

What's Happening?

A NEWSLETTER

FOR THE MAINE MEDICAL CENTER FAMILY

MMC team performs Maine's first intravascular repair of aneurysm

Donald Bowser of Scarborough is a lucky man. In January, he was carrying a time bomb in his abdomen, an aortic aneurysm that if it had burst would have threatened his life. His aneurysm was not only detected and treated in time, but he was the recipient of the first endovascular aneurysm repair ever performed in Maine. The minimally-invasive procedure was only recently approved for use, and Maine Medical Center is the first hospital in Maine to offer it.

An abdominal aortic aneurysm is a bulge in the aorta, the main blood vessel coming from the heart that supplies blood to lower abdomen and legs. Any vessel can develop an aneurysm, but it's most common in the aorta below the renal arteries. Like a balloon, when the aneurysm grows large enough, it can burst open. The result can be catastrophic bleeding, and 75% of people with ruptured aneurysms will die. They are the 13th leading cause of death in the United States.

Abdominal aortic aneurysms are most common in men over 60, though they can occur in women as well. They are caused by a weakening in the artery wall, which can be caused by hardening of the arteries, smok-

ing, or high blood pressure. Most aneurysms do not have symptoms when they are diagnosed, but most can be detected during routine physical exam by feeling the abdomen, or found incidentally during x-rays of the abdomen.

Mr. Bowser's surgery was performed by the team of vascular surgeon Jens Jorgensen, M.D., and interventional radiologist Tom Dykes, M.D. The new procedure replaces the traditional "open" operation, in which the abdomen must be opened from the breastbone to the pubic bone, the affected portion of the aorta opened, and a graft of synthetic material sewed into place. It is one of the most extensive surgical procedures, and requires a one-week hospital stay and 3-4 months recovery.

In the new "endovascular" procedure, the same basic graft is put in place from the *inside* of the aorta, eliminating the need to cut the entire abdomen open. The graft is inserted through an artery in the groin, and guided into place by x-ray imaging. Once it is in position, small metal hooks around the edges attach it to the walls of the vessel, where it heals into place.

This endovascular repair of

SURGERY, SEE P.2

Sailing project to help kids set a new course

Sailing is a way to meet and overcome unpredictable challenges. Maine Medical Center and the Community Counseling Center have come together to design a sailing project for 12- to 16-year-old clients with special needs who struggle with their behavior and their roles in the community. The project, called BOAT: Building Opportunities through Adventure Therapy, is based on the idea that enhanced self-esteem and an understanding of teamwork are best learned through experiential activities like sailing.

Coordinated by Nicole Dennen, LCSW, Child Psychiatry at MMC, and Pat Ryan, LMSW, Community Counseling Center, BOAT will be a hands-on sailing experience. Learning to sail is an opportunity that allows participants to learn trust, cooperation, responsibility, risk-taking, and safety. Members of the group will become familiar with all aspects of sailing, and will rotate crew positions as they build a team. A member may be captain one week and navigator the next.

Sailing offers these youth resources and alternatives that might otherwise not have been

BOAT, SEE P.2

SURGERY, FROM P. 1

aortic aneurysm requires only an overnight hospital stay, and a recovery period of less than half the time of open surgery.

"This procedure is only possible when a vascular surgeon and an interventional radiologist are able to work together in the right facility with the right team," says Dr. Jorgensen. "We need to be able to move quickly to do the open procedure should there be any complications. This procedure is not applicable to all patients, but we're excited to be able to offer it to selected patients who can benefit greatly from it."

"The procedure requires the surgical skills of a vascular surgeon, and the endovascular techniques that are a particular expertise of the interventional radiologist," says Dr. Dykes. "The teamwork is so critical that training is only offered to teams, not to individuals. It is exciting for us because it allows us to work side-by-side with our surgeon colleagues."

Drs. Jorgenson and Dykes and Deb Barris, RTR, CV, trained at New York University Hospital to do the procedure. Operating room nurses and radiology nurses and technologists are learning the technique at MMC. Still new, having been approved by the FDA in October 1999, only a few centers outside the original study centers have begun offering the procedure. It is estimated that up to 30% of aortic aneurysm patients can benefit from this procedure with current technology.

Visit MMC's
Intranet website:
home.mmc.org



BOAT, FROM P. 1

available to them. They will learn better ways to resolve conflict and constructively solve problems.

BOAT organizers are now in

the middle of a fundraising campaign. If you would like more information about this project, please contact Nicole Dennen, LCSW, Child Psychiatry, at 871-4371 or dennen@mail.mmc.org.

Sample the Spice of India

Come warm up from the cold with an Indian feast and a Tai Chi demonstration.



Space is limited. Register today.

Tuesday, February 29, 1800 - 2000 hours

Dana Center Auditorium

Cost: \$5 MMC employees

\$10 all others

To register: 871-2196

End of Life Care: Current Issues and Practical Approaches

a conference featuring

The Alex Cairns Memorial Lecture

(open to the public)

Ethics & Spirituality in Health Care

presented by

Hank Dunn, M.Div.

Staff Chaplain, Hospice of Northern Virginia

Friday, March 24, 0900-1000 hours

Dana Health Education Center

To attend the keynote presentation noted above, to request information about the entire End of Life Care conference (March 24-25), or to learn more about EPEC (Educating Physicians on End-of-Life Care), contact the Maine Medical Association, 622-3374 or klunner@ctel.net.

Presented by the Maine Medical Association and Maine Medical Center



Nursing Bi-Line

A publication of Nursing Services

February 16, 2000

Nurse to Nurse

Recently, the Institute of Medicine (IOM) published an extensive report regarding errors that occur within the hospital setting. The report describes at length the magnitude of the problem and amplifies the fact that such errors have negative patient outcomes and were a significant cost.

The goal of the report is stated as "breaking the cycle of inaction" and emphasizing that the status quo is not acceptable. The challenge has not only been made but also widely publicized through the media.

The recommendations from the report suggest the following actions:

- "Establishing a national focus to create leadership, research, tools, and protocols to enhance the knowledge base about safety
- Identifying and learning from errors through the immediate and strong mandatory reporting efforts, as well as the encouragement of voluntary efforts;

- Raising standards and expectations for improvements in safety through the action of oversight organizations, group purchases, and professional groups; and
- Creating safety systems inside healthcare organizations through the implementation of safe practice at the delivery levels."

These recommendations will be translated into requirements for all hospitals to meet and we at MMC want to be part of the solution.

It is important for you to know that this is a focused area for improvement for MMC and that efforts have been initiated even prior to the report to make our hospital safer for our patients. A plan is being developed that will target areas which will assure improved practices for medications from the initial ordering through actual drug administration. The nursing staff are key to the achievement of this critical goal. We look for your ideas and involvement to help us fulfill our commitment.

—Judy Stone, RN

Vice President, Nursing/Patient Services

Then, because of snow and ice, it takes still longer to get to work.

However, last month we dealt not only with the usual trials of January, we contended with flu and a higher than normal census. The Staffing Office says our sick calls began to significantly increase around the middle of December. The two worst days were December 22 and January 3. On the 22nd, we had more than 50 sick calls and on the 3rd there were 60. Some units had five call-ins on a shift. It was only toward the middle of January that they started to resolve. Then, to increase the challenge, our census went up. Suddenly "beds" became a major topic of discussion.

One evening our supervisors came to work to discover we had 11 admissions coming in and no empty beds. On another day, the Emergency Department broke a record, caring for more patients in a 24-hour period than they ever had before. All of the surrounding hospitals felt the same pressures. We received many calls to see if we could take some of their patients.

Thanks to a great deal of hard work and cooperation from our charge nurses, supervisors, head nurses, Admitting staff, and physicians, we were able to find beds day after day. Thanks to Environmental Services, our beds and rooms were ready when one patient left and another came. Peggy Farr, RN, Evening Supervisor, says, "They came through again and again for us."

Finding beds for patients was only part of the story. We still had to provide the care our patients

Thanks, Dee!

Dee Roberts was editor of *Nursing Bi-Line* for many years and, as a result, it has been an overwhelming success. Dee left MMC in January to coordinate integrated care programs at Wentworth Douglas Hospital.

We thank Dee for her many contributions to MMC and for the hard work, creativity, and enthusiasm she put into every issue of *Bi-Line*. She will be missed!

Trials of January

It's never easy to come to work in January. It's dark in the morning and the afternoon. We worry about pipes freezing, our children getting cold waiting for the bus, our car starting, and the cat not coming home the night before. By the time we don hats, boots, mittens, scarves, coats, etc., it just plain takes us longer to get out the door.

needed. Staff worked extra time, changed their time, and called in on their days off to say they could work extra if it was needed. Donna Libby, RN, Staffing Office Manager, said "We needed to do a lot of creative staffing and the people were fantastic. When we have a crisis, you can count on them."

During this challenging time, patients continued to receive the care they have come to expect. We should be proud of the outstanding effort all of us make and the level of skill and cooperation that got us through this difficult time.

—Deborah Kinney, RN, MS
Staff Development Specialist

BBCH Welcomes New Head Nurse

The Barbara Bush Children's Hospital at MMC (BBCH) is

pleased to welcome Aden Henry as it's new head nurse. Aden comes to Maine from Madison, Wisconsin, by way of Philadelphia



where she has lived and worked for several years.

Aden has always loved working with children; she enjoyed being a camp counselor in her teens before going to nursing school. After graduating from Temple University, Aden began her career as a staff nurse at The Children's Hospital of Philadelphia, affectionately known as CHOP. She moved on to assistant head nurse, and then head nurse, of their Pediatric Intensive Care Unit. Aden has nearly completed her master's degree in Health Administration from St. Joseph's University in Philadelphia.

During some of her early visits

to MMC, Aden was drawn to the friendliness of Maine people. Her interests include exploring nature, hiking, and bird watching. When the opportunity to work at the Barbara Bush Children's Hospital at MMC was offered, it seemed to be the natural choice to make.

Aden is very excited about being a part of the staff of the Barbara Bush Children's Hospital, and looks forward to contributing to our program for the children of Maine. Looking back at her 12 years at CHOP, Aden is nostalgic. "It was a privilege to have started my career at CHOP. I feel as though I was given something invaluable. I look back at that time, and am grateful for the opportunity to have worked there." Aden goes on to say that her dream would be to have nurses who work in pediatrics feel similarly about their experience with the BBCH. If that happens, she feels she will have passed along some of her own good fortune. To achieve this dream, Aden is diving into the role. She brings tremendous energy and enthusiasm.

—Suneela Nayak, MSN, RN
Staff Development Specialist

Spotlight on...

...Susan Reeder, RN, Burn Resource Nurse, who was honored for "outstanding leadership" in October, 1999, by the Pine Tree Burn Foundation (PTBF). Her award recognizes her leadership as President of the PTBF from 1996 to 1998. Susan's tenure was devoted to a number of accomplishments, including evaluation of a new injury prevention curriculum called "Risk Watch" and encouraging use of outcome measures with burn prevention programs. The new curriculum addresses prevention of all major injuries as well as burns to make life safer for Maine children.

The non-profit PTBF is dedicated to reducing fire and burn injuries in Maine by promoting awareness, preventing injury through education, and supporting burn injury treatment. Sue serves on the Board of Trustees and is active in many PTBF programs.

Incorporating Culture and Religion into the Plan of Care

Every day in the news, you learn about neighbors who have come from lands you never studied in geography. You've heard we have 500 active patients in MMC's International Clinic. We have the AT&T Language Line, which provides live telephone interpretation in 130 languages, 24 hours a day. Did you know that we had nearly 1,700 patient encounters with on-site interpreters last year? Perhaps your patient will speak very little English and perhaps aspects of his or her culture or religion will have an impact on their hospitalization.

On March 6, MMC's Nursing/Patient Services will sponsor a program to help nurses and other healthcare professionals learn about culture and religion as part of the patient's care. "Incorporating Culture and Religion into the Plan of Care" will be presented by Anne Rundle, RN, MS, from 0800 to 1200 hours in the Dana Auditorium. Topics will include:

- cultural barriers in the healthcare system
- identifying the effect of one's own cultural beliefs on the care of clients
- conducting a cultural and religious assessment
- strategies for working with multicultural populations

From 1300 to 1500 hours in Classroom #7, local experts and community leaders will tell of Portland's experience. Luanne

Crinion, RN, MS, supervisor of Public Health Nurses for the Department of Human Services, and Matthew Ward, Program Director of Refugee and Immigration Service of Catholic Charities of Maine, are speakers.

Later, a panel will address issues from the perspective of nurse, physician, and community leader. Panel members include Susan Fielding, RN, Nurse Practitioner, and Nathaniel James, MD, from the International Clinic.

Registration is required for either session or for the full day. 6.6 contact hours will be awarded for the day. FMI or to register, call Nursing Resources, 871-2397.

—Lois Bazinet, RN, MS
Staff Development Specialist

Medical Surgical Division Welcomes AHN

Never stagnant, Emma Dann, RN, BSN, assumes a new challenge in her career path, assistant head nurse on Gibson Pavilion. Emma developed a passion for care of the patient with cancer during her Senior Practicum on P4CD. "I enjoy the challenge ...the different aspects of the disease ...and the emotional bond with patient." After graduating in 1997 from the University of New Hampshire, she joined the P4CD nursing staff.

In the last two years, Emma has continued to strengthen her commitment to oncology patients and their families. An advocate of holistic care, she emphasizes the importance of "seeing the 'whole' patient, not just body systems." Emma speaks of her Gibson col-

leagues with high praise: "I like how staff interact, how Margaret runs the unit, and how the attending physicians work with us. That's the beauty of Gibson ...we blend well with our unique patients."

Emma appreciates new challenges and opportunities and sees the assistant head nurse role as both. "Already, I'm gaining a new perspective. I'm learning all kinds of new things...some I wish I didn't know!" Still, career challenges are not new to Emma. Her ultimate goal is to become a physician caring for oncology patients in an expanded capacity. "I always wanted to be a doctor — nursing will help pay the way to get there." She is fulfilling her pre-med requirements at UNH while learning her new role in nursing.

Emma is a 'Big Sister' in the Big Brother and Big Sister Program. "My little sister directs a lot of my free time. We do dinner and a movie a lot, plus she loves to ice skate, so I'm learning that all over again."

A nurse, a new manager, a 'big sister', a student, a physician-to-be, Emma Dann models an enthusiasm for all life has to offer.

—Susan Goran, RN, MS
Staff Development Specialist

March of Dimes

Honors MMC Nurse

Beth Wilson, MS, RNC, Perinatal Outreach Educator, Nursing Resources, was surprised at the annual March of Dimes (MOD) meeting when she was presented the Donald V. Taverner Humanitarian Award, which recognizes Maine citizens "for outstanding leadership in the Campaign for Healthier Babies". Past recipients include Donald V. Taverner, Senator Margaret Chase Smith, Senator George Mitchell, Mark Munson, and Sister Marguerite Baribault.

A member since 1992, Beth has served on MOD's Program Services, Public Affairs, and Executive Committees. She was recognized for her efforts to improve the health of babies and prevent birth defects and infant death.

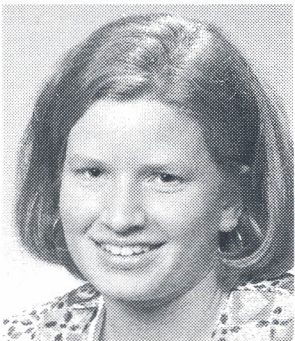
Through the Perinatal Outreach program, Beth has traveled from York to Presque Isle and many towns in between to facilitate free continuing education programs for nurses. In addition, she has represented Maine State Chapter mission volunteers at several national program meetings and advocated nationally and locally for laws, policies, and procedures that benefit the health of women and their babies.

Beth was a key author of MOD's 1998 Needs Assessment. As a result, she was instrumental in advocating for a birth defects surveillance program in Maine. Other contributions include her advocacy with the Bureau of Health to develop a statewide program, the Maternal-Infant Mortality Review Committee, which develops policies and procedures to decrease and prevent maternal deaths based on the assessment. In her spare time, she also talks to future parents and grandparents about birth defects, their prevention, and the health of future generations.

—Judy Thomas, RN, BSN
Staff Development Specialist

Its Time has Come

Technology has worked itself into almost every realm of nursing, and here it is again, this time in the realm of patient education. MMC's new interactive TV (ITV) system is running on all patient care units. For months now, ITV Coordinator Mike Hutchins has been replacing our TVs and connecting little silver boxes. Now when our patients turn on their TVs, they have a choice of information screens about the



hospital, 76 patient education videos ranging in topic from heart disease to women's issues, 13 relaxation videos, and 23 stations to watch. Not bad when you recall that at one time they could only watch channels 6, 8, and 13 and had to share the TV with a roommate. It has been well documented that people spend more time watching TV than reading. That is why this technology is a perfect fit for information and education.

What is unique about this system is that it "runs" at the convenience of the patient. Patients and families can watch relaxation or patient education videos any time, day or night. Mike says some patients are watching educational videos at 2200 hours and relaxation videos at 0200 hours. ITV won't replace one-on-one interactions, but the potential of the system is enormous, both as a resource to patients and as a timesaver to nursing staff.

According to Mike, this is just the beginning. The ITV committee will include a short orientation video about each unit on the system. More patient education videos will be added and the system itself will document what patient education videos are viewed. It can also do patient satisfaction surveys. Last, the system will generate reports to evaluate both our patient education video system and our satisfaction surveys.

—Deborah Kinney, RN, MS
Staff Development Specialist

Research Connection

Reducing Postoperative Nausea and Vomiting: Data collection continues for this study, designed to compare the effectiveness of Droperidol (an antiemetic) and acupressure wrist bands in reducing postoperative nausea and vomiting in gynecological surgery patients. This is a collaborative study de-

signed and supported by nursing staff in PAU, R3, PACU, ASU, the Gibson Pavilion, Anesthesia, and the Pharmacy.

Ninety women have entered the study, with 60 completing the study protocol. Adrienne Andrews, graduate nursing student at USM, is entering data on the first 60 participants; we plan to report preliminary data in the next *Bi-Line*.

If you have questions about this study, the active team members are: Alyce Schultz, RN, PhD, Nurse Researcher; Terri Mathew, RN, R3; Tina Whipkey, RN, Night Supervisor; Noreen Vincent, RN, R3 and nursing faculty at UNE; Susan Goran, RN, Staff Development; Joann Graff, RN, ASU; Keri Breuer, RN, PACU; Allison Shutts, Gibson Pavilion; Kristin Sullivan, Anesthesia Department; and Adrienne Andrews, RA.

Nursing Research Committee: Newly appointed members are Peg Bradstreet, CNS, Nursing Resources; Deb Brewer, Staff Nurse, FBC; Margaret Hourigan, Faculty, St. Joseph's College; Nancy Jensen-Norris, Staff Nurse, NICU; Kelly Lancaster, Staff Nurse, ASU/PACU/Brighton Campus; Ellen Moscinski, Social Work; Linda Pearson, Nursing Director; Nancy Sturdevant, HN, R3; Noreen Vincent, Faculty, UNE/Westbrook Campus; and Tammy Whiting, Staff Nurse, P3CD. Returning members are Karen Johnson, NSI; Douglas Schlichting, Department of Critical Care; Susan Vines, Faculty, USM; Paula White, Outreach Education; Alyce Schultz, Nurse Researcher; and Chair of the Committee, Susan Goran, Staff Development.

Grant Funding: The Emergency Nurses Association Foundation (ENAF) and Sigma Theta Tau International, Inc. awarded their joint Research Grant of \$6,000 to

Alyce A. Schultz, RN, PhD; Pam Jordan, RN, BSN; Tania Strout, RN, BSN; and Barry Worthing, RN, BSN, for their study "Safety, Tolerability, and Efficacy of Iontophoresis of Lidocaine for Dermal Anesthesia in Emergency Department Pediatric Patients." John Burton, MD, will serve as the medical advisor on the study. This study will be up and going very soon.

Alyce A. Schultz, RN, PhD, was awarded \$12,958 as a co-investigator on a multi-site study evaluating two Fatigue Scales in Oncology Patients. This grant was awarded from the National Institutes of Health (NIH). The study begins this month.

Research Award: Alyce A. Schultz, Maureen Bien, Karen Dumond, Kathleen Brown, and Amanda Myers, authors of the study "Etiology and Incidence of Pressure Ulcers in Surgical Patients", recently learned of their award in the Research Category of the 1999 AORN Journal Writers Contest. The award is based on content, editorial quality, relevance to perioperative practice and patient care, and use of visual materials. The award will be presented at the 2000 AORN Congress in New Orleans.

Research Survey: The Nursing Research Committee recently sent a survey to all registered nurses at MMC, with 173 nurses responding. The survey queried interest and participation in research. The results of the survey are now being analyzed and will appear in the next issue of *Nursing Bi-Line*. Committee members thank all the nurses who completed the survey.

—Alyce A. Schultz, RN, PhD
Nurse Researcher

Nursing Services publishes *Nursing Bi-Line* every eight weeks. Comments, questions, and suggestions are referred to Derreth Roberts, MS, RN, Editor, 871-2009-1.

Marketplace

In order to ensure that everyone has an opportunity to use the Marketplace, ads may be placed *once only*. Repeats will be permitted only on a space-available basis.

FOR SALE

Vermont Castings Intrepid woodstove. Sand enamel, w/warming tray, mitten racks, optional screen, pull out ash tray. Very good condition. Asking \$700. Call 767-7369.

Antique telephone stand in very good condition. Price negotiable. Call 767-6575 and leave message.

1994 Dodge Grand Caravan SE, 3.3L, sports package, quad seating, A/C, ABS brakes, cruise, power windows/locks, tinted windows, great condition, 79K, \$6,500. Call 797-9902.

FOR RENT

One BR w/deck, BA and eat-in kitchen efficiency apt. Parking, storage/laundry in basement. Non-smoker, no pets, no children. Available immediately. \$480/mo. includes heat/electricity. Owner occupied, references/security deposit required. Call 775-2012.

South Portland. 3 BR on quiet street, great yard, convenient location. New Berber carpet in BRs and LR, freshly paint throughout, new refrigerator, stove. Available now. \$1,100/mo. Call 774-5517 days or 885-1532 days or evenings.

Buxton. 1 BR basement apt. Sunny. \$450/mo. includes heat, hot water, lights & cable. Parking, no smoking, no pets. Call 929-5324 and leave message.

Portland, Boynton St. near MMC. 3 BR apt., newly renovated inside. Outside to be redone in spring. Off-street parking, storage, non-smoker, lease & security deposit plus references. \$850/mo. + utilities. Call 450-8979.

Portland, Vaughan St. Large 1 BR,


2 levels, 1.5 BA, hardwood, stained glass, off-street parking, no pets, no smoking, all utilities, \$750/mo. Available March 1. Call 773-3058

ROOMMATE WANTED

Portland. Quiet neighborhood, off-street parking, on bus line, near Back Bay, USM and I-295. References. Non smoker. \$337/mo. + 1/2 utilities. Call 774-1554.

LOST

Surgical loupes lost about one month ago. \$100 reward offered to anyone who finds and returns them. Call 799-7548 or 775-6381.



Maine Medical Center
**It's
OUR
place**

A health place like no place in Maine

Ask your department's Annual
Giving Campaign representative
how you can help!
Campaign wraps up March 8.

The deadlines for announcement-length items and **MARKETPLACE** are March 1 for the March 15 issue

and

March 15 for the March 29 issue.

All items must be in writing and may be sent by interoffice mail to the Public Information Department, by e-mail to FILIPL, or by fax to 871-6212.

Bring a buddy to the blood drive!

Blood supplies across the country have dropped to dangerously low levels. The American Red Cross has issued an emergency appeal for blood donations. Will you help?

"Blood Buddy"

Blood Drive at MMC

Friday, February 18

0830 to 1600 hours

Dana Classrooms 7 & 9

Any donor who brings a buddy who has not previously donated at MMC will receive a t-shirt, as will the new donor. All first time donors will also receive T-shirts after donating.

MMC Nursing/Patient Services
will offer a Certified Nursing Assistant course
beginning Monday, March 13

The cost of the course will be paid by MMC
and is open to MMC employees as well as others.

For more information, please call 871-2397.

What's Happening?

at Maine Medical Center

- All month** **Healthviews.** Comm. TV Network TV 4, Thursdays, 1400 and 2000 hours; Fridays, 0700 hours.
- Feb. 17** Annual Giving Campaign kicks off.
- Feb. 18** *Blood Buddy* blood drive. *See p.1* Dana Center.
- Feb. 20** Portland Pirates game.
- Feb. 28** Employee Photo Contest display, through March 10. Dana Lobby
- Feb. 29** *I Love Food*, 1800-2000 hours, Dana Center. *See p.2*
- Mar. 6** Incorporating Culture and Religion into the Plan of Care. Call 871-2397. *See p.4*
- Mar. 13** CNA course begins. Call 871-2397. *See p.6*
- Mar. 14** PALS course begins, 2 days. Call 871-4173.
- Mar. 24** EPEC Conference: Alex Cairns Memorial Lecture. *See p.2*

Outreach Education Council

presents

Vascular Access Devices: Advances & Management

March 17

MMC Dana Health Education Center

featuring

Lynn Hadaway, MEd, RNC, CRNI

Principal, Hadaway & Associates, Milner, Georgia

Ms. Hadaway is nationally recognized for her expertise in infusion practices and for her special interests in the application of technology, infection control, and quality management.

The Program

- Assessing Vascular Access Needs: Beyond "Conventional" Wisdom
- Catheter Patency: Thrombotic & Nonthrombotic Occlusions
- Techniques & Technology to Improve Patient Care & Outcomes
- Current Standards, Guidelines, Research
- Provider Safety: Prevention of Needlestick Injuries
- Practice Issues & Challenges

For a brochure or to register, call 871-2290

The Tangled Web of Abuse: Understanding the Connection Between Animal Cruelty and Human Violence

Tuesday, March 7, 0915-1630 hours

FMI call 874-8787. Co-sponsored by MMC Depts. of Psychiatry & Social Work and other concerned organizations.

What's Happening is published every other week 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 the Office of Public Information, MMC, 22 Bramhall Street, Portland, Maine 04102-3175. (207) 871-2196. Editor: Wayne L. Clark.

- Change name or address as shown on address label.
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