The Scope

A Newsletter for Medical Professionals

June 15, 2015

"There is no passion to be found playing small - in settling for a life that is less than the one you are capable of living."

—Nelson Mandela

The Scope *appreciates the enthusiastic response of readers contributing quotes. This quote was submitted by Damien W. Carter, M.D., currently an applicant and Acute Care Surgeon who will be joining Maine Medical Partners. Please submit a favorite you'd like to share with others by emailing to: thescope@mmc.org*

Dear Members of the Maine Medical Center Medical Staff,

In the past week, MMC hosted the Accreditation Council for Graduate Medical Education for our second Clinical Learning Environment Review. This was an opportunity for us to demonstrate that we are serious about elevating Quality and Safety for all our patients and employees, and in this case, specifically for our medical students, interns, and fellows. We will share the official results of our survey when available, but we have some initial comments outlined below.

Also in this issue, we have included our policy for sharing non-sensitive Protected Health Information for patient care purposes, in hopes this will be a helpful reference for you.

Thank you for your support in providing the best care for our patients, and please let us know if there are topics you would like to see covered in *The Scope.*

Peter W Bates

Peter Bates, M.D.
Chief Medical Officer

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Cindy Boyack, M.D.
Medical Staff President

In This Issue

Clinical Learning Environment Review

By Peter Bates, M.D.
SVP Medical & Academic Affairs

Tom Van der Kloot, M.D.
Director, CLER

Bob Bing-You, M.D.
VPME, DIO

Over the past two days, surveyors from Accreditation Council for Graduate Medical Education were at Maine Medical Center conducting their second Clinical Learning Environment Review (CLER) of our organization. Although the two site visitors were unable to share official evaluations and judgments, their informal comments indicate the efforts we have undertaken over the past two years have helped us make significant strides in patient safety and the clinical learning environment.

We are writing today to express our gratitude for the candor, respect, and flexibility that you demonstrated to our surveyors and this process. They were openly impressed with our response to the survey as well as with the patient safety and quality improvement knowledge of our senior residents who were leading the rounds. We also received high marks for the smooth flow of the visit and our willingness to accommodate their requests.

We also want to take the opportunity to share with you some of the site visitors' unofficial observations from the final checkout session with senior leadership. Please note that the official evaluations will be delivered to Dr. Bing-You in a final detailed report in within four to six weeks. In the meantime, we want you to be aware of the following preliminary thoughts, organized by surveyor focus areas:

Patient Safety

- Since our first CLER visit two years ago, MMC has shown increased reporting of patient safety issues by residents and faculty, thanks to the implementation of rL Solutions.

- There is increased resident and faculty involvement in root cause analyses (RCA).
- Our residents have created a “buzz” among themselves as to the importance of patient safety.
- Faculty expressed a need for professional development in patient safety.

Health Care Quality

- Interviewees expressed a need for more logistical support and time to complete quality improvement (QI) projects.
- Faculty and program directors indicated a need for additional access to data for QI efforts.
- Surveyors noted a need to make stronger connections between MMC and MMP quality agendas.

Care Transitions

- Surveyors observed inconsistencies in patient hand-offs, and variability in transition processes among specialties.
- Some delays in throughput were raised as patient safety concerns.

Supervision

- The vast majority of residents reported an appropriate amount of supervision by faculty; a low percentage reported either over- or under-supervision.

Duty Hours

- We still have work to do to ensure fatigue and burnout are not issues for our residents and faculty or the patients that they treat.

While some of these points may appear negative, it is the fundamental goal of the CLER program to raise the bar across all focus areas at academic institutions. It is also important to note that these are opportunities and not demerits. We embrace opportunities to continue to improve upon the good work we have started within our clinical learning environment.

When the CLER final report is received, we plan to share and discuss the report in a number of forums. We are proud of our residency programs — and especially the residents and faculty who staff them — and look forward to them continuing to be a significant force in improving care for our patients.

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MMC Policy for Sharing Protected Health Information

Non-Sensitive Protected Health Information (PHI) for Patient Care Purposes:

Using professional judgment and, when possible, giving the patient the opportunity to

object, non-sensitive PHI may be disclosed to persons involved in the patient's care (family member, other relative, or a close personal friend of the individual, or any other person identified by the individual) when the PHI being disclosed is directly relevant to person's involvement in the patient's care or payment related to the care.

What should a physician consider before disclosing PHI to the patient's friends or family?

Whenever possible, ask the patient whether you may share information with the person in question. This is best accomplished by asking the patient privately and ensures that the patient has been given the opportunity to object to sharing of their PHI.

As long as the patient does not object, you may provide information to a patient's family, friends, or anyone else identified by a patient as involved in his or her care. You will want to be reasonably assured of the person's involvement with the patient, prior to sharing PHI.

- If the patient has a caregiver, then that person may be provided with the minimum necessary patient information, pertinent to their role.
- If the patient does not want their information shared, disclosure is inappropriate.
- If a patient is incapacitated, you may share appropriate information with the patient's family or friends if you believe doing so is in your patient's best interest.
- You may decide to document the patient's wishes regarding sharing PHI with their family or friend, with a note in their health record. This may be helpful for clarifying the patient's wishes, should there be conflicting information in the future.

Examples from HHS HIPAA Frequently Asked Questions

A physician:

- May discuss a patient's treatment in front of the patient's friend if the patient asks that the friend come into the treatment room.
- May discuss the medications a patient needs to take with the patient's health aide who has accompanied the patient to a medical appointment.

BUT:

- May not discuss a patient's condition with the patient's brother after the patient has stated they do not want family to know about the condition.
- May not tell a patient's friend about a *past medical problem* that is unrelated to the patient's current condition.
- Are not required by HIPAA to share a patient's information when the patient is not present or is incapacitated. A patient may have signed a Release of Information form, available in their EHR, which would provide information on their permissions.

HIPAA does not require patients to sign consent forms before doctors may share information for treatment purposes.

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Publications

Regis AC, Germann CA, Crowell JG. Myocardial Infarction in the Setting of Anaphylaxis to Celecoxib: A Case of Kounis Syndrome. J Emerg Med. 2015 May 16.

Seufert CR, **McGrory BJ.** Treatment of Arthritis Associated With Legg-Calve-Perthes Disease With Modular Total Hip Arthroplasty. J Arthroplasty. 2015 Apr 24.

Weinmann S, **Williams AE**, Kamineni A, Buist DS, Masterson EE, Stout NK, Stark A, Ross TR, Owens CL, Field TS, Doubeni CA. Cervical cancer screening and follow-up in 4 geographically diverse US health care systems, 1998 through 2007. Cancer. 2015 May 18.

Bredella MA, Gerweck AV, Barber LA, **Breggia A, Rosen CJ,** Torriani M, Miller KK. Effects of growth hormone administration for 6 months on bone turnover and bone marrow fat in obese premenopausal women. Bone. 2014 May;62:29-35.

Anunciado-Koza R, Higgins DC, Koza RA. Adipose tissue Mest and Sfrp5 are concomitant with variations of adiposity among inbred mouse strains fed a non-obesogenic diet. Biochimie. 2015 May 21

Mackenzie DC, Khan NA, Blehar D, Glazier S, Chang Y, Stowell CP, Noble VE, Liteplo AS. Carotid Flow Time Changes With Volume Status in Acute Blood Loss. Ann Emerg Med. 2015 May 20.

St Clair J, Sharpe EJ, Proenza C. Culture and adenoviral infection of sinoatrial node myocytes from adult mice. Am J Physiol Heart Circ Physiol. 2015 May 22

De Martino RR, Hoel AW, Beck AW, **Eldrup-Jorgensen J,** Hallett JW, Upchurch GR, Cronenwett JL, Goodney PP; Vascular Quality Initiative. Participation in the Vascular Quality Initiative is associated with improved perioperative medication use, which is associated with longer patient survival. J Vasc Surg. 2015 Apr;61(4):1010-9.

Malaeb SN, Davis JM, **Pinz IM**, Newman JL, Dammann O, Rios M. Effect of sustained postnatal systemic inflammation on hippocampal volume and function in mice. Pediatr Res. 2014 Oct;76(4):363-9.

Hall T, Wax JR, Lucas FL, Cartin A, Jones M, Pinette MG. Prenatal sonographic diagnosis of placenta accreta--impact on maternal and neonatal outcomes. J Clin Ultrasound. 2014 Oct;42(8):449-55.

Rosenblatt J, Mooney D, Dunn T, Cohen M. Asystole following regadenoson infusion in stable outpatients. J Nucl Cardiol. 2014 Oct;21(5):862-8.

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Calendar

MMC Medical Executive Committee Meeting Schedule for 2015
All meetings are held from 12-2 p.m. in the Dana Center Boardroom, and lunch will be served:

- Friday, July 17
- Friday, August 21
- Friday, September 18
- Friday, October 16
- Friday, November 20
- Friday, December 18

2015 Medical Staff Dinner
Please mark your calendar for the next 2015 Medical Staff Dinner:

- Wednesday, September 16 at 5:30 p.m. on the 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 and appropriate contact for further information. We publish two times each month.

To view past issues, visit www.mmc.org/TheScope.

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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.

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

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