

# What's Happening

a newsletter for the employees of Maine Medical Center

August 21, 1996

Vol. 27, No.17

## National Rehabilitation Week celebrates abilities

In recognition of the abilities of individuals with disabilities, National Rehabilitation Week is being celebrated August 15 through 25 this year to coincide with the Paralympic Games being held in Atlanta, Georgia. There are 19 sporting events, including track and field, cycling, basketball, soccer, and swimming, in which athletes with spinal cord injury, amputation, blindness, cerebral palsy and other disabilities will compete.

Representing more than 100 nations, 4,000 athletes will compete in the 1996 Games. Portions of the Games were broadcast on CBS August 17 and 18; you can see more of the competition August 24 and 25.

The Paralympics were founded in 1960 in Rome; the Games are usually held in the same city as the summer Olympics.

Dr. B. Cairbre McCann, Chief, Rehabilitation Medicine, is coordinating the Paralympic athlete classification process. The participating athletes are classified based upon their disabilities to ensure a competitive field. He presented a lecture at the Paralympics Congress, held just before the Games. Jo-Ellen Ross, Director, Therapeutic Recreation, is volunteering at the Games.

Meanwhile, here at MMC, Rory McCarthy will speak Friday, August 23, about his trip around the world. Imagine cycling around the world, pedaling with your arms. McCarthy did it and you can hear all about it at 1230 hours in Dana Center classroom 7. Don't miss it!

This year marks the 20th anniversary of

**PARALYMPICS, SEE P.2**

## BMC/MMC transition nears completion

The transition following the merger of Maine Medical Center and Brighton Medical Center reached a milestone on August 1. That day, the last inpatient unit at BMC was closed, and the BMC Emergency Department became Brighton FirstCare. Both events were planned as part of the merger, and they represent promises kept to the community.

Much has been accomplished in the seventeen months since the merger, and its success represents a great deal of work by many people. It hasn't always been easy, but it has been an effort that serves our community well. This might be a good time to list our accomplishments and where we go from here.

First, what we've done:

- Almost all clinical areas have been consolidated under single management structures.
- The two physician credentialing processes have been revised.
- Inpatient units have been transferred from BMC to MMC.
- New programs such as a Pain Clinic and Turning Point have been developed at BMC.
- Brighton FirstCare has been successfully launched -- the response from the community has been, literally, overwhelming.
- We have begun expanding ambulatory surgery services at BMC.
- We are completing plans to transfer New England Rehabilitation Hospital to BMC.
- The one-employer model has been successfully implemented.
- Where there have been reductions in

**TRANSITION, SEE P.2**

**Help kick off the 1996 United Way Campaign! See p.8.**



## What's on the next *Healthviews*?

Watch the next episode of *Healthviews* for "Protecting Against Poisons" with Becky Miller, Tami Perron, and Linda Roberts from MMC's Poison Center, Lt. Terry Walsh, Portland MEDCU, and Amanda Rowe, RN, Portland School Department. The program airs the week of August 19.

Also on the program: Jean Kahn, RN, Head Nurse, The Family Birth Center, in "Expecting a Baby? Expect Some Changes at MMC!"

Maine Medical Center's health information program is broadcast on Xtra TV 4 and airs nightly Monday through Sunday at 2100 hours, Tuesday through Sunday at 1500 hours, and Tuesday through Thursday at 1100 hours. Note different broadcast times for this month only.

## ENERJOY Step 'n Tone

Looking for a fun way to get and stay fit? Want to lose a few pounds and increase your energy level? This is the class for you! Certified Personal Trainer Liz Bradford guarantees you'll enjoy your workout while achieving your fitness goals. You'll receive individual attention within a small group to ensure a safe, fun, and effective workout. Great music and atmosphere will keep you coming back for more.

You'll progress to thirty minutes of aerobic activity after warming up and stretching out. Variable step height allows beginners and elite athletes to benefit from the same program. At the end of class you'll stretch out and relax, leaving feeling energized and refreshed!

Steps, air conditioning, locker rooms, and showers are available.

The new session runs from September 9 through October 23, Mondays and Wednesdays, from 1210 to 1250 hours in the McGeachey Hall Gym. The cost is \$70 for seven weeks; payroll deduction is available. A free demo class is offered Wednesday, September 4.

Contact Sue Spear, x4347, to sign up or for more information.

## PARALYMPICS, FROM P.1

National Rehabilitation Week. For this special anniversary, MMC, HealthSouth, and New England Rehabilitation Hospital have combined efforts to celebrate the week.

## TRANSITION, FROM P.1

positions, it has been done through attrition at MMC and BMC. Employees have taken jobs that were different, but salaries have been maintained. A few employees have chosen to leave the system rather than make a change.

It may seem premature to declare that the official "transition" is over. There are so many details to be sorted out and finalized, that a return to normal seems a very long way off. But "normal" itself will be different in the future.

We are not finished with change in healthcare, with all that is happening in managed care. We will continue to feel the effects of change at MMC and BMC. Changes in the future, though, most likely will not be due to the merger, but to other business decisions and changes in the local environment.

Some changes will be related to the further growth of the Foundation, some to strategic decisions on program changes, some to the kinds of services we will be offering to the people of our region, and some to the need to continue lowering the cost of healthcare.

As difficult as it has been, most observers believe that employees have responded extremely well to the changes. Dramatic and fundamental change is never easy for those who have to go through it, but having a common vision helps it make sense.

"MMC and BMC have the finest people in the business," says Don McDowell, MMCF President, "and they provide a unique combination of technically excellent and compassionate care. Our people have made us second to none in our region, and we will stay that way for the same reason. We are living the future of healthcare, right now, and our community is secure in the work we do."





# NURSING BI-LINE

A publication of Nursing Services

## Nurse to Nurse

Every few months I appreciate the opportunity to update you regarding new activities within and around Maine Medical Center. Some of you are directly influenced by these initiatives and others will appreciate their contribution to the development of the Maine Medical Center Foundation system for care.

The Brighton and MMC program consolidation was completed as of August 1 and the new ambulatory programs for Brighton FirstCare, outpatient surgery, and the 23-hour post-operative unit are enthusiastically meeting patient needs and are eager to grow and offer their services to many more.

The third campus at Scarborough is under construction and will be a care center for many oncology programs: radiation therapy, breast health, IV therapy, and the Maine Center for Cancer Medicine. Other programs at this location will include the Diagnostic Center for Imaging, Endocrinology, the Diabetes Center, and the regional laboratory. We hope that occupancy will be possible in early 1997.

The recently announced Community Health Services relationship (as a future MMC Foundation subsidiary) will provide many opportunities for partnering to assure a more effective care continuum.

Inside MMC there are a number of changes as well: the new Dialysis Unit has been

operational for a couple of months; the renovation and addition of 8 beds to Special Care is in process with completion anticipated in November; patients who would have been cared for in SCU IV are being well accommodated in a section of PACU; and R8 (Cardiology and Cath Lab) are undergoing major renovation including the addition of a fourth lab. Each of these facility improvements has been under development for some time and will improve our ability to serve patients and families.

The beginning of hospital enhancements identified in the Master Facilities Plan will become evident in forthcoming weeks as preparatory steps occur in the Emergency / ASU parking lot and in the service area behind the Bean Building. Remember, there will be two new floors atop the L.L. Bean Wing and additional Emergency Department space to support improved radiology capabilities, better patient flow, and increased volume. Additionally, there are many renovations planned throughout the present hospital to make our environment more suited to the care needs of today and tomorrow.

It is our hope that these developments assist all of you in your caring work and create healthy and healing environments for those we serve.

--Judith T. Stone, RN  
Vice President for Nursing and Patient Services

## Presentations and Publications

• **Pat Caporino, RN, CSD**, has published an article in the June 1996 issue of Materials Management in Health Care (An AHA publication, Vol. 5, No. 6.) entitled *Times and Temperatures: Sorting Out Conflicting Advice on Disinfection Procedures*.

## Research Connection: Clinically and Statistically Significant!

Pressure ulcers or sores can form where bone creates a greater force on the skin than the skin can tolerate. They can be a serious problem for patients, families, and healthcare providers. Since the early 1990s, nurses and



other staff at MMC have identified the prevention of skin breakdown as a major focus.

The first MMC study to systematically determine the prevalence of pressure ulcers was conducted in the spring of 1994. Prevalence was defined as the number of pressure ulcers present the day of the study; the patient could have been admitted with an ulcer or developed one during the hospital stay. After the study, results were shared and an educational program on the use of a standardized prevention and prediction protocol for pressure ulcers was conducted for all nursing staff. The protocol was based on recommendations from the Agency on Health Care Policy and Research. It included instructions on: how to use the Braden Scale (a valid and reliable predictor of patients at risk for skin breakdown) and the treatments that should be implemented if a patient was identified to be at risk.

A second prevalence study conducted 6 months later found a 4% decrease in the prevalence rate. This decrease, while clinically relevant, was not statistically different from the prevalence rate prior to implementing the protocol. Unit-based monitoring of compliance with the protocol and skin breakdown continued throughout the next year.

In March 1996, a third prevalence study was completed. The percentage of adult medical-surgical patients with pressure ulcers decreased from 31.2% in 1994 to 21.2% in 1996. This suggests that implementing the prevention protocol has resulted in some positive outcomes.

No statistically significant differences were found in gender, age, primary diagnosis, or documentation of an ulcer on admission in the three studies. However, patients who had diabetes, a serum albumin of less than 3.5, or had had an operation during their current admission were statistically more likely to have a pressure ulcer.

Because our goal is to prevent pressure ulcers from occurring in the first place and to provide consistent, effective treatment for skin breakdown when it does occur, the committee will continue monitoring skin breakdown and the implementation of our prevention/prediction protocol. We are also looking at different potential treatment modalities and evaluating product effectiveness.

--Alyce Schultz, RN, PhD, Nurse Researcher

## Spotlight On...

...**MaryLou Palman, RN, R5**, who was recently inducted into Sigma Theta Tau, the International Honor Society of Nursing.

...**Irene Bancroft, RN, R5**, president-elect of the local chapter of Sigma Theta Tau, the International Honor Society of Nursing.

...**Denise Lambert, RN, ASU/PACU**, for her recent graduation from USM, having earned a BS degree in nursing.

...**Joanna Salamone, RN**, who was recently appointed Assistant Head Nurse on R7. Joanna has been a Level III RN in CICU and has worked at MMC since 1986.

*"It is the job of the nurse to focus on the journey of the patient and not on the event of the illness."*

--Tim Porter-O'Grady, EdD, PhD, FAAN, RN

Did you miss MMC's June 7 standing-room-only seminar *Endings & Beginnings: Breaking From the Past, Creating the Future of Nursing*? We are pleased to let you know the day was captured on videotape.

For information regarding the use of the tape, please contact Anne Bowdoin at the Outreach Education Council, x2290.

We're proud of our changes...and  
we want to share our new

### ***Family Birth Center Philosophy***

All of us at Maine Medical Center believe that the birth of a child is a precious and personal experience. A birth is a family event, a natural and joyous part of life.

Our services meet the individual needs of families through pregnancy, birth, and into parenthood. We believe that hospitals should provide a private setting that encourages and supports parent involvement.

Our team of physicians, midwives, nurses, and educators works with families to support the birth experience in a safe, comfortable setting. We offer a personal, family-centered approach, with the reassurance that the most advanced medical care in Maine is close by.

--Maternity Services Staff



## "Her Hair Was Beautiful"

### *A 1996 Nurses' Week Essay Contest Winner*

The first thing I remember about her is her hair. As the paramedics wheeled the stretcher around the corner to the trauma room, they were already doing CPR. With every chest compression her hair, which was long and blonde, moved as if it were being brushed. It's probably a very odd thing to have noticed, but it seemed so out of place at the time. The rest of her body was covered with blood, glass, and dirt, as well as twisted into unnatural alignment. But her hair was beautiful.

She was only seventeen and was pronounced dead shortly after she arrived. The police were trying to contact her parents so, as it was, we were the only ones who knew she was dead. As a rule, I keep my personal and professional lives separate, but this time I had some trouble doing that. She was only seventeen, the same age as my daughter. What was worse, her parents didn't know she was dead.

I later learned that after much debate, discussion, and promises, her parents let her stay home alone while they went out of town for the weekend. Her two younger brothers had gone with their parents. She had pleaded with them to let her stay alone and finally they relented and said yes. After all, she had always been responsible. She was one of the "good" kids. And she was seventeen now...almost an adult.

They never were able to find out where she got the beer that night. We'll probably never know. We don't know why she didn't buckle her seat belt either; everyone told us later that she always wore her seat belt. From what we know about the accident, she probably would have survived if she'd worn it that night. But she didn't.

I was alone with her for a while and did my best to make her look as presentable as possible for when her mom and dad would see her. There wasn't much I could do though. I washed the blood off her body and face. Her

class ring had blood and dirt caked onto it so I soaked that off. I figured her parents would want the ring and I didn't want them to see it all bloody. I put a clean johnny on her and covered her with a warm blanket. I was hoping they would get there soon before she got too cold. I turned up the heat in the trauma room and waited for her mom and dad. It really bothered me that she had been dead for over an hour and they didn't know it yet.

I had to leave her to take care of other patients. We moved her body to another room and again, I turned up the heat even though I knew there was nothing I could do to keep her warm. I just didn't want her mom and dad to touch her and feel the cold. There is no way to describe the cold of a dead body. It permeates through you even if you only have the briefest contact. I wanted to spare her mom that feeling. My efforts were useless; she was dead and cold.

The State Police called us and said they had found her parents and they were on the way to the hospital. It would take them at least three hours to get to us. The police didn't tell them she was dead or that she was drinking and driving. We had her blood alcohol level back by then and it was twice the legal limit. I imagined their ride in, how scared they would be, hoping, praying, their little girl was okay. I'm sure they never imagined she had already been dead for three hours. We had to move her to the morgue. There wasn't any heat there, only cold.

When her parents arrived she had been dead for almost five hours. I met them at the secretary's desk and ushered them into the conference room. They looked so scared, frantic actually. They asked questions on top of questions. Could they see her? How badly was she hurt? Would she have to stay in the hospital long? They didn't ask the question that was so foreign to them and so familiar to us...was she alive? I made them sit down and told them the doctor was on his way in to talk to them. That was when they began to realize she wasn't okay. They began to ask more questions...was she paralyzed? in surgery? Oh



God, tell me she's not in a coma. No, I told them, not a coma. I told them she hadn't survived the accident. The disbelief on their faces was as familiar to me as it was unfamiliar to them. It just couldn't be true, not their daughter, their baby. She couldn't possibly be dead. There had to be a mistake, a horrible mistake.

The doctor came in and there was talk of injuries, speed, and alcohol. They were assured that everything that could be done, was done. Unfortunately, the combination of a teenager, a car, and alcohol had been deadly, again.

I thought the walk to the morgue would never end. These poor people moved through the hospital in slow motion, completely unaware of their surroundings. Every few steps seemed to raise another question and more tears. How could they tell her brothers she was dead, or her grandparents, aunts, uncles, cousins, friends? It was all too much to think about.

I had to physically support her mother as we approached the door to the morgue, her knees kept giving out. Her father, a big burly man, fell to the floor when he saw her. He sobbed and pounded the floor with both hands and cried for his "Princess."

They held her and cried, stroked her face and tried to warm her arms and hands by rubbing them, a parent's natural response...to comfort their child. Just before we left her, her mother took a comb from her purse and combed her daughter's hair.

--Bonnie Smith, RN, Emergency Department

*Editor's note: Nursing Bi-Line is publishing stories written by MMC nurses and selected as "winners" in the 1996 Nurses' Week Essay Contest. Essays were to describe a "defining moment" in practice, a vision for future practice, or a change in practice that could provide a visible patient outcome.*

*"It's not so much that we're afraid of change, or so in love with the old ways, but it's that place in between we fear...it's like being in between trapezes. It's Linus when his blanket is in the dryer. There is nothing to hold on to."*

--M. Ferguson

## New Unit is Worth the Move

Dialysis Unit staff are enthusiastic about their new location! Here are some of their comments:

- "This is a spacious, well-organized, quiet area for both patients and staff."
- "We used to do our charting standing around rolling carts in the midst of our patients; now we have a nurses' station with everything we need convenient to, but separate from, the care areas."



**P5 IS THE** new home to the Dialysis Unit. Above, from left: Kathleen Halpin, MS, RD, LD; Simone Blanchette, RN; Joan Smaha, RN; Susan Roney, RN; Susan Malone, DUA. A/V Photo.

- "We used to come to work in the morning knowing that neither we nor our patients would see "light of day" until we left the unit -- we have windows now! You should see our great view of Portland!"

- "It's great to finally have our own space, including a nursing conference room and lounge, for sharing patient care information, conferences, and quiet times; we used to make do with any private corner we could find."

- "Our patients and their families love it! They like the TVs, and they like being close to R5 where many of them are staying as hospital patients. We like being close to R5, too, so we can get to know the staff there."

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 allowed only on a space available basis.

### FOR SALE

Futon mattress and frame, \$50 or BO. Call 929-8594.

1988 Yamaha Sno Scoot, 80cc electric start, good cond. \$600. Early 1970s Mercury outboard, 6 HP twin cylinder, good cond. \$250 or BO. 24" boy's 12-speed mountain bike, \$35. 20" BMX bike, \$15. Call 892-8924.

Condo, 37 Glenridge, Portland, 2 BR, 1 1/2 bath, hdwd floors, new carpet and paint, gas heat. Private end unit w/ patio and yard. \$67,900. Call 828-1226.

1993 Mitsubishi Eclipse DOHC 16 valve, 54 K miles, one owner, 5 speed, all electric. \$9,595.00 or BO. Call 773-5158.

Cape Elizabeth townhouse/condo, 2 BR, 1 1/2 bath, Monitor heat, deck, newly painted K, closet space, new windows, garage, attic storage. Close to schools, library, beach. \$76,900. Call 799-6167.

Extra-long twin bed foundation mattress and frame. Double-sized futon and mattress, used a few times. Call 829-4196, weekends and evenings best.

Colonial LR sofa and chair (rust/brown/beige floral), \$225. 42" round kitchen table w/ chairs, \$50. Call 761-9264.

IBM computer model 50Z, color monitor, 20 MB hard drive, 3.5 and 5.25 floppy drives. Has WordPerfect, Lotus 123 and many games. Asking \$300. Call 883-5683.

Baby equipment used 2 summers for visiting grandchildren. High chair, \$25. Car seat, \$25. Booster seat, \$15. Crib mattress, \$15. Or everything for \$75. Call 772-7087.

Family home in Gray. 3 BR, 2 bath, K, LR, FR w/atrium doors to screened deck. HWF, new windows and doors. 3 acre landscaped lot. \$105,000. Call 657-2109.

1984 Chevy Caprice Classic, automatic, 4 door sedan, 150 K, 305 V-8 engine, A/C, PW. Needs brakes, inspection. A gas guzzler, but large, safe "training wheels"/first car. Thule car top rack gutters. Locks, feet and bars, \$100. 1994 Sony car stereo, 5500, cassette. 25 watt x 4 channels. Detachable face. AMS Dolby, 18 presets for tuner. New \$260, asking \$100. Call 799-3149.

5 piece BR set. King-size headboard, 2 night tables, dresser, armoire, grey lacquer finish, exc. cond. \$900. Call 775-1360.

1984 Volvo wagon, standard/OD, 93 K miles, good cond. \$3,400 or BO. Call 799-6058.

1993 extended Dodge Caravan, loaded. 75 K miles. \$9,000. Call 865-4730.

Scarborough townhouse, 2 BR, 1.5 bath, detached garage. Asking \$70,000. Call 878-9405.

Chocolate labs, 4 F, 4 M. Papers. Call 282-1249 after 5 PM.

### FOR RENT

2 BR apt. just off Eastern Prom, Fort Allen Park and Casco Bay. 3rd floor unit w/DW, deck, yard, porch. Coin op laundry in building. \$650/mo. incl. heat and utils. Sec. dep. req. No pets. Call 878-5708 eves.

Entire 3rd floor of historic West Street home. K, 3 and 1/2 rooms, 2/3 BR. Heat, W/D, DW. Off-street parking for 1 or 2 cars. 1 year lease. Call \$750/mo. Call 828-1527.

The deadlines for  
announcement-length items  
and **MARKETPLACE** are  
Sept. 4 for the Sept. 18 issue  
and  
Sept. 18 for the Oct. 2 issue.  
*All items must be in writing.*

Information for  
*What's Happening* may be sent by  
interoffice mail to the Public  
Information Department.

2 BR apt. near Fort Allen Park and Casco Bay on Portland's East End. 1st floor unit, HW floors. Coin op laundry in building, yard and porch. \$600/mo. + utils. Sec. dep. req. Call 878-5708.

Private room and bath w/K and laundry privileges. F only. Call 799-3344.

10 room, 3 bathroom apt. Modern baths, hardwood floors, gas heat, hot water. Near downtown and MMC. \$895/mo. + utils. Call 773-2471.

3rd floor, 1 BR apt. Skylight in each room. Off-street parking. Brackett Street. \$400/mo. + utils. Call 766-2385.

Near Back Cove exercise path. Lg. 8 room apt. 2 BR, 2 offices. Owner-occupied bldg. Hdwd., tiled, and carpeted floors. Backyard grill, patio. Off-street parking. Bike barn, coin op laundry. \$700/mo. + utils. No dogs. Call 773-3358.

Gray, 1 BR apt. Near shopping and turnpike exits. 20 min. to Portland and Lewiston. \$485/mo. + utils. Sec. dep. and lease. Call 657-4128.

Small, 1 BR apt. N/S, no dogs. Backyard. \$350/mo. incl. elec. Call 793-4858.

Western Prom. River views, N/S, large 1 BR apt. Off-street parking. \$600/mo. incl. all utils. Call 879-0182.

1 BR, LR, K, heat, hot water incl. No pets. \$490/mo. + sec. dep. Call 871-5830.

Scarborough house. 4 BR, 2 1/2 baths, oil heat, 2 car garage. Fully applianced K, tennis courts, swimming pool, horse stables. Call 885-9007.

2 BR, LR, K, 2 car parking, big yard, less than 1/2 mile to Pine Point Beach. 12 mins. to Portland. No pets. \$600/mo. Call 883-6530.

Cottage in Cape Elizabeth. Rural setting. 3 BR. Avail. Sept. 15-June 15. \$700/mo. + utils. N/S, no pets. Call 799-2138.

### ROOMMATE WANTED

N/S F to share home in Falmouth. No pets. \$350/mo. + sec. dep. Call 878-9405.

### WANTED

Housesitting situation for month of Sept. for N/S M with housesitting exp. and refs. Call 603-927-4666 or x2669.



## What's Happening at MMC

- Aug. 22 *Miacalcin (Calcitonin) Nasal Spray in the Treatment of Osteoporosis*. Joel Feinblatt, PhD, Assoc. Medical Director, Sandoz Pharmaceuticals. Biomedical conference, MMCRI, 1500 hours.
- Aug. 22 Maine Medical Center Day at the Sea Dogs.
- Aug. 23 Rory McCarthy tells about cycling around world. National Rehabilitation Week. 1230, Dana #7. See p.1.
- Aug. 27 Join Weight Watchers, learn about program. 1200-1300 hours, Dana #4. Payroll deduction available. See poster outside Cafeteria.
- Sept. 5 David Persing, MD, PhD, Director of Molecular Microbiology Legionella and Lyme Serology Labs, Mayo Clinic. Biomedical conference, MMCRI, 1500 hours.
- Sept. 9 ENERJOY series begins. See p.2.
- Sept. 9 MMC Epilepsy Support Group, Dana 9, 1900-2030 hours. For more information, call Debbi, 1-800-660-7832.
- Sept. 9 Medical Center Singers begin rehearsals. Call x4897 for more information.
- Sept. 10 1996 United Way Kick-Off. 1100-1300 hours.
- Sept. 21 MCCC statewide WALK. Call x6274 for information.

### *Join the MMC/BMC Team and help Kick Off the 1996 United Way Campaign!*

Tuesday, September 10, 1100-1300 hours

Meet at Dana Building entrance.  
Join other walkers, joggers, runners, and  
meanderers and proceed to  
Deering Oaks and Monument Square.

Call Judy Thomas, x4591, to sign up.  
First 200 to register get t-shirts!  
Registration required! Call soon!

## About People

• **Jayne Weinberg, RT (R) (T)**, Coastal Cancer Treatment Center, was named Outstanding Affiliate Faculty Member for 1996 by the Southern Maine Technical College Radiation Therapy Class of 1996.

*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.

## Cast your vote for the People's Choice!

### *MMC Employee Photo Contest Dana Center Lobby*

Aug. 26 through noon Aug. 28

Photos on display through Sept. 9

## New Employees

**CENTRAL SUPPLY:** Timothy Kirk

**DATA MANAGEMENT:** Frank Martins

**ENVIRONMENTAL SERVICES:** Nathan Rowe

**FOOD SERVICES:** Andrea Prescott

**MEDICAL RECORD SERVICES:** Dawn Conrod

**NURSING:** Sharon Bubier, Michael Hoyt, Jr.

**PATHOLOGY & LABORATORY MEDICINE:** Sheryl Kelley, Richard Poliner

**RADIOLOGY:** Curtis Reece

## A question to get you thinking

*Can you name the seven dwarves?*

Drop your answer in the Ask  
Away box near the Cafeteria or  
email it to Davolm. You don't have  
to give your name.

We'll get back to you with  
answers to this and other questions  
to come.

- ☐ Change name or address as shown on address label.
- ☐ Remove my name from your *What's Happening* mailing list.

Please return this address label in an envelope to the Public Information Dept.

# What's Happening

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