

What's Happening

at Maine Medical Center



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Disaster Code Designations Change Color at MMC

The familiar page of "Dr. Red" has been replaced by "Code Red," part of a change in the color code system used by Maine Medical Center for reporting emergency and disaster situations. Our new codes, which became effective on January 1, now match the national system in use at federal and state agencies and many health care and medical teaching organizations.

In recent years, disasters of all types have been known as Code Yellow events at MMC. "The new color tags, in use across the country, are more descriptive and better understood by those who must respond to emergency situations. That means safer and more accurate responses both internally and from our external partners," says Josh Frances, Director of Emergency Preparedness at MMC.

The complete list of color codes is on page 5, and look for signs posted in your department that list the new codes, their colors, and the expected response for each; you should receive a reference card to use as you learn the codes.

Remember: there is one number to call to report any hazard at MMC:

- Bramhall or Brighton: 662-2345
- All other sites: 911

Watch for activities to help everyone learn and move to the new color code system.

In Memoriam

Paul Gray

Paul, Vice President for System-wide Planning for MaineHealth and its member organizations, including MMC, passed away on January 13. "Paul was a beloved colleague and friend to all of us," says Bill Caron, Chief Executive Officer of MaineHealth. See story, page 3.



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President's Message



Let's Become Great

The New Year is traditionally the time to make resolutions and set goals for the coming year. I've been inspired by a book called "Good To Great." In it, author Jim Collins examines how good companies become great companies.

Candidly, I think MMC is better than good, but not yet great. Each year, when I sit down and look at our performance measures, I'm generally pleased with our progress on key initiatives — such as the increase in our overall hand hygiene rate, which now hovers around the 90 percent target rate. At the same time, I see opportunities for improvement.

How do organizations become great? For starters, Collins says, they have the best people on the "bus." In addition to being self-motivated, good people are more flexible and adapt better to strategic changes down the road.

The good news is that we have the right people on our bus. I've said many times that our people are as talented as you'll find in health care. You focus on the needs of our patients and continually strive to improve the care we provide.

For example, one group has been charged with improving the patient experience: reducing noise at night, improving communication about medications, and enhancing communication between patients and their doctors and nurses. This and other important efforts show how working together towards a common goal helps set Maine Medical Center apart and will serve us well as we move along the path to great.

You'll be hearing more about this and other efforts in the coming months. In the meantime, I'm confident we can become a great organization, and look forward to working with you on the journey.

Best wishes for a happy and healthy 2011.

Respectfully,

A handwritten signature in black ink, appearing to read "R.W. Petersen".

Richard W. Petersen

President and Chief Executive Officer

Two MMC Researchers Awarded MCF Grants

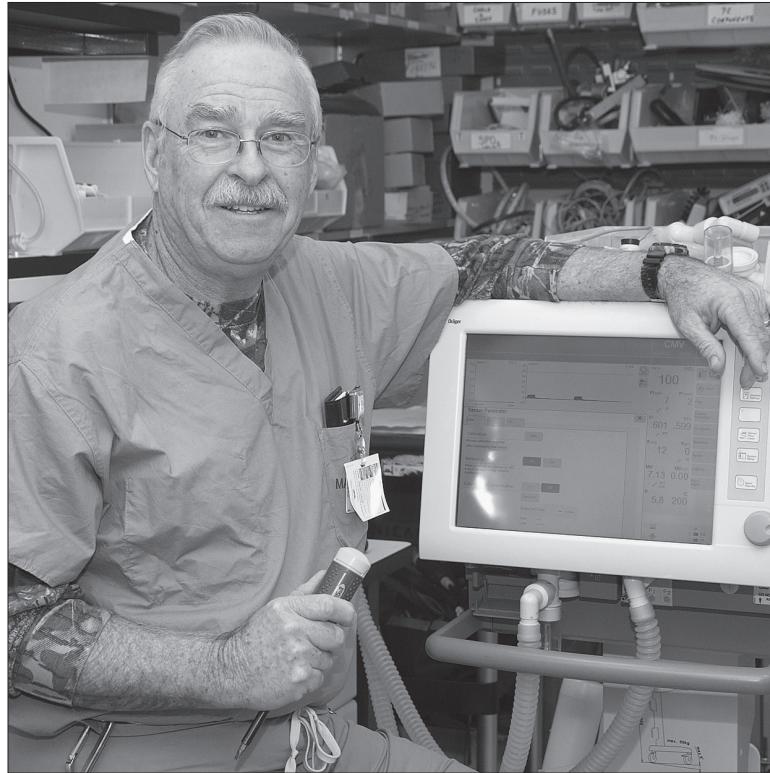
Carol Ewan Whyte, PhD, and Paul Han, MD, MA, MPH, of the Center for Outcomes Research and Evaluation (CORE), received funding from the Maine Cancer Foundation to conduct research projects aimed at increasing patient education. CORE is a division of MMC's Research Institute.

Dr. Ewan Whyte's project focuses on developing and increasing the availability of cancer prevention educational materials that will boost screening for breast and cervical cancer among underserved women from immigrant and refugee populations in Greater Portland.

Dr. Han's project, "Communicating individualized risk information to prostate cancer patients," uses qualitative interviews with prostate cancer survivors to learn how to improve the communication of risk information between physicians and patients, which will support informed and shared decision making.

Getting to know . . .

Cal Prescott



Position:
Certified Biomedical Equipment
Technician — CBET in
Clinical Engineering

Years at MMC:
18

What does your job entail?
Repair, testing, and calibration
of patient equipment for safety
and proper operation.

What people may not know:
I love walking the woods of
Maine on the pretense of fishing
and hunting. The beauty and
history of this state is amazing.
Who knows, I might even
pick up another 10-point buck
or that elusive five-pound
smallmouth bass that I am
still looking for. I am looking
forward to a long and eventful
retirement with my wife,
Wilma, the love of my life.

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

Major General Henry Knox.
First Secretary of War under
George Washington, and in
charge of Artillery during
Benedict Arnold's march
for the assault on Quebec.
First-hand information of the
Revolutionary War period of
US history would be incredible.
It would be a long lunch!

I love working at MMC because:
It's all about the PEOPLE!
The people who work at
Maine Medical are fantastic.
Any and all are welcome at
my kitchen table for a cup
of coffee anytime. The new
home is in farming country, so
stop by, POST-black fly and
PRE-manure seasons.

In memoriam

MMC loses a ‘dear friend and colleague’

Paul Gray, Vice President for System-wide Planning for MaineHealth and its member organizations, passed away on January 13. “I know I can speak on behalf of all of us here at the medical center in expressing our sincerest and deepest condolences to Paul’s family,” says Rich Petersen, MMC’s President and CEO.

In his position, Paul provided staff support for MaineHealth’s members’ boards, CEOs and senior managements and medical staffs in developing strategic plans, clinical services plans, and master facility plans. Prior to joining MaineHealth, Paul served as a Vice President/Senior Manager of a consulting firm that focused on strategic plans and master facility plans for academic medical centers and teaching hospitals.

Paul was involved in a variety of community and professional organizations, including serving on the boards of the New England Society for HealthCare Strategy, the Center for Grieving Children, and the Foundation of Southern Maine Community College.

He leaves his wife, Beth, and daughter, Sarah.

“Paul will be sorely missed for his knowledge and skill, but especially his style, in supporting many people and programs at the medical center and MaineHealth,” says Legal Affairs’ Don Quigley.

In lieu of flowers, the family has designated Maine Medical Center as the recipient of any gifts made in Paul’s name.

Donations can be sent to MMC’s Development Office.

Disaster Drill Tests Surge Capacity

How does MMC respond when faced with a large influx of patients to the Emergency Department following a disaster? That's what we wanted to learn during a drill held last month.

With volunteers playing the role of victims, staff responded as if the situation was a real disaster. "We were really impressed with the staff's ability to rapidly triage the large number of victims who presented to the Emergency Department, and to find suitable locations to place the patients and adequately track them," says Josh Frances, Director of Emergency Preparedness. "Testing the ability of the Emergency Department to adequately manage a large patient surge from a disaster is a high priority for us at MMC."

Photos by Larry Gorton, Creative Services



Emergency Preparedness' Amanda Walker poses with disaster mannequins used to represent victims in disaster simulations.



Dana York of General Mechanical assembles temporary disaster cots.



Environmental Services' Ryan Whalon checks the temporary disaster cots located in the Radiology holding area. In a real disaster, the cots would be used throughout the ED.



Emergency Department's Matt Sholl, MD, and Sarah Sturges, RN, attend to a "victim."



Emergency Department nurses Lora Cook (left) and Laura Pelkey (right) triage and evaluate mock victims as ED Rep Kayla Goodine collects information.

Emergency Conditions & Basic Staff Response

Dial 662-2345 to report any hazard at Bramhall or Brighton Campus

Code	Description	Expected Response	
Red	Fire in the area of sounding alarm Follow RACE procedure	No change in procedure: Rescue anyone in danger. Activate fire alarm, call emergency number. Contain fire by closing doors. Evacuate to designated reassembly area.	
Blue	Medical emergency	No change in procedure: Dispatch former Code 99 team.	
White	Rapid Response Team	No change in procedure: Dispatch current Rapid Response Team.	
Pink	Infant abduction	No change in procedure: Clear corridors; do not allow patients/visitors to leave clinic areas. Observe movement in public areas and report any suspicious activity to MMC Security.	
Purple	Child abduction	No change in procedure: Follow Code Pink procedure. This code may indicate any missing child. Clear corridors; do not allow patients/visitors to leave clinic areas. Observe movement in public areas and report any suspicious activity to MMC Security.	
Yellow	Bomb threat	No change in procedure: If you receive a bomb threat, keep caller on phone as long as possible; direct someone to call MMC Security. If safe, try to learn location, detonation time, type of bomb, caller characteristics (sex, age, race, etc.).	
Gray	Behavioral emergency	No change in procedure: Use former Code Green response for a multidisciplinary response to a patient-related behavioral emergency.	
Silver	Active violence; weapon/hostage	Activate alarm if possible and safe. Call MMC Security. Avoid areas where a Code Silver is in progress. If you are in an affected area, shelter in place. Cooperate with police; they will clear areas and may command you show your hands and identify yourself. Shelter yourself and your patients until you hear the "all clear".	
Orange	Hazardous material spill/release	Contact Safety Department (Switchboard page) and consider Code Triage response.	
Green	Patient elopement	Immediately check the unit/area to locate the patient. If patient cannot be located, call Security to expand the search. Notify the Nursing Supervisor. Rapidly consult with physician and notify local police to search for missing patient. Conduct a well being check/return to hospital when found. Activating this code and recovery effort is a clinical decision.	
Triage	Possibility of disaster situation	External	No change in procedure: Follow current department or organization disaster plan response. Assigned HICS personnel should respond immediately as directed. All other employees should report directly to their supervisor.
		Internal	No change in procedure: Follow current department or organization disaster plan response. If the disaster is in your area, evacuate immediately to your designated areas. Otherwise, close all doors and stay in place until the code is cleared or you are given specific instructions.

To report any hazard: Dial 662-2345 at Bramhall or Brighton Campus. Dial 911 at all other sites.



Look for these reference posters on your unit or in your department as you learn the new disaster code designations at MMC.

People



Debbie Wheaton, IS Contact Center Analyst

Debbie Wheaton, IS Contact Center Analyst, was named Analyst of the Year by the Help Desk Institute of Northern New England (HDI-NNE), an association for Help Desk and Client Support professionals. The selection process looked at several factors, including technical

aptitude, customer service skills, job performance, knowledge sharing, teamwork, leadership, problem solving, communications, and ethics.

Reminder: The Help Desk is now the IS Contact Center.



Amanda Lamb, ScM

Amanda Lamb, ScM, joined the Maine Medical Center Cancer Institute's (MMCCI) Cancer Prevention and Risk Program as a Genetic Counselor. Lamb comes to MMCCI from The Johns Hopkins University/National Human Genome Research Institute Genetic

Counseling Training Program, where she earned her Master of Science in Genetic Counseling. She has held positions as a Clinical Research Assistant at the Lombardi Comprehensive Cancer Center at Georgetown University and as a Research Technician at Children's Hospital in Boston. Her experience also includes counseling and outreach activities with Dana-Farber Cancer Institute/Brigham and Women's Hospital, Planned Parenthood League of Massachusetts, Special Olympics District of Columbia, and Sibshops of Maryland support program.

Sarah Moran, MSW, LCSW, and Ashley Soule, MSW, LCSW, MPH, have joined the MMC Cancer Institute as Cross Cultural Navigators for the National Cancer Institute Community Cancer Centers Program (NCCCP), a contract awarded to Maine Medical Center. The goal of NCCCP is to

improve access to quality cancer care — including high-priority clinical trials — with a focus on rural, poor, and immigrant/refugee populations in Maine. Prior to joining MMCCI, Soule was a Clinical Social Worker at Dana Farber Cancer Institute and interned at the Massachusetts Comprehensive Cancer Control Coalition and Massachusetts General Hospital. Moran also works as a Per Diem Social Worker at MMC. She spent three years as a faculty member of Boston College Graduate School of Social Work and six years at Children's Hospital in Boston.



Mark Grandonico, CHC

Audit & Compliance's Mark Grandonico, CHC, passed the Health Care Compliance Associations "Certified in Healthcare Compliance" (CHC) examination. The examination followed a week of intensive education in all aspects of health care compliance.

Rebecca Hitchcock, RNP, Nurse Practitioner at the Center for Tobacco Independence, will attend the Semester at Sea shipboard education program through the University of Virginia for the Spring 2011 semester. She will travel to nine countries and attend classes with approximately 700 other college students, teach a class, and be involved in extensive volunteer service at hospitals, orphanages, schools, and community service organizations in many of the ports.



Traci Cook

Traci Cook has joined Information Services as an FMS Programmer/Analyst. Traci, who joined MMC in 2006, was previously a Systems Analyst in Human Resources.

January Anniversaries



Ronald Bailyn
Psychiatry, 25 years



Paul Saucier, Nutrition
Services, 20 years

40 Years

Linda Woods,
Nuclear Medicine

35 Years

David MacKinnon,
Information Services
Cynthia Wintle, R6

25 Years

Ronald Bailyn, MD, Psychiatry
Esther Cheney,
Pulmonary Medicine

Michael Collier,
Communications & Marketing

Randy Fowler,
General Mechanical
Gerald Greenberg, Social Work

Celine McFarquhar,
Clinic - Adult Medicine
Linda Norton, Linen Processing

Kristina Schwartz,
Inpatient Management
Tina Sprague, R3
Bobbea Wilcher, R6

20 Years

Karen Acker, Birth Center
Dana Hildreth, P6
Marjorie Nickerson-Smith, R7
Carole Parisien, Nursing
Sandra Putnam,
AIDS Consult Service
Lorene Sabina, Pediatrics
Paul Saucier, Nutrition Services
Calvin Vary, MMCRI

15 Years

Jonathan Karol,
Brighton FirstCare

Leroy McDonough, Oncology
Information Systems

Rolvin McIntire,
Information Services

William Owens Jr,
Emergency Department

Mary Spencer,
Diagnostic Exam Room

10 Years

Rachel Beaulieu, Health
Information Management

Jeffrey Brown, CICU
Janet DiMillo,
Information Services

John Frechette,
Cardiothoracic ICU
Brandy Goodwin, Pharmacy

Darcie Harkins, OR
Alison House, Pediatrics
Emma Kurchin, Health

Information Management
Heidi Montagne, R5

Joy-Lyn Moody,
Emergency Department

Lisa Mooney, OR
John Murray, Sleep Institute
Elizabeth Smith, Anesthesia &

Pain Management
Wendy Smith, Pediatrics
Elizabeth Sterling, P6

Susan Thayer, SCU
Paula Wilhoite, Admitting
Jean Willard, P3CD

5 Years

Jerry Aberle, General Mechanical

Hao Bai, MMCRI

Deirdre Banks, Development

Arefayene Birhanu,

Environmental Services

Kelly Chicoine, R2

Georganne Dickey,

Neuroscience Institute

Katherine Dumond, SCU

Susan Graham, CAT Scan

Ramona Grant, R7

Sarah Holman, OR

Rachel Hunter, SCU

Augusto Lopez,

Environmental Services

Trishia Macomber, Social Work

Jessica Michael,

Anesthesia & Pain Management

Tara Moore, Nutrition Services

Heather Morgan, R6

Kimberly Neff, Radiation Therapy

Melinda Nelson, Financial Planning

Lynne Proctor, R6

Lisa Richardson, R6

Laurie Shields, Cardiothoracic ICU

Janice Siegle, Rehab Medicine

Sarah Spencer, Radiology Nursing

Patrick Tremblay, R7

Mandy Wallace, Birth Center

Bethany Winslow, Development

Judith Witherell, Physical Therapy

Steven York, Pharmacy

Patients Now Screened for Drug Resistant Organisms

To reduce the transmission of drug resistant organisms (DRO), all patients admitted to MMC are being screened for MRSA and VRE, two of the most prevalent.

Screenings are done at admission, discharge, and weekly. Exceptions to the screenings include newborns admitted to the newborn nursery and patients already known to be positive for MRSA or VRE. Patients at MMC fewer than 48 hours who were screened at admission do not require discharge screening.

Tobacco Treatment Program Moves to East Tower

The WOW! Tobacco Treatment Program is now located in the Learning Resource Center. Nurse Practitioner Maura McDonald, a tobacco treatment specialist, is available for staff and family members on Tuesdays from 8 a.m. - noon, and Thursdays from 1 - 5 p.m.

Quitting smoking is one of the best things you can do for your health. Stop by and talk with Maura for some tips on how to get started.

Looking Back . . .

First Baby, 1963



Photo courtesy Maine Medical Center Archives

In January of 1963, the members of the Junior class of the MMC School of Nursing presented a layette to the mother of the first baby born in the new year at MMC. A layette, traditionally given to parents at a baby shower, often includes baby clothes, bottles, bath products, as well as other items needed for baby care. Students pictured are: Anna Flewelling, Sheri Hodgkins, Jean Quinn, and Lynda Rossnagle. This tradition was carried out by the students working in the obstetrical department for several years in the 1960s. The photo first appeared in the medical center's 1963 newsletter, General Newsense.



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