

The Culture of Caring

By Lori Krausz, RN, Staff Development Coordinator

In the field of home care, when we provide care to senior citizens, we must also be responsive to a wide variety of cultures. As health care providers, we must learn about cultural differences and use a caring, patient centered approach, especially when it comes to pain management. Health care providers need to understand the different types of pain. We must understand that each patient is a unique person with certain beliefs. We must interpret the patient's pain and illness, and develop a plan of care with the patient and family that will meet their needs; being mindful that the patient's cultural background often dictates how they respond to and manage their illness, especially their pain.

Seeking Autonomy with Seniors

By Shannon Crenshaw, RN, Quality Assurance

On January 1, 2011, baby boomers everywhere began celebrating their 65th birthdays, and every day for the next 20 years, 8,000-10,000 people will have turned 65. What comes to mind at this threshold in life for most of us may be Medicare eligibility, but is there a stigma that we carry with us when it comes to aging? Dr. Marilyn R. Gugliucci, MA, Ph.D. explored the topic of aging at the Annual Keeping Patients Safe from Falls Statewide Initiative, on June 20, 2012.

One of the many highlights of the presentation included a cartoon bear, wearing a bear suit and reading a script. You could hear plenty of laughter from the audience but it really brought home the point that, we, as care givers and health care professionals, may at times provide a script for older adults. We either accept or dispel things that we believe are supposed to happen with age. The eventual loss of independence is widely assumed to be the case for older adults, but we should encourage that this does not happen prematurely. As a nurse, I can reflect on patients who were capable of thinking independently but because of debility became inappropriately passive. This can happen when caregivers direct every aspect of the care of their loved one.

Psychosocial Paradigm for Management of Pain

By Christopher Tunji-Ekundayo

It is a common phenomenon that patients present with varied pain experiences. Some present with distinct and well-defined pains, while others present with diffuse and complex pains that are multifactorial in their causes. In most cases, discrete pains yield easily to a simple and estab-

There is a nursing theory of Learned Helplessness, which occurs when others assist to the point that the patient no longer can or will do things for themselves.

We want to discourage this pattern, as it can promote dependence and depression in our older adults.

As a home health agency, we are in a unique position that allows us to encourage caregivers to assist elderly patients in maintaining their independence for as long as it is possible. As health care professionals who guide the care of older adults, we must remember to work effectively and thoughtfully with caregivers. Be conscious of the stereotypes applied to aging and that patients seek autonomy and participation in decision making.

lished course of pain management. Multifactorial pain will often defy these models.

Pain is defined as "a feeling of distress, suffering, or agony, caused by stimulation of specialized nerve endings" (Dorland's Pocket Medical

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Shannon Crenshaw, RN, QA

The Team Behind the Team

Each time a P-B Health clinician ventures into the community to deliver services to a home bound person, he or she is backed by a cadre of administrative personnel. This staff facilitates the thousands of informational transactions that get made daily in order to deliver the most seamless home care services possible. Without this, the clinicians could not be successful.

Heading up the company operations is Lorraine Moore, Administrative Operations Manager and Senior Administrative Manager. She has been

with P-B since March 20, 2000, giving her 12 ½ years of service so far, providing oversight for 14 staff members. Throughout this time Lorraine has been attending school to obtain a degree in business. As she finishes this endeavor, Lorraine is creating her future by marrying her long time love and committed partner Kevin Tillman, in a wedding on September 22. To celebrate and launch her new life, the P-B family recently threw her a bridal shower. Thank you Lorraine for sharing your life with us.

Psychosocial Paradigm continued from page 1

Dictionary, 26th Ed.). This definition of pain tends to limit the source of pain to issues going on in the body tissue alone. Science has shown that “some thoughts can activate pain signals in the brain without the activities of these specialized nerve endings known as pain receptors (Butler, 2000).

A good understanding of pain mechanisms is essential for effective management of pain. Pain mechanisms refer to the different means by which pain is triggered. These mechanisms include Input, Processing, and Output.

With the input mechanisms, pain receptors’ in the affected body tissue (e.g. wounds from fresh surgery) receive danger signals from the environment both internally and externally and pass them to the brain (central nervous system) for processing and appropriate action. The brain then interprets them as pain or not pain, depending on the level of the signal from the affected tissue.

The “issue is in the tissue”. These types of pains could be nociceptive pain (i.e. from pain receptors in the body tissues such as joints and muscles) or peripheral neurogenic pain (i.e. from the receptors in the peripheral nerve) (Butler, 2000). Two individuals will not necessarily have the same level of pain when given the same amount of tissue injury. It follows therefore that other factors contribute to how different individuals experience pain. Additionally, the level of pain an individual experiences does not necessarily relate to the amount of tissue damage that has been sustained.

It has been reported that individual thoughts (cognitive dimension) and feelings (affective dimension) can contribute significantly to the maintenance of pain and influence the speed of

recovery (Jones, 2004). Wrong thoughts and feelings affect the normal processing of signals from the input mechanisms. Thus, in the processing mechanism, pains occur as a result of abnormal processing of information in the brain (central nervous system). This is known as “central pain.” The “issue is not in the tissue”; the “issue is in the mind/brain.” The brain will always send feedback to the body after the processing is completed. Feedback from the brain might cause the body tissue with the originating signal to either take an action or not. In some cases the resulting action might cause its own pain – output mechanisms. Pain experiences from protective spasm in an acute muscle injury or a fresh surgery are a typical example of output mechanism pains.

In summary, pains from input and output mechanisms are distinct and often yield easily to conventional courses of pain management. On

Pain is defined as “a feeling of distress, suffering, or agony, caused by stimulation of specialized nerve endings”

Dorland's Pocket Medical Dictionary, 26th Ed.

the other hand, central pain is oftentimes diffuse, complex and defies a simple and established course of pain management. It is important to consider the psychosocial status (i.e. patient’s perspectives on their pain or illness) during assessment from the start of care.

It is now common knowledge that a patient’s perspective can be a barrier to their own recovery. It could start at the onset of injury or during the course of treatment. Early knowledge of the patients’ thoughts, understanding, belief and interpretation of, and feelings about their pain or illness could be a clue to the prognosis and a cue for the management. This model – “Psychosocial Model” of pain management may well be the needed approach in achieving the desired patient therapy rehabilitation goals.

Spotlight on Employees and Patients

The P-B Health Family is made up of employees and patients from every walk of life in the Baltimore metropolitan area. Here we feature Ms. Shannon Crenshaw, employee and Mr. William Jackson, a P-B Health Patient.

Shannon Crenshaw, QA Nurse

Shannon Crenshaw, RN, BSN, CCP joined P-B Health on June 4th of this year as Quality Assurance Nurse. In this role she works to keep the agency operating within state and federal guidelines.

Shannon began her career in nursing in 2005 after graduating from Hampton University in Hampton, Virginia with her BSN. Her first job was as a bedside nurse on a medical surgical unit. After this, she relocated to Maryland and took a position at the University of Maryland Medical Center as a nurse in the surgical ICU. As her interest developed in improving patient primary care service utilization, Shannon took her next position with Care Improvement Plus as a Clinical Nurse Specialist in disease management. In this position, which she held for 4 years, she learned to focus on promoting good primary care and preventing hospitalization. "My passion has always been to prevent patient hospitalization. To me, this means that as providers, it is our job to identify areas in patient care that are in need of improvement. It is our

duty to change a process for the better or fill the gaps in patient care and remove obstacles that prevent optimal outcomes for our patients."

Just prior to coming to P-B Health Shannon worked at St. Joseph's Medical Center where she formulated and lead a Multidisciplinary Transitional Care Program. This program was designed to reduce the number of re-hospitalized patients and will be presented at the 2013 American Case Management Association Conference. "I believe in team work, and in health care we are all on the same team with the same goal in mind, which is to provide the best care and services that we can."

Continuing her studies this fall, Shannon began working toward a graduate degree in nursing informatics at the University of Maryland, Baltimore.

Welcome to P-B Health, Shannon!

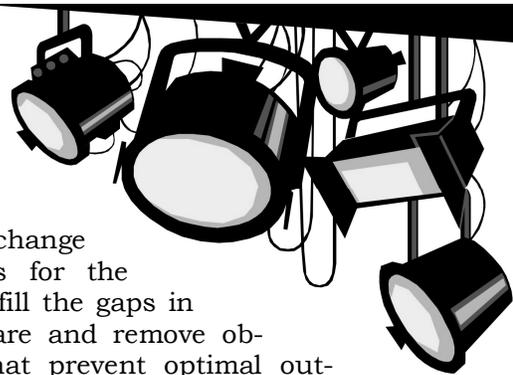
Patient Profile: William Jackson

As Mr. William Jackson marks his 103rd birthday he can reflect on a life lived with independence, perseverance and resourcefulness. He was born in a rural area of Virginia, near Warsaw on September 27, 1909. He grew up with all the benefits of a very close family. While he obtained a third grade education, his family instilled in him the strength of character and the life skills that would see him through the challenges of the next 100 years. As a young man, he raised crops in his rural community of Sharp, eventually meeting and marrying Dorothy Louise Peters. This started his own prolific family with Dorothy's first child. Soon their second child came along and Mr. Jackson moved his young family to Baltimore. Mrs. Jackson stayed home raising the children while her husband earned their living, starting with a job at BG&E. Their life together became a labor of love as 6 more children came along. Mr. Jackson went into business for himself in construction and he and his partner completed many subcontracting jobs in Baltimore. Over these years William Jackson provided admirably for his large family, buying the family home and supplying the daily needs.



out of loneliness for his wife. He surprised them all. While the oldest of his children are nearing their own retirement age, William lives on in the family home. The entire staff at P-B Health is honored to be assisting him in living these advanced retirement years in his home and wish him A Very Happy 103rd Birthday! Take note Baltimore, you have been graced with a champ!

"We never wanted for anything" says Michael Jackson- Bey one of Williams's sons. "When I was a boy, I can remember coming downstairs for school and seeing 8 piles of lunch money on the table" As time passed and the children became adults, Dorothy Louise Jackson passed away. Family members said they thought William would soon pass too,



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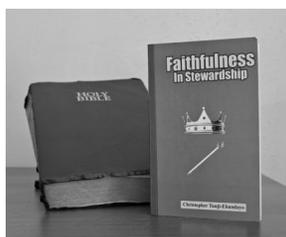
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Special Needs,
Exceptional Care*

News Among Our Staff

- **Donald Green** and wife **LaVerdis Davis-Green** are well into the very healthy pregnancy of their first child. The baby, known to be a boy, is expected to arrive on December 2. La Verdis, who is a family physician at Total Health Care and is the Medical Director at P-B Health is making arrangements to enjoy a holiday season like she has never had before! Donald, who is the most long time member of the P-B outreach team, is both proud and pleased to be adding this new member to his already awesome family.
- **Kim Messina, RN**, outside supervisor in the Private Duty division has a vintage furniture business on the side. Sunshine Décor is located in The Ideal, an Antique Mall on The Avenue in Hampton. Kim both sells and paints vintage furniture and offers a 10% discount to all P-B Health employees. (443) 621-5053.
- **Elaine Parker**, Physical Therapy Assistant gives tennis lessons to children 10 and under at the Twin Lakes Tennis Club in West Baltimore. If you are interested in having your children under Elaine's instruction, call (410) 952- 9026.
- **Christopher Tunji-Ekundayo** in the PT department published a book in Nigeria titled Faithfulness in Stewardship. The book, a spiritual writing, is about our calling to be good stewards of our earthly gifts.



Mr. Jim Reports on Family News and Sports

by Jim Griffin

Angela Mc Knight is one of the more recent P-B employees and has been on the outreach team at P-B Health for a year and 5 months. "Being a part of such a family oriented organization has been a very pleasant experience", states Angela, who herself is a mother. Angela's daughter, Njera is 15 years old and has the energy to prove it! Njera attends New Town High School in Owings Mills where she not only keeps up her academics, but participates in the schools dance program. Njera studies both ballet and tap and has been dancing for 13 years. To round out her full time schedule, Njera is also on the schools Cheer-leading Squad. Her petite size and

athletic prowess makes her a very good stunter for the team. In this role, Njera routinely gets tossed into the air, trusting that she will be safely caught by her fellow team members. Angela is very proud of her daughter's academic, artistic and athletic achievements.



Angela McKnight and daughter Njera

A Trusted Employee Retires

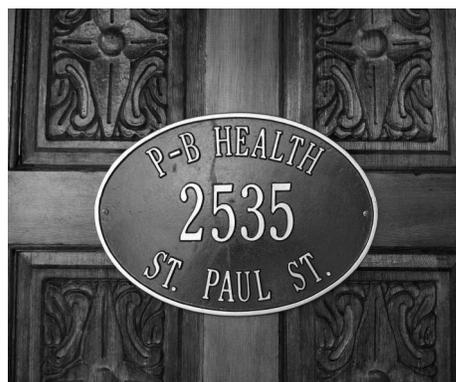
After many years of service to her community as a Licensed Practical Nurse, Theresa Gray retired on May 14, 2012. Her most recent position was with P-B Health Home Care Agency, Inc., where, as an outreach liaison, she served as the onsite discharge planner at Bon Secours Hospital. "During her years of service in this position, Theresa was professional, person-

able and exhibited a high level of energy in every aspect of her job" states Charlotte Bullock who is the Manager of Outreach Operations at P-B and was Theresa's supervisor. "She was well respected at Bon Secours for her untiring efforts in assisting the social workers with their discharge planning. She is greatly missed at P-B Health."

P-B Health: Great Service, Great People, Great Signage

By Delano Bailey

As P-B Health has made great strides in delivering home health services these past 19 years, it is appropriate to have this same excellence reflected in our physical plant. Recently, the Facilities Management Team under-took the task of giving the agency a new look at its main entrance - "P-B Health-2535 St. Paul Street" states the sign at the door. Both of the two main entrance doors were hand-sanded, down to the grain. They were then coated with a new stain to accentuate the wood grain. The team's intention was to exemplify the highly refined services available at P-B through the highly refined finish work on the doors. Lastly and most notably, a new emblem, designating the P-B Health home office name and address was



mounted on the front door. For the past 19 years, it has been through these doors that have passed the many dedicated people of the P-B Health family. The Facilities Management Team has been honored to contribute in their way - maintaining an excellent and comfortable place to work for the P-B Health family.