D D N N H

Developmental Disabilities Nurses of New Hampshire

MINUTES
January 17, 2023

1) Meeting was called to order with **36** members in attendance.
Welcome new Nurse Trainers: Richard McIntosh, Green Garden Center; Denise Ferrari DiResta, LTS; Alexa Graham, Visions.

2) Officers Reports:
a) Treasurer's Report – Checking: 303.07, Savings-4724.28 Total: 5027.35 Accepted as written. There are currently 39 paid members, there were 7 new memberships last month.
b) Liaison: DDNA conference April 14-17, 2023, in New Orleans. Pre-conference will be on aging and end of life in IDD. DDNA website has limited info. Members can attend free Wednesday in-services for contact hours.

3) Review and approval of December 2022 minutes as written with modifications discussed.

4) <u>Business Discussion-Old</u>
a) BDS report from Tiffany:
(1) Next NT Orientation class will be in early February, contact Tiffany to enroll new nurses
(2) Part-time BDS position posted on Indeed: 10 hours per week, responsible for NT Orientation class, possible med committee role, attending DDNNH meeting.
(3) Can RN who does not have 2 years' experience be designated as Nurse Trainer? Yes, exceptions can be made; agency should submit a waiver request to this 1201 rule to Tiffany at BDS.
b) Committees
(1) FAQ plans to submit draft to Med Committee and Licensing (Peter Bacon) for review on January 26. Draft can then be reviewed by larger NT group, if approved will be finalized and published on https://www.ddnnh.org/
(2) 1201 Medication Curriculum: please send questions and comments on new curriculum to Barbara R. Committee will start once FAQs are done and will be working on some of the errors in the curriculum and test.
(3) Job Fair/Marketing. Barbara reports postcards have been ordered and purchased. Two banners were donated. Lakes Region Job Fair coming up, entry fee is $100.00. Overall group feedback: not worth going to this job fair due to high cost and minimal exposure. Many offered ideas on how to increase public awareness of the Nurse Trainer role, including:
(i) Add to nursing school community nurse curriculum.
(ii) Letter to BON to add new specialty in licensing renewal: Community-in home Nurse
(iii) Reach out to National BON for recognition.
(iv) Advertisements/Articles in BON, NH Nursing Association newsletters

(v) Mass mailing to all NH nurses, need to figure out cost, logistics.
(vi) Targeted outreach to school nurses, OB/Gyn, Pediatric Nurses, burnt out nurses.
(vii) Speak at nursing schools.
(viii) Chaos and Kindness connection to see if they can do a show on Nurse Trainers
(ix) Posters in hospital, nursing home break rooms
(x) Ask our own agencies to support on getting word out about Nurse Trainers
(xi) Social media: DDNNH.org, FB page, Tik Tok?
(xii) Internships- time and labor intensive
(xiii) Letter to NH legislation for awareness- one sent years ago, update and resend.
(xiv) Reach out to other big advocacy organizations: Autism Speaks
(xv) Addressing turn over/retention- pay, support, training, hours.
(xvi) Increase awareness of disabilities services in communities-how to do?
(xvii) DDNNH Scholarship-send to nursing programs, give to DSPs, HCPs in school.

5) Business Discussion-New

a) Practice Questions:

(1) *Medical marijuana: 1201 is silent on this. NH law is RSA 126-X: https://www.gencourt.state.nh.us/rsa/html/NHTOC/NHTOC-X-126-X.htm. https://www.dhhs.nh.gov/programs-services/population-health/therapeutic-cannabis/qualifying-medical-conditions
Medical marijuana is considered a treatment and controlled substance. MDs can authorize use but cannot prescribe due to federal law. Individual obtains registration card; dispensaries can recommend product and provide instructions that serve as orders. Each agency is required to have a policy. Pathways (Wayne W) have a policy they are willing to share as template for other agencies. BDS cannot give guidance as it is federally illegal.

(2) Telehealth visits are acceptable per recent email inquiry Janet made to Peter and Lisa. A med visit form suffices for documentation of the visit. Office notes are not required. Annual physicals should be done in person now that health care providers are seeing patients in office again. If annual physical is done by telehealth it would have to be for an extraordinary reason and in person visit must be done within 6 months.

3) Can unlicensed staff give meds and tube feedings through PEG tube? Yes, med authorized providers can give meds and tube feeding. Recommended NT teaches and document as done. Unauthorized providers can do tube feedings, cannot do medications. From FAQ: **G-tube feedings: - Is a G-tube feeding considered a medication? -** He-M 1201s do not mandate medication authorization for G-tube feedings. There has been discussion around other prescriber's orders (not medications) as to whether or not they should be documented in the same way as medications.

a. G-tube feedings are clearly a delegated task under the NUR 404s, which call for the same standard of care, as would any other procedure. It is beyond the 1201 rule to require medication authorization for g-tube feedings.
b. Nurses can make the decision if they want unauthorized people signing on the med log, as long as unauthorized people are not signing off on medications, as 1201 applies to med administration only. **Many use a treatment sheet.** *(December 2005 DDNNH meeting)*

c. Nurses can make the decision as to how documentation occurs for non-medication treatments. Many nurses choose to use a treatment sheet for unauthorized people to complete when documenting enteral feedings. If the responsible Nurse Trainer determines that a treatment is documented on a medication log, then decisions about managing unauthorized vs. authorized peoples signing the medication log would need to occur.

4) **How do we get MDs to provide prescriptions for OTC meds? Inform MD we cannot administer any medications without an order similar to nursing home rules. Our settings are state certified. Request a prescription so insurance may cover it. Still need prescription/written signed and dated order even if insurance will not pay for it. If pharmacy will not label can use copy of order and pair with bottle. Authorized provider can bring order to pharmacy with OTC form and have pharmacist verify order and container match. Kelly M has letter Home Care Provider or designee can show MD/pharmacies explaining our rules (Kelly emailed to group).
5) How long should med class be? Minimum standard is the 1201.06 (a) (1) regulation of 8 hours, not including time for testing and medication observation. At minimum all topics need to be taught. The PowerPoint is not intended to be 8 hours long. NT can do activities, expand upon and practice concepts. Can also do review sessions, practice transcription, practice triple checks and pours. Which curriculum should be used? 1201.06 (a) (2) says to use the currently BDS approved curriculum, which is the current PowerPoint.

b) MOTION to adjourn meeting accepted and seconded.

Recordings of Guest Speakers are available to view. Please send your requests to: janetharmon@siddharthservices.com.

*Possible addition to FAQs
** Possible addition to TIPS

Next Meeting will be via zoom Tuesday February 21, 2023 9:30-11:30am

Join zoom meeting: https://us02web.zoom.us/j/85276261946

Submitted by:

Janet Harmon, RN, NT
President DDNNH

D D N N H

Developmental Disabilities Nurses of New Hampshire

MINUTES
February 21, 2023

1) Meeting was called to order with **25** members in attendance; increased to 41 during the meeting.

2) Introduction of new Nurse Trainers: Welcome to Nichole Bennett RN w/ Life Connections. Good luck Nichole!

3) Review and approval of January 2023 minutes - Discussion ensued regarding unlicensed staff giving meds and feedings through PEG tube. The NT can delegate feedings under NUR404, but staff would need to be med trained as usual to give medications through PEG tube. Clarifier will be added from FAQs. Dori N motioned to accept with clarification; Barbara R seconded.

4) Officers Reports:

I. Treasurer's Report – Accepted as written. There are currently **38** paid members.
   i. Checking $288.08, Savings $4754.32, Total: $5042.40

II. Secretary position remains vacant; Officers and Tiffany are rotating to complete minutes. If interested, please email DDNNH2020@gmail.com

5) Old Business

I. BDS updates – no updates today; Tiffany not present.

II. Subcommittee updates
   i. FAQ committee: (Kenda) Med Committee has met twice to review; another meeting scheduled the first week of March. FAQs have also been sent to Peter & Lisa at BDS to review and they will be meeting with med committee. There will be a Historical section, "Tips and Tricks" section, as well as info on HRST.
   ii. Medication Committee: (Kenda) This is a quiet time of year due to no 1201 reports to review in January. One tip to potentially prevent med error if medication is not available: the NT can get verbal hold order until it is available, or have the prescriber write on the order to start the medication once it is available.
   iii. Job Fair/Marketing Committee: (Barbara R) – received promotional gear of 2 banners, 2 bags, and 1000 postcards. Barbara has emailed every community college with scholarship info and will be going for job fairs/career days to some colleges (no cost to DDNNH). She is scheduled to go to a job fair on March 8th at St Joseph's. If you would like to volunteer to help with job fairs please email Barbara at bribeiro@eastersealsnh.org

III. DDNA Liaison update (Jennifer B)
   i. Annual Conference – Scheduled April 14-17, 2023 in New Orleans. Jennifer will be going this year.

ii. Jennifer proposes DDNNH sunset the DDNA Liaison position. We would need to look at the scholarship that is attached to the Liaison position. We can discuss this more at upcoming meetings and would need to vote when we vote on bylaws.

IV. Other info from Jennifer
- i. NH RN Licenses – NH BON is changing the renewal date from birthday to end of month.
- ii. HRST - as of 3/1 there will be additional training required after the initial rater training and before the advanced clinical reviewer training. This will affect new NTs not those that are already a clinical reviewer.

V. Officer nominations will be taken in April and elections held in May. Open positions are:
- i. Vice President – 2 years
- ii. Secretary – continues to be open; will be voted on and filled for 1 year and voted again in 2024 for a 2-year period to get back on track.
- iii. Treasurer – 2 years
- iv. DDNA Liaison – yearly; depending on vote of members to either keep or sunset position.

6) New Business

I. DDNA – Kathy Brown (Tarrytown & DDNA) & Mary Pelletier (DDNA Secretary from CT)
- i. Encourages National membership – discount for conference, free training for CEUs.
- ii. Annual Conference coming up in April. Speakers just finalized yesterday and will be announced soon.
- iii. Trying to get the ANA to recognize this field of nursing.
- iv. No nurse on Disability Council as of yet
- v. Bootcamp / proctored test that was scheduled in NH was cancelled due to lack of registrations. Kathy and Mary would be more than happy to plan another. CT will have one coming up, but no date set yet, as well as Maryland.
- vi. Bootcamp info
  - (1) Bootcamp is recorded so it is available when it's convenient. Goes over standards of practice, syndromes, medication administration, etc.
  - (2) Must apply 45 days in advance and have 4000 hours working with DD to apply for exam.
  - (3) Recert every 2 years, submit license, practice hours, and CEUs that are DD related.
- vii. Chapters vs Networks
  - (1) History explained by Kathy Brown
    - (a) Chapters were not sending financials yearly to DDNA which put DDNA 501(c)(3) at risk for having to pay taxes on monies that chapters had collected. Networks can operate however they want financially.
- viii. Educational opportunities available to DDNA members
  - (1) Will they be available by recordings to earn CEUs? Kathy Brown stated she believes the DDNA webinars are recorded and available, but may not be if it is proprietary information being presented.
  - (2) Kathy also mentioned that Tarrytown offers educational learning 1x month.

7) Practice Questions / Information

I. NH Healthy Families has stopped contracting with Medline (provides briefs and other supplies)

II. Dental coverage starts April 1st. Be aware that dental offices still may not accept Medicaid.

III. The state is looking closely at PRN Protocols; One surveyor stated Protocols are only good for 1 year like orders. Concern was given due to Protocol being 3 months past the year.

i. He-M 1201.04(h) states "Medication orders and protocols shall be valid for no more than one year unless otherwise specified by the prescribing practitioner."
ii. He-M 1201. (i)(2)(e) states PRN Protocols shall include "review by a nurse trainer in accordance with the orders of the prescribing practitioner, but no less frequently than 2 years from the date of the protocol".
iii. We will ask Peter & Lisa to clarify this at next month's meeting.

IV. Self-med individuals that are their own guardian – Situation: Individual is self-med and own guardian. Individual took OTC meds and didn't review with the Nurse prior. Individual ended up getting dizzy and went to the ER. At the ER they received an order for a new PRN. Individual refuses to share orders and visit information with the NT and home care provider and hangs up on the NT when she tries to call.
i. How do we keep the individual safe?
(1) This should be a team discussion. Some companies have given notice on individuals due to this.
(2) Possibly revoke self-med status. The individual would need to consent to med trained staff giving her medications.
ii. What is the NTs responsibility in this situation?
(1) Document, document, document.

V. Aging population – individuals are living longer, but there are not many LTC beds available. Most LTCs overlook this population. Is the state looking at the aging DD population and planning for it? Will try to get an update from Tiffany at the next meeting.

VI. Medical Marijuana – discussion ensued again. The He-M 1201 regulations do not specifically address medical marijuana. Treat like any other controlled medication. Sandy W emailed Life Connection's policy and sample med logs.

VII. LNA/CNAs working in homes – Do they work as an LNA or DSP? LNAs need to be overseen by a RN and work so many hours to renew LNA license. It was mentioned the state may be addressing this. We will ask Tiffany to update at next meeting.

8) MOTION made to adjourn by Jill S and seconded by Christine D.

Next Meeting will be via zoom Tuesday March 21, 2023 9:30-11:30am
Join zoom meeting: https://us02web.zoom.us/j/85276261946

Respectfully submitted,

Kelly Main, RN
Treasurer DDNNH

D D N N H

Developmental Disabilities Nurses of New Hampshire

MINUTES
March 21, 2023

1) Meeting was called to order with **39** in attendance.

2) Introduction of new Nurse Trainers: no new NTs- note from Tiffany please get your class requests to her ASAP. Planning a NT class early April, unsure when next one will be.

3) Review and approval of February 2023 minutes – approved.

4) Officers Reports:

Treasurer's Report – Accepted as written. There are currently 35 paid members. [5 expiring end of month] Transfer from savings to checking of $771.25 for the Liaison conference ($575) and reimbursement to Barbara for promotional supplies ($196.75). Checking $848.09, Savings 3982.60, Total 4830.69

Secretary position remains vacant; Officers and Tiffany are rotating to complete minutes. If interested, please email DDNNH2020@gmail.com

5] BDS updates, Practice questions and Information

i. –Annual Health Screening Recommendations tool: questions related to updating- who updates and how distributed? Historically unsure how this was done. Question about not putting age ranges so less chance being out of compliance.

ii.- LNA vs DSP- long discussion about medical model homes and who should be hired. If an LNA is hired, hours worked cannot count towards their license. Rule is very clear this also applies to LPN/RN working as home providers, unless contract specifies they are working as a licensed person. LNA cannot give meds MNA can administer however cannot give PRN without RN assessment. A previous home discussed having LNA "clock out and then clock back in as DSP" in order to give meds. Need to clarify what kind of supervision an LNA will need from RN. BON has the say over scope of practice/ licensing requirements. The State does not have a concrete definition for a "Medical Model Home". This home would need more training, more supervision, more staffing and higher budgets. We have aging population and hospitals are having to keep nursing home level patients because there is nowhere for them to go, this is happening all over the state. Brought up that one agency is having issues with staff refusing to care for clients and they are being shifted from home to home frequently and NT not comfortable delegating to so many staff in light of the change.

iii -New dental benefits- info on DHHS website- DentaQuest is the administrator, MCOs do not know anything about how this will roll out. Angela Boyle from Community Crossroads might be helpful. Sandy

Webber provided links: https://www.dhhs.nh.gov/programs-services/medicaid/medicaid-dental-services-new-hampshire-smiles-program-adults and https://dentaquest.com/state-plans/regions/newhampshire/

iv- Direct billing is coming in July- AA have done all billing in past now all vendors ["provider agencies"] will be billing directly for services. Should not impact nursing much, possibly justifying time spent with Individuals. "Provider of last resort" historically AA takes responsibility but now will shift that vendor will need to be responsible. However, there are limited services available.

New Business- Guest :Peter &Lisa from Office of Legal and Regulatory Services

Peter does not know of any separate rules that apply for medical model homes-he will check with licensing. He has heard that a few are opening. Have had issues with extremely medically involved people in EFC settings. Individuals receiving support in a 1001 certified setting will need to have 1201 and 1001 rules in place -whatever their level of medical support need.

Question/Answers

i- client loses ability to self- administer- Q/As should start at revocation same as moving to new home or starting services, just to be sure everything is on track.

ii- Medical marijuana- Should 3 months of logs be submitted for certification process like other controlled substances? - Yes, same as all controls, should also have policies [Pathways had initial policy created], should also say what form marijuana is in ie vape, pill, liquid, drops. Need to have medical marijuana card, matching order, med logs and counted at least daily.

iii- PRN protocols – Surveyor cited concern for PRN protocol because it was not updated by nurse within a year. The order had not changed, so NT was unsure why it was cited as a concern. He-M 1201 rules currently state protocols updated Q2 years, not every year. Peter and Lisa did not understand from the shared scenario why this was written as a concern. Peter requested a copy of the report be sent to him for review. And Peter and Lisa stated that so long as the order remains substantially the same (only the date of the order changed or the prescriber), then the current protocol would be reviewed to ensure it matches and the NT would update the current protocol document by adding new NT signature and date.

iv- Self - med Individual buys sublingual CBD from a local store (not dispensary) for shoulder pain. Is CBD from corner stores/pharmacies controlled? No, and they may self- administer, it is an OTC med.

v- E-MARs- how do staff do triple checks? Will be scanning bottle. Do we need to keep a paper order? Recommended they do have a paper copy and paper logs as back up; computer viruses and power outages would affect this. Years ago, when EMARs were new the agency using them realized that meds were not being signed off [scanned in] as meds were given but were scanned in at 9-10-11 pm not by people administering them.

vi- If bottle and renewal date order don't match- questioning NT writes on order the renewal date but was told she cannot write on them. Suggested she start from scratch and get a copy of newest order. Cited issues with pharmacy not giving copies without the individual present.

vii- Are med lists signed by doctors acceptable as orders? If all meds are listed on the sheet, Peter/Lisa asked if one doctor signs for all of them? Usually, or lists can be separated out by ordering physician. Explained that we use this as annual orders, often taking to annual PE. Stated will need to get copy of any new orders, expressed some concerns but generally agreed that it is an acceptable order. Nothing states they can't be used. [note: As this is in the curriculum and taught in med training nurses do use this method].

viii- Do we need label on OTC meds- No, an order attached to the medication, or some use an OTC form. Refer to the forthcoming FAQs for more information.

ix- If order says "AM", can it be given anytime between 12am-12pm? Yes, but need to document on log the actual time med was given.

x- How long do we need to keep records? According to regs at least 6 years. "Electronic records are a gray area" per Peter. Can paper version be shredded immediately or must we hold onto it for a specified time? Peter will check on this, but he interprets that it needs to be 6 years after ending services. Will things change with direct billing? Unknown at this time.

TRENDS- very few 1201 deficiencies only seem to be around controlled medications.
Peter is happy to review any concerns/ questions we have, email him at: peter.e.bacon@dhhs.nh.gov

Note: Peter and Lisa reviewed the above minutes by email 4/6/2023

III Subcommittee update

i. FAQ committee: FAQs will be out soon!! Will be published on our beautiful website. Med Committee has met several times to review; last meeting was the first week of March. FAQ document was sent to Peter & Lisa at OLRS and they joined the med committee during their special session reviews. There will be a Historical section, "Tips and Tricks" which has been re-named "Nurse Trainer Practice and Advice" section, as well as info on HRST.

ii. Job Fair/Marketing Committee: (Barbara R) –attended a college job fair. Was great fun, would like money to get some kind of swag. Many people stopped but didn't talk because she didn't have anything to hand out. Gave info on scholarship and handed out postcards, did receive a resume from a nurse who currently lives in Mass but looking to relocate and work with our population. Thoughts on possible raffle which takes longer for people to fill out. Tiffany suggested agencies with vacancies take ownership for swag and list of openings. Direct them to website. If would like the resume email Barbara at bribeiro@eastersealsnh.org

II. Officer nominations will be taken in April and elections held in May. Open positions are:

i. Vice President – 2 years
ii. Secretary – continues to be open; will be voted on and filled for 1 year and voted again in 2024 for a 2-year period to get back on track.
iii. Treasurer – 2 years
iv. DDNA Liaison – yearly; depending on vote of members to either keep or sunset position.

Misc. Information

i-Remember DDNA conference is April 14-17th in New Orleans registration closes: 4/3/2023.

ii- Next meeting someone from Genoa to talk about their services and in May SafeDose again to talk about services and EMARs

Meeting adjourned

Next Meeting will be via zoom Tuesday April 18, 2023 9:30-11:30am
Join zoom meeting: https://us02web.zoom.us/j/85276261946

Respectfully submitted,

Jill Satterfield, RN
Vice President DDNNH

D D N N H

Developmental Disabilities Nurses of New Hampshire

MINUTES
April 18, 2023

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1) Meeting was called to order with **25** members in attendance; increased to 30 during the meeting.

2) Introductions of new Nurse Trainers: Lori Riley, RN, Next Steps; Karilyn Nobile, RN, Northern Human Services. Welcome Lori and Karilyn.

3) Review and approval of March 2023 minutes – Approved as written

4) Officers Reports:
   - Treasurer's Report – Accepted as written. There are currently **31** paid members.
     i. Checking $257.10, Savings $4012.63, Total: $4269.73

5) Old Business
   - BDS updates –
     i. Tiffany will be taking another job with the state; Director of Nursing for the Department of Corrections. Her last day will be 5/4/23 and she will start her new job on 5/5/23. Position will be posted internally, if no candidates will then be posted externally. We wish Tiffany the best in her new position.
     ii. Kelly Main RN has been hired into the part-time Nurse Coordinator position with BDS, with a start date of 4/28/23. Kelly will be teaching the Nurse Trainer class and will be the BDS Liaison for the DDNNH group and Med Committee.
     iii. As of 7/1/23 provider agencies will be direct billing.
     iv. Possible upcoming changes regarding where the Service Agreement will be stored online. Nurse Trainers will have access.

   - Subcommittee updates
     i. FAQ committee: Janet stated the FAQs have been finalized and will be posted to the DDNNH website soon. Going forward the FAQ Committee would like to cull information when minutes are being reviewed during the meeting, wordsmith the new FAQ and add ongoingly. Historical FAQs will remain on website for reference. Website is www.DDNNH.org
     (1) The website will also have Advice for new Nurse Trainers, and HRST related questions.
     ii. Medication Committee: None today
     iii. Job Fair/Marketing Committee: Barbara has looked into the cost of swag for job fairs. Janet requested Barbara submit a proposal with a budget for swag for the May meeting. No other updates at this time.

   - DDNA Liaison update (Jennifer B)

i. No update today. Jennifer and other Nurse Trainers attended the DDNA Conference this weekend and are traveling home.
ii. Discussion ensued about the possibility of sunsetting the DDNA Liaison position. Janet will send out a Survey Monkey to paid members to vote on this.

- Officer nominations taken and elections will be held in May. Nominations will remain open for now to see if anyone else is interested. Discussion ensued regarding Officer position responsibilities. Open positions are:

i. Vice President – 2 years
(1) No interest today in the VP position from those in attendance.
ii. Secretary – continues to be open; will be voted on and filled for 1 year and voted again in 2024 for a 2-year period to get back on track.
(1) Janet expressed interest. If anyone else is interested there is still time to put your name in.
iii. Treasurer – 2 years
(1) Pam Taber-McCarthy was nominated.
iv. DDNA Liaison – yearly; depending on vote of members to either keep or sunset position. If it is voted to sunset the Liaison position the money for the Liaison to attend the conference ($575) would need to be reallocated.
(1) One option was to allocate it to the Secretary position. We will discuss more at the next meeting.

6) New Business

- Presentation by Sarah Aiken, Business Development Representative from Genoa Healthcare.

i. Genoa pharmacies are in the same buildings as the area mental health agency, except one Northern Human Services
ii. Genoa's main focus is on psychiatric medications, but they fill all medications. Their goal is compassionate stigma free pharmacy care for people with complex needs
iii. The refill process is started 1-2 weeks in advance in case new orders or Prior Authorizations are needed.
iv. Packaging can be in bottles, one medication per card, or "Dis-Pill" where all medications for the timeframe are packaged together. Controlled meds can be packaged separately. Work with the pharmacy to fit the individual's needs. All these services are free.
v. Help with delivery and support LAI (Long acting injectable) and vaccines.
vi. Genoa is open M-F 9a-5p. If prescriptions need to be filled off hours (such as antibiotics) the order would need to be sent to a local pharmacy. They have a 24/7 service called Cardinal.
vii. If a new medication is added, Genoa will provide the medication in a bottle (Genoa refers to it as a "vial") until the next cycle of packs are filled. For titrations Genoa can release one week at a time.
viii. If a medication dose is changed, or discontinued, alert the pharmacy; the pill packs should be brought back to the pharmacy to re-package.
ix. Medications can be picked up, delivered if in certain area, or mailed overnight.
x. Copies of order can be provided.
xi. Telehealth/pharmacy – Genoa has APRN and Psychiatric providers/prescribers that can work with agencies to provide telehealth care and medication management.
xii. Sarah's contact info: saiken@genoahealthcare.com 978-270-4225

- A representative from Safe Dose will be presenting in May; their main focus is the DD population.

7) Practice Questions / Information

- Does Vicks Vapo rub need an order? Group discussion: if given for a specific issue recommended get a prescription, do med or treatment log. FAQs do speak to this.

8) MOTION made to adjourn by Eileen and seconded by Pam. Meeting adjourned at 11:35am

Next Meeting will be via zoom Tuesday May 16, 2023 9:30-11:30am
Join zoom meeting: https://us02web.zoom.us/j/85276261946

Respectfully submitted,

Kelly Main, RN
Treasurer DDNNH

D D N N H

Developmental Disabilities Nurses of New Hampshire

MINUTES
May 16, 2023

1) Meeting was called to order at 9:30am with **20** members in attendance; increased to **34** later in the meeting.

2) Review and approval of **April 2023** minutes as written.

3) Officers Reports
   I. Treasurer's Report – Accepted as written. There are currently **37** paid members. Reminder to review the second part of report for names and expiration dates.
      i. Checking $241.11, Savings $4192.66 Total: $4433.77
      ii. Our increased costs this year have included the monthly zoom fee (increased to $15.99/mo and the website expense and promotional items)
      iii. Kelly Main will provide a spreadsheet next month that details our past year's income and expenditures.
   II. Nominations for open officers positions will remain open through May 31 – interested nurses can email DDNNH2020@gmail.com for questions or consideration.

4) <u>New Business</u>
   I. BDS updates – Kelly Main – about 2 ½ weeks into her new part time role with BDS (10 – 20hrs per week).
      i. Kelly is starting a Nurse Trainer orientation class today via zoom, has 6 people signed up (3 hours today, 3 hours next Tuesday)
      ii. Scholarship application was sent in – shout out to Barbara Ribeiro for her work contacting the schools' of nursing – as this is how the application was found by the applicant and submitted.
      iii. Medication curriculum committee – 5 NTs have indicated an interest in participating – Kelly will be reaching out to develop timing and frequency of meetings.
   II. DDNA Liaison conference report – Jennifer Boisvert.
      i. Links dropped into the chat that attendees may find helpful. Jennifer sent 2 documents of selected info and links from the conference to Janet – these will be shared via email when the rest of the monthly info is prepared. These documents cannot be saved to our website/shared via website because there is not enough credit information provided. Hopefully there will be information found to be helpful by all the NTs – whether new to the field or experienced.
      ii. Approx 275 attendees at DDNA conference. We do not know when nor where the conference will be next year. Lots of sessions offered with good info.
      iii. Easy to scan into sessions to be eligible for CEs – a reminder for all who attended – you must complete your conference evals by May 31st in order to receive certificates.
      iv. Fewer opportunities available overall in order to network, view exhibits or posters – essentially the timeframes were early morning before conference day started and 30 minute breaks between sessions (when most people needed a bio break of some kind!)

v. The national conference is more tech based – not just scanning in to sessions – but handouts available through the app, a chat option available in the app until the close of the conference (in order to connect with other attendees whom you might not have contact info for)…the challenge is whether your device would connect to wifi or not. Many had no challenges, Jen's smartphone refused to connect anywhere outside of the hotel bedroom.

vi. When asked what was the best session – Jen reported on a breakout session by Terry Broda on syndromes – she provides a huge amount of information including links to health watch tables for specific syndromes.
(1) https://ddprimarycare.surreyplace.ca/
(2) https://iddtoolkit.vkcsites.org/

III. Sandy Feroz (previously Hunt) BDS Bureau Chief joined the meeting shortly after 10am

i. Sandy introduced herself, her role at BDS, welcomed Kelly Main in her part time BDS position, thanked the nurses for the work we continue to do – particularly throughout the challenges of the COVID pandemic.

ii. July 1 direct bill is real – vendor agencies will be able to either direct bill themselves or contract billing out – will not go directly/solely through Area Agency system as it does currently.

iii. BDS has been engaged in a systems redesign that started in 2020.
(1) Recommendations included:
(a) restructure rate methodology
(b) strengthen and modernize IT systems
(c) Develop capacity for ITS (intensive treatment supports)
(d) Strengthen language in waivers for service provision
(2) There are changes in rules and waivers in process
(a) Including a new set of rules: He-M 504 which is currently out for informal review
(i) BDS has been challenged with distributing information for a variety of reasons – Kenda Howell emailed the He-M 504 to Janet Harmon to send to the group.
(3) Janet Harmon asked Sandy – how will these changes impact nurse trainers?
(a) Sandy – very little direct impact expected. Continue work as usual. Med committee will still be there, providers will still provide services.
(i) HRST – in new 504 rule – clinical review required for those with HCL 3 and above – this is already something we do in practice, it will now be in a rule.

iv. As an answer to a broader question, Sandy provided a framework to understand where we are/are going.
(1) Area Agency is currently responsible for determining an individualized budget – which is based on the determined cost of services plus a % of administration costs.
(a) Services might include residential, CPS, emod, etc.
(2) CMS made clear to NH that agencies cannot provide both case management and direct service – that is a conflict of interest (determining the budget as well as spending the money).
(3) CMS has also directed that the Area Agency cannot collect administrative costs through the individual's budget.
(a) This has led BDS to identify specific items that they need the Area Agencies to do…and will provide funding per person/per month to pay for the costs – this is called the DAADs rate (Designated AA delivery system rate)
(i) Area Agencies will be responsible to:
i. Do intake
ii. Provide eligibility determinations
iii. Oversight – for example of information submitted to med committee
(4) The Area Agency will decide – are they providing case management services or direct service (not both). In the future – budgets will be built on a standardized rate methodology instead of the current RFP process.

(a) Rates will be built on the SIS scores – which will be reviewed/updated if an individual has a significant life change that would impact the rate (ex. Person has a stroke with increased needs)
(i) Currently CSNI conducts SIS, currently BDS has an RFP out for vending SIS function
(5) HRST – not going away, not a planned part of billing. It will continue to be used for person centered planning.

ii. As we all know the national public health emergency ended as of May 11 – which means that any flexibilities offered and in use through the Appendix K need to be addressed and "unwound" within 6 months (November).

iii. Sandy commented that services will continue to be provided – hopefully with efficiencies, cost savings/improvements – without impacting current services.
(1) Comment provided that families are in fear of losing services as these changes occur. Sandy reiterated that intention is to preserve current services.
(a) Sandy was clear – NH must come into federal compliance in our service provision in order to preserve our match funds (if we lose our federal match – we lose 50% of the budgeted monies). This also presents NH an opportunity to improve service provision.

IV. SafeDose presentation (IDD specific pharmacy

i. Amanda James, Holly Gillespie, David Kline and Davis Kline presented.

ii. After introductions they led off with asking the question – What keeps you up at night as it related to pharmacy? Many people offered questions ☺
(1) Do you do anything with medical marijuana? At this point, this is not a federally recognized treatment, though some individual states has legalized.
(a) CBD items can be sent through SafeDose, however, insurance is not yet paying for these items.
(b) Epidiolex is available as it is federally recognized.
(c) Medical marijuana is not currently available through SafeDose in any state. They are willing to partner with processes if/when that changes.
(2) How do you handle prior authorizations? SafeDose has a designated person on staff for refills and PAs – so these are handled proactively. Process generally starts at least 2 weeks in advance, if they need additional assistance they will reach out to the agency/nurse one week prior generally.
(3) Do you have enough people – or will there be challenges with talking to the same person you've been interacting with etc?
(a) SafeDose's business model is in the space between a retail (on demand) pharmacy and a long term care pharmacy. SafeDose uses automation to fill (rather than people which is what we would see in a retail pharmacy) and because they are solely focused on IDD population – they can proactively procure most medications. There is a designated tech that is solely focused on your needs (yes, they do go on vacation, and they are expected to keep very good notes that the covering person can use to help you). They have been fortunate to have very steady staff working for them.
(4) They have multiple ways of providing meds – emphasizing that they are not one size fits all – how you need it, they work to meet your need.
(5) One unique feature is that their system is capable of (and does) taking a picture of <u>every</u> dose filled – which is used by the pharmacist in quality checks and kept if there are questions later in figuring out if a dose was missed (meaning – was there actually a dose provided).
(6) eMars – they integrate with several – point.click.care is one of them
(7) OTC costs – should be competitive with local costs
(8) Debi Ellis-Nailor – is NT for 3 agencies that use SafeDose.
(a) They choose to use paper MARS rather than eMars – paper comes with the med supplies.
(b) Debi requests that controlled meds are separated (for ease of counting)

(c) Reorders – pharmacy does it
(d) They have a 24 hour pharmacist if questions arise (it's either Debi or the director who call if needed)
(e) Can provide 1201 dose numbers
(f) Supplements – less expensive because of bulk purchasing.
(g) Partner with local pharmacy for antibiotics

(9) SafeDose – they know what meds are ordered – they are buying ahead and they will also help find pharmacies that have a newly ordered med on hand if needed.

(10) When med changes – what does SafeDose do?
(a) The dosing label helps you clearly identify each med so you can remove it if needed.
(b) If you need a new supply, they either send it or if you need today partner with a local pharmacy.

(11) For eMARs – there are barcodes on the dosing labels, scanners are provided, when scanned, goes direct to eMARs.

(12) Generally a 2 day shipping time – via UPS – you can get an email with tracking info so you know when it is shipped and when it is expected to be delivered, etc.

(13) Is there an extra cost for the SafeDose service? NO – not for any of the services (paper or eMARs, shipping, consultations, etc)
(a) FYI: it is not required by law for meds shipped to be signed for (including controlled meds)

(14) Does SafeDose require a contract? No, they choose to have an agreement in writing – which shares what the expectations are for both parties…and because they really do believe that they are offering a superior service…if you don't agree, you can opt out with 90 day notice.

(15) Email from SafeDose is automatically encrypted – HIPAA is built in throughout their services.

(16) SafeDose is legally required to keep records for 10 years – If you need something, they will have it and be able to provide it.

V. DDNA liaison survey monkey results – undetermined – because, Survey Monkey changed the free rules to only allow author to see 10 responses. (Cost of Survey Monkey is prohibitive for us.) Janet will re-send the survey in 10 person batches to current members.

VI. Meeting adjourned at 12:06pm.

Next Meeting will be IN PERSON - no zoom – Tuesday June 20, 2023 – park in Pembroke (more info to come).

Submitted by:
Jennifer Boisvert, RN, MN
DDNNH DDNA Liaison

D D N N H

Developmental Disabilities Nurses of New Hampshire

MINUTES
June 20, 2023

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1) Meeting was called to order with **16** members in attendance.

2) Introduction of newly elected officers: Jill Satterfield- President, 5/23-5/25; Christine Dunklee-Vice President, 5/23-5/25; Pam Taber -McCarthy- Treasurer 5/23-5/25; Janet Harmon- Secretary5/23-5/24; Kelly Main- BDS Liaison.

3) Introduction of new Nurse Trainer: Samantha from CISNH. Welcome Samantha.

4) Review and approval of May 2023 minutes – Approved with "and promotional items" added to 3) ii.

5) Officers Reports:
   - Treasurer's Report – Accepted as written. There are currently **37** paid members.
     i. Checking $225.12 , Savings $4402.12, Total: $4,627.82
     ii. Budget: with additional expenses of Zoom and website fee we need an actual budget. Kelly Main working on this before handing Treasurer duties over to Pam. Expenses may exceed income. Ideas for income: re-instate 50/50, increase dues, fund drive/ask vendor agencies to sponsor/charge for NT orientation? Accept corporate sponsorships? Is our organization allowed to accept donations?

6) Old Business
   - BDS updates –
     i. Tiffany's position remains open, may be redefined to focus on QA.
     ii. As of 7/1/23 provider agencies will be direct billing.
     iii. Possible upcoming changes regarding where the Service Agreement will be stored online. Nurse Trainers will have access.

   - Subcommittee updates
     i. FAQ committee: FAQs are done and can be found on website is www.DDNNH.org
     The Advice for new Nurse Trainers needs some appendix items checked for accuracy, after which appendices will be added and posted on website.
     ii. Medication Curriculum Committee: Barbara R, Christine Dunklee, Betty Stewart, Denise Haddocks, Jill Satterfield, Kelly Main have met. They will go through the curriculum section by section, meeting twice per month. Can the old curriculum videos be posted on YouTube or DDNNH website? Do we need permission from anyone- who?- to post? Lorene Reagan may be able to answer this.
     iii. Job Fair/Marketing Committee: Barbara reports via email she has been invited to present at 2 colleges in the fall.

7) New Business

- Bylaws were reviewed and amended.
  i. Article IV, section 1 (5): move to last page under new section Article VIII Historical-sun-setted Liaison position (6/2023)
  ii. Article IV, section 1 para 5 move to Historical
  iii. Article IV, section 1, 5 para 3 update with scholarship information
- DDNNH Scholarship was awarded to Aissata Soulama, new nursing student at St. Joseph's, Nashua

8) Practice Questions / Information

- Is LPN allowed to do HRST clinical reviews? In past HRST (now IntellectAbilty) said no. Does answer depend on which Area Agency you ask? If risk assessments are within LPN scope of practice, then LPN should be able to do the clinical review. NT Advice on website will have cheat sheet on 1201 references to NT, RN, licensed designee. 1201s do not specifically mention LPN. Kelly Main reached out to IntellectAbilty and found: The HRST website states a LPN can do the clinical review. When asked, the HRST representative stated historically NH has not allowed the LPN to complete it. It may be up to each AA since they hold the contract, but there was no clear answer from IntellectAbilty.
- How do vendor providers bill for nursing hours? Nursing dollars are bundled under "services provided" and not currently separated out.
- Can LPN give meds-it is within LPN scope of practice, it will also depend on the company/vendor policy. If hired in LPN role an RN needs to provide supervision.
- Medication Occurrence issues-pharmacies are short staffed so prior authorizations take longer resulting in prescriptions not started/refilled on time. Many staffed homes hare short staffed, current staff being stretched thin.
- Client aggression toward staff- should police be called? This depends on situation, are there protocols, behavioral intervention in place? Difficult to give one size-fits all answer.

9) Meeting adjourned and luncheon/socialization followed.

Next Meeting will be via zoom Tuesday July 18, 2023 9:30-11:30am
Join zoom meeting: https://us02web.zoom.us/j/85276261946

Respectfully submitted,

Janet Harmon, RN
Secretary, DDNNH

D D N N H

Developmental Disabilities Nurses of New Hampshire

MINUTES
July 18, 2023

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1) Meeting was called to order with **27** members in attendance.

2) Introduction of new Nurse Trainer: Welcome back Elizabeth Andersen!

3) Review and approval of June 2023 minutes – Approved with minor corrections.

4) Officers Reports:

- Treasurer's Report – Accepted as written. There are currently **34** paid members.
  i. Checking $459.13, Savings $ 4242.74, Total: $4701.87
  ii. Member vote taken for new Treasurer Pam Taber-McCarthy to be added to checking account, Kelly Main, former Treasurer to be taken off. Vote passed.
  iii. Budget: sent out with meeting invite.

5) Old Business

- BDS updates
  i. Tiffany's position remains open, may be redefined to focus on QA. Will be posted internally first. No updates
  ii. 7/1/23 Transition seems to be going well. How do vendor providers bill for nursing hours? Nursing dollars are bundled under "services provided" and not currently billed separately.
  iii. Fox Chapel not available for December meeting. Other options are needed.
- Subcommittee updates
  i. Medication Curriculum Committee: Met last week, reviewed Section 1. Issues for re-write: no budget to make changes and put on thumb drives. Could be emailed. Could be posted on BDS website as PDF (curriculum only). No resources/budget to update Nepali and Spanish versions. Test needs to be redone-may do only 2 versions instead of 4.
  (1) Questions:
  (i) HR wants a copy of employee's test in file. The results can be in file, actual confidential test cannot.
  (ii) Is test individually proctored? Tests may be taken in a proctored group setting; NT should correct all tests.
  (iii)Feedback on using Nepali version- some find it helpful, others do not. What is our liability if the translation is wrong? Who did the translation? Can IOD get new grant money to update? Could this be a capstone project for a nursing student? Do NTs have access to a translation service/line? No known translation lines other than what is provided at healthcare facilities.

  ii. Job Fair/Marketing Committee: Barbara reports no updates, more to come in the fall.

iii. Scholarship is good public relations/advertising. Fall is a good time to promote DDNNH scholarship. Scholarship recipient was found through information Barbara sent to the nursing schools.

6) New Business
- Kudos to DSP of the Year, Kenda H reports a big uptick in nominations.

7) Practice Questions / Information
- Self-administering individual did not take weekend meds, lives alone with no weekend support. Next steps: Do Incident Report. Ask individual why they forgot. Can the individual use some type of technology to remind them of med time? If authorization revoked person will need weekend staff.
- Individuals can do a training program to work towards self-administration, would need authorized provider to administer until person can do. Self-admin assessments can be done at any time, not just annually.
- How often do QA's have to be done? Once a month x3 for new residential (1001) programs, then Q6 months thereafter. Community Participation (507) monthly if based at a facility, same as 1001 if based out of residence.
- Can authorized staff at large group homes do mock pours for reauthorization. No. See FAQ for expanded explanation.
- On call duties-ranges from provider agency to provider agency. Some NTs do own call, some NTs have rotating schedule.
- Can NT cut toenails for individual with DMII, no podiatrist available to do. Group offered various answers: it may depend on NT's agency policy, NT's training, and what NT was hired to do. NT is a clinical role. As much as possible individual should be using community services, this is one of the expectations of our system.
- G-tube reinsertion-can NT train and delegate to staff/home care provider? Group offered various answers: What type of G-tube? Mic-Key tube and stable situation; yes. Foley-no, individual should go to the ER. Recommend asking GI office where (what facility) G-tube should be re-inserted.
- Can NT flush ears after 3 days of Debrox? Recommend that be done at PCP office.
- NTs are consultants, do not provide direct care, and follow 404 delegation rules. Invasive and sterile procedures cannot be delegated. NT should understand what they were hired for and what is scope of practice.
- Do DSP/HCP have a defined scope of practice related to hygiene and personal care? Yes and no. There are some certification programs, but generally no.
- Proposal for NT project- Tracking system for medication certifications that NTs can use to see if med cert is in good standing. How do we ensure that someone with poor record/judgement does not get hired at another agency. What is liability? If HR policy does not allow anything other than verifying employment, will they allow reporting to a central tracking system? If care provided was egregious enough to revoke a med cert, should it be reported to BEAS?
- Please send ideas for in-services, guest speakers, etc. to Jill Satterfield at jsatterfield@ easterseals.com

8) Meeting adjourned at 11:35 pm.

Next Meeting will be via zoom Tuesday August 15, 2023 9:30-11:30am
Join zoom meeting: https://us02web.zoom.us/j/85276261946

Respectfully submitted,

Janet Harmon, RN
Secretary, DDNNH

D D N N H

Developmental Disabilities Nurses of New Hampshire

MINUTES
August 15, 2023

1) Meeting was called to order with **27** members in attendance.

2) Introduction of new Nurse Trainer: no new Nurse Trainers present.

3) Review and approval of July 2023 minutes – Approved as written.

4) Officers Reports:
   - Treasurer's Report – Accepted as written. There are currently **32** paid members.
     i. Checking $260.27, Savings $ 4102.78, Total: $4363.05
     ii. Switching banks- Pam investigated different banks for better interest rates. Next steps-Pam or designee go to bank to verify interest rates and terms.

5) Old Business
   - BDS updates
     i. Next NT Orientation will be 8/29 and 9/5 1 pm to 4:30 pm on Zoom. 1 person signed up so far. Contact Kelly to sign up, LPNs welcome.
     ii. Lori Weaver is the New Commissioner until 2/2024, and then may serve 4-year term.
     iii. Tiffany's position remains open, may be redefined to focus on QA. Will be posted internally first. This will not be a nursing position, it will be a Quality Assurance/Quality Coordinator
     iv. e-Studio is not secure, 1201 C reports will need to be faxed instead of uploaded to e-Studio.
   - Subcommittee updates
     i. Medication Curriculum Committee: Meets twice per month. Reviewing Section 1. Issues for re-write: no budget to make changes and put on thumb drives. Could be emailed. Could be posted on BDS website as PDF (curriculum only). To make corrections may add-in slides or add talking points to slides. Send comments to Kelly Main. Anticipate working on Section 2 in another month.
     ii. Job Fair/Marketing Committee: No updates, more to come in the fall.
   - Med Committee
     i. No meeting in July. Kenda asked what is helpful for DDNNH NTs to know? Some suggestions include going through a report, doing a case study, and updating the 1201 instructions, a presentation on how to fill out 1201s. Discussed small DDNNH sub-committee comprised to do initial draft to update the instructions. Anyone interest email Jill, Christine, or Janet
     ii. Reminder: Epi-pen Waiver is no longer needed. Epi-pen is now approved to be administered per 1201.06 (a)(3) l. 11. (iii)
     iii. Questions and discussion- Sometimes 1 error can create other errors, usually this is exception and not the rule-need to understand what the primary error is, what caused the error, how to correct, how to prevent future errors.

iv. What constitutes a psych med? Meds that help with behavior modification vs based on the drug classification. Suggest adding comment to 1201 as a note, it may be a good ask Dr Jen McLaren, she is fantastic resource. She has presented to DDNNH group in past, may be able to do a presentation.

v. Is there an upward trend of multiple errors? When should med certs be revoked? Does staffing shortage contribute to increase? Ultimately it is up to the NT to determine if they feel safe continuing to delegate to authorized provider.

6) New Business

- Presenters/topic-ideas include Board of Pharmacy to speak to shortages, START House, Dr McLaren, Medically Frail, Sharing forms (for example letter to MD explaining why we need prescriptions, variance for declining recommended health screenings), Tarrytown, Jazz or similar drug manufacturer new medications for seizure, behavioral health; HRST/IntellectAbility (Tammy Armstrong, Daliegh Tallent) ; MCO Case Management (Cathy Sloane, Lisa Safford), Diabetes, Continuous Glucose Monitoring.

7) Practice Questions / Information

- What can NT do about individual who is assaulting staff and family? Call police? This may depend on agency policy. Psych doctor on leave, appointment cancelled by facility, need to get appointment before can talk to back-up psychiatrist. This is an urgent situation, need an urgent response, not an appointment is one month. Bring to the ER, IEA? Get consult with Dr McLaren? Involve upper-level administration? Call Rapid Response? 988 crisis line? Is there a medical reason? Wait times in ERs are very long.
- DentaQuest- clients not getting their cards, DentaQuest member Id is same as person's Medicaid number. DentaQuest case management cannot talk to NT, client must give permission. Can call MCO, ask MCO to call DentaQuest, DentaQuest will then send release of information to client.
- Smoking at group home- what is the rule? Rule is set by agency. Life safety says 25 feet from building.
- Please send ideas for in-services, guest speakers, etc. to Jill Satterfield at jsatterfield@ easterseals.com
- Neurelis is offering a Valtoco presentation after next meeting at noon. Janet will send registration link with next invite.
- Peter and Lisa will be joining us in September, send cert questions to Janet, she will send to Peter.

8) Meeting adjourned at 11:30 pm.

Next Meeting will be via zoom Tuesday September 19, 2023 9:30-11:30am
Join zoom meeting: https://us02web.zoom.us/j/85276261946

Respectfully submitted,

Janet Harmon, RN
Secretary, DDNNH

D D N N H

Developmental Disabilities Nurses of New Hampshire

MINUTES
September 19, 2023

1) Meeting was called to order with **32** members in attendance.

2) Introduction of new Nurse Trainer: no new Nurse Trainers present.

3) Review and approval of August 2023 minutes – Approved as written.

4) Officers Reports:
   - Treasurer's Report – Accepted as written. There are currently **32** paid members, 1 expiring at the end of month.
     i. Checking $244.28 Savings $ 4132.81 Total: $ 4377.09
     ii. Switching banks- Pam will investigate rates at DCU. Next steps-Pam or designee go to bank to verify interest rates and terms.

5) Old Business
   - BDS updates
     i. Kelly submitted medication administration occurrence trend report to BDS; DAADS- Designated Area Agency Delivery System requesting quarterly report per 7/1/2023 changes. Analysis of Region 5 to 10 shows error rate of 0.0009%, 1859 total errors, broken down by category: omissions 38%, documentation 26%, wrong med 21%. Notable trends: medications not available at pharmacy, HCPs not doing triple checks, staffing challenges, authorized staff not available, shortage of psychiatric prescribers, shortage of NTs, staff not paying attention. Recommended some actionable items: Need recruitment and community awareness of NTs, include as a concern nursing/staffing shortage on the 1201 forms. Other issues noted high staffing turnover, NT spending a lot of time training, staff then leave.
     ii. Three RNs have done NT orientation. Orientation open to RNs and LPNs. No fee for orientation.
   - Subcommittee updates
     i. Medication Curriculum Committee: Meets twice per month. Reviewing Section 1. Send comments to Kelly Main. Anticipate working on Section 2 in another month.
     ii. NT is looking for provider on seacoast who will fill baclofen pump. Most folks go to Lebanon. Some infusion agencies have done this in the past.
     iii. Job Fair/Marketing Committee: Schools have resumed, Barbara will send out emails to the schools and look for job fairs. There are 2 banners so there can be 2 presentations at different places at same time.

6) New Business
   - Nothing noted at this time.

7) Practice Questions / Information

- Self-administering individuals also take NTs time, staff does not have to do med class but may need to do blood sugar checks. NT time not reflected in 1201 a report.
- Nursing assessments can only be done by RN, LPN can gather the information, RN has to review.
- Surveyors scrutinizing PRN logs closely, say the have to be updated yearly. No regs known that address this.
- Mock pour-does the regulation call for direct observation of person's skill, including person taking the med. Can you do extra education. What if person only has PRN. Are mock pours ok?
- Peter joined at 10:30 am. NT asked following questions:
  i. NT did self-administration assessment, which assesses if client is either able to self-administer or not. Guardian consents are done annually saying client is permitted to self-administer. There is no rule tying timeframe together for this. These are separate pieces of the rule. Peter will review with his staff.
  ii. Cited for PRN med log not updated annually. This is not a regulation.
  iii. What does "observation" mean. Does it mean observing the triple check or does medication need to be consumed, applied, administered to be authorized? If medication is not consumed is this considered a "mock" pour? Medication observations can be done virtually. Can look on DDNNH website for advice on virtual meetings. If there are no meds to observe, can keep a certificate on file. Once person needs a medication then can observe and sign certificate.
  iv. One way to clarify regulations is to amend the rule- rule can be open up at any point by BDS-change the language to be clearer, reflect current day needs, practice, reality. Do not need to wait until next rule update in 2030. May be more than clarification of iii above that needs to be updated.
  v. In emergency situations med administration can be delegated under 404, must follow-up in 60 days to get person med authorized.
  vi. Self-administering client lost ability to self-administer, client went away for a over a month, NT visited when client returned. Program cited for not doing 30 day. Rule not pertinent in this situation since person did not change program. QA was done once there was med log documentation.
  vii. If NT does first QA before 30 days will this be cited? Per the rule-yes. If the QA is done a few days shy of 30 has it met the intent of the rule- yes. The intent of the rule is ensuring safety and can allow for some flexibility. Let Peter know if this has been cited.
  viii. Waivers are no longer needed for Epi-pens. Individual who is not self-administering, has alone time, has rescue inhaler. Should NT submit a waiver for individual to self-administer inhaler or should self-administering assessment be done and get Area Agency approval only? NT should submit waiver.
- Provider of the Year was awarded to Terry Lyons, long time Nurse Trainer and Home Care Provider. Congratulations Terry!

8) Meeting adjourned at 11:30 pm.

Next Meeting will be via zoom Tuesday October 17, 2023 9:30-11:30am

Join zoom meeting: https://us02web.zoom.us/j/85276261946

Respectfully submitted,

Janet Harmon, RN
Secretary, DDNNH

DDNNH

Developmental Disabilities Nurses of New Hampshire

MINUTES
October 17, 2023

1) Meeting was called to order with **30** members in attendance.

2) Introduction of new Nurse Trainer: Kelly Hakes, RN.

3) Review and approval of September 2023 minutes – Approved as written.

4) Officers Reports:
   - Treasurer's Report – Accepted as written. There are currently **32** paid members.
     i. Checking $4421.10 Savings $0.00 Total: $ 4421.10
     ii. Switching banks- transferring to a new bank may require us to register as a business and/or a 503-nonprofit association. Bank also wants original letter of EIN. 503 has certain requirements such as a Board of Directors. Pam will investigate CD rates at current bank. Christine D and Barbara R will investigate DDNNH tax status and implications.

5) Old Business
   - BDS updates
     i. Sandy Feroz, Bureau Chief has resigned effective immediately 10/12/2023. Bureau is recruiting actively; duties will be split up until position filled.
     ii. NT orientation scheduled for 11/13 and 11/15 1 pm to 4:30 pm by Zoom. There are a few people who signed up. Please send any request for orientation to BDS@dhhs.nh.gov The Administrative Assistant will process. LPNs are welcome. LPN cannot be NT but can do QAs and some other tasks.
     iii. Kelly has been appointed to the DHAWG committee- Disability and Health Advisory Work Group, meets monthly with IOD, DD council, Dr Plotnik, Dr McLaren. Next meeting 11/7. Kelly is looking into possible grant money for curriculum updates.
   - Subcommittee updates
     i. Medication Curriculum Committee: Meets twice per month. Will not happen on October 25, will resume in November. Kelly sent out survey, received 31 responses. Open to end of month. Comments-NTs want more explanations on transcription, medication occurrence forms, IR form, suggestions include updating exams to have clearer questions, more explanation about self-administering individuals, take out information on controlled med logs and controlled sign off sheets as this is not done across all agencies, make it more computerized, make it in book form, slides are not high resolution- do not print out well, too brief, contains inaccuracies, need better videos, more examples of acceptable prescriptions (NT can add examples to any place in curriculum), only leave in State approved forms, do not put in vendor specific forms, provide annual health screening and HRST Monthly data form, have French version, correct mistranslations on Nepali versions. Some examples of forms are in appendix on thumb drive. The original curriculum was created by Nurse Trainers. Is the current PowerPoint/Thumb drive a new curriculum to be used exclusively or a new

tool to be used as an adjunct to the curriculum written by Nurse Trainers? Nurse Trainer is not restricted to these materials only to teach class- can use forms and examples in classroom.

ii. Job Fair/Marketing Committee: Schools have resumed, Barbara will send out emails to the schools and look for job fairs. There are 2 banners so there can be 2 presentations at different places at same time.

6) New Business

- Nothing noted at this time.

7) Practice Questions / Information

- Does mock pour need to be better defined? Is it a pour with skittles in class? Is mock pour going through motions of actual meds that cannot be administered e.g. Nayzilem PRN- so authorized provider knows how to administer the medication? BON in past has said the term "mock" is not allowed. Mock pours are addressed in April 2023 FAQs, page 15, #6. From a legal standpoint- how would you answer, "did you observe the authorized provider administering medications to the individual?"
- Are waivers needed for inhalers for alone time? Yes, waivers are needed for exceptions to 1201. Are waivers needed for Epi-pens? No, it is now part of the rule. Waiver form is on DDNNH website under Forms.
- NTs are noticing high staff turnover, more documentation errors, staff is overworked and stretched thin. NT suggested 90-day probationary review, also asking other staff to double check meds are signed off. Some NTs are doing weekly QAs, having staff review training videos after mistakes.
- State conferences are shared on the NT FB page, Christine will also email conference information to group.
- CT is offering a boot camp, it is being rescheduled for late January or early February in Connecticut. Contact mary.pelletier@tarrytownexpocare.com
- SIS are being redone by a new company. Funding will be based on the new SIS. HRST is not linked to funding per Sandy Feroz (May 2023 meeting).
- Do HCP need to be CPR certified? This is agency dependent, not a state requirement.
- What NT oversight is required for self-administering individuals? QAs are not required. Annual assessment for self-administering, reassessment if individual's ability changes, NT Annual review - oversight of Health coordination is still required. NT can require more than 1201 requirements.
- Terminology- reminder to use correct terms when referring to self-administering individuals. Self-medicating implies a person who abuses medication/substances.
- Medical marijuana: is considered a treatment, not a medication. It is a controlled substance. Log on a treatment log and count daily, needs to be double locked. The dispensary can write instructions on how to administer, like a prescription. Md only certifies that person can use it for medical purposes. National laws and attitudes are changing, it may go from a Schedule 1 to Schedule 3.
- Kelly Main has opened business CannaCareRN www.CannaCareRN.com. ANA has recognized this as a specialty. Kelly can consult on purposes, clinical aspects of what type of cannabis to use, drug interactions, routes of administration, and create a plan to bring to dispensary to help them find a product that will be helpful.
- Karen Dupuis and NTs at CIS are creating Relias PowerPoint for HCPs to train on the support and oversight of self-administrating individuals.

8) Meeting adjourned at 11:30 am.

Next Meeting will be via zoom Tuesday November 21, 2023, 9:30 am-11:30am

Join zoom meeting: https://us02web.zoom.us/j/85276261946

Respectfully submitted,

Janet Harmon, RN
Secretary, DDNNH

D D N N H

Developmental Disabilities Nurses of New Hampshire

MINUTES
November 21, 2023

1) Meeting was called to order with **29** members in attendance.

2) Introduction of new Nurse Trainer: Aimee Proulx-DeCain, RN

3) Review and approval of October 2023 minutes – Approved with corrections.

4) Officers Reports:
   - Treasurer's Report – Accepted as written. There are currently **32** paid members.
     i. Checking $4405.11 Savings $0.00 Total: $ 4405.11

5) Old Business
   - BDS updates
     i. Kelly has attended DHAWG committee- Disability and Health Advisory Work Group, meets monthly with IOD, DD council, Dr Plotnik, Dr McLaren. This group works on finding Health Care Providers for our population.
     ii. Appendix K unwind- as of 11/11/2023 many exceptions to rules are no longer in effect. Ok to continue to re-med cert using remote means (Zoom, etc).
     iii. BDS holding Family Listening Sessions- this is not specifically related to Nursing. Sessions are for feedback, experiences, and thoughts about current system, process improvement. There has been a lot of change since 7/1/2023 on how services are now rendered. https://www.dhhs.nh.gov/event/bds-family-listening-session-november-28-2023 https://nh-dhhs.zoom.us/j/88386496950?pwd=RTZsS0RFNkUzOUwvRmdISzFIZWludz09

   - Subcommittee updates
     i. Medication Curriculum Committee: Meets twice per month. NT recently having trouble with videos, unclear if NT was using online (You-Tube) or videos imbedded in PowerPoint. Some information in videos is inaccurate. Still on Section 1. Survey results: 32 replied-Nepali and Spanish versions not used much. Curriculum revision- 47% want more talking points. How long does it take to teach-59% 6-8 hours. If saved to a Google doc link how many can save to a thumb drive/laptop? 59% How many test versions should there be? 3-53%. Many comments on improving videos- there is no funding to make new videos.
     ii. Job Fair/Marketing Committee: no updates
     iii. 1201 instructions update: small group working on this, currently working on 1201-a Long form. May have newer NT's do early pilot to see if instructions are helpful. Cannot incorporate the Area Agency's particular requirements, this could be addressed in the NT Advice document.
     iv. Scholarship applicants: DSP, HCP, current NTs in school may apply.

6) New Business
   - Nothing noted at this time.

7) Practice Questions / Information

- Is a gait belt a restraint? No, gait belt is used for assistance/guidance and support in walking, (medical purpose) it is not to restrict person's mobility. Intent is for medical use. Recommend medical order and staff training and guardian permission. Could ask HRC, CSNI.
- Medication occurrences: do near misses and refusals need to be reported? Refusals are reported on Incident Report. Chronic refusals can be addressed in behavior plan. Near misses do not need to be reported to medication committee, a provider agency may require their own documentation. Individual spitting out meds (for instance in room after it is thought swallowed) is an omission and should be reported as medication occurrence.
- Link to State forms: https://csni.org/statewide-forms
- No pharmacy label on supplements with added medicinal ingredients. Is this a medication occurrence for wrong med? Yes, should also be reading the active ingredients on the back of label. Can OTC form be used? Yes. How to handle OTCs is in FAQs.
- Meds going home with family- HCP, NT cannot dispense, prepackage medication, cannot pre-pour a dose for someone else to administer. Family and guardian can pour med into a pill-planner. If in vials family should be taking all the pills. Multi-dose packaging could allow to give the meds just for the days gone. How to handle can be found in FAQs.
- Locks on bedroom doors for privacy are now required by CMS. Guardian does not want this, can exception be made? Would a medical note or waiver work? Discussion ensued; various locks recommended. Guardian says absolutely no lock.
- How to ensure new staff are doing Triple Checks. Suggestions include PM can check; NT can do random checks, do retraining and document, can send back to med class, can revoke the med cert. Require med authorized personnel do medication administration via Zoom every time until doing correctly.
- 24-hour rule- is it ok to sign off meds within 24 hours? This is allowed, FAQs address this, can also search minutes for this exception. The provider agency can impose a stricter rule, this is an internal provider agency issue.
- Meeting adjourned at 11:30 am.

Next Meeting will be via in person at New Hampshire Hospital Association, 125 Airport Road, Concord, NH on Tuesday December 19, 2023, 9:30 am-11:30am.

Please respond to Google survey Christine sent out, we need attendance numbers to plan the food.

Respectfully submitted,

Janet Harmon, RN
Secretary, DDNNH

D D N N H

Developmental Disabilities Nurses of New Hampshire

MINUTES
December 19, 2023

1) Meeting was called to order at 9:50.

2) Introduction of new Nurse Trainer: no new Nurse Trainers

3) Review and approval of November 2023 minutes.

4) Officers Reports:
   - Treasurer's Report – Accepted as written. There are currently **32** paid members.
     i. Checking $4449.12 Savings $0.00 Total: $ 4449.12

5) Old Business
   - BDS updates
     i. DHAWG committee- Disability and Health Advisory Work Group, meets monthly with IOD, DD council, Dr Plotnik, Dr McLaren. This group works on finding Health Care Providers for our population, need for psychiatric providers discussed. Kelly attends monthly.
     ii. Lack of Dental Care: There is a lack of dentists taking in new patients overall. Need to build a relationship with them to learn more about out individuals. Where does traveling dental care go? "SMILES" is willing to go with a bus to an area if needed. Mobile Dental Clinic contact: 877-248-6684. Suggestion made to invite Angela Boyle from Public Health of Dentistry on Med Committee to speak to us an in-service.
     iii. New doctor doing med reviews: Rebecca Johns, MD, psychiatrist. She is replacing Dr. Jen McLaren.
     iv. 1201 rules are now open to make recommendations, Kelly Main has started the internal discussion. She will ask DDNNH to make recommendations as a group and individually. Need to state what we think the rule should be and why, for example: MDT should not be the end result, only a tool to use for the HRST ratings. Kelly hopes to have some of the FAQs incorporated into the new rules. She will send out the new rule suggestions with red lines and new verbiage once she has them for us to review and will let is know who to send specific suggestions to once she knows.
     v. Next NT orientation will be held on January 29th and 31rst.
   - Subcommittee updates
     i. Medication Curriculum Committee: Meets twice per month. Finished Section 1. Kelly will talk to Tiffany about having more thumb drives made.
     ii. Job Fair/Marketing Committee: College fairs will start March/April. Barb Ribiero plans to go and represent DDDNH. Discussed raffle for a bottle of alcohol or Littman stethoscope to draw people to our table.
     iii. 1201 instructions update: small group working on this, making good progress.
     iv. Scholarship applicants: $250.00 Jen Boisvert may know someone who will apply. DSP, HCP, current NTs in school may apply.

6) New Business
   - Nothing noted at this time.

7) Practice Questions / Information
   - When entire family moves to a new location we should not need to be there for a day one medication observation/ some surveyors are trying to cite a deficiency if NT is not there day 1. Updating the med cert on day 5 at a 5-day transition with the same providers and same individual should be at the Nurse's discretion.
   - Telehealth annul physicals are not accepted per the regulations. Suggestions: If PCP will not do in person then go to an urgent care or change PCPs.
   - CIS is still working on self-administration guidelines and will be sharing these on Relias.
   - Contact Karen Dupuis for an entire training and med test on G-tube administration.
   - Day program staff passing medication in the residence during day program hours: day program is based out of the residence so the address on the cert would be the address for only that individual. If separate CPS from residence medication administered would need to be signed off in the CPS medication book.
   - Meeting adjourned at 11:10 am.

Next Meeting will be via zoom Tuesday January 16, 2024 9:30 am-11:30am

Join zoom meeting: https://us02web.zoom.us/j/85276261946

Respectfully submitted,

Janet Harmon, RN
Secretary, DDNNH