

# REHAB ROUNDUP

Issue 24



May/June  
2008

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## Employee Appreciation for *Changing the World of One*

by Amy Morse, CEO

At this year's employee awards ceremony, Bonnie Butterfield used the following quote by Paul Shane Spear to describe the work of The Buzz Fitzgerald Award winner Tom McOsker: *"As one person I cannot change the world, but I can change the world of one person."*

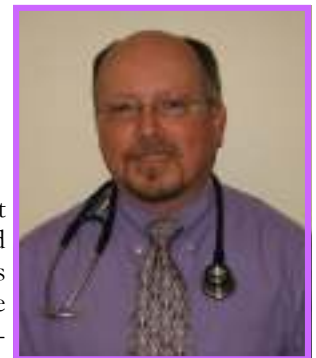
I have been thinking about this quote and how it relates to the work we do each day here at New England Rehab Hospital. My observations of the care you give to our patients, the letters I receive from patients and family, and the people I speak with tell me consistently that YOU change the world for our patients, one person at a time, every day.

Employee Appreciation Day is one of my favorite annual celebration days at NERHP because it is a chance to look everyone in the eye and say "thank you" for making a positive change in our patients' worlds. I am thankful for the special care you devote to every individual who comes to NERHP, both in-patient and out-patient, and the expertise and compassion you offer them during their journey to greater independence. And, I am thankful to be able to work in this environment with such wonderful people.

Enjoy this "employee recognition" edition of the Rehab Roundup!

## NERHP's Medical Staff Highlight

**The Rehab Roundup is pleased to feature Dr. David Palmer. Dr. Palmer joined NERHP in 1997. He is Board Certified in Physical Medicine and Rehabilitation.**



It's spring in Maine. The bicycles come out of the garage, joggers pit-pat their way along the roadside, moms carriage their babies to the park and neighbors speak to neighbors after a long winter's silence. Then there's the sound of home maintenance projects. If you were to take a drive down Main Street in Saco, you would probably see Dr. Palmer on a ladder outside his 1905 Victorian pulling off siding and humming to his favorite tunes...top hits of the 70's. He would no doubt be smiling too because "I love working on my house, every part of it. Carpentry, renovating, woodworking – have all brought me joy since I was a kid, learning from my grandfather and dad."

Dr. Palmer grew up in Fall River, MA., an historical mill town. At the turn of century, mill owners garnered exorbitant wealth, evidence by their stately mansions. "I was in awe of these homes and through the descriptions regaled by my family as we would so often drive by them, I developed an early appreciation for their elaborate style," said Dr. Palmer.

His admiration for Victorian design stayed with him through adulthood and when Dr. Palmer came to Maine in 1997 he purchased his first home, an 1880's Victorian in Westbrook. It had many original features including the tin ceilings and molding. He restored the house maintaining the integrity of the same period. He also furnished the home with period antiques as well as pieces Dr. Palmer refinished himself.

*Continued on Page 2 →*

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## Medical Staff Highlight ~ Dr. David Palmer *(continued from page 1)*

Dr. Palmer stayed in this house for about a year then he purchased a circa 1905 house in Saco. It was in the Queen Anne's style with the original turret. At first he was skeptical of the house because, while it was interesting, it had been vinyl sided. Dr. Palmer said, "The realtor convinced me to look inside. It was beautifully done and obviously once housed a person of means. There was a front foyer, double parlor, 4 bed rooms, and walk-in attic. The rooms flowed beautifully. But the best part was that the kitchen had a 1915 cast iron oven. The deal was I buy the house if the stove stays." Dr. Palmer been renovating his purchase ever since.

So how did a young man interested in "*This Old Home*" vintage carpentry and restoration end up as a physician?

### **From Electrical Engineering to Rehab By Way of Music**

As a teenager, Dave Palmer played keyboard in a band named "Carousel". He also taught keyboard at a music store. More than a hobby, music was a passion and even though he wanted to be a musician, he knew the odds of making it as a professional were not good. Dave decided to pursue studio recording instead. At the time, there were only two schools of interest – one in Boston and one in California. He got accepted and paid tuition to the Boston school but just before school was to start, it went bankrupt.

"Dad was an electrical engineer and I sort of inherited some of his skills. I thought of attending a local community college to see if I liked the program," Dr. Palmer said. He did well and went on to receive his BS from UMA. He then worked at Rathcon in Middletown, RI and did technical writing for computers on submarines. "Over the course of two years it proved to be a horrible experience. I was behind a desk all the time. I was not given any opportunity to interact with people much and missed that – it just wasn't my personality," Dr. Palmer recalled. "I made the decision to change careers. Not sure of what that would be, I was determined to find a field I would enjoy and even though I would be faced with years, perhaps, of additional education, I was prepared for the commitment."

Coinciding with this point of indecision, Dr. Palmer's grandmother had a severe stroke. She had been perfectly healthy. While his mom called her primary care physician, no immediate care was given and she was not referred to a hospital. "My grandmother was home for 2 days before she was finally admitted and that was after my mom convinced the doctor to send her to the ER. The whole situation was bothersome and I wasn't fond of his treatment," Dr. Palmer said. While his grandmother was hospitalized, he got his first insight as to how the inpatient doctors and nurses worked as a team in caring for this stroke patient. But, unfortunately, Dr. Palmer's grandmother passed away.

Dr. Palmer's sentiment is strong as he states, "It was that one experience that gave me the epiphany to go into medicine. I was

so angry with what happened with my grandmother and I just had this insatiable drive to do well and did - all through medical school. I graduated 7<sup>th</sup> in my class. It's bittersweet, because knowing what I know now, I would have worked harder for a quicker response and probably saved her. But, I knew I would be a person who would always advocate on behalf of the patient and try to be a good listener." Dave Palmer became Dr. Palmer, graduating from the University of New England College of Osteopathic Medicine in 1993.

During his medical training, Dr. Palmer was impressed by his Physical Medicine and Rehabilitation rotation at Berkshire Medical Center. The team approach of caring for stroke, BI and MS patients - doctors, nurses and therapists all working together for the successes of each patient - directed him toward physiatry. He completed his residency in PM&R at Medical College of Ohio in 1997.

Wanting to return East, Dr. Palmer was familiar with New England Rehab, inquired about a position and was interviewed by Dr. Winton Briggs. He became an active staff physician in 1997 and has since become board certified in PM&R. In addition to being on staff at NERHP, Dr. Palmer joined Portland Orthopedics in 1999 and then began a private practice in 2003, focusing on pain management.

***What patient scenario resulted in one of the most satisfactory accomplishments of your career?*** Dr. Palmer responds, "I did a consult at SMMC on a 17 year old boy who was mentally challenged and had cerebral palsy. He lived with his mom until he was 16 but became too big for her to manage so he had been in a nursing home. His bodily functions weren't being managed and he developed a bowel impaction. He came to NERHP, a very shy and confused patient. Our team got him to interact, he came to love the staff, he improved physically and was walking with a walker when he was discharged. It was so great seeing him come along, open up and develop his personality. The team work was unbelievable. I especially enjoy physically and mentally challenged patients. If you give them support they really show signs of appreciation."

***As Dr. Palmer works his way through the remaining interview questions, he doesn't miss a beat!*** What's your favorite movie? *The Wizard of Oz*. What do you do for relaxation? *Work out*. What's fun? *Camp*. What is your favorite song? *Somewhere Over the Rainbow*. Who's your best friend? *Bau-Bau, my Chinese shar pei*. What is your favorite meal? *Clam Boil!* WHAT? And, that's a dish that you have to ask him about because you won't believe it! If you know what chorizo or choricio is, you're half-way there.

So, the next time you take a walk on a nice day and see someone scraping the side of his house, you might say to yourself, "I wonder what interesting story that person has to tell."

## Education Earmark

By Nancy Schuster, PT, MS, Education Coordinator



The nursing and Therapy Departments are going to be changing much of their documentation during May and June. New FIM Admission and Discharge Worksheets, developed at NERHP, will be more descriptive of patient function. A new HealthSouth Interdisciplinary Assessment and individualized Plan of Care will incorporate best practice, reflect ongoing need for rehabilitation services, document progress towards short term goals in a more efficient manner, and summarize patient status at discharge. In addition, Nursing will also be documenting on a Daily Medication Administration Record (MAR) generated by Pharmacy. Poster boards, individualized education sessions and group in-services will be utilized to keep everyone up to date with our paperwork changes.

You have probably heard about the NERHP-sponsored conference: **“Optimizing Stroke Recovery: Harnessing the Potential of Neuroplasticity”**. Because of the advanced content of the conference and the qualifications of the speakers, the Education Department applied for and has received approval for CEU’s through the ANA of Maine.

## Review - Frequently Asked Questions

by Mary Ellen White, RHIT, Director of Clinical Information

HIPAA

**Does the Privacy Rule permit a covered entity to use or disclose protected health information pursuant to an Authorization form that was prepared by a third party?**

Yes. A covered entity is permitted to use or disclose protected health information pursuant to any Authorization that meets the Privacy Rule’s requirements. The Privacy Rule requires that an Authorization contain certain core elements and statements, but does not specify who may draft an Authorization (i.e., it could be drafted by any entity) or dictate any particular format for an Authorization. Thus, a covered entity may disclose protected health information as specified in a valid Authorization that has been created by another covered entity or a third party, such as an insurance company or researcher.

**May a covered entity use or disclose a patient’s entire medical record based on the patient’s signed Authorization?**

Yes, as long as the Authorization describes the information to be used or disclosed by the covered entity in a “specific and meaningful fashion,” and is otherwise valid under the Privacy Rule. An Authorization would be valid if it authorized the covered entity to use or disclose an entire medical record or complete patient file. An Authorization to use or disclose “all protected health information” might not be sufficiently specific since protected health information encompasses a wider range of information than that which is typically understood to be included in the medical record. And, individuals are less likely to understand the breadth of information that may be defined as protected health information.

## Ethics for Everyone!

By Nancy Schuster, PT, MS, Education Coordinator



Our **Organization Ethics** are reflective of New England Rehabilitation Hospital’s mission, vision and values whereby:

- ◆ All patients are treated with dignity, courtesy and respect, and we involve them in all decisions whenever possible and reasonable.
- ◆ Informed Consent is mandatory and gives reasonable thought to background, heritage, religion and culture.
- ◆ We will only admit patients who are appropriate for our care.
- ◆ We will provide protective services for our patients when necessary.
- ◆ We will follow standards of care based on patient need and regardless of their ability to pay.
- ◆ All patients must agree to participate in the services provided to them.
- ◆ We will resolve conflicts in a mutually satisfactory manner.
- ◆ All staff will disclose conflict(s) of interest.
- ◆ We will accurately represent ourselves to the public.
- ◆ We will adhere to fair billing practices.
- ◆ We will conform to the Standards of Business Conduct.

**Important**

Hopefully, all of you are able to think of a situation where you have seen our **Organizational Ethics** put into practice here at NERHP!



## New Member on HealthSouth Credentialing Task Force

Coleen McGeachy has recently been appointed to the HealthSouth National Credentialing Task Force for a two-year term.

Dr. Lisa Charbonneau, NERHP Medical Director, states, “Coleen has done an outstanding job in terms of her work on Medical Staff Credentialing. Her attention to detail, ability to stay on top of changes in the process and the paperwork involved are second to none. She has consistently been recognized by the State and by the Joint Commission for her work. It’s no surprise to me that she has been chosen as a national leader in her field.”

Serving as the Medical Staff Coordinator for the past 6 years, Coleen is responsible for supporting the Clinical Quality, Medical Staff and Medical Executive committees. She also assists Kathy Stuchiner, Director of Quality Management, plans the quarterly MMC medical students’ presentations, quarterly Attending and Case Management meetings and assists Dr. Kazmi with providing educational presentations to the Medical Staff. And lots more!

Coleen has been at NERHP since 1987 and held positions as Liaison and Admission Coordinator and Business Development Assistant. Congratulations Coleen!



***This month the Rehab Roundup received many HighFive accolades. In honor of our employee appreciation focus, we are going to list them all, rather than the usual five. What a great staff of people we have here at NERHP!***

### TO:

- ◆ Anna Marie Loffled, RN who has accepted the position of the Brain Injury Program Leader. “Anna Marie brings a great deal of experience from her previous opportunities and has a wealth of ideas and enthusiasm for the BI team,” states Bonnie Butterfield, Regional Director of Clinical Services.
- ◆ Amy Sinclair who has been promoted to the new role of Admission Liaison. Scott Peterson, Director of Marketing Operations, states, “I have the upmost confidence in Amy’s ability to perform the duties of her new role well. I look forward to her continued contribution to NERHP’s success.”
- ◆ Jen Wilson and the BI Team for winning the “most creative healthy snack” contest held at the annual Brain Injury of Maine conference (packaged fresh sliced apples).
- ◆ “Neil Schuster and the OT department for stepping up to assist in covering for me while I have been helping my husband recover from his stroke. They are a great group!! For that matter everyone there is great! Thank you.” *Sharon Hartl, OT*
- ◆ “Courtney Webb who has been going well above and beyond in organizing and preparing materials for our upcoming orthopedic multi-trauma education and competency days. Courtney has worked tirelessly to update our resource manual and create poster boards with education materials for the new Aspen bracing products we are seeing more of at NERHP.” *Annette Coulombe, OT*
- ◆ *Another HighFive for* “The OT department for their outstanding flexibility and creativity around scheduling and treating patients during the last two weeks in April. We had unexpected illnesses and several therapists off for school vacation week. Everyone did a great job of juggling schedules to accommodate patient care needs. Thanks also to the PTs and STs for helping with patient coverage.” *Annette Coulombe, OT*
- ◆ To everyone who donated to the Parkinson’s Unity walk. Thanks to you and everyone else, over two million dollars was raised. Your generosity is greatly appreciated and contributes to finding a cure. *From Priscilla Boclair, daughter-in-law of Dick Boclair.*
- ◆ To all those who made the Joint Commission Survey so successful. Here are some some congratulatory comments:
  - “Amy, Congratulations to you and your team on such a great outcome.” *Richard Peterson, COO/EVP Maine Medical Center.*
  - “Great outcome for all at NERHP. From what I saw the entire team was energized and involved—and the place looked good as well. Thanks to all for their contributions to this successful Joint Commission visit.” *Michael Ryan, VP Operations, Maine Medical Center.*
  - “Sincere congratulations to all. I never had a doubt about the outcome. Well done.” *Vince Conti, CEO, Maine Medical Center.*

## April Employee of the Month Marcy Skelton, RN, CRRN, R2



Marcy is all smiles as she receives her award from Michele Drown, RN Manager (L) and Amy Morse, CEO (R).

### Nomination Comments

“Marcy always follows-up on any issue presented to her, whether it is a patient care or staff concern. She is well respected.”

“Even in the midst of multitasking, dealing with phone calls, physicians and other members of the interdisciplinary team, Marcy maintains her composure, always striving 100% to meet everybody’s needs, sometimes at the same time.”

“Marcy is constantly thinking of ways to improve processes of the day today activities. She stays up-to-date via journals related to nursing.”

“She is professional, compassionate and caring. Marcy is an excellent liaison between staff and nursing management.”

## “Maggie” Recognition Award Jenny Felch, Rehab Aide

The *Maggie Recognition Award* was established through an anonymous donation in memory of a parent to provide recognition to non-licensed and non-exempt employees of NERHP. Award winners are nominated and chosen quarterly by the Leadership Committee. **At left, Neil Schuster, Rehabilitation Manger, surprises Jen with her award during a therapy session.**

### Nomination Comments

“Jen is highly organized allowing her to perform not only her job duties but the duties of other rehab aides when illness causes unplanned call-outs.”

“Jenny is frequently approaching staff to offer help if she has a few extra minutes. She recently was assigned to nursing to help with staffing needs.”

“She is always cheerful even on the most challenging of days. Jenny raises the spirits of staff and encourages patients. She has the ability to change patient moods and this has a definite effect on their ability to participate. She is a very encouraging individual.”



## May Employee of the Month Carolyn Foley, OT



Amy Morse, CEO (Left) and Pat Plummer, OT Clinical Leader (Right) stand beside a proud Carolyn Foley.

### Nomination Comments

“Carolyn always shows a strong commitment toward her work.”

“If you are in a room with anyone and Carolyn is there, she always has a kind word to say about you.”

“Carolyn very much displays flexibility, initiative and creativity in achieving hospital goals. I’ve worked with her in so many situations and she is very knowledgeable about her job.”

“When she enters a room and does therapy, Carolyn communicates very very well with her patients.”

“Her skills contribute significantly to the department and program.”

## EMPLOYEE APPRECIATION DAY 2008

On May 6, 2008, NERHP held its annual Employee Recognition Awards Ceremony and paid tribute to all staff on Employee Appreciation Day by hosting a wonderful breakfast, luncheon and dinner. Awards were presented by Amy Morse, CEO.



**The Leadership Award**  
**Lori Bourget-Sweeney**  
for outstanding commitment to excellence and leadership.  
“She believes we must ‘always aim for the impossible, for if we lower our goal, we diminish our efforts.’”



**The Buzz Fitzgerald Award**  
**Tom McOsker, MACCC-SLP**  
for dedication, integrity and enthusiasm.  
“He is selfless in his dedication to patients. He is a passionate therapist, patient advocate and teacher.”



**The Employee of the Year**  
**Doug Dart, CNA**  
for outstanding performance, productivity and dedicated service.  
“His employee file is thick with wonderful letters from patients and staff. He has so many stars he can’t even wear them.”



**The Clinician of the Year**  
**Gary Sylvester, PT**  
for outstanding clinical skills, caring, productivity and service.  
“He presents a ‘voice of reason’ to all situations. An excellent clinician.”



**The Caregiver of the Year**  
**Howard Kunin, Psy.D.**  
For his great vision and expertise.  
“He is always willing to help with difficult issues that arise with a patient, family member or for staff.”



**The “Maggie” Award**  
**Kellie Selberg**  
For outstanding knowledge of her job; her positive attitude.  
“She never says ‘no’. She is truly a team player and someone who can be counted on to go above and beyond.”

**The Rehab Service Award**  
**Rose Foley**  
For her above and beyond attitude.

“They say some things never change. I know that I can always count on Rosie to be consistent in her interactions with her customers, patients and fellow employees. I want to thank Rosie for her positive team spirit and the great customer service she provides.”



**The Sandra Marriner Rehabilitation Nurse of the Year Award**  
**Adrienne Andrews, RN, CRRN**

Adrienne missed the Employee Recognition Awards ceremony but Elizabeth Glidden, RN, CRRN, Chief Nursing Officer, announced that Adrienne was away furthering her studies toward becoming our wound nurse and it was further reinforcement as to why she was chosen to receive this celebrated nursing award.

“Adrienne is always professional and strives to be an exemplar of our field. She is an exceptional nurse. She is caring and attentive to her patients. She is adaptable to many different situations and jobs and always keeps the patients’ need in mind. She is special. She is personable and smart and always ready to learn more. Adrienne is a good leader. I am proud to nominate her for Nurse of the Year.”

**New England  
Rehabilitation Hospital  
of Portland**



**5 Years**



Tracy



Kelli



Sylvia



Angel



Stacy



Linda and Amanda



Cathy and Sharon

Tracy Brown  
Kelli Dorr  
Sandra Bergeron  
Sylvia Archer  
Katherine Smith  
Julie Kilcoyne  
Angel Roberts  
Sharon Hartl

Priscilla Bass  
Brenda Justice  
Amanda Berg  
Derek Brill  
Andrea Ettinger  
Stacy Martin  
Deborah Merrill  
Linda Merrill

**10 Years**



Janice

Cathy Waterman  
Nona Wills  
Janice Sullivan  
Amy Herrick  
Gary Sylvester  
Maren Nagem

**15 Years**



Ann-Marie

Avery Pierce  
Ann-Marie  
Gribbon-Bourchard

**20 Years**



Alissa Towle  
Janet Corbett

**30 Years!!!**



Shirley Lebel  
(with her proud colleague,  
Steve Moulton)

**Evening Staff (L to R)  
YOU'RE THE BEST!**

Lloyd Greenwood - 5 years  
Laurie Libby - 10 years  
Laurel Bezanson - 5 years  
Jennifer Aguirre - 10 years  
Kuniko Talmage - 5 years  
Absent from picture:  
Michael Jensen - 5 years  
Rod Howell - 5 years  
Nicolas Porter - 5 years



**Night Staff  
CONGRATULATIONS!**

**5 Years**  
Lisa Cabot  
Margaret Stosny  
**10 Years**  
Michele Dedian  
**15 Years**  
Caroline (Rusty) Morrison

# Our Volunteers Our Volunteers

... were honored at an awards luncheon held on May 1, 2008. These very special people were each commended personally for their contributions by Kathy Kroll, Certified Therapeutic Recreational Specialist. "Your giving is so appreciated and you make a difference in the lives of the patients and of the staff here at New England Rehab Hospital. Thank you," stated Kathy. Our group has become bonded over the past few years and besides volunteering, they enjoy spending time doing outside activities together, such as snowshoeing and kayaking. Each volunteer brings a unique talent with them when they enter our hospital. We have musicians, artists, jokesters, handymen, teachers, event planners and therapeutic pet trainers. Our volunteers DO make a difference!



Always ready to lend a helping hand, our NERHP volunteers.

(F-L to R) Don Hunter, Dick Boclair, Mary Anne Tubbs, Carole Starr and Diane Richard.  
(B-L to R) Leo Glaude, Herb Williams, Jacklyn Ashla, Wayne Hall, Kathy Kroll, CTRS/Volunteer Coordinator, Ted Brackett, Pam Marshall and Paula Viarello (Absent from picture: Louise Napoleone)



*In Memory of those we lost this past year...  
Ira, Tina Coyne and Joe Napoleone*

Thank you to the following volunteers who were unable to attend the luncheon:

Amy Baker & Calvin  
Carol Balise  
Shelly Coull  
Pam Dixon & Murphy  
Michael Fougere  
Wayne Hall's Bentley  
Linda Hawkes & Refund  
Abigaile Kane  
Glenn Kroll  
Roland McFarland  
Pare Vivattanakulpanit  
Neil Schuster  
Shawn & Andrea Withers

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## From the Doc's Corner

By Coleen McGeachey

On April 28<sup>th</sup>, Tehseen Naqvi, MD gave a presentation titled Wound Ulcers in the Elderly. Although her geriatric fellowship rotation has ended, she has kindly agreed to offer the presentation again to our clinicians. Dr. Naqvi will finish her geriatric fellowship on July 31, 2008.

Tom Morrione, MD, is expected to join the NERHP Medical Staff in July and we are looking forward to a collaborative Geriatric/Physiatry Service for some of our medically complex elderly patients.

Medical students from MMC attended a presentation on May 9<sup>th</sup> hosted by Drs. Haile and Kazmi. Dr. Haile focuses on the amputee patient while Dr. Kazmi offers a stroke presentation. The students then are paired with NERHP therapists who provide a tour of our hospital, along with an opportunity for the students to observe some patient treatment areas.

Dr. Kazmi, President of the Medical Staff, has scheduled training for our physicians on the Intrathecal Baclofen pump. He has noted interest from our local neurologists to participate in this training experience as well.

As most staff knows, we are expecting the return of our famous Dr. Briggs in late May. We apparently have a unique pact with Dr. Briggs...he receives BI-weekly updates from the hospital during the winter months and we in turn receive the benefit of his thorough reading of medical journal/magazine articles.

Enrique Rivas, MD, from Maine Cardiology Associates and Bernadette Shaw, PA-C, from Orthopaedic Associates are the newest members of the medical staff. For identification purposes, their photos and privileges are included in the credentialing book located on both units.

## In-Pharmation

By Vicki Legere, RPH

**Many women are interested in alternatives to prescription medications for premenstrual syndrome (PMS).** There are several over the counter products that can be helpful for PMS without a doctor's visit.

**Calcium** has the best evidence for both treatment and possible prevention of PMS. 1000-1200 mg/day of elemental calcium improves mood, bloating, food cravings and pain. It may take a few months after starting a calcium supplement before an improvement is noticed. Also remember that calcium is best absorbed when it is ingested in food. So, eat 4 servings of dairy each day, i.e. 1 yogurt, 1 cup of skim milk, 1 slice of cheese, etc. and each will provide approximately 300 mg of elemental calcium. Calcium intake is also very helpful in osteoporosis prevention.

**Magnesium** also seems to improve mood and decreases bloating. Doses of 360 mg of elemental magnesium/day should help improve PMS.

**Vitamin B6 (pyridoxine)** 100 mg/daily might help with many PMS symptoms including depression. More is not better because higher doses are not more effective and can cause peripheral neuropathy.

**Chasteberry (vitexagnus-castus)** improves breast tenderness, constipation and mood but not bloating. Doses vary depending on the product available. Look for this at a natural food store.

PMS is not likely to improve with black cohosh, dong quai, evening primrose oil, progesterone, red clover or soy. More research needs to be conducted on ginkogiloba, St. John's wort and manganese to determine efficacy for PMS.



**NATIONAL WOMEN'S HEALTH WEEK**  
May 11 - 17th

**Are hormonal contraceptives safe after age 35?** Women over 35 often use oral contraceptives (OC's) for birth control, to regulate menses or to reduce perimenopausal symptoms. Some things to consider:

- ◆ The annual risk of thrombosis (blood clot) with combination OC's quadruples with age...to 100 women per 100,000 women over age 39. Obesity further doubles venous thrombosis risk. Blood clot risk might be higher with desogestrel than other progestins and even higher with the patch (Ortho Evra) than combination OC's.

- ◆ The recommendation is to not use combination OC's if you are a woman over 35, smoke or have high blood pressure, diabetes or migraines. These women have a higher risk of heart attack and stroke.

Talk to your doctor about using a progestin-only OC or other form of contraception if you are not a good candidate for combination OC's.

## Infection Control Focus

by Dennis Nasto, RN, CIC



### Keep Uninvited Guests from Summer Food Fests

**FINALLY**, it's getting to be that wonderful time of year when sunny days and warm breezes nourish our soul and barbeques, picnics and other food fests nourish our bodies. As our food moves further away from the relative safety of indoor refrigeration and recent preparation, we tend to spend lazy hours grazing from the picnic table or outdoor buffet. The down side to this more relaxed attitude is that the incidence of illness caused by food poisoning from bacteria and other unwanted guests skyrockets. To limit the risk of unwanted illness, follow a few simple rules in handling and care of that summertime fare:

- ◆ Keep hands and food preparation areas clean.
- ◆ Use a cooler to keep foods refrigerated until served.
- ◆ Cook meats to proper temperatures (use a meat thermometer).
  - Burgers, 160°; poultry, 170-180°; steaks/chops, 145-170°; sausages and hot dogs to 165°
- ◆ Keep food covered when not being eaten.
- ◆ Avoid foods with dairy or eggs that won't be consumed immediately.
- ◆ Remember the "danger zone" for bacteria is between 40 and 140 degrees, so keep hot foods hot and cold foods cold.
- ◆ Don't let that beer, wine cooler or martini cloud your judgment regarding food safety.

Enjoy the warmth and all the great eats of summer ... safely.

## 2008 ~ The Year of the Patient Experience

By Kathleen Stuchiner, Director of Quality Management

*HealthSouth has designated  
2008 the Year of the Patient Experience.  
NERHP is starting that year in a position of strength.*

For years, patients at New England Rehabilitation Hospital of Portland have been asked to evaluate the care and services they received as inpatients and outpatients. As part of this process, we receive comments from patients on a regular basis. These are distributed to department managers and shared with staff on an ongoing basis. Quarterly, we are able to see our cumulative survey results which summarize patients' experience here. We can compare our performance to other HealthSouth hospitals as well as other hospitals in the country.

### Experience versus Satisfaction

Researchers have studied what matters most to patients and identified behaviors that would ensure a quality patient care experience. Behaviors that would help patients heal better and faster and install confidence and trust. That research was used to develop the concept of the Eight Dimensions of Patient-Centered Care - care that is respectful and responsive to the needs, wants and values of patients and their families. The eight dimensions are: (1) emotional support; (2) respect for patient preferences; (3) physical comfort; (4) information, education and communication; (5) coordination of care; (6) involvement of family and friends; (7) continuity and transition; (8) access to care.

We monitor our performance in these eight dimensions of care and also focus on how patients answer the following question. "Overall, how would you rate the care you received?" Historically, NERHP inpatients rate our care exceptionally well. The table below highlights our performance in this area. Remember, lower scores are better.

07Q1	07Q2	07Q3	07Q4	08Q1	TOTAL	
Question Text	Problem Score	Problem Score	Problem Score	Problem Score	Problem Score	Problem Score
Satisfaction with IP care-8478	7.50	3.33	4.48	4.29	4.92	5.03

The Patient-Centered Care Committee has prioritized work based on patient survey results. They are working to develop tools aimed at helping us maintain and even improve some of our scores. These activities will be highlighted in the next issue. In the meantime, look for what patients have to say about us and review quarterly reports posted in your departments.

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

**SUBMIT ARTICLES TO**  
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## 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

### May

- National Employee Health and Fitness Day - May 21st  
Lots of activities planned. Drawing for an **LL Bean gift certificate!**

### June

- Boston Bus Trip - June 28th (*if enough people sign up*)
- Ice Cream Social and Novelty Treats - June 20th

## Your HR Resource

By Leigh Baade,  
Director of Human Resources

### Still not using Direct Deposit for your paycheck?

Here are some reasons it's a good idea:

- ✓ Convenient...you don't have to go to the bank! Your money is available to you even if you are on vacation, out of town or sick.
- ✓ Safe...no lost, stolen or misplaced checks.
- ✓ Reliable...always available on Friday morning of the pay week.
- ✓ Online Self Service is now available, is convenient and easy to access.

Sign up now! Contact Human Resources or the Payroll Department for forms.

## Nutrition News

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

As the weather gets warmer, being outside is much more fun!  
Spring into exercise to help promote a healthy weight and  
body image, and to **decrease your cancer risk!**



It's true! Not only does eating lots of vegetables with isothiocyanates and quercetin (i.e. the good plant chemicals found in cauliflower, brussel sprouts, turnips, apples, grapes, onions and broccoli) lower your cancer risk\*, but so does exercise.

In a recent study involving 6,500 women, those who exercised 30 to 150 minutes per week were 50% less likely to have breast cancer than those who exercised less than a half hour a week.

The recommendation for exercise has long been 30 to 45 minutes most days of the week. This holds true for further breast cancer reduction as women who exercised 15 minutes or more per session were 40% less likely to have breast cancer than those who exercised less than 15 minutes per workout.

So dust off your sneakers and restart your exercise routine; it could save your life!

\*WebMD medical news 4/30/08



### SAVE THE DATES

- Heart Walk—May 18th
- Stroke Conference—May 30th

### NERHP Recognizes National Health Holiday Months

#### May

- American Stroke Month • Better Hearing & Speech Month • National Arthritis Month • National High Blood Pressure & Education Month • National Osteoporosis Awareness Month • National Physical Fitness Month

#### June

- National Aphasia Awareness Month • Home Safety Month

