

MGH receives \$50 million gift

Philanthropists James S. and Carol J. Herscot support the Herscot Center for Tuberous Sclerosis Complex, capital projects, hospital initiatives



WITH ONE OF THE LARGEST philanthropic gifts in the MGH's more than 200-year history, philanthropists James S. and Carol J. Herscot have committed \$50 million to support a variety of capital projects, initiatives, and the Center for Children and Adults with Tuberous Sclerosis Complex (TSC) that bears their name. In honor of their generous and historic support, the MGH will name the building that houses the Herscot Center – the Carol and James Herscot Building. The outpatient facility is located at 175 Cambridge St. in Boston's Charles River Plaza.

"Jim and Carol have been among the hospital's strongest supporters and champions for more than 50 years," says Peter L. Slavin, MD, MGH president. "Through founding the Herscot Center and providing vital support for other hospitalwide efforts, their vision, friendship and generosity has been enormously helpful to advancing the MGH mission."

The gift was announced Feb. 5 during a reception at the Palm Beach, Florida, home of longtime hospital benefactors Gerald R. Jordan, Jr., director of MGH President's Council, and Darlene Jordan, a member of the MGH Fund Leadership Council. The dinner featured remarks from Slavin and Merit Cudkowicz, MD, MSc, chief of Neurology at MGH.

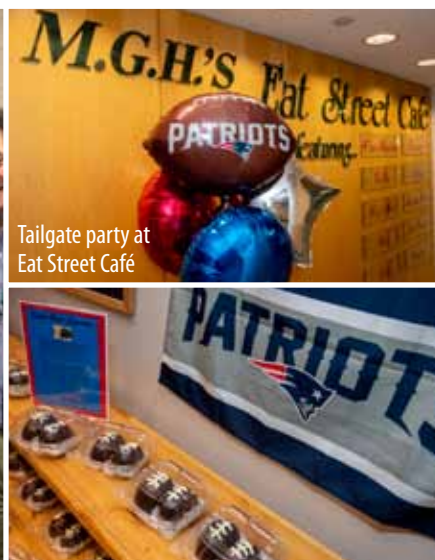
The Herscot family legacy is one of steadfast commitment to
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GENEROUS GIFT: Slavin and the Herscots

Super Bowl smiles



Members of the MGH on the Patriots medical staff with the Lombardi Trophy



Tailgate party at Eat Street Café



MGHer Mary McComish, RN, wins a trip to the Super Bowl

RESEARCH ROUNDUP

Video visits show promise as an alternative to some in-office doctor appointments

From navigating through traffic and finding a parking spot, to asking someone to watch the kids, simply getting in to a doctor's office for an appointment can often take more time and effort than the appointment itself. What if patients could skip the trip and talk directly to their care team online instead?

An MGH research team has found that virtual video visits – personal video chats between patients and their health care providers via computers or tablets – can successfully replace office visits for many patients without compromising the quality of care and communication.

Video visits have been offered through the MGH TeleHealth Program since 2013 and are available to patients receiving care in psychiatry, cardiology, primary care and oncology. Telehealth is a broad term for using electronic communication technologies to deliver health care services.

Virtual visits were found to be especially helpful for older patients with transportation challenges and for parents of children who needed to make frequent appointments. The team's conclusions were gathered from a survey of 254 patients after their first video visit and from 61 clinicians who participated in the first full year of the MGH program.

"Our findings confirm what I felt in my gut, which is that what patients value most is uninterrupted time with their doctor, and they put up with all the other challenges required to come see us," says Lee Schwamm, MD, director of the MGH Center for TeleHealth and of the MGH Comprehensive Stroke Center, executive vice chairman of the Department of Neurology, and senior author of the study. "Telehealth gives them more of what they want most and gets rid of the stuff they don't want."

'Happiness' exercises can boost mood in those recovering from substance use disorder

On the long, hard road to recovery from a substance use disorder, it may be that a little happiness could go a long way.

A team from the Recovery Research Institute at the MGH recently conducted an online survey of 500 adults who reported current or previous problems with substance use. Participants were assigned one of five short, text-based exercises and then assessed their current levels of happiness.

The greatest gains in happiness came from those who completed an exercise called "Reliving Happy Moments." Participants chose one of their photos that depicted a happy moment and described what was happening at that time.

An exercise called "Savoring," in which participants described two positive experiences they noticed and appreciated during the preceding day, led to the next highest gains, followed by "Rose, Thorn, Bud," which asked participants to list a highlight and a challenge from the preceding day, and something they looked forward to the following day.

Because the exercises are short, easy to use and provide measurable results, they could be a valuable tool to help those in recovery maintain a positive mindset through a challenging process, the authors note.

"These findings underscore the importance of offsetting the challenges of recovery with positive experiences," says Bettina Hoepfner, PhD, senior research scientist at the Recovery Research Institute and lead author of the study. "Recovery is hard, and for the effort to be sustainable, positive experiences need to be attainable along the way."

MGH hosts Joint Commission mock survey

ON JAN. 29 AND 30, a survey team from The Joint Commission – the independent nonprofit organization that accredits and certifies more than 19,000 health care organizations and programs in the United States – was invited to complete a two-day consultative mock assessment of the MGH. The survey team examined patient care areas, outpatient practices and facilities.

"The surveyors were generous with their praise of our organization – the staff, facilities and the care we give our patients," says Claire Seguin, RN, DNP, associate chief quality officer, Lawrence Center for Quality and Safety. "The Joint Commission visit in many ways validated our current surveillance methods and more importantly advanced our progress toward Excellence Every Day by informing our current improvement efforts. For example, they recommended hardwiring safety stops in our electronic health record when possible."

The Joint Commission conducted its last triennial reaccreditation survey in November 2017.

"We'd like to thank the MGH community for welcoming the surveyors, especially those who took time from their daily work to demonstrate the excellent care we provide," says Seguin. ■



Desserts for donors

THE NINTH ANNUAL Cupcake Tasting Event is back this month at the MGH Blood Donor Center. Donors – such as Aaron Tripp, of MGH Neurology, pictured above – who come in any Thursday in February can enjoy a sampling of some of Boston's best cupcakes. This year's lineup features treats from Lyndell's Bakery, Montilio's, Magnolia Bakery, Treat Cupcakes, Sweet, Yum Bunnies, JP Licks, Georgetown Cupcake and Party Favors.

Also during February, all blood and platelet donors will receive a special long-sleeve MGH Blood Donor Center T-shirt.

"Blood donation is even more important right now, as we have reached a critical need for Type O blood," says Kim Cronin, Donor Services manager. "If you have the time to donate in the upcoming weeks, please come by."

Walk-ins are welcome or contact Alyssa Greenstein at 617-726-8171 or argreenstein@mgh.harvard.edu to book an appointment.

Neurology team honored with Bowditch Prize

THE MGH NEUROLOGY Comprehensive Consult Service Leadership Team was honored with this year's Nathaniel Bowditch Prize, recognizing the group's efforts to redesign care delivery in the MGH Emergency Department (ED). As part of their efforts, the team was able to reduce the length of stay in the ED by 14 percent – or an average of 1.5 hours per patient – and saved the MGH an estimated 140 bed days with a cost savings of about \$1.4 million by the second year.

“We are honored by this award and very pleased to share this recognition with all of the providers on the Neurology Comprehensive Consult Service,” says Mallory Davis, administrative director of Neurology. “The expedited patient disposition decisions and actual reduction in ED length of stay are impressive, but we are also proud of the impact this team has had on patient care. We have anecdotal data that indicates patients are getting to see a Neurology attending faster than before and that our residents are grateful for the increased teaching and oversight in the ED.”

The Bowditch Award is given annually by the MGH Board of Trustees to an individual or team who enhances the delivery of quality patient

care at the MGH while also reducing the cost of that care. It is named for Nathaniel Bowditch, a 19th century pioneer of celestial navigation whose family has a long history with the MGH.

“This year there were 13 team and three individual nominees – for a total of 196 nominated individuals,” said Andrew Warshaw, MD, surgeon-in-chief emeritus and chairman of the Bowditch Prize Selection Committee. “All the nominations were for outstanding contributions, and every effort was remarkable.”

Nominees for the 18th annual award were honored at a Jan. 30 ceremony in the Trustees Room, where their commitment to identifying, testing and disseminating these innovative and inspired ideas was celebrated.

Along with Warshaw, speakers included Timothy G. Ferris, MD,

MGPO CEO, Cathy Minehan, chair of the MGH Board of Trustees, and Peter L. Slavin, MD, MGH president.

“Your desire to think creatively strengthens the already high-quality care we deliver to our patients and helps make the MGH a leading health care resource for the community, the region and the world,” said Slavin. ■



OUTSTANDING CONTRIBUTIONS: From left, Meg Kotarski, executive director, Neurology; Omar Al-Louzi, MD, Neurology; Kasey O'Keefe, administrative manager, Ambulatory Clinical Operations; Merit Cudkowicz, MD, chief of Neurology; Marcelo Matiello, MD, director, Neurology Inpatient Services; David Caplan, MD, Neurology; and Warshaw



Valentines for Veterans

DESPITE SUBZERO TEMPERATURES – and the loss of power at the Wyndham Hotel – more than 50 MGHers gathered on the hotel's 15th floor Jan. 31 to create Valentine's Day cards for area veterans.

Hosted by the MGH Military Veteran Partners (MVP) group, the fourth annual Valentines for Veterans event brought together staff, friends and families – some who walked up the 15 flights of stairs – who put their artistic abilities to work to create hundreds of cards. The handcrafted valentines will be delivered to veteran patients at the MGH, as well as area VA hospitals, Spaulding Rehabilitation Hospital and the New England Center for Homeless Veterans.

Annually, the week of Feb. 14 represents a national effort to recognize and thank the men and women of our armed services for their service. The MVP also will host will host valentine-making tables in the White corridor on Feb. 12, from 11:30 am to 1:30 pm.

The MVP welcomes any MGH employee, both veterans and non-veterans, to join. To learn more, email MGHVETpartners@partners.org.



Practice makes readiness: MGH hosts Ebola exercise

THROUGH THE GLASS DOORS of three rooms in the Medical Intensive Care Unit (MICU), teams at the MGH recently got a window into what it would look like to treat two patients for Ebola Virus Disease.

The full-scale exercise – hosted by the MGH Biothreats Response Team – came just two months after the hospital announced it would participate in an international Ebola clinical trial to study ZMapp, an experimental treatment which uses three antibodies to treat the disease.

“We’ve never cared for a patient with Ebola at MGH, but given the ongoing outbreak in the Democratic Republic of the Congo, and the ease by which people travel internationally, we need to maintain readiness for Ebola and other high-consequence infectious diseases,” says Erica Shenoy, MD, PhD, associate chief of the MGH Infection Control Unit, medical director of the Biothreats Care Unit and the local principal investigator for the ZMapp trial.

In 2015, the MGH was designated a regional center for Ebola and other infectious diseases by the federal government. As part of the designation, the hospital conducts several annual training and planning sessions.

Participants in the most recent exercise in December 2018 practiced receiving two patients – a pediatric mannequin and an adult actor, playing the role of a child’s mother. Both were isolated and transported to the MICU, which becomes a biocontainment unit once activated for the treatment of Ebola. There, hospital responders demonstrated the way to properly don and doff personal protective equipment and remove contaminated waste. They also reviewed best practices in administering ZMapp and responding to an adverse reaction to the treatment. Staff from the Center for Disaster Medicine, Infection Control and the Biothreats Response Team served as evaluators for the simulation, offering feedback in real time.

“These drills help us improve our work and make adjustments as needed,” says Meghan Crann, RN, of the MICU. “It was during one of the early exercises when we realized we needed a resource nurse outside the patient room, wearing a headset and communicating with the team inside, to better manage and facilitate care.”

Crann says she also has visited another regional facility that previously treated a patient with Ebola. “While our practice is just in theory right now, speaking to those providers drove home the message to me that this could very easily become real life.”



CAREFUL CONTAINMENT: MGH staff participate in an Ebola drill.



– Herscot gift

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supporting the very best in patient care, advancing the latest science and educating the next generation of caregivers. Thanks to a \$10 million gift in 2005, the hospital established the Herscot Center for Children and Adults with Tuberous Sclerosis Complex. Another gift of \$17.5 million gift followed in 2017.

TSC is a rare genetic disorder that affects 40,000 to 80,000 people in the United States and as many as 2 million people worldwide. In TSC patients, tumors grow throughout the body, and the disease alters fundamental cellular signals and can affect every organ in the body, including skin, kidneys, heart, liver and lungs. One of the most frequently affected organs is the brain, where it causes a wide variety of

symptoms such as seizures, autism, cognitive impairment and mental health disorders. Because of the wide variation and range of symptoms, the disease is often misdiagnosed.

For the Herscots, the center’s mission and work is personal. Their son Brad was diagnosed with TSC nearly 50 years ago and since that time, the Herscots have devoted themselves to helping other patients and families affected by the disease.

Led by Elizabeth Thiele, MD, PhD, a world expert in TSC and epilepsy, the Herscot Center seeks to improve diagnosis, treatment and research of TSC. It has become one of the largest centers of its kind, providing comprehensive clinical care to hundreds of patients annually. The Herscot Center also performs and publishes important clinical research that improves understanding of TSC and helps to educate physicians worldwide about its diagnosis and treatment. ■

