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Neuroscience Vision

"To provide world-class neurologic care, while advancing our legacy through research and education for tomorrow's caregivers."

Neuroscience Services Goals

Program Growth and Development: Strengthen and grow the continuum of neuroscience services at MMC and MMP through enhanced clinical program development.

Trusted Partner: Become the most trusted partner of consumers, payors, and referring physicians for high value neurologic care.

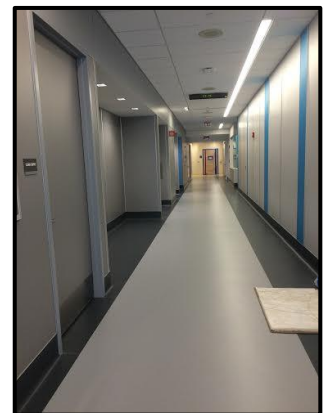
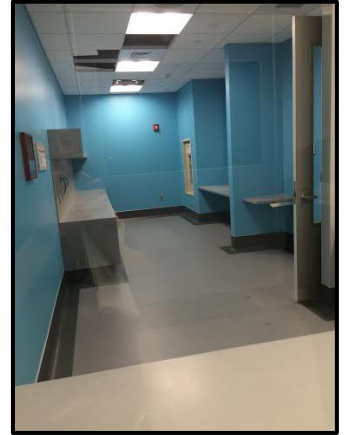
Neuroscience Leadership: Nurture and further develop a committed physician and administrative leadership structure to advance neuroscience services.

Research and Education: Create a culture of scientific inquiry and an outstanding learning environment for advanced clinical practice in neurosciences.

Superior Workshop: Create a physical environment that is satisfying for patients, care providers, and support staff through an improved neuroscience service related infrastructure.

Surgery II

The Surgery II completion date is finally in sight! After receiving its Certificate of Occupancy in August, the new MMC Neurosurgery wing will officially open as scheduled on **October 19th**. The upcoming open houses on October 4th-5th will display the five new ORs, as well as the pre-op and post-op patient care areas with twenty-seven beds. Surgery II also has a new staff lounge, family waiting room, conference room, several offices, and equipment. This project is just the beginning of more exciting changes at MMC.



Neuropsychology Services at MMC

Maine Medical Center provides neuropsychology services to a wide range of patients with known or suspected brain dysfunction. Outpatient neuropsychological evaluation and/or inpatient neuropsychological consultation assess cognition, behavior, and mood for diagnostic purposes and/or to provide treatment recommendations that help with maximizing cognitive function and independence. Neuropsychologists are clinical psychologists with specialized training in brain and behavior relationships. They often work closely with a neuropsychology technician as part of a team. Neuropsychologists complete internships as part of their doctoral degree and may complete post-doctoral fellowships and become board certified. At MMC, neuropsychology services are provided to the psychiatry, epilepsy, movement disorders, trauma, cardiac, critical care, and neurooncology teams. Primary care providers and specialists also refer patients to Heather McClelland, Ph.D., ABPP, Tom Miller, Ph.D., and Karen Millett, B.S. through the Psychiatry Department. More information can be found online at www.theaacn.org, www.nanonline.org, or by calling 662-2763.

Telestroke Update

February - September 2015

	Total Program	Mid Coast	Miles	Waldo
Total Activation (call to telestroke network via REMIS)	23	2	13	8
Total Videoconference Consult	15	2	6	7
Total tPA	6	0	3	3
Total Endovascular Treatment	0	0	0	0
Total Transfers	9	0	6	3

The MMC telestroke program **went live with Maine General** in both the Augusta and Waterville campuses on September 1st. The telestroke team is very excited to have Maine General join MMC's network.

R6 IMC Update

The R6 IMC construction is underway! Barring any major complications during the construction phase, the new unit plans to be open in mid-December of this year.

Brain Aneurysm Support Group

On the last Thursday of every month, the Maine Brain Aneurysm Support Group provides information, education, encouragement, and understanding to those affected by a brain aneurysm. The group is a great place to meet and share with others who have been through similar experiences. Survivors, family members, caregivers, and all those interested are invited to join. A guest speaker attends the meeting every other month to give a short presentation and then open the floor for discussion. Meetings also provide an opportunity for reassurance and personal exchange. For those who cannot make it to a meeting, MMC will be videotaping each gathering and uploading the clips to the MMC YouTube channel. More information and monthly meeting schedules can be found at www.MaineBA.org.

Neuroscience Conferences

Neurocritical Care Society (NCS) Annual Meeting

September 7-10, Scottsdale, AZ

Theme: Back to the Future - The NCS will review where neurocritical care has been, as well as how research and practice are progressing for the future.

The Northeast Telehealth Resource Center (NETRC) Regional Conference

September 23-24, Burlington, VT

Topic: Integrating Telehealth in an Evolving Landscape - Stakeholders from across the eight-state NETRC region will gather to learn about telehealth best practice and innovation, network with colleagues, and identify opportunities to advance their telehealth programs.

The NorthEast Cerebrovascular Consortium (NECC) Annual Summit

October 22-23, Newport, RI

Theme: Super Heroes - The NECC will bring people together to discuss the best possible care for stroke patients.

American Congress of Rehabilitation Medicine (ACRM) Annual Conference

October 25-30, Dallas, TX

Topic: Progress in Rehabilitation Research - The ACRM will provide information regarding brain injury, spinal cord injury, stroke, neurodegenerative diseases, pain, and cancer.

Maine Sleep Institute

The Maine Sleep Institute received its five-year **American Academy of Sleep Medicine (AASM) reaccreditation** in July! The Institute recently increased its capacity for home sleep testing, purchased new equipment, and, in September, will upgrade its sleep diagnostic software. In addition, the team there is excited to welcome a new Medical Director, Medical Assistant, and three techs.

Christopher Murry, DO



On January 1, 2015, Dr. Christopher Murry assumed the role of Medical Director for the Maine Sleep Institute at MMC. Dr. Murry is Board Certified in Pediatric Sleep Medicine and Pediatric Otolaryngology. He has been in practice in Maine since 1997. He is currently in practice at Maine Medical Partners Otolaryngology with special interest in Pediatric Sleep Medicine. Dr. Murry succeeds Dr. George Bokinsky who served diligently as the MSI medical director for close to 30 years.

Julianne Trecartin, CMA

Julianne will be working at the Maine Sleep Institute and MMC Otolaryngology office as a Medical Assistant. She graduated from SMCC with a Medical Assistant Certification (1995), and then went back for an Associate in Science in Cardiovascular Technology (2000). She also received her Therapeutic Massage License from Spa Tech Institute in 2005, which led to her current goal to go back to school at Kaplan University for a Bachelor's Degree in Health and Wellness. Julianne has a daughter in college at the University of Colorado, Denver. She lives in Westbrook with her boyfriend and two cats.



Robin Kiffer, RRT, RPSGT



Robin graduated from Southern Maine Community College in 2005 with an Associate of Applied Science degree in Respiratory Therapy. She has worked in various hospitals, including the Mid Coast Sleep Disorders Center in Brunswick and Maine Medical Center. She is registered by the National Board of Respiratory Care and the Board of Registered Polysomnographic Technologists. Robin was hired per diem at MSI in February and transitioned to full time in June.

Brad L. Gebhardt, AAS, RRT

Brad graduated from Southern Maine Community College in 2011 with an Associate of Applied Science degree in Respiratory therapy. Since graduation, he has worked in the home care field for Coastal Med Tech, Inc. in the Lewiston area. Brad completed the COPD educator program. He is registered by the National Board of Respiratory Care and is studying to take the national RPSGT exam. Brad began working for the Maine Sleep Institute in April.

Michelle Bowie, RRT, RPSGT

Michelle graduated from Kennebec Valley Community College with Certificate (1992) and Associates (1998) in Applied Science Degree in Respiratory Therapy. She has worked at Franklin Memorial Hospital, Central Maine Medical Center, Maine General, and Mid Coast Hospital. She holds certifications in BLS, ACLS, PALS, and NRP. She is registered by the National Board of Respiratory Care and the Board of Registered Polysomnographic Technologists.

Exercise for a Cause!

Brain Aneurysm KAT-Walk & Karo-5K

Join hundreds of runners and walkers on September 12th on the pathway area at the Back Cove Boulevard in Portland. The Karo-5K will start at 1:00 p.m., and the KAT-Walk will follow the runners at 1:05 p.m. The events honor brain aneurysm survivors and remember loved ones lost. More information can be found at www.MaineBA.org.

New England Parkinson's Ride

On September 12th, join the 2015 New England Parkinson's Bike Ride! Choose from a 10, 30, 50, or 100 mile ride and help pedal towards a cure for Parkinson's. The Maine Medical Center Neuroscience Team will be participating for their third consecutive year. The ride begins and ends in Old Orchard Beach, Maine and travels through the countryside and shoreline. Cyclists of all ages and skill levels are welcome. For more information, visit <http://neparkinsonsride.com/>.

Neuroscience Research

CREST-2

The first patients are now being enrolled at MMC in a major national study comparing intensive medical management to carotid endarterectomy, a common operation to prevent stroke, and to carotid artery stenting. The Carotid Revascularization and Medical Management for Asymptomatic Carotid Stenosis Study (CREST-2) is supported by the National Institute of Neurological Disorders and Stroke of the National Institutes of Health.

MMC is one of up to 120 medical centers that will be participating in the study that is seeking 2,480 participants across the United States and Canada. Qualified participants are needed at MMC over the next 5 years. To qualify, participants must be at least 35 years old, have a significant narrowing of one carotid artery with at least seventy percent blockage, and have no history of stroke or transient ischemic attack (TIA) within the last 6 months.

Buildup of atherosclerosis or plaque, commonly known as hardening of the arteries, occurs at the point where the carotid artery divides into the internal and external arteries. Patients with carotid artery disease may be at risk for stroke if clots or debris from the plaque are dislodged from the carotid artery wall. As this material travels through blood vessels it can interrupt blood flow to the brain resulting in stroke.

Physicians want to identify the best way to prevent strokes in people who have a narrowing in their carotid artery. CREST-2 is designed to compare three different methods of stroke prevention to find the safest and most effective treatment for patients with carotid artery narrowing. The stroke prevention methods include intensive medical management or intensive medical management combined with carotid endarterectomy or carotid stenting. Carotid endarterectomy is an operation in which surgeons clean out and repair a main artery supplying blood to the brain. Carotid stenting is a procedure in which a metal device called a stent is placed in a narrowed part of the carotid artery to cover the plaque and hold the vessel open. During the procedure, a small umbrella-like instrument called an embolic protection device is placed above the stent to catch any particles that might break away.

There are several risk factors for stroke, including high blood pressure, high cholesterol, diabetes, tobacco use, excess body weight, and physical inactivity. These risk factors can be modified through intensive medical management and lifestyle modification. In CREST-2, this stroke prevention method includes using aspirin to prevent blood clot formation, drugs to reduce blood pressure and bad cholesterol (LDL cholesterol), and a personal risk-modification coach to review ways to quit tobacco, manage weight, and increase physical activity.

The carotid surgery and carotid stenting procedures in CREST-2 will only be performed by doctors who have demonstrated safety and expertise in the procedures. Of the study participants assigned to carotid revascularization, about half will receive carotid endarterectomy and about half will receive a carotid stent. All participants will receive intensive medical management.

Stroke is the fifth most common cause of death in the United States and the leading cause of disability in adults. Over the past 20 years, medical management of stroke risk factors has improved such that risk of stroke from asymptomatic carotid stenosis has been significantly reduced. Carotid endarterectomy and carotid stenting (both revascularization procedures) have also improved. To date, no research has been conducted to compare the treatment differences between medical management and these two procedures. CREST-2 is intended to compare the two procedures to intensive medical management in patients without recent stroke and without stroke warning signs.

At MMC, Dr. Robert Ecker, PI, and Dr. Christopher Baker are the CREST-2 interventionalists who will perform the carotid stents, and surgeons Dr. Christopher Healey and Dr. Paul Bloch will be performing the carotid endarterectomies. Dr. John Belden is the participating neurologist and Dr. Ellis Johnson is providing the medical management care for patients.

Please contact Debbie Cushing, RN at cushid@mmc.org or 885-4438 if you would like more information about CREST-2.

Fun in Neuroscience



As I head back to school, I want to give a huge thank you to everyone who made this summer at the hospital so rewarding for me. I am hugely grateful to have been a small part of this extraordinary institution!
- Annette