Physician Recognition Dinner honors clinical excellence

CLOSE TO 650 PHYSICIANS and guests gathered for the eighth Physician Recognition Dinner on May 14 at the Westin Boston Waterfront Hotel. During the evening, the Brian A. McGovern, MD, Awards for Clinical Excellence were bestowed to physicians who emulate the dedication, compassion and kindness that McGovern – who died in 2003 – is remembered for.

The three 2016 recipients honored include Ronald Hirschberg, MD, physiatrist in the Department of Physical Medicine and Rehabilitation; Howard Weinstein, MD, chief of Pediatric Hematology/Oncology; and Alessandra Peccei, MD, obstetrician and gynecologist.

“He is the epitome of an MGH physician and embodies the characteristics that best honor Dr. McGovern,” said Lindsay Carter, MD, pediatric hospitalist, of Weinstein, who received the Others Services Award. “He is a world expert, but is also humble and compassionate. He is a leader who boosts the morale and quality of everyone else he works with. He embraces academic medicine, but never forgets the... (Continued on page 4)
The MGH – including Plastic and Reconstructive Surgery, Urology, Psychiatry, Infectious Disease, Nursing and Social Work – all of which are part of the MGH Transplant Center. Cetrulo and Ko together began researching the possibility of performing a GUVCA transplant in 2012, shortly after an MGH team led by Cetrulo completed its first hand transplant. Working closely with the New England Organ Bank, both surgeons developed key strategic surgical approaches aimed at helping patients with devastating genitourinary injuries.

At about the same time in 2012, Manning, a bank courier from Halifax, Massachusetts, experienced a devastating accident while at his job which crushed his genitalia. Subsequent follow-up after the accident revealed penile cancer, necessitating a curative partial penectomy – or amputation of the penis.

His physicians say Manning is recovering well, with blood flow established to the donor organ and no signs of bleeding, rejection or infection. While he is still early in the post-surgical healing process, his physicians say they are cautiously optimistic he will regain function.

“We are hopeful that these reconstructive techniques will allow us to alleviate the suffering and despair of those who have experienced devastating genitourinary injuries and are often so despondent they consider taking their own lives,” says Cetrulo. “The entire transplant team has worked tirelessly to ensure that our patient is on the path to recovery, thanks in part to the gift of organ donation.”

While individuals who have lost their penises to disease or who have suffered genitourinary injuries in combat or through a traumatic event can live without an intact organ, the psychological aspects of such an injury can be overwhelming, the surgeons say. The ability to offer a more acceptable long-term solution has been the motivation driving this research.

These proof-of-principle cases will help establish the techniques used in this procedure and will forge the path to future treatment of patients with significant pelvic and genitourinary tissue loss related to cancer, trauma or infection,” says Ko. “We are delighted to have taken the first steps to help those patients who have suffered silently for far too long.”

Manning says he hopes to lend support to other victims of penile cancer, as well as veterans who have suffered genital injuries. “I want to thank the extraordinary medical team here at the MGH, who helped not only make this possible, but quite literally saved my life. I would also like to sincerely thank the family of the donor, whose wonderful gift has truly given me the second chance I never thought possible. In sharing this success, it’s my hope we can usher in a bright future for this type of transplantation.”

"Vascular Composite Allograft transplantation - at its core - relies upon a donor family with the strength to look past their own grief at the loss of a loved one and see the ability to provide hope to someone in need. In this case, too, a family experiencing a deep personal loss was able to say ‘yes’ to this donation and give health and well-being to another person. There are not words to adequately thank a family for the selfless gift of donation that forever changes the lives of strangers."

-Statement from the New England Organ Bank
The hospital’s first hand transplant is performed on Joe Kinan, a survivor of the devastating 2003 Rhode Island nightclub fire.

The MGH Transplant team becomes the first to test purified donor antigen-specific regulatory T cells as a therapy to help prevent rejection in human kidney transplants. This cellular therapy is designed to reduce or eliminate the need for toxic immunosuppression medications to prevent transplant rejection.

Let the challenge begin

IT HAS BEEN ABOUT 140 DAYS since Lee Schwamm, MD, executive vice chairman of the Department of Neurology and director of Stroke Services, began exercising every single day for at least 30 minutes per day. Schwamm embarked on this life-changing journey, he says, because increasingly he sits in his office talking to patients about becoming more active, changing diets and exercising as the most effective way to prevent stroke.

“I felt disingenuous,” says Schwamm. “I said to myself, ‘What would happen if I just decided to do 30 minutes per day for one month. What would it feel like? How hard would it be?’ I could speak from a more personal place with my patients.”

After making this change and experiencing positive results, Schwamm hopes his colleagues, patients and others will do the same. In recognition of May as Stroke Awareness Month – and to emphasize the importance of exercise in stroke prevention – Schwamm is proposing a 30-for-30 Challenge: exercise for 30 minutes a day for 30 consecutive days.

Schwamm says exercise is a powerful prescription. Being in good physical shape not only changes the way a person’s blood vessels react if they are put in a situation where they are deprived of vital nutrients, but it increases their resilience to ischemia (reduced blood supply to the brain or heart), when tissue is deprived of oxygen and glucose.

“When a person exercises, they’re not just training their muscles,” says Schwamm. “They’re training blood vessels too. With sufficient exercise, blood vessels will be ready to react when they need to dilate or constrict.”

Forms of exercise could include walking, running, swimming, riding a bike, playing sports – really any activity that increases a person’s heart rate and makes him or her break a sweat.

“The journey of 1,000 miles starts with a single step,” says Schwamm. “People have to start reaching for exercise as a form of reward rather than a form of deprivation and stop reaching for food as reward. It’s about transforming the narrative into a heroic narrative. It’s about getting up and doing something good for yourself.”
Staying healthy and well
NEARLY 100 PEOPLE attended the Midlife Women’s Health Community Conference on May 10. The event, in the O’Keeffe Auditorium, focused on the specific changes in the health of women at midlife and was free for patients, staff and members of the hospital community. Experts from more than 15 specialties across the hospital spoke on topics including healthy skin, changes in cancer screening guidelines, heartburn and the GI tract, and mind-body health. Among the speakers was Eva Selhub, MD, a former MGH physician who now is an internationally recognized expert and speaker in the fields of stress, resilience and mind-body medicine. Audience members also were given the opportunity to engage each speaker with Q&A sessions. The event was hosted by the MGH Midlife Women’s Health Center. Pictured, from left, Selhub; Sandy Tsao, MD, of the Department of Dermatology; Kyle Staller, MD, MPH, of Gastroenterology; and Katherine Johnston, MD, of the Department of Medicine

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human side of medicine.”

This year, 135 nominations were submitted for 91 different physicians. Each recipient was announced by a physician colleague who read excerpts from the nomination letters.

George Velmahos, MD, chief of Trauma, Emergency Surgery and Surgical Critical Care, announced Hirschberg as the Medical Services Award recipient. “He is compassionate and kind, making himself accessible to patients and families, patiently explaining his thoughts in clear language. He gives hope while also painting a realistic picture of recovery.”

Lastly, Marcela del Carmen, MD, MGPO medical director, introduced Peccci as the Surgical Services Award recipient. “She is an outstanding clinician – smart, experienced, assured – and also a caring and compelling advocate for her patients, their families and their communities. She is the kind of doctor we all wish we had and the kind of doctor we all wish we were.”

Peter L. Slavin, MD, MGH president, also spoke and noted that within the past year, the MGH has achieved an academic medical center “grand slam” across all four areas of our mission: patient care, research, teaching and community health. Thomas J. Lynch, Jr., MD, MGPO chairman and CEO, the evening’s emcee, emphasized that the achievements of the MGH are made possible by what the physicians do well – putting patients first and supporting each other.

Celebrating Patient Safety Stars
AS PART OF THE MGH’S COMMITMENT to quality and safety, Hotline will feature each of the 50 Patient Safety Stars throughout the remainder of the year, highlighting their standout nominations.

Susan Ferretti, RN, operating room
Ferretti recently identified a patient’s sulfite allergy that had not been communicated in hand-off. Putting patient safety first, Ferretti delayed the case and worked with the Pharmcy to identify any items that might contain sulfites, including medications, sutures and drapes. She also later performed an exhaustive literature review in order to prepare a presentation for staff.

Michael Filbin, MD, Emergency Department
Filbin has spent countless hours dedicated to improving the care of septic patients in the ED. After noticing that there was an opportunity to improve the timeliness of treatment of ED septic patients, Filbin convened a team to work on the issue. As the leader of this effort, he helped design an intervention to improve care, including reviewing colleagues’ cases and providing detailed feedback and coaching. His dedication to improving the care of these patients has inspired others.

Christine Fitzgerald, RN, operating room
Fitzgerald works with a new intraoperative radiation machine and bed used to treat patients intraoperatively. Some of the positions that the patient needs to be placed in are extreme. Fitzgerald makes sure the patients are safe in the bed positioning while still being able to receive treatment. She also made a book with pictures and diagrams to show how the bed needs to be set up for each position. She is willing to speak up when she is concerned that the positioning is unsafe for the patient.

Kathleen Flaherty, RN, Ellison 10 cardiac unit night shift
On Flaherty’s unit, patients require continuous cardiac monitoring, including oxygen saturations on all shifts. When she noted the oxygen saturation monitor was not displaying appropriately, she successfully addressed the problem and took it upon herself to check in with her peers to see if they had similar issues. Flaherty then tested monitors in all 36 patient rooms during her busy shift and ensured that all patients had working cords and probes. Flaherty is always a patient advocate.

Bridget Ging, RN, Inpatient Medicine Unit, White 11
Ging’s practice is always thorough, as noted by her frequent review of hospital policy and procedures, to ensure care is delivered according to current nursing practice. Ging demonstrates great leadership by inspiring the nursing staff to practice in a safe manner, by following her example and dedication. When working with a patient who disclosed that he could not afford the cost of an important medication he needed, Ging worked diligently and timely to find resources to help cover the cost of the medication.

Rachel Higgins, RN, Ellison 17 Pediatric Unit
When a 6-year-old boy was being discharged after an orthopedic procedure – the last dose of oxycodeone had been given the night before – and the child had been playing without pain all day. A discharge prescription was initially written for 100 doses of oxycodeone. Though not uncommon, Higgins was concerned that this was too large a volume of narcotic to be sending home with the child. Higgins knew this patient and his mother lived in a shelter that was not a safe place to have such large doses of narcotics. After speaking to the clinician about her concerns, the clinician readily agreed to change the order, providing a safer discharge plan for the patient.