

What's Happening?

A NEWSLETTER

FOR THE EMPLOYEES OF MAINE MEDICAL CENTER

Keeping in Touch

Image is a key part of our success

As I explained in my last column, our strategic planning process has identified eleven "Key Success Factors" that we believe are critical to Maine Medical Center's success. One of those is "Positive Image and Public Perception". Why is a positive image important if Maine Medical Center is to be successful?

Assuring that we are viewed positively strikes to the heart of our reason for being: providing a full range of health services to our community, and doing so in a caring, compassionate manner. Like all of us as individuals, we want MMC to be understood as the kind of work we really do...and how we do it.

From a practical standpoint, a positive, informed image will make patients and physicians more likely to choose Maine Medical Center for their care. It also makes it more likely that managed care organizations will want to contract with Maine Medical Center, as both they and their customers are drawn to our services. I'm sure you'll agree that this is a positive outcome both for the health of our community and for the future of MMC.

There are other benefits to a positive image. It creates support for the institution, which makes it

easier for us to fundraise in the community. Since MMC receives several million dollars in various contributions each year, this is an important point. Support can take other forms as well, whether in helping us make a case to a regulatory body or to the legislature, or in seeking support from other organizations for a new program.

This is truly everyone's success factor. In a service organization like Maine Medical Center, everyone can have an impact on our image. Image is not just advertising or public relations, and in fact those play a relatively small, though important role. Most people's images of a service organization are formed by the contact they have with staff. Good images are built on customer service, the physical environment, attention to personal needs, and responsiveness. We will need to pay renewed attention to all of these in the coming months and years.

Think of it this way: the reality must match the promise. If we promote Maine Medical Center as a caring, customer-focused organization, that's what patients and families need to find when they come here. Otherwise, we lose credibility, our image suffers, and the benefits noted above are lost to

MMC Pharmacy wins national quality award

Maine Medical Center's Pharmacy was among ten hospital pharmacies honored at the fifth annual National Hospital Pharmacy Quality Awards sponsored by Abbott Laboratories. More than 75 papers were submitted.

MMC was recognized for streamlining antibiotic use, receiving a second place award and an institutional grant of \$5,000. Authors of the paper "Antibiotic Optimization: An Evaluation of Patient Safety and Economic Outcomes" were Gilles L. Fraser, Pharm.D., Patricia Stogsdill, MD, and David Wennberg, MD, MPH.

A program was devised that would maintain quality care and lower antibiotic expenditures, which accounted for \$1.6 million at MMC in 1993. The program reached its goal by reducing antibiotic costs per patient by \$400 without compromising clinical outcomes.

Pharmacy and medical staff created a randomized controlled study in which pharmacists and infectious disease specialists would suggest therapy changes for the intervention group. The staff made 74 suggestions for 62 of the 127 patients.

The most frequent suggestions were changes in regimen or dosage and changes to an oral antibiotic.

IMAGE, SEE P.2

PHARMACY, SEE P.2

MMC News

You may soon see a copy of MMC News, a new bimonthly newsletter for our friends and supporters outside the hospital. Improving our communication within MMC and with those in the community who have a special relationship with the hospital is a top priority.

MMC News is one way to share our activities and programs as we move forward to continue meeting our mission of service to the community.

IMAGE, FROM P. 1

us. So when we talk about image, we're talking about what everyone does every day.

I'm certain you're aware that we are trying to preserve MMC's financial strength despite the changes in healthcare. There are really two ways to stay strong in the face of reduced payments for our services: spend less money, or bring in more business. Many of the activities we're doing, such as benchmarking, will help us to learn from ourselves and from others how we can use our resources most wisely. We'll talk about that later in this series when we look at some of the other Key Success Factors. The "Image" Key Success Factor will help us with the other part of that equation: bringing in more business.

The most visible response to this Key Success Factor will be an aggressive public communications initiative. This is where promotion plays a key role. Our research has found that Maine Medical Center's image is that of a high quality, high technology hospital, and that is a positive. What is missing from our image, to a significant extent, is the care and compassion with which all of you approach your daily work.

We believe there is a story to

tell here, a story of dedicated people who are as caring and compassionate as can be found anywhere. Our employees are the human face of Maine Medical Center, and a major part of our communications initiative will be to have some of those employees — on behalf of all of us — share their stories.

As another part of this initiative, we will be introducing a new "look" for Maine Medical Center. We have developed a new logo, and are preparing new stationery, publications, and so on. The primary reason to do this is to assure consistency in how we "look" to the outside world. Consistency in the way an organization's materials appear is very important to establish a feeling of connection, and consistent use of the same logo and look will strengthen the Maine Medical Center "brand". You'll be hearing more about this very soon.

Many of you have mentioned to me that you were happy to see the television spots I did as part of a Channel 6 promotion campaign. These were an opportunity to begin to raise MMC's visibility on the air, and to let the community know that we want to tell them more about what we are and what we do. Similarly, there has been a series of print advertisements focusing on some of the community services and special programs here.

This has just been the beginning. There is much more to come, as we share our story with the community. If we are successful, we will have gone a long way to reaching our goal of a positive public image.

Next time, I'll talk about another of the Key Success Factors.

Vincent S. Conti

Flowers for your Valentine!

**The Flower Box will deliver
on Friday, February 13.**

**They will be open Saturday,
February 14, 0900--1600 hours.**

PHARMACY, FROM P. 1

"We attribute most of the reduction in antibiotic expenditures to switching patients from parenteral to oral antibiotics," says Dr. Fraser, Clinical Pharmacist in Critical Care Medicine.

"In addition to limiting drug expenses, oral agents may safely contribute to an overall reduction in the cost of treating an infectious diagnosis by avoiding the risks associated with parenteral drug administration."

The \$5,000 award will go toward the further training and education of healthcare providers at MMC.

Dr. Fraser was named an honorable mention in 1996 for his paper "Changing Physician Behavior in Ordering Digoxin Assays".

The first place winner for 1997 was Yale-New Haven Hospital for improving asthma care.

Established in 1993, Abbott's National Hospital Pharmacy Quality Awards recognize outstanding achievement among hospital pharmacies in areas such as quality management, improved productivity, enhancements in pharmaceutical care, labor and cost savings, reduced medication waste, and prevention of medication errors. The awards contribute \$34,000 worth of institutional grants to the ten finalists.

The Hepatitis-C Support Group

**meets the 3rd Tuesday
of each month**

1800-1930 hours

Dana Center Classroom 4



Nursing Bi-Line

A publication of Nursing Services

January 21, 1998

Nurse to Nurse

Maine Medical Center just completed the development of a Strategic Plan that identifies some specific performance measures for 1998. One critical focus is demonstrable clinical quality which supports our mission of patient care and emphasizes the value ascribed to being patient/family-centered and outcomes-oriented. One measure of our performance is the patient's feedback regarding satisfaction with care. There are a number of questions that give us information about nurses and nursing care. The feedback addresses skill, sharing information, attention, response to calls and concern/caring.

Our performance has been quite consistent through most quarters of the last three years, and believe me, there is a lot for which you all should be proud. A look at the most recent report showed our patients perceive their nursing care as better than other comparable institutions. This is a great accomplishment and one worthy of highlighting. This feedback demonstrates your commitment to excellence through truly being there for our patients.

While we need to take pride in the good care given, we must also keep our eye on the feedback indicating that improvement would benefit our patients. Patient teaching and discharge planning appear to offer the most challenge. It is clear that really good nursing work is routinely done; however, the needs patients and families experience once at home speak to the critical nature of preparation for their continued

management of care.

Our performance for 1998 must have two essential areas of emphasis: sustain the high quality of service which you have demonstrated in the past, and develop strategies that assure successful post-discharge transition for patients and families.

Our patients speak and we listen.

*—Judy T. Stone, RN, MS
Vice President, Nursing/Patient Services*

New Enterostomal Therapy Nurse Clinician — Welcome!



I am happy to be back at MMC where my nursing career began almost eleven years ago. I first joined MMC in the fall of 1987 as a graduate nurse in CICU where I spent two years. For the next three years, I worked as a traveling nurse in assignments throughout the country. I eventually found myself back in

Maine as a homecare nurse. It was while working in the homecare setting that I had the opportunity to specialize in Enterostomal Therapy Nursing. I returned to MMC this past August as the Enterostomal Therapy Nurse Clinician.

I earned my Bachelor's Degree in Nursing from the University of Maine. In 1995, I graduated from the Wound, Ostomy and Continence Nurse Education Program at Emory University in Atlanta, Georgia.

The role of the ET Nurse, for me, captures all of the elements I enjoy most in nursing: I am able to follow patients preoperatively on through to the outpatient setting and provide care that addresses both their physical and emotional needs. I enjoy the collaborative work with physicians and nurses, as well as serving on committees that influence current practice and strive to improve patient outcomes. I look forward to working with nursing colleagues, medical staff, and, of course, our patients. If you have questions, I can be reached at 871-2344.

*—Susan Cantara, RN, Nursing Resources
Enterostomal Therapy Nurse Clinician*

Presentations and Publications

- **Claralee Swanson**, Nursing Systems & Information, presented a paper at the annual Medical Information System Association meeting held in Orlando in November. Her presentation was "Tales of a Lone Trainer and Other Tall Tales"; she received a Speaker's Award from the organization for her presentation. Additionally, Claralee was elected to a two-

year term as Chair of the Association's Training Special Interest Group. Congratulations on all accounts!

- **Jan Chartier, RN**, Brighton PACU, presented at the Maine Society of Perianesthesia Nurses meeting held in Rockport, Maine, in November. Her lecture, "The Care of the Perioperative Surgical Patient with Asthma," highlighted nursing assessment, care, and interventions, as well as anesthetic management and patient education.

- Brighton Surgical Center hosted Jane Rothrock, RN, DNSc, to talk with perioperative staff from both **MMC and the Brighton campus** in honor of OR Nurses' Day on November 14. Rothrock, a professor and curriculum coordinator for the Perioperative Nursing and RN First Assistant programs at Delaware Community College in Media, Pennsylvania, is co-editor of "Alexander's Care of the Patient in Surgery," is a past-president of AORN, and is actively involved in legislative issues regarding nursing.

- Trauma is recognized as a public health problem in the U.S. As a leading cause of disability and death, and a principal contributor to healthcare expenses, it is a major concern for the healthcare community. In January, the Outreach Education Council for Critical Care will present a two-day program, *TRAUMA CARE: Priorities for the Continuum*. Hats off to the following MMC nurses who will present special sessions during this conference: **Deborah Jackson, RN**, **Cynthia Kilbride-Johnson, RN**, and **Sarah Vreeland, RN**, from the Orthopedics/Neurology Unit; **Catherine Moss, RN**, Special Care Unit and Trauma Coordinator, Dept. of Surgery; **Susan Reeder, RN**, Burn Resource Nurse; **Patrice Roy, RN**, Substance Abuse Specialist; and **Patricia Todorich, RN**, Mental Health Nurse Specialist.

- MMC Nurse Researcher **Alyce Schultz, RN, PhD**, co-authored

"Joining Education and Service in Exploring Discharge Needs", published in the *Journal of Community Health Nursing* in Fall 1997. She also co-authored "Psychometric Assessment of the Functional Assessment of Cancer Therapy-General Scale (FACT-G)", which appeared in the June 1997 issue of *Cancer*.

- **Dr. Alyce Schultz** presented at numerous conferences recently: "Using Factor Analysis in Constructing Instruments to Measure Health Concepts" at the International Conference on Combinatorics Information Theory and Statistics in Portland in July; "Reducing the Prevalence of Pressure Ulcers: A Hospital-Wide Research Utilization Project" at the 34th Biennial Convention of Sigma Theta Tau International in Indianapolis, IN, in December; "Research-Based Outcomes: Implications for Nursing Leaders" at the Organization of Maine Nurse Executives' Annual Meeting in Augusta in December. She participated in the panel discussion "What's Happening in Research Locally and Regionally?" at the Dept. of Family Medicine Research Workshop in Portland this fall.

- **Ellen Murphy, RN, PACU**, presented the "Psychometric Evaluation of a Pre-Verbal, Early Verbal Pediatric Pain Scale (PEPPS)" at the 34th Biennial Convention of Sigma Theta Tau International in Indianapolis, Indiana, in December.

- Congratulations to **Keri Breuer, RN, PACU**, and **Joann Groff, RN, ASU**, who coordinated a two-day conference held at the Samoset in Rockport and drew attendees from as far away as Alaska and Florida. MMC staff nurses who presented were: **Linda Banister, RN**, Nursing Resources; **Rachel Girard, RN**, Diabetes Center; **Rita Menard, RN, R5**; **Ellen Murphy, RN, PACU**; and **Pat Todorich, RN**, Nursing Resources.

Association of Pediatric Oncology Nurses

Leukemia Overview

Tracey Weatherbie, RN, BSN
Maine Children's Cancer Program

Tuesday, January 27
1830-2030 hours

MCCP Clinic,
MMC Scarborough Campus

Dessert and coffee will be served.

Spotlight On...

...**Maurie Hill, RN**, Diabetes Center (Scarborough Campus), who was presented the "Mitch Saunders Memorial Award" by the American Diabetes Association, Maine Affiliate. This award is given to an outstanding professional who has contributed to making the lives of persons with diabetes better. A patient's parent nominated her for this award because of the work she did with Camp Sunshine.

...**Donna Kennie, RN**, and **Debra McPherson, RN**, who work on R4, are now certified by the American Nurses' Association in both Medical-Surgical Nursing and Rehabilitation.

...**Joanne Slade, RN**, and **Lois Lefebvre, RN**, both of Brighton PainCare, who were recently elected officers of the New England Chapter of the Pain Management Nurses' Association. Joanne is President and Lois, Treasurer. Both have been instrumental in organizing the chapter which draws nurses from Maine, New Hampshire, and Massachusetts. ...Several staff who have recently passed oncology certification examinations: **Gregg Burns, RN**, Maine Children's Cancer Program (certified pediatric oncology nurse), **Dana Greer, RN**, Breast Care Center (oncology certified nurse), **Betsy St. Germain, RN**, Nursing Resources

(advanced oncology certified nurse), and **Carla Hutchinson, RN, P4CD** (oncology certified nurse).

...Missy Coppetta, RN, Radiation Therapy, who has been selected to participate in the Oncology Nursing Society/Glaxo Leadership Fellow Program. She and her mentor will exchange visits to each others' facilities and will do a lot of information and idea-sharing via E-mail.

Missy says her goal is "to develop expertise in radiation oncology with special attention to the role of the professional nurse in that setting." Congratulations!

...Gwen Lambert, RN, ASU, who has become certified in ambulatory perianesthesia nursing.

A 1997 Nurses' Week

Essay Contest Story

"Just A Nurse"

Taking part in a medical mission? Me? I must be out of my mind! Becoming more comfortable with that thought, I look out the window of the bus watching the Haitian ghetto fade into the winter countryside of the Dominican Republic. Before long we are engulfed in sugar cane. The sound of the fields is as constant as the ocean at home. The ocean brings thoughts of freedom, and the cane, thoughts of slavery. Our destination: a sugar cane plantation (*batey*), home to 346 Haitian slaves. Their job: to cut sugar cane by hand...all day...every day...forever. My job: to bring healthcare to them...once...today.

Our arrival brings a curious crowd of young women, all carrying babies on their hips. Their bare feet raise dust behind them as they watch the *Americanos* unload. I look at their naked babies and think of my own children...pangs of guilt for having so much...I look away, ashamed.

Our clinic opens, lines form, the noise rises. The doctor tells me I will

treat patients myself. I begin to protest, "But...but...!" He is already gone, lost in a swarm of people. My interpreter, a shy Haitian woman, brings me my first patient. My mind is occupied with thoughts of being under-qualified...what if I miss something...I don't know enough...I'm just a nurse! *Just a nurse?* I can't believe I have thought the phrase. I AM a nurse! I turn and begin....

We close our clinic at mid-day for a modest meal. I don't want to eat when so many are hungry. My interpreter brings me food, "If you don't eat, you will not be strong enough to care for them. Eat." I eat the Haitian pastry, aware of eyes that watch every bite...guilty that I have never known hunger.

I listen to the doctors. I have not missed the *niceties* of modern medicine as much as they have. Running water, *any water*, would be nice, but I have worked without it. They talk about equipment they would like to have here and it occurs to me I have brought with me the only tools I need. They ask me about my morning. I think before responding, "I have treated more than 50 people, I looked at them, listened to them, touched them, and smelled them; I was a nurse to every one of them."

They expect me to say more, to say how difficult it is to be without the accouterments of modern technology. They want me to say I can't treat patients under these conditions. I can't. It isn't true for me. They wait patiently for the "rookie's" opinion. "I am a nurse. The only thing I need to be a nurse is someone beside me. The tools of my trade are always with me."

I see the smile on my interpreter's face. She is studying nursing, she knows what I am talking about. I show the doctors my hands, point to my ears and eyes. They laugh and go back to their conversation about what they don't have.

—Bonnie L. Smith, RN, Emergency Department

Editor's note: Nursing Bi-Line 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.

Research Connection

Study Updates

• **R1 Phlebitis Study:** It has been reported that 25% to 70% of all patients receiving peripheral intravenous therapy develop infusion-related phlebitis, defined as the inflammation of a vein (Maki & Ringer, 1991; Perucca & Micek, 1993). Peripheral IV site phlebitis on R1 has been a concern; in response, an IV Improvement Team was formed.

The team, with **Paulette Gallant, RN, R1**, as a key coordinator, began by standardizing an objective definition for phlebitis. Following a review of the literature, the team modified the staging key developed by Maddox and colleagues (1977) and verified the research base for the current IV protocol. After multiple revisions of the data collection tool, baseline data were collected. Information on compliance with the IV protocol and baseline findings was shared with staff. Follow-up data has been collected and is currently in the analysis phase. An update will be provided next month.

• **Comparison of Knowledge and Care Needs of Older Adults Discharged from the ED and Three Medical/Surgical Units:** As managed care programs continue to foster decreased admissions and shorter hospital stays, there is growing concern that elders may be discharged with inadequate

support. The purpose of this exploratory comparative pilot study was twofold: (1) to identify and compare needs of elders discharged to home from our Emergency Department and from 3 medical/surgical units, and (2) to provide a seamless care experience for nursing students. A convenience sample of 65 men and women, between the ages of 65 and 78, agreed to be followed.

They were met in the hospital by community health nursing students who arranged for a home visit at two to four days post-discharge, with a follow-up phone call at 2 weeks. Consent was confirmed when home directions were given. No statistically significant differences in age, gender, living arrangements, knowledge of medications, ADL needs, mood changes, general health status, or caregiver availability were found among the elders in the study.

Although ED patients had more fall risk factors than the medical/surgical patients, the differences were not significantly different. Thirty-eight percent of the ED admissions were concurrently receiving treatment for mental health/psychiatric conditions as compared to only 12% of the medical/surgical patients. Patients discharged from the ED had significantly fewer issues with transportation as well as significantly more pain experiences after discharge. Of the 16 patients followed from the ED, one had a subsequent ED visit within 4 days and one was hospitalized within a week as compared to only one rehospitalization for the other 47 medical/surgical patients available for follow-up.

—Alyce Schultz, RN, PhD, Nurse Researcher

Therapeutic Touch

Therapeutic Touch (TT) is a contemporary interpretation of several ancient healing practices. It is a consciously directed process of energy exchange during which the practitioner uses the hands as a focus to facilitate the healing process. TT was developed in the early 1970s through the pioneering work of Dolores Krieger, RN, PhD, a professor at New York University, and Dora Kunz, a natural healer.

Therapeutic Touch is a scientifically-based practice. Experimental research has been conducted at major hospital centers and universities by scientists in nursing and related healthcare fields. Some of this research has been funded by the National Institutes of Health. TT is currently taught in over 80 universities in 30 countries and is practiced by an estimated 20,000 to 30,000 professionals in the US and around the world.

Therapeutic Touch is based on the idea that human beings are energy in the form of a field. When you are healthy, that energy is freely flowing and balanced. In contrast, disease is a condition of energy imbalance or disorder. The human energy field extends beyond the level of the skin and the TT practitioner attunes him- or herself to that energy using the hands as sensors. A patient's response is influenced by several factors, such as length of illness and how much the symptoms interfere with lifestyle and general health status. One can be skeptical and TT can still work — but one must be open to change. This is true regardless of which treatment options one chooses.

Therapeutic Touch promotes

relaxation and a sense of comfort and well-being. Research has shown that TT is effective in decreasing anxiety, altering the perception of pain, and mobilizing the individual's own healing energies to restore health, balance and order. It can help facilitate the body's natural healing process, such as wound healing, mending fractures, and fighting infections. Symptoms associated with stress are particularly sensitive. It is not unusual to see signs of tension release during a treatment (such as perspiration, crying, and a slowing of breathing) physical relaxation, and a decrease in heart rate. The response to treatment is individualized: one may notice an immediate change or it may occur hours or even days later. One treatment can be sufficient. However, it is usually helpful to have regular treatments, especially for chronic problems, as the response can be cumulative. Because TT facilitates relaxation, it can be useful in health maintenance and is therefore not limited to the treatment of illness.

Another interesting effect is experienced by the practitioner giving the TT treatment: caregivers have reported a deep sense of well-being and relaxation as well as a kind of revitalization similar to that experienced after meditation. It also seems to produce a special bonding between the practitioner and the one being treated.

Please call Pat Todorich, RN, 871-2319, or Donna Chamoff, RN, 871-2176, if you'd like more information about therapeutic touch.

—Donna Chamoff, RN, SCU

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

1985 white Honda Accord. 5 speed, sunroof. \$1,700 or BO. Call 893-0773 evenings.

1987 Buick Somerset Regal. 5 speed, dark red. \$1500 or BO. Call 893-0773 evenings.

2 twin-sized mattresses, box springs, frames, maple spindle headboards, mattress pads, sheets and blankets. \$175 each set. Call 799-9623 and leave a message.

Old Orchard Beach: Oceanfront, fully furnished 2 bedroom condo. Economical gas heat, small owner's association, low fees, water views and 7 miles of sandy beach. \$89,900. Call 885-7500 or 284-5742 evenings.

4-year-old iguana, approximately 3 feet long looking for quiet, loving home. Well trained, vegetarian. Iguana, terrarium and accessories for \$200. Call 284-7696 and leave a message.

1995 Ford Bronco XLT- custom black/maroon, new tires, new 4x4, remote start. Well maintained, lots of extras. \$16,500. Call 761-0631.

Brick townhouse. Sunny end unit on West Prom. 87 Neal St. Natural gas heat, 2 BR, 1 1/2 bath. Pick up more information at 87 Neal St., Portland.

Nordica ski boots. Size 9-9 1/2. Only used a few times. In excellent condition. \$125 or BO. Call 284-8909.

Regular Nintendo with 9 games. Completely operational. Great for camp or a kids room. \$40. Call 871-2662 or 926-3578.

Sega Genesis. Brand New! Includes 8 games and one controller. \$60 or BO. Call 646-5419 after 1700 hours.

Rt. 88, Falmouth Foreside. 4,000 sq. ft., custom renovated antique home. Great wooded lot, unique structure. Call 781-4019.

FOR RENT

Non-smoking male seeks responsible, respectful, quiet people to rent 3 furnished rooms. K, parking, garden, & laundry privileges. Call 797-0384 between 1000-2200 hours.

Condo, South Portland. 1 BR, renovated, 2 floors, elevator, shed, laundry room, no pets, one year lease, building security. \$600/mo + utilities, security deposit & references. Call 934-2038.

Spacious 2 BR condo overlooking Androscoggin River and Mountains. Downhill skiing, x-country trails, hiking outdoor Olympic-size heated pool, jacuzzi tub, laundry. 5 miles from Sunday River. Call 1-800-793-1851 or 767-4622.

Room in lovely intown apartment. Looking for a mature, quiet person. \$200/mo. + utilities. Call 842-4077.

Sunny, secure 1 BR apt. Intown Portland, 5 min. walk to MMC. LR, K. Wall to wall carpet, laundry on premises. NS, no pets. Avail. immediately. \$490/mo. incl. heat, hot water. Sec dep. req. Call 871-5830.

Small Brackett St. apt. 3rd floor, 1 BR, bright and airy, all skylighted, off-street parking. Ideal for one person. \$400/mo. Call 766-2385.

Share home with couple near Highland Lake in Windham. Vegetarian evening meal provided. Thirty minutes to MMC. NS. Available Feb. 1. \$325/mo. Call 892-8391 evenings.

3 BR house in Deering Center, Portland. Nice neighborhood, no pets, no smokers, 1 bath, w/d hookup, older house in good condition. \$900/mo + utilities. Call 846-6712. Available immediately.

Falmouth Foreside winter rental. Cozy, quiet, 2 BR, 2 bath home with water view and beach. All utilities included; 2/1- 4/1. \$750/mo. Call 781-4019.

Large 4 BR apartment. On-street parking, walking distance to MMC, no pets, lease, residents welcome. Ref. req. \$640/mo. + utilities and sec. dep. Call 772-7615.

The deadlines for announcement-length items and **MARKETPLACE** are January 21 for the February 4 issue and February 4 for the February 18 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.

ROOMMATE WANTED

2 BR apt. to share with professional female. \$325/mo. + utilities. Call 767-1289.

Looking for roommate. M/F, NS, no pets, off-street parking. \$250/mo + 1/2 utilities. Call 772-7615.

Professional to share home, rent apt., West End. Can afford reasonable rent or can provide appropriate services for reduced rent. Call 780-6557.

WANTED

Learn to use a computer. Windows 3.1, 95, Internet, Powerpoint, WP, Word, etc. 22 years exp. In-home instruction, reasonable rates. Call 839-3725.

Personal care assistant for mom. Call 772-8238, leave message.

Male med student & dog looking to rent apartment, room, house for month of March. Call (216) 291-0165.

4th year Univ. of VT med. student needs place to live for February, during rotation at MMC. Page at 871-0111, beeper #0444.

PCA avail. to care for elderly in Ptld area on bus line. Will consider live-in situation. Experienced with exc. refs. Honest, dependable. Call 871-0533 after 1600 hours.

Hardwood (apple, cherry, hickory, birch, chestnut) trees for burning. Call 774-2138.

What's Happening?

at Maine Medical Center

All month Healthviews. Xtra TV 4, Thursdays, 2000-2100 hours.

Jan. 22 *I Love Food: The Lighter Side of Italian.* 1800 hours, MMC.

Jan. 27 Weight Watchers At Work Open House. 1200-1300 hours, Dana #9.

Jan. 27 Leukemia Overview. MCCC Clinic, MMC Scarborough. 1830 hours.

Jan. 28 MMC Youth Mentoring Program Information Table, 1100-1400 hours, MMC Cafeteria.

Feb. 13 *A Fair of the Heart*, 0900-1500 hours, Dana Lobby

Feb. 17 Hepatitis-C Support Group. 1800-1930 hours, Dana #4.

Join the losers!

Learn about *Weight Watchers At Work*

at an Open House
Tuesday, January 27,
Dana Classroom 9

New series begins February 3 if
there are 16 members!

All meetings are Tuesdays at
noon in the Dana Center.

Call Public Information for
details, 871-2196.

Cardiology and Intensive Care Nursing Division
presents

The 12th Annual "A Fair of the Heart"

Friday, February 13, 0900-1500 hours
Dana Health Education Center Lobby

featuring

Heart healthy diet information

Cholesterol screening

Blood pressure checks

Smoking cessation information

Cardiac risk factor information

Exercise benefit information

Stress reduction information & techniques

Door prizes!

NEW EMPLOYEES

CENTRAL SUPPLY DEPARTMENT:

Jillian Peters

DIABETES CENTER: Theresa Foster

DISCHARGE PLANNING: Linda Gonya

EMERGENCY MEDICINE: Robyn Dahms

ENVIRONMENTAL SERVICES: James Cobb

FOOD SERVICES: Arthur Thibodeau

GIFT SHOP: Gloria Nichols

INFORMATION SERVICES: Oliver Muff

MATERIELS MANAGEMENT: Lorn Pinkham

NURSING: Linda Ouellette

OUTPATIENT CLINIC: Mariam Ayub, Melissa Norton

PHARMACY: Michelle Oertel

PSYCHIATRY: Barbara Fowler, Jennifer Goodwin-Alley

RADIOLOGY: Richard Gauthier

SECURITY: Joshua Guay

SURGERY: Helen McLoy

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?

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