

# WHAT'S HAPPENING

A newsletter for the Maine Medical Center family

## Code Calling Process Changing for Better Clinical Response

Beginning December 1, the MMC Code Task Force is implementing a new system for calling medical codes. The team has concluded that it is more beneficial if medical codes (White [rapid response team] and Blue [medical emergency]) are received by REMIS dis-

patchers, who are trained to assess the situation and direct the proper care team to the incident. This will mean better, more coordinated care for our patients.

The new code calling process was introduced at November's leadership meet-

ing and presented to the Nursing Patient Services committee.

"The best possible emergent patient care response is obtained when medical emergency calls are not competing with regular Switchboard calls," says Jeff

Sanborn, Safety Director. "This change will facilitate activating the code teams and relieve the Switchboard from some of the competing volume they have."

See below for details about the new process.

### *Calling Codes, Beginning Monday, December 1*

#### **Bramhall:**

- **Dial 662-2345 for any emergency.**
- **You will hear a message of:** *"For medical emergencies press 1, for all other emergencies press 2"*
  - **Press 1: Calls received by REMIS** who will ask clinical questions of the caller and activate appropriate medical team(s) (e.g., Code Blue adult, Code Blue pediatric, Code White (rapid-response team), DART, Acute Inpatient Stroke, Sepsis, etc.)
  - **Press 2: Calls received by MMC Hospital Switchboard**, who will activate code and page responders (e.g., Fire Department, Police, Safety, etc.)
- REMIS will ask the caller three questions:
  - What is your location?
  - What is the nature of the emergency?
  - Is the victim an adult or child

#### **Brighton:**

- **BMC will use 9-1-1 for medical emergencies (Code Blue, or if ambulance needed), not 662-2345**
  - **Code White Medical Assistance will be overhead voice paged using \*2200 by the caller.** NERH or First Care will respond in their respective areas.
  - **All other codes will use 662-2345 and select Option 2, which is answered by the Switchboard.** They will assist with overhead page at BMC.
- Switchboard will also notify MMC administrator on call (AOC) or Nursing Supervisor, and New England Rehabilitation Hospital (AOC) at BMC.

#### **MMP Practices and other off-site campuses (Scarborough, Falmouth, etc.):**

- **No change for calling emergencies — continue to use 9-1-1 for all codes**
- **Code Orange (chemical spill /release) now includes a second call**
  - Call 662-2345 for non-emergent response and to consult with Safety for DEP notification requirements, etc.
- Some sites (e.g., MMP MaineHealth Cardiology) will have an enhanced Code Blue response that they will implement while awaiting 911 response.

*If you have questions about the new process, please call Jeff Sanborn, Safety Director, at 662-4559.*

# NICU Celebrates “A” On Premature Birth Report Card

Maine was one of only five states to receive an “A” on the March of Dimes 2014 Premature Birth Report Card. Maine’s preterm birth rate was 9.3 percent in 2013, below the March of Dimes goal of 9.6 percent.

The achievement was celebrated at a November 17 March of Dimes luncheon held at MMC’s Neonatal Intensive Care Unit.

“We’re proud of Maine’s report card. Their success is

a testament to the hard work of Maine’s state and local health departments, our hospital partners and health care providers,” says Michael Pinette, M.D., Medical Director, Division of Maternal-Fetal Medicine.

“It shows that when a health problem as complex as preterm birth is challenged with strong policies and bold leadership, babies benefit.”

# SHAKE Up CF Clinical Transformation Kicks Off

In early November, the Department of Pediatrics kicked off a Quality Improvement Clinical Transformation Project for 2014 - 2016 called “S.H.A.K.E. Up Cystic Fibrosis (CF),” which stands for Small - Highly Focused Actions Kreating Excellence in CF. Led by Ana Cairns, D.O., CF Center Director, the program aims to improve pediatric inpatient cystic fibrosis clinical care, outcomes, and patient experience on the Barbara Bush Children’s Hospital (BBCH) inpatient unit.

Clinical Transformation projects at MMC aim to improve processes by empowering front-line staff to identify opportunities for improvement, conducting PDSA (plan-do-study-act) cycles of improvement, measuring outcomes, and then using that data to drive forward changes. The pedi-

atric cystic fibrosis inpatient population was chosen for the opportunity to align MMC patient outcomes with national CF database outcomes, which are reported annually in the CF National Registry.

The project has seven cycles of improvement:

- communication
- patient adherence to medications/tasks
- creating nurse champions
- improving respiratory care
- improving physical therapy and exercise
- improving the patient experience
- improving infection control.

Each cycle encompasses all disciplines that treat CF patients, including respiratory therapist, physical therapists, providers, nurses, administrators, and family



*BBCH patient William Thiel strums a toy guitar at the S.H.A.K.E. Up CF kickoff event.*

members of patients with CF. Outcomes will be tracked through the use of

multiple tools including the CF Registry data and the Child HCAHPS survey.

## Have a Safe and Happy Thanksgiving!



WHAT’S HAPPENING IS PUBLISHED WEEKLY BY THE COMMUNICATIONS AND MARKETING DEPARTMENT

Comments, questions, and story ideas:  
Chelsea Miller, Communications Specialist  
(207)662-4096 millec7@mmc.org