The gift of healing

ON DEC. 31, 2014, when world-renowned pianist Menahem Pressler stepped off the stage after performing with the Berlin Philharmonic, he didn’t realize the pain in his left side could kill him.

Eight days later, at the MGH, the 91-year-old underwent a relatively rare procedure to repair a life-threatening aneurysm in his thoracic aorta. He had been referred to vascular surgeon Virendra Patel, MD, MPH, after surgeons in Indianapolis, Indiana, told him traditional open heart surgery was too risky.

In recent years, Patel has initiated a new procedure known as a fenestrated thoracic endovascular aortic stent graft (f-TEVAR), a less invasive option for patients with thoracoabdominal aneurysms who are not considered strong enough to endure the stress of open surgery. Patel is one of only a handful of U.S. doctors performing these very precise grafting procedures and one of a few surgeons worldwide who can perform both open and endovascular thoracoabdominal aortic aneurysm repair.

Once the decision is made to use the new procedure, Patel customizes a commercially available stent to fit the individual. After a CT scan identifies the (Continued on page 2)

Honoring those who serve

“THIS IS A DAY that the whole country says, “Thank you.””

Massachusetts National Guard Lt. Col. John Rodolico, PhD, senior clinical director of the Red Sox Foundation and MGH Home Base Program, paused during his welcoming remarks at the annual MGH Veterans Day Appreciation Breakfast. “How many of you are Vietnam veterans?” Rodolico, who served in Iraq, asked those in attendance. “When I came home for the second time – when we landed, there was a line of Vietnam veterans who were the first ones to welcome me. I want to thank everyone here, but I want to personally thank you for your service.”

During the Nov. 11 ceremony at the Paul S. Russell, MD Museum of Medical History and Innovation, keynote speaker and Vietnam veteran Steve Temple, a carpenter in the MGH Buildings and Grounds Department, introduced a new employee group called MGH Military Veteran Partners (MVP). The group was formed to serve and support the hospital’s active duty, reserve and former military and service member employees, as well as their families and the external veteran community. Temple says the group – open to all MGH employees – hopes to plan activities and events throughout the year that support the veteran community, recruit veterans for employment at the MGH, and offer outreach and support to veterans and their families in need.

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Toolkit features helpful materials for eCare launch

Partners eCare is a Partnerswide initiative to implement Epic, the electronic health record and administrative system at each hospital and affiliated health care site. The single electronic medical record will allow a patient’s health-related information to be shared among authorized clinicians and staff from anywhere within the Partners network.

THE MGH HAS CREATED an informative toolkit page on the Partners eCare website at http://partnersecare.partners.org, which includes timelines, fact sheets and educational videos to help prepare staff for the system launch.

In addition, the MGH has introduced a new workbook to guide directors and managers through the upcoming Partners eCare implementation process, beginning with the Ambulatory Wave 1 go-live.

Many managers have asked, “How can I navigate myself and my staff successfully through the implementation?” The workbook answers this question with a readiness worksheet that will help managers keep their teams organized and understand the steps needed to ensure a successful go-live. The worksheet covers milestones to check off between now and January within training, operational readiness and communications.

While the workbook is geared toward managers and directors, the workbook also includes FAQs and fact sheets that can be used by all end users and slides from the Wave 1 Organization Readiness Kick-Off Session. Staff in future waves also are encouraged to review these materials to better familiarize themselves with the processes involved in implementation.

Clinical Research Day focuses on translational medicine

THE 13TH ANNUAL MGH CLINICAL RESEARCH DAY on Oct. 8 focused on the challenges of translating research discoveries into drugs, devices and procedures that address disease and improve the health of patients. The day began with the keynote speech by Mark Fishman, MD, president of the Novartis Institutes for Biomedical Research and former head of MGH Cardiology and founder of the Cardiovascular Research Center. After acknowledging that both Novartis and the MGH share the goal of changing the practice of medicine, he cited several of his company’s most promising projects and presented three important hints for clinical researchers: be ambitious in choosing fields in which a major impact can be made, such as the challenges of aging; bring discoveries into clinical investigation as quickly as possible, since animal studies may not predict results in humans; and be prepared for what comes next.

Fishman challenged his audience to be leaders in defining the full spectrum of a disease, from the molecular basis to the impact on patients. “MGH is so ideally suited with its great breadth of talent both in the basic and the clinical arenas, I don’t think there will be another institution that can beat you.”

After the annual poster session, featuring presentations from 322 research teams, the panel discussion addressed “How to Think About Innovation and Translation at MGH.” Merit Cudkowicz, MD, chief of Neurology, described how her department brings clinicians and scientists together by arranging for each PhD researcher to affiliate with at least one clinical division. Mason Freeman, MD, director of the Translational Research Center, described how the center has evolved into the new, 18-bed facility being constructed on White 12 and noted that the biggest challenge for industry in working with MGH investigators is navigating our process, something that his team is working to streamline.

During the discussion, Henri Termeer, an MGH trustee and retired president of Genzyme, stressed that companies wishing to develop new treatments have a key disadvantage — lack of access to patients. “They look at you here at MGH and wish they were here,” he said. “I can’t tell you how incredibly powerful what you do is.”

—The gift of healing
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exact location and size of the aneurysm, Patel makes a series of precise measurements to ensure the stent fits properly within the aorta. It must contain the aneurysm and prevent rupture, but also include openings (fenestrations) to let the aorta branch into the body’s other arteries.

While the procedure is technically exacting, Pressler was struck by how sensitive Patel was to his desire to get back to the piano. “Dr. Patel not only cares for but cares about his patients,” Pressler says. “He operates with love, with knowledge, and with a sense of confidence that he will succeed. He showed so much joy at my recovery.”

Pressler’s determination to remain active, along with a very strong family support system, made a critical difference in his recovery, Patel says.

Until the graft procedure, Pressler had been an active concert pianist and teacher, flying around the world to perform with orchestras, chamber ensembles and as a soloist. During his more than 50-year tenure with the Beaux Arts Trio, he recorded nearly the entire piano chamber music repertoire and has been lauded for his remarkably expressive approach to music.

Less than six months after his graft, Pressler performed an entirely new repertoire in London, and he has continued to perform and lead master classes internationally.

“For me, to be able to continue the way of life I love — to be an artist and perform — is such a gift,” Pressler says. “God gave me the gift of music, and he gave Dr. Patel the gift of healing. The world is a better place for having a man like him in it.”
VIEtNAM: 50 YEARS LATER

MGH School of Nursing grads share stories of serving on the front lines

Sheila Edmonds Long, a 1965 graduate of the MGH School of Nursing, arrived at the 85th Evacuation Hospital in Qui Nhon, Vietnam in July 1966, a young girl in her 20s fresh out of school. "I just looked down at the two open wards with hundreds of beds and thought, 'Oh, my God, this is war.'"

Long was joined by three other MGH School of Nursing graduates at the school's Continuing Education Day Sept. 25, part of the MGH Nurses' Alumnae Association's effort to preserve nursing history with an oral history project. It has been 50 years since the start of the Vietnam conflict – and the event marked the first time any of the women had shared their stories at the MGH.

"What were we thinking? Why did I do this?" reflected Roberta Nemeskal, MGH School of Nursing class of 1969, who served in the U.S. Army Corps from 1969-1970. She spent one year at Walter Reed Army Hospital in Washington, D.C. treating injured soldiers, then a year at McAfee Army Hospital in New Mexico. "War was very real in 1968 when we signed up. It seemed like the right thing to do as an MGH grad. But we were just children. We were children taking care of children."

And they practically were. The average age of an American soldier serving in Vietnam was 19. And most of the nurses there were in their early 20s. If a woman wanted to join the Army in 1968 and she was under the age of 21, she needed her parents' signature granting permission to join.

"Every night we would be home watching TV and war would be right in your face. One night I had an epiphany and just said, 'This is what I need to do,'" says Barbara Teixeira Goral, MGH School of Nursing class of 1967, who served in the 12th Evacuation Hospital in Cu Chi, Vietnam from 1968-1969.

Because of her MGH training, Goral was made charge nurse immediately upon her arrival, though she continually tried to transfer. "Physiologically I could not see many more people die or more horrific wounds," says Goral. "But they wouldn't transfer me because no one else had the training that I did. I never would have been able to function in that capacity had I not had the great training as I did at the MGH."

Burns were the specialty of the hospital, and Goral recalls them being horrific. She worked 12- to 14-hour shifts without a day off for six months, which took a huge toll both physically and mentally. She often worked wearing a flak jacket because of incoming fire. Goral says after a while she wouldn't take cover, she simply worked through it. Despite the difficulties of war, Goral remained strong. "I had to divorce myself from the politics of the war. The fact of the matter was American soldiers were dying over there and they needed our help. I had something to offer and the Army was my way to do it."

Jane McCarthy, MGH School of Nursing class of 1969, says she – like Goral, Nemeskal and Long – did not believe in the politics of the war, but still she wanted to serve. She recalls when she and Nemeskal arrived at the intensive care unit at the Walter Reed Army Hospital, they immediately were recognized by the chief nurse as "the girls from Boston and the MGH. We've been so looking forward to getting you." And just like that, they were Army nurses. (Continued on page 4)
MGH offers backup child care

SCHOOLS CLOSE for vacation, caregivers get sick or are suddenly unavailable, different hours may be required at work. The unexpected happens daily, making it necessary for some parents to find supplemental child care.

Fortunately, the MGH has a Backup Childcare Center for those times of need.

Patricia Pirone, director of the MGH Backup Childcare Center, recently shared updates, as well as reminders and important information for parents. The Backup Center is available to MGH employees and patients, for children from 2 months old to 12 years. Having 2-month-olds at the center is a recent policy addition that has been well received. Because infant care can be quite specialized, Pirone says, tours of the infant and toddler care spaces are offered to support families in their transition to using the center.

The center can care for up to 24 children per day, and it is available for families to use 20 days each year. Pirone says parents can book a spot up to one month in advance.

“I really recommend checking our website for information and completing forms prior to coming in to be as prepared as possible,” says Pirone. “It can get stressful if you have to do everything at the last minute.”

The main message Pirone stresses to parents is to call ahead and be patient, especially during the summer and school vacation weeks. “There are definitely times of year when it is almost always full here. We work with families as much as possible to be of assistance. If we are booked one day, do try again. We are here to help.”

For more information about reservations and cost, call 617-724-7100 or visit www.partners.org/For-Employees/Childcare/Backup-Childcare.aspx.

— Nurses in Vietnam

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In 1970, McCarthy was sent to the 95th Evacuation Hospital in DaNang, South Vietnam. “I just didn't think I had the strength to survive Vietnam,” McCarthy says. “There is a very high cost to war; the devastation of a country and the killing of its people. But it didn’t put me in conflict with being there and taking care of soldiers.”

Returning home to the U.S. after their service was not much easier. “Transitioning to civilian nursing was a nightmare,” recalls Long. “I was intolerant of people sitting or not moving fast. We didn’t talk about the war with anybody; primarily it seemed no one even cared.”

The same was true when Nemeskal returned home. To this day, she says, her siblings have never asked about her time in the service. “It was like bad words or something; you just didn’t talk about it.”

As McCarthy stood in the airport to return home, she completely fell apart. “I saw all these people around me in civilian clothes, and all I could think was ‘Don't you know there's a war going on?’” After sleepless nights and nightmares about being back in Vietnam, McCarthy went back to college to earn her degree, and continues to be an advocate for veterans. “We will continue to reach out to other veterans,” says McCarthy. “Because – although we always remember the high cost of war – we survived. And we have gone on with our lives.”

Although for the past 50 years sharing their stories was something that was not done, these four MGH School of Nursing graduates touched the entire audience with tales of their courage and bravery.

“I just thank you for sharing your profound stories,” said one audience member. “And I thank you for what you've done. You are our true heroes.”

— Veterans

(Continued from page 1)

“Our goal is to create a large army of people willing to come together to help our veterans. I’m asking you to consider joining this different kind of army – an army of caring and an army of kindness,” Temple said. “It’s what we already do here at the MGH and if we get a lot of people we can accomplish a great deal. We cannot forget the sacrifices and the needs of so many of our comrades.”

Following his remarks, Temple was presented with a “Certificate of Awesomeness” and it was announced that a special scholarship had been created in his honor. The MGH MVP Temple Scholarship will be granted to a veteran/student who is studying the trade arts.

“I think the Home Base slogan really says it all,” Temple said. “Their mission is complete. Ours has just begun.”

The MGH MVP group will host a general meeting from 3-4:30 pm on Nov. 17 in the Thier Conference Room. For more information, email MGHVetpartners@partners.org. The group is open to all employees, and no prior military service is necessary.

— PLAYFUL POTIONS:

Dylan Mulgrew, 3, creates scientific concoctions.