

What's Happening

at Maine Medical Center



July 2010 | VOLUME 44, NUMBER 6

Employee Feedback Bringing Changes to Communications

Look for changes in how the medical center communicates with employees, thanks to feedback provided by MMC staff during a Communication Audit conducted late last year.

Nearly 600 employees participated in the audit, which examined *What's Happening*, NetNews (our screen saver), eNews (the e-newsletter), MMC's intranet, and more.

"We received great feedback — through focus groups, interviews, as well as a written and online survey — from staff at all levels and from all areas of the hospital," says Abby Greenfield, APR, Director of Communications and Marketing. "We wanted to know how best to reach employees, if the vehicles we use are working, and what else we should be doing as an information source for employees."

Key Findings

In general, the audit found that MMC's culture promotes open communication, and that our current vehicles are successful at reaching audiences. Staff agreed that hearing the same message several ways was okay.

eNews - Staff view eNews as the primary, official source for MMC information. In addition to event

announcements, you'll see more news and information in eNews, which will continue to come out each Monday, Wednesday, and Friday. We're also looking at ways to incorporate more photos, and have categorized stories (Top Stories, Reminders, Calendar) for easier reading.

NetNews - Employees told us the purpose of NetNews — the screen saver on our computers — is unclear. NetNews will be used to communicate hospital-wide announcements, important clinical information, as well as urgent messages.

The NetNews team is working with Information Services to upgrade the software, its functionality, and the appearance of the screen.

MMC Intranet - Audit participants told us information on the MMC intranet homepage was difficult to find, an issue that's being addressed. We've partnered with a team of web specialists to redesign the homepage — look for an unveiling in the fall — which will have easier navigation and a better search function.

We're also adding more news items to the homepage "What's New" section, giving employees another avenue to stay on top of hospital information.

You'll also be hearing more about the creation of an Employee Advisory Group, which will serve as the eyes and ears of Communications and Marketing throughout the medical center. The team will suggest stories, gather information, help coordinate story interviews or photo shoots, and provide feedback. Membership will be diverse and include representatives from various levels and locations. **CONTINUED ON PAGE 11**

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President's Message



What a Difference a Year Makes

It's hard to believe that a year has passed since I assumed the role of President and CEO of the medical center. I'm still humbled by the opportunity, and hope that I'm serving the hospital well.

Looking back, the past year has been among the most exciting, challenging, and rewarding for us. We vaccinated thousands against the H1N1 virus, celebrated the completion of our expanded Emergency Department, welcomed the first class into our new medical school, announced plans for a simulation center that will rival any in the nation, and set a new mark for dollars raised in the annual United Way campaign.

Last month's issue of *What's Happening* shared results of our new Employee Engagement Survey. I'm pleased — but not surprised — by the finding that our staff are generally well engaged. It shows in your work, and in the way you interact with patients and visitors.

Nobody knows what lies ahead. Economic indicators continue to ebb and flow, and we're anxiously watching to see how the recently-passed health care reform changes our business. But, this I know: Maine Medical Center will continue to offer a depth and breadth of care that's as good as any large-city hospital. Our research team will pursue advances to improve the quality of life for people touched by illness. And the best and brightest young minds will pass through our medical education programs on the way to stellar careers. All this thanks to you and your efforts.

As I've said before, our people make it happen. Each and every day. And I'm proud to be part of this team. Keep up the great work.

Respectfully,

Richard W. Petersen

President and Chief Executive Officer



A New Friend

Former first lady Barbara Bush and her dog Mini meet patient Angelyn Paradis. Mrs. Bush visited the children's hospital that bears her name on July 6. After a tour of the NICU, she read to patients at the inpatient unit. Her visits are always a treat for both patients and staff.

Getting to know . . .

Karen Simone



Position:

Director, Northern New England Poison Center

Years at MMC:

Just over 10

What does your job entail?

This position is clinical and administrative. I have a Doctorate in Pharmacy and am a Board certified clinical toxicologist. I consult on difficult poison-related cases, including arsenic in church coffee, mussels contaminated with Red Tide that cause paralysis, teenagers who turn blue over the holidays, RoboTrips or Shroom experiences gone bad, women who take their husband's medications instead of their own, etc. One caller released multiple cans of bug bomb in a small room then closed the doors and windows. He didn't realize he should leave the area.

When I am not consulting, I am writing and reporting on grants, giving lectures about poisons, medications, and substance abuse, and working with our amazing staff.

What people may not know is that:

I have a black 1200 cc Harley-Davidson Nightster which I

enjoy riding when I am not running or doing yoga. I met my husband at a Shotokan Karate Dojo and got to know him well while throwing him around. I have a German Shepherd who we call "Maximus," because he is, and a Siberian cat named Ivan the Terrible who does yoga with me — when he feels like it.

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

Lucrezia Borgia, but only if I prepare the food and drink. The Borgias were notorious for poisoning during the 1400s and 1500s. Lucrezia, while blamed, apparently was aware but not responsible. Historians suggest her father and brother were the real poisoners. I would like to ask her myself.

I love working at MMC because:

Staff have a can-do attitude, are comfortable thinking out of the box when necessary, and go out of their way to help when needed. The management decisions that affect employees are clearly made to protect and care for staff, even in hard times. It is clear that the hospital cares about the people who work here, and the patients we serve.

MMC Sweeps Readers' Choice Awards

Down East magazine recently polled its readers on the best that Maine has to offer. The results are in, and Maine Medical Center won in all four health care categories:

- Best Hospital
- Best Maternity Ward
- Best Emergency Room
- Best Nursing Center

"Talk about a sweep," says the article. "When it comes to taking care of Mainers, it seems the state's largest hospital has got a winning system."

According to *Down East*, 59,000 magazines are distributed in Maine every month, and 131,000 are distributed nationally.

The Readers' Choice Awards appear in the July issue, and at www.DownEast.com.

Cancer Institute Awarded Funding to Expand Cancer Program

The National Cancer Institute has awarded \$3.5 million in funding to MMC's Cancer Institute (MMCCI). MMCCI is one of 14 newly funded hospital-based community cancer centers, and the only one in Maine, to be added to the National Cancer Institute Community Cancer Centers Program (NCCCP) network. Chosen centers offer expanded research opportunities, leading edge multidisciplinary care, and serve medically underserved populations, including rural communities. Joining MMCCI in this effort are MaineHealth, MMC's parent organization, and the Maine Center for Cancer Medicine, the largest private oncology practice in northern New England.

The principal use of the funds will be to develop and expand programs to increase outreach to the underinsured, underrepresented, and disadvantaged populations in Maine for the continuum of cancer care. This includes providing a broader range of high-quality clinical trials to outreach clinics, increasing the procurement of biological samples for research, linking with national computer networks that support research, expanding survivorship and palliative care programs, and supporting patient advocacy. All of these efforts are designed to increase the availability and quality of cancer care provided within the region.

Susan Miesfeldt, MD, and Nananda Col, MD, will serve as co-lead investigators for the program. Jacquelyn Hedlund, MD, will serve as Physician Director. Dr. Miesfeldt is the Medical Director for the Cancer Risk and Prevention Program at MMC and is a Board certified, practicing medical oncologist. She has an extensive background in clinical oncology, cancer genetics, and improving access to cancer prevention and early detection

services in disparate populations. Dr. Col serves as Director for the Center of Outcomes Research and Evaluation (CORE) at the Maine Medical Center Research Institute and as Chief of the Division of Health Services Research. She is an internist and a nationally recognized health services investigator and women's health researcher. Dr. Hedlund is a practicing Board certified hematologist at the Maine Center for Cancer Medicine and serves as the Medical Director of MMC Cancer Institute.



“As a leader in cancer care in Maine, we at MMCCI understand the impact clinical research has on improving patients’ outcomes,” says Dr. Miesfeldt, who will serve as co-lead investigator. “The NCCCP funding allows additional opportunities to provide the best care for our patients

and their families. Our goal is to significantly increase the number of patients who participate in cancer treatment trials. The ability to coordinate our activities with the National Cancer Institute’s research network will facilitate research initiatives, allow us to share scientific knowledge about cancer care quality, and improve practices at MMCCI.”

Currently, there are more than 250 clinical trials within Maine Medical Center providing state-of-the-art care to approximately 3,000 patients. Many of these clinical trials are cancer-related. In fact, MMC is the state’s leader in patient accruals to cancer clinical trials, with almost 250 new patients enrolling in various studies each year and taking place at Maine Center for Cancer Medicine and other affiliated medical practices. This rate has earned MMCCI Commendation from the Commission on Cancer in the area of clinical trial accrual for the past five years.

Hand Hygiene Rate Tops Goal

Our hand hygiene rate for June was right on goal at 90 percent. The visitor’s rate increased to 67 percent. Keep up the good work!



Girl's Got Game

Neve Cawley, a Maine Children's Cancer Program patient, tries on a warm-up jacket presented to her by Deb Smith, Maine Senior Women's Basketball coach. When the players saw Neve in an MMC Cancer Institute ad, they invited her and her brother, Finn, to join them at practice. Neve and Finn participated in layup drills, and then played some 3-on-3 with the women. In the photo at right, Neve poses with Patty Stogsdill, MD, one of players. Last year, three Maine teams traveled to the National Senior Olympics in California and came back with two gold medals.



New Print Ad for MMC's Cancer Institute Breast Care Center

Look for a new print ad celebrating the Breast Care Center's recent accreditation, appearing in local papers. The Breast Care Center is Maine's first such facility to receive accreditation from the National Accreditation Program for Breast Centers. The ad will be run in various editions of the Maine Sunday Telegram, The Forecaster, My Generation, and in Maine Women Tri for a Cure, July through September.

You supply the courage and inner strength.
We'll provide the best breast care in Maine.



NAPBC
NATIONAL ACCREDITATION PROGRAM
FOR BREAST CENTERS

When you're dealing with breast cancer, you don't compromise. You want screening that can detect cancers early, specialists with experience in all kinds of breast cancer, and multidisciplinary teams that can coordinate mammogram options and clinical trials. All the things the National Accreditation Program for Breast Centers discovered at our Breast Care Center – and why we're the only hospital in Maine that is nationally accredited for our breast care. Breast care patients face many difficult choices. But at least we make one of them easy.

For more information about our comprehensive services, please visit www.mmc.org/cancerinstitute or call 207.396.7760.

**Maine Medical Center
Cancer Institute**
centered around you
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Good Friends

Slugger the Sea Dog poses with Kelcie McGonagle, a patient at The Barbara Bush Children's Hospital. Slugger and a group of players stopped in for a visit recently.

Med School Students Reflect on First Year

Next month the second class of the Maine Medical Center – Tufts University School of Medicine Medical School begins its journey. By all accounts, the first year of the program was a tremendous success. *What's Happening* asked a group of students from the first class to reflect on Year 1.



Robert Bruce, class of 2013

You have a year of medical school under your belt. What was it like?

Bob Bruce: In a word, CHALLENGING. I expected it to be difficult, but I wasn't quite prepared for the level of intensity. During orientation week, Dean Epstein told us that first year is a bit like trying to take a drink of water from a fire hydrant. Whew. Not an overstatement at all! That's not a complaint, mind you. We tackled varied and challenging coursework, got a lot of clinical exposure, and bonded together as a class. I've now had the summer to digest a lot of the material (and catch up on sleep!) and I can't wait to get back to see my friends and learn more.

Matt Buttarazzi: The first year of medical school was great. The new curriculum was challenging, but still made sure to break up the books with some clinical experiences.

Jason Hine: The first year was an experience. Prior to going in, you get

input and feedback from everyone who has experienced it first- second-, or even third-hand. It gets pretty intimidating. Going through it though, you see some of what they mean; it's challenging and demanding, but what can't be expressed is the reward you experience, whether from learning something entirely new, helping out a patient, or exceeding your own expectations. It makes it worth it.

Robert Parisien: The first year can be described as a series of very long days jammed into short weeks. We all put in long hours every day but, in doing so, the weeks tended to fly by. The work and the entire experience was challenging, demanding, humbling and stimulating, and very rewarding. Every day I was reminded of why I chose to pursue medicine.

Was the first year what you expected?

Bruce: I tried to approach the first year without any expectations and take each week as it came at me. This worked well.

Buttarazzi: Looking back, first year was pretty much how I expected it. I expected to study a lot, and did, but there was never so much pressure that I felt close to a breaking point.

Parisien: Yes and no. Yes, in terms of the challenge and time commitment required to excel. No, because you don't really know what to expect as you walk through the door.

I also expected to meet some great people and work in a very collegial environment but did not fully expect the caliber of individuals I encountered. Tufts and the Maine Track truly have some incredibly bright people who, more importantly, are very solid individuals of great character.

What did you like best?

Bruce: Without question, the best part of first year is the close friendships that formed between the Maine Trackers. We've become like a med school family. We get along great and stick together. Having that support when school got tough and close friends to relax with when we had down time was wonderful.

Buttarazzi: I really enjoyed physical diagnosis and neuroscience, due to their more clinical nature, than earlier subjects in the year.

Hine: The best part for me was working with patients. Whether they be real or standardized, these people give you a glimpse of what you will be doing the rest of your life. And for me, like most of us, it's been something I've been working toward for a long time.

Parisien: I had the fortunate problem of liking all of it. As you bounce from one thing to the next, it's all great in its own way.

What was the biggest surprise?

Bruce: Everyone outside of medical school talks about Gross Anatomy in hushed voices, like it's a dreaded beast that chews up young med students. I entered the lab expecting the worst and by the time we finished, it was my favorite course! Intense, yes, but the dissecting lab is where I was able to finally visualize and cobble together a lot of the things we'd learned about in the classroom.

Buttarazzi: I found the biggest surprise to be how much the first year gets you excited for the future. Every clinical experience I had left me wanting more.



Matthew Buttarazzi, class of 2013

Hine: I guess the biggest surprise has been how much you can accomplish. In working through school you become a master of efficiency. Before I considered myself to be a hard worker, but looking back you see how much you accomplished and how hard you worked; it's enough to make you say, "wow, I did that."

How have you changed?

Bruce: I know I've changed because first-year orientation seems like a lifetime ago. How I have changed exactly is difficult to say. I haven't become jaded and I'm still happy that I chose a life in medicine. I take learning more seriously than ever before and have perfected the art of power-napping. Dunno, really. Ask me again in a year.

Buttarazzi: The first time I walked into a patient room this year as an interviewer was incredibly awkward. It is amazing how much has changed from the first encounter to the beginning of the CAP (Competency based Apprenticeship in Primary care) program in Maine. I feel the transition from college student to medical student is now complete.

Hine: The first year has made me both more mature and light-hearted. You learn to take on your responsibilities with a strict determination, but along with that you really see the importance of laughing, goofing off, and relaxing. I guess it has just made me well balanced.

Parisien: Honestly, I hope I haven't changed much at all. I just now know thousands of new words and medical terminology that I'm trying to apply.

Year two begins in a few weeks.

What are your expectations?

Bruce: The material we learned in year one was a smorgasbord of topics designed to build a broad foundation of medically-related knowledge. In year two, I'm looking forward to refining this by delving in more detail into different organ systems.

CONTINUED ON PAGE 8

I'd like to come away from it with a better understanding of the human body. At this stage of the game, what we have learned thus far often only makes us painfully aware of how much we don't know! I expect to start filling in the gaps. I'd also like to become involved in a mentorship role with the incoming class of Maine Trackers. Given the extensive changes made to the curriculum beginning with the class of 2013, we did not have much of a connection with the class above us in terms of a common first year experience. I'd like to get to know and spend time with the incoming class to offer tips and support.

Buttarazzi: While I expect it to be just as demanding as last year, I believe it will be more enjoyable as well. The opportunity to spend a year with practicing physicians in Maine is very exciting and will be the best part of the year.

Hine: I know it is going to be more pathology, and more clinically relevant. Given that, I expect it to take more focus and hard work. As I mentioned earlier, these things tend to be followed by a greater sense of accomplishment and reward.



Robert Parisien, class of 2013

Parisien: Same as the last. A lot of interesting, challenging work coupled with some great patient experiences and some fun in the margins.

How would you compare being at Tufts to being in Maine? Do you look forward to your time in Maine?

Bruce: You can take the man out of Maine but you can't take Maine out of the man. That about sums up my feelings on that topic. At Tufts, the classes are large and the better part of our time is spent in lectures or the library. It's easier to get lost in the mix. I love being there but it's hard not to look forward to getting back to a smaller setting with just the Maine Trackers. That's partly because

we're a smaller group and, as such, it's easier for the faculty in Portland to tweak the curriculum in a way that meets our needs and keeps us engaged (e.g. the field trip to Augusta, where we met and spoke with Senator Marriche in the Senate chambers about health policy in Maine). It's also because we're extremely tight-knit. Staying at the Clarion in Portland after living in Boston was kind of like going away to summer camp! We still put in long hours but it has a completely different feel than Boston. So yes, I do look forward to my time in Maine.

Buttarazzi: I think I speak for everyone when I say that the CAP Program is incredibly enjoyable and something to definitely look forward to. Dr. Bob Trowbridge has found excellent physicians for us to work with and learn from.



Jason Hine, class of 2013

Hine: Being in Maine is not much like being at Tufts. Though the Boston campus supports its students well, it cannot compete with the attention and even affection we get from Maine. The Maine Track has exceeded any expectation I had in that way. Coming up there, you immediately feel the excitement from the faculty from the moment you arrive. It's a great feeling.

Parisien: Tufts is sort of the home base because that's where the actual school is, as well as my apartment and our resources. It's also smack in the middle of the city, so is naturally a different feel than Maine. However, Maine is my true home and will always feel as such. My mom has worked at MMC for much of her career, so I'm very comfortable there and know how great an institution it is.

July Anniversaries



Susan Willey, Cardiac Services,
20 years

40 Years

Mary Duffy, Radiology

35 Years

Norma Meehan, Cardiac Surgery

Jean Tourangeau, R9

30 Years

Mary Charest, ASU

Margaret Estee,

Post Anesthesia Care

Cheryl Hall, Operating Room

Andrew Perry, Cancer Institute

Patricia Peters, Radiology

Maureen Spencer, R6

25 Years

Beth Andreasen,

Post Anesthesia Care

Martine Eon, Sleep Institute

Nicole Irvin, R5

Nancy Jedrey, Pediatrics

Nancy Lord, Social Work

Maria Morrow,

Outpatient Registration

Ellen Rathbun, NICU

20 Years

Tara Herman, P4C

Jane McPhillips, Health

Information Management

Jean O'Donnell, Clinic,

Adult Medicine

Eileen Shanahan, Epidemiology

& Infection Prevention

Amy Strum,

Emergency Department

Christena White,

Nutrition Services

Susan Willey, Cardiac Services



Jason Aucoin, Employee Health,
5 years

15 Years

Anne Cairns, Pulmonology

William Cook, MMCRI

Anna Cormack, Health

Information Management

Karen Crockett,

Environmental Services

Christine Cyr, Pain Care

Lesley Raley, Pharmacy

Ronna Rault,

Cardiothoracic ICU

Sandra Ridel, SCU

Wendy Worcester, R5

10 Years

Bruce Bryant, Nutrition Services

Jessica Charland, Pediatrics

Ana Dana, Radiology

Kathryn Hale, Operating Room

Phuong Le, MMCRI

Susie Leighton, Central Supply

Pamela Lucas, Radiology

Margaret Malek,

Nutrition Services

Angela McKeen,

Operating Room

Vicki Michaud, Heart Cath Lab

Angela Pecoraro, CICU

Jessica Reed, Operating Room

Dale Roach, Central Supply

Karen Simone, Poison Center

Angela Smith, R2

Angela Smith, SCU

Claire Stull, MMCRI

Lynda Tanabe, ASU

Nicholas Trufant,

Nutrition Services

Melinda Walker, Birth Center

5 Years

Jason Aucoin, Employee Health

Deborah Barber, Gibson Pavilion

Moshe Ben-Ami, Distribution

Cynthia Brown, Sleep Institute

Kimberly Clement, P3CD

Andrea Dyer, R7

Stephanie Fisher,

Emergency Department

Karen Frohlich, Pharmacy

Terilee Gerry,

Post Anesthesia Care

Paula Gilbert, Asthma Health

Kelley Godin, Health

Information Management

Nicholas Haar, Pharmacy

Ahmed Hersi,

Pulmonary Medicine

Laurie Johnson, Family Center

Jesse Knowlton,

Cardiothoracic ICU

Barbara Lincoln,

Congestive Heart Failure

Danielle Lutz,

Emergency Department

Christina Maiorano,

Nursing Floats

Janice Matthews, Radiology

Nathan Mick,

Emergency Department

Shannan Reid, Operating Room

Mark Salisbury,

Emergency Department

Thomas Sharkey, SCU

Mary Smith, Family Medicine

Angeline Sroka, NICU

Kathryn Twomey,

Radiation Therapy

Shana Walsh, CICU

Meaghan Wildes, SCU

Video Relay Service Helps Deaf Patients and Community Members Communicate

Jan DeVinney, MMC's Deaf Services Access Coordinator, demonstrates the hospital's new Video Relay Service (VRS), which connects Deaf people to hearing individuals.



With the videophone, Jan uses American Sign Language to communicate with an interpreter, who relays Jan's message to a hearing person, and then signs a reply back to Jan.

The VRS also allows Deaf individuals to communicate directly with each other using sign language.

"Deaf patients will be able to call anyone in the community when they need to – something that hearing people take for granted," says Jan.

Anyone in the Portland area who is Deaf or hard-of-hearing and uses sign language may use the videophone, located in the vending area near the hospital's main lobby.

Medical Staff Satisfaction Surveys

Medical Staff Satisfaction Surveys were mailed earlier this month by NRC Picker to all MMC medical staff, including MDs, DOs, Residents, PAs, NPs, CRNAs, CNMs, and DPMs. Your feedback is valued by hospital administration and medical staff leadership, and responses will be incorporated into strategic planning. Thus far, we have heard from employees and patients and now we want to hear from you. Please take the time to respond.

Buy and Sell Online

Looking for Marketplace, MMC's classified ads? You can view it online on MMC's intranet. From the homepage, click on News & Events (left navigation bar).

Pet Visitation Policy Modified

In response to concerns about our patients' well-being, MMC will no longer allow pets into the medical center. "Although dogs, cats, and other animals are members of our families, they do bring a risk of disease to the hospital," says Gwen Rogers, Director of Epidemiology and Infection Prevention. "The policy does allow for exceptions, such as Service Animals, Certified Therapy Dogs, and very special circumstance, such as a visit to a dying patient."

The policy can be found on the Epidemiology and Infection Prevention website. Click the Department link on the left of the MMC intranet homepage, then Epidemiology, Infection Control Manual, followed by the Section 3 folder. Look for policy 703.9.

People



Sr. Margaret Coyne

Sr. Margaret Coyne has been appointed by the Roman Catholic Diocese as MMC's Catholic Chaplain. She will serve our Catholic patients along with Fr. Paul Marquis. Having trained at MMC and Spring Harbor Hospital as a Chaplain Resident, Sr. Margaret knows the hospital well. In addition to her compassion and pastoral skills, she brings many years of experience in teaching and administration.

Kelli Patti joins MMC as our new Manager of Volunteer Services. Patti brings a strong volunteer management and health education background from Advocate BroMenn Medical Center in Normal, Illinois.



Margo Harrison

Brenda Maloy-Fiorini is MMC's new Director, Ambulatory Program. Maloy-Fiorini was most recently Chief Health Plan and Business Development Officer at Martin's Point Health Care.

Margo Harrison has joined MMC as Director of Implementation Services / Information Services. Harrison was previously President/CEO at Clark Fork Valley Hospital in Montana.

Researcher Looks for MS Cure



Joseph Verdi, MD

Multiple Sclerosis (MS) happens when a person's own immune system attacks the brain and spinal cord. The brain tries to repair the damage, but can't work as fast as the progression of the disease. MS patients experience relapsing neurological

symptoms that can be very debilitating, and there is no cure. Current treatments offer temporary relief, or buy a few months' time between relapses, but they can have severe side effects.

Joseph Verdi, MD, a researcher at MMC's Research Institute, knows this well — he was diagnosed with MS at age 16. "The treatments are worse than the condition," he says. "So I just decided one day, to heck with it. I'm going to cure MS."

A fellow researcher and friend found a way to reprogram stem cells in the brain, so that they will

repair damaged nerves faster. Dr. Verdi set out to identify the specific set of signals going on inside those cells, so that he can replicate them. He thinks he's just about there.

"If I'm right," he says, "and I'm pretty sure I am, I'm going to try to turn those signals on in mice with a condition very much like MS. We'll track their progress using our mouse-sized MRI. When we know it works, then we'll start developing a drug to administer the treatment to humans."

Dr. Verdi is still years away from achieving his goal. The process of developing and testing new drugs is long and complicated. But he already knows who his first patient will be. "I will be at the front of my own line," he says. "I can't wait to try it."

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You'll also be hearing more about the creation of an Employee Advisory Group, which will serve as the eyes and ears of Communications and Marketing throughout the medical center. The team will suggest stories, gather information, help coordinate story interviews or photo shoots, and provide feedback. Membership will be diverse and include representatives from various levels and locations.

Want to Save \$260?

If you're covered by the MaineHealth Employee Health Plan, you can save \$260 on the annual premium for 2011 (a \$10 premium reduction bi-weekly beginning January 1). It takes only a few moments to participate.

Just answer a handful of questions, make a few personal commitments, and speak with a health coach. Go to www.mainehealth.org/wow to get started. You may do this from work or from home. Participation must be completed by August 31.

Remember that you must complete both the Health Risk Assessment and the Requirements Checklist to receive your \$10 biweekly credit for next year.

Looking Back . . .

Telecommunications, Circa 1927



Photo courtesy Maine Medical Center Archives

The first telephone was installed at Maine General Hospital in 1879, five years after the first patient was admitted and 10 years before the west pavilion was completed. This advance in communications, provided through donations, permitted contact with some physicians and companies around the city. Connections to others on the telephone system were made through a local central switchboard operator, rather than by dialing a specific number as we do today.

A year or two before this 1927 photo was taken of the Recording Room, a switchboard was added in the Admitting area. It provided telephone access to each ward and most offices, although the days of a telephone on every desk were still a long way off. Over the years, the system has been continuously upgraded and the phone number of the hospital has been changed on several occasions.



centered around you

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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.

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