

# Quarterly

ANNUAL REPORT EDITION • WINTER 1995

## MERGER PAVES THE WAY TO IMPROVED COMMUNITY SERVICE

## Brighton Bear Helps Prepare Children For Surgery

There's a new celebrity on the staff at Brighton Medical Center. And although you won't find him scrubbing up or checking charts, he'll soon have a very visible presence in pediatric surgery.

His name is Brighton Bear, and this furry character is part of an innovative educational program designed by the nursing staff at Brighton Medical Center to help better prepare parents and children for a child's elective surgery.

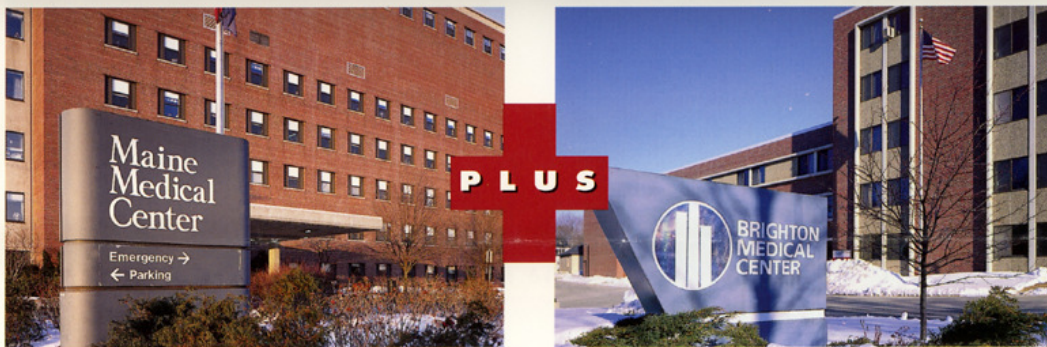
The program, which has been in the developmental and trial stages for just over a year, was created in response to the need for a comprehensive pre-operative pediatric program that focuses on maintaining a consistent standard of care. The main objective, according to Joanne Slade, R.N., a member of the planning team, is "reducing anxiety."

Surgery can be a traumatic ordeal for most kids. Previously, there was no educational process, besides what the parents themselves could muster or what the staff could do the morning of surgery amidst all the confusion of pre-op. "We're dealing with a much more educated public," said Ms. Slade, citing the fact that kids are exposed to graphic hospital images on any number of television programs, and that they can carry those images with them. The purpose of the program is to reduce stress for both the child and the parent.

The Brighton Bear Program is targeted to take place on Tuesday afternoons, after school and work hours, and no more than one week prior to surgery. In an effort to make the child more familiar and comfortable with hospital procedures and sur-

(continued on page 3)

(continued on page 7)



**S**oaring medical costs have brought about numerous changes in the health care field. It has thus become top priority for health care providers to find innovative ways to continue administering quality service while responding to financial concerns.

Brighton Medical Center and Maine Medical Center are responding to this challenge with a pioneering merger of the two facilities. According to Brighton Medical Center President James Donovan, the coming merger will result in improved community service, lower costs and improved health education and access for the Greater Portland area.

The concept for creating an integrated delivery system began three years ago with Portland's three hospitals — Brighton Medical Center, Maine Medical Center and Mercy Hospital. In April 1994, Mercy dropped out, but the remaining two chose to forge ahead with the merger, in an effort to help address quality vs. cost issues.

"That's why we're doing it," said Donovan. "Because we do believe that bringing together the two organizations and starting to build a network of care will allow us as providers to better address what our customers want and what the market demands. It will allow us to focus on cost by reducing some of the duplication in the system and deal with areas of unmet need. By reducing duplication, we will free up

some funds to put into other areas."

Donovan stressed that while the two facilities will be governed by one board of trustees, they will continue to maintain separate identities. What's most important in the equation, however, is that the two organizations share a mutual vision for the future, one that has been jointly developed and reconfirmed throughout the merger process.

"Organizations such as ours and Maine Medical Center are at the greatest risk," said Donovan, in reference to current health care trends, "because we're the most costly settings for the services we provide as acute care hospitals. What managed care wants to do is move those services from the more expensive settings to the less expensive ones, such as out-patient treatment and home care, which is the fastest growing site of health care delivery. And with this merger, we're responding to market demands. Right now those center around the growth of managed care. And the managed care companies that are moving into the area make no bones about it — they want to lower costs for their subscribers.

It's up to us as providers to ensure continued quality service. We won't do anything to reduce cost that will reduce quality. That's our responsibility."

When the merger is finalized, consumers will not see any immediate changes. "The process," explained Donovan, "will be an evolutionary one." He estimates it will take up to 24 months to implement the process to eliminate duplication of services and develop a new configuration of services.

Though there are current examples of managed care available to draw from in various parts of the United States, he stressed that changes will be driven from within the two organizations. "We don't believe the health care model of the future exists anywhere right now," he said. "Even places that are known to be on the forefront of managed care — California, Minnesota, parts of the Southwest — are changing as rapidly as we are. We believe we can build the best model for the Portland area. While we will use outside help as we need it, we don't want to bring



# PATIENT SUPPORT COUNSELOR HELPS TERMINALLY ILL DIE WITH DIGNITY



**M**arla Sax, Registered Nurse Counselor, works with patients and families in the final stages of illness, during dying and the bereavement process. She counsels patients who have been told they are terminally ill.



As Brighton Medical Center's new Patient Support Consultant, Sax provides support and counsel throughout the tumultuous and often frightening process of dying.

The new position was created at Brighton to "meet and exceed the standards set forth in the Joint Commission on Accreditation of Healthcare Organizations' guidelines for hospitals," said Vice President of Nursing Ruth Walton.

According to the Commission's guidelines, hospital staff should provide support for the psychological, social, emotional and spiritual needs of the patient and family and demonstrate respect for the patient's values, religion and philosophy to "optimize the patient's comfort and dignity." At Brighton, the Patient Support Consultant works with the physician and nursing staff to make sure care meets these standards and integrates the plan with all members of the health care team. "It fits in with our osteopathic tradition," said Walton, "to look at the person as a whole, not just at their disease, and to ensure that their psy-

cho-social care is provided."

"Before I entered administration," said Walton, "as a nurse and direct care giver, I always felt there was more we could do for dying patients and their families. It's so easy to get into an avoidance pattern and become task-oriented. If a patient is known to be dying, the nurse may not feel capable of talking to that patient about it because he or she has not had the additional training that this type of interaction requires. Confronting the issue is often difficult for caregivers." As a result, Sax is offering monthly workshops and support groups for staff to facilitate the development of these skills.

"People are afraid to deal directly with these issues," said Walton. "But the patient needs someone to be there. Marla has special skills and training, and she is the kind of person who isn't threatened by dealing

directly with these issues. She consults with the nursing staff in the development of a comprehensive plan for dealing with the patient's emotional needs."

As Patient Support Consultant, Sax takes a gentle, yet direct approach, confronting the issue the first time she meets with the patient rather than dancing politely around it. "Sometimes, all they need is someone to talk to. So many people don't know how to talk about death.

These people have very definite questions, feelings and emotions. That's where I come in. I help them work through all the emotions and move toward a point of resolution regarding their illness and death."

A registered nurse, Sax's background in assisting the terminally ill began 16 years ago when she attended a two-year training program given by the Clear Light Society in Boston, Massachusetts, an

"IT FITS IN  
WITH OUR  
OSTEOPATHIC  
TRADITION."  
— RUTH WALTON  
VICE PRESIDENT OF NURSING

organization that offers death support assistance. "When my father-in-law was dying, we needed to focus on the feelings, not just the diagnosis," said Sax. "As a family, we rallied together and helped prepare him and ourselves for his death. I was very motivated after that to assist others in looking at how we care for the ending of our lives."

Before becoming Brighton's Patient Support Consultant, Sax was a Level III R.N. in the Obstetrics Department at Brighton. For the past two years, she has been part of the University of Maine's Professional and Adult Education faculty, offering programs on spiritual care for the dying and their families, and has also served as a relaxation and imaging trainer in the Portland area. Earlier in her career, she worked with adolescents at risk and was a childbirth education instructor. In the fall of 1994, Sax received her Certification in Bereavement Counseling from the American Academy of Bereavement.

In her new position, Sax also helps a patient's family members, friends and fellow nurses work through their emotions.



# Two New Procedures May Reduce Need For Major Surgery

**T**wo new medical procedures now available at Brighton Medical Center reduce the need for major surgery among patients who qualify.

## A NEW BREAST BIOPSY TECHNOLOGY

A breast biopsy that uses a needle and a mammography on an outpatient basis can, in some patients, replace general surgery when the source of a woman's mammogram abnormality needs to be clarified by microscope examination of tissue. Called a stereotactic breast biopsy, the procedure is done with local anesthesia and takes about an hour.

"It's an excellent way to determine a diagnosis when the abnormality isn't obviously malignant," said James Place, M.D., a diagnostic radiologist who has worked in breast biopsies for six years.

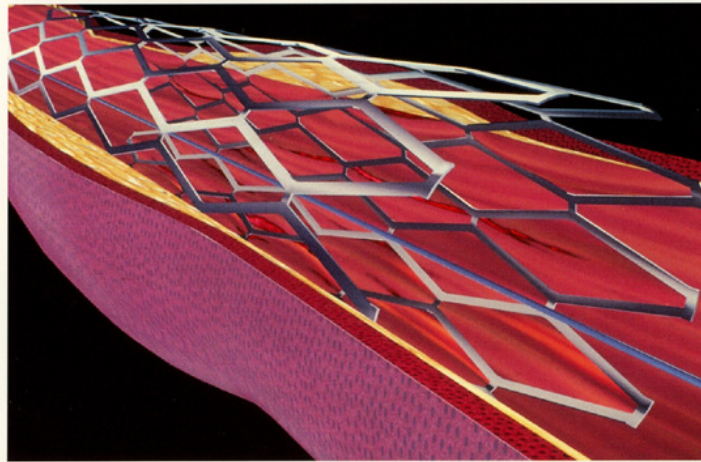
"For example, if a woman's mammogram comes back with a calcification or nodule, but we cannot readily see if it's malignant, we can do a stereotactic breast biopsy with a needle to get a sample of the

tissue. This saves the patient from going through a major operation to get the same results," he said.

Dr. Place, however, is quick to point out that the procedure is only for women whose

mammograms don't show a malignancy.

"If there is a probable malignancy, then there's no question that we would go into surgery. Only in surgery can we look at other areas of the breast and lymph nodes



An extended stent lattice as it appears in an artery.

Made of stainless steel alloy, the stents are latticed tubes that are inserted with a catheter into the artery after a balloon angioplasty has been performed. The devices then remain in the body to maintain blood flow and improve circulation.

Since the stents were first introduced at Brighton Medical Center, 35 have been implanted with excellent results, according to Kenneth Cicuto, D.O., a radiologist with Brighton for 13 years whose subspecialty is interventional radiology.

The stents were approved by the Food and Drug Administration in May of 1992 for use in the iliac, or pelvic arteries. Dr. Cicuto has implanted them in patients who suffered from leg pains or other maladies resulting from a lack of blood flow to the lower extremities. Often, a balloon angioplasty was performed on patients before the decision was made to implant stents, but results of the angioplasty were inadequate or not long-lasting. The stents keep the arteries open longer than traditional angioplasties, which allow most to stay healthier longer. They also help patients avoid major surgery, such as a bypass operation, to correct the hardened arteries when angioplasty fails.

Brighton Medical Center is the only hospital in Southern Maine presently offering the procedure, according to Dr. Cicuto.

Stent implants are conducted while the patient is under IV conscious sedation with a local anesthesia in the groin area. The procedure is a delicate one as it requires an angioplasty and the insertion of the stents into the artery through vascular imaging, in which the operating physician must

## MERGER (CONT.)

a model that may have worked in Tucson and try to plug it in here. We do not think that's in the best interest of this community."

One of the most recent and significant steps toward the merger has been establishing the credentialing and privileging system, to accommodate both M.D.'s and D.O.'s. "We want to develop a level playing field in the community," said Donovan. "Access to privileges at Maine Medical Center for osteopathic physicians has been a major issue from the beginning, and we're now seeing changes taking place to facilitate that access based upon a physician's clinical competence, not based on the initials after his or her name."

And this access will be necessary as duplicate services are eliminated. For the consumer, it will eventually mean a reduction in choice as to the site of their treatment in the future, but the benefits, Donovan asserted, outweigh the limiting of choice. "With a few exceptions, the two hospitals now offer two of everything. In the next few years, some of these services will be moved to one or the other location. We will define, through specialization,

how the bricks and mortar will be used." He understands there might be consumer concern, but it will quickly be alleviated. "The reduction in choice will be more than offset by the advantage to the community, as we work to consolidate programs, to improve access and service, and to better control costs. And we hope to work with other health care providers — nursing homes and home health agencies, for example — to create an integrated delivery system for the community."

And community has been, and will continue to be, the focus throughout the process. "The community will be the ultimate beneficiary of this merger," concluded Donovan. "Our ability as health care providers to work together, to pool our resources and our strengths, will allow us to better serve the people of Maine through cost reduction, education and improved access, as we move forward and respond to the financial pressures that are being placed upon all health care providers these days."

to see if the cancer has spread. This new procedure is ideal for patients whose mammography study results fall into a 'gray area' by mammographic criteria," Dr. Place said.

Dr. Place said there are basically two types of abnormalities that show up on a mammogram.

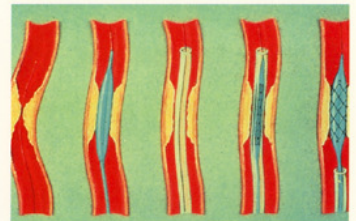
"One type of abnormality is calcification, small particles of calcium that can indicate cancer," he said. "The other type is nodules, round lumps, of which 80 to 90 percent are benign. When we see these and they are not clearly malignant, we need to do a biopsy to be on the safe side. Because the final answer is always under a microscope."

The new stereotactic procedure, he said, is an ideal way to deal with the high number of questionable lumps that show up as problematic on a mammogram that could very well be benign.

"This procedure can prove whether there is a malignancy or not while decreasing the chance of cosmetic problems," he said. "General surgery, on the other hand, can be a far more complicated process with general anesthesia and the recovery that follows."

## PROCEDURE IMPROVES BLOOD FLOW

Another advancement now available to patients at Brighton is the ability to insert vascular stents during angioplasty to improve blood flow through arteries that have narrowed or hardened.



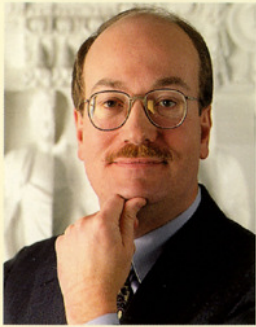
A blocked artery and the onset of angioplasty. Artery opens up after stent is inserted.

conduct surgery using a television screen. Although angioplasty and the implanting of the stents are not considered major procedures, the patient is kept in the hospital three days for observation.

"The great thing about the stents procedure is that it gives patients another option, in lieu of surgery, which can allow them to have a better lifestyle with minimal risk and acceptable results," said Dr. Cicuto.



# ANNUAL



**JAMES W. DONOVAN**  
**PRESIDENT**

**PRESIDENT'S MESSAGE**

## 1994

*Was another in a series of fine years for Brighton Medical Center. The total number of patients cared for increased over the previous year and based upon feedback to us, patients' satisfaction with the services received remains at the highest levels.*

All members of the Brighton family have dedicated themselves to providing excellent service to our patients and their families. It shows in everything they do.

A highlight of 1994 was the effort on the part of the entire organization to prepare for the Joint Commission on Accreditation of Healthcare Organizations survey. The three member survey team spent three days reviewing, in great detail, patient care processes, physical plant and safety matters,

employee related policies and procedures, and medical staff, management and Board responsibilities. In all, the surveyors checked compliance with almost 2,000 individual standards designed, in a whole, to insure the appropriate delivery of quality patient care. It was a long three days for all concerned!

In the final JCAHO analysis, Brighton's results placed it among the top 5% of hospitals surveyed nationwide. In recognition

of this, Accreditation with Commendation was awarded. As Brighton's President, I am extremely proud of this accomplishment and of all those who helped make it happen. Recognition is due to our fine Medical Staff and employees as well as the entire management team. This quintessential team effort is evidence of the Brighton family's dedication to our patients and community.

I believe it's safe to say that the reform of health care delivery across our nation is

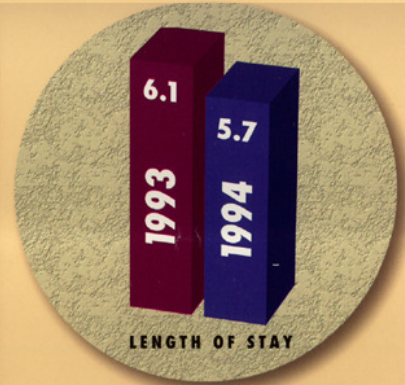
*(continued on page 7)*



**ADMISSIONS**

**BRIGHTON MEDICAL CENTER  
FINANCIAL HIGHLIGHTS**

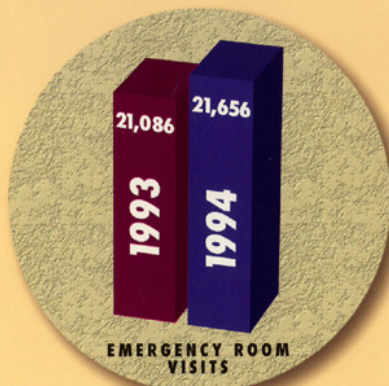
	AUGUST 31, 1994	AUGUST 31, 1993
Revenue from Services to Patients	\$56,572,460	\$55,369,933
Revenue from Other Sources	935,943	1,458,385
Less Charity Care and Write-Off for Those Unable to Pay	2,002,700	2,147,976
Amounts Not Received as Full Payment from Third Party Payors Due to Federal and State Regulations	15,221,055	14,165,387
<b>Total Revenues</b>	<b>\$40,284,648</b>	<b>\$40,514,955</b>
Expenses Associated with Providing Care to Our Patients	\$38,541,078	\$37,845,089
Excess Funds Generated to Retire Debt and Invest in Plant and Equipment	\$1,743,570	\$2,669,866



**LENGTH OF STAY**



**BIRTHS**



**EMERGENCY ROOM VISITS**



**SURGERY PROCEDURES**

# REPORT



**KENNETH W.  
LAGEROOS, D.O.,  
MEDICAL STAFF  
CHAIRMAN**

**MEDICAL STAFF CHAIR REPORT**

Nineteen hundred and ninety four was a year of growth for the medical staff of BMC. 51 new members were added to the staff: 8 podiatrists, 37 M.D.'s and 6 D.O.'s. These physicians represent growth in both primary care and subspecialty services, such as critical care, infectious disease, pulmonary medicine, pathology and surgery. The addition of these fine physicians complements our current staff and enhances the quality patient care provided at Brighton Medical Center.

Growth is also occurring in other areas. The elected officers of the medical staff embarked on a program of leadership development. Key leaders attended national conferences in the company of senior administrators and Board members in order to prepare for the coming changes in health care delivery. Leadership development programs were offered to all elected officers and committee chairs to increase their understanding of the issues and help them fulfill their responsibilities. The benefits of these self-education programs were recently apparent as Section Heads and Staff Officers engaged in discussions with their peers at Maine Medical Center. The leadership is now better prepared to guide the staff through the times ahead.

Brighton Medical Center has a long history of service to the community. 1995 will be a year of challenge as we adapt to change while continuing to provide the high quality of care for which our hospital is well known. With continued growth of the medical staff and continued leadership development, Brighton Medical Center will be prepared to meet this challenge. ◻

**CHAIRPERSON'S REPORT**

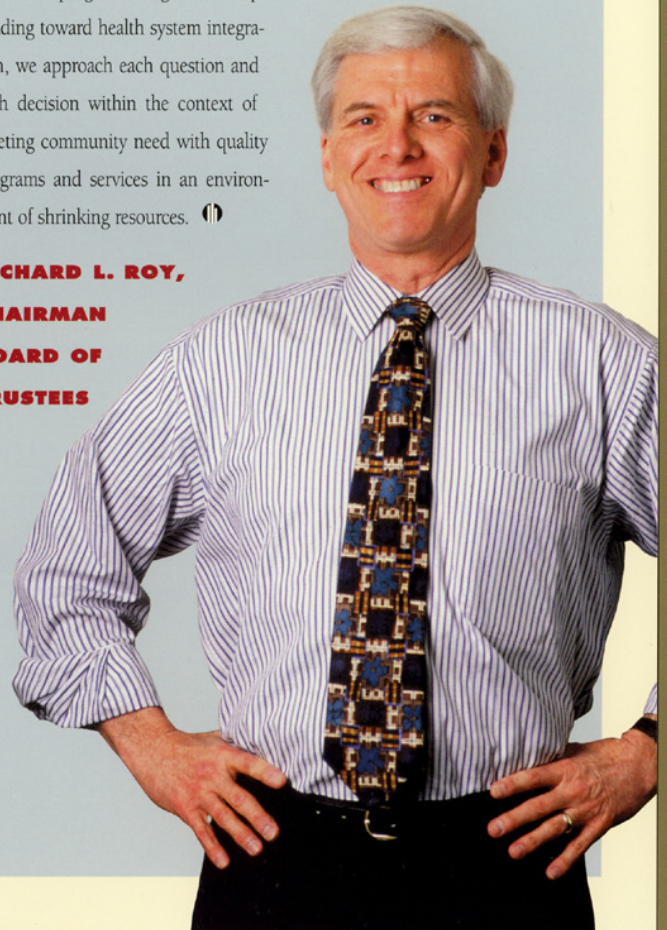
*Our health care environment is continuously changing and your community representatives serving as Brighton Medical Center Trustees must adapt to these many changes. We would like to thank each of them for their dedication to the hospital and its mission to service our many communities.*

Unfortunately, there is not enough space to properly recognize all of the many accomplishments of our medical staff, our employees and our administration. We must, however, highlight the award of Accreditation with Commendation from the Joint Commission on Accreditation of Healthcare Organizations. This outstanding level of achievement, attained by only 5% of the surveyed hospitals Nationwide, reflects the successful efforts of our organization in continuing to provide high quality care for the people we serve.

Brighton Medical Center continues to be committed to a vision of cooperation and collaboration with Maine Medical Center that will lead to an integrated health care delivery system which will be able to operate more efficiently by consolidating services and maximizing the use of resources. Pursuant to a July "letter of intent" with Maine Medical Center, the processes to address the issues of integration of Medical Staffs, regulatory approvals and due diligence are continuing.

As we progress along this new path heading toward health system integration, we approach each question and each decision within the context of meeting community need with quality programs and services in an environment of shrinking resources. ◻

**RICHARD L. ROY,  
CHAIRMAN  
BOARD OF  
TRUSTEES**



# brighton babies

*Happy at home.*



## REDUCING COST WITHOUT SACRIFICING CARE

**T**hird-party health care providers, in an effort to reduce their costs, are beginning to limit hospital stays from 48 hours to 24 hours for new mothers with uncomplicated deliveries.

The nursing staff at Brighton Medical Center has turned this initiative into an opportunity to provide patients with comprehensive service, rather than with less, at no additional cost.

The "Brighton Babies, Happy at Home" program was developed within the nursing department as a result of the requisite shorter stays to make certain new mothers obtain the education they need to care for their newborns in spite of less time in the hospital.

What contributes to good, safe care is the education of the mother, according to Ruth Walton, Vice President of Nursing Services. "In an effort to make sure that

education happens," she said, "the nursing department wanted to set up a comprehensive program that provided the education in advance of the hospitalization." She added that the 24-hour stay was an inadequate amount of time to prepare a mother and address her concerns. "We can't defeat the fact that insurance companies will only pay for a 24-hour stay," she said, "but we can respond to the situation by providing the necessary care in another fashion."

"Happy at Home" is a progressive model of family-oriented obstetrics care that places emphasis on the individual. It features a combination of prenatal educa-

tional programs and one-on-one care provided by a personal Nursing Care Manager. Services begin in the first trimester of a woman's pregnancy and continue through 72 hours after delivery. The patient may be referred by her physician, or she may inquire about the program on her own — the only criteria being that the attending physician delivers the baby at Brighton Medical Center.

At the onset, the patient will be linked with a Nursing Care Manager who will manage the patient's care throughout her pregnancy, act as the primary nurse during the intrapartum period, establish a discharge plan of care, make a follow-

up phone call 24 hours after discharge and make an at-home visit to the mother and child within 72 hours of delivery. This allows the patient to develop a relationship with one nurse, rather than a series of nurses throughout her pregnancy. For the patients, it means more personalized care and better familiarity with the caregivers.

Within the program, there are a number of classes available to expectant mothers and their support persons: "Pregnancy and Its Effects" outlines the changes a patient will undergo throughout pregnancy; "Baby Basics" offers instruction in day-to-day infant care; "Parenting" examines ways in which life will change once the baby is born; and "Safety in the Home"

demonstrates how to prepare a safe environment for the child. Optional classes include instruction on breast feeding, pediatric C. P. R., Lamaze and instruction



(continued on page 7)

**ATTENDING STAFF MEMBERSHIP**

*Department of Medicine*

*Section of Emergency Medicine*  
Bryan L. Beck, D.O.  
Spence R. Bisbing, D.O.  
Teresa D. Boyd, D.O.  
Elizabeth M. Del Prete, D.O.  
Jeffrey J. Holmstrom, D.O.  
Lane M. Kaplan, D.O.  
Jonathan W. Karol, D.O.  
Raymond P. Kelly, D.O.

*Section of Family Practice*

Leigh D. Baker, D.O.  
John C. Brewer, D.O.  
Andrew J. Candelore, D.O.  
Alan C. Carter, D.O.  
Jacquelyn B. Cawley, D.O.  
H. Manning Chase, D.O.  
Scott M. Chase, D.O.  
Guy A. DeFao, D.O.  
Joseph R.D. deKay, D.O.  
Thomas M. Eslinger, D.O.  
Peter M. File, D.O.  
James F. Findlay, D.O.  
Robert B. Gerson, D.O.  
Donald V. Hankinson, D.O.  
Louis A. Hanson, D.O.  
John E. Kazilionis, D.O.  
Bruce W. Kenney, D.O.  
James M. Kirsh, D.O.  
Douglas C. McCulloch, D.O.  
John W. Moore, D.O.  
Gwendolyn L. O'Guin, D.O.  
Patricia J. Phillips, D.O.  
Charlotte A. Paolini, D.O.  
Kristy M. Pulsifer, D.O.  
J. Chase Rand, D.O.  
Russell G. Remallo, D.O.  
Bruce R. Schober, D.O.  
Carl J. Schuler, D.O.  
John E. Stanhope, D.O.  
George W. Stockwell, D.O.  
Craig R. Wallingford, D.O.

*Section of Internal Medicine*

Francis M. Altman, M.D.  
Sandra P. Bagwell, M.D.  
Peter W. Bates, M.D.  
Laureen A. Biczak, D.O.  
Steven L. Blumenthal, M.D.  
George E. Bokinsky, M.D.  
Thomas G. Brewster, M.D.  
Linda M. Brown, M.D.  
Gordon T. Caldwell, M.D.  
Thomas F. Claffey, M.D.  
T. Edward Collins, D.O.

Richard G. Day, M.D.  
William A. Demico, M.D.  
George A. DeVault, M.D.  
Kurt S. Ebrahim, D.O.  
James C. Foster, M.D.  
W. Stephen Gelfert, D.O.  
Howard L. Glass, D.O.  
Lewis P. Golden, M.D.  
Lisa A. Gouldsbrough, D.O.  
Robert M. Halle, M.D.  
Stuart B. Herrick, D.O.  
Vincent P. Herzog, D.O.  
Charles S. Hoag, D.O.  
Stephen Z. Hull, M.D.  
Ellen L. Kahoe, D.O.  
Dermot N. Kilian, M.D.  
Robert D. McArdle, D.O.  
Daniel M. Marson, D.O.  
Owen B. Pickus, D.O.  
Charles D. Radis, D.O.  
Peter M. Richen, M.D.  
Richard R. Riker, M.D.  
Stephen D. Rioux, M.D.  
Jeffrey A. Rosenblatt, M.D.  
Kathryn D. Seasholtz, D.O.  
Robert P. Smith, M.D.  
Patricia B. Stogsdill, M.D.  
Harold H. Sullivan, M.D.  
John W. Thompson, D.O.  
August J. Valenti, M.D.  
James C. Wasserman, M.D.  
William B. Williams, M.D.  
Steven Zimmerman, M.D.

*Section of Occupational and Environmental Medicine*

Betsy D. Buehrer, D.O.  
David W. Dickson, D.O.  
Jane M. Glass, D.O.  
Stephen C. Shannon, D.O.  
Susan B. Upham, M.D.

*Section of Radiology*

Brian G. Brock, D.O.  
Kenneth P. Casteo, D.O.  
James N. Place, M.D.

*Department of Surgery*

*Section of Anesthesiology*  
Daniel Campos, M.D.  
Theresa T. Kudlak, M.D.  
Kenneth W. Legroos, D.O.  
Gary E. Palmon, D.O.

*Section of General Surgery*

John A. Atwood, M.D.  
Michael J. Bedecs, D.O.  
Robert R. Cawley, D.O.

John P. Caderno, M.D.  
Ray A. Cobean, M.D.  
Marc L. Demers, M.D.  
Desmond J. Donegan, M.D.  
Douglas A. Dressel, M.D.  
David G. Fitz, M.D.  
Richard C. Flaherty, M.D.  
Edward M. Friedman, D.O.  
R. Davis Hart, D.O.  
Timothy E. Hayes, M.D.  
Saul Katz, M.D.  
Walter F. Keller, D.O.  
Winthrop S. MacLaughlin, M.D.  
Robert C. Neilson, D.O.  
Ronald H. Nishiyama, M.D.  
Richard S. Porensky, M.D.  
Benjamin L. Russell, D.O.  
Joseph F. Stocks, M.D.  
Arthur J. VanDerburgh, D.O.  
Robert B. Waterhouse, M.D.  
Jeffrey P. York, M.D.

*Section of Obstetrics and Gynecology*

Kevin P. Andrews, M.D.  
Donna J. Carr, D.O.  
Merrill R. Farrand, D.O.  
James F. Flaherty, D.O.  
Emil C. Gotschlich, M.D.  
Robert H. McKee, D.O.  
Buell A. Miller, M.D.  
Maile J. Rapar, D.O.  
William Zelman, D.O.

*Section of Ophthalmology and Otorhinolaryngology/Orofacial Plastic Surgery*

Lewis N. Estabrooks, D.M.D.  
Carlton E. Fairbanks, D.M.D.  
David J. Mayer, M.D., D.D.S.  
Lawrence J. Nowinski, D.O.  
Harry H. Poyton, D.O.  
Elliott L. Schweiß, D.O.  
Donald R. Warner, M.D.

*Section of Orthopedics*

John P. Blockson, D.O.  
Jerry J. Cole, D.O.  
Danforth S. DeSena, D.P.M.  
John P. Dorsey, D.P.M.  
Robbin W. Frost, D.P.M.  
Larry S. Goldstein, D.P.M.  
Peter E. Guay, D.O.  
John P. Herzog, D.O.  
Robert S. Juris, D.P.M.  
Robert E. Kuvent, D.P.M.  
Shannon M. Meredith, D.P.M.  
John J. Padavano, D.O.  
Craig R. Parent, D.P.M.

John B. Perry D.P.M.  
Russell J. Rybka, D.P.M.  
Christopher E. Sacco, D.P.M.  
Richard A. Steinmetz, D.P.M.

**COURTESY STAFF MEMBERSHIP**

Bruce P. Bates, D.O.  
Harry W. Bannert, M.D.  
Elissa J. Charbonneau, D.O.  
Russell J. Collett, D.D.S.  
Peter J. DiPatronio, D.O.  
Kenneth L. Doil, M.D.  
John S. Dyhrberg, M.D.  
Frances M. Dyrre, M.D.  
Martha L. Friberg, D.O.  
Hiram T. Garber, D.M.D.  
Steven A. Hess, M.D.  
Richard P. Lemieux, D.M.D.  
Allan C. McLean, M.D.  
Cathal A. H. MacLeod, M.D.  
Richard L. Needleman, M.D.  
James O. Pringle, M.D.  
William C. Reeves, D.O.  
Robert D. Sansonetti, M.D.  
Anthony Sarocino, M.D.  
Joanna E. Scheddel, D.O.  
John K. Sullivan, M.D.  
Joan F. Tryzelator, M.D.  
Joseph L. Wilkis, M.D.  
Amy L. Wyatt, D.O.

**CONSULTING STAFF MEMBERSHIP**

Larry G. Anderson, M.D.  
Stephen R. Blettnier, M.D.  
John A. Boothby, M.D.  
Marjorie A. Boyd, M.D.  
Dalvyn C. Boyd, M.D.  
Bruce R. Cassidy, M.D.  
Paul M. Cox, M.D.  
William F. D'Angelo, M.D.  
T. James Hallee, M.D.  
Jonathan Himmelfarb, M.D.  
William S. Holt, M.D.  
W. Hodley Hoyt, Jr., D.O.  
Michael A. Jones, M.D.  
Brian J. Kercock, M.D.  
Thomas F. McCoy, D.O.  
Keith N. Magathlin, M.D.  
Thomas F. Mehalic, M.D.  
Marc L. Miller, M.D.  
Sam M. Nawfel, D.O.  
Paul A. Parker, M.D.  
Michael G. Pinette, M.D.  
Irving J. Palmer, M.D.  
Joseph Py, D.O.  
Frank W. Read, M.D.

Elizabeth G. Serrage, M.D.  
Robert W. Sigler, M.D.  
W. Gary Smith, M.D.  
Richard L. Sullivan, M.D.  
Hector M. Tarrazo, M.D.  
Lee L. Thibodeau, M.D.  
Verne M. Weisberg, M.D.  
Donald W. Wilson, M.D.  
William E. Wyatt, D.O.

**EMERITUS STAFF MEMBERSHIP**

Thomas T. Allen, D.O.  
Warren E. Andrews, D.O.  
Lawrence W. Bailey, D.O.  
Lowell E. Barnes, D.O.  
William F. Bergen, D.O.  
Arthur S. Billings, D.O.  
Charles J. DiPerrì, D.O.  
Lawrence M. Newirth, D.O.  
M. Carmen Pettafoglio, D.O.  
Milton R. Reditz, D.O.  
Paul P. Rieger, D.O.  
Woldemar Weiss, D.O.

**OTHER PHYSICIANS AFFILIATED WITH BMC**

David W. Brose, D.O.  
James B. Donahue, D.O.  
William G. Dotzman, D.P.M.  
Mary Dowd, M.D.  
Mario P. Driscoll, D.O.  
Mark W. Foureau, M.D.  
Earl R. Freeman, D.O.  
George Gardner, D.O.  
Drexel R. Gordon, D.O.  
Fick E. Halliday, D.O.  
James J. Henick, D.O.  
Maurice C. Hoffman, D.O.  
C. Roger Kendrick, D.O.  
James C. Kronlich, D.O.  
Lisa L. Logan, D.O.  
Peter T. Munson, D.O.  
John W. Painter, D.O.  
Charles R. Perakis, D.O.  
Albert H. Rothrock, D.O.  
Elizabeth C. Rudenberg, D.O.  
John M. Stedman, D.O.  
Ira W. Stockwell, D.O.  
Edward A. Tibbitts, D.O.  
Joseph H. Walsh, D.O.  
Pamela J. Wansker, D.O.  
Donald F. Yorke, D.O.

PEDIATRICS

**PRESIDENT'S MESSAGE (CONT. FROM PAGE FOUR)**

underway. The development of an integrated delivery system (IDS) for Greater Portland is reform at the local level. Health care providers representing the full spectrum of patient services coming together to make the most effective use of their respective resources will better serve the community. Brighton's Board and Medical Staff support the IDS concept and have committed to working with Maine Medical Center to see it develop here, in our community. This next year will be very exciting as the IDS comes into being and starts to grow!

1994 will go down as a pivotal year for the health care industry. It began with all eyes on Washington and the President's promise of federal reform and ended with a Republican-controlled Congress proposing cuts to the Medicare program of a magnitude never seen before. We know the former did not happen. The latter is playing out as this Report is published. It goes to show...health care is an exciting place to be! ☐

**BRIGHTON BABIES (CONT. FROM PAGE SIX)**

for preparing siblings. The classes are generally two hours long and are open to the general public at a small cost.

The nursing staff at Brighton Medical Center sees this advanced education as the key to reducing stress for a new mother, particularly in light of the new abbreviated stay. "The two major reasons new moms want to extend their stay," explains Jody Widor, R.N. of the Happy at Home program, "is a lack of education [about caring for a newborn] and anxiety about going home. We're trying to bypass these concerns. Through the classes and home visits, moms are more likely to feel more prepared for what faces them." In addition,

Brighton Medical Center offers a free 24-hour help line mothers can call for answers to their questions.

Another added benefit of the program is the opportunity for nurses to go outside the hospital to deliver care, according to Ms. Walton. "It's really a step forward," she said. "More and more in contemporary health care, we are going to see the hospital walls come down and nurses increasing their roles in community health. We're really excited about this development. The nurses involved in this initiative will be pathfinders in this trend. It's a great moment for us." ☐

**BRIGHTON BEAR (CONT. FROM PAGE ONE)**

roundings, the program includes: a slide presentation depicting what the child can expect to experience; therapeutic play involving some of the pre-op equipment (the child will be able to try on the anesthesia mask, for example); a guided tour of the Operating Room and Post Anesthesia Care Unit; and the presentation of a certificate, a Brighton Bear coloring book and the Brighton Bear stuffed toy with an I.D. band with the child's name on it. Refreshments will conclude the tour.

In addition to the pre-education, a very significant aspect of the program is maintaining contact for as long as possible between the parent and child throughout the procedure — a practice not common in many hospitals.

"The thing about the program that is so important," said Mary Griffin, R.N., also a member of the team, "is that it reduces the stress on the children because they're not separated at all from the parent. The parent and the child stay connected through the most stressful time — the parent goes right into the operating room and stays until the child goes to sleep and is reunited with the child as soon as possible in the recovery room." Ms. Griffin adds that studies show this practice yields great benefits. "The need for pain medication is decreased,

nausea is decreased — because we're managing the child's anxiety. We're also working toward speaking in a consistent way throughout the nursing departments in the hospital, so that we're not using different terminology, which adds to both the parent's and child's confusion." Pre-education has also been shown to eliminate the need to medicate children prior to surgery.

And while these amenities are beneficial in the overall process, "the key part of the program is pre-education," said Ms. Slade. "to have a parent and child walk in on the day of surgery without some kind of preparation doesn't give you the desired outcome." Through education and increased child-parent contact, stress and anxiety are greatly diminished, resulting in a more positive experience for both parent and child.

The Brighton Bear Program is yet another step Brighton Medical Center is taking to establish itself in the community as a family-oriented hospital.

And how was Brighton Bear selected for his starring role? The staff used the scientific method, of course. A Hug Test was conducted among the five or six candidates, and the most huggable bear was selected. ☐

**BRIGHTON MEDICAL CENTER MANAGEMENT STAFF**

James W. Donovan.....	PRESIDENT
Frederick P. Meyerhoefer, M.D. ....	VICE PRESIDENT, MEDICAL AFFAIRS
Kenneth E. Guilbault, FACHE .....	EXECUTIVE VICE PRESIDENT
Ernest C. Enck, Jr., FHFMA .....	VICE PRESIDENT, FINANCE
Michael P. Pierce .....	VICE PRESIDENT, HUMAN RESOURCES
Dennise D. Whitley, MHA.....	VICE PRESIDENT, DEVELOPMENT & COMMUNITY SERVICES
Ruth Walton, RN, MS.....	VICE PRESIDENT, NURSING
ACCOUNTING .....	Sharolyn K. Pezzopane, CPA
BUSINESS OFFICE .....	Frank F. Vonasek, Jr. CPAM
CENTER FOR HEALTH PROMOTION .....	Mary C. Kenney
DEVELOPMENT .....	Barbara A. Gill
FACILITIES MANAGEMENT.....	Robert E. Cloutier, REI
FOOD & NUTRITION .....	John Taylor, MBA
HEALTH INFORMATION MANAGEMENT SERVICES.....	Sheila M. Keen, RRA
HUMAN RESOURCES .....	Catherine F. Lamson
INFORMATION SERVICES .....	Julie Candura
LABORATORY .....	David V. Macisso, MBA, MT
MATERIALS MANAGEMENT.....	Stephen M. Gauthier
PASTORAL CARE .....	Rev. Maurice J. Allaire
QUALITY/RISK MANAGEMENT.....	Elliott Sarantakos
RADIOLOGY SERVICES .....	Andrea J. Baillargeon, RRT, RN
EDUCATION/HEALTH RESOURCES .....	Jan M. Stanley, MS, RN
EMERGENCY SERVICES.....	Suzanne Parenteau, MS, RN
SPECIAL CARE UNIT .....	Gail A. Crocker, BS, RN
1C.....	Mary Lou Palman, RN, BSN
2N/2/S .....	Jean M. Small, RN
WOMEN'S HEALTH/PEDIATRICS .....	Genelle P. Baston, RN

**1994 BOARD OF TRUSTEES**

Richard L. Roy .....	CHAIRPERSON	
Richard G. Small .....	FIRST VICE CHAIRPERSON	
Hugh M. Stearns .....	SECRETARY	
Suzanne S. Austin .....	SECOND VICE CHAIRPERSON	
Gino A. Nalli .....	TREASURER	
Thomas A. Biczak .....	Herbert A. Sandler .....	Patricia M. Sparks .....
Bradley C. McCurtain .....	James W. Donovan .....	Betty P. Jurgenson .....
Gregory C. Carroll .....	Michael T. Savage .....	Hall Thompson .....
Robert C. Neilson, D.O. ....	Merrill R. Farrand, Jr. D.O. ....	Kenneth W. Lageroos, D.O. ....
Shelley S. Carvel .....	William P. Simons, II .....	Arthur J. VanDerburgh, D.O. ....
Paul A. Rollins .....	James F. Flaherty, D.O. ....	
Ronald C. Coffin .....	Everett P. Skillings .....	
Roy C. St. Clair .....	Stanley W. Sontz .....	
Joseph R.D. deKay, D.O. ....	James J. Jermann .....	
Paul C. Emerson .....		CHAIRMAN EMERITUS
John D. Downing .....		EMERITUS TRUSTEE
Walter E. Webber .....		EMERITUS TRUSTEE

**MEDICAL STAFF LEADERSHIP**

Staff Chair .....	Kenneth W. Lageroos, D.O.
Staff Chair Elect .....	Lauren A. Biczak, D.O.
Treasurer .....	Harry H. Payton, D.O.
DEPARTMENT OF MEDICINE: .....	James N. Place, M.D., Chair
<b>SECTION HEADS:</b>	
Emergency Medicine .....	Jonathan W. Karol, D.O.
Family Practice .....	Scott M. Chase, D.O.
Internal Medicine .....	Howard L. Glass, D.O.
Radiology .....	Brian G. Brock, D.O.
Occupational/Environmental Medicine .....	Stephen C. Shannon, D.O.
DEPARTMENT OF SURGERY: .....	Daniel Campos, M.D., Chair
<b>SECTION HEADS:</b>	
Anesthesiology .....	Theresa T. Kudlak, M.D.
EENT .....	Elliott L. Schweid, D.O.
General Surgery .....	Robert C. Neilson, D.O.
Obstetrics/Gynecology .....	Emil C. Gotschlich, M.D.
Orthopedics .....	John J. Padavano, D.O.

# A Farmer's Generosity Gets Things Going FOR SENIOR RESOURCE CENTER



**G**orham farmer George Irish, who bequeathed \$250,000 to Brighton Medical Center, has helped clear the way for a new Senior Resource Center.

Although still in the planning stages, the Center will provide educational and referral services to the area's elderly citizens, with a focus on health education and coordination of elderly services. To avoid duplicating services currently being provided by other agencies and organizations in the region, Brighton will study specific needs before designing and launching the center.

"We hope it will be a one-stop center to learn about health-related issues," said Barbara Gill, Brighton Medical Center's Director of Development. "But more importantly, the Center will provide easy access for the community. And now, thanks to Mr. Irish's generosity, the Center is quickly becoming a reality."

Born March 11, 1914, George Irish was known to family and friends as an industrious, reliable and unpretentious man. A bachelor, Irish lived in the 1820 family homestead with his brother and worked on the farm most of his life. He

passed away April 14, 1993.

On September 26, 1994, a plaque was placed in the main lobby of the hospital commemorating the donation by Mr. Irish, who had been a patient at Brighton in the past. He had not told anyone of his plans.

"I think George Irish exemplified a man who had a dream, but kept it to himself," said Ms. Gill. "We know he had a good experience here, and perhaps he remembered us for the work we do in the community. What we do know is that his generosity will improve the quality of life for many, many people. That's the beauty of giving."

A doctor who treated Mr. Irish more than 15 years ago recalled Mr. Irish because he made a \$100 bet he would not survive another year. Edward Friedman, D.O., said Mr. Irish was emphatic about the bet, so he accepted.

"Soon after the year had passed, I received a check for \$100," Dr. Friedman said. "When I saw him in the office a short

time later, he asked me why I hadn't cashed the check. I told him I could not in good faith accept it and would like to give it back to him. He insisted I accept, so we compromised by agreeing to donate the check to the hospital," said Dr. Friedman.

"Mr. Irish wanted to leave something that he'd be remembered for," said Ms. Gill. "He will be remembered for his deeds long into the future by the hospital and by everyone who benefits from his gift."



## COMMUNITY SERVICES

Brighton Medical Center offers a number of innovative programs. Further information about these programs can be obtained by calling the following:

MAINE PHYSICIANS REFERRAL SERVICE  
1-800-439-2111

CENTER FOR HEALTH PROMOTION  
774-7751

PRIMARY CARE CENTERS:  
VILLAGE FAMILY PHYSICIANS:  
846-6211

LIFELINE PERSONAL RESPONSE SYSTEM  
879-8515

DIAGNOSTIC IMAGING SERVICES  
878-3398

LAKES REGION PRIMARY CARE SERVICES:  
892-3233

"BRIGHTON BABIES-HAPPY AT HOME"  
OBSTETRICAL SHORT STAY/  
HOME VISIT PROGRAM  
879-8458

THE OUTPATIENT NUTRITION SERVICE  
879-8321

## IN THIS ANNUAL REPORT ISSUE

1



"The community will be the ultimate beneficiary of this merger."

(JAMES W. DONOVAN, PRESIDENT, MERGER PAVES THE WAY TO IMPROVED COMMUNITY SERVICE)  
SEE PAGE ONE

2



"It fits in with our osteopathic tradition..."

(RUTH WALTON, V.P. OF NURSING, PATIENT SUPPORT COUNSELOR HELPS TERMINALLY ILL DIE WITH DIGNITY)  
SEE PAGE TWO

4



"Patients' satisfaction with the services received remains at the highest levels."

(JAMES W. DONOVAN, PRESIDENT, PRESIDENT'S MESSAGE)  
SEE PAGE FOUR

6



"The nurses involved in this initiative will be pathfinders in this trend."

(RUTH WALTON, V.P. OF NURSING, BRIGHTON BABIES HAPPY AT HOME)  
SEE PAGE SIX



335 Brighton Avenue  
Portland, Maine 04102

An Osteopathic Teaching Institution

NON-PROFIT ORGANIZATION  
U.S. POSTAGE PAID  
PORTLAND, ME  
PERMIT NO. 503