



NORTHEASTERN PENNSYLVANIA HEALTH CARE QUALITY UNIT

IT'S YOUR HEALTH FALL 2018



Toll Free 1-877-315-6855
www.theadvocacyalliance.org

YOUR BEST SHOT IS THE FLU SHOT!

With fall approaching, it is a sure bet that cold and flu season will soon follow bringing the risk of flu illness. Some people will only be mildly sick or miserable for a few days, but for some, flu can be very serious and may even result in hospitalization or death. The CDC estimates the flu has caused between 140,000 and 710,000 hospitalizations and between 12,000 and 56,000 deaths annually in the United States since 2010. Some people are at higher risk of serious flu illness.

What is the best way to protect yourself and your loved ones from flu? Get a flu shot!



Flu viruses infect the nose, throat, and lungs and can cause a wide range of complications. Complications from the flu can vary from moderate, such as sinus and ear infections to serious, like Pneumonia. This is a serious flu complication that can result

from either flu virus infection alone or from co-infection of flu virus and bacteria. Some possible serious complications triggered by the flu can include inflammation of the heart (myocarditis), brain (encephalitis) or muscle (myositis, rhabdomyolysis), and multi-organ failure (i.e., respiratory and kidney failure). Flu virus infection can trigger an extreme inflammatory response in the body and can lead to sepsis — the body's life-threatening response to infection.

Over the past six flu seasons, the U.S. has experienced several flu seasons with high rates of hospitalization and severe disease. Flu vaccination can help keep you from getting sick from flu. Protecting yourself from flu also protects the people around you who are more vulnerable to serious flu illness.

PEOPLE AT HIGH RISK OF FLU COMPLICATIONS

- Children younger than 5, but especially younger than 2 years old
- People 65 and older
- People with asthma, heart disease, chronic lung disease, and neurological and neurodevelopmental conditions
- People with blood, kidney, liver, endocrine, and metabolic disorders, including diabetes mellitus
- People who have a weakened immune system due to disease or medication
- Pregnant women and women up to two weeks postpartum
- Residents of nursing homes and other long-term care facilities

HCQU Trainings

Our Health Care Quality Unit is always available for trainings for groups large and small. In addition to group trainings, we offer web trainings 24 hours a day/7 days per week. If you are interested in scheduling a training, or have any questions about web trainings, please contact Sharon Falzone Ph.D., Director, Northeastern PA Health Care Quality Unit Toll-free at 1-877-315-6855 or sf@theadvocacyalliance.org.

For a list of our current web trainings please go to <http://www.nepa-hcqu.org/Trainings/trainings.htm>.



REASONS TO GET A FLU SHOT

- ✓ While how well the flu vaccine works can vary year to year depending on the season, there are many reasons to get a flu vaccine every year.
- ✓ Flu vaccination can keep you from getting sick from flu.
- ✓ Getting vaccinated yourself can protect people around you who may be more vulnerable to flu.
- ✓ Flu vaccination can reduce the risk of more serious

flu outcomes, like hospitalizations.

- ✓ Vaccination helps protect women during pregnancy and their babies for several months after they are born.
- ✓ Flu vaccine can be life-saving. In 2017, a study in the journal *Pediatrics* was the first of its kind to show that flu vaccination also significantly reduced a child's risk of dying from influenza.
- ✓ While some people who get a vaccine may still get sick, there is data that suggests flu vaccination may make your illness milder.
- ✓ CDC recommends everyone 6 months and older get a flu vaccine each year.

While the flu vaccine can vary in how well it works, it is the best tool modern medicine currently has to prevent infection with influenza viruses.

In the 2015-2016 influenza season, CDC estimates only 45% of the population were vaccinated and yet the flu vaccine prevented approximately 5.1 million influenza illnesses, 2.5 million influenza-associated medical visits, and 71,000 influenza-associated hospitalizations. CDC experts calculated that a 5 percentage point increase in vaccination rates could have prevented another 500,000 influenza illnesses, 230,000 influenza-associated medical visits, and 6,000 influenza-associated hospitalizations across the entire population.

One of the biggest misconceptions that keeps people from getting the flu vaccine is that it can give you the flu — **this is NOT TRUE**. Although some mild side effects from the vaccine including soreness, injection site redness/swelling, fever, and/or muscle aches, these side effects are NOT flu. Any side effects are usually mild and short-lived, especially when compared to symptoms from a bad case of flu!

Flu vaccines are among the safest medical products in use. Hundreds of millions of Americans have safely received flu vaccines over the past 50 years. There has been extensive research supporting the safety of flu vaccines, and the CDC and the Food and Drug Administration (FDA) closely monitor the safety of vaccines approved for use in the United States.

What vaccine to get this season? In 2017-2018, the CDC recommended the use of injectable influenza vaccines, however the use of nasal spray flu vaccine was not recommended. There is no preferential recommendation for any of the licensed and recommended vaccines yet this season, but both trivalent (three-component) and quadrivalent (four-component) flu vaccines will be available. For the latest list of available flu vaccines, visit <https://www.cdc.gov/flu/faq/flu-vaccine-types.htm>.

It takes about two weeks after vaccination for your body to develop protection against flu. Take your best shot in the fight against flu! Protect yourself and your loved ones, and get a flu shot by the end of October, if possible.

If you have questions, talk to your doctor or other health care professional about the benefits of flu vaccination. Along with CDC, the American Academy of Pediatrics, the American Medical Association, the National Foundation of Infectious Diseases, and many other professional medical groups recommend an annual influenza vaccine.

Take the Pledge!

Individuals with intellectual and developmental disabilities are sexually assaulted at a rate seven times higher than those without disabilities. This needs to change.

As part of a larger “Be Safe” campaign, we encourage you to take the pledge, spread the word, and put an end to the mistreatment of those with intellectual and developmental disabilities.

Ask, Listen, Respect Pledge

- ✓ I will always **ASK** before touching an individual I work with and support. Whether this is to provide medical attention, physical assistance with tasks of daily living, or provide comfort and emotional support, I will ask permission before touching.
- ✓ I will **LISTEN** to what individuals with disabilities say and empower them to make choices about their bodies. I understand that individuals communicate in a variety of ways, and will pay attention to both their words and actions.
- ✓ I will **RESPECT** the individual’s choice, and empower them to continue making choices about their bodies and have their voices be heard.

For additional resources and to learn what you can do to ensure the safety of those in the ID/DD community visit paautism.org/BeSafe

Credit: <http://www.paautism.org/Search-Results/Search-Results?searching=pledge>



Check out these websites mentioned in this edition of “It’s Your Health”

<https://www.cdc.gov/steady/materials.html>

<https://www.ncoa.org/healthy-aging/falls-prevention/falls-prevention-awareness-day/>

<https://www.mayoclinic.org/healthy-lifestyle/healthy-aging/in-depth/fall-prevention/art-20047358>

www.myodp.org

<http://www.paautism.org/>

<https://www.cdc.gov/flu/professionals/infectioncontrol/ltc-facility-guidance.html>

<https://www.cdc.gov/flu/faq/flu-vaccine-types.htm>

www.ncoa.org/FallsPrevention

www.eldercare.gov

DUAL DIAGNOSIS CURRICULUM

The Dual Diagnosis Curriculum is part of a joint initiative of the Commonwealth of Pennsylvania, Office of Mental Health and Substance Abuse Services (OMHSAS) and the Office of Developmental Programs (ODP) to address the needs of people who have an intellectual disability as well as mental health challenges. To set up an account to take the trainings, go to www.myodp.org.

THE DUAL DIAGNOSIS CURRICULUM CONSISTS OF THE FOLLOWING MODULES:

AUTISM SPECTRUM DISORDER — Core features of autism: social-interaction, communication, and restrictive, repetitive behaviors and how these core features can be observed.

COMMON CHRONIC HEALTH CONDITIONS — Focuses on how chronic health conditions affect people with an intellectual disability and/or a dual diagnosis, and how chronic conditions may affect people's lifestyles.

COMMON MEDICATIONS AND SIDE EFFECTS — People with an intellectual disability are more likely to be prescribed multiple medications; the need to know the reason for medications, side effects and what to observe, document and report.

COMMUNICATING WITH THE PCP AND OTHER SPECIALISTS — Importance of reporting necessary information to the physician, and documenting the outcome of the appointment to ensure doctor's orders are followed.

COMMUNICATING WITH THE PSYCHIATRIST — From the psychiatrist's perspective, the information that the psychiatrist needs from the team and the person receiving psychiatric care in order to optimize the psychiatric outcomes.

CRISIS SUPPORTS AND DEBRIEFING — This training provides the Direct Supporter with the information necessary to recognize what constitutes a crisis situation; utilize positive crisis prevention techniques; and identify positive de-escalation techniques.

DUAL DIAGNOSIS IN THE UNITED STATES: PAST, PRESENT, AND FUTURE — Working knowledge of the history of intellectual disability, identifying ways in which the future of dual diagnosis services can benefit individuals with intellectual disability.

FUNCTIONAL BEHAVIORAL ASSESSMENT AND BEHAVIOR SUPPORT PLANNING — Overview for providers and other agencies regarding what a functional behavior assessment is, how it is developed and why it is utilized.

INTELLECTUAL DISABILITY AND PSYCHIATRIC DISORDERS — Overview of Anxiety, Mood, Psychotic, Personality and Substance Use/Dependent Disorders from a Dual Diagnosis standpoint.

MENTAL HEALTH THERAPY AND DUAL DIAGNOSIS — What mental health therapy is, why it is beneficial, the role of the team in the therapy process and the therapist's responsibility to the person and team members.

MENTAL HEALTH WELLNESS AND RECOVERY — Identifies mental health wellness; as well as ways in which an individual can achieve and maintain mental health wellness. Mental health wellness tools and supports such as Wellness Recovery Action Plans (W.R.A.P.©) and Certified Peer Specialists are outlined and discussed.

NAMING IT: MENTAL HEALTH CHALLENGES AND PEOPLE WITH AN INTELLECTUAL DISABILITY — How "Naming It" is important to recovery; recognizing the need for increased mental health supports for those with an intellectual disability.

OLDER ADULTS AND DUAL DIAGNOSIS — Understanding of the health issues associated with the normal aging process. This session contains three sections: general information, body systems and mental health.

OVERVIEW OF SYNDROMES — Becoming aware of many syndromes which people with an intellectual disability may have; also a discussion regarding general syndromes.

PSYCHOTROPIC MEDICATION — Identify different classes of psychotropic medications and related psychiatric disorders including symptoms; also the importance of baseline as it relates to observing and recognizing target symptoms of mental health challenges.

THE ROLE OF EVERYDAY LIVES AND RECOVERY — Importance of empathy, trust and rapport in the caregiving process; 14 components of Everyday Lives and their relation to the role of Direct Supporters are presented.

SIGNS AND SYMPTOMS OF PHYSICAL ILLNESS — Examples given of why individuals with intellectual disability are more at risk for unrecognized illnesses or injuries. How physical health concerns are communicated behaviorally and the importance of observation as well as written and verbal communication will be covered.

STRESS MANAGEMENT FOR THE DIRECT SUPPORTER — Understanding the causes of stress and its effects on the body systems; information to help cope with stress and reduce its effects in their lives and incorporating stress reduction techniques into daily lives.

TARGET SYMPTOMS OF MENTAL ILLNESS VS. CHALLENGING BEHAVIOR — Defining target symptoms of mental illness, defining challenging behaviors, and recognizing the physical and environmental factors that can be confused with target symptoms of mental illness.

UNDERSTANDING TRAUMA-INFORMED CARE AND STRESSFUL LIFE EVENTS — Providing an understanding of the definition of trauma, recognizing the symptoms of someone who has been affected by trauma, learning methods for creating a trauma informed system of care and an understanding of if or when to refer someone for trauma specific treatment.

“THE FATAL FOUR”

There are four major health issues that are common among individuals with intellectual and developmental disabilities (IDD) residing in congregate care settings or in community-based residential settings. They are commonly referred to as “The Fatal Four” because they are linked to preventable deaths in persons with IDD. As more individuals with IDD move into community settings, direct support professionals (DSPs) need to be familiar with these common medical conditions. They are aspiration, dehydration, constipation, and seizures.

ASPIRATION — Movement of saliva, liquid, food, vomit, or other endogenous or exogenous matter into the airway. A cough during eating or drinking can be the only presenting sign of aspiration. Poor body positioning, especially in individuals who cannot control their own movements or have behavioral issues related to eating, can increase the risk of aspiration.

DEHYDRATION — The lack of sufficient body water and fluids. Persons with IDD are prone to experiencing loss of appetite, nausea and vomiting, poor oral health, insufficient mechanical means to chew food, or difficulty swallowing, all of which may lead to dehydration. It could be as simple as the persons’ inability to express that they are thirsty or to walk to get a glass of water

SEIZURES — An involuntary alteration in behavior or physical findings that is present after abnormal electrical brain activity. They can be very challenging to manage due to the variations in presentation among individuals with IDD. Persons with seizures may present with generalized convulsions, loss of consciousness, body stiffness and jerking, and deep sleeping following the seizure activity

CONSTIPATION — Consists of fewer than three bowel movements in a week or having bowel movements with stools characterized as dry or hard in consistency, or small in size that lead to painful and difficult passage of stool. Symptoms include decreased bowel sounds, vomiting, abdominal bloating and rigidity, fever, seizures, or behavioral outbursts. Can lead to medication intoxication due to increased absorption time as a result of slower bowel transit time.

Coming Soon: “Fatal Four” Training Dates and Locations for Northeast Region.

November is
Fall Prevention Month



6 Tips to Help your
Senior Loved One
Prevent Falls:

DID YOU KNOW THAT 1 IN 4 OLDER AMERICANS FALLS EVERY YEAR? FALLS ARE THE LEADING CAUSE OF BOTH FATAL AND NONFATAL INJURIES FOR PEOPLE AGED 65+.

Falls can result in hip fractures, broken bones, and head injuries. Even falls without a major injury can cause an older adult to become fearful or depressed, making it difficult for them to stay active. If you have an aging parent, grandparent, or neighbor in your life, helping them reduce their risk of falling is a great way to help them stay healthy and independent as long as possible.

THE GOOD NEWS ABOUT FALLS IS THAT MOST OF THEM CAN BE PREVENTED. THE KEY IS TO KNOW WHERE TO LOOK. HERE ARE SOME COMMON FACTORS THAT CAN LEAD TO A FALL:

BALANCE AND GAIT — As we age, most of us lose some coordination, flexibility, and balance—primarily through inactivity, making it easier to fall.

VISION — In the aging eye, less light reaches the retina—making contrasting edges, tripping hazards, and obstacles harder to see. New research suggests hearing loss can also contribute to the risk of falling.

MEDICATIONS — Some prescriptions and over-the-counter medications can cause dizziness, dehydration or interactions with each other that can lead to a fall.

ENVIRONMENT — Most seniors have lived in their homes for a long time and have never thought about simple modifications that might keep it safer as they age.

CHRONIC CONDITIONS — More than 90% of older adults have at least one chronic condition like diabetes, stroke, or arthritis. Often, these increase the risk of falling because they result in lost function, inactivity, depression, pain, or multiple medications.



**“Safety
doesn't
happen by
accident.”**
— Unknown

6 EASY STEPS YOU CAN TAKE TO HELP YOUR OLDER LOVED ONE REDUCE THEIR RISK OF A FALL:

1. ENLIST THEIR SUPPORT IN TAKING SIMPLE STEPS TO STAY SAFE.

Ask your older loved one if they're concerned about falling. Many older adults recognize that falling is a risk, but they believe it won't happen to them or they won't get hurt—even if they've already fallen in the past. If they're concerned about falling, dizziness, or balance, suggest that they discuss it with their health care provider who can assess their personal risk and suggest programs or services that could help.

2. DISCUSS THEIR CURRENT HEALTH CONDITIONS.

Find out if your older loved one is experiencing any problems with managing their own health. Are they having trouble remembering to take their medications—or are they experiencing side effects? Is it getting more difficult for them to do things they used to do easily? Are hearing and vision changes becoming problematic?

Also make sure they're taking advantage of all the preventive benefits now offered under Medicare, such as the Annual Wellness visit. Encourage them to speak openly with their health care provider about all of their concerns.



3. ASK ABOUT THEIR LAST EYE CHECKUP.

If your older loved one wears glasses, make sure they have a current prescription and they're using the glasses as advised by their eye doctor.

Remember that using tint-changing lenses can be hazardous when going from bright sun into darkened buildings and homes. A simple strategy is to change glasses upon entry or stop until their lenses adjust.

Bifocals also can be problematic on stairs, so it's important to be cautious. For those already struggling with low vision, consult with a low-vision specialist for ways to make the most of their eyesight.

4. NOTICE IF THEY'RE HOLDING ONTO WALLS, FURNITURE, OR SOMEONE ELSE WHEN WALKING OR IF THEY APPEAR TO HAVE DIFFICULTY WALKING OR ARISING FROM A CHAIR.

These are all signs that it might be time to see a physical therapist. A trained physical therapist can help your older loved one improve their balance, strength, and gait through exercise. They might also suggest a cane or walker, and provide guidance on how to use these aids. Make sure to follow their advice. Poorly fit aids actually can increase the risk of falling.

5. TALK ABOUT THEIR MEDICATIONS.

If your older loved one is having a hard time keeping track of medicines or is experiencing side effects, encourage them to discuss their concerns with their doctor and pharmacist. Suggest that they have their medications reviewed each time they get a new prescription.

Also, beware of non-prescription medications that contain sleep aids—including painkillers with "PM" in their names. These can lead to balance issues and dizziness. If your older loved one is having sleeping problems, encourage them to talk to their doctor or pharmacist about safer alternatives.

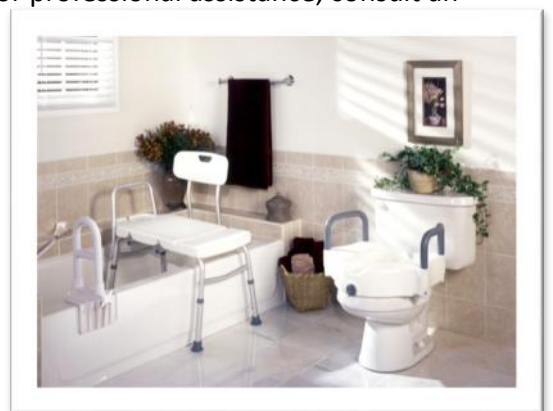
6. DO A WALK-THROUGH SAFETY ASSESSMENT OF THEIR HOME.

There are many simple and inexpensive ways to make a home safer. For professional assistance, consult an Occupational Therapist. Here are some examples:

LIGHTING — Increase lighting throughout the house, especially at the top and bottom of stairs. Ensure that lighting is readily available when getting up in the middle of the night.

STAIRS — Make sure there are two secure rails on all stairs.

BATHROOMS — Install grab bars in the tub/shower and near the toilet. Make sure they're installed where your older loved one would actually use them. For even greater safety, consider using a shower chair and hand-held shower.



For more ideas on how to make the home safer, the Centers for Disease Control (CDC) offers a home assessment checklist in multiple languages. Visit www.cdc.gov and search "falls checklist" to download a copy. Partner with your older adult loved one to do a home assessment and discuss opportunities to improve safety.

The National Council on Aging, U.S. Administration on Aging, and U.S. Centers for Disease Control also promote a variety of community-based programs, like A Matter of Balance, Stepping On, and Tai Chi, that can help older adults learn how to reduce their risk of falling. Contact your Area Agency on Aging (AAA) to find out what's available in your area. You can find your local AAA by visiting www.eldercare.gov. To learn more about falls prevention, please visit www.ncoa.org/FallsPrevention.

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Ideas for Our Newsletter?

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