

## Ready to respond



**SAFETY FIRST:** First responders and MGH staff participate in the active shooting training.

### ALWAYS BE PREPARED.

These three words, or variations of, serve as the guiding principle for many groups worldwide – the Boy Scouts, the Girl Scouts, the U.S. Coast Guard. It also is a motto observed here at the MGH.

Every minute of every day, the MGH is committed to ensuring its employees are as prepared as possible should any security threat occur on the hospital's campuses. Part of that commitment includes hosting training events, such as the full-scale emergency preparedness active shooter drill recently conducted by MGH Police, Security and Outside Services and the Center for Disaster Medicine.

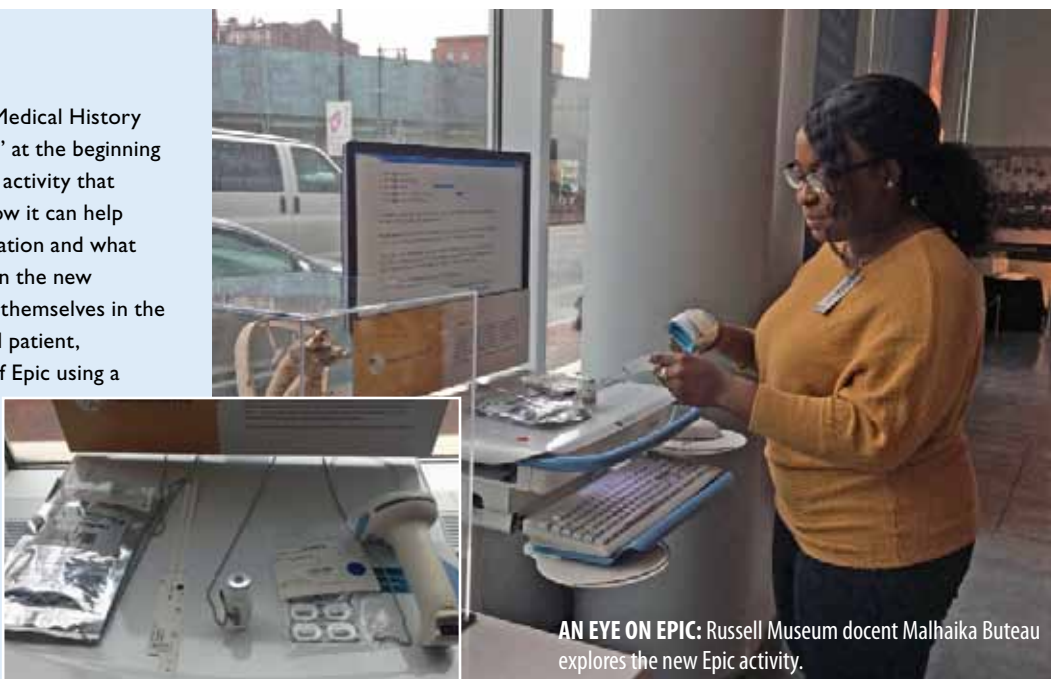
“Though life-threatening incidents, like an active shooter, are extremely uncommon, these trainings allow us to ensure that staff are well-prepared for response, that our plans are critically evaluated and opportunities to improve planning are identified,” says Bonnie Michelman, executive director of MGH Police, Security and Outside Services. “We do this to get better and to learn.”

The training – which took place on Yawkey 4 in the Women's Health Associates office – was  
(Continued on page 4)

## An Epic exhibit

**THE PAUL S. RUSSELL, MD** Museum of Medical History and Innovation had its own “Epic go-live” at the beginning of January – unveiling a short interactive activity that demonstrates to visitors what Epic is, how it can help ensure accuracy in medication administration and what a nurse may be doing on the computer. In the new permanent museum exhibit, visitors put themselves in the shoes of a nurse taking care of a fictional patient, Sam Surgery, and navigate screenshots of Epic using a barcode scanner. Visitors should look on the main floor of the museum for the computer cart that would look at home on a patient floor.

The museum – which is free to all visitors – is located at 2 North Grove Street and is open Monday through Friday, 9 am - 5 pm.



**AN EYE ON EPIC:** Russell Museum docent Malhaika Buteau explores the new Epic activity.

**RESEARCH** at the MGH is interwoven throughout more than 30 departments, centers and units and is conducted with the support and guidance of the MGH Research Institute. The Research Roundup is a monthly series highlighting studies, news and events.

### TAKING ON AN UNCOMFORTABLE TOPIC IN MENOPAUSE

Researchers at the MGH are developing a new questionnaire designed to encourage productive conversations about an often-uncomfortable topic – the genitourinary symptoms of menopause.

Those symptoms – which include vaginal dryness and pain that can impact sexual activity, urination and other activities of daily life – can have a significant effect on the sex lives and overall quality of life of menopausal women.

Until now, details on the extent and prevalence of these symptoms has been limited by the lack of a standardized way to assess the problem in large groups of women. Communication between patients and providers has also been difficult, as women often consider the symptoms to be a normal part of aging or are embarrassed to discuss them with their providers.

The questionnaire – being developed by a team led by Jan Shifren, MD, of the MGH Midlife Women's Health Center, in collaboration with the North American Menopause Society – is designed to build a larger knowledge base about the health impact of these issues, identify factors that may improve or worsen them, and encourage more conversations about treatments such as lubricants, moisturizers and estrogen therapy.

### RESEARCHERS IDENTIFY FUNCTIONAL MILESTONES FOR CHILDREN WITH DOWN SYNDROME

Researchers at MassGeneral Hospital for Children and colleagues in the Netherlands have identified a set of major functional milestones for individuals with Down syndrome.

In a survey of 2,600 families in the U.S. and the Netherlands, the team found that most people with Down syndrome in the U.S. could walk by 25 months of age, speak reasonably well by age 12, maintain personal hygiene by 13 and work independently by 20. By the age of 31, 49 percent were reading reasonably well, 46 percent could write reasonably well, 34 percent were living independently and around 30 percent could travel independently. Dutch parents reported largely similar results.

“Once a child with Down syndrome is born, parents frequently want to know how well their son or daughter is developing,” says Brian Skotko, MD, MPP, co-director of the MGH Down Syndrome Program and senior author of the study. “Now we have guideposts – based on the responses of thousands of parents – that can help clinicians know when children may be falling behind their peers with Down syndrome and, when necessary, refer parents to additional supports, resources and therapies.”

### IMAGING STUDY LINKS LOWER LEVELS OF BRAIN ENZYMES WITH COGNITIVE IMPAIRMENT IN SCHIZOPHRENIA

Researchers at the Martinos Center for Biological Imaging found that individuals with schizophrenia produce lower levels of enzymes responsible for regulating gene transcription in a part of the brain that plays a key role in cognitive functions, such as working memory and information processing.

In a study comparing 14 individuals with schizophrenia or related disorders with 17 healthy individuals, a research team led by Jacob Hooker, PhD, director of Radiochemistry at the Martinos Center, found that individuals with schizophrenia had consistently lower levels of histone deacetylase (HDAC) – enzymes in a part of the brain called the dorsolateral prefrontal cortex – with the levels of reduction corresponding to worse scores on cognitive performance tests. The team's use of a PET scan tracer developed at the Martinos Center allowed the first measurement of HDACs in the brains of living individuals.

More research is now needed to better understand the role of HDACs across the entire brain and to track the relationship between HDAC levels and the onset, progression and severity of schizophrenia symptoms. ■

## A phrase, a mantra, a prayer, a movement

**“PICK ONE, SIT QUIETLY** and repeat the phrase or movement and relax your muscles. Disregard all other thoughts. The goal is to break the pattern of everyday thinking,” said Herbert Benson, MD, director emeritus of the MGH Benson-Henry Institute. Benson continued to outline the steps of the relaxation response during a visit to the MGH Revere HealthCare Center late last year, educating members of the Senior Wellness Program about its benefits.

He first identified the relaxation response approach in 1975 to help reduce stress and its negative effects,



**RESPONSE TO RELAXATION:** Marie Voto, Senior Wellness group member, speaks with Benson following the presentation.

including inflammation and high blood pressure. “We have the extraordinary ability to heal ourselves,” said Benson. “And anything that finds its roots in stress can benefit from eliciting the relaxation response.”

Some participants at the event said they were familiar with Benson's work and shared success stories from past experiences using mind-body techniques. One attendee shared that she had read his book in the 1970s when she was working in a high school with at-risk teens. She practiced the relaxation response with her students and immediately saw the benefits, which included better focus and behavior during class.

According to Benson, the same two steps – the repetition of a phrase mantra or movement, and the conscious act of putting other thoughts out of mind – have been found in religious practices, meditations and alternative medicine practices for thousands of years. “We have discovered nothing new,” he said. “But we can add this to the modern approaches to medicine and well-being.” ■

#### To elicit the relaxation response:

- Choose a phrase, prayer, mantra or movement
- While seated and breathing deeply, repeat the phrase or movement while relaxing your muscles
- Continue for 10 minutes
- Avoid distracting thoughts and try to push them out of your mind, focusing instead on your phrase or movement
- Repeat practice once or twice daily

## Diversity and Inclusion in Action: Emmanuela Menard, Human Resources

### HOW DID YOU COME TO WORK IN YOUR CURRENT ROLE AT THE MGH?

Fifteen years ago, I started my job in the Core Lab in MGH Pathology. I earned my bachelor's degree in social work, but after three or four years, I felt burned out. In the Core Lab, I had two great supervisors – the type to push you. They would say “Don't get stuck! There is more for you to do!” I was fortunate that they pushed me to keep moving forward and never let me get too comfortable. I went back to school to get my master's degree in Intercultural Relations with a focus on Diversity & Inclusion. I decided to do my internship at MGH and found an opportunity within Pathology.

A few months after my internship, I attended the Appreciating Differences workshop offered to MGH employees and expressed my interest in diversity and inclusion work to the presenters. I was redirected to Dianne Austin, director of Diversity, Inclusion & Engagement at the MGH, and that led me to my current role in Human Resources. I now work with the recruitment teams as support staff and work on diversity and inclusion initiatives. I oversee the MGH YMCA Achievers Award as well as some employee leadership development programs, such as The Partnership Inc. Conexion and the Boston Future Leaders program.

### HAS YOUR CAREER PATH TAKEN ANY SURPRISING TURNS?

Yes, drastically. Pathology and Human Resources are very different. I worked evenings in Pathology. I came in, did my job and left. I had no idea these sorts of programs and resources existed for employees. I have always wanted to get involved and now I am able to. This new role opened a whole new world for me.

During my internship in the Pathology Department, I helped with



MENARD

research on the level of diversity among Pathology residency applicants. I was interested in learning whether we had a diverse pool of applicants and if they were being hired by the department. Since starting my new role, I am looking at MGH as whole – are departments hiring diverse groups, is the hospital representing the communities we serve?

### WHY DO YOU THINK DIVERSITY IN THE WORKPLACE IS IMPORTANT?

The evening shift group I worked with in the Pathology Core Lab was very diverse. Everyone was from a different ethnic background and brought different outlooks and opinions to the lab. We had international dinners together and celebrated one another's holidays. I have found that people are productive when they feel valued and appreciated, and they feel confident in their ability to share their ideas, thoughts and opinions. That often leads to better work results.

### WHAT ADVICE WOULD YOU GIVE FOR THOSE LOOKING TO CREATE A MORE EQUITABLE ENVIRONMENT HERE AT THE MGH?

Look critically at what you hope to accomplish in your diversity and inclusion efforts. Stay committed to the plan. Keep educating yourself and your team because

the ways to create a more equitable environment are always changing and evolving and we need to work hard to keep up.

*Diversity and Inclusion in Action is a new feature highlighting employee stories of inspiration, perseverance and management best practices in workforce development and diversity. If you know of someone who should be considered for the series, please email a short summary to Emmanuela Menard or Dianne Austin, Human Resources. ■*



## Fostering leadership and community

**GIVING BACK:** Emily Stanford, a United Way representative, visited the MGH Dec. 13 to share with MGH staff the benefits of becoming a nonprofit board member. The inaugural event, “Demystifying the Process of Becoming a Nonprofit Board Member,” was hosted by the Association of Multicultural Members of Partners (AMMP) and MGH Human Resources. Stanford discussed how to prepare for board service, the responsibilities of serving on a board, and shared how becoming a board member is one way to not only give back to the community but also to build leadership skills. “The goal of the event was to expose employees to professional development benefits of being part of a board as well as promote volunteerism,” says Dianne Austin, director of Diversity, Inclusion & Engagement at the MGH.

**PATIENT SAFETY AWARENESS WEEK**  
MARCH 10-16, 2019

**Speak up for SAFETY**

**Nominate a Safety Star:  
Individual or Team!**

Nomination period is January 2 - February 2.

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 “nomination” should be selected and honored as a 2019 Patient Safety Star.

Scan the barcode to start the nomination process now!

Or visit [www.surveymonkey.com/r/PSAW19](http://www.surveymonkey.com/r/PSAW19) from your email announcement  
Contact CQS with any questions, 617-726-9282

## 2019 Boston Marathon team T-shirts available

**SHOW YOUR SUPPORT** for the Mass General Marathon Team by purchasing this year's limited edition T-shirt. The popular Boston-themed T-shirt design has been updated with bright new colors for 2019. Commemorate the MGH team's efforts in the 123rd Boston Marathon and show the world what Boston and the MGH mean to you. All proceeds from T-shirt sales benefit the causes of the MGH Marathon Teams: Pediatric Cancer, Emergency Response and Home Base. T-shirts are available in the MGH General store or at [www.runformgh.org/tshirt](http://www.runformgh.org/tshirt).



## All standard hospital charges posted online effective January 2019

**EFFECTIVE JAN. 1**, the Centers for Medicare and Medicaid Services (CMS) requires all hospitals nationwide to establish, update and make available on the internet a list of their Standard Hospital Charges/Diagnosis Related Group Charges. This list captures most items and services provided to patients. The new regulations require the list to be available in a machine-readable format that can be accessed by patients and automatically read and processed by a computer.

As every insurer pays hospitals differently, the list of charges does not represent the true costs of care for patients – in fact, the costs are usually significantly less – and it is not a useful tool for patients who are evaluating costs of care. While the intent of CMS is to increase price transparency, this new regulation may create confusion for patients. Clinicians and front-line staff may receive questions from patients about the charge lists and their accuracy.

Partners is working with all hospitals, including the MGH, to ensure they comply with this regulation and to ensure that patients have the appropriate channels to get accurate information about their health care costs. Most Partners hospitals will link to the Patient Billing and Financial Assistance section on <http://www.partners.org>. If a patient goes to the Partners site, they will be re-directed to the best way to request a cost estimate, which is to contact Patient Billing Solutions at 617-726-3884.

For help responding to patients with questions, please review the “Hospital Price Transparency QA” document on Partners Pulse. ■

## – Be prepared

(Continued from page 1)

held in connection with the Boston Police Department and Boston EMS, and included participants and observers from Spaulding Rehabilitation Hospital, Brigham and Women's Hospital, Newton-Wellesley Hospital, Cooley Dickinson Hospital and Wentworth-Douglass Hospital.

“This is our first time ever doing this kind of exercise here at MGH, and despite some areas and design challenges we'd love to improve on for next time, the experience and feedback from participants was favorable,” says Rob Krupa, planning, training and exercise program manager for the Center for Disaster Medicine. “Some things we anticipated and some we did not, but the bottom line is we learned a lot that can help not only the MGH, but other hospitals as well.”

Participants did a good job of hiding and keeping themselves safe, Krupa says, but one struggle that several participants experienced – many of whom are caregivers – was their response to the “run, hide, fight” rule. As providers, many staff are trained to help others, so how should they respond when they need to keep themselves safe as well?

“In a health care setting, we don't always necessarily know what to do with the ‘run, fight, hide’ mantra,” says Paul Biddinger, MD, medical director for Emergency Preparedness. “We need to translate this into trainings so that we can understand the conflicts that we experience during one of these crises. It is our obligation to make sure we are ready if we are ever in this circumstance.” ■

### EMERGENCY TIPS AND TRAININGS

Because emergency events happen with no advance warning, preparation and being able to be alerted quickly is critical. Employees are encouraged to sign up for the Partners Employee Alert System, <https://pulse.partners.org/eas>, to immediately receive messages from the hospital on cell phones and other devices should an incident occur.

MGH Police, Security and Outside Services also offers several Workplace Violence Prevention trainings – both in-person and online through HealthStream.

- **Code Silver-Active Shooter Training:** This was developed specifically for the MGH to teach staff to recognize potential incidents and to report such incidents proactively. It also addresses the “Run, Fight, Hide” principles.
- **Security Awareness and Vigilance for Everyone (SAVE) Training:** This program is designed to empower MGH employees to recognize and report suspicious individuals.
- **Strategies to Prevent Workplace Conflict and Violence:** This training offers realistic scenarios in the hospital setting and gives employees coping mechanisms to handle difficult situations.
- **M.O.A.B.:** Management of Aggressive Behavior provides strategies for preventing and diffusing aggressive behavior. This seminar empowers the attendees by teaching principles, techniques and skills used to recognize, reduce and manage anxious, aggressive and violent behavior.

