The LVC marks a milestone

THE MGH LADIES VISITING COMMITTEE (LVC) will celebrate a monumental milestone this year – its 150th anniversary. Formed in 1869 by hospital trustees, the original six-member group visited female patients, offering a friendly face and conversation to break up the monotony of their hospital stay.

Now the LVC – among the oldest hospital auxiliaries in the country – is nearly 100 members strong, and the volunteers continue to enhance the MGH patient experience. The results of their dedication to giving back is seen in several departments, projects and programs throughout the hospital. Among its many responsibilities, the LVC oversees seven MGH retail shops. All shop proceeds go directly back into the hospital to fund initiatives including educational offerings – such as tourniquet trainings – Spiritual Care and palliative care programs, bereavement groups, youth summer camps and custom-made blankets.

Throughout the coming year, MGH Hotline and Apollo, the MGH intranet, will share stories about this innovative group, the impact the LVC has had over the past 150 years and its plans for the future.

The MGH plans for new clinical facility

THE MGH THIS WEEK filed a letter of intent with the city of Boston to construct a new state-of-the-art building, featuring 12 levels of clinical inpatient and outpatient space, support services and six levels of underground parking. This project will help meet the growing demands for quality health care and services, address the MGH’s capacity challenges, and support and enhance the local community.

The regulatory review process is estimated to take 18 months, and if the project is approved, the first phases of construction could start in 2020.

The proposed building will be situated along Cambridge Street, North Grove Street, Blossom Street and Parkman Street. Preliminary plans call for cancer and heart to be the major centers of excellence in the new facility (see sidebar on page 4 for more details). The relocation of several large services will free up space in existing buildings, creating an opportunity to expand other programs, such as increasing beds for mental health services and expanding substance use disorder programs.

As part of the project, the Parkman Garage, (Continued on page 4)
Concerted effort for Vascular Anomalies Center

THE VIETNAM VASCULAR ANOMALIES CENTER (VAC) celebrated its ninth annual Classical Benefit Dinner Concert on Dec. 8, 2018, hosted by the MGH Department of Dermatology and the Wellman Center for Photomedicine. More than 100 people enjoyed a night of classical music, delicious Vietnamese food and a silent auction, which raised $60,000 for the Vietnam VAC.

The center provides state-of-the-art medical treatment for children in Vietnam with disfiguring birthmarks. Money raised has supported the development of an interventional radiology clinic in Ho Chi Minh City, and a second satellite VAC clinic in Da Nang – expanding access to care throughout central Vietnam.

“To help these Vietnamese children requires a willingness on all sides to invest in the future,” says Rox Anderson, MD, director of the Wellman Center for Photomedicine and a founding member of the VAC. “It is an honor to be part of this effort.”

This year the Vietnam VAC will celebrate its 10th anniversary. Throughout the past decade, the VAC has expanded access to high-quality medical care for children in Vietnam, provided free care to more than 15,000 children, and has trained Vietnamese physicians and medical staff on modern, safe and effective medical treatments for disfiguring birthmarks and other severe skin conditions in children. Physicians from the MGH – along with Brigham and Women’s Hospital, Beckman Laser Institute and Texas Children’s Hospital – continue to collaborate with the University of Medicine and Pharmacy of Ho Chi Minh City to offer an increasing amount of free medical services.

For more information, visit www.VietnamVAC.org.

Nursing plaque gets a cleaning

WHAT DO A HAIR DRYER, Q-tips, an old toothbrush and specialized metal conservation pastes have in common? The Paul S. Russell, MD Museum of Medical History and Innovation used these items to care for this plaque – pictured, at left, before the cleaning, and, at right, halfway through – which honors graduates of the MGH School of Nursing who died while serving at World War I military hospitals. If a museum artifact is showing signs of its age, museum staff usually leave it alone as long as it is not in danger of deteriorating. This plaque, however, had developed a green-brown patina during its 98 years, and staff chose to return it to its original look.

The process included removing a fine layer of aged metal and applying a wax sealant to slow the aging process. The plaque is on display – as part of an exhibit series commemorating the MGH’s work during World War I – in the White Lobby now through the end of March.

Calling all history buffs

NOMINATIONS ARE NOW OPEN for the 2019 Patricia R. Austen, RN, MGH History Award, which will be presented annually to an individual or group that has helped showcase, promote or preserve the history of the MGH.

In 2018, the inaugural MGH History Award was given to Austen for her efforts in identifying and preserving the art, artifacts and records that help tell the story of the progress and evolution of the hospital. At that event it was announced that going forward the award would be named in her honor.

Eligibility for the award is broad:
- It can go to an individual or group, either internal or external.
- It can be awarded to clinicians, researchers, artists, authors, hospital volunteers, donors, support staff or anyone who has helped convey the legacy and traditions of the MGH.
- The work could have taken place at any time – whether it be last week or 50 years ago.
- The awardee can be someone who has devoted countless hours to preserving history, someone who authored a departmental history, someone who has pored through the archives to shine a light on an historical event or past member of the MGH community, or a quick-thinking person who rescued a crucial artifact from the trash.

Nominations are due by March 11, and the form can be found at apollo.massgeneral.org/historyaward.

If you have questions about the award, contact Sarah Alger, Russell Museum director, at salger@partners.org.
Pediatrician calls for advocacy on ‘e-cigarette epidemic’

NEARLY 20 YEARS AGO, Jonathan Winickoff, MD, MPH, a pediatrician at MassGeneral Hospital for Children, began to observe the damaging effects of secondhand smoke in his young patients. Today, he is a prominent advocate for protecting children and teenagers from nicotine products such as e-cigarettes, often called “vapes” or “JUULs.” Winickoff is a co-founder of the national Tobacco 21 movement, which has successfully raised the legal age for sale of nicotine products to 21 in Massachusetts and in 360 cities and counties in 22 states.

In November 2018, the Food and Drug Administration (FDA) announced restrictions aimed at preventing the sale of many flavors of e-cigarettes to anyone under age 18. The FDA estimates that 3.6 million people under age 18 use e-cigarettes. Winickoff notes that 25 percent of Massachusetts students currently graduate high school as users. He is pushing for more restrictions to keep nicotine products away from teenagers and children and recently discussed the dangers.

E-CIGARETTES OR VAPING FOR TEENAGERS WHO HAVE YET TO START?

There is no upside to e-cigarettes for the adolescent nonsmoker. They are probably as addictive as smoked tobacco or more so. The adolescent brain is uniquely susceptible to nicotine addiction. It takes much lower levels of nicotine to cause addiction in the developing brain. It’s much harder to quit nicotine addiction if you start as a teenager. And you end up using tobacco products much longer if you begin as a teenager. An adolescent who uses electronic cigarettes is four times more likely to graduate to smoking tobacco. It’s also a gateway to other drugs of abuse.

WHAT ARE THE DANGERS OF E-CIGARETTES OR VAPING FOR TEENAGERS WHO HAVE YET TO START?

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WHAT ARE SOME KEY DIFFERENCES BETWEEN SMOKED CIGARETTES AND E-CIGARETTES?

The chemical engineering of e-cigarettes is different from smoked cigarettes. Manufacturers have put ultrahigh concentrations of nicotine solution in them. They formulate it to change the pH, or acid level, making it easy for kids to inhale very high concentrations of nicotine very rapidly. It’s also easier to inhale many puffs very rapidly. We estimate that a typical adolescent could become addicted after just half a pod. Research shows the nicotine level in their bloodstream is higher than it is for teens who smoke cigarettes.

WHAT DO YOU THINK OF THE NEW FDA DECISION TO ALLOW SALE OF E-CIGARETTES WITH SWEET AND FRUITY FLAVORS ONLY IN AREAS CLOSED-OFF TO ANYONE UNDER AGE 18?

It’s not enough. Those flavors, like bubble gum and others, are meant for children. No adult smoker is going to be attracted to e-cigarettes with bubble gum flavor. The FDA is asking the tobacco industry to police themselves and to come up with a plan to undo the harm they’ve created.

WHAT ABOUT HOW THE NEW FDA RESTRICTIONS HANDLE AGE?

Our policy recommendations call for enforcing our Tobacco 21 laws prohibiting sale of nicotine and tobacco products to anyone under age 21. We recommend the strictest possible penalties for retailers who break these rules, including a penalty of $1,000 for the first underaged user who you sell to, $2,000 for the second offense and $3,000 for the third offense. And these penalties would include revocation of the license to sell tobacco for various periods of time. That gets the message out. Many towns are doing this already.

ANYTHING ELSE?

Even better would be to take all these colorful, playful sweet flavors – including mint and menthol – off the market altogether. Kids do not want to vape tobacco flavor. Parents, teachers and pediatricians need to redouble scientific and local advocacy efforts on behalf of children because tobacco product regulation has repeatedly failed at the federal level.

Going long for All of Us

CHERYL VOTOUR, patient services coordinator in the Cardiology Division – pictured at left with Jordan Smoller, MD, ScD, director of the Psychiatric and Neurodevelopmental Genetics Unit, and principal investigator for All of Us New England – was the lucky recipient of a Rob Gronkowski-signed football for her interest in the National Institutes of Health All of Us Research Program. Any MGH employee who stopped by an All of Us volunteer table last fall was entered into a raffle to win the football, gifted to the program by Human Resources.

The program’s mission is to speed up health research breakthroughs by asking 1 million people to share health information. Researchers use this to conduct thousands of health studies and improve health for generations to come.

“Consider joining this program for yourself, and tell a friend or family member too,” says Susan Edgman-Levitan, PA, co-investigator for engagement for the All of Us Research Program at the MGH. “This program is our opportunity to create trust and partnerships with the communities we serve and with people who have been underrepresented in biomedical research. We need everyone to get to the 1 million mark, so please spread the word.”

Submit a Patient Experience Award nomination

NOMINATIONS FOR THE sixth annual Patient Experience Awards are now open. The program has two components – awards based on excellent or improving survey results, and awards based on nominations for individuals, leaders and/or departments, programs or teams. Nominations are being accepted through Feb. 15 for three categories of awards:

• Individuals who put the needs of our patients and their families first.
• Leaders who inspire their teams to provide outstanding service.
• Departments/programs/teams whose work contributes to the patient experience.

Visit apollo.massgeneral.org for a nomination form or contact Cindy Sprogis at csprogis@partners.org.

Award winners will be recognized at a ceremony led by senior leaders on April 25.

Addressing capacity

FIRST PHASE: As part of the MGH’s ongoing efforts to address capacity challenges, a bed-reallocation plan will be initiated Jan. 28 on several inpatient units. Vascular Surgery will move from Bigelow 14 to Ellison 19, combining with the Thoracic Surgery unit. Bigelow 14 will now be a General Medicine Unit. “These changes are part of the first phase of a multi-pronged approach to reduce congestion in the Emergency Department, make better use of beds in our inpatient units while also optimizing the colocation of services, and ultimately helping to enhance timely and efficient patient care,” says Peter Dunn, MD, vice president, Perioperative Services and Healthcare System Engineering, who is overseeing the Capacity Committee’s efforts.

— New facility

(Continued from page 1)

Lawrence House, Ruth Sleeper Hall, the West End House, the Professional Office Building and an unoccupied structure on North Anderson Street will be removed. In addition to the clinical building, the MGH plans to construct a seven-story campus services facility on Blossom Street, helping to strengthen and modernize its utilities.

AT A GLANCE

The new building will offer approximately 1 million gross square feet of inpatient and outpatient clinical space, room for support services and areas designed to enhance the staff and patient experience. Features include:

• Six floors of inpatient units with approximately 450 beds, as well as operating/procedural/interventional space, imaging, exam rooms and infusion centers. (Some beds in current buildings will be decommissioned, so the net gain is about 100 to 200 new beds.)
• Inpatient beds with a focus on cancer and cardiac care, as well as beds for general medicine, thoracic surgery and vascular surgery.
• Spaces for dietary, pharmacy and clinical support services, a café and retail space on the street front.
• A campus services facility to replace the current service building at the corner of Blossom and Parkman streets.
• Six levels of underground parking with more than 1,000 parking spaces, largely replacing the Parkman Garage’s current spaces.