Maine Medical Center in Portland, Maine, has retained Tyler & Company for an exciting search for a Chief, Critical Care Service Line.

MISSION: Maine Medical Center is dedicated to maintaining and improving the health of the communities it serves by:

- Caring for our community
- Educating tomorrow's caregivers
- Researching new ways to provide care

We proudly carry our unique responsibility as Maine's leader in patient care, education and research. We are dedicated to the traditions and ideals of not-for-profit healthcare. Our care is available to all who seek it.

VISION: Working together so our communities are the healthiest in America.

VALUES:

- Patient Centered
- Integrity
- Respect
- Ownership
- Innovation
- Excellence

THE CLIENT: Maine Medical Center (MMC), recognized as the number-one ranked hospital in Maine by U.S. News & World Report for 2015-2016, is a complete health care resource for the people of Greater Portland and the entire state, as well as northern New England. It is the state’s largest medical center, licensed for 637 beds and employing more than 6,000 people. MMC’s unique role as both a community hospital and a referral center requires an unparalleled depth and breadth of services, including the state’s only allopathic medical school through a partnership with Tufts University School of Medicine and a world-class biomedical research center, the Maine Medical Center Research Institute. As a non-profit institution, Maine Medical Center provides nearly 23 percent of all the charity care delivered in Maine. MMC’s care model also includes the state’s largest multi-specialty medical group, Maine Medical Partners, which provides a wide range of primary, specialty and sub-specialty care delivered through a network of more than 40 locations throughout greater Portland.
One of the country’s consistently highest rated hospitals, Maine Medical Center is the state’s premier referral hospital, offering services not available elsewhere, and also serves as a community hospital for Greater Portland. MMC’s nursing staff was rated in the top three percent in the world for nursing excellence.

Maine Medical Center is the flagship hospital of MaineHealth, a 12-member health system touching central, southern and western Maine and eastern New Hampshire. MaineHealth is a not-for-profit family of leading high-quality providers and other healthcare organizations working together so their communities are the healthiest in America. Ranked among the nation’s top 100 integrated healthcare delivery networks, MaineHealth member organizations include Franklin Community Health Network, LincolnHealth, Maine Behavioral Healthcare, Maine Medical Center, MaineHealth Care at Home, Memorial Hospital, NorDx, Pen Bay Medical Center, Southern Maine Health Care, Synerget, Waldo County General Hospital, and Western Maine Health; the MaineHealth Accountable Care Organization is part of the MaineHealth family. Affiliates of MaineHealth include MaineGeneral Health, Mid Coast-Parkview Health, New England Rehabilitation Hospital of Portland, and St. Mary’s Health System. The collaboration of MaineHealth’s members allows greater availability to community health improvement programs, access to clinical trials and research and shared electronic medical records. MaineHealth’s net patient revenue is $1.7 billion.

The MMC medical staff consists of a mixture of employed and private practice practitioners, including both physicians and Advanced Practice Professionals (APPs). Employed physicians are members of Maine Medical Partners (MMP), the state’s largest multi-specialty group, comprised of over 300 primary care and specialty physicians. One hundred physicians who are employed by or practice at MMC were chosen for inclusion in Down East Magazine’s “Maine TopDocs Physician Survey 2014” as the top specialists in their field. Of those, 53 were rated at the top of their category.

In 2012, MMC developed a new organizational structure comprised of service lines developed along patient and family-centric units. Each service line is co-led by a physician leader, a nursing leader and an administrative Vice President. The service lines are structured to organize clinical, professional and administrative services around the patient experience and are designed to:

- Foster effective and efficient decision making
- Enhance/leverage clinical strengths and improve clinical outcomes, financial and operating performance and service quality
- Integrate the physician enterprise for better coordination of care
- Bring clarity and transparency regarding accountabilities and responsibilities
- Streamline committee structures and functions with clear decision-making authority
- Continue to strengthen clinical services with integration of research and education
MAINE MEDICAL CENTER  
Chief, Critical Care Service Line

In September, 2016, Maine Medical Center proposed a $512 million expansion that would increase the footprint of the hospital’s main campus by about 25 percent. The expansion calls for adding 20 operating rooms; many more of the hospital’s 637 beds would be in private, single-patient rooms. All 128 of the new patient rooms would be single-patient spaces. Assuming all of the permits and approvals are obtained, MMC expects the project, which would add 300,000 square feet to the main campus, to be completed in 2022.

**Maine Medical Center Research Institute (MMCRI)**

Research has been conducted at Maine Medical Center since the 1950’s. In 1991, MMC established the Maine Medical Center Research Institute (MMCRI) to plan, coordinate, conduct and support research activities across the organization. In the ensuing years, MMCRI has established a national and international reputation in conducting biomedical research in the basic sciences, the clinical and translational arenas, and in health services delivery, and has attracted top-level investigators and clinician scientists.

Currently more than 200 physicians, scientists and staff are engaged in research through MMCRI. The Institute is divided into four research divisions: the Center for Molecular Medicine, the Center for Clinical and Translational Research, the Center for Psychiatric Research and the Center for Outcomes Research and Evaluation. Research activities are supported by a well-organized administrative structure that includes the Office of Research Administration, the Office of Research Compliance, the Office of Grants and Contracts, the Office of Research Financial Services and the Clinical Trials Office.

Research funding is derived from major extramural grants and contracts, through internal mechanisms and by philanthropic activity encouraged and coordinated through MMC’s Development Office. In fiscal year 2016, extramural research support to MMCRI totaled $14.3 million. In that same year, over 1200 subjects were enrolled in 500 clinical trials being conducted by over 200 principal investigators from 32 departments across the Institution. The number of new submissions in 2016 to the MMC Institutional Review Board, which is accredited by the Accreditation of Human Research Protection Programs (AAHRPP), was 168. MMCRI also has accreditation from the Association for Assessment and Accreditation of Laboratory Animal Care International, and runs an active biorepository accredited by the American College of Pathologists.

**Medical Education at Maine Medical Center**

Maine Medical Center has a long history of educating medical students, residents and faculty. The Department of Medical Education, with a staff of 44, manages 11 residencies and 10 fellowships, all approved by the Accreditation Council for Graduate Medical Education. In 2015, six Tufts DMD graduates completed a one-year residency; three were placed in Maine communities. Currently, there are approximately 250 residents and fellows. In five of the last six years, MMC has had a 100% Match rate. Over the past three years, 29% of MMC’s
residency graduates have stayed in Maine to practice. Our graduates also go on to outstanding fellowship programs. Established in 2008, the Tufts University School of Medicine - Maine Medical Center Program, known as the “Maine Track,” offers a unique and innovative curriculum, exposing students to rural practices and training in a major tertiary medical center. There are 40 matriculants in each TUSM class dedicated to the Maine Track. Much of the curriculum is based in Maine, particularly in the third & fourth years of medical school. MMC developed a unique nine-month Longitudinal Integrated Clerkship offered at MMC and in eight community hospital sites. Additionally, 20 clerkship students from the UNE College of Osteopathic Medicine rotate through MMC annually. The Maine Practice Network, a network of over 20 community hospital sites, also offers one month student and resident rotations in several specialties.

The Hannaford Center for Safety, Innovation and Simulation is a state-of-the-art 15,000 square-foot training center that utilizes the latest in human medical simulator technology to take medical education to the highest level possible. MMC is the flagship provider in the state for Continuing Medical Education. The goal of the CME program is to provide continuing education of the highest quality for physicians. CME activities will address the continuing education needs of physicians on the MMC medical staff in addition to physicians outside the greater Portland community. Launched in 2015, the MMC Institute for Teaching Excellence provides faculty development opportunities for educators to develop best-practice teaching skills. In addition to offering certificate programs, support for medical education research and a wide variety of high quality educational opportunities, the Institute hosts a Speaker’s Bureau to facilitate dissemination of high quality faculty development. By promoting academic medicine excellence at all levels of medical education, the Institute seeks to support, nurture and promote all medical educators in the State of Maine.

Critical Care Program Specifications

The Critical Care Service Line encompasses multiple divisions, with multiple teaching, research and inter-professional clinical programs staffed by fellowship trained and board certified intensivists with care delivered in specialized units.

Quick Facts:

- 39 critical care physician faculty and approximately 145 critical care nurses;
- 54 critical care beds and 33 additional intermediate care (IMC) beds;
- Established high performing Neuro-ICU;
- Includes a newly renovated PICU with eight beds;
- The Critical Care Division is included in the current Master Facility Planning with anticipated significant growth over the next 10 years; and
- There are currently 10 APPs, with funding for three more.
MAINE MEDICAL CENTER
Chief, Critical Care Service Line

Medical Critical Care
The Medical Critical Care (MCC) Division provides primary and consultative care to critically ill adults in ICU, intermediate care (IMC), ED and medical floors settings at Maine Medical Center. MCC has administrative support in the Critical Care Service Line, scheduling support from the IM chief residents, Critical Care Pharmacy collaboration (clinical, research and educational), close collaboration with Nursing, Respiratory Therapy, Rehabilitation Services, Palliative Care, Ethics and Nutrition. MCC has access to excellent simulation education resources and has built a valuable and effective simulation program. The division maintains and directs a teaching service, comprised of an attending fellow (PCCM), residents (from IM, EM, OB-GYN and (on occasion) Anesthesiology programs) and medical students from Tufts/MMC, as well as UNE and other institutions. The MCC service works in close conjunction with the Neurocritical Care (NCC) service, sharing census, sign-out and education processes, and cross-covering in terms of patient responsibilities to maintain a relatively balanced workload. The MCC service provides 24/7/365 in-house attending level care, with immediate bedside response and emergency support for the entire hospital.

On average, MCC provides care for 14 – 18 critically ill adults in ICU and non-ICU settings, while triaging requests for ICU admission and critical care consultation from within Maine Medical Center and throughout the region.

Neurocritical Care
Since 2007, the Neurocritical Care (NCC) program has evolved from a theoretical construct to an admitting service with dedicated physicians, a team of subspecialized APPs, a dedicated neuro ICU with neurocritical care nursing, a distinct teaching service and a robust, nationally recognized clinical research program. Neurocritical Care at Maine Medical Center is a teaching and admitting service with an average daily census in 2014 of 12-13 patients, but not infrequently increasing to 16 or even 20 patients. As a rounding and admitting team, the NCC is comprised of an attending physician, an APP, a rotating, critical care pharmacist and a second-year IM or Emergency Medicine resident. Additionally, NCC is an accredited fourth year medical student “sub-internship”, and for two to three months per year, trains a rotating critical care fellow. NCC routinely provides consultative services to the other critical care services including cardiology, cardiothoracic surgery, pediatric critical care and trauma critical care. The NCC program is housed in the Department of Critical Care Services and supports the Neuroscience and Adult Medicine service lines, providing direct support to the Stroke program, Neuroendovascular and Cerebrovascular surgery programs, Neurosurgery, Epilepsy and Cardiology. NCC functions as a unique, statewide resource for neurocritical care, serving a statewide referral base. NCC is a major teaching rotation for internal medicine residents, emergency medicine residents, critical care fellows and medical students from Tufts University and University of New England. The neurocritical care program is a major enrolling site for four to six scientifically important multicenter clinical trials at any given time, with four active stroke studies, a cardiac arrest trial pending IRB approval and many investigator-initiated projects.
Surgical Critical Care
Surgical Critical Care (SCC) encompasses a broad, complex and specialized body of knowledge that requires the coordination of input from multiple specialties. SCC provides expertise, continuity, leadership, PI and resident supervision to ensure continuity and consistency of care. The approach is multi-disciplinary. Members from the Departments of Surgery, Anesthesia (on rotation), Nursing, Clinical Pharmacology, Respiratory Therapy and Nutrition participate actively and round as a team daily. There are six Attending SCC staff (two work half-time with Trauma/SCC and half-time with general surgery) who provide 24/7 coverage for SCC. The attending staff has depth and breadth of experience, with a blend of experienced faculty and eager newcomers. All are ABS certified (or eligible), with added qualifications in surgical critical care. The faculty have trained and worked at a variety of institutions and have diverse clinical skills that include extracorporeal membrane oxygenation, continuous renal replacement therapy, surgical infectious diseases and burns. Resident staffing consists of a first or second-year general surgery resident every month. There also is a first-year Emergency Medicine resident and a second-year Anesthesia resident on a rotating basis.

The average daily SCC census is 13.2 patients (overall) and is higher in the fall and summer months. Non-trauma patients comprise 50% of the SCC admissions.

Anesthesiology Critical Care
Attending physicians, fellowship trained in Anesthesiology Critical Care (ACC), were added to the complement of critical care physicians in 1996. This has allowed the anesthesiology residents to have educational opportunities by anesthesiology intensivists during their critical care rotations. ACC is made up of three board certified anesthesiologist/intensivist available to offer unique perspective of anesthesiologist in critical care. ACC is committed to maintaining and strengthening its contribution to critical care at Maine Medical Center.

Pediatric Critical Care
The Barbara Bush Children’s Hospital (BBCH) is the most comprehensive source for pediatric medical and surgical services in Maine and eastern New Hampshire. Referring physicians and hospitals turn to the BBCH for management of their patients with complex or critical illness. Implicit in this relationship is the understanding that the BBCH is prepared to provide the necessary critical care services for the patients. The Pediatric Intensive Care Unit (PICU) is capable of providing a full range of intensive care services including dialysis, high frequency oscillatory ventilation and post-operative cardiac surgical support including short term ECMO (extra corporal membrane oxygenation). The average daily census is approximately four, although there is wide seasonal variation. PICU services and programs include, but are not limited to, pediatric congenital heart program, PICU transport – multi-disciplinary (within a two hour driving radius), pediatric neurology program, resident training, medical simulation and research. In conjunction with the medical staff, PICU is supported by a team of dedicated nurses and respiratory staff who have received additional training in the care of critically ill pediatric patients, including developmental milestones and psychological needs.
Cardiovascular Critical Care
There are two arms to the Cardiovascular Critical Care Division – Cardiac Intensive Care Unit (CICU) and Cardiothoracic Intensive Care Unit (CTICU).

The CICU at Maine Medical Center is a 12-bed intensive care unit designed for the management of complex patients with cardiovascular disease. Clinical care provided includes, but is not limited to, the management of patients with acute myocardial infarction (both primary PCI and post fibrinolytic therapy management), advanced heart failure, complex cardiac arrhythmias, hemodynamically unstable patients requiring invasive monitoring with PA catheters and intra-aortic balloon pump support and patients requiring inotropic support for the management of cardiogenic shock. Other areas of expertise include therapeutic hypothermia for out of hospital cardiac arrest patients, management of massive pulmonary emboli requiring mechanical thrombectomy, patients with ischemic stroke receiving fibrinolytic therapy, patients with pulmonary arterial hypertension and right heart failure requiring advanced therapies and patients receiving cutting edge interventional procedures such as convergent maze, carotid stenting and percutaneous valve procedures.

The CTICU is supported by a complement of surgeons, APPs, perfusionists and dedicated nursing staff. Clinical programs include, but are not limited to, adult cardiac surgery (minimally invasive, TAVR, arrhythmia surgery and ventricular assist devices); adult and pediatric congenital cardiac surgery (ECMO and complex repairs); general thoracic surgery (minimally invasive pulmonary surgery, robotic esophageal surgery). Education and research are two of Maine Medical Center’s three fold mission. Within CTICU, medical students have an option to go through a CT rotation and the division hosts surgical residents. Future educational opportunities may include a national perfusionist training program and a physician assistant cardiac training program. The cardiac surgical research program is involved in multiple projects, from observational studies, randomized controlled trials, both investigator initiated and multi-center, and FDA mandated post-marketing device trials. The CTICU is currently participating in the STS thoracic database and peri-operative tumor board. Additionally, the CTICU is involved in multi-center trials and post marketing trials, which include investigating various anticoagulation/anti-platelet techniques on a new mechanical valve and addressing the value of corticosteroids in the mitigation of the systemic inflammatory response.

For additional information about Maine Medical Center, visit: www.mmc.org

THE POSITION: Working under the supervision of Joel Botler, MD, Senior Vice President of Medical Affairs/Chief Medical Officer, the Chief of Critical Care Service Line functions as the principal academic, clinical and administrative leader for the Critical Care department and its associated service line. He/she is fully accountable for the development and maintenance of efficient, effective clinical operations as well as the development and promotion of collaborative working relationships among clinicians and administrators at all levels within the department and the service line. The Chief works collaboratively with a service line team (SLT) of key clinical and administrative executives who are collectively responsible for advancing the tenets of the
MAINE MEDICAL CENTER
Chief, Critical Care Service Line

Quadruple Aim as they relate to the population served, and providers within, the department/service line domain; and is accountable to the Chief Academic Officer (CAO) for overall academic leadership as well as the SVP, Clinical Services for overall administrative leadership. In collaboration and common purpose with leadership peers, and through alignment and motivation of stakeholders, the Chief contributes to the vision that drives the strategic plan of Maine Medical Center (MMC) and MaineHealth, and influences and implements visionary institutional policy, cutting edge clinical ventures, exceptional training programs and innovative research initiatives.

Some initiatives the Chief, Critical Care Service Line will be charged with include:

- Creating the Critical Care Service Line, including the vision and the goals of the service line;
- Unification: bringing the various ICUs together, working as a team with common goals;
- Provider engagement; and
- Improving quality and safety outcomes.

Essential Functions

1.1 Provide academic leadership for the Department/Service Line, including:

1.1.1. oversee all academic partnerships in effect within the department and the service line, including identification of opportunities for new relationships and modifications to existing relationships;

1.1.2. oversee the development and evolution of all academic curricula within the discipline, including undergraduate, graduate, inter-professional and continuing medical education;

1.1.3. in collaboration with MMC’s VP of Medical Education and Designated Institutional Official (DIO), mentor and supervise the Graduate Medical Education (GME) Program Director(s) associated with the department; and provide mentoring to teaching faculty and oversight of faculty assignments;

1.1.4. in collaboration with MMC’s VP of Medical Education and DIO, collaborate with MMC's GME Program Directors and other Chiefs, to facilitate aspects of medical education for residents and fellows; to include, but not be limited to: didactic lectures; electives; departmental conferences; patient safety and quality conferences; clinical experiences; and inter-professional initiatives;

1.1.5. assure provider and learner engagement in pursuit of initiatives for the achievement of expectations for an optimal clinical learning environment as set
out by the Accreditation Council for Graduate Medical Education (ACGME) in
their Clinical Learning Environment Review (CLER) guidelines;

1.1.6. in collaboration with MMC’s VP of Medical Education and DIO, collaborate
with MMC's Undergraduate Medical Education (UME) leadership and other
Chiefs, to facilitate aspects of medical education for medical students, through
active involvement of the department with key academic partners including Tufts
University School of Medicine (TUSM) and the University of New England
College of Osteopathic Medicine (UNECOM); to include, but not be limited to:
didactic lectures; electives; departmental conferences; patient safety and quality
conferences; clinical experiences; and longitudinal integrated clerkships;

1.1.7. in collaboration with MMC’s VP of Medical Education and DIO, complete
annual performance evaluations for associated Program Director(s) and
Clerkship Director(s);

1.1.8. encourage, facilitate and endorse the academic promotion of faculty members
within the department through the affiliation with TUSM;

1.1.9. assure the planning and implementation of faculty development programs
pertinent to department members, including development of inter-professional
and community-based initiatives;

1.1.10. promote the responsibilities of department members to MMC’s tripartite mission
of clinical care, education and research;

1.1.11. advance the clinical science of the discipline through active participation and
promotion of research initiatives within the department;

1.1.12. collaborate with MMC’s Vice President Research and Director of MMCRI in the
coordination, support and mentorship of research initiatives;

1.1.13. assure the resources and infrastructure necessary for completion of scholarly
pursuits as required by regulatory bodies of the discipline; and

1.1.14. develop and assure implementation of assignments for objectives aligned with
the academic mission of the organization by request of the Chief Academic
Officer.

1.2. Provide clinical leadership for the Department/Service Line, including:

1.2.1. advance clinical endeavors of the discipline through active clinical practice;
1.2.2. provide and promote discipline specific knowledge and expertise to favorably influence the processes of care and development of care models in the service line;

1.2.3. guide and oversee all clinical activities within the department and the service line, identifying gaps and acting on performance opportunities identified through available clinical registry and other benchmarked data;

1.2.4. guide and oversee all aspects of patient experience and access to clinical services offered within the department and the service line, identifying gaps and acting on performance opportunities identified through available patient satisfaction and other benchmarked data;

1.2.5. assist in the development of clinical policies and practice guidelines associated with performance improvement initiatives by mutual request of the SVP Clinical Services or the Chief Medical Officer;

1.2.6. develop and implement department and service line-specific assignments for objectives aligned with MMC’s Annual Implementation Plan or MMC’s Service Line goals by request of the Chief Medical Officer or SVP Clinical Services;

1.2.7. participate in risk management and risk prevention programs to facilitate risk mitigation;

1.2.8. promote a culture of safety by supporting patient safety event reporting, and participating in patient safety investigations;

1.2.9. direct and participate in quality improvement programs and initiatives including the establishment of best practices for staff; and

1.2.10. identify opportunities for, develop and implement comprehensive clinical transformation projects and clinical care pathways, working collaboratively with inter-professional teams.

1.3. Provide administrative management of the Department/Service Line, including:

1.3.1. assume primary organizational responsibility for the service line in collaboration with the Administrative Vice President, ensuring maximal coordination and integration of all services and providers;

1.3.2. provide overall administrative oversight of the clinical services, and the educational and scholarly activities of the department;
recruit, retain and deploy highly qualified providers and physician scientists in support of the clinical and academic enterprise; collaborate with Human Resources on all aspects of physician compensation and administration;

provide oversight to the management of necessary facility, staff and equipment resources associated with the department and the service line;

assess and make recommendations for facility, staff, and equipment resources needed by the department and service line; assess the need and make recommendations for the acquisition of professional services from outside the capacity of the department and service line;

promote and participate in the development of responsible operating and capital budgets and accept accountability for financial performance of the department and service line;

participate in departmental and service line planning activities in the context of strategy, business, development and branding;

advance measures to ensure provider and staff engagement, and set targets for engagement goals;

ensure compliance with external accrediting, licensing and regulatory agencies as well as internal medical staff, hospital and department rules, regulations, policies and ethical standards;

as appropriate, formulate and maintain departmental criteria for clinical privileges relevant to the discipline, and consistent with professional services provided by the department and service line;

as appropriate, submit recommended action to Medical Staff on requests for clinical privileges by candidates seeking Medical Staff membership via the department;

continuously surveil the professional conduct and clinical performance of all individuals in the department and service line who have delineated clinical privileges;
1.3.13. provide a program for ongoing professional practice evaluation (OPPE) and focused professional practice evaluation (FPPE) for members of the department and service line;

1.3.14. provide a process that includes, at a minimum, relevant documented provider-specific clinical performance improvement feedback on an annual basis to each member of the department and service line;

1.3.15. assist in the planning and implementation of professional development programs pertinent to department and service line members;

1.3.16. facilitate involvement by department and service line members in relevant regional and national professional societies;

1.3.17. develop the capacity of the department and service line by mentoring physicians; providing an environment that encourages curiosity, honesty, respect, quality and professional learning; and advocating for physicians to other MMC constituencies;

1.3.18. assure representation of the department and service line on key hospital, Maine Medical Partners (MMP) and MaineHealth committees related to clinical services, institutional initiatives and strategic planning; and

1.3.19. serve as a liaison for the department and the service line to hospital, MMP and system leadership.

1.4 Promote effective communication and collaboration, including:

1.4.1. cultivate strong partnerships with other clinical and administrative executives, demonstrating unified and integrated leadership across all Departments/Service Lines;

1.4.2. foster shared accountability among a SLT of clinical and administrative executives for program and team performance;

1.4.3. ensure consistent, concise and timely communication with members of the Department/Service Line and other teams as appropriate; disseminate information in a manner easily interpreted and understood by target audience; and
1.4.4. facilitate and act as a role model for collaborative and respectful relationships among physicians, nursing and allied health professionals, administrative staff and patients and families.

This is an outstanding opportunity to create and co-lead a critical care service line in a well-respected, rapidly growing medical center that is an integral member of a large, successful health system.

**THE CANDIDATE:** The successful candidate will be a board certified MD with at least seven years of progressive clinical leadership experience in a complex organization. The ideal candidate will possess strong leadership skills with a proven ability to cultivate collaboration and build consensus across diverse clinical and administrative stakeholders, and across organizational boundaries. He/she will be knowledgeable regarding process improvement methodologies, with a demonstrated track record of improving quality and safety outcomes in the ICU. The selected candidate must also possess knowledge of healthcare finance, hospital administration and strategic planning.

This physician leader will spend the majority (80%) of his/her time dedicated to administrative tasks and will also practice clinically and, if desired, conduct research. Therefore, he/she must be eligible for licensure in Maine.

Key characteristics sought in candidates include:

- Collaborative;
- Outstanding leadership skills;
- Able to bring people together working as a team; builds strong teams through relationship building;
- Energetic;
- Great interpersonal skills;
- Decisive; a good decision maker;
- Able to lead change by influencing others;
- Excellent communication skills: verbal, written and listening;
- Passionate about critical care; and
- Able to successfully work within a matrixed organization.
MAINE MEDICAL CENTER
Chief, Critical Care Service Line

THE COMMUNITY: Portland, Maine is Maine's business, financial and retail capital. The largest city in Maine, Portland’s population is more than 66,000. With a metro population of 230,000, the Greater Portland area is home to almost one quarter of Maine's total population. Portland is located on a peninsula in Casco Bay. It is the metropolitan hub of Maine's south coast region. Recreation, entertainment, scenery and culture are also vital in Portland as evidenced by the 3.6 million tourists who visit the city each year.

This metropolitan city with small town charm is a cultural mecca and wildlife wonderland, the home of microbrews and sea cruises, of world-class chefs and first-class fishing, where shopping, sailing or hitting the beach is at its best. Residents and visitors alike enjoy the scenic vistas of this historic city on Casco Bay, gazing at boats on the waterfront and watching the activity on the cobblestone streets. Residents enjoy a wealth of activities. The mountains of western Maine are just 45 minutes away by car, and if you enjoy exploring larger cities, Boston is 115 miles away.

There are a wide range of public and private schools available from Pre-K through high school. There are also a number of colleges in and near the Portland area, including Bowdoin College, the University of Southern Maine, Maine College of Art and the University of New England.


With its mixture of artistic and outdoor adventures, Portland is stylish and sophisticated, yet remains genuine and unpretentious.

For more information about Portland, please visit:

http://www.mainetourism.com/
http://www.liveworkportland.org
http://www.maine.gov/portal/index.php
http://www.city-data.com/county/Cumberland_County-ME.html
MAINE MEDICAL CENTER
Chief, Critical Care Service Line

http://quickfacts.census.gov/qfd/states/23/23005.html
http://www.portlandjetport.org/airlines
http://www.transportme.org/html/Terminal_PTC.html

COMPENSATION: A strong base salary, incentive plan, relocation assistance, and executive benefits will be provided.

MaineHealth values diversity and is committed to equal opportunity for all persons regardless of age, color, disability, ethnicity, marital status, national origin, race, religion, sex, sexual orientation, veteran status or any other status protected by law.

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We prefer to receive resumes via e-mail.