



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 15, 2008 Minutes

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

Regions represented: I, III, IV, VI, VII, VIII, IX, X

The agenda was addressed as follows:

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

December minutes accepted.

2. **Treasurer's Report**

December Treasurer's report submitted by Valerie F. and approved.

3. **Business**

- a. Membership card were distributed.
- b. Membership present voted to extend the meetings to 12:00 on the days we have either CEU presentations or guest speakers.
- c. An invitation has been extended to Mary Constance from Camp Allen and to service coordinators to facilitate medical oversight. Also discussed was to invite Silver Towers, Camp Fatima, Waban, and Outpoint to discuss what is needed for smooth transitioning for individuals attending summer camps.
- d. DDNNH Mini-conference. The consensus thus far is that a conference would be a risky adventure for the DDNNH, one that could possibly outspend the treasury, given the difficulties of finding affordable keynote speakers. A new focus/discussion is perhaps to hold a "health fair," or feature a "consumer walk," where vendors could gather at no cost. A suggestion was to investigate grant writing. Jen Boisvert has been selected to fill the position as official representative to the D.D.N.A. The DDNNH Bylaws will be amended in May to reflect this office.
- e. Another suggestion was to have a representative attend regular CSNI meetings for PR and informational purposes.
- f. A 2007 Annual Report to the D.D.N.A. was reviewed and accepted.
- g. It was discussed and voted on by those present to extend the meetings by ½ hour when there is a CEU presentation or a guest speaker.

4. **Nursing Practice Issues:**

- a. It is up to the individual and/or guardian if HIV information is to be shared. All emergency rooms and dentists treat everyone as if they are infected, utilizing universal precautions.



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February 19, 2008 Minutes

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

Regions represented: I, II, IV, V, VI, VII, VIII, IX, X

The agenda was addressed as follows:

5. Review and Approval of January Minutes

January minutes accepted.

6. Treasurer's Report

January Treasurer's report submitted by Valerie F. and approved.

7. Business

- a. Membership card were distributed.
- b. If nurses want to have their input into the Introductory Training Instructional Guide and Resource Manual, Health and Safety curriculum changes, planning meetings regarding this will take place after the DDNNH meetings in March, April, and May from 12-1. .
- c. The DDNNH is planning to participate in the Family Support Conference on Saturday, May 3rd by having a table there with health promotion information. We would also like to have "hand-outs," perhaps consisting of pedometers and such, which would require some fund-raising. The Family Support Conference Planning Committee met just prior to this meeting (and we will meet prior to the DDNNH meetings through April) for the purposes of brainstorming. A letter was drafted and finalized by the committee and sent out courtesy of BDS to area agencies and vendor agencies, explaining what we're trying to do. A copy of this letter was emailed to all of the DDNNH. So far, Rita, Kenda, Cheryl G., possibly Jen, and Joyce will be going.

8. Nursing Practice Issues:

- a. Citations from the Bureau of Health Facilities are sometimes inconsistent, for example, the latest regards the remote storage of medications. If a person's day program is run out of Manchester and the person happens to live in Derry, sometimes the medications are stored in uncertified remote locations where it is more convenient for the individual to obtain them. Discussion ensued around how we need to keep the individual's needs first while meeting the intent of the regulations and having medications available for the certifiers for inspection. Comments included that the certifiers had not required this before. Joyce will be meeting with BHF on a regular basis to discuss these situations, and we will invite the certifiers to our October meeting.
- b. Can peritoneal dialysis be performed in certified sites? This is outside the scope of He-M 1201 and the NUR 404s apply.
- c. Continued discussions around the 524's and the 2003 MOU and delegation.



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March 18, 2008 Minutes

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

Regions represented: I, III, IV, VI, VII, VIII, IX, X

The agenda was addressed as follows:

9. Review and Approval of January Minutes

February minutes accepted.

10. Treasurer's Report

February Treasurer's report submitted by Valerie F. and approved.

11. Business

- a. The DDNNH is planning to participate in the Family Support Conference on Saturday, May 3rd by having a table with health promotion information. The Family Support Conference Planning Committee met before the regular DDNNH meeting in March. A letter asking for contributions went out immediately following the March meeting, and \$750 has been generously donated from supporting agencies. DDNNH Letterhead was sent to the Treasurer for thank you's to be sent to all agencies that donate. Frisbees were discussed as handouts to encourage activity and nutrition. Posters are available for \$11.95 each. Bookmarks with the TASTE acronym are available for 100 at \$6.00. Eat More brochures are \$7.50 for 50. Darlene will be sending in Hydra-aid samples. The Raffle Basket was discussed – Rita will make one up at a cost of approximately \$45, to be given Saturday at lunch. Raffle tickets can be purchased from BigLots in Derry. We will have tabletop displays about exercise and healthy food choices, and about the DDNNH – who we are and what we do.
- b. The first Introductory Training Instructional Guide and Resource Manual curriculum changes planning meeting was held after the DDNNH meeting. We will meet again in April and May to update and finalize the Health and Safety section.
- c. Region VIII Area Agency has moved and has a new name! They are now known as "One Sky Community Services." Their new address is 755 Banfield Rd., Suite 3, Portsmouth, NH 03801. The phone number is still 436-6111 and the new website is under development.
- d. DDNA website update – there is a new newsletter out. Old issues are available for everyone on the website, but new issues can be accessed by members only. See the DDNA website for more details: <http://www.ddna.org/>
- e. The Self Med Assessment Guide, originated by Darlene Foley, is now available on the DDNNH website: <http://www.dhhs.nh.gov/DHHS/BDS/DDNNH>. There are sections on it that give sections to check off, such as if a person is cognitively capable but needs mechanical assistance. It gives freedom if someone is on a training program. The nurse can obtain information from Mom /Dad and/or the caregiver. The Self-Med assessment can be tricky when Mom wants the individual to be self-medicating but they're not really capable, as well as the reverse, sometimes parents don't want them to be self-medicating and they really are capable. The RN should always do the initial baseline assessment in order to have a good baseline to judge by.
- f. Disposal of medications via flushing and toxicity to the environment issues: The Department of Environmental Services has some guidance on the website that may be useful: <http://www.des.nh.gov/factsheets/sw/sw-33.htm>

- g. Providers who have difficulty with English are sometimes found to be not competent according to He-M 1201 to administer medications. There are at least 20 different languages spoken in the Nashua area, and Region 6 provides a list of translators to try to help people. Check with your agencies to see if translators are available.
- h. Storage of Medications in uncertified remote locations was discussed. If a program has a certification for one location and the meds are stored in another, a waiver should be obtained for where the medications are stored. This is different from an individual who may bring their medications home with them.

12. Nursing Practice Issues:

HYDRATION – CONSTIPATION – ASPIRATION The three most common problems for people with DD!

Continuing Education Series “*Bowel Management – A Team Approach;*” Instructor: Marie P. Gagnon, RN, BSN for **1.0 contact hours** of continuing education for developmental disabilities nursing certification.

- a. How to communicate with unlicensed staff and give the best instruction to caregivers to prevent consequences.
- b. For caregivers without a license, it is best to provide very concrete instructions.
- c. Individuals are found to be impacted even through staff is writing down that there are small-medium bm every day when they’re having oozing.
- d. Need more basic, concrete and descriptive language and instruction around this sometimes-uncomfortable subject.
- e. Why is it important to talk about? Individuals cannot verbalize and cannot tell you when they are in pain.
- f. It can be uncomfortable and affect appetite – they just don’t feel good and don’t want to participate. More than three days without a bm is unacceptable – it can lead to impaction and obstipation.
- g. Our population tends to have decreased activity.
- h. Who is taking the time to help a person eat who takes a long time to eat? Prevent aspiration!! Hospice gets frequent requests for assistance with food and fluid issues because people don’t have time to help people eat and drink.
- i. Disease process – cancer and opiates – if these two conditions are present there should be an immediate request for something for bowels. Constipation side effects of medications never goes away! For every increase in narcotic medication, there must be an increase in dosage of bowel medications. There is never a development of tolerance to constipation.
- j. Question – if someone is prescribed a short-term narcotic, is it OK to increase fiber instead of another pill. One should still watch for bowel function – if there is no bm in 3 days, something needs to be done. Heated prune juice is very effective. Stewed prunes with senna was another suggestion. Another suggestion was stewed raisins, prunes, or apricots put into oatmeal.
- k. How to convey this to staff??? This can become a medical emergency and be **excruciating.**
- l. **Again, if a person is on narcotics, there must be something for bowels.** Colace is a stool softener but does not promote/produce a bm. Senna S promotes motility and can take as many per day as needed. It is not like Mild of Mag and will not produce diarrhea. It is meant to be given daily. Many elderly take two per day – it is not a laxative like ducolax and can be given long-term.

- m. If that is not effective, a next step must be taken. Docolax can be taken at night. Mil of Mag (yuk – cramps). Lactulose – 30 cc for problems that don't go away.
- n. Quad/paraplegic individuals will probably need a suppository routinely – schedule it! Not PRN.
- o. Beware of Metamucil – if someone is sick and is not taking enough fluids, it can actually make someone worse.
- p. Keep track of PO intake!!
- q. People with Down and Alzheimer's syndrome tend to have decreased fluid intake. When someone calls to say an individual has decreased bm's, the first question should be: what is the PO intake?!?
- r. Sometimes families are a challenge. One situation was related where Mom insisted on no more than 3 cups of water daily was to be given secondary to bladder spasm and was being given Ducolax, Metamucil, and Colace. Sometimes it helps to call the MD and ask them to explain it to the family.
- s. Bowel charts: are they accurate?? In your education, be as specific and concrete as possible. Use a smile/frown chart – are they holding their belly and refusing to eat? Teach what non-verbal cues are.
- t. People should be drinking 6 8oz glasses of fluid per day – can they do that?
- u. Get an order for a range of medications to be given so you don't have to call the MD all the time.
- v. Unannounced visits to group homes often show there are no juices in the fridge, no fruits, and no vegetables in the cabinets.
- w. Barriers: There is no real dietary training for anyone!!
- x. Barriers: limited resources.



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April 15th, 2008 Minutes

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

The agenda was addressed as follows:

13. Review and Approval of March Minutes

March minutes accepted.

14. Treasurer's Report

March Treasurer's report submitted by Valerie F. and approved.

15. Business

- a. The DDNNH is going to participate in the Family Support Conference on Saturday, May 3rd by having a table with health promotion information. The Family Support Conference Planning Committee met before the regular DDNNH meeting in March. A letter asking for contributions went out immediately following the March meeting, and \$750 has been generously donated from RRI, Area Agency of Greater Nashua, and Monadnock Worksource. DDNNH Letterhead was sent to the Treasurer, who sent thank yous to those

agencies. Jen (thank you Jen!) is buying Frisbees, bookmarks, and Eat More Fruits and Vegetables. Darlene will be bringing Hydra-aid samples. Rita (thank you Rita!) will make up at raffle basket a cost of approximately \$45, to be given Saturday at lunch. We will have tabletop displays about exercise and healthy food choices, and about the DDNNH – who we are and what we do.

- b. The second Introductory Training Instructional Guide and Resource Manual curriculum changes planning meeting was held after the DDNNH meeting. Certain sections were assigned and we will meet again in May to update and finalize the Health and Safety section. Suggestions were made to go to national websites such as the Epilepsy Foundation for free videos and teaching aids.
- c. We asked Ken Lindberg if he could transfer the 1201 videos to DVD.
- d. Valerie will not be here next month for the Annual Membership meeting. She wants everyone to know to **please** make sure they submit the Application Form (available on the DDNNH website) to her.
- e. We are able to provide a full scholarship to the D.D.N.A. conference this year, including the preconference costs. Jen Boisvert is our D.D.N.A. Liaison and recipient of the scholarship and will be bringing back the latest and greatest information.
- f. Guidelines from www.WhiteHouseDrugPolicy.gov and the Office of National Drug Control Policy regarding unused, unneeded, or expired prescriptions drugs. The NH Board of Pharmacy has information regarding a “Take Back” program – contact Brenda McBride, RPh from the Pharmacy Center at Laconia Clinic – 524-5064.

16. Nursing Practice Issues:

- a. We talked about the recommendation for visually impaired individuals, especially those in a new placement, should have a professional OT evaluation conducted by a licensed professional to ensure maximum safety. Recommendations may need to be followed up prior to a move, or they may involve suggestions for how best to support people after they move.
- b. The International Journal of Nursing in Intellectual & Developmental Disabilities is available on line at <http://journal.hsmc.org/ijnidd/index.asp>
- c. "**Infectious Diseases and Their Impact on DD Populations**" conference is scheduled at the Holiday Inn in Marlboro, MA on Friday, September 26th by the Bay State DD Nurse Network.
- d. Disposal of sharps: check with your local hospital for collection of sharps.



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May 20th, 2008 Minutes

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

Regions represented: II, III, IV, V, VI, VII, VIII, IX, and X.

The agenda was addressed as follows:

17. Review and Approval of April Minutes

April minutes accepted.

18. Treasurer's Report

April Treasurer's report submitted by Vice-President Eileen M. Hamel in Valerie F's absence. The Treasurer's report needs to be corrected with the following:

- a. The check #135 was to pay for the DDNA conference (not the DDNNH).
- b. Monies reimbursed the Family Support Conference (not the Direct Support Conference).
- c. The group would like a breakout and permanent separation of donations received/spent for the Family Support Conference, and not grouped in with our general funds. These funds were intended for educational purposes and should be used and tracked as such.

19. Business

- a. The DDNNH participated in the Family Support Conference on Saturday, May 3rd by having a table with health promotion information. **Thank you** to all who helped and participated during the planning sessions, a special thank you to Jen Boisvert for all the material ordering, and an extra-special thank you to Kenda Howell, Rita Piesak-Houghton, and Darlene Foley as we manned (or womanned) the table at the Mt. Washington Hotel. (and Rita, you DO snore, by the way!!) The Health Record was very well received – some of the parents clutched them to their chests and asked for more copies. Many of the family members said they wanted to meet with nurses in their area to help facilitate transition from the school into the DD system. The basket raffle was also well received – we had over 350 entries.
- b. The By-Laws were amended to reflect the addition of the DDNNH Liaison to the D.D.N.A. then and passed.
- c. D.D.N.A. Update:
 - i. Jen indicated the March D.D.N.A. newsletter is available online (for members). The DDNNH will have a poster for the conference. Diane Moore is the president-elect and had a lot of questions. Leadership is an issue and Darlene and Eileen are going and staying for the leadership seminar at the end of the conference, with Eileen going as a DDNNH officer.
 - ii. The D.D.N.A. Board has formalized a Chapter/Network meeting to discuss and review the differences.
 - iii. The new 2008 D.D.N.A. Standards of Care is available by members on their website: <http://www.ddna.org/>
 - iv. The next deadline for DDNNH to contribute to the D.D.N.A. quarterly newsletter is May 25th.
 - v. Their Treasurer's position is open.
- d. Lorene Reagan, Matthew Ertas, and Jeanne Cusson joined our meeting to speak about a new rule He-M 525 Consolidated Services. Medication administration will comply with He-M 1201 when administered by area agency or subcontract agency staff or home providers. Med administration will comply with NUR 404 when administered by providers who are neither family members nor under contract with an area agency or subcontract agency, and only if med are given during services.
- e. Chip Maltais from the Bureau of Behavioral Health came to speak with us about Accessing Mental Health Services. A summary of the discussion follows:

- i. It is somewhat easier for children to get services than it is for adults.
- ii. For adults, there are three categories of eligibility for services:
 1. Severe and persistent MI – the person has a severe functional impairment as a result of the MI, ADLs and interpersonal function with the length of impairment over one year. Services include psychiatry, functional support services (MIMS), and group therapy.
 2. Severe MI – everything as #1 but less than one year, with no documentation of previous services.
 3. Low Utilizer – most are low utilizers and could be just receiving meds, group therapy, or functional support services. There is a \$4,000/year cap.

20. Nursing Practice Issues:

- a. The International Journal of Nursing in Intellectual & Developmental Disabilities is available on line at <http://journal.hsmc.org/ijnidd/index.asp>
- b. "Infectious Diseases and Their Impact on DD Populations" conference is scheduled at the Holiday Inn in Marlboro, MA on Friday, September 26th by the Bay State DD Nurse Network.



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June 17th, 2008 Minutes

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

Regions represented: I, II, V, VI, VII, VIII, and IX.

The agenda was addressed as follows:

21. Review and Approval of May Minutes

May minutes accepted.

22. Treasurer's Report

April Treasurer's was revised to reflect the following:

- a. The check #135 want to pay for the DDNA conference (not the DDNNH).
- b. Monies reimbursed the Family Support Conference (not the Direct Support Conference).
- c. The group would like a breakout and permanent separation of donations received/spent for the Family Support Conference, and not grouped in with our general funds. These funds were intended for educational purposes and should be used and tracked as such.

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

23. Business

- a. The Bay State Developmental Disabilities Nurse Network (BSDDNN) is hosting their conference called "**Infectious Diseases and Their Impact on DD Populations**" (working title), scheduled at the Holiday Inn in Marlboro, MA on Friday, September 26th. See their website for more information: <http://www.ddnursing.org/events.htm>
- b. Wayne is bringing membership cards for the September meeting.
- c. The new 2008 D.D.N.A. Standards of Care is available by members on their website: <http://www.ddna.org/>
- d. Jen Boisvert, the DDNNH Liaison to the DDNA, brought us back information from the DDNA 2008 Annual Education Conference held at Foxwoods.
 - i. Several speakers had handouts to update the “book” of handouts of previous conferences.
 - ii. Often speakers that shared the time did two different topics within the same time slot. DDNA has a new Board and this is really their first conference as opposed to the 16th for the DDNA.
 - iii. Networks vs. Chapters: Networks are loosely affiliated – DDNA has no responsibility for and cannot count the number of members, where Chapters are closely affiliated. An email was sent to Diane Moore to request information about Chapters, which said that we can count numbers within their numbers, and all monies would go to the DDNA. The would send back the amount of dues for us and everybody would be the same - \$80 + \$20 = \$100 fee. There is a minimum number to be a Chapter, which is ten. We would charge for other non-members who come in? We decide. There are 39 Networks across DDNA and they have no idea who is a DDNA member within the Networks.
 - iv. This conference was the first time nurses and docs were mixed together, with physicians, psychologists, neurologists listening to nurses. There were 18 from NH.
 - v. The preconference was on Autism and the genetic fluke in 75% of studied kids.
- e. The Bureau of Developmental Services’ Special Medical Services (SMS) Unit came to present for us about what they do:
 - i. Care coordination – attend MD appointments. They come up with a care plan. SMS finds funding for people, many are not on Medicaid.
 - ii. An example was given for a child approved for Katie Beckett – she had been hospitalized for 8 months and was discharged with a trach and vent/ on O2, suctioning, and apnea monitor. She gets block nursing, 40 hours per week, but family can only find nurses to fill 15 hours. Problems arise when Mom is more knowledgeable than the nurses that come in.
 - iii. Nutrition/Feeding/Swallowing issues. This is a statewide program to help under 21 with these issues. There is a statewide network of nutritionists and f/s specialists.
 - iv. Psych Consults – helps staff determine what kind of services are available.
 - v. Family Support – NH Family Voices – to help maneuver through the maze.
 - vi. Parent to Parent.
 - vii. ESS also involved.
 - viii. Child Development Clinics: diagnostic evaluation services and there are satellites around the state in Lebanon, Lancaster, and Manchester.
 - ix. Neuromotor Clinic – sites around the state with 3 pediatric neurologists in Berlin, Concord, Keene, Lebanon, Exeter, and Manchester to help with ortho and neuromotor disabilities.
 - x. What does Katie Beckett cover?
 - xi. What happens after they turn 21?
 - xii. SMS is mainly an information and referral resource – there is a nurse on call.

- xiii. Transition services – HC-CSD – (Katie Beckett) is Title XIX but not based on parent’s income for complex medical and behavioral needs, often need multiple benefits for chronic illnesses or disability. Helps 185% of FPL.

24. Nursing Practice Issues:

- a. The International Journal of Nursing in Intellectual & Developmental Disabilities is available on line at <http://journal.hsmc.org/ijnidd/index.asp>
- b. **"Infectious Diseases and Their Impact on DD Populations"** conference is scheduled at the Holiday Inn in Marlboro, MA on Friday, September 26th by the Bay State DD Nurse Network.
- c. Ongoing discussions around delegation of medication and other tasks outside of He-M 1201. Delegation skills checklists have been developed and reviewed by the NH Board of Nursing.
- d. Martha did an assessment of a 21-year-old individual with Down syndrome who has had 27 strokes, is on ASA and has a trach, in a w/c and can wt. bear. He receives five hours of community support services – 2.5 hours two times per week. He is going to Synergy – doing some weight lifting. Lives with Mom and two siblings. The nurse is asked to evaluate if we can safely serve him in the community. Martha shared her draft assessment and response. She was able to video removing and replacing the trach, and will try to video the instillation of the saline and present a case study to DDNNH.
- e. We've been meeting over the past several months regarding a group effort to update the Health & Safety Curriculum.

Nutrition/hydration - Joyce

Regular exercise - Joyce

Handwashing - Rita

Caregiver stress - Eileen

Existence of rules for med administration

- Eileen

Awareness of individual health and med history - Joyce

Seizure disorders - Wayne/Martha

Good dental practices - Cindy



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September 16th, 2008 Minutes

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

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

The agenda was addressed as follows:

25. Review and Approval of June Minutes

June minutes accepted with typo corrections.

26. Treasurer's Report

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

27. Business:

- a. Completed sections of the Health & Safety Curriculum were distributed. We are still waiting for sections (see below). Linda offered to add another section pertaining to sexuality. The Curriculum will be added to as the group decides what other sections should be included.

Nutrition/hydration – Joyce (done)

Regular exercise – Joyce (done)

Awareness of individual health and med history – Joyce (done)

Communication for Health Care

Appointments – Joyce (done)

Speak up Campaign – Lorene (done)

Good dental practices – Cindy (done but needs to be formatted)

Handwashing – Rita (pending)

Caregiver stress – Eileen (pending)

Existence of rules for med administration – Eileen (pending)

Seizure disorders – Jen (pending)

Sexuality - Linda (pending)

28. Nursing Practice Issues:

- a. The Bay State Developmental Disabilities Nurse Network (BSDDNN) is hosting their conference called "**Infectious Diseases and Their Impact on DD Populations**" (working title), scheduled at the Holiday Inn in Marlboro, MA on Friday, September 26th. See their website for more information: Wayne King and Eileen Murphy Hamel are attending. Wayne will come prepared to the October meeting to share information from the conference.
- b. Discussion around the NH Nurse Practice Act and delegation ongoing. Darlene shared her experience with the initiation of the implementation of the requirements around the IHS Waiver and nursing supervision of medication administration of non-family providers.
 - i. While the BON does not have a "laundry list" of what can and cannot be delegated, a scope of practice decision tree was adopted by the NH BON in Jan 2007 to assist licensed nurses to interpret the applicability of laws and rules in a given practice situation. The following was emailed to the DDNNH: Go to www.state.nh.us/nursing and click on "Nursing Practice" for examples of decision-making tools. Also to go "Nurse Practice Act" and Administrative Rules, NUR Chapter 400. All nurses are advised to study this section of the rules as it pertains to individual practice settings.

11:00 - 12:00 Continuing Education Series "Nursing Care of the Patient with Diabetes" Instructor: Melinda Leighton, BSN, RN, CDE, approved for 1.0 contact hours of continuing education by the Developmental Disabilities Nurses Association for developmental disabilities nursing certification.

Goals of survival skills level of diabetes education were reviewed:

1. Caregivers can
 - a. Verbalize a basic understanding of diabetes and symptoms to report.
 - b. Demonstrate ability to test blood sugar
 - c. Demonstrate how to draw up correct dose of insulin, select site for injection, and verbalize how, when, and where to inject insulin in relation to meals (Sharps disposal too)
 - d. State name, purpose, dose, route and 1-2 possible side effects and food/drug interactions. Can state when to take in relation to a meal.
 - e. Verbalize signs and symptoms of hypoglycemia and actions to be taken (drink 4 oz. Juice or regular soda, test BG, wait 15 min and retest).
 - f. Verbalizes understanding of when to test ketones (BG >250 or illness).
 - g. Verbalized when to test BS and urine when sick.
 - h. Discuss potential side effects of exercise.
 - i. Verbalizes modified diet and rational.
 - j. Verbalizes the signs and symptoms of hyperglycemia.



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October 21, 2008 Minutes

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

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

The agenda was addressed as follows:

29. Review and Approval of September Minutes

September minutes accepted.

30. Treasurer's Report

September's Treasurer's Report was read and accepted. Membership is continually open for any nurse to join.

31. Business:

- a. The Health & Safety Curriculum was discussed and a deadline was set for November 18th to have sections completed. We are awaiting sections (see below). Linda added another section pertaining to sexuality, and Martha offered to add a section on End-of-Life issues. The Curriculum will continue to be a work in progress, and sections can be added to or modified as the group decides.

Nutrition/hydration – Joyce (done)
Regular exercise – Joyce (done)
Awareness of individual health and med history – Joyce (done)
Communication for Health Care
Appointments – Joyce (done)
Speak up Campaign – Lorene (done)
Good dental practices – Cindy (done but needs to be formatted)
Handwashing – Rita (pending)

Caregiver stress – Eileen (done –needs to be formatted)
Existence of rules for med administration – Eileen (pending)
Seizure disorders – Jen (pending)
Sexuality - Linda (done – needs to be formatted ?reference?)
End of Life - Martha)
MRSA, VRE, and C.Diff Management Protocol - Joyce (pending – thank you Eileen and Mass DMR.)

32. Nursing Practice Issues:

- a. Discussion around the NH Nurse Practice Act and delegation ongoing.
 - i. The following situation was brought up: “We have a gentleman with CF and CP, a central line, who received enzymes in applesauce daily. He has a percussive vest and lifts. He is non-verbal and asked by the family support to go out and assess because staff was hired for the weekend.” The question is: how often should this person be monitored? Various checklists sheets were used; one from Region 9 and one from the State. The parents were not there during the assessment! It took a few visits to get to know the individual and the situation – the VNA took care of the central line. Potential for pneumonia.
 - ii. Another situation: a lady who lives in a 1001 is on dialysis, whose fistula was blocked x2, now has a temp central line till the doc gets back from vacation. The dialysis nurses will be changing the central line dressing.
 - iii. More and more kids are coming into the adult system that are more and more involved. We need to continue discussions around delegation.
 - iv. Tracheotomy Mini- Presentation from Martha:

Martha was asked “Can we safely serve this person in the community?” He has a trach with a filter that gets blown off when he coughs. Previously, Ryan had the VNA coming in. He graduated high school and was now just sitting around watching movies, his ambulation skills had decreased. It was suggested that he to go Synergy, associated with Exeter Hospital’s cardiac rehab program, and there are nurses right there. The nurse in charge of the cardiovascular services was happy to assist. Martha had visited Ryan’s home several times to get to know him and his circumstances, and determined that the instillation of saline was not a delegatable task, and had a meeting with the nurse at the rehab, Ryan, and Ryan’s Mom and two other nurses. A staff person was observed replacing the vent piece that was “Ryan’s nose” and was deemed competent to do this. The trach itself is changed every 6-7 weeks so it does not get clogged.
- b. The Bay State Developmental Disabilities Nurse Network (BSDDNN) hosted their conference called "Infectious Diseases and Their Impact on DD Populations" on September 26th. Wayne King and Eileen Murphy Hamel attended and shared the following information:
 - i. The Mass MRSA, VRE, and C.Diff Management Protocol was distributed, as acute and long term care facilities have seen a dramatic increase of MRSA, VRI and C.Diff infections, along with increasing numbers infections in the community.
 - ii. MRSA is transmitted by direct person-to-person contact, usually on the hands of caregivers. If a person has no signs of infection, there is no need to test individuals for the presence of bacteria.
 - iii. Management included that the individual’s physician should determine whether the MRSA represents colonization or an active infection and treat as necessary, with antibiotics. Hospitalization for severe infection is usually required.
 - iv. The service provider in consultation with the person’s HCP should review the health issues specific to the individual and make recommendations regarding home, work, and other activities as appropriate. Consideration is given that transmission of MRSA from roommate to roommate in other than acute settings rarely occurs.

- v. MRSA positive individuals may share a bedroom with a low-risk individual (i.e. one who does not have tubes, catheters, wounds, decubiti, IV lines, and/or is not immunocompromised.)
- vi. Standard Precautions are guidelines created by the Centers for Disease Control (CDC) and should be used when caring for any person, regardless of the person's diagnosis and whether the person is known to have an infectious disease.
 - 1.
- vii. The head of Massachusetts's Public Health spoke about MRSA, VRE, and C.Diff. We all have these bacteria on our bodies. People have to have a condition that allows the bacteria to colonize. Acute and LTF dramatic increase in infections and in the community. A protocol has been developed for people in Mass and will be included in our Training Manual.

11:00 - 12:00

Bureau of Health Facilities: Peter Bacon, Sue Ouellette, Sue Nickerson, Al Swanson, and Jay Kurinskas attended and discussed issues that have come up during the year.:

- 2. Storage of medications in remote locations - Sometimes an individual has a day program, for instance, that is certified out of Manchester, but the individual actually is provided services out in the community and requires medication administration. It is better for the individual to have that medication stored at a remote site. The solution is that a waiver needs to be completed that satisfies the intent of safe medication storage in accordance with the He-M 1201.
- 3. Documentation of med errors on med occurrence reports - The variety of med QA forms that are used and the questions that are asked on the QA, such as whether or not there were any errors during this reporting period, can be confusing. Depending on how that nurse requires the error to be documented, the answer could be yes or no, and there is no way for the surveyors to know. Some nurse note all errors on the QA, while others only note errors if they found them on the day of the review. The outcome is that the surveyors have a right to ask for documentation about med errors, and the med occurrence reports should be available for them if the nurse does not re-document the info on the qa.
- 4. Is ok for the MD to sign one page of Dr's orders and the Dr can initial the rest that come in a set for the same person, does this suffice for surveys? Yes, this is common practice.
- 5. Definition of family residence - The Dept. of Labor defines "staffed" differently than the He-M 1201s. "Family residence" means as residence that is: 1. operated by a person or family residing therein; and 2. under contract with a provider agency. That means one provider, who is under contract and lives in the home, is administering medications. However; if any other staff are coming in, then it is a staffed home and reviews should be monthly. Additionally, there should not be a need for a waiver to have semiannual reviews if the home meets the definition of family. In terms of frequency of QA's, this falls under the 1201 regulations and not under the Dept. of Labor definition of "staffed."



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.

November 18, 2008 Minutes

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

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

The agenda was addressed as follows:

33. Review and Approval of September Minutes

October minutes accepted.

34. Treasurer's Report

October's Treasurer's Report was read and accepted. Membership is continually open for any nurse with an active license to join.

35. Business:

- a. Thanks to Peter Bacon – he is very responsive, hats off and kudos to him.
- b. Update – sections of the Introductory Training Instructional Guide and Resource Manual, Health and Safety curriculum due were reviewed.
- c. DDNA update: Jen Boisvert, DDNA Liaison. Copies of the Summer/Fall 2008 DDNA News Network publication are available. Jen stated the newsletter is challenging to print. The upcoming conference “Enhancing Mind, Body, Spirit” is May 9, 10, 11 in Orlando. Maximizing Health and Wellness for Persons with ID will be a focus. The hotel is \$159.00 per night. There will be a formal induction of chapters, with workshops about leadership and networks becoming chapters with national bylaws in compliance with 513Cs. We should put Chapter vs. Network on our agenda. Should we have our liaison talk to chapters that have joined? All members in the chapter have to be DDNA members. It is \$100 per year, with \$80 to the DDNA and \$20 to DDNNH per year. No one from NH went to the Leadership seminar. It will be the same speaker for the 2009 Conference, Dr. Jo Manyer, who will be speaking. Reminder about a poster presentation – need to be thinking about it and what activities we do and challenges we face. The newsletter contributions are four times per year. The deadline was 11-25.

36. Nursing Practice Issues:

- a. Update – sections of the Introductory Training Instructional Guide and Resource Manual, Health and Safety curriculum were due

Nutrition/hydration – Joyce (done)
Regular exercise – Joyce (done)
Awareness of individual health and med history – Joyce (done)
Communication for Health Care
Appointments – Joyce (done)
Speak up Campaign – Lorene (done)
Good dental practices – Cindy (done but needs to be formatted)

Caregiver stress – Eileen (done –needs to be formatted)
Existence of rules for med administration – Eileen (done needs formatting)
Seizure disorders – Jen (done)
Sexuality - Linda (done – needs to be formatted ?reference?)
End of Life – Martha - drafted)
MRSA, VRE, and C.Diff Management Protocol - Joyce (pending)

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- b. We talked about how to professionalize our staff in preparation for BHS certification inspection, that is, with someone who is extremely detailed oriented. We talked about the need to train staff that it is not OK to be bullied or to be pushed around. The nurses in general are not present during the certification inspections.
- c. We also talked about the need for role playing and having Lakes Region Community Services Council, Steve Colombo and Terri Clark, come to the DDNNH and present the case management pilot project, with a report on how they have developed “Preparing for a Medical Appointment” training.
- d. Anxiety vs. agitation:
 - i. For agitation, or for aggressions, there has to be a behavior plan in place.
 - ii. People have been cited if the prn for anxiety is given for agitation. Lorazepam is given for anxiety but also given for aggression. How is the anxiety demonstrated? How it is demonstrated has to be in the PRN protocol. Clonazepam for agitation has a behavioral support plan.
 - iii. Nursing role is overseeing the amount of prn’s that are being given – we cannot make generalized decisions about each individual situation. Has the team decided on the use of the medication? Is the med being used properly.
 - iv. How do you monitor anxiety agitation medication? Independent judgment and assessment of the situation needs to take place. There should be input from the team, from the home care provider to the service coordinator, and then documented in the service agreement, with MD or psych with prescribing privileges.
 - v. It is the expectation as part of the team that the nurse is notified of any change of behavior that receives or requires more frequent use of PRN’s.
- e. Are there any Neighborhood Health Clinics? Not really in NH – a lot of doctor’s offices will do sliding scale if they are asked. The economy was discussed with increasing difficulties of some people receiving health care.
 - i. Home Of Your Own program is being phased out. People currently in their own homes will continue to stay there.
- f. Continued discussions around delegation, please keep in mind that NH Nurse Practice Act RSA 326-B specifically allows a nurse to delegate tasks in accordance with the NUR 404s. We are in the position of trying to balance two goals: one is to promote independence, dignity, and choice for individuals, and the other is to protect individual's health and safety.



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.

December 16, 2008 Minutes

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

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

The agenda was addressed as follows:

37. Review and Approval of November Minutes

November minutes accepted.

38. Treasurer's Report

November's Treasurer's Report was read, clarified and accepted.

39. Business:

- a. DDNA Chapter vs. Network discussion: all chapters must be a DDNA member - \$100 per year, of which \$80 goes to DDNA and \$20 would go to DDNNH, which would be \$5 less per person for us to have in our treasury, but we would gain a lot of resources via their website. Would we need to become a 513C?

40. Nursing Practice Issues:

- g. Sections of the Introductory Training Instructional Guide and Resource Manual, Health and Safety curriculum were reviewed:

Nutrition/hydration – Joyce (done)
Regular exercise – Joyce (done)
Awareness of individual health and med history – Joyce (done)
Communication for Health Care
Appointments – Joyce (done)
Speak up Campaign – Lorene (done)
Good dental practices – Cindy (done but needs to be formatted)
Personal hygiene – Rita (pending)

Caregiver stress – Eileen (done –needs to be formatted)
Existence of rules for med administration – Eileen (done –needs to be formatted)
Seizure disorders – Jen (done)
Sexuality - Linda (done – needs to be formatted ?reference?)
End of Life – Martha – draft with instructions)
MRSA, VRE, and C.Diff Management Protocol - Joyce (pending)

- h. Emergency preparations review in light of the ice storm.
- i. BDS Medication Administration Curriculum Section III, page 2. Confusion regarding page 2 of Curriculum Section III, where examples of some different types of medication orders. Listed are a copy of a pharmacy call in order, and a telephone order taken by a nurse. Both still need to be cosigned by the prescribing practitioner for it to be valid. Margaret Walker, the Executive Director from the NH BON has stated that if a nurse chooses to not obtain a cosignature they are putting their licenses in serious jeopardy. In a facility, state law requires the signature be obtained within 48 hours.
- j. **10:30 – 11:00** The In-Home Support (He-M 524) Coordinators joined the group for continued discussions around delegation in He-M 524 certified homes.