

The Scope

A Newsletter for Medical Professionals

June 21, 2017

“Rest is not idleness, and to lie sometimes on the grass under trees on a summer's day, listening to the murmur of the water, or watching the clouds float across the sky, is by no means a waste of time.”

- John Lubbock, The Use Of Life

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 June and summer solstice. In this issue, we share key information about professionalism in the clinical learning environment, an update on the master facility plan and an overview of precision medicine. Please read about changes in analgesic medication order panels (to reduce therapeutic duplication), as well as changes in fecal occult blood testing. Congratulations to MITE Masters Drs. Sawyer and Dr. Trowbridge.

Please come to the Intern Reception on June 29, and note that the autumn Med Staff dinner has moved to October 4.

Sincerely,



Joel Botler MD

Joel Botler, M.D.
Chief Medical Officer



Lisa Almeder

Lisa Almeder, M.D.
Medical Staff President

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MMC Master Facility Plan Update

By Al Green, Director, Systems Planning and Regulatory Compliance, and Michael R. Baumann, M.D., Chief of Emergency Medicine

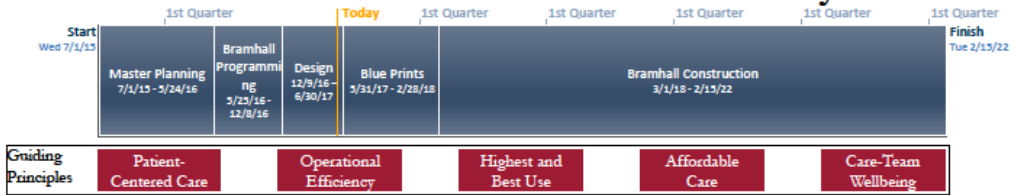
Maine Medical Center has announced a project that will expand its capacity and modernize much of its patient care facilities. Over the next five, years Maine Medical Center plans to spend \$512 million on the construction, renovation and expansion of inpatient and outpatient facilities and services. The majority of this investment will occur at MMC's main Bramhall campus.

The project will optimize current bed capacity at the state's largest hospital and calls for increasing the number of single rooms available to patients as well as well replacing surgical and treatment areas with ones that conform to 21st century standards. About \$50 million of the total project cost will be invested in the outpatient setting.

The project will add 128 new private patient rooms and 19 procedure rooms to the Bramhall campus.

The project is currently in the design phase which is outlined below.

Maine Medical Center Master Facility Plan



The objective of the design phase is to collect input from end users and develop detailed drawings that will be used in construction.

Design Development Steps			
Step	Complete By	Owner(s)	Objective
Team Development	1/27/17	MFP Leadership	Develop teams to evaluate and make decisions about design.
Review Work to Date	3/1/17	MFP Design Teams	Evaluate whether the work completed during previous design efforts is applicable to this process.
Trends & Impact Factors	3/14/17	MFP Design Teams	Review and determine which industry trends should impact design.
Design Review & Input	6/30/17	MFP Design Steering Committee & MFP Design Teams	Iteratively evaluate input from Design Teams and make a recommend designs to MFP Leadership.



PATIENT CENTERED | RESPECT | OWNERSHIP | INNOVATION | INTEGRITY

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Fecal Occult Blood Testing Changes

By Tim Hayes, D.V.M., M.D



Performing bedside fecal occult blood testing carries significant regulatory burden. After thoughtful deliberation, MMC/MMP Clinical Leadership have decided that we need to bring an end to this bedside testing as of June 1, 2017.

The smeared fecal occult blood cards now need to be sent to the laboratory for testing and resulting. Test developer will no longer be available on the floors. Please discard any and all remaining developer in your possession.

Please review the appropriate steps:

- 1) Apply fecal sample to FOB (Hemoccult) card. Do NOT send whole stool specimens instead of the card.
- 2) Label card with a chart label (must include patient name and either date of birth or MRN).
- 3) Place order in Epic
 - a. Occult Blood Stool (Hemoccult) Code lab 694. You can also find this by

- typing "Guaiac"
- b. Note that this is not to be confused with the Immunoassay (IA) for colon cancer screening.
- 4) Submit the Hemocult card to the appropriate lab as follows:
 - a. MMC patient: MMC Lab
 - b. Brighton First Care patient: Brighton Lab.
 - c. MMP Outpatient: NorDx Scarborough Lab.
 - 5) MMC/Brighton results should be posted in Epic in under an hour after receiving the specimen. Testing at the NorDx Scarborough lab will take longer.

Let me know if you have any questions or concerns.

Questions? Tim Hayes, DVM, M.D., 662-4772

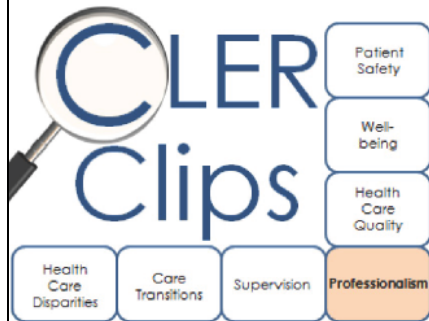
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CLER Clip - Professionalism

By Tom Van der Kloot and Christyna McCormack

This CLER Focus Area clip is on professionalism. Please share and discuss the attached "CLER Clip" with your colleagues. As a reminder, we expect our third CLER site visit this summer, and we hope you'll find this series of communications informative and useful as a preparatory overview of the content covered as part of CLER.

Don't hesitate to reach out to [Tom Van der Kloot](#), CLER Physician Director, or [Christyna McCormack](#), CLER Program Manager, with questions or feedback.



What you should know about PROFESSIONALISM



Tired of note bloat?



Trim the waste!



Don't copy & paste!

Did you know?



Workplace Abuse

MMC defines workplace abuse as: verbal abuse, destructive gossiping, slurs and jokes, controlling or dominating behavior, elitist attitudes.



Copy-Pasting

"When doctors, nurses, or other clinicians copy-paste information but fail to update it or ensure accuracy, inaccurate information may enter the patient's medical record and inappropriate charges may be billed to patients and third-party health care payers."

source: o.g.hhs.gov

MMC has a Zero Tolerance Policy for workplace abuse



Responding to workplace abuse:

- address the behavior immediately using conflict management strategies
- if patient safety is a concern use the two challenge rule, then chain of command policy.

Reporting workplace abuse:

- A director/supervisor
- HR Partner, 662-2350
- Confidential hotline, 662-4646
- RL Solutions Safety Report (under "Professional Conduct")

Visit MMC's Policies and Procedures website for more information



Rudeness at work is on the rise

Over the past 14 years thousands of workers were polled on how they are treated on the job: 98% reported experiencing uncivil behavior. Incivility can take very subtle forms and is often prompted by thoughtlessness rather than actual malice.

According to their research, workers who have been on the receiving end of incivility:

- 48% intentionally decrease work effort
- 80% lost work time worrying about the incident
- 63% lost work time avoiding the offender
- 78% said that their commitment to the organization had declined
- 24% admitted to taking their frustration out on other people

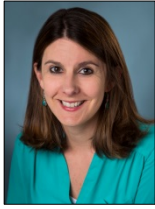
Source: C. Porath, C. Pearson, "The Price of Incivility"; Harvard Business Review

In the last 12 months, there have been 228 reported incidences of unprofessional conduct at MMC. This is an excerpt from an actual reported event:

"Patient requested to speak to supervisor. He felt that the physician was rude and uncaring during his weekly status check. The patient had questions and was told by the doctor to "hurry up: I have other patients to see". The treatment that he received left him feeling stressed and kept him up that night"

Questions? FMI email the Dept of Medical Education at mededuc@mmc.org

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Renee Fallon, PharmD



Liz Herrle, M.D.

Safer Ordering of PRN Pain Medications

By Liz Herrle, M.D., and Renee Fallon, PharmD, Co-Chairs, MaineHealth Order Set Review Committee

Effective June 27, and in response to feedback from The Joint Commission, the MaineHealth Order Set Review Committee is making changes to the structure of medication orders within order sets to minimize the risk for therapeutic duplication. The modifications are targeted to decrease the use of multiple PRN medications (or multiple different doses of a medication) for the same PRN indication (i.e. Mild, Moderate, Severe, Breakthrough Pain). These changes will help ensure compliance with the Joint Commission Medication Management Standard 5.1.1 EP 11 (Duplicate Orders) while enhancing the safety of the care we provide to our patients.

What else can providers do to practice safe ordering of PRN medications in compliance with Joint Commission standards?

- When ordering PRN medications, check to see what has already been ordered on your patient.
- Discontinue ineffective PRN orders before entering new PRN orders for the same indication.
- If you are using more than one medication or more than one dose of a medication for the same indication, be sure to provide additional order instructions to clarify when to use which medication or dose.

Examples of orders that comply with Joint Commission Standards:

- Metoclopramide 10 mg IV q6h prn nausea if no improvement with ondansetron
- Oxycodone 5 mg PO q4h prn moderate pain OR oxycodone 10 mg PO q4h prn severe pain

Questions or concerns? [Renee Fallon](#), PharmD, or [Elizabeth Herrle](#), M.D.

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Precision Medicine

By Robert Christman, M.D., Chief of Pathology

“Precision medicine” is a buzzword in today’s healthcare environment for



various reasons, most important of which is its direct impact on patient care. Although originally focused predominantly on cancer research, the scope of precision medicine is now seen across medical disciplines and has become standard of care within specific areas of oncology.

The NIH formally defines precision medicine as “the treatment and prevention of disease accounting for individual variability in genes, environment and lifestyle for each person.” The foundation of this concept is based on the “precise” measurement of molecular, environmental and behavioral factors that in turn provide predictive and prognostic metrics to improve outcomes. Precise measurements of genetic mutations in tumors, for example, allow providers to predict whether a patient will respond to “targeted” therapy, more accurately determine overall prognosis and better formulate a therapeutic regimen specifically tailored to that patient’s tumor.

This dynamic field is also high on the federal government’s radar with the Precision Medicine Initiative announced in 2015, a 216 million dollar funding of the NIH, NCI and FDA intended to integrate precision medicine into current healthcare practices. Not only has precision medicine transformed the delivery of oncology services, it has also rapidly extended into the fields of non-neoplastic hereditary disorders, microbiology and pharmacogenomics.

Current initiatives in precision medicine ongoing at Maine Medical Center include a monthly molecular tumor board, adaptation of consensus molecular guidelines within individual cancer workgroups, assessing feasibility of in-house Next Generation Sequencing and participation in the statewide Maine Cancer Genomic Initiative. Though many challenges remain in this field, this is an exciting time in medicine and clearly an area where Maine Medical Center and MaineHealth can be regional leaders.

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The Academy at MITE Welcomes New Masters

By E. Sue Rose, M.P.H., and Denham S. Ward, M.D., Ph.D.

The Academy at the MMC Institute for Teaching Excellence (MITE) is pleased to announce the election of two new Masters. We recognize Masters of the Academy as role models in medical education who have had a lasting impact on education, and our new masters Dr. Douglas Sawyer and Dr. Robert Trowbridge are continuing to provide inspiration for outstanding medical education throughout MMC.

Douglas Sawyer, M.D., Ph.D., joined Maine Medical Center in October 2014 and serves as the chief of cardiac services at Maine Medical Center and physician leader in the Cardiovascular Service Line for MaineHealth. He received his B.S., Ph.D., and M.D. from Cornell University and completed his residency and cardiology fellowship at Brigham and Women’s Hospital. He was on the faculty at Boston Medical Center for nine years followed

by eight years at Vanderbilt University where he served as director of the Cardiology Training Program and Division of Cardiology. His clinical and research interests are focused on the pathophysiology and treatment of heart failure. Throughout his career, Dr. Sawyer has been recognized as an outstanding leader, mentor and educator.

Dr. Bob Trowbridge is associate professor, Tufts University School of Medicine. In addition to being the director of undergraduate medical education in the Department of Medicine, he is responsible for faculty development in the department. In the Maine Track program, Dr. Trowbridge currently serves as the director of the LIC program and is co-course director for the school's second-year course Introduction to Clinical Reasoning. Dr. Trowbridge has a distinguished career in medical education, focusing on faculty development. He has won numerous teaching awards, most recently receiving the 2017 American College of Physicians Herbert S. Waxman Award for Outstanding Medical Student Educator. He is a nationally recognized expert in clinical and diagnostic reasoning.

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New Intern Welcome Reception

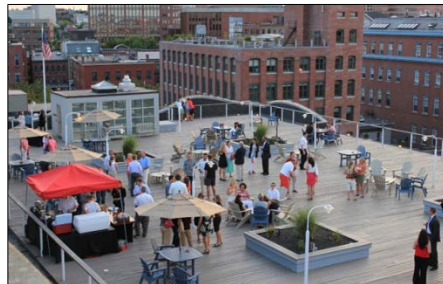
Thursday, June 29

6 - 9 p.m.

Portland Regency Hotel, Rooftop Venue, Portland

Rooftop Venue is cash only (no credit/debit cards). Complimentary snacks & hors d'oeuvres will be served.

The entrance to Rooftop Venue at 27 Pearl Street is one block from the hotel. In the event of rain, the reception will be moved to the hotel's Atlantic ballroom. Event Valet Parking at the hotel is \$5, paid street/garage parking also available in surrounding areas.



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Publications

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Calendar

2017 Med Staff Dinners – Date change

- October 4, East Tower Patio

Dinners begin at 5:30 and run until about 7 p.m.

Maine Medical Center Medical Executive Committee Meeting Schedule 2017

- July 21
- August 18
- September 15
- October 20
- November 17
- December 15

All meetings are held from Noon - 2 p.m. in the Dana Center Boardroom. Lunch is served.

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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.

For past copies of The Scope go to: <http://www.mmc.org/newsletter-for-medical-professionals>

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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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