

The Scope

A Newsletter for Medical Professionals

September 13, 2017

*“By all these lovely tokens September days are here, with
summer's best of weather and autumn's best of cheer.”*

-Helen Hunt Jackson

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,

First off, thank you for the robust response in nominations for both the Medical Executive Committee and for the Medical Staff Awards which we will announce at the upcoming dinner on October 11 (please note the date change). The dinner is a fine opportunity for staff to share a lovely meal and conversations, meet new colleagues and catch up with others. We will announce the Marjorie Boyd and Bud Higgins awards and introduce a third award this year. We encourage everyone to attend to recognize and celebrate colleagues.

We hope you all have had a wonderful summertime here in Maine where “the way life should be,” while you also steadily work to make life better for your patients, communities, residents, students, each other and your practices.

First up in this issue is the [Health Index Report](#) featuring key epidemiologic and public health data for Maine. These fundamental statistics can inform your practice and pursuits to impact

patients and communities. Whether your reach is near and/or far across our state, you may find the geographic variations compelling and influential to your thinking, your practice and sense of priorities for our medical staff and our community. The Health Index informs the priorities and strategies for our ACO, health system and hospital. How can you, as a clinician, your practice group, your department -- in both the hospital and community settings and in concert with professional societies -- influence and impact 'the way life should be'? (Watch future issues for more on ACO, MaineHealth and MMC priorities and strategic plans.)

Additional topics in this issue respectively demonstrate the ways the medical staff is working: to [reduce EMR burden](#), champion wellness ([listen to the podcast](#)), [improve clinical care](#), [promote education](#) and [spread quality improvement](#). Wow, interesting -- note the topics and speakers for the upcoming [Brown Bag Series](#). Please complete RSVPs for those dates to help us plan ahead. Also congratulate colleagues featured in the [MMC/Tufts Faculty Promotions](#) section, as well as our prolific colleagues featured in the [publications listing](#).

We salute the staff's continued work and achievements in so many realms.

Reminder on the Academic Realm: Please be ready for next week! The Clinical Learning Environment Review (CLER) visit is Monday and Tuesday 9/18 - 9/19. [Read more here](#), including a link to all the CLER CLIPS.

We look forward to seeing you at our Med Staff dinner on October 11. *Note that awards begin at 6 p.m.*

Sincerely,



Joel Botler MD

Joel Botler, M.D.
Chief Medical Officer



Lisa Almeder

Lisa Almeder, M.D.
Medical Staff President

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Health Index Report Key Findings

By Tim Cowan, MSPH, Director, Data Reporting and Evaluation, Center for Health Improvement, MaineHealth

The Health Index initiative was launched in 2009 with the aim of engaging MaineHealth and its partners in using sets of health indicators to:

- Identify the most important health issues and needs of people and communities in the 12-county MaineHealth service area.
- Help identify opportunities for strategic and collaborative actions to address Maine's most pressing health issues.
- Monitor and routinely assess the progress made on improving the health of people and communities in the 12-county MaineHealth service area.

Key findings from this year's [Health Index Report](#) include:

- **On-time childhood vaccination rates improved.** Across the MaineHealth pediatric and family medicine practices, up-to-date rates for six of the 10 vaccines recommended for toddlers increased from 2014 to 2016. Furthermore, the 2016 rates for eight of the 10 vaccines exceeded the Healthy People 2020 targets.
- **While tobacco use remains the leading cause of preventable death, Maine is no**

longer a national leader in reducing smoking. While the U.S. cigarette smoking rate has decreased from 2012 - 2015, Maine's rate has not changed significantly. In 2012, twelve states had significantly higher smoking rates than Maine; in 2015, only three states had higher rates.

- **The flattening obesity trend among both adults and youth is encouraging.** The estimated percent of adults with obesity has not increased significantly from 2012 to 2015, while the rates for students in grades 5 - 12 have remained steady from 2011 to 2015. This slowing of the rise in obesity rates is an important milestone on the path to ultimately reducing obesity rates.
- **After steadily decreasing for many years, Maine's age-adjusted cardiovascular death rates plateaued in recent years (starting with 2010 - 2012 rates).** However, Maine's rates remain substantially lower than the U.S. rates; Maine had the 12th lowest rate in the 2016 America's Health Rankings report.
- **Maine's death rates for tobacco-related cancers are among the highest in the nation.** In contrast, death rates for colorectal cancer have declined faster in the MaineHealth service area than in the United States. The increased utilization of evidence-based screenings for colorectal cancer was a major factor that contributed to this decline.
- **Maine had the fifth largest increase in drug overdose death rates in the nation,** comparing rates in 2012 - 2014 to 2013 - 2015. Maine's recent surge in overdose deaths continued in 2016 with 378 Mainers lost – an increase of more than 40 percent from 2015.

[See a Health Index presentation for Med Staff.](#)

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Inline Dose Warning for Medication Orders

By May Robb, Program Manager, Center for Health Improvement – Acute Care Team – Informatics, MaineHealth

Inline dose warning functionality is now live. Co-Chairs of Clinical Decision Support (CDS) committee, Dr. Liz Herrle and Nick Harr Pharm D led the work to reduce more than 6,000 drug alerts per month. Not only did the committee reduce dose alerts by 17 percent but also made changes to make alerts more clinically appropriate.

Inline dose warnings appear immediately while clinicians enter or verify orders, making it easier to address the warnings in real time. The screen shot below is an example of an inline dose warning:

acetaminophen (TYLENOL) 100 MG/ML solution 750 mg ✓ Accept ✗ Cancel
 750 mg, Oral, EVERY 4 HOURS PRN starting Today at 0946 Until Discontinued, Pain

Report: acetaminophen (TYLENOL) solution 100 mg/mL Strength: 100 Unit: mg/mL Frequency: Q4H PRN
 Dose: 750 mg 15 mg/kg 325 mg 500 mg

acetaminophen [Details](#)
 ↑ Daily dose of 4,500 mg (750 mg EVERY 4 HOURS PRN) exceeds recommended maximum of 4,000 mg, over by 13%

Override Reason/Comment: Override Reason...

Administer Dose: 750 mg
 Administer Amount: 750 mg

Route: Oral Oral
 Frequency: EVERY 4 HOURS PRN Q4 Dose Appropriate

Next Required Link Order ✓ Accept ✗ Cancel

- In order entry activities, dose warnings of all types (single dose, daily dose, frequency and duration) now appear in line when the users enter orders.
- In verification, inline dose warnings appear beneath each ingredient in an order.
- In order entry activities and in verification, clinicians and pharmacists can immediately override inline warnings by selecting an override reason.
- If you are presented with dose alerts that you feel strongly are not clinically accurate or that should not apply to orders chosen from a particular order set, then please contact the Helpdesk (662-6400) and open a footprints ticket for review.



You Can Also...

- Select the Details link to view the Dose Warning Report

acetaminophen tablet 1,150 mg ✔ Accept ✖ Cancel

Reference: 1. Lexi-Comp
 Links:
 Dose: mg

acetaminophen Details ↕

↑ Single dose of **1,150 mg** exceeds recommended maximum of **1,000 mg**, over by 15% Use 1,000 mg

Override Reason/Comment: Dose Appropriate Override Reason...

Interaction report for Willow, Jayne (E2580998)

Dose Warning Report

acetaminophen, 1,150 mg, Oral, Every 4 hours

Significance: **Exceeds Single**

Drug: **acetaminophen**
 Combined Drugs:
 ACETAMINOPHEN 325 MG PO TABS [101]: 650 mg
 ACETAMINOPHEN 500 MG PO TABS [102]: 500 mg

Ordered single dose: **1,150 mg**
 Maximum single dose: **1,000 mg**
 Exceeds maximum by: **15% (150 mg)**

Patient Information
 Sex: Female
 Age: 41 y.o. (15,005 days)
 Weight: missing
 Serum creatinine could not be determined. No order found.

Other Information
 Ordering Mode: Inpatient
 Route: Oral and equivalent

Conditions	Single Dose	Daily Dose	Frequency	Duration Of Therapy	Custom Rule?
Ordered Dose:	1,150 mg	1,150 mg Every 4 hours	Every 4 hours		
Age: < 4 weeks (<= 28 days), Dose Type: Maintenance Dose, Ordering Mode: Inpatient	<=150 mg				Yes
Age: 4 weeks - 12 months (28 - 365 days), Dose Type:					

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Provider Wellness Podcast

By Jon Lowrance, M.S.N., CRNA

Maine Medical Center’s Christine Hein, M.D., and Jon Lowrance, M.S.N., CRNA, recently recorded a podcast on Provider Wellness. Jon produces a podcast titled “From the Head of the Bed... a podcast for the anesthesia community” to serve as a resource for clinical information for anesthesia and other healthcare providers. Dr. Hein is the Director of Provider Well-being and Peer Support as well as the Associate Medical Director of Emergency Medicine at MMC. She is also the Director of Emergency Medicine at MaineHeath.

Jon and Dr. Hein discussed the challenges facing physicians and advanced practice providers in training throughout their careers and retirement. They discussed the resources offered by the Provider Well-being and Peer Support program as well as other coping strategies for healthcare providers. Did you know that 300 - 400 physicians commit suicide each year in the

United States? That's about 1 - 2 medical classes a year. Dr. Hein and Jon discuss the need to talk honestly about the challenges that face our community and how we can support one another throughout our careers. [Listen here.](#)

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Clinical Transformation – Stroke Follow Up

By Corey Fravert, Director, Neurosciences

Each year our service lines are asked to identify a clinical transformation project with the goal of improving/transforming the care that we provide to patients at MMC. In the last three years the Neuroscience Service Line has focused on stroke care across the continuum. Our initial focus was on inpatient processes and outcomes, as we prepare to be a comprehensive stroke center as recognized by The Joint Commission. This fiscal year we are focused on stroke follow-up care – what happens once our stroke patients leave our hospital?

In the last two years we have enjoyed valuable help and support from the Center for Performance Improvement (CPI) orchestrating, planning, and capturing our efforts with clinical transformation. Olivia Morejon has been our project manager for this year, and her expertise in process management has made a real difference in our ability to keep moving forward and attain our identified goals.

As our stroke outpatient follow up services develop and evolve they are not as aligned and coordinated enough to deliver the highest standard of care. We as a group will work diligently to ensure better alignment and that they consistently exceed the expectations of our stroke patients and their families as well as those of our stroke care teams.

Take a look at the below highlights of the project and [click here to read more.](#)

Highlights of the project include:

- Partnered with our outpatient environments (MMP Neurology & MMP Neurosurgery & Spine) to develop unique appointment codes in Epic for our hospital follow up patients. These codes allow us to better track and report on how these patients do after discharge from the hospital.
- Partnered with New England Rehabilitation (NERH) to identify stroke patients that were discharged from MMC to NERH to analyze data on the complexity of the patients admitted to NERH and improvements in functionality scores upon discharge from NERH to home.
- Partnered with Epic to develop a flowsheet that allows our stroke data nurse to document in the inpatient record a post Modified Rankin Score (MRS) for patients 90 days after discharge from MMC.
- Partnered with MMP Neurology & MMP Neurosurgery & Spine to develop an outpatient multidisciplinary clinic for physiatry and neurology to see stroke patients in the same clinic in follow up.

- Partnered with Epic to improve the inpatient order for psychiatry follow up to assure that it is routed to our Brighton outpatient clinic for scheduling.
- Partnered with Epic to assure that our stroke order set was linked to the inpatient after visit summary.
- Developed a reference card for providers on rehabilitation options for stroke patients in a goal to improve the consistency of message to patients and family on what is the next step in their journey.

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CLER Is Visiting Next Week

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

Reminder on the Academic Realm: Please be ready for next week! The Clinical Learning Environment Review (CLER) visit is Monday and Tuesday, 9/18 - 9/19.

We have covered CLER regularly in The Scope, including all of the [CLER CLIPS, which you can see here](#). The CLIPS are just plain *cool*. Review these imminently helpful visual graphics that cover highlights of the seven major CLER domains: Patient Safety, Well-being, HealthCare Quality, Professionalism, Supervision, Care Transitions and HealthCare Disparities.

Do you know our stats, profile and practical tips in these realms? [Check the link](#).

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APP Grand Rounds

“Unintended Mental Health Outcomes after Implementation of the New Opioid Prescribing Guidelines”

Monday, October 9

8 - 10 a.m.

Dana Center Auditorium

The presenters are Elizabeth Mullany, N.P., Jonathan Fellers, M.D., and Frank Chessa, Ph.D.

- Differentiate intended and unintended consequences of the opioid prescribing guidelines
- Describe potential concerns and behaviors of patients undergoing taper guidelines
- Discuss ethical considerations regarding patients undergoing taper therapy

Please support our APPs (i.e. coverage of call pagers/service lines) during this time, so they may attend this important presentation.

No registration required.

For more information, contact Deb Hoch, hochd@mmc.org.

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2017 MaineHealth ACO-Wide Quality Forum

Tuesday, September 19

8:30 a.m. - 3:30 p.m.

MaineHealth, 110 Free Street, Portland

Keynote Speaker: Omar Hasan, MBBS, M.P.H., FACP - Senior VP, Chief Quality & Safety Officer
MaineHealth, Maine Medical Center

Join us as we share strategies to promote sustainability and spread of both quality initiatives and efforts to decrease low-value care across the MaineHealth ACO. Practice leaders, physicians, and care team members will benefit from learning new approaches, sharing their own success stories with others and networking with colleagues from across the MaineHealth ACO network.

[Registration and agenda.](#)

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Faculty Promotions and Appointments - July 2017



Promotions:



Paul Han, M.D., M.A., M.P.H., Associate Professor, Clinician/Scholar,
Department of Medicine, Centers for Outcomes Research and Evaluation

Leif Oxburgh, D.V.M., Ph.D., Professor, Investigator/Educator, Department
of Medicine, Maine Medical Center Research Institute



New Appointments

- **Eric Anderson, Ph.D.**, Assistant Professor, Dept. of Medicine, Hematology
- **Alison Hanson, M.D.**, Clinical Assistant Professor, Dept. of Family Medicine
- **Jason Hine, M.D.**, Clinical Assistant Professor, Dept. of Emergency Medicine
- **Cameron McKee, M.D.**, Clinical Assistant Professor, Dept. of Surgery
- **Jennifer Monti, M.D., M.P.H.**, Assistant Professor, Dept. of Medicine, Cardiology
- **Fernando Moreno, M.D.**, Clinical Assistant Professor, Dept. of Family Medicine
- **Stephen Sears, M.D., M.P.H., C.P.I.**, Clinical Assistant Professor, Dept. of Medicine
- **R. David Warters, M.D.**, Visiting Professor, Dept. of Anesthesiology
- **Christina Zimmerman, D.O.**, Clinical Instructor, Dept. of Family Medicine

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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.

Identifying Practices that Keep Your Spirit Alive

Speaker: Suzanne G. Roberts, M.D., MDiv

Monday, September 18

Noon - 1 p.m.

Dana Classroom 7

Good self-care is essential in preventing healthcare provider burnout. In this installment of the Brown Bag series Suzanne Roberts, a practicing internist and Episcopal priest, will lead a discussion designed to help participants explore and identify practices which will help them to remain spiritually healthy and resilient, and therefore better equipped to help others. Come prepared to share your most

successful self-help tip!

I Don't Remember This Being So Difficult

Acknowledging and developing strategies for our changing cognitive and physical abilities

Speaker: Stuart Abramson, M.D.

Friday, October 27

Noon - 1 p.m.

Dana Classroom 7

Message In a Bottle: What I Would Teach My Younger Self if I Had the Chance?

Speaker: Christina H. Vietor, D.O., and Kathryn M. Brouillette, M.D.

Friday, November 17 (*please note date correction*)

Noon - 1 p.m.

Dana Center 1

Take Heart: Cultivating Gratitude To Enhance Resiliency

Speaker: Alison M. Samitt, M.D.

Wednesday, December 20

Noon - 1 p.m.

East Tower 2 and 3

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

Parham LD, Roush S, **Downing DT**, Michael PG, **McFarlane WR**.

[Sensory characteristics of youth at clinical high risk for psychosis.](#)

Early Interv Psychiatry. 2017 Aug 25.

Rencic J, **Trowbridge RL Jr**, Fagan M, Szauter K, Durning S.

[Clinical Reasoning Education at US Medical Schools: Results from a National Survey of Internal Medicine Clerkship Directors.](#)

J Gen Intern Med. 2017 Aug 24.

Gagnon DJ, Fontaine GV, **Riker RR**, **Fraser GL**.

[Repurposing valproate, enteral clonidine, and phenobarbital for comfort in adult ICU patients: a literature review with practical considerations.](#)

Pharmacotherapy. 2017 Aug 22.

Reagan MR, Lian JB, **Rosen CJ**, Stein GS.

[Cover Image, Volume 232, Number 12, December 2017.](#)

J Cell Physiol. 2017 Dec;232(12)

Fitzgibbons TP, Edwards YJK, Shaw P, **Iskandar A**, Ahmed M, Bote J, Shah T, Sinha S, Gerszten RE, Keaney JF Jr, Zile MR, Aurigemma GP.

[Activation of Inflammatory and Pro-Thrombotic Pathways in Acute Stress Cardiomyopathy.](#)

Front Cardiovasc Med. 2017 Aug 3.

Li X, Shet K, Xu K, Rodríguez JP, Pino AM, Kurhanewicz J, Schwartz A, **Rosen CJ**.

[Unsaturation level decreased in bone marrow fat of postmenopausal women with low bone density using high resolution magic angle spinning \(HRMAS\) 1H NMR spectroscopy.](#)

Bone. 2017 Aug 17.

Curry C, Eldrup-Jorgensen J, Richard J, Siciliano MC, Craig WY

[Phenylephrine infusion impact on surgical site infections after lower extremity bypass surgery.](#)

J Vasc Surg. 2017 Aug 16.

Le PT, Bishop KA, Maridas DE, Motyl KJ, Brooks DJ, Nagano K, Baron R, Bouxsein ML, **Rosen CJ**.
[Spontaneous mutation of Dock7 results in lower trabecular bone mass and impaired periosteal expansion in aged female Misty mice.](#)

Bone. 2017 Aug 15.

Beck Dallaghan GL, Alerte AM, Ryan MS, **Patterson PB**, Petershack J, Christy C, Mills WA Jr, Paul CR, Peltier C, Stamos JK, Tenney-Soeiro R, Vercio C.

[Recruiting and Retaining Community-Based Preceptors: A Multicenter Qualitative Action Study of Pediatric Preceptors.](#)

Acad Med. 2017 Aug;92(8):1168-1174.

Allen J, Imbert I, Havelin J, **Henderson T**, Stevenson G, **Liaw L**, King T

[Effects of Treadmill Exercise on Advanced Osteoarthritis Pain in Rats.](#)

Arthritis Rheumatol. 2017 Jul;69(7):1407-1417.

Hayes V, Bing-You R, Varaklis K, Trowbridge R, Kemp H, McKelvy D.

[Is feedback to medical learners associated with characteristics of improved patient care?](#)

Perspect Med Educ. 2017 Aug 29.

Sinkin JA, Craig WY, Jones M, Pinette MG, Wax JR.

[Perinatal Outcomes Associated With Isolated Velamentous Cord Insertion in Singleton and Twin Pregnancies.](#)

J Ultrasound Med. 2017 Aug 29.

Rope RW, Pivert KA, **Parker MG**, Sozio SM, Merell SB.

[Education in Nephrology Fellowship: A Survey-Based Needs Assessment.](#)

J Am Soc Nephrol. 2017 Jul;28(7):1983-1990

Weber KL, Jevsevar DS, **McGrory BJ**.

[AAOS Clinical Practice Guideline: Surgical Management of Osteoarthritis of the Knee: Evidence-based Guideline.](#)

J Am Acad Orthop Surg. 2016 Aug;24(8):e94-6

McGrory BJ, Weber KL, Jevsevar DS, Sevarino K.

[Surgical Management of Osteoarthritis of the Knee: Evidence-based Guideline.](#)

J Am Acad Orthop Surg. 2016 Aug;24(8):e87-93.

Ducis K, **Florman JE**, **Rughani AI**.

[Appraisal of the Quality of Neurosurgery Clinical Practice Guidelines.](#)

World Neurosurg. 2016 Jun;90:322-339.

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Calendar

2017 Med Staff Dinners – *Date change*

- October 11, East Tower Patio

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

Maine Medical Center Medical Executive Committee Meeting Schedule 2017

- 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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Maine Medical Center
MaineHealth

centered around you

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