



HCQU Northwest

Happy New Year

We at the HCQU hope you had a wonderful 2023 and are looking forward to the 2024 year and what it has to bring.

We were so excited this past year to be able to have our yearly event, with over 150 in attendance. We had a change in venue and theme that we thought went over well at the St. Paul Center in Sheffield. We are looking forward to it again this year at the same place and again on Flag Day, June 14th. We are so grateful to all the volunteers that help make this event happen. Keep your calendars open for the 2024 special day. If you have any suggestions or questions please don't hesitate to drop me a line or call. Your input matters!

The HCQU staff has been out and about and busy with five EXPO's this past year, covering our counties. The in person trainings have picked up as well as IRs (Individual Reviews) and TAs (Technical Assists). We look forward to the challenges of the new year. Keep us in mind for all your training needs.

You never know what mother nature has in store for the next couple of months. Just remember if it's too nasty out, you can always pull up one of our on-line trainings, home studies or webinars. Please let us know if you have suggestions for future ones.

We hope this new year brings about a refreshing start.

We continue to suggest and encourage self care and relaxation when possible.

Lisa



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Don't let Jack Frost Bite!

We've all heard about Jack Frost nipping at your nose. Our parents used to tell us to wear gloves and not play outside too long in the cold, so we didn't get frostbite. Frostbite most commonly occurs where skin is likely to be exposed, such as the face and ears, hands and fingers, and feet and toes. (It can happen even when skin is covered!) Knowing what frostbite is and what to look for can help prevent permanent damage.

Frostbite, also known as Freezing Cold Injury (FCI), is a condition due to prolonged cold exposure (temperatures less than 32°F). When the wind chill is -15° or below, frostbite can occur in just 30 minutes or less! This is most often known to occur with direct, uncovered exposure to the elements – but did you know you can get it under cold weather clothing? Frostbite is more likely to happen to people who: are under age 18 or over age 65, without proper housing/shelter, who live/work in colder climates, who smoke, or who have certain medical conditions (including peripheral vascular disease, malnutrition, and Raynaud's, to name a few). All too often, those affected do not even realize they have frostbite.

There are 3 stages of frostbite. The second and third stages require medical attention to prevent any permanent damage.

Stage 1, called frostnip, is when the affected area is cold and sore/painful. During this stage, the affected area will appear red/purple or lighter than the natural skin tone. If frostnip is suspected, get inside and gently remove any protective clothing. Slowly thaw the area using warm (never hot) water. Frostnip is a warning sign and should not be ignored. This usually resolves in a few days to weeks.

Stage 2, called surface frostbite, is a pins/needles feeling to the area. The surface may feel warm, but under the surface, water in the skin is freezing and becoming ice crystals. After rewarming, the skin may have some spotty purple or blue areas and may be painful. The skin may peel like a sunburn or develop blisters after a day or so. Protective wound dressings should be applied. This usually resolves in a few weeks to months.

The third and final stage, called deep frostbite, is numbness to the area. The lowest layer of skin freezes, which can make the area difficult to move. Should this occur, seek medical attention immediately. Big blisters will form after a day and the skin will turn black as these cells have died. This black skin will become hard and fall off (or need to be surgically removed if it doesn't fall off on its own). The most severe cases of frostbite can result in amputation. This may never resolve and can cause nerve damage, scarring, skin discoloration, or increased sensitivity to the cold.

Preventing frostbite is key. Limit time outside in the cold or avoid going outside at all. Dress warmly in wind-proof/waterproof clothing and in layers and cover as much exposed skin as possible when outside in the cold. Boots, gloves, and sleeves should not be too tight to maintain good circulation. If you've had frostbite before, you're more likely to get it again. Enjoy the upcoming cold weather but keep yourself protected!



Ringling In the (Y)Ear

by Amy Tobolski

For our first newsletter of 2024, we are ringing in the new year with an article on ringing in the ears – tinnitus. Terrible puns aside, many of us probably have a basic understanding of tinnitus, but we may not know very much about it beyond its primary symptom – ringing in the ears. Or buzzing, roaring, chirping, clicking, hissing, humming...you get the idea. Whatever it sounds like, tinnitus is not caused by external sound – it occurs within the person's auditory pathway and is not heard by others (except by a doctor during examination, in rare instances). It can be experienced in one or both ears, be steady or pulsing, vary in pitch, and occur constantly or episodically.



It is somewhat difficult to assess prevalence, as many people have found ways to mask the sounds and are able to ignore them. According to the 2007 National Health Interview Survey, less than half of sufferers have discussed their symptoms with their doctor. Being able to live with tinnitus does not mean that it doesn't have an impact: fatigue, stress, headaches, difficulty with concentration and memory, irritability/anger, and sleep problems, as well as Anxiety and Depression can all result. It can also make it difficult to understand speech in noisy environments, leading to social isolation.

People over the age of 55 and people who have had (typically repeated) exposure to loud noises are at the greatest risk of experiencing tinnitus. Men have a greater risk than women, as do people who use tobacco or alcohol, and people diagnosed with obesity, cardiovascular problems, high blood pressure, arthritis, and/or Intellectual Disability/Autism (IDA).

Tinnitus has been linked to around 200 different health conditions, so the exact cause may not be identified. Potential causes include:

- blockages from ear infections or allergies
- illnesses/injuries affecting the ear, jaw, neck, or head, including TMJ and tumors
- chronic conditions, including diabetes, thyroid disorders, high blood pressure, atherosclerosis, autoimmune disorders, and migraines
- medication side effects, including NSAIDs (ex. aspirin, ibuprofen, naproxen), antibiotics (ex. ciprofloxacin, doxycycline, erythromycin), Anti-depressants (SSRIs and Tricyclics), and Anti-psychotics (risperidone and aripiprazole)

The most common cause of tinnitus is (age-related) hearing loss. Researchers suspect that loss of functioning in the auditory nerve -- "hidden hearing loss" -- can cause the brain to compensate for the missing input it would normally get from the auditory nerve. The brain produces abnormal nerve signals which are experienced by the person as sounds. A recent study found that tinnitus often is not detected by standard hearing tests, so we cannot rely solely on testing with an audiologist to rule out tinnitus. We also must consider the person's self-reports and behaviors; for example, does the person say or act as though they are hearing sounds that you don't hear? Do they show signs of irritability, anger, anxiety, depression? Do they have trouble concentrating or seem forgetful? Do they hum or make other noises to mask the sound of the tinnitus? Do they self-injure, particularly in and around the ears?

There is no specific treatment for tinnitus. It is often alleviated by treating the underlying cause. Medications may be used to address the negative effects of living with tinnitus -- like stress, anxiety, and depression -- that also make the tinnitus worse. The person may also be taught symptom management, such as techniques or devices to reduce or mask the noise as well as stress management to address frustrations.

Choking and Aspiration

“Something just went down the wrong pipe!” We hear this occasionally when someone is eating or drinking, and instead of going down the esophagus to the stomach, the contents in their mouth travel into the windpipe (trachea). The person’s face may turn red, and there may be forceful coughing, and tears in the eyes. This is called *aspiration*.

Aspiration occurs when any foreign substance, usually liquid or solid, enters the airway. The tissues of your airway are extremely sensitive, and they trigger the cough reflex so you can expel the object, clear your lungs and windpipe, and breathe normally. If the person can cough forcefully, it is not necessary for bystanders to intervene.

Choking is like aspiration, but there is an important difference. In a choking episode, the airway is *completely blocked*. Air cannot get in or out, the person will not be able to cough forcefully or be able to speak, cry, or laugh. The skin will start to turn blue or gray, there will usually be an expression of panic or distress, and the hands will instinctively rise to the throat (the universal choking sign). The person may lose consciousness. Choking is a medical emergency, and requires first aid in the form of abdominal thrusts and back blows in order to dislodge the foreign object; if you cannot clear the airway, call 911. Always follow your agency’s protocols for choking or aspiration; they may differ from what is suggested here.



Choking and/or aspiration can occur in anyone at any time, but some persons are more at risk than others. Anyone who has been diagnosed with Dysphagia (difficulty swallowing) is at risk, and may even have a physician’s order for a special diet (mechanical soft, pureed, thickened liquids, etc.) as well as positioning for eating (torso at 90 degrees, reminders to slow down, use chin tuck, etc.). Persons who have suffered a stroke, or have dementia or some other neurological condition, will likely be at risk for choking as well. Anyone who takes sedating medications (anti-epileptic, anti-psychotic, anti-anxiety) can be at higher risk. Children (and adults sometimes) who put non-food items in their mouths warrant observation also. Please monitor all of these individuals closely.

In rare cases, a person may experience what is known as “silent aspiration.” Silent aspiration occurs because the person’s cough reflex is not working properly, or at all. Food or liquid can enter the airway, but there is no sense of irritation, no cough, and no distress. Two or three days later, the person may present with fatigue, weakness, confusion, and fever, and may later be diagnosed with pneumonia. If you support clients that mysteriously get pneumonia repeatedly, consider that they may be silently aspirating, and have them see their PCP. By the way, a swallowing evaluation will not always detect whether someone is silently aspirating. They may need a *cough reflex test* (see <https://content.iospress.com/articles/advances-in-communication-and-swallowing/acs220008>, 11/16/23, for more information).

If you have a family member or close friend who may be at risk for choking, consider taking a first aid/CPR course from the American Heart Association or American Red Cross. You never know when you might save someone’s life!

Tim Juliano

Seasonal Affective Disorder, commonly known as SAD, is a form of depression that often occurs in the winter months. The shorter days and limited sunlight are commonly to blame when a person is diagnosed with SAD. While 1%-2% of the population may be diagnosed with SAD, a milder form of the "winter blues" affects 10-20% of the population. Some people less commonly experience SAD during the summer months. Once you experience it, you will likely experience it the same time every year. Although SAD typically affects women and young people, it does not mean it cannot affect others. The further away from the equator a person is, the more likely it is for them to experience SAD. The good news is, SAD is treatable and the more you understand it, the better you can manage or prevent the condition.

Seasonal Affective Disorder (SAD)

Signs that you may be experiencing SAD:

If you . . .

- * Feel like sleeping all the time
- * Have trouble getting a good night's sleep
- * Are tired all the time
- * Have a difficult time carrying out daily tasks
- * Your appetite has changed
- * Weight Gain
- * Feeling sad, guilty and down on self
- * Feeling hopeless
- * Irritable
- * Avoiding people or activities you used to enjoy
- * Feeling tense and stressed
- * Losing interest in sex and other physical contact

If feelings seem to happen each year, have a real impact on life, and symptoms improve when the seasons change, you may have seasonal affective disorder. If these feelings get worse or if they don't go away, it may be necessary to seek help from a doctor and/or a therapist. There are some self-help techniques that can be used when fighting SAD:

- * Know that recovery takes time but you'll likely feel a little better each day.
- * Adopting healthy habits
- * Schedule fun and relaxation into your day
- * Get as much natural sunlight as possible
- * Exercise regularly, this can be as effective as medication.
- * Reach out to friends and family for help
- * Eat healthy
- * Use a light box or other kind of light therapy.

Whatever you decide is best for you, know that you are not alone when fighting against seasonal affective disorder.



Milestone HCQU North West Training Corner

I hope everyone is recovering from a busy Holiday season, and staying nice and warm. As we kick off 2024, I wanted to share with you a quick tip on how to search and find a training you might be interested in taking while the snow falls.



Log in to

<http://northwesthcqu.learnupon.com>

- At the top of your screen, click on the Catalog button
- Select the type of courses you are looking for (ex. Fatal Five, Guest Speaker)
- Click Apply.
- All courses in the category will populate.

**** Remember to always filter by Date Released (Newest First) ****

Webinars

January 2024

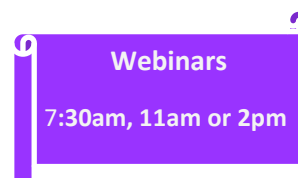
4	Tim Juliano	Seizures
11	Connie Copley	De-Escalation
18	Amy Tobolski	Acquiescence & Response Biases
25	Allison Gentz	Gluten-Free Diet

February

1	Tim Juliano	Fragile X Syndrome
8	Connie Copley	Keeping Resolutions
15	Amy Tobolski	Preparing for Psychiatric Appointments
22	Allison Gentz	Vision Loss
29	HCQU Staff	Question & Answer Session

March

7	Tim Juliano	Adrenal Fatigue
14	Connie Copley	Boosting your Mental Well Being
21	Amy Tobolski	Science of Behavior
28	Allison Gentz	Kidney Disease/Failure/Dialysis



To Enroll: <http://northwesthcqu.learnupon.com>

Letter from the Director

So far December is not giving us much in the way of snow or cold weather, but I am sure that there will be issues going forward. Please be careful while walking, driving, or generally trying to get through the winter. Please remember that we offer trainings on Fall Prevention along with many medical topics, including Boosting Your Immune System, Influenza, and the Fatal 5, as well as Behavioral Trainings such as Stress Management and Family Dynamics. I should also mention Weight Management and Nutrition, which are often set aside around the holidays. If you or the individuals that you support would like these or other trainings, just email Krista at kfitzsimmmons@milestonepa.org to submit a request. We can do trainings virtually, in-person, or you can take classes online via our LMS at <https://northwesthcqu.learnupon.com/>, so keep your requests coming to us.

As always, I encourage you to get outside whenever possible to enjoy the fresh air, but if not outside try to find something indoors to keep you moving and to be healthier. If there is a way that the HCQU can help you now or anytime during the year feel free to call us to schedule a training or request other assistance. Stay safe, drink water, eat fruits and vegetables, and keep on moving.

Darryl

Happy
New Year

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