



# HCQU Northwest



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“In October, we wear pink.” During that month, pink ribbons can be found almost anywhere you look, from business logos to NFL players’ uniforms to t-shirts. While the saying about wearing pink is a play off the movie Mean Girls, in which the

“popular, cool girls” wore pink on Wednesdays, the reason for wearing pink is much more than being “cool.”

October 1985 was when the first Breast Cancer Awareness Month was celebrated. The American Cancer Society joined forces with the pharmaceutical division of Imperial Chemical Industries to hold a week-long celebration. The goal of this was to promote mammograms as an early detection tool. Former First Lady Betty Ford was involved in the commencement of the event. She had been diagnosed with breast cancer while her husband, President Gerald Ford, was in office, which did help draw attention to the disease, given her role. This first event was used to help draw attention to early detection and testing, as well as to encourage women to become more aware of and involved in their breast health. During October, breast cancer fighters and survivors are encouraged to share their stories to educate and enlighten others, possibly saving lives.

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## Breast Cancer Awareness Month

Pink ribbons were not initially part of the awareness month. The first pink ribbons actually were peach! They were distributed in 1991 by a woman named Charlotte Haley to draw attention to what she felt was inadequate funding toward breast cancer research, as she had multiple close family members who had battled breast cancer. Ms. Haley was offered national support by the Estee Lauder Company, but she declined, as she felt it was too commercial. Also in 1991, the Susan G. Komen Foundation gave out pink ribbons to participants in their "Race for the Cure." In 1993, when the Breast Cancer Research Foundation was established by Estee Lauder Company, the pink ribbon became its symbol.

Regardless of symbols, colors, or sayings, the concept is the same across the board – early detection saves lives. Self-breast exams should be performed monthly. The more familiar someone is with their body, the quicker they will notice something abnormal. (Check out this webpage for an easy reference guide for self-breast exams:

[www.nationalbreastcancer.org/breast-self-exam](http://www.nationalbreastcancer.org/breast-self-exam).) It is also recommended that anyone over the age of 40 get yearly mammograms. Someone with a family history of breast cancer may be recommended to get them even earlier. Let's not forget the men also – breast cancer affects a small percentage of them as well (less than 1%). Everyone should be familiar with their own anatomy so something abnormal is noticed more quickly. If you notice an area you are concerned about, make an appointment with your primary care practitioner to get it checked. It's better to be safe than sorry. When detected early and in the localized stage, the 5-year survival rate is around 99%!

So, in October when you're wearing your pink, remember why you are doing so – not just for those who have/had Breast Cancer, but also to help remind yourself and others about the importance of early detection. It can save your life!

Allison Gentz, RN



### What a great class!

We thank you for your dedication to mental health and substance use awareness.

The skills you learn in Mental Health First Aid (MHFA) could be the first line of support for a person experiencing a mental health challenge.

### "Congratulations"

Be the one to make a difference.

## EXPO's





## Speaker of the Month Webinars

**October 18, 2023**

9:30am-11:30am

### **"The Dignity of Risk and the Duty to Care"**

In this 90-minute webinar, Pat Deegan will describe a practical and empowering method for working with folks who may be making self-defeating choices that steer their lives away from their goals and wellness. Using the Dignity of Risk and the Duty to Care, we will learn how to avoid toxic help, while supporting people in getting to the life they want. There will be time for Q&A and discussion. Handouts will empower participants to put what they learn into action immediately.

Presented by:

Pat Deegan



**November 15, 2023**

9:30am-11:30am

### **"Applying Sanctuary/Trauma-Informed Care"**

The more we learn about trauma, the more we understand its prevalence in our society, particularly for people who end up in systems of care. Therefore, our systems of care are evolving to provide services that are trauma-informed. Using the Sanctuary Model – a trauma-informed care model – you will learn the philosophy, concepts, and tools for becoming a trauma-informed agency. You will also have the opportunity to learn about the barriers to change and strategies for addressing from someone who has been there.

Presented by:

Matt Haight



To register for this **free** event, go to <http://northwesthcqu.learnupon.com>.

Let's say you've been having one (or more) of the following symptoms for months (maybe even years): gastro-intestinal problems, brain fog, memory loss, confusion, joint aches, headaches, mood changes (including depression and anxiety), fatigue, or high or low blood pressure. You've changed your diet and lifestyle. You have been seen by your PCP and several specialists. They either have ruled out lots of other possible causes (neurological problems, hormonal imbalances, fungal infections, etc.), or have told you they aren't able to identify what's going on and are referring you to another specialist. Maybe they've tried some treatments or medications that have not helped. You are perplexed, wondering what could be wrong, or maybe thinking you're going crazy. Maybe there's something that was overlooked. Maybe you are suffering from either heavy metal, or mineral, toxicity.

Mercury, lead, chromium, cadmium, thallium, arsenic, selenium, and copper are substances that can enter the body in a variety of ways we may not even be aware of. Mercury (along with several other metals) can make up the amalgam (silver) fillings in teeth. Lead was a base for paint and pipes for decades, especially in older homes (thankfully, not anymore). Copper is used for cookware and water pipes, and (along with selenium and other minerals) is often part of many vitamin and mineral supplements.

These substances can get into the body, move from the bloodstream into the body's tissues, accumulate there, and start causing symptoms, sometimes subtly at first, and which build up over time. The longer they remain in the body, the greater the likelihood they will damage cells, tissues, and organs. Blood testing can be used but may not be very effective in identifying mineral or metal toxicity, since these substances migrate out of the bloodstream and into the tissues fairly quickly. Urine tests can identify certain metals or minerals, but the amount being excreted may be much different than the amount being stored in the body, so these may not be terribly accurate, either. Hair Tissue Mineral Analysis (HTMA) may be the most accurate test available today, since hair is one place that toxic metals can be stored (for more on this type of test, see <https://www.coppertoxic.com/testing>). If you see horizontal white lines, called "Mees' Lines," on your fingernails or someone else's, they could be a sign of metal or mineral toxicity!



Besides stopping exposure to the toxins, treatment usually involves chelation therapy, which introduces a binding agent to attach to the toxins and carry them out of the body. EDTA (ethylenediaminetetraacetic acid) is probably the most common, used in an IV solution, with treatments of about 3 hours each over a period of several months. Natural oral chelation involves taking (by mouth) modified citrus pectin, garlic, banana peel, or some other natural agent mixed with liquid on a daily basis for a period of time (for more, see <https://drruscio.com/heavy-metal-toxicity-symptoms/>). There is plenty of information online about metal and mineral toxicity. I urge you to learn more on your own, and if you suspect that you or someone you support might have this problem, please have a conversation with a physician about it!

Tim Juliano

## The Hard Truth

Did you know? According to SAVE (Suicide Awareness Voices of Education), in 2020, 48,183 Americans died by suicide. Suicide is the 11<sup>th</sup> leading cause of death in the U.S. Every day approximately 132 Americans die by suicide. There is one suicide death in the US every 10.9 mins. Suicide is the 3<sup>rd</sup> leading cause of death for 15 to 24 year old Americans. The highest suicide rates in the U.S. are among white males (26.4), followed by American Indian/Alaska Native males (25), and Black males (14.1). There is one suicide death for every 25 suicide attempts. There are approximately 1,204,575 annual attempted in the U.S. or one attempt every 26.2 seconds.

For some people, suicide is a tough subject to talk about and one that many try to avoid. It is a subject that those who have not been plagued with hopeless, suicidal thoughts, may understand little about. For most, they may wonder what drives so many to take their own lives? Although it is true that suicide is a permanent answer for a temporary problem, a person who is feeling suicidal often sees no other way out. This person may feel as if they are a burden on others and they want to free their loved one from the burden.

How do we know that a person is feeling suicidal? Although it may seem like there were no warning signs, almost always a person thinking of suicide will give clues to how they are feeling. What are some of the warning signs we need to look for?

Hopelessness	Sudden personality changes	Becoming withdrawn
Dramatic Mood Swings	Becoming Rebellious	Losing interest in activities
Neglecting their appearance	Big Changes in eating/sleeping	Discussing Suicide
Seeking Lethal Means	Preoccupation with death	No Hope/Worthless
Getting Affairs in order	Saying Good-Bye	
Sudden Sense of Calmness	Becoming Self Destructive	

If someone you know is thinking about suicide and/or show any of the warning signs above, you can help. You can ask them directly if they are feeling suicidal. If someone tells you that they are having thoughts of suicide, listen to them, without judgment. Don't downplay their feelings-love, support, and encourage them to talk about their feelings. Encourage them to get help. They may need to see a professional, whether it's seeing a counselor, seeking medication, or being admitted to the hospital. Hearing someone talk about suicide may be scary, but know that it takes courage for them to talk about it. If someone is in immediate danger, call 911. Don't make promises to keep what they are telling you a secret. You might have to tell others what they disclose in order to get them the help they need.

**Anyone contemplating suicide or experiencing emotional distress may call, text or chat the 988 Suicide and Crisis Lifeline to speak with a trained counselor who can provide support and connect them to local resources if necessary.**



We as a HCQU strive to serve you and your individuals as effectively as we can. One of our primary methods of assistance is a process called an Individual Review (IR). As a part of this process, we gather information about an individual who may be struggling medically and/or behaviorally to generate suggestions for the treatment team.

If you are new to the process, or if it's been a while, let's take a moment to review the steps of an Individual Review.

1. A request is provided to the HCQU (get the form here: <https://www.milestonepa.org/health-care-quality-units/milestone-hcqu-northwest/forms-and-resources> ). Typically, requests are made by the individual's Supports Coordinator.
2. HCQU staff will contact the requestor to schedule a meeting with the team. Our ability to help ultimately depends upon the information that we receive. Teams requesting an IR may find that the HCQU asks for a great deal of detailed information. We appreciate that gathering this information could be time-consuming; however, we cannot emphasize enough how much of a difference it can make in the effectiveness of the process.
3. Biology and biography interact – a person's history can hold important clues to their current struggles, so any information the team provides is valuable. What may appear as trivial details can, in fact, be significant pieces of information which lead to the resolution of a problem. In addition to documentation, we have found that some of the most helpful information comes from those spending time with the individual on a daily basis and we encourage the involvement of Direct Support Professionals in the IR meetings. An IR meeting typically lasts about two hours.
4. Following the meeting, HCQU staff will compile the information received from the team and available documents, sending it to our consulting medical doctor and/or psychiatrist for review. The clinician and the HCQU staff will discuss and finalize suggestions for the team.
5. The HCQU Clinical Supervisor will write a letter outlining the suggestions the HCQU team identified. This letter will be sent to the Supports Coordinator (and requestor, if different), county AE, HCQU Director, and any other party identified by the county (ex. SC Supervisor) or the individual's support team. Please note that we require a release of information to be signed by the individual if the letter is to be sent directly to anyone outside of the ODP system.
6. HCQU staff would like to reconvene with the team to discuss the suggestions in greater detail and help them prioritize next steps. We are also available to provide free training/s on any medical or behavioral health diagnoses or anything else related to the individual and our suggestions.
7. Follow up: In an effort to ensure that the suggestions we provide are helpful, we would appreciate any feedback the team can provide. We will reach out after the team has had time to implement suggestions – since it can take a while to get referrals/appointments, this is usually around six months after the letter is sent.

## Information We Might Request:

- ISP
- Lifetime Medical History
- Current diagnoses (medical & psychiatric)
- Annual physical exams (*ex. weight gain / loss can have medical or psychiatric implications*)
- Current medication lists / medication history (*ex. we can check for potential medication interactions*)
- Recent lab results (*abnormal results may indicate pathology*)
- Recent hospital stays (medical &) (*sometimes major changes are made during hospital stays*)
- Recent ER visits
- Recent imaging studies (x-ray, CT, MRI) (*especially helpful if they can be compared to previous studies*)
- Family medical and psychiatric history (*many conditions have a genetic component*)
- Most recent psychiatric evaluation
- Psychological evaluations (*often contain details of developmental history not found elsewhere*)
- Data collection/behavior tracking forms (*identifiable patterns give clues to the function of the behavior*)
- Behavioral support plan

Please contact Amy Tobolski at [atobolski@MilestonePA.org](mailto:atobolski@MilestonePA.org) with any questions.

Welcome to the Milestone HCQU NW Training Corner! Thank you to everyone who I've met over the past couple of months for such a warm welcome. Now that the Holiday season is upon us, the rest of the year will fly by and be very busy. With that being said, we've had many requests for On-Demand Speaker of the Month trainings, so that you don't miss out when time gets away from you.

Look for these Trainings by the end of the year:

Karyn Harvey- Relationship Training

Shawn McGill- Supporting People with IDD

Lara Palay- Compassionate Empathy: Supporting & Healing Trauma

And more!...

As always, if you would like to set up an in person training or have questions regarding a training, feel free to email or call me at [kfitsimmons@milestonepa.org](mailto:kfitsimmons@milestonepa.org) or 814-728-9400.

Krista



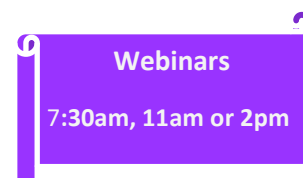
## Webinars

### October 2023

5	Tim Juliano	Osteoporosis
12	Connie Copley	ADHD
19	Amy Tobolski	Trauma & Brain Pt 3: Hope & Healing
26	Allison Gentz	Breast Health/Cancer

### November 2023

2	Tim Juliano	Multiple Sclerosis
9	Connie Copley	De-Escalation
16	Amy Tobolski	S.E.T. Communication
30	Allison Gentz	Urinary System



### December 2023

7	Tim Juliano	Parkinson's Disease
14	Amy Tobolski	Benefits of Laughter

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

## Letter from the Director

Fall has arrived (or possibly you call it Autumn, the Harvest season, or something else) and that means that the weather will get cooler and we will have less daylight each day for a while. I love the changing seasons in northwest Pennsylvania, so I look forward to walking through freshly fallen leaves on a crisp sunny day (usually while hunting or fishing for something but that story would take a lot of typing). What I do not look forward to are the allergies that I experience, the occasional tick on my body, or the aches and pains that happen more often the older that I get. If you or the individuals that you work with would like trainings on Allergies, Fall Prevention, Lyme Disease, and Aging (or some other training topic) just email Krista at [kfitzsimmons@milestonepa.org](mailto:kfitzsimmons@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 request coming to us.

I encourage you to get outside whenever possible to enjoy the fresh air, eat some apples, and enjoy the season. 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 fruit and vegetables, and keep on moving.

Darryl

### Three Ingredient Pumpkin Bread

This bread is so delicious that you could eat the whole loaf in a day.

#### Ingredients

- 1 15 oz can Pure Pumpkin
- 1 box Spice Cake Mix
- 1 egg



#### Instructions

- Combine dry cake mix with canned pumpkin and egg in a large bowl. Mix thoroughly {batter will be VERY thick}. Pour into baking pan sprayed with nonstick spray.
- Bake at 350 degrees for approximately 40 minutes, or until a knife inserted into the center comes out clean. Refer to cake-mix box for pan size and approximate bake time.

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