

What's Happening?

A NEWSLETTER

FOR THE EMPLOYEES OF MAINE MEDICAL CENTER

Keeping in Touch

MMC's staff proves equal to high demand

It will come as a surprise to almost no one on our hospital staff to hear that the first couple of months of 1998 have been very, very busy here at Maine Medical Center. Virtually all of the numbers we use to measure our work bear this out: admissions are up, tests and therapies are up, visits to the Emergency Department and Brighton FirstCare are up — everything is up. Everything, that is, except for the average length of time our patients stay in the hospital. That statistic continues to drop, making the job of caring for our patients increasingly more intense.

All of us need to acknowledge how much effort it has taken on the part of MMC staff to keep the hospital open, running smoothly, and meeting its mission of service to the community. As always, it's been the commitment of all of you throughout the Medical Center that has made this happen.

I'm sure what's on your mind right now is what we can do to deal with the stress that comes with the large number of people who need our help.

First, it is important to understand that even with all of the patient demand we have been feeling recently, we believe that the number of patients in the hospital on a given day is going to continue

its downward trend, as it has for the past several years. The average daily census was 520 in 1990, and last year it was 430. Still, we need to better understand how to respond to these unusual situations and how to make facilities and staffing flexible enough to meet the need they create. Part of our challenge over the coming year is to develop flexible staffing plans so that our resources and our staff are *where they're needed, when they're needed.*

Second, we will continue to work with other hospitals to ensure that the burden of these high demand periods is shared more equitably. We've already made progress on this through direct contact at the highest levels. We're working to make sure that no hospital closes its doors until there is absolutely no alternative to them doing so. This will keep to a minimum the additional burden on MMC at times of high patient demand.

Why do we take on that additional burden, as we did during this latest situation? Mission. Maine Medical Center is an option that must always be available to the people of our region. We have always been open to anyone, anytime, and that's what the

KEEPING IN TOUCH, SEE P.2

Are you at risk for diabetes?

Diabetes is a serious disease affecting 16 million Americans, one third of whom do not know they have it! Over time, the high blood sugars of undetected or uncontrolled diabetes can damage the heart, arteries, eyes, nerves, and kidneys, leading to serious health problems. The good news is that when diagnosed early, people can learn to control this condition by taking good care of themselves!

Diabetes is a silent disease. Although it can sometimes have obvious signs, most people with diabetes do not notice any symptoms. New guidelines recommend that everyone age 45 and older should consider being tested for the disease every three years. People at high risk should consider being tested at a younger age.

To find out if you or the people you love are at high risk for diabetes, the staff at the Maine Center for Diabetes, located at MMC-Scarborough, recommend taking

DIABETES ALERT, SEE P.2

This Week's For You!

**MMC celebrates
Employee
Appreciation Week
March 23 -- 29**

Along with Bonus Bucks, watch for your special gift voucher!

KEEPING IN TOUCH, FROM P.1

people we serve expect of us. Also, as the trauma center for our part of the state, we need to keep our Emergency Department open to ambulance traffic.

I understand, as I know each of you do, that MMC's commitment to mission means that our position is more difficult than others. We don't have the option of closing our doors, and it has always been the case that Maine Medical Center does what no other hospital in our area can or will do. Like other large teaching hospitals, we have a responsibility to provide disproportionate amounts of charity care, take on services that can't pay for themselves, spend the money necessary to educate new physicians, devote resources to finding new treatments and medicine, reach out to the community through hundreds of specialized services, and always — always — keep our doors open to all.

No one requires this of us. We do it because it is who we are.

We will continue to look for better ways to deal with the demand for our services, and to work with other hospitals to share the burden of these unusual times. We also think it's time to have some fun at Maine Medical Center, time to try to put the ice storm, the flu season, and other recent stresses behind us as much as possible. You'll be hearing more soon about some ways we're hoping to take the edge off what has been a long and nasty winter.

Above all, thank you for what each of you do for our patients — our neighbors, friends, and families — not only over the last few months of high stress, but always.

Vince Conti



Send your taste buds to the Caribbean for only \$5!

Our low-fat Caribbean feast will spice up your life, and our medical experts will offer you plenty of additional tips for leading a heart-smart lifestyle.

The dinner menu includes:

Caribbean shrimp kebobs with pineapple
Calypso chicken with tropical fruit salsa
Caribbean-style rice and vegetables
Plenty of tropical fruits, spices, and surprises!

The program also features:

• An after-dinner talk on diabetes by guest speakers John T. Devlin, M.D., and Mary Zamarripa, RD, CDE, Maine Center for Diabetes. • Food preparation tips and low-fat Caribbean recipes to take home. • Answers to your diet and heart health questions from medical experts.

Tuesday, April 7, 1800 - 2000 hours
Maine Medical Center, 22 Bramhall Street, Portland
Only \$5 for employees! Tickets available in the
Public Information office. Call 871-2196 for more details.

DIABETES ALERT, FROM P.1

the American Diabetes Association Risk Factor Screening Test. In recognition of Diabetes Alert Day, Tuesday, March 24, copies of the test will be

available at the ATM Service Counter in the Admitting Lobby at MMC. For more information or a copy of the test, contact Rachel Girard, MS, RN, CDE, at 885-7710.

**Interviewing for MMC's
Summer Junior Volunteer
Program will begin soon!**

**Dates of this year's
program: July 6 -- August 28**
**Call Volunteer Services for
information, 871-2205.**

Watch
"Women's Edition" on
Healthy for Life
tonight, March 18,
at 2100 hours, on WGME 13.



Nursing Bi-Line

A publication of Nursing Services

March 18, 1998

Nurse to Nurse

MMC has recently embarked on a public communication initiative which shares the perspective of some caregivers. As Ellie Corey, RN, SCU, speaks about her work and how she feels about making a difference, it is clear that she reflects the essential qualities of heart, head, and hands it takes to be a nurse. I'm sure each of you can identify with the significance of her message.

Ellie is a very good spokesperson who communicates in a 30-second advertisement the essence of a nurse's daily work. She spoke of care, compassion, and achieving results. Her representation tells our public that their needs matter to us and we will strive to meet them.

Each of you is called upon to represent MMC repeatedly. While

television may not be the medium, every time you engage in a conversation about healthcare or nursing, and in every practice interaction, you give testimony to what nursing is or isn't. Through these experiences, you contribute to nursing's public image and that of MMC and its nursing services.

We need to accept ownership for the public's view about our profession and our practice. That view is most eloquently forwarded in the messages we send.

Recognizing that Ellie spoke to core values shared and promoted by her nurse colleagues is critical to the public, and without question, your opinion will be solicited and considered by the community. Through your response, you too will influence the public view.

—Judith T. Stone, RN
Vice President, Nursing/Patient Services

Spotlight On...

...**Laura Barra, RN**, SCU and Pediatric Transport Team, and **Ellen Murphy, RN**, PACU, both MMC staff nurses who will share their expertise during the Outreach Education Council for Critical Care's *Critical Issues in Pediatric Care* workshop March 20. ...**Barry Worthing, RN**, Emergency Department, who was promoted to Assistant Head Nurse. In May 1988, Barry participated in MMC's Student Nurse Employment Program. After a tour with the US Navy, he returned to MMC in 1990 to work on R3. He joined the Emergency Department as a staff nurse in 1991 and has been a Level 3 RN since June 1992.

Quilt for Elders Project

There is "magic" about a quilt. It promotes a sense of well-being and provides a home-away-from-home feeling. Members of the Maine Chapter of the Academy of Medical-Surgical Nurses (AMSN) know this, so they've been stitching quilts for P3CD patients who need warmth without added weight.

"Patients and families have been very appreciative of this personal touch and other units are requesting quilts," says Dottie LaMarre, project coordinator. P3CD Unit Helper Joanna Morrill keeps track of the coverlets.

AMSN is a national organization dedicated to adult health. Most of the members of the Maine Chapter work at MMC. One of the group's charges is to offer service, hence the Quilt for Elders Project.



Eight quilts made by members of the Academy of Medical-Surgical Nurses, Maine Chapter, were presented to P3CD in January. Patients enjoy the warmth they bring. From left, Donna Connely, P3CD, Andria Moore, Head Nurse, P3CD, and Dottie LaMarre, Float Pool. AV Photo.

Nursing and Learning in the Dominican Republic

In January, I returned from the Dominican Republic after two weeks of rural nursing with students in a USM Community Nursing course. With assistance from a Claretian Missionary Order, we were able to spend time in isolated villages in Lajas on the northeast side of the island where there is minimal or no medical care. With basic medications obtained from donations, we provided primary care to about 100 people a day; we also worked with community members to learn about their needs and encourage self-directed methods of healthcare.

Besides the obvious benefit of leaving Maine in January for Caribbean weather (yes, I missed the ice storm!), these trips to the Dominican Republic have been a wonderful opportunity for learning and growth. As a Peruvian, I long for the sound of my native language, the taste of the food, the sound of the music, the warmth of the people. On this third trip to the Dominican Republic, I had a chance to be both a nurse and an interpreter, sharing what I have learned in the US and meeting people who have similar interests.

Much is learned on these trips. A baby is brought to clinic with a fungal infection in his skin. The woman caring for him is not his mother, rather his great aunt. I am told the mother has problems and cannot care for the baby. *I learn about generosity.* A 70-year-old woman comes to be checked. She has walked for two hours to take advantage of our visit. She arrives wearing a pale purple dress, smiling and looking impeccable in spite of the mud outside. I comment about her dress, and she tells me the woman who made it passed away. The dress is thirty years old. *I think she looks regal.*

A man brings three children. He is worried: one is too skinny, the other is too tired, and he is not sure if the oldest is all right. His wife is gone, "not well." He is reassured that they are all well and that he is doing a great job. The oldest daughter, the only one who knows how to write, takes careful notes on the directions for vitamins and the Tylenol supply we give them for future use. *She is not even twelve, and she is already mothering her siblings.* There is the mother of the child with a colostomy and homemade bags. He is independent and meticulous in the care of his stoma. We supported him with a supply of extra bags. He seems happy, but I will not be surprised if he finds a way to make them work better in his environment. *He is the expert and he knows it.*

This project brings together people from different cultures and backgrounds: student nurses, faculty from the US, missionary physicians, Claretian priests, public health physicians from Mexico, interpreters, and of course, the Dominican people. Each has personal perceptions of health and illness. Thanks to the guidance and wisdom of USM professor Anne Keith, we manage to work as a well-orchestrated team.

Each trip has added to my life immensely. I am not the same person who left in early January. My life has been touched; I have learned new skills as a nurse, learned more about myself, and reinforced the belief that the most healing thing I can do is to let others know that I care. I am left with the feeling that I have received more than I have given.

—Elna Brown, RN, R4

Let's Use Some Common Scents

Let's face it, we've all been sick before whether with the flu, a cold, or from too much merriment. During ill-episodes, our bodies can become rather sensitive to environmental factors such as loud noises (remember the last time you had a headache and someone slammed a door shut?) or powerful odors (remember your last nausea episode when someone in your house was cooking something greasy?). We need to just remember that our patients are not feeling quite up-to-snuff and loud noises or strong scents like cologne or perfume can be quite upsetting.

We live in an allergen-filled world and many of our colleagues suffer from allergies, either contact dermatitis or asthma. So we should be mindful of factors that contribute to exacerbations of these symptoms, strong-scented lotions, colognes, and perfumes, to name a few. If we try not to make too much "scents" of things, our colleagues and patients will be much happier.

—Michelle Ambrose, RN, SCU

Editor's note: This article was published in the February 1998 issue of THE SCUpe, newsletter for SCU staff, which Michelle edits.

Research Connection

Research Award

Congratulations to Brenda Ashby-Hughes, RN, SCU, and Alyce Schultz, RN, PhD, who have received the New Investigator/Mentor Award from Sigma Theta Tau, International Honor Society for Nursing. Rosellen Taylor, RD, will serve as a consultant to Brenda and Alyce as they examine the effectiveness of pectin in reducing diarrhea in critically ill tube-fed patients who are also receiving antibiotic therapy.

MMC Nurses Use Research to Improve Care

R1 nurses were concerned about the increasing rate of IV-related phlebitis in their patients. They reviewed the research published about peripheral IV infections and found that 25% to 70% of patients receiving peripheral intravenous therapy will develop infusion-related phlebitis (Maki & Ringer, 1991; Perucca & Micek, 1993). Their next steps were to examine MMC's IV policy/procedure for concurrence with the latest research and to modify a tool which they could use to assess and measure the severity of phlebitis in their patients.

This past autumn, the R1 team collected baseline data. Most important was experiencing and understanding all the issues regarding accurate data collection. For example, start dates for IVs not begun on R1 were difficult to find; without the start dates, a nurse would not know when to change the IV. They discovered that many IV sites were reddened on any given day; several had hard cords greater than one inch above the IV site, and others had purulent drainage. However, they didn't know how long the IV had been in place. The team decided that their starting point for improving practice would be to focus education for co-workers on MMC standards for IV care. They were now aware of the research underscoring the IV policy and their desired practice outcomes.

In November 1997, following the educational program, the team began collecting data on all peripheral IV sites for all open heart patients. Data were collected on 206 peripheral sites in 101 patients.

IV sites were examined with the IV in place and, if possible, for three days post-removal. The hospital policy of changing the IV site every three days was followed and color coded stickers with dates for removal were placed on all IV sites.

What did the study show? Of the 206 IV sites on which data were collected, 154 had no signs of phlebitis and 21 had redness less than 1 inch above the IV site. Only 5 IV sites had redness, pain or edema 1-3 inches above the IV site; one IV site had pain, redness, and a palpable cord greater than 3 inches; and one had purulent drainage. Some patients had as many as five different IVs sites during their hospital stay. The average length of time that IV 1 was in place was 3.1 days; IV 2 was in place an average of 2.9 days, with average time in situ decreasing to only 2 days for IV 5. IV 1 was removed 51.5% of the time to follow hospital policy of 3 days in situ; 23.8% were removed because the patient was discharged, and 25% were removed for infiltration, leaking, or other problems. The team found that if a patient was due to be discharged within 1-2 days, the IV was left in place beyond the time recommended by policy. This is a dilemma as many patients have already had multiple needle sticks by this time. Should the nurse remove an IV that is not exhibiting any problems, knowing that a new insertion might require more than one needle stick for a site that may not be used prior to discharge?

As you can see, this team has more work to do, but the project provides an excellent example of how research is being used to address a problem. Watch for recommendations this team will make to improve clinical outcomes for patients receiving IV therapy.

For more information on this project, contact Paulette Gallant, RN, R1.

—Alyce Schultz, RN, PhD,
Nurse Researcher

Parenteral Therapy Nurse Coordinator Named

With my baccalaureate degree from the University of Southern Maine in hand, I joined the staff of Maine Medical Center in 1985. My 12 years of clinical experience has all been on R4, the rehabilitation/medical/pulmonary unit. I feel



fortunate in a number of ways. I had the opportunity to work with a wonderful multidisciplinary team of professional people and a patient population that is forever challenging. This was also an environment that supported professional growth.

Once comfortable with the clinical role, I began to seek new experiences within MMC. I became a Clinical Level III Nurse in 1989 and participated on a number of committees for Nursing Services. Again, when my professional life needed a challenge, and leaving my rehab patients was not an option, I turned to the University and completed my master's degree in Nursing in 1995. During this time I also

became involved with Nursing and Patient Services Practice Council, the third year as Chair.

My position as Parenteral Therapy Nurse Coordinator will allow me to use my management skills, continue to interact with patients, as well as improve and develop needed parenteral therapy programs. I look forward to continued working relationships with my colleagues in nursing and strengthened relationships throughout the organization. I have always found the people at MMC to be professional yet receptive, supportive, and extremely friendly.

-Debra McPherson, RNC, MSN

A 1997 Nurses' Week

Essay Contest Story

"Suddenly Susan..."

In the midst of a hectic afternoon in early March, I returned to the office and picked up the phone to receive several voice mail messages. As I scrambled to write down callers' requests, one message took my attention away to a time recorded only on a resume, but etched in my mind as a piece of my entry years into oncology (cancer) nursing. The message was from a colleague at Dartmouth-Hitchcock Memorial Hospital where I had started my nursing career in oncology in 1978. A patient I had cared for so long ago had recently been admitted and wanted to get in touch with me. *Her name was Susan.*

Eighteen years is a long time. Several moves out of state, seven additional years of nursing education, professional changes, marriage, two children. And many, many wonderful cancer patients and families met and cared for. Her name was familiar, but what else

did I recall? I could picture a tall, strong-willed young woman, pale and bald, who walked with a limp. She had a loving husband, two young children, and home was two hours away. She was diagnosed with a rare form of bone cancer. She received chemotherapy treatments for what seemed like forever.

Yet why would she remember me? She called and left a message at home. Two days later I called Susan. "Is this really you?" she asked. *Eighteen years later and her voice is familiar.* She told me how she and her husband had worked so hard to build a successful business. She told me how well her two children had done in college, one of whom is now married. *She is so proud of them.* And she told me of her recent hospital admission for a possible cancer recurrence. This was what brought us back together. She heard I had moved to Maine long ago, and she had called several hospitals in Maine looking for me. *Eighteen years later, why would she remember me?* She told me that I was the one nurse who was so caring and supported her and her family throughout her hospital stays. *What did I do that was so special?* Susan said I sat, talked, and listened, even for just a few minutes. Gentle touches, back rubs as she retched, and foot rubs for no special reason. Wet cold cloths for a warm forehead. Advocating for comfort and welcoming the family. Bringing in homemade ice cream. Reassurance and a friendly smile. Still, I didn't recall much about special ways of caring for her as a nurse.

But she remembered. And she thanked me for the note and the book of poems I had given her on her very last day of chemotherapy treatment. *And these have been kept on her bedside table for eighteen years, a source of comfort and hope, she said.* And now, with the

threat of recurrence, she told me her son has taken the book of poems along with the note, and he, too, has found comfort and hope. She said her children have grown up knowing me and the qualities of the nurse she remembers. She said I have truly been a part of their family for eighteen years. *I could barely talk through the tears silently running down my face.*

Susan and I have a plan. We are going to meet someday soon; but in the meantime, we'll be sending each other pictures to catch up on our eighteen years. And when we do meet, I will have a picture taken for you, too, to see Susan.

*-Betsy St. Germain, RN,
Oncology Nurse Specialist*

Editor's note: Nursing BiLine is publishing stories written by MMC nurses and selected as "winners" in the 1997 Nurses' Week contest. Essays were to describe a defining moment in practice, a vision for future practice, or a change in practice that would provide a visible patient outcome.

Celebrating Nurses' Stories

3rd Annual Essay Contest for Nurses' Day

Don't miss this opportunity! Consider a moment you changed a patient's life...or a patient changed your life; consider something you did to improve quality of care...and tell us about it!

A \$300 Grand Prize and two \$50 Honorable Mentions will be awarded, as well as \$50 for the new category Creative Expression.

Look for posters on each nursing unit. Stories must be in the office of the Vice President for Nursing/Patient Services by Friday, April 24.

Nursing Services publishes *Nursing Bi-Line* every eight weeks. Comments, questions, and suggestions are referred to Derreth Roberts, MS, RN, Editor, 871-2009-2

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

Portland condominium: Quiet, attractive, sunny with 2 bedrooms, 1.5 bath, Monitor heating, deck, private backyard and full basement. Convenient location near I-295 and intown Portland. \$86,500. Call 874-0248.

1989 Ford Aerostar. Automatic, V-6, AC, 7 passenger, very good condition, runs well. \$2,900. Call (207) 998-5708, leave message.

1990 Kawasaki 454 LTD, low miles, good condition, new battery. \$1,200. Call (207) 998-5708, leave message.

Child Craft Wooden Dollhouse. Includes wooden furniture for five rooms and family of five. Like new. \$150. Call 829-6875

Back to Basic toys. Child's wooden kitchen. Like new. \$100. Call 829-6875.

1 Ticket for Stars on Ice-Cumberland County Civic Center, Sun. April 12. Section E Row 2, 4:00 show, \$50.00. Call 799-2930 after 1600 hours.

Sony 8mm camcorder with tripod, case and batteries, barely used. \$600 or best offer. Call 879-6308.

1992 Mercury Topaz. White with maroon interior, 106,000 miles. Loaded, no rust, automatic, excellent condition. Asking \$3,000. Call 929-4274.

1989 GMC Jimmy S-15. Gypsy package. 90,000 miles, loaded with options, 4.3 L, automatic, 2 sets of tires. Looks and runs great. \$6,995 or best offer. Call 829-6417.

FOR RENT

Cozy, Stroudwater cottage. 1 BR, living room, eat-in kitchen, office and

full bath. Second floor for partial storage. Gas heat, appliances, fireplace, W/D. Deck with outdoor grill. 10 min. from MMC, Jetport and Maine Mall. Pets OK. No smokers. Available 4/1. \$625/ mo. Call 767-5909.

Ranch house, 3 BR, 1 1/2 bath, dining area with atrium door to deck, kitchen w/ stove, refrig., freezer, microwave, laundry area w/ washer and dryer. 1st floor, full basement not finished, oil heat. Dead end street, nice neighborhood in Westbrook. Newly painted house, only 10 yrs. old. \$800/mo. + utilities. Call 854-3089.

ROOMMATE WANTED

M/F to share home in Gorham. \$300 monthly includes everything. Call 839-9129.

2 roommates wanted to share large 3 BR condo in Old Orchard Beach, 1/2 mile from the beach. \$250 per person, per month. Call 934-0785, leave a message.

Spacious home to share, gas stove, W/D, dishwasher, in ground pool. Near MMC/Brighton campus. \$425/mo. everything included. Call 879-6007.

Seasonal rent. 2 BR cottage on Highland Lake, just a few miles from Portland. Avail. weekly June-September. Beautiful, quiet setting with great swimming waterfront. Rates from \$525-\$625, depending on week desired. Call 772-1843, eves.

CHILD CARE

Experienced, caring, responsible child care provider will care for your children, ages 1 YO and older. Will travel to your home. Avail. Mon.-Fri., days or eves. References avail. Call 773-9628.

WANTED

6500-7000 BTU Generator. Call (207) 793-4858.

A single seat baby jogger in good to excellent condition. Will pay reasonable price! Call 885-5884 or 871-2611.

The deadlines for announcement-length items and **MARKETPLACE** are April 1 for the April 15 issue and April 15 for the April 29 issue.

All items must be in writing. Information for *What's Happening* may be sent by interoffice mail to the Public Information Department, by email to DAVOLM, or by fax to 871-6212.

2 Physical Therapy students need temporary housing from April 18-May 15. Please fax information to (973) 616-4954, or write 39 Grantwood Road, Wayne, NJ 07470.

Used/cheap zoom lens for a Minolta x700 camera. Call 871-5154.

Home health aid wanted. Free room plus \$700-\$800/mo. income in exchange for 27-30 hrs. a week caring for a 77 YO mobility-impaired gentleman with feeding tube. Located in lovely No. Deering neighborhood. Kitchen privileges, W/D, garage. Perfect for nursing and physical therapy students or someone with home health aid experience and a flexible schedule. 1 Person only, NS. Call 797-3784.

Nurturing, responsible, energetic individual to nanny for two families in Gorham. Three children ages 9 months, 2 years, and 2 1/2 years. Call ext. 6166 or 839-2616.

SERVICES

Learn computer skills, PC repair & A+ certification, Windows 95, Windows 3.11, DOS word processing, spreadsheets, presentation software, Internet. Private one-on-one training, flexible hours, days, nights, weekends. A+ certified instructor. Call 892-5113. Housecleaning jobs. Affordable rates. Dependable, honest with experience. Call anytime, beeper 821-2803.

What's Happening?

at Maine Medical Center

- All month** *Healthviews*. Xtra TV 4, Thursdays, 2000-2100 hours. *Protecting Against Poisons*.
- Mar. 18** *Healthy for Life: Women's Edition*. 2100-2200 hours, WGME 13.
- Mar. 23** *This Week's For You!* Employee Appreciation Week.
- Mar. 23** Anthony Tomassoni, MD, and Maine Poison Center featured on "Lunch Break" call in show, WCSH Ch. 6, 1230 hours.
- Apr. 7** *I Love Food*, 1800-2000 hours, See p.2 MMC Cafeteria. Call 871-2196.
- Apr. 22** Maine Medical Center's Children's Miracle Network Kids Photo Contest. Maine Mall through April 25.
- Apr. 30** On Time Guarantee. Time Warner Walk, Jog, Run Around Back Bay.
- May 3** Brighton SurgicalCenter Open House. MMC Brighton Campus. 1200-1500 hours. Public welcome!
- May 21** Greater Portland United Way "Day of Caring".
- May 23** *On Stage: Best of Broadway* to benefit MMC's Children's Miracle Network.
- May 30** MMC's Children's Miracle Network Telethon. 2100 hours - 1800 hours May 31. WGME 13.

NEW EMPLOYEES

- ANESTHESIA:** Patricia Grove
- DIABETES CENTER:** Denise Robertson
- DISTRIBUTION:** Joel Joyner
- EMERGENCY MEDICINE:** Allen Ernestine
- ENVIRONMENTAL SERVICES:** Naomi Brown, Melvin Jackson, Joseph Marcello
- FOOD & NUTRITION SERVICES:** Crystal Fish, Michael Saucier, Kristine Trueworthy
- HUMAN RESOURCES:** Joseph

Free Seminars at MMC

Assisted Reproductive Technologies

Saturday, March 28
0900-1200 hours

Find out what advanced medical options are available to women who want children but have had trouble conceiving.

For info, call 800-637-1525

Women and Menopause

Wednesday, April 8
1730-1900 hours

Learn about menopause issues and take home information that will help you make the best health decisions during this stage of life.

For info, call 885-7700

Wyman

INFORMATION SERVICES: Gareth Stenner, Richard Walker

LEGAL AFFAIRS: Felicia Garant

MMCRI: Joao Carreira, Patricia Foote, Susan Garfinkel, Sharon Payeur, Francesa Tarantini, Jennifer Webster

MEDICAL RECORD SERVICES: Constance Grimard, Anne Owens

NURSING: Michelle Dewitt, Christina Manley, Scott Vaughn

OUTPATIENT CLINIC: Michele St. Pierre

PATIENT ACCOUNTS: Richard Murphy, Kenneth Wheeler

PRINT SHOP: Gregory Calvert

SECURITY: Richard Ireland, Jr.

About People

• In February, **Dana Greer, RN**, Breast Care Center, received a Special Recognition Award from the American Cancer Society for her work with the Breast Health Team. **Maureen Higgins, LCSW**, Social Work, was presented a Special Recognition Award for her work as the Statewide Facilitator/Trainer for the "I Can Cope" series.

What's Happening? is published every other Wednesday 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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Please return this address label in an envelope to the Public Information Department.

What's Happening?

MAINE MEDICAL CENTER 22 BRAMHALL STREET PORTLAND, ME 04102-3175