



The **Developmental Disabilities Nurses of New Hampshire** (DDNNH) was established with the purpose of sharing knowledge and serving as a resource for advancements in developmental disabilities nursing practice. The DDNNH is committed to broadening the knowledge of all nurses and other professionals involved in supporting individuals with developmental disabilities. The DDNNH mentor new Nurse Trainers and work in partnership with the NH Department of Health and Human Services, Bureau of Developmental Services.

January 20, 2009 Minutes

The **DDNNH Monthly Meeting** was held at the Bureau of Developmental Services, 105 Pleasant Street, Concord, South Function Room. Fifteen signed the attendance sheet.

All Regions except Region 3 and Region 9 were represented by either area agency nurses or vendor nurses.

The agenda was addressed as follows:

1. **Review and Approval of December Minutes**

December minutes accepted.

2. **Treasurer's Report**

December's Treasurer's Report was read, clarified and accepted. We will need a treasurer to replace Valerie with she retires on June 5th!

3. **Business:**

- a. DDNNH elections will be held in May – now is the time to start thinking about our organization.

4. **Nursing Practice Issues:**

- a. OTC's – the NH Medicaid Pharmacy Program (First Health Services) released a memo on December 2nd stating that they will no longer cover medications not listed on the Non-Legend (OTC) Drug List, nor will they cover any cough or cold preparation. The exception form is no longer valid. Notices are posted at:
<http://newhampshire.fhsc.com/providers/ptac.asp>
We are getting calls from service coordinators and providers for folks who are rep payees, who are asking who will pay for needed drugs if they do not have enough money. Wayne and Martha offered to check pharmacies about reimbursement related to the size of bottles, as some questions buying larger bottles of OTCs in an effort to save money. Peter's Pharmacy in Nashua sold out to Target, and now people are having trouble getting labels as they had in the past.

Discussion ensued: “Do we need to take OTC requirements out of 1201?” When 1201 was developed, the Board of Pharmacy was not involved – they do not have to label OTC's because 1201 says so as they are not governed by that rule at all.

Another question: “Should we allow the same protocol as what is found on the DDNNH Frequent Questions – what to do when you can't get a label changed?”

- b. Speaking of 1201, they will expire in 2011 – it is not too early to start thinking about what changes may be beneficial. What about issues that have come up over the past several years, such as:
 - i. The need for more oversight for people that are in frail health, or for
 - ii. The need for advocating for an individual when they are at a medical appointment or when hospitalized?
- c. “Zero Tolerance Policies” – we need to be clear that punitive policies around medication errors are not conducive to self-reporting of medication errors. We rely on self-reporting from the program providers, for without them community-based care services could be lost. In we create an environment that is not conducive to integrity, it defeats the intent of safe medication administration in accordance with the He-M 1201’s. We should not be as concerned about the number of errors as we should as to the nature of the errors and the appropriateness of their corrective actions. Any policy that offers global punishment without identifying what the particular problem is, rather than re-education specific to the situation and a corresponding corrective action, raises concern.



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February 17, 2009 Minutes

The **DDNNH Monthly Meeting** was held at the Bureau of Developmental Services, 105 Pleasant Street, Concord, South Function Room. Fifteen signed the attendance sheet.

All Regions were represented by either area agency nurses or vendor nurses.

The agenda was addressed as follows:

5. **Review and Approval of January Minutes**

January minutes accepted.

6. **Treasurer’s Report**

January’s Treasurer’s Report was read, clarified and accepted. We will need a treasurer to replace Valerie with she retires on June 5th!

7. **Business:**

- a. **OTC drugs** – the group discussed the fact that as of December 2, 2008, the NH Medicaid Pharmacy Program (First Health Services) no longer covers certain OTCs not listed on the Non-Legend (OTC) Drug List and all cough and cold preparations, and that the exception form is no longer valid.
 - i. A lively discussion ensued, stemming from a citation from the BHF about a prn protocol involving Tylenol. The policy set forth on the DDNNH FAQ website was read. It will be brought forward to medication committee for discussion and placed again on the March agenda.
 - ii. We discussed the request for examples of specific medications that individuals need that are no longer covered, in order to present a compelling case to the Office of Medicaid and Business Policy (OMBP) about the impact the decision to

discontinue coverage for some over-the-counter (OTC) medications is having. The Bureau needs to have:

1. what was paid in January, and in February for those medications, and to please be as specific as possible, for example, Jane Doe, who is living in a certified residence, paid \$30 during the month of January for Miralax, and \$15 for Delsym. Your information is necessary in order to show the impact on individuals living in community residences.

8. **Nursing Practice Issues:**

- d. Certain OTC's that are no longer covered: after meeting with the Medication Committee, it was recommended that "baggie method" as described in the DDNNH FAQ item #2 be utilized. We discussed the DDNNH FAQ policy and will also bring this forward to Med Committee and will discuss this also again in March.
- e. He-M 1201 will expire in 2011 – a request has been made for all nurses to provide written feedback as follows:
 - i. What about issues that have come up over the past several years, such as:
 1. The need for more oversight for people that are in frail health, or for
 2. The need for advocating for an individual when they are at a medical appointment or when hospitalized?



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March 17th, 2009 Minutes

The **DDNNH Monthly Meeting** was held at the Bureau of Developmental Services, 105 Pleasant Street, Concord, South Function Room. Thirty-six were in attendance.

All Regions were represented by either area agency nurses or vendor nurses except Regions 5 and 9..

The agenda was addressed as follows:

9. **Review and Approval of February Minutes**

February minutes revised and accepted.

10. **Treasurer's Report**

February's Treasurer's Report was read and accepted.

Valerie will find out more info about the Rivier College Denise Martinez scholarship for March discussion.

11. **Business:**

- a. **Elections** – a brief discussion ensued describing each DDNNH Officer's position. All positions will be due for election during the May DDNNH meeting, which are President, Vice-President, Treasurer, Secretary, and the DDNA Liaison.
- b. **OTC Update:** Here is a copy of a draft letter given to Matthew Ertas, who will be speaking with Nancy Rollins this week:

RE: Change in Coverage for Over-The-Counter (OTC) Preparations and Prescription Cough and Cold Products

Dear New Hampshire Pharmacy and Therapeutics Advisory Committee (PTAC):

The changes in coverage for over-the-counter preparations and cough and cold preparations effective January 5, 2009, have had a deleterious effect on the population receiving services from the Bureau of Developmental Services (BDS).

Since January 5, 2009, the BDS received numerous phone calls and emails that voiced concerns about individuals' with developmental disability and acquired brain disorders inability to cope adequately with the cost increased incurred because of the New Hampshire Medicaid Pharmacy program's changes. A request was made to case manager supervisors to collect information over the period of January and February regarding costs and hardships. We received examples from ten individuals receiving services who combined had approximately a \$400 increase in out-of pocket expenses, averaging an increase of \$40 per month per individual.

One example included an individual with cerebral palsy, scoliosis, and a bowel resection who could no longer afford the \$12 per month for Benefiber. She is also on numerous medications that have constipation as a side effect. As a result, Benefiber was initially discontinued by the guardian, relying on the judgment of unlicensed homecare providers to observe for increased bowel symptoms. Another example is of a person now with an additional \$23.03 per month to pay for guaifenesin syrup, multivitamins, and Unifiber from her personal needs funds, which leaves her with about \$97 per month to cover all other expenses. This means she is experiencing a 22% increase in what is required of her to spend from this account.

12. Nursing Practice Issues:

- f. He-M 1201 will expire in 2011 – a request has been made for all nurses to provide written feedback as follows:
 - i. What about issues that have come up over the past several years, such as:
 - 1. The need for more oversight for people that are in frail health, or for
 - 2. The need for advocating for an individual when they are at a medical appointment or when hospitalized?
- g. Steve Colombo and Terry Clark visited from Region 3 and shared best practices around the Nurse Case Management Pilot Project regarding Preparing for a Doctors Appointment.



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April 21st, 2009 Minutes

The **DDNNH Monthly Meeting** was held at the Bureau of Developmental Services, 105 Pleasant Street, Concord, South Function Room. Sixteen attended.

All Regions were represented by either area agency nurses or vendor nurses except Region 9.

The agenda was addressed as follows:

13. Review and Approval of March Minutes

March minutes revised and accepted.

14. Treasurer's Report

February's Treasurer's Report was read and accepted.

Valerie will find out more info about the Rivier College Denise Martinez scholarship for March discussion.

15. Business:

- a. **Elections** – discussion included a suggestion that we stagger the election process so that we are not looking for a whole new slate of people all at once. Suggestions included having the DDNA Liaison elected every year – motion made, seconded, and approved. The Bylaws will need to be amended to reflect these changes. Another suggestion was to have the Vice-President automatically move into the President position – motion made, seconded, and approved. Eileen Murphy Hamel will assume the President of the DDNNH in May 2009, the Vice Presidential Nominations during the meeting resulted in Kenda Howell. Emails received after the meeting included the nomination of Darlene Foley for Vice President. Martha Fenn King was nominated in absentia for the DDNA Liaison, which she declined. Jennifer Boisvert was nominated to assume the Treasurer's position.
- b. DDNA Liaison Report: there is a different shift in how the DDNA newsletter presents information. The conference is next month. Attendees need to print their own manuals. Only 216 people registered for the conference with is a third of what registered last year. Will be bringing back exciting information. Jen will go to the Chapter induction and leadership information session in the afternoon. Health promotion articles in the current newsletter speak about death by indifference and other health care system issues.
- c. Membership drive discussed – how to people function without coming to the DDNNH? Also discussed, motion made, seconded, and passed that only members can nominate, vote, and be elected.

16. Nursing Practice Issues:

- h. He-M 1201 will expire in 2011 – a request has been made for all nurses to provide written feedback – a group will form next Wednesday to convene and make suggestions.
- i. It was suggested that the Board of Pharmacy's input be solicited regarding the 1201 rewrite.



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April 21st, 2009 Minutes

The **DDNNH Monthly Meeting** was held at the Bureau of Developmental Services, 105 Pleasant Street, Concord, South Function Room. Sixteen attended.

All Regions were represented by either area agency nurses or vendor nurses except Region 9.

The agenda was addressed as follows:

17. Review and Approval of March Minutes

March minutes revised and accepted.

18. Treasurer's Report

February's Treasurer's Report was read and accepted.

Valerie will find out more info about the Rivier College Denise Martinez scholarship for May discussion.

19. Business:

- a. **Elections** – discussion included a suggestion that we stagger the election process so that we are not looking for a whole new slate of people all at once. Suggestions included having the DDNA Liaison elected every year – motion made, seconded, and approved. The Bylaws will need to be amended to reflect these changes. Another suggestion was to have the Vice-President automatically move into the President position – motion made, seconded, and approved. Eileen Murphy Hamel will assume the President of the DDNNH in May 2009, the Vice Presidential Nominations during the meeting resulted in Kenda Howell. Emails received after the meeting included the nomination of Darlene Foley for Vice President. Martha Fenn King was nominated in absentia for the DDNA Liaison, which she declined. Jennifer Boisvert was nominated to assume the Treasurer's position.
- b. DDNA Liaison Report: there is a different shift in how the DDNA newsletter presents information. The conference is next month. Attendees need to print their own manuals. Only 216 people registered for the conference with is a third of what registered last year. Will be bringing back exciting information. Jen will go to the Chapter induction and leadership information session in the afternoon. Health promotion articles in the current newsletter speak about death by indifference and other health care system issues.
- c. Membership drive discussed – how to people function without coming to the DDNNH? Also discussed, motion made, seconded, and passed that only members can nominate, vote, and be elected.

20. Nursing Practice Issues:

- j. He-M 1201 will expire in 2011 – a request has been made for all nurses to provide written feedback – a group will form next Wednesday to convene and make suggestions.
- k. It was suggested that the Board of Pharmacy's input be solicited regarding the 1201 rewrite.



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May 19th, 2009 Minutes

The **DDNNH Monthly Meeting** was held at the Bureau of Developmental Services, 105 Pleasant Street, Concord, South Function Room. Thirteen attended.

All Regions were represented by either area agency nurses or vendor nurses except Region 9.

The agenda was addressed as follows:

21. **Review and Approval of April Minutes**

April minutes revised and accepted.

22. **Treasurer's Report**

April's Treasurer's Report was read for the very last time by Valerie: (and accepted.

Valerie found out more info about the Rivier College Denise Martinez scholarship for our discussion. This scholarship is specific to a nursing scholarship, for which the DDNNH gave \$250 in 2008. A motion was made to give \$250 again in 2009 to Rivier College in memory of Denise Martinez, seconded, and passed unanimously.

23. **Business:**

- a. DDNNH Bylaws were amended, read, and approved for readoption.
- b. **Elections: the following are the 2009-2010 elected officers of the DDNNH:**
 - i. **President: Eileen Murphy Hamel**
 - ii. **Vice President: Darlene Foley**
 - iii. **Treasurer: Diane Crone**
 - iv. **Secretary: Joyce Butterworth**
 - v. **DDNA Liaison: Jen Boisvert**
- c. DDNA Liaison Report: the DDNA Conference was held over Mother's Day weekend on May 8-12th. The 2010 DDNA Conference is already planned to be held in Reno, Nevada from May 15th to the 18th. This year's conference included a keynote speech from Sharon Oxx, entitled, "DD Nursing – It Ain't For Wimps." During the presentation , Sharon shared the Eleven Commandments of DD nursing survival:
 - i. Be alert to changes
 - ii. Get involved in solutions
 - iii. Never point fingers
 - iv. Speak don't should with a united voice
 - v. Educate others
 - vi. Learn others' perspectives and share yours
 - vii. Be flexible
 - viii. Be persistent
 - ix. Be supportive of each other
 - x. Know the value of compromise
 - xi. Learn to negotiate

24. **Nursing Practice Issues:**

- l. One issue brought up by nurses is the self-administration form – if everything is checked "Independent" except for one, can the certification inspectors cite us and say the person is not independent with medication administration?
- m. Sue also cited a nurse for not doing a QA on a person who was independent with medication administration, but that person choose to keep a med log for his own as part of his self administering.



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June 16th, 2009 Minutes

The **DDNNH Monthly Meeting** was held at the Bureau of Developmental Services, 105 Pleasant Street, Concord, South Function Room. Twenty-three attended.

All Regions were represented by either area agency nurses or vendor nurses except Region 3.

9:30 – 11:00am

The agenda was addressed as follows:

25. Review and Approval of May Minutes

May minutes revised and accepted.

26. Treasurer's Report

May's Treasurer's Report was read and accepted. Diane will call Rivier College regarding the Denise Martinez Scholarship. All accounts have been transferred successfully from Valerie to Diane.

27. Business/ Nursing Practice Issues::

- a. DSP presentation in October, discussion about a poster presentation. Joyce will contact Chery Soper to see if the DDNNH can have a table at the conference.
- b. We need to have a connection between certification deficiencies and certification changes.
- c. Should program manager be required to be med trained? Should this be put into the He-M 1201s?
- d. Only authorized staff should be handling the med logs.
- e. Respite packet – Plus Co has a policy that planned respite has to notify the coordinator at least 2 weeks prior to the time off – a plan is put into place that requires the Nurse Trainer's signature. The NT has a check off list and it has to include a list of medications. The person that they're going to has received information so they have to let you know and there is documentation that training around the person's medical needs and medication administration needs have been communicated.
- f. When the med authorization expires, should staff/providers be required to go through the training again? Should there be recertification class requirements every year?
 - i. What about a take-home test requirement?
 - ii. Should we require monthly QA's for new home providers?

11:00 – 12:00

Continuing Education Series

"Trach Education for Care Providers of People with DD"

Instructor: Lynn M. Feenan, R.N., M.S.N., AE-C

offering **1.0 contact hours** of continuing education for developmental disabilities nursing certification.



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September 15th, 2009 Minutes

The **DDNNH Monthly Meeting** was held at the Bureau of Developmental Services, 105 Pleasant Street, Concord, South Function Room. Twenty-three attended.

All Regions were represented by either area agency nurses or vendor nurses.

9:30 – 11:00am

The agenda was addressed as follows:

28. **Review and Approval of May Minutes**

June minutes revised and accepted. A question was raised as to “What was the outcome of requirements for reauthorization of unlicensed providers to administer med?” to which the answer was, it is up to each agency.

29. **Treasurer’s Report**

June’s Treasurer’s Report was read but numbers are needed. **DDNA Liaison’s Report:** The next DDNA Conference is May 15 – 18th in Reno, with the Preconference topic: “Medication Administration in the Community.” Cathy Engal from the State of NY will be speaking.

30. **Business/ Nursing Practice Issues::**

- a. Jen has purchased copies of presentations from the May 2009 DDNA conference that she suggested we use for the November meeting, as Sharon Oxx will not be able to present.
- b. Pam asked if electronic signatures are acceptable on prescriptions and yes, they are.
- c. The DDNNH membership brought to the floor for a vote that all agency-funded memberships will be transferable for the remaining of the DDNNH year (May to May) to another same-agency nurse taking the place of a previously hired nurse.
- d. Details of the memo from the Bureau of Health Facilities to the DDNNH dated August 5, 2009 were discussed. BHF is asking DDNNH nurses to have available a list of all the individuals in a residence who have been authorized to administer medication at the particular site for the past year, not just the currently authorized staff.
- e. Discussion of the letter to the NH Board of Pharmacy regarding allowing DDNNH nurses to utilize “pill planners” in the community for individual’s who are being trained to become self-medicating. Currently, the NH Board of Pharmacy rules does NOT allow a nurse, other than a nurse employed by a home health agency or hospice agency, to fill pill planners as this is considered dispensing.

- f. H1N1 flu article dated September 3rd reviewed, where a large proportion of kids who died had developmental delay from neurological conditions such as cerebral palsy, muscular dystrophy, and seizures.
- g. Request made to the DDNNH to respond via email regarding two issues:
 - i. Who is interested in obtaining their CDDN, and
 - ii. Whether the agency that the NT works for would be interested in cost sharing?
- h. The NYS MR/DD Nurses Association is having a conference Oct 4-6 at the Marriott Hotel in Albany, offering sessions on Care & Compassion for Life; The Future of MRDD Nursing; Diabetes Management; among others.



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October 20th, 2009 Minutes

The **DDNNH Monthly Meeting** was held at the Bureau of Developmental Services, 105 Pleasant Street, Concord, South Function Room. Twenty-eight attended.

All Regions were represented by either area agency nurses or vendor nurses.

9:30 – 11:00am

The agenda was addressed as follows:

31. **Review and Approval of September Minutes**

September minutes were reviewed, revised and accepted.

32. **Treasurer's Report**

October's report was read, September's report was revised and listed all checks. The DDNNH membership cards did not get to everybody but we will get them out next month. A suggestion was made to buy a book of receipts. The Membership form online still had Valerie's name and address, which needed to be changed to: Diane Crone PO Box 349, Freedom, NH 03836 email: dcrone@northernhs.com

33. **Business/ Nursing Practice Issues::**

- a. The DSP presentation on Friday October 23rd and Saturday October 24th was again discussed. Darlene, Cheryl, and Susan are going up to "woman" the DDNNH table, and to support Steve during his presentation "Preparing for a Doctor's Appointment" to the DSPs. Two poster presentations were prepared and brought up to the conference, one highlighting the DDNNH, and the other emphasizing information to prepare for accompanying an individual receiving services to a doctor's appointment. Thanks so much to Darlene, Cheryl, Susan, and Steve! Discussions with Steve after the conference revealed that the conference itself was not well-attended, perhaps because of the conference being held on a Saturday this year.

- i. Nurses contributed to the conversation by stating that:
 - 1. a “going to dr’s appt” video is used
 - 2. teach saying “no” if asked to take a person whom they do not know to a dr’s appointment
 - 3. Some believe they should take the med book to the dr’s office, some believe that is absolutely beneficial, and there was talk about a “grab and go” book.
- ii. The DDNNH voted to generously donate ½ of their Frisbee inventory regarding making healthy eating choices, and many healthy eating food brochures were given to Cheryl to bring up.
- iii. Other statements included:
 - 1. “I’m told I’m not a triage nurse, that I’m just here for 1201 trainings and paperwork,”
 - 2. Health is such an integral part of providing community services – it is a juggling act that we are asked to do.
- iv. This led to comments such as:
 - 1. “Why can’t we have a nurse’s job description from the State, so that the agencies will know what is expected of us?”
 - 2. “Why can’t we take the nurse out of the role of QAing the med logs, since the certifiers come in and redo it all anyways?”
 - 3. “What is the maximum amount of individuals/homes a nurse should have?”
“Is it realistic with the way we are staffed for us to be expected to extend ourselves into roles beyond 1201?”
- v. This led to suggesting for each nurse to write up a list of each of their respectively responsibilities and bring a copy of each nurse’s job description as “we are bogged down with 1201 expectations and paperwork,” and nurses are spending a lot of unreportable time – how much time do we spend on healthcare? Brenda Thamm volunteered to compile this list – email her at: growathome@gmail.com
- vi. Another commenter stated three items that she sees is her role:
 - 1. 1201’s;
 - 2. teaching about health issues per diem;
 - 3. keeping a database of appointments and med changes; however
 - 4. The consultative part of the job is gray and murky.
- vii. Suggestion to put a description of a nursing license to CSNI to help people understand how the nurse is responsible.
 - 1. The Nurse Practice Act is clear on what our roles are. What is possible to oversee, delegate, and supervise will be different for each agency due to individual’s varying needs and complexities.
- viii. Suggestion/request was made to have this on our agenda regularly in the coming months for discussion.
- ix. Getting back to doctor’s appointments, there are problems with the individual receiving services, who is their own guardian, is in the doctor’s office and the individual doesn’t understand, the DSP is outside the room and doesn’t get to express what the individual needs

b. A lively discussion ensued regarding cough drops, bag balm, and suntan lotion/bugspray issues.

- i. Bag balm is not approved by the FDA for human use.
- ii. Should we even have doctor’s orders for OTCs?
- iii. Cough drops:
 - 1. If a person is compromised by cough drops such as someone with a swallowing issue or medical conditions, doctor’s orders should be obtained

for cough drops. If it does not go through the nurse, how will we know this has happened?

2. Cough drops are a frequently asked question.
 3. Suggestion to make the rule that if anyone needs a cough drop the nurse should be called to discuss it with.
 4. What about guardianship? A med of any kind, including cough drops – the guardian must be notified and guardian approval must be obtained.
 5. Cough drops are a medication and need to be labeled like all others.
- c. H1N1 flu article dated September 3rd included in agenda packet, where a large proportion of kids who died had developmental delay from neurological conditions such as cerebral palsy, muscular dystrophy, and seizures.

11:00 – 12:00 Joint Meeting with the Bureau of Health Facilities:

Questions:

1. Since Testosterone comes in a pump bottle that cannot be counted does this fall under treatment? The pump testosterone: two pumps = 5mL, If it's a 30 oz. bottle, then 30-5=25 mLs left. **This is a controlled substance schedule III medication that needs to be counted and kept on a med log.**
2. Can we assume that if the "PO" is left off of a doctor's order, that the assumption is that it is "PO?" Yes. If not a PO med that the route does need to be specified. However, if the route is specified on the dr's order it should be specified on the label.
3. Is it possible to email PRN protocols? Yes, but many residences do not have the ability and not every agency has an encryption ability. HIPPA – we want to email PRN protocols but our IT people say it is not considered safe. But we're emailing the PRN protocol to the individual that it concerns, isn't that OK? Maybe we shouldn't put in identifiers (then what if there is more than one individual living in the house?)
4. Terri states that regarding the medical log, some people have six pages of meds, and if someone didn't sign one of the pages out of six months worth of six pages, it's frustrating to get a deficiency – in some ways our hands are bound. Can we do a monthly page rather than have everyone sign every page each month. But we are bound by our own forms. If the forms call for all signatures each month, then they have to be there. But is acceptable to have one page of all signatures and initials each month rather than have each med log page signed each month. The nurse still has to sign the signature page that it has been QA'd.
5. Trends that the surveyors are seeing:
 - a. DSPs are writing out the PRN protocols and having them signed EVENTUALLY – the home providers themselves are telling this to surveyors. Not every nurse gets to respond to the deficiency, and sometimes the nurse isn't even in the loop on 1201A deficiencies. The med committee is looking for the nurse to be in the loop.
 - b. Nurses responded that before a MD appointment, sometimes the DSP will bring a PRN protocol to the MDs appointment, especially if the appointment is late on a Friday. We train the DSPs to discuss medications and interactions with the docs. Sometimes the max dosage is written at a later date and cosigned i.e. max Tylenol doses are less than the manufacturer's recommendations.

- c. Sometimes with med changes, or meds not given on time, there is no documentation on the back, sometimes nothing at all is written on the back, especially in the southern tier of the State.
- d. There are more documentation errors than any other type of error. The #1 is on the PRN med sheet – the time is not always written or as to why it was given.
- e. Can we have standardized med logs? Some agencies have a program where the medication list populated the med logs and the PRN protocols. Should nurses from all agencies bring in a copy of their med logs? The question was asked, “What is the best med log form you’ve seen?” The answer given was, “Whatever works best for the provider.” We have at least 50 different versions of med logs out there.
- f. Is the “baggie” method still viable? Yes.
- g. Emergency certifications: not all providers are med authorized, because many times the nurse is out of the loop. The nurses are just as frustrated as the surveyors.
- h. Question: If you have the same provider and same individual receiving services who both move together to a new address, can they use the same med logs they were using? NO. They have to start over. Nurses stated sometimes they unable to get to the site physically due to time and distance, especially in an emergency situation – sometimes the program managers have to do it.
- i. Respite: certified residence – some people don’t understand that 1201 has to be complied with. For example, a home with 3 certified beds and 1 uncertified bed doesn’t understand that didn’t understand – felt they shouldn’t have been held for accountability for 2 beds because one person was “on respite.” Respite doesn’t happen in a certified home.



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November 17th, 2009 Minutes

The **DDNNH Monthly Meeting** was held at the Bureau of Developmental Services, 105 Pleasant Street, Concord, South Function Room. Twenty attended.

All Regions were represented by either area agency nurses or vendor nurses.

9:30 – 11:00am

The agenda was addressed as follows:

34. Review and Approval of October Minutes

October minutes were reviewed, revised and accepted.

35. Treasurer's Report

- a. The DDNNH Membership form is online – to become a DDNNH member please complete and mail to Diane Crone PO Box 349, Freedom, NH 03836 email: dcrone@northernhs.com
- b. November's report was read and accepted.,

36. DDNA Liaison Report:

- a. Discussion about the deadline for DDNA newsletter.
- b. Quarterly report/information sharing in March, June, September, and December.

37. Business/ Nursing Practice Issues:

- a. 3 X 5 cards for Brenda Thamm – so many different things that each of us does - Brenda Thamm – will compile what she gets, what the job descriptions are compared to what we actually do.
- b. What about the NH Nurse's Association?
- c. Discussion regarding the RN Case Manager Role in Reg 3 – is there conflict at all with the 1201 nurse's role? Mary Lou offered that sometimes the roles overlap and you and the nurse case manager have to work it out. Paperwork & QA vs. healthcare oversight. The case manager goes to dr's appointments instead of the QA nurse, but both go to team meetings. The CM does not do 1201A's, except she gets one home with medically frail individuals but on their caseload. Teaming up with VNA, homecare & hospice – get a team going with nurses.
- d. Not having Laconia State School is great, but sometimes serving people with intense medical needs in the community is unrealistic.
- e. Look at DD Standards of Practice.
- f. Discussion around "Should we continue to have orders for OTCs?"
 - i. In order for authorized staff to perform triple checks there has to be doctor's orders.
 - ii. Too much OTC's can cause adverse effects.
 - iii. We need orders for OTCs or authorized staff will make decision about OTC's that could be dangerous.
 - iv. People with limited English, unless specifically spelled out problems can happen.
 - v. How else can we monitor what medications a person is getting?
- g. Orders for cough drops?
 - i. If it's medicated or a prescription cough drop.
 - ii. Can we not have orders for cough drops please?
 - iii. The Board of Pharmacy states cough drops are medicine (where does it say that??)

11:00 – 12:00

Continuing Education Series
"I/DD Nursing: It Ain't for Wimps"
Instructor: Sharon Oxx, RN, CDDN
THANK YOU SHARON!!!!



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December 15th, 2009 Minutes

The **DDNNH Holiday Meeting** was held at the Bureau of Developmental Services, 105 Pleasant Street, Concord, Break Room. Twenty five attended.

All Regions were represented by either area agency nurses or vendor nurses.

9:30 – 11:00am

The agenda was addressed as follows:

38. Review and Approval of November Minutes

November minutes were reviewed and accepted.

39. Treasurer's Report

- a. The DDNNH Membership form is online – to become a DDNNH member please complete and mail to Diane Crone PO Box 349, Freedom, NH 03836 email: dcrone@northernhs.com
- b. November's report was read and accepted.
- c. Membership cards were passed out.

40. DDNA Liaison Report:

- a. Discussion about the deadline for DDNA newsletter.
- b. Quarterly report/information sharing in March, June, September, and December.
 - i. December's update included information about the DDNA newsletter published in December, pointing to the Network Section on pages 34-35.

41. Business/ Nursing Practice Issues:

- a. At our November DDNNH meeting, a suggestion was put on the floor for us to look at DD Standards of Practice, which were distributed.
 - i. How do we create a new culture when you're not in a position of authority?
 - ii. We need to update "Communicating for Health."
- b. Suggestion was made to create a List of Topics to explore:
 - i. OTCs
 - ii. Dandruff shampoo
 - iii. Adding to the curriculum – How to prepare for a doctor's appointment?
 - iv. Chapter vs. Network
 - v. Individuals coming into the DD system and receiving services without the nurses' knowledge.
 - vi. Having a DDNA member to represent each Area Agency.