# HealthMatters

A Journal of Wellness and Good Health Care



### **Health**Matters

HealthMatters is published as a service for the people of the Kennebec Valley region. Information is written by MaineGeneral's Marketing and Communications staff.

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### In This Issue

Building on a Solid Foundation	. 4
Keeping Quality Care Local	. 6
Expanding Your Telehealth Options	. 8
Medical Staff Ratings and Reviews	10
Day of Hope	12
Providing the Very Best Care & Service at Home	16
Have You or a Loved One Received Great Care or Service at MaineGeneral?	17
Annual Campaign Donors	18



### Message from the CEO

### Our promise to you as a patient is "We're with you."

That commitment took on an even deeper meaning during the COVID-19 pandemic.

As we continue to find our way out of the pandemic, MaineGeneral Health is working hard to expand the highquality care you have come to expect from us.

We're doing this by bringing in more highly trained primary care and specialty medical staff; giving you more access to medical staff through technology like telehealth; and of course making sure we're always focused on quality care.

In this issue of *HealthMatters*, you'll learn more about these efforts, such as our partnership with the Maine-Dartmouth Family Medicine Residency program, which helps train primary care and other practitioners.

As we say goodbye in retirement to some of our valued orthopaedic surgeons, we have wonderful new practitioners who will continue to provide the best orthopaedic care.

You'll also learn about ways you can see online ratings and reviews of our doctors on the MaineGeneral website, and get an update on the ways telehealth will continue to expand access to appointments that are convenient for you.

Get a recap of our signature event, the Day of Hope, which brought together for the first time in person Cancer Survivors Day and the Walk for Hope.

Finally, we want you to meet more of our staff who have been recognized recently for excellence in their fields.

These updates are just one way of sharing with you the ways we put into practice our promise to you and your family that we're with you – now, and in the future.

Chuck Hays President & CEO MaineGeneral Health





Ian Patten, MD, left, and Dan Shubert, MD, right, orthopaedic surgeons

Orthopaedic surgeons Marc Golden, Anthony Mancini and Jose Ramirez have operated on and treated thousands of Central Maine patients during lengthy careers that collectively total more than 75 years.

All originally in private practice – Mancini in Augusta and Golden and Ramirez in Waterville – they eventually joined forces to help build the MaineGeneral Orthopaedics practice that now has 27 clinicians – physicians, physician assistants and nurse practitioners – in a program with about 80 staff total.

By the end of 2022, these three surgeons will embark on a well-deserved retirement, leaving lasting legacies of highly skilled care and countless satisfied patients who could return to activities they enjoyed or an improved quality of life because of the services they received.

And while their departures from the clinical landscape will be felt, the foundation of high-quality orthopaedic services they helped build will remain solid and thriving thanks to the addition of two fellowship-trained orthopaedic sports medicine surgeons with Maine roots – Dr. Ian Patten, who began practicing locally in September 2021, and Dr. Daniel Shubert, who recently joined the practice.

"They both come from very well-respected sports medicine fellowships so they bring cutting-edge skills and use of technology to Maine," said Dr. John Thaller, an orthopaedic hand surgery specialist at MaineGeneral Orthopaedics and also the medical director for the orthopaedics program.

"The fact that they were born and raised in Maine just adds to the

stability of our program. So we have three retiring docs who each have been here 25-plus years and we're bringing in people who know and love Maine and want to live here," Thaller added.

Ericka Deering, administrative director of surgery, orthopaedics and outpatient rehabilitation at MaineGeneral, said the impact of both doctors will be particularly strong with regard to the orthopaedic sports medicine services they provide, given the focus of their fellowships.

"We've been the leading sports medicine service in the state and we want to continue to achieve this," she said. "We certainly can be with Dr. Patten and Dr. Shubert, who are succeeding three great surgeons who have given so much to the community and MaineGeneral."



Both Dr. Patten and Dr. Shubert provide the type of care you typically can only get in the big cities because they've just come out of fellowship and have been trained to do advanced surgery. That's great for patients and our program.

John Thaller, MD Orthopaedic Hand Surgery Specialist

Ian Patten, MD, MPH, grew up in Augusta and is a Cony High School alumnus. He graduated from George Washington University School of Medicine in Washington, DC and completed his orthopaedic surgery residency at The Johns Hopkins Hospital in Baltimore, MD, followed by a sports medicine fellowship at Kerlan-Jobe Orthopaedic Clinic in Los Angeles.

Daniel Shubert, MD, is a Bangor native and Bangor High School graduate. Following medical school at Tufts University School of Medicine in Boston, he completed his orthopaedic surgery residency at West Virginia University School of Medicine in Morgantown, WV and then a sports medicine fellowship at University of Missouri School of Medicine in Columbia, MO.

Deering said that while the two surgeons graduated from fellowship programs separated by more than 1,700 miles, their training and specialized expertise is very comparable and allows them to offer many of the same services. The one exception, she said, is that Dr. Shubert can do shoulder replacement surgery, which was a significant part of Dr. Mancini's practice after he transitioned from an orthopaedic sports medicine focus.

"They're both highly trained and can see and treat patients for whatever they may have going on," she said.

Thaller finds it exciting to have new people onboarding with different training and knowledge in terms of technology and advancements in the

"There are certain things they've been trained on that didn't exist when I did my residency, so it's good to have new people come in and rejuvenate things," he said.

Thaller added that MaineGeneral is actively working to recruit two more surgeons - a total joint, fellowshiptrained surgeon who can do revision work, and another shoulder surgeon - to "give us a full complement of orthopaedic subspecialties."

Success in that effort, coupled with the recent additions to the team, will ensure MaineGeneral can continue offering its comprehensive and highquality array of orthopaedics and sports medicine services to patients for decades to come.

Learn more at www.mainegeneral. org/orthopaedics. 5

### **Changing of the Guard**

Years before becoming MaineGeneral Health's chief medical officer, Dr. Steve Diaz began practicing locally in 1993 as a resident in the Maine-Dartmouth Family Medicine Residency program.



Like his classmates not long removed from medical school, he had a lot to learn from the clinical areas he rotated through orthopaedics and sports medicine being two of them.

That's when he really got to know Dr. Anthony Mancini who, along with Drs. Marc Golden and Jose Ramirez,

mentored him and many other physicians. As all three orthopaedic surgeons prepare to retire by late 2022, Diaz reflected on their long careers with deep gratitude.

"They all trained me," he said. "Tony took me and Dr. Chris Lutrzykowski under his wing as residents and we provided sports medicine care at Gardiner football games. For my formal education in orthopaedics, my primary assignment was to Jose. And then, when I learned how to become an emergency medicine doctor,



Marc Golden, DO



Jose Ramirez, MD



Anthony Mancini, MD

I was the liaison to orthopaedics. I met with all of them for many years and did fracture rounds with them."

Diaz said the doctors' impact has been significant and far-reaching.

"They provided first-class service. They've served the community's patients but also provided incredible education, mentorship and support to the medical staff. They could have practiced anywhere but they stayed here, and we couldn't be more grateful."

# Reeping Quality Care Local O



### Maine-Dartmouth Family Medicine Residency = Great Care From Training Doctors

Augusta Family Medicine physician Jason Brown, MD, recalls making the transition from the Maine-Dartmouth Family Medicine Residency (MDFMR) program to a MaineGeneral primary care practice in 2013.

With the January 2023 additions of Catherine Batz, DO, at Gardiner Family Medicine and Rachel Thomas, MD, at Augusta Family Medicine and MaineGeneral Addiction Medicine. Brown hopes to continue the trend of more MDFMR graduates practicing locally.

"While other residency graduates have stayed and joined the geriatric, sports medicine, neuromusculoskeletal medicine (ONMM) and Emergency Department fellowships, or the Hospitalist Service, we're now seeing some joining our primary care practices," said Brown, who also serves as medical director for primary care at MaineGeneral Medical Center (MGMC). "This is a very good development that we're working to build on."

MaineGeneral has a focus on retaining physicians who have been practicing locally during their residency.

"After three years of residency, they know the system and the community, which makes it easier to transition to a primary care practice," Brown said. "They'll also know some of the specialists that they'll refer patients to."

Founded in 1973, MDFMR welcomes 10 family medicine residents yearly to its three-year program. Residents are taught and mentored by highly experienced faculty clinicians who take great pride in training the family medicine physicians of the future. This brings reassurance to patients in knowing that when they see these residents, they will receive great care. Residents receive this training at the Family Medicine Institute (FMI) in Augusta and Maine Dartmouth Family Practice (MDFP) in Waterville.

While some faces may change each year as the third-year class graduates and some members establish their practices elsewhere, the MDFMR faculty works to ensure the program's reputation of high-quality care remains intact.

### **Choosing to Stay**

Raised in Pittsburgh, the closest Catherine Batz, DO ever got to Maine before residency was Boston, where she visited her older sister. As she prepared to finish medical school in 2018, she sought a family medicine residency program with specific criteria.

"I wanted one with full-spectrum family medicine training, integrative medicine and medical acupuncture, and also really was strong in teaching osteopathic manipulative medicine," she said. "Maine-Dartmouth checked those boxes robustly. Everyone I interacted with was lovely and welcoming and I had a good sense of the program's atmosphere."

Batz joined the MDFMR Class of 2021, completed residency and then a one-year osteopathic neuromusculoskeletal medicine (ONMM) residency. Her positive impressions throughout made her choice to stay easy.

Her decision was not singular, however, as husband John Diefenderfer, DO, helped make it a package deal. He came for Maine-Dartmouth's sports medicine fellowship in 2018, completed the ONMM residency afterward and continues to practice locally while also serving as an MDFMR faculty member.

"I've fallen in love with my patient population and practicing in a rural environment is very special," Batz said. "That's why it was a nobrainer to stay and give back to the community."

Although currently in her second year of residency, Miriam Uduebor, MD,

MPH, would welcome the chance to continue practicing locally after graduation. A Houston native, she moved to Mechanic Falls two years before starting residency along with her partner, who grew up there.

"I fell in love with a Mainer who was living in Boston when I met him, so I thought he was a city boy," she said. "Moving here has been a great experience. My connection has continued to strengthen the longer I've been in the state, and the Central Maine community really feels like home."

Like Batz, Uduebor sought a residency that would greatly broaden her medical knowledge and skills.

"Maine-Dartmouth's program had a lot of tools of healing to teach residents," she said. "I've learned acupuncture, integrative medicine and osteopathic medicine, among many other things, and now have a much more varied toolbox of healing to better serve patients."

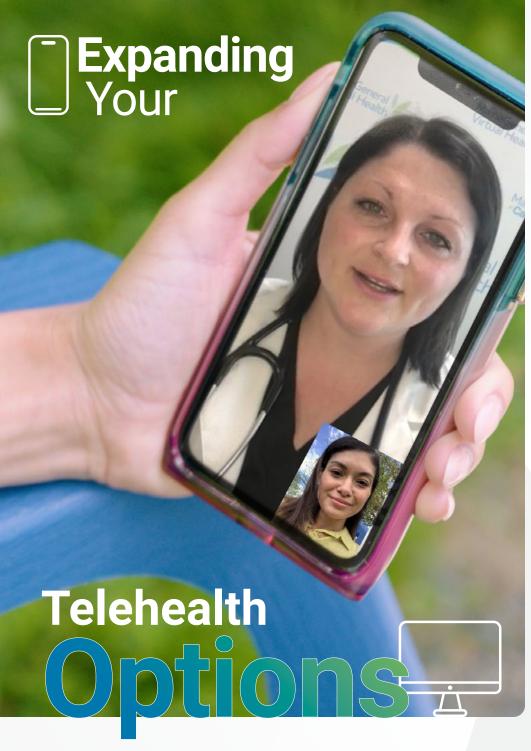
"I'm grateful for the knowledge I'm getting and very appreciative that faculty and staff understand the resident experience," she added. "Many faculty are alumni, so their understanding and empathy have been very helpful, and the residency is very much like a family."

### Helping to Build for the Future

For Brown, playing a key role in keeping graduating residents practicing locally is particularly rewarding.

"When you ask people to consider joining one of our primary care practices and then they do, you feel you're really doing your job to keep good physicians here," he said. "We've made an encouraging start and I'm glad everyone sees the need for this effort and is willing to work on it - all to benefit our patients."

Learn about MaineGeneral Primary Care at www.mainegeneral.org/ primary-care. >



Patients in the Kennebec Valley are finding virtual – telehealth – connections and visits with medical staff are convenient ways to access health care services.

MaineGeneral began using telehealth widely in January 2020 with remote patient monitoring to help patients with chronic needs stay ahead of health problems and out of needing in-hospital care.

As the COVID-19 pandemic hit later that spring, the health system expanded virtual care options to MaineGeneral Express Care and primary care visits through computers, tablets and cell phones.

Continuing expansions in telehealth include behavioral health for children and adults and addiction medicine. MaineGeneral Surgery will begin using telehealth for some appointments in 2023, with other specialty services to follow.

"These critical investments help more patients get care when, where and how they want it," says Chuck Hays, president & CEO of MaineGeneral Health.

### **Remote Patient Monitoring**

MaineGeneral's remote patient monitoring program recently gained national attention for achieving great results for patients, especially for those with congestive heart failure (CHF).

The service began as a way to help patients with serious chronic conditions maintain their health. These patients are provided tablets and wireless pulse oximeters, blood pressure monitors, thermometers and scales when discharged from the hospital.

At home, the patients use the equipment and answer questions on the tablet specific to their illness or condition. They also get notices to remind them to take their medication. The information they collect is checked daily by a nurse who contacts the patient if they see warning signs that could lead to hospitalization.

This past May and June, MaineGeneral achieved a CHF readmission rate of 0% for Medicare patients, compared to 20% and 26.7% in the same months the prior year. Additionally, the overall CHF readmission rate has hit 0% in four of the last nine months.

With Federal Communications Commission (FCC) funding, the health system was able to get more remote patient monitoring units.

"When we began the program we were able to serve 25 patients at a time," says Laura Mrazik, telehealth coordinator for MaineGeneral Health. "We are now serving 225 patients with plans to increase that number to 300 patients."

"Patients are actively part of their care, and the results are incredible in reducing trips to the emergency department and hospital readmissions," Hays says.

### **Primary Care**

MaineGeneral Primary Care offices are now using telehealth for followup appointments, chronic condition management, medications checks, annual wellness visits, behavioral health consults and more. Using HIPAAcompliant Zoom as the platform, which many people became familiar with using during the pandemic, both patients and staff have found these virtual visits helpful and time-saving.

### **MaineGeneral Express Care**

For certain conditions (see sidebar for a helpful list), MaineGeneral Express Care also offers telehealth appointments. These virtual visits will be even easier starting this month as Express Care transitions to the Zoom platform.

Patients will be able to join an Express Care visit directly from a link in an email no need to pre-register and remembering usernames or passwords.

"For existing services on Zoom, patients enjoy the Zoom platform," Mrazik says. "Many are already comfortable with its ease of use in their personal lives connecting with family and friends."

### **Specialty Care**

As MaineGeneral sees more cancer patients from across the state, telehealth has been a big help to cancer patients. "We have satellite clinics so that Redington-Fairview and Franklin Memorial patients can connect with medical staff at the Harold Alfond Center for Cancer care, bringing oncology services closer to home for patients in the Farmington and Skowhegan areas," Mrazik says.

The next step is getting even more MaineGeneral services available virtually. "We've prioritized the behavioral health specialty practices to help meet the demands of the community," Mrazik says. Telehealth appointments with surgical specialists will start in 2023, with other medical specialties to come.

"Offering pre- or post-surgical visits via telehealth can limit travel for patients already coming to the hospital for their procedure and offer a convenient check in with their surgeon after surgery while they're still recovering," Mrazik says.

Hays says that there's more room for helping patients access care. "MaineGeneral will continue to monitor ways to improve and streamline the patient experience for existing services, focus on growing the remote patient monitoring program to keep more community members out of the hospital, and expand specialty services in the coming year," he says.

### **Helping Patient Access Telehealth** Equipment

MaineGeneral knows some patients lack the technology or understanding of how to use it. The health system is working on ways to address these issues.

"We partner with the National Digital Equity Center (NDEC) to provide a tablet loan program for patients who would like to access a virtual visit, yet do not have the technology, internet access, or do not know how to join a virtual visit," Mrazik savs.

The NDEC also offers a variety of free classes (online or in person) to help community members use their phones or computers to support their health goals. You can learn more about their classes here: digitalequitycenter.org/classes.

MaineGeneral is also exploring adding dedicated telehealth space to patients at local libraries, building upon a Maine State Libraries' pilot program. Patients will be able to access a computer device in a private space to securely access their health care team through telehealth.

Learn more about telehealth options at www.mainegeneral.org/telehealth. >

### What can you use **MaineGeneral Express Care** eCare for?

What we can treat:

- Allergies
- Cough
- Flu
- Headaches
- Insect bites
- Nausea, vomiting, diarrhea
- Pink eye
- Rash
- Mild respiratory issues
- · Some sore throat complaints
- Some urinary issues
- · COVID-19 symptoms, testing and possibly treatment

We don't treat through eCare:

- Emergency situations (Bleeding, heart attack, suicidal thinking)
- · Sexually transmitted diseases (STDs)
- · Urinary tract infections in males
- Urinary tract infections in females under 18 years of
- Most ear pain complaints, especially in children
- Anything that may require further testing - X-ray, labs, point-of-care test (other than COVID)
- · Children under 3

Learn more at www.mainegeneral.org/ecare.



When choosing MaineGeneral for health services you and your loved ones need, you want to know the care you receive is among the best you will find. We're with you.

This year, the health system has been recognized as a high performer in a number of national rankings, including:

- Leapfrog Group A grade for Spring and Fall 2022
- Healthgrades Outstanding Patient Experience Award for 2022
- Newsweek World's Best Hospitals awards list 2022, including a special designation for infection prevention
- 2022 Women's Choice Awards®: Best Hospitals for Orthopaedics and Best Mammogram Imaging Centers
- U.S. News & World Report 2022-2023 High Performing Hospitals in: Heart Failure, Hip Fracture, Lung Cancer Surgery and Pneumonia
- Forbes Best-in-State Employer 2022

Many of these rankings come from reviews of patients. We use reviews in a number of ways.

Have you filled out surveys after you receive care from us? We compile the information you and other

patients give us to find out how we are meeting your needs, and to see where we can improve. When you give good reviews, we also share this information with the practice and medical staff involved in your care.

Coming soon, you, too, will have access to this information in a way that is easy to use and understand.

You can see the "star" ratings of our medical staff and comments from real patients about their experiences. To ensure we are holding ourselves to the highest standards, we partner with the independent patient satisfaction company National Research Corporation (NRC). NRC provides the technology to display ratings and comments on our website.

The star ratings are built from answers provided from responses to the below questions from the real-time survey and the data displayed is from past 12 months. These questions are:

- Did this provider show respect for what you had to say?
- Did this provider listen carefully to you?
- Did this provider explain things in a way that was easy to understand?
- How likely would you be to recommend this medical practice to your family and friends?

Comments come from the openended question in the survey that lets patients say what their experience was like. We post all relevant feedback – whether it's positive or negative. However, we do not post comments that are libelous, profane, or those that risk the privacy of our patients.

You may notice not every
MaineGeneral clinician has a
rating. Only medical staff that are
part of our real-time surveys to
patients will have ratings. Most of
our medical staff are part of these
surveys. To make sure we have as
accurate rating as possible, we
make sure there are a minimum of
30 completed patient surveys per
clinician before we post their rating.
A physician's rating will only be
posted on the site when they have a
minimum of 30 completed surveys.

We hope you find this information useful. Keep checking the MaineGeneral website to see our ratings and reviews.

And learn more about quality data across the MaineGeneral system at www.mainegeneral.org/quality. >

























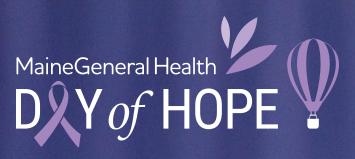
### **Health Care At Your Fingertips!**

Managing your health has never been easier with MaineGeneral's FollowMyHealth® patient portal. You have instant access to your health information 24/7 from any computer or smartphone if you receive care at MaineGeneral. You can also sign up your child or another adult who needs help.

You can use the portal to:

- · Order prescription refills
- Request appointments with most MaineGeneral clinicians (not all of them use the portal)
- · View lab and other test results
- · Look up vital signs, prescriptions, immunization history and more
- Receive reminders for upcoming visits with most clinicians (not all of them use the portal)
- Pay your MaineGeneral bill
- Communicate with your care team via secure messaging

To learn more about the patient portal and how to sign up, please visit www.mainegeneral.org/followmyhealth.



Saturday, Oct. 1 was a day filled with hope and inspiration. More than 1,200 members of our community came together to rally around the Harold Alfond Center for Cancer Care's staff and patients.

At the Day of Hope, attendees enjoyed an inspiring open ceremony where Anne Latendresse and Josh Canty shared their respective cancer journeys and what it means to them to be Anchored in Hope. The Walk for Hope followed, where walkers marched 1.8 miles through the beautiful University of Maine at Augusta Campus. The day featured a Kids Zone, where many children got to enjoy a variety of arts and crafts activities, a petting zoo and interaction with our community – including Central Maine Power's Safety City and an Augusta Fire Department fire truck and ambulance.

The Day of Hope is about inspiration, but it is also about education and prevention. At this year's Day of Hope, attendees could receive a cancer screening and enroll to Be The Match (bone marrow donor registry). Many attendees sampled integrative therapies and hundreds visited the Education Pavilion.

To top it all off, the generosity of this community raised more than \$190,000 in support of the Harold Alfond Center for Cancer Care – making a tremendous impact on the cancer center's critical work in providing local cancer care.

To see event photos and learn more, visit www.facebook.com/mainegeneralwalkforhope. >





















### **Spotlight: Maine Cancer Genomics Initiative of The Jackson Laboratory**

HOPEtalks - informative presentations tailored to our cancer community – were among the educational opportunities at the Day of Hope.

We were honored to have a HOPEtalk from the Maine Cancer Genomics Initiative, an alliance of Maine oncology providers led by The Jackson Laboratory with funding from the Harold Alfond™ Foundation. Its primary goal is to reduce disparities in access to advanced technologies for cancer care and precision medicine.



Lindsey Kelley, MS, CGC, genomic navigator with MCGI, presented a talk titled "Personalized Medicine: How new technologies are helping to find individualized treatments." Staff from The Jackson Laboratory also greeted Day of Hope participants at the education pavilion during the day.

MaineGeneral is proud to partner with The Jackson Laboratory. MCGI, in partnership with every oncology practice in Maine, has provided innovative cancer genomic testing, education and clinical trials infrastructure to one of the most rural areas in the country. Their commitment to Kennebec Valley patients is something we see every day, and we are glad that they were able to share the day with us.

Learn more about MCGI at www.jax.org/MCGI.





# Providing the Very Best

### **Care & Service at Home**



At MaineGeneral HomeCare & Hospice, we strive to provide the very best care to patients where they live, surrounded by people they love and the comforts of home. Our team uses the latest technology and treatments, but what is at the core of their care are the relationships they develop with patients and their families.

"We are invited as guests into people's homes, so it's important to establish relationships of trust and caring and meet them where they are at so we can offer them what they need," said Ana Berry, RN, WCC, OMS, certified wound and ostomy nurse.

"We care for such a range of patients in terms of education, income, housing, family support, etc.," Ana added. "Everyone has a story, and I love hearing them, seeing where patients live, picking up on things that show their personality or things we have in common. Patients' stories can spark conversation and, in turn, comfort and trust."

Ana has been a nurse for 22 years, mostly in home care and hospice, and in her current role as a wound care/ostomy nurse for seven. Before becoming a nurse, Ana was a social worker. She feels her first career blends perfectly with her second.

"Wound care is like a puzzle," Ana said. "So many factors come into play for each patient – nutrition, blood circulation and oxygen levels and, perhaps most importantly, how invested they are in their own healing. That's why we start by talking to patients about their history and goals. Care is a partnership. If patients aren't involved from the beginning, the outcome might not be as positive as we'd like."

MaineGeneral HomeCare & Hospice nurses treat a variety of wounds. The most common are pressure injuries, surgical wounds, skin ulcers caused by poor blood flow and traumatic wounds such as burns or those caused by motor vehicle accidents.

"There have been many advances in wound care in the last several years, which is exciting," Ana said. "We follow standards of care for given wounds but it's important to think outside the box, too, because not every treatment works for every patient. Wounds aren't always A, B and C, so we constantly assess and reassess to make sure our current treatment is still the best course."

MaineGeneral HomeCare & Hospice works closely with MaineGeneral Wound Healing & Hyperbaric Medicine and MaineGeneral Surgery, as well as other facilities to care for patients with wound and ostomy care needs. "We are their eyes and ears in patients' homes, so it's important to keep communication open and be in touch when we have concerns or when we have an idea for something that might help with healing," Ana said. "This partnership gives all of us confidence that treatment plans will be followed and issues addressed in a timely way."

Mary Johnson, RN, MaineGeneral Wound Healing & Hyperbaric Medicine, agrees. "Having a partnership with care providers involved with patients is crucial in providing quality care because, with wound care, it typically is not just about treating the wound. There are multiple underlying factors on why patients have acute and chronic wounds that can stall the healing process. Having a team approach helps ensure many disciplines and

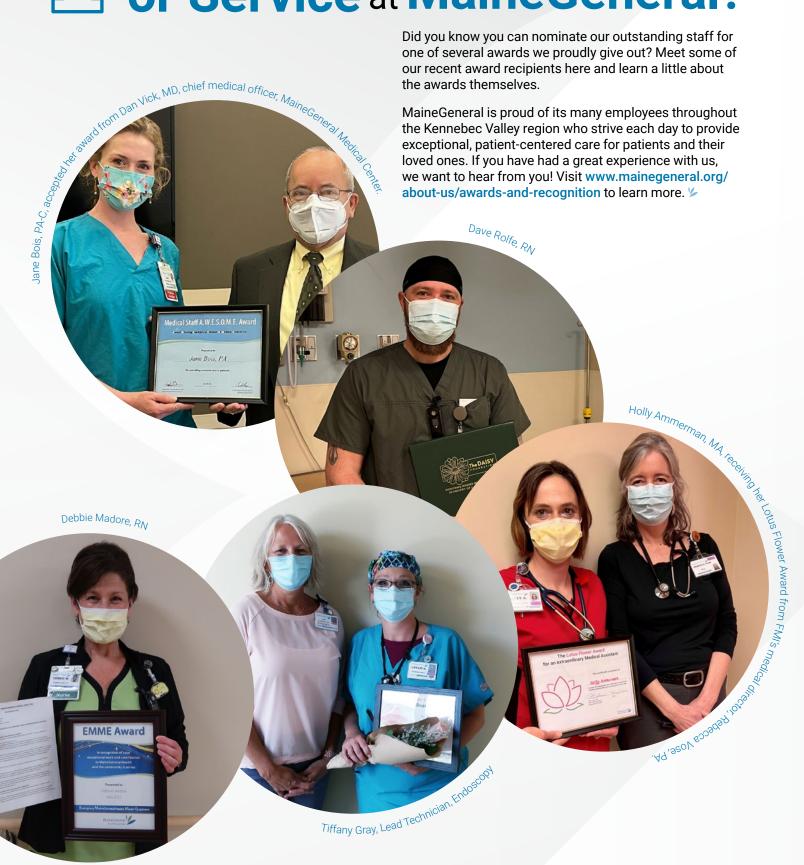
dicine ry, as care for ostomy

heleve level, RN, WCC, OMS, (left) and Holly Lapierre, RN

ideas are involved in wound care treatment."

Ana is very happy and proud to be part of this team. "I have found my niche in wound care nursing. I love helping the patients and consulting with nurses and clinicians. I feel like I learn as much from them as they learn from me. Sharing knowledge and ideas helps all of us provide the best care to our community, and that's what we're here for." Learn more at www.mainegeneral.org/homecare.

# 7 Have You or a Loved One Received Great Care or Service at MaineGeneral?



### **Campaign Donors**

List recognizes gifts made between July 1, 2021 and June 30, 2022

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**Anonymous** 

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United Way of Kennebec Valley

### **Benefactor's Circle -**\$10,000 +

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# A look at the numbers.

<b>Financial</b>	<b>Summary</b>
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**Fiscal Year** 

(amounts in 000s)

Net Patient Revenue	(amounts in oods)	2021	2022
Other Revenue         84,624         133,574           Total         621,348         688,995           Costs         Salaries & Benefits         345,419         354,729           Suppliers & Vendors         249,020         296,087           Interest         14,301         8,814           Depreciation         23,185         23,852           Total         631,925         683,482           Operating Margin         (10,577)         5,513           Statistical Data         50         5,513           Discharges         10,833         10,064           Surgeries         10         10,833         10,064           Inpatient         2,643         2,109           Outpatient Nist         7,040         7,759           Births         1,012         1,089           Emergency Department Visits         43,579         45,911           Outpatient Lab Tests         10,6403         112,135           Outpatient Imaging Procedures         106,403         112,135           Oncology Procedures         56,772         59,641           Physician Office Visits           Primary Care         203,394         230,776           Specialty Care	Income		
Total         621,348         688,995           Costs         345,419         354,729         296,087         101,000         296,087         101,000         296,087         101,000         296,087         101,000         296,087         101,000         296,087         101,000         296,087         101,000         201,085         203,085         203,085         203,085         203,085         203,085         203,084         200	Net Patient Revenue	536,724	555,421
Costs         Salaries & Benefits       345,419       354,729       296,087       101,000       296,087       101,000       296,087       101,000       296,087       101,000       296,087       101,810       8,814       102,000 <t< td=""><td>Other Revenue</td><td>84,624</td><td>133,574</td></t<>	Other Revenue	84,624	133,574
Salaries & Benefitis       345,419       354,729         Suppliers & Vendors       249,020       296,087         Interest       14,301       8,814         Depreciation       23,185       23,852         Total       631,925       683,482         Operating Margin       (10,577)       5,513         Statistical Data         Usurgeries         Inpatient       2,643       2,109         Outpatient       7,040       7,759         Births       1,012       1,089         Emergency Department Visits       43,579       45,911         Outpatient Lab Tests       1,247,657       1,259,955         Outpatient Imaging Procedures       106,403       112,135         Oncology Procedures       56,772       59,641         Physician Office Visits         Primary Care       203,394       230,776         Specialty Care       165,043       159,185         HomeCare and Hospice Visits         HomeCare       48,588       39,825         Hospice       30,376       25,374         Days of Skilled Patient Care         Skilled Nursing       42,610       38,	Total	621,348	688,995
Salaries & Benefitis       345,419       354,729         Suppliers & Vendors       249,020       296,087         Interest       14,301       8,814         Depreciation       23,185       23,852         Total       631,925       683,482         Operating Margin       (10,577)       5,513         Statistical Data         Usurgeries         Inpatient       2,643       2,109         Outpatient       7,040       7,759         Births       1,012       1,089         Emergency Department Visits       43,579       45,911         Outpatient Lab Tests       1,247,657       1,25,995         Outpatient Imaging Procedures       106,403       112,135         Oncology Procedures       56,772       59,641         Physician Office Visits         Primary Care       203,394       230,776         Specialty Care       165,043       159,185         HomeCare and Hospice Visits         HomeCare       48,588       39,825         Hospice       30,376       25,374         Days of Skilled Patient Care         Skilled Nursing       42,610       38,9	Costs		
Suppliers & Vendors       249,020       296,087         Interest       14,301       8,814         Depreciation       23,185       23,852         Total       631,925       683,482         Operating Margin       (10,577)       5,513         Statistical Data         Usebarges       10,833       10,064         Surgeries       10,933       2,109         Outpatient       2,643       2,109         Outpatient       7,040       7,759         Births       1,012       1,089         Emergency Department Visits       43,579       45,911         Outpatient Lab Tests       1,247,657       1,259,955         Outpatient Imaging Procedures       106,403       112,135         Oncology Procedures       56,772       59,641         Physician Office Visits         Primary Care       203,394       230,776         Specialty Care       165,043       159,185         HomeCare and Hospice Visits         HomeCare and Hospice Visits       30,376       25,374         Days of Skilled Patient Care       38,972         Skilled Nursing       42,610       38,972         S		345.419	354.729
Interest         14,301         8,814           Depreciation         23,185         23,852           Total         631,925         683,482           Operating Margin         (10,577)         5,513           Statistical Data           Discharges         10,833         10,064           Surgeries         10,833         2,109           Inpatient         2,643         2,109           Outpatient Magnist         1,012         1,089           Emergency Department Visits         1,047,657         1,259,955           Outpatient Lab Tests         1,247,657         1,259,955           Outpatient Imaging Procedures         106,403         112,135           Oncology Procedures         56,772         59,641           Physician Office Visits           Primary Care         203,394         230,776           Specialty Care         105,043         159,185           HomeCare and Hospice Visits           HomeCare         48,588         39,825           Hospice         30,376         25,374           Days of Skilled Patient Care           Skilled Nursing         42,610         38,972           Skilled Nursing (dement			
Depreciation         23,852         23,852           Total         631,925         683,482           Operating Margin         (10,577)         5,513           Statistical Data         Statistical Data           Discharges         10,833         10,064           Surgeries         10,243         2,109           Inpatient         2,643         2,109           Outpatient Marging         1,012         1,089           Births         1,012         1,089           Births         43,579         45,911           Outpatient Lab Tests         1,247,657         1,259,955           Outpatient Imaging Procedures         106,403         112,135           Oncology Procedures         56,772         59,641           Physician Office Visits           Primary Care         203,394         230,776           Specialty Care         203,394         230,776           Specialty Care         48,588         39,825           HomeCare and Hospice Visits         30,376         25,374           Days of Skilled Patient Care         30,376         25,374           Skilled Nursing         42,610         38,972           Skilled Nursing (dementia)         1	· ·		
Total         631,925         683,482           Operating Margin         (10,577)         5,513           Statistical Data           Discharges         10,833         10,064           Surgeries         10,943         2,109           Inpatient         2,643         2,109           Outpatient         7,040         7,759           Births         1,012         1,089           Emergency Department Visits         43,579         45,911           Outpatient Lab Tests         1,247,657         1,259,955           Outpatient Imaging Procedures         106,403         112,135           Oncology Procedures         56,772         59,641           Physician Office Visits           Primary Care         203,394         230,776           Specialty Care         165,043         159,185           HomeCare and Hospice Visits           HomeCare and Hospice Visits         48,588         39,825           Hospice         30,376         25,374           Days of Skilled Patient Care           Skilled Nursing         42,610         38,972           Skilled Nursing (dementia)         10,798         10,283			
Statistical Data         Discharges       10,833       10,064         Surgeries       10       10         Inpatient       2,643       2,109         Outpatient       7,040       7,759         Births       1,012       1,089         Emergency Department Visits       43,579       45,911         Outpatient Lab Tests       1,247,657       1,259,955         Outpatient Imaging Procedures       106,403       112,135         Oncology Procedures       56,772       59,641         Physician Office Visits         Primary Care       203,394       230,776         Specialty Care       165,043       159,185         HomeCare and Hospice Visits         Hospice       48,588       39,825         Hospice       30,376       25,374         Days of Skilled Patient Care         Skilled Nursing       42,610       38,972         Skilled Nursing (dementia)       10,798       10,283			
Statistical Data         Discharges       10,833       10,064         Surgeries       10       10         Inpatient       2,643       2,109         Outpatient       7,040       7,759         Births       1,012       1,089         Emergency Department Visits       43,579       45,911         Outpatient Lab Tests       1,247,657       1,259,955         Outpatient Imaging Procedures       106,403       112,135         Oncology Procedures       56,772       59,641         Physician Office Visits         Primary Care       203,394       230,776         Specialty Care       165,043       159,185         HomeCare and Hospice Visits         HomeCare       48,588       39,825         Hospice       30,376       25,374         Days of Skilled Patient Care       Skilled Nursing       42,610       38,972         Skilled Nursing (dementia)       10,798       10,283	Operating Margin	(10 577)	5 512
Discharges       10,833       10,064         Surgeries       1         Inpatient       2,643       2,109         Outpatient       7,040       7,759         Births       1,012       1,089         Emergency Department Visits       43,579       45,911         Outpatient Lab Tests       1,247,657       1,259,955         Outpatient Imaging Procedures       106,403       112,135         Oncology Procedures       56,772       59,641         Physician Office Visits         Primary Care       203,394       230,776         Specialty Care       165,043       159,185         HomeCare and Hospice Visits         Hospice       48,588       39,825         Hospice       30,376       25,374         Days of Skilled Patient Care         Skilled Nursing       42,610       38,972         Skilled Nursing (dementia)       10,798       10,283	ореганну магунг	(10,377)	3,313
Surgeries       Inpatient       2,643       2,109         Outpatient       7,040       7,759         Births       1,012       1,089         Emergency Department Visits       43,579       45,911         Outpatient Lab Tests       1,247,657       1,259,955         Outpatient Imaging Procedures       106,403       112,135         Oncology Procedures       56,772       59,641         Physician Office Visits         Primary Care       203,394       230,776         Specialty Care       165,043       159,185         HomeCare and Hospice Visits         HomeCare       48,588       39,825         Hospice       30,376       25,374         Days of Skilled Patient Care         Skilled Nursing       42,610       38,972         Skilled Nursing (dementia)       10,798       10,283	Statistical Data		
Inpatient       2,643       2,109         Outpatient       7,040       7,759         Births       1,012       1,089         Emergency Department Visits       43,579       45,911         Outpatient Lab Tests       1,247,657       1,259,955         Outpatient Imaging Procedures       106,403       112,135         Oncology Procedures       56,772       59,641         Physician Office Visits         Primary Care       203,394       230,776         Specialty Care       165,043       159,185         HomeCare and Hospice Visits         HomeCare       48,588       39,825         Hospice       30,376       25,374         Days of Skilled Patient Care         Skilled Nursing       42,610       38,972         Skilled Nursing (dementia)       10,798       10,283	Discharges	10,833	10,064
Outpatient       7,040       7,759         Births       1,012       1,089         Emergency Department Visits       43,579       45,911         Outpatient Lab Tests       1,247,657       1,259,955         Outpatient Imaging Procedures       106,403       112,135         Oncology Procedures       56,772       59,641         Physician Office Visits         Primary Care       203,394       230,776         Specialty Care       165,043       159,185         HomeCare and Hospice Visits         HomeCare       48,588       39,825         Hospice       30,376       25,374         Days of Skilled Patient Care         Skilled Nursing       42,610       38,972         Skilled Nursing (dementia)       10,798       10,283	Surgeries		
Births       1,012       1,089         Emergency Department Visits       43,579       45,911         Outpatient Lab Tests       1,247,657       1,259,955         Outpatient Imaging Procedures       106,403       112,135         Oncology Procedures       56,772       59,641         Physician Office Visits         Primary Care       203,394       230,776         Specialty Care       165,043       159,185         HomeCare and Hospice Visits         Hospice       48,588       39,825         Hospice       30,376       25,374         Days of Skilled Patient Care         Skilled Nursing       42,610       38,972         Skilled Nursing (dementia)       10,798       10,283	Inpatient	2,643	2,109
Emergency Department Visits       43,579       45,911         Outpatient Lab Tests       1,247,657       1,259,955         Outpatient Imaging Procedures       106,403       112,135         Oncology Procedures       56,772       59,641         Physician Office Visits         Primary Care       203,394       230,776         Specialty Care       165,043       159,185         HomeCare and Hospice Visits         Hospice       48,588       39,825         Hospice       30,376       25,374         Days of Skilled Patient Care         Skilled Nursing       42,610       38,972         Skilled Nursing (dementia)       10,798       10,283	Outpatient	7,040	7,759
Outpatient Lab Tests       1,247,657       1,259,955         Outpatient Imaging Procedures       106,403       112,135         Oncology Procedures       56,772       59,641         Physician Office Visits         Primary Care       203,394       230,776         Specialty Care       165,043       159,185         HomeCare and Hospice Visits         HomeCare       48,588       39,825         Hospice       30,376       25,374         Days of Skilled Patient Care         Skilled Nursing       42,610       38,972         Skilled Nursing (dementia)       10,798       10,283	Births	1,012	1,089
Outpatient Imaging Procedures       106,403       112,135         Oncology Procedures       56,772       59,641         Physician Office Visits         Primary Care       203,394       230,776         Specialty Care       165,043       159,185         HomeCare and Hospice Visits         HomeCare       48,588       39,825         Hospice       30,376       25,374         Days of Skilled Patient Care         Skilled Nursing       42,610       38,972         Skilled Nursing (dementia)       10,798       10,283	Emergency Department Visits	43,579	45,911
Oncology Procedures       56,772       59,641         Physician Office Visits         Primary Care       203,394       230,776         Specialty Care       165,043       159,185         HomeCare and Hospice Visits         HomeCare       48,588       39,825         Hospice       30,376       25,374         Days of Skilled Patient Care         Skilled Nursing       42,610       38,972         Skilled Nursing (dementia)       10,798       10,283	Outpatient Lab Tests	1,247,657	1,259,955
Physician Office Visits         Primary Care       203,394       230,776         Specialty Care       165,043       159,185         HomeCare and Hospice Visits         HomeCare       48,588       39,825         Hospice       30,376       25,374         Days of Skilled Patient Care         Skilled Nursing       42,610       38,972         Skilled Nursing (dementia)       10,798       10,283	Outpatient Imaging Procedures	106,403	112,135
Primary Care       203,394       230,776         Specialty Care       165,043       159,185         HomeCare and Hospice Visits         HomeCare       48,588       39,825         Hospice       30,376       25,374         Days of Skilled Patient Care         Skilled Nursing       42,610       38,972         Skilled Nursing (dementia)       10,798       10,283	Oncology Procedures	56,772	59,641
Primary Care       203,394       230,776         Specialty Care       165,043       159,185         HomeCare and Hospice Visits         HomeCare       48,588       39,825         Hospice       30,376       25,374         Days of Skilled Patient Care         Skilled Nursing       42,610       38,972         Skilled Nursing (dementia)       10,798       10,283	Physician Office Visits		
Specialty Care       165,043       159,185         HomeCare and Hospice Visits         HomeCare       48,588       39,825         Hospice       30,376       25,374         Days of Skilled Patient Care         Skilled Nursing       42,610       38,972         Skilled Nursing (dementia)       10,798       10,283	•	203.394	230.776
HomeCare       48,588       39,825         Hospice       30,376       25,374         Days of Skilled Patient Care         Skilled Nursing       42,610       38,972         Skilled Nursing (dementia)       10,798       10,283	•		
HomeCare       48,588       39,825         Hospice       30,376       25,374         Days of Skilled Patient Care         Skilled Nursing       42,610       38,972         Skilled Nursing (dementia)       10,798       10,283			
Days of Skilled Patient Care           Skilled Nursing         42,610         38,972           Skilled Nursing (dementia)         10,798         10,283	· · · · · · · · · · · · · · · · · · ·	40.500	22.225
Days of Skilled Patient Care  Skilled Nursing 42,610 38,972  Skilled Nursing (dementia) 10,798 10,283			
Skilled Nursing       42,610       38,972         Skilled Nursing (dementia)       10,798       10,283	Hospice	30,376	25,374
Skilled Nursing (dementia) 10,798 10,283	Days of Skilled Patient Care		
	Skilled Nursing	42,610	38,972
Skilled Rehab 32,440 30,845	Skilled Nursing (dementia)	10,798	10,283
	Skilled Rehab	32,440	30,845



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