

2021 HEALTH IT

IMPACT REPORT






Safe Research Operations Reopen During a Global Pandemic

The COVID-19 pandemic threatened a primary source of funding at Johns Hopkins and posed the question:

How do you make the institution's 613 lab spaces safe for in-person work?

Prodensity, built in just a few months by cross-collaborative IT@JH teams, allowed researchers back into safe spaces with:

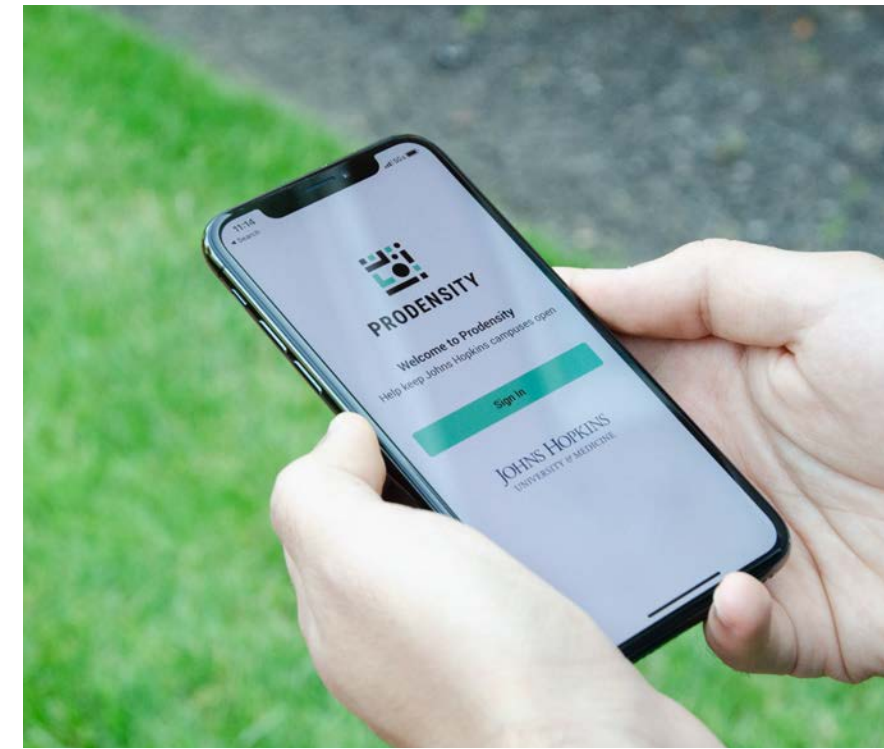
-  Real time density monitoring
-  Symptom tracking & testing
-  Vaccine management



RESEARCH DOLLARS RETAINED

\$787,153,228 M
awarded in FY 2020

\$985,426,899 M
awarded in FY 2021



“ *Maintaining low density in labs created a logistical nightmare where lab members had to split the day in shifts. Prodensity empowered lab members to use their phone to check on their lab's occupancy before coming on campus, and could adjust their schedule day-to-day. **Prodensity was a game changer and played a big role in getting us safely back at the bench!**”*

GERALDINE SEYDOUX

Vice Dean for Basic Research at the School of Medicine

30,000 LAB CHECK-INS

PER MONTH AT ITS PEAK IN THE SECOND HALF OF 2020

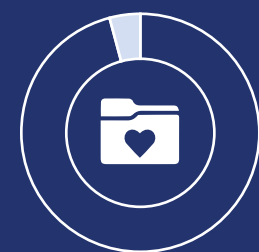


Self-Service Scheduling Improves Patient Convenience

Health IT's push for self-service patient appointment scheduling pathways via MyChart increased efficiency of resource use and provided a much-needed service for patients.

500,000+
APPOINTMENTS +

SELF-SCHEDULED BY EMPLOYEES AND STUDENTS TO GET ASYMPTOMATIC COVID TESTING THROUGH MYCHART IN 2021



4%

OF ALL JOHNS HOPKINS MEDICAL APPOINTMENTS IN 2020 WERE SCHEDULED THROUGH MYCHART'S SELF-SCHEDULE TOOL



15.4%

OF ALL APPOINTMENTS WERE MADE VIA DIRECT SCHEDULING IN 2021 (801,400)



“As additional scheduling opportunities become available for patients in MyChart, the number of in basket appointment requests that come to the access teams has significantly decreased.

Patients are now able to schedule their appointment themselves rather than sending a request which often required multiple back and forth communications to coordinate and confirm the appointment.”

AMY M. TIRABASSI

Assistant Director, JHM Patient Access Process Improvement

Virtual Communications Tools Eliminate External Meeting Costs



When the pandemic required remote video for continuing care, work, and study, a \$500,000 Zoom enterprise license scaled to serve the institution.



Immediate scaling of Zoom and Microsoft Teams kept operations running, saved Johns Hopkins affiliates travel time to meetings, gas and mental exhaustion from commuting, while keeping employees safe and preventing the spread of COVID-19.

~24.5M

PEOPLE PARTICIPATED ON ZOOM MEETINGS SINCE THE START OF THE PANDEMIC

~1.7M

MEETING HOURS ON ZOOM IN THE SECOND HALF OF 2021—AT A COST OF ABOUT 14 CENTS PER MEETING HOUR!

\$3,900

AVERAGE MONTHLY CONFERENCE CALL SAVINGS WITH ENTERPRISE LICENSES IN TEAMS AND ZOOM IN 2021

“In the early days of the pandemic, I was unable to work in person due to a complicated, high-risk pregnancy. However, I was able to continue working clinically using the Zoom room function of MyChart Bedside. I am grateful that I could care for my patients while remaining safe and isolated.”

TINA GUPTA, MD, MSC
*Internal Medicine,
Sibley Memorial Hospital*

New Laboratory Information System Improves Access and Saves Money



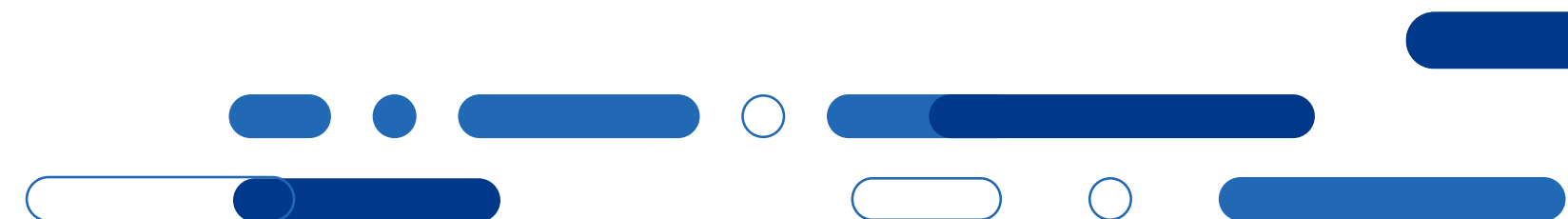
In 2021, implementing Beaker Clinical Pathology—a laboratory information system (LIS) within the Epic application suite—created savings across the Health System, while also making laboratory information more seamlessly available in health records.



AL VALENTINE, MBA, C(ASCP)

Administrator of Pathology

EPIC LIS INTEGRATION IS THE MOST SIGNIFICANT FEATURE OF THE APPLICATION. THE ABILITY TO SEE OTHER CLINICAL FINDINGS RELATED TO A CASE ON THE SAME VIEW IS GAME CHANGING!”



\$1,167,420M

SAVED BY ELIMINATING LICENSING COSTS FOR THE PREVIOUS LIS

+

\$808,000

SAVED BY REDUCING FULL TIME EMPLOYEES NEEDED TO RUN THE PREVIOUS LIS

+

\$125,000

SAVED BY ELIMINATING ANNUAL COSTS FOR THE PREVIOUS LIS HARDWARE REFRESH

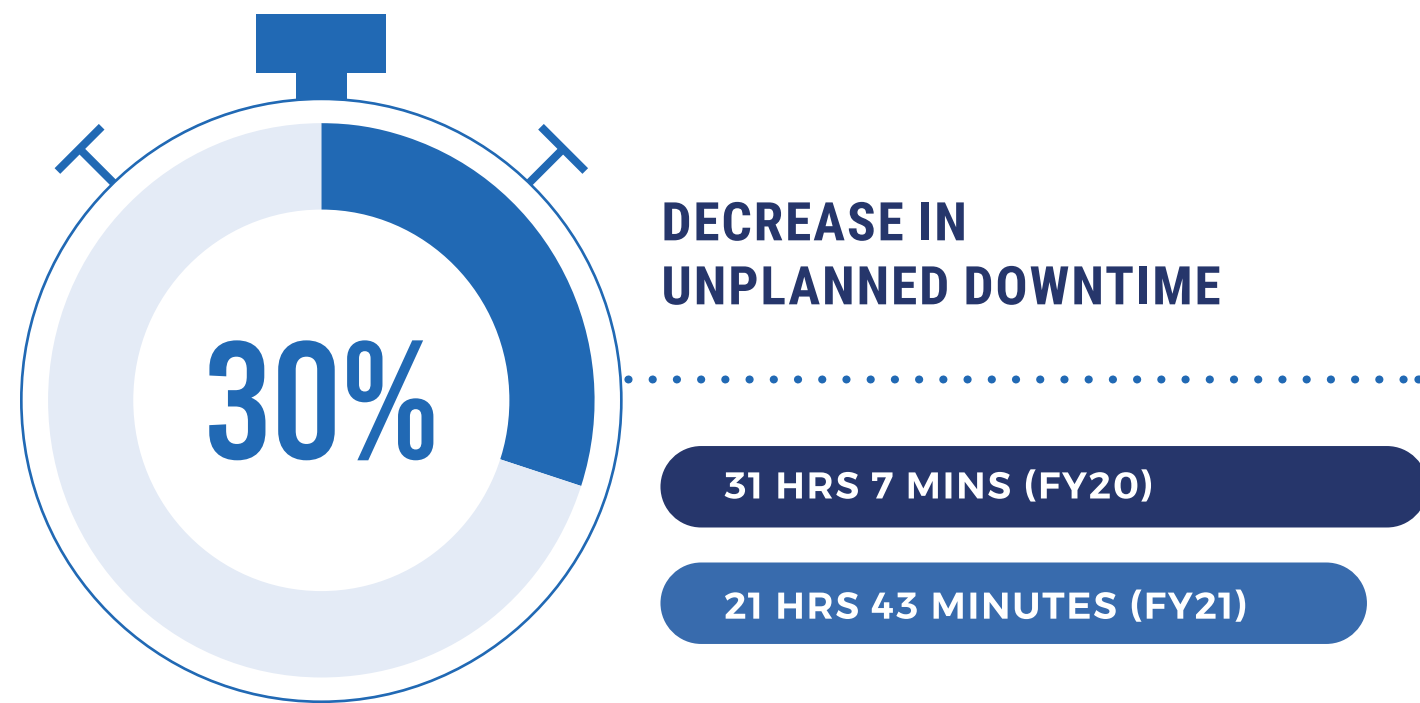
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\$2,100,420M

TOTAL DEPARTMENTAL SAVINGS, WITH AN ONGOING ANNUAL SAVINGS OF \$806,020

Clinical Systems Consistently Available and Reliable

If systems go down during unplanned time, providers lose time and the health system loses money. Downtime minutes have steadily decreased over four years.



4 MONTHS WITH NO UNPLANNED DOWNTIME



"I VALUE THE WORK IT@ JH HAS DONE TO KEEP OUR IT SYSTEMS RUNNING RELIABLY. OUR STAFF TREAT THE IT SYSTEM LIKE THE AIR THEY BREATHE. IT DOES NOT CROSS THEIR MINDS THAT IT SYSTEMS WILL BE UNAVAILABLE, JUST LIKE THEY NEVER WORRY THAT THERE WOULD NOT BE AIR TO BREATHE."

ANIRUDH SRIDHARAN, MD
Physician, Howard County General Hospital



* Downtime per hour was calculated with FY21/FY20 Johns Hopkins data, using a Harvard Partners 2019 formula = Operating revenue x 40% (factor of business impacted by IT) / 365 days / 24 hours