

MGH Hotline

A Publication For and About the Employees of Massachusetts General Hospital



Massachusetts General Hospital
Founding Member, Mass General Brigham



Dishin' with the Dietitian: Bringing Heart-Healthy Food to Mass General and Beyond

"There isn't a day I don't feel excited, blessed and privileged to work with MGHers – they make me better."

Debbie Krivitsky, RD, LDN, is a clinical dietitian in the MGH Cardiovascular Disease Prevention Center. She spends her days teaching groups and individual patients how to select and prepare heart-healthy foods and providing them with current, evidence-based nutrition education. In addition to helping her patients meet their dietary goals, she finds joy in learning from her colleagues at the hospital.

"I learn something new from them every day," Krivitsky says. "The people who work at Mass General are so smart and able, and the lessons I learn from watching and talking with them are invaluable. We work hard, but we do it because we want to lift each other up and be the best we can be for our patients. We each have unique skillsets that allow us to provide this comprehensive care."

Krivitsky started her journey as an MGHer in 1981 when she became the first student accepted into the MGH Institute of Health Professions' clinical nutrition graduate program. About 16 years ago, she returned to Mass General to work as a dietitian and is now proud to be known as the hospital's cardiac dietitian.

"I help people who want to prevent heart events and those who have already had heart events," she says. "Some of my patients have complex medical issues, so I partner with them to create healthy and sustainable habits."

Krivitsky says there is a strong connection between eating and emotions, and for many of her patients, this made managing healthy habits difficult during the COVID-19 pandemic. Stress and isolation became significant factors in their food selection and led to worsening eating habits.

There were, however, silver linings for Krivitsky during the pandemic as she began doing more telehealth and virtual visits – her patients didn't need to worry about

the stress of parking and driving in Boston, and it was helpful for her to be "in" their homes and personal kitchens through Zoom.

"If I needed to look at a nutrition label or brand, the patient could grab it out of their pantry and we could read the label together," Krivitsky says. "It allowed me to make things personal and tailored to them."

The pandemic also gave Krivitsky the opportunity to reach a larger audience on her YouTube channel, "Dishin' with the Dietitian." Knowing many restaurants were struggling early on, she began to feature several locations in the North End on her livestreams if they introduced a heart-healthy dish to their menu.

"You can now get a heart-healthy pizza in the North End," Krivitsky says. "The chefs there can cook anything, so why not make something heart healthy?"

Krivitsky says she hopes her weekly livestreams gave patients and viewers a sense of connection and consistency in the height of the pandemic.

"The pandemic made everyone feel a little isolated," she says. "People really had to face themselves, and that made it hard to stay motivated and on track sometimes. During that time, it was important for me to remind people about healthy habits and for them to know someone was there to support and check in on them." ■

"There isn't a day I don't feel excited, blessed and privileged to work with MGHers – they make me better."

Krivitsky prepares a meal in the MGH Cardiovascular Disease Prevention Center kitchen

From the West End to the West Wing: One MGH Physician's Experience of a Lifetime

Though 442 miles separate the Mass General Emergency Department from the White House, the clinical world and public policy worlds do not feel that far apart. At least not for Alister Martin, MD, MPP, an MGH Emergency Medicine physician who, for the past year, served as a White House Fellow in the Office of the Vice President and the West Wing Office of Public Engagement.

"Every day here the stakes are so high, it's like being in the Emergency Department where every decision matters, because at the end of the day there are myriad downstream consequences to what this White House does," says Martin. "My perspective has always been to have one foot inside the clinical world

and one in the policy world, so this fellowship was an opportunity for me to go upstream and examine and address the broader policy issues that impact our patients in a big way."

During his 2021-2022 fellowship year, Martin worked directly with Vice President Kamala Harris, learning from her, helping with meeting preparations, working on a team, and helping to plan and run events and engagement opportunities. He also was able to serve as an advisor on voting rights – an area of particular expertise from his prior work with VotER, a program he founded to connect health care institutions with the tools and training to register health care workers and patients to vote.

"These last few months have been a grueling stretch, but what I've found is that a small group of changemakers can make all the difference in times like these."



Martin with Amber Escudero-Kontostathis, the sole survivor of the lightning strike

In the West Wing Office of Public Engagement, Martin helped run the White House's health equity portfolio, which included managing outreach to the health care provider community keep them updated on the latest vital public health happenings. He also helped lead the White House Health Equity Roundtable as well as five Health Equity Forums, where an important health equity topic, such as housing or economic mobility, was examined to better understand how the administration is tackling the issue, and to help spread the word about novel programs that health care providers and organizations can use to help their patients with that issue.

"These last few months have been a grueling stretch, but what I've found is that a small group of changemakers can make all the difference in times like these," says Martin. "The federal government is the best way to impact the greatest number of people in the greatest number of ways. But it relies on the innovative work of changemakers across the country to be nimble and identify novel solutions that the government can then scale in a massive way."

During this fellowship, Martin also had the opportunity to go aboard the USS George H.W. Bush aircraft carrier. It served as yet another example of the similarities between his two worlds. "I was able to watch our Navy at work and watch a drill and see these jets land on this naval carrier – it was like a ballet of mechanized steel," Martin says. "To see it work so fluidly with very little verbal communication, it was almost like they were reading each other's minds, which is reminiscent of when we are in the hospital and a code or resuscitation is unfolding. It requires a similar level of unspoken trust and coordination to provide seamless care."

Having an Emergency Department physician at 1600 Pennsylvania Ave. was fortunate this past summer

when, on Aug. 4, lightning struck four people outside of the building. Martin recalls a scene he never hopes to see again, of "people scattering from the lightning and the four downed victims, while Secret Service agents ran toward the victims." Martin joined Secret Service to assist by providing CPR and AED shocks on scene before additional help arrived. Two of the patients were revived by the time EMS arrived to transport the patients to the hospital. One of the surviving patients subsequently died in the intensive care unit.

Two weeks after the incident, Martin met with the lone survivor at the White House, shortly after she was released from the hospital. They reflected on the circumstances that brought them together and celebrated the start of what Martin feels is sure to be a lifelong friendship.

Martin has now completed his White House Fellowship and has made the journey from the West Wing back to the MGH Emergency Department and looks forward to the continued success and growth of three programs he helped establish: the VotER program; the Get Waivered program, helping patients receive access to opioid addiction treatment; and GOTVax, an initiative aimed at delivering vaccines directly to vulnerable communities throughout Boston.

"This past year was a whirlwind," says Martin. "It blew my expectations out of the water, and I loved every second of it, but I'm happy to be back home at Mass General with my patients. What I'll mainly take away from my time in the White House is that it all comes down to relationships and how you treat people. I'll carry the people I've met and the friends I've made this year with me for the rest of my life." ■



Moving Forward: Be Well Challenge Improves Well-Being Among White 6 Staff

Finding the time and energy to focus on personal well-being has never been easy for most health care workers.

In hopes of addressing emotional fatigue among staff at Mass General, Suzanne Algeri, RN, associate chief nurse, developed the Be Well challenge – a six-week program focused on improving employees’ mental and physical well-being through friendly competition. Participants earn points for their team by engaging in activities such as yoga, walking, meditation and journaling.

“When people do things like this in a group, they’re more likely to achieve goals they might not have otherwise,” Algeri says. “Being part of a team really motivates you.”

Inspiration for this challenge came from the Be Fit wellness program, which launched in 2005 to help employees improve their physical fitness and well-being through a similar team- and point-based approach. While Be Well also incorporates physical fitness, its primary focus is on mental health and overall wellness. Participants have the option to use the Maslach Burnout Inventory Toolkit – a questionnaire that measures burnout in health care workers – to assess their wellness before and after completing the challenge.

The first MGHers to participate in Be Well were two teams of White 6 staff. Among them was Kelly Brown, RN, who has worked at Mass General for 16

years and has seen a significant improvement in her overall well-being since starting the challenge.

“Nurses are always so focused on others and providing the best quality care for our patients, so we lose track of taking care of ourselves,” Brown says. “With this challenge, I was able to reflect and ask what I could do for myself each week.”

Brown says the support and sense of community she felt from her Be Well team pushed her to achieve her goals during the challenge.

“I’m grateful to work alongside incredible people who care so much about others and are so passionate about what they do,” she says. “I see it every day. The Boston and Mass General communities have huge wellness support systems, and there are many organizations and individuals who want to lift each other up and spread wellness.”

Brown recently joined a yoga studio as a result of the program and plans to maintain a mindful, healthy routine going forward. She also hopes to make wellness a larger part of the MGH culture by creating more opportunities for staff, including a small group kickboxing class for White 6 staff on the Bulfinch Lawn.

“Kelly’s enthusiasm for this program was contagious,” Algeri says. “She was so passionate



Brown and Algeri

about bringing this forward and took the initiative to contact potential health vendors to support a group event. I think this kickboxing class will open people’s eyes to an activity they might not have been aware of before.”

Brown worked with Title Boxing to plan the upcoming event. She hopes to continue hosting events in the future to introduce staff to other local fitness centers and healthy restaurants.

“After the last two and a half years, we hope people are in a place to move forward,” Algeri says. “Not to move on, but to move forward. People are tired – but by bringing resources and people together, we can lift each other up.” ■



White 6 staff



From left: Ali Parmar, senior project manager, Nursing Administration and Support Services; Brown; Miguel Ferry, staff assistant, Nursing Administration and Support Services; Algeri; and Gladys Francisque, RN, nursing director, White 6, who helped to develop the Be Well challenge

“When people do things like this in a group, they’re more likely to achieve goals they might not have otherwise.”

icare in Action: Honoring MGHers for Exemplary Care

As part of the icare in Action Program – formerly the Excellence in Action program – the MGH Office of Patient Experience seeks to recognize and reward staff members and/or teams who have been featured in patient letters, emails and notes of commendation delivered to the MGH and MGPO presidents, senior leadership, the Office of Patient Experience and the Office of Patient Advocacy. The following letter was recently shared by Andrea Saltzman:

I'm back at MGH, but this time on White 9, where my 97-year-old mom is a patient. She's sleeping now, and near the end of her life. While she rests, I want to tell you about the care she received here.

I'll start with the ER. It was a long wait there, so I had lots of time to observe. The staff did their utmost to keep us comfortable and begin her treatment. They were patient and kind. Someone even had the wisdom to request a consult from geriatric Palliative Care. Janet Rico, NP, spoke with us at length and reassured me that it was a reasonable plan for us to admit my mother to treat her anemia and a painful skin cancer on her ankle. This was a comfort, as my siblings and I were worried that we were doing too much. She spoke gently to my mom and complimented her on the size and success of her family. Both my mother and I were very touched.

When my mom's PCP called me in the ER to check on us, our nurse Christopher Vaudo, PA-C, talked for quite a while with the PCP, despite a very busy night.

“The staff did their utmost to keep us comfortable and begin her treatment. They were patient and kind.”



Lennes, Brown and del Carmen, at center, congratulate staff for providing and supporting extraordinary care

Next, I got a call from Luis Ramos Burgos, MD, while still in the ER. Dr. Burgos introduced himself as her new doctor on White 9. He took a very detailed history by phone and answered every question I had. He patiently listened as I spelled out every medication from her med list. I met him when he greeted us on the floor. The admission was smooth, efficient, and calm, despite the late hour.

I later met Jamie Brett, MD, PhD, who carefully explained the plan of care, which all made good sense. Unfortunately, early the following morning, Dr. Brett called me again. My mother had become septic overnight, and I needed to come in to discuss next steps. When I arrived, she carefully took me through the course of events, and why she was recommending comfort measures only from that point. Then she explained the whole thing again by phone to my sister in Chicago. Remarkably, she then went through it a

third time with my sister in Seattle. She never showed even a hint of annoyance or impatience despite how long all of this took, and our many questions.

So now we are on comfort measures. I update my family frequently, and my Chicago sister (a nurse) remarked on how nice it was that the hospital had moved us to a private room. I reminded her that we are at the MGH, where things are done properly, and that we had not been moved. My mom's roommate was moved. My mom has been peacefully resting without any additional transfers. We've been blasting songs from the 40s and enjoying the sun coming through her large window.

Her nursing care has been extraordinary. I would like you to know that Shahrzad Bakhshalizadeh, RN, Madison Thomson, RN, Ariana Alves, RN, and Heather Evoniuk, RN, have gone above and beyond,

every single day and night. Cynthia Cooper, MD, has stopped by to check on us twice, both times with incredible grace.

This morning, for the first time in a long time, my mother woke up, lucid and engaged. I guess it was a final surge at the end of her life. She had a cup of hot, black coffee, which she enjoyed tremendously. She spoke by phone to two of my siblings. One of the nurses offered to walk to Whole Foods and buy some strawberries which my mom thoroughly enjoyed.

My family and I are grateful beyond words for the care she received. It surpassed our expectations by miles. ■

icare in Action Program Seeks to Recognize, Celebrate Staff

icare in Action wants to recognize those individuals and teams who go above and beyond from the patient perspective in exemplifying components of the icare model: communications, advocacy, respect and empathy. Selected recipients will be recognized by senior leaders, including David F.M. Brown, MD, MGH president, Marcela del Carmen, MD, MGPO president, and Inga Lennes, MD, senior vice president of Ambulatory Care and Patient Experience. Recipients will receive personalized recognition and tokens of appreciation.

Please send submissions to Cindy Sprogis at csprogis@partners.org.

Small but Mighty: MGH Clinic Administers More Than 3,000 Monkeypox Vaccines

“We’re a small clinic that was tasked with a big job!”

In May, Mass General diagnosed the first case of monkeypox in the United States during the recent global outbreak. In the ensuing months, the MGH Sexual Health Clinic has played a large role in addressing the prevention and care of individuals at risk for – or diagnosed with – monkeypox infection across Massachusetts. On July 6, its staff began offering vaccinations to at-risk individuals and has since administered more than 3,000 doses. Suzanne Morrison, manager of the MGH Sexual Health Clinic, says while this effort has been challenging, it has been equally as rewarding.

“It’s been exciting and chaotic,” Morrison says, “but our patients are incredibly grateful that we have the vaccines. We’ve made a bunch of new friends at Mass General in the process, too.”

Clinic staff have worked closely with colleagues in the Mass General Ambulatory Management, Patient Access Center, Department of Pharmacy, Infection Control Unit, the Mass General Brigham COVID-19 Nurse Line and Mass General Brigham Digital Health to make vaccinations accessible.

Morrison is particularly grateful for the Bulfinch Temporary Service nurses, who help staff the clinic and vaccinate patients. Jessica Dejoie, RN, has been assigned to the clinic since August and says her patients are thankful and eager for the opportunity to receive the vaccine.

“This experience has been wonderful,” she says. “Patients ask lots of questions, which is great. It’s nice to see how many people are willing to get vaccinated.”

Although clinical guidelines and workflows are continuously changing, Kevin Ard, MD, medical director of the Sexual Health Clinic, says the team was prepared for unpredictability thanks to its experience with COVID-19 vaccinations.

“We had all accepted guidance could change at any time, so we were ready for things to evolve and change,” he says. “We had all been through that once before in such a major way with COVID-19, so we rolled with it.”

One of the most challenging changes for the team came in August when vaccine administration was switched from a subcutaneous to an intradermal injection. Jacob Lazarus, MD, PhD, attending physician in the MGH Infectious Disease Unit, says while the change was difficult, it was ultimately the right decision for patients.

“Moving to intradermal allowed us to give less vaccine and get the same immune response,” Lazarus says. “This meant vaccinating more people.”

Revisha Gobardhan, administrative director for the MGH Infectious Disease Unit, says as soon as the guidance on intradermal injection came out from the Massachusetts Department of Public Health, the team began organizing trainings for nurses, creating workflows and developing FAQs for patients.

“Being on the back end and seeing what goes into the planning efforts has been inspiring,” Gobardhan says. “I’m glad I had the opportunity to contribute in this way.”

During public health emergencies such as the monkeypox outbreak, the Sexual Health Clinic team attributes its success to teamwork and the strong relationships they have within the MGH.

“This has all been really inspiring and impressive to watch,” Ard says. “At Mass General, people really come together when it matters.” ■



Dejoie administers a monkeypox vaccine

“Moving to intradermal allowed us to give less vaccine and get the same immune response. This meant vaccinating more people.”



MGH Sexual Health Clinic staff

Be Prepared: Take Charge, Stay Safe in an Armed Intruder Event



“Who is in charge of my own safety?”

It is a question Matthew Thomas has participants ask of themselves during an armed intruder training. Though an armed intruder event – defined as someone or someones trying to cause the most amount of carnage in the least amount of time – is least likely to occur in a health care environment, the threat is not zero, so preparedness is key, says Thomas.

“We have to be prepared. Regardless of where we are, we have to take ownership of our own safety in that moment until law enforcement arrives to neutralize the threat.”

Thomas, a Training, Development and Communications specialist in MGH Police, Security and Outside Services, has more than two decades of experience as a security officer and supervisor, and has taught hundreds of classes to help people be prepared in difficult and worst-case scenario situations.

“I’m not here to scare anyone, I’m here to remove any complacency,” says Thomas. “Most of these incidents happen quickly and end quickly, and our goal is to prevent as many casualties as possible. So we want to be aware, we want to be focused and know what to do if a situation does arise.”

Know the Signs

To date, Mass General has had no armed intruder incidents, but because the hospital often sees aggressive behavior, knowing what motivates an armed intruder is important.

“Hospital shootings tend to be targeted and personal,” says Thomas. “Typically, there is only one victim, and some sort of personal relationship. These are not just random acts.”

Hospital staff can learn to recognize the signs of someone – be it a patient, visitor or even colleague – who may be displaying potentially violent behavior. When these behaviors are recognized, Thomas says, they can be managed or treated, and violence prevented.

Verbal and expressive indicators of potentially violent behavior may include:

- Expression of suicidal tendencies
- Talking about previous incidents
- A focus on dangerous weapons
- Paranoid thinking
- An overreaction to workplace changes
- Depression or withdrawal
- Unstable emotional responses
- Intense arrogance, powerlessness, anger or hostility

- Sudden excessive drinking or drug use
- Increased absenteeism
- Blaming others

“We don’t want to be the people who saw something and didn’t say something,” he says. “We want to be the people who see something and say something.”

Run, Hide, Fight

What should you do if faced with an armed individual?

Run. Hide. Fight.

This is what the Department of Homeland Security has suggested for years, and it is the same approach adopted at the MGH. The common goal for all these approaches is survival.

“The farther away you are, the better off you’re going to be,” Thomas says. “Know your escape paths here at work and outside of the MGH. Get somewhere safe as quickly and efficiently as possible.”

Should you choose to hide, get to a place where the intruder is least likely to find you. Be out of view, lock or barricade a door, silence phones and stay quiet. Put as much stuff as possible between you and the intruder, Thomas says.

As a last resort, and only if in imminent danger, be ready to fight to try to take out the intruder. “At that point it’s either ‘them or us,’ and we need to protect ourselves,” says Thomas. “Use anything you can locate in your immediate area. We need to take actions to keep ourselves safe and walk out of the situation unharmed.”

“Respect that everyone has different experiences that cause people to respond in different ways. How we respond is a personal choice,” Thomas says. “If you are an employee of Mass General, you will be supported in your decision, whether that decision is to run, to hide or to fight.”

Preparedness is Key

Typically, an armed intruder event ends with law enforcement’s response and actions. However, before law enforcement’s arrival, staff should feel capable and confident. This is where training and preparedness are crucial.

“You may be the first responders before they arrive. Bystander intervention can be the difference between life and death,” says Thomas. “People who train or know what to do in the unlikely event that an incident occurs are more likely to take positive action for their own safety or the safety of others.”

Untrained people tend to be afraid, panic, or fall into disbelief and deny the situation, he adds, whereas

trained people – who also will be afraid and anxious – won’t panic and will be able to function.

“We revert to training when all else fails. When we do things consciously at first, they turn into unconscious habits that allow us to react effectively when needed.”

MGH Police and Security offers a number of trainings in person and through HealthStream, to help staff be prepared, including:

- AVADE Workplace Violence Prevention
- Strategies to Prevent Workplace Conflict & Violence
- Armed Intruder/Active Shooter Training
- Workplace Conflict, Violence Prevention Training
- Security Awareness & Vigilance for Everyone (SAVE)
- Safety Before, During and After Home Visits
- Missing Child-Infant Security Response Training

These trainings are free. All MGH staff are strongly encouraged to complete them, and all managers are strongly encouraged to allow their staff the time to do so.

“This is a tough topic to talk about and think about,” says Thomas, “but knowing the tools and skills to use in a crisis can mean the most positive outcome possible.” ■

MGH Police and Security

Main Campus:
617-726-2121

Charlestown Navy Yard:
617-726-5400

Charlestown HealthCare Center:
617-724-8151

Chelsea HealthCare Center:
617-887-4300

Revere HealthCare Center:
781-485-6464

Mass General/North Shore (Danvers):
978-882-6444

Mass General Waltham:
781-487-6999

Assembly Row:
857-282-6000

Main Campus, CNY and Assembly Row sites provide 24-hour coverage. All other sites provide coverage during operating hours only.

For questions or training inquiries, Matthew Thomas can be reached at mdthomas@partners.org.

Expanding and Adapting: MGH Revere Food Pantry Meets Community Needs

Of the many ways COVID-19 has impacted local communities, changes to the food landscape have been among the most significant. With families facing reduced incomes and food supply chains around the world continuing to be disrupted, finding affordable, nutritious food has become more difficult for many people.

The patient population at the MGH Revere HealthCare Center – which experienced high rates of food insecurity prior to the pandemic – was hit hard by COVID-19. In early 2020, staff say they saw an increased need for patients to have access to fresh fruits, vegetables and plant-based, shelf-stable foods.

The MGH Revere Food Pantry responded by increasing the number of patients they served each week.

The program was established in November 2019, only months before the pandemic began. With only a refrigerator and a few shelves in the back of an office, Mike Lenson, program manager at the Revere HealthCare Center, and Melanie Pearsall, RD, senior clinical nutritionist, worked together to provide healthy food and recipes to patients every Friday.

“The program started out with 10 to 20 food-insecure patients who also had high levels of chronic disease,” says Lenson. “We really wanted to change their



From left: Preciado, Lenson and Kenton Benloss, youth outreach worker, prepare to distribute food to patients

outcomes by providing healthy, plant-based food options. Our recipient roster quickly grew to 100 when the pandemic started, and we have a very long waitlist right now.”

Lenson and Pearsall have since adapted to serve the larger patient roster, even as COVID-19 restrictions remain in place. The food pantry was able to expand into space at the MGH Revere Youth Zone, and the cooking demonstrations Pearsall once did for patients in person have moved to YouTube.

“I try to create meals that people can easily make at home,” Pearsall says of the videos. “The recipes aren’t complex – they’re just fruits, vegetables and flavor combinations people might not have tried before. All the food we provide is plant-based, and people love it.”

In keeping with its mission to serve as many patients and families as possible, the food pantry celebrated the partial opening of its new, more permanent location at 300 Ocean Ave. in Revere earlier this month. As staff continue to develop the space in the coming months, it will also become home to a teaching kitchen.

“We hope this new space will help us tap into the MGH community more,” Lenson says. “We’d love to have staff do cooking demonstrations and engage with other departments.” ■

“The program started out with 10 to 20 food-insecure patients who also had high levels of chronic disease. We really wanted to change their outcomes by providing healthy, plant-based food options.”

Juan Velez Preciado, food pantry assistant, in the pantry’s new space





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Dear Readers,

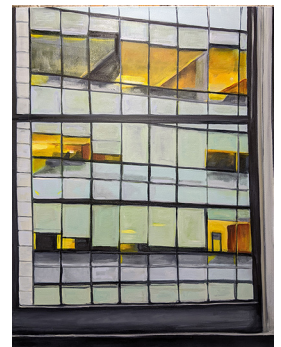
After a hiatus during the COVID-19 pandemic, we are so excited to bring back MGH Hotline in its printed form to continue to share the stories of the people who make Mass General the extraordinary place it is.

Hotline will continue to be the newsletter to celebrate and recognize the employees of Mass General. We hope you enjoy this new longer-feature format that will be printed monthly and will be available in distribution bins throughout the hospital.

As we make our return to print, we want to hear from you! If you have a great patient care story, know a colleague who has gone above and beyond, or are part of a program making great strides, let us know. Share your stories with hotline@partners.org.

Enjoy!

Your Hotline editors



On the cover:
Painting by Andrea Saltzman of the nighttime view from her mother's window on White 9. Read the full story on Page 8.

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