

# REHAB ROUNDUP

Issue 25



July/August  
2008

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## The Mid-Year Report

by Amy Morse, CEO

It hardly seems possible but 2008 is already half over! All in all we have had a good start to an important year.

2008 began on a positive note when Congress passed a law resolving the 75% Rule (setting the benchmark at a reasonable 60%) and sending a message that acute rehabilitation is a necessary level of care in the healthcare continuum. This definitive action by the government was important because it allowed us to make concrete plans for the year regarding patient diagnoses, volume, census, education and equipment that we could expect to see and need in the future.

And, we've made good progress on all fronts. NERHP has acquired new technology, including Bioness and an FES bicycle. We've converted to computer-generated medication administration records (MARs). We continue to aggressively pursue ongoing clinical education for our staff. Many of our clinicians have received specialized training this year, including a certified wound/ostomy nurse - congratulations Adrienne Andrews! We also invited a nationally

recognized expert in neuroplasticity, Dr. Stephen Page, to speak at our first annual Stroke Rehabilitation Conference. Plus, we were fortunate to receive a special training session from Dr. Page the day prior to the conference.

At the same time, we have expertly managed the care of more patients this year than last and our quality scores continue to show that our patients would recommend NERHP to others.

One area in which we remain challenged is our average daily census. We are studying how we can address the physical plant, as well as staffing, to allow more patients to access our services.

As we enter the final half of the year, let's continue to focus on doing our jobs well and communicating effectively. I want to thank each of you for your ongoing commitment and dedication to our hospital and our patients. You truly demonstrate the best in rehabilitation care every day.

## NERHP's Medical Staff Highlight

**Dr. Winton Briggs was New England Rehabilitation Hospital of Portland's first Medical Director. Although semi-retired, he is on staff during the summer and we are pleased to have had the opportunity to interview him for this month's *Medical Staff Highlight*.**



Amelia Earhart became the first woman to cross the Atlantic. The St. Louis Cardinals won the World Series over the Detroit Tigers. The Lock Ness monster was "spotted" for the first time. A gallon of gas was 10 cents and the Studebaker truck to put it in was \$625. Political unrest in Europe would cause the next world war. Clark Gable received *Best Actor* for his role in "It Happened One Night". And, Winton Briggs was born in Providence, Rhode Island.

1934 was the turning point in the great depression, but that year and the next few years, proved to be a difficult time for many families. Life choices were made to adjust to the times. For young Win and his brother, their mother's unavoidable choice was to place two boys in foster homes. By the time he was in high school, Win had lived in Providence, RI, Brunswick, ME, Freeport, ME, Waltham, MA, and Arlington, MA. Their mother's decision ironically resulted in the boys learning stability.

Dr. Briggs recalls, "I feel very fortunate to have lived with two 'superb' families. They were both very different in their backgrounds and lifestyles, but they were wonderful to my brother and me." Of his Maine family, a hard working, quiet family, he credits "Aunt Betty" for being positive in attitude and instilling in him that same mind-set. From his Arlington, MA family, he and his brother

Continued on Page 2 →

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## Medical Staff Highlight ~ Dr. Winton Briggs *(continued from Page 1)*

learned the importance of education and an exposure to music. “Uncle Carl” was the organist at church and there was a piano at home. So from an environment that supported basic, but high standards, Win received a scholarship to Mt. Hermon preparatory school where he participated in sports, sang in the a cappella choir and graduated cum laude.

**Directive to Medicine** ~ Dr. Briggs’ biological mother was a practical nurse who visited her boys throughout those childhood years. He recalls the motivating factors that influenced his career path: “Whenever my mother came to visit she would say over and over, ‘you are going to be a doctor!’ Beside my 6<sup>th</sup> grade year book picture, my job goal was to be a doctor. At Mt. Hermon, Mr. Williams, my biology teacher, made the science really alive and stimulating. Kenneth Roeder did the same at Tufts, even taking us on a day trip to Woods Hole to meet and be taught by a couple of Nobel Prize winners. Inspirational!”

So Win Briggs did just what he always knew he would do - he became a physician. He left Mt. Hermon for Tufts and received his B.S. in Biology/Chemistry. It was during this time that Dr. Briggs met his wife, Robin, also a student at Tufts, and they got married the day after they graduated. He went on to obtain his M.D. from the University of Pittsburgh. His mom was at graduation to see her son fulfill her dream for him. Internship and a residency in Internal Medicine followed at Maine Medical Center. Dr. and Mrs. Briggs and their family, now including 3 children, settled in Cape Elizabeth. He went into private practice as a primary care internist. Hard work and planning was paying off. Then came the draft.

**Saving Lives During the Vietnam War** ~ Escalation of the Vietnam War occurred in 1965. In 1966, Dr. Briggs was drafted into the Army. He was stationed at Fort Leonard Wood, Missouri as a Captain in the Medical Corp. He avoided deployment to Vietnam because of meningitis - not his! Dr. Briggs explains, “The four of us internists there provided instruction to the training staff (lieutenants and sergeants) to get troops with fever and headaches to the emergency area because meningococcal disease was common among basic trainees. There was no vaccine at the time and the disease had been accountable for taking lives. Our base commanding officer overrode our orders for Vietnam to keep us there for our full two years. We did lots of spinal taps and only lost one kid in those two years!” Dr. Briggs was discharged in 1968 and returned to Maine with his family where they resumed their lives and his practice in the South Portland/Cape Elizabeth area.

**NERHP Hires Medical Director** ~ For the next several years, Dr. Briggs was an attending physician in Internal Medicine at Maine Medical Center and Mercy Hospital. He was involved in teaching, as instructor of interns and residents at MMC, and student nurses at both MMC’s School of Nursing and USM’s Family Nurse Practitioner Program. He was also Assistant Clinical Professor of Medicine for Tufts and the University of Vermont. He served on numerous committees at MMC, Mercy, the Southern Maine Association of Cooperating Hospitals and the Cumberland Country Medical Society.

In the mid-eighties, the nursing home that was on Charles Street

was purchased by New England Rehabilitation Hospital of Woburn and it was converted to a rehabilitation hospital. Responding to questions of the Woburn administration, two Portland-area physicians who owned the building, recommended “the Briggs guy” as Medical Director. Dr. Briggs said, “Dr. Ed Charette offered me the Medical Director position and I thought, well, I’ve done just about everything else, I might as well give it a try. It was a great experience. I learned some rehabilitation medicine along the way, from a wonderful staff.”

That was in 1986 and he has been with us ever since. If you have been following the *Medical Staff Highlights* over the past several months, you will see that most of our current physicians were interviewed by Dr. Briggs. It could be said that he set the foundation for the excellent attending medical staff we have here today.

**A cappella to Choral** ~ Since his singing with the a cappella group at Mt. Hermon, music stayed on as a hobby, and most probably was in Win Briggs’ genes all along. Besides being a practical nurse, his biological mother had been a concert cellist who played in a string quartet with a young Arthur Fiedler. Win’s grandfather was a singer, although he never met him. Win was president of the Tufts-Jackson chorus while at Tufts University; in fact, that’s really where he met his wife, who was the secretary of the chorus. Once settled into family life and a medical practice, Dr. Briggs became a member of the Chancel Choir of his church. While in the army, he was a member of the Chapel Choir and later on was the founding member of the Choral Art Society of Portland in 1970. You may have seen Dr. Briggs on stage at Merrill Auditorium during a holiday or two!

**Cycling Two Centuries – A Way to Relax** ~ Dr. Briggs recalls, “When I was in the 5<sup>th</sup> grade I had a second-hand balloon tire bike that I needed to deliver papers around my route in Arlington. I really wanted a 3 speed! My older cousin was a bike enthusiast who raced. He made me a bike which I had from junior high throughout my senior year in college. I had to sell it to buy a microscope for medical school.” As an adult, Dr. Briggs got more serious about cycling initially for fitness, but also found it was a great stress reducer. With such a busy life, it’s hard to imagine fitting in time for recreation. But for Dr. Briggs, his cycling became a way to relax and allow time for quiet thinking.

Today, Dr. Briggs averages about 100 miles a week and he likes to vary his goals. He goes 25 miles some days, 40 miles on others. He plans to “ride my age” once each summer (last year Cape Elizabeth to Sebago Village in Alfred and back). His longest one day trip was to North Conway, NH to visit his brother and get a free lunch. Try to cycle from Cape Elizabeth to North Conway, NH and back in one day. That’s two centuries worth of *relaxing*.

**The Spirit of NERHP** ~ Dr. Briggs is now semi-retired. He and Robin are snow birds, spending the winter months in Vero Beach, FL. The staff at NERHP look forward to seeing Dr. Briggs return in May and enjoy working with him once again. Dr. Briggs is synonymous with New England Rehabilitation Hospital and the spirit behind its culture and success. His enthusiasm for life is evident every time you see him come down the hallway with that bounce in his step, twinkle in his eye and infectious smile on his face.

On Tuesday, July 1st, the pharmacy and nursing collaborative effort for conversion to a new computer generated medication administration record (MAR) went live on both Rehab 1 and Rehab 2 nursing units. The MAR Committee had been working for over a year to create a MAR using the pharmacy Medics computer system patient profiles. The conversion from the handwritten to the computer generated MAR was a tremendous effort by both pharmacy and nursing. What a week! Thankfully, we have talented, energetic and positive employees who helped to make the transition go as smoothly as possible.



### Top Ten Reasons for The Switch To a Computer Generated MAR

- One 24-hour MAR for all active medication orders means fewer orders to look through when giving medications.
- Less transcription promotes fewer opportunities for transcription error.
- Easier to read.
- Look-alike/sound-alike warnings included with medications.
- Computer based database allows for more consistent profiling of medications.
- Medication specific instructions will automatically print on the MAR. For example, *Do Not Crush*.
- Both brand and generic names are included on computer MARs.
- Frees up unit secretaries' time to perform other tasks.
- Will ease eventual transition to eMAR in the future.
- Because it is a requirement of the Joint Commission.

## Ethics for Everyone!

By Nancy Schuster, PT, MS, Education Coordinator



### Advance Directives Your Life on Your Terms

The Ethics Committee decided to move away from Medical Ethics for awhile and begin a series of articles about Advance Directives for ourselves and for our patients. **Studies have shown that one of the largest percentages of people who do not have Advance Directives are those who work in a health care setting!** Here are three basic Q&As to get you thinking:

**Q.** What is an Advance Directive?

**A.** An Advance Directive is a written document that states your choices about health care when you are too sick to let them be known. It is helpful because it makes sure that you will not receive treatments you do not want. An Advance Directive is sometimes called a *Living Will*.

**Q.** What do I specify in an Advance Directive?

**A.** There are 5 areas where you need to specify a directive:

- An agent—a family member or friend to make decisions about your health care.
- Whether or not you want certain treatments—like CPR, tube feedings, or pain medications.
- Whether or not you wish to be an organ donor.
- The name of your primary doctor.
- Your funeral wishes or the name of the person who you want to make those decisions.

**Q.** Who can have an Advance Directive?

**A.** Anyone living in Maine who is 18 years of age or older can complete an Advance Directive. It must be witnessed by two other people and some states (not Maine) requires a Notary Public to notarize the completed form.

More information will follow in the next issue.

## 2008 ~ The Year of the Patient Experience

### Patient Perceptions of Care (continued)

By Kathleen Stuchiner, Director of Quality Management

In our last issue we discussed the value of our patients' perception of the care and services they receive at NERHP. To be truly patient-centered, and to ultimately improve quality and efficiency, our task is to model our practices by focusing on the needs and preference of our patients.

The concept of patient-centered care has gained increasing prominence over the years, not only at NERHP but also as a key aim of the U.S. health care system. The major attributes of patient-centered care, which we measure routinely, include the following core elements which were identified most frequently by patients as matter most to them when they had to access health care services:

- > Education and shared knowledge
- > Involvement of family and friends
- > Collaboration and team management
- > Sensitivity to non-medical and spiritual dimensions of care
- > Respect for patient needs and preferences
- > Free flow and accessibility of information

Patients have traditionally given New England Rehabilitation Hospital high marks for its inpatient and outpatient services. However, in keeping with our philosophy of continuous improvement, the Patient-Centered Care Committee is actively working on projects we think improve patients' perceptions of their care at NERHP.

The Patient-Centered Care Committee is working on the development of a new patient guide which will be given to patients upon admission to the hospital. This group also advocates for initiating and soliciting patient feedback before the patient leaves NERHP; in some cases to assist patients in identifying individuals who have made a difference during their stay or to help us address any concerns patients might have early on in their stay before they become dissatisfied. Lastly, the Committee recommends more frequent presentations and discussion of patient satisfaction information directly with staff at their respective staff meetings to allow for staff to assist in identifying ways in which we can become a truly patient-centered hospital.

#### SAVE THE DATES

- July thru September - Famous NERHP Art Show! Exhibits on display throughout the hospital.
    - Watch for 7/28/08 Edition of "ADVANCE for Nurses".
- Special edition labeled "The Essence of Nursing" highlights our own Elizabeth Glidden, BSN, CRRN.
- 9/21 thru 9/26/08 - National Rehab Week

### Nutrition News

By Jennifer Wilson, MS, RD, LD  
Senior Clinician Dietitian

Maine Medical Center Brighton Campus

#### *Water, Water Everywhere...*

With today's new trend toward designer bottled water, there seems to be hundreds of choices available - from water with fiber to water with protein to water claiming to relax you or boost your immune system. I am often asked the question: Are these things for real? Well, the answer is yes, and no.

For example, Aquafina (i.e. the tap-water bottled by Pepsi) has a water called "Alive" and advertised as water "containing 10% of your daily value of fiber to help fill you up." Does it really contain fiber? Yes it does, but it is **not the type of fiber** from bran and whole grains that has been proven to have numerous health benefits. The fiber source in Alive is maltodextrin which is a partially broken down starch that is indigestible in the human body, not the intact fiber found in fruits, vegetables and grains. There is no evidence that maltodextrin provides the same benefits as traditional fiber.

Here's another example: "B-Relaxed Vitamin Water", bottled by Coca-Cola, claims to "keep you calm during stressful times." Does it contain B vitamins and theanine? Yes. Actually it contains 50% of your RDA for niacin, B6, B12, pantothenic acid and vitamin C. Will it help nerves or stress? Probably not. There is still no conclusive evidence that the vitamins and amino acid in this product help with stress or anxiety. What it will do is give you **125 calories** from sugar in every bottle! Each bottle is 2.5 servings so you need to multiply everything on the nutrient facts panel by 2.5.



The message is pretty clear. Plain old water, though less glamorous, is hydrating, beneficial, calorie and claim-free. Eat real food to get the vitamins, minerals and fiber your body needs to stay healthy and leave the water for hydration.

## Infection Control Focus

by Dennis Nasto, RN, CIC

## Respiratory Etiquette



The *Merriam-Webster Dictionary* defines etiquette as “the conduct or procedure required by good breeding or prescribed by authority to be observed in social or official life.” Generally these guidelines promote the comfort, well-being and safety of those in society. The purpose of using **respiratory etiquette** is also to promote the well-being and safety of those in society. It is used to prevent the spread of germs, usually bacteria or viruses, to others when one coughs or sneezes. Illnesses that can be caused by coughing or sneezing include the common cold, influenza, tuberculosis, measles (rubeola), chicken pox (varicella) and meningococcal disease. Adhering to these simple rules can help keep friends, family and co-workers safe throughout the year.

The basic rules of good respiratory etiquette include:

- Covering all coughs and sneezes with a tissue and then discarding the tissue immediately.
- If a tissue is not available, cough or sneeze into your elbow or sleeve so you do not soil your hands, as hands can spread germs more easily to other people or surfaces.
- Always clean hands after coughing, sneezing, or handling tissues.
- Keep your hands clean by washing often with soap and water for at least 15 seconds.

If your hands are not visibly dirty or soiled, they can be disinfected with an alcohol based hand rinse, such as Purell or other brands of hand sanitizer.



Amy Morse, CEO and Scott Peterson, DMO, kicked off National Employee Health and Fitness Day by reading Governor Baldacci's Proclamation,

**“Now, therefore, I, John E. Baldacci, Governor of the State of Maine, do hereby proclaim May 21, 2008 as Employee Health and Fitness Day.”**



### NERHP event leaders get staff movin' and groovin'!

L to R: Becky Demaris, PT, leads the Business Office staff with office stretches. Barbara McGranahan, RN, Liaison, gives walking pole instructions prior to a Nordic walking expedition. Darlene Greenfield, HR, heads up the indoor walk, upstairs, downstairs and around and round the building. Benefits of employee health and fitness? IT'S REALLY FUN!

## NERHP Employee Recognitions

### June Employee of the Month

Trish Pomroy, RNT, Rehab 2



#### Nomination Comments

“Trish is a wonderful addition to the Rehab 2, 7-3 shift. She is positive at all times and has often stated ‘I love my job.’ She is an excellent RNT, possessing the experience and compassion to provide her patients with what they need both physically and emotionally.”

“She never hesitates to assist any of her peers when Trish finds the time (that extra 5 minutes here and there) or is asked. She has often been the one chosen to orient new staff due to her positive outlook and skills.”

“Trish is well liked and respected by her peers and the licensed staff she works with. She is self-motivated, seeks out information with anything that she is unsure of.”

**At left, Trish accepts her Employee of the Month certificate from Michele Drown, RN, Nurse Manager (L) and Amy Morse, CEO (R). “If I could clone her, I would in a heart beat,” exclaimed Michele.**

### UNE Recognizes NERHP Physical Therapy Department with Clinical Instruction Award

The faculty and students of this year’s graduating class of the University of New England selected NERHP’s Physical Therapy Department to receive their Excellence in Clinical Instruction Award. This award is given annually to a clinical site in recognition of the quality of clinical instruction provided to students during the clinical affiliations.

Accepting the Clinical Instruction Award on behalf of our Physical Therapy Department, Cheryl Hicks, PT and Karen McLaughlin, PT, are congratulated by Mike Sheldon, Director of the PT Educational Program at UNE. The award was presented at a recognition dinner held by the graduating class on May 16th.

Neil Schuster, PT, Rehab Manager, states in his announcement of this award to NERHP staff, “As you know, we have had a long standing relationship with the PT program at UNE providing educational support in many ways. Last year you were recognized for your outstanding support in overall Clinical Education. The award this year only continues to recognize your efforts in providing quality instructional opportunities for future PT’s.”



**Mike Sheldon, UNE Director of PT, presents UNE’s Clinical Instruction Award to Cheryl Hicks, PT and Karen McLaughlin, PT.**

### July Employee of the Month

Lashell Moon, Rehab Administrative Assistant



#### Nomination Comments

“Lashell works effortlessly and accomplishes a great deal while doing so. She has an unusual ability to complete many tasks in a calm manner.”

“Lashell is very friendly and offers assistance to everyone in need.”

“She is a real ‘team player’. If she is caught up, even for a brief amount of time, she will offer to help other staff members. She has been a great help to me and I appreciate it.”

“Lashell is very neat and organized—a true professional!”

**A very surprised Lashell (R) receives her award from Amy Morse, CEO.**

## Nursing Report Cards

By Elizabeth Glidden, CNO

I am very proud to announce that the Nursing Staff of NERHP has been identified at the HealthSouth National Nursing Advisory Board Meeting as being **the best in the region** for Response to Call Bells, Courtesy to Patients, and Bowel and Bladder FIM Gain!



Based on data from the first quarter of 2008, this is the first report card for nursing, comparing our outcomes with other hospitals within the region and throughout the 94 hospitals in the HealthSouth system. The rankings are based on the NRC information received from patient questionnaires. Other indicators measured are Nursing Hours per Patient Day (NHPPD) and Nursing Turn-over.

Congratulations to our Nursing Staff on this great outcome data. It is wonderful to be recognized by our patients and our Regional and Corporate Leadership. Yeah Nursing! We always knew you were the best!

## Education Earmark

By Nancy Schuster, PT, MS, Education Coordinator

One of the 2008 goals for the Education Department is to foster staff development by mentoring registered nurses to become certified in Rehabilitation Nursing (CRRN) through the Association of Rehabilitation Nurses (ARN). The benefits of having certified rehabilitation nurses (currently we have 9) are to: 1) promote personal growth and job satisfaction leading to better recruitment and retention of highly qualified nurses; 2) differentiate NERHP as a hospital specializing in acute rehabilitation; and 3) improve patient outcomes and patient satisfaction.

In order to obtain certification, nurses must submit an application form, sit for the examination which is given twice a year and achieve a passing score. Every 5 years there is a recertification process. Our mentoring program, facilitated by our current CRRN's, is designated to assist in the application process, develop a lending library of study materials and lead study groups. We are starting our meetings this summer as applications are due by October 15th and the exam is given in December. We are hopeful that several of our registered nurses will pursue certification and achieve this recognition.



TO:

- Jenn Burr, OTR, Ann Kemp, OTR, Becky Demaris, PT, Cheryl Hicks, PT, Brianna Page, SLP and Laura Gilliard, PT who have taken on extra tasks beyond patient care during the busy summer season to supervise PT, OT and SLP students.
- Christine Spear, RN, who stayed late beyond her shift to help a 7-3 nurse with some last-minute patient and family teaching on a patient who was being discharged.
- Katie Smith, RN, Andrea Ettinger, RN and Mia Richerson, RN, CRRN for their work and presentations at the Stroke Conference, and to Janet Corbett, RN, Nurse Manager, for assistance and facilitating nursing participation at the conference.
- All the presenters at the stroke conference, in addition to the above: Sharon Hartl, OTR, Sue Hitchcox, OTR, Susie Kelley, OTR, Kathy Kroll, CTRS, Steve Belanger, PhD, Tom McOsker, MACCC-SLP, Dr. Kazmi and Dr. Morse.
- Scott Hayes, Materials Management, who remained on the job after hours on a Friday to make sure that patients being admitted had all the equipment they needed.
- Doreen Thompkins, Pharmacy, for spearheading the computerized MAR (Medication Administration Record) team. After months of hard work, it went "live" on July 1.

### NERHP OPEN FORUMS

Please plan to attend one of these interactive & informational sessions. Plenty of time for discussion, sharing new ideas and asking questions.

Tuesday, July 29

3:30 pm - Brighton Room

*(Join us for light refreshments)*

Wednesday, July 30

7:30 am - Brighton Room  
and 2:00 pm - Brighton Room

*(Light refreshments at both sessions)*

Thursday, July 31

Noon to 1:00 pm - Brighton Room

*(Join us for light refreshments)*

NEW ENGLAND REHAB HOSPITAL  
335 Brighton Avenue  
Portland, Maine 04102  
Phone: 207-775-4000 Fax: 207-662-8080

**SUBMIT ARTICLES TO**  
Jaye Sewall, Marketing Representative  
Phone: 207-662-8082 Fax: 207-662-8080  
Email: [Jaye.Sewall@Healthsouth.com](mailto:Jaye.Sewall@Healthsouth.com)

**DIRECT COMMENTS  
OR FEEDBACK TO**  
Scott Peterson  
Director of Marketing Operations  
Phone: 207-662-8397  
Email: [Scottj.Peterson@Healthsouth.com](mailto:Scottj.Peterson@Healthsouth.com)



## What's happening from the ACTivities Committee!

Lori Sweeney, Darlene Greenfield, Deb McNally, Gail Murphy,  
Kellie Selberg, Kelli Dorr, Leigh Baade, Jaye Sewall, Carolyn Lyden

### July

- Scavenger Hunt & **Peaks Island Prize Package!** - Congratulations to winners Pam Dalphonse and Mary Ellen White!
- Tie Dying and Sno-Cones - July 25th
- Drawing for a 4-pack of tickets to the Portland Seadogs—July 25th

### August

- *You must have been a beautiful baby* - Leadership Team *baby face* identification game - July 28th thru August 8th - **Funtown Tix** prize drawing on the 8th
- Ice Cream Novelty Treats - August 29th



**Gordon Bok and Carol Rohl**

Photo credit: Eric Hopkins

### Cassette Tapes Donated

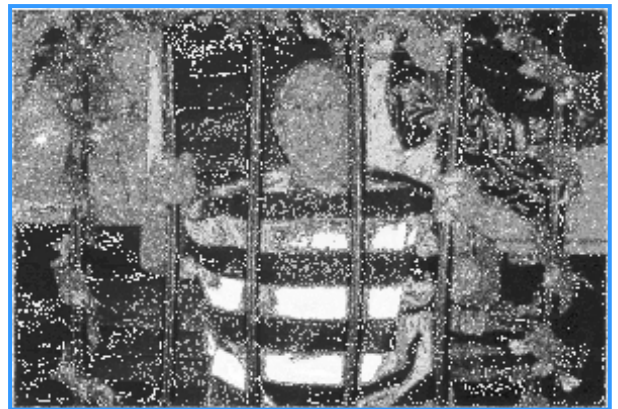
Stroke survivor and past patient Carol Rohl believes in the power of music. She and her husband, Gordon Bok, are folk musicians. While Carol was receiving inpatient rehab at NERHP, Gordon leant emotional support by playing his guitar for her. He even brought her harp to NERHP, giving her encouragement to try and play, even though her stroke had affected full use of her hand and arm. So, Carol and Gordon would like to extend their belief that music helps with recovery by donating several of their recordings to the patients of NERHP.

Kathy Pease, Business Manager of Timberhead Music, Gordon's recording company, states, "Carol has first-hand experience in the use of music in healing, both from her days as harpist in a hospice setting, and when she was a patient at your facility recovering from her stroke. Their folk music is mellow and the combination of Gordon's guitar with Carol's harp is truly sweet on the ears."

The tapes are located at the nurse's stations on both the R1 and R2.

### Prisoner Makes Bail

Roland McFarland, of the HIMS Department, would like to thank all the staff at NERHP who generously supported his "Need for Bail" in the 2008 Muscular Dystrophy Association *Lock-Up*. Roland was able to meet his bail of \$660.00. Whew!



*Life is not measured by the number of  
breaths we take, but by the moments that  
TAKE OUR BREATH AWAY!*

Dr. Kazmi is *REALLY* enjoying a spin around the Boulevard.

Photo credit: Maine Handicapped Skiing