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New Treatment Puts Tumors in the Crosshairs

A promising new treatment is giving hope to many lung cancer patients, including those with newly-diagnosed, inoperable tumors.

Stereotactic Body Radiation Therapy (SBRT), a new technology now available at Maine Medical Center, uses multiple beams that converge on the tumor to deliver a powerful and effective — but extremely well-tolerated — radiation dose to the tumor.

What makes SBRT unique are technological advances that give physicians the ability to target and deliver radiation to tumors with extreme precision and accuracy, while at the same time minimizing radiation exposure to otherwise normal lung tissue. As a result, tumor control rates are better than 90 percent and expected toxicity rates are less than 10 percent.

A few days prior to treatment, a CT scan tracks the tumor as it moves through the patient's breath cycle. As a patient inhales or exhales, tumors in the lung move, and this technology tells doctors where the tumor is during the breathing cycle.

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Using this data, doctors develop a treatment plan that uses several highly focused radiation beams, all entering at different angles but converging at the tumor (imagine a bicycle wheel, and the spokes that lead to the wheel hub).

Individually, the beams are quite weak, but together they deliver an extremely high dose of radiation.

On treatment day, a new CT scan is taken, and the data is used to compare the location of the tumor with the original CT scan, to confirm that the treatment is still on target.

Generally, three or four of these treatments are then administered over a two-to-three-week period.

Knowing exactly where the tumor is at any given point in the breathing cycle enables physicians to use smaller, more focused radiation beams that avoid normal tissue.

Without the ability to track tumors, the radiation fields would be much larger, which increases toxicity on nearby healthy cells.

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"The treatment is well-tolerated with limited toxicity, minimizes damage to healthy tissues, and the results are comparable to surgery," says Ian Bristol, MD, who specializes in radiation oncology. "SBRT should be the treatment of choice at Maine Medical Center for medically inoperable, early-stage lung cancer, as well as for operable patients who do not choose surgery."



A NEWSLETTER FOR THE MAINE MEDICAL CENTER FAMILY

President's Message



Magnet Visit Brings Out Our Best

It's been a busy summer. In July, we welcomed a team of surveyors from the Joint Commission, and this month, MMC hosted a group from the Magnet Recognition Program.

A Magnet designation, earned by only 6 percent of the country's hospitals, speaks volumes about the care provided at an institution. While it's generally associated with nursing, it truly looks at all areas of a hospital.

Like the Joint Commission, the Magnet inspectors toured our patient units, spoke with staff, patients, and families, and asked questions about topics ranging from hand hygiene and process improvement, to staff training and measurement.

There are many benefits of earning Magnet status. Studies show that Magnet hospitals attract and retain talent, tend to have higher staff satisfaction, enjoy better collaboration across disciplines, and encourage staff to increase their level of training. All of these contribute to better patient care and satisfaction, which is what we all strive for at MMC.

The appraisers, who spent three days at MMC, will analyze the data they gathered, then make a recommendation to the Magnet Commissioners, who have the final say in our application for redesignation. We expect to hear their decision in December.

I'm very excited and confident that our designation will be renewed. Our staff worked hard to prepare, and once again, you presented MMC in a very positive light.

One of the inspectors said it was "a joy to visit" our hospital. She cited several common themes among her observations, including: partnership, collaboration, family, and team. Another said "staff respect each other" and are "passionate about their work."

Perhaps I'm most pleased about some comments from staff that the inspectors passed along:

"MMC is the best hospital in Maine."

"It's where we get our own care."

"It's where our families come for care."

"We want MMC to be the best place for patient care."

I'm grateful for the dedication you showed during the visit, and the care you provide patients every day.

Respectfully,

Richard W. Petersen President and Chief Executive Officer



Getting to know . . .

Nancy Chandler-Conrey



Position: Viral Vector Core Manager

Years at MMC: 7

What does your job entail?

I produce recombinant viruses (made by combining different pieces of DNA) for research applications. I do work for investigators within MMC's Research Institute, as well as those from several other institutions, such as medical schools.

What people may not know is that:

I've owned horses since I was 5 years old. Dressage is my lifelong passion, and I have progressed to the *ne plus ultra* Grand Prix with my horse, Klassic. In 2008, I was awarded the United States Dressage Federation Gold Medal in recognition of my achievements. My husband, Dan, and I own and operate Forever Klassic Farm, where I board a few horses, train and teach classical dressage.

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

The late Colonel Alois Podhajsky, director of the Spanish Riding School (SRS) in Vienna. I attended the first US performance of the SRS when I was nine years old, and it profoundly influenced my

life. The WWII movie *Miracle* of the White Stallions is about Col. Podhajsky, the SRS, and General Patton, who rescued the Lipizzaner horses.

I love working at MMC because:

I love my independent work environment and I have an insatiable appetite for learning. As with dressage, in scientific research there is never an end to what we can learn. The more educated we become, the more we realize how much we don't know. Having so many brilliant scientists cultivates an exciting and progressive atmosphere. I am fortunate to work with an encouraging and supportive group in the Center for Molecular Medicine at MMCRI.

MMC Awarded Accreditation for Research

Maine Medical Center has been awarded accreditation by the Association for the Accreditation of Human Research Protection Programs (AAHRPP).

The award recognizes an organization's commitment to ensure the protections for research participants and promote research of the highest quality.

AAHRPP accreditation provides assurances to research participants, investigators, sponsors, government regulators, and the general public that an organization is focused first and foremost on the safety of its research participants.

"This is a very important acknowledgement, by the nation's foremost accrediting organization, that the research being conducted at Maine Medical Center is of the highest quality with regard to its integrity and the safety of its participants." says Donald St. Germain, MD, Associate Vice President for Research and Director of the MMC's Research Institute. "Patient care is at the center of our work, either in research that directly improves care, or that lays the groundwork for clinical advances. All of our researchers strive to make a difference, and they do so with the utmost respect for patients and study participants."

The hundreds of research studies currently underway at MMC focus on developing new treatments, diagnostic tests, and preventive strategies for cancer, heart disease, neurological disorders, lung diseases, and a host of other disorders, and are being conducted by physicians, nurses, pharmacist, and other members of our staff.

Around the Medical Center

Quality Report Helps Prostate Cancer Patients with Treatment Decisions

A new prostate cancer brochure has been created for those considering treatment at Maine Medical Partner's Urology practice and the Maine Medical Center Cancer Institute (MMCCI). The informational packet highlights the depth and breadth of treatment options at MMP Urology, as well as specific quality outcome data within MMCCI. The piece is designed to help savvy consumers make informed decisions on where to receive their care. It also reflects MMC and MMP's continued commitment to increased transparency and public quality outcomes. The piece is now being used chiefly by physicians, nurses, and patient navigators as prostate cancer treatment options are discussed with each patient.

The Prostate Cancer Program at Maine Medical Center's Cancer Institute

Quality Outcomes for Patients





Breast Cancer Care Services to be Highlighted at Luncheon

The Maine Medical Center Cancer Institute's (MMCCI) Breast Care Center will be among the featured organizations at the Cure Breast Cancer for ME Luncheon in October. The annual event, organized by the Maine Cancer Foundation, will honor Therese White, MD, who provides breast cancer surgery and breast reconstruction. Dr. White, of Plastic and Hand Surgical Associates, will be among a select few care providers recognized for their compassion and dedication to patient care. The breast care services of the Cancer Institute will also be highlighted with a display celebrating the Breast Care Center's upcoming 15-year anniversary.

Thanks to Junior Volunteers

MMC's Junior Volunteers wrapped up another busy year, contributing 7,373 hours of service. The Junior Volunteers, ages 14 to 18, were assigned to 28 different locations throughout the hospital, and performed a variety of tasks, from serving food to replenishing medical supplies.

Teens volunteered for a minimum of one day per week for eight weeks, serving half a day in one area of the hospital and the other half in a second. They also substituted for absent Junior Volunteers, giving them the opportunity to experience many different areas at Maine Medical Center.

The 127 teens in the 2011 Summer Program represented 23 high schools. The experience showed them how a hospital works and may help with their career decisions. Most importantly, they gained a sense of community involvement and appreciation for helping others.

The year concluded with an Awards and Recognition Ice Cream Social, which featured a presentation by Vicki Hayes, MD, on "Exploring Medical Careers," and a musical slideshow of all 127 Junior Volunteers.



Maine's only place for world-class care. On a kid's level.

At The Barbara Bush Children's Hospital, children receive care that's as unique as they are. We have Maine's largest network of pediatric specialists delivering some of the nation's top pediatric care. But we do more than just deliver care for children. We speak their language, Visit us at bbch.org and like us on Facebook. You'll join our growing online community of families and health care professionals.

The Barbara Bush Children's Hospital At Maine Medical Center bbch.org

Children's Hospital Launches Campaign

The Barbara Bush Children's Hospital launched a new advertising campaign this month, consisting of TV and radio spots, print ads, Facebook advertising, and a new website. The campaign is geared toward women, ages 25-45, in MMC's primary service area: Cumberland and York counties.

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. Soon, every patient care unit at MMC will have its own Quality Board, 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 will report MMC-wide measures in each issue of *What's Happening*, as shown below. Watch for updates every month, and let us know how we can improve the information provided; write to Judy Lucas, Interim Director of Center for Performance Improvement, lucasj1@mmc.org.

Measures for July 2011	MMC Rate	MMC Target	US Average
Communication with doctors	76%	85%	80%
Communication with nurses	73%	83%	76%
Responsiveness of staff	56%	70%	60%
Communication about medicines	57%	67%	60%
Quietness	48%	57%	58%
Care transitions	60%	65%	65%

Patient Experience: What are patients saying about us?

Patient Care: How often do we deliver recommended care?

Measure for June 2011	MMC Rate	MMC Target	US Average
Heart attack	98%	98%	95%
Measures for July 2011			
Surgical care	97%	95%	84%
Measures for August 2011			
Heart failure	98%	95%	88%
Pneumonia	94%	98%	86%

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

Measure for June, 2011			
Readmitted within 30 days:	202	Readmission rate:	12.4%

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

Measure for September 4, 2011			
MMC	75.6%	Target:	75%

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

September Anniversaries



Patricia Burgess 25 Years

40 Years

Mary Herbert, ACCU Patricia Kempton, Newborn Nursery

35 Years

Colette Day, R3 Ellen Zimmerman, Social Work

30 Years Carol Jennings, ASU

25 Years

Margaret Allegretta, NICU Patricia Burgess, Central Services Elizabeth Earle, P3CD Pamela Graves, OR Jeffrey Gregory, Center For Performance Improvement Bernadette Lehouillier, Radiology Denise McCubrey, Radiology Cynthia Stevens, Breast Care Center Kim Tierney, Cardiac Services Doreen Tracy, Distribution Donald Watson, Pharmacy Jean Williams, Family Center

20 Years

Lisa Lee, Radiation Joyce Marin, Environmental Services Deborah Wicklund, OR



Bob Groom 15 Years

15 Years

Molly Baker, Newborn Nursery Steven Cadman, IS Melanie Decker, Gibson Pavilion Laurie Desrochers, Pharmacy Robert Groom, Cardiac Services Donna Mahan, Nutrition Services Sarah Russo, R7 Monica Steinbuchel, Post Anesthesia Care Lee Tingley, P3CD Ann Wight, Pharmacy

10 Years

Stephanie Albair, Health Information Management Margaret Bannon, SCU Alicia Bumpus, Heart Cath Lab Patricia Curit, IS Mildred Davis, Central Services Roland Dube, Radiology Lynn Frist, OR Kim Girard, ASU Andrea Goulette, Radiology Jaime Graffam, R5 Abigail Greenfield, Communications & Marketing Thomas Hatch, Safety Office Vanessa Hawkins, R4 Susan Holloran, Anesthesia & Pain Management Nicole Hubbard, R7 Lisa Ireland, P4C

Vivi Juwita, Family Center Darlene Lessard, Surgery Charles Logan, SCU Ann Misterovich, Anesthesia & Pain Management Carol Moore, Nutrition Services Todd Nevins, Employment Lisa Peakall, R3 Cindy Peaslee, Outpatient Registration Georgia Wark, Library Marjorie Wiggins, Nursing

5 Years

Timothy Babcock, **Pulmonary Medicine** Lauren Bergeron, NICU Katherine Brancely, Care Coordination Andrea Branson, R3 Aimee Chapman, R7 Traci Cook, IS Janet DeVinney, ADA Compliance Joseph Donahue, IS Christopher Doughty, OR Kristine Folan, R3 Avinash Ghimire, Housestaff Angela Giles, Birth Center Brandi Gordon, R5 **Emily Hickey**, Pediatrics Taffee Hiebert, NICU Sasha Hodges, R5 Donna Levi, Patient Services LeeAnne Methot. **Employee Relations** Pamela Pellerin. Nutrition Services Troy Peterson, Security Amy Sparks, Psychiatry Pamela Thurston, Nutrition Services Christopher Walsh, **Environmental Services**

Time for Flu Shots

What's the best way to protect our patients, your family, and yourself from influenza? By getting a flu shot. It's fast, easy, and free. And it's one of the most effective methods in the battle against seasonal flu. Check NetNews and eNews for information on Flu Clinic locations, including the popular Flushot Fridays at the Impressions Cafe. Many units also have embedded staff providing shots.

Be Ready for the Unexpected

Disasters occur every day. We're all responsible to prepare ourselves and our families for unexpected events.

5 Ways to Get Started

1. Stock enough water and nonperishable food in your house for five to seven days. The recommendation is one gallon of water per person, per day. Remember extra water for pets.

2. Develop an emergency plan and discuss it with your family. Include plans for elderly family members, infants, and pets that may require special care.

3. Keep a list of all medications for each family member, as well as everyone's contact information such as office, school, and cell **numbers.**

4. Place a first aid kit at home and in every car, and ensure it is stocked and updated regularly. Each kit should be modified to fit its location.

5. Be proactive. Think about what might happen, and ask questions. For example, if you live near a river, are you in a flood zone? Is there a chance your street might not be plowed in a major snowstorm? What if your road lost power for an extended period?

For more information: refer to the Employee Preparedness Handbook on the MMC intranet.

Looking Back . . .

Planning for Richards



Photo courtesy Maine Medical Center Archives

From left, unit Manager Robert Erickson, Head Nurse Elaine Keyte, RN, and Project Director Pauline Fahey, RN, meet with Lawrence Crane, MD, Chief of Orthopedics, to review plans for the new Richards wing Orthopedic unit in the fall of 1970.

The unit had the capacity for about 44 patients undergoing treatment for bone fractures or orthopedic surgery. In a new nursing procedure, patients were assigned to unit areas by age and degree of illness. This was designed to improve patient morale and increase the efficiency of nursing care. R2 was divided into sections reserved for: pre-operative, younger post operative, older postoperative, and convalescent patients. There was also a special observation area for immediate post operative and accident patients.



centered around you

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