

# The Scope

A Newsletter for Medical Professionals

April 14, 2017

***“Whoever is careless with the truth in small matters cannot be trusted with important matters.”***

***-Albert Einstein***

The Scope appreciates the enthusiastic response of readers contributing quotes. This quote was submitted by Douglas B. Sawyer, M.D. Please submit a favorite you'd like to share with others by emailing [The Scope](mailto:thescope@mmc.org).

## [A Compact Between Maine Medical Center and Its Medical Staff](#)

### **Peer Support**

*for the MMC Medical Staff*

[PeertoPeer@mmc.org](mailto:PeertoPeer@mmc.org)

Physician leader: Christine Irish, MD

Confidential \* One-on-One \* Peer Support

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## Dear Members of the Maine Medical Center Medical Staff,

Let's hope that the warmer weather is here to stay for a while. Needless to say, it has been a long wait for spring. In this issue, we share information on the Bylaws rewrite which has been a long time coming. Read further for long-awaited details about the Provider Engagement Survey Results and New Service Line design. See pieces that highlight academic recognition and research news: Gil Fraser, PharmD, receives the new MITE Interprofessional Teaching Award, and Krista Garrison, Director of Clinical Trials Office, announces a research newsletter and updated website. On the practical front, Samir Haydar emphasizes key terminology for best clinical documentation – focusing on the top five diagnoses that give rise to queries.

The Medical Staff office welcomes Erin Dustin, Medical Staff Specialist, who is joining the team with Kate Stoddard and Dyan Albano.

Note upcoming events, mark your calendars:

- Bench to Bedside Research Symposium, Wed 5/3, 1 - 7 p.m., Dana Auditorium
- Grand Rounds on tapering opioids, Wed 5/10, 8 - 9 a.m., Dana Auditorium
- Medical Staff Town Hall topic: Maine Health Governance Unification, Mon 5/22, 5:30 - 7:30 p.m., Dana Auditorium

Finally, thank you for your participation and follow up after our Medical Staff gathering last week.

Here are links to slides/presentations from the gathering:

- [Med Staff Dinner, April 5](#)
- [Peer-to-Peer Support Program](#)
- [Provider Engagement Survey Results](#) (More on this below.)

Sincerely,



*Joel Botler MD*

**Joel Botler, M.D.**  
Chief Medical Officer



*Lisa Almeder*

**Lisa Almeder, M.D.**  
Medical Staff President

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## Med Staff Bylaws Rewrite

*By Lisa Almeder, M.D., Medical Staff President*

Our current Bylaws and Associated Manuals are more than 20 years old and in need of updating because they do not properly reflect our current landscape on many key items including: the electronic medical record, service line structure, outpatient sites that fall under hospital’s license, as well as several other topics. The Medical Executive Committee has endorsed our proposal to embark on a complete rewrite. To begin the process, we have engaged the nationally renowned law firm, Horty Springer, who are experts in this realm. They will assist us to be sure the bylaws are compliant with regulatory laws, written in up-to-date language and address areas where our current Bylaws are conspicuously silent. The process will require a great deal of time and energy.

We will keep the Medical Staff informed and involved every step of the way during our rewriting. It is imperative that the new documents be representative and inclusive without being overly prescriptive. New bylaws should also provide durable guidance into the future. Experts from Horty Springer plan to make at least two site visits to work with us. We also will regularly convene the bylaws committee as well as ad hoc meetings with key stakeholders from many areas to ensure that we are thorough and accurate. Because the Bylaws and

Associated Manuals should reflect more than just regulatory requirements, because they should govern our Medical Staff and help guide us in difficult situations, our plan is to have robust communication and input from you throughout this process. We strongly encourage participation from all those interested.

You can find our current manuals for review and comment [on the Med Staff website](#). Your working familiarity with structure and content will serve your participation in the process. Note that we can consolidate material as we update and in fact, anticipate that both the structure and number of manuals will change.

Thank you for your input as we engage this process of revising our governing documents to better reflect our landscape. Your voices are essential to insuring our Bylaws represent and guide our Medical Staff. Please share your input. Send comments to Kate Stoddard in the Medical Staff Office at [stoddc@mmc.org](mailto:stoddc@mmc.org).

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## Provider Engagement Survey and Strategy

*By Lisa Almeder, M.D., Medical Staff President*

Dear Members of the MMC Medical Staff,

Last fall, many of you participated in our medical staff engagement survey. An essential element of our culture and organization, engagement impacts our patients and our teams, our work and personal lives. The 2016 results demonstrate an increase in engaged providers since 2013, yet the levels are below benchmark.

Read on [or review these slides](#) for:

- **Highlights of the 2016 Survey Results**
- **2016 Focus Areas and Strategies**
- **Literature, Recommendations**
- **What You Can Do**

Optimizing engagement, enhancing wellbeing, and mitigating burnout in medical care facilities requires a multi-faceted approach on national, state, organization, leader, and individual levels (Ref). Maine Medical Center can act on many levels while supporting both individually–focused and organizational interventions.

### Highlights: 2016 Survey Results

A total of 944 providers responded representing a response rate of 67%\* (vs 58% in 2013). The survey tool classifies respondents into four categories or levels of engagement. The graphs show the distribution of relationship in categories, from low to high. The categories are *disengaged*, *ambivalent*, *content*, and *engaged* (for employed providers) and *disaffected*,

at risk, loyal, and aligned (for private practice). Results show there are more engaged (employed/residents/fellows) and aligned (private practice) providers than in 2013. However, the benchmark ranking is low and represents a challenge and an opportunity. See more detail ([link](#))

**Top Drivers**

The survey tool identifies top strengths and weaknesses - areas needing improvement - based on responses from both the employed and private practice providers.

Employed providers, residents and fellows	Gap to benchmark/ median (0 = goal)
I have good working relationships with clinicians in my principal practice area.	-0.3%
I would recommend this organization to a friend or relative to receive care.	-1.0%
This organization provides excellent clinical care to patients.	-3.8%
Clinicians and support staff work collaboratively.	-3.9%
My practice/office manager(s) are effective in their role.	-5.4%

**Strengths**

Private Practice providers	Gap to benchmark/ median (0 = goal)
I have a high degree of confidence in this organization's medical staff.	-0.4%
This organization accepts the insurance most commonly used by my patients.	-0.5%
This organization offers the clinical services that my patients need.	-1.5%
I have a high degree of confidence in this organization's nursing staff.	-5.3%
This organization provides excellent clinical care to patients.	-7.7%

**Areas for improvement:**

Employed providers, residents and fellows	Gap to benchmark/ median (0 = goal)
This organization supports my desired work-life balance.	-13.3%
This organization is well prepared to meet the challenges of the next decade.	-15.0%
Disruptive behavior is not tolerated at my organization.	
I have the information I need to assess my productivity and care quality.	



**2016 Focus Areas and Strategies**

The 2016 survey tool identifies the following focus areas or priorities for improvement:

Private Practice providers	Gap to benchmark/ median (0 = goal)
I am kept informed of the organization's strategic plans and direction.	-15.1%
This organization is open and responsive to my input.	-17.6%
Actions of executives reflect goals and priorities of participating clinicians	-19.9%
My patients are able to obtain hospital appointments in a timely	-20.0%



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22 Bramhall Street, Portland, ME 04102 | (207) 662-0111

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