Ten years ago, on April 15, 2013, Paul Biddinger, MD, then the vice chairman of Emergency Preparedness in the Mass General Emergency Department, started his Marathon Monday as he had in previous years – staffing a medical tent on Heartbreak Hill, the final ascent of the Boston Marathon. Within a matter of hours, however, two bombs were detonated near the finish line and Biddinger rushed back to Mass General’s Emergency Department, where runners and spectators – many severely wounded – were brought for treatment.

Many memories and emotions arise when Biddinger thinks back to that day – and the weeks and months that followed. It is impossible to forget the sadness, uncertainty and stress felt by staff throughout the hospital. Yet now, a decade later, what Biddinger concentrates on most is his overwhelming appreciation for his fellow MGHers, who never wavered in their commitment to save lives and take care of one another during that chaotic and distressing time. Biddinger, who now serves as Mass General Brigham’s chief preparedness and continuity officer, also focuses on helping to improve health care emergency preparedness initiatives across the United States through several federally-funded research programs within the MGH Center for Disaster Medicine.

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Biddinger says toolkits for evacuation, hazardous materials response, biological agent preparedness and resources produced within the Center for Disaster Medicine for hospitals across the country have leveraged Mass General’s interdisciplinary successes and extraordinary work.

“Our hospital system has changed in many ways since 2013, but the core of what we do has always been the same,” Biddinger says. “Our role will always be to be there for our community on really good days and really challenging days.”

Biddinger attributes the hospital’s quick response on that especially challenging day to its longstanding commitment to training, providing staff with an understanding of how mass casualty incidents unfold and what immediate responses are needed. Because staff in many role groups had participated in training drills and had reviewed and prepared for emergency situations, they were ready to take action, which resulted in the delivery of urgent, and in some cases lifesaving, care.

Josh Baugh, MD, now the medical director for MGH Emergency Preparedness, was a junior medical student in Brigham and Women's Hospital Emergency Department at the time. He remembers his amazement at how quickly the ED came together in response to the hectic situation and says it played a key role in what led him to a career in emergency medicine and emergency preparedness.

“We hope nothing like this ever happens again, but the tragedy of the marathon bombing keeps me motivated to ensure we are prepared to respond if called on again to care for our community,” Baugh says.

The Center for Disaster Medicine staff stay prepared by continuously learning from past emergencies. Their response to the marathon bombing helped to inform processes in the Mass General Emergency Department and in hospitals around the world.

“After that experience, we tried to take a tragedy and turn it into something that helps everyone be prepared to face something similar in the future,” Biddinger says.

To still have that much energy and buzz and interconnectedness after all we’ve been through speaks volumes,” he says. “I’m confident that if our staff were asked to step up again as we were 10 years ago, they would have the willingness and training to do so successfully.”
Josie Fisher, MD, MPP, senior resident in the Department of Internal Medicine and a 2023–2024 Internal Medicine chief resident, has always been athletic, using fitness to decompress after a stressful workday and as a way to connect with her family and friends. During the height of COVID-19, in January 2021, Fisher took up competitive skimo as her “pandemic hobby” to get her mind off the heaviness of working as an intern in the Intensive Care Unit (ICU).

Skimo is a combination of backcountry skiing and mountaineering that requires athletes to quickly ski up a mountain using climbing skins – which provide the traction needed to ascend on skis – ski back down, and then repeat the process several times. Since beginning to compete two years ago, Fisher has qualified for the U.S. Skimo National Team and recently traveled to Boi Taull, Spain, to support her team in the 2023 Skimo World Championships.

“I started downhill skiing before I was 2 years old,” Fisher says. “I got back into it more seriously when I graduated college and then started backcountry skiing when I met my husband. Then, in 2021, I took up skimo when there wasn’t much to do – it was a pretty COVID-safe activity.”

“I’m constantly thinking about ways I can learn from my formative experiences in athletics and use them to become a better doctor.”

Fisher says skimo and the adventures that come with it helped her get through what was a tough winter that year.

After performing well at competitions across New England, she realized her talent made her competitive at the national level. She placed third at the North American Championships in Kicking Horse, British Columbia, qualifying her for the national team.

“It was a pleasant surprise since that was only my second season competing,” Fisher says. “The highlight of being on the team has been making friends with these amazing athletes from around the country and getting to travel to and explore new places like Aspen, Spain and British Columbia.”

Aside from the adventures that come with skimo, Fisher believes the sport makes her a better doctor. In some ways, she says, she can only be the best version of herself when she balances work and athletic endeavors.

“It’s important that I enjoy both aspects of my life,” she says. “Skimo not only helps me clear my head after difficult times at work, but gives me a fun, challenging hobby to focus on outside of work, which helps me be a better doctor in the hospital.”

Fisher also recognizes the parallels to teamwork in both competitive skimo and working in a hospital. During team races, for example, teammates support each other by towing on the uphill when one person is more tired or sharing gear and teaching each other new techniques.

“My experience in skimo and my prior experience as a collegiate ice hockey player taught me the importance of teamwork, which translates to the hospital setting, too,” Fisher says. “We’re always working with our physician, nursing and other colleagues to provide the best possible care for our patients. I’m constantly thinking about ways I can learn from my formative experiences in athletics and use them to become a better doctor for my patients.”

Hotline | Massachusetts General Hospital
The MGH Echo Section: A leader in innovation

Quick facts about echocardiography

What is echocardiography?
Echocardiography – or simply echo – is a test using high frequency ultrasound that shows the anatomy of the heart and how well a person’s heart muscle and valves are working. The image it creates is called an echocardiogram, which reveals details about the heart structure, blood flow and dynamics, and can help diagnose heart disease and other cardiac conditions.

What types of echocardiograms are there?
Transthoracic echo (TTE) is the standard heart ultrasound – a noninvasive way to look at how blood flows through the heart and valves. A transesophageal echo (TEE) provides a more detailed look at the heart by taking images from within the body. Stress TTEs are performed to compare the performance of the heart during exercise and at rest.

Who performs the tests?
Most TTE echo exams are performed by a cardiac sonographer, whereas TEE exams are usually performed by physicians. Sonographers are trained and credentialed to use the ultrasound imaging equipment and analyze the image data. The echo exams are interpreted by cardiologists with advanced training in echocardiography.


It is these three terms that perhaps best describe the MGH Echocardiography Section – a team that is continually adapting to new technologies, and training and supporting both new and longtime employees, all while putting patient care at the center of their work.

“Throughout the years I’ve seen great transformation in terms of the lab’s size, technology and research,” says Lanqi Hua, lab technical director and cardiac sonographer. “But all along, the Echo Lab has always focused on quality. It is not infrequent to hear patients say we did a great job, and we’re very proud of this.”

Innovative

Since the lab’s founding in 1980 by Arthur Weyman, MD, one of the pioneers of echocardiography and chief emeritus of MGH Cardiology, it has been at the forefront of the field. The lab was the first to become fully digitized, led the adoption from 2D to 3D technology, and played a pivotal role in establishing comprehensive echo exam protocols now used in many other labs throughout the country.

“We’ve transformed from a VHS and logbook-filled room to a modern, highly-digitized lab with a library archived on servers, accessible anywhere,” says Jonathan Passeri, MD, emeritus of MGH Cardiology, it has been at the forefront of the field. The lab was the first to become fully digitized, led the adoption from 2D to 3D technology, and played a pivotal role in establishing comprehensive echo exam protocols now used in many other labs throughout the country.

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“As technology has evolved, we have evolved with it.”

MGH echo protocols are continually modified to ensure the lab meets new standards and adopts rapidly changing technologies. Continued advancements in echocardiography have improved accessibility, reporting capabilities and increased research activities and clinical trials.

Some of the impactful research published by the lab include the development of echo criteria for diagnosis of mitral valve prolapse, the development of segmental wall motion plots for assessment of left ventricular function and determination overall function, development of the valvular score in mitral stenosis by 2D echo for determining suitability for valvuloplasty, and unveiling mechanisms of obstructive hypertrophic cardiomyopathy.

As for the next exciting technological advances, Passeri is excited for fusion imaging. “It’s a future avenue that we’ve already been actively engaged in.”

Team-oriented

The lab has experienced significant growth in its four decades, expanding from a few cardiologists to a staff of nearly 40, and offering services at multiple locations across Massachusetts – including on Nantucket and Martha’s Vineyard – to better meet the needs of its communities.

“One of the remarkable things is the ability of the lab to grow and still maintain a dedication to being a high-quality lab,” Passeri says.

The current staff features a team of leaders, sonographers, physicians, nurses, fellows, trainees and administrative staff working side-by-side to not only provide high-quality patient care, but also to support one another and continue the commitment to training that has existed since the early days of the lab.

This commitment to high-quality training is credited to Jane Marshall, cardiac sonographer and technical director emerita of the Echo Lab. Marshall ensured all sonographers’ hands-on training was comprehensive, pairing a senior sonographer with a junior sonographer for 6 to 8 months before letting the junior sonographer perform an echo independently.

Continued on next page
The LVC celebrates 154 years

On Wednesday, April 5, the LVC celebrated 154 years of dedicated service to Mass General. With more than 80 active members, the LVC is one of the oldest hospital auxiliaries in the country and provides support in the form of grants across the MGH community. The LVC oversees the MGH General Stores and Flower Shop, where all proceeds help fund patient programs, services and activities.

Scan here to learn more about the LVC and its ongoing work at the MGH.

Hy5: A simple hand hygiene tool with big results

"Wash your hands."

This common refrain — and vital strategy — is taught since toddlerhood and remains one of the most important actions that can be taken, at any age, to stop the spread of disease. Hand hygiene is also a top priority at Mass General — a simple and effective way to stop the spread of pathogens in the hospital, and is essential to keeping staff, patients and visitors safe.

In addition to traditional hand washing with soap and water, the MGH also relies on routine use of alcohol-based hand sanitizer from dispensers in all patient rooms and other clinical areas that allow for faster and easier cleaning of hands.

As with any key quality and safety measure, tracking data is critical. Last year, as part of its commitment to promoting hand hygiene, MGH developed a simple app named Hy5 that allows all staff members to record hand hygiene observations. Hy5 — a collaboration between the MGH/MGPO Lawrence Center for Quality and Safety, the Laboratory of Computer Science, the Infection Control Unit, and Patient Care Services — is accessible on VoalteS, at hy5.partners.org or from a personal device by downloading the Moxi app.

"These data have already greatly helped us improve our compliance rates and address performance issues in real time," says David Hooper, MD, chief of the MGH Infection Control Unit. "Though we always had some idea of how we were doing, this level of data is something we've never had before. It has immensely helped us increase our observation numbers and gives us a much more expansive picture of our compliance."

Since its launch in April 2022, more than 48,000 observations have been submitted by more than 1,000 staff members. Observations — which never identify individuals being observed by name — aid in the MGH's collective goal of achieving more than 90% compliance before and after patient contact. Thanks to the data collected through Hy5, in the most recent quarter, Q2 22, before-contact rates have increased by 5%, and after-contact rates by 2%, compared to the first quarter of data collection, Q2 21 — both surpassing the 90% goal.

All employees, clinical or non-clinical, are welcome and encouraged to submit observations. Having representation from all role groups helps to improve the breadth of the data and to identify potential areas for improvement on which to focus further efforts.

"Our Patient Care Services leadership and nursing staff have embraced the app this past year and nurses have become a key party in submitting observations," says Colleen Snyderman, PhD, RN, executive director, Patient Care Services Office of Quality, Safety and Practice. "Hand hygiene is everyone's responsibility, and we encourage all role groups to participate. We truly appreciate the continued contributions of staff from across all units in this important effort."
Embracing the grind: MGHer soars on the floor and on the ice

What does the week of a full-time professional women’s hockey player and MGH nurse look like? Just ask Meghara McManus, RN, who does both.

The White 9 nurse – and forward for the Boston Pride – wakes up at 5 am, works on the patient care floor from 7 am to 7 pm, then heads home, where she trades in her scrubs for skates for 9 pm hockey practice. It’s a juggling act, but McManus doesn’t complain.

“I’m honored to be able to do both jobs and have never had to miss some of one thing for the other,” she says. “On game weekends I’ll fit my MGH shifts in earlier in the week, then work on weekends when there is no game, then do regular errands on my days off. It’s a grind, but I embrace that grind.”

McManus grew up ice skating with her brother and played on boys’ teams until she was 14. She continued playing at prep school, and then at the University of New Hampshire, though it wasn’t always an easy process. “The recruiting process can be very vigorous. Many teams told me I was too small, or I wasn’t fast enough,” she says.

Despite the early criticism, McManus proved herself more than worthy, becoming the team’s leading goal scorer and being named MVP in her senior year. After graduating, she was drafted to the Boston Pride, one of seven teams in the Premier Hockey Federation – formerly the National Women’s Hockey League – where she has played for the past three seasons.

During that time, her team won the championship trophy twice – and McManus received her nursing degree and changed her career from a patient care assistant (PCA) to a floor nurse at MGH.

“It was a great transition because the group of PCAs I worked with all got hired to the same floor, an amazing unit where everyone is so kind and always there to help,” McManus says. “One of the biggest challenges in becoming a nurse is knowing who to ask, what to do, where to find things. The transition was so smooth because of the other nurses on the floor, we just had that support from the start.”

Two nurses who have exemplified this kindness, helpfulness and flexibility for McManus and her two jobs are Naomi Martel, RN, White 9 nursing director, and Shannon Mahoney, RN, White 9 clinical nurse specialist.

“Everyone has things in their lives – people have kids, jobs, hobbies, it’s not just me,” McManus says. “I really, truly embrace that they allow me to pursue both of these things that mean so much to me.”

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A new phase of the opioid epidemic: MGH emergency physicians celebrate removal of the X-Waiver requirement

During one of his first shifts at Mass General, Alister Martin, MD, MPP, MGH Emergency Medicine physician, encountered a patient in the Emergency Department who would ultimately change the course of his career. After suffering a severe ankle fracture that required surgery, the patient became addicted to the opioid pain medication oxycodone and came to the hospital seeking help after failing to find an available detox facility.

“She didn't choose or want that life for herself,” Martin says. “But, at the time, even the most kind, compassionate, intelligent emergency physicians didn’t have the resources or authority to help with addiction recovery. And this wasn’t just a Mass General problem – every emergency department in the country was experiencing this.”

One of the main obstacles emergency clinicians were facing in caring for patients with opioid use disorder was the inability to prescribe the drug buprenorphine. To prescribe it for addiction treatment, clinicians were required to hold an additional license called the X-Waiver.

Ali Raja, MD, deputy chair, Department of Emergency Medicine, the only MGH emergency physician to have the X-Waiver at the time, says that while it was important for him to have, the hospital didn’t yet have the infrastructure in place for him to easily use it.

“We didn’t have a program set up with Pharmacy, and it was cumbersome for us to train other clinicians to get their X-Waivers,” Raja says. “For something like this to work, an entire multidisciplinary team of clinicians, nurses and pharmacists have to be on board and trained.”

To get more clinicians licensed, Martin created a program called Get Waivered – a grassroots effort to educate more clinicians in Mass General’s Emergency Department about the X-Waiver and the impact it could have on the lives of their patients. The department quickly went from one waivered physician – Raja – to 46.

Thanks to funding from the National Institutes of Health, Martin was able to take the program across the country and help more than 5,000 more physicians get waivered throughout the past 6 years.

“The magic of Alister is his ability to grow an idea from a grain of sand all the way to an entire beach,” Raja says. “He really hit it out of the park when it came to getting clinicians excited about treating patients with opioid use disorder.”

Martin’s work didn’t stop there.

“It still wasn’t enough,” Martin says. “We eventually started focusing on additional advocacy efforts to get the X-Waiver requirement removed altogether. The opioid epidemic is like wildfire, and just having that extra obstacle felt like trying to put those fires out with an eyedropper.”

In December 2022, those advocacy efforts materialized when U.S. President Joe Biden signed a bill into law to remove the X-Waiver requirement. Martin and emergency physicians across the country felt as though a “light was being turned on in a dark room” when, overnight, the number of clinicians who could prescribe buprenorphine in the United States increased from 130,000 to 1.8 million. Martin was invited to the White House on Jan. 24, 2023, with other national leaders to share information about the work of Get Waivered and to call on additional clinicians to join him in providing treatment for addiction.

“This is going to make a huge difference for patients across the country,” Raja says. “There are so many places where physicians, nurse practitioners and physician’s assistants didn’t have the time or money get the X-Waiver, but now, every hospital in the country will be able to treat these patients.”

Moving forward, Martin says it will be important to continue educating providers and encouraging them to use their prescribing authority for patients with an opioid use disorder.

“Luckily, Mass General has been a leader in this space for a long time,” Martin says. “But now, we can really encourage physicians to talk with their patients about opioid use disorder, ensuring them that we’re the kind of people who can and want to help.”

“The magic of Alister is his ability to grow an idea from a grain of sand all the way to an entire beach.”

Martin and Raja
Elaine van Ee, a research fellow in the Mass General Emergency Department, always dreamed of working in emergency medicine – handling unpredictable patient encounters and collaborating with colleagues to provide the best care possible. Three years ago, those aspirations became reality when she became a paramedical assistant at Leiden University Medical Center (LUMC), a Level I trauma center in The Netherlands.

“LUMC represents the fundamental intersection of education, research and patient care that comprises academic medicine,” van Ee says. “As a paramedical assistant in the ED, I worked on the trauma floor enrolling patients and ambulances, restocking supplies and turning over rooms between patients.”

Van Ee continued this work throughout the COVID-19 pandemic, which amplified her passion for medicine and inspired her to enroll in a dual master’s program in Medicine at Leiden University and in Health Care Management programs at Erasmus University Rotterdam. It was during her studies at LUMC when she learned of a predoctoral research fellowship through an ongoing collaboration between LUMC Trauma Surgery and Harvard Medical School (HMS). Van Ee says it was always her dream to attend HMS and expand her investigation beyond the Dutch health care landscape, and she jumped at the opportunity.

“In working at LUMC and the MGH, I’ve come to understand the importance of balancing my passion for medicine with an understanding of health care systems infrastructure,” van Ee says. “One infrastructure-related issue I’m passionate about is helping emergency departments become more environmentally sustainable.”

Van Ee chose to dedicate her master’s thesis to this topic and is hopeful that hospitals around the world can find a balance between providing high acuity and intensive care while also being mindful of their use of medical supplies and resources.

Through both her research and exchanges with her colleagues, van Ee discovered a general lack of public knowledge on the issue. She says it became clear to her that a simple yet impactful approach to tackling environmental sustainability in health care would be by raising awareness around the magnitude of the industry’s contribution to waste.

“Because I became aware of this issue by observing waste in emergency departments, I began exploring the idea of raising awareness through visual messages,” van Ee says. “That’s how I came up with the idea to create a photo exhibition.”

In collaboration with an emergency medicine physician in the Netherlands – who also enjoys professional photography – van Ee captured her message in five compelling visuals, each using long exposure, noise reduction and shadowing to resonate with the audience.

“I wanted to plant seeds for conversation,” she says. “Some of the photos were considered controversial, and I was met with pushback from local authorities and officials in the Netherlands. But I feel strongly that until we – health care professionals included – take our contributions to waste and pollution more seriously, we only subject future generations to harm.”

To date, van Ee’s photo exhibition, titled “It’s an Emergency!” has toured three hospital campuses, including LUMC, Red Cross Hospital Beverwijk and Amsterdam University Medical Center at Vrije University. It has also been on display at various conferences and is set to continue its tour at Amsterdam MC, the International Conference on Emergency Medicine in Amsterdam, Erasmus MC in Rotterdam, Medical Spectrum Twente in Enschede, Francisius Hospital in Rosendaal, Jeroen Bosch Hospital in Den Bosch and Dijklander Hospital in Hoorn.

As van Ee concludes her research fellowship at Mass General, she hopes to supplement public awareness with sustainable actions from transitioning disposables to reusables when appropriate to reduce product packaging. Upon her return to the Netherlands, she hopes to continue her qualitative research through observation of other specialties, increased engagement with hospital leadership and exploring other avenues for ongoing discussions.

“Until we take our contributions to waste and pollution more seriously, we only subject future generations to harm.”

Mass General is reducing health care waste in the Emergency Department and beyond by:

- Converting isolation gowns from disposable to reusable through a pilot program which is expected to expand across the hospital this year.
- Expanding single-use device reprocessing. Increased device collection opportunities will soon impact the Emergency Department, which currently has a low collection volume.
- Creating an educational module for all MGPO physicians – including those in the Emergency Department – to learn about the environment, climate and health, and how sustainability can be improved at Mass General.
In 1811, the founders of the MGH had a dream: to construct a hospital to provide round-the-clock, state-of-the-art health care and support medical education. To make this lofty vision a reality, they launched a fundraising campaign, bringing in gifts from 25 cents to $20,000 – and even accepted one donation in the form of a 273-pound sow.

Since that dream was realized, the institution has continued to stand proudly, rooted in the promise of providing hope, healing and care as its commitment has grown to serve a worldwide community.

Over those two centuries, Mass General is fortunate to have had a generous community of staff, patients, families and donors. Among those steadfast and transformative supporters are Phillip and Susan Ragon, who have made a monumental contribution toward the construction of the new Cambridge Street Project – which will now be named the Phillip and Susan Ragon Building.

This naming recognizes the extraordinary generosity of the Ragons, whose history of philanthropy through the Ragon Institute has already transformed the landscape of translational research in immunology to prevent and cure human disease. Their most recent gift will now transform patient care at the MGH during its third century.

The nearly 2 million square-foot building will feature two towers with 482 single-bed inpatient rooms and serve as the home to the Corrigan Minehan Heart Center and the Mass General Cancer Center, while unlocking many other existing spaces across Mass General’s campus. The new facility is designed with input from staff, patients and their families, and will feature many amenities and modern spaces for clinical care, support services, education and research.