



Developmental Disabilities Nurses of New Hampshire

www.dhhs.nh.gov/dcbcs/bds/nurses/index.htm

Feb 15, 2011 Minutes

9:30

1. **Meeting was called to order by the Vice President in the President's absence with:**

a. Greetings and Introductions and 20 in attendance.

2. **Review** and approval of December Minutes (snowstorm in Jan.)

3. **Treasurer's Report:**

- a. The name Joan Hahn was brought to everyone's attention as someone who as a past president of the DDNA who was with UNH and was involved in the original curriculum development – do we have Joan's address – Kenda will contact and invite her to come to our meetings.
- b. The DDNNH membership is \$25 and the DDNA membership is \$80. A request was made to send out the email that announced the partnership between the area agencies and BDS to fund memberships to the DDNA for interested nurses. Our \$25 DDNNH dues go for food and two scholarships, one to the Rivier College and one for the DDNNH liaison to attend the DDNA annual conference.
- c. We did talk about purchasing two copies of "Lost in Laconia," one to donate to the annual DDNA conference this year. We also talked about a hospitality suite as not something the current executive membership is focused on so Sharon Oxx, Lorene, Kenda and some from the NE network are promoting a welcoming committee to support a hospitality room. Sharon Oxx contacted the hotel to find that there could be refreshments and that each network needs to offer staff and money as the cost for the room is \$100 per day, and \$250 is needed from each network to make it work. Sharon may need to get a donor and the request was made for the DDNNH to discuss this. The Treasurer stated we have enough in our accounts to donate \$250 – a motion was made and passed to donate this money, and a motion was made and passed to purchase two copies of "Lost in Laconia." Ideas were discussed as to how to let people know the hospitality room would be there, and suggestions were made such as having a flower clip so people would ask what it was for. The conference is coming up fast and Lorene will ask Massachusetts to manage the funds. Suggestions were made to not have the hospitality room all four days to cut expenses, perhaps specifically listed days or maybe the first two days.
- d. Our DDNNH Liaison, Jen, stated that you could go to just one day of the conference if you want, but don't pick the last day, as it is only a ½ day.

4. **Unfinished Business:**

Omissions vs. Documentation errors

Kenda put together four scenarios for the group to discuss so we can come to an understanding and set policy as to how to interpret error categorization for the purposes of consistency across the State.

After discussion, a vote took place that decided on Scenario #3, where complete nursing judgment was to be utilized in categorizing, with one opposing vote. Due to the opposing vote, further discussion ensued, and it was determined that the real issue was that triple checks were not being performed and the best way to get at for corrective action; thereafter the group proposed to take a re-vote. Standards of Nursing Practice were also discussed and put at the forefront. The new proposal on the table was for authorized providers to have 24 hours in which to go back and correct, with notation and documentation error reporting, that a medication was indeed given but not signed off. After 24 hours, missing initials would be then counted as errors of omission. The DDNNH voted unanimously to pass and set this as policy.

5. **New Business** including Nursing Practice Issues:

- a. Martha joined the AAIDD taskforce on IDD and dementia – the Center for Excellence in NY – three different sections.
- b. Discussion regarding difference between hiring an RN or an LPN or an LNA – it is essential that they are hired as such or else the hours they work will not count towards their license. It is incumbent upon licensees to know the requirements of their licenses and their respective Standards of Practice. For example, if an LNA is hired as a DSP, their hours of employment do not count towards their LNA license
- c. More discussion regarding how we are teaching the curriculum in terms of documentation – people are doing different things, such as one initial after three checks and then the second initial after the actual administration; others put both initials after the three checks. It goes back to what works in one house may not work for another house.
- d. 521s, 524s, 525s have been a rocky road, sometimes families don't understand how much work they are really taking on with a 525 and find out that it's too much and end up vendering out services. It can get really complicated. In some 525 contracts, nursing is not even in the budget.
- e. In one 525 the family gives all the meds and we're only the employer of record – it's a family driven model – but what are people doing about blood borne pathogen trainings? - Some HRs are handling this by handing out brochures. Let's talk about 525s more at the next meeting.



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March 15th, 2011 Minutes

9:30

6. **Meeting was called to order with:**

- a. Greetings and Introductions.
- b. Signing the attendance sheet
- c. Cell phones off.
- d. 19 were in attendance.

7. **Review** and approval of February Minutes with one grammatical correction.

9:45

8. **Officers Reports:**

- a. **Treasurer's Report:** Two DVDs of "Lost in Laconia" were purchased, one to donate to the DDNA conference in May. A motion was made to continue the nursing scholarship to Rivier College for \$250, and passed unanimously.
- b. **DDNA Liaison Report:** For the conference in Hartford, Jen, our Network Representative, needs a special badge – Darlene will select something special for Jen to wear as our rep. Jen mentioned that we need a poster presentation of the DDNNH – Joyce volunteered for this. It was suggested to put on the poster:
 - i. **DDNNH Nurses Make a Difference!**
 - ii. Blurb about the State offering pay for ½ DDNA membership
 - iii. That we adopted the DDNA bylaws.

Jen talked about the network connection planning on Monday May 16th from 5:30 – 6:30, that we will donate Lost in Laconia for the silent auction, Karen's straw – maybe one to demonstrate and one to win for someone – Eileen has seen lots of giveaways to promote products. DDNA elections are coming up - applications are due 3-31-11. The DDNA National Achievement awarded is also given, and nominations are also due. Our annual report has been submitted.

There was a conference call last Monday with NY, CT, NJ. Sharon was unable to participate. Concerns were reviewed and no decisions were made regarding the hospital suite. An accounting of how the money is being used will be provided. Another conference call is set up for next week. The nurses in CT will be scoping out local restaurants to recommend and will have this available for the hospitality suite. We have about 12 going from DDNNH. Eileen expressed interest in running for DDNA Treasurer.

10:00

9. **Special Business:**

- a. **Annual DDNNH Bylaw review in April** and approval in June.
- b. Annual DDNNH elections
 - i. **April nominations - we need a Treasurer and a Vice President** and the Liaison is open! Jen said the hardest part of the Liaison's position was the email list. You need to update to DDNA 4x per year with information taken from the minutes; do an annual report, and occasional emails from DDNA, with quarterly reporting to DDNNH, and attend the conference. Lisa Hoekstra is interested in the Liaison next year but not this year. Kiki is considering. For VP, Eileen Corbett will think about it. The Treasurer is willing to keep going. Darlene mentioned we also need to focus on growing this organization.
 - ii. Elections held at June meeting

10:30

10. **New Business** including Nursing Practice Issues:

- a. Portable DNRs can be purchased from the NH Hospital Association.
- b. Put on agenda for next month's discussion: Frequency of QAs!



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April 19, 2011 Minutes

9:30

11. Meeting was called to order with 23 in attendance:
12. Review and approval of March Minutes.

9:45

13. **Officers Reports:**
 - a. **Treasurer's Report:** copies provided to membership. The DDNNH donated for the DDNA conference towards a hospitality room

10:00

14. **Special Business:**
 - a. Annual DDNNH Bylaw review – two changes were recommended:
 - i. On page 4 of 4, to add, “as the need arises.”
 - ii. On pg 2 of 4 under article of purpose add “To welcome and encourage new nurses in the field of developmental disabilities and be available for mentoring”
 - b. Annual DDNNH elections
 - i. April nominations
 1. Eileen Corbett was nominated for Vice President
 2. Dianne Crone nominated for Treasurer
 3. Kiki Sylvester nominated for DDNA Liaison
 - ii. Elections to be held at June meeting

15. Unfinished Business:

- a. The Family Support Conference is selling raffle tickets, 5000 only, giving away case prizes, gas gift cards, and an Apple iPod.
 - i. Comments were made about what great presence and exposure the DDNNH had when we went – it would be great if we could do it again. Families saw us as a face and a presence and we good press.

- b. The DDNA Conference: the hospitality suite is happening, looking into alternative parking because it's expensive (\$40 per day). There is some arm wrestling going on with the hotel – we've gone to gift bags and special flowers for people representing – we'll be making gift bags when we get there and may need help getting stuff there. The preconference is the 14th.
- c. QA Frequency: - what is posted on the FAQs was provided on the agenda for people to read. Regarding occasional staff who go in to family homes, is it safe to advocate to broaden and redefine what we're going? Otherwise, it makes nurses go to every single program every single month. The issue is safety – can we create a way to make them a part of the “family” definition as opposed to staff. What are the pitfalls? We include med authorized persons who are competent and approved the NT to administer meds.

11:00 – 12:00

- 16. Draft He-M 1201 presentation - proposed changes reviewed.



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June 21, 2011 Minutes

9:30

- 17. Meeting was called to order with 33 in attendance:
- 18. Review and approval of April Minutes.

9:45

- 19. **Officers Reports:**
 - a. **Treasurer's Report:** membership drive month was announced; applications forms were available on the back table. Treasurer's report read and accepted.
 - b. **DDNA Liaison Report:** Jen reported on and provided a handout regarding the DDNA Conference “Steps to Clinical Excellence,” which was held from May 4th though May 7th. Highlights included presentations from Dr. Robert Fletcher, the founder and CEO of National Association for the Dually Diagnosed (NADD); Dr. Kenneth Rickler on the challenge of neuropsychiatric diagnosis in adults with developmental disabilities; Nanette Wrobel BS, Rph on psychoactive medications and their use in persons with developmental disabilities; Carl Tyler, MD, MS on high impact health information, Leonard Fisher MD on GERD and treatment of adults with I/DD. Kathleen Keating, RN, MSN on telephone triage; and Susan Stolwyck, RN, MSN on the health pyramid.

Membership meeting at the DDNA: there are 330 CDDN's and 10 DDC's nationwide at this time. Financially, the goal is to have 2 years of operating costs in the coffers;

presently there is \$324,000 with \$75000 let to go to meet that goal. Right now there are 17 Chapters and 13 Networks.

Questions for DDNNH: what do we want to donate for the silent auction for next year? A suggestion was made to donate something from Art Works.

Medication Management Paper Position: is supportive of what we already to – some states have no connection with the Nurse Practice Act/Board of Nursing as we do.

Northeast Hospitality Suite was widely accepted and we got kudos for doing it.

Fetal ETOH Syndrome – DVDs and booklets were brought back by Darlene and available.

10:00

20. Special Business:

- a. Annual DDNNH Bylaw were reviewed and approved:
- b. Annual DDNNH elections were held:
 - i. Eileen Corbett was elected for Vice President
 - ii. Dianne Crone elected for Treasurer
 - iii. Kiki Sylvester elected for DDNA Liaison

21. Unfinished Business:

- a. Ruth Beland requested 15 minutes during a DDNNH meeting to share her experience of being a nurse at Camp Allen.
- b. PRN sheets miralax – how do you handle “no effect?”
- c. Parents are hiring RN home providers for kids with trachs – what is our responsibility? It depends on what is in the Service Agreement.
- d. 525s.

11:00 – 12:00

22. Draft He-M 1201 presentation - proposed changes reviewed. 1201 Cert tool utilized by BHF during cert inspections reviewed: one suggestion for “special diets” to come off the tool and be placed on the QA instead.



Sept 20, 2011 Minutes

9:30

23. Meeting was called to order with 42 in attendance:
24. Review and approval of June Minutes.

9:45

25. Officers Reports:

- a. **Treasurer's Report:** Treasurer's report read and accepted.
- b. **DDNA Liaison Report:** Kiki reported on:
 - i. The next upcoming DDNA Conference in 2012 in Orlando. Room rate is \$119 per night..
 - ii. The IOM has stated that vaccines don't cause autism.
 - iii. What is the DDNA? Trying hard to get more nurses to participate with an incentive for the first 50 people who past a new post.
 - iv. There is a tool for Alzheimer's assessment for people with DD
 - v. DDNA medication administration position was finalized.
 - vi. There is a new Chapter handbook. We need to keep the conversation alive regarding Network vs. Chapter.

10:00

26. Unfinished Business:

- a. Ruth Beland spoke about her experiences with being a nurse at Camp Allen. Camp Allen provides individuals with DD an overnight camp experience, with wonderful staffing at a true camp setting. As a nurse, you would go in on check-in days and make sure the meds are there, review any special instructions and treatments. Mary Constance, the director, is always looking for nurses. There are about 50-60 kids there, and they have finally found a pharmacy that will prepackage. A lot of the issues they've had with medication administration have been resolved.

10:30

27. New Business:

- a. Judith Guertin had requested time on the agenda for Suzanne Barr from OurHealthConnector, who presented an electronic health record that Region 7 is using.
- b. The motion was made and passed to have the DDNNH's DVD "Lost in Laconia" available for signing out.

1100-12:00

Brief introduction to He-M 1201 Healthcare Coordination and Administration of Medication



9:30

28. Meeting was called to order with:

- a. Greetings and Introductions with 29 in attendance.
- b. Signing of the attendance sheet
- c. Cell phones off.

29. **Review** and approval of September Minutes with changes within the DDNA Liaison report.

9:45

30. Officers Reports:

- a. **Treasurer's Report:** read and accepted.

10:00

31. Unfinished Business:

32. New Business including Nursing Practice Issues:

- a. Pam brought up a question about how to deal with an individual who is in the last stages of hospice care, how to keep track of meds that family members are giving in a 1001 setting, how to track narcotics. Several nurses spoke about the importance of working together as a team with the family/guardian, with the program manager, the option of bringing in another staff person for support, the option of applying for a waiver, the suggestion of keeping a communication book. Delegation under Nur was discussed, which launched the discussion of the new 1201 and delegation of medication administration under both 1201 and Nur 404.

11:00 – 12:00

33. **Peter Bacon** from the Bureau of Health Facilities joined us as we looked at a PPT of changes to 1201, questions about delegating in a 525, the difference between 1201 and Nur.



November 15 2001
Minutes

9:30

34. **Meeting was called to order with:** 26 in attendance.
35. **Review** and approval of October Minutes.

9:45

36. **Officers Reports:**
a. **Treasurer's Report:** Dianne Crone PO Box 349, Freedom, NH 03836 email: dcrone@northernhs.com Membership forms available. Please note that membership forms for membership should be sent and checks made out to Dianne Crone.

10:00

37. **Special Business:**
a. Ground rules reviewed due to our large group and less-than-optimal acoustics:
 - o Recognize who is the facilitator (President or Vice President)
 - o One person speaking at a time
 - o Follow the agenda
 - o Be mindful of limited time – STAY ON TOPIC
 - o Remember – this is idea gathering time
 - o Be kind to each other
 - o No anonymity
 - o No side bar conversations
38. **Unfinished Business:**
a. Continued discussions on the differences between He-M 1001, 521, 524, and 525 and why it is ESSENTIAL that the nurse know how the house is certified in order to know which rules apply and how.
b. Continued discussion about nursing delegation.
c. Continued discussion med admin delegation checklist developed with NHBON.

10:30

39. **New Business** including Nursing Practice Issues:
a. Special diets – when do you need an order?
b. Swallowing issues need to be addressed
c. Relying on NT to make sure recommendations are followed.
d. Allergies: need to be listed on face sheet. Individual told the dr. he had all these allergies so the doc wrote an order for an epipen without any allergy testing even though the nurse requested testing as the individual is not really allergic to the things he said he was do how to document?
e. 1201.03 stuff – health hx – checking timelines within 30 days and annually – need documentation that the NT reviewed.
40. **11:00 – 12:00** Continued discussions regarding the new He-M 1201 with Peter Bacon joining us.

- The new cert tool that will be going out – any questions please call Peter.
- Regarding annual recommendations – the inspectors will be looking for evidence that the recommendations were either advocated for or deferred by guardian.
- Regarding medication orders: looking at the precert packet that the orders are there for the precert.
- Looking for a PRN order to be present and that the PRN protocol is present.
- Self-administration paperwork – no changes. The NHBON has opined that it is within the scope of nursing practice to delegate the tasks listed on the self-admin sheet, the nurse must make the final assessment.
- Looking for medication administration authorizations to be present in the homes.
- In 1001 setting, when there is only ONE individual receiving services, NUR 404 may be used rather than 1001. Continued discussions about the continuum chart regarding how to decide.
- Controlled medications counts will still be looked at.
- Storage – no changes.
- QA reviews – looking to see that the timelines are followed.
- Issue – day meds stored in the residence on the weekends – do the controlled meds need to be counted? NO. Day program is responsible for these, just as they would not count if at a day program and the business was closed for the weekend.



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December 20, 2011 Minutes

9:30

41. **Meeting was called to order** with 21 in attendance:

42. **Review** and approval of November Minutes.

9:45

43. **Officers Reports:**

a. **Treasurer's Report:** given by Dianne Crone and accepted.

b. **DDNA Liaison Report:** given by Kiki Sylvester. The Newsletter is available for DDNA members – please go on to the website to print it out. The Annual Conference will be held in Orlando on May 4th – info is also available on the website. Discussion about having a Poster Presentation of our DDNNH Network – to be discussed at January meeting. There are great resources on the DDNA website – Forums about Alzheimer's and DD, there are links to DDNA Twitter, also linked in Myspace. We could post our webpage to share. There are 1364 links to resources for members of the DDNA. Information discussed about the BDS incentive for nurses to become members. It was brought up that the DDNNH

nurses that we might as a group draft a letter to give to their respective employers regarding the importance of supporting membership in the DDNA, suggested to be put on the January agenda.

10:00

44. Unfinished Business:

- a. Continued 1201 discussions to be held at 11:00 with Peter Bacon.

45. New Business including Nursing Practice Issues:

- a. Negative article about the DD system in Concord Monitor from the DRC by Dick Cohen regarding deaths in our system. To be reviewed at the January meeting. Should we respond by encouraging our employers to help us join the DDNA? Also, MD wrote a positive response to this article, also to be reviewed at the Jan meeting.
- b. Dosing in the community – how to people handle this?
 - i. We teach in documentation class after the staff passes the test, so they are familiar with our forms. It has to be administered the same person who prepares the med, and the med has to be on their person at all times, with the name of the drug, time to be administered, client's name, dr's name date and sign. They put the 1st initial on the log, and when they return finish with their 2nd initial signing that it has been given. The controlled drug count reflects that drug was taken out (if controlled drug).
 - ii. We make the person and staff come back to the house to administer.
 - iii. For diastat, we have to carry it at all times, the home provider, the van driver, the day program, anytime in the community, with everyone signing off, but that got too complicated so now the individual carries it (with a waiver for storage.)
 - iv. We take the med log sheet in a page protector with a copy of the doctor's order.
 - v. For PRNs, we go back to the home if Ativan is needed (is this a rights violation??)
 - vi. The day program is based from the home so we take a locked banker's bag, may not carry every single PRN. If they are not feeling well (i.e. headache) we go home, or if having behaviors, our protocol is to remove from the situation and go home to calm.
 - vii. Day program has their copies of orders but one dose envelope rule – necessary prns in envelope in individual envelop if not they come back and get locked up. There is a PRN communication slip, meds given, reason why with one copy to home and one to day program med log, sign off PRN at that time on that slip.
 - viii. For people in day-res program, many have issues, i.e. frequent h/a, or frequent falls, Ativan, Klonopin, but people in day offices are pretty close if they are going shopping, gym, don't take with them but not if they are going too far.
 - ix. We should come up with a general statement so that client rights are not violated.
 - x. For day program with 80 consumers if they have any prns at home - how to be responsible for that? If a person needs a med we call the home provider, we don't have a stock of meds.
 - xi. Our day program every person has a stock of PRNs – lots of them go to work sites.
 - xii. This should be on a case-by-case basis, this could get completely out of control.
 - xiii. In day program do we have to have PRNs for every individual, anytime, anywhere?
 - xiv. This should be a team decision deciding what med should be available for the person.

- c. New issue: how do I QA 6 different regions, considering mileage, expensive to do every month for prns if not given? A waiver needs to be done for frequency of qas in day program for people who don't use prns.

10:30 – 11:30

- 46. **Continuing 1201 Discussions:** Peter Bacon shared the revised Cert Tool.

11:30 – 12:00

Annual Holiday Party!! Thanks everyone for such a good time!!! Happy New Year!!