Katrina Armstrong, MD, MSCE, a world-renowned investigator in the areas of medical decision-making, quality of care and cancer prevention and outcomes, has been selected as the MGH’s next physician-in-chief of the MGH Department of Medicine. Armstrong will succeed internationally regarded physician-scientist Dennis Ausiello, MD, who has led the department since 1996.

Armstrong, who currently serves as chief of the Division of General Medicine and professor of Medicine and Obstetrics and Gynecology at the Perelman School of Medicine at the University of Pennsylvania, will start in the new position April 15. "We are at a time of unparalleled opportunity to advance science, education and clinical care to benefit our patients and our communities," says Armstrong. "MGH is an extraordinary institution with a long tradition of leadership in internal medicine, and I am honored to become part of that tradition."

Armstrong is a graduate of Yale University and Johns Hopkins University School of Medicine and joined the University of Pennsylvania in 1996 as a physician-scientist fellow in the Division of General Internal Medicine. She joined the faculty at Penn in 1998 and was appointed chief in 2008. She also serves as associate director of the Abramson Cancer Center and co-director of the Robert Wood Johnson Clinical Scholars program at Penn.

Recently, Armstrong led the National Cancer Institute-funded Penn Center for Innovation in Personalized Breast Cancer Screening, which is dedicated to studying emerging methods of breast cancer detection. Throughout her career, she has received a number of awards and honors including the FOCUS Award for the Advancement of Women in Medicine from the University of Pennsylvania School of Medicine in 2011. She also is the author or co-author of more than 130 peer-reviewed journal articles and has written numerous chapters, editorials and abstracts.

Ausiello first came to the MGH as a Harvard undergraduate working with the late Alexander Leaf, MD, and fondly recalls his early days at the hospital, especially his relationship with his mentor. "It was an honor and privilege to work with Alex and then to have things come full circle.

(Continued on page 2)

Lessons learned through pages turned

WHEN IT CAME TIME for Bryn Seltzer, 13, of Needham, to choose her bat mitzvah project, she knew she wanted to give back to the Pediatric Epilepsy Program at MassGeneral Hospital for Children (MGH/C), which had cared for her since she was 6 years old.

“I've always really liked to write, and so for my bat mitzvah project I wanted to do something that helped kids with epilepsy,” says Bryn, who outgrew her condition and was able to stop taking medication last year.

She asked Elizabeth Thiele, MD, PhD, director of the Pediatric Epilepsy Program, for ideas on ways she could give back. Thiele suggested Bryn write a children’s book about being diagnosed with epilepsy, since there are so few books explaining the process. Along with the program’s social worker Leigh Horne-Mebel, LICSW, and nurse coordinator Tricia Bruno, RN, Thiele then worked with Bryn to outline a wide array of issues that many pediatric patients face.

(Continued on page 2)
Patient Safety Star nominations sought

IN HONOR OF National Patient Safety Awareness Week, March 3 through 9, the MGH will sponsor its fourth annual Patient Safety Star Appreciation breakfast on March 6. “Safety Stars” exemplify the principle that all staff have the responsibility and opportunity to contribute to patient safety.

Staff are invited to nominate a colleague in a clinical, administrative or support service role who has demonstrated particular excellence in patient safety. The deadline for nominations is 5 pm on Feb. 11.

Nominations may be submitted online by accessing http://sharepoint.partners.org/mgh/caps. Select “Patient Safety Star Nomination Form” under the surveys tab on the left panel.

Employees may also fax the following information to Millie LeBlanc, RN, patient safety specialist, at (617) 726-4304: the nominee’s name, department and mailstop, as well as his or her immediate supervisor’s name and at least one example of the nominee’s contribution to patient safety at the MGH.

For more information, contact LeBlanc at mleblanc1@partners.org or Lela Holden, RN, PhD, patient safety officer, at lmholden@partners.org.

Pill-sized device provides rapid screening results

PHYSICIANS MAY SOON have a new way to screen patients for Barrett’s esophagus, a precancerous condition usually caused by chronic exposure to stomach acid. Researchers at the Wellman Center for Photomedicine at the MGH have developed an imaging system enclosed in a capsule about the size of a multivitamin pill that creates detailed, microscopic images of the esophageal wall.

The system has several advantages over traditional endoscopy. “This system gives us a convenient way to screen for Barrett’s that doesn’t require patient sedation, a specialized setting and equipment, or a physician who has been trained in endoscopy,” says Gary Tearney, MD, PhD, of the Wellman Center and the MGH Pathology Department, corresponding author of the report published online this month in Nature Medicine. “By showing the three-dimensional, microscopic structure of the esophageal lining, it reveals much more detail than can be seen with even high-resolution endoscopy.”

The new system developed by Tearney and his colleagues calls for a patient to swallow the capsule, which contains optical frequency domain imaging (OFDI) (Continued on page 4)

— Lessons learned

(Continued from page 1)

Bryn wrote and illustrated Natalie’s Story, about a 7-year-old girl who learns she has epilepsy. While it is not an autobiography, Bryn says she incorporated some of her own experiences, including how nervous she was about telling friends about her diagnosis.

“I was kind of worried about sleepovers and how I would do at a friend’s house,” she says. “I remember telling my friend I had it, and she was really supportive. Everyone was really supportive. The book’s message is that, even if you have epilepsy, you can still do what everyone else does and still do what makes you happy.”

Bryn’s father printed 200 copies to donate to the Pediatric Epilepsy Program, and Thiele says this act of generosity will be a great resource for children in the program as well as an inspiration to other patients and families to become more involved in the epilepsy community.

“Families have really reacted well to the story and how it is written,” says Thiele. “They are very happy with how easy it is for their children to understand and know they are not alone.”

—Department of Medicine

(Continued from page 1)

when I followed in his footsteps – first to become chief of the Renal Unit that he created and then to ultimately take over his role as chief of the Department of Medicine. It was a great journey.”

During his career, Ausiello has received numerous accolades and honors, including election into the prestigious Institute of Medicine of the National Academy of Sciences and the American Academy of Arts and Sciences. While reflecting on the many memories created during his years at the MGH, Ausiello says one recurring theme comes to mind. “What makes an institution great is its people, and I’ve never met a finer group of individuals – from residents to faculty – than at MGH,” he says. “I’m proud to say that I’ve enjoyed every minute of working here, especially with the young people who are so inspiring at every turn.”

After stepping down, Ausiello plans to concentrate on building the Center for Assessment Technology and Continuous Health, a collaboration among scientists, clinicians and engineers at the MGH and the Massachusetts Institute of Technology. The program seeks to transform how individuals monitor their health and how physicians can better prevent, diagnose and treat disease.
Q&A: The MGH and Magnet

IN 2003, the MGH became the state’s first hospital to earn Magnet Recognition from the American Nurses Credentialing Center (ANCC), a subsidiary of the American Nurses Association. In 2008, the hospital was redesignated a Magnet organization. Magnet Recognition is the ANCC’s highest honor bestowed upon health care organizations for nursing excellence. Four years later it is once again time for the MGH’s Magnet site visit. Here, Jeanette Ives Erickson, RN, DNP, FAAN, senior vice president for Patient Care Services and chief nurse, provides an overview of this prestigious program.

What is the Magnet Recognition Program?
The Magnet Recognition Program was developed by the ANCC to recognize health care organizations for quality patient care, nursing excellence and innovations in professional nursing practice. The program also provides a vehicle for disseminating successful nursing practices and strategies. The ANCC has awarded Magnet designation to fewer than 7 percent of all registered U.S. hospitals.

Why is maintaining the MGH’s Magnet status important?
Magnet recognition is not an award – you don’t “win it” – you earn it. It’s the highest stamp of approval a health care organization can receive from a nonregulatory agency.

Research demonstrates that Magnet hospitals have better patient outcomes, patient satisfaction and nursing satisfaction, as well as lower RN turnover. Magnet-hospital designation and redesignation is now considered the “gold standard” for nursing practice in all settings, and by extension, the highest standards of quality and safety in patient care.

What does the redesignation process involve?
The process started over the past few years with the MGH conducting a comprehensive gathering of evidence to support the hospital’s claim to Magnet status. This resulted in 5,024 pages describing individual and collective work that illustrate the Magnet standards. After a thorough assessment by a team of four ANCC appraisers, the MGH advanced to a site visit. From March 4 through March 7, the same team of appraisers will visit the MGH to verify, clarify and amplify the evidence they reviewed. The site visit provides appraisers with an opportunity to speak directly to nursing staff, patients and their families, as well as all other MGH staff members. The team will visit the main campus, health centers, clinics, as well as other MGH satellite locations. In essence, they conduct a review in every location where nurse practices.

I am not a nurse. What is my role in the Magnet site visit?
As an MGH employee, everyone has a key role in the upcoming site visit. It’s important to know that ANCC appraisers can stop and talk to any member of the MGH community – at any time and at any location. This information will be used as part of the team’s review process.

All MGH employees should have a basic understanding of the Magnet Recognition process and should be able to describe how their department works in collaboration with nursing.

For more information about Magnet and the upcoming site visit, contact Marianne Ditomassi, RN, DNP, MBA, Magnet program director at (617) 724-2164.

Center for Celiac Research joins MGHfC

AFTER NEARLY TWO DECADES of providing clinical care for patients and conducting innovative research on celiac disease and other gluten-related disorders, the Center for Celiac Research has relocated from Baltimore to Massachusetts General Hospital for Children (MGHfC), as part of the MGHfC’s newly renamed Mucosal Immunology and Biology Research Center.

Alessio Fasano, MD, who founded the Center for Celiac Research at the University of Maryland School of Medicine in 1996 and the Mucosal Biology Research Center in 2003, is serving as director for both MGHfC research centers and also is the new chief of Pediatric Gastroenterology and Nutrition. Fasano and his team are international leaders in the research and treatment of gluten-related disorders. They launched a new era of awareness of the condition in North America in 2003 when they released results of an epidemiological study that placed the rate of celiac disease at one in 133 people in the U.S. Fasano went on to spearhead research that identified gluten sensitivity as a condition on the spectrum of gluten-related disorders.

“We’re delighted to welcome Dr. Fasano and his team of research scientists and fellows to Boston,” says Ronald E. Kleinman, MD, physician-in-chief at MGHfC. “He is an internationally recognized investigator, a superb clinician and inspiring teacher. He’s just the right person to move our work forward as we expand our outreach to both children and adults with gluten-related disorders.”

Moving the center to MGHfC allows Fasano’s team to also partner with the Celiac Center at Beth Israel Deaconess Medical Center and Boston Children’s Hospital. The team will continue its work investigating potential links between gluten-related disorders and conditions such as schizophrenia and autism spectrum disorder in certain subgroups of patients.

“They also are working to isolate a biomarker for gluten sensitivity.

“After 16 years of conducting groundbreaking research and treating children and adults for gluten-related disorders, we’re looking forward to the next phase of discovery and treatment breakthroughs,” says Fasano. “By joining forces with other celiac centers in the Boston area, we will become one of the largest and most advanced facilities in the world to care for people with gluten-related disorders.”

The Center for Celiac Research’s patient clinic is scheduled to open in February in theYawkey Outpatient Clinic, Suite 6B. For more information, visit www.celiaccenter.org and www.massgeneralforchildren.org.
Announcements available online
To read this week’s “What’s Happening” items, visit http://intranet.massgeneral.org.

The source for everything
Partners eCare
Last year Partners announced its plan to implement an enterprisewide, integrated health information system – Partners eCare – over the next five years. To keep staff informed throughout this clinical and administrative system implementation, a Partners eCare website was launched: www.partners.org/partnersecare. To enter the site, simply enter a Partners username and password. Employees can also sign up for email alerts to stay up-to-date on upcoming activities and important program-related news.

THE MGH has taken on many shapes and sizes during its lengthy 201-year history. In 1875, pavilion wards, seen above, were constructed as a means to isolate patients from one another in an attempt to avoid the spread of illness. The idea behind these quickly-built single-story wards was that they would be used for 10 years then torn down and replaced, as it was thought they would be impregnated with disease. They were constructed where the White, Gray and Bigelow buildings now stand.

The colorful history behind these wards was just one of the many stories shared by David Hanitchak, RA, former director of Planning and Construction at the MGH and current principal at NBBJ, during his presentation “The Morphing of MGH: Architecture Reflects Changing Patterns of Care” on Jan. 23 at the Paul S. Russell, MD Museum of Medical History and Innovation. Hanitchak’s lecture included a visual history of the plans and strategies for developing the MGH main campus over the past two centuries.

The museum’s lecture series will continue next month as Jordan Smoller, MD, ScD, of the Center for Human Genetic Research at the MGH, speaks about his work on how biology is providing clues to unlocking the secrets of normal and abnormal behavior. The lecture, from 6 to 8 pm on Feb. 5, is based on his book, The Other Side of Normal.

Programs are free and open to the public. For more information, visit the museum’s website at www.massgeneral.org/history/russellmuseum or email mghhistory@partners.org.

Pill-sized device
(Continued from page 2)

technology – a rapidly rotating laser tip emitting a beam of near-infrared light and sensors to record reflected light. The physicians operating the system, which includes a string-like tether, were able to image the entire esophagus in less than a minute. The study showed a procedure involving four passes – two down the esophagus and two up – could be completed in about six minutes.

A traditional endoscopic examination requires patients to stay in the endoscopy unit for about 90 minutes.

The detailed microscopic images produced by the OFDI system revealed subsurface structures not easily seen with endoscopy and clearly distinguished the cellular changes that signify Barrett’s esophagus. Study participants who had previously undergone endoscopy indicated they preferred the new procedure.

“The images produced have been some of the best we have seen of the esophagus,” says Tearney. “We originally were concerned that we might miss a lot of data because of the small size of the capsule; but we were surprised to find that, once the pill has been swallowed, it is firmly ‘grasped’ by the esophagus, allowing complete microscopic imaging of the entire wall. Other methods we have tried can compress the esophageal lining, making it difficult to obtain accurate, three-dimensional pictures. The capsule device provides additional key diagnostic information by making it possible to see the surface structure in greater detail.”