

3 BLIZZARD OF COMPASSION
 Johns Hopkins Medicine employees went to great lengths to deliver patient care during January's historic snowstorm.

5 SWEET DREAMS
 Experts from Johns Hopkins Integrated Sleep Medicine tackle sleep troubles.

7 ADDICTIONS PARTNERSHIP
 A Johns Hopkins Medicine psychiatry team works alongside an East Baltimore mission to improve the odds for conquering substance abuse.

INSIGHT
LISTEN TO THIS
 Learn about a training game developed at Johns Hopkins to improve stethoscope skills.

Dome

A publication for the Johns Hopkins Medicine family

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Using a shared stethoscope, med student Anila Chaudhary listens to patient Maria Aponte's heart as internist Fernanda Porto Carreiro looks on.

Primary Care 101

Clerkship brings Johns Hopkins medical students face to face with patients and community doctors.



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

AFTER TAPPING ON THE DOOR, Anila Chaudhary stepped into the exam room, ready to take a patient history. Ms. Jones (not her real name), a 21-year-old referral to the primary care practice at the Johns Hopkins Community Physicians location at Wyman Park, was grappling with worsening diabetes, obesity and depression. She had agreed to let Chaudhary, then a first-year Johns Hopkins medical student, see her before her appointment with her internist. Chaudhary recalls that the patient was distressed. She gives the following account of their meeting:

“I’ve been feeling very lonely and lost,” Jones began. Eyes welling up, she went on to describe her feelings of worthlessness. Chaudhary urged Jones not to give up on herself. They discussed the power of positive thinking and small behavior changes, such as eating healthier

(continued on page 4)

Biennial Bravos

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

As many of you know, Dean Rothman and I now are leading the search for someone to succeed me as president of The Johns Hopkins Hospital. I have headed the hospital for 19 years and believe it is time to hand over its reins.

This does not mean I am leaving Johns Hopkins Medicine. Far from it. I

will remain president of the Johns Hopkins Health System and continue serving as executive vice president of Johns Hopkins Medicine, working closely with Dean Rothman to advance all the initiatives in the six-point Strategic Plan we formulated in 2013 to improve every aspect of what we do.

That is why I have been exceptionally pleased to read the new 2016 Biennial Report, with its exciting descriptions of all the impressive, tangible successes we collectively have achieved in support of our Strategic Plan goals. It is really worth a look: hopkinsmedicine.org/biennial_report.

Our goal to attract, engage, develop and retain the world's best employees involves not only focusing on our 41,000-strong workforce but supporting nearly 500 programs that serve Baltimore's communities. Of special note is the launch of HopkinsLocal, a university- and health systemwide program that commits us to building, hiring and buying locally. When our communities thrive, we truly are uplifted.

Stunning examples of how we are fulfilling our goal of becoming an exemplar of biomedical research include efforts to develop a simple blood test for the detection of cancers in certain organs far earlier than even the most sophisticated imaging devices achieve; using one's own immune system to destroy HIV which causes AIDS; and revolutionizing how we improve health and treat diseases through "precision medicine," the analysis of the individual genetic conditions behind a person's illness.

We are making great strides in attaining our goal of becoming a national leader in patient- and family-centered care with significant improvements in facilities throughout our system, from East Baltimore to Johns Hopkins Bayview Medical Center, Sibley Memorial Hospital and Suburban Hospital. We did astounding work responding to the Ebola virus disease outbreak, hosted an event at which 3-D printed prosthetic hands were created for more than 200 children and adults, and have reached more than 80,000 patients in Baltimore City and the surrounding areas in the Johns Hopkins Community Health Partnership.

To achieve our goal of leading the world in the education and training of physicians and biomedical scientists, we admitted an extremely diverse group of medical students in the Class of 2018, remain among the top-ranked residency programs in the country, welcomed our second residency class at All Children's Hospital in St. Petersburg, and have conducted research that has led to more than 50 ways for reducing or eliminating unnecessary or wasteful medical tests or procedures.

The report also cites work we are doing to promote the goal of integrating services throughout the system and thinking more collaboratively across institutions to better care for our patients everywhere. Increasingly, Johns Hopkins Medicine is developing an academically based, integrated health care delivery and financing system.

I would urge everyone to check out the Biennial Report online. It is user-friendly, has something of interest to everyone and offers you an opportunity to learn about what we are doing to continue delivering on the promise of Johns Hopkins Medicine. ■



When You Have a Concern, SPEAK 2 US

Every year, the Johns Hopkins Health System's Corporate Compliance Department receives approximately 400 reports from employees who have serious concerns about illegal or unethical behavior in the workplace. These issues vary widely and include privacy, patient care, employment concerns and billing. To ensure that all concerns are addressed and managed expeditiously, a new toll-free, 24/7 hotline is now available for all employees to make confidential reports.

Each report will be treated seriously and discreetly and investigated to its conclusion. Make a confidential report if you suspect noncompliance with laws and regulations; fraud, waste or other abuse; workplace violence; faculty, student or staff misconduct; policy violations; crimi-



nal behavior; conflicts of interest; or any other ethical or legal concerns.

Anyone may contact the compliance hotline anonymously, but if you choose to identify yourself, Johns Hopkins has a "no retaliation" policy to protect our employees against any retribution for making a report.

Call 1-844-SPEAK2US (1-844-773-2528)
or make a report online at johnshopkinsspeak2us.com.

A Chance to Rate the Workplace



THIS MONTH, EMPLOYEES CAN SHARE THEIR opinions about workplace issues by taking the 2016 Employee Engagement Survey. Administered by the Gallup Organization, the survey will be conducted from March 21 to April 10 for all Johns Hopkins Medicine faculty and staff members. The survey consists of 12 questions—or the "Q12"—which, according to Gallup, predict how committed employees feel to their organization and their work. There will be 18 additional questions about satisfaction, diversity and inclusion, and accountability and growth. The survey is completely confidential to ensure that employees can share their true opinions.

Once the results are distributed in late summer, employees are encouraged to discuss the outcomes with their

team and develop action plans for areas that need improvement.

In the coming weeks, Gallup will email an invitation to employees to take the survey using a randomly selected survey access code that will not include any identifying information. Employees can access the survey by clicking on the link in the email.

The survey offers each staff member—at every level—the chance to make the workplace more rewarding. This year, employees at The Johns Hopkins Hospital, the Johns Hopkins University School of Medicine, The Johns Hopkins Health System Corporation, Johns Hopkins Bayview Medical Center, Sibley Memorial Hospital, Suburban Hospital, Johns Hopkins Home Care Group, Johns Hopkins Community Physicians, Johns Hopkins HealthCare, Howard County General Hospital, All Children's Hospital and Johns Hopkins Medicine International will be participating in the 2016 Employee Engagement Survey.



Learn more about the survey: intranet.insidehopkinsmedicine.org/human_resources/managers/employee_engagement/.

Pulse:

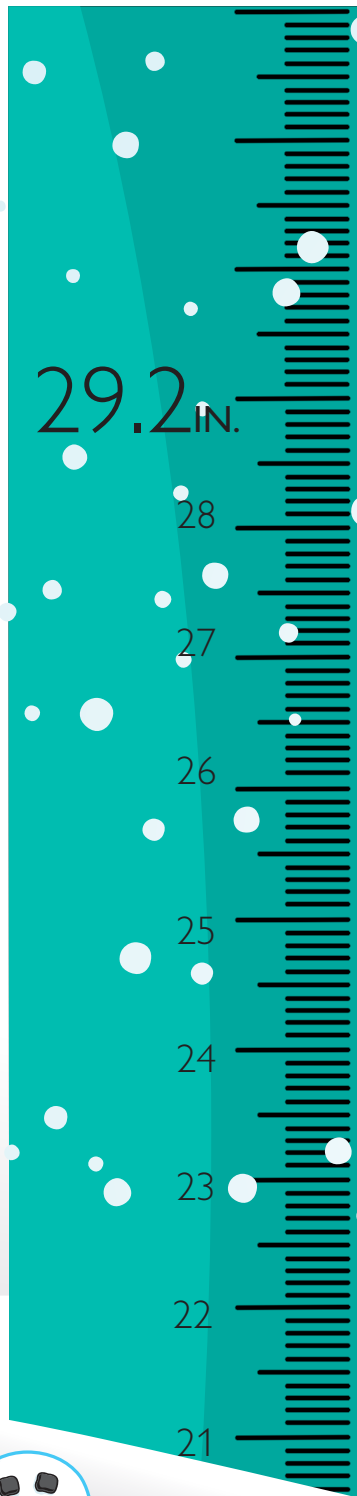
Monitoring Change in Health Care with Dean/CEO Paul Rothman

Through this monthly podcast, Paul Rothman, dean of the medical faculty and CEO of Johns Hopkins Medicine, offers informed commentary on research directions, policy questions, the economics of health care and other complex issues. Listen to Pulse at hopkinsmedicine.org/leading_the_change/podcasts.



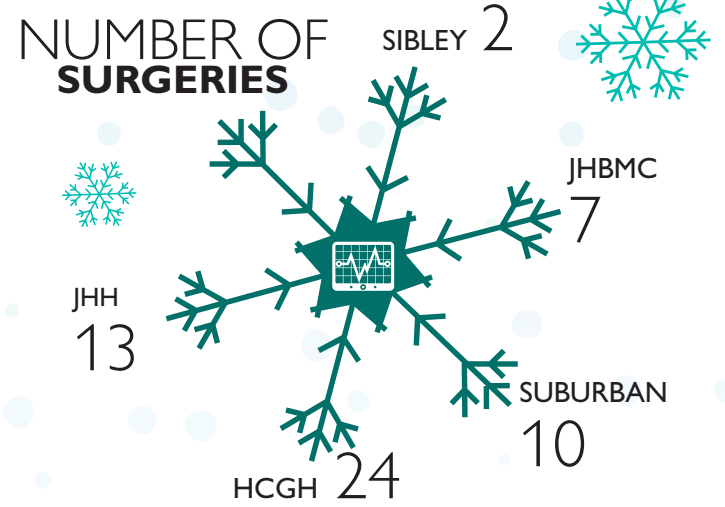
the 2016 blizzard

HOW WE MEASURED UP



NEARLY 3 FEET OF SNOW fell on the Baltimore region during the historic storm of Jan. 22–23—a local record. Gov. Larry Hogan declared a state of emergency. Schools and businesses closed. But Winter Storm Jonas didn't stop Johns Hopkins Medicine. More than 3,500 staff members bunked down at The Johns Hopkins Hospital, Johns Hopkins Bayview Medical Center, Sibley Memorial Hospital, Suburban Hospital and Howard County General Hospital. Some arrived on Friday before the snow started and didn't leave until Tuesday.

Read more stories and view more photos at hopkinsmedicine.org/dome —Staff report



DO YOU WANT TO BUILD A ...? Courtney Clemmens, a nurse in the Johns Hopkins Children's Center, collected a bucket of snow for Skyla Jett, 2, so the young patient could make a snowman.



SNOW GUARDS: Security officers monitor conditions outside Howard County General Hospital. Left to right: Officers Andrew Pullen, Lamont Sample, Tayron Burrell, Derric Senn, Andrew Hall Sr., Richard Heflin and Tony Dorsey.

These figures, stories and photos were supplied by staff members across Johns Hopkins Medicine.

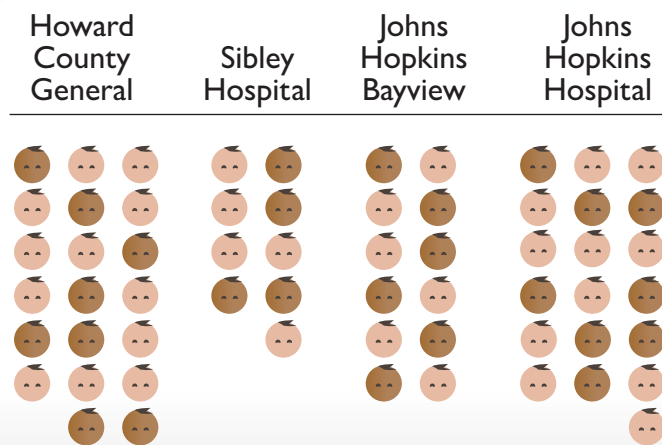


20,052
EMPLOYEE MEALS
SERVED



3,522
EMPLOYEES STAYED
OVERNIGHT

BABIES
DELIVERED



NOTE: Suburban Hospital does not offer obstetric care.



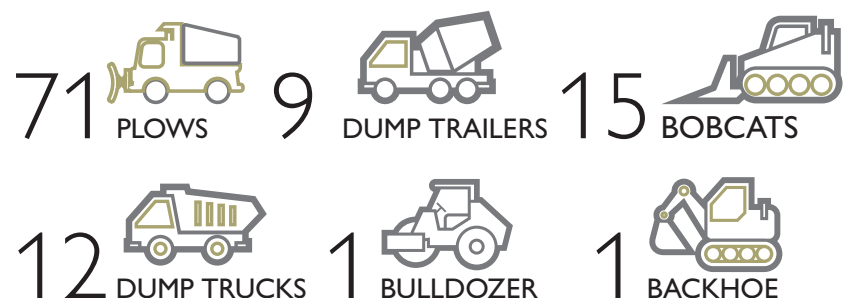
40+
SHOVELERS/
SNOWBLOWER OPERATORS

"Everyone seemed well-prepared and in good spirits."

— NAOMI CROSS,
PEDIATRIC EMERGENCY
NURSE AT THE JOHNS
HOPKINS HOSPITAL



SNOW EQUIPMENT



PLUS, THERE'S MORE! 2 VENTRAC TRACTORS, 1 FORKLIFT, 2 HEAVY MOVERS AND 2 FRONT-END LOADERS

Primary Care 101

(continued from page 1)



Johns Hopkins med student Anila Chaudhary observes as her instructor, internist Fernanda Porto Carreiro, discusses a medication with patient Maria Aponte.

snacks. Then, despite Jones' misgivings about side effects, Chaudhary asked her to consider resuming her medication for depression.

Four weeks later, Jones returned to Wyman Park, eager to tell Chaudhary that she'd started a new diet and had lost some weight. She also noted her brighter outlook on life. She wanted to discuss meeting with a therapist as an alternative to taking medication.

The interaction would prove transformative not only for Jones but also for Chaudhary, who was working at the practice as part of the school of medicine's outpatient clerkship. Although she knew that the community physician supervising her would also meet with the patient, the positive encounter boosted her confidence. "Ms. Jones made me feel proud of my ability to connect and to develop a sense of trust with someone I had just met," she says.

Chaudhary was working at Wyman Park alongside internist Fernanda Porto Carreiro as part of the Longitudinal Ambulatory Clerkship (LAC), a program that introduces first-year med students to primary care practice outside the hospital. Now in its ninth year, the yearlong clerkship allows trainees to participate in medical care once a week with physicians who are treating patients in the community.

Most medical schools require students to work alongside primary care practitioners. And Johns Hopkins LAC directors, who all practice primary care, believe that students should learn how to build relationships with patients as early as possible.

The clerkship teaches students to assess not only a patient's unique biology and genetic inheritance but also his or her environment, including social and cultural factors. The goal is to come up with an accurate diagnosis and effective treatment plan based on each patient's medical history, situation and personality, rather than merely biology and abnormal physiology.

There's a lot of ground to cover in one visit. In a meeting that can run as short as 15 minutes, a primary

care physician must take a history, make the patient feel at home, use open-ended questions, build trust, discuss a situation and determine the plan of care, acknowledge the patient's efforts and emotions, and establish what will happen between the current and next visit.

In the process, trainees also learn valuable lessons about their patients' lives, says Maura McGuire, one of the program directors. In a classroom, "you can talk about patients' struggles with insurance, landing an appointment, transportation and

family dynamics, but you won't understand it till you go out in the world."

Currently, about 120 physicians in the Baltimore area participate in the ambulatory clerkship; 85 percent of them are from outside Johns Hopkins.

Reinvigorating Primary Care

SIR WILLIAM OSLER, THE JOHNS HOPKINS HOSPITAL'S first physician-in-chief, was among the first in the nation to believe that students should receive formal instruction in clinical medicine at the bedside. Back in the 1880s, his insights laid the groundwork for the primary care field of medicine, in which a physician guides patients through myriad options and referrals in an ongoing relationship that builds over time.

A century later, requiring students to train with primary care physicians to evaluate medical problems, perform physicals and practice interpersonal skills became the norm at medical schools.

Now, however, the primary care field, which consists of general and family practice, general internal medicine, general pediatrics and geriatric medicine, is one of the least favored career choices for young doctors. When compared with specialties, such as anesthesiology and radiology, primary care requires longer hours with lower pay, lower Medicare reimbursements and more complex patients.

Yet demand for primary care services is at an all-time high. And, according to the Association of American Medical Colleges, the nation's aging population is rapidly increasing the need for practitioners. By 2025, estimates say demand for physicians will exceed supply by as many 90,000. Increasingly, nurse practitioners and physician assistants are bridging care gaps.

In recent years, the Johns Hopkins University School of Medicine has responded with several strategies to spark more interest in the field. These include the creation of a Bloomberg Distinguished Professorship devoted to primary care, a position that includes teaching nursing students and public health students, and the launch of an elective primary care track for medical students, with focuses on chronic disease treatment, research and health care delivery.

Colleen Christmas, who directs the new primary care track, hopes that the students who complete it will enter primary care-oriented residencies, like general internal medicine and pediatrics. The track includes a three-year clinical experience in best practices and research projects, and a clinical rotation for fourth-year med students.

The mandatory clerkship has already ignited the interest of Tim Gilpatrick, a second-year med student who just wrapped up his training with MedStar Good Samaritan Hospital internist and rheumatologist Peter Holt. "I thought for sure I wanted to be a pathologist, which involves no conversation with patients," says Gilpatrick. "But the clerkship made me realize how much I enjoyed hearing patient stories."

The Last 5 Minutes

Getting patients to tell their stories fosters meaningful relationships and may empower them to take better care of themselves, says Maura McGuire, co-director of the Johns Hopkins Longitudinal Ambulatory Clerkship.

But it's not always easy for patients to share details about their lives—at least, not at the beginning, says internist Fernanda Porto Carreiro. By the end of a 30-minute visit, however, her patients usually seem more relaxed.

Things happen in families that affect health, she explains, and it's usually during these last five minutes that patients find the courage to mention them. "By the way," one patient recently told her, "my son's in jail." Sometimes, all the physician can do is listen—"and that may be all they want." But if a patient mentions addiction, emotional distress or sexual abuse, Porto Carreiro brings in a social worker.



He was struck by the level of respect patients had for Holt—many of whom had been with him for 25 years. Most of these patients suffer chronic pain from joint, tissue and autoimmune disorders. After Gilpatrick talked to patients alone and took vital signs, Holt would enter and ask follow-up questions. "Watching Dr. Holt has helped me appreciate how to show empathy and build rapport with patients," Gilpatrick says.

A Win-Win

CONSIDERING THAT THE AVERAGE INTERNIST or pediatrician sees as many as 25 patients a day—often with complex problems—why would a community doctor like Porto Carreiro want to spend even more time training med students?

Porto Carreiro says that mentoring Chaudhary, the first med student she has worked with, offered her a fresh perspective on her practice and raised questions that they explored together. Their conversations ranged from such topics as medication interaction to how cultural bias can affect patient relationships (see Web sidebar).

For her part, Chaudhary credits her preceptor for finding opportunities to reinforce classroom learning and improve her skills. "Dr. Porto Carreiro helped me recognize some areas where I struggled, such as reporting a patient history, and then made it a point to allow me to practice that skill every time I came into the office."

So far, the med student says her greatest rewards have come from teaching patients how to prevent chronic illnesses, like diabetes, from spiraling out of control. Meanwhile, developing relationships with patients, as well as with a preceptor, has generated personal and professional benefits that will likely endure.

—Judy F. Minkove

TACKLING BIAS IN THE EXAM ROOM

Many physicians confront bias from their patients because of race, gender or religion. Med student Anila Chaudhary and her preceptor, Fernanda Porto Carreiro, can attest to this. Learn about their experience and how doctors bring their own biases—consciously or not—into the exam room: hopkinsmedicine.org/dome.



Learn more about the longitudinal ambulatory clerkship: bit.ly/longitudinalambclerkship.

And to All a Good Night

Johns Hopkins Sleep Medicine tackles a variety of sleep troubles.

AT FIRST, SUSAN FRANKLIN blamed her dog. When Franklin's husband gently broached the topic of the increase in her snoring, the Johns Hopkins administrator was horrified. She suggested that their Chihuahua, Louie, who slept nearby, was the culprit.

"It can't be me," Franklin told her husband. "I've never snored in my life!"

Nevertheless, the senior director of accreditation and certification, who makes sure The Johns Hopkins Hospital meets the high standards of the Joint Commission and other quality agencies, had to admit that something might be wrong with her sleep. "I had been dragging myself up in the morning, never feeling like I had refreshing sleep," Franklin recalls. "Despite being in bed for eight hours or so, I felt like I only had an hour's sleep."

After visiting pulmonologist and sleep specialist Susheel Patil, clinical director of Johns Hopkins Sleep Medicine, Franklin agreed to undergo a sleep study to determine whether her sleep was being disrupted.

According to the National Institutes of Health, as many as 70 million U.S. adults have sleep disorders, which are associated with a growing list of serious health risks. Chronic sleep problems have been linked in recent years to heart disease, stroke, diabetes, obesity, cancer and high blood pressure.

Franklin underwent her sleep study at the Johns Hopkins Outpatient Center. "The staff was really welcoming," she says. "I went in about 9 at night, they stuck some electrodes to me and I was all tucked in by 10 o'clock."

The sleep clinic in the Outpatient Center is one of six hospital-based clinics run by the Johns Hopkins Health System across the Baltimore-Washington region. Other locations of Johns Hopkins Integrated Sleep Medicine are at Johns Hopkins Bayview, Howard County General Hospital, Mt. Washington Pediatric Hospital, Sibley Memorial Hospital and the Johns Hopkins Children's Center. Each facility contains specialists in various sleep disorders.

Sharing Resources, Extending Services

MICHAEL COLE, THE ADMINISTRATIVE director for integrated sleep medicine, explains that the idea to integrate the sleep centers arose two years ago.

"A lot of great work in sleep medicine was happening at various Johns Hopkins institutions, but it was happening independently," says Cole, who emphasizes that the integration is ongoing. "So we're bringing it together. For example, why shouldn't patients at Sibley benefit from expertise at other Johns Hopkins hospitals?"

The Johns Hopkins Health System also maintains part ownership in Sleep Services of America (SSA), a company that offers physicians and patients diagnostic and treatment services for sleep disorders. SSA spans seven states and performed more than 28,000 diagnostic sleep studies last year.

Johns Hopkins Pharmaquip Respiratory and Home Medical Equipment Services, a part of Johns Hopkins Home Care Group, works closely with Johns Hopkins sleep centers and SSA throughout Maryland, the District of Columbia and Northern Virginia.



Susan Franklin shares her success overcoming sleep problems.

Pharmaquip's licensed respiratory therapists collaborate with sleep specialists to help manage patients' therapy and respiratory equipment at home.

Patil says that having a medical equipment company in house makes for smooth care transitions for patients. "It's better than the fractured care patients might receive at other centers."

"Like Night and Day"

WHEN FRANKLIN AWOKE at the Outpatient Center the morning after her sleep study, she left behind valuable data that her movements, oxygen levels and brainwaves generated while she slept. Based on that information, Patil diagnosed Franklin with sleep apnea.

During sleep, the soft tissue at the back of the throat can collapse, either partially or fully, causing temporary suspension of breathing, or apnea. Partial collapses lead to snoring and difficulty breathing. A fully collapsed airway stops breathing altogether. In both instances, the brain sends a wake-up signal to the sleeper, interrupting the sleep to take a breath. The end result is that sleep apnea causes fragmented sleep and insufficient rest.

According to the National Sleep Foundation, more than 18 million Americans have this disorder, although most do not realize it. Risk factors include being male, over 40 and overweight, but sleep apnea can strike anyone at any age.

Patil says sleep apnea is the leading diagnosis in his practice, but it is only one of many sleep disorders. Insomnia, narcolepsy, sleep-related movement disorders and parasomnia—abnormal behaviors, movements or perceptions that occur between stages of sleep—are a few.

"Within Johns Hopkins Sleep Medicine, we see a broad range of patients," says Patil. "It's a multidisciplinary group, with pulmonologists, neurologists, psychiatrists and anesthesiologists."

Franklin credits her visit to Patil with a life-changing, newfound energy. Because of her sleep apnea diagnosis, she was prescribed a continuous positive airway pressure, or CPAP, machine to wear during sleep, which was provided by Johns Hopkins Pharmaquip.

"It's like night and day," she says. "I can't begin to tell you how much better I feel. I wake up refreshed and rested, ready for the day. I wouldn't think of going a night without it."

She acknowledges some initial embarrassment in discovering the truth about the snoring issue. "Nobody wants to find out that they snore," she says. "But my husband was really understanding and sensitive about it."

And so was Louie the Chihuahua.

—Patrick Smith

SLEEP STATS

Research shows that sleeping less than seven or eight hours each night has been associated with many health risks.



50 million to 70 million

Americans who live with sleep disorders.



33.3 percent

U.S. adults who are sleepy during daylight hours on a daily basis



Fewer than 7 hours

Amount of sleep that one-third of American adults get per night



\$50 billion

The amount sleep disorders cost the U.S. a year in lost productivity



5,000 to 6,000

Fatal car accidents caused by drowsy or sleepy drivers each year



70 percent

The number of high school students who are not getting enough sleep on school nights

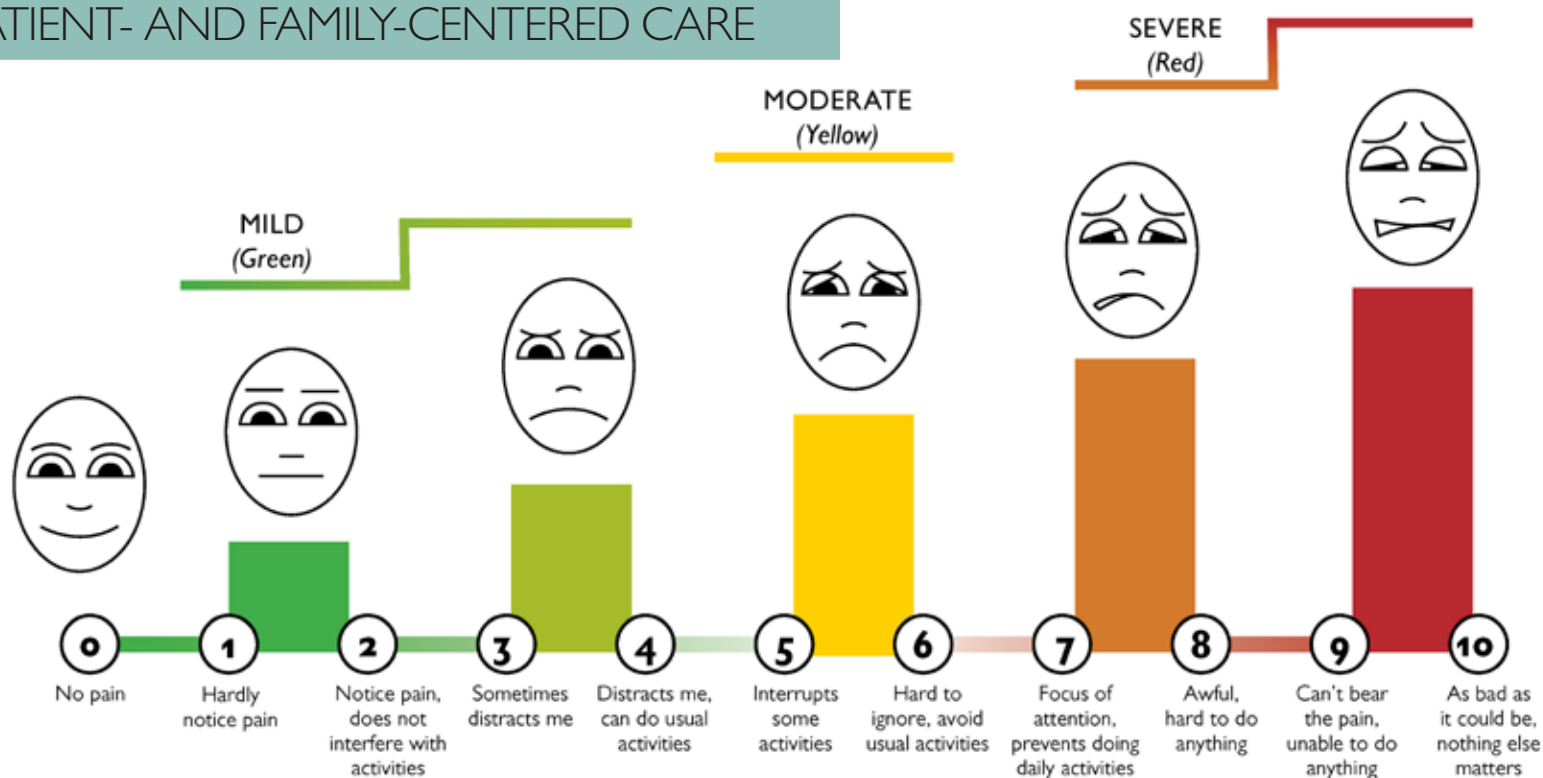


12 million to 18 million

Americans who have sleep apnea



For more information, visit hopkinsmedicine.org/sleep-centers.



Ordering Off the Menu

Twenty-five units at The Johns Hopkins Hospital adopt a pain control menu.

MAKING SURE PATIENTS are comfortable is an important step toward helping them get better, says Suzanne Nesbit, a clinical pharmacist and pain management specialist at The Johns Hopkins Hospital.

That's why she and pain resource nurse Roberta Norris have developed a way to put key elements of pain management right into patients' hands.

The Pain Control and Comfort Menu is a brochure containing a list of common items that help patients relax, rest and pass the time during an inpatient stay. As if they are ordering from a restaurant menu, patients or family members can ask staff members for pain and stress relievers, such as

cold packets, warm blankets and even a visit from a therapy pet. Also on the list are hair and skin care products that help patients feel more like themselves. The departments of Service Excellence and Nursing provide many of the menu's items.

"This isn't a substitute for medication," Nesbit says. "It's more of a complement to it." She points out that many of the items on the menu have been available for years, but this listing gives patients choices and a sense of control over their pain.

For decades, managing pain has been an important part of care at The Johns Hopkins Hospital. James Campbell, pain medicine pioneer and one of the founders of the Blaustein Pain Treatment Center, called pain

"the fifth vital sign." Twenty years ago, Campbell started a national campaign to make pain a component in the routine assessment of a patient's condition.

"If pain were assessed with the same zeal as other vital signs are, it would have a much better chance of being treated properly," Campbell said in a 1996 address to the American Pain Society.

Today, physicians and nurses regularly ask patients about their pain from the beginning to the end of their hospital stays. The new menu, developed by the hospital's Pain Management Committee, includes the color-coded universal pain-rating scale that ranges from zero to 10. It also has a section that

helps patients describe their pain, using words like dull, aching, tender, shooting and radiating.

The menu is now available to patients on 25 units in The Johns Hopkins Hospital, and Howard County General Hospital has introduced its own version. "Our goal is to have it become systemwide," Norris says.

—Patrick Smith

"THERE'S MORE TO PAIN MANAGEMENT THAN MEDICATION."

—SUZANNE NESBIT

IN BRIEF

Gift Focuses on Restoring Hearing Loss

Over 35 million people are affected by hearing loss, and 15 percent of Americans ages 20 to 69 have high-frequency hearing loss due to noise exposure. Now, thanks to a \$15 million gift from philanthropist David Rubenstein to the Department of Otolaryngology–Head and Neck Surgery, a new hearing center will be established to focus on restoring hearing loss. Building on existing efforts, the center will integrate patient care and explore novel research approaches to help restore functional hearing in people with congenital and acquired hearing loss. Read more about the impact of the gift at bit.ly/davidrubensteinhearingcenter. And watch the video "Carol's Story" to learn how Carol Rudy's life changed after undergoing cochlear implant surgery at bit.ly/adultcochlearimplantJohnsHopkins.

Online Updates: Supply Chain Newsletter and Johns Hopkins Home Care Group Website Relaunch

Efforts to streamline business practices and processes, aka supply chain management strategies, save Johns Hopkins Medicine millions of dollars, as *Dome* has chronicled in recent years. Now, a new monthly e-newsletter called The Link features stories to empower everyone across the health system to strengthen Johns Hopkins' performance and strategic priorities through supply chain transformation.

Check out The Link (available only to employees) to learn about how clinicians are partnering with the supply chain department to vet supplies to ensure the highest value of care for patients; the future centralized receiving and distribution location, which is expected to help save the health system \$2 million; and other top supply chain savings initiatives: bit.ly/jhsupplychainnewsletter. Subscribe to The Link at bit.ly/jhmsupplychainnewsletterlink.

In other technology news, the recently upgraded Johns Hopkins Home Care Group website features a number of helpful resources. These include an online catalog of select respiratory, home medical equipment and enteral nutrition products; a section dedicated to quality and safety; educational materials for patients; and more. Learn more at hopkinshomecare.org.

PEOPLE

Free After-Hours Clinic for Employees

CARVING AN HOUR OUT OF YOUR DAY TO VISIT THE doctor can be a nearly impossible task. That's why the Employee Health and Wellness Center offers extended evening hours for employees seeking treatment of non-emergency, nonwork-related illnesses or injuries.

The Employee After-Hours Clinic, located in Blalock 144 at The Johns Hopkins Hospital, offers free appointments Monday through Thursday from 5 p.m. to 10 p.m. Employees should call 410-955-7374 to schedule an appointment.

Benefit-eligible employees of The Johns Hopkins Hospital and Health System Corporation may utilize the clinic for conditions such as colds or coldlike symptoms, pinkeye, influenza, sinus problems, rash, upset stomach, fever, sprains and strains.

During the day, employees should still make appointments at the Employee Health and Wellness Center in Phipps 351 by calling 410-614-1620. The daytime clinic operates Monday through Friday from 7 a.m. to 5 p.m.

Learn more about the employee clinic at hopkinsmedicine.org/hr/afterhoursclinic.



Johns Hopkins psychiatrist Denis Antoine leaves the 500-bed Helping Up Mission in East Baltimore, where he oversees the Cornerstone Program. Since its launch in 2012, the partnership has doubled its capacity and completion rate. Inset: Antoine discusses the program with Tom Bond, left, the shelter's director of programs, and treatment coordinator Michael Gray.

On a Mission to Treat Addictions

Partnership between Johns Hopkins Medicine and the Helping Up Mission improves odds for conquering substance abuse.

AT THE HEIGHT OF HIS CAREER, Tom Bond had a prestigious job, a house, a company car and a big salary. But the Harford County native says he never felt fulfilled by his fancy job and soon turned to drugs and alcohol. After losing several good jobs over a dozen years, he began bartending, a lifestyle that supported his addiction to cocaine. Soon he was also using heroin and eventually became destitute and homeless.

Bond found an abandoned house in East Baltimore, where he lived until he got locked up. His cellmate told him about the Helping Up Mission, a nonprofit, faith-based mission that offers a residential addictions recovery program. Bond perked up. "I didn't want to spend another winter without a shower or a roof over my head," he says.

Today, 13 years since that encounter, Bond is not only clean, but as director of programs for the mission, he's helped thousands of other homeless men to reclaim their lives through the shelter's 12-step recovery program, daily classes, and career and spiritual guidance. And for the past several years, Bond and treatment coordinator Michael Gray—another recovering addict—have shored up the mission's efforts through a partnership with Johns Hopkins addictions experts, who come to the site daily to provide supplemental care.

Launched in 2012 in response to the mission's request for Johns Hopkins' addictions expertise, the Cornerstone Program merges Johns Hopkins' established clinical addictions treatment with the mission's spiritual supportive community. "The program enables both organizations to draw from each other's strengths in a novel way," says Cornerstone director Denis Antoine, who also directs Johns Hopkins' Motivated Behaviors

Unit, an eight-bed inpatient psychiatric program. "You meet the people where they are. If that includes spirituality and church activities, that's incorporated."

Staffed by a clinical supervisor, patient coordinator and three counselors, Cornerstone is a five-days-a-week program that uses individual and group psychotherapy and an evidence-based system of evaluation and reward. Program leaders give various incentives to clients for completed goals, like four hours of exercise and regular attendance.

About 85 percent of the men are referred for psychiatric counseling beyond the mission's program. And some will require inpatient detoxification. "Many clients have comorbidities, like depression, bipolar disorder and HIV—making it important to get the person better now, but also for the long term," says Antoine.

How does one measure success in a population estimated to experience a 50 to 90 percent likelihood of relapse? "The high rate of attendance and just completing the program," Antoine says, "are significant first steps."

Last April, on the day civil unrest erupted in Baltimore, Antoine stopped by the mission to make sure everyone was OK. People—many with close ties to the community—were tempted to go out but worried that if they did, they'd resume using. Antoine saw a teaching moment. "Whether you experience unrest, a parent dying or divorce," he told the men, "the key is to ask, how am I going to find a way to stay away from the drugs?"

There's no magic bullet for addiction, says Bond. "There's a lot of heartache but a lot of amazing success. In this community within a community, I'm OK, I'm loved and I can become my true self."

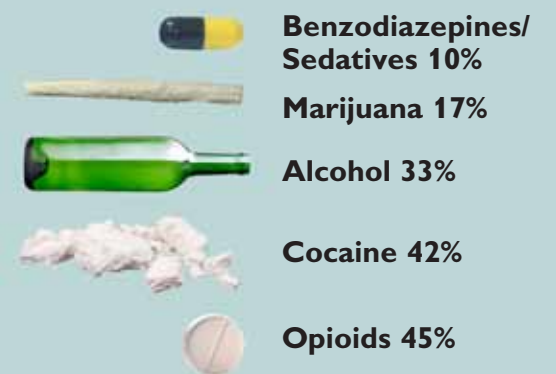
—Judy F. Minkove

The Uneven Road to Recovery

For Helping Up Mission treatment coordinator Michael Gray, addiction began in the late 1960s, when he started using recreationally but ended up with "a lifestyle" that broke up his marriage and ruined his career as a longshoreman. Desperate for help, Gray came to the mission, completed its program, stayed clean for 10 years, relapsed in 2011, then returned in 2012 dealing with serious medical problems. Among the first to complete the Cornerstone Program, Gray admits he dreaded the thought of it. "But once I got to know the counselors—a bunch of people who really want to help—I started to relax," he says. "They gave me practical coping skills for daily life."

Watch a video about the partnership: [youtube.com/johnshopkinsmedicine](https://www.youtube.com/johnshopkinsmedicine).

PREVALENCE OF CLIENT DRUG USE WITHIN 30 DAYS PRIOR TO PROGRAM ENTRY:



Learn more about the Cornerstone Program: 410-550-2796

Learn more about the Motivated Behaviors Unit: bit.ly/JHmotivatedbehaviorsunit

JOHNS HOPKINS MEDICINE

Clinical Awards

Forty-two physicians and care team members across Johns Hopkins Medicine's hospitals and Johns Hopkins Community Physicians have received the Office of Johns Hopkins Physicians' inaugural clinical awards for embodying the best in clinical excellence through their consistent dedication to providing superb patient care. **The Johns Hopkins Hospital, Johns Hopkins Bayview Medical Center, Johns Hopkins Community Physicians, All Children's Hospital, Howard County General Hospital, Sibley Memorial Hospital and Suburban Hospital** each named winners in six categories: Physician of the Year, Armstrong Award for Excellence in Quality and Safety, Excellence in Service and Professionalism, Best Consulting Physician, Innovations in Clinical Care, and Clinical Collaboration and Teamwork. Learn more about the awards and the recipients: hopkins-medicine.org/clinical-awards.

Diversity Distinction



James Page Jr., M.B.A., vice president and chief diversity officer for Johns Hopkins Medicine, has been named by *Becker's Hospital Review* as one of the nation's 15 top hospital and health system chief diversity officers to know. Criteria for inclusion in the list include strong communication skills and the ability to cultivate diversity and inclusion by playing a crucial role in recruiting, retaining and developing diverse health care leaders.

EAST BALTIMORE



Robert Kearns, M.S.E., has been named director of online education, a new position at the Johns Hopkins University School of Medicine. A leader in instructional design and e-learning, he had served as director of instructional design for the Johns Hopkins University School of Nursing since 2012. In his new role, Kearns will develop, market and evaluate online learning initiatives and distance-learning education programs for the school of medicine. He will work closely with faculty and other leaders across the institution to create a coordinated approach to online and distance learning.

Radiothon Success

The 27th annual Mix 106.5 Radiothon to benefit the Johns Hopkins Children's Center raised over \$1.1 million. The fundraiser was broadcast live Feb. 17-18 from the lobby of The Charlotte R. Bloomberg Children's Center. You can still donate at HopkinsKids.org.



Trip Black and his mother, Summer Yoder Black, were among the volunteers. Read Trip's story at hopkinschildrens.org/Trip-Black.



Alex Kolodkin, Ph.D., professor of neuroscience and a Howard Hughes Medical Institute investigator, has been awarded the National Academy of Sciences' 2016 Pradel Research Award, presented annually to a midcareer neuroscientist whose work is making major contributions to understanding how the nervous system works. The \$50,000 award will support Kolodkin's ongoing research into how brain circuits are assembled and organized so that neurons can make connections with each other, send information from cell to cell and store memories.



David McConkey, Ph.D., an internationally renowned expert on the biology of bladder and genitourinary cancers, has been appointed the inaugural director of the Johns Hopkins Greenberg Bladder Cancer Institute. McConkey previously spent more than 20 years at the University of Texas MD Anderson Cancer Center in Houston, where he was director of urological research. He held professorships there in both cancer biology and urology. A frequent lecturer nationally and internationally, he has also received numerous honors.

Marketing and Communications



Audrey Huang, M.A., Ph.D., director of marketing and communications for research and education and director of media relations, has been named by *PRNews* as one of 2015's Top Women in PR. A molecular scientist and science writer by training, Huang was cited for making bold advances in managing crises, developing brand messages, protecting and building brand reputations, and creating content for digital platforms.



Sallyann Koontz has been named director of marketing and communications for the Johns Hopkins Children's Center. Previously a member of the Marketing and Communications Department's Internet strategy and Web services team, she has more than 20 years' experience in advertising and marketing across a variety of industries.

JOHNS HOPKINS BAYVIEW MEDICAL CENTER



Sue Pugh, M.S.N., R.N., C.N.R.N., C.R.R.N., C.N.S.-B.C., has been appointed patient care manager for the Neurosciences Patient Care Unit, including the Neurosciences Critical Care Unit, Neurosciences Intermediate Care and the Neurosciences Unit. With more than 15 years of experience as a clinical nurse specialist, Pugh recently served in that capacity at the R Adams Cowley Shock Trauma Center at the University of Maryland Medical Center.



Left to right, Kelly Sulek, Jack Ellinghaus, Suraya Berger, Adam Longwich, Mary Ann Dunevant, Rebecca Garbose and Karen Fox-Talbot.

SHUTTLE DIPLOMACY: Some commuters on the 7:15 a.m. bus have formed an unlikely bond. While other passengers doze or gaze at their phones, this group chats and laughs on the 20-minute ride from The Johns Hopkins University's Homewood campus to The Johns Hopkins Hospital. They also exchange gifts for holidays and birthdays. The group includes

nurses, researchers, medical students, a facility manager, a lab supervisor and the bus driver. Every weekday morning, they wrap their arms around each other in a group hug on the East Baltimore sidewalk. "Save the world!" they shout, before going their separate ways.

Learn more: johnshopkinsmedicine.org/dome.

SIBLEY MEMORIAL HOSPITAL

The Sullivan Breast Center at Sibley has been designated a Breast Imaging Center of Excellence by the American College of Radiology. With accreditation in mammography, stereotactic breast biopsy and breast ultrasound, including ultrasound-guided breast biopsy, the Sullivan Breast Center has achieved the high practice standards in image quality, personnel qualifications, facility equipment, quality control procedures and quality assurance programs that contributed to this accolade.

Becker's Hospital Review has named the New Sibley Memorial Hospital—scheduled to open later this year—as one of the 50 "greenest" hospitals in the nation, based on its performance in Healthy Hospitals Initiative Challenges, including plans for serving healthier foods, reducing energy use and waste, and using a 25,000-gallon cistern for capturing rain water, among other environmental initiatives.

SUBURBAN HOSPITAL



Dominique Foulkes, M.D., a pediatric hospitalist, has been named chair and medical director of pediatrics. A 1999 graduate of the Johns Hopkins University School of Medicine who also completed her pediatric residency at The Johns Hopkins Hospital, Foulkes previously served in the pediatric emergency department and neonatal intensive care unit at Baltimore's Saint Agnes Hospital.



LeighAnn Sidone, M.S.N., R.N. O.N., C.E.N.P., a 21-year veteran on the nursing staff, has been promoted to vice president and chief nursing officer. Sidone began her Suburban career as a nurse in the clinical oncology unit. Since then, she has served as nurse manager of the Oncology and Infusion Center, nursing director

of oncology and the Adult-Surgery Trauma Unit, director of Professional Practice and Nursing Quality, and, most recently, as associate chief nurse.

The NIH Stroke Center at Suburban Hospital, founded in 1999 as a partnership with the National Institutes of Health's National Institute of Neurological Disorders and Stroke, has re-earned Joint Commission certification as a primary stroke center. In 2005, it was the first stroke center in Montgomery County to receive the Joint Commission's gold seal of approval as a primary stroke center.

The Joint Replacement Program at Suburban Hospital, one of the busiest joint centers in Maryland, has been re-certified by the Joint Commission. It is one of the only disease-specific, regional, Joint Commission-certified joint programs.

JOHNS HOPKINS COMMUNITY PHYSICIANS

Beth Vanderscheuren has been appointed assistant director of patient experience. Previously manager of the Office of Patient and Family Experience at Suburban Hospital since 2014, Vanderscheuren will lead Johns Hopkins Community Physicians' performance improvement work group, build and support the Patient and Family Advisory Councils, and provide education, training and coaching on best-practice communications skills.

Kimberly Zeren, M.S.N., C.R.N.P., has been named regional operations director of Johns Hopkins Community Physicians' Greater Washington Region. She will work with the regional medical director to head and expand the primary care practices in the region, as well as specialty care for those practices. Zeren has more than 15 years' experience in health care administration and 25 years' experience as a nurse, including eight years as practice administrator for Johns Hopkins Community Physicians' Frederick, Maryland, practice.

Dome

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