Recognizing the Stars of Gaylord: Donors & Caregivers

“Dear Mr. Kyriacou,”

My father was a recent patient who passed away at Gaylord … I want to commend your entire staff from doctors, nurses and the support team for their compassion, sensitivity and humanity. In particular Dr. Eileen Ramos who was smart and direct and one remarkable nurse, Stephanie Levatino. She was compassionate and caring. On my father’s final day she was beyond exceptional! If there were more Stephensies our health care system would be doing so much better…”

Continued on page 4

Larry Moulter recognizes Stephanie Levatino

David Warren recognizes Dr. Moe, Diane Giglio, and the Lyman 1 staff

Lois Garlan recognizes Tim Kilbride

Portrait of a Star: An Interview with Stephanie Levatino, RN, BSN

Dynamo clinician and Star Recognition employee Stephanie Levatino is just one of the many exceptional nurses and staff who make a profound difference in our patients’ lives every day.

It’s said that you’re a natural, passionate nurse. What sparked the nursing bug in the first place?

Even as a kid I knew I’d be a nurse. While my friends were pretending

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November 2014, Gaylord became the only facility in the state to be accredited by the independent Commission on Accreditation of Rehabilitation Facilities (CARF) for these three areas of expertise:

- Comprehensive Inpatient Rehabilitation Programs
- Spinal Cord System of Care
- Stroke Specialty Program

We love to earn praise from people who know us well: patients, family members and donors such as you. It is our privilege to also tell you when objective outsiders – whose job it is to know when an organization has done an outstanding job – similarly recognize how well we care for our patients.

Here are just a few of the comments CARF surveyors made – showing why Gaylord was awarded these coveted accreditations.

Overall, our rehabilitation division demonstrates “exemplary conformance to CARF’s high standards.” This is because Gaylord staff “listens to patients and families with the ears of their hearts.”

Our comprehensive spinal cord injury education manual demonstrates “our team’s deep empathy with persons facing spinal cord injury, through the inclusion of the medical director’s poetry, which reflects on the alliance between the person served and the treatment team.”

The “scope and intensity of the programs of our Sports Association for persons with disabilities are remarkable” – all the more so because “we fund these programs through fund-raising.”

Our “patient-centered philosophy” is very extensive – throughout the hospital and grounds.

For all of the accreditations, please see the list in the right column.

This is a comprehensive list of our CARF Accreditations:

Inpatient Rehabilitation Programs (Adults)

Inpatient Rehabilitation Programs (Children and Adolescents)

Inpatient Rehabilitation Programs: Spinal Cord System of Care (Adults)

Inpatient Rehabilitation Programs: Spinal Cord System of Care (Children and Adolescents)

Interdisciplinary Outpatient Medical Rehabilitation Programs: Spinal Cord System of Care (Adults)

Interdisciplinary Outpatient Medical Rehabilitation Programs: Spinal Cord System of Care (Children and Adolescents)

About This Issue:

Contributions is produced by the Gaylord Development Office, which can be reached at 203-284-2881 or gaylorddevelopment@gaylord.org.

Articles in this issue were written by: Katherine L. Kraines
Joy Savulak
Carolyn Edwards woke up panicked.

Even before opening her eyes, the 36-year-old sensed that she was terribly late for work. As she scanned her surroundings, she was shocked to find herself in an unfamiliar hospital-like room. The numerous cards, signed rugby t-shirts on the walls, and stuffed animals surrounding her indicated that she’d been there for quite some time. But instead of worrying about the circumstances that brought her to that room, Carolyn only felt relief.

“I thought, ‘Phew! They must know I’m here!’ I couldn’t imagine jeopardizing my job.”

Years earlier, Carolyn discovered her “dream job” as a Manchester EMT where she enjoyed helping others in their time of need. But as she was driving her motorcycle to work one day last May, it was Carolyn, herself, in need of rescuing.

The impact of the crash launched Carolyn’s body off of the bike, onto the other vehicle’s windshield, and into the air before landing on the ground 58 feet away.

For weeks she lay in a semi-comatose state. Carolyn’s list of injuries and subsequent complications read like a page from a medical journal: Traumatic brain injury, brain bleeds, pneumonia, sepsis, a stroke, two fractured ulnas, a dislocated radius, multiple tears and strains in her knee. A clot in her right carotid artery blocked blood flow to the right side of the brain. Respiratory failure required intubation, and she received nourishment from a feeding tube. Her elbow was practically locked in place by the extra bone that grew as her shattered arm healed.

After regaining full consciousness, Carolyn undertook a demanding regimen of physical, occupational, and speech therapies. She recalled scoffing at the wheelchair brought to escort her to her first session.

“I thought, ‘Why did they bring a chair? I was convinced I could walk but didn’t realize how weak I was until I tried to stand.’”

Throughout her rehabilitation, Carolyn said that she and her fellow patients were constantly “bombarded” with praise from employees all over the hospital. “You couldn’t walk by the therapy gym without overhearing someone say ‘Good job! You’re going farther than you did yesterday!’ They’re very quick to praise even the slightest improvement.”

Carolyn credits the staff’s encouragement, expertise and tenacity with her rapid rate of recovery.

“I remember my occupational therapist, Meg. She taught me how to dress myself again. She’d teach me and then sit back and expect me to do it right. She’d never let me get away with doing things sloppy or looking ridiculous. If I forgot to brush my hair or my teeth, she’d tell me something was wrong and ask questions to prompt my memory.”

Several weeks later Carolyn walked out of Gaylord Hospital to go home, fulfilling a goal she had set.
The Star Recognition Program: *A Donor on the Care of his Father*

**Dear Mr. Kyriacou,**

*continued from page 1*

Weeks after losing his beloved father, Larry Moulter sent these heartfelt words along with a generous financial gift in honor of Dr. Ramos and Stephanie Levatino to the attention of hospital President and CEO George Kyriacou.

Larry’s 85-year-old father Raymond had suffered for years from a number of respiratory issues including COPD and lung cancer. When his health began to decline in late 2012, his pulmonary specialist and Gaylord consulting physician Dr. Brett Gerstenhaber recommended that Raymond be admitted to Gaylord for rehabilitation. Not long after his arrival it became evident that Raymond was approaching the final stage of his illness. Raymond and his family decided to forgo aggressive treatment and rehabilitation in favor of end-of-life comfort measures.

“When I think about the health care system in general it’s impersonal and hard to manage,” said Larry. “But our experience with Gaylord was anything but that. Here’s an instance where the whole thing worked out exactly the way it’s supposed to.”

Larry explained that during his father’s stay he and his family were “enveloped and cared for” by the “most remarkable” people including Dr. Eileen Ramos whom he recognized in his letter.

“Her bedside manner was unlike any I had ever experienced. She was attentive and sensitive to what my dad and our family were experiencing. She was nothing but kind and supportive.”

The family became especially fond of nurse Stephanie Levatino, an “angel” with a “calm spirit,” who spent much time supporting Raymond and his family in his final weeks. Larry recalled how Stephanie would continue to talk cheerily to Raymond even after he slipped into a coma.

“She was convinced that dad could still hear her and encouraged us to keep talking to him as well. It was always about making sure that my dad and our family were at ease.”

As Raymond’s condition declined, family members flew in from around the country to say their final farewells. After a days-long bedside vigil, the weary family decided to grab a quick bite to eat at a local restaurant.

“Stephanie promised to stay by his side while we were gone,” he softly reflected. “Soon after we left he died peacefully with Stephanie holding his hand.”

“She was there in a good, honest, supportive way when she needed to be. You can’t put a price on that. I know Dad appreciated it very much, too. When he could no longer say thank you he’d express it with the squeeze of his hand or a twinkle in his eye. He knew he was in a special place … and it was the staff – like Dr. Ramos and Stephanie – who made it that way.”

**During his father’s stay he and his family were “enveloped and cared for” by the “most remarkable” people.**
to be princesses I’d be playing doctor or patching up their dolls. My great-aunt was a nurse at St. Raphael’s and she was my light and inspiration. She always told me ‘you have it in you.’ She saw a caring, empathetic quality in me that’s perfect for a nurse. So I guess you can say nursing is in my blood!

**What attracted you to Gaylord?**

I came to Gaylord in 2005 working as a CNA while I was in nursing school. After graduation, I stayed in Rhode Island and worked in a hospital for three years dipping my toes in ER and ICU nursing. When I came back to Connecticut three years ago, I knew I belonged at Gaylord. It’s a great experience because I can spend more time with my patients. Their length of stay is longer than on the acute side so I enjoy watching the patient grow and I have more time to establish a nurse/patient bond.

**What are the rewards of your job?**

You know, a lot of my friends say, ‘You’re a nurse, you make good money.’ But really what we as nurses get out of it is helping other people. There’s no price you can put on that.

My life has been encompassed by nursing. When my colleagues and I are off of work, we’re constantly thinking of our patients. Sometimes you even dream about them. I want to make sure I do something every day that is going to make a difference. If I can make someone feel more comfortable and breathe better or position them so that they’re not in pain for a while, then my day has been a success.

**Tell us about a pivotal moment that defined your career here at Gaylord.**

I remember taking care of one patient every day for many, many months. They said he would never walk again. He faced complication after complication and finally left our facility to go to a long-term rehab center. A few months later, he came back to visit me. I couldn’t believe my eyes as he was walking down the hallway towards me. He took my hands and said, “You made this happen.” That story still brings tears to my eyes. It was probably the most satisfying day of my career.

**What is it like to walk into a patient’s room?**

It’s not easy to be a patient. They’re severely compromised, completely dependent on others and they’re away from their families in a new environment. So I try to be a positive healing presence. When I walk into that room I always have a smile and set the atmosphere for the patient. Some of my patients call me “Bubbly Steph”! It’s taking their hand and making them feel welcome and building that trust not just with the patient, but making sure their family understands that their loved one is in good hands.

**What would Connecticut be without an organization like Gaylord?**

Gaylord has helped so many in terms of rehabilitation. A personal friend of mine is a quadriplegic and Gaylord enabled him to live at home independently. Every day I see patients coming in on stretchers and weeks or months later many of them leave walking. It’s because of the advanced, strenuous rehabilitation we provide. It’s a second chance at life.

**How did it feel to know that you were nominated with a star?**

I was honored and humbled to be recognized with a star. It’s heart-warming to know that I am fulfilling the oath I took as a nurse and that I am making a real difference in the lives of the patients and families I care for. It’s not about the recognition – yes, I am very appreciative – but it is about having the opportunity to do what I love to do every day. I am a caregiver.⭐

*Thanks to the Moulter family for their kind words and donation to Gaylord.*
Maria Holmes is a certified nursing assistant on Lyman 1 who has worked at Gaylord since May of 2009. Maria has received the most stars of recognition in the Stars Program – from six patients – all of whom are grateful for her care. She speaks three languages including Polish, German, and English and her goal is fairly straightforward: to “keep my patients satisfied and feeling better.”

_Where were you born?_

I was born in Poland when it was under communist rule. The part of Poland that I lived in was originally part of Germany. But after World War II, when the country was divided up, it became part of Poland. When I was 24 years old, I left Poland to visit my uncle who lived in Germany. I made it across the border and never went back. My family knew I was going to do this and my mother told me to do the best I could.

_How did you happen to come to the U.S.?_

I worked in customer service for a plumbing company and I took vacations once a year in Florida with some friends. One day there were three of us, all women, playing golf and a single man behind us asked if he could join our group. That is how I met my husband, who was a widower, in 2000 and I came to live permanently in the U.S. after we were married in 2006.

_Did you plan on becoming a CNA?_

I’d always been independent and had my own money, so I started looking for jobs after I was married. But it wasn’t easy to find office work. Instead, I began working for a company that offered homemaking and companion services. I was in a private home with a woman who was getting treatments twice a week from a visiting nurse. That nurse suggested I go to school and become a nurse’s aide. So I followed her advice and went to school and graduated as a CNA. I had several different job offers but the best offer was from Gaylord.

_What do you like about your job?_

Everything! I like to work with people and because I used to work in customer service I know it is important to satisfy the customer. At Gaylord, we have a different kind of customer. You know when someone is sick – that is hard enough – and by the time patients get to Gaylord they have a long journey behind them. So I try to do some special things to make them happy. The second shift is sometimes quiet so I have extra time to spend with my patients. I try to keep my patients satisfied and feeling better! I want them to know that somebody cares.

_What does working at Gaylord mean to you?_

It means so much when I see patients improve and get better. It’s personally satisfying knowing I have accomplished my mission after eight hours (she also picks up extra hours whenever possible). Sometimes I just cry with patients. One patient I was working with, when I first came to Gaylord had fallen off a ladder in his yard and couldn’t move from the neck down. Another patient had been in a car accident and he couldn’t move anything at first but he walked out of the hospital. It’s like magic and it makes me so happy and satisfied to see patients improve. When you know you’ve helped someone it’s like moving the world!

_Do you have any insights?_

You have to have the right mind set for this kind of job. It is important have some kind of devotion to what you are doing and to love what you do. For me, it is important to do a good job and there is no short cut. Everyone decides for himself or herself how much they will put into their job.

_How do you feel about affirmation from your patients?_

It is very satisfying when somebody says thank you. Sometimes my patients try to lure me away

Continued next page
Dr. Brett Gerstenhaber is a pulmonologist and a clinical assistant professor of medicine at Yale who has been in private practice in Hamden, CT, for 36 years. His involvement with Gaylord began about 20 years ago when a member of the board of directors told him they were looking for a community physician to serve on the board and do some additional work seeing pulmonary patients. Dr. Gerstenhaber later served as the medical director of the Pulmonary Program for a number of years. He continues to see patients at Gaylord on a rotating basis and in 2013 and 2014 he donated stars via the “Recognize a Star Program” to the Pulmonary Program and its staff.

Why did you choose to donate stars to the Pulmonary Program?

I think it is important to recognize that the Pulmonary Program has made significant improvements in the delivery of many diverse services that they weren’t offering before. The program has become a Center of Excellence for the Passy-Muir speaking valve and they are also a Center of Excellence for Vapotherm, which is a new and unique way of delivering high flow oxygen therapy. I think that the program is on the forefront and cutting edge of respiratory care.

What is the spectrum of pulmonary patients at Gaylord?

The spectrum of diagnoses is extremely diverse and there is no limiting factor. The unifying factor is the severity of disease. Patients have either advanced COPD or pulmonary fibrosis or they are recovering from a severe exacerbation of one of these diseases. If they’re on a ventilator it may be as a result of COPD, pulmonary fibrosis or trauma, not necessarily pulmonary trauma but surgical or motor vehicle trauma. There is a wide spectrum of issues that can result in a patient being in the Pulmonary Program.

What do you think about the Pulmonary Program staff?

For me, the pulmonary staff is a constant source of support and education. It is a very reciprocal relationship, we are always teaching each other new things. The program also has a very cohesive and caring staff. I continue to be very impressed with the leadership and the ability of staff to follow through and correctly learn and master new techniques. They’re able to teach these techniques to the students and residents who float through and then the staff deals thoughtfully with patients on a one-to-one basis. I think they do a tremendous amount of work for an underserved population with multiple medical complications that are often hard to get a handle on. I am always happy to support Gaylord!

Seeing Stars

D r. Brett Gerstenhaber is a pulmonologist and a clinical assistant professor of medicine at Yale who has been in private practice in Hamden, CT, for 36 years. His involvement with Gaylord began about 20 years ago when a member of the board of directors told him they were looking for a community physician to serve on the board and do some additional work seeing pulmonary patients. Dr. Gerstenhaber later served as the medical director of the Pulmonary Program for a number of years. He continues to see patients at Gaylord on a rotating basis and in 2013 and 2014 he donated stars via the “Recognize a Star Program” to the Pulmonary Program and its staff.

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Healing with Horses

Every day for 18 years Nina Gunn, an employee of Gaylord Hospital’s Information Technology Department, witnessed first-hand the debilitating effects that a stroke can wreak on its unwilling victims.

“Never in a million years did I think it could happen to me,” she said, “and certainly not at the age of 36. I was young. I was a mixed martial artist, a belly dancer, a massage therapist. I was in the best shape of my life.”

But a previously undetected congenital condition had silently weakened the walls of Nina’s arteries. The resulting stroke left her visually impaired, and facing a serious challenge to her mobility. It took her a year to move from wheelchair to walker to cane. Therapy, including outpatient rehab at Gaylord, put Nina back on her feet but didn’t completely resolve her strength and balance problems.

Nina longed to return to her active lifestyle but her doctors strongly cautioned against it, citing a 70% chance of recurrence. It was simply too risky, they warned.

“I didn’t know what I was going to do with myself,” Nina explained. “When I started walking again my friend suggested that we go visit her horse. I used to ride as a kid and as soon as I set foot near the stables I fell in love again,” Nina recalled.

What Gifts Can Do: Making Possible the Healing with Horses

“I can still feel his snout. It lifted my spirits and made me feel like I could do anything.”

—Nancy Rossi, Gaylord Patient

Getting Back into Sports Helped Save My Life: An Interview with Physician, Veteran & Athlete Brett Sloan

Brett Sloan, MD, is a dermatologist at the University of Connecticut Health Center and is an associate professor at UConn’s medical school. His work also includes clinics with Veterans Administration in Newington and he is an assistant clinical professor with the Yale School of Medicine.

In 2000, Sloan was stationed in Greece with the U.S. Air Force when a mountain biking accident resulted in a serious injury that eventually lead to the amputation of his right leg below the knee. He faced a difficult recovery and over the past three years the Gaylord Sports Association has helped him to re-engage with the athletic lifestyle he loves as a paratri athlete. Sloan shares his story in the interview below.

How did your accident happen?

It was 2000, and I was 32 years old and stationed with the U.S. Air Force in Greece. One day I was mountain biking with some friends on a mountainous road when a car sideswiped me. I swerved, tried to regain my balance and ended up falling down a cliff, which is what caused my injury. My right leg had an open fracture of the tibia and fibula. I had the choice of going to Athens or Germany for surgery and I chose Germany. But it took over 36 hours for the Air Force to get me there. Probably as a result of the delay in surgery, I ended up with a bone infection.

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Overwhelmed, he tried to organize his thoughts but he couldn’t piece together what had happened. He knew where he was and the familiarity of the ER was at once frightening and comforting. “In the ER part of me was terrified and the other part was grateful and relieved. There were people there that I trusted who were going to take care of me,” Lee said. “Being a patient in your own ER is a scary experience!”

Earlier that night, while playing music with friends, Lee suddenly lost control of his left arm and began slurring his speech. Unseen and unfelt, a spontaneous arterial dissection, a slight tear in the lining of an artery, caused a blood clot that traveled to the right side of Lee’s brain resulting in a stroke. A neurologist and two emergency room nurses were in his group of friends and they immediately recognized his symptoms. They called 911 and Lee was rushed to the hospital. Now, as he lay in the ER, it felt like someone had drawn a line down the middle of his body cutting it in half; his right side was intact but his left side was paralyzed from head to toe.

Lee was an ER physician, EMS instructor and associate research scientist in the Department of Emergency Medicine at Yale. He’d recently started a PhD in investigative medicine and was an avid athlete who loved the outdoors. Just weeks before the stroke he ran his fastest marathon. Now life was inexplicably out of control. “I was in total denial,” he said recalling that fateful night. “I had no idea why I couldn’t move and couldn’t imagine it was a neurologic injury.”

Lee’s parents, sister Carol, and girlfriend Jill soon arrived and took shifts by his bed in the ICU. A week later Lee was physically ready for the next step in recovery but he was emotionally still in shock and the future appeared daunting. Then his neurologist, who was a trusted friend and peer, recommended going to Gaylord Hospital for rehabilitation.

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There is More to be Proud of!

We also want to tell you a few more things which Gaylord has been recognized for recently. Our Respiratory and Speech Departments are leading the way in the country: Gaylord has been awarded the status of Center of Excellence for demonstrating consistent best practice use of two devices critical for the care and treatment of our ventilator-dependent patients.

To liberate patients from the vent we often gradually shift more of the breathing workload from the ventilator to the patient and take the patient off the ventilator for increasing periods each day. To assure a maximum chance of success, we turned to the Vapotherm Precision Flow because it delivers gas at body temperature and humidity, something which is important since the body’s natural humidifier, the nose, is bypassed with tracheostomy patients.

Gaylord is the first, and now only, Vapotherm Center of Excellence in the nation. Learn more at http://www.vtherm.com/gaylord-hospital.

Our Respiratory Therapy and Speech Therapy departments were also awarded the Passy-Muir Center of Excellence for our success with our trached patients using the Passy-Muir speaking valve – a device which literally gives them a voice, and allows them to speak. Gaylord is one of only twelve in the country to be so recognized.


Flu Father Campaign Wins Gold

In 2013 Gaylord’s Public Relations and Marketing Department was awarded gold by the 31st Healthcare Advertising Awards in recognition of our Flu Vaccination Promotion with FluFather Campaign. The ad is shown on the next page. Those included in the competition are our peers, such as the Smilow Cancer Center, Yale-New Haven Hospital and Geisinger Health System, among others.

The award is given by the Healthcare Marketing Report Publications Group in Atlanta, GA. As they say: “It was thirty one year’s ago that this national competition began its efforts to recognize the field of healthcare marketing and advertising. We are the oldest, largest and most widely respected healthcare advertising awards. A national panel of judges has granted awards to those entries that exemplify exceptional quality, creativity and message effectiveness.”
Not Just a Cold

Pulling the blanket tightly around her shoulders, Nancy shifted uncomfortably in her recliner. A nasty cold had laid her low and she felt utterly exhausted. It was a little hard to breathe and a crackling sound was coming from her chest, but she wasn’t worried. A few of her co-workers had been sick recently and it had taken a long time for some of them to recover.

Nancy lived with her sister, Sue, and when Sue came home from work that evening she found Nancy slumped in the chair, lethargic and having trouble breathing. At first she tried to get Nancy into bed but when that didn’t work, she called 911. Nancy only recalls the EMTs putting her on a stretcher and someone saying that she had double pneumonia. As the ambulance raced toward the local hospital she slipped from reality; beginning a journey that she would only piece together two months later.

The long road back…

As Nancy slowly began surfacing from the coma, she floated between moments of reality and bizarre hallucinations. Tubes came from almost every part of her body and machines beeped near her head. She was physically and emotionally battered from weeks of illness.

Accolades from a Patient

Nancy Good looked into the video camera positioned next to her hospital bed and put her hand over the Passy-Muir speaking valve in her neck as she spoke. Recovering from a life-threatening bout with the flu, Nancy wanted to share her story as a warning and a plea. It was a way she could give back and if she could save just one person’s life it would give purpose to the trauma she’d endured. Read Nancy’s story below. See her video at http://bit.ly/NancyandFlu

A vibrant and healthy 58-year-old, Nancy worked for the past 18 years at the front desk of a large hotel. But when she contracted the H1N1 flu it moved quickly into her lungs causing double pneumonia. Unfortunately, she hadn’t gotten a flu shot and had no immunity to H1N1. Now she was in the hospital and the ventilator couldn’t push enough air into her damaged lungs. Her life hung in the balance. Then, after a week in the ICU, Life Star flew her to a large urban hospital. There she was put into a medical coma so an ECMO (extracorporeal membrane oxygenation) machine could take over pumping oxygen into her body. She was on the ECMO for more than two weeks, unaware of where she was or what was happening to her.

Twice her doctors tried unsuccessfully to get her off the ECMO machine. They told her they could try one more time and if it didn’t work… there was nothing more they could do. But the third attempt worked! Nancy spent several weeks slowly regaining strength and finally was well enough to be transferred to Gaylord. But the thought of another hospital and a new set of caregivers made her very anxious.

Perhaps it was having some of Gaylord’s respiratory therapists jockey to ride with her in the ambulance to Gaylord or perhaps it was being told by the medical staff that she was a miracle or maybe it was simply the delicious beef medallions for lunch. But as Nancy settled in, she decided being at Gaylord was much better than she’d hoped.

That evening a respiratory therapist was able to fit her with the Passy-Muir® valve so she could speak while still on the ventilator. Excited to talk for the first time in months, Nancy immediately called her sister, Peggy Bartram, the manager of Gaylord’s pulmonary program, visited her the next day.

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Sports Helped Save My Life
continued from page 8

What happened in the following years?
The next ten years were an agonizing time. The infection prevented the fracture from healing and it was about a year before I could bear weight on the leg. I had an external fixator placed twice, then an internal plate with a bunch of pins. My leg wasn’t very functional or stable, and it was painful and swollen. I couldn’t exercise, which was very difficult. I’d been very active before the accident. I had about 15 surgeries over those ten years and I was battling persistent bone infections. The medications were only suppressing the infection and I was becoming resistant to the antibiotic. My whole body was trying to fight the infection and it was running me down.

How was the decision made to amputate the lower part of your leg?
The infection was still below the knee but it was obvious that the antibiotic wasn’t keeping the infection in check and it was creeping up my tibia. If it continued to move up, my whole leg would be in danger of being amputated. If I wanted to keep the rest of my leg there really wasn’t much choice. My right leg was amputated below the knee in 2009.

How did you become involved with the Gaylord Sports Association?
I read something online about how the Sports Association was training challenged athletes to do triathlons. I was swimming and biking so I thought why not try running? I contacted Gaylord and they signed me up! I had a running blade from the VA and I started trying to run. It was hearing about the Sports Association that got me into things. The Sports Association helped me to train and got the paratriathlon team summer memberships at the YMCA. I also train with the team online where we share our experiences and training status.

My first experience was the Madison Triathlon and I was going to swim as part of the relay. But the water was very rough and they cancelled the swim portion. I happened to have my running blade in the car and I’d only been running for a couple of months. So instead of swimming that day, I ran the 5K in the triathlon. The next year I did the whole triathlon.

Has getting back into sports helped you?
Oh yes! It has helped immensely. I think it saved my life. For the ten years I was fighting the infection I was irritable and a little depressed. But now I feel that when you overcome something like this you feel like there is nothing you can’t do! Getting involved with the Sports Association helped me really get back into athletics and have training goals. I’ve now done a number of other triathlons including doing the Madison Triathlon three times.

Has engaging with other challenged athletes been encouraging?
It is amazing! I never considered this perspective until it happened to me. I look at some of the other disabilities and challenges that people are dealing with and I feel like what I am dealing with is nothing.

Unfortunately, I don’t know a lot of other amputees so it is hard to share amputee stories. There are unique things that are part of the life of an amputee. Issues like how do I drive a car or take a shower? What happens if I have to get up in the middle of the night?

Did being a doctor affect your experience?
In some ways it was worse, because

Continued on the next page
I was used to being in charge and caring for people. Being the patient is a total role reversal. Suddenly, I was dependent on other people to care for me and do the right thing. As a doctor, I knew too much. You know how you should be treated in every aspect, not just the medical but the psychosocial aspect as well. Simple things like waiting for your doctor and no one telling you he is running late. This experience has made me a better doctor in terms of compassion. Compassion really helps you to relate to your patients.

As a dermatologist, I now have extended expertise in managing the skin issues that occur with an amputation. Some problems include wounds, skin breakdowns, problems with sweating (you wear a lot of rubber with amputations), issues of hair growth, and so forth. There are lots of issues. Before I lost my leg I had no idea of the skin issues that amputees face. You have to understand the skin, the mechanics of a leg, what kinds of liners and socks you are using, what to use at night, what to use for sweating. There are lots of questions that open up a whole new perspective with an amputation.

As for the future, life is about adjusting to change. For me, looking forward is always better than looking back!

Not Just a Cold, continued from page 11

and Nancy plied Peggy with questions until she understood the timeline and details of her illness. The simplest part of the story she could remember – at one point she was in an ambulance and the next she was having terrible dreams. As Nancy described the hallucinations in sharp detail, Peggy explained that they were the result of all the medications used to save her life.

Feeling safe…

Just five days after arriving at Gaylord, Nancy was weaned from the ventilator. And for the first time in months she felt safe and protected. But it was hard to sleep when she thought about how close she’d come to dying. A few days later she began to grapple with feeling exhausted and overwhelmed. Peggy explained that she was experiencing some PTSD from being in the hospital so long. Her physical therapy for that day was cancelled and Peggy offered Nancy the option of talking with a therapist. But Nancy knew what she needed most. She was homesick. She called her family and later that day a friend visited and they talked for several hours. Having the day to rest and connect with family and friends was restorative and gave Nancy the emotional energy to move forward.

When she was strong enough to be released from Gaylord, Nancy went to a nursing home for further rehabilitation and then home. Life is now back to normal and she is without question planning on getting her flu shot this year! Before battling the flu, it never crossed Nancy’s mind that not getting a flu shot could result in a life or death battle. Grateful that her recovery was a miracle, she made a short video while at Gaylord about the importance of getting a flu shot. It was a way for her to give back and she said if her message could save just one person’s life it would give purpose to everything she’d faced. Nancy’s video: http://bit.ly/NancyandFlu

Gaylord Staff, continued from page 3

for herself one month before. It was then that Carolyn learned about the “Recognize a Star” program. Inspired to honor her “fabulous” caregivers like Meg with a gift to Gaylord, she quickly drew up a lengthy list of staff who touched her life.

“So far, I’ve given eight stars,” she said, “but I still have 32 more and counting! Everyone is too phenomenal. Whatever Gaylord’s HR department does to hire such incredible staff is spot-on!” she exclaimed.

Included in her growing list, she said, is her speech therapist Stefanie who armed her with memory tips and the many staff and nurses who took care of her in Gaylord’s Milne Pavilion. “I have absolutely no memory of them caring for me, but I know they were great. I still stop by on my way to outpatient therapy to give them a hug.”

Carolyn continues to receive Gaylord outpatient occupational and speech therapies twice a week where she is making incredible strides in her recovery.

“Gaylord didn’t just put me on the path to getting my life back to where it was,” she explained. “They literally helped me walk a good deal of the way along it.” ★
Healing with Horses, continued from page 8

She said, has done wonders for restoring much of her strength and balance – and her peace of mind.

“Just being around a horse is therapy itself. Horses are magical. There is so much about them that is healing. If you have fears they help you get over those fears. They have the same kind of sensitivity that humans have. They can tell if someone has been through something traumatic … they’re that sensitive.”

Nina recalled a conversation she had with a friend as they walked through the stables. “I was saying that many Gaylord patients could benefit from horse therapy. I knew right then and there that my new mission was to somehow make horses accessible to them.”

She immediately contacted the Gaylord Hospital Sports Association, a donor-supported organization that encourages people with severe physical disabilities to participate in sports and recreational activities – activities that are just as vital to their psychological and social well-being as they are to their physical wellness. With the support and financial backing of the Sports Association, Nina’s dream began to materialize.

On October 18, 17 horses and dozens of Nina’s friends from the Cheshire Horse Council gathered on the bucolic grounds of the Gaylord campus. That afternoon more than 50 patients came to pat and interact with the horses, participate in “paint-a-horse” and hoof painting therapeutic exercises, and watch therapeutic riding demonstrations.

Though weakened by cancer treatments and recurring infections, Gaylord patient Nancy Rossi was thrilled when her nurse offered to wheel her bed outside so she could meet the horses. It was an experience she described as “heavenly.”

“He was a beautiful thing, that horse. I enjoyed him very much. He came right over and nuzzled me. I can still feel his snout. It lifted my spirits and made me feel like I could do anything.”

Tony Sarmento, who had suffered a motorcycle accident only weeks earlier, was surprised when a black and white horse named Lucky Boy suddenly turned and stared at him through the crowd of patients.

“Everyone said he liked me … maybe because I grew up around my grandfather’s horse in Portugal. He came up to me two or three times and kissed me on the nose; I really enjoyed it.”

Nina recalled observing several members of the Horse Council as they sat and talked with a patient who was recovering from the injuries she sustained from falling off her own horse. “It was a tear festival for all of them as she sat there stroking the horse. It was a deep, healing moment.”

“As much as the patients enjoyed the day so did the horse owners,” Nina said. “I kept getting texts after they left saying that it was a life-changing experience. At the end of the day I, myself, cried. It was the most fulfilling thing I’ve ever done.”
Feeling Whole, continued from page 9

Overcoming Obstacles. Rehab begins...

The morning after Lee arrived at Gaylord, clinicians from physical therapy, occupational therapy and speech therapy assessed his status. Within hours, a physical therapist was teaching him how to use a wheelchair and an occupational therapist shared some simple ways to compensate for the paralysis. The damage from the stroke made it difficult for him to focus and multitask, so a speech therapist scheduled sessions to begin strengthening these skills. Being surrounded by a supportive rehab team made Lee eager for the intensive, daily therapy sessions. “The initial shock had worn off, and I wanted to get going and get better!”

Throwing himself into therapy, Lee quickly made progress, which helped him combat his fears about the future. “I went from being completely paralyzed to all of a sudden standing and taking a few steps. It happened within a few days of getting to Gaylord,” he said. “I thought maybe therapy wouldn’t be so hard and that I might be back to normal in a couple of weeks. Of course, that isn’t how it works, but that was how fast my progress was initially.”

Step by step...

As Lee continued to improve the next step was transferring to Traurig House, located on the hospital’s campus, where he could practice daily living skills and continue therapy at the hospital. At first, this wasn’t an exciting option. “I was resistant to going because as an inpatient you’re catered to and your focus is getting better,” he said. “I felt like I was going to lose all of that security by going to Traurig and I didn’t understand how it could help me.”

Once at Traurig Lee found it difficult to connect with the other patients. “To be honest,” he said. “I was angry and I didn’t want to talk to anyone.” Then Jill, his girlfriend, suggested that he engage the other residents by observing them as a physician. The familiarity of that role and Jill’s prodding inspired Lee. “I started talking to people and tried to observe their physical movements and motor deficits and even their cognitive deficits,” he said. “I wanted to get a good sense of each person.” As he began initiating conversations he was relieved to find that his medical skills were still intact. And he quickly realized that being around other patients with similar issues provided a ready-made support group.

For example, his left hand hadn’t recovered and he needed practice pulling out his wallet and then a credit card with just one hand. Being in public also helped him to overcome the embarrassment he felt about his physical limitations. “I am so glad I went to Traurig,” he said. “I now realize that I would have been totally unprepared to go home. I really needed that transitional time.”

Continuing to persevere...

After being discharged, Lee returned to Gaylord for several months of outpatient therapy. He attributes much of his recovery to the rehabilitation he received at Gaylord and support of his family and friends. “Ultimately,” Lee said, “It is the people you meet at Gaylord that get you through all of this.” With his friend Kelly from his therapy group, Lee recently started a support group for brain injury survivors and their families in Guilford.

Lee admits that coping with loss has been difficult and that many days it is a moment-by-moment choice to keep going. Rejoicing in his successes and being willing to try things in new ways have been important lessons. Lee’s also learned that he is more resilient than he’d ever thought possible. This past winter he went snowboarding using adaptive equipment and he joined Achilles International with the goal of running again.

Gait and balance continue to be issues, and Lee doesn’t know if he will regain use of his left hand. But four years after the stroke, he’s returned to his position at Yale and he recently passed the qualifiers for his PhD. “It’s reaffirming to know that I can do this and it feels so good,” he said. “It makes me feel like a whole person again!”
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