

# REHAB ROUNDUP

Issue 21



November/  
December 2007

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## Gold Standard Stroke Center of Excellence

By Amy Morse, CEO

The designation "Gold Standard" is applied to items that are uniquely the best. This fall, New England Rehabilitation Hospital of Portland achieved Gold Standard status for our stroke program. Or, in other words, our stroke patients receive the best of rehabilitative care as identified by the Joint Commission. But this achievement doesn't stand alone. We also submitted our stroke program to the exacting standards that qualify hospitals within HealthSouth as Stroke Centers of Excellence, and we were awarded that designation as well.

These certifications are wonderful achievements and good news for our patients. But, they were only possible through rigorous evaluation and the hard work of many people at NERHP, particularly the entire stroke team including Dr. Syed Kazmi, our stroke program's Medical Director, Dr. Howard Kunin, Dr. Phil Morse, Bonnie Butterfield, Sharon Hartl, Darcy Evans, Brianna Page, Cathy Waterman, Jocelyn Taylor, Julie Poisson, Sarah Payeur, Andrea Ettinger, Sue Morejon, Laura Malitsky, Sandra Bergeron and Jeannine Greenleaf. From researching and implementing best practices to ensuring our documentation matches the wonderful care we provide, to the excellent patient outcomes, all disciplines at our hospital played a role in demonstrating our competence.

In the end, the Joint Commission and HealthSouth granted us two designations: Disease Specific Certification in Stroke Rehabilitation (Joint Commission) and Stroke Center of Excellence (HealthSouth). These designations simply confirm what I have known all along - that our patients receive the highest level of care and that each of you takes great pride in providing that care. For that I thank you...and I look forward to working on our next disease-specific certification!



## NERHP's Medical Staff Highlight

This month the *Rehab Roundup* is pleased to feature **Robert Haile, MD, Medical Director of the Amputee and Spinal Cord Injury programs.**

It's 42 years and 9,808 miles (as the crow flies) from the home of Mr. and Mrs. Haile who must have been very proud of the news article that appeared in their local paper (at right) about the accomplishments of their son. There were a few detours along the way, but Robert did become a doctor.

Actually, his interest in medicine began at a much younger age than 10, "practicing" on his mom who had ill health through much of his childhood. "From the time I was 5, I wanted to cure my mother. Being in the hospital wasn't scary for me; it was kind of normal."

It was mom who helped guide her son through some of those detours, from Australia to the US and to medical school via her personal visits to two prestigious Rhode Island senators. One visit resulted in her son receiving an \$18,000 scholarship to the University of Vermont!

Dr. Haile graduated from UVM and went on to complete his residency training at New England Medical Center Hospital Department of Physical Medicine & Rehabilitation through Tufts University.

**The Brisbane Telegraph**  
Grovelly, Australia  
May 29, 1959

Robert Haile, 10, of Grovelly, in 2 years has won all the Wolf Cubs' 13 merit badges.

Some of the things he did to earn the badges were to sew, knit, make toys, sketch a real life picture, play sport on a team, look after a garden, swim 25 yards in any stroke and run 50 yards in 10 seconds.

Wolf Cub Commissioner for Brisbane North (Mr. H.D. Baxter) said today Robert's collection of badges was a remarkable achievement.

Robert, the second son of Mr. and Mrs. Richard Haile is in the 6th grade at Mitchelson State School and "wants to be a doctor".

Continued on page 2 →

**From the Doc's Corner**  
By Coleen McGeachey

## ANNOUNCEMENT!

### Dr. Charbonneau Named Medical Director of the Year

**Hot Off the Press!!**

At HealthSouth's annual meeting held recently in Orlando, Florida, our own Dr. Elissa Charbonneau was named Medical Director of the Year! "Dr. Charbonneau is highly regarded in the community, by other physicians and by the leadership of acute care hospitals," states Amy Morse, CEO, NERHP. Dr. Charbonneau presented our work from the Glycemic Control Project at this event. Prior to attending the HealthSouth annual meeting, she was voted onto the Executive Committee of the President's Council at the American Academy of Physical Medicine and Rehabilitation Conference in Boston. Congratulations Dr. Charbonneau!

**And for more news.....**there has been an exciting arrival in the Kazmi family! Rohma Sehra Kazmi was born on Friday, October 19th at 9:45 a.m. weighing 8 lbs. 3 oz. Mom, dad, brothers and sister are all very happy with the new bundle of joy that has joined their family.

Tom Morrione, MD, started his three month geriatric fellowship rotation at NERHP on October 1st. He is a great addition to the medical staff and we are all pleased to have him here with us.

With a chill in the air, it was time again to say a brief goodbye to Dr. Briggs. As we all know, he will continue to be just as active while in Florida golfing, biking and reading through his mountain of medical journals.

Eric Dinnerstein, MD (Neurology), Benjamin Huffard, MD (Orthopaedic Surgery) and Susan Sullivan, NP (Gastroenterology) are the newest members of the medical staff. For identification purposes, their photos are filed in the credentialing books located on both units.

### An Interview with Dr. Robert Haile *(continued from page 1)*



**What led you to choose a focus in rehabilitative medicine?** During Dr. Haile's medical training at UVM, he volunteered in the rehabilitation department where "I got to know many of the therapists and observed how, as a team, they helped so many patients. I thought the team approach was so neat and contributed to the well being of the whole person and knew that physical rehabilitation was the focus for me." In fact, Dr. Haile received the prestigious **Elkins Award** in Physical Medicine & Rehabilitation upon completing his residency at New England Medical Center.

**Why did you choose to practice here at NERHP?** Following his residency, Dr. Haile became a staff physician at New England Rehabilitation Hospital in Woburn, MA. There he was a physiatrist of the head trauma unit and the outpatient community reentry program for head trauma. He was also a physiatrist of the general inpatient and outpatient rehab units. Dr. Haile also drove to Maine where he worked as a physiatrist at Advantage Health/New England Rehabilitation Hospital of Portland. "I was asked to take on the job as Department Chief of Rehabilitation at Maine Medical Center in 1994 and accepted." Both Dr. Haile and his wife, Jackie, loved Maine so they made the move and settled in Scarborough with their children Bobby, Sandy and Michael.

**What do you feel is the most important contribution you have made to your practice and the hospital?** "Developing trust. I have spent a lot of time with patients and families and have found that it is best to be honest and to give them realistic hope. I try to explain what has happened to the patient and to make sure he or she understands what will be happening them during their rehab so they can get to the best level possible."

While Dr. Haile is Medical Director of both the Amputee and Spinal Cord Injury programs at NERHP, he stresses that these programs "are not about me!" From the vascular, neuro and trauma surgeons with whom Dr. Haile consults, to the staff at NERHP, he feels that "all members of the team are important. We have quality people on every level at NERHP who work together for the benefit of the patients. They are all amazing."

**If I were to ask your children to describe you, what would they say?** "He loves us and he's lots of fun! When the children were little and I was in medical school, I always tried to spend time with them. We would have dinner every night and then we'd play and end the day with bed time stories. As they grew, we surfed and skate boarded together. And, no way could I have done any of this without the support of my wife, Jackie!"

**What is your favorite book?** *The Inheritance of Loss* by Kiran Desai. "Where the head is held high, where knowledge is free, where the world has not been broken up into fragments by narrow domestic walls..."

**A ten-year-old's dream of becoming a doctor came true. What's next?** "I may go to Tibet!"

## In-Pharmation

By Vicki Legere, RPH

### Alternatives to OTCs for Kids



The recent withdrawal of infant cough and cold over-the-counter (OTC) medications has parents asking how to alleviate cold symptoms in young children. Pediacare, Triaminic and Dimetapp are being pulled off the market because of reports of misuse leading to accidental overdose and death...especially in kids under 2 years of age. ***There are various non-drug therapies to try first before medication:***

- Encourage drinking fluids liberally to prevent dehydration.
- For congestion, use saline drops or sprays, gentle nasal suctioning and/or a room humidifier.
- Single ingredient acetaminophen (Tylenol) and ibuprofen (Motrin) infant drops will still be available for pain and fever.
- Always important to measure the doses accurately. For suspensions, remember to shake well before giving the dose to your child.
- Call the doctor if your child is
  - under 3 months of age and has symptoms or
  - under 2 years of age and has had a fever for over 24 hours.
- Also, refer to your doctor if your child has ear pain, severe sore throat pain or symptoms that just don't improve within 10 to 14 days.



## Ethics in the City ~ Defining an Ethical Dilemma

By Nancy Schuster, PT, MS, Education Coordinator

An ethical dilemma is defined as a situation when two values conflict so that acting on one eliminates the other. In other words, ***a choice must be made***. Some of the issues that may create ethical dilemmas in the acute rehabilitation hospital setting might include:

- » reimbursement for care vs. what the patient needs
- » questionable decision-making of the patient
- » competency of the caregiver
- » interdisciplinary team has conflicts with goal-setting
- » truth-telling to the patient regarding prognosis
- » unsafe or suboptimal discharge plans
- » quality of life choices being made by the patient/family
- » professional boundaries of the team being challenged.

When a dilemma occurs and cannot be resolved by the Team, the Ethics Committee may be consulted.

How the Ethics Committee responds to this request will be the focus of the next article.

## Nutrition News

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

### *What is in season in the Brighton Cafeteria this month?*

Native Maine apples, squash, kale and turnip.

With the holidays upon us it's time to think about what is going on the table and what is going into your body!

Here are some friendly nutrition tips for a healthier holiday meal:

- ❖ Enjoy the fresh seasonal vegetables - sweet potatoes, squash, brussel sprouts, onions, parsnips, carrots, potatoes, beets and cabbage. They all provide fiber, vitamins and minerals as well as a wealth of antioxidants.
- ❖ Keep your heart healthy and substitute a trans-fat free margarine or olive oil for butter.  
**Tip:** Garlic and olive oil make great mashed potatoes or roasted vegetables.
- ❖ Don't over eat! To make the wonderful food last longer, try having several small meals during your holiday, rather than one large one. You will eat fewer calories and have more energy.



*Have a safe  
and happy  
holiday season!*



## More on...Protected Health Information (PHI)

By Mary Ellen White, RHIT, Director of Clinical Information

HIPAA permits PHI to be used or disclosed for treatment, billing and other healthcare operations like quality review without a specific authorization from the patient. Generally, other uses and disclosures of PHI require a written authorization from the patient or documentation in a disclosure log.

One of the most common misconceptions about authorizations to release PHI is that any simple statement from a patient approving the disclosure of his/her PHI to a third party is an acceptable authorization. **NOT TRUE.** HIPAA requires certain elements, such as the description and the purpose of the information to be used or disclosed, be included on a patient's authorization to release PHI. Non-New England Rehabilitation Hospital authorizations must be reviewed by Health Information Management Systems (HIMS) to ascertain if they contain all the elements necessary to be a valid release.

### HIPAA & Health Information Technology Week



You've got to know when to hold 'em!

It appears as if HIMS took the theme of HIPAA & HIT Technology Week a little too far!

(L-R): Roland McFarland, Pam Marshall, MaryEllen White, Janice Sullivan and Jaelyn Ashla.

MaryEllen White, Director of Health Information Management Services, provided a fun way to increase awareness of Privacy, Security and HIT programs during HIPAA & HIT Week held November 5 - 9th. She disseminated a crossword puzzle to staff to test their HIPAA/HIT knowledge. She even gave out daily clues to ensure a winner for chances at a prize. Staff sported their red HIPAA buttons and ate free popcorn while jotting down words for "What department processes requests for PHI?" "What key unlocks your identity and access to electronic data?"

## Infection Control Focus ~ What I Do

By Dennis Nasto, RN, Infection Control Coordinator

Several years and a few positions ago I worked as a staff nurse. In a critical care unit at a 1,000 bed hospital, the world in which you spent time caring for patients was focused. Since there were so many people roaming the unit in white lab coats, it was hard to tell what everyone's role was. The infection control (IC) staff was one of those "nebulous groups" whose role was not clear. We practiced standard and other precautions because that was providing appropriate care, but had no clue as to what these "infection control" people really did.

Today, my title is Infection Control Coordinator. I am responsible for the hospital's infection control program including surveillance, prevention and control of infection. On a global level, I make sure that we perform according to mandates from the state Bureau of Licensing to federal agencies such as OSHA and CMS (Medicare). As a Joint Commission-accredited hospital, assuring compliance with those standards is also required.

Daily, I attend the morning Daily Operations meeting and determine the need for MRSA and VRE screens on prospective admissions. Other Infection Control (IC) concerns are addressed at this time. On a daily basis, I review charts and lab reports to determine whether a patient had an infection prior to

admission or whether it was acquired here and track data trends for our own as well as regulatory purposes.

I answer questions on topics ranging from "shingles" to meningitis to conjunctivitis to *Clostridium difficile*. Building repairs or renovation requires IC involvement. Reporting certain infections to the Maine CDC, dealing with norovirus outbreaks, preparing a hospital pandemic influenza plan and providing flu shots for staff are tasks that I am responsible for. Education and consultation with staff in all departments is constant. In addition to researching and sharing information on a variety of topics, participating in an active professional organization keeps me connected to those with greater knowledge and experience and on whom I can rely, if needed.

Constantly learning is my favorite aspect of this position. I now have a much better understanding and humble appreciation for what those "nebulous IC people" did when I was a staff nurse.

And, oh, did I mention hand hygiene monitoring?



## Education Earmark

By Nancy Schuster, PT, MS, Education Coordinator

On October 24th, we graduated the 2007 Rehab Technician I class. The purpose of the Rehab Tech program is to 1) assist the nurse by performing specific tasks that allow the nurse to focus on professional care; and 2) create a career ladder for the CNA.

Throughout the 7 week course, the students took a disease management approach to learning advanced skills. They had to achieve an 85% on each exam and complete a competency checklist before being considered an RTI.

Congratulations to the class of 2007 who approached this effort with enthusiasm and energy!



Instructors Nancy Schuster, PT, MS (L) and Marcy Skelton, CRRN (R), pose with their proud students (L-R): Margaret Stosny, Meghann McNally, Michael Jensen, Brenda Verrill, and Corina Teodorescu. Absent from picture: Julien LeSieur.



### TO:

- Adrienne Andrews, CRRN who is currently enrolled at Emory University in Atlanta, GA studying to take the WOCN (Wound, Ostomy and Continence Nurse) certification exam. She has completed her first module and just received word that she scored a 92 on her first exam. *GO ADRIENNE!*
- Jeannine Greenleaf, who has been featured in not one but two issues of "Advance for LPNs" magazine. Check out the October and November 2007 issues!
- Susie Kelley and Sue Hitchcox who received their certified driving instructor licenses from the state. This is another step toward achieving their CDRS (Certified Driver Rehabilitation Specialist) designation. Congratulations Susie and Sue!

## Nursing Notes

By Elizabeth Glidden, RN, Director of Nursing

Two of the eight CMS (Centers for Medicare and Medicaid Services) requirements for admission to an inpatient rehabilitation hospital include the need for "a registered nurse with specialized training or experience in rehabilitation" and "the 24 hour availability of, and close medical supervision by, a physician with specialized training or experience in rehabilitation." Both of these requirements are verifiable by the documentation that physicians and nurses enter into the patient record.

The specialized services that are provided by rehabilitation nursing staff differentiate us from skilled nursing facilities. We know and participate in the development of the plan of care for each patient admitted to NERHP. The interdisciplinary aspect of assessment, care planning, implementation and re-assessment of the plan are the keystones to the specialty practice of rehabilitation nursing.

As rehabilitation nurses, we fully understand the diagnoses and best practice for treatment, patient/family education, follow through and reinforcement of therapy principles for patients affected by chronic illness or disability and physical impairments. Rehab nurses have had to become excellent clinicians in terms of medical management of acutely ill patients as well. By documenting the interactions with the patient, family and team members, we are supporting and validating the scope and practice of rehab nursing services provided to our patients.

Documentation should be specific and directed at the problem areas identified on the plan of care, along with barriers to discharge as identified in team conference. Discussing methods

## Documenting For Rehabilitation Nursing



used for various activities such as "moderate assist for slide board transfers," "maximal assist for lower extremity bathing and dressing," and teaching/return demonstration for insulin administration, glucoscans, etc. are all ways we can illustrate rehab nursing. Use of these types of terms show that nursing is involved, how they are involved and that nursing is an integral part of the rehab process.

**Documentation should be done every shift**, to address needs as they arise, as well as progress, response to treatments, teaching and pain relief. Documenting by exception is not an effective way to tell the patient's story or how the patient was managed throughout his or her stay. Rehab is a 24-hour operation and all shifts have an impact on patient outcomes. It is important to record the activities and actions of nurse/patient interactions. This provides a starting place for the next care giver as well as continuity in the plan of care from shift to shift and day to day.

This higher level of care provided by our rehabilitation nursing staff is so important to assuring access to acute rehabilitation for our patients. Be aware of this and have your care documented in a way that shows your specialized skills and how they affect your patient outcomes.

For more information on documenting for medical necessity, please contact Nancy Schuster who can provide you with sample documentation. For more information on rehab nursing go to [www.rehabnurse.org](http://www.rehabnurse.org).

# NERHP Employee Recognitions

**September Employee of the Month**  
**Christine Spear, RN ~ R1 Nursing Department**  
*"Christine is always so helpful. She is positive and goal oriented. She has exceptional insight to problem solving. Christine is willing to change her role to meet both nursing and patient needs. She sacrifices time to help with challenging patients and works with passion. Christine always smiles!"*



**October Employee of the Month**  
**Laura Malitsky, RN, CCM ~ Rehab Liaison**  
*"Laura is a great patient advocate. She extends herself for patients and families to ensure their transition to NERHP is smooth and uneventful. She will frequently follow up with patients and families after their admission to NERHP to check on their progress. "Laura always strives to improve her skills, expertise and quality."*



**November Employee of the Month**  
**Gary Sylvester, PT ~ Inpatient Department**  
*"Besides working with inpatients, Gary covers the outpatient clinics and is an excellent resource for many staff due to his experience. He always meets and exceeds patient expectations. Gary's great sense of humor puts his patients at ease and at the same time he upholds the image of a true professional."*



**"Maggie" Recognition Award**  
**Diana Wood, Accounting/Payroll Department**  
**(Chosen quarterly by the Leadership Team for willingness to go above and beyond)**  
*"With no prior experience Diana was very quick to learn the payroll function and related responsibilities swiftly and competently. She is productive and a cooperative team player. Diana maintains a positive work attitude and whenever there are challenges, her response is always "it keeps the job interesting!"*



## NERHP Therapists Participate in MPT Road Race



In recognition of National Physical Therapy Month (October), New England Rehabilitation Hospital of Portland was one of the major sponsors of the 18th Annual Maine Physical Therapy 8K Road Race, held on Sunday, October 21st in Brunswick, ME. Coordinated by the Maine Chapter of the American Physical Therapy Association, over 200 runners participated in this race which has become a very popular October event in the mid-coast area.

Three NERHP staff members ran in the race: Jana Frank, PT, Donna Bisbee, SLP (pictured at right) and Amy Pelletier, PTA. Jana's husband Dean and their son, Chris, all participated as runners for the first time. Chris won second prize in his age category!

Volunteers helping with traffic safety for the road race included Neil and Nancy Schuster.

## Your HR Resource

IT'S NERHP  
ANNUAL  
BENEFITS  
RE-  
ENROLLMENT  
TIME!

By now your enrollment packet should have arrived to your home and you have had the opportunity to check out the great updates introduced for 2008. The following changes highlight improvements to the NERHP benefit plans:

- The 401(k) company match will increase to 50% on the first 6% of salary you defer.
- The 401(k) vesting schedule is reduced to 3 years of HealthSouth service to be 100% vested in the company match.
- There will be **no** increase to the current premiums employees pay for health insurance coverage (third consecutive year that the company has absorbed the healthcare cost increase). The benefit cost for part time employees is now the same as full time employees. This includes our local AETNA plan.
- The prescription drug plan administrator will change from Walgreens/WHI to Blue Cross Blue Shield of Alabama.
- Coverage for oral contraceptives for birth control will be added to the prescription drug plan.
- Coverage for mental health services will increase and be equivalent to the medical services benefit level (80% Core; 90% Core Plus).

If you have any questions or need forms, see Darlene in Human Resources or call her at x8266.

**Remember, if you are not changing any of your benefits or not enrolling in the Flexible Spending Accounts, you don't have to do a thing!**

## MMC Environment Services Department of the Year

*Health Facilities Management Magazine* recently named Maine Medical Center's Environment Services Department as the ES Department of the Year. "Among other things, the ES Team has played a role in helping MMC achieve a 57% reduction in health care-associated infections since implementing a single protocol for cleaning isolation rooms." In addition, the ES team achieved superior national rankings in AVATAR International Inc. surveys.

The Brighton campus ES Team, supervised by Scott Sawyer, certainly maintains the high standards established by MMC for New England Rehab Hospital's patients. We see the team working hard every day, always willing to help out and with smiles on their faces.



**Thank you and Congratulations to  
MMC's Brighton Campus ES Team!**

Pictured above: Night Shift  
Pictured at left: Day Shift  
(Scott Sawyer - center front)

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**We exceeded our goal and raised \$12,086!**  
**On behalf of the United Way,**  
**THANK YOU ONE AND ALL!**

And we had a little fun with great raffle prizes. Here are the winners:

**UW** \$500 gift certificate to Shaw's or Hannaford - Dr. Mary Macy  
 (Dr. Macy plans to share her prize with NERHP staff)

**UW** 2-Night stay at the Bethel Inn - Roland McFarland

**UW** 50/50 Raffle - MaryEllen White

Plus, we gave out 24 months of parking passes (2 passes per month for all of 2008) and a day off with pay. Congratulations to all winners!



Breast Cancer Awareness Day supporters came out in full force, dressed in their pink shirts and ribbons, on October 17th. Lori Bourget-Sweeney (center picture) spearheaded a bottle drive organized by a local radio station. The event raised over \$17,000 for the Maine Cancer Foundation.

**Happy Halloween! Parade of Stars!**



**Candy Apples are so fun!!**

**Holiday Parking Notice**

**NO SHUTTLE BUS**  
**November 22 and 23**  
**December 24 and 25**

**Parking will be available on-site.**

*NERHP's Holiday  
 Gala for Staff*



***NERHP Events for the Season***

NERHP extends an invitation to patient families to join their loved one for **Thanksgiving Dinner** on Thursday, November 22nd. Whether dining in the cafeteria or in the patient rooms, this is a special time to bring patients, family and friends together to enjoy each other during the holiday.



Starting in mid-December through the new year, NERHP staff, patients and friends will be able to enjoy **seasonal festivities**. Here are a few favorites:

- ~ Patient gift wrapping party
- ~ Special guest on Christmas day
- ~ Serenades by the Mariachi Singers
- ~ Tree decorating
- ~ Caroling
- ~ Holiday dinner for patients and families
- ~ Beware of the Grinch!!

**Saturday,  
 December 8th  
 Holiday Inn West**

**6:30-7:00 pm  
 Social Hour  
 7:00-8:00 pm  
 Dinner  
 8:00-11:00 pm  
 Dancing**