Prefering for the future:

LVC grant supports Geriatric Emergency Medicine

As Baby Boomers Reach their senior years and life expectancy increases, so does the number of older adults who live with both complex chronic diseases, such as heart failure and lung disease, as well as common aging-related conditions and illnesses like dementia, falls and frailty. Nearly 3 million of these baby boomers will reach retirement age every year for the next decade. The phenomenon has put the MGH at the forefront of a transformation in the care of geriatric patients.

“The geriatric population uses the emergency department (ED) exponentially more than patients in any other age group. Navigating the often loud, brightly lit and crowded EDs is already hard enough for those whose brains are healthy and young,” says David Brown, MD, chief of the Department of Emergency Medicine, who recognized a need years ago for specialized geriatric care in the ED. “Older patients must be evaluated and treated differently, as they will react differently to medications, face varying challenges with complex chronic illnesses, and have heightened risks associated with routine tests and treatments.”

(Continued on page 3)

Play ball!

MassGeneral Hospital for Children specialist throws out first pitch at Fenway Park

ON JULY 14, David Sweetser, MD, chief of Medical Genetics and Metabolism at MassGeneral Hospital for Children, threw the first pitch at the Boston Red Sox versus Los Angeles Dodgers game at Fenway Park to raise awareness of the Field of Genes campaign, a fundraising initiative launched by Dodgers pitcher – and former Red Sox player – Rich Hill, and his wife Caitlin.

Sweetser cared for Rich and Caitlin’s son Brooks before he died at two months old. He later diagnosed the infant with Galloway Mowat Syndrome, a rare genetic disorder that affects only 70 people worldwide.

With the creation of Field of Genes, the Hills hope to help support other families facing similar medical complexities and enable Sweetser’s lab to continue its groundbreaking research into rare diseases.
Youth Jobs Program helps students find their place

“I LOOK AROUND this place and I know these are my people. These are the people I admire. These are the people I want to be like.”

That may be the case now for Mary Lyons Hunter, PsyD, director of Behavioral Health at MGH Chelsea HealthCare Center, but there was a time when she did not feel that way. During a meeting in her previous career in medical sales, Lyons Hunter looked around the table and thought “these are not my people.” Now, after 21 years, she has found her place treating patients at MGH Chelsea.

Lyons Hunter shared her story with a group of teenagers at the beginning of their own career-finding journeys at the July 12 Helping Each Other event, hosted by the MGH Youth Jobs Program in the MGH Center for Community Health Improvement. “My wish for all of you is that you follow where your curiosity takes you and you find your place,” said Lyons Hunter.

During the event, six high school students participating in the MGH Youth Jobs program shared their daily tasks, challenges they have encountered and advice with seventh and eighth grade students from Chelsea's Jordan Boys and Girls Club Young Leaders Program.

“My biggest challenge so far has been the walkie-talkies,” said Emely Espinal, who is working in Police and Security. “Sometimes they are hard to understand but I know that I will get better at it. The staff are all really funny. Everyone here is like a family and they look out for you.”

The MGH Youth Jobs Program offers Boston-area high school students paid summer jobs – 25 hours a week for 8 weeks. Participants work in departments including Pediatrics, Radiology and Primary Care at MGH Chelsea.

“We try to make it less of a summer job and more of a summer experience,” says Patricia Simpson, RN, who coordinates and mentors the students in the MGH Chelsea Jobs for Youth Program.

This year, Simpson designed the enrichment activities around the theme of Helping Each Other. “It is the core of what we do here at the health center. It’s been magical working with these students, they are contributing so much already.”

Caregivers recover wholeness through mindfulness

MINDFULNESS, WHOLENESS and positive imagery were the main themes of the July 16 Conversations with Caregivers program, “Recovering wholeness: How caregivers can benefit from guided imagery.” The program was one in an education series, sponsored by the Dementia Caregiver Support Program of the Division of Palliative Care and Geriatric Medicine, that provides educational resources and support for caregivers, family, staff or patients who are navigating the path of caring for a loved one with dementia.

“Our roles merge and change over a lifetime,” said Felipe Jain, MD, director of Healthy Aging Studies in the MGH Depression Clinical and Research Program. “Patients become caregivers. Caregivers become patients. When a loved one is sick, the caregiving goes in one direction and can become asymmetrical and stressful. That stress can become toxic to the mind and body.”

Jain discussed the techniques of Mentalizing Imagery Therapy, a type of guided imagery and mindfulness. By practicing these techniques, a person can gain perspective and control over internal images – such as a distressing conversation being replayed in one’s mind – so these images, memories or scenarios are not as upsetting. He also discussed the concept of wholeness as mindfully taking a more complete perspective – understanding not only one’s own thoughts, feelings and needs, but understanding those of others in challenging situations. This can help caregivers provide better care for the patient and for themselves.

“Guided imagery uses all our senses so that we may instead generate positive images, among the maelstrom of negative ones, that help us soothe ourselves,” Jain says. “Wholeness can promote a sense of understanding yourself, your mind, others’ minds and the environment in which you live.”

For more information about the Dementia Caregiver Support Program, contact DementiaCaregiverSupport@mgh.harvard.edu.
How to beat the summer heat

BRIAN YUN, MD, MPH, MGH Emergency Medicine physician, shares tips on how to stay safe and keep cool during times of high temperatures this summer.

TIPS ON STAYING SAFE IN THE HEAT

1. Stay hydrated.
2. Stay cool indoors.
3. Cancel any chores you had planned to do.
4. Wear sunscreen and loose-fitting clothes whenever you are outside.
5. Never leave pets or children unattended, especially in a parked car.

COMING UP WITH A PLAN FOR COOLING DOWN

1. Stay in an air-conditioned room. While a fan can keep you cool, at temperatures greater than 90 degrees Fahrenheit, it is not the most efficient way.
2. Check your local area to find cooling centers, such as public libraries which are air-conditioned.
3. Take a cold shower.
4. Do not use the oven or other heat-emitting sources.

HEAT STROKE VERSUS HEAT EXHAUSTION: WHAT’S THE DIFFERENCE?

Heat exhaustion can include excessive sweating, muscle cramps, headaches or nausea. If you or a loved one are suffering from any of these signs and symptoms, get to a cool area immediately.

If there is confusion, seizures or a body temperature of greater than 103 degrees Fahrenheit with an absence of sweating, call 911. Those are the signs and symptoms of heat stroke.

— Geriatric medicine

(Continued from page 1)

To address these specific needs of the aging population in the ED, the MGH Department of Emergency Medicine created the Division of Geriatric Emergency Medicine in 2017, the first academic division of its kind in the country, Brown says. The division’s mission is to advance the care of older ED patients through training, education, research and public service.

As part of the MGH LVC’s 150th anniversary recognition in June, the group awarded three grants to deserving programs throughout the hospital. The Division of Geriatric Emergency Medicine was one of those programs.

“The goal of our division is to provide patients with optimal medical care, personalized to maximize their independence and functionality,” says Maura Kennedy, MD, MPH, chief of the Division of Geriatric Emergency Medicine. “Unfortunately, the fast-paced and noisy environment of the average ED is suboptimal and sometimes harmful for older patients with cognitive or hearing impairments or physical limitations. This generous grant from the LVC will serve as a catalyst to accelerate our ongoing efforts to improve care for our geriatric patients.”

The funding from the LVC will go toward training the 150 faculty, fellows, residents and advanced practice providers, and will support an educational curriculum designed to increase expertise in clinical management of geriatric syndromes such as frailty and falls, dementia/delirium, medication management, palliative care, post hospital acute care and skilled nursing facility care.

“We are extremely excited and grateful to be chosen by the LVC for this grant,” says Brown. “This is a hugely impactful gift that will benefit the department and our patients for years to come.”

LVC grants aide hospital programs

In addition to the Division for Geriatric Emergency Medicine grant, the LVC also recognized the following:

**TRANSPLANT SURGERY PATIENT AND FAMILY LOGISTICAL SUPPORT**

James Markmann, MD, PhD, chief of the Division of Transplantation, received a grant to help cover the travel costs of MGH Transplant Center patients. More than 40 percent of individuals who come to MGH each year for transplant evaluation travel from outside of Massachusetts. Often unanticipated is an additional, and significant, financial burden for the time and travel commitment required as part of the organ transplant process. The grant will help cover some of the transportation costs including cab fare, ferry or train tickets or parking passes, and provide food vouchers in the hospital.

**HOPE PROGRAM SUPPORT**

Sarah Wakeman, MD, medical director of the MGH Substance Use Disorders (SUD) Initiative, was awarded an LVC grant for the hospital’s HOPE (Harnessing Support for Opioid and Substance Use Disorders in Pregnancy and Early Childhood) Program—a multidisciplinary integrated program for pregnant women with SUD offering a medical home for care during the prenatal period and for up to two years postpartum. While the clinic can provide medical care, many patients face the inability to obtain basic necessities for themselves and their children. The grant will be used to cover the costs of transportation vouchers, child care, food and supplies such as bottles and diapers.
Tornado touchdown: Know how to respond

THE NATIONAL WEATHER SERVICE confirmed two tornados touched down on Cape Cod earlier this week. The MGH Center for Disaster Medicine wants to remind staff of the hospital's tornado protocol, which outlines plans and procedures for MGH staff in the event of the unexpected weather emergency.

“The tornados that touched down on Cape Cod earlier this week are a reminder that disasters can happen at any time – with little warning,” says David Reisman, associate director of the Center for Disaster Medicine. “Adequate preparation at home and at work is critical to ensure your safety and the readiness of the hospital to respond effectively. We encourage staff to use this storm as an educational opportunity to review their personal preparedness efforts and their department’s emergency plans.”

Staff are encouraged to review personal preparedness tips at www.ready.gov/ and can find instructions for creating a personal preparedness kit at www.ready.gov/build-a-kit.

TORNADO WATCH VERSUS TORNADO WARNING:
- **Tornado Watch:** Tornados may occur in the next 4-8 hours. No immediate danger – time to prepare.
- **Tornado Warning:** A tornado is indicated by radar. People in the affected area should seek safe shelter immediately.

TORNADO WARNING PROCEDURES:
**Clinical Areas**
- Move ambulatory patients into their bathroom, the hallway or other internal location away from windows.
- Bed-bound patients will be placed in the flat position, as tolerated. Turn bed so headboard is between patient and any windows. Protect patient with blankets or pillows.
- Maintain accountability of all patients and employees until Tornado Warning has expired.

**Non-Clinical Areas**
- Go to a shelter area, such as a basement or the lowest level in the building.
- If you cannot get to shelter area, go to the center of an interior room (closet, interior hallway) away from corners, windows, doors and outside walls.
- Put as many walls as possible between you and the outside.
- Stay away from windows.

**TORNADO WATCH PROCEDURES:**
- Stage equipment and/or documentation (flashlights, pillows/blankets, portable oxygen, etc.)
- Collect patient shoes/slippers and place on beds to be ready if patient movement is necessary.
- Review procedures with staff and assign roles to be filled in the event of a tornado warning.
- Communicate with patients and families what “the plan” will be if unit proceeds to warning.

Ways to stay informed:

**Staff are encouraged to sign up for the Employee Alert System (EAS)**
- From your desktop computer, go to Partners Applications > Utilities > Partners Employee Alert System to log into the member portal. From there, you can customize your notification preferences, verify your contact information and choose which Partners institutions you receive alerts from.
- If you would like to receive notifications on your mobile phone, please make sure this information is in the Partners Telephone Directory. If you do not want your mobile phone to be publicly visible, you can mark it confidential.
- Visit Partners Pulse for detailed instructions on how to use the EAS, including how to install the EAS smartphone application.

**Visit Apollo, the MGH intranet**
More information, as well as real-time updates in the event of a severe weather emergency, can be found on Apollo, the MGH intranet.
- Tornado response checklists – for tornado watches and tornado warnings – for staff and unit leaders are available on the Emergency Preparedness page on Apollo.

Visit Apollo, the MGH intranet