



# **Health & Nursing Documents**

February 2009



# Underlying Rationale

- To revise and update information contained in current Medical Advisories
- Provide health related information in a clear and organized manner
- To meet current recognized standards of care and provide for consistency in delivery of care
- To reflect the current DDS service system

# New or Revised Documents

- **2 Health Standards**
  - Routine Preventative Health Care
  - Guidelines for Deferred, Limited or Declined Health Care
- **4 Nursing Standards**
  - Nursing Process
  - Medications Administered on an As Needed Basis
  - LPN Participation in Medication Certification Process
  - On Site Practicum Process
- **2 Nursing Protocols**
  - Care of Persons with Gastrostomy Tubes
  - Care of Persons with Jejunostomy Tubes or Gastrojejunal Tubes



# **Health Standards**

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**Are intended to identify the responsibilities of the team in supporting an individual's health care needs**

## **Health Standard 09-1: Routine Preventive Health Care**

- Replaces Medical Advisories #98-8 and #99- 2.
- Updates recommendations for preventive health visits, screenings, and counseling for adults with intellectual disabilities served by the department.

## **Health Standard 09-1: Routine Preventive Health Care**

- Further defines the importance to the consumer of obtaining and maintaining a personal health history and a family health history in the medical record.
- This standard contains 3 attachments.

## **09-1 Attachment A: Minimum Preventive Care Guidelines**

- Provides a quick reference of the accepted national standards for health screening/monitoring (Is a composite and update of recommendations in Med. Advisory #99-1)
- Identifies interventions specific to persons with disabilities
- Does not limit or prevent the medical practitioner in evaluating the specific circumstances of the consumer

## **09-1 Attachment B: Health Problem and Health History List**

- Provides a health history that is a quick and easy reference for health care providers with health history questions.
- Is intended to be an on-going list.
- Recommendation from Mortality Review finding.

## **09-1 Attachment C: Family Health History**

- This requirement previously identified in Medical Advisory #99-2.
- Intent is to gather information about family health history that will aid in the determination of need to screen/monitor the person for certain health conditions based upon familial predisposition.
- Information may be difficult or impossible to obtain. Unsuccessful attempts to secure this information should be documented on form and maintained in record.

## **Health Standard # 09-2: Guidelines for Deferred, Limited, or Declined Health Care**

- New standard developed as a result of the findings of various quality oversight activities undertaken by the department.

## **Health Standard # 09-2: Guidelines for Deferred, Limited, or Declined Health Care**

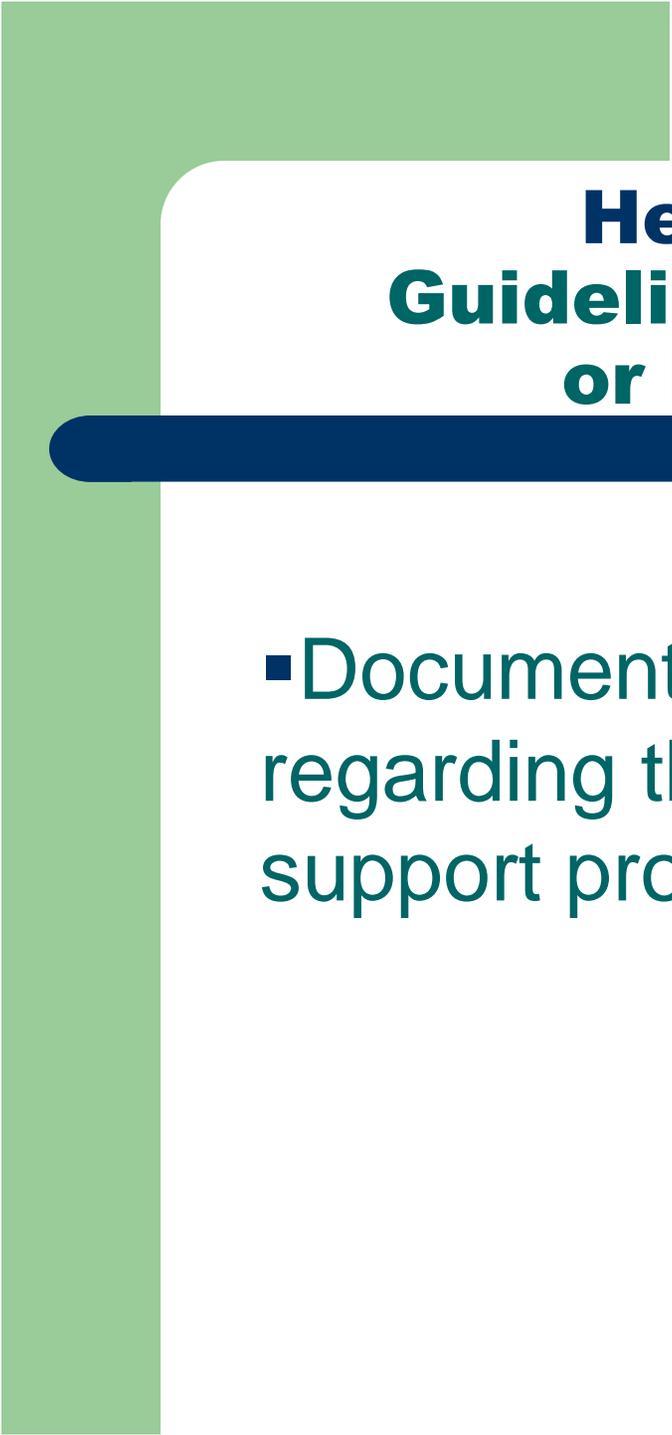
- Intended to safeguard the health interests of the consumer by providing guidance to teams regarding decisions made by the consumer or others that may appear to be contrary to the best interest of the person or are not in step with the recommendations of the department.

## **Health Standard # 09-2: Guidelines for Deferred, Limited, or Declined Health Care**

- Describes the requirement for discussion by the team with the person, health care provider, and/or family/guardian when recommended health care based upon accepted medical practice is deferred, limited, or declined.

## **Health Standard # 09-2: Guidelines for Deferred, Limited, or Declined Health Care**

- Identifies possible actions by the team to enable a person to better understand or accept the recommended screening and therefore ensure that the person is receiving appropriate health care that is based upon their need and not their disability.



## **Health Standard # 09-2 Guidelines for Deferred, Limited, or Declined Health Care**

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- Documentation requirements regarding the conversations and/or support provided are also identified.

## **Nursing Standards**

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**Are intended to clearly define the criterion for nursing staff to meet the needs of consumers for whom DDS bears direct oversight responsibility for health care.**

## **Nursing Standard: NS 09.1 Nursing Process**

- Replaces current standards 96.1 and 96.2.
- Identifies expectations for nursing care that are in keeping with scope of practice identified by the the CT Board of Examiners for Nursing and current best practices

## **Nursing Standard: NS 09.1 Nursing Process**

- Identifies the role of the LPN in supporting the nursing process that is consistent with Nurse Practice Act
- Identifies utilization RN On Call process to supplement RN oversight and coordination

## **Nursing Standard: NS 09.1 Nursing Process**

- Defines the expectation that an assessment is completed by a RN for a person who is returning to a home following discharge from a hospital or nursing facility. Now, this nursing assessment can be completed “within 24 hours prior to discharge” or “within 2 working days following discharge”.

## **Nursing Standard: NS 09.2 Medications Administered on an As Needed/PRN Basis**

- New standard that has been developed in response to concerns identified during the mortality review process.
- Bans “Standing Orders” in favor of “PRN orders”. Means the RN has to ensure that all orders are signed by doctor every 180 days (90 days in ICF)

## **Nursing Standard: NS 09.2 Medications Administered on an As Needed/PRN Basis**

- Ensures that pharmacist will be aware of all meds ordered so that potential interactions can be noted
- Reinforces the fact that non-licensed staff cannot assess or determine significance of change to baseline

**Nursing Standard:**  
**NS 09.2 Medications Administered on  
an As Needed/PRN Basis**

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- Requires orders to be specific to needs of person and RN to be notified of new concerns

## **Nursing Standard: NS 09.3 LPN Process Participation in Med Certification**

- Identifies a process for private sector LPNs to become “Authorized” by the department so they can have limited involvement in the medication certification process.
- Cannot replace RN oversight

# **Nursing Standard: NS 09.3 LPN Process Participation in Med Certification**

## **Authorized LPNs are allowed to:**

- Perform Annual and Re-Certification  
On-Site Practicums
- Provide re-training following some med errors
- Complete the quarterly medication Audits required by regulation

## **Nursing Standard: NS 09.4 On-Site Practicum Process**

- Updates document circulated in 12/2005 and gives an identity to document so nurses will know where it will be located on DDS website
- Outlines the meaning of each element contained in Checklist A and Checklist B so the RN understands what should be covered

## **Nursing Standard: NS 09.4 On-Site Practicum Process**

- On-Site Practicum is a required component of Medication Certification process that is based upon requirements identified by the Board of Examiners for Nursing for nurses who are delegating responsibilities that person specific training be provided

## **Nursing Standard: NS 09.4 On-Site Practicum Process**

- On-site Practicum also includes agency specific information that is not part of 21 hour Med Certification Training
- Also includes information specific to site (where are meds stored, routine administration times, pharmacy order routines, etc.)

## **Nursing Standard: NS 09.4 On-Site Practicum Process**

**Options** for completion of On-Site Practicum elements have been in effect since 12/05

- Checklist A can be completed in classroom format instead of individually with med cert staff.
- Section #3 of Checklist A (person specific training) can be completed at each site or as part of classroom presentation. Nurse needs to indicate all applicable areas and info covered in documentation on form or attached to form.

# **Checklist B of On-Site Practicum**

**Delegation ruling by Board of Examiners for Nursing requires that the performance of a task be completed to the satisfaction of the delegating RN**

**DDS accepts options that we believe will meet the intent of the board- Each RN has to make own choice about nursing practice**

## **Checklist B acceptable options as determined by delegating RN:**

- RN can complete at each site
- RN can complete practicum at one site and perform a 2<sup>nd</sup> practicum at any site where staff would administer different forms of medication (i.e., inhalation meds, ear drops) to comply with delegation requirements. If Checklist B is to be accepted at other sites, copies need to be at sites.

## **Checklist B acceptable options as determined by delegating RN:**

- Different RNs can choose to accept the Checklist B done by RN at person's primary worksite. The delegating RN at other site(s) would need to sign a copy of Checklist B and indicate acceptance.



# **Nursing Protocols**

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**are intended to identify the  
minimal best practice  
expectations for the delivery of  
nursing care**

## **Nursing Protocol # NP 09-1 & Nursing Protocol # NP 09-2**

- **Identify planning, teaching, oversight and coordination roles of the nurse in the care of persons with g-tubes, j-tubes, and g/j tubes**
- **Delineates the complexity of care and the expected level of nursing practice**
- **There are 2 attachments to these Protocols that can be individualized by the nurse**

## How are Nurses Informed?

- DDS nursing newsletter
- Information provided at regularly scheduled regional public and private sector nurses meetings
- DDS website [www.ct.gov/dds](http://www.ct.gov/dds)

# **PROPOSED MEDICATION REGULATION CHANGES**

- **Update terminology and reflect changes in DDS service delivery system**
- **Identifies classification of “Trained” (not certified staff) who can administer meds in individual and family homes and CTHs**
- **Similar training requirements as certified but less time required; No Practicums**
- **No nursing oversight**



**Questions?**