



*Caring
for the
Community!*

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Reach For Good Health!

- JULY 2017 -

A newsletter from Redington-Fairview General Hospital

Ticks: Little Bug... Big Problem!

by Betsy Putnam, MT, RN, RFGH Infection Preventionist

Mention ticks these days and just about everyone has a story about ticks or Lyme disease. Of the 14 species of ticks in Maine, it's the tiny Deer Tick that causes the most problems with disease transmission. Deer Ticks may transmit Lyme disease, Anaplasmosis, Babesiosis, and Powassan.

In a 2016 report of tick-borne diseases in Maine (www.maine.gov/dhhs/mecdc/infectious-disease/epi/vector-borne/lyme/documents/Lyme-Legislative-Report-2017.pdf) the Maine CDC reported 1,439 cases of Lyme, 373 cases of Anaplasmosis, 6 cases of Babesiosis, and 1 case of Powassan. This is an across the board increase from 2015.

There is no preventative vaccine for any of the diseases transmitted by the Deer Tick. Though Lyme, Anaplasmosis, and Babesiosis can be treated with anti-infectives, there is no treatment for Powassan. These diseases can cause severe illness. Both Lyme and Powassan can have lasting effects.

Know Your Foe:

Deer Ticks pick up disease during a blood meal on an infected animal, later they can pass the infection on while feeding on another animal. Deer Ticks prefer mice, birds, deer, and other animals for their meals – but as many people can attest, a convenient human is certainly acceptable.

Ticks are susceptible to drying out and prefer territory that is shaded, brushy, and moist. Ticks are hitchhikers, though, and may show up in the home or just about anywhere their ride takes them.

Ticks do not hop, jump, or fly – they “quest” – they crawl up a blade of grass or down a tree branch to a leaf where they wait with front legs outstretched to grasp or drop onto a passing animal which they detect by sensing vibrations, body heat, or breath, and body odors. Once they are on an animal (generously called their host), the tick will crawl to a suitable place to attach with their mouth parts – preferring someplace warm, moist, dark, and where the skin is thinner.

According to the CDC, ticks must be attached for 36-48 hours for transmission of the agents that cause Lyme Disease and Babesiosis; and 12-24 hours for Anaplasmosis bacterium transmission. Though the tick attachment to transmission time for Powassan virus is not known exactly, studies suggest it is likely much shorter than for the Lyme bacterium.



continued on next page.

Ticks: Little Bug... Big Problem! (continued)

Controlling ticks is difficult since identification and eradication of infected animals is not possible and widespread use of pesticides is impractical and environmentally harmful. *The best tick-borne disease prevention is to avoid being a tick host and being bitten.*

When Outdoors:

- Light-colored clothing - ticks easier to spot
- Long sleeves, pants
- Close-toed shoes
- Tuck pants into socks and shirt into pants
- Bug repellent – DEET or Picardin recommended. Permethrin used on clothes only – don't forget shoes. The EPA has a repellent finder tool online at <https://www.epa.gov/insect-repellents/find-insect-repellent-right-you>.
- Don't forget your pets - protect them with flea and tick treatments and Lyme vaccine for dogs.

When You Come In from Outside:

- Do tick checks daily – don't forget your pets
- Use a mirror to help see areas on your back
- Look for ticks on clothing and remove any you find. If clothes need washing, hot water is recommended to kill ticks. You can also put clothes in the dryer on high heat for 10 minutes to kill ticks (if clothes are wet or damp dry longer).
- Showering may help wash off unattached ticks and it's a time you can do a tick check - *between toes, behind knees, between legs, around waist, inside belly button, under arms, behind ears, and along hairline.*

Tick Removal:

The goal is to remove ticks as soon as possible. The University of Maine Cooperative Extension has a lot of helpful information and diagrams on tick removal and identification at their website:

<https://extension.umaine.edu/ipm/tickid/>



Tweezer Method

Grasp tick with tweezers as close to skin as possible
Pull away up steadily until tick releases – don't yank or twist

(photos courtesy of the UMaine Cooperative Extension)



Spoon Method

Place spoon on skin and slide spoon forward to get tick mouth parts in narrow part of notch

Continue to slide spoon forward or pull up steadily until tick releases – don't yank or twist

- Do not apply heat to an attached tick or cover it with dish detergent, baby oil, petroleum jelly – these attempts may cause the tick to disgorge infectious material into the bite.
- Dispose of the tick by flushing down toilet or submerging in alcohol - don't squash it with your fingers. You can also put it in a sealed container, write the date on it, and save it for later identification if symptoms of illness develop.
- Clean hands and bite site thoroughly with soap and water, or rubbing alcohol.

When to Seek Medical Care After a Tick Bite

You should consult with your primary care provider if any of these symptoms occur after a tick bite:

- Expanding red rash
- Fever and Chills
- Yellowing of skin or whites of the eyes
- Weakness, confusion, loss of coordination, speech difficulties, or seizures
- Fatigue
- Muscle and Joint Pain
- Darkening urine
- Headache
- Facial Paralysis

More Resources Online:

UMaine Cooperative Extension: <https://extension.umaine.edu/ipm/tickid/>

Maine CDC: www.maine.gov/dhhs/mecdc/infectious-disease/epi/vector-borne/lyme

Maine Medical Center Research Institute Vector-borne Disease Lab: www.ticksinmaine.com

University of Rhode Island TickEncounter Resource Center: www.tickencounter.org

STEADY OT Fall Prevention Group

The RFGH Occupational Therapy Department is proud to announce that we now provide a group-based skilled therapy program designed to reduce the risk of falling in adults.

The STEADY (**S**upport, **T**raining, **E**xercise, **A**ctivity, & **D**etermination **Y**ields **R**esults) program educates patients on many factors that have been shown to increase the risk of falls in adults and possible ways to combat and address those factors.

This program consists of a formal therapy evaluation followed by 12 weeks of group therapy. Incorporating techniques supported by research, the program has been designed with evidence-based practice in mind.

Community members are encouraged to discuss any concerns regarding falling or history of falling with their medical providers and seek referral to the STEADY OT Fall Prevention Group as appropriate. Patients who may require one-on-one direct therapy, or those seeking treatment of a specific musculoskeletal condition, would likely benefit more from referral to individual therapy and not this group program.

The STEADY program will address general strength, balance, functional mobility, and agility. Training will be provided in adaptation for daily activities, home modification, and education in available community programs for wellness and safety.

STEADY fall prevention therapy is intended to improve overall wellness and reduction of fall risk despite co-morbidities or compounding factors.



For referrals, please send provider script indicating “OT Fall Prevention Therapy” and appropriate corresponding diagnosis (factor contributing to increased risk of fall and/or ICD-10: Z91.81 - history of falls/at risk for falls as appropriate) to:

Rehab & Fitness Services

Phone: (207) 474-7000

Fax: (207) 858-4772

For info: Meghan Fortier, OTR/L
(mfortier@rfgh.net)

Celebrating 100 Years of Occupational Therapy!



2017 RFGH OT DEPARTMENT: *(from left to right)*

Kathryn “Katy” Richardson, OT; Lillian “Tab” Bronson, OTA;
Mary Taylor, OTA; Meghan Fortier, OT; & Jenna Dinsmore, OT

At RFGH, Occupational Therapy plays a diverse and integral role in patient care across domains and throughout the lifespan. Members of the RFGH OT group are highly talented generalists, performing many needed duties and roles to serve the members of our local community. Occupational Therapists are trained to address the many complex and interconnected aspects of human performance that may be contributing to impairment including: emotional/behavioral, cognitive, sensory, perceptual, and motor/physical domains.

New Providers at RFGH

Megan Bell, MSN, WHNP, FNP



**RMPC/
Norridgewock
Health Center**

*a department of
Redington-Fairview
General Hospital*

87 Mercer Road
Norridgewock

(207) 634-4366

Audie Horn, Jr., PA-C



**Skowhegan
Family
Medicine**

*a department of
Redington-Fairview
General Hospital*

RFGH Office Suite 334
46 Fairview Avenue
Skowhegan

(207) 474-6201

Megan Bell is a nurse practitioner certified in family medicine and women's health. A graduate of Husson University, Ms. Bell earned her post Master's certifications from UMass Boston and the University of Cincinnati. She is a member of the American Association of Nurse Practitioners and the Maine Nurse Practitioner Association.

Audie Horn is a fully licensed and certified physician assistant with a focus on primary care. Mr. Horn is a graduate of the University of Texas Medical Branch, Galveston, Texas; and a member of the American Academy of Physician Assistants and Downeast Association of Physician Assistants.

Please join us in welcoming these new providers to the RFGH community!

RFGH Certified Lactation Counselors



Dr. Marya Goettsche-Spurling
and Alison Ramsdell, RN
(Skowhegan Family Medicine)



Julie Wacome, MA
(Redington OB/GYN)



Carol Haulk, RN
(Redington OB/GYN)

We are proud to announce that eight RFGH employees have recently received the Certified Lactation Counselor (CLC) designation from the Academy of Lactation Policy and Practice.

This designation allows for more comprehensive, evidenced-based support of our breastfeeding mothers and babies, in the inpatient and outpatient settings.

**Congratulations
to all for this
achievement!**



Karen Harrington, RN; Ashley Pottle, RN; and
Lacey Butters, RN (RFGH Birthing Center)



Janneke Strickland, RN
(RFGH Birthing Center)

Gust Stringos, DO, Named Maine's Family Physician of the Year!



Gust Stringos, DO, has received the 2017 Maine Family Physician of the Year Award given by the Maine Academy of Family Physicians. This award is given annually to a family physician who meets these qualifications:

- Provides his/her community with compassionate, comprehensive and caring medical services on a continuing basis.
- Is directly and effectively involved in community affairs and activities that enhance the quality of life of his/her home area.
- Provides a credible role model as a healer and human being to his/her community, and as a professional in the science and art of medicine to colleagues, other health professionals and especially to physicians in training and medical students.

Dr. Stringos is the Medical Director at Redington-Fairview General Hospital (RFGH), an occupational medicine provider at RFGH's Health Connections, and a primary care provider with Somerset Primary Care (a department of RFGH). He is board certified by the American Board

of Family Medicine. A graduate of the University of New England College of Osteopathic Medicine, he completed his residency at Maine Dartmouth Family Practice in Augusta. He has been practicing medicine in Skowhegan since 1989.

Congratulations Dr. Stringos!

Amy Caldwell, PA-C, Earns Specialty Credential in Emergency Medicine!



Amy L. Caldwell, PA-C, an emergency department physician assistant at Redington-Fairview General Hospital in Skowhegan, has been recognized nationally for earning a specialty credential called a Certificate of Added Qualifications (CAQ) from the National Commission on Certification of Physician Assistants.

Caldwell was recognized for having earned a CAQ in Emergency Medicine, a distinction earned by meeting licensure, education, and experience requirements; and then passing a national examination in the specialty. She is one of 13 physician assistants in Maine to earn a CAQ in emergency medicine since the program's inception in 2011.

Congratulations on this achievement Amy!

Boudreault Graduates with Pharm D



Congratulations to Renee Boudreault on earning your Pharm D degree from the University of New England!

She has been a pharmacy technician at RFGH since March 2012. She will be missed in the Pharmacy but will be busy completing a Pharmacy residency at MaineGeneral Medical Center in Augusta starting in late June. Renee is the daughter of Sandy Boudreault from Nutrition Services and Mark Boudreault from EMS.



John Comis, DO Earns Board Certification

Congratulations to Dr. Comis for passing your Emergency Medicine Boards!

Dr. Comis is a graduate of the University of New England. He completed his internship and residency at Eastern Maine Medical Center. Dr. Comis is board certified in Family Medicine and Emergency Medicine.

RFGH Med/Surg Nurse Preceptors



Christy Brown, BSN,RN; Chaney Wahl, ADN, RN; Kristen Quimby, ADN, RN; Nicki Welch, ADN, RN; Michelle Hopper, ADN,RN; Kayla LaBrie, BSN,RN; and Kim Baiko, ADN, RN

Congratulations to these Med-Surg Nurses for completing the Maine Nursing Preceptor Education Program offered by Lunder-Dineen Health Education Alliance of Maine, on May 11, 2017. These nurses represent some of the preceptors for the Graduate Nurses hired at RFGH.

Thank you all for participating in this program and your willingness to precept our new Graduate Nurses.

Reconsider the EGG

By Patricia Sprengel, MS, RD, LD, RFGH Nutrition Services Director



An egg, specifically the egg yolk, is one of the most nutrient-dense, antioxidant-rich, and vitamin-laden foods on the planet! Whole eggs contain protein, calcium, iron, phosphorus, zinc, thiamin, B6, folate, pantothenic acid, and B12. In addition the yolk contains all of the fat soluble components: vitamins A, D, and E; along with omega 3 fatty acids, Choline, and the antioxidants lutein and zeaxanthin. One large egg has 6 grams of protein, 5 grams fat, 75 calories and 186 mg. of cholesterol. Eggs vary in size from medium to jumbo; eggs graded large are the standard size preferred in recipes. Eggs have been associated with heart disease risk as a result of their high cholesterol content. However, a solid body of research shows that for most people, moderate egg consumption of up to one egg per day is not associated with increased heart disease risk in healthy individuals.



Spring Vegetable Frittatas

Ingredients:

4 ounces fresh asparagus
1/2 (8-oz.) package cremini mushrooms, sliced
1/2 small yellow onion, sliced
2 tablespoon olive oil
1/2 teaspoon cracked black pepper, divided
8 large eggs
2 ounces crumbled feta cheese

How to Make It:

Preheat oven to 375°. Cut asparagus into 1-inch pieces, discarding tough ends, slice mushrooms and onions.

In a 10-inch nonstick, ovenproof skillet over medium heat, sauté mushrooms and onions in 2 tbs olive oil for 2-3 minutes, add asparagus pieces and continue to cook 2-3 minutes or until vegetables are tender; stir in 1/4 tsp pepper.

Whisk together eggs and remaining 1/4 tsp pepper. Add eggs to skillet. As eggs start to cook, gently lift edges of egg with a spatula, and tilt pan so uncooked portion flows underneath. Cook 2-3 minutes or until almost set. Top with crumbled feta cheese.

Transfer pan to the oven and bake frittata at 375° for 16-18 minutes or until slightly browned and puffy. Serve immediately. Makes 4-6 servings.

Nutritional Information based on 4 Servings:

247 Calories, 16 grams Fat, 5.5 grams Carbohydrates, 15 grams Protein, 158 mg Sodium, 372 mg Cholesterol

The risk of heart disease may be more closely tied to the foods that accompany the eggs in a traditional American breakfast. Foods that include trans fats and saturated fat such as bacon, sausages, ham, stick margarine, and some baked goods, can raise bad cholesterol levels and increase your risk of heart disease and stroke.

According to **2015 US Dietary Guidelines**, cholesterol is not a nutrient of concern for overconsumption. The advisory panel has decided to eliminate warnings about dietary cholesterol, which for decades has been wrongfully linked to heart disease. Some research does support the continued restriction of eggs for people who have diabetes and heart disease.

Eggs aren't just for breakfast, they make a super-simple, inexpensive, nutritious and delicious lunch or dinner. Frittatas and omelets can make a satisfying meal and both prove to be a great way to use up leftover veggies!

Omelets are usually a single serving made with 2 to 3 eggs; they are made entirely on the stove top and the eggs are folded around the fillings. Frittata is an egg based Italian dish similar to an omelet or crust-less quiche. The word Frittata is Italian and means fried.

Frittatas are cooked in a cast iron pan or oven-safe skillet because they are started on the stovetop and then finished in the oven. Unlike omelets, frittata fillings are mixed in with the eggs in the pan rather than folded in the center. To make a frittata, 8 to 12 well-beaten eggs are cooked on the stove in a hot skillet, along with the fillings, for a few minutes until the outer edges are set. Then the pan is transferred to the oven where the eggs finish cooking. While omelets are typically made to serve just one, frittatas can serve an entire family, and can also be eaten hot or at room temperature. Large frittatas are cut in slices to serve.

AARP Driver Safety Course

Refresher Course for Drivers 50 and older

Thursday, July 20

10:00 am - 2:30 pm

RFGH Conference Room #4

Space is limited.

**Please call Dana Berry at 431-2800 to
register for this program.**

Skin Cancer

Prevention & Early Detection

Thursday, August 10

5:30 - 7:00 pm

RFGH Conference Room #1

Presented by

Paula Schoenthaler, RN, CEN, OCN
RFGH Oncology Nurse

Jim Fortunato, TTS-C
RFGH Community Health Educator

**Please call 207-858-2318 for more
information and to register**

For more information about this newsletter, please contact Carol Steward at 207.474.5121, ext. 2319.

Redington-Fairview General Hospital publishes the opinions of expert authorities in many fields; but the use of these opinions is no substitute for medical and other professional services to suit your specific personal needs. Always consult a competent professional for answers to your specific questions.

RFGH is an independent, critical access community hospital, located in Skowhegan, Maine. RFGH has provided quality, comprehensive health services to the residents of Somerset County since 1952. A member of the Maine Hospital Association, RFGH offers community-based primary care, pediatric care, surgical and specialty services, and 24-hour emergency medical services.

The RFGH family includes: Redington Medical Primary Care, RMPC Norridgewock Health Center, Somerset Primary Care, Redington Family Practice, Skowhegan Family Medicine, Redington Pediatrics, RMPC Endocrinology, RMPC Geriatrics, Redington Urology, Redington Gastroenterology, Redington Neurology, Redington OB/GYN, Redington Orthopedic Surgery, Redington General Surgery, Rehab & Fitness Services, and Somerset Sports & Fitness.