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October webinars:

- 1st – General Wellness
- 8th – Stress Management / Burn-out
- 15th – Decreased Appetite
- 22nd - Autoimmune Disorders
- 29th – Insomnia

November

Speaker of the Month

Grief and Loss

Robin VanEerden



HCQU Northwest

Fall Allergies and Sinusitis:

Are We Overlooking Something?

Autumn is here again. So is the pollen, which can be torture for people who have seasonal allergies (sometimes called environmental allergies or hay fever; if symptoms last longer than 3 months, “Chronic Sinusitis” may be diagnosed). You know the misery: watery eyes, runny nose, scratchy throat, sneezing, and coughing. Sometimes just breathing can be difficult! Sinus problems and seasonal allergies can trigger asthma attacks as well. People often take antihistamine medications like Claritin, Zyrtec, Allegra, Xyzal, or Benadryl, and may also use nasal sprays or rescue inhalers to get some relief. It is not unusual to have antibiotics prescribed to kill a suspected bacterial sinus infection. The doctor may also prescribe steroids like Prednisone to reduce the inflammation in the airway. A big problem with these airway issues is that we often fail to address the real culprit. According to a Mayo Clinic study, researchers found fungi in the sinus membranes of 96% of people with Chronic Sinusitis.

Fungi are very common in the environment; they’ve been around for a billion years. Aspergillus mold spores can be inhaled from dark, damp areas like the basement. The sinus cavities are particularly vulnerable to fungal infections, since the mouth and nose open not only to the airway, but also to the digestive tract, where fungal overgrowth (often *Candida Albicans*) can often occur. Anyone who has taken antibiotics (and that means *most* of us) carries an increased risk of developing a fungal infection, particularly in the gastrointestinal tract. From there, fungi can travel just about anywhere.

EACH YEAR, MORE THAN

50 MILLION

**AMERICANS
SUFFER FROM
ALLERGIES**



Fall Allergies continued

There are some simple ways to reduce the risk of fungal infections. First, have all mold removed from your home. Second, modify your diet by cutting back on your carbohydrate intake. Fungi *love* carbohydrates, and can actually cause you to crave certain types of foods (bread, sweets, cereal, snack foods) so they can survive. Third, only take antibiotics if it is *necessary*. Unless specific bacteria have been identified through a culture and sensitivity test, it is risky to ask a doctor to prescribe an antibiotic in the hope of alleviating symptoms. Antibiotics wipe out the good bacteria in your body that keep fungal populations in check. When the good bacteria are destroyed, the fungi run rampant and cause trouble! Fourth, ask your doctor about taking a probiotic, which helps to replace those good bacteria.

If you have chronic sinus problems and cannot seem to get rid of them, you could have a fungal infection (getting tested for the Coronavirus would also be wise, just in case). Please ask your physician about testing your sinuses for fungi. It might just be what you need!

Tim Juliano

New at the HCQU

HCQU Question Session

We know that often during a training or webinar, there may not be enough time to cover all the questions you might have. To help remedy that, we are introducing something new that we hope will be beneficial to everyone who supports persons with IDA. It's called the HCQU Question Session, where one of our nurses and one of our behavioral specialists will be available to answer any questions or concerns you have about a particular health-related topic. Although you may have a question about a specific individual in mind, please keep your questions general, as this will be a public forum. If you would like to explore concerns around a specific person in more detail, please contact the HCQU at 814-728-9400 – we'd be happy to help!

Our goal is to begin these sessions in October and host them on the 2nd and 4th Tuesdays of each month. We will be available from 10:00-11:00am. The first session, *Weight Management and Obesity*, will be on October 13 and will focus on any concerns you may have regarding factors influencing body weight, challenges that make losing weight difficult, and how weight may be connected to other health problems. To help us be better prepared, please e-mail questions about our upcoming topic ahead of time to Amy Tobolski (atobolski@milestonepa.org).

In subsequent sessions we will cover each of The Fatal Five, which include Constipation & Bowel Obstruction, GERD, Aspiration, Dehydration, and Seizures. That should take us through to the end of 2020. We hope you are able to take advantage of the opportunity to focus on aspects of these conditions that you really would like to know more about. If there are other topics you would like us to cover, just send Amy an email.

We look forward to meeting with you!



Join us

in

wishing

Susan Swanson RN

HCQU Nurse

a

Happy Retirement

With the upcoming changes in weather, colder temperatures, shorter days, less activities to do, people may fall victim to depression. Depression can lead to suicidal thoughts. Suicidal thoughts can lead to suicide attempts. If you or anyone you know are experiencing a tough time, please take it seriously. According to NAMI, “suicide is the 2nd leading cause of death for people ages 10-34 and the 4th leading cause of death for people 35-54. The overall suicide rate increased has increased 31% since 2001.”

It can be difficult to talk to someone who is thinking about suicide. First, it is important to know that talking to someone about suicide, will not give them ideas about suicide. Talking to someone who is struggling may help them realize that there is hope and show them that someone cares enough to listen. Here are some tips on how to talk to people thinking of suicide from helpguide.org.

Do:

- **Be yourself.** Let the person know you care that they are not alone. Finding the right words are not nearly as important as showing your concern.
- **Listen.** Let your friend or loved one vent and unload their feelings. No matter how negative the conversation seems, the fact that it is taking place is a positive sign.
- **Be sympathetic and non-judgmental.** The suicidal person is doing the right thing by talking about their feelings, no matter how difficult it may be to hear.
- **Offer hope.** Reassure your loved one that help is available and that the suicidal feelings are temporary. Let the person know that their life is important to you.
- **Take the person seriously.** If a person says things like, “I’m so depressed, I can’t go on,” ask if they’re having thoughts of suicide. You’re allowing them to share their pain with you, not putting ideas in their head.



Don't:

- **Argue with the suicidal person.** Avoid saying things like: “You have so much to live for,” “Your suicide will hurt your family,” or “Just snap out of it.”
- **Act shocked,** lecture on the value of life, or argue that suicide is wrong.
- **Promise confidentiality** or be sworn to secrecy. A life is at stake and you may need to speak to a mental health professional in order to keep the suicidal person safe. If you promise to keep your discussions secret, you may have to break your word.
- **Offer ways to fix your loved one’s problems,** give advice, or make them feel like they have to justify their suicidal feelings. It is not about how bad the problem is, but how badly it’s hurting your friend or loved one.
- **Blame yourself.** You can’t “fix” someone else’s depression. Your friend or loved one’s happiness, or lack thereof, is not your responsibility.

Stress, isolation, anxiety, and financial stress of the pandemic play a big part in our mental health.

Maintaining connection during this pandemic is extremely important.

One of the best things you can do for the people you care about is to be present for them, either in person, or virtually.

Remember a small gesture or greeting can go a long way. Phone call, letter or card can spread some cheer.



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Using Technology to Stay Informed and Stay Connected

Face-to-face has taken on a whole new meaning this year. Just a few short months ago, when we met someone face-to-face, it meant being in close proximity to them. Now it often means seeing each other through the lens of a webcam or cell phone.

As much as we like to grumble about technology sometimes, it certainly has helped us stay informed and connected during these challenging times. Imagine how much harder it might have been to stay connected if COVID had hit even five or 10 years ago!

At the HCQU, one of the ways we like to stay connected to you is through trainings and technical assistance. While this has certainly presented us with some challenges this year, we are fortunate to have online meeting sites such as Zoom and GotoMeeting that enable us to still do face-to-face trainings, tech assists, and individual reviews - albeit a bit differently than in the past.

We are currently offering 1-hour instructor-led webinars every Thursday at 11:00am and 2:00pm. Upcoming topics include General Wellness, Stress Management & Burnout, Autoimmune Disorders, and Decreased Appetite. We have also been hosting our Speaker of the Month trainings virtually. These trainings generally run 2 – 3 hours and occur the 3rd Wednesday of each month. Since weather is not a concern this year, we hope to continue these through the winter months as well. For November, we are excited to welcome back Robin vanEerden to talk about Grief and Loss. We're on the hunt for presenters for October, December, and beyond, so if you have any suggestions, please let us know!

We are also offering 2-hour webinars the last Tuesday of each month (except December), and are happy to schedule instructor-led webinars for any provider who asks. While webinars will never completely replace in-person trainings, they are a good way to get your training hours in while allowing for interaction with the trainer and other attendees.

Lastly, we currently have 45 home-study and six on-demand (pre-recorded) webinar trainings available at our training center (<http://northesthqu.learnupon.com>). These trainings are worth .5 to 1 hour of training credit and can be taken at your convenience. These trainings may not offer a way to connect directly with others, but they can help you meet your training goals for the year. Of course, if you have any questions or comments about any of our online trainings, you can always email us at HCQUNW@MilestonePA.org to have your questions answered or your concerns addressed.

If you ask the question, be the person to really listen.

When I See, I Understand

by Amy Tobolski

“...by the time we’ve reached the “w” of “now” the “n” is ancient history.”

--Michael Frayne

For many people, processing and understanding the spoken word can be difficult. Even people who communicate verbally and don’t seem to have any communication challenges can struggle to gain information from what is said to them. And people need information to make good choices. As Michael Frayne reminds us, the spoken word is fleeting and is gone as soon as it is created. People who may process more slowly or who have difficulty with attention may miss important details. As a result, we may see people who don’t respond in expected ways to verbal input alone. They need visual tools to support, enhance, and possibly replace the spoken word.

Visual tools can be especially helpful when a person:

- processes slowly
- has trouble paying attention
- is in a noisy environment or has sensitivity to sounds
- has difficulty listening selectively or ignoring background noise

The goal of visual tools is to increase comprehension. They help ensure that the person truly understands and is not just repeating a response by rote, without knowing what it really means.

“Mom comes on Friday” may be repeated often, but it doesn’t help much if the person doesn’t understand what/when “Friday” is.

Visual tools also increase independence. Relying on a visual tool for necessary information allows the person to access what they need to know when they need to know it, while minimizing the role of supporters.

Visual tools can be used to:

- give information: ex. calendars, schedules, choice boards, menus
- give directions: ex. steps and sequence of a task, task organizers
- organize the environment: ex. labels, charts, lists, messages
- communicate between environments: ex. visual bridges

If you would like to learn more, keep an eye out for our on-demand webinar, *Using Visual Strategies to Enhance Understanding*, available soon at milestonepa.org: Health Care Quality Units: Milestone HCQU Northwest: Training

Autoimmune disorders

An autoimmune condition is a disease in which your body attacks itself. A normal, healthy immune system protects you against pathogens (viruses, bacteria, fungi) that enter your body, and determines that these are invaders. It sends fighter cells (T-cells and B-cells) to attack these pathogens. However, in an autoimmune response, your body releases proteins, called autoantibodies, that start to attack your healthy cells.

When your immune system doesn't work the way it should, you develop conditions called auto-immune disorders. Your cells, tissues and organs don't work together as they should to fight off illnesses. This increases your risk for infections such as the Covid-19 virus. There are more than 100 autoimmune disorders.

Some signs and symptoms associated with autoimmune disorders are joint pain, skin rashes, fatigue, muscle aches, dry eyes, diarrhea or constipation, hair loss, and being ill more often than other people.

It is unclear as to why people develop autoimmune disorders, but it is thought that chemical irritants and different environmental exposures may be involved. Other risk factors may be processed foods, high-sugar, and high-fat foods. Some researchers feel antiseptics and vaccines may play a role by depressing our immune response, thus making those with compromised conditions more prone to over-react to harmful substances. Genetics and heredity may also play a role.

Some common autoimmune disorders or diseases are: Type 1 diabetes; rheumatoid and psoriatic arthritis; psoriasis; multiple sclerosis (MS); systemic lupus erythematosus (SLE); inflammatory bowel diseases (IBD) such as ulcerative colitis and Crohn's disease; thyroid diseases such as Hashimoto's Thyroiditis and Graves' disease; Addison's Disease; Myasthenia Gravis; and pernicious anemia.

Treatments can't cure autoimmune disorders, but they can help with controlling the overall response of the inflammation and pain, as well as other signs and symptoms. Treatment plans for autoimmune disease will differ based on your condition, signs and symptoms. Many autoimmune can be managed with diet changes, lifestyle changes, supplements, and sometimes medications. If you have been diagnosed with an autoimmune disorder, your body becomes more susceptible to developing additional autoimmune disorders.

Last, but not least, don't let an autoimmune disease stop you from living your life. Practice ways to prevent infection and use CDC guidelines to keep yourself safe. It can be frustrating at first to find what works best for you when it comes to managing your symptoms, but many individuals with autoimmune diseases live healthy, fulfilling lives. In some cases, your disorder may reverse its condition, or at least you will be able to manage it, get about, work, play, and do the things you love to do.

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Letter from the Director



Fall has arrived, and here at the HCQU we are beginning to plan for the winter and into springtime. I like the changing seasons, and while not a big fan of temperature extremes I have learned to adjust what I do at home and at work to keep on living my life no matter what mother nature throws my way. Good or bad, COVID-19 has required us to also adjust operations at the HCQU, with most things being provided over the internet instead of in person. We are constantly looking for ways to provide services, instead of saying that we can't do something. It will likely be quite some time before work is back to normal, so for those of you who know me and my sweet tooth, below is a nice fall recipe for Apple Crisp which I hope that you will try.

So, what else would you like from us in 2021 and beyond? If there is something specific, please email me at dbergstrom@milestonepa.org with your thoughts or talk to one of us when you see us wherever. Take care, enjoy the weather (and apple deserts if you are so inclined), and call us for trainings or technical assistance as needed.

Darryl

Apple Crisp

5 cups of peeled and sliced apples
 3 Tablespoons of granulated sugar
 1/2 cup of oatmeal
 1/2 cup of brown sugar
 1/4 cup of flour
 1/2 teaspoon of cinnamon
 1/4 cup of butter
 vanilla ice cream.



Place the apples in the bottom of a 9x7 pan, and sprinkle the granulated sugar on top of them. Combine the flour, oatmeal, brown sugar, and cinnamon together in a bowl, and then add the butter and mix until the ingredients are crumbly. Sprinkle evenly onto the apple and sugar mixture and bake in a 375 degree oven for 30 minutes. Serve warm with a scoop of vanilla ice cream.