



Minutes

JANUARY 15, 2013

9:30

1. **Meeting was called to order with 26 in attendance**
2. **Review** and approval of Minutes without correction

9:45

3. **Officers Reports:**
 - a. **Treasurer's Report:** Read and accepted. Diane will be sending a check for \$250.00, our contribution for the Scholarship program at Riviera College this month. A reminder was made that \$545.00 will be needed for our Liaison to attend the annual DDNA Conference.
 - b. **DDNA Liaison Report:** KiKi Sylvester was absent but Jen Boisvert reviewed some of the conference details with the group. The DDNA conference will be in Philadelphia Pennsylvania on April 27-29th. The pre conferences will be on April 25 & 26th. Further information can be obtained at DDNA.org.
 - c. **Unfinished Business:** Copies of the curriculum "Everyday Health and Safety" were distributed for those who did not receive them in the past. This is also available online through the DDNNH website. A list of those members desiring to have a copy of the DVD that accompanies this training was obtained and given to Stacy Colby. Stacy sent out an email to the group in December requesting those interested to send her a reply – one copy available per agency.

10:00

4. **Peter Bacon from BHF:** Several issues were discussed as follows:
 - a. **Interpretive Statement for He-M 1201.03 (d&f) (regarding health status indicators)** – Statement was accepted by bureau as written. . Statement was then voted on and accepted by the group In summary:
 - 1) **At the minimum, HSI's need to be reviewed for Primary Care Visits.**
 - 2) **Agencies may choose to review for other specialties as well**
 - 3) **No particular form is required. The form from the bureau is a guideline. The purpose is to assure that functional changes are communicated to the primary care practitioner. Some form of documentation that this was done must be available for review by the surveyors.**
 - 4) **The word practitioner is defined as whoever does the physical exam**
 - 5) **The meaning of the word "equivalent" in the statement was discussed. It was decided that the word reflected other choices that Individuals have for other specialties that may manage their health care. The word will remain in the statement.**

- 6) **If any questions related to the Surveyors arise please notify Peter right away so resolution can be determined sooner.**
 - 7) **If missed documentation of the HSP's is noted and documented on the QA no deficiency will be given.**
- b. **Documentation of Controlled Medications:** Documentation of a medication error can either be noted on a Med Occurrence Form or on the QA according to regulation. Adding and subtracting errors on the count sheet **Are errors and must be reported on the 1201 A reports.**
 - c. **Pill Counters:** Please make sure all homes that have controlled medications have pill counters or some mechanism to count medications properly. Peter asked nurses to consider if paper plates are a safe enough mechanism as he has seen spills during cert visits. A suggestion from Leslie was using bead trays as a count mechanism.
 - d. **Health Care Recommendations:** The form is a tool meant to advocate for the individual.
 - 1) **The form does not need to be signed by practitioner**
 - 2) **Person reviewing recommendations with practitioner must document that this occurred. Signing the form is one way to do this.**
 - 3) **Nurses should talk to guardian and document if recommended testing cannot be done in certain circumstances, i.e. "Individual will not tolerate".**
 - e. **Dental Work for Individuals:** Cost for Dental Care for the individuals need to be taken to the area agency for funding. Agency is responsible for determining funding allocations.
 - f. **Medicare not reimbursing for P/E's** Some of the members reported that Medicare will not pay for physical exams. Terminology under regulation states that an "annual Health Assessment" is required. Peter suggested for anyone experiencing this should send an email to Matthew Ertas.

Peter will be attending our March meeting.

11:00 – 12:00

5. **Continuing Education Series:** Joan Kelly Arsenault CEO and Director of Clinical Services of Mass Tex Imaging gave a very interesting presentation on "Dysphagia Management for Individuals with Developmental Disabilities". DDNNH Nurses attending received 1.0 contact hour of continuing education after passing in their evaluation.

12:00 Noon – Meeting was adjourned. The next scheduled meeting will be Tuesday, February 19, 2013.

9:30

1. **Meeting was called to order with: 29 in attendance**
2. **Review** and approval of January 2013 minutes with one minor correction



Minutes
February 19, 2013

9:45

3. **Officer's Reports:**

4. **Treasurer's Report:** Read and accepted

a. **DDNA Liaison Report:** Ki Ki Sylvester reviewed conference details to include the following:

- a. Conference is April 27-29th
- b. Pre conference dates are the 25th re: (Telephone Triage) and the 26th
- c. Cost is \$395.00 for 3 day conference; extra fees for pre conference
- d. Does anyone have any ideas as to what we as a group could donate for the possible auction? Last year we spent \$15.00 on the auction. Ki Ki will find out by next meeting whether there will even be an auction
- e. Barbara Bancroft and Anne Pooler will be repeat presenters. Ki Ki states that they are very good speakers.
- f. One of the pre- conference subjects on the Affordable Care Act.

b. **Jen Boisvert reported** that the DDNA is requesting articles from their membership. Deadline for these articles is March 13th. Further information on these subjects can be found on the DDNA website.

5. **Special Business:** Deb Nailor reported on her findings on the differences of the updated MA Health Screening Recommendations from the ones we are using presently. Deb felt that the updated version was more concise. Deb will ask Stacy to send out the updated Health Screening tool to membership again. She asked that everyone review the form and be prepared to discuss at the March meeting.

6. **Unfinished Business:**

- a. **HRST:** Diane Kordas (from One Sky) developed a questionnaire screening tool to help with data collection for the Health Risk Screening Tool. Diane will ask Stacy to send the questionnaire out to everyone. Darlene Foley stated that Plus Company was part of the pilot study. Both Darlene and Diane are willing to lend a helping hand if anyone should need assistance. Please contact them directly.
- b. **Frequently Asked Questions:** Group was asked to review the questions on the web site and come to the next meeting prepared to form a subcommittee to review and update them.

10:30

7. New Business

1. Deb Nailor asked the group if they were aware of the annual Woman's Expo held in Manchester. She recommends it. She has found that Hannaford's has provided a great deal of free dietary information that could be used for teaching. It was held in February and is inexpensive to attend - \$7.00 to get in.
2. Diet Orders do need to be renewed annually. Regulation 1001.06 states that Dietary Restrictions need to be ordered by MD. The regulation does not specifically state the time required for renewal. Group will discuss with Peter at March meeting.
3. Everyone was reminded to contact Peter Bacon directly if you are cited for issues you do not agree with. Peter requested this so he can make a determination more expeditiously. A question was raised for 521 settings – does self med admin assessment need to be done yearly? Answer was yes. 1201.03 deficiencies have been reported by some nurses as given for 30 day and annual nursing review even though they are noted on QA forms.
4. Some members of the group have experienced that Medicare is no longer paying for physical exams. Some physicians will not complete our annual physical forms and the documentation they provide may not cover all that is required by our regulations. Medicare will only pay for “Wellness Checks”. Please notify Matthew Ertas if you are having any problems getting a physical/wellness check for your individuals.
5. The procedure for an incorrect label was reviewed. When there has been a medication label change and the pharmacy will not re-label the medication, a red line or dot is placed on the label and the pills are placed in a baggy with a copy of the new order. This procedure is in our FAQs and is permitted until a refill is obtained. No one but a pharmacist can re-label a medication bottle.
6. A question was asked whether anyone was using med sheets for 525 homes where med administration is under delegation (e.g. are you using NUR 404 or He-M 1201). Some do and others do not. Leslie Evans has a home using NUR 404 delegation that had long experience with med logs and wanted to continue. So she created and uses a one page 6 month med sheet for that home and will forward a copy to the group.
7. Diane Kordas asked group if anyone experienced a physician refusing to see an individual who has behavioral issues when brought to the office. Some suggestions from group were as follows:
 - a. See if there is a medical provider who will do house calls.
 - b. Switch the gender of the physician. Possible different response
 - c. Ask physician to see individual in a more open space rather than the office. i.e. lunch room

11:30 Meeting adjourned



Minutes

April 16, 2013

9:40

1. **Meeting was called to order with 27 in attendance**
2. **Review** and approval of February 2013 minutes with no corrections. The March meeting was cancelled due to snow storm.

9:45 **Officers Reports:**

a **Treasurer's Report:** Read and accepted. Dianne is accepting checks for membership for 2013-2014 .

b **DDNA Liaison Report:** Kiki Sylvester reminded everyone that the DDNA conference was in two weeks. 5 members are going. There are no rooms left at this point.

9:50 **HRST:**

- a. Many Nurses have not completed the initial training
- b. You will not get a login until after completing the initial training
- c. KiKi will speak to Erin from HRST co. and request training dates be sent to membership
- d. Each agency has their own design as to how this program will be rolled out
- e. Darlene suggested that someone be appointed liaison to the HRST program to help answer questions we are having. She will email Matthew to regarding this.

10:05 **Peter Bacon from BHF:** The following issues were discussed:

- a. **Diet Orders-** Reg 1001.06K5 requires a medical order for a specific diet. The regulation does **not** indicate that this order needs to be renewed annually. Peter's understanding was that it did. Peter will discuss with Matthew and report back the outcome. A question was asked why diet was under 1001 and not 1201.
- b. **Allergy Issues-** i.e. lactose intolerance just need to be listed under allergies and does not follow diet guidelines
- c. **Deficiencies-** Any deficiencies that a Nurse feels are unwarranted please email Peter Bacon @ **Peter.E.Bacon@dhhs.state.nh.us** or call him at **271-9044**
- d. **Med Errors-** If an error is documented on a Med Occurrence report and the Nurse is obviously aware of the error a deficiency should not be given, even if it is not on the QA.

- e. **Physicals-** an annual physical exam is required for all individuals under RSA 171. The timing for this can be up to 60 days with a Drs note stating the appointment was canceled. Any comprehensive exam can be used as a physical.
- f. **Health Status Indicators** – Several members have received deficiencies for test results not in the chart. Peter stated that all that is required is a consult indicating that the test was done. Please contact Peter if this should occur.

Either the staff or the hcp taking an individual to a Primary Care Visit need to review the HSI's and document. Dr does NOT need to sign them. Form does NOT need to be taken to the office.

- g. **Frequency of QA's-** In enhanced family care the RN under He-M 1201 can make the decision how frequently the QA needs to be done. This should be documented on a note in the Med Book or on the QA. If documented, every 6 months is sufficient.
- h. **Compliance Form-** Peter passed out a compliance form that some of the agencies are using. This form is not mandatory just a suggestion.
- i. **PRN Protocols** – The reviewers may site concerns but no deficiencies for any recommendations based on medical reasons by the RN
- j. **Reg 507-** Regulation is up for revision. Peter will forward the proposed changes to Stacy and ask her to send them to membership

Peter will attend the September meeting.

11:00

Special Business:

- a. **Nominations:** Elections for Vice President and DDNA Liaison will occur at the May 2013 meeting.
 - 1. Several nominations were made for the Vice President Position. Nominees will confirm at the May meeting whether they are interested in the position. The position of Vice President is a 2 year commitment. The Vice President will then move up to President for the following 2 years.
 - 2. Ki Ki Sylvester was nominated by Leslie for her position of DDNA Liaison that she presently holds. She has accepted the nomination.
 - 3. Eileen Corbett will move from Vice President to President for 2013-2015.

11:15

Unfinished Business: DDNA auction items need to be given to one of the members who are attending. \$15.00 was authorized by members to purchase some stationary that is made by the individuals to be auctioned. Darlene will check on some art that may be able to be donated.

Meeting was adjourned at 11:30pm. Next meeting scheduled for May 21 at 9:30am



Minutes
May 21, 2013

9:30

1. **Meeting was called to order by the Vice President as President was absent:** approximately 20 members were present

Leslie made an apology to the group for a statement that was made to Peter Bacon at the April Meeting.

9:40

BHF Bureau of Health Facilities – Jill Desrocher, Attorney with the bureau, who leads the investigators for human rights infractions, posed this question to the group: **Are Med Errors a Human Right Infraction?** A lively discussion ensued to which no definitive answer was determined, however, the majority of the Nurses felt that we are doing a good job in making the necessary corrections and follow up from med errors. Some of the issues that **may** result in a human rights infraction are the following:

1. **Administering meds in a disguised manner**
2. **Medications used as a chemical restraint without team agreement**
3. **Errors that are not reported**
4. **Refusal or omissions that may lead to the harm of an individual**
5. **Withholding of medications**

The bureau is not able to address neglect in a hospital setting. For violations in this arena. Adult Protective Services need to be contacted. Jill agreed that whenever possible an investigator would try speak to the Nurse for clarification. It was agreed that the Med Committee oversees med errors and will ask for follow up and more information when needed.

Jill may be contacted at jill.desrochers@dhhs.state.nh.us

Human rights hot line # is 1-800-949-0470. Caller may remain anonymous

10:30

1. **Review** and approval of April minutes without correction
2. **Treasurer's Report :** Read and accepted. Dianne will continue accepting checks for membership for 2013-2014. It was agreed that a gift between \$25-\$30 would be purchased for the outgoing president to be presented at the June meeting.
 - a. **DDNA Liaison Report:** KiKi was absent. She will present a report at the June meeting on the annual DDNA conference.

Special Business: The position of DDNA Liaison and Vice President were up for reelection this year. Ki Ki Sylvester will remain our DDNA Liaison and Leslie Evans will be our new Vice President. Congratulations to Ki Ki and Leslie! The officers for the 2013-2014 year are as follows:

President: Eileen Corbett
Vice President: Leslie Evans

Secretary: Linda Catalano
Treasurer: Dianne Crone
DDNA Liaison: KiKi Sylvester

2. **Unfinished Business:**

1. **HRST's:** Still much confusion. There is a question as to whether vendor nurses will be required to do these. It appears that in some area they will and in others they will not. A question was asked as to how can a nurse evaluate the information on a HRST if they do not know the individual.. Kenda volunteered to communicate with CSNI and see how they are utilizing HRST.
2. **Replacement for Joyce:** At this time there is no information on her replacement. Linda will invite Matthew to attend the June meeting so we can discuss these issues.
3. **PRN Meds:** Do prn meds need to accompany an individual in the community? It was decided that this could be addressed at a team meeting and the determination could be written in the service agreement.
4. **Annual Health Screening Tool:** A motion was made to accept the updated Mass Annual Health Screening tool as the screening tool that we will now use. Kenda will present the new form at the June meeting to Matthew for endorsement by the Bureau.
5. **QA's:** HeM -1201.09 states that the minimum requirement for a QA that is **NOT** a staffed residence, a day program, or a residence with over 3 individuals that a QA needs to be done every 6 months.
6. **Diet Renewal :** Jen will email Peter to see if a decision was made on whether diets will need to be renewed annually and report back at the June meeting.

11:00a

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

1 Staff terminated due to an investigation: A question was raised as to how we can notify each other when a staff has been terminated for unfavorable behavior? It was decided that there is really no legal way to do this. It was suggested that when a nurse needs to verify a certification, she/he should communicate with the terminating agency nurse to verify if the employee's med certification is valid and current.

2. Start Program: Deb inquired if other Nurses were being asked for recommendations for an individual in the start program? More information on this program needs to be given.

11:45 Meeting adjourned.



**Minutes
June 18, 2013**

9:30

1. Meeting was called to order with 20 members in attendance
2. Review and approval of Minutes without correction

9:45

3. Officers Reports:

i. Treasurer's Report: Read and accepted.

b.

DDNA Liaison Report: Ki Ki reported that 4 members attended the May DDNA conference. She felt the conference was good. The next conference (2014) will be in Orlando, FL at the same hotel as last time (Rosen Plaza). Ki Ki will send to group her report on the sessions she attended in a future email.

1. KiKi attended the DDNA board meeting and DDNA's goal is to increase membership.
2. KiKi was not invited to the chapter luncheon as we are a network and not a chapter.
3. She contacted the member Rep to request that we receive same information that the chapters receive. No response from Rep at this time.
4. Jen (past Liaison) stated that DDNA is trying to maintain a difference between the Chapters and the Networks, the luncheon being one of them.
5. A discussion has occurred in the past relating to our being a Chapter rather than a Network. The group felt that there wasn't enough benefit to do so.
6. Ki Ki - DDNA is in the process of trying to develop an alliance with ANA, however, ANA does not agree with our position of Med Administration (delegation).

4. Unfinished Business:

A. Diet Orders: Jen B followed up with Peter Bacon regarding the need to renew diet orders annually. Peter has had discussion at the bureau and a question was raised that if special diets were not required to be renewed annually they may "fall through the cracks" (because they are not tracked routinely on a document -- as medications are logged on a med log if the order continues on after the previous annual deadline). Peter stated that he would get back to Jen after further consideration/exploration of issues. No response thus far. This means that diet orders will continue to need to be renewed annually.

B. Meeting Room: A decision was made to continue to hold our meetings in Brown Bldg auditorium for Sept, Oct and November. The South Function Room would be available then, however, the parking lot will be under construction. We are scheduled to return to the South Function room in December (Jen double checked and we are on the schedule to have the room).

C. Scheduled Meeting Time: Our monthly meetings are scheduled to end at 11:30am. It was agreed that the meeting could run until 12:00 noon in the event of a special speaker.

D. HRST Issues:

1. Diane stated there is no mechanism on the tool that addresses chronic pain and the need to take pain medication for this. Some felt that a note under pain clinic or safety would suffice. Diane will bring an answer to this question to the September meeting..
 - a. Group felt that there is so much duplication of medical data and hope that the HRST will take the place of some of our present forms required by the Bureau. (Jen reminds us that the information is required not the forms.)

10:00

5. **Speaker from CSNI:** Dottie Treisner, Executive Director of CSNI was invited to speak to our group relating CSNI's involvement with the HRST. CSNI is the association for area agencies comprised of the executive directors of each. Dottie was not very familiar with the tool but invited the group to ask questions that she would take back to CSNI. She informed us the "Big Picture" was that area agencies and vendor groups would eventually be moving to "Health Homes" (medically fragile, which is approx 10% of our population) to better meet the medical needs. Region 6 is presently involved with a pilot program (through a grant) to address acute and long term care needs specific to I/DD – working specifically on a health home embedded in Dartmouth (Nashua office only) and improving communication between the doctors and the Agency. Some of the strategies identified are as follows:

1. Acute medical needs may need an acute care manager to navigate the system
2. "Marrying" the acute care system with the agency and vendor systems to develop a better relationship between Dartmouth (Nashua) and agency staff resulting in better communication.
3. Data collection: "supportive asset" for Nurses. Nothing at this point has been assigned
4. Data Sharing: HRST is one of the data tools to gather information to decide who has a need for a health home.

Preparing for Managed Care is driving the agency to become more aware of the acute care needs of our individuals.

10:30

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

A. Mass Tex Imaging: Now has NH Medicaid approval. Jen B shared her experiences with the group. Members of the group who have worked with them are very pleased with both their time line as well as their treatment of our individuals. The referral from the physician needs to be written in a specific way. **For more information contact Mass Tex Imaging @ 800-508-6277**

B. Five Day Visit Rule: Be aware that the 5 day rule applies to any provider changes – not just address changes – Jen has had two instances where the individual did not move, instead the companion or the contracted provider changed. In one case no one within the home changed – the contract changed from one adult to another. This also means that monthly QAs are required for the first three months. Discussion occurred around how members have managed Med Authorization for a new residence/contract provider – for example: these can be done earlier than the official start date of the certification (if the individual stays at the potential new home as a trial, so long as the provider is currently med authorized somewhere, then a med observation can be scheduled). The 5 day visit **must** be done within the first 5 business days from the initial certification date. In an emergency situation Nur404 could be used as long as the residence does not have more than 3 individuals.

C. Potential lethal combination of medications: Leslie shared a sad story about an individual in one of her forensic homes that died at the age of 37 from a deadly combination of clozaril and fluvoxamine. She wanted the group to be aware of the danger of this combination as we are all seeing more mental health issues.

7. **BHF Bureau of Health Facilities –Matthew Ertas:** Spoke to group about the following:

A. .HRST: Mathew distributed a handout about the evolution of the Health Risk Screening Tool (HRST) and why the Bureau feels that it will be an important tool for the agencies. Additional points that were emphasized were:

1. HRST is a screening tool not an assessment tool, raises yellow flag to raise awareness about information to consider for possible action.
2. The Bureau will not dictate to the agencies how to utilize the tool
3. The tool will aid in long term care issues of our individuals
4. Nurses will be a resource in all areas
5. The contract is for one year (for 2,000 individuals in NH which is ~ ½ of the adults we serve) and a decision to extend will be based on the feedback given in December.
6. We serve approx. 4800 adults
7. Feedback on the HRST will be collected for 3 years
8. It is possible that information currently collected on other forms may be able to be captured solely with the HRST.
9. Data needs to be updated at least annually
10. Minimal funding is available for administrative support

B. Replacement for Joyce:

1. The Bureau is getting ready to hire a nurse
2. Matthew explained that the reason it has taken so long is that a problem was noted by human resources with the labor grade and the job description (after 30 years of the position).
3. All Frail List work sheets that would previously have been sent to Joyce should be kept until the new nurse is hired
4. The expectation of the Bureau is that the new nurse will go out and meet the frail clients as Joyce had done.

D. Mass Health Screening Tool: The Bureau accepted DDNNH's recommendations to adopt the updated version of the annual screening tool. Linda will send an email to Joyce to see if she will post the new form on the web.

11:30 Meeting was adjourned. The next scheduled meeting will be September 16, 2013

Respectfully submitted,

Linda Catalano RN
Secretary DDNNH



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Linda Catalano RN
Secretary DDNNH



Minutes

SEPTEMBER 17, 2013

9:30

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2. **Review** and approval of June minutes with one minor correction

9:45

3. **Officers Reports:**
 1. **Treasurer's Report:** Dianne Crone was absent. Treasurer's report read. Any questions will be directed to October meeting when Dianne is present. Linda Catalano will collect any membership dues to give to Dianne.
 - a. **DDNA Liaison Report:** Kiki passed out a summary of the DDNA conference that she attended in April..
 - b. Kiki informed group that the "epi pen waiver" on the DHHS website is listing the wrong regulation. The correct regulation is section He-M 1201.06(a) (1)(11). Kenda will bring to the attention of the Med Committee as they are in the process of updating forms.
 - c. Linda C informed group that she has an updated email list that she and Deb Gibbs now have. It was decided that Linda Catalano would maintain the database at this time. She will be responsible for updating the list and sending it to Deb Gibbs. If you have anything that you would like sent to the group send it to Linda and she will send it out to the group.

10:00

4. **Special Business:**
 - a. Jen B distributed a handout that Peter B used in a presentation identifying the top ten deficiencies noted within the State for the past 18 months.
 - b. Jen also distributed an information packet on the NH Medicaid Management Program (MCM). She advised group to search the provider directory under provider's name as that is how they are set up at this time. Directories are not complete (continue to have names added).
 - i. Individuals who receive Medicaid in any form have the option to open a NH Easy Acct – which will allow them to manage many things including health plan enrollment online. A letter has gone out (to one of the following – the individual, their guardian or their representative payee) indicating which next step they need to take for MCM: mandatory enrollment in a health plan, voluntary enrollment (or opt out), or they may be exempt.
 - ii. They have 60 days to choose from the date of the letter.
 - iii. If a choice is not made a plan will be auto assigned which may not benefit the individual

- iv. It will be relatively easy to switch.
 - v. As soon as someone signs up the health plans are required to send a health plan card within 7 days. They also will call (up to a max of 3 tries) to welcome the individual.
 - vi. If you have any questions, there is a contact number on the MCM website.
 - vii. For those enrolled in a health plan, 2 cards will need to be taken to physician appointments (NH Medicaid card, health plan card). It is the provider's responsibility to check to see if services are covered.
5. **Unfinished Business:** Several members voiced concerns/frustrations with some of the reviewers and what they are citing. Kenda reminded the group again what Peter has told us many times: **If you are cited for something you do not agree with or feel is unjust, please notify Peter and appeal.** (Please be sure to have the specific citation to reference during your conversation.)

Health Screening Recommendations: A member stated that the form was updated on the bureau's web site but the date was not changed on the bottom of the form. A reminder to everyone that tool is a guideline only. You are responsible for the parts that are stated in the regulation only. The Health Screening guideline is what is suggested.

Lists of Current Medications from the physicians offices: are not always accurate and should not be used as orders. It was stated that Peter has informed the surveyors not to use them. Linda C stated be aware that the electronic medical records may not coordinate with the physician consult report. A discrepancy in these could delay medical services that are needed.

Replacement for Joyce: Linda C read an email from Matthew Ertas stating the position is posted externally and there is one person who has applied but Human Resources has not notified them whether the person qualifies for the position so they can be interviewed.

11:00am

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

Deb Nailor : Would like the group to develop a mechanism to share physicians names who demonstrate excellent communication with our individuals. This could also be beneficial in notifying group what physicians take Medicaid. Jen will ask Deb Gibbs if she would post information online for us.

Site Training of Staff when there are no meds to admin: A lively discussion followed. The regulation states that annual site training **MUST** be done in each certified residence. Staff who are working at multiple sites **MUST** be site trained in each site that they will be administering medications from.

11:30am

Meeting was adjourned. Next Scheduled Meeting is Tuesday, October 15, 2013.

Respectfully Submitted by

**Linda Catalano RN
Secretary DDNNH**

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2013.doc*

www.dhhs.nh.gov/DHHS/BDS/DDNNH

Meeting Minutes- September



Minutes

OCTOBER 15, 2013

9:30

1. **Meeting was called to order with:** 25 in attendance. Deb Gibbs announced to the group that Matthew has approved the purchase of handbooks on “Intellectual Disabilities at your fingertips” for those who are interested. A list of those interested was generated and given to Deb. Thank you Deb.
2. **Clarification:** The online epi- pen waiver is correct. There was an issue with the font. The letter “l” and the number “1” look the same.
3. **Review** and approval of Minutes without correction

9:45

4. **Officers Reports:**
 - a. **Treasurer’s Report:** Read and accepted. Dianne presented outgoing president, Darlene Foley with a gift from the membership. Darlene expressed her appreciation.
 - b. **DDNA Liaison Report:** Nothing to report this month

10:00 BHF Bureau of Health Facilities: Peter Bacon welcomed questions from the group related to certifications. The following were discussed:

- a. **Health History record:** This can be filed either in the house book or in the med book. The medication book is probably the most effective place to file it. The only requirement is that a copy be in the home.
- b. **1201 A- Short Form:** Everyone needs be using the new form that was sent out. There is an additional column that asks whether the individual is followed by psychiatry.
- c. **Bubble packs for medications:** Peter warned the group to be aware that there have been errors in the packaging of these medications.
- d. **Controlled Medications:** Documentation of controlled count needs to occur when administration occurs or at least daily.
- e. **Master Schedule for the Reviewers:** Peter maintains this schedule and will tell you who your surveyor will be if you are interested.
- f. **Please notify Peter if you are being cited for anything that you question!** Be sure to include the specific citation information.
- g. **Annual Health Screening Recommendation Form:** is a tool only. The recommendations can be documented on any form you choose, i.e, physician progress notes, physical form etc. The form is to remind the person attending the physician annual visit of the recommended testing that should be done for **everyone**.
- h. **Wellness Visit:** Peter is aware that for some PCPs Wellness visits are being performed rather than an annual physical. Medicare pays for an annual wellness visit rather than a physical. Peter will check into this.
- i. **Self- Med Assessment:** Make sure there is a current self med assessment in the House book or Med Book. There have been different dated copies – an old one available at the home that is out of date which the surveyor sees and an up to date one at the office. Re-assessment is an annual requirement. Self Med Assessments only need to be done for individuals receiving medications.

- j. **Behavioral Health:** The He-M 1202 expired 3 years ago. The extension has also expired. Much of the leadership is leaving. With no rule it may revert to Nursing 404.
- k. **Respite Care:** Care Givers do not need to be med certified if administering medications in a non- certified home. We do have a responsibility to assure that the care givers have the information to deliver the meds safely. “Follow the Money” when determining whether the providers need to be trained. The state does not have any authority to make demands on non-certified residences.
- l. **Nurse signature on Service Agreements (SA):** A nurse can sign the service agreement itself indicating they have reviewed the plan, they can indicate that they have reviewed the plan on their QA, or they could institute another system like signing a separate form that the review occurred. Clear documentation from the nurse needs to exist that the nurse reviewed the SA.
- m. **Diets:** No definitive answer has been reached as to whether a diet needs to be reviewed annually. There is a difference in opinion as to when a diet is a “diet” vs a “recommendation”. Clarification is needed. A suggestion that diet be added to the physical form was made. Another suggestion is to place it on the Health Status Indicator or Annual Screening tool. He-M 1201.06 (k) does not state any requirements that diets be renewed annually. The concern is how the reviewers are assured that oversight has been maintained.

The group felt there has been great improvement with the review process since Peter has been attending our meetings. Thank you, Peter. Peter will attend the January 2014 meeting.

11:00

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

- a. Area Agency 3 uses a signature page for their 1201 A reports that Kenda stated the med committee really liked. She asked that the form be sent to Linda Catalano to send out to membership.

6. **Old Business:**

1.Frequently Asked Questions: Jen and Kenda have met to discuss updating our website FAQs. They have requested that the current FAQs be reviewed by the membership – they found it helpful to keep the following 5 categories in mind:

- 1. **Nurse Trainer Related Questions**
- 2. **Licensing Questions**
- 3. **Regulation Related Questions**
- 4. **Nursing Practice Issues and Questions**
- 5. **Training Related Questions**
- 6. **Historical Entries (no longer current information)**

Please come to the next meeting prepared to discuss these in length. It will be the major part of our agenda for November.

11:30: Meeting Adjourned. PLEASE NOTE upcoming meeting location change - November will be our last meeting in the Brown Building. We will be back at the Main Building for December.

Respectfully Submitted

Linda Catalano RN. Secretary DDNNH



**Minutes
November 19, 2013**

9:30

1. **Meeting was called to order**, with 18 in attendance
2. **Review** and approval of Minutes with 2 minor corrections

9:45

3. **Officers Reports:** Dianne Crone was acting president as both president and vice president were absent.

- i. **Treasurer's Report:** Read and accepted

- a. Dianne informed the group the amount of money that the membership pays annually for the following:

- 1 } \$250 in the spring for nursing scholarship at Rivier College

- 2 } \$545 for the DDNNA Liaison to attend the annual conference

- 3) \$100-\$200 for miscellaneous gifts, coffee, paper goods

For the last 2 years Dianne has purchased gifts out of the checking account for everyone to receive a small gift at the Christmas Party. This year we voted to bring a "gently used item" from home for a Yankee Swap! Please bring your gifts wrapped.

10:00

4. **Special Business:**

- a. The annual Christmas Party will be on December 17th at our next meeting. It was agreed upon to only use one hour of the next meeting to discuss Nursing Issues. The other hour will be used for eating and socializing. Deb Gibbs provided a sign up sheet for members to indicate what they would bring for the "pot luck" celebration.

5. **Unfinished Business:**

- a. Kenda asked that Davina send a copy of the 1201 signature sheet that Reg 3 Area Agency uses to Linda C to send out to membership.

- b. Deb Gibbs asked to inform the group of the following:

- 1 } The handbook "Intellectual Disabilities at your fingertips" is on backorder.

- 2 } When submitting your 1201 A report please send single sided only !

- 6 **Updating FAQs:** The remainder of the meeting was utilized to review and suggest updates of the "Frequently Asked Questions". The group was split into sub groups, with each group reviewing one of the following categories that had previously been agreed upon

1. Nurse Trainer Related Information

2. Licensing Questions

3. Regulation Related Questions

4. Nursing Practice Issues and Questions

5. Training Related Questions
6. Historical Entries.

Kenda and Jen gathered each groups' comments and suggestions and will provide a draft to review in January.

The Meeting was adjourned at 11:30am. BEGINNING NEXT MEETING WE WILL GO BACK TO 105 PLEASANT STREET IN THE SOUTH FUNCTION ROOM. As the door is locked Darlene Foley has volunteered to arrive a little early to open the door when people arrive!

HAPPY HOLIDAYS!

Respectfully submitted,

Linda Catalano RN
Secretary, DDNNH



Minutes
December 17, 2013

9:30

1. **Meeting was called to order** with 18 in attendance (by 10am).
2. **Review** and approval of minutes
3. Debbie Gibbs (from BDS) brought in the previously requested copies of the handbook – copies were handed out to members present who had signed up to receive them. If a member of your agency was there and you had signed up, the copy was given to them to bring back to the office.

9:45

4. **Officers Reports:**

- i. **Treasurer's Report:** Read and accepted. Dianne shared the Christmas card that Riviera University sent to our group (most years we vote to support an ongoing scholarship fund established in the name of a distant past member).

- ii. **DDNA Liaison Report:** Kiki shared that she had been contacted by a representative from Cyberonics of MA/NH/ME to offer a 30-45 minute training on epilepsy treatment and VNS at a future meeting. He did not mention if there would be a cost – Kiki will ask him. Some members of the group were interested in knowing if this could be a CEU type offering. This process takes several weeks to set up – therefore, it was suggested that Kiki ask him about availability for April as well as if he has other material that would increase the time to a full hour.

Kiki also informed us that the conference schedule for DDNA is now posted on the website (ddna.org). The pre-conference will be held May 2nd and the theme for the day is Down Syndrome throughout the Lifespan. The full conference will be May 3 – 5, 2014. The conference will be at the Rosen Plaza in Orlando, FL. May 5 is a partial day – and the one session scheduled is “Neuro for the not so neuro minded” by Barbara Bancroft.

10:00

5. **Special Business:** Jen shared with the group that Debbie Gibbs had updated the section on DDNNH's website that includes recommendations for physicians/specialists who members have had very positive experiences with. You can find this by clicking on publications in the box on the right hand side of the main page and then clicking the link for Medical Resources.

Word of caution: Dr. Goodman and MassTex Imaging are the new resources added so the info for them is up to date. The other resources have not been updated for at least a few years, so the info may not be up to date.

6. **Unfinished Business:**

- a. In October Kenda asked Jill to send a copy of the 1201 signature sheet that Reg 3 Area Agency uses to Linda C to send out to membership. In November Davina was the rep present from Reg 3 and we asked again about this sheet. At our meeting today Jill said that she had requested it, but had not received it. Kenda will see Steve at the next med committee meeting and ask him then.
- b. HRSTs – there was discussion about this experience. A couple of nurses are done with their reviews. Others have had challenges. Each area agency is managing the process differently. Kenda suggested that we send around a piece of paper and write down the facts (not anecdotes) of individual concerns. Judy C offered to bring the list to somewhere – at least the quality group. We did not actually start the list at this meeting – put on your thinking caps for January!
- c. Med committee – Kenda, as a member of the med committee, recently received an email that new 1201 forms were added to the website – and it appears that at some point some needed information was deleted – particularly on the 1201b and c forms. All nurses present today reported using the new 1201a forms that we received by email. Kenda’s email also stated that the instructions on the website were updated. Kenda said that the med committee was due to meet and this would be on the agenda. The committee is particularly concerned about the right forms and directions being available for general use.
- d. During the FAQ work last month, Cheryl asked if it would be possible for DDNNH to have access to e-studio. Kenda asked Ken Lindbergh – he said yes, if we want to. The individual access accounts would be email based (so you **MUST** give the correct address) with a password. E-studio would be a way to share documents posted there – you can review material, upload new files, make comments to send to the group etc.

7. **Updating FAQs:** We will continue our work at the January meeting. Jen has requested that a laptop, projector and screen be available for our use. The updated drafts will be sent out before the meeting – please print out a copy and bring it with you.

8. **New business:** I. Brad asked about a situation he recently had – individual had a sore throat, was seen by MD, prescribed Cepacol lozenges prn – individual chose not to purchase and instead got lifesavers. What next? Kenda reminded us that the med committee discussed cough drops – first thing to consider is are there swallowing/choking concerns for the particular individual. There should be a team process – if there is no risk of choking, med committee is **NOT** looking to manage cough drops. Kenda referred us back to the FAQs.

ii. Eileen MH asked if we can review the new He-M 507 regs at a future meeting – to see if there are items that nurses will be responsible to do/manage.

The Meeting was adjourned at 10:30am and fun presents were unveiled while delicious food was enjoyed. **REMEMBER WE ARE BACK AT 105 PLEASANT STREET IN THE SOUTH FUNCTION ROOM!**

Respectfully submitted,

Jennifer Boisvert RN
Acting Secretary, DDNNH



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