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HEALTHY CONNECTIONS

THE QUARTERLY NEWSLETTER OF COMMUNITY HEALTH CONNECTIONS

FALL 2010



Commonly Used Acronyms from the Office of Developmental Programs

- AE**
Administrative Entity
- BIP**
Behavior Intervention Plan
- FSS**
Family Support Services
- ID**
Intellectual Disability

(Continued on page 2)

“The Big Reset”

By: Mary A. Nau, Director

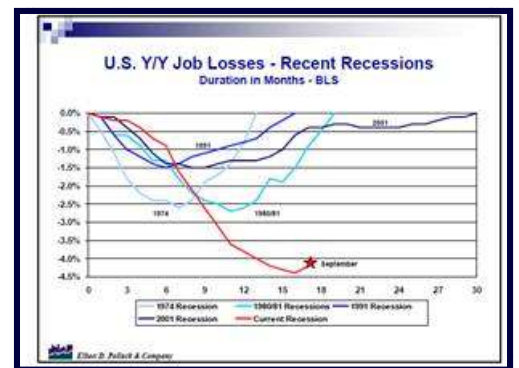


It wasn’t good news that we heard from Special Speaker Nancy Thaler, but it was valuable news that will affect everyone one of us in the decade ahead. At a powerful speaking event and with her national perspective, Ms. Thaler outlined a landscape for our service system that she foresees as inevitable. It will not be our choice, but our reality; “It will happen.” she said.

The reality, she explained, is that the federal and state governments will no longer be able to afford the types of residential programs familiar to us today. The profile of supports must move decidedly from the institution/group home model to in-home

supports. This is the growing nationwide reality resulting from the proscriptions brought about by a struggling economy.

What is the basis for her bold and sobering prediction? First, the current recession (red line on graph below), when compared to



recessions since 1974 (remainder of lines on graph), show how deep the current recession really is. Based on past recovery trajectories, our current economic malaise will take at least ten years to show “anything that looks like a true recovery.” Public funds simply will not be available to sustain the

(Continued on page 2)

(Continued from page 1)

MA

Medical Assistance

ODP

Office of Developmental Programs

PROMISe

Provider Reimbursement and Operation Management Information System (in electronic format)

SIS

Supports Intensity Scale

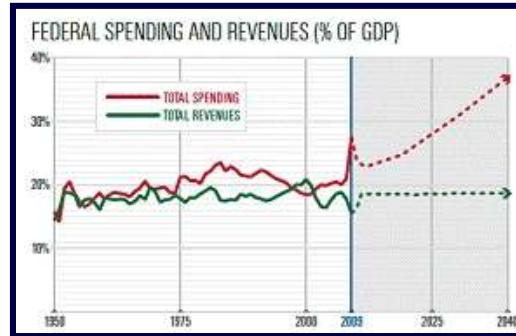
TBI

Traumatic Brain Injury

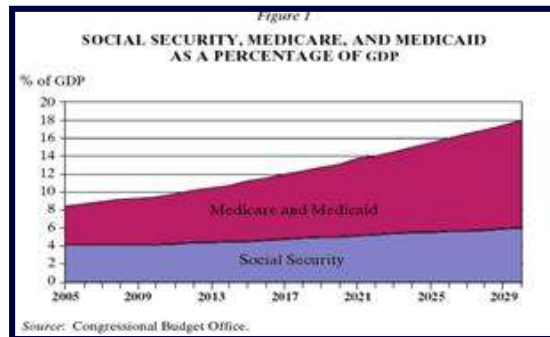
Please watch for more acronyms in the next issue.

current system because not enough people in the private sector will be working to pay the taxes required to sustain the public sector.

Adding to that sobering fact is that current federal spending is dramatically outpacing revenues collected (graph below).



Illustrated here is the need for cuts in spending to keep our nation solvent. Furthermore, healthcare costs (Medicare/Medicaid graph below) continue to



increase. Our system is dependent on these funding sources. When these costs grow out of control and outpace other big

government programs like Social Security, they become a necessary target for cuts.

Adjustments through spending cuts and tax increases won't be good enough this time around. "We are forced to think about" Nancy admonishes, "how to do business differently." For those of us in the human services field, "we won't have a choice."

How will we do business differently? What will it look like? How will necessary services be delivered? While there is not a perfectly clear answer to each of these questions, there are answers that will emerge from our own creativity and ingenuity. As more and more people will be living with their families and living with their families longer, our role will be to learn how to support them where they live. "We'll be challenged to share responsibility with families." We will need to receive "more training in Family Dynamics, Conflict Resolution, and develop more community resources. We'll need to learn how to support the person's self determination in the context of family life." One of Ms. Thaler's final questions for us to consider is, "How much and what kind of support do we provide so that when a 'bed' is available, the person and the family say "Never mind, we are having a great life!"

CHC Offers New Resource for Team Struggling with Challenging Behavior

By: Cheryl Parker, Behavioral Health Consultant

As the economy continues to flounder, so do State and Federal budgets; this often requires that we "do more with less." More and more frequently, Support Coordinators and Program Specialists are asked to develop detailed plans to address challenging behavior. Hoping to help, CHC has developed a tool called "Anatomy of a Behavior Plan."

Tips and information collected from State requirements and the most effective approaches are included in portable "flip cards" that are easy to understand and follow. Also included with the cards is a copy of an assessment and planning tool developed by CHC, available for anyone who would like a copy.

In addition, we are currently developing a training called "Demystifying Challenging Behavior," which will offer participants information and practice in assessing and planning for the needs of those who struggle to communicate their concerns and often present with behavior we find challenging.

For more information regarding training, this resource, or any others, please contact Community Health Connections at www.hcqu.org or (724) 283-0990.



Suitcases Bear Important Message

By: Cheryl Parker, Behavioral Health Consultant



For patients at the Willard State Hospital in New York and numerous other State hospitals across the U.S., existence was one of isolation from loved ones and communities as people were deemed “unfit” for life outside of the hospital. Eventually, many languished and died, then were buried in unmarked graves. Soon thousands were forgotten by the communities that had turned their backs with no memorial left behind.

In 1995 Willard State Hospital closed after 126 years, but before lessons of our history could be lost forever, 400 suitcases were discovered in the attic, about 100 of which seemed to have all the contents originally carefully packed by their owners.

Following the closure of Willard, the suitcase discovery became inspiration to Darby Penney and Peter Stastney as they embarked on a journey of discovery, seeking to learn about the people who had long ago packed those suitcases. Penney and Stastney enlisted the help of photographer, Lisa Rinzler and after several years of research and painstaking documentation they emerged with an exhibit, first seen in New York State Museum in 2004 which saw 600,000 visitors. Since that time a book has also been written, “The Lives They Left Behind: Suitcases From A State Hospital Attic,” and the exhibit has been seen in other locations, including a display in September 2010 at the Frick Fine Arts Building in Pittsburgh.

Through Mental health America and the collaboration of several other groups, the exhibit was brought to our area along with the exhibit “Abandoned America,” a display of photographs taken in abandoned State Hospitals by Matthew Murray. The Murray photographs feature various poems and quotes highlighting the sad and haunting history belonging to the now dilapidated buildings. Through Murray’s lens, we are able to capture a glimpse of what life may have been like behind those walls and imagine the thousands of people we abandoned in these once opulent, overcrowded estates and buildings. From the gothic exteriors to the now empty hallways inhabited only by weeds and decay, a sense of overwhelming sadness and curiosity fills the viewer.

Curiosity about the people who were forced to live in such places can be quelled upon examining the Willard Suitcase exhibit. Through the exhibit, we are able to read the stories of people not so different from ourselves, who were labeled in some way as “ill,” and left to languish until death, then buried in unmarked graves. The lives of patients are displayed through photographs and images of personal belongings and hospital records, giving a rare glimpse at who some of these people truly were. Viewing these “patients” as brothers, sisters, mothers...ourselves, allows us to make personal the story of their lives and see people as more than a psychiatric label. This is perhaps the most impressive feat of the Suitcase Exhibit; it reveals individual people while shedding light on our history so that we may never repeat the mistakes of the past. We have come a long way from those days, but this journey is not yet over and remembering the lost owners of the suitcases restores our commitment to learn from our past and remain humble as we move forward, aware that the people we serve across the human service spectrum are people first, like you and I.

For more information on the Willard Suitcase Exhibit, visit <http://www.suitcaseexhibit.org/> and to view Matthew Murray’s “Abandoned America,” go to <http://www.abandonedamerica.org>.

Retrain the Brain with Mirror Therapy

(Credit: Consumer Reports, onHealth, December 2009, Volume 21 Number 12)



Insights into the brain’s ability to repair itself have revolutionized stroke rehabilitation. In mirror therapy, a patient hides a damaged limb behind a mirror, so when she moves the healthy limb it looks like the damaged one is moving. That stimulates brain regions responsible for the affected limb, encouraging movement.

Interruptions During Medication Passes

By: Carol Oslosky, RN; HSC

On April 27, 2010, Medpage Today discussed an article in *Archives of Internal Medicine*. The article discussed a 2006-2007 Australian study on the effect of interruptions during medication passes. The results warrant some serious considerations to all who administer medications whether in a hospital, group home, or family members.



The study revealed when nurses are interrupted while administering medication, the risk of procedural failure and clinical error significantly increases. This study showed that the more interruptions occurring, the higher the likelihood for a procedural or clinical error to occur. Procedural failures included mistakes such as failure to read a medication label or check patient identification--action that might lead to a clinical error. Clinical errors involved mistakes that included wrong drug, wrong dose, and wrong strength or medication.

Interruptions were shown to occur more than half the time. With three interruptions during one administration, the procedural errors occurred at a rate of 85 percent and clinical errors nearly 40 percent.



What do we need to think about from this study? Here are a few suggestions.

- If possible find a quiet place (maybe close the door) when preparing medications.
- If there is more than one staff present, the one not passing meds should always manage everything else unless an emergency occurs.
- Explain to the person you are administering medication to the importance of avoiding interruptions and ask for their cooperation.
- Ignore phone calls. Turn the answering machine on and let the cell phone calls go into voicemail.
- When you are interrupted always go back to Step 1.
- Keep yourself focused. You know best how to do that. For example, you might speak each step out loud or change the sequence--or if available, summons your coworker to handle the distraction.

Remember, if you are not the person passing medications, it is important that you accept responsibility for handling all other situations. Don't get involved in an activity that you can safely walk away from at this time. On the other hand, if you are the person passing meds, get it done in a safe and timely manner then get on to other tasks requiring your assistance.

Drug Related Deaths on the Rise

(Adapted/excerpted from Consumer Reports onHealth magazine, Sept. 2010, Vol. 22 No. 9)

The U.S. Food and Drug Administration received 19, 551 reports of death linked to prescription and over-the-counter drugs last year, a 14 percent increase compared with 2008. The table below lists six of the drugs associated with the most deaths. If you (or those you support) take any of them, don't stop on your own, but do ask your doctor (or individual's doctor) if they are safe to take:

Resiglitazone (*Avandia*)

Type 2 Diabetes	1,354 deaths
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Increases the risk of heart failure and possibly bone fracture, heart attack, and stroke.

Acetaminophen (*Tylenol & generic*) and acetaminophen with hydrocodone (*Vicadin & generic*)

Pain	635 deaths
------	------------

Even the modest overdoses can cause severe or fatal liver damage.

Digoxin (*Digitek, Lanoxin, & generic*)

Atrial fibrillation, heart failure	506 deaths
------------------------------------	------------

Even small overdoses can be fatal.

Fentanyl (*Duragesic, Fentora, & generic*)

Severe pain	397 deaths
-------------	------------

A powerful narcotic linked to accidental overdoses and abuse.

Oxycodone (*Oxycontin & generic*) and oxycodone with aspirin (*Percodan & generic*)

Severe pain	251 deaths
-------------	------------

Powerful narcotic linked to accidental and intentional overdoses and abuse.

Quetiapine (*Seroquel*)

Bipolar disorder and schizophrenia	248 deaths
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Increases the risk of sudden cardiac death.

HCQU Happenings

To register, please visit our website at www.hcqu.org or call (724) 283-0990.

Psychotic Disorders: Diagnosis, Symptoms, and Treatment

Presented by: Gregory Cherpes,
MD

Date: November 18, 2010

Time: 1PM - 3PM

Location: The CDC - Butler, PA



Social Event: Movie: Radio

Date: December 2, 2010

Time: 6PM - 8PM

Location: Whole Life Services -
Hermitage, PA

*Join us for an evening of socializing
with the people you support.*

**Training credit will not be given
for this event as it is a community-building activity.**



Cerebral Palsy and Aging

Presented by: Dr. Carl A. Cullig, MD

Date: November 19, 2010

Time: 1PM - 3PM

Location: Legacy Banquet &
Conference Center - Mercer,
PA

The Past, Present, and Future of Public Health

Presented by: John P. Bart, DO

Public Health Physician

Date: December 9, 2010

Time: 9AM - 11AM

Location: The CDC - Butler, PA

Choking, Gagging, and Coughing...OH MY!

HCQU Nurses Receive Certification in Dysphagia Disorder Survey

Recently, all six CHC HCQU nurses traveled to Columbia University in downtown Manhattan to take an intensive course in the study of identifying swallowing issues in people with intellectual and developmental disabilities. They are the first nurses in Pennsylvania to receive this certification in the Dysphagia Disorder Survey and Dysphagia Management Staging Scale. The first stage in managing dysphagia and the associated medical and behavioral problems is to identify those people who have the disorder. The Dysphagia Disorder Survey is conducted to differentiate those people who have dysphagia and unsafe eating behaviors from those who do not. The survey is not a clinical dysphagia evaluation in itself. Those people who are identified by the screening as having an eating or swallowing disorder should have a clinical assessment to confirm that there is a disorder and to determine what clinical and nutritional interventions are needed. The survey requires the person to eat several bites of foods that are of different consistencies and have a liquid. The HCQU nurse then observes for signs of inappropriate chewing and swallowing. After the evaluation is complete, the agency will receive information regarding the results. This new free resource will be included in Intensive Technical Assistance completed by Community Health Connections, and can also be done by agency request. To learn more about the survey and management or to schedule a survey at your agency, contact us at (724) 283-0990.



HCQU Nurses



Natalie Symons to Present at the YAI International Conference

Natalie Symons, Clinical Services Coordinator for Community Health Connections, has been accepted to speak at the YAI International Conference in NYC this May. She will be speaking on behavioral manifestations of medical conditions.

Six Reasons Why People Drink Soda and 16 Reasons to Give up Soda!

By: Margie Fend, RN; HSC

Did you know United States ranks first among countries in soft drink consumption? Did you know that the average American consumes approximately 57 gallons of soft drinks a year? Here is a list of reasons why people drink soda:

1. Taste--Many find soda to be delicious and drink it with every meal (even breakfast!).
2. Soda is everywhere--Vending machines, checkouts, fast food chains, billboards, schools, and even sporting events!
3. Drinking soda can become a habit--Making a special trip to the store or stocking up.
4. Soda is cheap--Less expensive compared to fruit juice, milk, and some brands of bottled water.
5. Quenches thirst--People assume that soda quenches thirst, but that is most likely the worst time to drink soda because that is when there is the least amount of saliva in your mouth. Saliva neutralizes the acid and helps keep teeth clean.
6. Caffeine--Caffeine can be addictive, making it a hard habit to quit.

Here are some strong reasons why **not** to drink soda:

1. No nutrition--It can add up to be a lot of calories with no nutrition benefits.
2. Weight Gain and Obesity--Drinking just one soda a day can lead to 1 pound of weight gain a month. Studies found that for each additional can of soda consumed, the risk of obesity increases 1.6 times.
3. Diabetes--Anything that promotes weight gain increases the risk for diabetes. Americans with Type 2 Diabetes has tripled from 6.6 million in 1980 to 20.8 million today.
4. Risk for Osteoporosis--Drinking soda in place of calcium-rich milk puts you at risk for osteoporosis.
5. Dental Caries and Erosion--Soda is the most acidic beverage and can be responsible for dissolving tooth enamel causing tooth decay. Soda's acidity makes it worse than the solid sugar in candy.
6. Kidney Problems--Research has demonstrated that large amounts of cola consumption can result in enhanced kidney stone formation.

7. Increase Blood Pressure--Experts suspect that overconsumption of fructose (in soda) can lead to increased blood pressure.
8. Metabolic Syndrome--Drinking soda can be a significant risk factor for a combination of symptoms such as high blood pressure, obesity, high cholesterol, and insulin resistance known as metabolic syndrome.
9. Harmful Effects on Liver--Some evidence shows that consuming too many soft drinks can increase your risk for liver cirrhosis similar to that of chronic alcoholics.
10. Heartburn--Consuming soft drinks can be a strong predictor of heartburn.
11. Impaired Digestive System--The Ph level in soda is 2.5 (about the same as vinegar) but the sugar content disguises the acidity. Soda is closer in Ph to battery acid, which is a 1 compared to water at a Ph of 7.
12. Dehydration--People assume that soda quenches thirst--actually it can make you become thirstier because caffeine acts as a diuretic.
13. High Caffeine Content--Soda is a major source of caffeine. High doses of caffeine can cause irritability, restlessness, tension, insomnia, irregular heartbeat, high blood pressure, excessive urination, and other side effects.
14. Aspartame--Despite U.S. FDA approval as "safe" food additive, aspartame, is the most dangerous substance added to foods and drinks. There are over 92 different health side effects associated with aspartame consumption!
15. Possible Cell Damage--Sodium benzoate (preservative E211) is found in Fanta and Pepsi Max has the ability to cause cell damage.
16. Replaces Healthy Alternatives--Replaces healthier drinks which cuts the consumption of milk, fruit juice, and most importantly, water!

Carole M., Bobbie S., Chris K., and Mary Jane J. from UCIP Springboard drinking water.



Aging and Family Lifesharing

By Amy Simon, RN; HSC

The aging process can be an uneventful period in some people's lives, and it can also be a process that can have complications; such as, disease, cancer, and mental health changes.

I recently had the privilege to speak with Ms. Janet Flanders, a Family Life Provider, surrounding her thoughts around aging with the people that she helps support. Below are some questions and Ms. Flanders' answers regarding her thoughts about aging and what she believes is important as she ages as well as the people who she supports.



Ms. Janet Flanders

Amy: *What issues do you think you would see in regards to aging with the people that you support?*

Ms. Flanders: Right now he is very healthy. In my experience I do see him slowing down. Eating habits and personal care habits are changing.

Amy: *What type of assistance do you think you will require as the people you support age?*

Ms. Flanders: He will need assistance with bathing and dressing. As his eating habits change, he may need assistance with his meals.

Amy: *What type of supports in your home do you think may be of benefit as you age and the people you support age?*

Ms. Flanders: Respite care may be a needed assistance. Visiting nurses have been a big help in the past, and I think they would be a great help in my home as he ages.

Amy: *If you would require supports in the home; such as, visiting nurses, OT, PT, or any type of medical equipment, do you have any thoughts on how to obtain these assists?*

Ms. Flanders: Well, I would talk to my provider, the doctor, and I would contact the HCQU for assistance.

Amy: *Can you think of any training that would be helpful to a Family Living Provider as the person ages?*

Ms. Flanders: I think that training on Alzheimer's would be a big help. It can be difficult to support someone when you don't know what's going on with them. It is hard to see the changes sometimes when you are with them all the time.

In ending my interview with Ms. Janet Flanders, she expressed a great joy in being a family provider. She realizes that her life is going to change as she ages, and the people she supports age. It sounds like she has a good understanding of the changes that may come and better yet, where to go to ask questions and get the help she may need to allow the people she supports stay with her.

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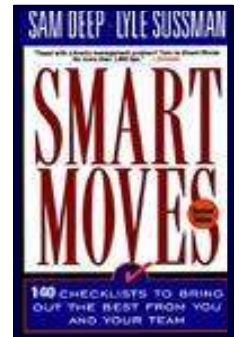
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A Note From The Director



Dear Valued Readers,

Do you like to have influence? In the complicated world we live in, it certainly seems to be sought after quite aggressively. I confess I enjoy the idea quite a bit and don't mind learning about it from people who have it, especially those who are wise and service oriented. Recognizing the opportunity to do just that, I picked up a little book the other day titled "Smart Moves" by Sam Deep, leadership guru. Halfway through the book, I came across a little fact that stuck with me. It was just a *little* fact, I thought, but with implications that I enjoyed pondering. That little fact is that we can listen to about 480 words per minute, but people speak at about 120 words per minute. Paying attention to what someone is telling us leaves us with about 360 words of lag time. Essentially, each time we listen to someone--really listen--we exercise the force of our will to shut out all the distractions that we ordinarily let fill the lag time. The speaker sometimes perceives, when we *don't* listen very well, that s/he simply is not of much interest or even importance. Sam Deep didn't say specifically that, but he did say that sometimes we think, "I'm going to give so-and-so a real *talking* to." and suggests that we try to practice, "I'm going to give so-and-so a real *listening* to." In a world full of things to acquire and pursuits to pursue, not one of us can demand, coerce, manipulate, or even purchase the gift of a genuinely listening ear. Listening is something everyone wants, but only the person giving it can give it. Now *that*, I thought, is *influence*. If you and I enjoy having influence, we might try listening. It's a sort of magic, I think, that happens when we lose ourselves for a while in favor of another. We can influence everyone in our path through giving this one rather neglected gift. No one loses; everyone wins, and I suppose that is sort of like flipping our complicated world on its head and discovering it right side up.



Best regards to all,

Mary A. Nau