Central PA Health Care Quality Unit

February 2017 Volume 17, Issue 2

HEALTHY OUTCOMES

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Welcome to the



the HCQU's Heart Month New Director

By Patricia Patterson, RN

Most people start the new year with goals about getting in shape, eating healthier, being more active or getting out of debt. Cheryl Callahan raised her own "New Year - New You" bar to pole vault height and accepted the leadership role of the Central PA HCQU Director. On January 6, 2017 Lynn Libby retired leaving behind a

program she nurtured into maturity dating back to its inception in 2001. Lynn prided herself in fostering a climate that encouraged her team to continuously improve the quality of their work, while recognizing their contributions and commitment to making a difference in the lives of the individuals they support. She was determined to leave this program in the hands of someone committed to continue her quest for the greater good of the individuals we serve.

One of the best steps Lynn took when she was creating her succession plan was to look closely at the internal talent already contributing to this successful department. Lynn didn't have to search long or hard for a potential leader. Cheryl, Regional HCQU nurse for Northumberland County, has been with the HCQU program since October 2001 and a Geisinger employee for a total of 28 years. As her manager, Lynn recognized the potential and motivation



Cheryl had as a successor. Cheryl consistently demonstrates flexibility, leadership, trustworthiness and selfmotivation. Certified in Developmental Disabilities, she has been in the trenches and knows firsthand the program mission and vision. The HCQU team recognizes her value as a strong individual and as a contributor who will be an equally solid team leader.

(Continued on page 5)

The information offered in this newsletter is to increase your awareness of health related conditions and situations. It is not intended to be a substitute for professional medical advice. If you believe you or someone you support has a condition, please seek the advice of a physician.

Page 2 | February 2017



What is it? What to do...



by Berkeley Wellness

Frostbite occurs from exposure to cold weather. Temperature and length of exposure determine how quickly frostbite occurs. The wind-chill factor is also critical: At 30°F, with no wind, exposed hands would only become frostbitten after prolonged exposure. But at the same temperature in a 40-mile-anhour wind, the wind-chill equivalent is 4°F, and frostbite becomes a real risk.

Risk of frostbite also increases if you are wearing damp clothing, have consumed alcohol, have a below-average percentage of body fat, or have a previous history of frostbite.

Signs of frostbite

Frostbite can be insidious if you've been out in the cold a while and your skin and extremities already feel cold and numb, you may not notice that it has set in. Once it has set in, symptoms can progress from mild to serious, designated by the following categories:

Frostnip. The first hint of

(Continued on page 5)

CHOCOLATE on the BRAIN



by Berkeley Wellness

The news keeps getting sweeter about dark chocolate and other cocoa products. Since we last reviewed the research, several studies have further highlighted its potential for bettering cardiovascular health—by improving arterial function, for instance, which can help lower blood pressure. The latest research finds that cocoa can also aid the brain.

Chocolate's health benefits are largely attributed to compounds called flavonoids—related to those in tea, red wine, grape juice and many other plant foods. The new study, done by Italian researchers and published in *Hypertension*, involved 90 people over 65 with mild cognitive impairment (MCI). This condition causes memory problems more serious than those seen with normal aging, but less severe than those of dementia. It's estimated that 20 percent of people over 70 have MCI and that 5 percent of those with MCI progress to dementia each year.

Every day the subjects drank a cocoa beverage, which contained either high, intermediate or low levels of flavanols (a key subclass of flavonoids). Their diets were controlled to eliminate other sources of flavanols. After eight weeks, the high-flavanol group did better on a series of memory, verbal fluency and other cognition tests, followed by the intermediate-flavanol *(Continued on page 7)*

Healthy Outcomes



by Berkeley Wellness

Most of us know that chest pain or pressure is a key symptom of a heart attack. But studies show that many people don't recognize other symptoms or don't seek emergency help right away perhaps out of denial or because they are embarrassed that the problem will turn out not to be serious. There are also differences between how men and women experience, and respond to, heart attack symptoms.

A heart attack is one situation where it's critical to get the right help—fast. Receiving medications or a procedure to relieve a blocked artery within two hours after the onset of symptoms greatly increases not only your chances of surviving the heart attack, but of recovering with less damage to the heart muscle.

Symptoms of a heart attack

Chest pain that feels crushing or spreading is the most common symptom of heart attack for both women and men. It's not wise to try to explain it away. **Shortness** of breath, in particular, and radiating pain in one or both arms are other symptoms to take seriously. Additional warning signs include:

- ♥ Nausea and vomiting
- Heavy sweating
- Pain in the jaw, head or shoulders
- A feeling of intense anxiety or malaise

Women and heart attack symptoms

More than one study has shown that women are less likely to identify their own heart attack symptoms and thus may postpone seeking help. This is in part because their heart attack symptoms are different, more diverse, and less well known than those that typically occur in men. Women having a heart attack are somewhat more likely to experience nausea, pain in the jaw, neck, shoulder, back, or ear, and a feeling of intense anxiety. (Surprisingly, research has found that one-third of people having a heart attack, including women, don't have chest pain.)

Women often fear being perceived as hypochondriacs if it turns out not to be a heart attack. After experi-



encing such atypical symptoms, Rosie O'Donnell, for example, waited until the next day to see her doctor. Doctors may not recognize a woman's symptoms, either. Prompt treatment means a better prognosis—a small delay, sometimes even minutes, can make a big difference.

(Continued on page 7)

Page 4 | February 2017

Healthy Outcomes

ANTIDOTES TO

by Berkeley Wellness

For most of us, worry is at least an occasional visitor. Like anxiety, it is manageable in smaller amounts, but in larger doses can become crippling. In particular, worry about health or finances (or the recent presidential election) has spoiled many a night's sleep. Waiting for the results of a medical test can almost seem worse, emotionally, than actually having the disorder you're being tested for.

Though scientists don't fully understand how, worry can make you sick. Most immediately, it can cause symptoms such as headaches, fatigue, and nausea. Persistent, uncontrollable worrying can spill over into mental and possibly even chronic physical illness. If you or someone in your family is disabled by worry, or is always depressed and anxious about the future, it's wise to seek professional help. Counseling and, in some cases, medication can be useful.

Some worry-reducing strategies

- Odd as it sounds, it may help to schedule a worry period. Initially, give your worries 15 to 30 minutes every morning or afternoon; try to come up with at least one constructive solution, and then move on. If your worries pop up later, try to focus on something else.
- Try to distract yourself. Go out for a meal and a movie. Exercise can be particularly helpful. Get away for the weekend, if possible.



- Learn some meditative skills. Listen to music, if that helps you. Take up some activity that calms you, whether it's knitting, cycling, or deep breathing.
- Worry can keep you from thinking clearly. Ask yourself what purpose your worrying serves. Taking action to solve a problem is often an antidote for worry.



Annual Fundraiser

Tickets are now available at the office for The Arc of Susquehanna annual fundraiser to be held in April. The tickets are \$20 each. If you are interested in purchasing tickets to this wonderful event, please contact Linda Wenrich, Administrative Assistant at <u>pfarc@ptd.net</u> or call 570-286-1008. ♥



The upcoming PPC meeting will be held on Tuesday, February 28, 2017 at the Training Center, Room 141 on the grounds of Selinsgrove Center.

The meeting will begin at 10 a.m. and run until 12 noon.

The committee will be planning future initiatives that focus on positive practices/approaches for people.

Please bring any cases you want to present to the group for discussion. ♥

New Director...

(Continued from page 1)

In addition to being groomed by a very dynamic and visionary director, Cheryl comes with a wealth of mental health and intellectual disabilities experience that will add richness to our organization. She has already enthusiastically embraced her new role and begun her cadence of meetings and management duties. The transition to sustain the team's overall momentum while bringing new energy and fresh ideas has begun.

In life we must always celebrate happy endings and new beginnings. Congratulations on your new role, Cheryl. •

Frostbite...

(Continued from page 2)

frostnip is numbness, followed by a whitening of the tissue—a change that can take place very quickly. Skin may also start to harden. Frostnip usually affects the nose, ears, hands, or feet.

Superficial frostbite. If frostnip progresses to superficial frostbite, the area will appear very white and waxy and will feel hard on the surface, yet will have its normal resilience in the lower layers.

Deep frostbite. At this stage, the tissues can turn blotchy or blue and will be very hard, without any underlying resilience. Blistering may also occur.

Immediate care for frostbite

If you do not get out of the cold, frostnip will progress to frostbite—and at that point, medical attention is required to avoid severe damage to skin. If you notice signs of either superficial or deep frostbite, contact the nearest doctor or hospital emergency room.

Treatment for each type of frostbite varies. But until medical aid is available, several guidelines apply to all three types:

- Never massage or rub frostbitten areas (with or without snow).
- Do not apply any ointments.
- Get out of the cold, if possible.
- Don't drink alcoholic beverages.
- When checking any frostbitten part of the body, press very gently. Be careful not to hit, bump, or rub the area.

(Continued on next page)

Signs of Frostbite on

the skin

Frostbite...

(Continued from previous page)

- **For frostnip**, apply warmth directly. Blow on the areas, or get someone else to do so; if your nose is frostnipped, apply your hands. If it's your hands that are freezing, put them in your armpits. Your skin will probably burn and tingle as it warms, but there should be no lasting injury.
- **For superficial frostbite**, warm the affected areas. Superficial frostbite requires medical attention, but there are some steps you should take first. Once you've gotten out of the cold, warm the area, preferably by immersion in warm water (100°F to 105°F—a temperature that should feel comfortably warm, but not hot, to undamaged skin). The warming process may be uncomfortable. Keep adding warm water as necessary, but take care that the water doesn't get too hot. Avoid dry heat or uncontrolled heat sources such as campfires, since the affected area is numb and can be easily burned. Also, don't try to walk on frostbitten feet, and avoid the temptation to rub frostbitten hands or fingers. On the way to the doctor, keep the area warm.
- **For deep frostbite,** get to an emergency room. Don't try to administer first aid or thaw the tissue. Wrap the frozen area in a blanket or other soft material to prevent bruising, and keep it elevated, if you can, on the way to the hospital.

Tips for preventing frostbite

- Proper clothing and some commonsense precautions are the key to preventing frostbite.
- Be careful when temperatures dip below 20°F. The risk of frostbite is much higher, so plan carefully before going outside. A cold wind will accentuate the chilling of tissue, and altitude is also a factor: it's generally colder at higher elevations.
- Use skin moisturizer before going outside. This will slow the loss of body heat. Apply it to your hands, face, and any other body part that may become exposed to the cold.
- Dress appropriately for the conditions. Dress in layers; make sure that the outer layer is windproof and waterproof. Footwear should be watertight. Make sure ears, nose, and face are adequately covered. For extra protection, wear a face mask.
- Wear heavy mittens instead of gloves. When the fingers are together in the mitten, their collective body heat keeps the hand warmer.
- Don't drink alcoholic beverages. Although alcohol gives the illusion of warmth, it causes heat loss by dilating the blood vessels; it may also cause you to ignore critical frostbite signals.
- Don't smoke. Nicotine impairs blood flow by constricting small blood vessels in the skin.
- Never touch very cold metal with your bare hands. Moisture on the skin will cause it to stick to the metal, leading to damaged skin.



- Be careful at the gas pump. Gasoline splashed on exposed skin in freezing temperatures lowers skin temperature, making it more susceptible to frostbite.
 - Equip your car. When traveling during the winter, keep a blanket or sleeping bag in your car at all times. If weather conditions force you to pull over to the side of the road, use the covers or bag to keep warm. Unless you're properly dressed, don't leave the car in frigid weather; you put yourself at higher risk. ♥



Chocolate

(Continued from page 2)

group. Their blood pressure, blood sugar control and oxidative stress levels also improved.

Though flavonoids may have direct effects on neurons and neurodegenerative processes, the

researchers concluded that the cognitive benefits were related primarily to better insulin sensitivity, which affects blood sugar control as well as brain function.

But the benefits may also derive from the cocoa's effects on cardiovascular health in general—and blood pressure and blood flow in particular—since so much of what's good for the heart is also good for the brain.

What to keep in mind

Not all chocolate or cocoa is rich in flavonoids. In general, the darker the chocolate, the more flavonoids, but it's hard to judge. The "percent cocoa" listed on some labels is not a reliable gauge. When cocoa powder is highly processed—called Dutch or alkali processed—flavonoids are destroyed. The low-flavonoid drink used in the study contained such highly processed cocoa. The flavonoid-rich cocoa, supplied by *Mars*, was processed to retain more of these compounds. (*Mars* also funded the study, and one author worked for the company.)

Other flavonoid-rich foods and beverages, such as grape juice and tea, have also been linked to cognitive benefits in observational, lab and animal studies. The new study may be the best clinical trial so far testing the effect of a specific food on cognitive function.

But don't assume that chocolate is the only, let alone best, way to protect your aging brain or that it's a cure for MCI. No one knows what level of flavonoids are needed to improve or maintain brain health, or if the effect would continue in the longer term.

Bottom line: This research is even more reason to like dark chocolate. Just keep an eye on the calories and sugar content. **•**

Heart Attack...

(Continued from page 3)

Most women have not been educated about the less common symptoms of a heart attack. And even if they have chest pain and other classic symptoms, they may believe that heart attacks are a man's disease. They see breast cancer as their biggest enemy—and this misperception may contribute to misinterpreting heart attack symptoms ("Not me, I'm a woman").



Yet heart disease is still the leading cause of death for both women and men in the U.S. and Canada, and women's risk of heart attack rises sharply after menopause.

Immediate care for a heart attack

For men and women—or anybody assisting a person with chest pain—the first goal is to get expert medical help as fast as possible. Don't panic. Do the following:

- Call 911 (or have someone else call) and report that you are having a heart attack.
- Chew and swallow an aspirin (full size). This will help dissolve the blood clot if there is one.
- Don't drive yourself to the hospital or be driven by someone. Waiting for an ambulance will lead to faster treatment and could be lifesaving. Emergency medical services (EMS) workers not only can begin treatment on site and enroute to the hospital, they can also communicate crucial medical information to the hospital to speed things up when the patient arrives.



February 2017 | Page 7

Healthy Outcomes

One-Bowl Chocolate Cake

This easy-to-make chocolate cake is dark, moist, rich—and only dirties one bowl! Not quite as easy as boxed cake mixes, but those often contain trans fats. Our simple "from scratch" recipe gives you a home-baked cake with healthful canola oil and whole-wheat flour.

³/₄ cup plus 2 tbsp. whole-wheat pastry flour (see Ingredient Note)

 $^{1\!/_{\!2}}$ cup granulated sugar

¹/₃ cup unsweetened cocoa powder
1 tsp. baking soda
¹/₂ cup nonfat buttermilk, (see *Tip*)
1 large egg, lightly beaten
1 tsp. vanilla extract
Confectioners' sugar, for dusting

1 tsp. baking powder ¼ tsp. salt ½ cup packed light brown sugar 2 tbsp. canola oil ½ cup hot strong black coffee



Preheat oven to 350°. Coat a 9-inch round cake pan with cooking spray. Line the pan with a circle of wax paper. Whisk flour, granulated sugar, cocoa, baking powder, baking soda and salt in a large bowl. Add buttermilk, brown sugar, egg, oil and vanilla. Beat with an electric mixer on medium speed for 2 minutes. Add hot coffee and beat to blend. (The batter will be quite thin.) Pour the batter into the prepared pan. Bake the cake until a skewer inserted in the center comes out clean, 30 to 35 minutes. Cool in the pan on a wire rack for 10 minutes; remove from the pan, peel off the wax paper and let cool completely. Dust the top with confectioners' sugar before slicing. **Ingredient Note:** Whole-wheat pastry flour, lower in protein than regular whole-wheat flour, has less gluten-forming potential, making it a better choice for tender baked goods. You can find it in the natural-foods section of large supermarkets and natural-foods stores. Store in the freezer.

Tip: No buttermilk? You can use buttermilk powder prepared according to package directions. Or make sour milk: mix 1 tablespoon lemon juice or vinegar to 1 cup milk.

Per serving: 139 calories; 3.0 g fat(0.0 g sat); 2.0 g fiber; 27.0 g carbohydrates; 2.0 g protein; 3.0 mcg folate; 16 mg cholesterol; 19.0 g sugars; 18.0 g added sugars; 22.0 IU vitamin A; 0.0 mg vitamin C; 38.0 mg calcium; 1.0 mg iron; 212 mg sodium; 63.0 mg potassium



Day of Wellness APRIL 26, 2017

10 A.M. – 2 P.M. Schuylkill Mall, Frackville, PA

FMI: <u>smlong@geisinger.edu</u>

Health & Wellness Fair OCTOBER 19, 2017

9 A.M. – 2 P.M. First Baptist Church, Danville, PA FMI: <u>Igmurphy@geisinger.edu</u>

Sponsored by the Central PA Health Care Quality Unit and Intellectual/Developmental Disability Provider Agencies of Schuylkill County

All Are Welcome!