

Development Office

Newton-Wellesley News

Spring 2021

Spring is here, and we are pleased to send you the latest issue of *Newton-Wellesley News*, which features clinical programs and initiatives underway at your community hospital.

The impacts of COVID-19 on our community are evolving. Many of us are now fully vaccinated, and that allows us to relax somewhat. And yet COVID-19 remains with our healthcare workers, either through patients in need or through the ongoing effects of this past year on their wellbeing. We remain steadfast in our support of them and our gratitude for their perseverance.

In this issue, we are starting to look ahead—to provide the full range of services and clinical advances that benefit all who seek care at Newton-Wellesley. Since arriving as Vice President in January, I have observed the expertise, energy and commitment of those who provide the highest-quality care to our patients, and I know this will continue through the end of this pandemic and beyond.

The spring issue includes articles on:

- Our **Orthopedics Department**, which is staffed by sports medicine specialists who care for Boston College's large athletic program and joint replacement surgeons who impress their patients—many of whom receive outpatient surgery;
- The **Substance Use Services Program**, whose staff stretched to care for a huge increase in patients throughout the past year;
- The impressive way that **radiation oncology**, delivered with planning and precision, plays an important role at the Mass General Cancer Center at Newton-Wellesley;
- How gratitude and thought led to a **planned gift**—and a feeling of satisfaction;
- The announcement of **my arrival at Newton-Wellesley**, including details on my professional background.

For information on the hospital's Annual Gala, a virtual event scheduled for July 15, please visit nwh.org/gala. The event, *Stronger Together*, will benefit mental health and wellness programs at Newton-Wellesley Hospital.

Katie Connolly

Vice President, Development

NWH Orthopedic Surgeons Deliver Advanced Care

From Sports Medicine at Boston College to Outpatient Joint Replacements



Newton-Wellesley sports medicine specialists, including Robert Nascimento, MD (center), collaborate with Boston College athletics staff Michael Vigneau, Director of Sports Medicine/Football (left), and Bert Lenz, Director of Sports Medicine for Olympic Sports (right).

By the time Max Richardson was a sophomore at Boston College, he was confident about his football talent. The defensive linebacker was becoming “a heat-seeking missile,” as one NFL analyst described him, as well as a team captain and respected leader. When a devastating injury brought his season to a disappointing halt, Robert Nascimento, MD, a Newton-Wellesley Hospital orthopedic surgeon who serves as head team physician and Medical Director for Sports Medicine at Boston College, performed his surgical repair and oversaw his rehabilitation.

Max healed well, regained his strength, was ready to play when the next season began—and hasn’t stopped since. In fact, after a successful Pro Day at Boston College in March 2021 that drew scouts and coaches from around the U.S., Max prepared for the NFL Combine. The Duluth, Georgia, resident, who signed with the Las Vegas Raiders in May, says he learned a lot while under the care of Dr. Nascimento and his staff.

“I tore my knee up pretty bad,” Max recalls, noting it included his MCL and meniscus. “I also tore my hamstring. I was still recovering when the summer started.”

Instead of participating in pre-season workouts with the team, Max was rehabbing his knee under the watchful eye of Dr. Nascimento and the combined staff of physicians, physical therapists and trainers at BC and Newton-Wellesley. Timothy Foster, MD, Chair of Orthopedic Surgery, and Andrew Rogers, MD, orthopedic surgeon, also care for BC athletes, who receive imaging and surgical services at Newton-Wellesley. The department includes the full range of orthopedic specialists.

“My job is to perform their surgery with the utmost precision and then give them all the encouragement they need to get back quickly and safely.”

– Robert Nascimento, MD, Orthopedic Surgeon

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Orthopedic Surgeons

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Max Richardson, Boston College football star, signed with the Las Vegas Raiders in May. After an injury, he got back to playing thanks to the care provided by Robert Nascimento, MD, a Newton-Wellesley orthopedic surgeon who serves as BC head team physician and Medical Director for Sports Medicine.

Fortunately, Max was already acquainted with “Dr. Nas,” as he is known around BC. “I met Dr. Nas when I sprained my ankle,” Max says. “Then I broke a bone in my foot, and he was straightforward in describing how surgery wasn’t a cut-and-dried situation. A lot depends on the patient; it’s much more subjective and dynamic.”

“I always tell patients: my part’s the easy part; you’ve got the hard part,” says Dr. Nascimento. “For someone with a serious injury, like the one that ended Max’s season, their life has just crashed down around them. I might think they have maybe a 60 percent chance of coming all the way back to their prior level of play and activity, but my job is to perform their surgery with the utmost precision and then give them all the encouragement they need to get back quickly and safely.”

Dr. Nascimento saw how Max recovered from those earlier injuries. “Small things never stopped him,” he notes. “But it was important that, after his

knee surgery, I attended all the rehab meetings to make sure Max was making progress.”

When the 2018 season began, he was ready. “I was almost over-prepared,” Max recalls. “Still, it was a test to see: will my body hold up? Dr. Nas had helped me understand that, as I started to play, I would have more confidence.”

He remembers the game, about midway through the season, when he knew he was all the way back. “We played Miami. Mentally, I’m firing; physically, I’m firing. It was bliss out there.” Max has never looked back.

That is the goal for every athlete Dr. Nascimento treats from all the teams and activities, such as fencing, golfing, rowing and sailing, underway at BC, where he spends much of the week. “As one of the only Division I schools in Boston, where sports are played at a very high level, BC requires the level of expertise we provide to them,” notes Dr. Foster.

Like everyone else, they benefit from a medical specialty that is shaped by constant progress. “As sports medicine physicians, we use new technology to repair things we never thought it was possible to repair,” says Dr. Nascimento. “We live on the edge of innovation.”

Athletes often feel the pressure to return to play, he notes. “We are finding ways to make healing happen more quickly thanks to advanced surgical techniques and the use of new therapies, such as the injection of stem cells. As we are able to get tissue swelling down, we can rethink the timeline for recovery.”

Outpatient Joint Replacements Are Taking Off

The striking advances that occur in sports medicine are applied to a broad range of musculoskeletal conditions. At Newton-Wellesley’s Kaplan Joint Center, an increasing number of patients are finding out they are candidates for an outpatient hip or knee replacement. Surgery that used to keep a patient in the hospital for four or five days has been

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carefully rethought, says Andrew Freiberg, MD, who specializes in joint replacement surgery.

“There have been improvements in every aspect of the care of patients, beginning with anesthesia,” he notes. “We use a shorter-duration anesthetic that causes fewer side effects, and we’ve minimized—if not completely avoided—the use of narcotics at the time of surgery and afterward. Instead, we use effective anti-inflammatory medications. The goal is to send people home with oral pain medication. This works well.”

Dr. Freiberg adds that surgical technique has been refined for hip and knee replacements. “The size and location of the incision are different today, and we are better at handling soft tissue. Also, we have improved devices that allow us to better and more precisely balance the patient’s joint when we perform their surgery.”

He emphasizes the importance of pre-operative education. “Patients need to know what to expect,” he says. “There’s been a change in how we approach physical therapy. For those having



Andrew Freiberg, MD, an orthopedic surgeon who specializes in joint replacement surgery, says an increasing number of hip and knee replacements are being performed as outpatient procedures.

"After I got home that evening, Dr. Freiberg called me to make sure I was fine, and a nurse and physical therapist came to my home the next morning. It's a well-oiled team."

– Bonnie Blanchfield, ScD

outpatient joint replacements, that means early mobilization.” It translates into getting up, with assistance, and walking a few hours after leaving the operating room.

That is what Bonnie Blanchfield, ScD, did after her knee replacement, performed by Dr. Freiberg in January 2021. “With help from the physical therapist, I was walking around and pleasantly surprised,” she says.

Five years ago, Dr. Freiberg performed her first knee replacement at Massachusetts General Hospital. Then last fall, Dr. Blanchfield, who teaches health policy and management at Harvard School of Public Health, developed ankle, hip and knee pain. “I stayed active too long and began having trouble sleeping,” she says. “I run, exercise and hike. Everyone in my family is active.

“Dr. Freiberg examined my knee in October and said: ‘My guess is I will be seeing you for a knee replacement sometime in the next year,’” recalls the Weston resident. “But by December, I was hurting enough that I figured: why not have the surgery now?” Dr. Blanchfield wanted to get back to her regular activities by the summer.

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Orthopedic Surgeons

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She hesitated when Dr. Freiberg suggested that she have outpatient knee replacement. "I was a little reluctant, but then Dr. Freiberg explained everything." During the busy day she spent at Newton-Wellesley, Dr. Blanchfield received constant care.

"A nurse was always nearby; people checked on me and really held my hand," she says. "After I got home that evening, Dr. Freiberg called me to make sure I was fine, and a nurse and physical therapist came to the house the next morning. It's a well-oiled team.

"After initially taking tramadol, an opioid medication, for pain, I took Tylenol and naproxen and did fine. I'd recommend to anyone that they have outpatient joint replacement."

Two weeks after her surgery, Dr. Blanchfield began outpatient physical therapy at Newton-Wellesley with Catherine Barry, PT. A couple of weeks later, she walked into Dr. Freiberg's office for a post-surgical visit without using a cane. "I had a great recovery, and I'm walking better

than I did after my first knee replacement," says Dr. Blanchfield. "I expect to be hiking and doing everything I used to do by the summer."

Today approximately 30 percent of Americans have knee replacements performed as outpatient surgery, says Dr. Freiberg. "People do better at home, in their own environment. Most people are candidates for outpatient joint replacement; it helps if you have support at home.

"Age is not what determines whether or not someone is a candidate," he adds. "One's general health is what matters. Each week, I perform an outpatient joint replacement on someone who's over 70."

The past year saw a striking increase in outpatient joint replacements, notes Dr. Foster, who practices at the Kaplan Joint Center, a collaboration of Newton-Wellesley and Mass General. "Our joint replacement surgeons are the busiest in the Mass General Brigham system," he says. "As for outpatient joint replacements, people are comfortable with it, and we aren't seeing complications. It's going fantastically."

Orthopedic Walk-In Service Is a Welcome Addition

An ankle sprain, wrist injury, concern about a fall or other musculoskeletal condition: it is not always clear where to go when you need an exam or an x-ray. That is why Newton-Wellesley opened the Orthopedic Walk-In Service on Route 9 in Wellesley. The service is staffed by orthopedic physician assistants (PA) and board-certified surgeons. No appointment is necessary.

"Many people injure themselves but don't need to go to the Emergency Department," explains Timothy Foster, MD, Chair of Orthopedic Surgery at Newton-Wellesley. "At our Walk-In Service, patients are seen by a PA who is in constant contact with our orthopedic surgeons. If someone needs a higher level of care, it can be arranged immediately."

There are plenty of urgent care centers around, but an Orthopedic Walk-In Service is unique. "There are only a few such centers in the U.S.," says Dr. Foster. "Ours opened this past winter, and it's going very well."

Orthopedic Walk-In Service

978 Worcester Street (Route 9)
Wellesley, MA 02482
617-219-1280

Hours of Operation

Monday-Friday: 8:00 a.m. – 8:00 p.m.
Saturday and Sunday: 8:00 a.m. – 1:00 p.m.
Walk-in or call ahead

Life Can Change for the Better

For Many, It Begins with the Substance Use Services Program

Cathy's revelation came while sitting in an Emergency Department treatment room last summer. "What am I doing here?" she wondered. After years of drinking—and now retired—her problem had escalated; it became the first thing she thought about when she got up. "At 9:00 in the morning, I'd be pouring myself a drink." But on this particular day, she didn't do that, went into detox—alcohol withdrawal—and became very sick. An ambulance brought her to Newton-Wellesley Hospital.

A revelation only takes one so far. When an Emergency Department nurse handed Cathy a brochure describing the hospital's Substance Use Services (SUS) Program and said: "I think you should try it; at least give them a call," it had an impact. She did make the call, met with Angela Zaydon, LICSW, the social worker in the SUS Outpatient Clinic, and realized she was surrounded by kind, experienced professionals who were there to help her.

"I felt very comfortable," says Cathy. "They're not judgmental, and they've taught me different things that have been very, very useful in how I need to live. Like how to care for myself. Being sober for the last ten months, I'm focused now."



Cathy can celebrate more than ten months of sobriety, thanks to the committed Substance Use Services (SUS) staff who continue to support her.

The SUS Program clinicians are involved in—and committed to—Cathy's success. She continues to see Ms. Zaydon; attends the regular Zoom support group led by Halley Delorey, the recovery coach; and sees Catharina Armstrong, MD, MPH, Associate Director, who monitors her health.

"They tell me: 'If you need us, if you need anything, if you're having a moment—just call. Don't take the drink and then call. Call us first.' They're all very dedicated."

Thanks to that revelation in the Newton-Wellesley ED, which led to her contacting the SUS Outpatient Clinic, and support from her family, Cathy's life has changed for the better. "I feel good," she says. "I used to sit in the kitchen, watch TV and drink. That's what I did all day. Now when I get up in the morning, I make a list, even if it's only one thing I need to do. It's therapy for me."

During 2020, the number of SUS patients tripled

Cathy is not alone. During the past year, Newton-Wellesley's SUS clinic saw a dramatic increase in the number of individuals who developed a new substance use problem, used alcohol or drugs more, or relapsed after years of sobriety. The COVID-19 pandemic forced many individuals to live in isolation without the emotional support they need, from family and friends to Alcoholics Anonymous, Smart Recovery and other groups. During 2020, the SUS clinical team had nearly triple the number of patient visits as in 2019. Approximately 70 percent of patients were treated for alcohol use disorder.

Sadly, many people avoided coming to the ED due to concern that they would be exposed to COVID-19—in some cases, waiting until they were experiencing a health crisis. Others left the ED, only to reappear within 24 hours. The SUS Program team worked non-stop, offering care and counseling to every patient who arrived in the ED, clinic or on inpatient units.

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Substance Use Services

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"We see individuals when they need to be seen," says Dr. Armstrong. "We don't have a waiting list. If I can't see a patient on the day they arrive, one of my colleagues does. Our social worker and recovery coach see most patients." From there, a plan is developed to return the patient to health and provide the ongoing emotional support they need.

The increase in patients began soon after the pandemic-required shutdown. "During the past year, the COVID-19 pandemic produced a mental health and substance use disorder crisis," says Dr. Armstrong. "Many of my initial interactions with patients began with: 'Since I lost my job, my loved one, my wellness routine.'

"As a result, a lot of the work we do in our meetings is about cultivating and rekindling the wellness that has been lost—and replaced by a substance and/or worsening anxiety or depression. We discuss how we can help manage the substance use disorder with a focus on mental and physical wellness."

SUS Program staff know that, in an environment that provides empathy and is non-judgmental, patients will respond to treatment. The isolation caused by the pandemic made many people feel anxious, stressed and uncertain; they self-medicated with alcohol or drugs. Program



Catharina Armstrong, MD, MPH, Associate Director of the SUS Program, visits with a patient via telehealth, which is how many patients were seen during the COVID-19 pandemic.

"Something clicked in my head. I saw all the people who got help at Newton-Wellesley, and I realized I wasn't alone."

– Mike, Substance Use Services Program Patient

staff encourage patients to acknowledge the importance of being connected—of having healthy relationships with people and activities, such as exercise and music. Simply put, we need to have our lives witnessed by others.

More primary care physicians are screening their patients for substance use—asking them about their habits—and referring those who need specialized care sooner rather than later. This effort has been supported by philanthropy and the efforts of the Substance Use Services Council, community members whose goal is for Newton-Wellesley to offer a full system of care for substance use disorders (see sidebar).

"Something clicked . . . and I realized I wasn't alone"

"I didn't know all these services existed at Newton-Wellesley," says Mike, who came to the ED two years ago, after hitting "rock bottom." The Waltham resident was addicted to opiates and had tried to quit more than once, with no success. "People I knew only talked about detox—you go in, you get clean, come out, get dirty and go in again. That seemed worthless."

In the ED, he found everything he needed, starting with an immediate visit from a recovery coach. "She was extremely helpful. You worry that people

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Substance Use Services

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are going to look down on you. But she told me she was a recovering heroin addict herself, and she'd been sober for several years. Having someone who can relate to you is huge."

Mike then received a prescription from Dr. Armstrong for Suboxone, medication that helps individuals to detox from opiates and also prevents cravings. "I saw Dr. Armstrong once a week for a toxicology screening, and she checked in with me between appointments," says Mike. "She does a great job of educating you. I felt so comfortable with her. I didn't want to disappoint her."

He stayed close to the SUS Clinic, began attending Smart Recovery meetings—and saw his life turn around. "Something clicked in my head," he says. "I saw all the people who got help at Newton-Wellesley, and I realized I wasn't alone."

He continues to see Dr. Armstrong once a month and has regular visits with a psychologist. "Everything I needed was at Newton-Wellesley," he says. "They're so compassionate and willing to help you and understand you. My life has never been better."

Important Support Behind the Scenes

Substance Use Services Council Is Having an Impact

It is a rare individual who does not have family members or friends who have experienced mental illness, including a substance use disorder, at some point. Newton-Wellesley's Substance Use Services Council is comprised of NWH medical and community members who want to be sure that the right care is available, and they provide expertise and philanthropic support.

"Newton-Wellesley has all the elements, including its community base, academic tradition and strong integration of physicians to provide the right system of care," says Carol McMullen, former NWH Chair of the Board of Trustees, who co-chairs the SUS Council with Alicia Abad, member of the hospital's Board of Advisors. "A key component is the 96 primary care physicians who are affiliated with the hospital."

Philanthropy from SUS Council members led to the recruitment in 2020 of Megan Mistry, MD, to serve as physician champion with a focus on substance use. She visits physician practices, organizes lectures and offers advice. Physicians appreciate the role she plays. "We need mentorship," notes Nicole LaRue, MD, a primary care physician, "especially when you

are putting a patient on Suboxone, and you are concerned about their health. Sometimes it takes a team, especially when a patient has a dual diagnosis [substance use disorder and mental illness] or is living with chronic pain. Primary care physicians can't manage those patients alone."

SUS Council members would like to see more detection of substance use in advance—before someone arrives at the ED. "The most important thing is that people within the hospital are focused on solutions," says Ms. McMullen. "That leads to collaborative care: more primary care physicians referring early and social workers and recovery coaches being available to help patients immediately, in the ED and elsewhere."

Ms. McMullen is optimistic that Newton-Wellesley's SUS Program can answer the need. "It depends on the program's ability to grow, as well as continued philanthropic support."

For more information on how you can support Newton-Wellesley's Substance Use Services Program, please contact Liz Gianakos in the Development Office at egianakos@partners.org or 617-243-6751.

As Radiation Becomes More Precise, Patients Benefit

Stereotactic Body Radiation Therapy Is Playing an Important Role

The number of cancer deaths in the U.S. has steadily declined in recent years, largely due to cancer treatment that is far more personalized. It includes targeted therapy, surgery that is increasingly specific and radiation delivered with greater precision, directed at tumors and away from healthy tissue.

As area residents realize that the Mass General Cancer Center at Newton-Wellesley is committed to providing the most current cancer care, the center is growing. Not surprisingly, advances in technology have revealed the need to replace existing equipment. That includes the hospital's

linear accelerator—the powerful unit that delivers radiation therapy.

“When the radiation oncology program opened in 2009, approximately 5,800 radiation treatments were provided each year,” notes Lawrence Blaszkowsky, MD, Director, Mass General Cancer Center at Newton-Wellesley. “Today, the number of treatments is about 9,500.” The treatment day has expanded to 12 hours when needed.

A number of Mass General subspecialists are onsite regularly, and there is a growing list of specialized programs, including breast, gastrointestinal, genitourinary and lung cancer, as well as neuro-oncology. Because many patients benefit from radiation oncology, including the newest ways of delivering it, the need for new technology is clear. According to Dr. Blaszkowsky, the focus now is to install two new linear accelerators. This will allow the Mass General Cancer Center at Newton-Wellesley to continue to make breakthrough treatments increasingly available and offer patients outstanding cancer care.

When cancer recurred, SBRT was the answer

Dorothy Fabian of West Roxbury experienced that first-rate care in 2018, when she suddenly developed a problem. “I was visiting my sister in Connecticut but had to leave after two days because of breathing difficulties,” she recalls. Before heading home, Mrs. Fabian, a long-time smoker, went to the local Emergency Department.

“They gave me oxygen, medication and checked my lungs. I was told I had a spot on my right lung and should have it checked when I got back.”



Joanna Tansky, MD, PhD, Division Chief of Radiation Oncology for the Mass General Cancer Center at Newton-Wellesley, shown with the hospital's linear accelerator, sees how radiation therapy benefits her patients every day.

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SBRT Treatment

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“SBRT treatment sessions can be longer than standard radiation, but patients benefit from only needing to come to the hospital a handful of times. For many, it means not going through the potential risks that can be associated with surgery.”

– Joanna Tansky, MD, PhD
Division Chief of Radiation Oncology

Jean Phalen, MD, her primary care physician, arranged for an x-ray and CT scan. Mrs. Fabian, who is 82, was diagnosed with lung cancer and COPD (chronic obstructive pulmonary disease).

She soon met with Henning Gaissert, MD, Chief of Thoracic Surgery at Newton-Wellesley. Dr. Gaissert, who is on staff at Mass General, performed surgery to remove the upper right lobe and part of the middle lobe. “I had a tough time due the state of my respiratory system,” says Mrs. Fabian, noting that she developed pneumonia. But she felt fortunate that the lung cancer was treated—with no need for additional treatment.

Two years later, in 2020, a small lesion was found on her left lung. “I was being carefully followed with periodic CT scans, and my COPD was being managed by Dr. Vernovsky,” she says, referring to Inna Vernovsky, MD, a Newton-Wellesley pulmonologist. That was when Mrs. Fabian heard about a form of radiation therapy that is proving to be effective for treating early-stage lung cancer, especially when the patient has breathing problems.

“Dr. Gaissert didn’t want to subject me to more surgery, so he suggested I see Dr. Tansky, who told me about stereotactic body radiation therapy [SBRT]. I had never heard of it before.” Joanna Tansky, MD, PhD, Division Chief of Radiation Oncology at the cancer center, knew this was the ideal treatment for Mrs. Fabian.

“Patients appreciate the fact that SBRT is a compressed form of radiation therapy and typically requires just four to six treatments,” says Dr. Tansky of the targeted cancer treatment, which directs multiple, pinpoint radiation beams at a tumor, where they are focused to destroy cancer cells. “SBRT treatment sessions can be longer than standard radiation, but patients benefit from only needing to come to the hospital a handful of times. For many, it means not going through the potential risks that can be associated with surgery.”

Before her first SBRT session, Mrs. Fabian was informed that her treatment plan needed to change. “We detected a second lung lesion, which required additional treatments,” Dr. Tansky explains. Mrs. Fabian came for 15 treatments over a period of three weeks.



Dorothy Fabian received stereotactic body radiation therapy (SBRT), a precise, effective cancer treatment, and is grateful to the team at the Mass General Cancer Center at Newton-Wellesley.

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SBRT Treatment

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“When they said I should have radiation, I was dreading it,” she says, “but it was such a positive experience. Everyone made it so easy on me, and I had no side effects—none. I could carry out everything I needed to.”

SBRT is an example of how radiation therapy has evolved, notes Dr. Tansky. “So much has changed, thanks to the increasingly sophisticated linear accelerators we have now. That includes the number of weeks patients come for treatment. We can provide higher doses more safely for many of the cancers we treat, and we can shape the radiation beam so that we avoid damage to adjacent organs and tissue. This has made SBRT possible.”

The increasingly precise delivery of radiation has contributed to the impressive decrease in cancer deaths. Notably, treatment progress has had the greatest impact on lung cancer. SBRT currently is used to treat those with lung, pancreatic and liver cancer, bone lesions and brain tumors. It is expected to play a larger role, expanding to other types of cancer.

Mrs. Fabian’s treatment was successful. “I’m feeling fine,” she says. “I’m so glad SBRT was available for me. The cancer center facility is beautiful, and the people there are beautiful.”

On the Way: Two New Linear Accelerators

Progress—in the form of the new, technologically sophisticated linear accelerators and the expanding role of SBRT—has made it clear that the cancer center must replace its existing linear accelerator and needs a second unit to meet the increasing demand for treatment. According to Dr. Blaszkowsky, this will accommodate patients who require standard radiation oncology, as well as the longer treatment sessions needed for SBRT.

“SBRT takes two or three times longer than standard radiation, in addition to the time required for setup,” he explains. “Realistically, we can only treat two SBRT patients in a day.” Having one linear accelerator that is dedicated to SBRT is the answer.

The two linear accelerators will be purchased by Mass General Hospital; Newton-Wellesley has launched a \$3 million fundraising initiative to help cover the cost of installing the new units—exact work that requires careful shielding to safely contain the radiation, as well

as the reconfiguration of the current space to accommodate new patient waiting areas and clinic rooms.

Additional treatment resources are available at Mass General Hospital when patients need them. They include proton-beam therapy, which uses protons to deliver radiation to a tumor while minimizing the dose to adjacent tissues, and intraoperative radiation therapy, which is delivered at the time of surgery.

“We need to have the most advanced technology, including new linear accelerators that will allow us to deliver the kind of first-rate care our patients expect and deserve,” says Dr. Blaszkowsky. “Also, we never want to reschedule patients. With two linear accelerators, we will be able to maintain good service and quality of life for our patients.”

For more information about the linear accelerator project at Newton-Wellesley, please contact Amy Hurley in the Development Office at alhurley@partners.org or 617-243-6438.

Behind a Planned Gift: Gratitude and Thought



Meredith Scott decided to make a planned gift by including Newton-Wellesley in her estate plan. Her gift shows appreciation for the exceptional care her father received.

Meredith Scott has a deep, ongoing connection with Newton-Wellesley Hospital, where she receives outstanding care. However, it was her late father's experience that brought her appreciation for Newton-Wellesley to another level.

After her parents retired to Cape Cod, they drove to the hospital for all their care. "My father had a cardiac condition, among other medical problems," Ms. Scott explains. "He had so many surgeries and procedures that he kept an Excel spreadsheet listing them. He had a close relationship with his doctors; all of us felt very comfortable at Newton-Wellesley."

In 2009, Don Scott was in the operating room, ready for surgery with Rajan Chahal, MD, when he suddenly went into anaphylactic shock—a rare allergic reaction that can be deadly if not treated immediately. "His anesthesiologist, Dr. Mary Long, called a code blue, and a team of emergency staff rushed to the scene," she recalls. "Dr. Long literally saved my father's life. When he woke up in the ICU, he thought he'd had surgery."

Instead, Mr. Scott was facing recovery—in the hospital and then at home—from the unexpected medical event. It was determined that he had an allergic reaction to an antibiotic that he had taken in the past. "When my father went back to have his surgery, he said 'Only if Dr. Long is there.'"

Ms. Scott understands why, because she, her mother and her brother saw the reactions of Dr. Long and Roman Dashawetz, RN, nurse-anesthetist, who cared for her father that day. "Once my father was stable, they spoke with us, and they were in tears because they had never had such an experience while prepping a patient for surgery." After they reacted with their clinical expertise, they did not hide their emotions.

Her father continued to receive care from his trusted team at Newton-Wellesley, which included Dr. Chahal; Christopher Kwolek, MD, vascular surgeon; and George Philippides, MD, Chief of Cardiology. Mr. Scott stayed in touch with Dr. Long.

"Each year on the anniversary of that

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Planned Gift

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"Each year on the anniversary of that unforgettable day, my father sent Dr. Long an email, thanking her for saving his life. She always replied the same day."

– Meredith Scott

unforgettable day, my father sent Dr. Long an email, thanking her for saving his life," says Ms. Scott. "She always replied the same day."

After her father died, Ms. Scott realized that she wanted to show her appreciation for Newton-

Wellesley—for the wonderful care he received and that she continues to receive. This led her to make a planned gift to the hospital. "You're never too young to do an estate plan," she notes. "I believe we should all think about where our money will go. You're doing your family a favor."

Once Ms. Scott decided to make a bequest to Newton-Wellesley, based on a percentage of her estate, she experienced a sense of relief. "I was full of gratitude, and I was glad to know that things were in place," she says, adding that she can revise her plan at any time.

"My family have always been planners," says Ms. Scott, who is quick to point out that one doesn't need to be a millionaire to make a planned gift, which can be modest. All it takes is thought—and gratitude.

For more information on gift planning at NWH, contact Mary Moran Perry, JD, at 617-243-3147 or mmperry@partners.org.

Newton-Wellesley Hospital's Annual Gala will be held virtually on Thursday, July 15.

Funds raised at this year's Gala, *Stronger Together*, will support Mental Health and Wellness programs for Newton-Wellesley Hospital employees. Your generosity will expand access to programs such as guided meditation, support groups and relaxation spaces.

For more information, please visit: nwh.org/gala

Stronger Together

Thursday, July 15, 2021



Katie Connolly Joins Newton-Wellesley as Vice President, Development

Newton-Wellesley welcomed Katie Connolly on January 15, when she began in her new position as Vice President, Development. She oversees strategy and campaign planning, major and annual gift programs, events and donor stewardship.

Ms. Connolly arrived when the second COVID-19 surge was underway. “It was sobering—and also motivating—for me to join Newton-Wellesley at that time,” she recalls. “I immediately saw how individuals were coming to work every day to care for other individuals, despite all the precautions and the dehumanizing impact of how they needed to deliver care.

“I believe the pandemic has made a lot of people reflect on the fact that having an incredible community hospital contributes to our quality of life.”

Ms. Connolly notes that Errol Norwitz, MD, President and CEO, inspired her to consider what Newton-Wellesley can accomplish. “How do we think bigger on behalf of a community hospital that is, by all measures, exceptional and wins awards regularly?” she says.

She has a track record of directing successful fundraising campaigns at other organizations—most recently, Milton Academy, which surpassed its capital campaign fundraising goal. Prior to that, she was Chief Development Officer at Horizons for Homeless Children. She also served as Director of Development at the MIT Sloan School of Management.

Ms. Connolly earned a BS degree from Reed College, an MS degree in Hospitality from New York University and an MBA from Simmons School of Management. She is a lifelong resident of



Newton-Wellesley Hospital welcomed Katie Connolly as Vice President, Development, in January 2021. Katie comes from Milton Academy, where she oversaw their successful capital fundraising campaign.

Jamaica Plain, where she lives with her husband, two sons and their dog.

She is impressed with the structure in place for community members to work with Newton-Wellesley. “I am delighted that the hospital has not just a Board of Trustees, but a Board of Advisors, many councils and a busy volunteer program,” she says. “I’ve seen how philanthropy can transform an institution. We have that opportunity here—to get to the next level.” She looks forward to working with Newton-Wellesley’s supporters and getting to know the community members who collaborate with the hospital.

For more information about the Development Office at Newton-Wellesley, visit www.nwh.org/giving.