

The Scope

A Newsletter for Medical Professionals

January 18, 2018

“Never worry about numbers. Help one person at a time and always start with the person nearest you.”
Mother Teresa

The Scope appreciates the enthusiastic response of readers contributing quotes. 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

Physician leader: Christine Irish, MD

Confidential * One-on-One * Peer Support

Dear Members of the Maine Medical Center Medical Staff,

Happy New Year, colleagues. As January is obesity month, we've featured an update on obesity prevention programming and related public health stats as part of our Index Series reports.

We are keeping a steady update on the opioid epidemic – in this month's issue please see the goals for treating more patients. We have also included some Epic tips we hope you find useful.

Additionally, we encourage you to use the RLS reporting system as a way to improve the systems of care and culture for safety.

On the Academic front, note that the MITE scholars program is now taking applications. As always, we celebrate the recognitions, promotions and publications of the medical staff. We hope to see you at one of the Medical Staff's wellness events – please join colleagues at an upcoming brown bag talk.

We hope you have enjoyed the art exhibit in the Medical Staff Lounge. Please know the current exhibit will end on Friday, January 26th. We thank the artist for giving us beautiful color and gracing our space.

Sincerely,



Joel Botler MD

Joel Botler, M.D.
Chief Medical Officer



Lisa Almeder

Lisa Almeder, M.D.
Medical Staff President

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Let's Go! Obesity Prevention for Children and Adults

By Reeve Chace, Tory Rogers M.D., Tim Cowan, M.D.

Let's Go! 5-2-1-0, a childhood obesity prevention program, was launched in 2006 in Greater Portland through a consortium of Maine's leading health, business and community-based organizations. By 2011, it had become a program of the Barbara Bush Children's Hospital with a statewide network of dedicated partners implementing the program locally. Today, Let's Go! works with over 1,300 sites throughout Maine and in Mount Washington Valley, New Hampshire, reaching over 230,000 kids to help them form healthy habits that will last a lifetime using Let's Go!'s nationally recognized 5-2-1-0 message: 5 or more fruits and vegetables; 2 hours or less of screen time; 1 hour or more of physical activity; and 0 sugary drinks every day.

The success of the Let's Go! 5-2-1-0 program led to requests from parents, health care

providers and others for a healthy eating, active living program designed for adults. After 10 years of working with communities to create healthy environments for children and youth, Let's Go! is excited to announce that we have expanded to include the adult population.

Building on the success of the evidence-based, consistent messaging used to reach children and youth, Let's Go! will be reaching adults through its Small Steps program. The program launched in primary care in 2016 and is currently implemented in 14 practices within the MaineHealth system. The program plans to expand and support additional practices and worksite wellness programs. Small Steps promotes incremental behavior changes that add up to improved health:

- Move More—it's a great way to improve your health
- Eat Real—foods that come from nature give you energy
- Drink Water—it's the best choice
- Rest Up—good sleep restores your body and mind

By September 30, our goal is that at least 80 percent of eligible MaineHealth practices will receive training on the Small Steps standard of care for adult obesity and at least 50 percent of practices will be implementing components of this standard. You can learn more about the Small Steps program by going to letsgo.org.

We are excited to meet the needs of parents, providers, colleagues and others who asked Let's Go! to bring its success with children and youth to the adult population. To highlight the expansion, Let's Go! has unveiled a new look and feel in our logo, resources and website. Look for the Let's Go! 2017 Annual Report on our website in late January.

If you have any questions or requests to participate please reach out to [Dr. Tory Rogers](#), Medical Director of Let's Go!

[Obesity in Youth Stats](#)

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Opioid Epidemic –The Hub and Spoke Model

By Katie Fullam Harris, SVP-Employer & Govt. Relations, Tim Cowan, M.D.

In response to the opioid epidemic that is killing more than one person per day in Maine, the MaineHealth Board set an FY '17 goal of developing evidence-based treatment capacity to serve patients in each local health service area by September 30, 2017.

A steering committee comprised of clinical representatives from all MaineHealth members and affiliates developed an integrated “hub and spoke” model that relies upon “hubs” run by Maine Behavioral Health that are staffed with addiction specialists and provide treatment for patients in acute phases of treatment. Once stable, patients are discharged to Patient Centered medical homes where they receive ongoing medication from their primary care physicians and counseling from the integrated behavioral health clinicians within the practices.

The model is grounded in the foundation of a common data set that is collected at each site and reported centrally for tracking and performance improvement purposes. While two MaineHealth members narrowly missed the September 30 deadline, all members had met the goal by the end of October. The Board established an ambitious goal for FY '18 of providing treatment to 650 patients within our newly formed hub and spoke model.

Summary of changes in Drug OD rates in the US—2011-2013 versus 2014-2016

In the U.S.

- Maine had the fifth largest increase in age-adjusted rates of drug overdose deaths in the U.S., from 12.2/100,000 in 2011-2013 up to 22.2/100,000 in 2014-2016. In 2011-2013, 21 states had significantly higher rates than Maine; in 2014-2016, only eight states had significantly higher rates. New Hampshire, Rhode Island and Massachusetts were three of these eight states with higher rates.
- New Hampshire had the largest increase in the overdose death rate rising 18.5 points from 14.6 in 2011-2013 to 33.1/100,000 in 2014-2016. Ohio and Massachusetts each had increases of 12.1 points.
- Overall, 31 states had statistically significant increases in drug overdose death rates from 2011-2013 to 2014-2016. No states had statistically significant decreases between the two periods.
- West Virginia had the highest drug overdose death rate in the U.S. in both time periods, and the seventh largest increase in the rate from 33.5/100,000 in 2011-2013 to 43.0/100,000. Nebraska replaced North Dakota as the state with the lowest rate in the U.S., 6.9 deaths per 100,000. North Dakota's death rate increased from 2.7 to 8.5/100,000, and was the third lowest in 2014-2016.
- Importantly, the age-adjusted rate of drug overdose deaths involving synthetic opioids doubled in 1 year from 2015 to 2016. See graph on page 2 of the PowerPoint.

Summary of changes in Drug OD rates in Maine – 2007-2011 versus 2012-2016

In Maine and the MaineHealth Service Area

- Washington County's age-adjusted death rate continues to be the highest rate in Maine with a rate of 34.8/100,000 during the period 2012-2016. This rate was more than double Washington County's rate of 17.0/100,000 during the prior five year period, 2007-2011.
- Within the MaineHealth Service area, Carroll County, N.H., had the highest rate of 24.0 followed by York, Kennebec and Lincoln counties in Maine with rates per 100,000 of 21.5, 20.6 and 19.2 respectively.

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Safety - Use RL Reporting and Improve Systems

By Janet Maquire, Mark Parker, M.D.

The MMC RL Safety Reporting system can be a vital tool for improving patient safety. The system is designed to capture core information for errors, events or almost events (“good catches”). When you enter a safety report the system automatically notifies unit and department leadership, service line leaders and subject matter experts. Safety and Risk coordinators track and trend all reports. Depending on severity of the event you may receive a follow-up call or email from risk management for more details. When there is serious injury, permanent harm or death due to an error, Safety and Risk experts will work with the clinicians involved to determine if it is a reportable sentinel event necessitating a Root Cause Analysis (RCA). If not, they assess if the level of risk or injury warrant an Intensive Review. The focus of an RCA or Intensive Review is to identify root causative factors for an event and then determine process or system changes which would prevent the event from recurring.

A safety report entered by a resident mid 2017 is illustrative of how a Safety Report can result in meaningful improvement. The report described an event involving a COPD patient. Daily progress notes from admission noted the patient was on steroids. Three days post admission the patient had an acute pulmonary exacerbation requiring transfer to IMC level of care. It was discovered that steroids had not been ordered or given for those three days. While this did not meet sentinel event reporting definition for an RCA, the potential for harm was significant enough to warrant an Intensive Review.

The interdisciplinary review team identified the lack of a standardized process/approach and documentation of checking MAR and orders in medical record as a reflection of patient problem list/plan was a root causative factor. The medical team went on to develop a standardized approach to documentation of orders being reviewed and confirmed and MAR checked which was reflected in the templated note.

We can't fix what we can't see! Please enter a Safety Report for actual or potential errors with or without patient harm or any safety concerns.

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Drug Shortages

By Renee Fallon PharmD, Lorraine McElwain M.D. and Lisa Almeder M.D.

Maine Medical Center has experienced a rapid increase in drug shortages since September 2017 when Hurricane Maria hit Puerto Rico, impacting many drug manufacturers. However, there are several other contributing factors also influencing medication shortages including but not limited to: industry consolidation and quality and maintenance issues at manufacturing facilities.

The number of medications on shortage is dynamic and rapidly changing. It currently includes such basic, critical agents as small volume intravenous solutions, sodium chloride, potassium chloride and hydromorphone. Pharmacy continues to take a proactive, multi-faceted approach to such challenges including: increasing days supply on hand, collaborating with other MH hospitals, ongoing communication with manufacturers/distributors and increasing the volume of products prepared onsite. Pharmacy leaders are regularly informing and incorporating input from key groups (e.g. Pharmacy and Therapeutics Committee, MEC, Chiefs and Board Quality committees) with the goal to support the front line delivery of high quality care despite the shortages.

Please know it can take longer for the pharmacy to make dilutions and thereby it can take more time than usual to get agents to the inpatient units and to the patients. Some changes you may have noticed include 1) Pharmacy has more 'runners' to deliver drugs to units, 2) we have switched to diluting some medications with D5W (while NaCL is limited) and 3) we are using systems to triage orders and requests.

Medical Staff members can be extremely helpful by being stewards and exercising judicious use of agents in short supply. The hospital is using the 'code triage system' with protocols for communications for this situation. Please watch for the Medical Staff email alerts on drug shortages and mitigation strategies. Our goal is to not disrupt patient care, and working together we can continue to provide safe quality care to the patients at MMC during these challenging times.

If you have particular insights, suggestions or concerns please do not hesitate to email Medstaff@mmc.org.

Please [click here](#) for more information.

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Clinical Informatics Update on Medical Affairs

By Donna Morong, R.N., Manager of Clinical Informatics

During the past couple of months, a variety of support and optimization efforts has occurred for the MMC Medical Staff. A few highlights include:

1. Collaboration with Cardiac Surgery APPs to improve their workflows.
 - Modification to the Cardiac Surgery discharge summary SmartText to include anticoagulation history, provider to provider communication and other pertinent additions.
 - APPs transitioned from using the sign-off report to the hand-off report.
 - Creation and implementation of a Cardiac Surgery Patient Summary Overview report.
 - Specifications for a new Cardiac Services Index report – *in development*.
 - Modification to the Cardiac Surgery discharge instructions – *in development*.
 - Request to trial Dell 2-in-1 tablets for rounding.
2. Clinical Documentation Committee
 - Developed SmartPhrases for APSO progress note documentation that is currently being trialed by Pediatrics and Nephrology. Modifications have been suggested and implemented.
3. SeHR downtime procedures for Adult Medicine medical staff.
 - Currently, in the process of scheduling first meeting to review unplanned downtime procedures including order sets, discharge summary, AVS template and patient flow.
4. Continue to provide support for post Epic v. 2015 issues.
 - In-basket co-sign folder messages were removed on December 26, 2017.
 - When co-signing a resident or APP note, the service provider for professional charges defaulted to the original author of the note. This issue has been fixed.
5. Participation in Intensive Reviews.
6. SeHR On-Boarding of new medical staff.

On October 1, 2017 my position as Physician Liaison was transferred from Information Services to Medical Affairs creating a new department called Clinical Informatics – Medical Affairs. The goals for this new department are:

1. Expand the resources available to MMC inpatient, day surgery and emergency physicians, PAs, and NPs in using the electronic health record.
 - Two (2) new Clinical Informatics Specialist positions have been posted and interviews are being held this month.
2. To provide easily accessible on-site support for MMC Medical Staff.
 - Perform daily and/or team rounds.
 - One-on-one support of medical staff.
 - Workflow analysis to identify barriers and challenges.

- Support MMC Service Line transformation projects.
 - Support MMC I.S. Services Line Governance meetings.
3. To implement a support hotline for MMC Medical Staff.
 - A MMC Medical Staff support hotline will be implemented once new staff have been hired and oriented to their role.
 - The support hotline will be staffed Monday through Friday excluding holidays, 8 a.m. – 4p.m.
 - If the support hotline is busy, the caller will be transferred to the I.S. Contact Center for immediate assistance.
 - Once we are ready to implement the support hotline we will publish the new telephone number.
 4. Continue to offer a SeHR on-boarding program to MMC Medical Staff.
 5. To develop and implement efficiency and education classes for MMC Medical Staff.
 - Schedule of classes will be published within a few weeks.
 6. To improve the downtime process for MMC Medical Staff.

In future communications, I will highlight some of the optimization and support that is being provided to the medical staff.

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2018 EpicCare Inpatient Provider Refresher and Efficiency Classes

During 2018, we will be offering refresher and efficiency classes for MMC physicians, PAs and NPs. Registration is required, the classes will be held at 7 Bramhall Training Classroom on the 2nd floor with limited space. Each class will allow you to log-on to Epic and personalize your workspace, documentation and order entry.

Please [click here](#) to see the schedule of classes for January through March 2018. To register, send an email to morond@mmc.org.

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CRNA Week: January 21 - 27

By Jon Lowrance, M.S.N., CRNA (On behalf of the CRNA Professional Practice Committee)

Certified Registered Nurse Anesthetists (CRNAs) are Advanced Practice Registered Nurses (APRNs) who are employed by Maine Medical Center to provide anesthesia services throughout the hospital and at Scarborough Surgery Center. At MMC, CRNAs work as members of an Anesthesia Care Team with anesthesiologists to provide sedation, analgesia and anesthesia services in labor & delivery, the operating rooms, cardiac catheterization & electrophysiology labs, radiology, endoscopy and elsewhere. CRNAs make up the largest single department of Advanced Practice Providers on the Medical Staff of Maine Medical Center. There are currently 84 CRNAs in the Department of Anesthesiology and Perioperative Medicine, a number that has nearly tripled from just 10 years ago, when there were 31 CRNAs at MMC. Nurse Anesthetists have practiced anesthesia at MMC since 1895, a remarkable 123 years.

Current entry to practice requirements for CRNAs include a Bachelor's degree, clinical experience as Critical Care Registered Nurses, a Master's degree in Anesthesia and board certification by the National Board of Certification and Recertification for Nurse Anesthetists (NBCRNA). CRNAs are the first APRN group nationally to mandate that all new graduates obtain a minimum doctoral-level education (e.g. Doctorate of Nursing Practice) by 2025. Nationally, CRNAs are required to obtain 100 hours of continuing education every four years and to recertify by exam every eight years. CRNAs in the State of Maine exceed the national recertification requirements by obtaining 75 hours of continuing education every two years, as mandated by the State Board of Nursing.

At MMC, CRNAs add value to the organization beyond providing excellent clinical services by contributing to numerous hospital-wide committees and programs including the Medical Executive Committee, Operative Services Advisory Committee, Credentialing Committee and others. The CRNAs of Maine Medical Center also provide a primary clinical education location for the University of New England's Nurse Anesthesia program.

National CRNA Week, January 21 - 27, is an opportunity for CRNAs to educate the public about anesthesia safety, questions to ask prior to undergoing surgery and the value CRNAs bring to patients and our hospital as key members of the Anesthesia Care Team. We are honored to provide state of the art, high quality, safe and affordable anesthesia services as CRNAs at Maine Medical Center and Scarborough Surgery Center!

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The Academy at MITE is now accepting applications for its Scholar program 2018-2020

Features of the Program:

- Completion and publication of a mentored education scholarly project
- Bi-monthly seminars and workshops on education research, clinical and didactic teaching , education program administration and leadership, and many other topics
- Education Journal club
- Observed teaching and coaching
- Opportunities to teach the TUSM-MMC Maine Track medical students
- Funding is provided for clinical release time

The Academy at MITE is now accepting applications for its Scholar program. This program provides an opportunity for faculty involved in teaching to improve their skills. The program conducts seminars bi-monthly from September to May. Please visit [the website](#) for more information and the online application. The deadline for submission is March 16. Please contact Bob-Bing-You, Denham Ward or E. Sue Rose for more information.

The Academy at MITE is now accepting applications to join the Academy as a Fellow

The Academy at MITE is now accepting applications to join the Academy as a Fellow. Academy Fellows are recognized for their sustained excellence in teaching and their educational leadership roles. Please visit [the website](#) for more information and application instructions. The deadline for submission is March 16. Please contact Bob-Bing-You, Denham Ward or E. Sue Rose for more information.

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Faculty Appointments & Promotions

Promotions

Denham S. Ward, M.D., PhD, promoted to Professor, Investigator/Educator, Department of Anesthesiology

Kelley E. Conroy, M.D., promoted to Clinical Assistant Professor

Department of OB/GYN

Appointments

Caroline Foust-Wright, M.D. Clinical Assistant Professor, Dept. of OB/GYN

Julia C. Fritz, M.D. Clinical Assistant Professor, Dept. of Pediatrics

Christopher W. Racine, M.D., MPH Clinical Assistant Professor, Dept. of Psychiatry

Ronald M. Reilly, M.D., Clinical Instructor, Dept. of Emergency Medicine

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Moment to Shine

Jennifer Jewell was recognized by Jennifer Hayman

"Dr. Jewell Recognized By a Patient's Family"

I received a call today from the mother of a patient who Dr Jewell saw earlier this week in the Emergency Department. It was not a patient who needed admission, but Dr Jewell spent significant time with the family explaining the diagnosis and providing reassurance as well as signs and symptoms to return. The mom called today to say, "we are so happy with Dr Jewell and were so happy to get an accurate.

Randolph Thomas was recognized by Nancy MacWilliams

"Very busy day"

Dr. Thomas was on for adult inpatient medicine MMC//ED over capacity He was more than helpful in assigning medical teams to all request for admission out of ED which is outside our normal work flow in One Call Central Thanks from all in OCC for making process today flow much easier and less tension

Jennifer Aronson was recognized by Elizabeth Eisenhardt

"Blizzard patient care"

Thank you to Caryn, Jenny, and Rachel for offering to stay to provide patient care to our patients until our office closed, allowing other providers to leave earlier and get home safely.

Christopher Link was recognized by Calli Degrace

"Thank you for going above and beyond!"

Dr. Link, Thank you for not only stopping in to check on a certain R1 patient before leaving, but also for calling twice throughout the night to check in on 12/28. We noticed, and it is greatly appreciated!

Leora Rabin was recognized by Robyn Ostrander

"Incredible generosity toward your colleagues"

Leora, I wanted to thank you again for your ongoing quiet and extremely generous support

of your staff each holiday season. You set a lovely example for us. Best, Robyn

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Brown Bag Series for Med Staff, Residents and Fellows

The MMC Medical Staff Peer Support Program proudly offers the Brown Bag Series to help enhance existing relationships forge new bonds and promote a culture of support for the MMC community, with new topics presented each month. Light refreshments are offered, but feel free to bring your own meal.

COME. PET. DOGS.

Host: Fletch, Allie and friends, Pet Therapy Dogs, MMC Volunteer Services

February 14

Noon – 1:00 p.m.

Dana #3 and 4

Benefits for Physical Health:

- lowers blood pressure
- improves cardiovascular health
- releases endorphins (oxytocin) that have a calming effect
- diminishes overall physical pain
- the act of petting produces an automatic relaxation response, reducing the amount of medication some folks need

Benefits for Mental Health:

- lifts spirits and lessens depression
- decreases feelings of isolation and alienation
- encourages communication
- increases socialization and sense of community
- decreases anxiety and stress
- improves response to PTSD

Is there a Wellness Gap?

Host: Samantha L. Wood, M.D.

March 13

Noon – 1:00 p.m.

Dana Center #7

Are male or female healthcare providers at higher risk for burnout? Does gender affect how burnout manifests, progresses, and how it can best be addressed? Do men and women have different experiences of work, home, and everything in between that affects their wellness? This session we will include a (brief!) review of the literature and an open discussion as we consider the "wellness gap."

RSVP to MedStaff@mmc.org, indicating the date(s) of the session, your name, preferred email address and phone number.

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Publications

Holt CT, McCall KL, Cattabriga G, Tu C, Smalley EK, Nichols SD. Using Controlled Substance Receipt Patterns to Predict Prescription Overdose Death. *Pharmacology*. 2017 Dec 14;101(3-4):140-147.

Clark DE, Fitzgerald TL, Dibbins AW. Procedure-based postoperative risk prediction using NSQIP data. *J Surg Res*. 2018 Jan;221:322-327.

Mistry SD, Woods GN, Sigurdsson S, Ewing SK, Hue TF, Eiriksdottir G, Xu K, Hilton JF, Kado DM, Gudnason V, Harris TB, Rosen CJ, Lang TF, Li X, Schwartz AV. Sex hormones are negatively associated with vertebral bone marrow fat. *Bone*. 2017 Dec 11.

Bing-You R, Ramesh S, Hayes V, Varaklis K, Ward D, Blanco M. Trainees' Perceptions of Feedback: Validity Evidence for Two FEEDME (Feedback in Medical Education) Instruments. *Teach Learn Med*. 2017 Dec 14:1-11.

Marcolini EG, Seder DB, Bonomo JB, Bleck TP, Hemphill JC 3rd, Shutter L, Rincon F, Timmons SD, Nyquist P. The Present State of Neurointensivist Training in the United States: A Comparison to Other Critical Care Training Programs. *Crit Care Med*. 2017 Dec 12.

Clark DE, Fitzgerald TL, Dibbins AW. Procedure-based postoperative risk prediction using NSQIP data. *J Surg Res*. 2018 Jan;221:322-327

Wirth JA, Palevsky HI. Prostacyclin Therapy for Pulmonary Arterial Hypertension Evolves Again With the Development of an Implantable Delivery System. *Chest*. 2017 Dec;152(6):1100-1102.

Kring RM, Goddard HM, Wilmot MT, MacVane CZ. Woman With Headache and Neck Swelling. *Ann Emerg Med.* 2017 Nov;70(5):747-756.

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Calendar

2018 Medical Staff Dinners

- April 25
5:30 p.m.
Dana Center Auditorium
- September 26
5:30 p.m.
East Tower Patio

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Story Ideas?

Your participation is essential to making The Scope a dynamic and sustainable publication. Please submit articles of 250-300 words to thescope@mmc.org. Include practitioner's byline with title, credentials and appropriate contact for further information. We publish two times each month.

[See past issues of The Scope.](#)

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Medical Staff Value, Mission, and Vision Statements

Value Statement

The Medical Staff of Maine Medical Center values both individuality and collaboration. We will continually pursue higher value health care. We embrace a culture of curiosity and life-long learning. We are partners with Maine Medical Center, and we mirror its values of compassion, service, integrity, respect, and stewardship.

Mission Statement

The Mission of the Medical Staff of Maine Medical Center is to provide affordable, high-quality health care to our community. We teach future health care providers and develop innovative ways to improve the health of our community. In partnership with the Medical Center, we proudly accept our responsibility as one of Maine's leaders in patient care, education, and research.

Vision Statement

The Medical Staff of Maine Medical Center will be the driving force within Maine Medical Center leading the way to making Maine the healthiest state in the nation.

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centered around you

www.mmc.org

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

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