

The Women's Board of The Johns Hopkins Hospital
Billings Administration Building, Room 221
600 North Wolfe Street · Baltimore, MD 21287-0221
Phone: (410) 955-9341 · Fax: (410) 614-9856 · Email: jhhwb@jhmi.edu

GRANT APPLICATION FOR FISCAL YEAR 2024

DIRECTIONS: Please complete the entire form. If appropriate, indicate "Not Applicable" and justify. The original application plus an electronic version is due in The Women's Board office on or before 4:00 pm on Friday, January 6, 2023. Only one (1) application from each department will be accepted. Late or incomplete applications will not be considered.

DATE: 1/6/23

CLINICAL DEPARTMENT: Oncology

CONTACT PERSON: MiKaela Olsen/Juhi Nayak

Phone:

410-
614-
6233 or
636-
368-
6990

Email: olsenmi@jhmi.edu

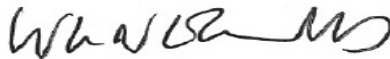
TITLE OF REQUEST: Vascular Access Device (VAD) Teaching Manikin

PHYSICAL LOCATION OF PROJECT: SKCCC Weinberg Inpatient and Outpatient Services

ABSTRACT (Non-technical overview - 150 words or less):

Hospitalized patients with VADs have a high risk of complications including infection, clotting, and other mechanical issues. Staff who work with these patients need skill validation to be able to insert, access, maintain, draw blood, infuse medications and remove these catheters. The current system is to use a glass jar with a hole in the top for the catheter to simulate a blood draw or an arm board with a catheter placed inside to do dressing changes. This is not a realistic way to teach and does not align with standards using realistic simulation for staff education. The use of specially designed chest manikins with various types of venous access devices, the ability to simulate iv insertion and blood draw, and an internal fake blood delivery system would promote a more reality-based skill validation and improve staff knowledge and understanding prior to actually performing the skill on a patient.

SIGNATURE OF CLINICAL DEPARTMENT CHAIRPERSON:



(Please type) Chairperson Name: Click or tap here to enter text.

Chairperson Title: Click or tap here to enter text.

Chairperson Email: Click or tap here to enter text.

NOTE: Questions 1-6 must be answered. Please be thorough and concise.

1. Impact on patient care:

Improved patient safety with a reduction in infections and other complications.

2. Number and type of patient who will benefit annually from this award:

All inpatient and outpatient oncology patients - approximately 20,000

3. Significance:

This equipment will enhance staff knowledge and improve patient safety.

4. Implications, if any, that this has to the Covid pandemic:

This equipment is easily disinfected and portions can be replaced if they are worn or damaged.

5. Personnel (Please note that we cannot fund grants that incorporate any salaries.)

SKCCC staff who insert or manage VADs

6. Budget: Total Request: \$11,230.22

A. Equipment - price per item and discount if applicable for multiples. Please add compelling justification if multiples are requested. (Itemize and justify):

In order to teach skills as described above we need multiple add on devices and supplies to operate the teaching manikin. We have requested extra simulated blood, since this will run out. We have also requested additional peripheral iv teaching kits for staff education. Each of our inpatient and outpatient units will need one teaching manikin and we will keep the rest in our Oncology training classroom.

Chester Chest (12 Items)	\$8782.20
5 FR DUAL PICC CATHETER (5 Items)	\$287.95
Simulated Blood Reservoir Bag for Chester Torso (5 Items)	\$65.90
Simulated Blood - One quart (7 Items)	\$92.26
Advanced four-vein venipuncture training aid (5 Items)	\$1398.25
Shipping	\$603.66

B. Supplies (Itemize and justify):

(described above).

C. What is the out-of-pocket cost to the patient? (Itemize and justify):

N/A

D. Other Expenses, Hidden Costs (Please consider whether your grant proposal contains other costs that would require hospital funding, such as structural modifications for equipment installation, operating costs such as additional FTEs, training costs, etc.)*

N/A

7. Have you requested funds from any other source?

☐ Yes (What was the result?)

Click or tap here to enter text.

☒ No (Explain why)

Click or tap here to enter text.

* If you have any concerns about additional costs of your grant to the hospital please feel free to contact the CFO Katina Williams @ kwill249@jhmi.edu. She is aware of our grant process. All grants selected for funding will eventually be submitted for final hospital approval by the Women's Board. It is not required for the departments to request approval from the hospital prior to submission on January 6, 2023.