

Milestone HCQU Northwest

“Let’s Connect”

January
February
March
2019

Inside this issue:

<i>Winter Driving Tips</i>	1
<i>Cervical Health Awareness</i>	2
<i>Hypertension</i>	3
<i>Exercise Habits That Stick</i>	4
<i>Diastolic Dysfunction</i>	5
<i>Letter from the Director</i>	6

Trainings

October-December

Cameron – 0
Clearfield – 7
Elk – 9
Erie – 5
Fayette - 2
Forest – 0
Jefferson – 9
McKean – 8
Potter – 0
Warren – 9
Venango – 2
Home Study - 285

Winter Driving Tips

Here we are again . . . snow, sleet, freezing rain, you name it; winter is upon us! One thing we don't need on top of the cold and slush is a fender-bender, or to get stranded somewhere and not be prepared. Here are some tips from the Automobile Association of America (AAA) to help you stay safe this winter:

- * Make sure you have winter tires and they are properly inflated
- * Always wear your seatbelt
- * Keep your gasoline tank at least half-full; this helps prevent winter freeze-up
- * Pack a cellular telephone with your local AAA's telephone number, plus blankets, gloves, hats, food, water and any needed medication in your vehicle
- * Drive slowly. Everything takes longer on snow-covered roads. Accelerating, stopping, turning - nothing happens as quickly as on dry pavement. Give yourself time to maneuver by driving slowly
- * Know your brakes. Whether you have antilock brakes or not, the best way to stop is threshold breaking. Keep the heel of your foot on the floor and use the ball of your foot to apply firm, steady pressure on the brake pedal
- * Don't power up hills. Applying extra gas on snow-covered roads just starts your wheels spinning. Try to get a little inertia going before you reach the hill and let that inertia carry you to the top. As you reach the crest of the hill, reduce your speed and proceed downhill as slowly as possible
- * Don't stop going up a hill. There's nothing worse than trying to get moving up a hill on an icy road. Get some momentum going on a flat roadway before you take on the hill
- * Finally—and this is my favorite--Stay home. If you really don't have to go out, don't. Even if you can drive well in the snow, not everyone else can. Don't tempt fate: If you don't have somewhere you have to be, watch the snow from indoors

Have a safe and happy winter!

Tim Juliano

The typical means of assessing cervical health is through a Pap Smear, where cells from the woman's cervix are examined for irregularities. Prior to the Pap Smear becoming a routine part of a yearly gynecological exam, cervical cancer was a leading cause of death among women in the U.S. It still accounts for over 4,000 deaths a year. Currently, the American Cancer Society indicates that the majority of women in the U.S. diagnosed with cervical cancer have never had a Pap Smear or did not have one five years or more prior to diagnosis.



Women between the ages of 35 and 44 are at the highest risk, but cervical cancer can occur at any age. For example, about 15% occur in women over the age of 65 (American Cancer Society, 2018).

There are many possible reasons why gynecological exams and Pap Smears may be embarrassing or even frightening for some women with Intellectual Disabilities, including lack of or incorrect information, and a history of trauma/abuse.

Tips to increase a woman's comfort level:

- Work with her clinician to determine level of risk and the necessary frequency of exams.
- Encourage her to answer the clinician's questions honestly – reassure her that she will not be “in trouble” if she discloses sexual activity.
- Make sure she has adequate, accurate information about what the exam entails and why it is necessary (for example, many women believe Pap Smears are painful).
- Consistently practice relaxation techniques with her, such as deep breathing, well ahead of the scheduled exam.
- Request a trial appointment ahead of the actual appointment, during which she has the opportunity to familiarize herself with the environment, learn about the process, and ask any questions.
- Ask the clinician to allow her to see and handle a speculum and a brush used to harvest cells from the cervix.
- Ask the clinician if there are any pictures or models they could use to enhance her understanding of the process.
- Provide on-going opportunities for her to review the process and ask questions. Kepro HCQU has developed a rehearsal guide to facilitate her preparation:
<https://hcqu.kepro.com/resources/rehearsal-guides>
- There are videos available on youtube that may enhance her understanding. Be sure to view them first to determine whether they are a good fit for her learning style. Some possibilities:
www.youtube.com/watch?v=7AWbs-OUV6Y
www.youtube.com/watch?v=8HvHap_hQic
- When scheduling her exam, ask for extra time. The last exam of the day is another option.
- Request a female – preferably someone familiar -- perform the exam, when possible.
- If at any time, she appears to become upset or agitated, encourage her to return to the previous step, talk calmly with her, and ask her if it is okay to continue.
- **ALWAYS** honor her requests to stop at any time.



Hypertension



Blood pressure is the force of blood pushing against the walls of the arteries that carry blood from your heart to other parts of your body. Blood pressure normally rises and falls throughout the day, but it can damage your heart and cause health problems if it stays high for a long time.

High blood pressure is also called hypertension. Having high blood pressure puts you at risk for heart disease and stroke, which are leading causes of death in the United States. About 75 million American adults (32%) have high blood pressure—that's 1 in every 3 adults. About 1 in 3 American adults has prehypertension—blood pressure numbers that are higher than normal, but not yet in the high blood pressure range. Only about half (54%) of people with high blood pressure have their condition under control.

Having certain medical conditions can increase your chances of developing high blood pressure. These conditions include prehypertension and diabetes. Unhealthy behaviors can also increase your risk for high blood pressure, especially for people who have one of the medical conditions listed above. Unhealthy behaviors include: smoking tobacco, eating foods high in sodium and low in potassium, not getting enough physical activity, being obese, and drinking too much alcohol.

Signs and Symptoms of High Blood Pressure

High blood pressure is also called the “silent killer” because it usually has no warning signs or symptoms, so many people don't realize they have it. There's only one way to know whether you have high blood pressure, have a doctor or other health professional measure it. Measuring your blood pressure is quick and painless.

What Blood Pressure Numbers Mean

Blood pressure is measured using two numbers. The first number, called systolic blood pressure, represents the pressure in your blood vessels when your heart beats. The second number, called diastolic blood pressure, represents the pressure in your blood vessels when your heart rests between beats. Blood pressure is measured in millimeters of mercury (mmHg). A blood pressure less than 120/80 mmHg is normal. A blood pressure of 140/90 mmHg or more is too high. People with levels from 120/80 mmHg to 139/89 mmHg have a condition called prehypertension, which means they are at high risk for high blood pressure.

What Can You Do To Control High Blood Pressure

Have your blood pressure monitored regularly, eat a healthy diet, reduce sodium in your diet, get daily physical activity, if you smoke quit, and take medication if prescribed by your healthcare provider.





It's that time of year again, time to make our New Year's Resolutions. As you know, one of the most frequently made resolutions is a commitment to exercise. It doesn't seem to take long before we lose the desire to follow through with this commitment. The following tips may help us to uphold our commitment and achieve our goals.

Just a few ways to develop exercise habits that stick:

Start small and build momentum.

It's better to start with easy exercise goals you know you can achieve. As you meet them, you'll build self-confidence and momentum. Then you can move on to more challenging goals.



Make it automatic with triggers.

Triggers are simply reminders—a time of day, place, or cue—that kick off an automatic reaction. They put your routine on autopilot, so there's nothing to think about or decide on. The alarm clock goes off and you're out the door for your walk. You leave work for the day and head straight to the gym.

Reward yourself.

Choose something you look forward to, but don't allow yourself to do it until after exercise. It can be something as simple as having a hot bath or a favorite cup of coffee.

Choose activities that make you feel happy and confident.

If your workout is unpleasant or makes you feel clumsy or inept, you're unlikely to stick with it. Don't choose activities like running or lifting weights at the gym just because you think that's what you *should* do. Instead, pick activities that fit your lifestyle, abilities, and taste.



In the end, this is not a competition with others. Sticking with your exercise program is something you are doing for yourself. As you achieve your goals, you can reflect on your progress and be glad that you stuck with your program!

Connie Copley

Diastolic Dysfunction: A Common, but Relatively Unheard of, Heart Condition

by Lynn Carnahan

Since February is Heart Month in the US, I want to talk about a heart condition you may not have heard about, diastolic dysfunction (DD). Simply put, DD means the heart is struggling to fill up with enough blood because the cells lack the required energy. There are various possible causes, including structural or functional heart diseases.

Surprisingly, it takes more energy for the heart to relax and fill with blood than to pump the blood out to the body. This is why cardiologists worry more about diastolic pressure (the “bottom” number) than systolic pressure (the “top” number). High diastolic pressure puts more of a strain on the heart.

Since DD has only been known about for about 20 years, not as much is known about it as the more prevalent heart failure. We do know that women are more likely than men to develop it, and other risk factors include having high blood pressure, being overweight or obese, and/or a sedentary lifestyle.

Often, people with DD do not experience symptoms until it becomes diastolic heart failure. Symptoms may include shortness of breath upon exertion, fluid retention, fatigue, and a congested feeling in the chest.

Mainstream medicine has yet to develop a cohesive treatment plan for DD, but aggressive treatment of underlying causes and symptoms, such as high blood pressure, does seem to help. One thing to note is that many of the treatments for non-diastolic heart failure can actually make diastolic heart failure worse, so it’s important to discuss this with your doctor.

The one thing that seems to be making the most difference in the prognosis for someone with DD is exercise, particularly moderate-intensity exercise sustained for 20 minutes or longer. One thing to note about exercise, while strength training is often recommended to treat general heart failure, it may actually make DD worse, causing the heart muscle to stiffen even more.

Some doctors are finding that supplementing a healthy diet (lower carb, moderate protein, and higher levels of healthy fats (avocados, olives, coconut, etc.) with supplements known to boost ATP production (ATP is the fuel needed by all the cells in the body) helps improve diastolic function.

Dr. Stephen Sinatra states that he has had much success in treating DD using his “Awesome Foursome” of heart-healthy nutrients: Coenzyme Q10, L-carnitine, magnesium, and D-ribose. For more information on these nutrients, as well as Dr. Sinatra’s recommendation for using them, visit:

<https://www.drsinatra.com/best-heart-health-nutrients-to-consider>.

(Sources: <https://www.drsinatra.com/best-heart-health-nutrients-to-consider>, 12/18/2018

<https://www.123sonography.com/diastolic-function-and-diastolic-dysfunction>, 12/18/2018

<https://academic.oup.com/bjaed/article/9/1/29/465857>, 12/18/2018



Letter from the Director

Welcome to 2019, and I hope that 2018 was a great year for you and those around you. Many people like to make a New Years' resolution and try to do something different/better in their lives and I encourage you to do the same. Thinking back on my past resolutions, I realize that most have been a wish, but when it came time for action I was not doing enough to make a permanent change (I think that this is why we are called human beings and not human doings).

When it comes to work, I sometimes find myself doing the same thing - wanting to do something big but then putting most of my efforts into the daily grind. Here at the HCQU we did have a very busy year and our work was better planned than my personal life. In addition to the trainings and technical assistance that we offer we also have participated in statewide initiatives around the Fatal Four, Medication Administration, Restraint Reduction, and Skin Integrity follow-ups. We also did a pilot project around Positive Choices (sexuality) last spring, and finally we changed our 6-month follow-ups for our technical assistance to a simple checklist so that you can give us quicker feedback on how useful were our recommendations.

So, what else would you like from us in 2019? 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 winter (especially if you ice fish like I do), and call us for trainings or technical assistance.

Darryl

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*Happy New Year
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