

# Cleansing Water Newsletter

*Congratulations*  
to the employees  
who received the  
first quarter bonus!

Evelyn B.

Nancy C.

Jemma C.

Laurie H.

Jeanne J.

Ethel J.

Rose Marie L.

Sue L.

Cheryl L.

Sharon P.

Gale S.

Tasha T.

Ada W.

Bonnie W.

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## The Power of Play

You never have to tell a little kid to go out and play—we're born with an instinct for fun. Now a growing body of research suggests that we grown-ups would all do ourselves good by reconnecting with our inner child. Nothing evaporates stress and lowers blood pressure like a bout of silliness, but that's just part of it. Cultivating a playful attitude actually makes you more creative and strengthens relationships. Wouldn't you rather spend time with people who make you laugh? So

find ways to build more joyful abandon into your days. It's definitely good for your health!



## Seniors Who Walk Faster, May Live Longer

Gait speed is an effective predictor of life-expectancy—possibly filling a gap as a marker of well-being among older adults. Those seniors in new study with faster walking speeds were more likely to live longer. This association is strongest after

75 years of age. Researchers suggest that slowing gait may reflect both damaged systems and a high energy cost of walking. Gait speed may be a simple and accessible indicator of the health of an older person.

Median life expectancy was

associated with a gait speed of about 2.6 feet per second (1.77 mph); people whose usual pace, from a standing start, was 3.3 feet per second (2.25 mph) or faster consistently demonstrated survival that was longer than expected.



## Safety Tips from Law Enforcement

When getting into your car in a parking garage be aware! Look around you, look in your car, in the floors and back seat, before entering. If you are parked next to a van, enter your car from the passenger side. Most serial killers attack their victims by pulling them into their vans while women are attempting to get in their car. Look at your car on your way to it. If a male is sitting alone in the seat nearest your car, walk back from where you came and get security to walk with you. Or wait until a group is heading your way. It's

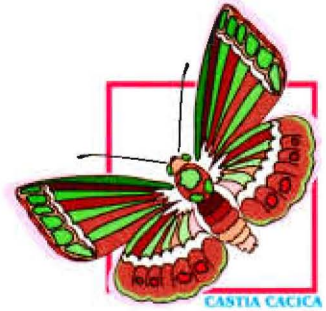
always better to be safe than sorry.

As women, we are always trying to be sympathetic: STOP

It may get you raped, or killed. Ted Bundy, the serial killer, was a good-looking educated man, who always played on the sympathies of women. He walked with a cane, or a limp, and often asked for help into his vehicle, or with his vehicle. You can always help, if you think there is a need, by calling the police and alerting them.

If a robber asks for your wallet/

purse, DO NOT HAND IT TO HIM. Toss it away from you...Chances are that he is more interested in your wallet/ purse than you. Run like mad in the opposite direction, screaming fire. That will usually call plenty of attention.



When smokers want to quit, use the 5 A's

1. **Ask** about tobacco use at every new encounter
2. **Advise:** Urge users to quit
3. **Assess** willingness to quit
4. **Assist,** develop a quit plan
5. **Arrange** follow up.

## Avoid Documentation Issues

An attorney in a professional negligence case will examine the medical record for evidence that will help prove the case, such as :

- Notes that are sloppy, incomplete, inconsistent, illegible, or have gaps
- Entries that aren't timed or dated or appear out of sequence

- Unexplained late entries
- Erased or obliterated entries
- Lack of documentation
- Entries made in multiple ink colors

If a late entry is made after documentation complete, provide an explanation for the late entry.

If a patient refuses a treatment, food, bath, etc., document the refusal including the patient's reason for refusing. Your client/patient's medical record serves as a legal medical document, a communication vehicle for healthcare providers and possibly evidence in legal proceedings on whether the care given met the legal standard of care.

## 5 R's for those who don't want to quit smoking

1. **Relevance:** Ask the patient why quitting is personally relevant (such as family or health concerns)
  2. **Risks:** Ask the patient to identify risks of tobacco use (such as shortness of breath or lung cancer)
  3. **Rewards:** Ask the patient to identify rewards or benefits of quitting smoking (such as improving health, saving money)
  4. **Roadblocks:** Ask the patient to identify barriers or roadblocks to quitting (such as weight gain, losing the enjoyment of smoking)
  5. **Repetition:** Repeat this process with every new encounter.
- Having an inactive social life is as unhealthy as smoking up to 15 cigarettes a day!**

The patient's **STAR** plan for smoking cessation

**Set** a quit date within 2 weeks of the decision to quit

**Tell** family, friends, and co-workers about it and enlist their support

**Anticipate** challenges

**Remove** all tobacco products from your environment (home, work, and car)

