

# REHAB ROUNDUP

Issue 23



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2008

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## We're Spreading The News!

by Amy Morse, CEO

Word is spreading about New England Rehabilitation Hospital of Portland! With the implementation of new technology, evidenced-based treatment and program development, initiation of the Neuroscience Rehab Center, and our recent Stroke disease-specific certification from the Joint Commission, we have set ourselves apart from other levels of care. Many thanks go to all of the staff, leaders and physicians who have dedicated their time and expertise to develop our programs. We have been rewarded with recognition from the Joint Commission and Health-South. But our most important recognition comes from the feedback of our patients who are benefiting from the hard work and commitment of our entire organization to continually improve our services.

As we embark on this new year, our focus is to share our program information, outcomes and education within the state of Maine and borderline New Hampshire communities. We began a radio, television and print advertising campaign

this winter about the benefits of stroke rehabilitation. Since then we have given in-services at several hospitals including York, Goodall, CMMC, St. Mary's and Wentworth-Douglass. On March 12th, Dr. Syed Kazmi and Sharon Hartl, Stroke Program Leader, presented our Stroke Program to the MaineHealth Stroke Task Force. Their goal is to make all Maine-Health hospitals aware of our stroke program and provide education supporting the importance of acute rehab for nearly all stroke patients. Finally, NERHP is sponsoring a conference called "OPTIMIZING STROKE RECOVERY: Harnessing the Potential of Neuroplasticity". The conference, scheduled for May 30th, features the highly accredited neuroplasticity researcher and clinician Steven Page, PhD, as keynote speaker.

We have been pushing the frontier of rehab in Maine over the last few years. It is important that we continue to spread the word through excellent patient outcomes, clinical presentations and community outreach.

## NERHP's Medical Staff Highlight

The Rehab Roundup is pleased to feature Dr. Syed Kazmi. Dr. Kazmi is President of the Medical Staff and Medical Director of the Stroke and Neuroscience Rehabilitation Program.



Working in a rehabilitation hospital, we see patients every day faced with the challenges of overcoming barriers and learning ways of adapting to their disabilities. We also see someone else at NERHP every day, who has had to overcome barriers in much the same way most of his life.

Four-year-old Syed lived with his parents, two brothers and three sisters in Pakistan. The people in his neighborhood were soon to receive the Polio vaccine but Syed never had the chance. He was the only person in the area to be stricken by Polio.

"My family never considered me disabled or not being able to do something that involved risk," states Dr. Kazmi. He explains that his dad, who was in the Pakistan air force, told him, "Whatever you do, even if it is the job of a sweeper, do it your very best." He has always lived by that advice and credits it for enabling him to maintain independence in pursuing his endeavors. Dr. Kazmi also credits his mom, "for instilling real interest in helping the sick. It was her desire that one of her sons be a doctor."

So having been exposed to medical care throughout his early years and having a love for science, it is no wonder that his educational interests gravitated toward medicine. He received ongoing encouragement and guidance from his teachers to pursue his interest in medicine and went on to D.J. Science College and Dow Medical College in Karachi, Pakistan.

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## Medical Staff Highlight ~ Dr. Syed Kazmi *(continued from Page 1)*

The environment at medical school was not “user friendly” for people with disabilities. “The college had concerns that I wouldn’t be able to care for patients physically,” Dr. Kazmi recalls. However, he appreciated the fact that his teachers were being realistic, while at the same time they supported his efforts. For the next six years, Dr. Kazmi, remembering his father’s advice, gave it his best and with the help of family, friends, and colleagues, he succeeded in his pursuit and graduated with flying colors.

It was common in Pakistan at the time to consider either England or the United States to pursue an education beyond what the country had to offer. Most of his family had moved to the United States, so after passing his medical exams, Dr. Kazmi came to live with his brother in Sacramento, CA. The next several months exposed him to even more unexpected challenges. Not knowing too much about the geography, Dr. Kazmi applied to several internships all over the country. He jokes about taking a train from Philly to Penn Station in NY and trying to navigate his way around the city to get to his interviews. The trains, the taxis, plus the pace of our cities, were strenuous and challenging for this newcomer.

Dr. Kazmi opted to enroll in the National Residency Matching Program. This program enables the physician to form a personalized list of criteria he or she is looking for in an internship. The hospitals set their own criteria and then the criteria is matched. Dr. Kazmi matched at Bridgeport Hospital, Yale School of Medicine. He was very pleased with the interview process and felt the school was perfect for him.

Bridgeport Hospital is an extremely large and busy hospital and Dr. Kazmi became immersed in its internal medicine program. On his second rotation, he was in ICU and part of a response team that had to attend all codes throughout the whole hospital. “I had blisters on my arm pits!” Dr. Kazmi laughs. “I found I had to figure out a way to walk differently to get to the patient faster.” Dr. Kazmi, who walks with crutches, said he literally invented the “swing thru gait” method for ambulating himself. It wasn’t long before he made it to the scene as quickly as the rest of the team! “If you want to do it, you do it! That is the key element of my life – not how you do it, you just do it to get it done.”

During the second year of his 3 year program at Bridgeport, Dr. Kazmi learned of an opportunity in the Physical Medicine and Rehabilitation (PM&R) residency program at Tufts University, New England Medical Center. Sparked by interest, he called to get more information, was invited to come to Boston and interviewed. Shortly thereafter, Dr. Kazmi received a phone call offering him a position at NEMC and hoped he could start right away! Faced with a dilemma of changing his career path in the middle of his internal medicine training at

Bridgeport, Dr. Kazmi was encouraged to take advantage of his new opportunity.

The PM&R residency proved to be the right decision. Part of his rotation was at New England Rehabilitation Hospital in Woburn working with brain injury, stroke and oncology patients. Upon finishing his residency, he learned of a position at New England Rehabilitation Hospital in Portland. “Dr. Haile interviewed me and wanted me to give the medical staff a lecture on the subject of my choice,” said Dr. Kazmi. Having already completed a research project at NERH/Woburn, he presented on the same subject at NERHP. Dr. Haile, who was Medical Director at the time, called him shortly afterward and offered him a position.

In July of 1996, Dr. Kazmi began treating patients at NERHP. After practicing for about 6 months, NERHP went through a change of ownership and he learned that physicians were not “employed” by the new company. About this same time, he had another offer at Youville Hospital in Cambridge as well as a position on the faculty at Tufts. He spoke with Dr. Haile about the offer. “Dr. Haile is the reason I stayed. He encouraged me to explore the adventure of forming a partnership with him. I figured I was single, could take the risk, I had good people around me and I felt blessed to have such support.” Dr. Kazmi and Dr. Haile formed Casco Bay Rehabilitation, treating patients in the outpatient setting at their office and treating inpatients at NERHP. With his background and continuing expertise in the stroke and cardiopulmonary programs, Amy Morse, CEO, offered him the challenge of heading up the stroke program at New England Rehab.

Today, as Medical Director of the NERHP’s Stroke and Neuroscience Rehabilitation Program, Dr. Kazmi is very proud of the accomplishments and growth of this program and credits his colleagues and staff for its success. Their most recent triumph includes the Joint Commission Disease Specific Certification in Stroke Rehabilitation and the HealthSouth Stroke Center of Excellence certification. Dr. Kazmi states, “I also deeply appreciate the love, care, support and trust from everyone at New England Rehab and I am very proud to be President of the Medical Staff for the past three years. It really is an honor for me.”

On a personal side, Dr. Kazmi has settled into “life the way it should be” in Maine. He and his wife, Fatima, live in Cape Elizabeth with their children. Dr. Kazmi smiles as he states that Fatima is a very dedicated wife and mom and their home life is a special time. He enjoys gardening and just being together with his family. A favorite event is picnicking at Fort Williams.

We appreciate Dr. Kazmi sharing the story of his pathway to NERHP with us. It exemplifies why Dr. Kazmi’s presence and fortitude are inspirational to everyone who comes in contact with him. We are very fortunate to have Dr. Kazmi on our medical team!

# Ethics for Everyone!

By Nancy Schuster, PT, MS, Education Coordinator



*Professional Ethics* are defined as those standards which members of the profession are expected to uphold. Many professions incorporate their ethical standards into state practice acts and violation of the Code of Ethics may result in disciplinary action by the state's licensing board and/or professional organization.

Most clinical professions have their Code of Ethics (sometimes called Conduct for Professional Behavior) available on their web site. Refer to the following list for your discipline and you should be able to access the code of ethics without being a member:

Physicians:	<a href="http://www.ama-assn.org">www.ama-assn.org</a>
Nursing:	<a href="http://www.nursingworld.org">www.nursingworld.org</a>
Speech Language Pathology:	<a href="http://www.asha.org">www.asha.org</a>
Physical Therapy:	<a href="http://www.apta.org">www.apta.org</a>
Occupational Therapy:	<a href="http://www.aoa.org">www.aoa.org</a>
Social Workers:	<a href="http://www.socialworkers.org">www.socialworkers.org</a>

Many non-clinical professions have ethical standards as well and are worth doing an internet search. Next issue, we will focus on organizational ethics as they apply to our work at NERHP.

## SAVE THE DATES

- BIA of Maine *Walk for Thought*—March 22nd
- Maine OT Conference—March 28th and 29th
- Doctor's Day—March 31st
- MS Maine Walk—April 12th
- BIA of Maine *Conference*—April 24th and 25th

## In-Pharmation

By Vicki Legere, RPH

### Behavioral Side Effects with Chantix (Varenicline)

**Important!**  
Recent Information from the FDA

Chantix has been used for smoking cessation by more than 5 million people in North America. Recently it is making headlines because of reports implicating it in causing bizarre behavior, suicidal ideation and suicide. There are anecdotal reports of vivid dreams, angry outbursts, severe depression and irrational behavior associated with the use of Chantix. Some of these reactions have been so severe that people stopped taking the drug. Since these initial reports, the FDA has reviewed Chantix's adverse event data. In February 2008, the FDA issued a public health advisory to announce that new safety information had been added to Chantix.

The most common adverse effects are associated with the target dose of 1 mg twice daily. They include nausea (30%), sleep disturbance (18%), headaches (15%), abnormal dreams (13%), constipation (8%), flatulence (65%), vomiting (5%) and change in taste perception (5-8%). About 1 in 8 subjects stopped Chantix because of side effects, compared to 1 in 10 who discontinued placebo.

Psychiatric side effects that occurred **frequently** (in more than 1% and less than 10% of patients) included anxiety, depression, emotional disorders, irritability, and restlessness.

**Infrequent** psychiatric side effects (in 0.1% to less than 1% of patients) were aggression, agitation, disorientation, mood swings, dissociation and abnormal thinking.

**Suicidal ideation** is a rare side effect meaning that it occurred in less than 0.1% of patients. This incidence is similar to those taking placebo.

What's causing the behavioral and psychiatric side effects? One potential cause is the nicotine withdrawal itself. Depression, insomnia, irritability, anxiety and difficulty concentrating are symptoms of nicotine withdrawal.

Another theory is that Chantix might not be safe for use in people with psychiatric illness. Like other drugs that are used for smoking cessation, Chantix was not studied in people with schizophrenia, depression, alcohol dependence or other mental disorders. As a result, the study populations were not necessarily representative of real world smokers.

It is also important to note that Chantix doesn't exactly replace the effects of nicotine. Nicotine is thought to self-medicate people with schizophrenic depression and anxiety. It has been shown that nicotine actually improves the mood of non-smoking depressed patients.

Although Chantix has been associated with psychiatric and behavioral side effects, the incidence is similar to placebo. It should be used with caution in people diagnosed with depression, schizophrenia, bipolar disorders, etc. People using Chantix should also be advised to not drink alcohol since alcohol itself can cause behavioral changes.

## Education Earmark

By Nancy Schuster, PT, MS, Education Coordinator

As always, we continue to update, innovate and incorporate new knowledge and new technologies into the delivery of quality care for our patients.

In January, the Nursing Department upgraded to the LifeScan SureStep® Flexx blood glucose monitoring system. The new units are lighter, have a better laser scanner, hold more data and are just as reliable and accurate as the older model. As part of the implementation program, all the nursing staff that uses the glucometer had to be certified as competent. By the middle of February, with the help of our train-the-trainer program, 100% of the nursing staff had achieved this certification! Built into this new system are several patient safety functions: 1) lock-out of uncertified operators who attempt to use the unit, and 2) use of the scanning-only feature to aid in accurate tracking and trending of individual patient blood sugars and appropriate interventions.

Other staff development programs are in progress as well. We will be providing Unit Secretary training to qualified candidates and we are beginning to develop a more formalized Shift Coordinator/Charge Nurse training program.

## New Year, New Equipment

We continue to broaden the realm of our therapy programs with the addition of new equipment that support the treatment course of our patients. Here are a few examples. Check them out!



### Functional Electrical Stimulation (FES) Bike

The FES bike uses electrical stimulation (EStim) to contract the muscles of the leg allowing the peddles of the bike to turn. Peddling sessions are gauged for distance and time. Pictured at left is Dave Jones, a spinal cord injury patient who is receiving rehab therapy through our outpatient department.

Both the **FES Bike** and **Motomed** are used for patients who have weakness as a result of neurological disorders.

### Motomed

At right, Matt Sylvia, OT, discusses the timing of Dave's sessions on the Motomed. This device provides motorized assistance to leg and arm movement; the more the patient turns, the less the motor helps.



### PowerTower

The PowerTower is a version of the total gym and can be used for all patient populations. The total gym is used for strengthening and is available for use by both inpatient and outpatients.

Pictured at left, Alissa Towle, PT, Clinical Leader in the outpatient department, demonstrates various exercises that a patient may do on the PowerTower.

## From the Doc's Corner

By Coleen McGeachey

In a recent memo Dr. Charbonneau sent to all staff, it was announced that Tom Morrione, MD, has agreed to join the NERHP Attending Medical Staff in July! The feedback from that memo has been tremendous and everyone is extremely pleased to see the return of Dr. Morrione. It is apparent the fellowship program has been a great success. Our first fellow, Rich Marino, MD, serves on our Medical Executive Committee. The latest geriatric fellow, Tesheen Naqvi, MD, is midway through her rotation and has been acknowledged as a very positive addition.

Dr. Kazmi, President of the Medical Staff, has been busy planning an active year of presentations for staff. Topics slated for presenting are: hospital safety, patients with addictions, vascular bypass grafting, the geriatric patient, loss in the rehab setting and orthopedic replacement surgery. Look for future announcements to come!

Dr. Charbonneau has assumed her role as Director of Physiatry at MMC and has been busy attending meetings with the goal of increasing our collaboration and physiatry presence at MMC.

Nicholas Golden, MD, from Casco Bay Gastroenterology, LLC, is our newest member of the medical staff. For identification purposes, his photo and privileges are included in the credentialing book located on both units.

*March 30th is Doctor's Day...our physicians will be celebrating on Monday (3/31).*

## Quality Fair ~ National Patient Safety Awareness Events Spark Competition and Knowledge

It was another successful year for the **2008 Quality Fair!** Held on February 14th and 15th the fair was made accessible to all shifts. Twenty-four entries, demonstrating the many Performance Improvement and Education initiatives happening all around us, were viewed by 115 attendees! Votes were cast and with the competition close, the winners were:

- **"Infection Sleuthing"**, submitted by Dennis Nasto, RN, Infection Control Coordinator, for the education category and
- **"Diets with Dignity"**, submitted by Jen Wilson, Senior Clinical Dietician, and the Nutrition Department for the category of performance improvement.



Congratulations to our winners and all of our colleagues who submitted entries for the 2008 Quality Fair. They were all fantastic!

### National Patient Safety Goals

We would like to remind all staff that the updated NPSGs have been distributed throughout the hospital for your review. We do have 2 new additions this year:

**Requirement 3E** which will continue to improve the safety of medication use, specifically the use of anticoagulation therapies, and

**Requirement 16A** which will address and improve recognition and response to changes in a patient's condition.

Plans and Procedures for NPSG 3E are being developed under the leadership of the Pharmacy and Therapeutics Committee. Nursing Leaders will guide implementation of NPSG 16A. These efforts will not only assure our compliance with these initiatives but create NERHP's "best practice" for successful implementation by January 1, 2009. Stay tuned!

### National Patient Safety Awareness Week

In recognition of National Patient Safety Awareness Week, the Patient Safety Fair was held March 5th and 6th. This year's event combined exhibits of patient safety initiatives and the annual restraint competency lab. Pictured at right, Neil Schuster, Inpatient Rehabilitation Manager, looks a little ambivalent as Carolyn Lyden guides Lori Sweeney and Pat Plummer through the appropriate appliance techniques of restraints.



## NERHP Employee Recognitions

### January Employee of the Month

Dave Hesselink, OT



#### Nomination Comments

“Dave has demonstrated consistent dedication to his patients. He always puts their needs first.”

“Dave often has fabricated therapy tools on his own time and implemented them into his treatment sessions as well as sharing his ideas with others.”

“Dave has a great bedside manner. He is very compassionate with patients. He is very supportive of his co-workers, treats them with respect and willing to assist them.”

### February Employee of the Month

Scott Hayes, Materials Management



#### Nomination Comments

“Scott answers requests with extreme promptness. He makes every request his mission (big or small).”

“Scott’s ‘can do attitude’ helps the nurses get our jobs done more efficiently and with less frustration!”

“He has such a pleasant, positive demeanor. He appreciates how busy everyone is and has a genuine concern for our patients. Scott is unassuming yet an important member of our team!”

### March Employee of the Month Denita Prescott, R2 Unit Secretary/RNT

#### Nomination Comments

“Denita is always willing to help me out when I need her to hunt down paperwork or when I need her to get more information from a patient.”

“No matter how many new chores are thrown her way, Denita is willing to shoulder the responsibility and help to see that others do their part as well.”

“She is always helpful, willing to answer questions or pitch in and she does so with a big smile on her face!”



Linda Hawkes, RN, sits proudly with her Ira, during a fund raising event. Ira, was a certified therapy dog and will be missed by NERHP's Volunteer Program participants as well as staff and patients.

*We are saddened by the loss of Ira; grandmother, mother, companion, babysitter and friend. Her owner, Linda Hawkes, RN, brought Ira in often to see patients as part of NERHP's Volunteer Program. She had recently been featured in the "Portland Press Herald," with her grandson, Refund, as part of a story on therapy dogs.*

*Ira was loved by many, both staff and patients. Holiday time was particularly fun. Her creative costumes worn on Halloween and Christmas made everyone laugh. She even had her picture taken with NERHP friends who could wear an official Red Sox World Championship Ring. This was a fund-raising event for the Hurricane Relief efforts on the Gulf Coast. Ira was not only a certified therapy dog, she was a certified search and rescue dog who was headed toward the Gulf Coast to help out with the hurricane relief efforts.*

*Ira stories will no doubt be told often. We hope you will share your thoughts with Linda and your peers as we remember what a special gift Ira was to us all.*

Your

HR

By Leigh Baade, Human Resources Director

What a busy month February was for HR policy communications!

In case you have not had a chance to read the memos or need a reminder, here's what changed:

## Resource

- **Bereavement Leave**  
Bereavement leave is now taken from a PTO eligible employee's accrued PTO bank.
- **Care of Sick Parent**  
PTO eligible employees may use accrued PTO time and, if out for more than 3 consecutive days, may use their sick bank. Remember that this is for actual care of your parent. If your parent is hospitalized, in a nursing home or has caregivers at home, these situations do not qualify.
- **PTO Payout at Termination**  
All terminating employees will now receive their accrued PTO payout, regardless of the reason for termination.
- **PTO Donation Policy**  
You can now donate PTO days. This is a great way for us to support fellow employees. Remember, however, the employee must first request PTO donations before you can contribute toward them.
- **Employee Stock Option Plan**  
Everyone eligible for participation should have received information through the hospital mail and at home as well.

Please contact Human Resources, ext 8266, should you have any questions. Spring is almost here!



Nurse Manager, Janet Corbett, RN, would like to extend a special "High Five" on behalf of a patient who acknowledged the heroics of Julie Kilcoyne, RN. The patient credits Julie for saving his life with her quick response and care during an emergent situation.

## Nutrition News

By Jennifer Wilson, MS, RD, LD  
Senior Clinician Dietitian  
Maine Medical Center Brighton Campus

Continuing your New Year's resolution of weight loss?  
Here are some common diet myths to help you stay on track.



### If I drastically cut calories, I will lose weight faster.

If your caloric intake is too low it will signal your body to conserve energy (calories) and slow your metabolism so weight loss may become impossible.

### Fat is bad.

Everyone needs to include some fat in their diet. The right kind of fat is the key! Include more monounsaturated, polyunsaturated and omega-3 fatty acids in your diet and limit saturated fat, trans fat and cholesterol.

### Drinking lots of water will help me lose weight.

Drinking water in and of itself will not lead to weight loss. Of course, water is key to a healthy lifestyle. When weight loss is achieved from drinking a large volume of water it is most likely because water replaces high calorie beverages and helps you feel full leading to reduced calorie intake at meals.

### Avoiding carbohydrates will help me lose weight.

The short answer is low-carb diets work only in the short term due to a drastic loss in body water. For the long term, not only is it nearly impossible to cut out carbs, but it is unhealthy. Your body uses carbohydrates for energy and to power your brain. What good is a brain if you can't use it!!!

### Shakes and meal replacements (i.e. Slimfast) are an effective and healthy way to lose weight.

Weight loss that is the result of a liquid meal replacement is simply due to calorie deprivation. If you limit your calories too much (less than 1200 a day for most) your metabolism will slow down. Not to mention most of these pre-made drinks or powders are mostly sugar and will only give you a couple of hours of satisfaction, and then you will be hungry for more!

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**SUBMIT ARTICLES TO**  
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**DIRECT COMMENTS  
OR FEEDBACK TO**  
Scott Peterson  
Director of Marketing Operations  
Phone: 207-662-8397  
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## *Introoooducing..... theeee* **ACTivities Committee!** *Oh, Yeah!!!!!!*

Formerly the Retention Committee...we've got a new look, new vibes and a great grove! Come join us! If you can't make our monthly meetings, please feel free to contact us with your ideas to make NERHP a fun place to work. Suggestions on activities, field trips, socials, community involvement, etc. are always welcome.

Leigh Baade, Darlene Greenfield, Deb McNally,  
Kellie Selberg, Kelli Dorr, Lori Sweeney, Jaye Sewall



NERHP celebrated **GO RED Day** in support of the American Heart Association and employees were decked out for the occasion. Thanks to all who made this event a success. **We raised \$340** from the sale of AHA red dress pins and heart pins. Watch for upcoming information on the AHA's ***Southern Maine Heart Walk on May 18th!*** Brianna Page is NERHP's walk captain again this year and is looking for a big representation of staff and friends to join her.



### *An Update from Jaclyn Ashla (Medical Records)*

Last spring Jaclyn lost her house and most of her belongings in a fire. She would like to share some of the positive progress she is experiencing this spring:

Greetings. After a long eleven months, my house will be finished by the end of March. I have the same footprint yet have built a completely different home—from a raised ranch to a two story colonial. The first floor is all open and the second floor has two bedrooms and a master bath with a washer and dryer. I have chosen rich delightful colors for the walls, while my youngest chose "Raging Sea" gray for his room.

On the other hand, the yard and driveway will have to wait for spring. Stay tuned for an open house announcement sometime in June so all may come and see the Phoenix that has risen out of the fire.

Thank you everyone for continuing your support and interest of my on-going journey of rebuilding.

Blessings,  
Jaclyn Ashla



### **NERHP Recognizes National Health Holiday Months**

#### *March*

• Professional Social Work Month • MS Awareness Month • BI Awareness Month • Nutrition Month

#### *April*

• Occupational Therapy Month • Parkinsons Awareness Month

