A 13-YEAR-OLD BOY with his abdomen exposed and a deep laceration to his scalp is brought into the Accidents and Emergencies Ward at the Mbarara Regional Referral Hospital (MRRH) in Mbarara, Uganda. The boy who was hit by a motorcycle holds tightly to his mother’s arm. He was transported to the hospital by his family because no formal emergency medical services (EMS) system exists in Uganda – a country of more than 36 million people.

“Fatalities from road traffic accidents are some of the highest in low-resource settings,” says Nirma Bustamante, MD, an MGH Department of Emergency Medicine resident. “It is an issue that is not as well publicized as malaria or HIV, but it is a growing problem for these countries and contributes to millions of deaths each year.”

Bustamante spent four weeks at the MRRH this spring where she worked with Sarah Graham, an MGH Center for Global Health program manager at the Global Health Collaborative in Mbarara, to introduce a pre-hospital care training program in a region with no EMS. The purpose of the trip was to establish a first-aid response course in the community and at MRRH. The training program was sponsored by the Office of Global Disaster Response at the MGH Center for Global Health. Bustamante funded her travels (Continued on page 4)

Safe delivery

FOR DAN DRZYMALSKI, MD, Shiqian Shen, MD, and May Pian-Smith, MD, physicians in the MGH Department of Anesthesia, Critical Care and Pain Medicine, relieving pain is their calling – a calling that recently took them overseas.

With a travel award from the MGH Center for Global Health, the group traveled to China, June 15, on a medical education mission – The No Pain Labor & Delivery Global Health Initiative. The team included anesthesiologists, obstetricians and labor nurses, who aim to tackle cesarean delivery rates in the country and improve the safety and outcomes of mothers and babies during childbirth.

“Chinese women often request to have a cesarean delivery for a variety of reasons, varying from a fear of pain during natural birth to the ancient belief that babies are luckier when born on some days rather than others,” Drzymalski says.

According to the World Health Organization, nearly half of all births in China are delivered by cesarean section – the world’s highest rate. The study also showed that women who have a cesarean section without appropriate medical support are at high risk for related complications or death, and that babies delivered by cesarean section are more likely to have respiratory problems, obesity and other metabolic diseases. “These findings underlay the urgency of controlling cesarean section rates in China,” Drzymalski says.

During their week-long stay, the teams provided education on obstetric and anesthesia techniques to Chinese health providers, as well as patients and families. Chinese medical teams practiced interdisciplinary planning and communication and also participated in clinical simulation drills.

“The Chinese physicians were hungry for knowledge,” says Pian-Smith. “Even after one day of training, we noticed that their communication and teamwork improved, as did the clinical outcomes for simulated patients.”

Drzymalski, Shen and Pian-Smith will share a first-hand account of the trip with MGH colleagues during their department’s case conference on August 14. “We hope this education and training will eventually result in improved outcomes for real patients,” says Drzymalski. “This was a great opportunity for the U.S. and China to work together toward a common goal – the safety of mothers and their babies.”
An eye on MGH research

The Stuff of Life: “The Researcher’s Eye” focuses on the images investigators at the MGH look at every day. This poster exhibit, sponsored by the Paul S. Russell, MD Museum of Medical History and Innovation, promotes the efforts of MGH Research Scholars – a group of scientists awarded special funding to take their work into new and uncharted territories. The exhibit is on display on Yawkey 2.
MGH receives AHA Equity of Care Award

THE AMERICAN HOSPITAL ORGANIZATION (AHA) HAS awarded the MGH the first-ever AHA Equity Care Award in recognition of its efforts to reduce health care disparities and promote diversity within the hospital’s leadership and staff.

Joseph Betancourt, MD, director of the Disparities Solutions Center (DSC), accepted the award on behalf of the organization at the Health Forum-AHA Leadership Summit in San Diego on July 21.

DSC is an action-oriented organization with a practical focus on moving the issue of disparities in health care beyond research and into the arenas of policy and practice. It serves as a national, regional and local resource for hospitals and other key health care stakeholders.

“It was an incredible honor, and I certainly felt humbled by the amount of attention and admiration we got from the close to 2,000 people in attendance,” Betancourt says. “Without a doubt people expressed how they have always viewed the MGH as a leader in this area and that this was a very well-deserved recognition for our work.”

In 2003, the MGH created a systemwide committee on racial and ethnic disparities to focus internal attention on the challenge of disparities, improve the collection of racial and ethnicity data, and implement quality improvement programs. Two years later in 2005, the DSC was established in response to local and national calls to address disparities in health care.

“For more than 10 years, the MGH has taken a very deliberate, disciplined approach to making sure that we identify and address any disparities in care that might exist at our hospital,” says Betancourt. “It’s a real testament to our leadership for having the vision to move this issue forward and to support our work in this area. We are committed to delivering high-quality care to anyone who enters our doors.”

In terms of future goals, the MGH intends on doing more in the area of training doctors, nurses and front-line staff in team-based communication and cross cultural care. Additionally, the hospital plans to make its Annual Report on Healthcare Quality and Equity – which routinely monitors performance on disparity – more robust.

“This is the work of the entire MGH community,” Betancourt says. “I’m thankful for that, and it was on behalf of our entire organization that I accepted the award.”

A maverick’s memorial

NEARLY 74 YEARS AFTER HIS DEATH, Ernest Amory Codman, MD, FACS, has been honored with a memorial headstone on his previously unmarked gravesite at the historic Mount Auburn Cemetery in Cambridge. Leaders from the American College of Surgeons (ACS) and the MGH gathered at a July 22 dedication event to pay homage to the man best known for advocating the “End Result Idea” – a belief that the outcomes of a surgeon’s practice rather than seniority should determine his promotion. Codman, whose ideas have contributed to the framework for surgical quality improvement in the U.S. – and for outcomes research in general – served at the MGH in 1899 and again from 1902 until his resignation in 1914.

“Dr. Codman was a man ahead of his time,” says Andrew Warshaw, MD, former chief of the MGH Department of Surgery. “Though his ideas were not appreciated in his lifetime, he transformed the way we view medicine today. Codman viewed improving patient care and improving standards as a personal obligation. This memorial is a reminder of the impact one person can have in the long run.”

Warshaw spent the last two years helping to raise $20,000 for the granite and bronze memorial, crafted by Boston-based sculptor Daniel Altshuler. The epitaph reads, “Father of outcomes assessment and quality measurement: It may take 100 years for my ideas to be accepted.” During the ceremony, ACS leaders addressed Codman’s valiant contributions to patient care and expressed their gratitude to donors.
MGH’s Blood Transfusion Service (BTS) is heading home. In March 2013, the BTS temporarily moved out of the first floor of the Jackson Building so the space could receive a much needed renovation. The unit will move from its current location on White 12 back to its newly renovated Jackson 1 space on August 11.

The reconfigured space features an open layout allowing the staff members to easily visualize all patients from a centralized station, thereby ensuring continuous, timely and safe patient care. The new space provides greater accessibility for BTS outpatient populations, many of whom are elderly and use walkers and wheelchairs. Additionally, the BTS has expanded its Extracorporeal Photopheresis (ECP) program. ECP treatments will be performed in a separate room.

Understanding that the complexity of the MGH campus can be confusing for even the most seasoned patients, the space has been designed with greater visibility in mind.

“The last thing we want our patients to worry about is how to find us or how to access the office with limited mobility,” says David Rasmussen, BTS practice manager. “Not only does the new space look fantastic, but also the functionality should really improve the patient experience from top to bottom.”

The BTS will continue to operate from 7 am to 5 pm, Monday through Friday.

— Training for trauma

(Continued from page 1)

Blood Transfusion Service makes a move

through an MGH Center for Global Health travel award and a Partners Center of Expertise in Global and Humanitarian Health travel grant.

“I am fortunate to join an incredible team focused on building the concept of disaster response and preparedness into the Ugandan national fabric,” says Bustamante. “The course was a small component of this larger long-term goal.”

Adds Graham, “We wanted to focus on a small course that did not overextend our resources. We had 40 participants during our two four-hour sessions. Drivers and staff of the Global Health Collaborative were our main population target for this introductory course.”

Using a first-aid kit made from locally sourced supplies, the curriculum included scene safety, universal precautions, airway, wound dressing, tourniquets and splints. The participants were taught using only the materials and resources that would be available to them in case of an accident. Each kit also included a first-aid response card illustrating each skill taught in the course, in addition to the list of supplies and location where they were obtained. Each driver received a first-aid kit, a portable water bottle and a certificate. Participants were responsible for restocking their kits as supplies were used.

“The end-goal is to make the course self-sustaining with the same skills and disaster preparedness that made our response to the Boston Marathon bombings so effective,” says Graham.

Four Ugandan physicians, three interns, and one resident helped teach the course and mentor participants. Meetings also were held with key stakeholders from Mbarara University of Science and Technology, the MRRH and from the local community to engage community leadership and highlight the importance of disaster preparedness in the medical school as well as on a national level.

“The intent is to organize and establish a self-sustained, Ugandan-led pre-hospital training course that will culminate in a citywide disaster preparedness and response plan, including mass casualty exercises and drills,” Bustamante says.

Bustamante plans to return to Uganda in November to further develop the course and to continue to help organize a disaster response task force to engage community leaders.

For more information about the Office of Global Disaster Response, visit http://mghcgh.org/programs/gdr/.