
Johns Hopkins Hospital: REALITY vs. REPUTATION



Noble beginnings

Many consider Johns Hopkins Hospital to be a world-class institution. It certainly aims to be with an institutionally declared mission statement “to improve the health of our community and the world by setting the standard of excellence in patient care.”

The hospital’s beginning hails back to 1889, along with a medical school and nursing school, commissioned by its benefactor, Johns Hopkins. Hopkins set forth this mission on his deathbed with instructions and funds to create a hospital to “treat the poor without charge,” no matter the patient’s “age, sex, or color.” He embraced this edict as both obligation and opportunity to provide aid to the poor and improve the social standards of his community in keeping with his family’s Quaker beliefs.

At the time, the institution was groundbreaking in providing care to the poor and, in particular, poor children of color. Combining patient care and research alongside formal nursing and medical education led to many benefits for the people of Baltimore as well as to the development of both the nursing and medical professions. These early beginnings, and adherence to the ideals underlying the vision of Johns Hopkins, are the basis upon which Johns Hopkins Hospital obtained its stellar reputation.

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National
Nurses
United

Reality falls short of reputation

Nurses are drawn to employment at Johns Hopkins Hospital for the prestige and opportunity to practice nursing at one of the largest academic hospitals on the East Coast. JHH provides nurses with the ability to practice in a high-skilled setting providing care to patients with a variety of complex and uncommon conditions. Despite this, the reality of working at Johns Hopkins Hospital is far removed from the picture described in marketing and recruitment materials.

It is clear to nurses that the current executive leaders of Johns Hopkins Hospital have lost sight of the early vision of its founder. Nurses consistently experience barriers to providing the type of highly skilled and technical nursing care that all patients deserve — the kind of care that attracts patients to choose Johns Hopkins.

The challenges that nurses face in advocating for their patients and providing safe care are a result of the administration's conflicting values when prioritizing and allocating resources. These compromises made at the expense of patients and care providers are dictated by executives, far removed from the realities of patient care, to save money and increase revenues.

Nurses document patient care concerns in new report

Direct-care RNs who practice at Johns Hopkins Hospital have written a report to bring attention to patient safety concerns that they and their patients face every day. The report, “Foundations of Care: Upholding the Legacy of Hopkins’ Nurse Pioneers—Johns Hopkins Hospital Patient Care Report,” contains a unit-by-unit survey of hospital conditions and is based entirely on the nurses’ first-hand experiences and observations.

KEY FINDINGS

- » Patient safety is compromised by high turnover among registered nurses and lack of experienced nurses. RN turnover is creating a patient care crisis.
- » On many units, there are not enough RNs and support staff to meet individual patient care needs.
- » Necessary supplies, equipment, and protective gear are often not available, creating delays in care that pose a risk to the safety of patients and nurses. Supply shortages are widespread throughout the hospital and vary from specialty unit to specialty unit.
- » Systemic failure to plan for increases in patient population, acuity, and intensity creates conditions that leave patients vulnerable for missed care and care left undone.
- » Poor working conditions: There is no system in place for break relief, creating conditions that cause fatigue, stress, and burnout.
- » Dysfunctional organizational culture that has created an atmosphere of fear, frustration, and futility.

ARE NURSES SAFE AT JOHNS HOPKINS HOSPITAL?

A survey conducted earlier this year by Johns Hopkins nurses found:

37% of Hopkins nurses report that they have experienced workplace violence in the past year.

50.1% of nurses report that their concern was ignored or nothing happened after reporting.

95% of Hopkins nurses replied that they feel at risk for injury at work at least sometimes.

Excerpts from the Johns Hopkins nurses' patient care report »»»»

» **SHORT STAFFING/FAILURE TO PLAN**

Adult Emergency Department Wait times (to receive care) are unsafe on most days, sometimes reaching up to 18 hours in the waiting room...Oncology patients, patients with chest pain, patients actively vomiting are just some of the patients left for many hours to wait. Nurses report that patients have had seizures in the waiting room, loss of consciousness from bleeding, and cardiac arrests while waiting for a treatment bed in the main area of the department.

» **SHODDY EQUIPMENT/ INADEQUATE SUPPLIES**

The gloves in the **Comprehensive Transplant Unit (Zayed 9W)** are known to rip. Gloves that are sturdy are especially important on the CTU because they care for patients with different communicable diseases (e.g., HIV, hepatitis B and C) and patients who receive medications with hazardous handling precautions (e.g. anti-rejection medicines), and it is unsafe for nurses to be exposed to the blood and other bodily fluids of these patients.

The Surgical Intensive Care Unit (Weinberg 3A) reports that infusion pumps that are used to administer pain medication via the Patient Controlled Analgesia (PCA) protocols are also in short supply. These PCA pumps offer a timely and safe delivery method that avoids overdose for administering potentially dangerous pain medications to patients needing frequent relief from extreme pain, such as that caused by sickle-cell crisis.

» **TURNOVER**

The **Surgical Oncology Unit (Weinberg 4CD)** is at a crisis point. Over the last year, almost 50% of the nursing staff has left the floor with most nurses leaving the hospital entirely.

It is very difficult to retain nurses on the **Pediatric Intensive Care Unit (PICU)**. It is common for an RN with one and a half years of experience to be the most experienced nurse on a shift. This collective lack of experience is dangerous for patients and places nurses in difficult situations in which they have to take assignments they are not confident in performing.

For more details consult the full report, "Foundations of Care: Upholding the Legacy of Hopkins' Nurse Pioneers – Johns Hopkins Hospital Patient Care Report," National Nurses Organizing Committee/Johns Hopkins RNs.

Johns Hopkins reaps more than it sows from huge tax exemptions

Johns Hopkins Hospital is a not-for-profit hospital, a designation that provides them with exemptions from a large number of federal, state, and local taxes. In exchange for these tax exemptions, surplus revenues from the not-for-profit hospital are supposed to benefit the community in which it is located.

In a recent report, “Breaking the Promise of Patient Care: How Hopkins Hospital Management Shortchanges Baltimore and Puts Patients and the Community at Risk,” researchers found that the hospital receives far more in annual tax exemptions and public funding than they pay out in charity care and community benefits.

KEY FINDINGS

- » Thanks to the state of Maryland’s unique rate support system that provides Johns Hopkins and other hospitals public funding, in fiscal year 2017 Johns Hopkins Hospital paid nothing in charity care from its own resources, and far less from its own resources in community benefits than is commonly believed.
- » In fiscal year 2017 Johns Hopkins Hospital received \$24,954,381 in charity care rate support (i.e. public funding) from the state of Maryland, and spent just \$21,697,000 on charity care, leaving it with a surplus of \$3,257,381.
- » Johns Hopkins Hospital also did not pay more for charity care than it received in rate support in three prior fiscal years. When combined for the fiscal years 2013 through 2017, Johns Hopkins Hospital received \$33,091,494 more in rate support than it paid for the charity care it reported.
- » The total loss to the public for fiscal year 2017 with respect to charity care, or the charity care provided from Johns Hopkins Hospital’s own resources minus the total value of the tax exemptions, is estimated to be \$167,662,220.
- » **Johns Hopkins track record in providing charity care when compared to other Maryland hospitals is abysmal.** Between 2014 and 2017, Johns Hopkins Hospital was one of the lowest ranked hospitals, providing the least charity care relative to rate support received. It ranked 49 out of 52 in 2017, 51 out of 52 in 2016, 53 out of 53 in 2015, and 49 out of 52 in 2014.

RNs organize to uphold legacy of Hopkins’ nurse pioneers

Johns Hopkins nurses organizing today, to improve patient care and hold the institution accountable to its mission, are inspired by Hopkins’ nurse pioneers, Isabel Hampton Robb, Mary Adelaide Nutting, and Lavinia Dock. These early founders of nursing education and nursing practice at Johns Hopkins Hospital are recognized not only for their academic prowess and clinical skills, but also for their commitment to social justice advocacy, which could be viewed as an extension of the profession’s core values.

Together, this “extraordinary triumvirate of women” shared a commitment to the most challenging social issues of their time, such as women’s suffrage, the abolition of slavery, and improving living conditions for the poor. A deep understanding of the social determinants of health led them to be advocates far beyond the walls of the nursing school and the hospital.

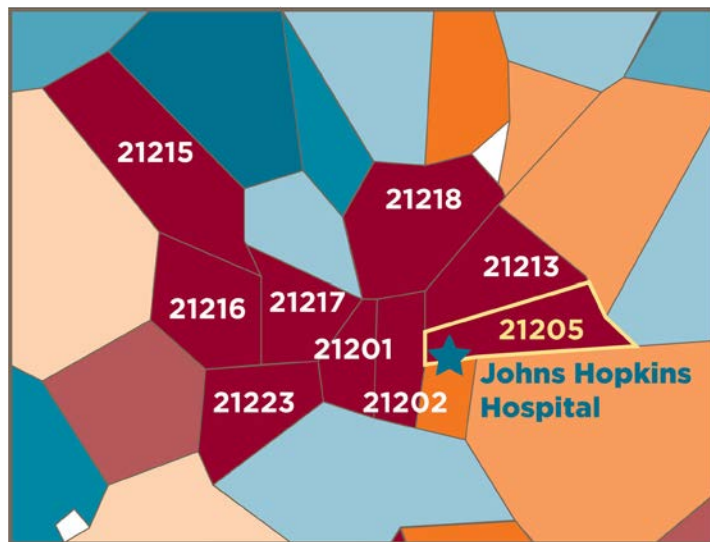


—Mary Adelaide Nutting,
Johns Hopkins
Superintendent of Nursing
1894-1907

It is a bad day for our schools, for our nurses, for physicians, and for sick people everywhere, when the first question is always, “How little can we do it for?” rather than “how well can we do it?”

There is a tremendous need for charity care in Baltimore, especially in Johns Hopkins' own neighborhood!

Baltimore remains one of the poorest, large cities in the United States with an estimated poverty rate of 23.1 percent for 2017. In fiscal year 2017, only 0.6 percent of Johns Hopkins' patients were uninsured despite the fact that Baltimore's uninsured rate is 9 percent. Of 47,703 inpatient admissions, just 284 patients were uninsured.¹ Johns Hopkins Hospital would have needed to see 4,266 uninsured patients in FY 2017 for its uninsured admissions to match the current uninsured rate of the city of Baltimore, something it fell far short of despite its location in East Baltimore.



The zip code that surrounds Johns Hopkins Hospital on three sides is 21205, a zip code with an estimated poverty rate of 38.6 percent, and one of the most distressed zip codes in America, ranked in the 93rd percentile, with 100 percent being the most distressed (see figure 1).²

The Old Town/Middle East neighborhood where Johns Hopkins Hospital is located has an infant mortality rate of 12.6 per 1,000 live births, 217 percent higher than the infant mortality rate for the United States as a whole (5.8 per 1,000 live births).³ The neighborhood's infant mortality rate is roughly equal to the rate for Malaysia, which is ranked 115 of 225 countries.⁴ Both China and Mexico have lower infant mortality rates than the Old Town/Middle East neighborhood.⁵ Life expectancy in the Old Town/ Middle East neighborhood is just 70.4 years, 9.6 years lower than the 80 years of the United States as a whole, and equal to the life expectancy in Turkmenistan, ranked 159 out of 224 countries.⁶

FIGURE 1. Zip codes in red are zip codes that are judged to be in the 90th percentile for distress, or more distressed than 90 percent of other U.S. zip codes.

This brochure contains information drawn from:

“Breaking the Promise of Patient Care: How Hopkins Hospital Management Shortchanges Baltimore and Puts Patients and the Community at Risk.” Produced by National Nurses United and AFL-CIO. December 2018. Available at www.nationalnursesunited.org/nnocnnu-campaign-literature

“Foundations of Care: Upholding the Legacy of Hopkins' Nurse Pioneers – Johns Hopkins Hospital Patient Care Report.” Based entirely on first-hand experience and observations of direct-care RNs employed by Johns Hopkins Hospital in Baltimore. National Nurses Organizing Committee/Johns Hopkins RNs. December 2018. Available at www.nationalnursesunited.org/nnocnnu-campaign-literature

End Notes

1. Maryland Health Services Cost Review Commission, Community Benefits Program, Maryland Hospital Community Benefit Report: FY 2017 https://hsrc.maryland.gov/Pages/init_cb.aspx, accessed 8/09/17.
2. Economic Innovation Group, Distressed Communities Index (DCI), 2017, DCI Data for U.S. Zip Codes.
3. Baltimore City Health Department, Baltimore City 2017 Neighborhood Health Profile, Old Town/Middle East, [https://health.baltimorecity.gov/sites/default/files/NHP%202017%20-%2041%20Oldtown-Middle%20East%20\(rev%206-9-17\).pdf](https://health.baltimorecity.gov/sites/default/files/NHP%202017%20-%2041%20Oldtown-Middle%20East%20(rev%206-9-17).pdf)
4. CIA, The World Factbook Country Comparison: Infant Mortality Rate, <https://www.cia.gov/library/publications/the-world-factbook/rankorder/2091rank.html>, accessed 8/21/18.
5. Ibid.
6. Baltimore City Health Department, Baltimore City 2017 Neighborhood Health Profile Old Town/Middle East, [https://health.baltimorecity.gov/sites/default/files/NHP%202017%20-%2041%20Oldtown-Middle%20East%20\(rev%206-9-17\).pdf](https://health.baltimorecity.gov/sites/default/files/NHP%202017%20-%2041%20Oldtown-Middle%20East%20(rev%206-9-17).pdf)
CIA, The World Factbook Country Comparison: Life Expectancy at Birth, <https://www.cia.gov/library/publications/the-world-factbook/rankorder/2102rank.html> accessed 8/21/18.

Sign the Petition

Join the Johns Hopkins Nurses' Call for Change!

We, the undersigned nurses, patients, and community members call on Johns Hopkins Hospital's management to live up to the institution's world-renowned reputation of excellence. We recognize that, historically and to this day, JHH management has fallen short of this reputation.

To begin to repair this harm, we call on JHH management to:

1. Declare and return the millions of unused and/or misused dollars in rate support they receive under the auspices of charity care to their patients and to the East Baltimore community they have promised to serve.
2. Listen to and implement all of the patient care recommendations put forth by nurses organizing to improve care for JHH's patients.
3. Terminate their anti-union consultants and allow nurses to freely organize a union that can advocate on behalf of themselves, their patients, and our community.

To read and sign the full petition visit:

www.nationalnursesunited.org/johns-hopkins-hospital-petition

Learn more about Johns Hopkins nurses' union organizing campaign by visiting:
www.nationalnursesunited.org/johns-hopkins-rns-speak-out

Find us on Facebook at Hopkins Nurses United to learn of upcoming events!

