JOHNS HOPKINS MEDICINE

# Dome

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Volume 61 • Number 8 • November 2010

## What's NEWS

### Suburban Hospital plans approved

Recently, the Bethesda-based medical center overcame a significant administrative hurdle when the Montgomery County appeals board conditionally approved a $230 million campus-enhancement project. The plans include a new patient-care addition with 108 rooms, 15 replacement operating rooms, a new parking garage and 38,000 square feet of physician office space.

The board's go-ahead means that it had no objection to the closing of one block of Lincoln Street, essential for the project to move forward. Other keys elements that received unconditional approval include the placement and size of the new freestanding building and garage. Hospital officials say they will now carefully evaluate the implications of each of the recommended conditions to continue. Before construction can begin, Suburban still must get the County Council's blessing to abandon the block of Lincoln Street where construction will take place, as well as obtain various building permits.

### Institute of Medicine honors

**Benjamin Carson Sr., M.D.,** professor and chief of the Division of Pediatric Neurosurgery; **Carol Greider, Ph.D.,** professor and director of the Department of Molecular Biology and Genetics; **Roger Johns, M.D., M.P.H.,** professor of pulmonary medicine and critical care and former director of the Department of Anesthesiology and Critical Care Medicine; and **Jeremy Sugarman, M.D., M.P.H., M.A.,** professor of bioethics and deputy director for medicine in the Berman Institute of Bioethics, have been elected to the National Academy of Sciences' Institute of Medicine. Election to the Institute is considered one of the highest honors in health and medicine. Though no formal duties are required, members typically serve on study and research committees, offering expertise on scientific investigations.

### Expanded shuttle service

Responding to safety concerns voiced by employees, the Homewood Parking Office has expanded its shuttle hours on weekends and late nights for The Johns Hopkins University's Homewood-Peabody-JHMI routes. Every effort has been made to schedule shuttle buses more frequently, as demand warrants. The new schedule can be found at parking.jhu.edu/. Questions or comments: shuttles@jhu.edu.

# Found in transition

## Nurse managers take on the mantle of easing nursing staffs into a transformed workplace.

Nancy Praglowski, Kelly Caslin and Roberta Anderson (l to r) are among the nurse leaders preparing staffs for changes in their work environments.

Joan Diamond knows what it's like to lose the security of a familiar workplace. When she was a staff nurse at another hospital, her unit moved to gleaming new quarters. Instead of elation, though, Diamond felt only doubt. Her comfortable routine had come apart and she had no one to turn to for reassurance.

"I remember walking out of a patient's room on the very first day and looking up and down the hall," says Diamond, now the prenatal nurse manager at The Johns Hopkins Hospital. "All of a sudden, I got a pit in my stomach, and I thought, *This doesn't feel good*."

Throughout the unit, many staff shared her anxiety, she says. "It didn't matter how beautiful the new place was."

As opening day approaches for the Sheikh Zayed Tower and The Charlotte R. Bloomberg Children's Center, Diamond holds up that disconcerting experience as an object lesson on what not to do. "We were told where things were and how to use new equipment, but no one talked to us about how we might feel about leaving our unit or how to handle the stages of change."

Anticipating the monumental shifts in store for the hospital's 2,876 nurses, Diamond and a group of fellow nurse managers have made staff support a high priority as they ready for the extremely complex transition. "It's not just the physical building that will change," she says. "Staff assignments and processes will change along with the equipment and furniture."

### Of mutual concern

Diamond knows that far more than the staff's emotional state is at stake. Patient care and safety depend a great deal on the close ties forged among health care team members, often over the span of many years. When the new clinical buildings open, scores of those alliances will be ruptured, whether nurses serve on units that are poised to expand, shrink, close or regroup. About 300 nursing staff members will find themselves on new teams, building trust and mutual support from scratch. Approximately 300 new nurses will also be hired to meet the new clinical campus' staffing needs.

With their support through the transition, nurse managers trust that the quality of patient care will not falter as nursing staffs adjust as seamlessly as possible to their new work life. Diamond appreciates the benefits of clinical simulations, floor-plan reviews and other preparatory exercises. But she also knows that such exercises cannot fully prepare staff for the first day in the new building, "when a real patient with real needs is in labor and ready to deliver her baby." That's why, she says, "we have to have the staff as ready as possible, emotionally and clinically, for that first patient."

### A map for the future

To guide their staffs through the topsy-turvy emotional terrain ahead, nursing leadership turned to a model called Managing Organizational Transition. The training program, developed by William Bridges & Associates, looks at change as a springboard for personal growth rather than as an insurmountable barrier. The program is designed to be flexible, allowing for the kinds of issues and pace of change that are particular to each unit.

At a retreat in September, nurse managers across Hopkins Hospital were introduced to the program's basic principles and urged to embrace them throughout

*(continued on page 4)*

# Keeping Hopkins healthy

## To overcome tough financial times, the institution turns to sources of additional support.

It's clear to Rich Grossi that "the economy is no longer forgiving. There isn't a business in which you can expect to thrive without being very good."

When Rich Grossi welcomes Johns Hopkins Medicine senior financial managers to the school of medicine board room each week, he shares new ideas as well as concerns. At a recent meeting, for instance, the chief financial officer for Johns Hopkins Medicine passed out copies of *How the Mighty Fall*, a book describing why a company should never regard its history of success as an entitlement.

Consider it an appropriate mindset for navigating the troubled waters of the health care world in 2010. Faced with significant financial challenges, all of JHM's entities must either increase revenues or cut costs over the next few years, Grossi says. The institution inhabits a very different universe from the one he entered in 1978 as the school of medicine's faculty practice plan director. In those days, he recalls, no matter how inefficient you were, you could still prosper if you got your bills out the door.

"It was a time when basically you couldn't lose money in medicine," he says. "But the economy is no longer forgiving. There isn't a business in which you can expect to thrive without being very good."

As times have changed, he notes, Hopkins has worked not only to improve its health care delivery but also to cultivate overseas partnerships and other revenue sources that advance the institution's mission while also helping to fund it.

Grossi supervises the finances for the school of medicine, Johns Hopkins Medicine's four acute-care hospitals, medical groups, home care, long-term care, managed care organizations and national and international initiatives. He says the institution is financially healthy, despite budget reductions created in part by smaller Medicare payments and lower rates of reimbursement for the state's hospitals.

"We pretty much start almost every budget cycle understanding that we have an issue to resolve," he says. "We take the overall target for Johns Hopkins Medicine and convert that into entity-specific targets and then into departmentally specific targets, if that's appropriate. We effectively ask the decentralized organization that is Johns Hopkins to give us a plan that gets us to where we need to go collectively."

So far during the recession, he points out, the organization has avoided major layoffs. He says the school of medicine is in better financial shape than some peer institutions that relied on endowments to supply as much as 30 percent of their annual budgets. When the value of those investments plummeted in 2008, the schools lost 15 percent to 20 percent of their annual income.

"Our medical school's endowment supports about 3 percent of our annual budget, so it's a very small amount," he says. "We did feel an impact, but most of our departments were able to address that. Future budget projections are challenging, but it's something that we have time to respond to."

### New sources of revenue

One potential new source of funding is a project to help build an academic medical center in Malaysia. "It's a big transaction that's going to benefit the people of Malaysia as well as the medical school by providing new work for the faculty and helping to finance some other academic initiatives."

Other international partnerships, such as contracts to manage three hospitals in the United Arab Emirates, also add to margins, as do ventures close to home, such as the U.S. Family Health Plan, the health care program Hopkins manages for the military.

"That's one of the most profitable pieces of business we have today," Grossi says. "The plans for BRAC (base realignment and closure) give us an opportunity to build on it."

Another growth area is Johns Hopkins Medicine's on-site employee health and wellness centers, clinics staffed by nurse practitioners at workplaces with at least 300 employees. Developed by Ed Bernacki, director of Hopkins' Division of Occupational Medicine, the program has launched 50 clinics in 18 states. These programs, combined with income from consulting work for casualty insurance companies, generate $10 million annually.

Grossi says a newly formed office of strategic alliances and business development will forge other appropriate corporate partnerships.

"Although it's important to keep up a steady flow of opportunities, it's also important to remember that we're not doing this just because we want to get into different businesses. Whether we're expanding a clinical delivery system in Maryland or completing a transaction overseas, the intent is always to strengthen the organization and support its mission."

### The effects of health care reform

As new federal legislation begins to transform health care, it brings a cloud of uncertainties. Although he says the institution has become used to managing the ebb and flow of federal dollars in research grants, Grossi worries about how health care reform will fundamentally change the industry's financing model.

"People can't even predict now what the impact will be," he says. "It isn't just whether Washington is spending the same amount of money overall, but whether it is causing major disruptions within the health care industry by moving components of funding from one place to another."

The Hopkins model is built on being able to take our current revenue streams, Grossi points out, and make them work for what the institution wants to achieve. "Anytime you disrupt that, it can have a major impact on the bottom line. That may affect rating agencies that look at our bonds and how potential faculty and staff members and students view us as a place to come. All of those things are critically important to continuing our mission."

At his weekly meeting, Grossi emphasizes the importance of creating a common view of economics and finance.

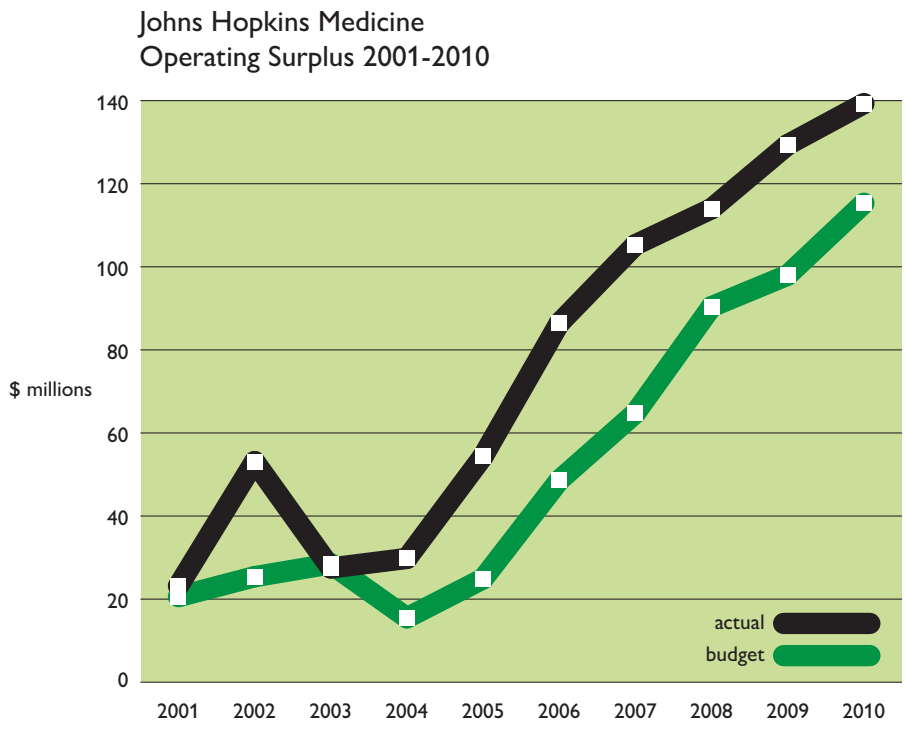
"I don't spend much time talking in details about numbers," he says. "I talk about what we're trying to achieve, why we're doing what we're doing, and how everyone can participate in making things better."

Similarly, he encourages each employee to contribute by improving his or her performance.

"It's not so much a budget cutback that can ultimately take away jobs, because we're going to do everything we can to avoid that," he says. "What's more serious is not responding to the changes that the industry is demanding. If we aren't kind to patients, if we don't think about their satisfaction, if we don't make this the most attractive place to come to, that will have greater financial implications.

"When a patient arrives and is greeted by a happy person who is engaged in making the experience positive, that's a financial strategy as much as anything else. And that is something we can control."

*—Linell Smith*




**This chart shows the bottom line during the last decade.**

# Eyes on Hopkins—240 of them

## Aided by technology, a growing fleet of cameras probe the East Baltimore campus for suspicious activity.

One weekday morning in August, a disheveled man wanders into an alley behind the Johns Hopkins Federal Credit Union building on Monument Street. Clearly intoxicated, he plops his backpack on the ground and leans against a wall—posing a potential threat to Hopkins employees walking down a nearby street.

Hopkins' Corporate Security officers don't see him from their street-corner stations, but they soon know that he's there. One of the campus' growing number of security cameras has been watching the alley and, using sophisticated software, detects the loiterer. This recognition prompts an alert to pop up on a screen in the campus' communications center, and a nearby officer is dispatched to escort the man away.

If such episodes seem tame compared with TV police dramas, that's fine with Harry Koffenberger, Hopkins Medicine's vice president for corporate security. A prime goal of the camera network is to make the campus unwelcome territory to anyone who considers breaking the law. Already, Corporate Security says that it is seeing less nighttime foot traffic on campus, particularly on its fringes. "The cameras are very visible," Koffenberger says. "So people who walk by, especially the bad guys, realize that the cameras are there."

There are now more than 240 cameras covering a 16 square-block area that extends just beyond the campus' borders.

Ken Nyczaj holds a pan-tilt-zoom camera, the type that serves as the eyes for Corporate Security around campus.

"THE CAMERAS ARE VERY VISIBLE, SO PEOPLE WHO WALK BY, ESPECIALLY THE BAD GUYS, REALIZE THAT THE CAMERAS ARE THERE."

### Security gaps closed

A few years ago, the campus had roughly 18 cameras trained on its sidewalks and streets.

"They were just scattered," recalls Ken Nyczaj, security communications systems manager, who joined Hopkins in 2007. "We had a lot of gaps in a lot of areas."

The software package, which is also used on Hopkins' Homewood campus, helps to manage the near-impossible task of keeping eyeballs on all of the action tracked by cameras. Cameras can be programmed to alert Corporate Security to a range of potentially troublesome situations, such as loitering, items left unattended on a curb, or crowd-forming. Because such patterns may represent normal, legitimate behavior in the middle of the day—for instance, a FedEx worker temporarily setting a box down on a curb—the sensitivity of the system can be adjusted depending on the time and camera location.

Roughly three-quarters of Hopkins' cameras—those with the analytic software—are fixed in a single direction. Often, a cluster of fixed cameras, pointed in different directions, is accompanied by another "pan-tilt-zoom" camera that Corporate Security can remotely control to follow the action or get a closer look.

### An investigative tool

While the cameras can deter crime, they have also assisted in investigations. In early 2009, a Hopkins employee was assaulted by a man with a razor near Madison Street and Rutland Avenue.

The attacker, whose deeds were captured on camera, had been recorded not only as he walked the street before the attack, but as he made an ATM withdrawal and threw his receipt on the ground. Security officers quickly recovered the receipt and used it to identify the perpetrator. He was recently convicted and sentenced.

In another incident, a stray bullet hit a Kennedy Krieger Institute employee crossing Madison Street, causing minor injury. The gunman had left the scene. However, a camera captured the license plate of the car carrying the gunman, who was later identified and arrested.

City law enforcers also have seen the potential benefit of Hopkins' camera network. An agreement implemented this summer allows Baltimore's CitiWatch program to tap into the medical campus' cameras, when needed, either to assist Hopkins investigations or to keep tabs on its own. From a command center, CitiWatch already follows 500 pan-tilt-zoom cameras—with the familiar blue lights—in high-crime areas.

Stefan Waters, director of technology operations for CitiWatch, says that that his specialists are often retired or light-duty law enforcement officers who can put a well-trained pair of eyes on the scenes they remotely observe.

"A lot of them come from certain police districts, so they are intimate with the areas that they cover," Waters says.

*–Jamie Manfuso*

# Towering commitment

## New student housing marks another milestone in redeveloping the East Baltimore community.

When shovels clunked into the hard ground of 929 North Wolfe Street recently, it signified more than just a groundbreaking for a graduate-student housing tower. It also reaffirmed a promise that Hopkins made more than seven years ago to support the redevelopment of a community that has housed its medical campus since 1889.

Scheduled to open in the summer of 2012, the $60.7 million tower will offer 321 one- and two-bedroom units with premium amenities, like wood flooring, granite countertops and a fitness center. At 20 stories tall, it will house medical students and graduate students from the three campus schools—Medicine, Nursing and Public health—as well as interns, residents and fellows.

"These new buildings," said Hopkins Medicine's CEO and Dean Edward Miller to an audience of more than 100 people, including elected government officials, "are symbolic—and concrete—evidence of our enduring commitment to community and our city. When I see new structures going up, I see progress and growth. I see hope and opportunities."

The tower is another piece in a plan

COURTESY MARKS, THOMAS ARCHITECTS

An artist's rendering of the student housing tower—evidence of Hopkins Medicine's lasting commitment to community and city.

to revitalize 88 acres in an area of East Baltimore adjacent to the campus. The project—which in addition to Hopkins is supported by the community, Baltimore City, the East Baltimore Development Corporation and the Annie E. Casey Foundation—encompasses 1.2 million square feet of new biotechnology space and up to 500,000 square feet of commercial space, which will employ up to 8,000 people.

The project will provide for up to 2,100 units of mixed-income housing, a new pre-K-through-8th-grade public contract school, public parks and open space, and a regional rail station. When completed, $1.8 billion will have been privately invested in the community—$500 million of which has been invested so far.

East Baltimore Development Incorporated (EBDI) is the driving force behind the student-housing project, which is being funded by a private developer. No Hopkins money is involved.

### Education and economics

For David Nichols, vice dean for education and a member of the EBDI board, the student-housing project represents a mutually beneficial strategy for the institution and the community. From the medical school's perspective, it answers the problem of what is clearly antiquated student housing (Reed Hall) and replaces it with a modern, attractive, multifunctional facility. From the community's perspective, the project is another step in making the historic neighborhood a vibrant place to live, with multi-income housing, a mix of retail business and a center of professional and academic culture.

"To make this work, you need people to drive the economic activity," Nichols says, "whether its residents coming back to live or students living near where they train."

Nichols points out that officials from the schools and from EBDI met with the student and resident groups to discuss the project. The response, he adds, has been quite favorable. "There's just no comparison to the housing we have now and what this project will offer," Nichols says.

## Found in Transition

*(continued from page 1)*

the transition. "Begin to live this model," Gail Biba, nurse manager on the Meyer 7 neurocritical care unit, advised retreat participants. Over the next two years, become more competent in listening and supporting staff, she told her audience. "It's not about supplies; it's about the people. It's not about leadership; it's about your influence."

Perhaps the most important elements of a successful transition are communication and repetition of information to ensure that all messages are heard. "Keeping the staff informed is extremely important," especially because plans continue to change, says Kelly Caslin, nurse manager on Osler 4. "And if you don't know the answer to a question, you tell them you don't know."

Often, the most basic facts can reduce concerns in the first, uncertain stages of this kind of shift. That's why Diamond launched the transition process early on her unit, which will relocate to the adult tower. "I've been talking about the new building to my staff for about a year now. Since last year in June, they've been getting a monthly update. I show slides and ask for their input, and plans have been on display in the unit for well over a year."

Shortly after the retreat, Biba took out a large, laminated diagram that depicts the Meyer 7 unit in relation to its future location on the third floor of the critical care tower to help staff members get their bearings. For example, when they see the route that will take them from their new location to their administrative departments, they realize, "We're not going over to some distant country," Biba says.

Caslin, too, has begun conversations with staff, but of a different nature since her telemetry unit will not be moving to the new adult tower. "When I sit down with my people and talk about what concerns them most, patient safety is at the forefront," she says. "We'll have to go a lot further to transport patients to the MICU and CCU in the new adult tower. How will we do that and assure that it's done safely?"

Caslin and her colleagues have also honed their observation skills so they can recognize and handle staff members' stress, anxiety, resentment and other signs of unrest stemming from change. "Fear, anxiety and uncertainty: Those are big red flags," she says. "As a manager, you have to look at where your people are in the transition process."

**Photos will serve as memories that the pediatric psychiatry unit's staff will carry with them to the 12th floor of the new children's tower.**

> "FEAR, ANXIETY AND UNCERTAINTY: THOSE ARE BIG RED FLAGS. AS A MANAGER, YOU HAVE TO LOOK AT WHERE YOUR PEOPLE ARE IN THE TRANSITION PROCESS."
>
> — KELLY CASLIN

## Hearing what matters

Nurse managers are also equipped to complete a "loss analysis" to understand what each staff member stands to lose as a result of the transition, ranging from relationships and status to a sense of identity and confidence. With such insights, the managers will be better prepared to counsel nurses bound for new work settings and those who will be displaced and have to apply for new jobs according to a staffing preference plan that's still in development.

To move forward, the past must be honored, nurse managers agree. For that reason, the pediatric psychiatry unit's acting nurse manager, Nancy Praglowski, welcomed staff nurse Bijal McGovern's offer to compile photos and memories for a yearbook to be printed by an online publisher. The volume will serve as a permanent record of the unit's history long after it relocates from the third floor of the Children's Center to the 12th floor of the children's tower and expands from 12 to 20 beds.

"The separation process is an important part of treatment. That's what we talk about with our patients. It's also important for us," says Mike Bisker, a nurse on the pediatric psychiatry unit for six years.

Bryan Barshick, assistant director of nursing in Surgery, first questioned the training program's emphasis on loss and "how to grieve." That, he says, "was the thing that was most difficult for me, not necessarily because I'm a guy, but as a human, why are we applying the idea of grief to the process of operational change?" But familiarity with the program has boosted Barshick's enthusiasm. "As I am getting more engaged with the model I am finding more use for it," he says.

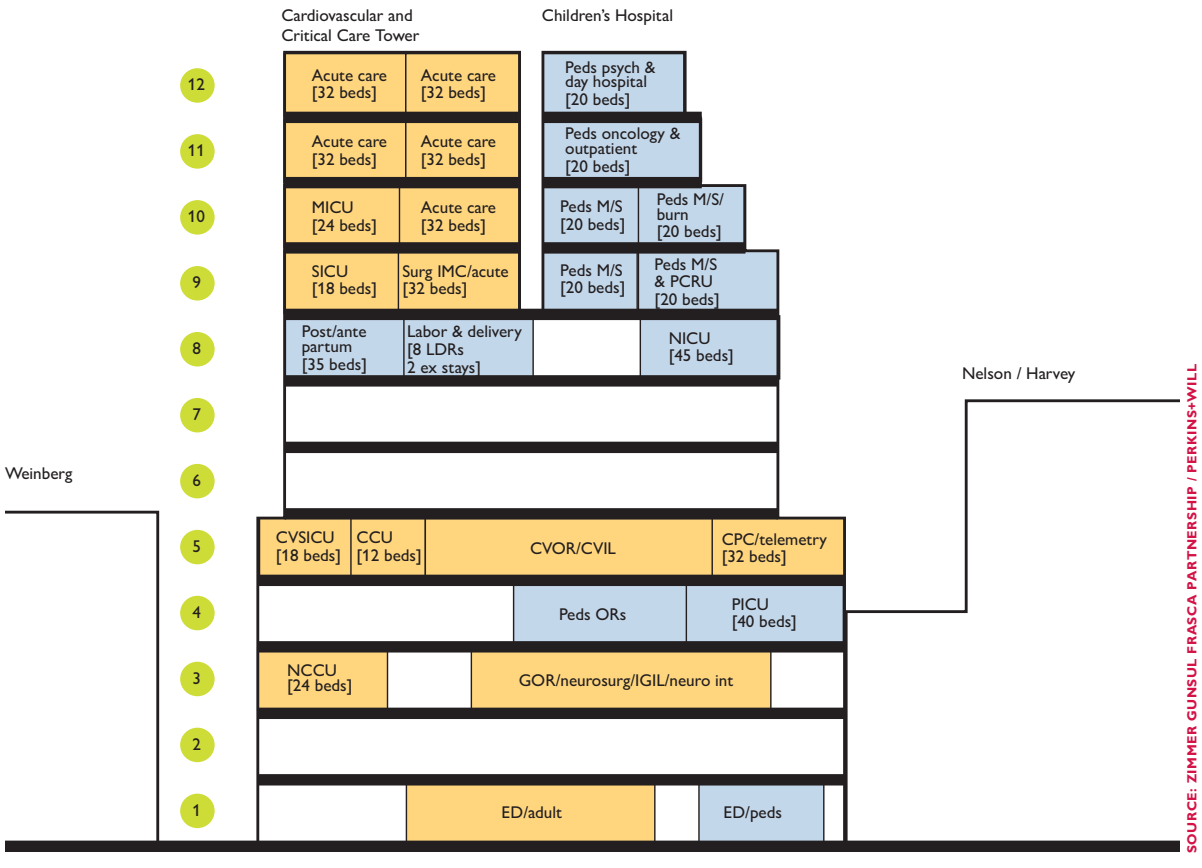
Encouraged by the energetic response to the program so far, Gregory Finnegan, director of organization development and training, will bring it to all management staff involved in the move at workshops planned for December and January.

Meanwhile, nearly two dozen nurse leaders, including Diamond, Caslin, Biba and Barshick, serve on the transition monitoring team, a clearinghouse for all nurse managers. Using the tools outlined in the Managing Organizational Transition program, every manager must also be able to anticipate potential emotional roadblocks on their units and have a "proactive plan in place," Caslin says.

That said, the program's success hinges on whether nurse managers actually use the tools, Diamond says. "Some units will use it much more than others."

*—Stephanie Shapiro*

**Nancy Praglowski welcomed an offer to compile a yearbook as a permanent record of the psychiatry unit's history in the Children's Center.**



# The new connectivity

## An improved nurse call system sets the stage for better and safer care.

Last year, nurses and support staff on Nelson 8 agreed to pilot a sophisticated call system intended to streamline workflow and enhance patient care. The bustling surgical unit presented an ideal testing ground for the system prior to its installation throughout the Sheikh Zayed Tower and The Charlotte R. Bloomberg Children's Center.

"We wanted to pilot the system on a busy unit with a variety of patients that would represent how it's going to feel in the new clinical towers," says Sherri Jones, who helps to run the pilot as coordinator of nursing programs at The Johns Hopkins Hospital.

For Stacey Danielczyk, pilot supervisor and a nurse educator on Nelson 8, the chance to design the new call system with colleagues from across Hopkins Hospital widened her horizons. "It's very stimulating," she says, "to see the value that can come from collaborating on future projects."

But before the team, consisting of members from nursing, administration, clinical engineering and outside vendors, could devise a better communication system for nurses, they had to be able to communicate with one another. That's why Tom Bradford, a project administrator in the facilities engineering department, was brought in. "He understands the technical details," says Jones, "but he also understands how nurses think."

Stacey Danielczyk (left) and Sherri Jones led Nelson 8 in piloting a call system that demonstrates "how it's going to feel" in the new clinical towers.

### Efficient patient care

In the past, nurses and clinical associates on Nelson 8 had learned to cope with the inefficiencies of their aging call system. For instance, it was routine for a bedside nurse who needed help with turning a patient to leave the room and search the floor for colleagues, or to go to the nurse's station to plead for assistance by phone or over the intercom system.

Now, equipped with mobile phones, every nurse can directly page a colleague without leaving the patient's room. "Finally," Jones says, "we can give nurses a tool so they don't feel like they have to go through five steps prior to giving their care."

The new call system also expedites patient care in other ways. When one nurse cannot respond to a patient call, it will automatically roll over to the next designated caregiver. "Before, if a nurse was tending to a patient, other patients may have needed to wait for an extended period of time to have their call answered," Danielczyk says.

Using the new system, Nelson 8 unit clerks at the nurse call console can easily triage hundreds of daily calls and forward them to appropriate staff, depending on the gravity of the calls. General requests, such as a call for water, can be preprogrammed into the call system along with the patient's name and room number. As a safeguard, the hospital's Admission, Discharge and Transfer (ADT) system, which manages patients' records as they move through the hospital, also feeds into the electronic call system. Nurses can readily refer to the ADT feed to confirm the identity of patients who make requests for pain medication and other therapies specific to their treatment.

> "FINALLY, WE CAN GIVE NURSES A TOOL SO THEY DON'T FEEL LIKE THEY HAVE TO GO THROUGH FIVE STEPS PRIOR TO GIVING THEIR CARE."
>
> — SHERRI JONES

### Better tools

The new system enables nurses to page physicians from their mobile phones so they may continue working while waiting for return calls. Mobile phones and pagers will also eliminate overhead paging, reducing noise on all clinical units.

Staff members will be required to wear electronic badges that will continuously transmit an icon that represents their location on the unit to an overhead screen at the nurses' station, allowing co-workers to find them more quickly. The system will help staff keep track of electronically tagged equipment, such as bladder scanners, as well.

Once nursing staffs move into the new towers, they can choose how to use the nurse call system, says Jones. With a clinical engineer and system vendors, she has met with every nurse manager whose unit is moving to discuss how to locate and use the call system on their new floors. The pilot demanded many hours of the Nelson 8 nursing staff and confounding technical problems often arose. But the hard work paid off, Danielczyk says. "We have to be open to letting technology help us do our job better; these tools can only improve the way we deliver care."

*—Stephanie Shapiro*

## BRIEFCASE

### King-worthy nominees

As the 29th Martin Luther King Jr. Commemoration in mid-January 2011 nears, the search is on for nominees for the Martin Luther King Jr. Award for Community Service, which, in the spirit of the life King lived, recognizes outstanding commitments to volunteer community service and humanity. Deadline for submissions is Nov. 15.

All faculty, staff, employees, graduate students and retirees across the Johns Hopkins institutions are eligible to be nominated for this award. To submit a nomination, go to http://hrnt.jhu.edu/mlk. Info for The Johns Hopkins Hospital and Health System: Christina Pickle at cpickle1@jhmi.edu or 410-614-3721. University employees should contact Amanda Sciukas at worklife@jhu.edu or 443-997-7000.

### Healthful journey

On Nov. 20, more than 1000 women are expected to converge in downtown Baltimore for A Woman's Journey, the Hopkins-sponsored conference that's focused on women's health. The forum provides a rare opportunity to learn about the latest medical breakthroughs and to glean lessons on improving health. So far, sessions generating the most interest are "How to Be Fit at 50 and Beyond" and "Food as Medicine." The plenary speaker is Laurie Singer Sievers, award-winning network television news producer and widow of journalist and ABC *Nightline* executive producer Leroy Sievers. She will share her inspiring tale as a caregiver who continues her husband's nationally acclaimed *My Cancer* blog, now known as *Our Cancer*. For more information, call 410-955-8660 or visit hopkinsmedicine.org/awomansjourney.

### Affinity groups forming

An affinity group for lesbian, bisexual, gay and transgender employees is being formed under the auspices of The Johns Hopkins Hospital and Health System Office of Workforce Diversity. Called the Hopkins Network, the group will organize social and educational activities for employees while offering a safe, welcome place for dialogue and interaction. The group is open to any faculty or staff member. Those who are interested may contact Greg Rex at grex1@jhmi.edu. Other affinity groups, including those for veteran, Asian and Pacific Islander, and Hispanic and Latino employees, are also being formed.

# The second victims

## There's a new resource to get caregivers through the trauma of medical errors.

As a risk manager for the The Johns Hopkins Hospital, Jeff Natterman frequently must get to the bottom of tragic events that involve medical errors. But in the course of that work, he often plays the role of therapist to the distraught caregivers that he interviews about what happened.

"People have sat in my office and wept," he says. "Others have not wanted to talk for weeks because they were contemplating getting out of the profession completely."

Natterman acknowledges that knowing what to say in these cases—such as when convincing caregivers that the hospital isn't "out to get them"—is something that he and fellow risk managers have had to learn on the job. He also realizes that, while these "second victims" of medical errors need support beyond what he alone can offer, the institution has no coordinated system to provide it.

In recent months, however, a group has formed at Hopkins Medicine to address this need. Called the Second Victim Committee, its goal is to develop a plan to more effectively assist caregivers who are traumatized as the result of unexpected patient death or injury. The group wants not only to raise awareness within Hopkins of these caregivers' needs, but to identify and develop resources for coping with these events. One of the group's first steps, which is still taking shape, is training a team of faculty and staff who respond to serious events and help colleagues to heal.

### The emotional toll

The need is acute, says Albert Wu, a Hopkins internist who delivered a talk on second victims at this summer's Johns Hopkins Medicine Patient Safety Summit. These caregivers may worry that they have lost colleagues' trust. Images from the event can replay in their minds for months. They may have trouble focusing on their clinical duties—increasing the risk of future errors—or experience symptoms of post-traumatic stress disorder, such as hyperactivity, nightmares and headaches.

**"People have sat in my office and wept," says Jeffrey Natterman, describing caregivers reacting to medical mistakes.**

Compounding this stress, the culture of medicine treats errors as deviant acts, Wu notes. "In health care, we don't always handle people sensitively or kindly who we perceive as transgressors," he says. "Caregivers internalize those reactions and beat themselves up" if they are involved in errors.

The idea for the committee evolved from discussions with pediatric nurses who still experience pain over the death of two-year-old Josie King at Hopkins Hospital in 2001 and the publicity that followed it. Natterman, Patient Safety Director Lori Paine and Director of Pediatric Nursing Shelley Baranowski, who all took part in these talks, recognized the need for a better system to support second victims.

### Seeking a coordinated response

A survey of summit participants hinted at the extent of the need. Of 140 respondents, 60 percent recalled an event in which they were second victims. Among that group, 65 percent reported that, as a result of the incident, they experienced problems, such as anxiety, depression or concern about their ability to perform their jobs.

And while roughly half of them received some support—from colleagues, friends or supervisors—44 percent reported getting none at all.

Baranowski, a Second Victim Committee member, believes that a coordinated effort is needed.

At present, when a pediatric nurse has been involved in a serious error, the nurse manager often seeks help from palliative care experts or chaplains, if available, or the Faculty and Staff Assistance Program. But while they make use of the resources at hand, more is needed, Baranowski says. She's excited about the committee's concept of trained peer supporters who serve as "first responders to second victims."

Providing support should happen "as part of our built-in processes, but that's not the way it happens today," she says. "Right now, it depends on who thinks about it."

*—Jamie Manfuso*

# A labor of love

## Nurse midwife Jackie Notes has helped bring more than 3,000 babies into the world.

While working as a young nurse at a large Chicago hospital in the 1970s, Jackie Notes decided to specialize in midwifery after observing what she believed was insensitive care and unnecessary medical procedures being administered to women giving birth.

"I chose midwifery," she recalls, "because it offered continuity of care and a respect for women that, at the time, wasn't always obvious in the medical world."

Three thousand babies later, Notes is the longest-practicing midwife in Howard County, having worked in the Gyn/Ob practice Esposito, Mayer and Hogan at Howard County General Hospital for 22 years of her 32-year career.

Although the profession of nurse midwifery was still in its infancy when Notes arrived at the practice, the groundwork had been laid by Ellen Ray, a labor and delivery nurse who had become certified as a nurse midwife. "Ellen had already established respect with the hospital nurses and the Gyn/Ob physicians," Notes says.

Still, full acceptance was a gradual process. "Early in my career, nurse midwives had to be supervised by a physician," she says. "Now we have more autonomy and work in close collaboration as a team of midwives and doctors. Overall, this provides the best of both worlds for our patients."

Midwives are indispensable at busy hospitals like Howard County General, says Phyllis Campbell, who chairs the hospital's Gyn/Ob department, because they take care of low-risk patients, freeing physicians to concentrate on more high-risk pregnancies.

"They have proved to be essential for our practice and the hospital because of the large number of patients in our community in need of obstetrical care," she says.

"Being nurses, they are also nurturing, and that is essential in obstetrical care," says Campbell, who also works with Esposito, Mayer and Hogan.

Currently, the community practice of Johns Hopkins Medicine employees seven nurse midwives, who have been responsible for 32 percent of the babies delivered in Howard County.

"But we do much more than deliver babies," Notes says. "We also help provide well-woman care long before and long after birth." As a result, she adds, many patients come to nurse midwives by word of mouth.

Notes herself also helped pave the way for the profession. In 1978, after graduating as a nurse midwife from the University of Mississippi, she moved to Palo Alto, Calif., where she helped wage a 10-year legal battle to gain midwife privileges at Stanford University Hospital.

Midwifery dates back to early mankind and thrived in this country through the early 20th century. Until then, most women gave birth at home and only went to a hospital if there were complications.

**Jackie Notes (right) with Ella Wagoner, one of the more than 3,000 infants she's helped bring into the world in Howard County. Looking on is mother Tenille Wagoner.**

It was a crusading nurse, Mary Breckinridge, who advocated for educational programs to train nurses in midwifery. Her efforts ultimately lead to the formation of a professional society to certify nurse midwives.

In 2008, according to the American College of Nurse Midwives, there were more than 11,300 nurse midwives who were attending to more than 300,000 deliveries in hospitals.

Twenty-two years after beginning work at Howard County General, Notes is proud of the work she and other midwives have done to support as many natural births as possible at Howard County General. Of their 11,000-plus deliveries, they have consistently maintained a cesarean section rate of under 14 percent.

"I've learned to be objective while guiding women to birth and providing empathetic care," she says. If you swing too far in being objective, you may become too insensitive to what that woman needs. If you become overly empathetic and lose your objectivity, you may be unable to see what is safe."

*—Joan Jacobson*

INNOVATION

# Pushing time

## Lifesaving CPR, invented here 50 years ago, marks the occasion with a new twist.

For Kristen Lindeman and three friends, the mid-January get-together at a noisy East Baltimore restaurant was the perfect end to a hectic workday. But before she could take her first bite of food, Lindeman paused when she heard the words: "I need help." She looked up and saw a patron of the bar struggling to hold up a young woman who'd fallen unconscious.

Lindeman, a rehab therapist at Johns Hopkins Bayview Medical Center, rushed over to the unconscious woman and joined her three Hopkins colleagues—all fellow rehab specialists—in administering cardiopulmonary resuscitation (CPR). Performing rhythmic chest compressions, they kept blood flowing to the victim's heart until a city medic crew arrived with a defibrillator.

Lindeman and her colleagues had all recently recertified in CPR, unaware that this lifesaving maneuver would mark its 50th anniversary this year, thanks to a handful of visionary Hopkins researchers, engineers and physicians.

It's also fitting that in November, the American Heart Association redefined the CPR guidelines to lessen the emphasis on rescue breathing in favor of uninterrupted chest compressions. This is based on two recent studies, the latest published in a July edition of the *New England Journal of Medicine*.

### First at Hopkins

The idea of rescue breathing came first, as Hopkins anesthesiologist Peter Safar advanced some efforts at Baltimore City Hospital, which is now Johns Hopkins Bayview. Together with colleagues, Safar refined earlier methods into a formal protocol and later produced a book, making a series of public presentations about how to optimize the approach.

Around the same time, the concept of chest compressions came about almost serendipitously—the result of a slow elevator. Hopkins engineer William Kouwenhoven was tinkering with ways to restart a beating heart with electrical methods, using defibrillators on dogs.

One day in 1958, Kouwenhoven's lab fellow, Guy Knickerbocker, was working with a dog when the animal unexpectedly went into ventricular fibrillation in the 12th floor Blalock lab. Knickerbocker impulsively started pressing the dog's rib cage, knowing from previous experiments that such an action at least momentarily raised an animal's blood pressure. He handed the effort off to a lab partner, and then dashed for the defib cart, which was down on the 5th floor.

Knickerbocker had to bring the cart back to the 12th floor on the notoriously sluggish Blalock elevator. When Knickerbocker and the cart got back to the lab, the dog still appeared viable. Knickerbocker set up and delivered the shock. In moments, and against expectations, the shock restarted the animal's native heartbeat. "It looked like a good recovery to me," says Knickerbocker.

When Knickerbocker shared news of the episode with Hopkins cardiac surgeon James Jude, a new idea was born. The technique was used to save the life of a female human patient at Hopkins in 1959, and the following year the trio published a seminal paper in the *Journal of the American Medical Association* documenting the success rate of chest compressions. The paper's promising results lit up the world of resuscitation medicine.

### Most impressive event

Hopkins' *JAMA* paper, asserts Mike Weisfeldt, a cardiologist and director of the Department of Medicine, was a "most impressive event." It proved in lasting detail that an everyday bystander might save the life of a person who suddenly loses their heartbeat, he says. "If you compress the chest in a regular, rhythmic way, you provide enough blood flow so that you can go get a defibrillator and ultimately defibrillate a patient with ventricular tachycardia or fibrillation and save their life."

Kristen Lindeman and three friends saved a person's life using CPR, which marks its 50th anniversary this year.

Prior to this moment, Weisfeldt notes, rescue medicine had "little to offer," relying strictly on the quick arrival of an ambulance crew equipped with defibrillators. "It just took too much time," he says. "Now, if we apply the technique promptly, we can save a life 50 percent of the time."

Nowadays, Knickerbocker says he thinks that those discoveries were "kind of awesome, but I don't dwell on it an awful lot." He does take satisfaction in knowing that CPR's "penetration is literally worldwide."

In the case of Lindeman and her colleagues' restaurant patient, things never had to get that far. Arriving EMTs were able to apply a shock to the unconscious young woman's heart. Just weeks later, the patient paid a visit to Bayview to thank her lifesaving team. "It was surreal," says Lindeman. "It was nice to see that we really did help someone. We really, truly saved a life."

*—Ramsey Flynn*

# Not To Be Missed

**Nov. 4: Seventh Annual Diversity Conference.** *Homewood campus, 3400 N. Charles St., 8 a.m. to 2 p.m.* Theme: "Diversity & Inclusion: Fulfilling the Promise of Johns Hopkins." Plenary speaker, Lloyd Minor, M.D., provost of The Johns Hopkins University; luncheon speaker, Benjamin Carson, M.D., director of pediatric neurosurgery. Info: http://my.johnshopkins.edu/ or http://my.jhmi.edu/.

**Nov. 4: Preventing and Treating Heart Disease.** *Sheraton Baltimore North Hotel, 903 Dulaney Valley Rd., Towson, 7 to 8:30 p.m.* Join Hopkins cardiologists Stuart Russell and Ashish Shah as they discuss the symptoms and risks of heart failure as well as new prevention methods and treatment options. Reservations: 1-877-546-1009 or hopkinsmedicine.org/healthseminars.

**Nov. 9: Weight Loss Surgery Seminar.** *Johns Hopkins Bayview Medical Center, Pavilion Conference Room, 4:30 to 6 p.m.* For patients who are at least 100 pounds overweight and are considering bariatric surgery. This seminar is required to receive a surgical consult. Info: www.hopkinsbayview.org/bariatrics/supportgroups. (link to http://www.hopkinsbayview.org/bariatrics/calendar.html )

**Nov. 9: Art of Healing Concert.** *East Baltimore campus, Weinberg Building Ceremonial Lobby, noon to 1 p.m.* Guest performer: Pianist Jack Reilly, "The Silence of the Heart: 24 Miniatures for Piano." Dedicated to the memory of Martin Abeloff, M.D., former director of the Cancer Center. Info: hopkinskimmelcancercenter.org.

**Nov. 10: Varicose Vein Screening.** *Roland Park Library, 5108 Roland Avenue, 21210, 6 to 8 p.m.* Johns Hopkins vascular surgeon Jennifer Heller will provide free 15-minute screenings for people with varicose veins who are considering treatment or surgery. Registration: 410-550-VEIN or hopkinsbayview.org/seminars.

**Nov.11: Veterans Day Observance.** *East Baltimore campus, Billings Circle (outside the Administration Buidling), 11 a.m.* Also at Johns Hopkins Bayview, at the labyrinth, 12:30 p.m., program pending. All staff, patients and visitors are invited. Johns Hopkins University ROTC personnel will serve as the Honor Guard. Guest speaker is Colonel Corinne Ritter, U.S. Army Reserve, commander, 48th Combat Support Hospital at Ft. Meade. Brief program will be in the Administration Building lobby. Info: Rhonda Cooper, 410-502-1500, or Ed Cramer, 443-287-2529.

**Nov. 18: Singing in the Dark: An Exploration of Creativity and Madness.** *East Baltimore campus, Hurd Hall, tea: 5 p.m., performance 5:30 p.m.* Sponsored by the Arts and Psychiatry Series of the Johns Hopkins Mood Disorders Center. Grammy Award-winning Irish vocalist Susan McKeown performs. Her latest album features poets writing through the lens of depression, mania and substance abuse. Introduction and discussion by J. Raymond DePaulo, M.D., and Kay Redfield Jamison, Ph.D. Free admission. Info: hopkinsmedicine.org/psychiatry/about_us/events/susan_mckeown_2010.html

**Nov. 18: A Joint Effort: The Causes and Cures of Joint Pain.** *Johns Hopkins Bayview Medical Center, Medicine Education Center, 4940 Eastern Ave, 4 to 5:30 p.m.* Info: 410-550-KNOW or hopkinsbayview.org/seminars.

**Nov. 19: Charles E. Dohme Memorial Lecture.** *East Baltimore campus, Wood Basic Science Building, Basic Science Auditorium, Ground Floor, 4 p.m.* Hosts: Philip Cole and Nazareno Paolocci. Guest speaker: Sir Salvador Moncada, director of the Wolfson Institute for Biomedical Research, University College London, on "Neurons, Mitochondria, Astrocytes, Glycolysis… What's the Connection With Cancer?

## Blood Drives

**Nov. 4:** *Johns Hopkins Home Care Group, 5901 Holabird Ave., 8:30 a.m. to 2 p.m.*

**Nov. 10:** *Johns Hopkins at Eastern, 1101 E. 33rd St., 8:30 a.m. to 1 p.m.*

To schedule your appointment, e-mail johnshopkinsblooddrive@jhmi.edu or call 410-614-0913. Walk-ins are also welcome. Info: hopkinsmedicine.org/jhhr/WhatsNew/blood.

## Nov. 17 and 18: Easing the Pain of Sickle Cell Disease: A Call to the African-American Community

Help commemorate the 100-year anniversary of the discovery of sickle cell disease. Sponsored by the school of medicine Office of Diversity and Cultural Competence, this forum brings together community advocates and health care professionals to address one of the most common genetic conditions affecting African-Americans.

*East Baltimore campus forum: Nov. 17, 5:30 to 9:30 p.m. Cancer Research Building, Albert Owen Auditorium.* Guest speaker: Sickle cell researcher Michael DeBaun of Washington University School of Medicine, professor of pediatrics, biostatistics and neurology, attending physician, Division of Hematology-Oncology.

*Johns Hopkins Bayview Medical Center forum: Nov. 18, 9 to 11 a.m. Pavilion Conference Room.* Join Michael DeBaun and guest panelists to learn more about sickle cell disease and the need for African-American blood donors to help those patients. Join the dialogue to identify strategies for improving communication and participation in the Baltimore communities.
Info: bmc-diversity@jhmi.edu.

## Symphony of Lights Festivities

The 17th Annual Symphony of Lights to benefit the campus-development plan at Howard County General Hospital will begin Nov. 20 with a 1.4 mile run, followed the next day with a family walk along the Symphony of Lights trail. Drive through and enjoy the lights from 6 to 10:00 p.m. nightly, Nov. 22 through Jan. 2, 2011. For more information go to hcgh.org/symphonyoflights.

## JHH Diversity Praised

**The Johns Hopkins Hospital** has received recognition from the Institute for Diversity in Health Management for its efforts to promote diversity. The institute cited Hopkins for strengthening a diverse workforce. The accolade resulted from the institute's nationwide survey of progress in hospital diversity initiatives titled "State of Health Care and Diversity and Disparities: A Benchmark Study of U.S. Hospitals."

## $3.84 million Grant for Urban Health Residents

**The school of medicine** has been awarded a five-year, $3.84 million federal grant to support expansion of its Osler Urban Health Residency Track program, which trains residents about social issues afflicting Baltimore City's underserved population. The grant, provided under the Affordable Care Act, the new health care reform legislation, will enable the Osler Medical Housestaff Training Program to add four residents per year, ultimately increasing the housestaff roster by 20, says internist and pediatrician **Lenny Feldman, M.D.,** assistant professor and the program's director.

## New Veep

**Steven Rum** has been promoted to vice president for development and alumni relations at the Fund for Johns Hopkins Medicine. Hopkins President Ron Daniels says the promotion "recognizes Steve's considerable expertise and unprecedented success in leading the development and alumni relations efforts for Johns Hopkins Medicine over the past five years." Rum was named senior associate vice president for development and alumni relations at Johns Hopkins Medicine in 2005, having previously served as vice chancellor for development and alumni affairs at Duke.

### EAST BALTIMORE

**Larry Appel, M.D., M.P.H.,** professor of medicine, has been named head of the Welch Center for Prevention, Epidemiology and Clinical Research. Appel, who has a joint appointment as a professor of epidemiology and international health in the Bloomberg School, is a pioneer in research on hypertension, diabetes, nutritional supplements and obesity. The 25-year-old center is operated jointly by the schools of medicine and public health.

**John Bartlett, M.D.,** professor and former director of the Division of Infectious Diseases, is one of only 16 out of nearly 1,200 physicians to receive a Community Choice Award from QuantiaMD, an online, worldwide physician-to-physician learning collaborative. The award is based on rankings that online lecturers receive from the physicians who watch their presentations. One thousand or more members gave Bartlett a five-star ranking for his lectures about issues concerning HIV and clostridium difficile (C. diff), a potentially life-threatening bacterial infection.

**Mary Beach, M.D., M.P.H.,** associate professor of medicine, has received the Jozien Bensing Research Award from the Netherlands-based European Association of Communication in Health Care. A member of the Berman Institute of Bioethics, Beach is only the second recipient of the award, which is bestowed once every two years to early-career researchers. Her research focuses on patient-physician communication and relationships.

## PICTURE THIS


MAX BOAM

**UNITED WAY FUN:** At a recent campus hot dog lunch and karaoke to thank those who gave to the United Way, Pamela Paulk, the hospital and health system's vice president for human resources, Diane Labuda and Cindy Delinski, executive assistants for the dean's office, belted out Gloria Gaynor's "I Will Survive." A United Way donor for more than 20 years, Labuda says she didn't mind "making a fool of herself for such a good cause." Johns Hopkins Medicine campaign chair Stephanie Reel, vice president for information services, is confident that employees will meet this year's goal of $1.6 million. To contribute or learn more: http://portal.johnshopkins.edu/unitedway.

**Roger Blumenthal, M.D.,** professor and head of the Ciccarone Center for the Prevention of Heart Disease, has received the 2010 David Levine Research Award from the Division of General Internal Medicine for his cardiology research and reputation as a mentor. His training program on behavioral aspects of cardiovascular disease has been funded by the NIH continuously for more than 30 years and recognized as the best of its kind in the history of the National Heart, Lung and Blood Institute. The Levine Award is named for the former chief of General Internal Medicine.

**Trish Perl, M.D., M.Sc.,** professor of medicine and pathology and director of epidemiology and infection control at The Johns Hopkins Hospital, has received the Mentor Scholar Award from the Society for Healthcare Epidemiology of America. The group's top accolade, it honors Perl's dedication and excellence in mentoring infection prevention trainees.

**Linda Regan, M.D.,** assistant professor of emergency medicine, has been promoted to direct the Department of Emergency Medicine's residency program and recruitment. She joined the faculty in 2007 as the program's associate director.

**James Scheulen,** chief administrative officer for the Department of Emergency Medicine, has been reappointed by Gov. Martin O'Malley to a third, four-year term as the Maryland Hospital Association's representative on the Statewide Emergency Medical Services Advisory Council. This group advises the Maryland Institute for Emergency Medical Service Systems on emergency services.

**Vered Stearns, M.D.,** associate professor of oncology, has been named co-director of the Cancer Center's breast cancer program. She is internationally known for her groundbreaking work on the pharmacogenetics, or hereditary response to drugs, of potential breast cancer patients who are given Tamoxifen, a medication that interferes with the activity of estrogen. She also is known for the use of biomarkers to implement new interventions for breast cancer treatment and prevention.

**Jon Weingart, M.D.,** professor of neurological surgery and oncology, is one of 10 recipients of a 2010 Healthnetwork Foundation Service Excellence Award. The award comes with a $10,000 research grant from an anonymous donor, who nominated Weingart for his consistently high standards of patient care and service. The nonprofit, Cleveland-based Healthwork Foundation strives to improve healthcare for all through philanthropy.

**Kay Redfield Jamison, Ph.D.,** professor of psychiatry and co-director of the Johns Hopkins Mood Disorders Center, has received a 2010 Productive Lives Award from the National Alliance for Research on Schizophrenia and Depression (NARSAD). Redfield, a MacArthur Foundation "Genius-award" winner and author of the best-selling book, *An Unquiet Mind*, which chronicles her own near-fatal experiences with manic depression, was honored for her success in overcoming the staggering odds that those living with mental illness face to become highly accomplished, fully contributing professionals. Jamison also is co-author with NARSDAD Scientific Council member Frederick K. Goodwin of the standard medical text on manic depression, chosen by the American Association of Publishers as the most outstanding biomedical sciences book of 1990.

## Communications Kudos

***Dome*** has won a Thoth Award—the top prize in its category—from the Washington-area chapter of the Public Relations Society of America (PRSA), while the **Office of Marketing and Communication**'s H1NI flu campaign received the second place honor, the Award of Excellence. PRSA's Washington chapter is the largest in the country, with major corporations and Washington-based global public relations firms participating in its competitions.

### JOHNS HOPKINS BAYVIEW MEDICAL CENTER

**B. Lee Peterlin, D.O.,** assistant professor of neurology, has been named research director at the Johns Hopkins Headache Center. Her research is focused on the association between migraines and obesity, as well as the relationship of migraines with stress-related disorders, such as post-traumatic stress disorder and abuse.

**Johns Hopkins Bayview** has received honors from Living Legacy Foundation of Maryland, which facilitates the donation and recovery of human organs and tissues for transplantation and research, for the success of its organ transplant program. It had a "conversion rate" of between 50 percent and 64 percent in 2009, meaning that more than half of potential donor families consent to donate organs or tissue if the option to do so develops.

### HOWARD COUNTY GENERAL HOSPITAL

The hospital has earned a silver-level workplace rating from the Healthy Howard Healthy Workplaces Program, which recognizes Howard County employers that are committed to improving employee health and well-being across six main categories: nutrition, physical activity, culture of wellness, mental health, environmental health, and safety. As a 2010 silver award winner, the hospital will be eligible next year for a gold award.

HealthGrades, a leading independent national health care ratings organization, has ranked Howard County General in the top 5 percent of the country's pulmonary and critical care centers. It also has named it one of the top five hospitals in Maryland for gastrointestinal surgery and overall critical care. The organization additionally gave the hospital awards for excellence in pulmonary and critical care and five-star ratings in cardiac care, pulmonary care, gastrointestinal care and critical care. The recognition is based on the results of HealthGrades' 13th annual nationwide hospital quality study, the largest of its kind. It rates all of the nation's 5,000 non-federal hospitals using 40 million hospitalization records to analyze patient outcomes.

### SUBURBAN HOSPITAL

**Barbara Jacobs, M.S.N., B.S.N.,** has been named senior director of nursing operations, a newly created position with oversight for all inpatient units, the emergency room and nursing education. Jacobs had been director of the intensive care unit, in addition to having responsibility for the emergency department, cardiac catheterization lab, interventional radiology, medical telemetry floors and respiratory therapy.

**Joe Linstrom** has been named senior director of diagnostic and support operations, overseeing Radiology Services, Laboratory Services, Supply Chain Management, Environmental Services, Nutrition Services, Clinical Engineering, Engineering & Maintenance, Security, and Safety & Transportation. He was previously division director for Diagnostic & Interventional Services.

Dome

Published monthly for members of the Johns Hopkins Medicine family by Marketing and Communications.

*The Johns Hopkins School of Medicine*
*The Johns Hopkins Hospital*
*Johns Hopkins Bayview Medical Center*
*Howard County General Hospital*
*Johns Hopkins HealthCare*
*Johns Hopkins Home Care Group*
*Johns Hopkins Community Physicians*
*Suburban Hospital Healthcare System*

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JOHNS HOPKINS MEDICINE

# Dome

A publication for the Johns Hopkins Medicine family.
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Volume 61 • Number 8 • November 2010

## What's NEWS

### Suburban Hospital plans approved

Recently, the Bethesda-based medical center overcame a significant administrative hurdle when the Montgomery County appeals board conditionally approved a $230 million campus-enhancement project. The plans include a new patient-care addition with 108 rooms, 15 replacement operating rooms, a new parking garage and 38,000 square feet of physician office space.

The board's go-ahead means that they had no objection to the closing of one block of Lincoln Street, essential for the project to move forward. Other keys elements that received unconditional approval include the placement and size of the new freestanding building and garage. Hospital officials said they will now carefully evaluate the implications of each of the recommended conditions to continue. Before construction can begin, Suburban still must get the county council's blessing to abandon the block of Lincoln Street where construction will take place, as well as obtain various building permits.

### Institute of Medicine honors

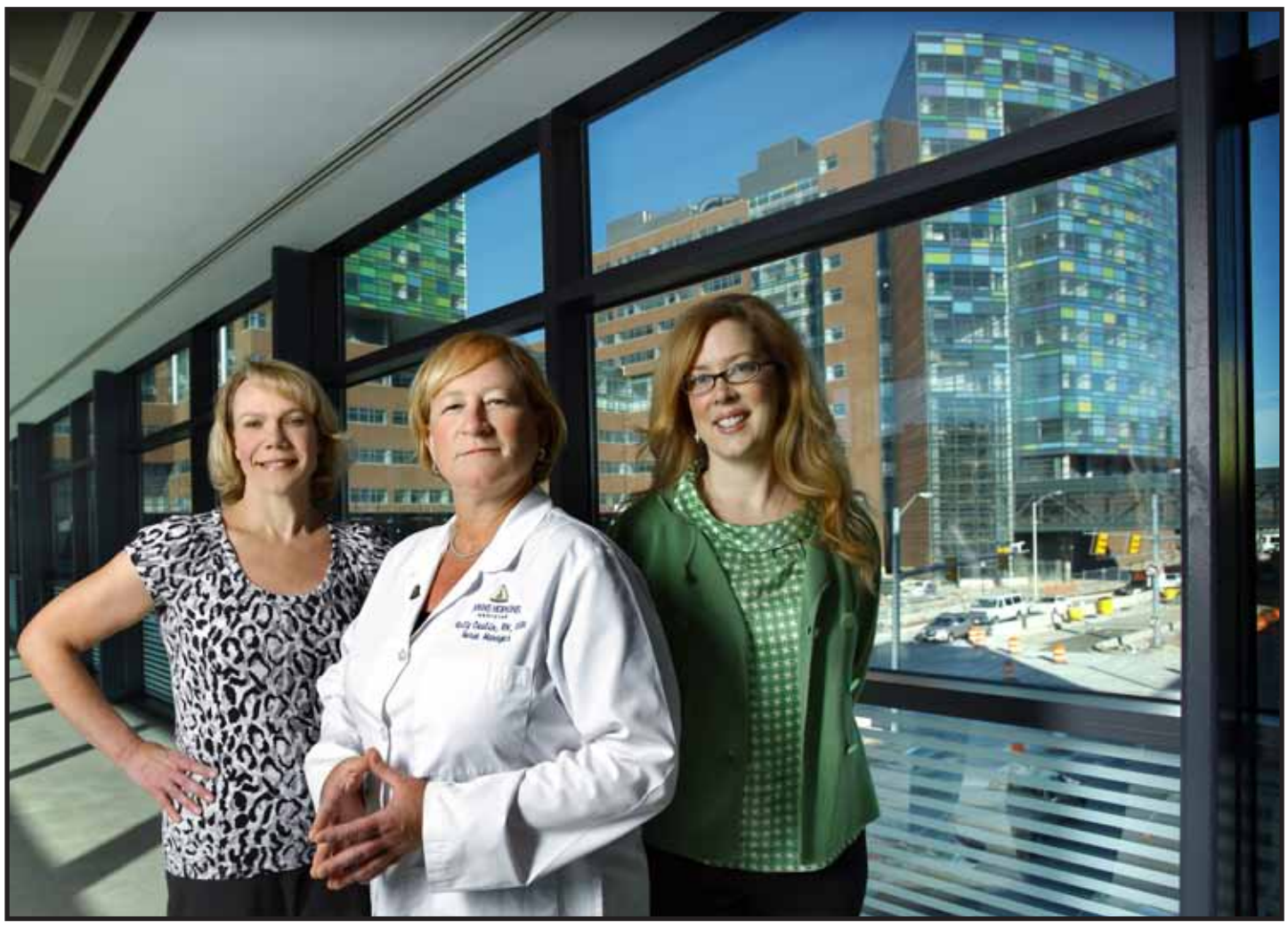
**Benjamin Carson Sr., M.D.,** professor and chief of the Division of Pediatric Neurosurgery; **Carol Greider, Ph.D.,** professor and director of the Department of Molecular Biology and Genetics; **Roger Johns, M.D., M.P.H.,** professor of pulmonary medicine and critical care and former director of the Department of Anesthesiology and Critical Care Medicine; and **Jeremy Sugarman, M.D., M.P.H., M.A.,** professor of bioethics and deputy director for medicine in the Berman Institute of Bioethics, have been elected to the National Academy of Sciences' Institute of Medicine. Election to the Institute is considered one of the highest honors in health and medicine. Though no formal duties are required, members typically serve on study and research committees, offering expertise on scientific investigations.

### Expanded shuttle service

Responding to safety concerns voiced by employees, the Homewood Parking Office has expanded its shuttle hours on weekends and late nights for The Johns Hopkins University's Homewood-Peabody-JHMI routes. Every effort has been made to schedule shuttle buses more frequently, as demand warrants. The new schedule can be found at parking.jhu.edu/. Questions or comments: shuttles@jhu.edu.

# Found in transition

## Nurse managers take on the mantle of easing nursing staffs into a transformed workplace.



Joan Diamond knows what it's like to lose the security of a familiar workplace. When she was a staff nurse at another hospital, her unit moved to gleaming new quarters. Instead of elation, though, Diamond felt only doubt. Her comfortable routine had come apart and she had no one to turn to for reassurance.

"I remember walking out of a patient's room on the very first day and looking up and down the hall," says Diamond, now the prenatal nurse manager at The Johns Hopkins Hospital. "All of a sudden, I got a pit in my stomach, and I thought, *This doesn't feel good*."

Throughout the unit, many staff shared her anxiety, she says. "It didn't matter how beautiful the new place was."

As opening day approaches for the Sheikh Zayed Tower and The Charlotte R. Bloomberg Children's Center, Diamond holds up that disconcerting experience as an object lesson on what not to do. "We were told where things were and how to use new equipment, but no one talked to us about how we might feel about leaving our unit or how to handle the stages of change."

Anticipating the monumental shifts in store for the hospital's 2,876 nurses, Diamond and a group of fellow nurse managers have made staff support a high priority as they ready for the extremely complex transition. "It's not just the physical building that will change. Staff assignments and processes will change along with the equipment and furniture," she says.

### Of mutual concern

Diamond knows that far more than the staff's emotional state is at stake. Patient care and safety depend a great deal on the close ties forged among health care team members, often over the span of many years. When the new clinical buildings open, scores of those alliances will be ruptured, whether nurses serve on units that are poised to expand, shrink, close or regroup. About 300 nursing staff members will find themselves on new teams, building trust and mutual support from scratch. Approximately 300 new nurses will also be hired to meet the new clinical campus' staffing needs.

With their support through the transition, nurse managers trust that the quality of patient care will not falter as nursing staffs adjust as seamlessly as possible to their new work life. Diamond appreciates the benefits of clinical simulations, floor-plan reviews and other preparatory exercises. But she also knows that such exercises cannot fully prepare staff for the first day in the new building, "when a real patient with real needs is in labor and ready to deliver her baby." That's why, "We have to have the staff as ready as possible, emotionally and clinically, for that first patient."

### A Map for the Future

To guide their staffs through the topsy-turvy emotional terrain ahead, nursing leadership turned to a model called Managing Organizational Transition. The training program, developed by William Bridges & Associates, looks at change as a springboard for personal growth rather than as an insurmountable barrier. The program is designed to be flexible, allowing for the kinds of issues and pace of change that are particular to each unit.

At a retreat in September, nurse managers across Hopkins Hospital were introduced to the program's basic principles and urged to embrace them throughout the transition. "Begin to live this model,"

*(continued on page 4)*