

What's Happening

a newsletter for the employees of Maine Medical Center

February 28, 1990

Vol. 21, No. 4

March is National Nutrition Month and, as in past years, the Food and Nutrition Services Department will celebrate with cafeteria promotions, displays, articles, and even a contest to put the spotlight on nutrition.

This year's theme is "Nutrition in the Nineties." In the following article, MMC Clinical Dietitian Liz Bagonzi, RD, focuses our attention on the changes that have occurred in the field over the last decade, and discloses some of the issues, concepts, and products

Nutrition in the nineties

In the 1980s, we saw many changes in the nutrition field that have affected the way we eat now. Cholesterol was a hot topic as Americans became conscious of their cholesterol levels and began to reduce the type and amount of fat in their diets.

Fiber was also in the news; there were claims that it promotes regularity, lowers blood sugar levels in diabetics, and even helps to lower cholesterol levels. The artificial sweetener aspartame, marketed under the name of Nutrasweet, was approved for retail sale in the 1980s and has now become a regular ingredient in many reduced calorie foods. In addition, many Americans are growing more aware of what is in the foods they eat, and are exercising regularly.

Here are some of the current issues and controversies that may or may not change our thoughts about food and nutrition.

Until now, dietary saturated fatty acids have been shown to play an important role in the production of high levels of plasma cholesterol in people at high risk for coronary heart disease. However, recent research is beginning to show that not all saturated fatty

that may make a difference in the next ten years.

*Watch for the eye-catching display in the glass case outside the Admitting Lobby, and be sure to check out the next issue of **What's Happening** for a nutrition-related crossword puzzle.*

Those who submit correct entries in the crossword contest will be eligible to win an interesting prize—the chance to have a personal body composition profile done by means of bioelectric impedance analysis.

acids have the same effect. In fact, some may actually lower plasma cholesterol levels.

Stearic acid is one of these fatty acids. Studies done indicate that foods high in stearic acid (cocoa butter, animal fat) did not increase plasma cholesterol levels as much as foods high in other fatty acids (palmitic acid). People taking in diets solely high in stearic acid show a significant reduction in plasma levels of cholesterol and LDL cholesterol. The diet did not have any effect on plasma triglycerides or HDL cholesterol.

However, since most common fats high in stearic acid also contain significant amounts of palmitic acid, which tends to raise blood cholesterol, reducing the overall amount of saturated fat in the diet to help prevent heart disease is still very prudent.

Related to the topic of dietary fats are the proposed new fat substitutes. There are currently two fat substitutes awaiting FDA approval. These fat substitutes may be included in foods to replace the natural or added fats to reduce the fat and calorie levels of typical high-fat foods.

One such product is called Olestra; it is marketed by Proctor and Gamble. The actual

NUTRITION, SEE P. 2

Sign up for 1990's first blood drive. See p. 7.

NUTRITION, FROM P. 1

compound is called sucrose polyester, which is a blend of sucrose and vegetable oil. This compound tastes and acts like a fat, but passes through the body undigested. Olestra is free of calories, cholesterol, and fat. If it passes approval, it could replace as much as three-quarters of the fat in oils used in snack foods and commercial deep fat frying. There are potential problems with Olestra, including intestinal distress and the loss of fat soluble vitamins.

Another product, Simplesse, is marketed by the company making Nutrasweet. It's considered "the all natural fat substitute." To make Simplesse, egg white or milk-whey proteins are heated and blended into microscopic globules. This blending creates the smoothness and richness that we know as fat. Simplesse provides only 1.3 calories per gram versus 9 calories per gram of fat.

Unlike Olestra, Simplesse cannot be used in fried or baked products because when heated the protein coagulates much like the white of an egg. It is used in foods such as ice cream, salad dressing, and cheese spreads. People who are allergic to milk and eggs may not be able to use this product.

With all the recent emphasis on fiber, the word "psyllium" has been appearing in association with some new products. Psyllium is a seed husk found primarily in India and the Mediterranean. It contains approximately 60-70% soluble fiber by weight, eight times the amount of fiber in oat bran. Psyllium has long been used as a bulk-forming laxative. More recently, it has been found effective in lowering serum cholesterol, specifically decreasing LDLs when included as part of a low fat, low cholesterol, high fiber diet.

Despite these positive findings, there are reasons you should question using this product as a form of soluble fiber to reduce cholesterol levels. Its drawbacks include abdominal cramping and other forms of intestinal distress, and a tendency toward dependence on the product to maintain regularity. Psyllium will lower cholesterol levels only for as long as it is taken.

Psyllium may be one way to lower serum cholesterol, but is it as safe as eating a diet rich in the soluble fiber found in fruits, vegetables and grains, reducing your intake of saturated fats and cholesterol, and exercising regularly?



CLINICAL DIETITIAN Liz Bagonzi, RD, looks over patient charts on R3. This is part of her daily work in the supervision of patient nutrition. A/V Photo.

The U.S. artificial sweetener market is an estimated one billion dollar per year industry. Several new sweeteners can be expected to appear in products over the next decade. Acesulfame-K, marketed in the U.S. under the trade name Sunette, is one example. Sunette has been used in more than 25 countries since 1983. In 1988, the Food and Drug Administration approved its use in a variety of products in the United States.

Sunette is a white, odorless, crystalline product 200 times sweeter than sugar. It is calorie-free and is not metabolized by the body. Since late 1988, it has been available as a sweetening ingredient in a table-top sweetener and in powdered beverages. There are several benefits in using Sunette: its high stability, its long shelf life, and its safety. It requires no health warning label, is sodium- and calorie-free and is safe for diabetics. Because of its stability, Sunette's developers are seeking FDA approval for its use in liquid beverages and baked goods. Sunette can be expected to appear in a variety of new products in the 1990s.

NUTRITION , SEE P. 3

A new way to see what you're made of

Over the last fifty years, several procedures have been developed to analyze the human body in its two main components, lean body mass and fat mass. The most commonly used techniques are hydrostatic weighing, where percentage of body fat can be determined by weighing subjects under water, or anthropometric measurements, a technique using calipers to measure the thickness of fat at three different areas on the body.

The newest means to obtain information about body composition is called bioelectrical impedance analysis (BIA).

The Nutrition Support Service at Maine Medical Center recently acquired the equipment needed to perform bioelectrical impedance to assist in the nutritional assessment of selected hospital patients. This new procedure involves running a safe, painless electrical current through the body to obtain two readings, resistance and reactance. Use of the numbers from these readings can be used

to determine a person's percentage of fat, lean body mass and total body water.

This information is extremely useful in the nutritional assessment of hospital patients, but also has applications for the general public. The results of the BIA when fed into a computer software program can provide the information mentioned previously, as well as ideal weight and caloric recommendations and a simplified diet and exercise plan to help meet these goals.

Employees will have the opportunity to win a personal BIA during National Nutrition Month by entering the "Nutrition Crossword Puzzle Contest."

The crossword puzzle will appear in March 14's *What's Happening*. Those wishing to enter the contest can submit entries to the Food and Nutrition Services Department by March 21. All correctly answered puzzles will be placed in a drawing. The first 25 entries randomly selected will be eligible for a personal body composition profile. Look for further contest details in the next issue of *What's Happening*.

NUTRITION, FROM P. 2

With the ever-increasing number of food products on the market, including those that make nutrition-related claims, it is hard for the consumer to make rational decisions on food purchases based on the food label. Currently the labeling information provided on food packages can be confusing and misleading to the public.

Labeling regulations lack a uniform system from state to state. Additionally, many packaged foods carry nutritional information on a voluntary basis. During 1990, the American Diabetic Association is supporting legislation which will require a mandatory, uniform labeling system. Proposed changes include serving sizes expressed in common household measures, standardized portions for easier comparison, established definitions for words such as "lean," "lite," "natural," and "low," and fat content and composition fully disclosed in the nutrition information label. By spring, a proposed ruling

will be presented in the hope that the legislation will be enacted this year.

These are only a few of the topics that will be in the news in the nineties. As mentioned, some of the theories and products are still controversial, needing more research to determine their validity and safety. In the meantime, keep watching as the science of nutrition continues to contribute to our lives!

Have lunch with
Judith T. Stone, RN
Vice President for Nursing
and discuss

The Culture at MMC:

How do you see it?

Employee-Management Exchange
Monday, March 26, 11:30 to 12:30

Lunch will be served.

Sign up outside the Cafeteria.



NURSING BI-LINE

FROM THE EDITOR

The year 1990 heralds some significant and positive changes for *Nursing Bi-Line*. Incorporated into *What's Happening*, our nursing newsletter will be published on a more regular (bi-monthly!) basis. Throughout the year, different divisions within Nursing Services will be highlighted; the OR/RR division takes the spotlight this month. In other issues of *Bi-Line*, stories will be presented around a central theme; for instance, in January we focused on our Nursing philosophy.

The editorial board is grateful for the many ideas and contributions generated by our nurses; this issue reflects their enthusiasm and hard work! I eagerly anticipate your contributions, your comments and your questions and acknowledge that progress comes with change.

Derreth C. Roberts, MS,RN
Editor, x2397

HIGHLIGHTING . . .

The Division of Operating/ Post-Anesthesia Care

In twenty operating rooms, highly-skilled nurses, physicians, and technologists anticipate and respond to a variety of patient needs. Thousands of operative procedures—kidney transplant, trauma, open heart, general surgery—are performed each year for patients of all ages, with simple to complex patient care needs. We are proud of what we do and welcome this opportunity to share different perspectives of our work—from the OR and from the Recovery Room—with you.

Cathy Cohen, RN, Director

From the OR...

If an operating room nurse who had been inactive for the past 25 years (or even 15!) were to visit our new operating room suite,

she would be amazed at the changes that have taken place. Oh, the O.R. lights and operating tables, the electro-surgical units and suction apparatus have all changed, but within reasonable limits; however, the equipment and instruments related to new technology would not be so easily recognized since she would have nothing to remember as a fore-runner. Also, with the advent of surgicenters, many of the cases which once made up a high percentage of our daily assignments are no longer on our schedule.

Although the number of procedures has decreased recently, the length and acuity of procedures has markedly increased. One of the greatest changes has occurred in the increased number of patients cared for on an out-patient basis; a large percentage of these cases are children. Our imaginary retired nurse would really be surprised in this area!

The once-usual appearance of heavily medicated children arriving by stretchers in the O.R. is not so common now. A child, coming from A.S.U., often arrives riding in a high-sided red wagon, very much awake and curious about all that is happening; others are seen walking, dressed in robes and slippers, firmly holding the hand of their anesthetist, on the way to the O.R. assigned for their procedures.

Babies and toddlers are often carried (with lots of showing off to other personnel) and others still come on stretchers but definitely awake. The experience is always somewhat frightening and foreign to them no matter how well they've been prepared and, indeed, some arrive crying.

To pick up a child, hug and reassure him or her is always helpful but recently we have found something which speaks a message that all children seem to understand—soft, stuffed animals—seem to say “love” in a very special way. Recently, Key Bank donated several such toys to the hospital and they were given to small children as they arrived in the O.R. They were a great hit, of

course, and the supply was soon gone. Two very large cartons of stuffed toys then arrived (donations to the Pediatric Unit) and are now nearly gone as well.

A request has been given to the Womens Visiting Board asking if they would be interested in purchasing small, stuffed animals (perhaps teddy-bears in O.R. scrubs?) as a means of assuring a gift of a soft and cuddly friend for each child facing surgery. The new, soft friend is often hugged tightly while the child is going to sleep. It is then placed on the stretcher to await the child's company on the way to the recovery room where the care continues.

Of all the wonderful and exciting changes that have occurred in our O.R., we feel that the loving reassurance of children has to be one of the most satisfying to us and the most meaningful to our young patients and to their parents.

Cathie Sumpter, RN

From the Recovery Room...

In keeping with nationwide trends, MMC has instituted a Parent Visitation Program in the Recovery Room. The program was officially kicked off in August 1989 and has met with great success since its inception. The success can be attributed to the detailed planning that preceded the program startup.

Several months prior to the program's initiation, Pat Todorich, RN, Child Psychiatric Nurse Specialist, and Rosalie Blenkhorn, RN, Head Nurse, Recovery Room, recognized the need for a Parent/Child Visitation program. The idea was then introduced to Lynn Moulthrop, RN, Director, Parent and Child Nursing, and Cathy Cohen, RN, Director OR Division. The concept was assessed at this level, and it was determined that MMC's pediatric population would benefit tremendously from such a program.

Realizing that numerous departments, including ASU, Pediatrics, and Recovery Room, needed to be involved, the group was expanded. The planning group consisted of Jan Grysk, RN, Head Nurse, Pediatrics, Beth Thompson, RN, Pedi, Ellen Murphy, RN, and Denise Lambert, RN, RR, and Chrystal Ouellette, RN, ASU. Allowing parent visita-

tion in a hectic acute-care setting and still maintaining patient privacy would be a challenge. This group, however, generated numerous ideas and goals that would facilitate the program's initiation.

To make the surgical experience less stressful for parent and child, a photographic booklet was prepared to depict the recovery area. Phil Scavotto, RN, RR, acted as photographer, while group members' children of various ages volunteered their services as actors. Their job was to portray a typical child patient awakening from anesthesia. These picture booklets were prepared for use in conjunction with the informational pamphlets designed by the nursing group. The prepared teaching aids display a realistic environment and portrayal of the restless pediatric emergence from anesthesia.

After the patient is settled in the Recovery Room and visitation is appropriate, one parent is escorted to the bedside. Frequently, parents switch places so that each can be with the child. While the nurse can monitor the patient's progress and treat the surgical pain, a parent's presence has no equal in comforting these children.

Evaluation of the experience and learning tools has been ongoing. To date, the program has been very successful for everyone involved. The parents are particularly grateful because they can now assure their child that Mommy or Daddy will be there when they wake up.

Dan Bergeron, RN
Debra Sawtelle, RN

ON THE SCENE . . .

- A new, state of the art Interscan ethylene oxide monitor has been installed in CSD. It will help assure the safety of CSD personnel who work in the vicinity of ethylene oxide gas.
- University of Southern Maine graduate students Jacqueline Ballback, Linda Chase, Lois Skillings, and Susan Linck are participating in an advanced clinical experience here at MMC. Their preceptors from the Division of Nursing Resources include Rachel Girard, Lois Bazinet, Pat Todorich, and Suneela Nayak.

HIGH TECH, HIGH TOUCH

At seven a.m., sixteen Certified Registered Nurse Anesthetists (CRNAs) are ready to receive their first patients of the day. Although sometimes medicated pre-operatively, patients are anxious and awake when they are wheeled into the OR. It is the CRNAs' responsibility to start IVs and arterial lines, hook the patient up to monitors, and initiate anesthesia.

While attending to these responsibilities, it is also the CRNAs' job to help the patient cope with the frightening operating room environment. In order to do this, many CRNAs practice relaxation techniques and assure the patient that they are getting the best care possible. The CRNA stays with the patient for the duration of the surgery, and accompanies the patient to the Recovery Room when the procedure is over. There, the care of the patient is transferred to the Recovery Room nurses.

Nationwide, CRNAs perform 60% of all anesthetics. At MMC, working with a team of physicians and residents, CRNAs provide 53% of all anesthetics. Bill Trimble, chief CRNA, emphasized the importance of patient safety during surgery. He talked about new technology available as a method to reduce work related stress, while simultaneously providing critical information about the patient much before it would be clinically manifested. Trimble feels that the team of OR nurses, anesthesiologists, CRNAs, and Recovery Room nurses collectively provides for the smooth transfer of patient care through the process of surgery. He says this is an important part of the professionalism with which care is delivered to the patient undergoing surgery at MMC.

Interview by Suneela Nayak, RN

SPOTLIGHT ON . . .

- Claire Edwards, RN, P6, is on the Board of Directors of the Rape Crisis Center. Claire is also a founding member of the Maine Gerontological Society.
- Susan Garrett, RNC, Parenteral Clinician, was elected President of the Pine Tree Chapter of the Intravenous Nurses' Society. Susan attended the first annual Presidents' Chapter

Meeting of the Intravenous Nurses' Society, held in Salt Lake City, and will attend the national conference in Reno in May.

- Janice Charek, MSN, RNC, Staff Development, co-presented "Searching for Research in Nursing Practice" with Leslie Nicoll, PhD, RN, and Carol Seavor, Ed.D, RN, at the Maine State Nursing Association Convention in Bar Harbor in October.
- Rachel Girard, MS, RN, CDE, Clinical Nurse Specialist, Diabetes, is President of the Maine Affiliate, Association of Diabetes Educators. Rachel was also appointed to the Maine Diabetes Control Project Advisory Committee, a 3-year term. In addition, she presented "Concepts in Caring: MMC Diabetes Center" to Management Inside and portions of her presentation were quoted on the front page of the Portland Press Herald on February 8.
- Derreth Roberts, MS, RN, Nursing Education Outreach, spent the month of January providing rural healthcare in Guatemala with a group of students, faculty, and professional alumni from DePauw University.
- Kenneth Sawtelle, CSD, was named 1990 President Elect of the Maine Chapter, American Society for Healthcare Service Personnel of the American Hospital Association.
- Margaret Bradstreet, MS, RN, DNR, has been re-certified as a Clinical Specialist in Adult Mental Health by the ANA.
- Kathy Nadeau, MSN, RN, DNR, attended the National Gerontological Nursing Association Education Conference in Anaheim, California, in October. She and Deborah Kinney, MSN, RN, DNR, attended a staff development conference in New Orleans in January.
- Debbie Stone, MSN, RN, DNR, has received a gift from the Maine Children's Trust Fund to develop parenting classes for parents of children newborn to age one.
- Candie Smith, RN, Enterostomal Therapy, will attend a national symposium on advanced wound care in Orlando in March.
- Linda Clark, MSN, RN, was published in the January 1990 *American Journal of Nursing*. Her article, "A Sense of Foreboding," is included in "Dialogues with Excellence, the Many Faces of Advocacy" with commentary by Patricia Benner, RN, Ph.D., FAAN, professor of Nursing at UC, San Francisco.

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

- ❑ Boat slip, Jordan River Marina at Sebago Lake, \$18,000. At Panther Pond, year round 2 BR with loft. Remodeled kitchen, fully applanced. LR with cathedral ceilings and huge stone fireplace. Multiple picture windows overlooking lake and terraced gardens. Water-front property. 40 min. to MMC. \$125,000. Call 655-3993.
- ❑ 5 piece Gretsch/Blackhawk drum kit. Very good condition. Hydraulic throne, hi hats, one small cymbal, one large cymbal, all with stands. \$550 or BO. Call 883-5460.
- ❑ 1989 Toyota pick-up. 4 WD, V6, 5 speed, extra-cab. Only 7,000 miles. Must sell! Asking \$11,500, will negotiate. Call 761-8323 days, 773-2334 evenings.
- ❑ 1989 GMC S-15 pickup. 5 speed, black. Only 6,500 miles. Selling due to acquisition of company vehicle. \$6,200. 1985 Escort LNE. Black, 5 speed, new tires, tune-up, AM/FM radio, 34,500 mil. \$2,400 or BO. Call

767-5735 after 5 PM or leave message.

- ❑ Various parrots. Also, pair of Society finch birds free to good home, cage not included. Call 642-3697.
- ❑ 1987 Dodge Omni. Powder blue, good running condition, 70,000 turnpike miles, stereo, new all-season tires, 5-speed. BO. Call 657-4266, keep trying.

FOR RENT

- ❑ Ideal for doctor or professional person. Baxter Blvd area for one person in a gracious, elegant setting with parking. Lots of privacy. No smoking, no pets. \$300/mo. plus util. Call 774-0852.
- ❑ Western Prom efficiency apt., reasonable rent, everything furnished. For single, non-smoking person. Call 998-2373 evenings.
- ❑ Spacious 2 BR, 1st floor apt. Very handy to MMC. W/D hook up, off-street parking, small yard, good neighbors. \$500/mo. plus util. Call 775-2234 days.
- ❑ Room for rent. Share kitchen and bath. Western Prom., river view, nice neighborhood. Non-smoker. Rent includes utilities. Security deposit required. Call 774-2686 days, 879-0182 evenings.

Another chance, thanks to you

When you give blood, you give someone another chance at life.

Maine Medical Center gives its employees the opportunity to give that gift four times a year during employee blood drives. The first for 1990 is March 1 and 2.

The Office of Volunteer Services coordinates volunteers at the sign-up table near the cafeteria; they help employees choose the best time to give during the drive. Although walk-ins are always welcome, by signing up ahead of time, employees can plan when they'll be at the blood drive. Having an appointment saves time--and no one likes to wait in line!

"MMC's supervisors and managers encourage employees to give blood," says Don McDowell, Executive Vice President and Treasurer. Though it is difficult for some people to be able to spend an hour away from their work-sites, arranging a convenient time for a donation is possible. Employees should check with their supervisors.

Volunteers also run the canteen. After

giving blood, employees are offered refreshments and a place to sit down.

First time blood donors this year will be given a mug by the American Red Cross. And there will be raffles and contests designed to foster a healthy competition.

Three more blood drives will take place this year: June 21 and 22, September 27 and 28, and December 20 and 21.

The Blood Drive Committee is still seeking people interested in planning and organizing this year's effort. Call Chairperson Victoria Cowan at x2106.

Watch *What's Happening* for further information on what happens to the blood you give--and how you can give someone another chance.

PLEASE NOTE

We reported in the last issue of *What's Happening* that it was the Friends of Maine Medical Center who donated rocking chairs to the Recovery Room. The chairs were actually given by the Visiting Board of Children's Hospital for use by parents visiting their children recovering from surgery.



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. (207) 871-2196. Editor: Wayne L. Clark.

NEW EMPLOYEES

Housekeeping: Stanley E. Densmore

Pharmacy: David Zamarripa

Psychiatry: George K. Dreher, M.D.

Nursing: Janet L. Greenlaw, Nancy A. Greer, Elizabeth Matheson

IN DECEMBER, Mrs. Doris F. Thomas, President of the Maine Eye and Ear Infirmary Nurses Alumnae Association, presented a check for \$1,000 to Robert Traill, Jr., MMC Corporator and Chairman of the 1989 MMC Annual Fund. This was a contribution to the Annual Fund from the Association, which still numbers over 200 members, although the last class graduated in 1953. The gift came after Mr. Traill called Mrs. Thomas during the recent Annual Fund Phonothon, which stimulated the Association to contribute.

Joel Bicknell Photo.

Lenten services to be held

This year's Ash Wednesday service will be held February 28, 1990, from noon to 12:30 in Dana Classroom 7. Participants will be Anne Monaghan, John Skehan, and Alexander B. Cairns.

Other Lenten services will be held at noon in the Chapel as scheduled:

	Liturgist	Homilist
March 7	James Pitts, csc	Kenneth Wish
March 14	Alexander B. Cairns	Marvin T. Milbury
March 21	John Skehan	Audrey Delafield
March 28	Marvin T. Milbury	Anne Monaghan
April 4	George Chappell	James Pitts, csc
April 11	Marvin Milbury, John Skehan, Alex Cairns	

About People

• Ray Garneau, Housekeeping Manager, has recently qualified as a Registered Executive Housekeeper--the highest position attainable in the National Executive Housekeepers Association. NEHA is a professional association that provides management level housekeeping staff with educational opportunities and allows them to keep abreast of new skills and techniques.

Ray received a BS in Biology from USM in 1983. He was required to meet additional educational requirements to qualify for REH status. Ray has been with the Housekeeping Department since May 1979 and has been a Manager since 1986.

See the new watercolor exhibit in the Coffee Shop. Harold Brown's paintings will be displayed until March 30.

What's Happening

Maine Medical Center, 22 Bramhall Street, Portland, Maine 04102

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