

Gyn/Ob NEWSLETTER



A newsletter written for and by the staff of the Department of Gynecology and Obstetrics

Fall 2016

Welcome to the first issue of the Gyn/Ob newsletter! The goal of this publication is to create a collaborative culture among staff on both the Johns Hopkins Hospital and Johns Hopkins Bayview campuses. Information in this newsletter will be written **for** you and **by** you. That means it will include need-to-know information about policies, procedures, upcoming events and other happenings in the department. But, don't worry ... it won't be all business! It also will include human interest and "fun" stories to help us get to know each other and boost employee morale.

That being said, we need your help! Help us name this newsletter! Submit your ideas to Maryana Townsend at mkatsma1@jhmi.edu by Nov. 18. All submissions will be included in a survey for staff to vote on the official name. The person who entered the winning name will receive a special prize.



Think Big! Success Stories From the Department Integration



Over the past year, many of you have been working on initiatives to help integrate the Department of Gynecology and Obstetrics on the Johns Hopkins Hospital and Johns Hopkins Bayview campuses. Epic kicked off this integration effort by providing a platform for harmonization of clinical protocols and practices. The department took these efforts further with the development of an integration design team, led by key executives and departmental leadership from both campuses. A larger workgroup, comprises

of seven sub-committees, also was formed to help streamline how Gyn/Ob care is provided at both locations. Below are some highlights of these efforts.

- 5 RN positions have been posted to create an internal inpatient nurse pool that will support the backfill of vacant positions between campuses and decrease the use of agency.
- A consistent inpatient nurse orientation program has been developed.
- Teaching/classroom curricula for nurses at both campuses has been redesigned.
- The 15 most commonly used policies regarding practice standards at JHH and JHBMC have been rewritten to ensure standardization between campuses.
- A dashboard with side-by-side clinical and financial metrics for JHH and JHBMC has been developed.
- A list of cross-campus meetings has been created to facilitate better communication and streamlining of ideas.
- A mission, vision and values document was prepared.

Many thanks to the workgroup champions for leading these efforts. This is only the beginning and we've already made significant progress!



Epic is Live!

On July 1, Johns Hopkins Hospital went live with Epic. It was the last hospital in the Health System to transition to the electronic medical record software.

Recently, there have been some discussions about if it is better to be the first or last in a contest, presentation or when trying out something new. Some positive aspects of going last include learning from past experiences, having more time to plan and build, and having the support from those who went before you. Without the wisdom, help and professional collaboration from the other Hopkins entities, the JHH Epic “go live” would not have been as successful.

The Gyn/Ob workgroup worked very hard to harmonize our practices and compromise when change became necessary. Thank you to everyone who helped with the transition.



Where in the World Are JHU Faculty?

Throughout July, **Dr. Jill Edwardson** (*first row, far left*) worked with **Dr. Nicole Shilkofski**, pediatric critical care, to teach midwives in the Philippines to be trainers for “Helping Mothers Survive—Bleeding After Birth” and “Helping Babies Survive—Helping Babies Breathe.” Their hope is to disseminate the training and help reduce rates of post-partum hemorrhage and neonatal mortality.



Research Update

HELLP syndrome (hemolysis, elevated liver enzymes, and low platelets) is a disease on the most severe spectrum of preeclampsia and affects 1 percent of U.S. pregnancies. Preeclampsia itself is a hypertensive disease exclusive to pregnancy and affects 5 to 8 percent of all pregnancies. A laboratory test developed at Johns Hopkins originally used for the diagnosis of atypical hemolytic uremic syndrome (aHUS) shows significant promise in identifying women with HELLP.

Dr. Robert Brodsky, director, Division of Hematology, originally developed the modified Ham test to measure the upregulation of the alternative pathway of complement by observing in vitro cell death greater than 21 percent being positive for the assay. His research group showed the test was effective in the diagnosis of aHUS and published their findings in *Blood*.

Because of the clinical similarities between HELLP and aHUS, **Dr. Arthur Vaught**, maternal-fetal medicine specialist, and Dr. Brodsky collaborated to test HELLP syndrome in the same assay. They found many women with HELLP syndrome had similar test results to patients with aHUS. Not only did they find that women with HELLP syndrome were positive by the modified Ham test, but they also found the in vitro addition of anti-C5 monoclonal antibody caused significantly less cell death bringing cell killing to normal levels.

These results show that HELLP syndrome is associated with increased complement activation with origins similar to aHUS. The clinical implications are significant as it could help give clinicians insight into the pathology of HELLP, which may lead to targeted therapies for this disease.