

VotER: Empowering patients in the ED

IT IS ESTIMATED THAT MORE THAN 50 MILLION eligible people in the United States are not registered to vote. One emergency medicine physician at the MGH has made it his mission to decrease that statistic – one person at a time.

“I was really inspired by what I see in the Emergency Department every single day, and what my colleagues see every time they go to work,” says Alister Martin, MD, MPP, of the MGH Emergency Department (ED). “So much of what we do in the ED is true medical emergency care, but a large portion of what we also see are the faces of failed public policy. These are the folks that come to us with problems that have their roots in upstream public policy issues like homelessness, addiction, food insecurity and lack of access to mental health care in this country. And, there are two things we can do about it. We can complain and wring our hands, or we can try – as physicians, as physician assistants and as nurses – to get involved in some small way and make the system better. We can be part of the solution.”

Martin’s solution comes in the form of a newly created **VotER** initiative, providing patients, visitors and staff with the opportunity to register to vote, or check to see if they are registered to vote, while at the MGH. The program – created in coordination with a team from Harvard Kennedy School, a tech nonprofit called Turbovote, and the behavioral *(Continued on page 4)*



ENGAGEMENT EFFORT: Martin at the voting registration kiosk in the MGH Emergency Department

Never far from home: The power of the MGH community

The following was written by Karen MacDuffie, MGH volunteer and member of the LVC.

MY MGH COMMUNITY is a very important part of my life. I have been a volunteer for about 25 years, most of them in the Gray/Yawkey Family Waiting Area and in the Post-Anesthesia Care Units. As a member of the Ladies Visiting Committee, I have been privileged to learn about many areas within the MGH and to meet many of the administrators and doctors that make up this community. I have seen the caring and compassionate manner of the staff as they treat the patients – both my husband and I have been patients as well.

But my concept of this community changed – grew – recently when my husband and I experienced a traveler’s nightmare: John had a serious injury in a foreign country where we did not know the facilities nor speak the language. Luckily we were on a tour, so had a guide who could help us. But all I wanted was to be in my user-friendly, recognizable MGH with its world-class doctors, the latest equipment and its familiar faces. That was the community I needed.

After a four-day wait for the appropriate accommodations, we arrived at the plane that could take us home. I turned to my right – and a member of my community was here – Joshua Hirsch, MD, a doctor I had seen countless times in the Gray Family Waiting Area. The relief I felt just knowing that he would be on the plane was immense. Dr. Hirsch said that if there was anything he could do, he’d be there.

About two hours out of Boston, John began to feel awful. Even the *(Continued on page 3)*



SAFE TRAVELS:
Hirsch with John and Karen MacDuffie

1.10.20

RESEARCH ROUNDUP

Can teeth tell more about the future impact of adverse childhood events?

MGH researchers will be among the first to investigate if baby teeth can provide insights into adverse childhood events that could lead to mental health problems down the line.

Teeth develop in layers, leaving behind growth marks similar to the rings of a tree trunk. By studying the characteristics of these rings, researchers hope to find an objective way to measure the impact of these events and identify new opportunities for early intervention and treatment of disorders such as depression and anxiety.

“Every tooth can tell its own story about a period in early development, even before birth,” says Erin Dunn, ScD, MPH, of the Center for Genomic Medicine and the Department of Psychiatry, who is leading the study. “We believe teeth might capture the psychological and social stressors people experience early in life, which can then help to guide prevention efforts.”

Electronic health records could improve early Alzheimer’s diagnosis

Many researchers believe that the key to effectively treating Alzheimer’s disease is early diagnosis, before outward symptoms such as dementia and memory loss appear.

An MGH research team has developed a software-based method of scanning data from electronic records to estimate the likelihood that a currently healthy person will receive a dementia diagnosis up to eight years in advance.

The team first used machine learning technology to build a list of key clinical terms associated with cognitive symptoms. Next, they used national language processing to comb through clinical notes from 268,000 electronic health records looking for those terms. Finally, they used those results to estimate patients’ risk of developing dementia.

“We need to detect dementia as early as possible to have the best opportunity to bend the curve,” says Roy Perlis, MD, director of the MGH Center for Quantitative Health, who led the study along with Thomas McCoy Jr., MD, director of Research for the Center for Quantitative Health. “With this approach, we are using clinical data that is already in the health record that doesn’t require anything but a willingness to make use of the data.”

Raising awareness of the health risks of restrictive eating

Children who refuse to eat certain foods typically grow out of that phase as they get older. A similar condition in adults called avoidant/restrictive food intake disorder (ARFID), however, can be a serious problem that may require treatment.

ARFID can make it difficult to eat at work or during social situations, strain relationships with friends and family members, and lead to serious medical consequences including significant weight loss and nutritional deficiencies.

A paper published by an MGH research team led by Helen B. Murray, MS, of the Department of Psychiatry, and Braden Kuo, MD, of the Division of Gastroenterology, seeks to help doctors diagnose this relatively unknown disorder and connect patients to care.

In a chart study of 97 gastroenterology patients who were retrospectively identified as ARFID patients, the team found only one was correctly diagnosed within 18 months of their initial presentation for treatment.

“The good news is there is effective, exposure-based treatment for ARFID. The bad news is that many gastroenterologists are still not aware of this diagnosis,” Murray says.

Nantucket Cottage Hospital welcomes new president

THE NANTUCKET COTTAGE HOSPITAL Board of Trustees has named Gary Shaw president and CEO of Nantucket Cottage Hospital following a nationwide search. Shaw – who began his new role Dec. 9 – brings more than two decades of experience leading hospitals and health care organizations from Delaware to Alaska, as well as 20 years of service in the U.S. Navy’s Medical Service Corps.

“Gary is the right person to lead Nantucket Cottage Hospital into this new era with the island’s new health care facility, and every member of the search committee and the board feels confident that his experience and skillset are well-matched to meet the challenges of our remote island hospital,” said Kevin Hickey, chair of the hospital’s Board of Trustees.

Shaw most recently served as president of Cambridge Medical Center in Minnesota. Prior to that, he was the hospital administrator of the Alaska Native Medical Center in Anchorage, Alaska, a regional referral center and teaching hospital for the Alaska Native and American Indian populations. Shaw enlisted in the U.S. Navy in 1977, progressing from hospital corpsman to lieutenant commander of the Navy’s Medical Service Corps. He served during four wars and his last assignment was as Secretary of State Madeline Albright’s public health representative to the United Nations during the Bosnian war.

“My wife Trisha and I are very excited to be returning to our New England roots, joining the Nantucket community, and I couldn’t be more pleased to be invited to work with the wide array of highly skilled team members at Nantucket Cottage Hospital,” Shaw said.

Shaw succeeds Margot Hartmann, MD, PhD, who served as Nantucket Cottage Hospital’s president and CEO since 2010. ■



Extended hours

THE MGH OUTPATIENT PHARMACY in the Wang Building has new weekday hours. It is now open from 8:30 am to 7 pm Monday through Friday. Weekend hours will remain the same – Saturday from 9 am to 3 pm and Sunday from 9 am to 12:30 pm.

MGH IN HAITI



As Haiti continued to recover from the devastating earthquake, a team from the MGH Center for Global Health traveled there in July 2011 to combat the rising cases of cholera.



MGH staff collected and shared much-needed supplies following the 2010 earthquake.



Louise Ivers, MD, executive director of the MGH Center for Global Health, boarded a UN flight in 2010 to deliver humanitarian aid in rural Haiti.

Remembering the Haiti earthquake: 10 years later

TEN YEARS AGO on Jan. 12, 2010, a 7.0 magnitude earthquake hit the island nation of Haiti, heavily damaging its capital city of Port-au-Prince and surrounding towns. Reports estimate more than 100,000 people were killed and 250,000 homes were left in shambles. In the next two weeks, some 52 aftershocks measuring at 4.5 magnitude and greater continued to ravage the area.

Following the disaster, the MGH immediately coordinated an emergency response effort, assisting employees with ties to Haiti and coordinating nearly 100 staff members to serve as medical volunteers to travel to the country to provide much-needed support. Over the course of the past 10 years, staff members continued – and continue – to return to Haiti to provide clinical care and other assistance.

“It’s overwhelming to see such large numbers of people affected – you can feel helpless,” Susan Briggs, MD, a trauma surgeon who was part of the response, said at the time. “You can’t take back their losses, and you can’t do much of anything on your own. But because everyone at Mass General worked together, we could make a difference in Haiti. We gave them hope for the future.” ■

— MGH community

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attendants noticed it, and asked if we wanted a doctor to meet us at the plane. Then the attendant announced, “Is there a doctor on board?” Dr. Hirsch immediately came up. Of course we were frightened – it had been a long, exhausting, traumatic experience, and John needed help. The professionalism and compassion that Dr. Hirsch showed to him, and to both of us, so exemplified what we have experienced over many years of being involved in the MGH community.

After checking on John and reassuring us both, he asked if we wanted an ambulance to meet us at the plane and take us directly to the MGH. We thought about it and then made the right decision – we went directly from the plane to the Emergency Department, where John was immediately enveloped in questions, tests and IVs. He eventually had surgery, followed by a five-night stay surrounded by capable, attentive members of the community. He is recovering well at home.

As a volunteer, I see the impact of the skills and the empathy of the MGH often. As volunteers we are often told that we are part of the team – part of the MGH community. That was so very evident from Dr. Hirsch’s acknowledgement of John’s situation in the Rome airport to our arrival in Boston. While I’m sure any doctor would have done the same for any passenger, I felt very secure knowing that one of “my community” was on board, was ready to jump in if needed and was there when the need arose. ■

Select MGH staff to receive Patient Safety Culture survey

ON JAN. 13, staff who work in departments that provide or support direct patient care will receive the “MGH/MGPO Survey on Patient Safety Culture.” The confidential questionnaire, sent via email from SurveyMonkey, takes about 15 minutes to complete. Results of the survey will be shared with hospital leadership to help guide future quality and safety initiatives throughout the institution.

“Understanding your perceptions about safety will allow us to reinforce and advance our culture throughout departments and across the institution,” says Jana Deen, RN, associate chief Patient Safety Officer. “Candid responses are encouraged as we continue our efforts to enhance patient safety and ensure that all providers are comfortable reporting when something is not right.”

Everyone who completes the survey will be entered to win raffle prizes and weekly drawings for Coffee Central gift cards.

For more information, email Jesse Russell, of the Center for Quality and Safety, at jrussell7@partners.org.

– *VotER*

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sciences firm ideas42 – features two iPad-based kiosks located in the ED's registration area and in a non-acute waiting room. In addition, flyers are posted throughout the ED with the program's website and a QR code, which allows people to scan a barcode with their cellphone for immediate access to the site.

Martin stresses the program is totally optional, non-partisan and does not impact or interrupt clinical care. "Our *VotER* program is aimed at trying to empower our patient population to register to vote," he says. "This is because what we've seen is a demographic overlap for those who are not registered to vote in this country and those who use EDs nationwide for what we call low-acuity complaints or nonemergent complaints. The top three populations in both categories are those who are low-income, people of color and young Americans. We saw that

there is an incredible opportunity to offer voter registration to these groups while they are at the hospital."

As part of the initiative, Martin says, voters at the MGH will also be invited to participate in a separate and optional research study examining the registration rates to better understand if registering in an

ED setting helps with access to registration, ease of registration and subsequent voter turnout at the polls. The study is slated to run through the national presidential election in November 2020, however, the registration kiosks will remain in the ED to continue to promote the importance of voter registration.

"Our department is proud to be the first in the nation to offer this valuable resource in the ED and to lead a growing group of departments across the country that will join us in offering this important service," says David Brown, MD, chief of the Department of Emergency Medicine. "We are pleased that the Hospital of the University of Pennsylvania and Einstein Medical Center in Philadelphia have already introduced the *VotER* program in their emergency departments and we have been pleasantly surprised by the amount of outreach from interested hospitals across the country."

Martin says he believes building a more inclusive health care system starts with creating a more inclusive democracy and the first step in that process is getting more people registered to vote. "The bottom line is we want to make it easier for people to register to vote. It's easy. It takes 90 seconds with the *VotER* platform. And, it's so important."

For more information about the *VotER* program, visit www.vot-ER.org. To register to vote, or to check registration status, visit www.vot-ER.org/Voter. ■



CRITICALLY ACCLAIMED: From left, Gao, Parth and Ahrens

Flu Haiku Contest winners

AFTER MORE THAN 350 submissions and nearly 600 votes cast, winners have been honored for their poetic prowess in Apollo's Flu Haiku Contest. The top two entries were separated by mere votes.

Patel Parth and Kaitlan Ahrens, of Transplant Surgery, co-wrote the fan favorite:

*"A minute or two
To prevent the nasty flu
quick as a haiku"*

Anna Gao, RN, of the Wellman Center for Photomedicine, earned second place:

*"Sneezes, sniffles, snot
Oh no that is not so hot
Time for a flu shot"*

Nominate a Safety Star: Individual or team!

Do you know an employee or team who proactively speaks up for patient safety?

This person or team goes above and beyond their regular job duties to demonstrate a true commitment to patient safety and promotes high quality care.

Tell us about this employee or team, and why this nominee should be selected and honored as a 2020 Patient Safety Star.



Start the nomination process now!
Beginning Dec. 16, scan the barcode or visit surveymonkey.com/r/PSAW2020

Hurry! Nomination period ends Jan. 17.

