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 and Wheeler counties

American Heart Month

Progress Against Heart Disease Stalls; Death Rate Rises

After decades of dramatic progress, the death rate for heart disease has begun to show a slight increase.

The death rate for heart disease has been declining during the past four decades due to public health campaigns, the introduction of medication to control high blood pressure and diabetes, and better medical care for people who suffer a heart attack, according to the Centers for Disease Control.

Until 2011, heart disease was set to be replaced by cancer as the number one killer in the U.S., but the decline in heart disease deaths slowed. Then, in 2015 the death rate from heart disease started rising, by 0.9 percent, keeping it as the leading cause of death in the US.

Heart disease wasn't the only disease rising in 2015. Eight of the 10 leading causes of death increased.

These changes have had the most significant impact on life expectancy since 1997 with the overall death rate up 1.2 percent and life expectancy down to 78.8 years, according to the Wall Street

Journal.

It is too early to tell whether this is just a temporary increase or the beginning of a more permanent change of direction, experts say.

Researchers from Kaiser Permanente, Northern California division of research, blame increasing levels of obesity for the rise in heart disease related deaths. The death rate for the elderly has remained relatively unchanged over time, but as obesity has increased, more middle-aged people are dying.

When compared with the early 1970s, levels of obesity have more than doubled for adults and tripled for teenagers. Obesity causes high blood pressure, high cholesterol and diabetes, all of which are major risk factors for heart disease.

Controlling the major risk factors is seen as the key to bringing heart disease related deaths back down. Cardiac rehabilitation, for people who have already suffered a heart attack, could also be used more effectively to reduce future heart-related deaths.



Pre-admission Screening and Resident Review (PASRR)

Submitted by: Elvire Sanders-Blakemore, Developmental Health Director

The Pre-admission Screening and Resident Review called “PASRR” is a federally mandated program that requires all states to pre-screen all individuals seeking admission to a Medicaid certified nursing facility. The PASRR must be administered to identify the following people:

- Individuals with mental illness, intellectual disability, developmental disability or related conditions.
- Those that are eligible for medical necessity in a nursing facility or
- Individuals that are eligible for Specialized Services, which include alternate placement assistance, usually in a group home; employment assistance; supported employment; day habilitation; independent living skills; and
- Behavioral support

Pamela Arganbright and Leslie Sheets are the two designated IDD PASRR service coordinators for Texas Panhandle Centers. These ladies share the twenty-one counties that we serve in the Texas Panhandle and are currently serving fifty-six clients in nursing facilities that are diagnosed with intellectual disabilities. We have two nursing

facility clients that are currently attending TPC’s day habilitation programs, and one individual who is receiving independent living skills services. Because most of the clients served by Pam and Leslie desire to remain in the nursing facilities, not work, or attend day habs, we are educating them on the PASRR specialized services and are hoping that they would be interested in receiving some of these services, such as the independent living skills, or behavioral support from their placement in the nursing facility.

If there are PASRR clients in any of the nursing facilities we serve that would like to leave the group home and live in the community, we are able to request a diversion slot through HHSC/DADS. Once eligibility is established through our Intake department, the enrollment process begins for placement in an HCS (Home and Community Services) group home.

The PASRR program focuses on people with disabilities that are placed in nursing facilities by making sure they are presented with living options, and specialized services to enhance and enrich their lives. Pam and Leslie provide education, advocacy, and monitoring to those individuals on their caseloads and have developed special relationships with them, the nursing facility staff, and the families of their clients.



Happy Valentine's Day!

Romance aside, Valentine's Day can be a frantic event, but lucrative for greeting card makers, florists, and restaurateurs. In 2017 your chances of being taken out to dinner are not very good since Feb. 14 falls on a Tuesday.



How long has all of this been going on? Historians trace the roots of Valentine's Day back to the fertility festival of Lupercalia in Roman times. With spring in the offing, both birds and humans were beginning to be more affectionate.

The love notes started a few hundred years later, prompted by the good St. Valentine, and in centuries to follow, the custom spread throughout Europe and was carried to North America. Greeting card makers couldn't be happier. After Christmas, people buy more Valentines than any other type of greeting card. Some 8.4 billion affectionate and funny cards are expected to be sold for Valentine's Day 2017.

Flowers have long been a symbol of love and caring. They were especially handy a century ago when many lovers were illiterate and could not write a love note or read one.



For most florists, Valentine's Day is the busiest and most hectic day of the year. Many sell thousands of roses, the most preferred Valentine flower. And air freight companies go into high gear as well. Many flowers are grown in South America. According to the numbers from 2016:

Happy
Valentine's
Day

\$1.7 billion: Amount that will be spent on candy, according to Financial Times.

\$1.9 billion: Amount that will be spent on flowers.

\$19.7 billion: Total amount that will be spent on Valentine's Day gifts.

\$681 million: Total that consumers will spend on their pets.

NAMI FAMILY-TO-FAMILY EDUCATION PROGRAM

FREE for family members and loved ones
of individuals with

**Major Depression
Bipolar Disorder (Manic Depression)
Schizophrenia and Schizoaffective Disorder
Post-traumatic Stress Disorder
Borderline Personality Disorder
Panic Disorder and Obsessive Compulsive Disorder
Co-occurring Brain Disorders and Addictive Disorders**

Room 105 of Polk St. United Methodist Church, 1401 S. Polk St. This free support group is for family members and loved ones of those living with mental illness. It offers support, advice, and help with resources. Enter from Polk St. where the "Office" and "Elevator" signs are.

Call (806) 678-7385 for dates and times

Margie Netherton, President of NAMI Texas Panhandle, the local affiliate of the National Alliance on Mental Illness



"Make sure you remove all the cookies
when you're done."



"After dinner we went to his place. It was
really quite nice. I was expecting a sty."

Welcome these New Employees...

Brian Hardin	Adult Probation & Parole
Natalie Rodriguez	Browning Group Home
Emily Hutson	IDD Service Coordination
Sabatware Kagame	Wayne Group Home
Rachel Pool	BH Screening & Intake
Nuria Marquez	STAR Program
Abigail Velo	ACT Team
Titilayo Dixon	IDD Respite
Juanita Vanegas	Utilization Management
Brandy Simpson	Browning/Alternate Living
Carizma Vaquera	Browning/Alternate Living



Are You Stressed Out?

A crazy deadline at work. A grinding traffic jam. The causes of stress range from common frustrations like these to traumatic experiences like going through a divorce, losing your job or being a victim of violence. Most of us tend to think of all stress as bad, but the stress response has a purpose, too. The tensed muscles, rapid heartbeat, increased respiration, and surge of hormones are all part of what's called the fight or flight response. Our bodies mobilize instantly to either confront danger or run away from it.



Research suggest that the stress response goes beyond readying the body to fight or flee. A 2014 study in the *Journal of Neurobiology of Learning and Memory* found that stress alters hormones in the brain, stimulating long-term memories of the experience. That makes sense from an evolutionary perspective. If we encounter a threat, it's useful to remember the details in order to avoid it in the future. Short-term stressors - upcoming exam or a looming deadline, for instance - can sharpen attention and boost memory. Research also suggests that short term stressors can boost the level of cells involved in fighting off infections and healing wounds. So remember not all stress is bad; monitor it regularly and make adjustments when possible.

Jessica Thomas, ASCI Amarillo, answered last month's questions correctly and was randomly selected to win a \$25 gift card from Amarillo National Bank.



To claim your card, contact Joyce Lopez-Enevoldsen at 806.351.3308 or email: joyce.lopez@txpan.org.

COMPLIANCE CORNER

Welcome back to Compliance Corner. Each month we will address a question that was received internally for the purpose of education. (All personal identifying information has been removed to protect the identity of the employee and client)

Scenario:

"I called a patient's phone number and left voice mail for Mr. John Smith to contact Texas Panhandle Centers, regarding his upcoming appointment with the psychiatrist."

Question: "Was this a privacy breach?"

- A. No, the patient provided this phone number
- B. Potentially, I stated his name and specific medical appointment
- C. No, I did not state the medical reason for the appointment or any diagnostic information

The correct answer is **B**.

Why?

A patient's name in conjunction with medical information constitutes Private Health Information (PHI).

You never know who will hear the message; perhaps the client does not want his family, friends, or roommate to know about his psychiatric care. It is always best practice to disclose the minimum amount of information needed: your name and phone number. Never leave PHI on an answering machine or in your personal cell phone.

If you have questions concerning compliance, talk with your supervisor or contact Donald Newsome, Director, Quality Management and Compliance, Privacy Officer, at (806)351-3284 or donald.newsome@txpan.org. If you have a question/scenario that you would like to be considered for inclusion in the newsletter, email the information to: Compliance.Corner@txpan.org.

♥ Happy Valentines Day ♥



Texas Panhandle Centers Behavioral and Developmental Health

Prevention of Slips, Trips, and Falls

Submitted by: Desire Winslow, Safety Director

Slips, trips and falls on the same level can be serious workplace risks. To reduce the risks of slips, trips and falls at work the Canadian Centre for Occupational Health and Safety (CCOHS) recommends that you:

- Pay attention when walking, and do not rush.
- Walk with feet pointed slightly outward.
- Make wide turns at corners.
- Keep flooring in good condition.
- Ensure views are not obstructed.
- Use a flashlight if entering a room with little lighting.



CCOHS recommends focusing on three main prevention methods:

1. Housekeeping:
 - Clean up spills as soon as they occur.
 - Mark spills with warning signs.
 - Mop or sweep up debris from floors.
 - Remove obstacles from walkways.
 - Secure mats and carpets with tape to ensure they remain flat.
 - Close cabinets or drawers when not in use.
 - Keep workplaces and walkways well-lit.
 - Replace burned-out light bulbs and faulty switches.
2. Flooring: Walking surfaces can be made safer by replacing unsafe floors, installing mats or adding abrasive strips.
3. Proper footwear: In workplaces with oily or wet floors, or where workers spend a lot of time out doors, proper footwear is important to prevent slipping and tripping. Because of the multiple hazardous conditions that exist – as well as a large range of safety footwear – employers should consult with manufacturers to determine the best shoe for any particular job.

The National Safety Council provides these Ladder Safety tips:

- Always keep at least three points of contact with the ladder (i.e. two hands and one foot or two feet and one hand)
- Place the base on a firm, solid surface
- A straight or extension ladder should be placed 1 foot away from the surface it rests against for every 4 feet of ladder height
- When you climb, always face the ladder and grip the rungs, not the side rails
- Climb down a ladder one rung at a time
- Do not climb with tools in hand use a tool belt
- Keep your body between the ladder side rails when climbing
- Do not lean or overreach reposition the ladder closer to the work instead
- Tie down a ladder when using it outdoors and do not use it in windy or inclement weather

White Hat Award



The IDD Service Coordination Department would like to give this month's White Hat Award to **Gayla Christian**. Gayla is the case worker for IDD Services in building 503 who schedules and assists with dental services for our Texas Home Living clients. She is always willing to lend a helping hand to make sure our clients dental needs are taken care of. Gayla goes above and beyond her job duties and from all of us in the IDD Service Coordination Department, we thank you and appreciate all that you do.

Breanna Deakin for IDD Service Coordination

Answer's to last months questions:

1) 57%, 52% 2) Assertive Community Treatment 3) Heart

Answer the questions correctly and your name will be entered in a random drawing to be eligible to win a \$25 gift card.

1. True or False: Heart disease remains the leading cause of death in the U.S.
2. The PASRR Program focuses on individuals with _____ that are placed in nursing facilities.
2. True or False: Leaving a patient's name in conjunction with medical information on a voice mail constitutes a medical breach.



[Submit your answers to joyce.lopez@txpan.org](mailto:joyce.lopez@txpan.org). Deadline for responses is the 5th of the following month. You must type "Monthly Drawing" in the email subject line to be eligible. For those that do not have a computer, entries may be submitted via interoffice mail. The same requirements apply for hard copy submissions.

Articles or suggestions for this publication may be submitted by the 1st of each month to:

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