

What's Happening

at Maine Medical Center



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Adult Medicine Service Line Kicks Off Geographic Cohorting

The eight teams in Adult Medicine have reorganized the model of care for medical patients across the hospital. These changes will improve patient flow, patient experience, and efficiency of care delivery within the Adult Medicine service line.

In the new model, patients will be cared for by a team located on a specific patient care unit. The team includes hospitalists, primary care internists, and family physicians, along with residents, medical students, and advance practice professionals.

The model facilitates nurse-physician communication and will enable participation by representatives from the Adult Medicine team in the new Interdisciplinary Care Rounds. "We are extremely excited about this change in the care model, as it supports the new framework of Interdisciplinary Care Rounds developed in the Patient Care Affordability initiative," says Sheila Parker, Vice President of Patient Care Services. "Interdisciplinary Care Rounds is demonstrating improved communication across all disciplines about the care of our patients and improved efficiency for all care providers."

Patients will be assigned to a patient care unit in the Emergency Department based on bed type needed and bed availability. The unit teams are as follows:

- R7 Hospital Medicine
- R5 Med 4
- R4, AVU Family Medicine & Med 2
- R2 Hospital Medicine & Med 3
- P3CD Hospital Medicine & Med 1

"Our Adult Inpatient Medicine Operations Team has been hard at work over the last six months redesigning all of our workflows to support this change. There has been significant participation from our primary care community and hospitalists in the design of this new model, as well as from representatives of the Interdisciplinary Team," says Joel Botler, MD, Physician Leader for the Adult Medicine service line.

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President's Message



Information Truly At Our Fingertips

I spoke to a patient who had an appendectomy at MMC. The appendicitis was spotted in a CT scan taken at his physician's office, and before sending him off to our ED, the technician handed him a CD with images from the CT

scan, along with the physician's report. The patient was soon in surgery, and the appendix was removed without incident.

But suppose the patient had lost or damaged the CD en route to MMC? His treatment would likely have been delayed while we obtained replacement copies or run our own tests. Either way, we'd have a patient in discomfort, waiting for care, and already busy staff needlessly searching for information.

A solution is on the way.

I attended a demonstration of SeHR, the Shared Electronic Health Record, last month and was absolutely impressed with what I saw.

The demonstration followed a fictional patient, Sarah Scarborough, and began when she visited her primary care provider for a cough. She later landed in our Emergency Department, and after a diagnosis of pneumonia, spent some time on an inpatient unit before being discharged.

At each care stage of the demonstration, we could see Sarah's record, complete with information from the previous care setting. In other words, the ED staff was able to view her records from the earlier

office visit, and the records logged by ED staff were available for the inpatient unit team, as well as her primary care provider.

Think about how this impacts care. We'll have the most up-to-date patient information, without waiting for a file to arrive. Care will be better, more accurate, and faster.

Patients have often commented how health care providers don't seem connected, and I have to say they're right. But SeHR will change that when it rolls out in October. Training begins in May, and once you see it, I'm sure you'll agree that its easy access to information will advance the terrific care our patients receive.

Patients come to MMC because of our reputation for providing great care, as well as our focus on patient and family. The arrival of SeHR will make us even better at both.

Thanks for your hard work on behalf of our patients and their families.

Respectfully,

Richard W. Petersen
President and Chief Executive Officer

Going for a Spin

Harlem Globetrotter "Hammer" teaches patient Brooke Smith how to spin a basketball. Hammer performed classic Globetrotter tricks for patients and families at The Barbara Bush Children's Hospital.



Getting to know . . .

Nicholas Priore



Position:
Biomedical Equipment Technician II

Years at MMC:
I started in 1981 and worked as a BMET. I left in 1985 to earn a BS degree in Industrial Engineering at USM. I came back in 2009 and have been here ever since.

What does your job entail?
I maintain biomedical equipment, such as anesthesia machines, and other equipment in the OR, ASU, ER, PACU, and anywhere I'm needed.

What people may not know is that:
One of my hobbies is glass fusing - you can see a glass plate I created in the photo above.

If I could have lunch with anyone, it would be:

Wow, there are so many. If Abraham Lincoln were alive today, it would be him. It is amazing to think of what he did with his life. He was a self-educated son of a dirt farmer who became a lawyer and eventually president of the United States. He picked people for his cabinet who were his political rivals; some of them did not like him and wanted his job. Yet he managed to get them to agree and work with him on important issues. We need a president like him now.

I love working at MMC because:
It's the friendly and interesting people who work at MMC. They make working here a great experience.

New Notification System Coming

MMC is adopting a new notification system that makes contacting employees simple and easy.

Send Word Now will help reach staff in an emergency, and offers many day-to-day applications. For example, if a nursing unit has an available shift, it can send a notice asking if anyone is interested.

"The Joint Commission requires that, in anticipation of an emergency, we be able to effectively communicate with all staff," says Josh Frances, Director of Emergency Preparedness. "Send Word Now dramatically improves our ability to do that."

R2 and the Float Pool are piloting the program to positive reviews. "It's such a time saver," says R2's Deb Mullen. "I can type anything — staffing needed, staff meeting reminder, etc. — click on who I want it sent to, and 'poof,' everyone that needs to know, knows. Staff loves it because they can get a text message, voicemail, or email."

Note: Look for an email asking for your contact information. Follow the link and provide the requested information.

AROUND THE MEDICAL CENTER

Patient Care Affordability

Effort is Green and Saves Green, Too

In addition to helping MMC save money and improve efficiency, the Patient Care Affordability initiative is helping the medical center's green efforts.

We're working with a vendor to reprocess and sterilize select items that are labeled for single-use, some that were opened but not used, as well as some unused items that have passed their sterilization expiration date.

While some items, such as scalpel handles and graspers — the "hands" during minimally-invasive procedures — are sterilized here after use, reprocessed items are sent to a federally-approved vendor that specializes in this work.

During the re-sterilization process, items are reassembled and undergo a quality check. Reprocessing companies must meet Food and Drug Administration specifications, cleaning and sterility requirements, as well as quality assurance standards that match those of the original manufacturer.

Electrophysiology, Interventional Radiology, and the OR are among those participating. The OR is reprocessing more than 100 items, including laparoscopic devices, scalpels, tourniquet cuffs, shavers, bits, burrs, blades, and external fixation devices.

"Reprocessing gives us the ability to be more environmentally-friendly and lower expenses at the same time," says Marianne Tufts, a Clinical Nurse in the OR.

Reprocessing isn't new to MMC. Years ago, the medical center would send single-use devices for reprocessing, but over time, the financial benefit declined. Now, many more devices can be reprocessed, and thanks to our membership in the Northeast Purchasing Coalition, we enjoy even better pricing.

Reprocessing these items is projected to save \$1 million annually. And the environmental impact? Some hospitals have reduced their medical waste by 100,000 pounds.

Facebook Kudos!

What MMC Facebook visitors are saying about us...

I can't say enough good things about the staff on R3. They were attentive and compassionate and just down to earth. Thank you R3 for the care you gave my husband during his stay with you. Be proud of the work you do and how it touches the hearts of your patients ... The Greatest!

I was on The Barbara Bush Children's Hospital unit for a surgery I had, and I have to say the BBCH is amazing. They have made an amazing impact in my life, and I don't think I'd be where I am today if it wasn't for the BBCH. I will always be grateful for the rest of my life for everything you guys have done for me.

Wanted to send a heartfelt thanks to the entire team in R7 for the wonderful care of our sister Sue over the past weeks. We are thrilled to have her home! Your compassion and bedside manner was outstanding and helped make a scary situation much more tolerable for us all. You are appreciated beyond words. Peace to you all!

Just what our patients ordered.



PICTURED (LEFT TO RIGHT):
Reed Quinn, MD, Seth Blank, MD, Paul Weldner, MD, Scott Buchanan, MD, M. Usman Nasir Khan, MD

Maine's leading cardiothoracic surgery team is dedicated to improving the quality of life of children and adults with serious heart and lung conditions. They combine technical expertise, advanced surgical methods, research and the nationally recognized cardiac care of Maine Medical Center to achieve the best results for their patients. From open heart surgery, to minimally invasive procedures, sophisticated cardiothoracic surgical care is only a heartbeat away.

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Preparing for Disaster

Pamela Bokat, MD, (far right) is shown working with a team on a training mannequin "suffering" from poison gas exposure and blast injuries at Israel's National Medical simulation center, Tel Hashomer. Dr. Bokat, who is working on development of a Behavioral Health Disaster Response Team at Maine Medical Center, attended a Disaster Preparedness conference in Israel that allowed her to participate and learn about state-of-the-art disaster readiness programs and protocols. The conference was run by the Disaster Management Division of Israel's Ministry of Health in collaboration with the Israel Defense Forces' Surgeon General and American Physicians and Friends for Medicine in Israel.



Our Quality Commitment

Maine Medical Center is committed to providing information about our quality and safety record that is clear and understandable. We believe that reporting this information supports our mission to deliver the most effective and safest care to our patients and community. Patient care units at MMC have their own Quality Boards, where patients, families, and staff can review certain quality measures at any time. These boards can also be found in public areas at MMC.

We report MMC-wide measures in each issue of *What's Happening*, as shown below. Please watch for updates every month, and let us know how we can improve the information provided; write to Jeff Gregory, Program Manager, CPI, Gregoj@mmc.org.

Patient Experience: What are patients saying about us?

Measures for December 2011	MMC Rate	MMC Target	US Average
Communication with doctors	80%	79%	80%
Communication with nurses	73%	76%	76%
Responsiveness of staff	55%	66.5%	60%
Communication about medicines	63%	62%	60%
Quietness	55%	60%	58%
Care transitions	60%	65%	65%

Patient Care: How often do we deliver recommended care?

Measure for December 2011	MMC Rate	MMC Target	US Average
Heart attack	94%	98%	95%
Measures for January 2012			
Surgical care	97%	95%	84%
Heart failure	94%	95%	88%
Measures for February 2012			
Pneumonia	97%	98%	86%

Readmission Rates: How often do our adult patients come back to the hospital within 30 days of their discharge?

Measure for December, 2011			
Readmitted within 30 days:	163	Readmission rate:	10.3%

Smart Pump: How often do we use the safety features?

Measure for February 2012			
MMC:	74.8%	Target:	75%

For further information, visit the Balanced Scorecard on MMC's Intranet.

March Anniversaries



Janice Pflugradt
25 Years

40 Years

Candace Kucharik, Medicine
Jeanne Vigneault, P3CD

30 Years

Lawrence Gorton, IS
Karen Souza, Anesthesiology

25 Years

Kathleen Canarie, SCU
Phyllis Kimball, OR
Janice Pflugradt, SCU
Byron Rogers, Engineering

20 Years

Kathleen Anderson,
Outpatient Registration
Karen Dumond, OR
Heather Hynes, Radiology
Ellen McMonagle, MMCRI

15 Years

Kristine Adams, OR
Brenda Durant,
Environmental Services



Brenda Durant
15 Years

Lorraine McDonald,
Gibson Pavilion
Barbara Parker, Dialysis
Judith Roberts, Pharmacy
Anne Rossi, Maine Children's
Cancer Program
Robin Roy, Radiology

10 Years

Shelby Anthony, Distribution
Anne Berg, Financial Services
Jennifer Bridges,
Care Management
Ellen Chasse, R9
Kirk Engstrom, Distribution
Edette Flaker, Care Management
Sally Flanagan,
Vocational Services
Robyn Gray, R2
Mary Johnson, Patient Accounts
Andrea Jordan, R4
Janet Lund, Poison Control
Laura Marles, OR
Ann-Marie McNeil,
Cardiothoracic ICU



Robin Roy
15 Years

Theresa Ouellette, P3CD
Jack Packhem, OR
David Spach, Simulation Center

5 Years

Erin Caiazzo, OR
Jan-Elizabeth Cochrane, R2
Omer Coro, Building & Grounds
Barbara Grillo, Oncology
Patricia Horan, R6
Paul Jeffery, Distribution
Brian Marden, Pharmacy
Joel McMullin, Center For
Performance Improvement
Pamela Moody, Birth Center
Libby Mortimer, Birth Center
Virginia Pratt, Admitting
Renee Rossini, Birth Center
Paul Shearer,
Environmental Services
Rebecca Shorey, OR
Robyn Strickland, R4
Judith West, HR
Kim Winling, Employee Health
Rebecca Withey, Birth Center

Joint Commission Gives Passing Grade to Stroke Program

The Joint Commission gave a passing grade to our Stroke Program during its mid-accreditation check. The Stroke Program, like the Heart Failure and Joint Center Programs, earned a Disease Specific Certification from the Joint Commission, and hosts a recertification site visit every two years. During the off year, the Joint Commission checks in via phone to review our data, revisit our action plans, learn of any challenges that may have surfaced, and hear about new process improvement efforts. The Heart Failure and Joint Center programs also passed intra-cycle accreditation checks this year.

VRE Transmissions Dropping

Good news! The transmission of VRE, a drug resistant organism, has dropped from 4.65 per 1,000 patient days in April to 2.02 in December, 2.3 in January, and 2.1 in February. Credit goes to staff for following universal screening methods, practicing good hand hygiene, keeping the equipment and environment clean, and using correct personal protective equipment.

Southern Maine Heart Walk

**Sunday, May 20
Payson Park, Portland**

Join the Maine Medical Center Heart Walk team and support the American Heart Association (AHA) at the Annual Heart Walk. Bob Groom, Interim AVP, Cardiac Services, will serve once again as the MMC walk chair.

Everyone is encouraged to take part, and we're especially looking for more participation from offsite locations. Choose between a one- or four-mile walk, depending on your abilities. Family members and friends are also encouraged to participate.

If you can't walk, consider a donation to the MMC Heart Walk team. Last year's 149 MMC walkers raised more than \$21,000, and this year's team aims to sign up 250 walkers with a goal of raising \$27,000. Funds go to support AHA community, education, and research initiatives.

For more information or to register, go to southernmaineheartwalk.com, click on "Find a Team," and look for Maine Medical Center.



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Looking Back . . .

Social Services Department, 1923



Photo courtesy Maine Medical Center Archives

Maine General Hospital established the Social Services Department in 1923 under the direction of Elsie Clark Nutt. She managed the welfare of inpatients and clinic patients, including fund raising, coordinating care with physicians, and purchasing special equipment.

At the request of the hospital director, Miss Nutt recounted her typical workday for the MGH Annual Report of 1928:

"Her day begins at 5:30 a.m. with a neighbor's phone call requesting that she send an ambulance to a beating victim, and calls to the police and Children's Protective Society follow. At the hospital, she stops briefly to aid a nervous patient in the OR and moves on to care for the non-medical needs of ward patients (12,449 visits in 1928). She is the main resource for clients needing transport, food, or other items beyond their means. Before lunch, she heads to the clinic at India Street to field requests of the greater community. Home visits (1,398 in 1928) to follow up with clinic or newly released patients take up her afternoons. Miss Nutt's day may stretch well into the evenings, but she is available wherever and whenever she is needed."

What's Happening is published monthly at Maine Medical Center for members of the hospital community and for friends of the institution throughout Maine and northern New England.

Comments, questions and suggestions may be addressed to Communications & Marketing. (207) 662-2196
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