

Brewer
Center for Health & Rehabilitation

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Brewer Center ABI Newsletter

Brewer Center for Health and Rehabilitation,
74 Parkway South, Brewer, ME 04412
www.brewercenterrehab.com
ewhalen@nathealthcare.com 207-991-9349

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ABI Mission Statement

To create a better future for person's with acquired brain injury and their families through service provision, advocacy, education and prevention of further brain injury.

From the Administrator

By Tammy Leland

Happy Spring.... Summer.... Fall?????? This has been a roller coaster year thus far, weather included. Covid 19 has changed the way we live our lives, do business, and interact with others.

How has this affected all of us? We spend more time at home with our families. We spend time enjoying the outdoors, doing the chores that have been waiting for us for months, cooking homemade meals, and binge-watching television shows. But I mis-spoke: patients in healthcare facilities are not able to spend more time with their families, they spend no time with them. They are not able to spend time out and about enjoying the outdoors. They are quarantined to the building. TV.... yes, that is available, however, it is nothing different from any other time. Add to that situation a brain injury; it is difficult enough to maneuver through your day trying to relearn what was lost with the injury, let alone having everything about your life be inaccessible to you.

What have we at Brewer done for these patients with a brain injury to not only make it through this time, but to continue towards their goals? We have created a safe outdoor visitation plan where loved ones may make reservations to spend time (6 feet apart and with masks) together. Staff assist the patients with wearing masks and going for walks outside for fresh air and sunshine. Cookouts are held weekly, rotating from unit to unit, to allow the patients time to sit 6 feet apart, but together, and enjoy a variety of foods cooked on the grill while they watch. Staff assist the patients to have video or audio chats with loved ones each day. Providers, including counselors are also able to spend time with patients via ZOOM video conferencing. It is amazing what we can accomplish when we put our minds to it. We can even facetime a family member who wants to see a therapy session and learn how best to assist the patient once they return to the community.

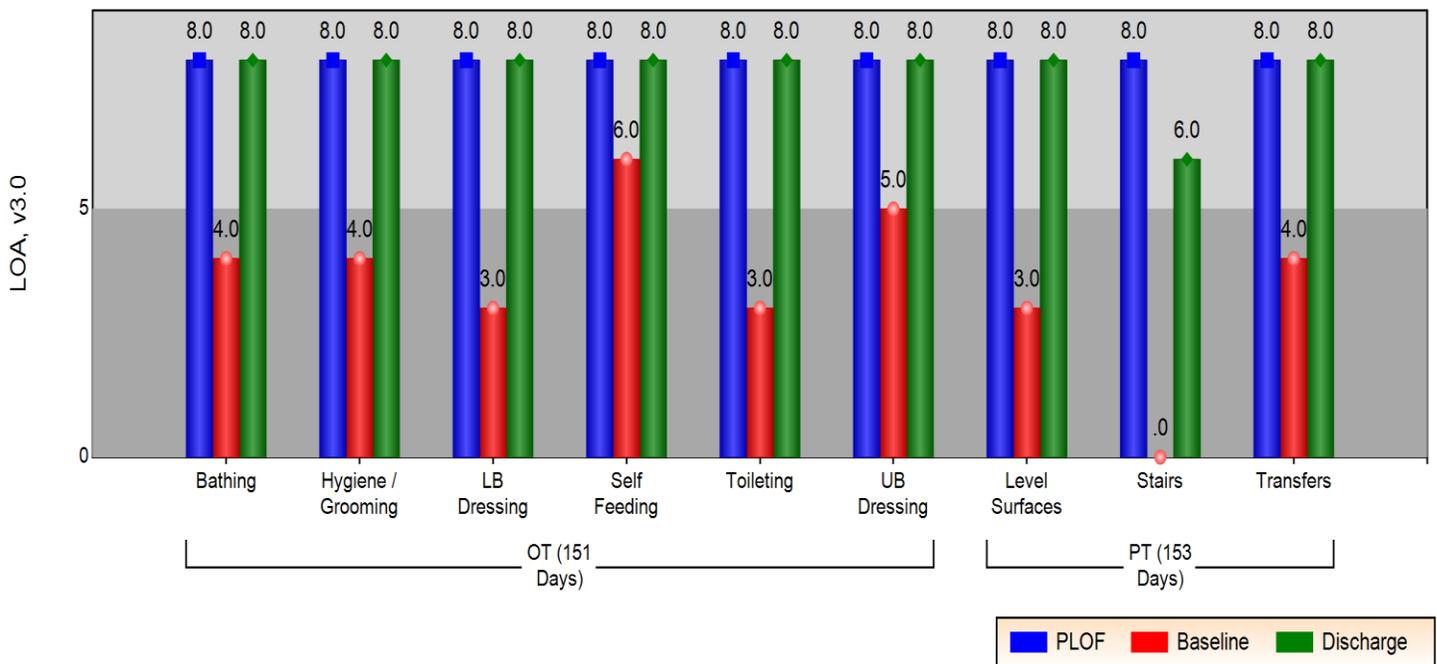
Even as we look forward to the return of "normalcy", we realize that what is normal, will be different from what was. We will continue to follow the recommendations of the CDC and DHHS as we do our best to do what is best for our patients under our care. We have successfully transitioned patients from the program during this time of COVID, and anticipate that these successes will be the normal in the future as well.

We would like to wish all of you a healthy and safe rest of 2020. Let's continue to do what is right for the patients we care about, as well as for ourselves.

Tamera Leland

Case Study

Study is on a 34 year-old male that was assaulted in the community, returned home and was hospitalized the following day when he was unresponsive. He underwent an emergency craniotomy with durotomy and subdural epidural drain due to large intracerebral hemorrhage in summer of 2019 at the hospital and had a complicated hospital course and did receive services in the acute neuro rehab unit. He was admitted to Brewer Center for Health and Rehabilitation's ABI program and was discharged almost 6 months later, returning home. He has a past medical history of ADHD, alcohol abuse, GI bleed, hiatal hernia, tobacco abuse, he had a CSF shunt that had complications in the hospital and was removed there. Prior to his injury he was completely independent with all areas of living and was working a full-time job. He was seen for PT services 5x/week for strengthening, balance training, gait training, electrical stimulation and therapeutic activity training. On admission, he was unable to perform dynamic standing balance challenges, he required min assist for transfers, mod assist for ambulation 75' with a hemi-walker, he was unable to perform stairs. At time of discharge, he had progressed to RLE strength to 3-/5 with e-stim treatment throughout his rehab course. Improved standing balance to good-, improved to independent for transfers and ambulation community distances with a straight cane. It was recommended that he have supervision outside. He received a R AFO that he wears during gait with good response and he was able to perform a full flight of stairs supervision with a rail. He received OT services 5x/week for self-care, e-stim, orthotics, balance training, and therapeutic activity training. On admission, he was feeding himself with supervision, min assist for hygiene, min assist for bathing at bedside, mod assist for dressing and mod assist for toileting at a commode. Following treatment before discharge, he was able to progress to RUE strength 3-/5 (was 0), improved meal preparation to supervision, medication management at supervision, supervision for tub bench transfers, independent for bathing, hygiene, dressing and independent for toileting. ST services were provided 5x/week for speech treatment. On admission he had mild problem-solving deficits and mild short-term memory deficits. He has having difficulty problem solving how to get assistance needed in his room and difficulty with remembering staff names. Upon discharge from speech services he was independent with memory and problem solving. He was demonstrating good techniques to allow him to be at home alone and be able to recognize emergency situations and knowing how to get assistance if needed. He scored a 20 on the MOCA indicating normal cognitive function. Patient was able to discharge home with his significant other to live at his prior setting with the use of a straight cane. He was to continue with neuro rehab at an outpatient brain injury setting.



From the ABI Program Director

By Lizzy Whalen

This has been a very surprising second quarter of 2020 for the ABI program. Now that Covid-19 is in full swing, we have adapted a lot of the processes in our facility. This includes the Brewer Brain Injury Support Group, which has gone virtual. The support group continues to meet every 4th Tuesday of the month. Despite the change to a virtual meeting, attendance has remained stable. Virtual meetings are beneficial, as people who would not be able to make the drive for many reasons, such as time constraint, distance, weather, or transportation can still attend our meetings. If you are one of the people who could not attend a support group meeting but wanted to, consider a virtual meeting. There are several days and times you can choose from as there are many virtual meetings occurring throughout the state and country. Even in the future when the meeting can return to an in-person meeting, I intend to keep the virtual option open to assist those who would benefit from virtual attendance.



Education/Information – COVID-19 Safety

By Bretney Sharp -Director of Nursing

The buzz and news coverage of COVID-19 may have slowed some but the risk is still alive. Though the numbers have declined and the curve appears to be flattening there is no denying that we need to continue to protect ourselves. If you're headed to the grocery store or to visit granny at the nursing home for an outdoor visit a mask is going to be a safe choice for protection, along with frequent handwashing and self-monitoring, these are your first line of defense against COVID-19. We continue to hear about social distancing and quarantine but what about wiping down your cell phone and avoiding large crowds, these are also good techniques for staying COVID free. The sound of "new normal" will make anyone cringe but is cleaning hard surfaces avoiding close contact and covering your cough really a bad thing? Truly everyone can benefit from practicing a little self-hygiene and taking others health into consideration. Three things to remember; 1) Stop touching your face, especially your eyes, nose and mouth 2) wash your hands after removing your mask or touching the key pad to all electronic check out areas 3) monitor your own health, if you're running a temperature or have a cough please stay home! COVID-19 may or may not be here to stay but protecting yourself is always going to be around.

Continued on next page



Guidelines on Wearing a Protective Mask In Public and at Work

Together We Will Beat Coronavirus



1. Coronavirus is transmitted in droplets



2. A protective mask lowers the risk of infecting and of being infected



3. In public and at work people must wear protective masks, at home there is no need



4. The type of recommended mask for the public: a regular mask or a home-made mask



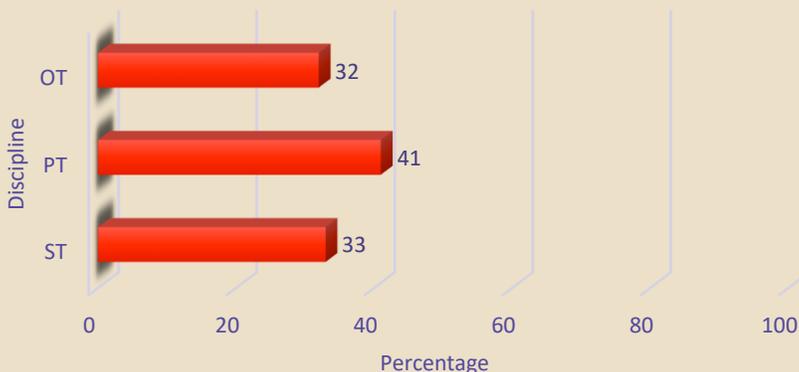
5. For a home mask, use densely woven cotton fabric that is not stretchy, (such as fabric of a percale or satin bed-sheet, folded into 3 layers)



6. It is important that the mask fit the nose and mouth tightly



% of Residents who Improved by Discipline Q2 2020



From Social Services By Sheila Chesley

Communication Changes after ABI:

People express themselves through communication verbally and nonverbally. Individuals who experience an ABI to the left hemisphere will typically experience difficulties with communication. Strained communications impact an individual's sense of self, their mood which can lead to depression and anxiety, their involvement with others which may lead to social isolation and challenging behaviors that wouldn't otherwise be present.

Our ABI program addresses the challenges for those impacted from communication deficits due to their brain injury. We provide intensive therapy by the team from Preferred Therapy Solutions who are located within our facility. The expertise of their speech therapists supports the assessment and treatment of communication problems, speech disorders, and swallowing disorders. The speech therapist works daily with patients that have been affected in this manner.

For mental health and behavioral concerns our program provides the expertise of a licensed clinical social worker (LCSW) from PCHC, a local community provider. The clinician who has a strong passion to help adults overcome trauma provides individual therapy services to most of our ABI patients. Patients benefit from this type of therapy as it empowers them to develop coping strategies and aids them in finding solutions to difficult problems.



Goals:

- Pass our virtual CARF accreditation survey in October
- Implement and train all ABI staff on certified brain injury specialist equivalent
- Continue outings – identify more Covid-19 safe methods/locations
- Keep ABI unit full

ABI Program Update:

- Completed a resource section in dining room for people to learn more about brain injuries
- Continuing to prepare for our CARF certification. Application has been accepted and we have a survey date in October
- Updated staff brain injury education training with new information, which has been approved by the Maine Office of Aging and Disability Services
- Continued Brewer Brain Injury Support Group virtually
- Adapted some outings for Covid-19 safe practices
- Several staff added additional credentials as Certified Brain Injury Specialists
- Created a new method of tracking patient progress and evaluating program effectiveness

Summary

Please send us any comments, observations, your opinion on the community need for ABI care and how we can better meet that need, and we will post it in our next newsletter.

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This section will list questions and answers from staff, providers, residents, families, other members of the community.

Question 1:

Answer 1:

Question 2:

Answer 2:

Questions 3:

Answer 3:

