



HISTORY IN THE MAKING: Hospital leadership and the Blake 12 ICU staff at the Dec. 5 event

BEACON OF HOPE

New Blake 12 ICU opens to critical care patients

THEY SAY it takes a village, and that was certainly true for the team involved in establishing the new Medical/Surgical Intensive Care Unit (ICU). Senior leaders and staff members filled the hallways of Blake 12 on Dec. 5 for the ceremonial ribbon-cutting to commemorate the opening of the 18-bed unit in the former location of the Neurosciences ICU, which is now in the Lunder Building.

“This was planned as a village, as a multidisciplinary team,” said Jeanette Ives Erickson, RN, DNP, senior vice president for Patient Care and chief nurse. Ives Erickson made special mention of the new nurses in attendance who spent the past few months working with preceptors in MGH ICUs to expand their bedside experience in preparation for the unit’s opening on Dec. 6. “The new graduate nurses put a great deal of faith in MGH and we couldn’t be happier that they’ve come here.”

Surrounded by the fresh paint, new floors and updated technology –

including a new communication system and nurse call system – Hasan Alam, MD, director of Research for Trauma, Emergency Surgery and Surgical Critical Care, said the unit would not only serve as a source of pride, but a beacon of hope. “Critical care is truly a team effort. We can bring the best that medical science has to offer to the bedside,” he said.

Also speaking at the event were J. Perren Cobb, MD, director of the Critical Care Center, Mary Elizabeth McAuley, RN, Blake 12 nursing director, and Peter L. Slavin, MD, MGH president. “This is a great day in the history of the hospital,” Slavin said. “The patients who come will unfortunately be very sick, but they will have the good fortune to be cared for by very talented and dedicated staff. This unit will help define the future of critical care not just here, but throughout the world.”

For information about additional moves that will occur in areas opened up by the Lunder Building, see page 4. ■

Robert Leffert, MD, Palliative Care Memorial Lecture established



TO CARE FOR Robert Leffert, MD, as he faced a terminal cancer diagnosis, Vicki Jackson, MD, MPH, chief of the MGH Palliative Care Service, had to learn about all aspects of who he was – not only an MGH physician and Harvard professor, but also a decorated veteran and kid who grew up in Brooklyn. In honor of Leffert’s memory and to support the work that helped him and his family through his final days, the first Robert Leffert, MD, Palliative Care Memorial Lecture was held Nov. 29 in the O’Keeffe Auditorium.

Leffert, who died from complications of melanoma in 2008, was chief of the MGH Department of Rehabilitation Medicine and the MGH Surgical Upper Extremity Rehabilitation Unit. The lecture was created through support from the Leffert and Schwamm families – including Leffert’s daughter, Lisa Leffert, MD, chief of the Obstetric Anesthesia Division and vice chair of Faculty Development for Anesthesia, and her husband, Lee Schwamm, MD, vice chair of Neurology. Both MGH physicians spoke at the event, along with Jackson and Brit Nicholson, MD, senior vice president and chief medical officer.

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CARE AND COMFORT: Back row, Schwamm, left, and Nicholson. Front row, from left, Leffert, Jackson and Back

Enhancing accessibility at MGH

SINCE IT was launched in 2009 to improve care for people with disabilities, the MGH Accessibility Initiative has led to several new programs to enhance employee awareness and education, add new patient services and purchase equipment that enhances accessibility.

“The MGH has worked with the Boston Center for Independent Living to survey all inpatient and ambulatory practices to identify the need for different types of accessibility equipment,” says Zary Amirhosseini, disability program manager. Based on survey results, the MGH has purchased more than 50 pieces of equipment – including specialty exam tables, infusion chairs, portable lifts and wheelchair-accessible scales – over the past two years.

In addition, a disability awareness training program was created by the MGH in collaboration with the Institute for Community Inclusion to raise employee awareness of disability issues. These education sessions, which will continue through 2012, provide information and resources to help staff succeed in accommodating the needs of patients and visitors with disabilities. A website also is being developed to offer employees a central location to access all of these resources.

Another improvement staff will see is the addition of a disability information field in the patient registration system for inpatient areas. “By having this additional information in the system, staff will now know to ask follow-up questions to ensure that patients with disabilities receive care tailored to their needs when they arrive at the MGH,” Amirhosseini says.

The initiative also included an architectural barrier survey that looked at MGH buildings and surrounding areas of the campus with a focus on entrances, parking garages, public restrooms, inpatient rooms and high-volume ambulatory practice areas. Kathleen Wonkka, senior architect and planner at the MGH, says the results of this survey are being reviewed and the Planning Office will continue to include accessibility reviews as part of upcoming projects.

For more information about these efforts or other disability-related projects, contact Amirhosseini at zamirhosseini@partners.org. To enroll in the disability awareness training course, log on to HealthStream and click on the catalog tab. Type the word “disabilities” and click on the desired course.

TAILORED TREATMENT:

Wheelchair-accessible scales like the one pictured were purchased for the MGH as part of its Accessibility Initiative.



HIGH-TECH HEALTH: From left, Zai, Lopez, Megan Renfrew, DSC senior project coordinator, Joseph Betancourt, MD, DSC director, and Alexander Green, MD, MPH, DSC associate director

Harnessing health technology to eliminate disparities

RESEARCH SHOWS THAT health information technology has the potential to improve quality of care and patient safety and to help eliminate disparities. To address this topic, the Disparities Solutions Center (DSC) hosted a Nov. 29 seminar, “Bridging the Digital Divide in Health Care: The Role of Health Information Technology in Addressing Racial and Ethnic Disparities,” as part of its “Keeping Current” series.

Lenny Lopez, MD, MPH, MDiv, a DSC senior staff member and faculty member at the Mongan Institute for Health Policy, explained that health information technology can be used to help patients self-manage chronic diseases, provide clinicians with decision support and help manage large-scale patient populations. Lopez highlighted an example of technology being developed at the MGH known as the “e-navigator” – a web-based, self-management tool for Spanish-speaking Latinos with diabetes. Through the website, patients upload their daily glucose readings and receive guidance based on their results.

“Traditionally, patients kept written logs that could be spotty or hard to read,” Lopez said. “This is a way of getting real-time data that is correct and can be used to manage patients between visits.”

Adrian Zai, MD, PhD, MPH, clinical director of Population Informatics at MGH, also offered insight into the field by describing a cancer screening monitoring system known as TopCare. The system identifies patients who are due for cancer screening and flags the information for the appropriate clinician or automatically sends customized letters to alert the patients. If patients are still due for a screening after four months, they are linked with a navigator who provides additional support.

“We’re moving in a direction where computers provide a decision support system that takes into account race, ethnicity and language to optimize interventions and recommendations,” Zai said. “Right now interventions tend to be based on published results of existing disparities; however, I think the best way to address disparities is to have an active system, one that automatically catches patients who might otherwise fall through the cracks.” ■

MGHfC hosts 20th annual memorial service

“**THE TRAGEDY** of losing a child is like no other,” said one parent. “It is an inexplicable, inconceivable event,” added an MGH obstetrician. Both were speakers at the 20th annual MassGeneral Hospital for Children (MGHfC) Neonatal, Pediatric and Obstetric Memorial Service held Nov. 6.

“The service is dedicated to MGH families who have experienced the death of a child, whether an infant or adolescent,” says Fredda Zuckerman, LICSW, of MGH Social Services, who moderated the event. “Many families and staff return year after year to participate.”

The service included touching remarks from several clinicians, including Phoebe Yager, MD, of the Pediatric Intensive Care Unit, Susan Caffrey, RN, nurse director of Labor and Delivery, and Anjali Kaimal, MD, of the Vincent Department of Obstetrics & Gynecology; a prayer led by MGH Chaplain Ann Haywood-Baxter, MDiv; and the personal stories of parents who described the pain of their loss and the gradual healing process.

After a musical performance by Lorrie Kubicek, MGHfC music therapist, accompanied by Kimberly Khare, parents, families and friends participated in a naming ceremony and were given pewter hearts and daffodil bulbs to plant in memory of their children. Each family held a lit candle and shared a moment of silence and then hung decorated pieces of fabric that will be placed in an annual memorial scrapbook.

Following the service, a reception was held in the East Garden Room, where families had the chance to reconnect with their child’s providers and share their experiences with other families. ■



HEALING HEARTS: Members of the Comfort and Support After Loss Committee organized the event.

Lurie Center names first director

MGH LEADERS in autism care and research gathered Nov. 29 at the Liberty Hotel to welcome Christopher J. McDougle, MD, as the new director of the Lurie Center for Autism. The national search for a director began in 2009 when the center – which builds on the clinical program formerly known as LADDERS (Learning and Developmental Disabilities Evaluation and Rehabilitation Services) – was established through a \$29 million grant from Nancy Lurie Marks and the Nancy Lurie Marks Family Foundation.

“Dr. Chris McDougle’s arrival begins a new era for Mass General and MassGeneral Hospital for Children’s Lurie Center,” said Peter L. Slavin, MD, MGH president. “Using Mass General’s vast resources in genetics, genomics, neurology, pediatric and developmental medicine, psychiatry, informatics and imaging, the center will look for even better and faster ways to diagnose and treat



ADVANCING AUTISM CARE: From left, McDougle; Lurie Marks; and Margaret Bauman, MD, MGHfC neurologist and founder of LADDERS

children and adults with autism spectrum disorders. Chris also will build a teaching and physician mentoring program in the field of autism that we envision becoming a global model.”

McDougle comes to the MGH from the Indiana University School of Medicine, where he served as the Albert Eugene Sterne Professor of Psychiatry and chairman of the Department of Psychiatry. ■

– Palliative care

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“The MGH really was the center of my father’s universe,” said Leffert. “It was very complicated for him to be sick and die in the institution where his life’s work had been. I cannot imagine what it would have been like without Vicki Jackson and her colleagues.”

Added Schwamm, “Palliative care is as important to the care of our patients as any of the high-tech treatments we provide. We can’t think of a better way to remember and honor Bob than to help support this work.”

The inaugural lecture, “Connecting with Patients: Where Art Meets Science,” was presented by Anthony Back, MD, an oncologist at the Fred Hutchinson Cancer Research Center in Seattle, Wash. Through anecdotes and research study results, Back explored the gap between how clinicians believe they approach difficult interactions and what patients perceive, emphasizing that effective patient-provider communication is vital to quality care.

WHAT'S HAPPENING**Imaging funding opportunity**

Harvard Catalyst invites all Harvard-affiliated faculty to apply for one-year "Using Imaging to Transform Medicine" Pilot Research Grants of up to \$50,000. Staff also are eligible to apply for concept development awards of \$2,000. To be eligible, a statement of interest including a brief description of a specific medical program – one that advanced imaging techniques could potentially address – must be submitted by Dec. 19. Participants must also attend a Jan. 30 symposium. For details, access <http://catalyst.harvard.edu/services/imagingpilots>.

Human trafficking awareness

The MGH Domestic Violence Working Group will host a panel event, "Heightened Awareness, Enhanced Response: A Discussion on Human Trafficking and Child Sexual Exploitation," Jan. 11 from noon to 1:30 pm in the Simches Center, Room 3.130. Panelists are from the My Life, My Choice Project through The Family Justice Center, Boston Police Department and the MGH Emergency Department. A light lunch will be served. To register, email Michelle Burns at mburns8@partners.org by Jan. 3. For more information, contact Elizabeth Speakman at emspeakman@partners.org.



SPECIAL RECOGNITION: From left, Ashok Saluja, PhD, secretary and treasurer of the APA; Vay Liang Go, one of the award's namesakes; Warshaw and his wife, Brenda

Honoring an MGH legacy

ANDREW L. WARSHAW, MD, who stepped down as chief of Surgery earlier this year, continues to be acknowledged for his contributions to the field, particularly pancreatic surgery.

On Nov. 3, during the American Pancreatic Association (APA) annual meeting in Chicago, Warshaw received the 2011 Vay Liang and Frisca Go Award for Lifetime Achievement in Pancreatology. The award honors Warshaw's contributions to the diagnosis, treatment and understanding of the pathogenesis of inflammatory and malignant lesions of the pancreas.

"This recognition is particularly special, because it equally recognizes the accomplishments of my MGH colleagues and the research fellows without whom this award could not have happened," says Warshaw, who currently serves as senior consultant for International and Regional Clinical Relations at the MGH.

A few days before the award presentation, on Oct. 29, researchers and clinicians who trained with Warshaw traveled to the MGH from across the globe to present their current research during a daylong tribute in his honor. The lectures given during the event – known as a festschrift – will be published as a special issue of *SURGERY* in 2012.

"Dr. Warshaw has made an indelible mark on the careers of more than 30 research fellows who spent time in his laboratory, and had an impact on many of the surgical residents he helped train," says Carlos Fernandez-del Castillo, MD, director of the Pancreas and Biliary Surgery Program at the MGH, who organized the festschrift. "We were thrilled so many returned to share their current research projects and were able to celebrate Dr. Warshaw's numerous contributions in the study of pancreatic diseases."

Perking up Coffee Central

COFFEE CENTRAL will be closed for upgrades for nine weeks starting at 6 pm Dec. 16. The renovations will enhance efficiency by providing expanded retail space, an additional register, three bakery cases and updated equipment. Coffee Central is expected to reopen Feb. 17. During construction the newly upgraded Tea Leaves and Coffee Beans, adjacent to the Wang Lobby, will be open 24/7. The expanded menu will feature hot soups, paninis, sandwiches and pastries, as well as snacks and beverages. For more information, email MGHCoffeeCentralTeam@partners.org.

Trading spaces

PLANS TO FILL the inpatient spaces made available when units relocated to floors 6 through 10 of the Lunder Building continue. With the opening of the W. Gerald Austen, MD Inpatient Care Pavilion and the Blake 12 Intensive Care Unit (ICU), MGH licensed bed capacity will increase from 907 to 947. At right is the phase one plan to fill the vacated spaces. Phase two plans are being developed.

SERVICE	NEW LOCATION	OLD LOCATION	PHASE ONE PLAN
Gynecologic Oncology	Phillips 21	Bigelow 7	
Burn Unit	Ellison 14	Bigelow 13	
Neurosciences ICU	Lunder 6	Blake 12	Medical/Surgical ICU
Neurosciences Care Unit	Lunder 8	Ellison 12	Perioperative Services during Wang 3 renovation
Oncology	Lunder 10	Ellison 14	Burn Unit
Oncology (10 to 30 beds)	Lunder 9 & 10	Ellison 19	General Medicine
Oncology	Lunder 9	Phillips 21	Gynecologic Oncology
Neurosciences Care Unit	Lunder 7	White 12	Perioperative Services during Wang 3 renovation

**EDITOR**

Emily Lemiska
617-724-2753

ASSISTANT EDITOR

Colleen Marshall
617-726-0275

DESIGNER

Aldona Charlton
617-726-7539

EMAIL

Hotline@partners.org

MAIL

Public Affairs Office
50 Staniford Street
Suite 830
Boston, MA 02114

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