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DAWID RYSKI

Ethics in the Balance

The Berman Institute of Bioethics teaches medical students how to weigh the moral dilemmas they will face as clinicians.

Learn more about the strategic priority for EDUCATION online at hopkinsmedicine.org/strategic_plan.

SPEAKING THROUGH AN INTERPRETER, Joseph Carrese told the middle-aged, somewhat overweight man that he had diabetes. It was 1988. Carrese, fresh from completing his internal medicine residency at Johns Hopkins Bayview Medical Center, had recently arrived at the Navajo reservation to practice medicine through the Indian Health Service. As he discussed a regimen of medication and the risks of not taking it, the patient sat in silence. Then, the man walked out of the office and never returned.

Carrese couldn't understand why this patient and others refused treatment after he warned them of the potentially dire consequences.

He later learned that many traditional Navajos believe language shapes reality—so talking about the risks of not treating a condition may make those outcomes happen. He was in an ethical bind. He couldn't help patients without their understanding and cooperation, but his words were driving patients away.

To find a better approach, Carrese interviewed Navajo patients, traditional Navajo healers and other health care providers on the Arizona reservation. His recommendations: Frame medical information

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The Case for Bioethics Training

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Given the advances in medical technology and knowledge over the past 20 years, training to become a physician has become more complicated than ever. Yet the focus of those advances and that training remains the same as it was millennia ago: the patient.

With everything physicians can do now, a key question becomes whether they should or can do everything that's possible today—or how best they can fulfill the Hippocratic Oath's most famous instruction: "First, do no harm."

Personally, I have had to deal with family issues that required end-of-life decisions to be made. However, quality-of-life issues can weigh upon anyone who oversees a loved one's care at any stage of life. In Johns Hopkins' exceptional neonatal intensive care unit, for example, such issues can arise shortly after birth.

Our physicians face many other difficult situations. With pharmaceutical companies demanding increasingly outrageous prices for some drugs, occasionally we have to ask clinicians and physicians-in-training to seek alternative medications. We also may face times when our resources will not allow us to apply every treatment possible to every individual case.

As president of The Johns Hopkins Hospital and Health System, I have thought about this a lot. That is why I was so pleased when Ruth Faden and Jeremy Sugarman of the Johns Hopkins Berman Institute of Bioethics contacted me seven years ago and proposed offering ethics education for Johns Hopkins Hospital house staff.

Every year since, I have budgeted funds for the Berman Institute to train interns and residents in the departments of Medicine, Surgery and Pediatrics on ethical questions they will face while here and as practicing physicians later. In fiscal year 2015, internists Joseph Carrese and Mark Hughes joined pediatrician Margaret Moon in teaching Ethics in Clinical Practice to approximately 370 residents at The Johns Hopkins Hospital and Johns Hopkins Bayview Medical Center. (See cover story.)

This initiative's importance is recognized in other departments as well. Gifts from foundations now support ethics education in neurosurgery, neurology, ophthalmology, gynecology and obstetrics, and child and adolescent psychiatry.

Since its founding in 1995, the Berman Institute has become one of the largest centers in the world for training future leaders in bioethics, health and science. I am glad that with the support that The Johns Hopkins Hospital and others have given, the institute's faculty members can also train young physicians on the "everyday ethics" they will have to practice throughout their careers. ■

Innovative Patient Safety and Quality Collaboration

Agreement between Johns Hopkins and Microsoft aims to develop a technology solution that will eliminate preventable harms.

The Johns Hopkins University School of Medicine and Microsoft will work together to redesign the way that medical devices in an intensive care unit (ICU) talk to each other.

The two organizations plan to develop a health IT solution that collects data from different monitoring equipment and identifies key trends aimed at preventing injuries and complications that can result from medical care. Pilot projects are expected to begin next year.

The idea stems from the Johns Hopkins Armstrong Institute for Patient Safety and Quality's research on checklists to reduce infections and its pilot program called Project Emerge. First piloted in The Johns Hopkins Hospital's surgical intensive care unit in June 2014, and now replicated at the University of California, San Francisco, the program uses technology to restructure a hospital's workflow in an effort to eliminate the most common causes of preventable harm and to promote better patient outcomes. While most efforts to improve safety focus on one harm, such as preventing central line-associated bloodstream infections, Project Emerge seeks to eliminate all physical harms, including medical complications, such as blood clots and pneumonia, as well as such emotional harm as lack of respect and loss of dignity.

"Today's intensive care patient room contains anywhere from 50 to 100 pieces of medical equipment developed by different manufacturers that rarely talk to one another," says Peter Pronovost, senior vice president of patient safety and quality for Johns Hopkins Medicine and director of the Armstrong Institute. "We are excited to collaborate with Microsoft to bring interoperability to these medical devices, to fully realize the benefits of technology, and to provide better care to our patients and their families."

Four million patients are admitted to ICUs in the United States each year. Although it is not known how many of these patients experience potentially preventable complications, between 210,000 and 400,000 hospital patients die annually from such harms. Medical errors are the third leading cause of death, behind heart disease and cancer.

In collaboration with Microsoft, Johns Hopkins plans to revamp Project Emerge to better serve patients in intensive care environments. Johns Hopkins will supply the clinical expertise for the build, while Microsoft will provide advanced technologies, including Azure cloud platform and services, as well as software development expertise. The final product will allow physicians to see trends in patients' care in one centralized location, allowing them to access critical information from any hospital-approved Windows device.

This initiative is one of several collaborations between the two organizations designed to foster innovative, health-based technologies. Earlier this year, Microsoft became a sponsor of FastForward, Johns Hopkins' new business incubator designed to accelerate product development for health IT startup companies. Johns Hopkins also recently joined Microsoft's Partner Network, which provides enhanced services to the university.

—Lisa Broadhead

FIFTY IS NIFTY: Pat Kastal, left, and James Boles were recently honored for 50 years of employment with Johns Hopkins Medicine during the 2015 Service Awards Celebration in Turner Auditorium. Kastal was lead medical technician in the Department of Pathology's Hematopoietic and Therapeutic Support Service division before her recent retirement. Boles is a clinical technician in Nelson 6 nursing. Also honored for serving 50 years was Vivian Outing, discharge retrieval supervisor.

Summit Highlights Diversity and Inclusion

Johns Hopkins leaders are working toward a more diverse workforce, student body.

The newly established Johns Hopkins Office of Diversity and Inclusion gathered nearly 80 leaders from across Johns Hopkins Medicine in early November for a daylong summit devoted to discussing ways to achieve health care equity and a deeper cultural understanding of the needs of patients and employees.

Hospital executives, physicians, postdoctoral students and other professionals from The Johns Hopkins Hospital gathered at the Mt. Washington Conference Center with colleagues from Sibley Memorial and Suburban hospitals, as well as Howard County General Hospital, Johns Hopkins Bayview Medical Center and All Children's Hospital in St. Petersburg, Florida. Also present were nearly 20 human resources managers.

"Johns Hopkins Medicine has a firm commitment to equity," Paul B. Rothman, dean of the medical faculty and CEO of Johns Hopkins Medicine, told the group. "We're not yet where we want to be, but we're committed to getting there."

Recruiting and retaining diverse workers, students and trainees is a key part of Johns Hopkins Medicine's strategic plan. Rothman and Ronald R. Peterson, president of The Johns Hopkins Hospital and Health System and EVP, Johns Hopkins Medicine, established the Office of Diversity and Inclusion to address race, gender and other inequities in the hospital system.

Diversity leaders at the recent summit inspired discussion on race, gender and equity. From left, James Page, Lisa Cooper, Eloiza Domingo-Snyder and Ty Crowe.

According to Johns Hopkins data, since 2009, the number of underrepresented minorities on the school of medicine faculty has been slightly below the national academic medical center average of 8 percent.

Although Hispanic and African-American hires more than doubled since 2000, the fastest growing group of newly hired faculty is Asian-Americans. The school of medicine's classes of 2016–2018 comprised 44 percent white students and 37 percent Asian and Asian-American students, while Latino and black or African-American students stood at about 9 percent each.

"This can't be just diversity for its own sake," said James Page, chief diversity officer for Johns Hopkins Medicine. "What we do has to make Johns Hopkins better."

ALTHOUGH HISPANIC AND AFRICAN-AMERICAN HIRES MORE THAN DOUBLED SINCE 2000, THE FASTEST GROWING GROUP OF NEWLY HIRED FACULTY IS ASIAN-AMERICANS.

The summit was organized by Page and diversity director Eloiza Domingo-Snyder.

Summit sessions were led by Domingo-Snyder; Thomas "Ty" Crowe, director of spiritual care and chaplaincy; and Lisa Cooper, director of the Johns Hopkins Center to Eliminate Cardiovascular Health Disparities. Individual breakout sessions presented vignettes of negative situations encountered by patients, employees and community members, where participants considered ways to better approach health care equity issues. Participants also discussed how to improve the institution's policies and practices, including the cultural, linguistic and spiritual training of clinical and nonclinical employees.

"Having James and Eloiza lead us toward a more diverse and inclusive community is like coming upon a spring in the desert," says Barbara Cook, medical director of The Access Partnership. This program provides care to uninsured and underinsured patients who live in neighborhoods surrounding The Johns Hopkins Hospital and Johns Hopkins Bayview Medical Center.

Hopkins Bayview pediatrician Lisa DeCamp works with Centro SOL, which is dedicated to providing care for Baltimore's Latino community. She attended the summit and saw it as a step to bring coordination to disparate efforts.

"There's a lot of work around diversity and inclusion going on at Johns Hopkins," she says. "Lots of people don't know each other. This is a great way for us to begin coordinating."

—Patrick Smith

Building the Scaffolding for Epic Go-Live

Leaders share lessons from launching the electronic medical record system.

Carrie Stein and Patricia Zeller have been working together on clinical and operational readiness for Epic rollouts starting with ambulatory users, Howard County General Hospital and Sibley Memorial Hospital in 2013. Their collaboration continues through the current go-live at Johns Hopkins Bayview Medical Center and the July 1, 2016, go-lives at The Johns Hopkins Hospital and Kennedy Krieger Institute.

Stein leads the work group representing the clinical and operational users who will use the new electronic medical record system; Zeller coordinates readiness requirements with the team of Epic builders who are creating the system for Johns Hopkins. Working as liaisons between their groups, they calmly shepherd these massive projects toward their set-in-stone deadlines, while navigating myriad logistical hurdles to make sure the correct systems are in place and people are trained to use them.

For the first rollouts, Stein and Zeller created detailed checklists and timelines. They eased fears and answered questions. Over time, they developed a sturdy system that serves as the scaffolding for one successful launch after another.

What they learned:

1. **Involve as many people as possible.** Before the first go-lives, about 50 people took part in twice-monthly conference calls to work through details. Now, the number is close to 200. "Over the years, we've found ways to involve people much more," says Stein.
2. **Get buy-in early.** In October, Stein was asked if it was too soon to include Johns Hopkins Bayview's human resources people in her Epic work group for the Dec. 1 launch. Her answer: It's never too early.
3. **Never stop moving forward.** "The timeline will not change," says Zeller. She and Stein come to the conference calls prepared to make decisions.
4. **Be clear about expectations.** "We have gotten better about communicating project milestones," says Stein.
5. **Communicate early and often with higher-ups.** Keep the process moving by taking questions or concerns to people with more decision-making power.

—Karen Nitkin

Epic leaders Carrie Stein and Patricia Zeller oversee clinical and operational readiness.

Ethics in the Balance

(continued from page 1)

in positive terms, involve traditional healers and family members in health discussions, and prepare patients for potentially upsetting news.

"I came back to Baltimore with a much different frame of mind about being open to differences and avoiding the trap of making assumptions," he says.

Educating the Next Generation of Ethical Clinicians

Carrese, now an internist at Johns Hopkins Bayview, is still wrestling with the ethical issues raised when a physician's do-no-harm mandate clashes with a patient's right to choose or refuse treatment. As a faculty member in the Berman Institute of Bioethics, he's helping Johns Hopkins medical students, interns, residents and clinicians navigate this complex and changing territory.

The 20-year-old institute traces its start to the mid-1980s, when Ruth Faden, a professor in the Bloomberg School of Public Health, began hosting universitywide brown-bag lunches to discuss ethical issues of the day. The institute now has more than 30 faculty members from across the university. Together, they research, teach, define and shape bioethics—the study of the moral and ethical quandaries facing health care providers and scientists.

"We are committed to first-rate scholarship in the service of making policies and practices better than they were before," says Faden, who has been director of Berman since its start and will step aside in 2016.

Medical schools must provide ethics education, and residency programs require training in professionalism, which has an ethics component. However, programs vary widely because the specifics are up to each institution. At Johns Hopkins, Berman faculty members infuse the school of medicine curriculum with robust clinical ethics instruction. And for the past decade, they have been extending this teaching to residency training programs.

The ethics program for medical students, co-directed by urologist Jacek Mostwin and Berman faculty member Gail Geller, begins with the Foundations of Public Health, Epidemiology and Ethics course in the first year and continues with student-led workshops, topic-specific seminars and ethics discussions based on real cases. In addition, students conduct independent projects in an ethics-oriented concentration for first- and second-year medical students, co-directed by Carrese and Geller.

Residents at Johns Hopkins Bayview rotate through the ethics consultation service, working alongside Carrese, who provides guidance on ethical dilemmas encountered in the course of real patient care. A master's degree in bioethics, new this year, is offered through a collaboration between Berman and the Bloomberg School of Public Health, providing "a historical and contextual understanding of the problems in bioethics, as well as training in analyzing and evaluating moral arguments," says Travis Rieder, the Berman Institute's assistant director for education initiatives.

Joseph Carrese

Margaret Moon

Gail Geller

"IT'S REALLY GETTING STUDENTS TO RECOGNIZE AN ETHICAL DILEMMA AND LEARN STRATEGIES FOR HOW TO ADDRESS IT."

—GAIL GELLER, BERMAN INSTITUTE FACULTY MEMBER

When Clinicians and Patients Disagree

Ethical questions are routine for clinicians. Under what circumstances can parents refuse vaccinations for their children? How can a care team help a terminally ill patient live out his last days in comfort when family members insist on continued interventions? What can be done when a patient with early dementia insists on going home, without fully understanding the dangers?

Berman professors teach students how to identify and frame ethical issues, weigh opposing imperatives, persuade with respect and evaluate patients for decision-making competence. Students are also trained to recognize their own moral considerations, such as a bias against people who are obese.

"We consider ethics knowledge, attitudes and skills as essential," says Carrese. "It has to be included in the earliest stages of medical education and all the way through. You have to think of it as a central part of your identity as a health care professional."

Recently, Carrese was invited to give Grand Rounds in the Department of Gynecology and Obstetrics and address the case of a woman who had refused to undergo a cesarean section, even after learning of the dangers to herself and her fetus. As a result, both mother and baby required additional treatment.

Carrese had no simple answer for his audience of about 60 people but gave this advice: "It is OK to educate and persuade, not OK to disengage or coerce."

Ethics standards and laws evolve. In the 1950s, for example, physicians rarely burdened patients with bad news, such as a cancer diagnosis, or asked pregnant women about their childbirth choices. Today, respect for patient preferences is a cornerstone of ethical care, says Margaret Moon, a Berman faculty member and pediatrician.

But she notes that it's important to balance respect for patient choices with a duty to promote the patient's well-being. "Physicians can sometimes be a little intellectually lazy when they yield automatically to the patient's wishes," she says. "We used to be too paternalistic, and now we're swinging in the other direction."

A particularly interesting problem arises when the patient is an adolescent with definite but ill-considered opinions about treatment, says Moon. She asks medical students in her ethics classes to consider the case of an adolescent who doesn't want his HIV status discussed with a young woman who visits him daily while he is hospitalized for a related illness. The team is worried that the visitor is a sexual partner who may not be aware of the HIV risk. The patient says the woman is not his partner; the team doesn't believe him but could be wrong.

The choice: Harming the patient by overriding his wishes and breaking confidentiality based on a duty to warn, or harming the presumptive partner by withholding information. "We teach a framework of analysis that helps us identify the ethics issues and then figure out what we know and what we need to know," Moon says. "Students start out saying, 'This is a problem of the public's health, and the patient's wishes don't have to be respected. We can't have someone going out and infecting people.' But when we talk about the specifics, they often change their minds."

Students learn that the care team had worked for years to gain the boy's trust and guide him through a complex treatment regimen. "Their concern is that if we force him to do something he doesn't want to do, he'll alienate himself from care and die," Moon says. Students also find out that good ethics start with good facts, she says. Case law, the facts of HIV transmission risk and the partner's responsibility to engage in safe sex are all part of the discussion. "This is a great case for showing how complicated these things get."

—Karen Nitkin

Learn more about the Berman Institute:
bit.ly/bermaninstbioethicsvideo

DELIVERING THE NEWS

As technology advances, new ethical questions emerge. For example, large-scale genetic tests that now cost less than $1,000 can reveal unanticipated and devastating information. A test to help a patient learn her risk for breast cancer could uncover heightened odds for dementia. Do clinicians have a moral obligation to share all the results of a genetic test with patients?

To gain insight on this question, Debra Mathews, assistant director of science programs for the Berman Institute of Bioethics, is interviewing people who underwent genetic testing for Huntington's disease more than two decades ago.

No treatment or cure exists for Huntington's disease, which is hereditary and fatal. The first symptoms usually appear in a person's 40s and include irritability, loss of coordination and involuntary movements. In the next few years, as nerve cells break down, victims lose the ability to walk, speak and swallow. Most die within 15 years of symptom onset.

Nearly 30 years ago, Huntington's became the first disease detectible by genetic testing.

For the first time, people with the disease in their families could learn their fate before becoming ill. Not everybody wanted to know, but those who did agreed to extensive counseling before taking the test.

Mathews and her team are now asking those people how the counseling and test results influenced their lives. One person who learned she wouldn't get the disease felt liberated to marry and start a business. Another felt guilty that her brother would become ill but she would not, and vowed that she would care for him. A third, who had rushed toward success at a young age, felt adrift when she learned her life would not be cut short.

Mathews is still gathering information from people who took the test, gaining insights that could one day shape how clinicians counsel patients and share test results.

—KN

Learn more about Huntington's disease and research:

bit.ly/balthuntingtonsdiseasecenterjhm

bit.ly/balthuntingtonsdiseaseresearch

People Person

How the senior vice president of human resources for Johns Hopkins Medicine and the Johns Hopkins Health System manages myriad employees and initiatives.

Eighteen Johns Hopkins human resources leaders, gathered for their quarterly leadership meeting, are waiting for updates on the institution's electronic performance evaluations, wellness efforts and retirement benefits. All eyes fix on Bonnie Windsor, senior vice president of human resources for Johns Hopkins Medicine and the Johns Hopkins Health System. The self-assured woman in her classic blazer and understated jewelry flashes an easy smile.

"Did everyone have time to read the minutes from the last meeting?" she asks. "Everybody good?"

For the next two hours, lively discussion follows on such topics as how to persuade employees to get flu shots, understanding new benefit changes, and why every staff member must complete mandatory discrimination and harassment training.

Windsor's 33rd Street office in the old Eastern High School building hosts many high-level human resources management briefings. The senior HR executive also visits Johns Hopkins member organizations—from Howard County to the United Arab Emirates— to build relationships, educate and troubleshoot whenever complicated HR issues arise. As an accountable leader of the Johns Hopkins Medicine Strategic Plan's people priority—"to attract, engage, develop and retain the world's best people"—the 30-year Johns Hopkins veteran appears to have embraced her new role.

"I enjoy spending time with employees," says Windsor, a northern Virginia native who started her career as a Johns Hopkins Hospital pediatric intensive care nurse. "We need to make sure HR is supporting a culture that champions diversity, inclusion and civility."

Her job requires ensuring that more than 41,000 employees in every position across the Johns Hopkins enterprise understand the intricacies of the institution's initiatives and benefits. She says her approach boils down to "engaging, retaining, recruiting and developing people who provide—directly or indirectly—the highest quality of care for patients."

Windsor has built an unusual career in health care. She became a nurse in 1976 and was hired in 1977 as a pediatric intensive care unit (PICU) nurse. She steadily advanced, becoming an associate director in pediatrics. Concurrently, Windsor earned a master's degree in management from The Johns Hopkins University. After moving out of state for several years, she was recruited back to create and oversee Intrastaff, Johns Hopkins' temporary staffing agency. She became Intrastaff's director in 1990, eventually also leading career services in human resources. In 2004, she was named senior director of human resources for Johns Hopkins Medicine and was promoted to her current position two years ago.

Human resources leaders across the enterprise say Windsor's success derives from an evenhanded management style. They use phrases like "always fair," "approachable," "thoughtful" and "unflappable." Those qualities, they say, have gone a long way to ease the inevitable tensions that crop up whenever a policy, such as overtime compensation, needs to be changed.

"First and foremost, Bonnie loves people and knows what it's like to be an employee on the front lines of a hospital," says her predecessor, Pamela Paulk, now president of Johns Hopkins Medicine International. Along the way, adds Paulk, she's built strong relationships with employees and leaders.

Several colleagues note Windsor's calm, even voice, perhaps honed from years of working in clinical crisis mode. Claire Beers, nurse manager of The Johns Hopkins Hospital's PICU, worked alongside Windsor in the 1970s. "Bonnie has always been a consensus builder, a wonderful listener who wants the best for whomever she's interacting with," says Beers. "She's competent, attentive and always professional—the kind of person you'd want taking care of your child."

Bonnie Windsor, a former pediatric nurse, says she draws from a "deep understanding of clinical care" and recognizes the important role every person plays in upholding the institution's values.

"WHAT'S IMPORTANT IS THAT EMPLOYEES FEEL COMFORTABLE SHARING THEIR EXPERIENCES AND FEEL THAT PEOPLE ARE LISTENING TO THEIR CONCERNS."

—BONNIE WINDSOR

Windsor makes a point of going deep into departments regularly to see the workforce in action. She affectionately calls these jaunts across the enterprise her "rounds." She says she wants people to be more willing to speak out about problems, like patient safety or ways to work more efficiently. "What's important," she says, "is that employees feel comfortable sharing their experiences and feel that people are listening to their concerns."

Currently, Windsor is focused on rewarding employees with healthy lifestyles. She's working with Johns Hopkins HealthCare's medical director, Richard Safeer to assess whether Johns Hopkins Medicine entities are using evidence-based strategies and interventions to prevent chronic diseases in employees, as well as working toward tobacco-free campuses.

She champions a more centralized, unified approach to retention and recruitment, "moving beyond the silo mentality," while paying closer attention to diversity and making compensation/benefit packages more competitive. She says human resources is partnering with nursing to find solutions in support for a potential nursing shortage as more R.N.s near retirement.

"What I love about my job," she says, "is that every day, I have the opportunity to work with employees who are hard-working, loyal and very caring."

—Judy F. Minkove

IN BRIEF

New Specialty Pharmacy at Johns Hopkins Home Care Group

A pharmacy that provides specialty outpatient and infusion services opens this month at the headquarters of Johns Hopkins Home Care Group. The new facility, located at the division's Holabird Avenue office in Baltimore, is the ninth such pharmacy in the Johns Hopkins Health System.

In addition to filling prescriptions, the pharmacy offers medication management services for high-cost, specialty drugs that include oral, injectables and infusions used to treat infertility, hepatitis C, inflammatory diseases, cancer, HIV and rheumatoid arthritis, and to help control pain.

The Home Care expansion also includes rooms for staff members to educate patients and caregivers about infusion treatments and about how to operate medical equipment, including the masks and devices used to treat sleep apnea. Pharmacists will instruct patients how to take medications and why medication compliance is important.

A new call center at the facility will take all inbound calls requesting prescription refills at the specialty pharmacies at The Johns Hopkins Hospital, Medical Pavilion at Howard County and Johns Hopkins Bayview Medical Center. This service will help to centralize operations and give medical equipment trainers and pharmacists more time to serve patients.

MLK Jr. Commemoration

Johns Hopkins' 34th Martin Luther King Jr. Commemoration will take place on **Friday, Jan. 8, 2016, from noon to 1:30 p.m. in Turner Auditorium** on the East Baltimore campus. The theme is "The Beloved Community: A Force for Social Change." This commemoration marks the first since the death of its founder, civil rights activist and medical pioneer Levi Watkins Jr. The program will feature world-renowned opera singer Denyce Graves, as well as Watkins' nephew, Levi Garraway, director of the Joint Center for Cancer Precision Medicine at Dana-Farber Institute, Brigham and Women's Hospital and the Broad Institute. As always, Unified Voices, a choir of local residents and Johns Hopkins employees, will sing spirituals, and recipients of the 2015 MLK Jr. Community Service Awards will be recognized. There also will be a video tribute to Watkins.

Denyce Graves

Learn moreabout the event at **insidehopkinsmedicine.org/mlk**.

Quincy Samus, left, reviews a patient's care plan with memory care coordinator Kelly Marshall outside a client's home.

Making the Most of Dementia Care at Home

Program addresses needs of elders with memory disorders and eases caregiver burden.

From the moment the care team stepped into the private home, they saw signs of dementia. "There were so many piles of papers," says Quincy Samus, a Johns Hopkins behavioral gerontologist, "that the team, [which includes a dementia care psychologist, nurse and occupational therapist], had difficulty finding a path into the living room."

A team member had received a call from a distraught woman whose father, a retired lawyer recently diagnosed with dementia, refused to discard any papers, official or otherwise. Concerned about his escalating paranoia, the daughter, who lives out of town, called the Johns Hopkins program.

Called MIND (for maximizing independence) at Home, the comprehensive program assesses the needs of people with memory disorders living at home—and those of the family caregivers. It aims to keep patients at home longer, a preference for most of them, and to reduce unmet care needs, such as evaluation of home and personal safety, and management of neuropsychiatric issues.

Currently, about 35 million people worldwide have dementia, says Constantine Lyketsos, director of the Johns Hopkins Memory and Alzheimer's Treatment Center, and that number, doubling every 20 years, is projected to reach 115 million by 2050. To help address what he calls "this staggering reality," Lyketsos and Baltimore philanthropist Roy Hoffberger conceived MIND at Home, which debuted in 2012 as a $2.5 million privately funded pilot study.

Led by Samus and Lyketsos, the 18-month clinical trial included 303 participants ages 70-plus with dementia and mild cognitive impairment, plus 290 caregivers. A dementia care coordinator came into each home to address living and care issues before they could spiral out of control.

At least once a month, MIND at Home coordinators contacted households, checking on home safety, medical and mental health care, nutrition, and food availability, as well as whether patients were participating in meaningful activities, like exercise or regular interaction with a friendly visitor. Based on needs, the program provided referrals to day programs, education, informal counseling and problem-solving.

At 18 months, study participants who received these interventions were likely to remain at home—nearly two months longer than participants who received usual care. This gain extended to an average of about nine months when follow-up continued for up to 41 months. In other words, says Samus, "we were able to help people age in place, and without sacrificing their quality of life."

"We don't pretend we can keep people with dementia in their homes forever," says Lyketsos, "but for much longer than expected—all because we can link those in need of care to appropriate resources and services." Most contacts were phone-based, he notes, addressing problems like nutrition, which implies that benefits can be achieved in a cost-efficient way.

Though the study hasn't calculated cost savings, Lyketsos says delaying admission to a nursing home or a rehab facility likely saves families thousands of dollars.

But the most satisfying outcomes, says Lyketsos, have been patients' improved self-rated quality of life and the benefits to caregivers. The pilot study showed that the program over time freed up as much as 16 hours of caregiving time per week compared with control caregivers.

So successful was the trial, says Lyketsos, that its leaders were able to obtain $9.8 million in additional government funding to find a better and less costly way to keep dementia patients at home. Now he and his colleagues are working to package MIND at Home as an affordable commercial product tailored to diverse clinical, socioeconomic and racial populations.

"THIS PROGRAM HAS THE POTENTIAL TO RESHAPE DEMENTIA CARE BY LINKING MEDICAL AND COMMUNITY-BASED SERVICES."

—CONSTANTINE LYKETSOS
DIRECTOR, THE JOHNS HOPKINS MEMORY AND ALZHEIMER'S TREATMENT CENTER

In the former lawyer's case, the team met with the family and enlisted the help of a professional organizer. "Over time," says Samus, "we saw major changes."

Whether it's regulating the temperature at home, making sure the patient is groomed or sending a nurse to investigate a potential urinary tract infection, "there's always something we can do to improve enjoyment of life" says Samus. "It's been extremely rewarding."

—Judy F. Minkove

Learn more about the program at mindathome.org. Watch a video: bit.ly/MINDatHomeoverview.

A 'Ray' of Bright Light

Longtime Baltimore nonprofit leader Selwyn Ray joins Johns Hopkins.

When Selwyn Ray became director of community relations for the Johns Hopkins Health System, he began the job by reading the last will and testament of the founder of the system's flagship hospital.

Before his death in 1873, Baltimore philanthropist Johns Hopkins stipulated that the hospital that would bear his name would care for all who needed it, regardless of race, gender or age. The requirement resonates deeply with Ray.

"That tells me that our institution was founded to serve the people who live in the neighborhoods near our hospitals. Not just because of last April 27," says Ray, referring to the unrest in Baltimore following the death of Freddie Gray. "But because of the man who said it 126 years ago! He said, 'I want you to take care of the people who live here.'"

Ray, a lifelong Baltimore resident, was hired in August to serve as an ambassador to the many neighborhoods of Baltimore's east side. He is based at Johns Hopkins Bayview Medical Center, where he leads the Community Advisory Board and oversees programs that benefit people who live near the medical center.

He also will steer Hopkins Bayview's community health needs assessment and will serve on the Johns Hopkins Bayview Executive Council. Within the school of medicine, Ray will design programs to help other hospitals and departments in the Johns Hopkins family to improve the health of their communities.

> "COMMUNITY RELATIONS IS EVERYONE'S JOB."
> —SELWYN RAY

Ray has spent nearly 35 years in service of others. A graduate of the University of Maryland School of Law, Ray was a policy advisor to the Baltimore City health commissioner and community relations director for the city's Safe and Sound Campaign, which aims to improve the health, safety and well-being of Baltimore's children.

He is a former executive director of the Maryland Mentoring Partnership and acted as interim CEO of Big Brothers Big Sisters of the Greater Chesapeake. He was the executive director of the Maryland Mentoring Resource Center until accepting the job at Johns Hopkins.

A Family Tradition of Health Care

A commitment for delivering top-quality health care runs in the family. Ray's late mother, Lelia, was a nurse at both The Johns Hopkins Hospital and the Rosewood Center. His late father, Uthman, was a civic activist and family physician in West Baltimore.

"That was old-school community health!" the 58-year-old director says. "My father taught me very early not to judge others, and that's something I've always tried to adhere to."

He says the task of building and maintaining community relations belongs to all Johns Hopkins employees. "It's everyone's job. Whether we're in a hospital or out in the neighborhood, we're all community relations. Every one of us represents Johns Hopkins, and that's something to take seriously."

As he works with leaders in grass-roots organizations, nonprofits and local government, Ray is already helping to improve East Baltimore's health. He points to a Hopkins Bayview food pantry program that fed more than 802 disadvantaged adults and children this fall.

"The way I look at it, we're not just a hospital," Ray says. "We're a neighbor—a good neighbor."

—Patrick Smith

Johns Hopkins Health System Director of Community Relations Selwyn Ray visits with Katrina Foster, principal of Henderson-Hopkins.

BIOMEDICAL DISCOVERY

A Better Way to Determine Brain Cell Damage

Blood test developed at Johns Hopkins helps diagnose and assess traumatic brain injuries.

After a hit to the head or rapid whiplash, millions of Americans develop traumatic brain injuries (TBIs) each year. TBIs can range from mild concussions, causing only a headache or temporary blurred vision, to much more severe injuries—causing seizures or even coma. These symptoms, whether mild or more severe, are generally caused by damaged brain cells.

Until now, most physicians have relied on CT scans and patients' symptoms to determine whether to take extra precautions. However, CT scans can only detect bleeding in the brain, not damage to brain cells, which can happen without bleeding.

"A typical situation is that someone comes to the emergency department with a suspected TBI, we get a CT scan and, if the scan shows no bleeding, we send the patient home," says emergency medicine physician Frederick Korley. "However, these patients go home and continue having headaches, difficulty concentrating and memory problems, and they can't figure out why they are having these symptoms after doctors told them everything was fine."

Now, Korley and his team have developed a new blood test that could help emergency deparatment doctors quickly diagnose a TBI and determine its severity. The blood test, taken within 24 hours of a head injury, measures levels of brain-derived neurotrophic factor (BDNF).

"Compared to other proteins that have been measured in traumatic brain injury, BDNF does a much better job of predicting outcomes," says Korley, first author on the study that appeared in the July 10 *Journal of Neurotrauma*.

The scientists followed 300 patients with TBI over six months, finding that those with the highest levels of BDNF, as measured soon after their injury, had the best recovery. The results suggest that a test for BDNF levels, administered in the emergency room, could help stratify patients.

"The advantage of being able to predict prognosis early on is that you can advise patients on what to do, recommend whether they need to take time off work or school, and decide whether they need to follow up with a rehab doctor or neurologist," Korley says. In addition, it could help doctors decide which patients to enroll in clinical trials for new drugs or therapies targeting severe TBIs.

—Shawna Williams

New Medical Director and VP of Academic Affairs

Charles Wiener, M.D., professor of medicine and physiology, has been named medical director and vice president of academic affairs for Johns Hopkins Medicine International (JHI). He, along with **John Ulatowski**, JHI's vice president and executive medical director, will lead multiple global projects, including strategic planning, educational infrastructure planning and medical training. Wiener, who is board certified in internal medicine, pulmonary medicine and critical care medicine, will focus on more closely integrating JHI and school of medicine programs, and on coordinating physician involvement in Johns Hopkins Medicine's growing international collaborations. The 24-year Johns Hopkins veteran will retain his current appointment at the school of medicine and his post as director of undergraduate studies for the medicine, science and the humanities major at the Krieger School of Arts and Sciences.

Leadership Appointments

Jacqueline Schultz, B.S.N., M.S.N., R.N., executive vice president and chief nursing officer, has been named interim president of Suburban Hospital. Schultz has more than 30 years' experience in the health care industry. A valued member of the Suburban team since 2005, she oversees nursing, all clinical services, quality and patient safety, utilization outcomes, security, planning, and community health and wellness programs.

Jessica Bienstock, M.D., M.P.H., professor of gynecology and obstetrics, has been named associate dean for graduate medical education. A Johns Hopkins faculty member since 1993, Bienstock has directed the residency program in gynecology and obstetrics for 15 years and has served as vice chair of the Graduate Medical Education Committee since 2004. Previously, she directed the medical student clerkship in Gyn/Ob, was director of the department's division of education and was named vice chair for education in the department. She has received national recognition for her teaching skills.

Kelly Caslin, R.N., B.S.N., M.H.S.M., has been appointed director of nursing for neurosciences and psychiatry. Caslin, assistant director of nursing since 2013, began her career at The Johns Hopkins Hospital as a clinical nursing intern in the Department of Medicine before transferring to the medical intensive care unit, ultimately becoming its nurse manager. She has been integral to clinical nursing and leadership at The Johns Hopkins Hospital and overseas, teaching in the critical care core curriculum at the hospital and the Nursing Leadership Academy through the Institute of Johns Hopkins Nursing.

Kenneth Cohen, M.D., M.B.A., clinical director of pediatric oncology and director of pediatric neuro-oncology, has been named associate director of integration and strategic relationships for the the Johns Hopkins Kimmel Cancer Center. In his new role, Cohen will lead efforts to develop metrics; evaluate relationships, strategies and negotiations with outside entities; and sustain existing relationships in supporting the Cancer Center.

Rafael Llinas, M.D., has been promoted to director of the Department of Neurology at Johns Hopkins Bayview Medical Center. Currently an associate professor of neurology, Llinas was director of cerebrovascular neurology and the Intracerebral Hemorrhage Center at Hopkins Bayview, as well as vice chair of clinical services and quality for the neurology department at The Johns Hopkins Hospital. He was instrumental in establishing the Stroke Center at Hopkins Bayview; co-edited the book *Stroke*, published by the American College of Physicians; and is recognized nationally for teaching excellence.

National Academy of Medicine Honor

Kenneth Kinzler, Ph.D., professor of oncology and co-director of the Ludwig Cancer Research Center, has been elected a member of the National Academy of Medicine. Kinzler was recognized for his role in finding the genetic alterations linked to colon cancer, developing novel molecular analyses of cancer and deciphering the genetic blueprints of many cancers.

East Baltimore

Peter Calabresi, M.D., professor of neurology and head of the Multiple Sclerosis Center, has been named co-recipient of the National Multiple Sclerosis Society's 2015 Barancik Prize for Innovation in MS Research, along with two Johns Hopkins-trained physicians. Calabresi; **Laura Balcer, M.D.**, a 1991 graduate of the school of medicine, who now is professor of neurology, population health and ophthalmology at New York University; and **Elliot Frohman, M.D., Ph.D.**, a member of the house staff and a fellow from 1991 to 1995, who now is professor of neurology and neurotherapeutics and ophthalmology at the University of Texas in Dallas, were cited for their decade of groundbreaking research into the anatomy and biology of the retina and other eye structures in patients with MS.

Duke Cameron, M.D., chief of the Division of Cardiac Surgery and cardiac surgeon-in-charge, has been inducted into the Royal College of Surgeons of England and was also elected president of the American Association for Thoracic Surgery, beginning in 2017.

Timothy Pawlik, M.D., Ph.D., M.P.H., chief of the Division of Surgical Oncology, has been named an honorary member of the Brazilian Society of Surgical Oncology.

Johns Hopkins Bayview Medical Center

Elaine Clayton, M.S., R.N., has been named assistant director of nursing for specialty hospital programs. She has more than 15 years of leadership experience at Hopkins Bayview, serving as the patient care manager for the progressive care unit since 1999.

Heidi Krantz, R.N., has been appointed director of value analysis for Hopkins Bayview's support services division. She will oversee the value analysis and clinical product/supply analysis programs at the medical center and will work with the Johns Hopkins Health System's supply chain group.

The Johns Hopkins Bayview Diversity Council has received a 2015 Employee Resource Groups and Diversity Councils' ERG & Council Honors Award, having been ranked one of the top 25 diversity councils in the country for the fifth consecutive year. The national award recognizes groups that lead organizational diversity processes and demonstrate results in their workforce, workplace and marketplace.

Suburban Hospital

John Grinkley, M.B.A., has been named senior director of finance. Most recently, he served as director of finance for Inova Alexandria Hospital in Virginia.

Marketing and Communications

Suburban Hospital and **Sibley Memorial Hospital** each have received top awards from the Association of Marketing and Communication Professionals for publications and promotional materials. Among the awards, Sibley received a MarCom Platinum Award for an eye-catching graphic "wrap" on its shuttle bus, while Suburban received a Platinum Award for its patient handbook, My Get Well Kit.

OPPORTUNITY SEIZED: Kenyan medical student Gloria Kotente Mumeita, a member of the Maasai tribe, is shadowing doctors at Suburban Hospital and the National Institutes of Health through mid-December. Mumeita's trip to the United States was organized and funded by Tracey Pyles right, an emergency physician at Suburban. Pyles is president of the nonprofit Maasai Girls Education Fund (MGEF), founded in 2000 by her late mother, Barbara Lee Shaw.

Only about 10 percent of Maasai girls get a high school education. MGEF is changing their fate, by currently paying school fees for 106 Maasai girls, including Mumeita, who is on track to become the third Maasai woman doctor ever.

Learn more: **johnshopkinsmedicine.org/dome**.

Dome

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Recognizing the Best in Clinical Excellence

Winners have been announced for the inaugural year of the Johns Hopkins Medicine Clinical Awards for Physicians and Care Teams. The Office of Johns Hopkins Physicians launched the annual awards program this year to honor the physicians and care teams who embody the best in clinical excellence. More than 300 nominations were submitted from colleagues at The Johns Hopkins Hospital, Johns Hopkins Bayview Medical Center, Howard County General Hospital, Sibley Memorial Hospital, Suburban Hospital and Johns Hopkins Community Physicians. To learn more, visit **johnshopkinsmedicine.org/clinical-awards**.

State of Johns Hopkins Medicine Address

Mark your calendars for the 2015 State of Johns Hopkins Medicine address, which takes place on Thursday, Dec. 10, from noon to 1 p.m. in Turner Auditorium on the East Baltimore campus. Dean/CEO Paul Rothman will update employees on the progress of the institution's strategic priorities: people, biomedical discovery, patient- and family-centered care, education, integration and performance—and discuss ways in which Johns Hopkins Medicine's work is making an impact. The event will be streamed live to all locations.