Home Base receives $65 million from Wounded Warrior Project

**Home Base**, a Red Sox Foundation and Massachusetts General Hospital Program, announced June 28 it will receive a multi-year $65 million philanthropic grant from Wounded Warrior Project (WWP). It will allow continued participation in the Warrior Care Network, a first-of-its-kind network connecting wounded veterans and their families with individualized mental health care. The gift is the second largest in the history of the MGH.

“We are grateful to Wounded Warrior Project for their steadfast support and ongoing commitment in helping the men and women who have defended this great country heal and reclaim their lives,” says Michael Allard, chief operating officer of Home Base. “This remarkable gift will reinforce our ability to provide both care and hope to thousands of veterans and military family members across the nation.”

Established in 2009, Home Base is dedicated to healing the invisible wounds of war, including post-traumatic stress and traumatic brain injury, through clinical care, wellness, education and research. In 2015, Home Base joined WWP as a founding partner of Warrior Care Network along with the UCLA Health, Rush University Medical Center and Emory Healthcare. With an initial grant from WWP, Home Base expanded its outpatient clinic and established a two-week Intensive (Continued on page 4)

Summer fun

**The Ailment-Riddled Cavity Sam** received special care again this year as part of Operation 5,000 – a life-size version of the classic children’s game, Operation – to benefit the My Giving Helps campaign. At the annual Employee Summer Picnic June 20, nine teams put their surgical precision to the test, with help from New England Patriots players Geneo Grissom, David Andrews and Derek Rivers.

Team Together As One – which included members of MGH Nutrition and Food Services, Materials Management, Environmental Services and Buildings & Grounds – raised the most money by selling baked goods, raffling off donated items and other creative events leading up to game day, giving them extra time to operate. But after many successful – and unsuccessful – “ectomy” attempts, it was MGHHC Team Recreational Hazard that came out on top.

MGH day and night shift employees also enjoyed carnival games, a giant blow-up basketball competition, food, ice cream and prizes. Visit the MGH HR Events Flickr account to view more photos from the picnic.
Many MGH staff have questions about Office 365 – which includes Word, Outlook and Excel applications – and the Exchange Online email program. Here, Keith Jennings, MGH/MGPO chief information officer, discusses recent questions from staff and plans for the future. This article is part of a series of Hotline articles about all things IS-related.

HOW ARE OFFICE 365 AND EXCHANGE ONLINE ISSUES AFFECTING US?

Users across the MGH – and all of Partners – have experienced overall poor system performance and responsiveness. The most critical issues identified are:

- Too many login prompts when opening Outlook.
- A delay in launching Outlook before mail items become visible.
- Poor Outlook performance after the application has loaded, including inconsistent data transfer rates when using Office 365.

HOW ARE THESE OFFICE 365 AND OUTLOOK ISSUES BEING IDENTIFIED AND FIXED?

The Partners IS team has made this a top priority. We have created an interdisciplinary tiger team, and temporarily reassigned Jack Brown, MGH/MGPO IS associate director, to lead this team to focus 100 percent on stabilization and improvement of the Office 365 experience. The tiger team invited Microsoft representatives to Boston to participate in walkthroughs with MGH and Brigham and Women’s clinicians and administrative staff to gather feedback.

The team – alongside Microsoft leadership – identified the most critical issues and technical factors contributing to the performance and usage problem and made recommendations based on their findings on the best ways to make improvements. We already are working to implement many of the Microsoft-recommended changes and have bolstered our support for MGH Office 365 users.

WHY DO WE HAVE TO LOG IN SO MANY TIMES?

There are two types of Office 365 prompts for user credentials: Office 365 authentication and Office 365 activation. Activation occurs every time you install Office on a new device or use Office for the first time on a device that already has it. Authentication happens each time you use Office 365 to verify your identify and to allow access to your email in the Exchange Online system.

If you have a dedicated computer in your workspace, you may have only needed to activate Office one time. The authentication, which happens every time you login, is usually performed by our single sign-on tool. You may have to reactivate every 90 days.

On shared computers – those in swing spaces or in the Emergency Department, Inpatient Core, Perioperative and ambulatory exam rooms – the process should have been similar. While you may have to activate Office 365 on every new computer you use – a challenge for clinicians and staff who move between computers and care areas – the activation should have lasted for 90 days until the necessary reactivation process.

Unfortunately, the reactivation happened much more frequently. To many users, it seemed like they had to reactivate every time they logged in.

Microsoft currently suggests Office 365 users on shared computers use Microsoft Outlook Web Express, which does not require activation, and loads much faster than the full desktop option. We are currently working with OKTA, our single sign-on solution provider, to see if they can minimize the shared computer reactivation frequency. We have OKTA modifications undergoing testing at Assembly Row, and if successful they will be rolled out across Partners at the earliest opportunity.

WHAT’S ALL THE FUSS ABOUT LICENSE COUNTS AND WHY DID SOME NEED TO BE “RECLAIMED”?

For Office 2007, we had device-based licenses – roughly one for every computer. This was relatively easy to manage and we could license the email accounts and Office products (Word, Excel, etc.) separately.

Office 365 is individual user-based, and Microsoft knows exactly how many users have active licenses. As we prepared to convert from Office 2007 to Office 365, we purchased enough licenses for all Partners employees, roughly 68,000. However, as we began moving users to Office 365, we shot past 68,000 users, creating nearly 88,000 accounts in Office 365. The 20,000 accounts difference, worth $3 million, was caused by two major factors: terminated employees whose accounts had not been purged, and contractors/vendors who had been given partners.org email accounts.

The “reclamation” allowed us to return unused licenses to Microsoft to reduce the license discrepancy and to negotiate a more accurate license...
Office and Outlook slowness.

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At Microsoft’s recommendation, a separate calendar change prevented the creation of recurring appointments with no end date. While this was not a performance recommendation, limiting the duration of recurring appointments helps prevent calendar data corruption that can result in Outlook calendar loading issues.

The Partners Office tiger team continues to work with Microsoft to investigate opportunities and test solutions for improving Office 365 performance. Some Office 365 and Outlook slowness may be related to issues with the Office installation on individual devices or the devices themselves. Please contact the Service Desk if you continue to experience Office and Outlook slowness.

Moving forward:

IS THIS THE “NEW NORMAL”?  
Office Online and Exchange Online are the future. The good parts of the Exchange Online are good; virtually unlimited mailbox size and online access anywhere – in the office, at home or any place in the world.

We are preparing an Office 365 resource site that will provide Office news, help articles, tip sheets and training resources. It will become a central point for information about Office 365 at Partners.

We should be able to stop any freezing or crashing of the Office 365 applications. The Windows 10 rollout that will occur during the next 18 months will upgrade or replace most of the computers across the MGH/MGPO, which also will improve Office 365 performance. Microsoft also will push out mandatory updates every 3 or 6 months.

We also are reorganizing how we support Office 365. Going forward we will treat it as a critical administrative system – not a utility – and are moving it under John Stone, from IS Finance and Administrative Systems. As the tiger team winds down, John’s team will manage Office as they do Peoplesoft and other business systems.

We will use our clout and join with our peer institutions to push Microsoft to improve performance, add features and reduce the number of logins. We may never eliminate that nagging sensation of “it used to be better, it used to be faster” – but we will get Office 365 stable and will increase its performance.

WHAT IS OUTLOOK SLOW?
In early 2018, Microsoft worked with Partners IS teams on an assessment of our Office 365 environment. Early opportunities for improvement focused on two areas: the network path between Partners and Microsoft, and the configuration of our email calendars.

In mid-February, changes were made within our network to speed up the transfer of data to and from Microsoft’s cloud. At the same time, our email calendar configuration was updated to store recent data from shared calendars on our devices rather than in the cloud. When Outlook starts, it loads calendar items first before loading inbox items; the shared calendar change has reduced the long load delays.

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‘Actual actual’ causes of health

ALTHOUGH THIS IS THE HEALTHIEST time in human history and medicine is quickly evolving, the rift between those with the highest life expectancy and those with the lowest continues to widen. “Health has no choice but to enter the political arena,” said Sandro Galea, MD, MPH, professor and dean of the Boston University School of Public Health, during the MGH Executive Committee on Community Health (ECOCH) symposium June 4.

In fact, said Galea, in the last 30 years the life expectancy gap has widened despite advances in technology and medicine, and in the past 10 years the slope of the relationship between wealth and life expectancy has gotten steeper: “Health is not caused by medicine, rather, it is caused by a full range of factors,” he said.

In his presentation, “Achieving Health Equity: Addressing Social Determinants of Health,” Galea detailed what he calls the “actual ‘actual’ causes of health.” These include geography, economic status and social conditions. The safer a person’s living environment, the more financially stable they are, and the more highly educated they are, the higher their life expectancy.

When asked the best way to ensure good health, Galea responded, “Choose to be born to wealthy, well-educated parents.” With the widening of the wealth gap in the United States, the poor are no longer “the other.” In fact, nearly 50 percent of the U.S. population faces at least one of the “five evils of poverty” – low income, lack of education, no health insurance, living in a poor area and joblessness – which greatly impact health.

The presentation and following panel discussion were co-sponsored by the Executive Committee on Teaching and Education and the Institute of Health Professions School of Nursing.

Patient Experience Excellence

“PATIENTS ARE OUR NORTH STAR – they are the reason we come to work every day, and I am so proud of all of the individuals and teams honored with this award,” said Inga Lennes, MD, MPH, MGPO senior vice president of Practice Improvement and Service Excellence, at the fifth annual Patient Experience Awards. “They show us every day how we live out our commitment to the patients we serve.”

Individuals and teams from across the MGH were recognized for marked improvement in the patient care experience June 7 at the Wyndham Hotel. Recipients walked the red carpet to receive their trophies, banners and cake or pizza party certificates to share with their teams, departments and units.

“Our founding documents talk about how, when in distress, everyone is our neighbor,” said Mary Cramer, executive director of Organizational Effectiveness and chief experience officer. “This awards ceremony is a way to celebrate all of the great ways the people at MGH bring this phrase to life every day.”

The nomination-based awards celebrated projects or task forces that solved specific challenges within their area of care. Projects ranged from creating a new facilitator role allowing inpatient departments to better communicate patient progress, to adapting a feeding technology that allows ALS patients to maintain more independence outside of the hospital. An MRI anesthesia task force was recognized for helping to meet the imaging needs of autistic patients.

“The things you do every day make patients feel less anxious,” said Greg Pauly, MGPO chief operating officer. “Your ability to show empathy and be welcoming to patients and visitors and your continuous attention to the patient experience at the MGH are all part of great patient care.”

Learn more about the score-based awards and view the full list of recipients at apollo.massgeneral.org/patient-experience-awards-2018.

– Wounded Warrior
(Continued from page 1)

Clinical Program (ICP) open to veterans across the nation.

“Our ICP has served veterans and family members from 42 states over the past three years,” says retired Brig. Gen. Jack Hammond, executive director of Home Base. “This gift will allow us to double the number of veterans and family members we care for while expanding our treatment programs for brain injuries and mental health.”

According to the Department of Veterans Affairs, 20 veterans die by suicide every day, and one in three returns home with an invisible wound. This gift will fuel the establishment of new models of care, including a Dual Diagnosis Intensive Outpatient Clinic for veterans struggling with opioid and substance use disorder challenges and a Weekend Intensive Clinical Program to allow better access to care that is more convenient for veterans’ schedules.

“Home Base was created to help fill an important need for our veterans and their families, and it has become a model contemplated and replicated by other institutions across the country,” said Red Sox Chairman Tom Werner. “We are grateful to Wounded Warrior Project for supporting our work and mission with this generous donation.”

EMPATHY AND EQUITY:
Symposium panelists and ECOCH members

Inga Lennes, MD, MPH, MGPO senior vice president of Practice Improvement and Service Excellence, at the fifth annual Patient Experience Awards. “They show us every day how we live out our commitment to the patients we serve.”

CELEBRATING EXCELLENCE: Members of MGPO Neuroendocrine Associates display their trophy during the awards reception.

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