Lifesaving Care in the Emergency Room

Laura Ebbeling, MD and Colin Devonshire, MD confer on a case in Mount Auburn's Emergency Department
STATE-OF-THE-ART IMAGING: New MRI Center Opened

Mount Auburn Hospital is pleased to announce the opening of its new MRI Center and the arrival of two new state-of-the-art High Field, Open MRI Scanners: a 1.5 Tesla High Field Open and a 3 Tesla High Field Open.

Each unit offers “feet first” whole body scanning in the most open high-field strength MRI environments available, designed specifically to accommodate claustrophobic and bariatric patients.

These scanners continue to help Mount Auburn Hospital’s team to offer compassionate, state-of-the-art care.

J. Pierre Sasson, MD
with the new 3Tesla MRI

NEW CHIEF OF GASTROENTEROLOGY:
Dr. William Brugge joins Mount Auburn Hospital

Mount Auburn Hospital is pleased to welcome Dr. William Brugge as Chief of Gastroenterology.

Following a national search, Dr. Brugge joined Mount Auburn Hospital from Massachusetts General Hospital, where he served as the Director of Advanced Endoscopy and Director of the Pancreas Biliary Center. As a Professor at Harvard Medical School and the leader of the Advanced Endoscopy fellowship at MGH for more than a decade, he is a beloved teacher and mentor to a generation of endoscopists. Among his many accomplishments, Dr. Brugge has led numerous endoscopy training programs, served on numerous editorial boards, and led and collaborated in dozens of research studies locally and nationally.

We welcome Dr. Brugge to the Mount Auburn Hospital family and look forward to the growth of the Division of Gastroenterology under his leadership.

Supporting Mount Auburn Hospital
When you make a gift to Mount Auburn Hospital, you make a real difference in the hospital’s success. If you would like to learn more, you can contact Katy Capo at 617-499-5557 or kcapo@mah.harvard.edu

If you do not wish to receive any non-clinical mailings from Mount Auburn Hospital, please contact us at: Development Office/Mount Auburn Hospital/330 Mount Auburn Street Cambridge, MA 02138/617-499-5099/MAHDevelopment@mah.harvard.edu
“One of the most furious winter storms ever measured on the East Coast unleashed blizzard-like conditions from Virginia to Maine Thursday, driving icy sea water into downtown Boston and coastal Massachusetts in a surge reminiscent of the Blizzard of ’78.”

The Boston Globe, January 4, 2018

Those who work in emergency departments (ED) remember days like January 4. Laura Ebbeling, MD, an emergency medicine physician at Mount Auburn Hospital, does. She arranged for an Uber driver so that she was sure to arrive at work by 5:00 pm. More than a foot of snow had already fallen.

“What I remember about January 4 is that we had two men brought in by ambulance, back to back, in cardiac arrest from shoveling snow,” Dr. Ebbeling recalls. “Paul Johnston arrived first; the second man didn’t survive.”

Mr. Johnston, a Watertown native, is well aware that he beat formidable odds that day. Those who suffer cardiac arrest—the sudden cessation of the heart’s ability to pump blood—outside of a healthcare setting die close to 90 percent of the time. Those who do survive often are left with brain damage.

Mr. Johnston, 65, went out multiple times to shovel the heavy snow that day. Then he walked into his kitchen and collapsed. Just minutes after his wife dialed 911, five members of the Watertown Emergency Medical Services (EMS) hurried into the Johnstons’ kitchen and began giving him advanced cardiac life support: performing CPR, using the defibrillator and administering medication. They didn’t quit until they determined that Mr. Johnston had a pulse. He was alive—but barely.

In the Mount Auburn ED, the staff received the EMS radio transmission: “We have an arrest. We’ve intubated him, we have an airway and will arrive in five minutes.” The ED staff mobilized immediately; they needed every minute to prepare, notes Dr. Ebbeling.

“For cases like that, we set up a resuscitation bay—bringing in the equipment we will need—call for respiratory support and discuss everyone’s roles,” she explains. “The patient will need each one of us: the attending physician, resident, nurses and clinical techs. The team, including our unit coordinator, needs to be able to get a cardiologist on the phone ASAP. We remain calm, and we collaborate.”

That is what they did, first in hooking Mr. Johnston to an EKG (electrocardiogram) to confirm that he continued to have a pulse and to determine whether or not his cardiac arrest was caused by an arrhythmia—ventricular tachycardia is the most common type—and if he suffered heart muscle damage.
“Individuals who suffer cardiac arrest can be unstable, and their status will change suddenly,” says Dr. Ebbeling. “We were very lucky with Paul. He responded to the medications we gave him to control his blood pressure and stabilize his heart rhythm. He then had a CT scan that checked for internal bleeding. We wanted to make sure he didn’t injure himself if he fell at home.”

Beginning in the ED, Mr. Johnston received therapeutic hypothermia—controlled cooling of the body temperature, which preserves vulnerable brain cells and is associated with an improved survival rate for those who have suffered cardiac arrest. The treatment continued for a total of three days.

The ED staff did everything possible to stabilize Mr. Johnston and prepare him for transfer to the intensive care unit (ICU), where he would spend the next several days.

A memory gap, a diagnosis and the right treatment
ED staff may remember January 4, but Mr. Johnston does not. In fact, he doesn’t remember the days prior to his cardiac arrest. “I have no memory of before or after that day,” he says. “I woke up in the ICU and had no clue where I was. I saw figures behind the curtain. Then I realized I had tubes in me.”

Kyle Pond, MD, his cardiologist, was not surprised to hear about his memory loss. “I’ve seen it in other patients,” says Dr. Pond. “Some people continue to have a memory gap.”

Mr. Johnston soon comprehended what happened to him—and why. “We took Paul to the cardiac cath lab and determined that one of his coronary arteries was almost completely blocked,” Dr. Pond explains. “That was the culprit, along with the exertion of shoveling snow.” Michael Kjelsberg, MD, chief of cardiology, placed four stents in his coronary arteries.

“I never considered myself as having risk factors for heart disease,” Mr. Johnston says. “I don’t smoke or drink, am a healthy eater and not sedentary. I take a prescription for high blood pressure, but it is under control.”

But there was something else that contributed to his blocked coronary artery. “My father had a massive heart attack at 65,” he notes. “He then had open-heart surgery.” As Dr. Pond told him, family history cannot be ignored.

As he absorbed the story of what happened to him, Mr. Johnston, who retired after a career of management positions, observed the specialized physicians and nurses at Mount Auburn caring for him and wondered who had played a role in saving his life. “Not long after I had woken up, my wife told me about Dr. Pond, but I hadn’t met him,” he says. “Then a group of physicians came into my room, and I heard someone say his name. I got emotional and said to him: ‘Are you the one who saved my life?’ Dr. Pond said ‘I don’t know about that, but I’ll take credit for it if you want me to.”

“In cases like Paul’s, it’s a team effort, from the EMS first responders to the ED staff to the cardiology team to the ICU staff,” says Dr. Pond. “We have a good, seamless working relationship that benefits our patients. In some cases, the EMS will send the EKG report directly to Mount Auburn so that the ED physician and the cardiologist can do the assessment of the patient before they arrive. That allows us to prepare the cardiac cath lab and treat the patient’s heart quickly.”

Dr. Pond often is paged to the ED when a patient arrives with a heart attack or cardiac arrest and understands the importance of collaboration and mutual respect among colleagues. “The physicians in the ED are so intelligent, and their judgment is so good,” he adds. “They’re the first line of evaluation and treatment for patients who need acute care,

“What happened with Paul doesn’t just happen. It’s not just that he survived, but he walked away with no neurologic damage.”
—Laura Ebbeling, MD
and they know when to call us—sometimes in the middle of the night, so we can get there and possibly mobilize the cath lab—or send the patient home.”

Dr. Gary Setnik, Chief of Emergency Medicine, is quick to point out that Mount Auburn has been ranked in the top 50 hospitals in the U.S. for cardiac care. “That high quality extends to the entire medical staff,” he adds. “It is with great comfort that I hand off patients in the emergency department to my hospital colleagues. I know these people, and I know how fantastic they are.”

For an ED to deliver the best care, it must maintain a productive working relationship with the rest of the hospital. “We make urgent decisions on behalf of our patients and perform the procedures they need in the ED,” Dr. Setnik explains. “But we also coordinate all the medical issues, social issues, psychiatric issues and the need for specialty services with the rest of the institution and the extended healthcare system. We help the patient navigate through all of that.”

Those who know him say that Dr. Setnik’s leadership sets the standard. “He has created an environment that is wonderful and, as a result, the ED is respected throughout the hospital,” says Dr. Ebbeling. “Dr. Setnik emphasizes high standards for teaching the residents and providing excellent care—and always, focus on what is best for the patient.”

An emotional reunion in the Emergency Department
Mr. Johnston knows that he received exemplary care at Mount Auburn, beginning in the ED. “Obviously, the care was top-notch,” he says. “The people in the ED got me to the ICU, and I came out of the entire thing with absolutely nothing wrong. Everyone has been amazed at how well I’ve done.” He continues to see Dr. Pond, who says his prognosis is excellent. “For someone like Paul, we emphasize secondary prevention, which means aggressive treatment, including recommendations for diet and lifestyle. The pumping function of Paul’s heart is fine. I assume he will live for many years.”

After recovering from his cardiac arrest, Mr. Johnston tried to put the pieces together. “I think about it a lot, and I thank God I’m alive,” he says. “I believe there’s a reason God saved my life.”

He went to the Watertown fire department and spoke to the EMS supervisor. “He told me I was just about dead in the kitchen that day, and they brought me back,” says Mr. Johnston.

About a month after his cardiac arrest, he accompanied a family member to the Mount Auburn ED. “I was sitting there, and someone said to me ‘Dr. Ebbeling wants to meet you.’ I said fine, and she came over.”

“Dr. Ebbeling said ‘I was the first one in the ED to work on you. You’re an absolute miracle, Paul. It’s people like you who make my job worthwhile.’ It was pretty emotional. We hugged each other.”

“What happened with Paul doesn’t just happen,” says Dr. Ebbeling. “It’s not just that he survived, but he walked out of the hospital with no neurologic damage. He’s the same person he was before. You don’t always get to hug the guy who had a cardiac arrest.”

“I know that really grave situations come through the door of the Mount Auburn ED all the time,” says Mr. Johnston. “And on a day like that, with a blizzard underway—unlike the rest of us—they go to work.”

“In cases like Paul’s, it’s a team effort... We have a good, seamless working relationship that benefits our patients.”

—Kyle Pond, MD

Kyle Pond, MD
Behavioral health puts demands on busy Emergency Department

Mount Auburn ED adapts to the growing need

Emergency departments everywhere are being shaped by forces that include an aging population—individuals who often arrive sick and frail. The growth in urgent care centers also contributes to the increased demand; as more individuals seek care at urgent care centers, a certain percentage are re-routed to emergency care.

But the single largest impact on Massachusetts EDs is the change in how behavioral health patients—those with psychiatric conditions or addiction—receive care. “Most psychiatric institutions have closed, so there are very few beds for these patients,” says Dr. Setnik. “There are also an insufficient number of psychiatrists to treat them.

“The result is that these individuals are here in the ED—from a period of hours to days—where we do our best to protect them, and they can experience an appropriate intervention that will help them get better.”

“With resources in the community so limited, some patients board in our ED for as long as a week,” says Jennifer Brown, MD, Chair, Department of Psychiatry. “It’s hard for family to have their loved ones boarding in an ED, and it’s hard on the ED staff. They must negotiate with the patient, making sure they take their medications, but also that they eat and drink. The staff must also support the patient’s family.”

This challenge is occurring in an ED that cares for patients who are more acute—sicker—than most EDs. “At Mount Auburn, 28-30 percent of those who come to the ED for care are admitted to the hospital,” notes Dr. Setnik. “This is similar to the downtown teaching hospitals. The national average is 12-14 percent.”

In fact, individuals with mental illness often bring distinct challenges, Dr. Setnik notes. “Caring for them requires that we stay on top of today’s complicated psychopharmacology—new medications that cause certain effects and side effects, behavioral and medical, so that we can treat psychiatric patients appropriately.”

The opioid epidemic provides additional stress, as ED staff work to connect patients with the detox care and counseling they need. The Prescription Monitoring Program—Massachusetts’ database that shows the patient’s history of prescriptions for controlled substances—has helped ED physicians to better understand the patients they are treating. But there was more to be done. Two years ago, Mount Auburn took a meaningful step by establishing the Substance Treatment And Referral Team (START). “We realized we needed help in getting patients anchored to treatment,” says Dr. Brown. “START is led by Jamie Morrison, LICSW, who spends half her time in the ED providing social work support—connecting patients and families with services and housing—and the other half performing substance abuse assessments. She arranges for patients to get to the next treatment facility they need, whether it’s a detox unit or a residential program.”

ED staff appreciate Ms. Morrison’s regular presence. “Having Jamie on site in the ED has been huge,” says Dr. Ebbeling. “She helps with our constant battle to find the beds our behavioral health patients need.”

Opioid addiction may garner all the headlines, but Dr. Brown is just as concerned about alcohol abuse. “At Mount Auburn, a higher percentage of our patients come in with liver damage or acute intoxication,” she says. “I’m especially worried about the number of college age patients and older individuals who appear in our ED due to heavy drinking.”

Dr. Brown supervises behavioral health care in the ED and observes the daily challenges, along with the successes. “The ED is a very important piece in the continuum of care for those with mental illness and addiction,” she says. “We are fortunate that Dr. Setnik is so mindful of psychiatric symptoms and care in the ED.”

“Despite all the challenges, we provide outstanding medical care to our behavioral health patients. We have many great outcomes.”
Signature Gift Honors Employees and Physicians

It is said that “an army marches on its stomach.” At Mount Auburn Hospital, the cafeteria has sustained countless caregivers, staff, patients and families over the years, from early mornings to late night shifts. It is one of the busiest spots in the hospital and also the gathering place for special occasions like the holiday meals served to staff by hospital leadership and physicians as a way to say thank you for the work you do on behalf of our patients.

When the cafeteria needed to be updated, refurbished and reconfigured to add new meeting space, it was done thanks to a generous donation from Mount Auburn Hospital’s President and CEO, Jeanette Clough. In making the $100,000 gift to help fund the renovations, Ms. Clough dedicated the cafeteria “in honor of the employees and physicians of Mount Auburn Hospital for their commitment to Excellence with Compassion.”

John Canepa, Co-Chair of the hospital’s Board of Trustees, remarked, “Throughout her tenure at Mount Auburn, Jeanette has always fostered a culture of teamwork and mutual respect among physicians, nurses and staff. I’m not surprised that, when making this generous gift, Jeanette chose to honor her colleagues and their commitment to providing patients with outstanding care every day.”

“The Clough Cafeteria
Gift of
JEANETTE G. CLOUGH
Given in honor of the employees and physicians of Mount Auburn Hospital for their commitment to Excellence with Compassion
2017

“in honor of the employees and physicians of Mount Auburn Hospital for their commitment to Excellence with Compassion.”
— Jeanette Clough
Mount Auburn Hospital celebrated its annual “Party of the Year!” charity gala on November 18, 2017 at The Westin Waterfront Hotel with a celestial theme. Over 500 guests enjoyed cocktails, dinner and dancing until late in the evening. Almost $600,000 was raised including $107,000 for the hospital’s Lung Nodule Care Program during the Fund-A-Need portion of the evening. Honorary Co-Chairs for the evening were Marian and Ken Barron, Trustee; Susan and Michael Haering, MD, Chief of Anesthesia; and Joyce Tibbetts, Auxilian and Overseer, with her husband Steve Tibbetts.

There were some very special auction items ranging from fine art to tickets to sporting events and meals in some of the best restaurants in Boston. There was also a vacation package to the Canyon Ranch Spa in Lenox, MA as well as a Disney World vacation and a Cape Cod stay. Over 50 auction items contributed approximately $35,000 to the grand total.

Hip Pocket Orchestra played throughout the evening, culminating in a 17-piece set of high energy dance music. Rich DiMare, our wonderful emcee and vocalist, sang with the band throughout the evening and helped encourage guests to donate to the Fund-A-Need where there was much enthusiasm and participation from the audience.

Funds raised during the Fund-A-Need will go to Mount Auburn’s multidisciplinary lung cancer and nodule screening program. This program, with its new, coordinated approach based on what is best for the patient using low-dose CT scans to detect lung cancer, is saving lives. We now have a safe and effective way to detect lung tumors at their earliest, most treatable stage.

The event’s two largest corporate sponsors were CareOne at Lexington and Walsh Brothers, Inc. followed by Presidio Networked Solutions, Anaesthesia Associates of Massachusetts, Benchmark Senior Living, Blue Cross Blue Shield of Massachusetts, and Compass Cambridge. All of our sponsors were thanked by Jeanette Clough, President and CEO, for their generous support of the event. President Clough stated, “I invite you to reach for the stars as we celebrate the compassion, caring and community that makes Mount Auburn special.” All in all it was a glittering success!
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When Nancy Hollomon completed her course of care for breast cancer at The Hoffman Breast Center, she knew she had found a program that she wanted support. A long time Boston resident, devoted Red Sox fan and avid gardener, she has been a stalwart supporter of local causes. As a savvy donor, she knew that she wanted a lifetime revenue stream and a legacy of support for The Hoffman Center. She chose to set up a Charitable Gift Annuity. When donors, like Nancy – or you – set up a Charitable Gift Annuity (CGA), they make a one time, partially tax deductible gift to the hospital. Based on the donor’s age, they receive a fixed quarterly payout for the rest of their life. At the end of the donor’s life, the hospital receives the remainder of the gift. These gifts ensure lifetime stability for donors and a continuing future of excellent care at Mount Auburn Hospital.

The pleasures of my summers are focused around my garden and the Boston Red Sox. I work in the garden in the early morning and go to Fenway Park in the evening. Certainly rooting for the Sox takes as much energy as the garden does!

Two years ago I found that I needed another focal point, and that was provided by Mount Auburn Hospital’s Hoffman Center. No, I didn’t really want to be there, but I certainly was glad that it existed. People were so kind. They answered my questions. Over and over again they answered my questions patiently.

The routine for my treatment meant that I saw the same women who came each day. We began to talk, to encourage, and eventually to celebrate that the radiation was almost over. When I finally had a chance to meet Alice Hoffman, I looked for a favorite on my shelf and found I had over two dozen of her books. As I look toward a healthier future, I also look forward to more of Hoffman’s books. Frequent check-ups have given me time to ask more questions and to realize that the hospital is still taking care of me. Thanks.

**How could I give back?** Every organization needs money, and charitable gift annuities allowed me to make the gift now and receive some income quarterly. The original gift is now owned by the hospital. I am planning to make another gift in thanks for my treatment and the kindness of the staff.
As breast cancer screening becomes more sophisticated, the radiologists are able to find cancers and other breast abnormalities before they can be appreciated on examination. Because these lesions are so small, the radiologist needs to work with the surgeon to help locate these precisely for surgery. Traditionally wire localization has been used for this purpose, where the radiologist places a guide wire to help the surgeon remove the proper area. However, the wire has to be placed on the day of surgery, and can be uncomfortable for patients. Luckily there are now newer more modern techniques that improve the patient experience.

The Hoffman Breast Center is now offering seed localization to help surgeons precisely locate and remove breast tumors. Seed localization is a procedure designed to mark the location of an abnormality in the breast tissue so the surgeon can remove it accurately. For this procedure, a tiny metal seed, about the size of a small sesame seed, is placed into the breast tissue by the radiologist using imaging as a guide. The seed contains a small amount of radiation (called Iodine 125 or I-125). During surgery, the surgeon uses a special probe (similar to a Geiger counter) to localize the breast seed and removes the abnormal tissue along with the seed. The seed is of very low energy, and its placement is not considered to be dangerous to you. Once the seed is surgically removed with the breast tissue, all of the radioactivity is gone.

The seed can actually be placed a few days before surgery for patient convenience, making the day of surgery easier and shorter with less waiting time. This technique is actually more precise than the wire localization and helps the surgeon plan a better surgical approach.

This program was made possible by a most generous gift from one of our donors who prefers to stay anonymous. The program is a collaborative effort by radiologists, surgeons, and pathologists at Mount Auburn Hospital, all working closely together to improve the patient experience.

Top: Jean Kim, MD, Surgery; Susan Pories, MD, Surgery, Director of the Hoffman Breast Center; Mariana Stoleru, MD, Pathology; Elzbieta B. Griffiths, MD, Pathology. Lower right: Image demonstrates the ribbon shaped biopsy clip and the localization seed. A patient’s specimen is x-rayed on a grid, which uses letters and numbers to help the pathologist precisely locate the area targeted by the radiologist. In this example the area of concern where the clip and seed are located is D2. Lower left: Audrey Duva-Frissora, MD, Radiology, Director of Women’s Imaging

**CHARITABLE GIFT ANNUITY: AN OVERVIEW**

Donor transfers $10,000 or more for a gift annuity; the terms of which are described in a signed agreement.

Donor receives an immediate income tax deduction of $4,575, based on their age and a charitable gift annuity rate of 6.2%. This results in tax savings in the year of the gift.

Donor receives guaranteed annual payments of $620 or more per year for life.

Residuum. Payments of $620 year

A portion of the payments will be tax-free.

At the end of Donor’s life, the remaining assets will be used to support and enhance the work of Mount Auburn Hospital.

Rates are effective as of July 1, 2018

To learn more about Charitable Gift Annuities or including Mount Auburn Hospital in your estate plans, contact Colin MacLaurin at cmaclaur@mah.org or at 617-499-8632.
The Annual Pink Pages Event to benefit the Hoffman Breast Center took place June 4, 2018 at the American Repertory Theatre in Cambridge and raised a remarkable $275,000. Award winning authors James Carroll, Celeste Ng, Claire Messud, Christina Baker Kline, Ann Leary, and Ben Mezrich joined perennial favorite emcee Joyce Kulhawik, the center’s namesake and most prominent and dedicated champion, Alice Hoffman to share stories and readings with a crowd of more than 500 guests. More than $30,000 in generous donations was given during our Fund-A-Need to aid in the care of Breast Center patients who require surgery.

Mount Auburn Hospital wishes to express its sincere thanks to The Loeb Drama Center for hosting Pink Pages.

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Their story begins when identical twins Rachael and Beccy got pregnant at about the same time. When Rachael’s due date of August 1 passed, her doctors decided it was time. They started the induction process on the 13th, but it wasn’t working. Two days came and went and there was little noticeable progress. Beccy knew what she wanted to do to help her sister: “I just needed to be with Rachael, and I just knew that if we were together she would go into labor,” she said. But Beccy lives in Brewster and was planning to have her baby at a hospital close to home. Still, she and her husband headed to Cambridge.

“The babies were waiting for each other and we were just waiting to be together,” Rachael says. Call it coincidence, luck or the mysterious connection between twins. “As soon as I got here, she went into active labor,” Beccy recalled. William was born. Then it was Beccy’s turn: “The doctors checked me and said ‘you’re not going anywhere. We are checking you right into the room next to your sister.’ When Beccy’s labor stalled, Rachael brought baby William in to see her. “She was holding William, and within an hour she was fully dilated,” Beccy says. Andi was born 24 minutes later. According to Beccy: “People always ask us if we have any special twin powers, and we’ve always had special little things, but this definitely takes the cake.”

**TEAMWORK: Tough Mudder Half Marathon**

Members of the Division of Hematology-Oncology competed in the Tough Mudder Half challenge, an obstacle course. The team of 24 oncology physicians, medical assistants, administrative staff, pharmacy technicians, nurses, medical residents, and primary care physicians raised more than $10,000 for The Oncology Patient Support Fund at Mount Auburn Hospital. According to one team member “Treatments and going through the cancer experience are not easy and this fund allows us to help make a difference in the lives of our patients. We wanted to challenge ourselves on behalf of our patients, build teamwork, and renew our own spirits of perseverance.”
A Healing Garden at Mount Auburn Hospital
Planned to Enhance Compassionate Care

Planning is underway and funds are being raised to create a Healing Garden at Mount Auburn Hospital on a rooftop overlooking the Charles River. The Healing Garden will be a relaxing, welcoming place where patients can contemplate, sit quietly and experience a visually soothing environment. For patients and their families, the garden will be a refuge from their day-to-day experience during treatment, providing stress-relief to complement their medical care.

A walk through a garden provides an escape from life’s pressures, from illness and the clinical hospital environment. The therapeutic value of quiet, meditative space is now widely recognized in scientific journals and “healing environments” have been constructed at other hospitals and cancer centers across the country for the benefit of patients and staff. The Healing Garden will be one of the most attractive and distinctive locations on the hospital’s campus and a greatly valued addition to the resources offered to patients and their families.

Award winning landscape architects, CRJA-IBI Group, have been retained to design the Healing Garden at Mount Auburn Hospital. The projected cost of the Healing Garden is $1.2 million. Philanthropic support is being sought to meet this goal and $500,000 has already been received.

To learn more about supporting the Healing Garden at Mount Auburn Hospital, please contact Colin Maclaurin at 617-499-5589 or cmaclaur@mah.org.
Annual Mount Auburn Golf Classic Teed Off at The Country Club on June 5

The annual Golf Classic took place on June 5 at The Country Club, Brookline, and raised more than $170,000! Heartfelt thanks to all of our sponsors and participants!

Thanks to Our Golf Sponsors

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Jeanette Clough and Brian Quirk
Please join us at Mount Auburn Hospital's Annual Gala to raise funds to promote good health in our community!

Saturday, October 27, 2018

The InterContinental Hotel
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6:00 PM  Cocktail Reception and Silent Auction
7:00 PM  Dinner and Entertainment
9:00 PM  Dessert and Dancing

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www.mountauburnhospital.org/POTY

or for information on sponsorships, please contact Barry Russell at 617-575-8632 or brussel2@mah.harvard.edu