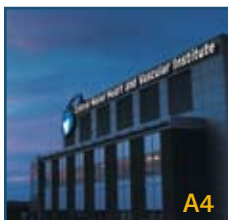


Information

Central Maine Medical Center
**Physician
Update**



A2

CMMC INFUSION CENTER ENHANCES TREATMENT EXPERIENCE FOR PATIENTS, REDUCES COSTS

A3

GASTROINTESTINAL SURGERY OFFERS NEW HOPE IN FIGHT AGAINST DIABETES

A4

CARDIAC CENTER OF EXCELLENCE RECOGNIZES PHYSICIAN LEADERS

A5

INFECTION CONTROL FOR PHYSICIAN'S OFFICE SETTING: QUALITY PATIENT CARE ACROSS THE CONTINUUM

A6

LIFELIGHT FOUNDATION RECOGNIZED WITH NATIONAL EXCELLENCE IN COMMUNITY SERVICE AWARD

CMMC INFUSION CENTER ENHANCES TREATMENT EXPERIENCE FOR PATIENTS, REDUCES COSTS



Outpatient infusion therapy has emerged as the optimum treatment option for many people living with a variety of illnesses. At Central Maine Medical Center, the many benefits of outpatient infusion therapy were greatly enhanced earlier this year with the opening of the CMMC Infusion Center.

Initially conceived as a modest renovation of office space at Hematology-Oncology Associates, a CMMC-supported physician practice, the scope of the Infusion Center project grew with the burgeoning realization of its potential to better serve infusion therapy patients.

“Expanding our physical space has allowed us to provide more services in a comfortable, state-of-

the-art environment,” says Kate Vieira, R.N., nurse manager of the Central Maine Comprehensive Cancer Center.

With the renovations complete, the CMMC Infusion Center occupies nearly 3,000 square feet and includes 17 infusion chairs and three private rooms to accommodate immune-compromised patients, patients with communicable infections, or patients re-

quiring greater privacy. The center is conveniently located near the Hematology-Oncology Associates office on the second floor of the 12 High Street Medical Office Building.

Vieira says the Infusion Center has improved patient care at Central Maine Medical Center by coordinating the services of oncology-certified registered nurses and specialized pharmacists to maximize patient safety and efficiency. An on-site lab is also available for patient convenience.

The center features a spacious environment where patients can watch television, read or simply relax in comfortable lounge-style chairs.

“The Infusion Center was designed to be aesthetically pleasing for our patients. Muted colors and themes from nature were selected for their relaxing effect,” says Vieira.

An additional advantage offered by the Infusion Center is the financial benefit that attends most outpatient treatment services as compared to inpatient care.



The CMMC Infusion Center, conveniently located near the Hematology-Oncology Associates office on the second floor of the 12 High Street Medical Office Building, occupies nearly 3,000 square feet and includes 17 infusion chairs and three private rooms.

GASTROINTESTINAL SURGERY OFFERS NEW HOPE IN FIGHT AGAINST DIABETES



By Jamie Loggins, M.D., Chief, Bariatric Surgery, Central Maine Medical Center



Jamie Loggins, M.D.

We've previously reported in this journal the myriad health benefits patients undergoing weight loss surgery often realize. For years, bariatric surgeons have witnessed the resolution of their patient's comorbidities, perhaps none more dramatic or impressive than that of type 2 diabetes mellitus.

In fact, the results have been so impressive that for three days in March 2007, 150 medical professionals met in Rome, Italy, to seek expert consensus on the use of gastrointestinal surgery as a treatment modality for type 2 diabetes in non-morbidly obese patients.

This meeting, the Diabetes Surgery Summit (DSS), may very well be the sentinel event ultimately leading to a new weapon in the fight against diabetes. While the 1991 National Institutes of Health Guidelines have long recognized type 2 diabetes as a significant comorbidity of morbid obesity and a qualifying condition for weight loss surgery in patients with a body mass index (BMI) $\geq 35\text{kg/m}^2$, one of the key DSS discussions was how to address the very large diabetic population within the

BMI of 30-35 kg/m^2 range using currently employed weight loss operations such as the Roux-en-Y Gastric Bypass.

While seemingly driven by bariatric surgeons, this international multi-disciplinary panel was composed of only 37 percent surgeons, and the topic of discussion was endorsed by several professional societies, including the American Diabetes Association.

While no official consensus statement has been reached yet, when released it may contain language similar to the following: "Gastrointestinal surgery may be appropriate for the treatment of type 2 diabetes in patients who are appropriate surgical candidates with a BMI of 30 to 35 who are inadequately controlled by lifestyle and medical therapy."

The implications of this potential development are monumental when one considers that diabetes, a disease not presently curable by medicine, currently impacts more than 240 million people worldwide. This number is expected to surpass 380 million by 2025. Of those affected, approximately 93 percent have type 2 diabetes.

Large volume studies of laparoscopic gastric bypass patients with diabetes have demonstrated resolution in 83 percent or improvement in 17 percent of type 2 diabetes mellitus. Perhaps equally

interesting is the fact that weight loss surgery patients experience a reduction or resolution of diabetic symptoms immediately following surgery, before weight loss has had a chance to take place. This implies that these procedures enhance glucose tolerance by a mechanism that is independent of weight loss, and may shed new light on the pathophysiologic mechanisms of diabetes.

Whether or not surgical treatment for type 2 diabetes should be offered as a primary therapy or only as a treatment of last resort has yet to be sorted out, but what is indisputable is that for patients suffering from this terrible disease, there may be new hope.

Central Maine Bariatrics
207-795-5710

CARDIAC CENTER OF EXCELLENCE RECOGNIZES PHYSICIAN LEADERS



By Chuck Gill, Vice President, Community Affairs, Central Maine Healthcare

The mission of the Central Maine Heart and Vascular Institute at CMMC is to “Provide patients in Central and Western Maine with high quality, comprehensive and innovative advanced cardiovascular care close to home.”

A team of physicians, lead by William Phillips, M.D., Medical Director of Cardiology, have been chosen to lead this effort. Dr. Phillips oversees the quality, cost effectiveness and program development initiatives. One example of a quality initiative is a team effort involving EMS squads, the CMMC ED, the interventional cardiologists and the cath lab staff to consistently beat national standards for “door to balloon” time for emergency cardiac angioplasty.

Currently, eight EMS squads have the ability to activate the cath lab team from a call from the field. By initiating hospital response prior to arrival at the CMMC ED, the cardiac angioplasty team can prepare for immediate intervention about arrival at the hospital. This parallel process saves precious minutes and save lives. CMHVI is a state leader in reducing “door to balloon” time and the only cardiac center in Maine to allow cath lab activation from the field.

James Parker, M.D., oversees quality improvement initiatives for inpatient and outpatient diagnostic

cardiology, including echocardiography, stress echo and transesophageal echo. His responsibilities in this area include education for patients, physicians and technical staff.

.....

By initiating hospital response prior to arrival at the CMMC ED, the cardiac angioplasty team can prepare for immediate intervention about arrival at the hospital. This parallel process saves precious minutes and save lives.

.....

Robert Weiss, M.D., is the Medical Director for Research. Dr. Weiss has been involved in medical research for more than twenty years and has participated in numerous clinical trials in his robust research career. His responsibilities include both medical and surgical research opportunities. One current research project is designed to identify biomarkers so physicians can stratify or identify high-risk patients prior to open heart surgery.

Dervilla McCann, M.D., is responsible for new program development that includes identifying

new innovative cardiac programs and services. This initiative will involve development, testing and then bringing these new ideas to Central and Western Maine.

Allan Langburd, M.D., is responsible for cardiac rehabilitation. CMMC offers a four-phase program that begins in the inpatient setting, then to the Community Wellness Center and in a maintenance mode for the patient’s life. Elements of the program include diet modification, exercise, drug education and ongoing support.

Central Maine Medical Center is also recognized as a “Blue Distinction Center for Cardiac Care” by the Blue Cross and Blue Shield Association. This recognition is designed to foster consumer engagement and provider collaboration through healthcare transparency. For more information, please go to www.cmmc.org

The CMHVI employed and affiliated cardiologists include: William Phillips, M.D.; David Abisalih, M.D.; Allen Bender, D.O.; Lynette Fahnestock, D.O.; Allan Langburd, M.D.; Mark Lanzieri, M.D.; Patrick Lawrence, M.D.; Atalloh Letafati, M.D.; Dervilla McCann, M.D.; James Parker, M.D.; Daniel Soroff, M.D.; Roy Ulin, M.D.; Robert Weiss, M.D.

For more information call 207-753-3900.

INFECTION CONTROL FOR PHYSICIAN'S OFFICE SETTINGS: QUALITY PATIENT CARE ACROSS THE CONTINUUM



By Clark Phinney and Jennifer Messinger, R.N., B.S.N., C.O.H.N.-S., C.C.M.

Medical offices are places where infection is often present. Both sick and well people gather in a common waiting room and access the same office personnel, care providers and services. Infection is spread person-to-person, but also by contact with inanimate objects such as magazines, toys, and door handles. To better manage and minimize the risks from infections, medical offices should take steps to ensure infection control measures in their facilities.

A review of infection control risks starts with an assessment of the type of healthcare practice. What type of patients does the provider see? Adults or children? Are any of the patients immunocompromised? Do the patients have “specialty conditions” such as skin conditions, cancer, HIV, or tuberculosis? Do providers perform any procedures in the office? If they do, what types and are they invasive?

Once a profile of patient types and the risks they pose has been developed, an office care flow plan for patients can be created. Begin the initial triage on the phone by asking patients if they have a fever, cough, diarrhea or other symptoms of possible concern. What steps can be taken in the waiting room to minimize threats of infection posed by patients? Can sick and well patients be separated to prevent contamination? Does the office have a masking protocol for patients presenting with respiratory

symptoms? Is there any signage reminding people how to cover coughs and use tissues? Is front office staff aware of infection control protocols and prepared to communicate enforcement with your patients.

What are the infection control standards of practice that office

respiratory conditions at the end of the day to avoid exposures to other patients; this will allow for a full and proper cleaning of the office prior to the next business day. Ensure that those who clean your office are aware of and able to provide adequate cleaning services on a consistent schedule.

.....

To better manage and minimize the risks from infections, medical offices should take steps to ensure infection control measures in their facilities.

.....

staff should follow on a daily basis? For example, all employees should practice good hand hygiene, wear personal protective equipment (PPE), and safely use and dispose of needles and sharps.

Hand hygiene is the single most important measure for preventing the transmission of many microorganisms. Good hand hygiene consists of either washing with soap and water or using an alcohol-based hand sanitizer.

With the reality of current and emerging infectious diseases presenting at medical offices, proper protection for both visitors and staff is vital. Proper PPE is essential to helping both staff and patients stay safe and can range from gloves and a gown to eye protection and a mask. PPE selection should be based on the risks each patient and/or procedure presents. Schedule patients with suspected

Review the equipment used in the office. Do you have adequate cleaning and storing procedures in place? Ensure that all equipment is inspected and cleaned according to the manufacturer's recommendations using the proper cleaning solutions. Select solutions adequate to properly clean and disinfect. Are any equipment or procedure items disposable or for single use? If they are, make certain you are not reusing items intended only for single use.

Refer to the guidelines established by the Centers for Disease Control. Local hospital-affiliated infection control or infectious disease practices can also provide specific guidance.

With some planning and preparation, a medical office can be organized and managed in ways that ensure a safe and high quality care experience for patients.

LIFEFLIGHT FOUNDATION RECOGNIZED WITH NATIONAL EXCELLENCE IN COMMUNITY SERVICE AWARD



The LifeFlight Foundation has been recognized by the National Association of Air Medical Services (AAMS) with the first Excellence in Community Service Award.

.....

The AAMS Excellence in Community Service Award recognizes an emergency medical transport individual or organization demonstrating broad-based continuing commitment to their referring and receiving agencies, and the communities they serve. Nominees for the award needed to demonstrate professional and personal values that typify the ideals of “giving of oneself,” and “making a difference in or enhancing the lives of others.”

“We are extremely honored to be the recipients of this new award. When LifeFlight started operations in late 1998, Maine was the only state in the country without access to any air medical resource. We had to build from scratch an infrastructure to support a safe, reliable and high quality medical aviation environment. LifeFlight’s teams are asked to deliver high performance in a complex operating environment. It is essential that they have the tools necessary,” says Tom Judge, executive director of The LifeFlight Foundation and LifeFlight of Maine.

In receiving the award, the LifeFlight Foundation noted its partners, including the Maine Department of Public Safety, Maine EMS, the Maine DOT Aviation Office, Satellite Instrument Technologies, and Belfort Instruments. The award-winning project includes a statewide system of helipads, weather navigation systems, GPS instrument navigation systems, and fuel systems supporting LifeFlight’s state-of-the-art helicopters. The projects were funded through a combination of a state transportation bond, and federal, local and other funding raised by The LifeFlight Foundation.

Building infrastructure is only one piece of a multi-faceted outreach system that LifeFlight has brought to communities across the state. In addition to developing a safe aviation environment, LifeFlight provides continuing medical education projects, like the Human Patient Simulator program, throughout Maine. The simulator program, a joint venture between Maine EMS, the Maine Health Access Foundation, the Maine Department of Public Safety and The LifeFlight Foundation, provides high quality training for hospital and EMS providers. The Foundation also supports outreach education, like the “Turning Off the Faucet” injury prevention program in middle schools tied to the Service Learning Initiative, as

well as other programs focused on traumatic brain injury, airway management and cardiac care.

The LifeFlight Foundation is the charitable development foundation supporting LifeFlight of Maine.

LifeFlight of Maine
207.785.2288
www.lifeflightmaine.org



Maine Gov. John Baldacci, seated on right, is updated on the operations of LifeFlight of Maine (LFoM) by, from left, Lori Metayer, LFoM's Lewiston base manager, LFoM Executive Director Tom Judge, and Ken Hews, chief operating officer at Eastern Maine Healthcare in Bangor and a member of the LifeFlight Foundation Steering Committee. Gov. Baldacci visited Central Maine Medical Center to congratulate the LifeFlight Foundation for its recent National Association of Air Medical Services Excellence in Community Service Award.

Central Maine Medical Center *Connect*

REGIONAL REFERRAL AND SCHEDULING CENTER



Eliminate the uncertainties of transferring patients for specialty care ... call CMMC Connect.

• CMMC Connect is a single point of access to the physicians and services available at Central Maine Medical Center.

• One call connects to specialty physicians and services.

• Eliminate multiple calls and uncertainties.

• Improve continuity of service for patients.

• Timely feedback and discharge information.

• 24-hour service, every day.

• Is free.

• Talk with the CMMC Connect regional nurse specialist on a wide New England network - no call forwarding, no co-pay.



877-366-7700

www.cmmconnect.org

Skilled professionals. Technical excellence. Compassionate care.