



9:30

1. **Meeting** was called to order with 23 in attendance.
2. **Review** and approval of December Minutes.
3. **Officers Reports:**
 - a. **Treasurer's Report:** read and accepted.
4. **New Business**
 - a. Review of article published in Concord Monitor from the Disabilities Rights Commission regarding six deaths in the DD system over the past 10 years. Numerous suggestions culminated in "the best response is no response."
 - b. How many people are DDNA members? Suggestion was made to add a column to the SignIn Sheet for a count.
 - c. What does the Quality Council do and should we be involved? Comments included that we as a DDNNH group have a hard time getting people to step up to the plate and participate in our own group's needs let alone participate in another group.
 - d. Should we create and adopt our own mission and vision and post on our DDNNH website? Please put on next month's agenda.

10:30

5. **Nursing Practice Issues:**
 - a. Situation: individual with diabetes has BS above 400 because he eats a box of Twinkies and a bag of candy and threatens to destroy the house if he doesn't get access to the food – he is in a group home – can't lock up the food.
 - b. Review of DDNA Medication Standards – please obtain and put on next month's agenda.



9:30

6. **Meeting** was called to order with 25 in attendance

7. Review and approval of January **Minutes**.

8. **Officers Reports:**

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

b. **DDNA Liaison Report:**

- i. The Annual DDNA Conference is coming up from May 4th to May 7th (the 4th is the preconference) – flyers went out. There is a special hotel rate - \$119 per night. Topics will include preventing sexual abuse and end of life issues. There are two preconference days – one for risk management and the other is cert prep and telephone triage. Randy Bryson, who specializes in forensic nursing will be there. There will also be a dinner/dance recognition of the 20th anniversary
- ii. Poster presentation – the board with our information was available for review. Does the group want to put together something? We can bring the pieces and boards will be supplied once there.
- iii. The annual report was submitted. If you haven't already, please go to the DDNA website, there is lots of information there for members, with over 70 CEUs offered online.

9. **Special Business:**

- a. Annual DDNNH Bylaws to be review in April and approval in May. A motion was made to send out the bylaws ahead of the March meeting to discuss changes in March, then review them in April.
- b. Annual DDNNH elections – the Secretary and the DDNA Liaison positions will be open. We will have nominations in April and election in May.
- c. The incentive for nurses to join the DDNA is still active and available for anyone wanting to join the national organization. The Bureau continues to partner with the Area Agencies by offering fifty percent reimbursement to the Area Agencies towards the \$80 required for DDNA membership for any nurse working for an area agency or for a subcontracted agency. **HOW IT WORKS:** Nurses will need to contact their respective Area Agencies or subcontracted agencies for support to join the DDNA, and will need to go to the DDNA website directly to register themselves. Subcontracted agencies should then contact their respective Area Agencies, who will enter the payment through BTS and contact their respective Bureau Liaison for approval via email, with a copy of the nurses names emailed

to JButterworth@dhhs.state.nh.us A motion was made to put another column on the sign-in sheet so we can keep better track of number of members.

10. Unfinished Business:

- a. The Developmental Services Quality Council's purpose and membership was reviewed. A motion was made to make available more information about the Quality Council, such as links to a website where more information about the Quality Council could be obtained. A suggestion was made to invite Dick Cohen to come speak at our September DDNNH meeting.

11. New Business:

- a. How long are orders good for? Please refer to the new 1201s.
- b. Notifying a guardian when an antibiotic is prescribed and you can't get a hold of them – different agencies have different policies – one has a release they give to guardians to sign that unlicensed staff can administer meds and allows guardians to have a choice, either they have to contact before each med or they can start the med and be notified. OPG will never allow meds without notification. It is the expectation that antibiotics have to be started within 24 hours.
- c. Discussion about people from other agencies attending another NTs med class. Some agencies have a policy that people don't attend med class until they've been employed for 60 days.
- d. Please put the DDNA's Position on Med Management on next month's agenda for comment and review.

10:30 – 11:30

12. Peter Bacon: from the Bureau of Health Facilities with discussion on the Health Status indicators.

- a. Certifiers are seeing the HSI everywhere - people are doing a good job.
- b. If someone has a physical when do they complete the HSI? Some people complete it 5-6 days prior to the appointment. Are people asking for a specific time frame? If it's the annual physical, how far in advance? The group came to a consensus that the expectation was for this to be done at least quarterly in compliance with the rule.



9:30

13. **Meeting was called to order with 29 in attendance:**

14. **Review** and approval of February Minutes. Revision to be added to questions with Peter Bacon.

15. **Officers Reports:**

- a. **Treasurer's Report:** read and accepted.
 - i. The scholarship check was cashed by Rivier College and we received a lovely thank you letter from them, which was passed around for all to see. Next month we will be sending in the check for the Liaison's attendance at the DDNA conference and we can send this directly to DDNA to take advantage of the early registration discount. Motion made, seconded and passed.
 - ii. The DDNNH is now accepting membership applications and payments for our own membership drive.
- b. **DDNA Liaison Report:**
 - i. DDNA conference in May, with 2 full preconference days focusing on telephone triage and risk management. The hotel has a special rate for \$119.00 per night.
 - ii. Poster presentation discussed.
 - iii. March is DD awareness month.
 - iv. Silent auction: Kiki will need items by next month. We can donate a gift certificate or maple syrup if anyone thinks of anything send an email to Kiki.
 - v. March 25th we will send in our update for the DDNA website. Kiki will speak with others about the progress we've made and add to the report. Anyone can also send Kiki an email with suggestions.

16. **Special Business:**

- a. Annual DDNNH Bylaw review: The bylaws were distributed via email prior to this meeting for review. Comments included:
 - i. They are good but "vanilla" – we are thinking about the President and Vice President assuming a larger role in the leadership of the group and it would be good if the President and Vice President received some training on how to facilitate a good meeting. We have a lot of experience and knowledge in this group and it is difficult to herd it all together in a cohesive way. Consider adding to the bylaws that this group would support the President and Vice President to attend some kind of facilitator training. Cay will look into facilitator training – it can be expensive. The HigherBar.com – how to have an effective meeting. If anyone has info it would be good to share on how to run meetings – if everyone could look around and bring back information it would be helpful. Cay will bring concrete ideas – please contact her.

- b. Election of officers: we elect the secretary and Liaison in 2012; the secretary is for a two-year period and the Liaison for one. Question was raised as to why the Liaison is only a one-year term- because of the expense involved for that individual if their agency does not help with flight costs to the conference, and to give this position/person more flexibility. A person can run consecutively for any office. Kiki wants to say on as Liaison.

17. Unfinished Business:

- a. DDNA Position Paper on Medical Management
 - i. Comments included:
 1. NH is far ahead of other states. This statement from the DDNA was made as to how they can support the 50 states who all have a wide margin of differences in how medication management is performed. We are fortunate to have strong under pinning. This paper was to help guide states as they change their structure and the paper addressed the basics. NH participated in influencing the document. It is easy for us to support it, as “this is how we roll.” We should include this on the poster board. We have competency-based trainings and are on a really good track – we do more than what DDNA recommends.
 2. We can use this paper to support and validate our practice by endorsement of the national organization. We have a lot to be proud of.
- b. DDNNH statement – who we are and what we do. We decided to have a formal statement because it would become the mission of this group. Our bylaws outline but no one really knows what we do. The idea originated because of the White Paper from the DRC, and although we decided not to respond we began talking about this from a marketing perspective, on how to become an entity that other stakeholders would want us to participate more fully. Originally, we were going to have a letter drafted by Eileen H. but it morphed into make in a statement. A suggestion was raised to also share this with nursing schools around the state, letting them know about this specialty. Suggestion was made and accepted to form a sub-committee led by Lisa Hoekstra to begin thinking about our goals in a mission and vision statement. Volunteers for this subcommittee are Darlene, Christine, Joyce, Kenda, and Eileen C.
- c. Part of our bylaws/mission should include a drive for us to welcome new DD nurses and to encourage DDNNH membership. Linda volunteered to lead this charge by forming a “welcome wagon” to help new nurses feel more supported.
- d. Our monthly meetings consist of nurses with lots of questions. A suggestion was made for Kiki to bring to the DDNA to hold more leadership conferences.
- e. Suggestion for agenda – have the most important issues first. Start the meeting with the hot topics so we can have a better focus. Motion was made to try a new agenda structure for next month. We will also end the meeting with a brief “success story.” Kiki volunteered to share how her agency was involved with a local nursing school and had nursing students shadowing DD nurses and how they made that happen.
- f. Personal Mission Statement: Assist with the coordination of healthcare for the DD/ABD population between the individual/guardians/staff and healthcare providers. We train; monitor and support lay people who care for the individuals so they may live a full life.

11:25 Success Story: shared by Ruth Beland.

11:30 Meeting End.



9:30 SHARP

18. Meeting was called to order with 27 in attendance.

19. Review and approval of March Minutes.

9:40

20. Peter Bacon here to discuss 1201 cert inspections. His question to us concerned where home providers were documenting that the Health Status Indicators had been reviewed prior to a Dr.'s appt. Some document right on the HSI and some have converted their Office Visit Contact Note to contain elements of the functional status and use that form. Again, the HSI form is not required – it is available as a tool. As long as individual's HSIs are documented (see He-M 1201 for the definition of health status indicator = functional abilities). As long as why/what appoint. Is verified it's OK. Most people make one form that is modified. BHF would like us to be clear so that they can see it meets the intention of the rule.

- a. Must all OTCs be purchased OTC? No. The new 1201 allows us to purchase OTCs (as long as there is a doctor's order!) without having a pharmacy label (we can use the manufacturer's label), but it does not require you to.
- b. Expectations of renewal of Epi-pen waivers? They must be done yearly.

9:45

21. Officers Reports:

- a. Treasurer's Report: letter from Center for Staff Development at Antioch.
- b. Liaison: Kiki was finding out if the DDNA was still having the silent auction.

10:00

22. Special Business:

- a. Caryn-Ann Ferriter from Region 4 Community Bridges came to talk about common 1201 reporting issues from the Area Agency perspective. Community Bridges contracts with several vendors and reviews their 1201A and B reports. Caryn offered the following regarding the most common errors:
 - i. Lots of blank/empty fields – people are not filling out the form completely.
 - ii. Inaccuracies found between the A reports and the total figures on the B report.
 - iii. Missing specific individual A reports from some residences.
 - iv. There are errors reported on the B form but not on any A form.
 - v. Using old 1201A forms
 - vi. Categorizing errors incorrectly.

- vii. Non-reportable errors – these should be noted but not included in the counts.
 - viii. Number of individuals living in the home not correct.
 - ix. Number of frail individuals inaccurate
 - x. Missing page 2 of A reports.
- b.
 - c.
 - d. Annual DDNNH Bylaw review in April and approval in May.
 - e. Annual DDNNH elections
 - i. April nominations - Linda Catalano volunteered to be nominated for the Secretary position, and Kiki was nominated for the Liaison position in absentia.
 - ii. Elections held at May meeting

23. Unfinished Business:

- a. DDNNH Mission/Vision – started talking about statement to be used in various situation/settings. Subcommittee looking for input about this statement or please send an email to Lisa. Why do we exist – training professionals, education in healthcare to families, staff, qualified vs. situated language. Should we define the AA system? Put a link to their website?
- b. Welcoming new members into DDNNH – Linda Catalano is still willing to be the Welcoming Committee.

10:30

24. New Business including Nursing Practice Issues:

- a. For an individual receiving day services with a new order for diastat for seizures >30 seconds – how to accomplish that. Suggested to get a different order as 30 seconds is not a standard protocol, requested that the home provider have a cell phone paid for by the agency, and clarify to the MD the nature of the seizures and home provider did not accurately describe them. Nurse will be going to next appointment.
- b. For a frail diabetic – adolescent – carb count vs. sliding scale – how to wrap the protocol. Type I, blood sugars run from 38 to 420 – looking for behavior plans.
- c. Add FAQs need for update with the new rule at next meeting.
- d. Eileen Murphy Hamel suggested that BON highlights be added to the agenda and volunteered to look into doing this.
- e. Should we have a timekeeper to help facilitate our meeting and keep the agenda on-track?
- f. Success story still on the agenda for Kiki next month.

11:30 END



9:30

25. Meeting was called to order with 25 in attendance.

26. Review and approval of April Minutes with correction to #7b..

27. Officers Reports:

- a. Treasurer's Report: read and accepted
- b. DDNA Liaison Report: full report deferred until June meeting. Highlights included:
 - i. Risk management
 - ii. Barbara Bancroft – nutrition, supplements, “basal rate”
 - iii. Taking care of yourself
 - iv. Pet therapy
 - v. Music therapy
 - vi. Breakouts – antipsychotics and link to diabetes; Fall prevention presented by Sharon Oxx; CP in 2012, Autism, and aging successfully
 - vii. TBI – neurosurgeon and Professor in Florida – controversy with concussions
 - viii. Med error rates – national overall is 29%; of those 79% were wrong time.
 - ix. Filming some of the conference – it might be available in the future
 - x. Items were brought for the auction – we had enough to have 3 baskets! There was pottery, pictures, jewelry.
 - xi. Next year the conference is Phili.
 - xii. There was no hospitality room this year; we will talk about doing that again next year.
 - xiii. Doctors and Dentists are no longer a part of DDNA.
 - xiv. Chapter vs. Network issues remain.
 - xv. There is a letter available on the DDNA website for you to give to your employer listing rationale for your employer to help you get to the DDNA conferences.

9:40

28. **Peter Bacon from BHF:** continued discussions:

- a. How are people identified in frail health? Some agencies have this added as a check box yes/no on the Health History Information; others only document when people are identified. BHF needs to know that the question of frail health has been considered for each individual.
- b. Review of Certification Expectations – Peter will revise for next meeting.

29. Special Business:

- a. DDNNH new mission and vision was discussed and revised and will be ready for the June 19th meeting.

- b. Annual DDNNH Bylaw review in April and approval in May – delayed until June meeting.
- c. Annual DDNNH elections
 - i. April nominations/May elections:
 - 1. Linda Catalano nominated and elected secretary – congratulations Linda! Linda will type up the minutes and submit them to the BDS for publication on the DDNNH website. Deb Nailor will be back-up secretary if Linda can't be here.
 - 2. Kiki Sylvester will remain our DDNA Liaison – congratulations Kiki! We look forward to continued up-to-date news blasts from the national DDNA.

10:30

30. New Business including Nursing Practice Issues:

- a. Discussion around the new curriculum –
 - i. Problem: has anyone taught using it and are there any issues? – the way it is structured it seems a bit choppy and the flow needs to be improved. Additionally, the video is backwards.
 - ii. Solution: Please keep notes as you are teaching as to how you are teaching the curriculum – put a chronological list together and we will discuss it at our September DDNNH meeting.
 - iii. Should we update our references from DD vs. I/DD – should we change these? Motion to stay current to update our language on all references.

11:45

- 31. Kiki – Success Story about involving nursing students in a rotation in our system from Great Bay College. Community Partners hosted 3 nursing students two days per week for 7 weeks, and the students spent time in the day program, went to observe QAs, and ended their program feeling comfortable talking and interacting with people with IDD. The students were also involved with a teaching plan as part of their curriculum, and did one of hygiene. The student invited Kiki to their pinning ceremony!
- 32. Eileen Hamel suggested that we regularly address the newsletter from the NH BON and read a few highlights from a few articles, such as the nursing shortage is over and the effects of working a 12 hour shift, and legislative bills that affect our practice. This will be on the June agenda as well, and more information can be found at www.nhnurses.org



Developmental Disabilities Nurses of New Hampshire
www.dhhs.nh.gov/dcbcs/bds/nurses/index.htm

June 19, 2012 Minutes

9:30

33. **Meeting was called to order with 23 in attendance.**

34. **Review** and approval of May Minutes.

9:45

35. **Officers Reports:**

- a. **Treasurer's Report:** read and accepted
- b. **DDNA Liaison Report:** there will be a forum on the DDNA website to ask questions (for DDNA members only.) There is discussion about a telephone triage certification.

10:00

36. **Unfinished Business:** coffee mug motto?

10:30

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

- a. Question how to handle a situation at a staffed home with three missing controlled medications and one pill in the lorazepam bottle looked different at it was a loratadine.
- b. Individual went to family and a whole bottle of pills was missing (controlled meds).
- c. The count was off by one pill and there was powder at the bottom, never reported.
- d. Does long-term Depakote cause pancreatitis?
- e. Curriculum issues, the films on the DVD are backwards, need to be reversed. Can we have them put on the website?

June 2012 Minutes

9:30am

1. **Meeting was called to order with 18 in attendance.**
2. **Review** and approval of the May minutes with no corrections
3. **Officers Reports:**
 - a. **Treasurer's Report:** read and accepted

9:40am

4. **Peter Bacon from BHF:** A handout titled , **Certification Expectations for He-M 1201.03**, was distributed to attendees. Highlights of the discussions are as follows:
 - a. Peter stated there have been very few deficiencies since the beginning of the year
 - b. Many areas are adding required information on to their existing forms, i.e, Have HIS's been review?; is individual on frail list?.
 - c. Any certified home is required to have HIS's completed within 30 days
 - d. The latest Frail List Form is 2011. It needs to be reviewed annually. A new form does not need to be completed unless there has been a status change
 - e. If using the QA form that was suggested by the Bureau a separate form may need to be completed for each individual in the residence. Some areas are using the form as a guideline or have incorporated the information on their own QA form so only one form could be used for each site. The forms issued from the Bureau are not mandated.
 - f. Nurses will not be sited if a Service Coordinator fails to sign the HSI's. It is the responsibility of the provider to assure that the SC does review the HSI's quarterly.

Clarification of above per Peter Bacon is as follows: Regarding your question related to the Health Status Indicators and the required review by the service coordinators, this would certainly not be the responsibility of the nurses to ensure that it took place. He-M

1201.03(f)(2) clearly states that this is the responsibility of the home care provider and the service coordinator.

- g. The Bureau is providing Trainings around the State on Certification Review.
- h. Health Screening Tool does not need to be signed by a Nurse or a Provider.
- i. Peter welcomes any phone calls or emails with questions. He can be reached at:

Office -271-9044

Email- pebacon@dhhs.state.nh.us

10:00am Deb Nailor was unable to attend. Will postpone her presentation until the September meeting.

5. Darlene reminded membership to drop their name tags in the basket by the door before leaving each meeting.

6. **DDNA Liaison Report:** Ki Ki Sylvester reported on conference that was held in Orlando, Fla. in May. She distributed to the group a summary of programs she attended while at the conference. She briefly pointed out the highlights of each program. She shared some of the following statistics and points of interest.

- a. DDNA has 1,393 members
- b. Total money in bank before 2012 conference expense is \$477,254.14
- c. Membership includes 34 CDDNs and 35 DDCs.
- d. There are 23 chapters and 14 networks in 2012, which is an increase from 2010
- e. There are Forums available on the website which questions/concerns may be posted
- f. Anyone can read the posts but only DDNA members can actually post.
- g. DDNA has a Facebook page- questions and comments can be posted there
- h. The DDNA website contains a news feed which contains current research information.
- i. As a group we should begin considering new ideas for the raffle for the 2013 conference in Philadelphia.

10:45

7. **New Business** including Nursing Practice Issues: The president reviewed the ground rules with the group

- a. **First Issue:** Pam presented a practice issue she has been having. In summary the issue is as follows:
 - 1) Staffed residence with 3 separate incidents of missing controlled medications for the same individual. Last episode was an entire bottle of prn lorazepam.
 - 2) No clear proof of what has happened to this medication
 - 3) Pam asked group for suggestions on how to handle this situation.
 - 4) Joyce stated that the following should have been done after the first episode:

A. Police should have been notified by management

B .Procedure was not followed as Nurse was not notified of missing narcotic when it was first observed

C. Med Certifications should be pulled but the decision was the Nurses

D. Everything must be documented and sent to Manager and Bureau

- 5) In this situation proof is not required. This can be addressed from nursing responsibility as well as judgment.
 - 6) Kenda reminded group that there is an area on the 1201 A report to address nursing concerns that should be used.
 - 7) Joyce stated that the Trend section of the 1201 A reports are being left blank. This is where this issue of non compliance should be listed as a trend. The trend is that staff is not following policy.
 - 8) Many of group shared their experiences, both of successes and failures. Pam thanked the group for their input and suggestions. Joyce will work with Pam on this situation.
- b) **Second Issue:** Joy asked if a psychotropic med is being used for something else, i.e. migraines, do we list it or not. Joyce responded stating all psychotropic drugs must be recorded on the 1201 A reports. The Bureau is going to request that if an individual is on 4 or more psychotropic drugs an indication of when the individual's last psych eval was.. Joyce also stated that a 1201 A short report be completed for each separate certification; 507, 1001, 525, 524, 521s.
- c) Karen shared that 2 individuals have been dx with acute pancreatitis from long term use of Depakote. Others shared similar awareness of extended use of Depakote.

.11:00 am

8. Unfinished Business:

- a. The completed mission statement was distributed. The committee asked everyone to think of a tag line that can be used. More discussion will take place at September's meeting.
- b. A unanimous vote to update the language in the Bylaws and the web page
 - a) Dianne stated that Article 6-"Dues" as not been adhered to. Group agreed to have membership year be from 6/1-5/31. Annual membership fees will be due in May. No membership cards will be issued.
- c. New Curriculum: Group was asked for input on new HeM-1201 Curriculum. Summary is as follows:
 - a) The video/cd would not be updated at this time due to cost. A possible partnership with UNH may be possible in the coming year.
 - b) A correction of the present video is underway.
- d. Joan Hahn Rn, was introduced to the group. As a former DDNA president and presently a UNH educator she brings with her a vast amount experience that will be an asset to our group. Her specialty is in research and welcomes any projects that our group may want to undertake.

11.25am

9. Success Story: Karen told of a 38yr old woman with intellectual I disabilities who is also deaf. One year ago she had a massive stroke that left her with hemiplegia and severe muscle spasms in legs. After a great deal of suffering she received Botox injections in her legs and is now doing terrific and pain free.

Respectfully Submitted,
Linda Catalano RN
Secretary



Minutes

SEPTEMBER 18, 2012

9:30am

38. **Meeting was called to order with 18 in Attendance.** Lorene Reagan, MS, RN, in attendance as bureau representative.

39. **Review** and approval of June Minutes with two minor corrections. A clarification of section 4 f will be obtained from Peter Bacon. Some members felt the statement was incorrect. The June minutes that will be posted on line will reflect the clarification, from Peter.

9:45am

40. **Officers Reports:**

a. **Treasurer's Report:** Read and Accepted

9:50am

41. **New Business:**

a. A question was asked whether the HSI's are to be completed for Residential only or should they be filled out for individuals in day program. Group was referred to He-M 1201.03 (c) for clarification. Lorene stated that some agencies may require a higher standard requesting that Health Status Indicators be completed for day program individuals, but it is not a requirement from the bureau.

b. **Health Screening Recommendations:** The form is not mandated. Its intention was to be a guideline to assure that our individuals' health concerns are identified and addressed at their annual physical. The form was never intended to be completed by the physician. It is the obligation of the provider to review appropriate testing with the physician and document. Any way that works for each agency can be used. Some have incorporated the information on their annual health forms.

Some areas are being cited for not having the form signed by a physician. A question was raised when the form should be reviewed. Lorene stated that the rule is "silent" on this. The information needs to be reviewed annually. She emphasized that any clarifications that Joyce Butterworth had given the group are to be honored.

Kenda suggested that we all work with our agency. If anyone has any questions, Peter Bacon is available to discuss them through email or telephone.

A suggestion was made that the surveyors should cite for noncompliance of standards of practice not “areas of concern”.

The surveyors should be giving out satisfaction surveys after a review to be filled out. If you do not receive it, ask for one. After completion send a copy to Peter Bacon.

- c. It was pointed out that the “Frequently Asked Questions” on the website are not current and we as a group need to update them. It was decided that everyone should print out a copy. The group will review these in an upcoming meeting.
- d. An issue was raised regarding the pharmacy at Dartmouth. Some confusion as to what should be considered a legitimate order. An electronic order can be accepted as long as the physician’s name and DEA number is present. A pharmacy order is also acceptable but must be signed within a “reasonable time” by the physician.
- e. Lorene reviewed the steps involved for hiring a replacement for Joyce due to the hiring freeze on government positions. The process is in the first stage which is departmental approval. The next stage could take between four to six weeks.
- f. A suggestion was made that members bring in copies of their forms that have been successful with integrating the new regulation requirements to share with the group.

10:30 – 11:45am

- 42. **Continuing Education Series:** Attorney Richard Cohen, Executive Director, Disabilities Right Center in Concord presented “**General Legal Standards and Obligations of the Service Delivery System**”. After a very interesting presentation, Mr. Cohen welcomed questions as well as impressions from the group.

Certificates were distributed for 1 contact hour to those who turned in evaluations of the presentation.

11:45 – 12:00 Noon

- 43. **Epi Pen Waiver:** It was noted that the Epi Pen waiver online was signed by a physician that was no longer with the bureau. Jen McLaren, MD should be the appropriate signature. If an individual is not a self med individual a special waiver must be submitted for review and approval from the med committee for the individual to carry and administer their own Epi Pen.

The meeting was adjourned at 12:00 N. Next meeting is scheduled for October 16, 2012.

Respectfully Submitted,

Linda Catalano RN
Secretary DDNNH



Minutes

OCTOBER 16, 2012

9:30 am

44. Meeting was called to order with 17 in Attendance.

45. Review and approval of minutes with 3 minor corrections.

9:45 am

46. Officers Reports:

- a. Treasurer's Report: Read and accepted.
- b. DDNA Liaison Report: KiKi Sylvester will present at November meeting

9:50 am

47. Old Business: Epi- Pen Waiver

- a) The updated Epi-Pen waiver is located on the DDNNH website
- b) Guardian consent must be given
- c) The date of waiver should be the date the waiver was initiated
- d) Waiver needs to be updated annually
- e) Guardian date maybe updated annually if one chooses to but is not required

10:00

48. New Business :

a) Jen shared with the group that she attended the MADDNA Conference which was excellent. The speaker, Sam Rhine, is "great". She visited an exhibitor from Mass Text Imaging that does mobile onsite swallowing evaluations and brought/shared handouts. (They do not accept NH Medicaid). They do provide services in southern NH up to the Concord area. They could provide services further north if there were sufficient cases scheduled. They are based in MA. The cost of mobile eval vs. hospital eval is same.

Jen will also work on setting up an educational session for a future meeting with a Speech Pathologist from this group. The group suggested asking about January or February.

b) A question was asked whether anyone in the group had the Health and Safety DVDs that contain Hygiene and Nutrition. It was stated that curriculum is on the DDNNH website. Lori Jones will bring in the DVD for the group to review.

c) A question was asked regarding verifying narcotic counts if 2 certified staff were being used. The regulation does not require two staff to sign. Non certified staff CANNOT sign for narcotic count.

- d) Resources and Educational Opportunities:** Peter Bacon from BHF answered questions related to the new He-M 1201 regulation. The major points are as follows:
- a) Health Screening Recommendations can be reviewed anytime annually**
 - b) Rule doesn't specify who should sign it**
 - c) Nurse should review screenings prior to annual physical**
 - d) An acknowledgement from whoever takes the individual to the annual physical appt should be noted on the form**
 - e) HSI's are not required for day programs (He-M 507) unless day program staff are taking individuals to MD appointments**
 - f) He-M 1201.03 refers to the health status indicators that require ongoing review (the HSI tool that was provided for optional use) does not have to be initialed by the Nurse monthly**
 - g) Many have added a line on their Report of Consult to be signed by the physician that Health Status Indicators were reviewed**
 - h) HSI was designed as a tool and never meant to be taken to the Dr's office.**
 - i) Standard of Care is to note any change in functional ability and to report these to the individuals' primary physician.**
 - j) At this time HSIs will be reviewed for Primary Care Visits only (see below)**

Much discussion occurred as to what visits the HSI's should be reviewed for. Some felt primary physician only. Others felt that HSI's should be reviewed for all doctors' appts. The group agreed to devise an interpretation statement that will be posted on the DDNNH FAQs and utilized uniformly throughout the group pertaining to this discussion.

- k) Diets:** If a diet is noted and signed by a physician, it is an order and needs to be updated annually. If a therapist writes a diet recommendation, it is considered a recommendation only and should be discussed with the primary physician. There could be a lapse of time between the therapist visit and the MD visit. Adhere to the recommendations until then to assure safety. "Thick It" does need an order.
- l) Med Certificates:** There is a new med certificate to use that does not list a rule number. You can continue to use the old certificates as long as the rule number is crossed out.

11:00 – 11:30:am :

Group will collectively discuss the 5 d) j) statements above at the November meeting. Peter has been invited to the December meeting to discuss the created interpretative statement and potential application/interpretations from the surveyor group. The group was asked to bring in ideas to share at the November meeting. Kenda began gathering data from the group regarding the HeM-1201.03 regulation and the usage of Health Status Indicators. Thoughts were written on a flip chart to further discuss at the November meeting.

At this time there is no Nurse at the Bureau to direct medical issues to.

The Meeting was adjourned at 11:35am. Next Mtg is scheduled for Tuesday, November 20, 2012.

Respectfully submitted,

Linda Catalano RN
Secretary DDNNH



Minutes

November 20, 2012

9:30

49. Meeting was called to order with 18 in Attendance:

50. Review and approval of minutes without correction

9:40

51. **Officers Reports:**

- a. **Treasurer's Report:** Read and accepted
- b. **DDNA Liaison Report:** Jen Bosviert read the DDNA liaisons' report for KiKi as she was unable to attend this months meeting.

Then next DDNA national conference will be held on April 27-29, 2013, in Philadelphia PA. The pre-conference will begin on the 26th of April. The conference brochure should be available within the next 2 months.

Ki Ki is in the process of attempting to set up an educational in-service for our January Meeting with Joan Arsenault. The cost to for obtaining Ceu's for the membership will be \$25.00.

10:00

52. Unfinished Business:

Several members brought in forms that they are presently using to share with the group. Stacy will scan in the forms and send them out to the members to use if desired.

Group continued to work on statement for the Bureau for the Health Status Indicators. It was decided that we would ask Peter Bacon to attend the January meeting rather than December's meeting to allow everyone to have more time to think about how the statement should read. The statement will be finalized at the December meeting.

Lori distributed a copy of "**Everyday Health & Safety**" that goes with a video that she has. Further research needs to be done as to where this came from and why everyone does not have a copy of this video.

10:30

53. Continuing Education Series:

Jo Ann Jordan, RN, M. Ed presented “ Dementia Care Consultation Opportunity” that she is able to provide. Jo Ann can be reached at (603) 228-2445; 738-5304; or by email at jacjordan@comcast.net. If you have an individual who you feel is a difficult challenge please contact Jo Ann and she can further discuss her services and funding.

11:15

54. New Business:

Wayne King will act as facilitator for any medication issues between Nursing and the Medication Committee that should arise until a replacement for Joyce has been hired.

We will have our annual Christmas party/lunch next meeting. A list of what people were bringing was passed around. We will break at 11:15 for our party.

Kenda notified the group that the Nurse Practice Rule is up for revision. She also informed the group that the HRST project is still “alive” and will be discussed at Decembers meeting.

The Meeting was adjourned at 12:00 noon. Next Mtg is scheduled for Tuesday, December 18, 2012.

Respectfully submitted,

Linda Catalano RN