

**STATE OF CONNECTICUT
DEPARTMENT OF MENTAL RETARDATION**

Procedure No. I.C.3.PR.001.c

Subject: Respite Center Admission, Visitation and Discharge

Section: Services and Supports, Family Supports

Issue Date: April 24, 2007

Effective Date: Upon Release

Revised: May 18, 2007

A. Purpose

To establish a standard process for admission and visitation at the Respite Centers.

B. Applicability

This procedure shall apply to all individuals who use DMR Respite Centers and their families/caregivers who access this resource.

This procedure shall apply to all DMR staff responsible for admission, visitation and discharge at the Respite Centers.

C. Definitions

Respite - the temporary care of a person with a disability for the purpose of offering relief to the family or caregiver. It is a service that allows for time to reenergize, deal with emergency situations, or engage in personal, social, or routine activities and tasks that otherwise may be postponed or curtailed due to the demands of caring for a person who has a disability.

Respite Centers - homes or residential units operated by DMR which provide planned, temporary supports to individuals who reside with their families. Based on availability of resources, Respite Centers may also serve individuals who live with community training home providers or DCF foster families and who are eligible to receive services from DMR.

Respite Guest/Individual - the individual who receives supports at a Respite Center.

Travel Packet - information which accompanies each individual when they are away from the Respite Center. Packet includes: Guest Profile, Physician's Orders, Emergency and Authorization Form, and Respite Center Guest Permissions Form.

D. Implementation

1. Admission

At the time of admission to a Respite Center:

- a. A family member/caregiver should accompany the respite guest to his/her scheduled visits unless other arrangements have been coordinated.
- b. The Respite Center admitting nurse or designee shall examine the guest and may refuse a planned respite admission based upon, but not limited to one or more of the following:
 - i) The individual presents with cold/flu symptoms or does not appear to be in good health
 - ii) The individual presents with a contagious disease
 - iii) The pharmacy-labeled container does not match doctor's orders
 - iv) The individual presents with a body temperature of 100 degrees or higher
 - v) The individual does not have required doctor's orders
 - vi) The individual lacks sufficient medication or other medically necessary items for the length of the stay.

- c. The Respite Center nursing staff or DMR medication certified staff, along with the family, shall complete the Admission/Discharge Assessment form and medication count. Upon admission and prior to discharge, a body check will be completed and documented accordingly. If the family declines a body check to be performed, that will be documented. The Discharge Assessment Form will be completed prior to discharge.
- d. The Respite Center Nurse, or designee shall ensure that the Evaluation for Bathing and Personal Care Safety Supervision has been completed and documented on the form.
- e. The Respite Center nurse or medication administration certified staff will ensure compliance with the following:
 - i) Physician's Orders are current, match the prescription label on bottle, and adhere to the following:
 - (a.) The medication name, dose, route, and time of administration instructions on the pharmacy-labeled container must agree with the physician's order or prescription.
 - (b.) If there has been a recent change, the current physician's orders must be on file and a change in direction sticker must be placed on the prescription bottle.
 - (c.) A physician's order is necessary each time there is a medication change.
 - (d.) Physician's orders must be updated annually if there are no ordered medications.
 - (e.) Physician's orders must be updated semi-annually (every 6 months) if routine or PRN medications (other than psychotropics) are ordered.
 - (f.) Physician's orders must be updated every 3 months if psychotropic medication is ordered.
 - (g.) Controlled medications must be only the amount needed for the duration of the respite visit plus two additional doses.
 - (h.) Formulas and special diets are considered prescriptions and must be included in the physician's orders. These include restricted calorie and diabetic diets and dietary supplements.
 - (i.) Orders for tube feeding must include type and amount of supplement and how often it is given. If a feeding pump is used, the infusion rate, time infused, and flushing instructions need to specify the agent used, time, and amount.
 - (j.) Other treatments, such as suctioning and nebulizer treatments, must have physician's orders and must include an order for special equipment needed.
 - (k.) Physical or occupational therapy programs must have a physician's order. Respite Center staff must receive an in-service by the family or by appropriate designated staff prior to implementation of these programs.
 - (l.) Written/verbal instructions or video tape should accompany any adaptive equipment.
 - ii) Medication count shall be completed and documented on the Admission Assessment Form.
- f. Respite Center staff shall ensure completion of the following:
 - i) Leisure Interest Survey
 - ii) Personal Item Inventory
 - iii) Personal Spending Sheet
 - iv) Travel Packet.
 - v) Leisure Activities

- g. The Respite Center supervisor/ designee shall ensure that the guest is introduced to staff and other guests and made welcome.

2. Visitation

- a. During the respite visit, a variety of programs and activities will be offered. Specific activities will be offered based upon, but not limited to the following:
 - i) the individual's preferences and abilities
 - ii) the individual's Leisure Interest Survey
 - iii) individual and family recommendations
 - iv) finances provided by the family
 - v) staff availability
 - vi) availability of various resources [e.g. vehicles, etc.]
 - vii) other respite guests and their interests
- b. In the event of a medical emergency during the respite visit:
 - i) Respite Center staff will call 911 immediately.
 - ii) Respite Center staff will accompany the individual on 911 calls. Whenever possible, the preferred hospital will be used as indicated on the Emergency and Medical Authorization form.
 - iii) Families/caregivers or their designated emergency contact person will be notified to meet the individual and the Respite Center staff at the hospital.
 - iv) Respite Center staff will bring the individual's Travel Packet to the hospital.
 - v) Respite Center staff may return to the Respite Center when the individual's family/caregiver or designated emergency contact person arrives at the hospital.

If a respite center guest develops symptoms of a communicable disease during their visit, the Respite Center staff shall call the family/caregiver or the designated emergency contact person to take the individual home.

- c. G-Tube/J-Tube Replacement
 - i) The respite center guest's family/caregiver will bring a replacement tube to the Respite Center when the individual is admitted.
 - ii) Replacement of the G-tube or J-tube will be done at the preferred hospital as indicated on the Emergency and Medical Authorization form, whenever possible.
 - iii) The Respite Center staff will contact the family/caregiver or designated emergency contact person to bring the individual to the hospital for the replacement procedure.
 - iv) If the family/caregiver or designated emergency contact person cannot be contacted in a timely manner, the Respite Center staff will accompany the individual to the hospital.
 - v) The individual will be readmitted to the Respite Center after the G-Tube/J-Tube has been reinserted and working.

3. Discharge

Prior to discharge, the supervisor, nurse or designee should complete the following:

- a. The Discharge Assessment Form which includes a summary of any pertinent medical issues, release of medications, adaptive equipment. This should include a body check along with findings.
- b. Respite Evaluation summarizing the individual's stay
- c. Personal Spending Sheet

- d. Personal Items Inventory
- e. A Guest Survey can be completed with the individual/family or can be given to the family member for completion. A copy should be forwarded to the Respite Coordinator.

E. References

- 1. Guest Profile
- 2. Emergency and Authorization Form
- 3. Physician's Orders
- 4. Respite Center Permissions Form
- 5. Leisure Interest Survey Form
- 6. Evaluation for Bathing and Personal Care Safety Supervision Form
- 7. Pre-admission Health Checklist
- 8. Admission Assessment Form
- 9. Discharge Assessment Form
- 10. Respite Center Evaluation Form
- 11. Guest Survey
- 12. Personal Spending Sheet
- 13. Respite Center Personal Items Inventory
- 14. PICA Information for Respite Center Visits

F. Attachment

- A. Family Respite Center Packet