bigger Picture," the event will take place on the first floor of Sibley's Renaissance Building and will feature presentations and interactive sessions in such areas as art therapy, community acupuncture and healthy eating. Lillie Shockney, administrative director of the Johns Hopkins Breast Center and director of The Johns Hopkins Hospital's cancer survivorship programs, will speak on "The Future of Survivorship." For more information, contact Paulette McPherson at 202-537-4084. For information on National Cancer Survivors Day events at other Johns Hopkins affiliates, visit hopkinsmedicine.org/dome.

Employee Remembrance Service

Johns Hopkins Hospital and Health System Corporation employees who died last year will be remembered at a service on Monday, June 8, at noon in the Sheikh Zayed Tower's Peterson Courtyard. The inaugural program, hosted by the departments of Human Resources and of Spiritual Care and Chaplaincy, is open to colleagues and family members of those employees. Attendees are invited to recall their contributions to Johns Hopkins. Ronald R. Peterson, president of The Johns Hopkins Hospital and Health System and executive vice president of Johns Hopkins Medicine, will provide remarks. The service will be held annually.



A sampling of comments from Testimonios, a Spanish-language support group.

Sharing Stories in Spanish

Testimonios participants discuss their experiences and learn stress-reduction strategies.

THE KNOCKS ARE LOUD, THE VOICE angry. It's the downstairs neighbor, complaining about noise, threatening to call the police. The adults abruptly stop chatting, and the children halt their play. Fear of deportation, always in the background, becomes palpable.

When a woman recounts this story at a recent gathering of Testimonios, a support group for Spanish-speaking immigrants, Flor Giusti leads participants through a discussion of options. “We talked about how we sometimes need to make a fast assessment of the situation,” says Giusti, a social worker for the Children’s Medical Practice at Johns Hopkins Bayview Medical Center.

Fortunately, the woman’s husband was able to reason with the neighbor and calm him down, says Giusti, a volunteer facilitator for Testimonios, who describes the meeting.

Testimonios (“testimonies”) groups meet four Tuesday evenings a month, alternating between all-male and all-female gatherings, in a second-floor room of a Patterson Park church. The 90-minute sessions begin with a dinner provided by a local Latin restaurant, says Donna Batkis, senior psychotherapist for the Hispanic Clinic at The Johns Hopkins Hospital. Then, group members share stories, connect and discuss coping strategies.

Since Testimonios began in May 2014, about 80 participants have listened and talked in that church, says Monica Guerrero Vazquez, program coordinator for Johns Hopkins Bayview Medical Center’s Centro SOL, which provides clinical, research, educational and advocacy support to the Latino community. Some participants come for one or two sessions, while others forge more permanent bonds, she says.

Undocumented immigrants live in the shadows, far from loved ones and often in deep poverty.

Many are supporting families back home with physically demanding jobs that pay less than minimum wage. They may have escaped gang and cartel violence in their home country, only to become victims of crime in Baltimore.

Testimonios facilitators are bilingual faculty and staff members with backgrounds in social work, psychology and psychiatry. Discussion topics include reasons participants moved to the United States, what they left behind, and how to manage stress using tools like meditation and breathing exercises.

Barbara Cook, who provides child care at the meetings, is medical director for The Access Partnership (TAP), a Johns Hopkins Medicine program that delivers health care to uninsured and underinsured people living near Johns Hopkins campuses in Baltimore. She helped start Testimonios because otherwise-healthy Hispanic patients were seeing their Johns Hopkins primary care physicians with headaches, stomach pain and other complaints requiring expensive evaluations that often yielded negative results.

“Since anxiety, stress and post-traumatic stress disorder can cause the same symptoms, the TAP program sought to refer appropriate patients to a mental health provider,” says Cook. “But mental health resources are scarce, particularly for the uninsured. We decided it might help people just to gather with other folks who had been through similar stress.”

Members learn about the group by word of

Undocumented immigrants live in the shadows, far from loved ones and often in deep poverty. Many are supporting families back home with physically demanding jobs that pay less than minimum wage.

mouth, from posters in the community or through TAP. Cook notes the sessions are not therapy, but rather “a conversation with a group to handle these stressful or traumatic experiences.”

Participants come from many countries but share a perspective that helps them work through the frustrations of navigating a new culture. At one recent meeting, a father complained to sympathetic listeners that being in America means his son can avoid a beating by threatening to call the police. “The question for

the group was how to discipline your child without using corporal punishment,” Cook says. “There was a long pause. Giving a timeout or taking away someone’s cellphone is not part of their culture.”

“These are people who came from countries where they were undergoing extreme poverty and extreme challenges in daily life,” says Giusti. “They knew they could die in the process of coming here, and they came anyway. Even though they are in poverty and have multiple challenges, they are not doomed by those challenges. It’s very gratifying to work with a population that has that will and drive to move forward.”

—Karen Nitkin and Rachel Wallach

For more information about Testimonios and Centro SOL, call 410-550-1129 or email centrosol@jhmi.edu. Centro SOL will host a Latino Health Conference at the Bloomberg School of Public Health on May 12, from 8 a.m. to 5 p.m. Information: jhcentrosol.org/events/.

Johns Hopkins Alumni Award

Ronald R. Peterson, president of The Johns Hopkins Hospital and Health System and executive vice president of Johns Hopkins Medicine, has received The Johns Hopkins University's Distinguished Alumnus Award. The award honors alumni who have typified the Johns Hopkins tradition of excellence and brought credit to the university through their personal accomplishments, professional achievements or humanitarian service. Peterson, a 1970 graduate of the Krieger School of Arts and Sciences, began his Johns Hopkins Hospital career as an administrative resident in 1973, served successively as administrator for the Phipps Psychiatric Clinic, the Johns Hopkins Cost Improvement Program, the Children's Medical and Surgical Center, and president of what now is Johns Hopkins Bayview Medical Center from 1982 to 1999. He became president of The Johns Hopkins Hospital and Health System in 1997 and executive vice president of Johns Hopkins Medicine in 1998.

New Johns Hopkins Medicine International EVP



Mohan Chellappa, M.D., president of global ventures and a founding member of Johns Hopkins Medicine International (JHI), has been named executive vice president. In this additional role, Chellappa will serve as JHI's second in command, ensuring that JHI continues to expand the Johns Hopkins Medicine mission globally. Chellappa, who led JHI in an interim capacity during its recent leadership transition, has been involved in developing JHI's consulting business since 1997 and has been key in establishing more than 50 mission-driven engagements around the world. He currently serves on the board of Johns Hopkins Aramco Healthcare in Saudi Arabia.

New Surgery Director



Robert S.D. Higgins, M.D., M.H.S.A., has been appointed the new William Stewart Halsted Professor of Surgery, director of the Department of Surgery and surgeon-in-chief of The Johns Hopkins Hospital. Higgins, a heart and lung surgeon, will join the faculty on July 1. He currently is at The Ohio State University, where he is professor and chairman of the Department of Surgery, surgeon-in-chief, director of the comprehensive transplant center and head of research at OSU's Wexner Medical Center. He is a 1985 graduate of the Yale School of Medicine and earned a master's degree in health services administration from Virginia Commonwealth University.

Bloomberg Professorships

The school of medicine has had three new faculty members appointed as **Bloomberg Distinguished Professors**, receiving endowed chairs established in 2013 with a landmark \$350 million gift from Johns Hopkins



INTERTWINING HEALING AND ART: *I'm so proud of you, Mom ... I love you beyond reason ... Hope you're jammin' in Heaven ...* are among hundreds of poignant messages that form an artistic expression of love and loss at the Johns Hopkins Kimmel Cancer Center. Each May, the center holds a service of remembrance to honor patients who died of cancer during the previous year. As part of the ceremony, family members and friends write notes to lost loved ones on strips of muslin cloth, then insert them into a wire and tulle sculpture (see backdrop). After oncology chaplain Rhonda Cooper documents all of the notes,

staff members volunteer time to braid them into a rope, which is now more than 50 feet long. Ultimately it will form a sculpture of an urn. Community artist Cinder Hypki, left, who designed the therapeutic art project, says it "allows for very private and collaborative public grief, longing and celebration of loved ones." Seated beside Hypki are volunteer braiders Colleen Apostol, Weinberg 5A and 5B nurse manager, and Pain and Palliative Care Program nurse coordinator Lynn Billing. The sixth annual Service of Remembrance is scheduled for May 14 at 7 p.m. in the Weinberg Ceremonial Lobby. To learn more, visit bit.ly/memorialartproject.

alumnus **Michael R. Bloomberg '64**. The new Bloomberg Distinguished Professors are microbiologist and immunologist **Arturo Casadevall, M.D., Ph.D.**, biomedical informatics expert **Christopher Chute, M.D., Dr. P.H.**, and computational biologist **Steven Salzberg, Ph.D.** Casadevall previously served as director of the Center for Immunological Sciences at Albert Einstein College of Medicine in New York City. He also will become head of the Department of Molecular Microbiology and Immunology at the school of public health. Chute spent 27 years at Mayo Clinic, where he established the Division of Biomedical Informatics. He also will be on the faculty of the schools of public health and nursing. Salzberg is director of the university's Center for Computational Biology, a member of the McKusick-Nathans Institute of Genetic Medicine, and on the faculties of the schools of public health and engineering.

EAST BALTIMORE



Michael Choi, M.D., associate professor of medicine and clinical director of nephrology, has received the National Kidney Foundation's 2015 Garabed Eknayan Award. Choi was also named to the foundation's board of directors.



Mahadevappa Mahesh, M.S., Ph.D., associate professor of radiology and chief physicist of The Johns Hopkins Hospital, was elected to the National Council on Radiation Protection and Measurements.



Timothy Pawlik, M.D., Ph.D., M.P.H., professor and director of the Division of Surgical Oncology, has been named deputy editor

of *JAMA Surgery* (formerly *Archives of Surgery*) and associate editor of the *Journal of Gastrointestinal Surgery*. He also has been awarded an honorary fellowship in the Royal Australasian College of Surgeons.



Brigitte Sullivan, M.B.A., administrator for the Division of Transplantation, has been elected head of The Living Legacy Foundation of Maryland, which encourages state residents to save and enhance lives through organ and tissue donations that honor the legacy of the donors. She is also the secretary of the board of directors of the National Kidney Foundation of Maryland.



Sumeska Thavaraiah, M.D., assistant professor of medicine, has been named head of the medical advisory board of the National Kidney Foundation of Maryland. She also has received the foundation's 2015 Linda Cameron Award for Patient Services.

JOHNS HOPKINS BAYVIEW MEDICAL CENTER



Charles Cronauer, director of finance, has been named a fellow of the Healthcare Financial Management Association. The 40,000-member association has named only 1,800 individuals as fellows in its 68-year history.



Lisa Jibril has been promoted to manager of patient experience. Previously an ambulatory social worker, she has 16 years of experience coordinating discharge planning services and completing psychosocial assessments for patients. In

her new role, she will work with the medical center's leaders to fulfill its patient- and family-centered care strategic goals.



Alfredo Quiñones-Hinojosa, M.D., professor of neurological surgery, neuroscience and oncology, and director of the brain tumor surgery program, pituitary surgery program and neurosurgery brain tumor stem cell laboratory, has been awarded the Cortes de Cádiz Prize for surgery, bestowed by the city council of Cádiz, Spain, and the Spanish Royal Academy of Medicine and Surgery.

POTOMAC HOME HEALTH CARE

Owned jointly by Johns Hopkins Medicine's **Sibley Memorial Hospital** in Washington, D.C., and **Suburban Hospital** in Bethesda, Maryland, **Potomac Home Health Care**, a nonprofit, full-service, Medicare-certified home health agency, was recently given the highest rating of deficiency-free care following an unannounced survey by The Joint Commission. Potomac Home Health Care provides a comprehensive range of services to homebound patients in the Washington metro area.

JOHNS HOPKINS MEDICINE INTERNATIONAL

Tokyo Midtown Medical Center, which has been affiliated with Johns Hopkins Medicine International for almost a decade, has achieved Joint Commission International accreditation for its ambulatory care program. It is the second ambulatory care program in Japan to receive such an honor and the first Joint Commission International-accredited ambulatory care program among Johns Hopkins Medicine's global affiliates.

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