

What's Happening

a newsletter for the employees of Maine Medical Center

July 28, 1993

Vol. 24, No. 15



WITH THE Fourth of July came the return of the traditional Parade of Patriotic Pediatrics Patients to MMC -- along with flags and music! A/V Photo.

Legislation to change MMC leave policy

On Thursday, August 5, new federal legislation goes into effect, bringing changes to Maine Medical Center's leave of absence policy. The law provides for a maximum of twelve work weeks of leave each calendar year for the birth of a child, adoption or foster care of a child, and the serious health condition of an employee or employee's child, parent, or spouse.

To be eligible for a leave of absence, an employee must have twelve months or more service at MMC. Paid and unpaid leave count toward the twelve week maximum. A combination of sick time, vacation, or holiday accruals may be used depending on the reason for the leave requested.

LEAVE, SEE P.8

McGarvey to lead half million dollar Annual Fund

Portland banker Wayne C. McGarvey has been named Chairman of Maine Medical Center's 1993 Annual Fund. McGarvey will lead his volunteer team through a landmark year: the first \$500,000 annual effort in Portland's history.

"We're confident that the community will support this watershed drive," McGarvey said.



"Portland is such a livable city because of the community leadership and civic service of its people, and Maine Medical Center is a key part of our quality of life. That's why as a local businessman I'm willing to devote the

time to the MMC Annual Fund."

McGarvey is president of Maine Bank and Trust, a Maine-owned bank headquartered in Portland. He is a trustee of MMC, and chairs the Investment Committee of the Board.

"Healthcare is built on partnerships," says MMC President Don McDowell. "The doctor-patient relationship is one example, and the community-hospital relationship is another. The partnership of business, community, and hospital is typified by the involvement of people like Wayne McGarvey. We're pleased that he will be seeking others to join in a very special type of partnership with us."

The 1993 MMC Annual Fund builds on a successful 1992 campaign, which raised \$473,724. Last year's Annual Fund was chaired

FUND, SEE P.2

Funtown Funday is back! See p.8.

**The Flower Box
is having a sale!**

Prices on selected items
will be 50% less!
You'll find stuffed animals,
plants, silk arrangements,
stems of silk flowers,
mugs, and vases at great prices.
August 17 through 23
9:00 AM - 4:30 PM

Volunteers needed for October 3 marathon

Volunteers are needed for the 1993 Maine Marathon and Half Marathon on Sunday, October 3. Maine Medical Center is one of the sponsors of the event, and members of the MMC family have an opportunity to help out.

Volunteers will be needed to staff water stations, help with registration, and a host of other duties. All volunteers receive a Maine Marathon t-shirt and an invitation to a volunteers-only party Sunday evening. MMC volunteers will also receive a Maine Medical Center coffee mug.

To add your name to the list, call the MMC Public Information Department, x2196.

The Employee Activity Committee will meet August 4, from 3-4:00 PM, in Dana Center Classroom 1.

If you'd like to be a member of this group and help plan events for MMC employees plan to attend!

FUND, FROM P.1

by Stephen M. Anderson, Vice President of A.G. Edwards.

Co-chairs of the 1993 drive include Jack Barrett, M.D. (Medical Staff), Jim Vamvakias (Corporators), and Mary Keysor, MSRD, and Susanne Sinclair, RN (Employees).

Employees "Go to Bat" for Annual Fund

The 1993 Annual Fund Employee Division's "Opening Day," held June 16, was a grand slam! With the theme "Go to Bat for MMC," 533 employees joined the batting line-up, through a courtyard barbecue and a follow-up mailing, and contributed a total of \$27,000 to the Annual Fund.

According to Susanne Sinclair, RN, who co-chairs the Employee Annual Fund Committee with Mary Keysor, MSRD, "Employees have responded in a very positive way. We appreciate everyone's participation and enthusiasm around the Annual Fund." Sinclair adds that 13 percent of employees participated in the kickoff this year, up from 10 percent last year.

According to Keysor, the Employee Annual Fund Committee has also expanded and comprises approximately 40 people representing a variety of departments. "The people on the committee were exceptionally creative and willing to donate their time to this effort," says Keysor. Sinclair adds, "I found the committee very hardworking and enthusiastic."

The Development Committee and the Board of Trustees recently approved a goal of \$500,000 for the 1993 Annual Fund. Development Director Susan Doliner says this is the first half-million goal in Portland's history.

Gifts to support the Annual Fund are contributed not only by employees, but also by trustees, corporators, corporations, medical staff, medical alumni, and the general community. Funds are allocated where the need is the greatest, including health education, medical research, patient care, and capital purposes, which involve building renovations and equipment. "The Annual Fund is increasingly important as Maine Medical Center is continuing to work at containing healthcare costs, while simultaneously trying to accommodate the rising demand of first-rate care," says Doliner.

The Employee Annual Fund Committee thanks those helping to support this significant goal, which will aid MMC in providing the best possible healthcare to its community.



NURSING BI-LINE

A publication of Nursing Services

Nurse to Nurse

The Joint Commission for Accreditation of Healthcare Organizations (JCAHO) has come and gone. The four days they spent with us in late June were interesting and, as always, offered us a different perspective from which we can learn.

One clear and recurrent message was that documentation still could be improved, not only for our patient care work, but for our committee deliberations and other meetings as well. This is an area of development that many of us have tried to address for years. Any ideas for a better system would be welcomed by the Documentation Committee.

Provisions for continuity of care was also a big item; that is, patient assessment, teaching, and referrals. Again, this has been an area of emphasis and the evidence was clear that those efforts are paying dividends.

What I really want to say about the JCAHO visit was how great all of you who

participated, either directly or indirectly, were in your work. Over and over I heard reports of staff-visitor interactions in unit achievements that were "WOWs." It was also with immense pride that we observed eight unit-based committee chairs and staff present the processes and outcomes of good quality improvement efforts. The presentations were impressive and instructive to all present. This session was irrefutable testimony to the fact that good things happen when staff are expected and empowered to address relevant work issues.

The JCAHO left us with both praise and recommendations for change. While we anticipate some specific citations to which we might need to make an interim response, JCAHO is expected to grant us three years accreditation. This achievement is your achievement, for it is directly traceable to good care and commitment to quality. Thank you once again.

--Judy Stone, RN
Vice President for Nursing

Nursing Units Demonstrate Commitment to CPQI

On June 29, Nursing Services was requested by the JCAHO nurse surveyor to make a presentation on unit-based quality improvement efforts. According to the surveyor, this program was to "reflect activities of the past eighteen months, include a cross-section of representative nursing units, be a learning forum for all attendees, and serve as the means by which JCAHO would evaluate Nursing's quality efforts." A formidable request to say the least!

Thanks to the heroic efforts of our nursing staff (who "covered" the units, providing care to patients while colleagues prepared and presented), unit-based QI Committee members (who summarized and condensed over a year's

worth of work into fifteen-minute presentations), head nurses (who were supporters and cheerleaders), and staff development faculty (who converted handwritten notes into slick graphs and legible overheads and facilitated the event), the presentation went beyond expectations! Not only did it satisfy survey requirements and demonstrate our commitment to continuous improvement, but it also became a forum for a collegial exchange of information -- one which several participants said, "we must continue to do this! I learned an incredible amount by listening to other Units' experiences."

Hats off to the following nurses who went above and beyond the usual call of duty and presented their Units' QI activities in this JCAHO forum: **Diane Cavanaugh**, R9W, Anticoagulation therapy; **Káren Jarosz** and

Elizabeth Israel, R7, PTCA Patient Teaching; **Karen Taylor**, ED, Discharge Teaching; **Anita Marston**, R2MAT, Scheduling Circumcisions and Documentation of Teaching Peri Care; **Joan Smaha**, Dialysis, Transportation from Dialysis and Communication Specific to Insertion of Vascular Catheters; **Sheila Lovejoy**, R3, Charting IV Therapy; **Jean Gallant** and **Kathy Batchelder**, R1, Effectiveness of Cardiac Rehab: Can Patients Accurately Take Their Own Pulse?; **Elaine Kerr**, OR, Safety of Employees Relative to Hazardous and Foreign Materials; and **Peg Estee**, PACU, Medication Administration and the Management of Pain.

Continuing Care

Continuing Care nurses provide an important link in facilitating home health services for patients as they leave the hospital. The Continuing Care Coordinators are four registered nurses working within Nursing Services. Their combined years of nursing and community health experience are a vital resource to staff as they coordinate nearly 5,000 referrals a year.

The days when the Continuing Care Coordinator was "the referral nurse" are gone. Discharge planning is the responsibility of the staff nurse. The staff nurse is the coordinator of patient care services and is most skilled in making ongoing assessments of patients' functional status and nursing needs, as well as the availability of family and support system resources. This assessment, beginning upon admission and continuing throughout the hospitalization, is the basis upon which a successful discharge plan is built. The Continuing Care Coordinator works with staff as a consultant with special knowledge about insurance reimbursement and community resources, and as a coordinator of complex or high tech home care referrals.

Changes in the health care and health insurance systems necessitate communication with multiple third parties in arranging home health care. These outside groups include insurance companies, case managers, home health agencies, and home vendors. The Con-

tinuing Care Coordinator advocates for the patient by researching, evaluating, and coordinating the resources of these third parties in conjunction with the discharge needs identified by the staff.

A successful discharge plan is the result of a collaborative effort by all members of the health care team utilizing each team member in her area of expertise. This team effort is crucial as hospital stays grow shorter and patients are discharged with more complex health needs.

--Jane Lockhart, RN

Publications and Presentations

- **Carole Parisien**, RN, NSI, attended the conference "Quality in Nursing, 1993," in Washington, DC. She reports that many hospitals are becoming involved in developing Critical Pathways as well as Discharge Planning Strategies. She picked up some excellent handouts, as well as an audiotape on Critical Paths, and would be happy to share these; call Carole at x4740.

Who is MMC's Lactation Consultant?

Bonnie Jewett, RN, is an International Board Certified Lactation Consultant. She spends eight hours in this role each week providing continuing education to nurses and doctors on breastfeeding issues, providing the unit with resource materials, writing an informational column for the R2 Maternity Newsletter, teaching classes for ante and post-partum patients, and evaluating and counseling selected patients with breastfeeding problems on postpartum and pediatric units.

Bonnie says "the Surgeon General's goal is to increase breastfeeding rates in the US. To this end, MMC has been involved in promoting breastfeeding and improving patient education on this topic." Bonnie approaches her job enthusiastically and is eager to provide patients and staff with knowledge and skills for successful breastfeeding. She encourages anyone with breastfeeding questions or concerns to contact her at x2444.

Remembering Shari

On June 18, while reading the newspaper, I immediately noticed the headline "Lung Patient Chooses Death." The "Lung Patient" was Sharalyn Ellis, a 31-year old woman diagnosed as a child with cystic fibrosis, a disease of the lungs and pancreas.

When Shari was admitted to R4, she was dependent on a breathing machine for each breath. She used every ounce of energy to fight infections. Shari spent many afternoons discussing her treatment with members of the healthcare team.

Determined to be ready for her future lung transplants, Shari took her prescription medications, tried to eat nutritious foods, and increased her activity level. Slowly, Shari began weaning herself from the ventilator and walking around her bed and to the doorway. I was thrilled the day I saw Shari standing in the corridor. We all cheered Shari as she made new gains. She was well known on R4.

You couldn't help becoming attached to this challenging patient, fragile and petite with huge, expressive brown eyes. Shari's fiancé was critical to her progress; she was dependent on him for support and encouragement.

Shari received word about a year ago that the Pittsburgh Medical Center was ready to do her double lung transplant. Her fiancé frequently called the staff with progress reports before she was finally discharged from PMC.

One evening while working in the Transitional Rehabilitation Unit, I had a surprise visitor! Shari walked in appearing much healthier without being attached to her ventilator. She was gaining weight, her voice was stronger, and she had a glowing expression. I get chills thinking about it now.

We were ecstatic that Shari had made it home to begin enjoying life again; however, she had to return to Pittsburgh when it seemed her body would not accept the new lungs.

Shari went to Pittsburgh for the last time in January. During her final visit to Pittsburgh Medical Center, Shari found that her new lungs had become badly damaged. Most likely she would spend the rest of her life on a ventilator.

Shari made out a Living Will. She wanted to die with dignity. She wanted release from the machine she relied on for every breath.

Shari's loved ones accepted her decision and remained at her bedside. The R4 staff will miss Shari, but will long remember her determination and courage.

--Ellie Spear, RN

A Special Way to Say "Thanks, MMC!"

Maine Medical Center announces the establishment of the Revella Guest Nursing Scholarship Fund. The annual income from this generous \$131,954 bequest will be used for nursing scholarship grants. Miss Guest, who died in 1989, planned for the creation of a scholarship fund for "worthy and needy MMC employees in the department of nursing for such recognized educational programs as shall enhance their expertise and improve their effectiveness."

Miss Guest was born in Brownsville Junction, Maine, and was a graduate of the Maine General Hospital in 1935. She entered the U.S. Army Nursing Corps just before World War II, served in both the Eastern and Western theaters of war, and retired from the service in 1963 as a Major. She worked for a number of years in the private sector in Santa Maria, California, retiring again in 1974.

During Nurses' Week this past spring, the flag given to her family following her service at Arlington National Cemetery was flown over MMC. Miss Guest was very proud of her days at the old Maine General Hospital. Her family recalls that she often reminisced about those days and, through the years, she kept in contact with many of her classmates, returning to Maine whenever possible. She felt the training and education she obtained in Maine were the basis for her ability to go out into the world and have the wonderful career she had. She hoped her scholarship fund would help provide others the assistance "to get a start in life."

For information regarding the Revella Guest Nursing Scholarship Fund, contact the Office of the Vice President for Nursing, x2751.

--Susan Doliner, Director, Development

Quality Team Tests Implementation Plan

A Quality Team led by **Dan Bergeron, RN, PACU**, with members **K. Bieber**, Monitoring Tech, **C. Higgins, M.D.**, **D. Blakney**, Materials Management, **D. Murray, CRNA**, **K. Batcheldor, RN, R1**, **A. Harris, RN, R3**, **R. McGee, RN, R5**, **D. Jackson, RN, R6**, **V. Webster, RN**, Nursing Systems and Information, and **S. Garrett, RN**, Nursing Resources, wants to "improve the process of administering IV fluids/meds to adult inpatients in the perioperative period as the patient moves from a surgical unit to OR, PACU, and back to the unit."

After exploring available data and using QI tools like Pareto diagrams, fishboning, and flow charting, they discovered something. Clinically, only two drugs must be filtered: Taxol and IGG. All antibiotics in mini-bags are pre-filtered in the pharmacy. In order to have filters on sets, we have effectively been double filtering for years at the tune of \$37,500 a year!

Our Quality Team surveyed numerous medical centers and found that filtered tubing is only used when clinically indicated. One concern which has been raised is the use of the filters for air elimination. We know that because of the peripheral vascular pressure, if a bag goes dry, the fluid level will stop before air gets to the patient. There are several ways to remove unwanted air from tubing. One way is to use a syringe at a y-site; this will be easy once the needleless system is implemented. An alternative method is to disconnect the line to "bleed" the air out. Of course, the best way is to change the bag before it runs dry; the cost of a bag of fluid without medication is minimal and your time is at a premium.

What is the customer rationale for making this change? Surgical patients will have fewer tubing changes between units, OR, and PACU, resulting in reduced risk of infection and increased comfort; unit nurses gain time with fewer tubing changes and experience less exposure to blood; anesthesia gains time and reduced risk and frustration; Materiel Management has fewer items to stock and lower inventory; and the institution will see a cost savings

and less biohazardous waste.

Non-filtered piggyback tubing with an upper y-site for administering parfills was stocked on R1 and R6 in June and on P1C and R5 in July. Once the transition is complete on these units, this change will be expanded to other adult units. Nurses with questions or concerns may contact a Quality Team member.

Spotlight on....

...Several Emergency Department nurses who are working with the Maine Emergency Nurses' Association to coordinate an educational program as part of the 20th New England Symposium for Emergency Nurses, to be held at the Samoset in April, 1994. These ED nurses are **Karen Taylor, RN**, (Co-Chair); **Donna Zimmerman, RN**, (Program Chair); **Cheryl Moreno, RN**; **Deb Karn, RN** (Publicity), and **Barry Worthing, RN** (Vendor Chair). ...**Nancy Wilson, RN**, and **Roger Collard, RN**, from ASU, who have passed certification exams in gastroenterology nursing.

...**Joann Groff, RN**, ASU, who is now President of the Maine Society of Post Anesthesia Nurses.

...**Winnie York, RN**, ASU, who retired after 46 years of nursing, but continues as a "per diem" staff nurse in ASU. Winnie has been honored as Maine's choice in this year's "Search For Excellence," sponsored by the American Nurses' Association and described in the ANA's May edition of **The American Nurse**.

...**Wanda McCoy, CNA**, Float Pool (Nights), who received the 8th Annual Citizens' Crime Watch Award at a ceremony for the Greater Portland area on June 24th, at Portland City Hall. Ms. McCoy administered CPR in the community at the scene of an accident.

...**Jennefer Bremermann, CMA**, and **Martha Black, CMA**, Family Practice Unit, who have met criteria and passed an examination to become nationally Certified Medical Assistants.

...**Nancy Smith, RN**, Per Diem Float Pool, appointed Chair for the Department of Nursing at Southern Maine Technical College.

Nursing Services publishes *Nursing Bi-Line* every eight weeks. Comments, questions, and suggestions are referred to Derreth Roberts, MS, RN, Editor, 871-2009-3.

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

New white water kayak, Dancer XS, spray skirt, paddling jacket, incl. \$600 or BO. Call 883-3774.

1988 white Ford Econoline van, new engine, needs exhaust system. Books at \$4,600. Asking \$4,000. Call 774-9376.

13.5' Voyager twin keel sloop with 2 6'8" berths, compass, bottom hull and deck paint, Thirsty Mate pump and trailer. \$1,500. Call 774-9376.

AKC male black lab puppies. Ready to go. Champion bloodlines. Exc. temperament, all shots and wormed. \$300. Call 657-3676.

5 year old female Persian cat, fluffy grey w/orange eyes. Affectionate indoor cat. \$150, includes all supplies. Call 871-4893.

Serta Perfect sleeper, queen size mattress and box spring. Orig. \$898, now \$400. New Sealy Posturepedic, queen size mattress and box spring. Orig. \$669, now \$300. Sears stereo/phono/tape with cabinet. Good cond. \$75. Call 799-9666.

Cape Elizabeth, 2 BR, fireplace, new tile, hardwood floors, garage, landscaped lot. \$115,000. Call 767-4279.

Asley wood stove w/thermostatic fan. Exc. cond. \$100. Murray 26", 18 speed mountain bike. Used 3 times. 1 year old. \$150. Call 655-5444.

Imagewriter II printer, Exc. cond. Like new. New \$600, now \$300. Call 846-3083.

1986 23' ComPac sloop w/trailer, diesel, IB, roller furling. Shallow draft cruiser is great for gunkholing. Sleeps 4. Exc. cond. \$9,200. Call 878-5708.

1985 Honda V65 motorcycle, 6,000 miles, exc. cond. \$2,000 or BO. Call 282-4093 after 6 PM.

Registered American saddle bred gelding chestnut. 15.2 hands. 12 years old. Shown successfully in hunt seat class. Some jumping and trail riding. Owner retiring. Price negot. Call 799-7979 after 8/1.

Beige typewriter table, new cond. \$50. or BO. Call 799-7979.

Roller blades, brand new, never used, men's size 9-10. Call 846-3627.

Red Mustang coupe, V-8 auto., partially restored, can be seen at Lou's Service Center, 33 Ocean Park Rd., Saco. Asking \$4,500 or BO.

Durham, 4 BR cape w/2 car garage on 2 1/2 acres. All appliances, gas heat, water, fireplace w/woodstove in living room. Convenient location. \$89,900. Call 389-2821 eves.

3 BR cape-style attached housing, 2 full baths, skylights, cathedral ceiling, full basement, K, appliances. Nicely landscaped. 20 min. to MMC. Call 282-3940.

19' trailer camper. Good cond. 18 years old. Asking \$1,000. 8' x 9', wood, new this year. \$300. Call 282-3765.

FOR RENT

The Oxford at 690 Congress St. Effic. and 1 BR, W/W carpet, secure bldg., intercom system, laundry in bldg.,

The deadlines for announcement length items and **MARKETPLACE** ads in *What's Happening* are August 11 for the August 25 issue and August 25 for the September 8 issue. All items must be in writing.

parking avail. No pets. \$375-\$450/mo. incl. heat and hot water. Call 797-3681, or 772-4554.

Furnished 2 BR house, W/D. Ocean across the street. Avail. August-May. \$725/mo. + utils. Call 767-5693.

South Portland, 4 BR, skylights, DW, breakfast bar, W/D, parking, deck, yard. \$750/mo. Call 773-6067.

Modern, 2 BR apt. Heated, HW, hardwood floors. 1-2 adults. Parking. \$695/mo. + sec. dep., refs.. Avail. Sept. 1. Call 772-7100

1 BR, living room, dining area, bath, own entrance, heated garage. \$500/mo. + utils. 4.5 miles from MMC. Call 781-2206.

Saco, 2nd floor, 2 BR apt. Small room for storage. Ask about the rent discount plan. \$465/mo. incl. parking. Call 284-9216.

Higgins Beach, Scarborough, beach front house. Sept.9 - June 9. Fully winterized. 2 BR. \$650/mo. + utils. Call 883-2845.

1 BR apt. Woodfords area. Hardwood floors, parking, backyard. \$450/mo. Call 772-3475.

ROOMMATE WANTED

F to share 2 BR apt. in Woodfords area. \$300/mo + utils. Call 774-6641.

F healthcare provider or student to share my home in Scarborough for minimal rent. Very light help w/MS patient required. Respond to 883-3057.

N/S M, 30s-40s to share 3 BR house, USM/MMC area. \$275/mo. + utils. Call 775-3875.

CHILD CARE

Nanny wanted to care for infant twin boys. 40-45 hours/week. Flexible hours possible. Bath area. Call 371-2786 or x2674.

Mature, responsible nanny wanted to care for 4 year old girl. Live in or live out. 40-50 hours/week. Falmouth area. References. Call 781-7066.

WANTED

Car to rent from July 28-August 25. Call 846-3627.

Housecleaning jobs. Exc. refs., reasonable rates. Call 767-5752.

Your suggestions. Improv. comedy group will create fun at your next gathering. Call 775-4134.

K, bath, other home improvement jobs. Call 774-6556.

What's Happening at MMC

- Aug. 4 Employee Activity Committee meeting. Dana #1, 3-4:00 PM.
Aug. 6 Photo Contest deadline. Call x2196.
Aug. 20 **Healthviews.** Focus on elder services and community outreach services, presented by Brighton Medical Center. 8:00 PM, Public Cable Ch. 37.
Sept. 21 *Jazz it Up*, MMC Talent Show. Sign up by Aug. 1. Call x2951 or x2869.

Funtown Funday!

Saturday, August 7, is MMC day at Funtown USA! From 10:30 AM to 11:00 PM, MMC employees and their families can use discounted bracelets to enjoy Funtown's attractions.

Employees may purchase two bracelets at \$6.00 each and additional bracelets at \$9.00 each. Regular prices for the all day bracelet are \$12.50 for children under ten and \$14.50 for adults, so plan to pack a lunch and join us for Funtown Funday! Admission to the park itself is free, so if you don't plan to go on the rides, you won't need a bracelet.

Bracelets will be sold outside the Cafeteria on the following dates:

Monday, Aug. 2	7:30 - 9:00 AM 2:00 - 4:00 PM
Tuesday, Aug. 3	7:30 - 9:00 AM 2:00 - 4:00 PM
Wednesday, Aug. 4	7:30 - 9:00 AM 2:00 - 4:00 PM

Please call the Employee Benefits Office, x2973, with any questions.

About People

• **Minda Gold, M.D.**, is among the winners of the 1993 Mead Johnson Awards for Graduate Education for Family Practice. She will attend an award recognition breakfast at the American Academy of Family Physicians in October.

- 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

Maine Medical Center, 22 Bramhall Street, Portland, ME 04102-3175

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.

NEW EMPLOYEES

NURSING: Nell Davies, Sheryle Lufkin
SOCIAL WORK: Vicki Caraccioli, Philip Collin
ENVIRONMENTAL SERVICES: Vincent Schwartz
FOOD SERVICES: Ryan Connolly
MMCRI: Sarah Bouchard, Michelle Hersey
RADIOLOGY: Peter Jensen, Diane Lombard
MMC EPILEPSY PROGRAM: Karen Clapp, Susan Norris
SURGERY: Michael Tranfaglia
REHABILITATION MEDICINE: Joycelyn Beaudoin, Carrie Bennette, Robert Dysinger
COMPUTER MAINTENANCE: David Chase
MEDICAL RECORDS SERVICES: Sally Johnson

Do you have any magazines you no longer need? You can share them with MMC's patients. Just drop them off at the Volunteer Services Office.

Thanks!

LEAVE, FROM P.1

The forms used to request leave time are available from your supervisor or Human Resources. If you have questions about changes to the policy, contact Cathy Roberts, Director of Employment and Employee Relations, x6202.

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