

Food to feed the soul



A CARVERY THAT CARES: Eat Street Café staff Seandel Grant, Jorge Santana and Paula Brathwaite leave unsold food in the warmer to be put aside at closing for Food for Free.

THE MGH HAS TEAMED UP with the Cambridge-based organization Food for Free to donate excess food from its largest cafeteria to help provide nutritious meals to people in the greater Boston area experiencing food instability.

“The last thing we want is to see food wasted,” says Sara Swiatlowski, manager in Retail and Revenue Operations for Eat Street Café. “Having the opportunity to work with Food for Free allows us to give back to the community and provide a healthy meal for those in need. This is a great program and we are happy to be working with them to help eliminate food insecurities.”

MGH Nutrition and Food Services staff – including chefs, dietitians and purchasers – forecast how much of each item should be prepared at Eat Street Café, located on the hospital’s main campus. Much like meteorological forecasting, however, these projections can change in an instant. Snow or rain may cause more employees to stay indoors and eat in the cafeteria, fewer patients may have appointments on a given day, or a new food offering might be less popular than expected. With an average of 3,000 meals served daily at Eat Street, even the slightest change can have a large impact on the amount of food left at closing time.

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Champions for change

ERIC NADEL, MD, director of the Harvard Affiliated Emergency Medicine Residency, was honored with the 2019 MGH Disability Champion Award. Nadel and his fellow nominees were recognized as “everyday heroes” at the Employee Disability Resource Group’s Breakfast of Champions celebration Nov. 25.

“I learned way more than I taught throughout this period, and only did what anyone would do to learn and help another person. It is easier to see now how everyone moves through the world differently and how we all need support along the way,” said Nadel, who was recognized for his support of his resident’s dream of becoming an Emergency Medicine physician, despite facing unexpected challenges.

“Dr. Nadel’s 20 years as program director for the Harvard Affiliated Emergency Medicine Residency have been highlighted by numerous examples of his compassion and advocacy for all his trainees, especially during times of physical or emotional challenges,” said David Brown, MD, chief of MGH Emergency Medicine, in his nomination of Nadel. “This was never more evident than the way Dr. Nadel leapt into action six summers ago to support one of his interns who was injured in an accident.”

According to Brown, during the student’s year of recovery, Nadel would visit him and ask, “When are you planning on coming back?” and “I can’t wait to see you in the ED.” During this time, Nadel worked to ensure the program would be able to accommodate the resident’s needs upon his return.

Joseph Betancourt, MD, vice president and chief equity and inclusion officer, discussed the hospital’s role in welcoming all people of diverse abilities as a safe place for them to work, visit or receive health care. “Normally champions are celebrated for their accomplishments, but these champions are celebrated for what they do for others,” said Betancourt. “They are committed to supporting those with diverse abilities, and in this way, they are the best of MGH. They demonstrate that together, we care.” ■



CONSTANT COMPASSION: From left, Brown; Jovita Thomas-Williams, senior vice president for Human Resources; Nadel; Betancourt; and Peter L. Slavin, MD, MGH president

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RESEARCH ROUNDUP

Glowing particles in the blood may help diagnose and monitor brain cancer

Brain cancer can be especially difficult to diagnose and monitor after treatment because methods such as tissue biopsies or radiation can injure the brain.

In a recent study, MGH researchers demonstrated a promising new strategy for diagnosing and monitoring brain cancer by using the substance patients drink before surgery that makes tumor cells fluorescent.

Because all cells release particles – called extracellular vesicles (EVs) – into the bloodstream, the researchers wondered if the EVs from tumor cells in the blood of brain cancer patients might turn pink just as the tumor cells do.

In tests of mouse models, the team found that mice with brain tumors had fluorescent EVs in their blood, while the EVs in mice without cancer did not.

The team then collected blood samples from brain tumor patients before and after drinking the imaging agent, both before and after surgery. They found that patients with larger tumors had a significantly higher number of fluorescent EVs in their blood.

“This confirms that what we see in the blood is directly correlated to the tumor tissue, and it is telling us about their tumor size,” said Bob Carter, MD, PhD, chief of Neurosurgery, and co-senior author of the study along with Leonora Balaj, PhD, of Neurosurgery. Pamela Jones, MD, also of Neurosurgery, was the lead author of the study.

Study pinpoints possible cause of noise-related blood vessel damage, heart disease

Long-term exposure to environmental noise – such as that created by planes, trains and automobiles – has been linked to adverse health effects, including a higher incidence of cardiovascular disease. Researchers have identified a potential mechanism through which this noise leads to inflammation, blood vessel damage and heart disease.

In a five-year study of 500 adults, the team found that higher noise levels result in an increase in activity in stress-related centers of the brain such as the amygdala, which in turn causes inflammation in the arteries – an early hallmark of cardiovascular disease.

Of the 40 subjects (8 percent) of participants who experienced a major cardiovascular event during the study period, the team found that each five-decibel increase in environmental noise was associated with a 34 percent increase in risk.

The study was led by Michael Osborne, MD, and Ahmed Tawakol, MD, both of the Cardiac Imaging Research Center and Division of Cardiology.

Successful alcohol, drug recovery hampered by discrimination

Even after resolving a problem with drugs or alcohol, adults in recovery report facing discrimination – such as assumptions they will eventually relapse, feeling like they are held to a higher standard than others, unfair treatment by police and difficulty finding employment.

The results come from a nationally representative survey of 2002 adults in recovery.

While previous studies of people with substance abuse disorder found evidence of discrimination when they are symptomatic or incarcerated, this is believed to be the first study to look at discrimination experienced by those who report they have resolved a problem and are in recovery.

The study was conducted by Corrie Vislant, PhD; Lauren Hoffman, PhD; and John Kelly, PhD, all from the MGH Recovery Research Institute.

Healing with hope

THE PATHWAY OF PALLIATIVE CARE – both historically and looking ahead – was the featured theme at the ninth annual Robert Leffert, MD, Memorial Lecture on Nov. 12. Presented by the MGH Division of Palliative Care and Geriatric Medicine, the lecture honors Leffert – who served as chief of the MGH Department of Rehabilitation Medicine and the MGH Surgical Upper Extremity Rehabilitation Unit – and the compassionate care he received from the division before his death in 2008.

“Anyone who has ever had the misfortune – but natural human experience – of becoming a patient and facing a disease knows how very difficult the process can be,” said Lee Schwamm, MD, division chief of Stroke Services, executive vice chair of the Neurology Department and Leffert’s son-in-law. “Having someone alongside you throughout is very meaningful.”

The keynote speaker was Rob George, MD, medical director of St. Christopher’s Hospice in London, who spoke about the HIV epidemic in 1987 and how palliative care has changed in the ensuing years during his talk, “Reflections on Palliative Care, Lessons Learned from St. Christopher’s Hospice.” George has since pioneered HIV and non-cancer palliative care and has worked in all clinical palliative care settings – teaching hospitals, the National Health Service and voluntary hospices. His particular interests lie in the philosophy and ethics of care.



CARING WITH KINDNESS: From left, George; Vicki Jackson, MD, chief of MGH Palliative Care; Schwamm; and Lisa Leffert, MD, chair of the Division of Obstetric Anesthesia

“If you really want to know what palliative care is about, it’s about rebundling people from pathology back into personhood,” George said. “The goal of medicine is to live lives well, not die deaths badly.”

George reflected on the history of palliative care through the decades, discussed the many dilemmas facing health care today and the need to shift the language of hope, harm and care. “We need to use the language of hope differently,” he said. “Hope does not mean curability. Hope is the idea that things can be different than the way they are now.”

Despite the common present-day focus on test-after-test, curability and continued care, “clinicians – when it comes down to it – are just like everyone else,” said George. “When faced with a disease, the first things they will think of won’t be what the scans show or what tests to do. The first things they’ll think of will be of their families, their children, the effect this will have on their lives. We need to work to get back to that basis.” ■

Safe gift guidelines



EACH YEAR, an estimated 250,000 children are hospitalized nationwide with toy-related injuries. In recognition of December as Safe Toys and Gifts Month, Michael Flaherty, DO, MGHfC critical care physician and injury prevention researcher, shares a few tips to help prevent injuries during the holiday season.

Consider the child's age

Not all toys are created equal. It is important to note the age recommendations on toys which are based on the development,

skill level and interest of the child.

Become a label reader

Look for safety labels including "flame retardant/flame resistant" on fabric products and "washable/hygienic materials" on stuffed toys and dolls.

Keep in mind some of the dangers that certain toys pose to children, depending on their age.

- **For babies and newborns:** Never hang toys from ropes, cords or strings in playpens or crib gyms, as they can lead to choking or strangling.
- **For children under age 3:** Be aware of toys with small parts that may break easily. "Button" batteries from small electronic devices can pose serious harm to children if ingested and should be checked for in all devices and secured or removed. Other small parts can lead to choking.
- **Children under age 5** should not use toys with projectiles, such as toy missiles, darts or arrows. If a toy does have a projectile, make sure it is soft.
- **Children under age 8** should not play with toys and products with sharp edges, toys made of glass or metal, or electronic toys. Check your children's toys carefully to make sure there is no risk of choking, loose parts, burns or other injuries.

Stay up-to-date with recent recalls for toys that may pose a danger to children. ■

Donations with heart

THE MGH BLOOD DONOR CENTER recognized its top employee donors Dec. 3 at its annual Appreciation Breakfast. The event recognized individuals who donated blood or platelets four times or more from Oct. 1, 2018 through Oct. 1, 2019, and each was awarded a certificate of achievement and a large blue and white golf umbrella as an appreciation gift.

Three outstanding top donors were recognized this year for donating

"above and beyond" the minimum requirement. Karen Harty, of MGH Orthopaedics, was recognized as the top donor overall with five whole blood donations and 10 platelet donations. Lynne Brodsky, MD, of the MGH Chelsea HealthCare Center, was honored for her 12 platelet donations, and James Corbett, of MGH Buildings and Grounds, for 11 platelet donations.

"This breakfast is a way to show our appreciation for our amazing employee blood donors who make the time to donate blood or platelets throughout the year," says Alyssa Greenstein, Blood Donor Center marketing coordinator. "We hope that employee blood donors will continue to donate at the MGH Blood Donor Center and encourage their co-workers to donate too."

– Food for Free

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Due to strict food safety regulations and requirements, surplus food traditionally had to be discarded and could not be donated to food banks or even given to employees. Joan Shea, director of MGH Nutrition and Food Services, says the department is always actively investigating ways to play a role in the hospital's ongoing sustainability efforts and was thrilled to partner with Food for Free in November.

"We had been looking for a while to collaborate with an organization to help us minimize food waste, give back to the community and serve our neighbors and patients outside of our walls," says Shea. "The program is different from others previously explored by Nutrition and Food Services – Food for Free ticks all of our boxes."

Shea says an added benefit is the ease with which the program operates, as there is minimal labor associated with the donation preparation. The only changes to the MGH kitchen workflow are the additional 20 minutes for one employee to place the food in a blast chiller overnight, then pack it into 2-quart plastic bags, which are placed into recycled banana boxes. These boxes are plentiful given that 360 bananas are delivered to the hospital on a daily basis, Shea says.

Food for Free sends a refrigerated truck once a week to the loading dock to transport the leftover food from the Carvery station to their kitchen where it is processed, portioned and matched with other donations to ensure delicious and nutritious meals for the recipients.

Shea says there are plans to expand the project to include items from other food stations at Eat Street Café, and they also are looking to donate surplus items from the patient food and catering offerings.

"It's been extremely rewarding to see the Nutrition and Food Services staff be so enthusiastic about getting involved in this program," says Shea.

The collaboration is just one way that MGH continues to advance its sustainability efforts. For years, the cafeteria has worked with Agri-Cycle, an organization that converts the hospital's compostable food waste into electricity, fuel and fertilizer. Recently, an ADA-compliant water bottle filler was installed in Eat Street Café and plans call for more stations to be added in the near future.

"It's quickly become part of our culture and people are proud to contribute to a cause as noble as Food for Free," says Shea. ■

WHAT HAPPENS TO DONATED BLOOD?



Say Chai to Chanukah

WEDNESDAY, DECEMBER 18

East Garden Dining Room
4:30 to 5:30 p.m.

Join us for lights, dreidels, Chanukah food, singing, trivia, and much celebration.



MASSACHUSETTS
GENERAL HOSPITAL

Holiday receptions

Please join us for the annual MGH Holiday Receptions!
We will have refreshments, music and holiday cheer for all.

MGH MAIN CAMPUS

WEDNESDAY, DECEMBER 11

Tea Leaves

Day Shift: 2:30 to 4 p.m. | Night Shift: 10-11:30 p.m.

CHARLESTOWN NAVY YARD

FRIDAY, DECEMBER 13

Building 149, Middle Foyer

12:30-1:30 p.m.

MASSACHUSETTS
GENERAL HOSPITAL

Merry, bright and fit for the holidays

THE END-OF-YEAR HOLIDAY SEASON can be a difficult time for maintaining exercise habits, says Mike Bento, advanced trainer at The Clubs at Charles River Park. Many people experience an increased level of stress and a lack of time that pushes workouts off the schedule.

“Exercise is a highly effective way to reduce stress and stay in good spirits, so it is particularly important this time of year,” Bento says. “Fitting in shorter exercise sessions and adding movement to your day is a good way to overcome seasonal challenges.”

Here, Bento share some tips for a healthy holiday season:

HOLIDAY EXERCISE STRATEGY

Optimally, fitness is enhanced through exercise performed for a specific duration and at moderate-to-vigorous intensity. This usually means working longer and harder than is possible during this busy time of year. Therefore, it is helpful to shift expectations about what is optimal.

- A short exercise session is perfectly OK when time is tight, and certainly much better than skipping it altogether. Rather than forgoing exercise because you do not have 30 minutes for a vigorous workout, settle for a brisk 10-minute walk at different times during the day.
- A couple of short walks or stair climbs each day can replace longer cardiovascular sessions at the gym until more time is available.
- A compact strength training session can also replace lengthier workouts in the short term.
- One good combination of strength and core exercises is the floor plank, chair squats and pushups. Start with the plank. Raise up into a straight line from ears to ankles with midsection firm and hold for three seconds. Lower back to the floor and repeat 6 to 10 times. Follow with a set of 6 to 10 squats followed by 6 to 10 pushups, rest for a minute or two and repeat for a total of three rounds.

MOVE THROUGHOUT THE DAY

Adding in extra movement whenever possible contributes to your daily activity total.

- Stand up from your chair at regular intervals or use the furthest restroom from your office to get extra steps. Consistent activity and exercise sessions – even brief ones – will get you to the other side of the holidays happier and healthier.



WINTER WORKOUT: Bento shows how a few quick pushups count toward one's daily activity total.

