

WHAT'S HAPPENING

A newsletter for the Maine Medical Center family

Code Sepsis and Code DART: Changing Our Response to High-Risk Events for Better Patient Outcomes

Recognizing that a pre-planned and quick response can make all the difference for patients, Maine Medical Center has put new codes and procedures in place that are making significant improvements when it comes to a couple of emergency situations.

Sepsis — which is the most common diagnosis-related group (how diagnoses are entered into our medical record system) in the Adult Medicine Service Line (AMSL) — and septic shock affect more than 750,000 Americans each year. This is a particularly harmful condition, carrying

a mortality rate between 20 and 40 percent. Over the past two years, AMSL leaders have enhanced their focus on how to better treat this condition and the efforts are paying off for our patients.

They set out with a goal of reducing mortality, decreasing length of stay, and improving the overall cost of care by standardizing the management of patients with suspected or documented sepsis. In 2013, MMC joined a national health care collaborative in which we have the opportunity to share concerns and best practices about

sepsis treatment.

Through the learnings of this collaborative, MMC has implemented initiatives that have resulted in a drop in mortality from 19 percent to 12 percent and a reduction of 1.5 days in average length of stay.

“Rapid implementation of the proper sepsis bundle is key to treating sepsis promptly for better outcomes,” says Stephen A. Mette, M.D., Chief, Depart-

ment of Critical Care. “By coordinating sepsis care in this way, we expect patients will get the right treatment at the right time, every time.”

“MMC has demonstrated it has the ability to reduce mortality and improve care for patients with these high-risk events.”

Dr. Mette is referring to one of two key interventions that had a

hand in these improvements. Through the collaborative, best-practice bundled care was put in place to include time-sensitive antibiotics, fluid resuscitation, and goal-directed

Continued on back



Honoring Nurses at MMC

Sisters and MMC nurses Lori Sweatt, R.N., Nurse Manager, Emergency Department, and Lynne Proctor, BSN, R.N., CN3, R6, celebrate at the Nursing Excellence Awards reception Thursday.

Lori is part of the ED team that won this year's Nursing Excellence Team Award for their Interdisciplinary Care Delivery Team. Lynne received both a Nursing Excellence Award and DAISY

Award this year.

The awards ceremony, always a highlight of Nurses Week, recognized 24 individual nurses in addition to the ED team and Quality Fair winners. This was the 13th annual awards ceremony at MMC.

Other Nurses Week events included giveaways, workshops, staff greetings, a lunch and learn, and individual unit celebrations.

PEOPLE NEWS

Christopher Gelwix, M.D., has joined Maine Medical Partners — Maine-Health Cardiology, in Rockport. He comes to Maine from Birmingham, AL, where he was a staff physician at the Birmingham Veterans Affairs Medical Center, specializing in Invasive Cardiology. At the same time, Dr. Gelwix was Assistant Professor, Division of Cardiovascular



Medicine at the University of Alabama. He received his medical degree from the

University of Alabama School of Medicine in 2007, and completed residency at Virginia Commonwealth University Department of Internal Medicine in 2010.

Dr. Gelwix is an associate member of the Heart Rhythm Society, and was President of his University of Alabama Sigma Chi fraternity chapter.

“Code Sepsis and Code DART” from front

resuscitation. The other care enhancement is a sensitive Emergency Department-based screening tool that notifies clinicians when a patient meets the clinical criteria for sepsis treatment.

The results have been so strong that when the MMC Sepsis team presented our progress during the collaborative’s spring meeting our outcomes ranked among the best of the 20 members.

DART Aims for Treatment Bull’s Eye

Another new approach to high-risk events involves the implementation of the Difficult Airway Response Team (DART). DART re-

sponds to patients with difficult airway events, such as acute respiratory failure leading to cardiac arrest. The DART protocol is a standardized, organized institutional approach that draws on practice guidelines to reduce the number of deaths due to such events.

DART members include:

- Anesthesia team (leader - airway)
- CCM or EM attending (leader – resuscitation)
- Trauma surgery senior resident (in-house)
- Trauma surgery attending (rapidly available)
- ENT attending (available)
- Registered Respiratory Therapist

(RRT) Supervisor and hemodynamics RRT

- SCU Coordinator and bedside R.N.

The team has access to the new DART Cart, a six-drawer, mobile unit organized with all the medicines and tools needed to treat an airway emergency. The team will respond with the cart to two new codes, Code White DART (expertise is here, cart needed) and Code Blue DART (team and cart needed).

“While there is always more work to be done,” Dr. Mette says, “MMC has demonstrated it has the ability to reduce mortality and improve care for patients with these high-risk events.”

COMING UP AT MMC

Friends of MMC Educational Meeting and Scholarship Brunch
Wednesday, May 14
9:30 a.m.
Woodlands Club Falmouth

Weight Watchers at Work
New Session
Wednesday, May 14
Noon
Dana Center

American Heart Association Heart Walk
Sunday, May 18
8:30 a.m.
Back Cove, Portland

Maine Children's Cancer Program Day at the Sea Dogs
Sunday, May 18
Hadlock Field, Portland

Dunkin' Donuts Iced Coffee Day to Benefit BBCH
Wednesday, May 21

For details on all upcoming event, check out the Calendar on the MMC Intranet.



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