Seventy-four years later, a hero comes home

NEARLY A CENTURY AFTER he disappeared and was listed as missing in action (MIA), United States Marine Corps Cpl. Anthony G. Guerriero will be laid to rest next week with full military honors. Guerriero’s niece, Toni Rogers, a staff assistant in the MGH Transplant Division, led her family’s efforts to help bring her uncle home and will be on hand during the ceremony to honor his memory.

“My uncle enlisted in the Marines in 1940 when he was 18, and he served in many battles in the South Pacific aboard the USS Quincy,” says Rogers. “After fighting in the Battle of Guadalcanal, and a bout with malaria, he returned home on leave and was chosen to become a bodyguard to then-President Roosevelt.”

Guerriero, however, wanted to stay with his unit, Rogers says, and in November 1943, the 21 year old was assigned to Company B, 1st Battalion, 2nd Marines, 2nd Marine Division. “They landed against stiff Japanese resistance on the small island of Betio in the Tarawa Atoll in the Gilbert Islands,” she says. “Over several days of intense fighting at Tarawa, approximately 1,000 Marines and sailors were killed and more than 2,000 were wounded.” Sadly, Rogers adds, Guerriero was one of the men who (Continued on page 4)

Journey of a lifetime

ANDY LINDSAY, 61, had been an avid mountaineering hiker, biker, skier and climber for more than 40 years. In the summer of 2013 — after experiencing acute shortness of breath during one of his outdoor athletic adventures — he knew something wasn’t right. Several tests and doctor visits later, Lindsay was diagnosed with stage 4 lung cancer.

Lindsay — a non-smoker — was told a mutation in the EGFR gene was fueling the multiple spots on both lungs and in his brain. Determined to fight and maintain his active lifestyle, he sought the help of several area oncologists before coming to the MGH Cancer Center, where he began a treatment regimen of different targeted therapies, chemotherapy and radiation. When his advanced cancer stopped responding to these treatments, he enrolled in a novel clinical trial under the care of Zofia Piotrowska, MD, of the Hematology/Oncology Department. The targeted therapy clinical trial is an EGFR inhibitor that disables the genes that keep the tumor from growing and spreading.

Feeling empowered after his cancer responded well to this treatment, Lindsay and his wife Jan recently embarked on a three-week trip of a lifetime — that doubled as a fundraising initiative that raised $23,000 for the MGH — to hike and climb the Himalayas in Nepal. It took days for his diseased lungs to acclimate to the diminished oxygen levels so far above sea level, but soon he was on his way up the steep slopes of Mount Mera, a neighbor to nearby Mount Everest.

“This was one of the most grueling — and at times painful — hikes of my life,” says Lindsay. “Each step was more difficult than the one before, but in the end it was one of the most rewarding experiences to stand atop the peak at 21,000 feet. I am truly grateful for the team at MGH who helped make this miracle happen.”

Piotrowska agrees: “This is the most incredible journey I can imagine. I am so proud of Andy. To see him succeed enriches what we do here and proves what we can all accomplish together.”
11.10.17

Excellence Every Day: Five tips to remember

THE WINDOW FOR THE MGH’s triennial survey from The Joint Commission is open, and surveyors will arrive unannounced at any time between now and April 2018. During their week-long review, the team will visit several areas within the hospital, including inpatient units, ambulatory practices and procedural areas.

The Joint Commission is a nonprofit organization that accredits most hospitals – including the MGH – in the United States and sets standards for accreditation that allows institutions to continue to participate in government-paid insurance programs and private payer programs.

“Although we do not know when surveyors will arrive, we must continue to always practice Excellence Every Day in preparation for their visit,” says John Belknap, chief compliance officer. “The MGH is always working to identify quality and safety issues and ways in which we can strengthen those areas. We ask staff to pay careful attention to the area in which you work and, as always, we thank you for performing your job with Excellence Every Day.”

Staff should review the following five things as the hospital prepares for The Joint Commission’s visit:

1. **Know the fire prevention and response plan.** Staff should know where fire extinguishers and alarm-pulls are located. They should familiarize themselves with RACE (Rescue-Alarm-Confine-Extinguish/Evacuate) and PASS (Press-Aim-Squeeze-Sweep).

2. **Follow all storage rules:**
   - **Gas cylinders** should be secured in holders in designated locations. Keep full and empty cylinders separate. Make sure all oxygen is kept at least 5 feet from combustible materials.
   - **Know where the gas shutoff valves are.** Valves must always be accessible. Make sure shutoff valves are not blocked.
   - **Keep all material 18 inches from sprinklers.** All regular storage must be kept 18 inches or more below the level of sprinklers.
   - **Keep corridors clutter free.** All items in hallways must be on wheels and off to one side. Service carts must be attended and in-use. Never prop or wedge doors open.

3. **Know about chemicals.** Staff should use all chemical materials as they are intended, following all training guidelines. They should consult product labels for hazard warnings and precautions and review safety data sheets for more product detail. These Material Safety Data Sheets are available in the Partners Applications Menu, under Utilities.

4. **Report any utility issues to Buildings and Grounds.** Issues with electrical service, elevators, call lights, pneumatic tubes, plumbing, steam, water and heating/cooling systems should be reported to Buildings and Grounds at 617-726-2422.

5. **Know what keeps you safe.** Staff should know the MGH has a state-of-the-art, integrated security system that uses dual-technology ID badges, closed circuit cameras, panic buttons, card readers and other special locking devices, voice/video intercom systems and infant protection systems.

For more information visit the Excellence Every Day intranet site at: apollo.massgeneral.org/eed/.

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**Excellence Every Day: Five tips to remember**

**Employees should always:**

- Wear a hospital ID in a visible place at all times;
- Be positive, welcoming and professional;
- Be prepared to discuss their direct/indirect role in supporting safe patient care and in operational improvement within the department;
- Consult their supervisor or manager if they do not know the answer to a surveyor’s question;
- Understand their role in emergency preparedness and responding to any type of emergency;
- Ensure there is no clutter in hallways, elevator lobbies, corridors and storage rooms, and be sure any food and drink is in an appropriate location; and
- Call Environmental Services or Buildings and Grounds to report housekeeping or maintenance issues.

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**Dual celebrations**

**ON OCT. 19,** Dinesh Patel, MD, chief emeritus of Arthroscopic Surgery, was honored for 50 years of service to the MGH during the Ether Day Dinner at the Westin Copley Hotel. Patel, second from right, was joined at the celebration by, from left, his daughter-in-law Nirva, wife Kokila and son Paresh. The date also was a special night for Patel because it was the 2017 celebration of Diwali, the Hindu festival of lights. For many years, Patel organized the celebration at the hospital, and he wishes all who celebrated the holiday “Diwali blessings.”
Seven MGH nurses named ‘Donation Champions’

Seven MGH nurses attended an Intensive Care Unit (ICU) RN Advanced Practice Conference hosted by New England Donor Services (NEDS) Oct. 4. Staff were selected by their leadership group and joined 18 other nurses from Boston area hospitals at the full-day immersion program on organ and tissue donation. The nurses are now newly minted NEDS “Donation Champions” at the MGH.

“Unlike past conferences we have hosted for ICU nurses, this program was targeted for a smaller group of advanced practitioners,” says Kevin Kiely, NEDS in-house coordinator for the MGH. “These nurses were selected for having a keen interest in organ and tissue donation. The also were willing to serve in this advanced capacity on their units to provide peer support and guidance to the ICU as organ and tissue donation scenarios present.”

Topics included clinical practice, managing donors, supporting and engaging families in difficult end-of-life and donation conversations, and what it means to be a registered donor.

“My experience at the conference was wonderful. I loved having the opportunity in an open forum setting to discuss ways to improve the donor referral process and management,” says Katelyn Sparks, RN, of Lunder 6. “This conference highlighted NEDS desire to improve organ and tissue donation by partnering with bedside ICU nurses caring for these patients. I also enjoyed meeting with Neuro ICU nurses from other Boston area hospitals and discussing practice differences. It inspired me to improve donation awareness within the MGH community.”

Guiding women’s heart health one question at a time

When Tanisha Torres first visited MGH Cardiology in 2009, she was armed with a long list of handwritten questions. Though Torres jokes it was due in part to “only child syndrome,” she knows those questions stemmed from years of confusion about how best to treat her heart condition.

Diagnosed with a severe case of hypertrophic obstructive cardiomyopathy (HOCM) at age 12, Torres wasn’t referred to the MGH until age 20. She says soon after her initial appointment with Michael Fifer, MD, director of the Cardiac Catheterization Laboratory, “there was a clear plan of action on how to get my symptoms under control.”

The first step was open heart surgery to address thickening of the heart walls, followed by the implantation of a defibrillator to monitor and stabilize her heart. Torres was ticking off the questions on her list, but one question remained.

“I had been hinting at my desire to start a family,” she says. “But I had been told years earlier that pregnancy might not be an option.”

To address that question, Torres was referred to the Corrigan Women’s Heart Health Program, founded at the MGH 10 years ago. “Our program focuses on the unique issues tied to women’s hearts — in preventing heart problems and treating them,” says Nandita Scott, MD, program co-director. “One of the many services we offer combines cardiologists, maternal-fetal medicine specialists and anesthesiologists to work together as one team.”

That group guided Torres through her pregnancy in 2016 with weekly appointments and sometimes nightly emails. “I would often reach out to Nandita about something I was feeling — and I knew I would get a response right away,” says Torres.

When Torres went into labor at 34 weeks in November 2016, an individual treatment plan — created by clinicians in Cardiology and Obstetrics and Gynecology — went into action. “My water had broken and we arrived at MGH to a sea of faces on the labor floor,” says Torres. “I may not have known any of the nurses’ names, but thanks to Nandita and Laura Riley, MD, director of MGH Labor and Delivery, they all knew my name.”

Torres’ daughter Layla will celebrate her first birthday this month. “The feeling of motherhood is indescribable,” she says. “I wasn’t sure I would ever have that.”

Torres now returns to the MGH periodically for checks of her defibrillator, and Layla will be monitored as she gets older for any signs of HOCM, which can be genetic.

“I urge women to ask questions — and as many questions as they have — of their doctors,” Torres says.
(Continued from page 1)

perished in the battle. He died sometime on the
second day of fighting, Nov. 21, 1943.

Despite numerous requests to the Marines and
Navy, Guerriero’s body was never recovered and
his immediate family would not see a change to his
MIA status during their lifetime. In recent years,
however, due to advances in DNA technology, 94
sets of unidentified remains interred at the National
Memorial Cemetery of the Pacific (Punchbowl) in
Honolulu, Hawaii, were exhumed for identification.

Three years ago, the Marine POW/MIA office
notified Rogers that one set of remains might be
her uncle. They asked if Rogers, as a niece and next
of kin, would be willing to provide a DNA sample
to help confirm the identity.

“Of course, I jumped at the chance to provide
the DNA,” Rogers says. “It’s been a long wait, and
Congress had to grant permission to disinter the
remains for testing. But then, the call finally came
in July from the Marines that through the DNA
testing, they could positively identify my uncle as
being one of the Marines interred at Punchbowl.”

Thanks to DNA testing, all 94 sets of remains
have now been identified, putting a close to this
unresolved chapter in World War II history and
helping soldiers’ loved ones – like Rogers – to heal.

On Nov. 14 Rogers and her family will travel
to Washington, D.C. to honor Guerriero, who will
be buried with full military honors at Arlington
National Cemetery.

Supply drop

EIGHTEEN PACKAGES – filled with coffee, Pop Tarts, jelly beans,
candy, Slim Jims and Thanksgiving hats, decorations, crafts and dancing
turkeys – are making their way overseas as a surprise delivery for
Andy Gottlieb, NP, director of MGH Occupational Health and a
lieutenant colonel in the Army Reserves, who is currently on a
year-long deployment in Afghanistan.

Earlier this week, members of MGH Human
Resources partnered with the MGH Military
Veteran Partners group to assemble and ship
the care packages to Gottlieb and 67 members
of his unit. The packages are expected to arrive
just in time for Thanksgiving.

“We wanted to do something good for
our colleague Andy because he’s such a great
guy,” says Michele Andrews, HR senior staffing
specialist. “We hope it will bring them a little
bit of joy before the holidays.”

HOLIDAY HAUL: Members of HR – from left, Carlyene Prince-Erickson,
Dan Neri, Sam Dabrow, Michele Andrews, Erin Sanford and Theresa
Nguyen – boxed packages for Gottlieb and members of his unit.