Dear Friends of Down East Community,

In 2015, we will explore an innovation in medicine that, in my view, will only expand in the future. If you believe that healthcare, to the extent possible, should be delivered at the local level, then the expansion of telemedicine becomes a natural extension of the way care can be accessed. Imagine specialists 300 miles away having an integral role in how you manage your medical needs in the future. Think about conveniently accessing care close to home rather than needing to travel to Bangor or beyond. From the hospital’s perspective consider the positive impact in keeping the monies associated with on-site testing and diagnostics at the local level. Telemedicine will leverage technology to bring highly trained specialists to Machias who otherwise could not be supported locally due to the population limitations of our rural area. I believe it is a rural model whose time has come. For a number of months now the hospital has been exploring the potential to expand access to specialty services in this manner.

We hope to introduce this service in such specialty areas as neurology, pulmonology, endocrinology, cardiology, and sleep medicine early in 2015.

With best regards always,

Ralph Gabarro, FACHE
Interim CEO/President

A Message from Our CEO

In Memoriam

Remembering Walter Plaut

Walter Plaut was a friend and advocate of Down East Community Hospital and its staff. For many years, Walter actively participated in the hospital and the community in ways too numerous to count.

Walter, you touched numerous hearts. The memory of you and your warm smile are forever with us. Our condolences to the Plaut family.

We remember Walter in many ways. He was a dedicated trustee, exceptional paramedic, committed member of the community and loving family man. Any one of these stands as an accomplishment by itself. Collectively they represent the life of a remarkable man. We will miss you Walter.”

~Interim CEO, Ralph Gabarro.
Our inpatient rehabilitation program was developed because of the growing need for short-term, skilled nursing care in rural communities and to better utilize hospital beds already available. Additionally, this program allows our community members to stay close by their loved ones while they get the services they need. All of these reasons are part of why this program was implemented at Down East Community Hospital.

This inpatient rehabilitation program provides short term care in a hospital setting for a variety of patients who need care after hospitalization for an acute problem. For instance, if a patient’s condition has stabilized but is not ready to go home yet, they may be eligible for the inpatient rehabilitation program. This program exists to meet the needs of patients who are in a transition phase of illness or recovery, but whose condition no longer requires admission to an acute care unit. The program provides rehabilitation and recovery services based on each patient’s individual needs.

After a thorough evaluation by our licensed professionals, the patient will receive daily therapy to meet self-care goals set by them and their inpatient rehabilitation team. Our physicians will monitor the patient’s progress and visit the patient throughout their stay and, if necessary, the patient can return to acute care.

Appropriate members of the team will meet, as necessary, with the patient and their family to discuss rehabilitation goals and discharge plans. When those goals have been met, the patient will be discharged from the program – either to their home or to another facility for longer rehabilitation. Reconditioning and activities of daily living are provided to ensure a smooth transition to the patient’s highest potential including social services and detailed discharge planning.

The advantages to the patient are continued direct and immediate physician services and the ability to stay in the same room with the same familiar nurses while receiving physical, occupational or speech therapy services. All this while being close to home and close to family.

Joyce Clark pictured with Colin Ziegenbein, PT/DPT and Carlie Wolf, OTR/L.

For referring physicians
Contact us to initiate a referral to our inpatient rehabilitation program or to have a non-hospitalized patient evaluated for admission. Our Inpatient Rehabilitation Coordinator, Laurie Hayward, RN, CCN can be reached at 207-255-0476.

The following criteria can be utilized for assessing admission.

1. Patient has functional impairments resulting from injury, illness, or developmental disease.
2. Patient has rehabilitation needs in two or more functional domains (mobility, activities of daily living, bowel/bladder management, cognition, communication, swallowing, etc.)
3. Patient has sufficient physical and cognitive capacity to participate in a comprehensive inpatient rehabilitation program.
4. There is a reasonable expectation that rehabilitation care will result in increased function and that a satisfactory discharge plan will be achieved.
5. Patient is medically stable, i.e., patient’s medical conditions allow participation in a rehabilitation program, and medical problems have been evaluated and determined not to interfere with the patient’s potential to achieve rehabilitation goals.
6. Patient and family agree to admission to inpatient rehabilitation and the tentative goals and length of stay.
Stephen Berry, Sr. may have been born in Alaska, but he has been a solid Machias area resident since he arrived in the 1960’s at the age of 6. Stephen has advanced COPD, but strives to keep active by being involved in his community and volunteering at the hospital. As happens with many with COPD, Stephen developed pneumonia and had to be admitted to the hospital. Before Stephen could go home, he needed rehabilitation. Because of our inpatient rehabilitation program, he was able to do that right here at Down East Community Hospital.

“The care was excellent and the ability to stay in the area and not have to go to Ellsworth or Bangor was very important to me and my family. My friends and family came in and we played card and board games; it made me feel good to have them there. I saw the doctor every day and had a Respiratory Therapist in to help me with nebulizer treatments everyday which was very beneficial. I know that if my only choice was to go into a nursing home for treatment, I would have gone home without the therapy I really needed. I saw a doctor daily, nurses were really attentive, and the food was good. I was in no rush to leave.”

Inpatient Rehabilitation Provides:

Physical therapy restores strength, endurance, and mobility. It relieves pain, improves movement and function to maximize safety, and rebuilds confidence while you adapt to physical changes.

Occupational therapy promotes independence through programs aimed at improving your ability to carry out activities of daily living and restores prior level of function. Occupational therapy focuses on fine motor skills, adaptive equipment, and activities that foster independence.

Speech therapy helps to regain or improve speech and communication and helps to manage feeding and swallowing problems.

Activities – Individual or group activities allow for promotion of independence and assistance in returning to daily life.

Respiratory therapy helps manage the symptoms of breathing problems (asthma, emphysema, COPD, etc.) by teaching breathing techniques and exercise as well as the use of medication including oxygen and nebulizers.

Nutritional therapy monitors intake of meals, supplements, tube feedings, and intravenous nutrition. It also evaluates adequacy of energy and protein intake to improve healing, response to stress, and recovery. Nutritional therapy includes education on medication/food interactions, and nutrition management of chronic illnesses such as diabetes, cardiac disease, and COPD.

Nursing provides daily, ongoing assessment and treatment to restore you to optimal health.

Case Management provides assistance with discharge planning and offers supportive counseling to help meet other identified needs. Social workers are available to assist with advanced directives, such as Living Wills and Healthcare Power of Attorney forms and to help residents and families cope with care giving needs.
Influenza "the flu" is not the only infectious disease to be concerned about this time of the year. Like the "flu", norovirus is a viral infection that seems to increase during the winter months. However, norovirus is a gastrointestinal illness where as "the flu" is a respiratory illness.

Norovirus is often referred to as "the stomach bug" since it causes gastroenteritis which is inflammation of the stomach and intestines. Every year in the United States norovirus causes about 21 million illnesses. This virus is very contagious and can infect anyone. Since many different types of norovirus exist, you can get infected many times during your life.

The virus can cause multiple symptoms. The main ones include diarrhea, nausea, vomiting, and stomach pain. However, if you are infected with norovirus, you may also suffer from fevers, headaches, and body aches. This illness can be very serious and can cause severe dehydration with some people. The CDC reports that Norovirus causes 70,000 hospitalizations and 800 deaths each year.

The spreading of this illness can occur by direct or indirect contact with something that is contaminated with the norovirus. For example, eating foods that are contaminated, touching a contaminated surface and then putting your fingers in your mouth, and/or by sharing food with a person who is infected. Since most contamination is not visible, and spreads quickly in places like daycares, nursing homes, and schools.

Norovirus is very contagious and can spread quickly. There is no vaccine for it and no drug to kill it as this is a virus and antibiotics do not treat viruses. For these reasons, it is extremely important to practice prevention methods for the protection of yourself and your loved ones.

A great, and basic, method for prevention is proper hand hygiene which includes always washing your hands with soap and water after using the bathroom and changing diapers as the alcohol based hand sanitizer is not optimal for killing norovirus. Some other prevention tips include: washing fruits and vegetables before eating, cooking seafood thoroughly, avoiding preparation of food if you are sick with this illness, and disinfecting contaminated surfaces. Always wash contaminated laundry thoroughly as well. Remember our hands touch many things and proper hand hygiene is essential for preventing the spread of infectious diseases!

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By the end of the March, Down East Community Hospital will be able to provide home sleep study services to our patients with the ResMed’s ApneaLink™ Air. The ResMed’s ApneaLink™ Air provides performance and reliability in a compact, lightweight easy-to-use home sleep testing device. A type III home sleep testing device, the ApneaLink Air is capable of recording up to five channels of information: respiratory effort, pulse, oxygen saturation, nasal flow and snoring.

The DECH Imaging Department can now provide 3-D Ultrasound with the state-of-the-art GE Logiq E9 ultrasound machine. With this technology comes the ability to scan our obstetrical patients using three-dimensional imaging. When the pregnant patient comes for her routine obstetrical ultrasound which assesses the fetus for growth and anatomy, the sonographer has the capability to image the baby in 3D, showing much greater detail of the baby’s face than in traditional ultrasound imaging. At times the position of the baby and/or other factors limit visualization of the face so there is no guarantee that a 3D image will be obtained, but we will make our best effort.

Clinical use of this technology is an area of intense research activity especially in fetal anomaly scanning but there are also popular uses that have been shown to improve fetal-maternal bonding.

Dr. Christian Inegbenije and Sonographer Signe Klinger, ARDMS are excited about the ability to bring 3D ultrasound imaging to our OB patients.

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Down East Community Hospital’s laboratory has gone live with a new Chemistry analyzer! We are very excited to introduce to you the AU480 manufactured by Beckman Coulter. The new analyzer was installed on October 7 and a rigorous set of correlation studies have been completed that included precision, linearity and patient correlations. “This instrument has been around for quite a long time and is known for its dependability which is great for our staff, our doctors, and most importantly our patients,” stated Christina LaBrosse, Lab Manager.

Allen Duenas, MLT, (ASCP) and Christian LaBrosse, MS, MT, (ASCP), with the Beckman Coulter AU480.

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Down East Community Hospital Cardiopulmonary Department would like to introduce our new pulmonary function testing instrument, the VMAX ENCORE!

The VMAX Encore system offers a range of diagnostic pulmonary function tests (PFT) including:

- Complete PFT (includes all tests listed below)
- Spirometry
- Maximum Voluntary Ventilation
- Post Bronchodilator Study
- Pulmonary Function Before & After
- Carbon Monoxide Diffusing Capacity (DLCO)
- Lung Volume Testing
- Nitrogen Washout
- Functional Residual Capacity
- Total Vital Capacity
The Gift of Giving

Just over 13 years ago I was born at Down East Community Hospital. Not only was I born there but I have visited the ED on several occasions, have used laboratory services, and have visited my grandfather many times when he was at the hospital. I know first-hand how important this hospital is to me and to my family.

My mom is on the Board at the hospital and was talking about the hope of being able to update and expand the Emergency Department. While we were talking about the need to raise funds to make the expansion possible, I thought, I could make some earrings and donate the money to the hospital. So here I am. I have a small business called Rachel’s Jewelry Machias. I have been making earrings since I was 8 years old and am honored to be able to make earrings for this very important reason.

We need our hospital and we need to invest in our hospital so it will always be here for the people like me who want to grow up and live here but would not want to travel to Ellsworth or Bangor to get care. I realize that not everyone can give money, some can give time, or some can do like me and make something to sell.

I am willing to do what I can, even at age 13, to make a difference. As my earrings say, “It is with hope” that we will ensure the future of our hospital.

College Students Train at DECH

For the past 5 years or more, Down East Community Hospital has hosted students from a wide variety of schools and medical disciplines. These range from senior students in the Physician Assistant (PA) programs at Chatham University in Pittsburgh, PA and the Philadelphia College of Osteopathic Medicine to Washington Academy students in the certified nursing assistant (CNA) course at the East Machias high school.

In 2014, more than 45 students have spent from 6 days to 12 weeks at DECH for hands on clinical learning as they move through their program of study. In addition to the PA and CNA students, there have been pharmacy and physical therapy students from Husson University, phlebotomy and medical assistant students from Washington County Community College, and RNs from three different programs throughout Maine.

Each student receives supervision based on their specific area of study from one of our providers or department leaders and also the support from the staff they work beside. In 2014 these included Dr. Kara Dwight, Dr. Christian Inegbenije, Dr. John Joseph, Alf Wakeman, PA-C, pharmacist Mike Dudzik, nurse educator Starr Sweeney, Laboratory Manager Christina LaBrosse and many others.

Down East Community Hospital is honored that these schools, from near and far, entrust the training of their students to our staff and continue to utilize us as a learning resource.

Nancy Nguyen is from New Jersey. She is studying to be a physician’s assistant at the University of New England. She is doing her clinical rotation in our pediatric practice; she graduates in May.
Here at Maine Families our home visitors work with families whose children range from newborn up to age three. Our home visits cover a variety of topics including car seat safety. Parents frequently ask, "When can I turn my child forward facing?" and "What does the law say regarding my child and car seats?" Whenever we work with a family, we provide them with the most recent evidence-based information; this allows the family to make informed choices based on what methods work best for their needs and the needs of their children.

When it comes to car seats the research is clear, rear-facing is the safest way to ride in a vehicle. But the law doesn’t always keep up with the research. In the state of Maine:

- a child who weighs less than 40 lbs. must ride in a safety seat
- a child who is at least 40 lbs. but less than 80 lbs. and who is less than 8 years old must ride in a federally approved child restraint system
- a child who is less than 12 years of age who weighs less than 100 lbs. must ride in the back seat if possible

These are important statutes, but they leave a lot of room for interpretation which can result in unsafe or incorrect car seat usage. The National Highway Traffic Safety Administration reports that crash tests show us that children are, without question, safest rear-facing in the middle of the back seat. We have all seen one year olds growing fast and using their new long legs - stretching them up the back seat when they are rear-facing. Parents often worry about the feet and legs of their kids in the event of a crash. Although injuries are possible, it is important to remember that head or neck injuries are far more serious and more likely to cause lifelong damage or even death. The best practice to prevent head and spinal injuries is keeping your child rear-facing as long as you can and following the seat manufacturer’s instructions.

Our certified child passenger safety technicians at Maine Families work to make sure that all parents understand every step up in a car seat is a step down in the amount of safety it provides. A rear-facing seat is safer than a forward-facing seat, even when using the 5-point harness, which in turn is safer than a booster, which is still safer than no car seat at all. In fact, adults would be a lot safer too if they rode rear-facing in 5-point harnesses.

Do you have other car seat questions? Would you like to have your car seat checked to make sure it’s the right fit for your child? Give the child passenger safety technicians at Maine Families a call and we will be happy to help.

Do you work for an agency that transports children? Our technicians also provide educational opportunities for groups that would like to learn more. Give us a call to schedule a training.

Maine Families child passenger safety technicians can be reached by calling 255-0481.

Sources: Maine Bureau of Highway Safety and the National Traffic Safety Administration

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**Light A Life**

This year, the “Light A Life” celebration featured photos with DECH’s cast of “Frozen”, Santa and his Elf, face painting, crafts, and a hot chocolate bar. Interim CEO, Ralph Gabarro, welcomed everyone and thanked the community for coming out and supporting their hospital. Board Chair, David Whitney spoke of the history of Down East Community and unveiled the 2015 capital campaign to renovate and expand the hospital’s Emergency Department. Over $12,000 was raised through this event.

Lily Parr, pictured here with the DECH cast of “Frozen” was one of the many children who came to get their photo taken.
Women’s Heart Health

Heart disease affects more women than men and is more fatal than any other disease. Cardiovascular disease (CVD) is the leading cause of death of American women. A woman suffers a heart attack every 90 seconds in the United States. CVD caused approximately 1 death per minute among women in 2011. That represents approximately the same number of female lives claimed by cancer, chronic lower respiratory diseases, and diabetes combined.

If you think you or someone you know is having a heart attack, call 9-1-1 immediately. The good news is that if you seek help quickly, treatment can save your life and prevent permanent damage to your heart muscle. Treatment works best if given within 1 hour of when symptoms begin.

The first step toward surviving a heart attack is learning to recognize the symptoms.

The most common signs of heart attack in both women and men are:

**Unusually heavy pressure on the chest, like there’s a ton of weight on you**
Most heart attacks involve chest pain or discomfort in the center or left side of the chest. It usually lasts for more than a few minutes or goes away and comes back. It can feel like uncomfortable pressure, squeezing, fullness, or pain. It may even feel like heartburn or indigestion.

**Sharp upper body pain in the neck, back, and jaw**
This symptom can include pain or discomfort in one or both arms, the back, shoulders, neck, jaw, or upper part of stomach (not below the belly button). Pain in the back, neck, or jaw is a more common heart attack symptom for women than it is for men.

**Severe shortness of breath**
This symptom can come on suddenly. It may occur while you are at rest or with minimal physical activity. You may struggle to breathe or try taking deep breaths. Shortness of breath may start before or at the same time as chest pain or discomfort, and can even be your only symptom.

**Cold sweats, and you know it’s not menopause**
Unexplained or excessive sweating, or breaking out into a "cold sweat," can be a sign of heart attack.

**Unusual or unexplained fatigue (tiredness)**
Sudden and unusual tiredness or lack of energy is one of the most common symptoms of heart attack in women, and one of the easiest to ignore. It can come on suddenly or be present for days. More than half of women having a heart attack experience muscle tiredness or weakness that is not related to exercise.

**Unfamiliar dizziness or light-headedness**
Unlike in the movies, most heart attacks do not make you pass out right away. Instead, you may suddenly feel dizzy or light-headed.

**Unexplained nausea (feeling sick to the stomach) or vomiting**
Women are twice as likely as men to experience nausea, vomiting, or indigestion during their heart attack. These feelings are often written off as having a less serious cause. Remember, nausea and vomiting may be signs that something is seriously wrong, especially if you have other symptoms.

Risk Factors for Heart Disease

Know the risk factors that may increase your chances of getting heart disease.

- Alcohol
- High blood cholesterol
- Diabetes
- Diet high in saturated fats and cholesterol
- Family history of heart disease
- High blood pressure
- Obesity
- Physical inactivity
- Tobacco use

Talk to your doctor about how you can keep your heart healthy.