

# What's Happening

a newsletter for the employees of Maine Medical Center

May 4, 1994

Vol. 25, No. 9

## MMC's 1994 Goals: a closer look

### Part III

Maine Medical Center's goals for 1994 cover a range of areas, from clinical initiatives to health care reform. *What's Happening* presents the final part of a point-by-point look at the eight goals driving MMC's overall pursuit of its mission this year.

#### **Goal #6 Develop the organizational structures and delivery systems necessary to participate in selected managed care plans.**

MMC has begun addressing, with its medical staff, the restructuring of the health care delivery system in terms of cost, quality, and access. In 1994, we hope to develop with the medical staff a physician/hospital organization (PHO), an entity that can contract for managed care services.

We will also respond to needs expressed by physicians to develop alternative practice models in response to the changing economics of medical care. These could include offering practice management services.

#### **Goal #7 Define the community health care network and establish the acute hospital's role in the continuum of care.**

Our vision for the future projects the development of a community network of health care organizations to provide a continuum of care. That network would have defined measures of quality, outcomes, and health status, and include prevention, education, ambulatory care, acute care, home health care, long term care, hospice, and more.

GOALS, SEE P.2

## MMC is preparing for the future

Now that the consolidation discussions among Maine Medical Center, Mercy Hospital, and Brighton Medical Center are over, what's next? In the wake of Mercy Hospital's withdrawal from the discussions, MMC's trustees and administrators are asking that question as they confront a future that will require changes.

"We started the consolidation talks with one basic assumption," says MMC President Don McDowell. "We knew that the status quo, informal cooperation among the three hospitals, could not continue. Declining volume and excess capacity in the three hospitals would, we knew, ultimately lead to competition in order to survive.

"That was why we developed the 'Vision for Cooperation and Collaboration' that formed the basis of the consolidation discussion. We wanted to see if we could create the 'ultimate community hospital'.

"We still have the same goals," he says, "and we will continue to focus our efforts on meeting the community's health care needs in the most cost effective way with a constant concern for improving quality."

The Board of Trustees has re-established a Long Range Planning Committee, to look at the hospital's direction over the next few years. The Committee will revisit the last Long Range Plan, written in 1992, in light of the many changes since then.

The first question, McDowell says, is what MMC wants to be. "We've always been both a community hospital and a tertiary care hospi-

FUTURE, SEE P.2

Don't miss *your* Health Fair May 12! See p.8.

## Make plans for a special evening: "Swing Into Spring"

Once again, MMC employees will hit the stage, sharing their long-hidden talent with fellow employees! *Swing Into Spring* is a celebration of our renewal after a long, long Winter.

Wednesday, May 25  
Dana Center Auditorium  
at 1930 hours

If you would like to attend the show, please pick up your tickets (only two to a customer!) from Libby Lemieux, Dana Center Coordinator, on Monday, May 9 between 0800 and 1600.

Tickets will be available on a first come, first served basis. If you do pick up tickets, please use them so there will be no empty seats the night of the show!

The Talent Show Committee looks forward to enjoying this special occasion with you!

### GOALS, FROM P.1

During 1994, MMC will facilitate the development of a community task force to address the formation of a community network and define the role of the hospital within it.

### Goal #8 Participate at the state and national levels in the debate on health care reform.

Health care reform will be a major public policy debate in 1994, and the result of the debate will affect patient care, education, and research. MMC will express its views in legislative and political forums, and MMC representatives will actively participate in professional and civic organizations addressing health care reform.

If you would like a copy of the complete text of MMC's 1994 Goals document, call x2196 or come by the Public Information Office.

### Go to Bat for MMC!

Get together with your co-workers and make a banner to show what your department does!

The banners will be hung in the main corridor during the 1994 Annual Fund Employee Division Kickoff BBQ, June 22 and 23.

To sign up for a sheet to decorate, call Sharon in Development, x2669.

### FUTURE, FROM P.1

tal. We now have to decide if we want to be a part of a larger "system" delivering health care of all types at all levels. That was part of the 'Vision', to create an integrated health care delivery system for Greater Portland. Should we still attempt that?"

There is a growing tendency nationwide for hospitals to integrate with other health care providers. An integrated health care system provides primary care, home care, long term care, hospital care, and more in a "seamless" continuum of services. That is one option open to Maine Medical Center.

"Doctors and hospitals are natural allies in developing a quality, integrated system," McDowell says. "As managed care becomes more common, we, the health care providers, must be positioned to truly manage *care* as well as *cost*. We believe that the management of care must be led by physicians and that the management team must include the continuum of care providers operating in a coordinated fashion."

The future was discussed at the recent meeting of MMC's Board of Corporators, and many other discussions will take place over the next few months. Input will be sought from all the various "stakeholders" at MMC and in the community, as the Long Range Planning Committee does its work. A revised Long Range Plan will be presented to the full Board of Trustees in August.



# NURSING BI-LINE

A publication of Nursing Services

## Nurse To Nurse

The news of impending health care reform fills journals, papers, and television on a daily basis. It promises what it is, may be, or should be. As we await what form health care will assume and what changes it implies for all of us, customers and suppliers alike, there are decisions being made by states, by businesses, by third party payers, and by providers that move us down the road toward a new system with new values and new relationships. Whatever develops, it is likely that there will be a need to adjust our mental models and work in many spheres while other current practices will assume increased importance.

The theme for Nurses' Week, "Nurses Charting the Course for a Healthy Nation", sets the tone for a critical component of nurses' present and future work. Health promotion and disease prevention initiatives have been emphasized in nursing practice for decades despite the fact that nurses were largely engaged in "sickness" care roles. The task of helping the community to achieve programs and individuals to adopt behaviors that improve health is formidable but achievable.

Education is a powerful tool, and nurses use it to facilitate recovery and preclude the development of disease by sharing information and through demonstration of health promoting activities. There is a real appreciation for

individual needs for learning and every effort is made to match the approach to those needs. While these activities assume an overdue emphasis in a "reformed" health system, it is an aspect of practice that nurses have sought to integrate in the past and promise for the future.

Nurses celebrate the profession, our colleagues, and our own accomplishments during Nurses' Week. This time of recognition is important because it is well deserved and affords the essential opportunity for reinforcement and reenergizing. This week challenges us to recognize what we have done and where we will focus in the coming year. If we are to follow the theme of charting the course for a healthy nation, then we know that our efforts must incorporate principles of positive health practices as well as offering services in new and varied work sites. We have the necessary knowledge, skill, and capacity to promote health and provide care whenever needed. The future remains ambiguous but it is clear that we will help shape it and be valuable contributors to a healthier nation.

Thank you for being part of our past, present, and future and the good works you do with patients, families, peers, and other colleagues. It is my hope that you have a special Nurses' Week and a professionally satisfying year.

*--Judith T. Stone, RN  
Vice President for Nursing*

## Publications and Presentations

**American Nursing Review for Medical-Surgical Nursing Certification: An Indispensable study guide for the ANA Exam** is the title of a newly published reference book. MMC is proud to have several nurses on staff who made significant contributions to this text:

**Maureen Bien, RNC, MSN, Head Nurse, OR; Linda Brewster, RNC, MSN, R1; Pat Fallo, RN, MSN, CNA, Head Nurse, CICU/R9W; Susan Goran, RN, MSN, CCRN, Staff Development Specialist; Deborah Gordon, RN, MSN, CCRN, CICU; and Nancy Smith, RNC, MSN, Float Pool.**

## Nursing Research Project Comes to Life On Adult Units

Did you work April 10? Did you see pairs of nurses examining every adult patient on your unit? Did you see them making notes on laptop computers? Did you wonder *why*?

**Susanne Sinclair, RN, R4**, shares this story:

In 1990, **Candie Smith, RN**, Enterostomal Therapy Nurse, Nursing Resources, initiated a study to monitor the occurrence of pressure ulcers on five nursing units. Data was collected over a three-month period and showed that approximately 17% of patients on those units were reported as having a problem with skin integrity. Although there had been no standard method for determining what was considered a pressure sore, the findings still indicated that the issue of skin integrity needed attention.

A multidisciplinary Pressure Sore Committee was formed and co-chaired by Candie and Susanne. Members included an RN representative from each adult unit, as well as representatives from Physical Therapy, Nutrition Services, and Occupational Therapy. Physicians were asked to serve as consultants.

"The attendance and contributions of committee members has been phenomenal!" exclaims Susanne. "These folks have met monthly for over three years and continue to be enthusiastic. We've accomplished so much."

During early meetings, the committee identified needs and priorities and, as a result, changed their perspective -- and their name! The Skin Care Committee established these goals: develop policies and procedures for the management and treatment of pressure sores, including the use of a standardized risk assessment tool; evaluate and recommend products; provide clinical consultation for every nursing unit to help staff deal with concerns relative to preventing and treating pressure sores; and provide staff education. Rather than spinning their wheels, the committee started with a literature search on prevention and treatment of pressure ulcers.

When nurse researcher **Alyce Schultz, RN, PhD**, arrived, she began working with the

committee to develop what is called a point prevalence study. This is what resulted in the activity on April 10! The purpose of such a study is to develop baseline data on the prevalence and incidence of pressure ulcers at MMC, as well as to gather data on current documentation. After the study, the committee will implement its plan to solve the problems discovered and then measure again to determine whether the plan was successful.

**Candie Smith, RN, Susanne Sinclair, RN, Michelle Ambrose, RN, SCU, Sue Reeder, RN**, Nursing Resources, **Vonla Murdock, RN, OPD, Gail Ward, RN, R5**, and **Paulette Gallant, RN, R1**, were the core team of skin care "experts" who worked together before the study date doing inter-rater reliability studies to be sure they would all use the established criteria for assessing pressure sores consistently and accurately. At 0600 on Sunday, April 10, almost all Skin Care Committee members gathered together for this marathon project. They divided into teams of two or three and traveled to every adult nursing unit (except Labor and Delivery, Maternity, and P6). In eleven hours, these nurses performed chart reviews and did a visual skin inspection *on every adult patient at MMC!* Their data is now being tallied and will soon be shared with all staff.

Hats off to all Skin Care Committee members for their contributions to nursing research at MMC -- which will undoubtedly result in improvements in care delivery: **Cathy Trueworthy, RN, Jeannie Vigneault, RN, Rhonda Smith, RN, Lianne Bristol, RN, Elaine Corrow, RN, Paulette Gallant, RN, Sheila Lovejoy, RN, Pat Schlegal, RN, Carol Ryan, RN, Jeffrey Brown, RN, Simonne Sansoucy, RN, B. Grant, RN, Gail Ward, RN, Sara Vreeland, RN, Michelle Ambrose, RN, Sue Brown, RN, Terese Qualey, RN, Vonla Murdock, RN, Nicole Irvin, RN, Sandy Bragdon, RN, Nancy Quint, RN, Linda Currier, RN, Susanne Sinclair, RN, Sue Reeder, RN, Candie Smith, RN, Linda Malmquist, RN, Deborah Kinney, RN, Vicki Webster, RN, Kathy Nadeau, RN, Alyce Schultz, RN, PhD, Rosellen Taylor, RN, Peg Shapiro, PT, and Meg Sutton, OT.**

## Prevention and Management of Pressure Ulcers

Based on a cumulative, multidisciplinary effort, MMC's Skin Care Committee members are pleased to offer nurses and other health care professionals a "Standardized Approach to the Treatment and Management of Pressure Ulcers". The 4-hour program is designed to provide up-to-date, practical, and theoretical information in the following areas:

- Pressure Ulcer Etiology
- Prevalence and Incidence
- Braden Scale: Identifying Those at Risk
- Managing Moisture, Friction, & Shear Forces
- Nutritional Considerations
- Staging and Classification of Pressure Ulcers
- Principles of Moist Wound Healing
- Pressure Ulcer Treatments
- Documentation and Utilizing MIS for Care Planning
- Patient Education and Discharge Needs

Wednesday, June 1	0800-1200	Dana #3
Wednesday, June 1	1200-1600	Dana #3
Tuesday, June 7	0800-1200	Dana #1
Tuesday, June 7	1200-1600	Dana #1
Thursday, June 9	0800-1200	Dana #9
Thursday, June 9	1200-1600	Dana #1

Please call Pat Nadeau in Nursing Resources, x2397, to reserve your space.

## MMC Responds To An Aging Society

Today we are living in an aging society. The number of young adults in the United States is shrinking while the population of middle-aged and elderly persons is rapidly increasing (Francese, P. 1988). Maine Medical Center is feeling this trend. In the past five years, the number of patients over the age of 65 has grown. As we look toward health care of the future, we recognize that the older age group must be a part of MMC's long range

plan.

Since early February, a geriatric program has been in evolution. A three-member Geriatric Assessment Care Team has begun to explore the unique issues of this older population. The care team, comprised of **Kathy Nadeau, RN, MS**, Geriatric Nurse Coordinator, **Joel Botler, MD**, and **David Scotton, MD**, has been reviewing the literature, meeting with various MMC departments and individuals who work with the elderly, and developing goals and tools for targeting the "fragile" elderly at MMC.

P3CD has served as a pilot unit for the testing of assessment tools and evaluation of selected patients. With the overwhelming support of additional "team" members -- nursing staff, primary care physicians, physical therapy, occupational therapy, nutrition services, social work, speech pathology, geropsychiatry, rehabilitation medicine, pharmacy, utilization review, continuing care coordinators -- the following outcomes have already been achieved:

- 1) A weekly multidisciplinary geriatric rounds for the purpose of:
  - Assisting to preserve and maximize functional abilities of specific hospitalized geriatric patients;
  - Serving as a catalyst in the coordination of discharge with the ultimate goal of keeping the geriatric patient in their home and;
  - Identifying physical, social, and psychiatric issues that would benefit from a team approach.

- 2) Education for staff concerning the management of the geriatric patient.

- 3) A "Senior Dining" experience which allows for greater social interaction among elderly patients.

The Geriatric Assessment Care team plans to target other nursing units which have a large number of older patients. The team will also be available for consultation within and outside Maine Medical Center. For more information, contact Kathy Nadeau, x4590.

--Kathy Nadeau, RN  
Geriatric Nurse Coordinator

## Skin Care Fair

- ◆ Exhibits of products and devices
- ◆ Educational materials
- ◆ Booths from a variety of areas
- ◆ Consultation and answers to concerns
- ◆ SURPRISES!!!

Cafeteria Conference Rooms B & C  
1430 June 29 through 1030 June 30

## Humor Through The Eyes Of A Child

Did you know that humor is directly related to a child's mastery of the world? From infancy on, humor gives children a way to lessen fears or deflate discomfort. For children and adults, laughter is often a release of tension, an expression of relief that a moment of high anxiety has passed. Children have a unique brand of humor; certain jokes thrill them at distinct stages of their growth and development. Children find things funniest when developmentally they're on the verge of comprehending the concept linked to the joke. For instance, a game of peek-a-boo entralls the eight-month-old who's just learning that her mother will reappear but bores a two-year-old who has come to expect it.

A sense of humor is first evident when toddlers begin to understand fantasy and language. Having mastered how things work and what they're used for, children eighteen months to two years old love games that switch what's plausible with what's not. One of the best ways to get a laugh from a two-year-old is to put a banana to your ear and say "Hello, Hello!" A love of incongruity explains why toddlers are crazy about slapstick. For example, a two-year-old knows perfectly well that chairs are meant for sitting. Pretend that you can't get a chair to work right, that you'll fall off it every time you try to sit on it: you'll bring the house down with laughter from your toddler.

Two- and three-year-olds love to try out word play, and usually they begin by purposely misnaming objects. A three-year-old calls the dog by saying something like this:

"Here Kitty, Kitty." Or he points to a bowl of grapes declaring, "I want some of that spaghetti." This is also the age of bathroom humor. "Potty talk" is a way for children to test their increased verbal savvy and their newly won independence. Children know that certain words are not nice to say; but these words get plenty of response whether from a critical audience (you) or from adoring fans (their peers). Bathroom humor can also serve a practical purpose. Laughter punctures the tension younger preschoolers may feel about potty-training. For children past this stage, bathroom humor is a way of proving that they have conquered what was once a source of stress.

Four- and five-year-olds love sharing jokes and their laughter is highly contagious. Sharing jokes is satisfying at this age because the experience cements friendships; it's a way of bonding. It's a way of saying, "I find this funny and so do you." What enhances their enjoyment of a joke is that they recognize that only another four- or five-year-old will be laughing as hard as they are, that they each *got it*. Humor, after all, is the great socializer.

School-age children graduate from simple word play to rhymes, puns, and jokes. First and second graders love "knock-knock" jokes. The reason for this is that knock-knock jokes not only involve abstract reasoning and double meanings, but also allow the joke-teller to feel intellectually superior to the listener. I know at times every parent has had to struggle to muster a smile when responding to the same knock-knock joke or slapstick routine over and over again. But what parent hasn't happily succumbed to a case of the sillies caught from their child or gratefully ridden a wave of laughter over a parenting rough spot?

I believe one of the greatest gifts we give our children, whether we are pediatric nurses, parents, grandparents, or just friends, is humor; it's a key that can open many doors.

—Kimberly Carll, RN  
Assistant Head Nurse, R2

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

Lakefront contemporary, 680' frontage, 2.3 acres, 3 BR, 2 FR, 3 baths, 2 FP, 2 car garage. Unique landscaping, stone walls, masonry, decks, all the extras! Only \$204,500. Vacation every day in this home! Call 829-3782 anytime or 892-1300 days.

Sealy Posturepedic queen size box spring and mattress set. Barely used, only 1 yr. old, \$450. Call 885-5857 eves.

1985 Viking 175 pop-up camper, sleeps 6, great cond., \$1,500. Call 642-4896 after 6 p.m.

Yard sale, Sat. May 14. 0800--1500. 436 Bridge Street, Westbrook. Clothes, household items, misc. Something for everyone.

1975 Nova SS 350 motor w/350 trans. with shift kit, 10 bolt posi, Cragar SST rims, new U joints, fluids, Edelbrock carburetor, valve covers, sunroof, Virginia car. Runs great. \$4,000 or BO. Call 856-6455.

1983 Subaru, runs great. Very little rust. 5 speed, 4-door, loaded, well-maintained. \$1,200. Call 892-7177.

Men's black leather jacket, size 42. Practically new, worn only 5 times. \$400 new, will sell for \$175. Call 767-1270 afternoons.

Cumberland Foreside, Wildwood Park, split foyer, 3 BR, 1 1/2 baths, 2 car garage, game room, 2 1/2 acres, neighborhood beach. \$210,000. Call 781-5685.

Men's Univega red 10-speed, panier pack, some tools, air pump/bottle cage, Kryptonite lock and holder, mirror, fenders, upright handle bars. \$150 or BO. Call 775-1034.

Lovely, sunny, 3 BR home in Cape Elizabeth, near Fort Williams. HW floors, fireplace, 2 full baths, family room w/deck. Dead-end street. Avail. mid June. Sale price negot. Call 799-1068.

1979 Chevy pick-up. State inspection sticker good through May. Runs well. \$350 or BO. Call 799-7582 after 6 PM.

Sears Lifestyler 2400 electronic rower. Brand new, never used. \$90.00. Call 799-4288 after 6 PM.

1982 Harley Davidson XLH commemorative edition. Very good cond., w/extras. \$3,200. Call 445-4391.

1988 Ford Ranger, standard, 61 K, new tires, exc. cond. Asking \$3,500. Call 797-2568.

1987 Boston Whaler Newport, 90 HP Mercury, trailer, VHF, FF and canvas, low hours. Bristol cond. \$10,500 or BO. Call 767-5914.

1969 21.5' Slickcraft, double hull, fiberglass, IO, cuddy cabin, head, compass, depth finder, automatic bailer, canvas, anchor, flares, vests, etc. Shorelander galvanized trailer, Chevrolet 160 HP, straight 6 cyl. w/Mercruiser outdrive. Hull and outdrive are fine, engine needs repair. \$3,000. Call 443-5098.

1978 Chevy C-20 Camper Special. AT, PS, PB. Extra heavy-duty truck. 73,000 one owner miles. Like new. Camper package avail. Call 892-2000.

Pick-up truck camper. Oven, stove, refrigerator, furnace, hot water heater, shower, toilet. Exc. cond. \$2,200 or BO. Call 892-2000.

The deadlines for announcement-length items and **MARKETPLACE**  
May 4 for the May 18 issue  
and  
May 18 for the June 1 issue.

All items must be in writing.

### FOR RENT

Quiet, 1 BR apts., 3 blocks from hospital. \$350-\$460/mo. incl. heat & hot water. Recently remodeled, HW flrs., shared deck. Avail. 5/1, call 829-6155 and leave message.

Mint condition 4+ BR home, 1 1/2 baths, whirlpool, 2 FP, HW flrs., FR, garage, lg. yard, private. Excellent Cape Elizabeth location, walk to beach. Lease, sec. dep., refs, \$1,250/mo. + utils. Call 799-7449.

Cozy Cape w/daylight basement and private patio. Includes all major appliances, fireplace, lawn care and snow plowing. Oil heat. No pets. Call 773-5144.

Summer house rental. Portland historic district. June 18-Labor day. 7 rooms fully furnished. Walk to museum, Old Port. \$2,000 + utils. for season. Refs. and dep. Call 774-7771.

Lake camp near Farmington. Gas and wood stove. Elec. fridge, outhouse, 3 BR. Swimming, porch, boating. \$200/wk. + refs. Call 774-7771.

Lovely, sunny, 3 BR home, Cape Elizabeth, near Fort Williams. HW floors, fireplace, 2 full baths, FR, deck. Dead-end street. Avail. mid June. \$1,100/mo. Call 799-1068.

Oceanfront condo. Samoset in Rockport, ME. 2 BR, sleeps 6, week of May 29-June 4. Call x4238 days or 934-9356 eves. or weekends.

Avail. end of June. 1850 Cape near MMC, 5 BR, 2 baths, HW floors, formal DR, LR w/wood stove, K w/coal cook stove, study/playroom, W/D hook-up, deck, garden, yard, sauna, 1 car garage & parking. \$1,200/mo. + utils. Sec. dep., refs. N/S, no pets. Call 772-5672, or RP 968.

Near MMC. Clean, quiet building, 2 room effic. for single, all utils., off-street parking, N/S. No pets. Furnished or not. Call 998-2373.

Stroudwater, July-August, 4 BR, 2 1/2 baths, LR, DR, FR, eat-in K. Call 773-6072.

### CHILD CARE

Licensed child care in my home. Call 773-3745.

### WANTED

Responsible couple looking to rent a 1 or 2 BR apt. or small house in Falmouth-Yarmouth-Cumberland-Freeport area. Call 871-2834.

Housing for student to work at MMC this summer. Seeking room or apt. to rent 6/24-8/30. Call (919) 419-8316.

Jobs for exp. home builder. Avail. for repair and remodeling projects. Reasonable rates. Call 773-4481.

## What's Happening at MMC

- May 6 Mild Head Injury conference. 0730-1200, Dana Auditorium. Call Kathy Kaczor, NERH-P, 828-5624 or 775-4000.
- May 12 **Health Matters Employee Health Fair**, 1000-1500, Dana Lobby.
- May 19 **MMC Honor Night**. Holiday Inn By the Bay, 1730.
- May 25 "Swing Into Spring," Talent Show. 1930, Dana Auditorium.
- June 4 Maine Medical Center's Children's Miracle Network Telethon begins, 2100. Watch for details!
- June 22 Annual Fund Employee Division Kickoff begins. Courtyard.

## Deadline approaching for nursing scholarships

The Scholarship and Loan Committee of Maine Medical Center's Department of Nursing Services will soon consider grants for the 1994-95 school year.

Any MMC employee enrolled in or accepted into an accredited nursing program (MS, BS, AD, Diploma, LPN, CNA) is eligible to apply. The committee considers grants for both Spring and Fall semesters at the same time, so applicants should anticipate their needs for the full year.

Applications are available in the office of the Vice President for Nursing. The application deadline is July 8. For further information, contact committee chairperson Suneela Nayak, MSN, RN, Nursing Resources, x2397.

## EAC sponsors two tours

- Rockhounds, take note of this trip for a quarry tour at Mt. Apatite May 21. Tour leaves at 1000 and returns at 1600. Limited to 10 people, \$20 per person, including transportation and tools. Contact Lynn, x4026.
- Come cruise with EAC on the Prince of Fundy, departing June 18, 2100, and returning June 19, 2000. Economy cabins, \$64 per person, double occupancy. Standard cabins, \$84 per person, double occupancy. For more information, contact Marian, x4502.

- 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

**ADMITTING:** Wanda Hincks

**CARDIOLOGY:** Kenneth Cournoyer

**DATA MANAGEMENT:** Klaus Steinort

**ENVIRONMENTAL SERVICES:** Corey Barker, Joseph Bernard,

**FOOD SERVICES:** Amanda Conley, Michael Dibiasse, Candie Hazelton, Jamie Mallory

**NURSING:** Lisa Joseph, Angela LaFlamme, Paula Lessard, Robert Rankin, Sylvio Roy, Karin Schott, Moira Toohey

**PATHOLOGY:** Jennifer Ela, Anne Foote, Belinda Post, Claudette Quinones

**PATIENT ACCOUNTS:** Dawn Wood

**PSYCHIATRY:** Rebecca Paulding

**PULMONARY MEDICINE:** Jeffrey Shope

**SOCIAL WORK:** Sue-Ellen Muse

## CPQI Lunch & Learn Educational Sessions

*How to Run an Effective Meeting*

Friday, May 13

1200-1300

Dana #4

*Idea Generating Tools*

Wednesday, May 18

1200-1300

Dana #2

NON-PROFIT ORG.

U.S. POSTAGE  
PAID

Portland, Maine  
PERMIT NO. 35