D D N N H

Developmental **D**isabilities **N**urses of **N**ew **H**ampshire

MINUTES
January 16, 2024

1) Meeting was called to order at 9:30 with 19 members in attendance.

2) Introduction of new Nurse Trainer: no new nurse trainers

3) Review and approval of December 2023 minutes.

4) Officers Reports:
   - Treasurer's Report – Accepted as written. There are currently **37** paid members.
     i. Checking $4393.13 Savings $0.00 Total: $ 4393.13

5) Old Business
   - BDS updates
     i. New Bureau Chief: Jessica Gorton.
     ii. NCIL has an opening at group home, posted on Jobs | DDNNH
     iii. 1201 rules are now open to make recommendations. DDNNH can make recommendations as a group and individually. 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.
     iv. What can a nurse on a 45 conditional NT designation do/not do? Can observe currently authorized providers, can do QAs, cannot teach, cannot do a new med observation, cannot do PRN protocols.
     v. Titles: NT Orientation class - can the name of the class change to reflect that RNs and LPNs can attend the training?
     vi. Next NT orientation will be held on January 29 and 31, 2024.
   - Subcommittee updates
     i. Medication Curriculum Committee: Meets twice per month. Work continues.
     ii. Job Fair/Marketing Committee: no updates
     iii. 1201 instructions update: small group working on this, making good progress.
     iv. Scholarship applicants- submit in April, awarded in May

6) New Business

Multi-dose packaging- Kelly Main asked are nurse trainers comfortable with multidose packaging. Are staff doing their triple checks? What happens when there is a dose change? Will the HCP know which medication to take out of the multidose package? Does the setting matter- group home vs. enhanced family care vs CPS? Wellsense does not allow SafeDose to bill. Poll to be sent to larger group.

7) Practice Questions / Information

- Self-administering person has glucagon PRN emergency med. PRN is only used when person is unconscious. Support staff 1201 trained, med log needs to be maintained monthly. Waiver submitted to request exception to having staff 1201 trained and to not do med logs was denied.
- If person is not self-administering and has inhaler and alone time a waiver can be submitted. If cert ends need new waiver.
- Self-administering client has Nayzilam prn, this is only med. Need a waiver for staff to administer.
- Concern from the surveyor regarding medication occurrences that were documented and addressed. Is it surveyor's role comment on the how the medication occurrence was handled?
- If surveyor finds the medication occurrences, then it will be a deficiency.
- Client who had alone time but was not self-administering. Waiver was done every year for the prn "salt tablet" if needed when exercising during alone time. Waiver can be requested for up to 5 years.
- Med curriculum videos- is it ok to use the old videos since there is no budget to do new videos. There are websites such as MIT's Scratch that allows videos to be created. Could this be a capstone project for nursing students? Need a few champions to undertake this project.
- Meeting adjourned at 11:20 am.

Next Meeting will be via zoom Tuesday February 20, 2024 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 **D**isabilities **N**urses of **N**ew **H**ampshire

MINUTES
February 20, 2024

1) Meeting was called to order at 9:30 with 26 members in attendance.

2) Introduction of new Nurse Trainer: no new nurse trainers in attendance.

3) Review and approval of January 2024 minutes.

4) Officers Reports:
   - Treasurer's Report – Accepted as written. There are currently **35** paid members.
     i. Checking $4437.14 Savings $0.00 Total: $4437.14
     ii. Jill called IRS to obtain our tax information, was on hold for a long time. Jill will continue to try.

5) Old Business
   - BDS updates

i. 1201 rules are now open, Lindsay McGee, Waiver Specialist is working on the internal review. She can come to one of our meetings to discuss 1201 rules. May be available for NT review in 1-2 months. NTs/DDNNH can make recommendations as a group and individually. Peter B, Lisa H, Med Committee have met and discussed how to do pours for no meds, only PRNs, no meds to administer; could there be an annual BDS med exam for these situations? What is training program for self-administrating individuals, when are pill planners allowed? Rule should align prescription expirations with the 13-month grace period for annual physical. Should BDS require 85% to pass state test? What is grace period for when a med cert expires, and person has to retake the class- 30 days? 60 days? 90 days? These are all just suggestions for possible upcoming changes. Kelly will send out the new rule suggestions with red lines and new verbiage once she has them for us to review and will let us know who to send specific suggestions to once she knows.

ii. NT Orientation class – next will be held in March. Is class information posted anywhere?

iii. Multi-dose packaging- Kelly Main sent survey to NT group. See attached results.

   - Subcommittee updates
     i. Medication Curriculum Committee: Meets twice per month. Working on Section 2. Discussion on using the old printed and old video versions to enhance current materials. The new curriculum has some vague areas, errors, and omissions. Newer NTs do not have the old materials. Some NT will scan old curriculum and send (recipients not identified). If items on PowerPoint are pulled and added before committee presents a final product will state have a unified curriculum? Would it be better for current committee to finish the current project and roll everything out at once? Next steps: no action items solidly identified. Committee will continue its work.
     ii. Job Fair/Marketing Committee: Barbara has identified some upcoming job fairs. If anyone is interested in helping out at job fairs please contact Barbara.

iii. 1201-A instructions update: small group working on this, making good progress. Long form instructions almost done. Short form instructions will be done next. Med committee will need to review. Beta test with new NTs to see if instructions are clear, useful.

iv. Scholarship applicants- submit in April, awarded in May

6) New Business

i. DDNA conference is April 17 to 21 in Orlando. Registration is open.
Approved applicants for Boot Camp from last year can carry over from last year, test can be done at conference or in Concord, register through Elsliver

ii. CE Broker:. All trades requiring licensure are now followed under Office of Licensing instead of each separate Board. OPLC contracted with CE Broker to track continuing education. Training offered- see dates: oplc.nh.gov/new-hampshire-board-nursing.
OPLC also has FAQ page: FAQs for CE Broker | NH Office of Professional Licensure and Certification

iii. Nursing licenses now expire 2 years from date of issue, not birthday.

iv. Next possible trainings and speakers and next steps:
a. Drug/psych drug in-service.
b. Disabilities Rights Center- topic?
c. Public Guardians – what to do if we see rights violations? Jill will contact.
d. MCO panel on their job/role . Deb Ellis-Nailor will contact them,
e. Mass Tex: mobile modified barium swallows evals.
f. Dr Plotnik- Christine D has reached out to her, waiting for response.
g. Terry Broda- Christine D has reached out to her, waiting for response.
h. Hospice- Christine D has contact at Beatta
i. Dr McLaren or Dr John- Kelly will contact them,
j. Pedophilia expert-Dr Guidry. Jill will contact her behavioral health team to arrange it.

7) Practice Questions / Information
- Self-administering person went to pharmacy to pick up 3 meds, only picked up one, other 2 had $26 copay. NT questions is he really taking his meds? How does NT check? Can NT go into bedroom where meds are stored? Is cost the barrier? Can Re-payee help with co-pay? Can re-assess person, individuals Team should be involved. He-M1202 Administration of Medications in Behavioral Health rules allow direct observation of treatment, e.g.: take the medication in front of staff; oversight can happen. Ask to check if person agrees this is not violating their rights.
- Concern noted during a state cert, a surveyor wants to see the med error is fully documented on the QA, including the medication and corrections. Surveyor states that this will be a deficiency next time. What is the regulation? This is a good question for Peter and Lisa, they will be visiting in March.
- If staff is trained on FA, BLS, CPR, or abdominal thrust can staff be held liable for an adverse outcome? Management says providing training creates liability. State does not require these trainings. If staff feels uncomfortable working with a high-risk individual they may be reluctant to work there. Does Good Samaritan act cover this person?
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8) Presentation: Angela Boyle, RDH, MSMPH

Background: Licensed Dental Hygienist with a Masters in Public Health. Currently the Director of Health Services at Community Crossroads. Has spent numerous years working in private practice, public health and was the former Director of the NH Oral Health Coalition, involved in public policy and advocacy.

Developed and implemented an Oral Health Program for Community Crossroads with focus on education, prevention, access to services. Program includes the ability to travel to other areas outside of R10 to support other clients with oral health.

i. State new dental benefit: starting April 2023 adults on Medicaid waiver now have $1500 for cleanings, fillings other treatments. Administered through DentaQuest, services include 24 hour emergency care services, tele dentistry for emergencies and help connecting with a dental provider. We have found most of accepting dentist in NH belong to corporate dental practices that accept Medicaid.

ii. Barriers: dentist not educated on how to work with DD population. Fees for services are low (40% reimbursement). Need to recruit more dentists to work with DD population. UNH IOD is working on creating training modules for dentists.

iii. DentaQuest cards – if enrolled in Medicaid then Denta Quest ID number is the same.

iv. Mobile unit offered by Solvere/DentaQuest- staffed by volunteers. Does not take the place of an established dental home. Is not designed to have the same clients back. May help for short term significant needs. Mobile units are scattered around the state and are dependent on the ability to find providers who are able to work on the van.

v. In dentistry, there is no mid-level provider to support basic restorative care. Master's level advanced practitioner program for dental hygienist in New Hampshire-does not currently exits. Models in Vermont are being utilized and Maine and Mass are currently working on integration of this model. Maine has independent practice for dental hygienists. In NH, Hygienist are governed by the Board of Dental Examiners, work under Dentist, cannot practice independently. Certified Public Health Dental Hygienist allows slight increased scope of practice utilizing a collaborative dentist.

vi. Angela can see individuals outside of her region. Medicaid will cover, the may be some small associated fees.

vii. Dental hygiene program at NHTI- Angela provides some training here, mentors students at Community Crossroads.

viii. IOD focusing on dental providers, training modules and will be available to anyone.

- Meeting adjourned at 11:30 am.

Next Meeting will be via zoom Tuesday March 19, 2024 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
March 19, 2024

1) Meeting was called to order at 9:30 with 28 members in attendance.
   - A moment of silence was held for Ellen McPhetres, RN, NT, past DDNNH president. Many fond remembrances were shared.

2) Introduction of new Nurse Trainer: no new nurse trainers in attendance.

3) Review and approval of February 2024 minutes as written.

4) Officers Reports:
   - Treasurer's Report – Accepted as written. There are currently **37** paid members.
     i. Checking $4481.15 Savings $0.00 Total: $4481.15
     ii. Jill called IRS in January to obtain our tax information, was on hold for a long time. No updates at this time. Jill will continue to try.

5) Old Business
   - BDS updates- Kelly Main, RN

i. Brain injury and stroke conference at Grappone Conference Center in May. $165 for 4 to 5 sessions, contact hours available. Scroll down to find the brochure. https://bianh.org/

ii. 1201 rules are open. Med Committee has met a few times with Peter B, Lisa H. Lindsay McGee, Waiver Specialist is working on the internal review. Kelly is meeting with her and then Lindsay can come to one of our meetings to discuss 1201 rules. NTs/DDNNH can make recommendations as a group and individually. Some ongoing discussion includes pill planner use during training programs for self-administrating individuals. The current rule does not allow this.

iii. There have been some deaths related to the Fatal Five: sepsis and bowel obstruction. Discussion followed about staff training in various agencies, having HCP call NT when there is a change in health status and not waiting until person gets worse.

iv. IntellectAbility has ongoing training on the Fatal Five. NTs can subscribe to IntellectAbility newsletter and notifications for trainings. Link to article on Fatal Five is https://replacingrisk.com/the-fatal-five-plus/

v. Multidose packaging: survey results discussed during February meeting and emailed in March to NTs. NTs currently have discretion to use or not.

vi. NT Orientation class – next will be held on April 26th and 30th. Is class information posted anywhere? 2 nurses attended the March orientation.

- Subcommittee updates
  i. Medication Curriculum Committee: Meets twice per month. Working on Section 2. 15 thumb drives left, Kelly investigating a way to put the curriculum on the BDS website. Would test be on website with PW protection or is there another distribution plan? There are many details still to work out. Members: Jill S, Christine D, Barbara R , Elizabeth A, Denise H, Betty Stewart. Old curriculum was distributed to NT group. Discussed creating hybrid training, Committee members are incorporating elements from the old curriculum into the new. NT's have discretion to use additional information to supplement their teaching. Committee will continue its work. The current curriculum is state approved and is the one that must be used.
  ii. Job Fair/Marketing Committee: no updates.
  iii. 1201-A instructions update: small group working on this, making good progress. Long form instructions are done. Short form instructions will be done next. Med committee will need to review. Committee looking to clarify: How do NTs respond to Total in Region? Are individuals in the Region who self-administer counted? Is Total in the Region asking for number of individuals being supported or number of individuals receiving medication from an authorized provider? Quick survey done. Out of 18 answers: 78% count self-administering, 22% do not include self-administering.
  iv. Scholarship applicants- submit in April, awarded in May.

6) <u>New Business</u>

i. Officer nomination for Secretary is due in April. Secretary position term will be 5/2024 to 5/2026. Kay F has expressed interest. Janet volunteered to continue maintaining DDNNH website.

ii. DDNA conference is April 17 to 21 in Orlando. Registration is open.
Approved applicants for Boot Camp from last year can carry over from last year, test can be done at conference or in Concord, register through Elsevier for Concord location.

iii. Should DDNNH group send flowers/donation in honor of Ellen McPhetres, RN? Should DDNNH scholarship be re-named in honor of Jean Fitts, RN to Ellen McPhetres, RN? Suggestion made to survey membership, no volunteer identified to send survey.

iv. Possible training and speakers and next steps- updates.
  a. Drug/psych drug in-service- Jill contacted Melissa French, no response.
  b. Disabilities Rights Center- no volunteer identified to contact DRC, no updates
  c. Public Guardians. Jill will contact, has not reached out to them.
  d. MCO panel on their job/role . Deb Ellis-Nailor working with MCO rep today, will ask.
  e. Mass Tex: mobile modified barium swallows evals-no volunteer identified to contact, no updates.
  f. Dr Plotnik- Christine D. Dr Plotnik works 3rd Tuesday in IDD clinic, which coordinates with START so is not available during our meeting time.
  g. Terry Broda- Christine D has reached out to her, still waiting for response.
  h. Hospice- Christine D has contact at Bayada, still waiting for response.
  i. Dr McLaren or Dr John- Kelly: Either are available to do a presentation.
  j. Pedophilia expert- Jill: Dr Guidry probably not available. Easter Seals has a large behavioral health department, recorded trainings that could be available, or behaviorist could come.
  k. Diabetic foot care-podiatry. No volunteer identified to contact, no updates.
  l. Teepa Snow- Dementia in our Population. No volunteer identified to contact, no updates.
  m. Nanette Wrobel- she will be at the DDNA conference. Someone attending conference can ask her.

n. Neurodiversity- Kenda knows psychiatric NP.

Additional discussion included: Will we pay the presenters? If someone contacts a speaker who is authorized to negotiate fees? What is acceptable fee? DDNA has free contact hours for members. Connecticut group has annual conference, someone could reach out to them to see how they engage speakers, arrange for contact hours and negotiate fees. In past DDNNH has discussed holding a conference/ workshop that would offer speakers and contact hours.

7) Practice Questions / Information
   - Med Committee asking interpretation of 1201.8 (c). In what certified settings do nurses have the discretion to approve unlocked meds? EFC? Yes. Staffed residences? No. Where is approval for unlocked meds documented? The regulation states in the individual's record. This could be on the QA or on a letter. Should be done at least annually. Quick survey done with a variety of answers.
   - New blood test for colon cancer that is 85% effective. Will insurance cover?

8) Presentation: Lisa Hoekstra, OPLC
   - Does a medication occurrence need to be documented on the QA? During a recent dialogue between NT and Surveyor it was stated that details of the occurrence including name of meds, the type of occurrence, what was action/resolution must be on the QA. If not this will be cited in future. 1209. A (4) (c) says a medication occurrence must be documented; it does not say where. Surveyors met to discuss and agreed the details do not need to be on the QA, they would like to see documentation that a medication occurrence happened on the QA. If the surveyor sees an error on the med logs they can look on the QA and see the error has been addressed. The details can be on the medication occurrence form. All that is needed on the QA is that a medication occurrence happened, and MOR was done.
   - Number of QA's required in one certified program: rule is silent, it does not say one QA per client at the same certified residence. NT can use discretion, for example in a CPS setting with only PRNS where no PRNs were given it would be more efficient to write one QA. For residential setting with complex person one QA per person may be better way to document. In residential setting non-complex individuals all could be on one QA. NT can use their discretion.
   - 1201 Rule changes: meetings are going well, some work includes clarification and simplification of wording to help with rule interpretation.
   - Annual physicals are being rescheduled by doctor offices, sometimes many months out.
     i. Is there any consideration that in these changing health care times to changing the 13-month requirement. This is current law, RSA 171, we have to abide by the law, therefore 1201 rule has to say annual. Surveyors are allowed to give 30-day grace period. After 30 days if Doctor has changed the date please obtain a letter from the office. Documentation regarding delays is helpful.
     ii. Annual health exams (physicals) have a 30-day grace period. Does the annual health screening form also have a 30-day grace period? The annual health screening form does not have to be done at same time as annual health exam (physical), although screening recommendations are usually connected to the physical exam. If annual health screening form is not done exactly annually but done with the annual physical it will not be a deficiency. Consider adding this to the FAQs.
     iii. Is the BDS annual health screening form required? The form is not mandatory, documentation of annual screening recommendations is required. Is BDS Health History Form mandated? The form is not mandatory, Health History documentation is required.
     iv. What health screening are required, what if individual declines, refuses an exam or screening? Can MD write deferred, refused, n/a. Do we need to reach out to guardian to document it is ok to not do the exam/screening? If person is their own guardian they can refuse, this needs supporting documentation, individual can sign off on or MD can document on physical form. If person is not

their own guardian then declined, refused screenings, exam or procedures need to be corroborated by the guardian. Surveyors ultimately are looking for best health interest of the individual. What if individual says no, guardian says yes- we cannot force people (human rights issue). This would be a team conversation to see why individual and guardian do not feel the same.

v. Declination form does not need to be done annually, can say this declination is in effect until further notice. Deb Ellis Nailor will send her declination form for distribution to NTs. Suggest review annual recommended health screenings with guardian at ASA.

vi. BDS annual health screening form is outdated, who is supposed to update this form? Would be helpful to have a form with current CDC recommendations. Currently no one at BDS is assigned to do this, could be a DDNNH project.

vii. Practices make different recommendations on frequency of screenings. Is it ok to follow the PCP's /practice recommendations? Yes.

viii. What is current recommendation on bone density screenings? Recommend follow CDC guidelines. NT advocacy is important to make sure needed screenings are ordered.

ix. Updating orders: It seems to be increasingly difficult to get orders from Md offices and pharmacies. Other NTs can be a resource on how to troubleshoot/resolve these type of issues.

x. Deficiency trends: Controlled meds not documented correctly, counts are off, adding to inventory immediately upon bringing into the residence. Controlled meds must be documented on its own med log.

xi. Individual has been hospitalized, controlled med is at the certified staffed residence and being counted daily. Authorized provider (staff) med cert has expired. Can authorized provider (staff) who is not specifically authorized for that individual count the controlled medication? Suggestions from NTs: This would be acceptable, document that authorized provider is counting the controlled medication, not administering it to individual.

xii. Do controlled medications for self-administering individual need to be counted? No, the regulation does not apply to self-administering individuals. NT discretion can be used to ask that a count be done.

- Meeting adjourned at 11:40 am.

Next Meeting will be via zoom Tuesday April 16, 2024 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
April 16, 2024

1) Meeting was called to order at 9:30 with 20 members in attendance.

2) Introduction of new Nurse Trainer: There were no new nurse trainers in attendance.

3) Review and approval of March 2024 minutes as written.

4) Officers Reports:
   - Treasurer's Report – Accepted as written. There are currently 40 paid members.
     i. Checking $4070.16 Savings $0.00 Total: $4070.16
     ii. No updates at this time on tax status.

5) Old Business
   - BDS updates- Kelly Main, RN
     i. DDNA conference is April 17 to 21, 2024.
     ii. NT Orientation class – next will be held on April 26th and 30th. A few people are signed up
     iii. Kelly reached out to Dr McLaren regarding speaking to DDNNH, she has scheduling conflict with I DD clinic, could possibly do another day.
     iv. 1201 rules are open. Kelly is meeting with Lindsay and then legal to review. After that NTs/DDNNH can make recommendations as a group and individually. Most likely will need to set up a separate time from DDNNH meeting, going over the changes may take a few hours.

   - Subcommittee updates
     i. Medication Curriculum Committee: Meets twice per month.
     ii. Job Fair/Marketing Committee: Some coming up in May, Barbara did present to a couple high schools. Barbara is inviting other members to join her to do the job fairs. Barbara will send Janet the May dates to include in the minutes.
     iii. 1201-A instructions update: small group working on this, making good progress. 1201-A Long form instructions, 1201-A short form instructions, 1201 B form done, C form will be done next. Med committee will need to review. Hope to be done prior to open 1201's being completed, if changes need to be made they will be added/incorporated.
     iv. Scholarship applicants- submitted in April, awarded in May. None received as of yet.

6) New Business

   i. Officer nomination for Secretary is due in April. Secretary position term will be 5/2024 to 5/2026. Janet nominated Kay F, who expressed interest. Janet volunteered to continue maintaining DDNNH website.
   ii. Elections are in May, if Kay runs unopposed she will be next Secretary.

iii. Annual meeting is held in June, Bylaws are reviewed and voted on.

iv. Should DDNNH group send flowers/donation in honor of Ellen McPhetres, RN? Should DDNNH scholarship be re-named in honor of Jean Fitts, RN to Ellen McPhetres, RN? Suggestion made to survey membership; Janet volunteered to send out survey/vote to members.

v. Possible training and speakers and next steps- updates.

a. Drug/psych drug in-service- no update.
b. Disabilities Rights Center- no volunteer identified to contact DRC, no updates
c. Public Guardians. Jill will contact. No updates.
d. MCO panel on their job/role . Deb Ellis-Nailor working with MCO rep today, will ask. No update.
e. Mass Tex: mobile modified barium swallows evals-no volunteer identified to contact, no updates.
f. Dr Plotnik- Christine D. Dr Plotnik works 3rd Tuesday in IDD clinic, which coordinates with START so is not available during our meeting time. No update.
g. Terry Broda- Christine D has reached out to her, still waiting for response.
h. Hospice- Christine D has contact at Bayada, still waiting for response. No update.
i. Dr McLaren or Dr John- Kelly: see above.
j. Pedophilia expert- Jill: no updates.
k. Diabetic foot care-podiatry. No volunteer identified to contact, no updates.
l. Teepa Snow- Dementia in our Population. No volunteer identified to contact, no updates.
m. Nanette Wrobel- she will be at the DDNA conference. Someone attending conference can ask her. No updates.
n. Neurodiversity- Kenda knows psychiatric NP, has a message out and will update when she hears back.

Additional discussion included: Will we pay the presenters? If we pay we should make sure we get contact hours. Contact hours vs. CEUs- complex process. Will our membership income be enough to pay for speakers along with our other expenses? What is annual website expense- Janet will look into this. Will we need to pay for more storage space in google account? Janet currently uploads the Zoom recordings, in past 3 years 3 people have asked to see a recorded meeting. The minutes reflect the meetings, do all the meetings need to be saved or only meetings with special topics/presenters?

7) <u>Practice Questions / Information</u>

- For 1201 reporting how do you count the dosages when person is at a certified respite? Report by the certified site. Make a note in the additional information that person went to certified respite setting. Has this been captured by NTs in the past? Which NT is responsible for reporting this, the NT for the person or the NT for the certified setting? Are respite books being QA'd? What is your agency's policy for documenting? What is the expectation from a licensing standpoint?
- Client is own guardian and self-administering. Staff offered client OTC meds. Are self-administering clients required to have orders? No. Discussion: It is worth the conversation with the individual to ask if they are just trying the OTCs out or if they will be using going forward? You need an updated med list. NTs can and do ask for orders 1) to know what the person is taking 2) if person loses self-administration privilege then NT has all the orders already to support the process of med authorized staff to administer. Also recommended to know are the agency/company policies for self-administering clients? The expectation to obtain orders can also be put in the service agreement.

- Annual meeting: June 18, 2024. This will be held in person. Bylaws will be sent in May email. Suggestions for in person meeting: Memorial Park Pavilion, Pembroke (outdoors) or New Hampshire Hospital Association, Concord (indoors).

- Meeting adjourned at 10:40 am.

Next Meeting will be via zoom Tuesday May 21, 2024 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
May 21, 2024

1) Meeting was called to order at 9:30 with 21 members in attendance.

2) Introduction of new Nurse Trainer: Tosen Yusef in attendance

3) Review and approval of April 2024 minutes as written.

4) Officers Reports:
   - Treasurer's Report – Accepted as written. There are currently 40 paid members.
     i. Checking $4084.17 Savings $0.00 Total: $4084.17

5) Old Business
   - BDS updates- Kelly Main, RN
     i. NT Orientation class – next not scheduled, no new nurse trainers at this point
     ii. 1201 rules are open. Kelly is meeting with Lindsay and then legal to review. After that NTs/DDNNH can make recommendations as a group and individually. Most likely will need to set up a separate time from DDNNH meeting, going over the changes may take a few hours, this will probably happen in June and July.

   - Subcommittee updates
     i. Medication Curriculum Committee: Meets twice per month, second and fourth Monday for 90 minutes. 8 thumb drives left, Kelly will try to send out as google link or zip file. Could use more committee members. Contact Jill or Kelly.
     ii. Job Fair/Marketing Committee: no updates.
     iii. 1201-A instructions update: small group working on this. 1201-A Long form instructions, 1201-A short form instructions, 1201 B form, C form are done. Med committee will need to review. Hope to be done prior to open 1201's being completed, if changes need to be made they will be added/incorporated.
     iv. Scholarship applicants- will be awarded in May to the single applicant, nursing student Taylor Lemire. Award amount in past has been $250.00

6) New Business

   i. Officer nomination for Secretary, term will be 5/2024 to 5/2026. Kay Ford, RN was nominated, but has declined. Michelle Baker, RN has now been nominated and is unopposed.
   ii. Elections are in May, if Michelle runs unopposed she will be next Secretary.
   iii. Annual meeting is held in June, Bylaws are reviewed and voted on.

iv. Survey was sent to members to vote on renaming DDNNH scholarship and Conference scholarship(named in honor of Jean Fitts, RN) to Ellen McPhetres, RN? If passed will need to update in the Bylaws.

7) Practice Questions / Information
   - What is designation requirement for NT? 2 years of licensed nursing experience within the last 5 years needs 1 year being an RN.
   - Deficiency- if authorized provider misses recertification timeframe they cannot give meds, there is one month grace period to recertify.
   - Speaker: Amanda from ABA Behavioral Consulting. Began as a DSP at Moore Center. ABA Behavioral Consulting serves 165 adults, some children. They offer classes: Internet Safety, social groups. Staff: 6 BCBA, (licensure not required, are certified, credentialed), write and oversee programs. RBT-Registered Behavior Technicians-directly implement services. ABA-1- about to become BCBA, in a master's level program. Behaviorist a general term. Insurances coverage includes Pedophilia, Autism, DD and ABD waiver. Also accepts private pay. They do have Intensive Client Services which align with ITS- Intensive Treatment Services.
     - Behavior Plans: FBA is a functional behavioral assessment: what is the function of the person's behavior? Done during intake, every 6 months and as needed. Includes indirect assessment: interview with caregivers, service team and direct assessment: observation. Can make plan to decrease target behavior and increase replacement behavior. Find what will work for this person's life. Target behavior is observable and measurable. Tracking antecedent, behavior and consequences is very helpful.
     - The following questions were asked, and answers provided:
     - Q: person in ER to rule out medical issue, ER says it is behavioral. Can ABA support to make sure ER is not diagnostic overshadowing? (Person is acting this way because they have a disability, not because of a medical issue) ? No, services are proactive, not available on an emergency basis.
     - Q: Do you have a crisis response system? No. Service focus is proactive.
     - Q: Do you do assessments for crisis? Yes
     - Q: What if there is a sudden behavior not seen before? A FBA would be done to assess function of behavior, consequences,
     - Q: Do you have a waitlist? Yes, some factors for services are dependent on capacity/caseload, scope of services, region, funding needs to be approved beforehand.
     - Q: How are you funded? Funding is now through direct billing to Medicaid, Medicare, some private billing, some contracted through school districts.
     - Q: Are services outpatient only? Mostly. Can do some inpatient in some circumstances. We work closely with START so that crisis and behavioral plan align. START good at finding crisis resources, START center good for clinical "respite". Caregiver and staff training is an important part of ABA Behavioral Consulting work.
     - Q: do you work with Human Rights Committees (HRC)? All behavior plans with human rights restrictions require presentation to HRC. BCBA/ABA works with nurses for PRN protocols, BCBA/ABA does not want to make medical decisions, looking for nursing parameters.
     - Q: Can a medication for anxiety/ agitation/aggression be given prior to HRC approval? The legality of not following a doctor's order should override administrative obligations.
     - Q: Are services limited to number of visits? Depends on funding. Medicaid services/DD waiver does have a set amount, they can advocate for more if there is a clinical need.
     - Q: Amanda what is your advice to the Nurse Trainer? Please make sure the BCBA knows who the NT is, NT input is very welcome, please reach out to Amanda to connect to the BCBA. Your collaboration is very important!

- Contact Information: A.B.A Behavioral Consulting
  250 Commercial Street, Suite 4021
  Manchester, NH 03101
  Office: (603) 263-9628 ex. 701
  www.ABABC.org aschoenberg@ababc.org

- Annual meeting: June 18, 2024. This will be held in person. Bylaws will be sent in May email. Meeting will be held at Memorial Park Pavilion, Pembroke. Address Pleasant and Exchange Street, Pembroke. NH

- Meeting adjourned at 11:30 am.

Next Meeting will be in person Tuesday June 18, 2024 9:30 am-noon at Memorial Field, Pembroke, NH. GPS: Pleasant and Exchange St,

Respectfully submitted,

Janet Harmon, RN
Secretary, DDNNH

D D N N H

Developmental **D**isabilities **N**urses of **N**ew **H**ampshire

MINUTES
June 18, 2024

1) Meeting was called to order with **10** members in attendance at 10:01AM. This was an in-person meeting.

2) Review and approval of **May 21, 2024** minutes as written with modifications discussed.

3) Officers Reports:
   a) Treasurer's Report – Accepted as written. There are currently **35** paid members.
   b) Michelle Baker, RN ran unopposed for position of Secretary. She is now the Secretary. Janet Harmon will continue to complete website updates.

4) Business Discussion

- Bylaw Discussion:
  a) Some members would like to change the name of the DDNA Conference Scholarship as listed on Page 3, Paragraph 2. Discussion was initiated. Jennifer B. explained she voted "No" to changing name the name due to several people in the group not knowing nurse. It was brought up to change it to a Memorial Scholarship. Discussed if scholarship should be named after an influential nurse and then updated every couple of years. Janet advised she would need to create a new section for a memorial. Discussed that it could just be the DDNNH Memorial Scholarship without any names attached. Pam reported that the student scholarship winner Taylor, had been sent a check for $250.
  b) Jennifer requested to change the opening paragraph of the Bylaws as it no longer reflects what is going on with DDNA. The current opening paragraph reads, "The Developmental Disabilities Nurses Association (DDNA) was founded in 1992 to meet the professional needs of nurses serving individuals with developmental disabilities. The DDNA represents the collective interests of its members through a national structure and regional networks. To more directly serve members and to provide an avenue for local networking and support, the DDNA encourages member nurses within each state, regional area, or city to form DDNA Nurse Networks." The request is to put a period after "national structure," as the remainder of the paragraph is no longer current. Members discussed that the bylaws would be better served by deleting the rest of the paragraph as the national organization's role has changed. Members will look at wording and present at next meeting.
  c) One date in Bylaws, June 31st needs to be corrected.
  d) Article 1 of Bylaws was discussed and it was determined it was fine to call DDNNH a non-profit at this time.
  e) Discussed voting to make changes to scholarship name and opening paragraph. Voting rules were reviewed and per Page 4, section1, voting could not happen at this time. Nurses discussed changing voting rules to state members present at meeting will vote.
- BDS Update:
  f) Kelly Main did BDS update. Next 1201 Nurse Trainer orientation is July 11th and July 16th 1pm to 4:30pm via Zoom. Kelly reminded group that the nurse trainer orientation is just about 1201s, not training how to be a nurse trainer.

g) Kelly reported she was meeting with legal team about 1201s and at some point, we will be able to review the 1201s. Kelly reported she would send out an invite once finalized so we can make comments on changes. Jennifer requested that meeting not be on a Thursday.
h) Kelly reported there are a lot of open Nurse Trainer Positions. She will continue to send out openings as she receives them.
i) HRST – Kelly is looking at number of HRST Clinical Reviews completed based on a ratings update. Per the performance measures, a clinical review is supposed to be done within 60 days of any change. This not realistic for the nurse trainers to meet. HRST will send reports monthly, but not all nurse trainers are notified when a change is made. Kelly has been communicating with HRST and would like to get this performance measure changed.

- Subcommittee Updates:
  j) Kelly said no updates at this time on curriculum committee. It is slow going, but first part of 1201s was submitted to med committee.
  k) Med Committee – Been pretty quiet, did work with licensing around 1201s. Kelly discussed MOR by Waivers; they are looking into changing the performance measures. At some point the MOR may be based on waiver.
  l) 1201 Forms Committee – Looked at the 1201 A, B, and C forms and updated instructions for the forms to be consistent with the current forms. These revisions will need to be approved by BDS.

- Miscellaneous:
  m) It was confirmed that DDNNH will be meeting via Zoom over the summer.
  n) Karen asked if everyone had access to all education in Relias. Her organization has put a training about self-administration for HCPs. She is wondering if it automatically is public. Kenda said it probably depends on the Relias administrator for the company and if the education is made private or public.

5) MOTION to adjourn meeting accepted and seconded. Meeting ended at 11:09AM.

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

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

Submitted by:

Michelle Baker, BSN, RN, Nurse Trainer
Secretary, DDNNH

D D N N H

Developmental **D**isabilities **N**urses of **N**ew **H**ampshire

MINUTES
July 16, 2024

- Meeting was called to order with **19** members in attendance at 9:33AM. This was a Zoom meeting.

- Review and approval of **June 18, 2024** minutes with modifications discussed in these minutes.

- Officers Reports:
  a) Treasurer's Report –There are currently **32** paid members. Active membership was reviewed. Per Kenda, Christine Townsend is planning to retiring, but Kenda was unsure of her plans. Christine Townsends was removed from list. Is Ronda Conners still a nurse trainer? Jill made a motion to accept as written, Christine seconded. Minutes accepted as written.
  b) Michelle Baker ran unopposed for position of Secretary. She is now the Secretary. Janet Harmon will continue to complete website updates.

- <u>Business Discussion</u>
- Previous Meeting Minute Discussion:
  a) Discussed requested change to the opening paragraph of the Bylaws. The current opening paragraph reads, "The Developmental Disabilities Nurses Association (DDNA) was founded in 1992 to meet the professional needs of nurses serving individuals with developmental disabilities. The DDNA represents the collective interests of its members through a national structure and regional networks. To more directly serve members and to provide an avenue for local networking and support, the DDNA encourages member nurses within each state, regional area, or city to form DDNA Nurse Networks." Kenda explained that herself and Jennifer would like to put a period after "national structure" as the remainder of the paragraph is no longer reflect what is going on with DDNA. Per Kenda, the Bylaws would be better served by deleting the rest. Jill asked if we could do a vote amongst those present. She asked if anyone had any objections. No one present raised any objections to the requested changes.
  b) Changes to the Bylaws should be changed to state members present can vote vs waiting for entire membership. Craft language that majority of people attending. You have the opportunity to attend meetings, so if you want to stay as a paid member, you have the right to vote on things, but holds up if have to send out surveys and then discuss. Sometimes takes a long time to vote. Any comments about changing this Bylaw. Kenda and Jill would like to change the rule. No opposition voiced.
  c) Requested to review June 2024 BDS information. June BDS minutes were reviewed and discussed. It was discussed that Kelly is meeting with the legal team about the 1201s. It was discussed that it would be nice to know when we will be able to do some work on the 1201s. Jill voiced that she would hate to have them close with no opportunities to give input. Jill encouraged nurses to think about rules and day to day activities so will be prepared when they are opened.
  d) Kenda made a motion to accept minutes with changes as previously discussed. Motion was seconded. Michelle made changes to June meeting minutes per this discussion.

- BDS Update:

e) Kelly Main was not present at the July meeting. NO BDS updates were provided. Jill would like to know when the 1201s will close so can give input.
f) HRST – Information from previous meeting was reviewed.

- Subcommittee Updates:
  g) Med Curriculum Committee – On hiatus until next month. Elizabeth sent Kelly a message that she has the printed version of the old curriculum. She is wondering if it would be helpful to compare old curriculum to new curriculum. Next meeting is August 12th. This committee has been going through each slide and at the last meeting it was discussed to scrap the whole thing and create a new training by blending the old and new curriculums.
  h) 1201 Instruction – No updates
  i) Med Committee – Looking at 1201 forms this month. They are wondering if they should release forms now knowing that the 1201s and forms may change. This was discussed and it was recommended to release them now and then modify/rerelease as needed.
  j) School Outreach – Barbara denied any updates as schools are on vacation at this time.

- New Business/Practice Questions:
  a) Discussed upcoming trainings for the new certification packet with Peter Bacon. The new packet will go into effect on 8/1/2024. New packet was discussed. The big change is that that current information for each staff is required, not initial information. Kenda said she would provide the training information to the nurse trainer's present.
  b) Elizabeth A asked if there are medication changes during the month, is she required to submit a new medication list. She explained she has an individual with a lot of changes in health status so the medication list she submitted in the cert packet might not match what is in the med book when the surveyor arrives. Elizabeth denied having asked Peter directly. Kenda encouraged her to reach out to Peter directly or to ask the surveyor what they wanted.
  c) Pam asked a question about what forms are mandated by the state that vendors use. It was discussed that the 1201 forms are required and certification forms are required. The Health History form with the NH seal is not required, but the vendor is responsible for the content. It was recommended that nurse trainers read the regulation and follow the rules as written. It was discussed that some Area Agencies will mandate the use of certain forms, but historically BDS has not. Waiver forms are BDS forms, but HRST is not a BDS form. Janet shared that all mandated forms are listed on the FAQ page. Wayne shared that Pathways tried to get away from using the official Health History Form, but they were told by Peter they needed to use the form. Kenda said that the form is not mandated. Health History Form was discussed and several nurse trainers reported the information on the health history form is redundant to other forms.
  d) Denise stated she had a practice question because she was cited for an individual who has not had a pap smear since 2018. Denise explains that she is new to the individual, but in 2021 it was documented the date of the last Pap Smear and recommendation to have it every 5 years. Question was discussed and determined that if not following guidelines, then you would need documentation that client declined or declination from Guardian. Recommended to see if anything was documented on Physical Exam, as if PCP has said not needed can fight the citation. Recommended if individual is not having something that is recommended, it be address in ISA or with documentation that can be presented. If not, can look like benign neglect. Also brought up that standards/recommendations will change and if can find updated professional organizational recommendations that say not recommended, surveyors will accept that.
  e) Discussed that some individuals need sedation or conscious sedation for some procedures. Jill discussed it can be hard to find offices that will do that so individuals might not get recommended procedures/tests. It was recommended to do due diligence and document. Recommended to put it in ISA or document guardian is agreeable to not being done.

f) Pam brought up Bone Density Scans are being looked at closely and surveyors are citing if this has not been done. It is important to make sure there is documentation if Bone Density is not being done for a certain reason and that guardian agrees.
g) Jill discussed that it seems surveyors are digging deeper and finding bizarre things to cite. Jill referenced a recent citation that about a PRN Protocol that was very picky. There is a feeling of resentment and a feeling of us vs. them. Discussed that surveyors focus on different things and it depends on the surveyor. It was discussed that surveyors have their own job to do and that is to find mistakes. Important to fix errors and move on. Was also discussed that the vendor puts pressure on nurse trainers about being cited, not necessarily the state. It was discussed that the surveyors are there to ensure the induvial are safe.
h) Christine stated she had gotten into a heated discussion with one of her coordinators about doing a medication pour observation for each individual. Discussed what is appropriate. Pam stated she watches every staff pour for every individual. Jill stated it comes down to own practice and a lot has to do with the staff member. If staff is competent, she will not do eyes on for every individual, but if staff is not strong will watch. Was discussed that staff are working under our nursing license and if not comfortable, will pull cert. Diane asked if a cert is pulled, who gives meds. Discussed that the agency is responsible for finding someone to administer the medications. Discussed that agencies/vendors should not pressure the nurse trainers to delegate or not delegate medication administration. Discussed there are different regulations in Massachusetts and Maine.
i) Diane asked what is the limit for home oxygen. Per Kenda, not stated in any of the regulations. Discussed that for a nasal canula, 6 liters is the standard of practice.

- Miscellaneous:
  j) Motion was made to accept Old Business by Pam, Christine seconded the motion.
  k) Next month will have public guardians coming to talk with DDNNH. Please send questions to Jill so she can send them to the guardians coming. Nurse Trainers requested the following questions be added to list: What is the difference between OPG and TriCounty? How do we know who gets which guardian? If an induvial needs a guardian, where/how do you apply? How does limited guardianship work? Questions about guardian over person only and what the nurse trainers need to know about that. What recourse is there is a public guardian continues to refuse a medication that would benefit an induvial, and the rest of the team would like the induvial to start it. Brenda gave example of an individual having to through a full cardiac work up before being able to start an ADHD medication that the team and the individual wanted to start. Brenda had provided education, but guardian had read side effects and was very concerned. In this situation, where a medication was delayed for a year, is there a way to elevate the issue to a supervisor? Is there a way to get a second opinion? How much medical education do guardians receive?

- MOTION to adjourn meeting accepted and seconded. Meeting ended at 11:17AM with 26 members present.

Next Meeting will be via zoom Tuesday August 20, 2024 9:30-11:30am

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

Submitted by:

Michelle Baker, BSN, RN, Nurse Trainer
Secretary, DDNNH

D D N N H

Developmental **D**isabilities **N**urses of **N**ew **H**ampshire

MINUTES
August 20, 2024

1) Meeting was called to order at 9:35AM via Zoom.

2) Review and approval of **July 2024** minutes as written with modifications discussed.

3) Officers Reports:
   a) Treasurer's Report – Accepted as written. The scholarship check has not been cashed at time of meeting.
      1. Currently have 21 paid members.

4) Business Discussion
   a) Uber is providing new service to help caregivers get individuals to appts. https://www.disabilityscoop.com/2024/06/04/uber-launching-service-to-help-caregivers/30902/
   b) Kenda reported that there are a number of AAs who are no longer offering Repayee services. Some Aas have accepted responsibility for these additional re-payee services but others are at capacity. Sounds like it can be challenging for an organization to become authorized to provide this service.

5) Subcommittee Updates:
   a) Med Curriculum committee still in process. Utilizing old curriculum. They are discussing yearly test to stay current. Med class test will be redone once curriculum is completed.
   b) Forms Committee There is a group looking at forms to see what needs updating and what is mandated.
   c) Med occurrence report form is not mandated, but a report is mandated to be sent.

6) New Business Discussion
   a) Paul from the office of Public Guardian spoke.
   b) He answered questions from the question list:
      1. Public Guardians (PG) are social workers, attorneys, etc. They utilize the MD from state hospital, Mayo Clinic Websites, and have monthly trainings on various items.
      2. Temporary guardian orders "6 months." Anyone can petition the court to have a guardianship for an individual if they have burden of proof
      3. There is no longer a springing guardian ship; this was removed approx. 8 years ago. Turnover in probate judges - see RSA 464.
      4. PG will ask nurse, HCP, family "what would Joe want?" and bring information to supervisor. POSLTs forms have made things easier. Make sure PASAR are completed. What is HCP comfort level?
      5. PG try to include families, but PG has final say. Families can petition the court.
      6. OPL does not allow for co-guardians, but will step in on some case to "do they heavy lifting" ie: paperwork for elderly guardian.

7. Want to know and need to know for reports. Every day there are 3 PG plus 1 supervisor on and there always a covering PG.
8. PG will meet with team.
9. PG will attend all ISAs and tries to respect clients wishes unless substantial harm.
10. Nurse coming to meetings is very helpful, or even sending a quarterly summary. NT helping education HCP what is correct needed documentation from visits and getting real time updates - sending PG a list of all appts and paperwork.
11. Contact admin at DHHS - based off availability.
12. Person only - travel, meds, HIPAA, residence person/estate - must have rep payee.
13. Add to will/estate - Co-guard.

c) Questions answered from the chat:
1. PG do not sign standing orders to insure they are up to date on individuals needs and for reporting.
2. Supported decision maker vs guardian only guardian has legal authority.
3. Conditional D/C client cannot cross state lines legally, but that does not mean they will not do so.
4. PG have to meet with individuals every quarter in-person per state rules.
5. Organ donors are on a case to case basis.
6. There are 18 PGs at OPG with a case load of 55-60.

7) Practice Questions:
a) Question raised on how to keep DSPs up to date on med cert if no medications are given. Debi Nalor does every 6 months reviews.

8) MOTION to adjourn meeting accepted and seconded. Meeting ended at 11:10am.

Next Meeting will be via zoom Tuesday DATE HERE 9:30-11:30am

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

Submitted by:

Michelle Baker

Secretary, DDNNH

D D N N H

Developmental Disabilities Nurses of New Hampshire

MINUTES
September 17, 2024

1) Meeting was called to order at 9:34AM via Zoom with 21 nurse trainers present.

2) Review and approval of **August 2024** minutes as written with modifications discussed.

3) Officers Reports:
   a) Treasurer's Report – Accepted as written. The scholarship check has not been cashed at time of meeting.

4) Business Discussion

- BDS:
  a) The next Nurse Trainer 1201 class will be held over two days via zoom on October 17th and October 22nd.
  b) Kelly discussed the BDS requirements if a nurse trainer becomes a home care provider. If a nurse trainer is going to be a HCP and currently teaches the course, then she/he does not need to take/pass the class. That nurse would still need to do a medication observation (mod 4) with the program nurse. If it is a nurse trainer who does not teach the class or is a LPN, RN, APRN, then she/he would need to take a class. Every home care provider, regardless of profession/license, needs a medication certificate because a provider does not work under her/his own license. A couple of nurse trainers have RNs as HCP and they took the class and are recertified every year. Brenda brought up that it also depends on the vendor's policy as to what is needed to be an HCP. Kenda brought up that an exception would be if contracted otherwise. If the contract says they hired an RN and the scope of job description for a provider could include the nursing qualification. Jill would like to have this information clarified by the board of nursing.
  c) Kelly talked to bureau chief about having a database for people who have medication authorizations. BDS is checking into resources. Discussed that people can go from agency to agency and there is no way to check. Ronda put in chat: keeping med certs of people in bad standing only. Kelly has thought about it, but if pulled forever would need to come from the state. That decision cannot be based on one nurse's decision. If there is a found complaint or something, med cert should be revoked and BDS should be able to track in some way.
  d) The 1201 rules have not been opened to everyone at this time. There is a set number of days for informal comment, then formal comment. They should be open for at least 30 days.
  e) The only state mandated forms are the 1201 A, B, & C Forms, and the 1201 Waiver Request. There are other forms that are preferred by state surveyors or have the BDS logo at the top. The forms committee is meeting to discuss the forms, including to remove seal from Health History Form.

f) Kelly asked if anyone was familiar with the 1202 regulations. BDS lost the individual who was teaching the class. Some Nurse Trainers had experience over 10 years ago, but no present work with those regulations at this time.

5) Subcommittee Updates:
   a) Med curriculum committee is continuing to go through curriculum.
   b) Barbara was not on the meeting to give an update on school outreach.

6) New Business Discussion
   a) Discussed that there is a master list for Nurse Trainers, but probably needs to be updated at this time. Some nurse trainers could probably be removed from that list. Kelly has recommended nurses use their personal e-mails for contact as nurses may change employers and the list is never updated.
   b) Jill requested any ideas for trainings or CEUs. Kelly is working on a Cannabis CEU, but it is still in progress. Next month Peter and Lisa will be presenters. In November Judy Allen will discuss supporting individuals in the work place. Pam is going to reach out to a psychiatric nurse practitioner to talk about new psychiatric medications available.
   c) Holiday Meeting in December will be at the NH Hospital Association and will be in-person.

7) Practice Questions
   a) Question was asked how long do NTs take to do med observations? Nurse trainers discussed that it depends on individual, provider, medications. Nancy explained that it can take 2-3 hours sometime. Nancy discussed doing up to five observations. Jill stated it is a subjective thing. Jill gave the example that an individual might only have 1 med so takes less time. Pam brought up if doing 3 staff, may take 2-3 hours to complete. Nurse trainers discussed that everyone is different; if it is a brand-new staff may take longer. Varies based on meds and staff you are observing.
   b) Question was asked how do NTs keep medication certificates active if no routine medications. Some NTs stated they do observations/check ins every 6 months.
   c) There was a question about the 1201 report and instructions available. It was reported the new instructions are completed, but need to finish and get them sent out. They will be on BDS website. There are new instructions for 1201 A and B form. Talked about getting out before new 1201 rules. If there are any changes to 1201 rule/form, will need to update the instructions. Kelly will check on that and see if we can get those out
   d) Question was asked if anyone has used EMRs or iCare Managers. No nurse trainer present had used it. Pamela explained Benchmark will be using this system in their new homes.

8) MOTION to adjourn meeting accepted and seconded. Meeting ended at 10:26am with 25 members present.

Next Meeting will be via zoom Tuesday October 15th at 9:30-11:30am

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

Submitted by:
Michelle Baker, RN, Nurse Trainer

Secretary, DDNNH

D D N N H

Developmental Disabilities Nurses of New Hampshire

MINUTES
October 15, 2024

1) Meeting was called to order at 9:37AM via Zoom with 24 nurse trainers present.

2) Review and approval of September 2024 minutes as written with modifications discussed. There was a question about the minutes and if under BDS it was supposed to be 1202 or 1201. Kelly confirmed they are different and the September minutes referenced the 1202s. The 1202 training only happens in May and November. The previous trainer left and BDS is looking for a new one.

3) Officers Reports:
   a) Treasurer's Report – Accepted as written without any changes.

4) Business Discussion

- New Nurses: Bobbi Matuszak is returning to being a nurse trainer. Pam has hired a new nurse, Tina Sullivan. Kenda reported RRI has a new nurse, Clarissa.
- BDS:
  a) HEM 1001 is open for discussion. The hearing is 10/29/2024. Two proposed changes that are going to affect Nurses: 1) If an individual is going to a respite home for 5 days or more, then the nurse will have to do a 5-day visit. Will need to clarify with Peter. 2) For 5-day visit: 5 business days may be changed to 5 calendar days. Kelly is not sure what the reasoning is for that change. Nurses can make comments.
  b) What is the process for any changes made? First there is internal review, then formal review with proposed changes. You can submit comments but not sure how. Kelly will look into it. Written comment can be made until November 5, 2024.
     1. Kelly posted in the chat: Lindsey said BDS has the final say on what gets submitted for the 1001 rule. Having public comment to point to and support the change back is helpful though! Link on how to submit comments: https://gencourt.state.nh.us/rules/register/2024/0926/2024-187%20IP%20Notice%20He-M%201001.pdf
  c) 1201 changes are coming. The 1201 A, B, C forms are going to be changed. Kelly is hopeful that BDS will have date by the end of the year. Question was asked: If the 5-day eval is changed, would there be something to say that a remote access visit would be appropriate? Pam brought up that the 5 day is about how the individual doing in the new environment. It was stated that a nurse trainer can do an observation separate from a 5-day visit. Nurse Trainers agree you would still have to do a 5-day visit in person.

5) Subcommittee Updates:
   a) Med curriculum committee did not give an update due to guest speakers.

6) New Business Discussion
   a) Peter and Lisa from state certification were guest speakers and answered questions:

1. Can you explain the reason to change the 5-day visit rule in 1001 from 5-business day to 5 calendar days? Peter: Trying to keep that time compressed. Peter was not part of that discussion. The wording they show around respite is a little confusing. How are we going to track that? If it is 5 days over a service agreement period. It is going to be different for every person since it will depend on service agreement. Janet: Is there harm happening to people? Is there a evidence that 7 days leads to a potential of harm? Peter is not really sure. The true moves are easy to monitor, but respite would be difficult. The current rule is pretty vague. Lisa agrees the 5-day respite check will be very hard to track. Lisa has seen people go into respite and then end up staying for 2-3 weeks. That is when it gets concerning that no one has checked in to ensure the person is okay. If staying longer than 5 days, someone needs to check in. 5 calendar vs 5 business – most nurse trainers do the visit on move in day. Lisa does not see a problem with this change. Emergency respite, Kelly, can see why it is important.
2. Wayne asked what is the definition of respite? Sometime individuals do respite the individual's own family. Does the 5-day visit apply? If it is a non-paid situation, probably not. If certified or respite only home, then 5- day would be warranted. The regulation is vague and needs to be 'tightened up.'
3. What certifiers are looking for in regard to PRN protocols? Do you want PRN protocols to be sent? The only ones needed are for controlled medications. The certifier will look at all the other PRN protocols when in the home. Lisa likes to have the order to go with the PRN protocol so she can ensure it is correct. Lisa might ask to see them for abbreviated review when not going into the home. Can reach out or wait to see what surveyors want, do not need to just send them.
4. Are PRN protocols now required to be updated yearly? The rule says PRN protocol need to be updated by the NT every 2 years, but the order has to be updated every year. Lisa said they would like it to be consistent. It makes sense to make protocol annual since the order has to be annual. Lisa feels they should be annual and the regulation does imply that. Peter: Do we know what got put into the revision of 1201? Kelly said she would try to look for it. Janet: There is verbiage that a prescription expires annually unless otherwise stated by MD. If the prescription never expires, how often would nurse need to review PRN Protocol? Lisa: How often do we see that? Lisa has not seen an unending order from a doctor. Janet: it is tempting for something like bacitracin, renewing can be challenging with the Md's office. Lisa can see the rationale behind doing that.
5. Elizabeth A. stated that the pharmacist asked her why are HCP pestering him for orders when you can use documentation from the doctor or the signed consult sheet. If you get a copy of the pharmacy label and are checking against the prescription label, it won't work because it is a prescription. Can use the information from the portal. Denise advised that the only time she calls a pharmacy for a label script is when the MD does not provide what is needed. She recently received an order for a PRN without the frequency or dose. Getting a doctor to send an order that is signed and dated is difficult.
6. Kenda asked via the chat: are all discharge summaries/visit summaries signed...and if so by the prescriber? (or 'just' professional staff?) Jill: Sometimes electronically signed, sometimes physical signature. If in lieu of an order, who is signing it? Needs to have a prescriber signature. Peter thinks should accept an electronic signature. Lisa accepts electronic signature from nursing for 5 day visits. If prescription, needs to be a signature and Lisa will accept electronic signature by a provider. Lisa looks at them and ensures they are verified. Elizabeth put in chat: many providers give med change orders or discontinue orders via the patient portal with their electronic signature and date
7. Does 5-day visit need to happen if individual is moving with long term HCP from an apartment to a newly purchased home? Or it moved from one floor to a different floor within the same apartment complex/if same home, but different floors? If someone moved to a new home, then had to move back to old home due to a roof leaking? Per Peter and Lisa, yes need to do the 5-day visit. Same with extended respite if HCP is going to be gone for 4-6 weeks due to travel. Yes, if cert address changes then NT does need to complete the 5-day.

8. Sometimes medication orders are printed on more than one page, does each page need to be signed? Peter: As long as page number on each page and you have the full document, certification will accept signature at the end. Lisa agrees.
9. What are the requirements for nurses for passing meds under their license and not taking med class etc. If hiring a nurse as a home care provider, do they need to take the class? Lisa: With the board of nursing, if the Nurse is hired for nursing duties then administering meds under their license is appropriate. If nurse is hired for home provider duties then they should go through whole 1201 training and be observed giving medications. This is very different than a typical nurse setting. If a nurse trainer is also a home care provider they still need to be observed, but do not need to go through the class. They may teach the class, but they need to be observed since it is a different role. They need observation to be able to get a certificate. If the nurse trainer does not teach the class, they may need to take the whole class. There is a level of accountability to keep our individuals safe. Agencies may have their own policy that needs to be followed. Nurse Trainers do not typically administer.
10. Can NT give medications if no one else is available? Lisa: The NT can give medications because the NT is as a nurse for the agency. NT can give medications since working as a nurse. For example: Does NT need to observe a FT NT administering meds in a program with a full time NT and an agency nurse and DSPs. The facility is under 1201. Lisa does not think she needs to be observed if she is there as a nurse and has a nursing license. It is a licensed facility. IF she has been hired in any capacity, has a nursing license, is a nurse trainer, then absolutely qualified and should administer medications to some of the individuals. Wayne: He has agency nurse in and out of facility: do they need to go through the class? Some nurses have long term contracts or can be per diem. Lisa: Opinion is that they need to be trained in health care coordination. It is an essential thing. Do they need to go through whole class? Perhaps not but need to be observed and need to understand the policies/procedures working under. If there is a nurse, and no evidence of going through medication class, would certifier cite this as deficiency or cite as a concern? Example, Wayne is working in XYZ Rd. and you do a survey and there is no evidence that he went to med class. How would you include in survey? Lisa: if were to include it, it would be a concern not a deficiency, it does not tie back to regulation. What if there is a nurse trainer that is supervising the nurses coming in short term. The NT is ultimately following. Lisa has not had that question before. She has not asked about the nurses. It would be a concern or a conversation.
11. Are there any trends we should know about? Peter: Not seeing a lot of 1201 of deficiencies. Lisa: Not a trend, but if I cite 1201 deficiency it is about controlled medication. The count is not right, the PRN protocol does not match. That is the majority of the 1201s Lisa cites.
12. More and more MDs are rescheduling physical exams. Some of them are months out. Christine has been utilizing Convenient MD to do a physical. Not ideal, but it satisfies the regulation and can still have MD physical. Will insurance cover a Convenient MD and PCP physical exam? It depends on a lot of factors. Lisa: If the provider cancels the appointment get it in writing. Peter: Surveyor will allow 60 days if the doctor cancels. 30 days due to insurance. (see agreement in FAQs). Can the rule be changed? It is a state law, not just in regulation.
13. Annual Physical: If you have a full office visit at 6 month with a full ROS can that be used? Yes. Also, if in hospital when physical exam was due, Lisa will accept discharge summary as an annual physical. Pre-op physical, camp/sports physical counts. It has to be more than vitals signs, that is not an ROS. The new 1001s will be clearer what the physical exam/assessment expectations are.
14. If DNR is not followed, can it be a human rights violation? START center has a waiver that gives up right to DNR. Lisa: Can suspend the DNR for things like minor surgery. It is not like hospice. She feels like if they are willing to sign the DNR is suspended while at START Center, then would be approved.

b) Peter requested that anyone e-mail questions or concerns to them. Peter and Lisa left the DDNNH Zoom Meeting at 11:20AM

7) Practice Questions
   a) Jill brought up that Jill: Manager took a client to urgent care in Tilton. They would not see the individual due to not having the release on their own paperwork. Jill told them to go to a different UC or ER.

8) MOTION to adjourn meeting accepted and seconded. Meeting ended at 11:22am with 27 members present.

Next Meeting will be via zoom Tuesday November 19th at 9:30-11:30am

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

Submitted by:
Michelle Baker, BSN, RN, Nurse Trainer
Secretary, DDNNH

D D N N H

Developmental Disabilities Nurses of New Hampshire

MINUTES
November 19, 2024

- Meeting was called to order with 24 members in attendance at 9:33AM. This was a Zoom meeting.

- New Members were introduced: Schae Kneeland nurse at the Moore Center. Tina Sullivan at Benchmark Human Services.

- Officers Reports:
  a) Review and approval of October 2024 Minutes with modifications discussed in these minutes. It was recommended the minutes be sent to Peter and Lisa to be reviewed. Any changes they request will be made and the minutes will be resubmitted to the nurse trainers for review.
  b) Treasurer's Report: Reviewed and approved. Currently there are 35 paid members.
  c) BDS Update: The 1201 is coming out soon and should be out by the end of the year. Kelly reported that the state just sent out the 522 revision, so 1201 should be in the next few weeks.
  d) The next Nurse Trainer Training will be December 5th and 11th from 1pm to 4:30pm via Zoom.

- Business Discussion:
  a) Kelly discussed changing the Zoom fee from a monthly fee to annual fee. The cost of the annual fee is less. She will work with Pam to change the Zoom membership if the fee is less to pay it once it once a year. They will give an update at the next meeting.
  ~~b)~~ It was asked if any nurse trainer received a response as to why the change has been requested to do an initial visit from 5 business days to 5 calendar days. It is believed this change was made so that all the regulations use calendar days for consistency. Some nurses have made comments to change it back to 5 business days. It was recommended the nurse trainers read the changes carefully, submit changes, and attend the public hearing.
  c) The In-Person Christmas Party will happen on December 17, 2024 at the NH Hospital Association in Concord, NH. The room has been reserved from 9:00am to 12:00pm. Please reply via the poll or email so we can buy the appropriate amount of food. There will be an optional Yankee Swap with a max price of $20.

- Subcommittee Updates:
  d) Curriculum Committee: The members are taking the 1202 ppt and adapting it to the 1201.
    ~~i)~~ Does anyone who does the teaching any comments? The committee would like feedback on what to include vs. not include. Please give feedback during the meeting or can send an email. Nurses discussed the videos and conversation regarding videos and curriculum occurred. Most nurses agreed the previous curriculum was more helpful. Nurses discussed the way they teach and agreed it is important to make the training personal.

ii) It was discussed one recommendation was to increase the test passing score from 80% to 85%. This was discussed and it was determined that since each question is 2 points, it would be difficult to get 85% unless doing partial points.
iii) Nurses brought up the videos in the training. Some nurses do not feel like the Lost in Laconia video adds to the curriculum, however is important to know the history. Nurses discussed that they like using Alex's Story instead as it is more impactful. Jennifer Boisvert put in the chat: https://dodd.ohio.gov/home/med-admin/welcome - Alex's story is on the front page of the Ohio DODD. You Are My Brothers Keeper on YouTube. https://www.youtube.com/watch?v=A1N8XqffOQ0

- New Business/Practice Questions:
  a) It was asked if other nurse trainers commonly do 1201 Waivers for individuals to carry things like a rescue inhaler to self-administer if needed, even if the individual is not self-administering with other meds? Example given was the individual can self-admin, but the guardian does not want him to. They did a waiver for him to self-carry and the waiver was very particular. Based on Kelly's advice, is approved for 5 years unless there is a change. It was brought up that if it a rescue medication, we need to ensure the individual has what they need and that is done using the waiver. Epi-pens were discussed. It was recommended to check FAQ Page 19 to review rescue medications.
  b) Nurses were reminded that the DDNNH website has a very helpful FAQs section that is searchable. It is a reference for different conditions, situations, as well as having resources.
  c) Possible FAQ Topic: Question from chat: We've had a situation where one individual carries her rescue seizure medication to work, with a DSP who was not an authorized provider. She has not has a major seizure for 6 years and would not be able to administer her own med(controlled). She worked at a place where there were RNs and LPNs who could administer it, but her DSP will be med certified by tomorrow. We have not needed to use it, but was not sure about how it should be handled? Nurses discussed that having RN/LPN plan to administer the medication is not appropriate and there is no waiver for that. If your staff is responsible for her, they need to be fully trained. Something could happen during transportation or in public when not at work. Per Nancy, the DSP will now be medication certified by tomorrow. Discussed that agency staff must be able to do whole job at all times and could be HRC issue if rescue medication is not administered.
  d) Discussed epi-pens and individuals who self-administer medications. Nurses discussed that Good Samaritan Law would cover untrained staff administering the emergency medication. It is important staff and individuals are trained on emergency injection. Training and putting epi-pen in PSO was discussed as options to support staff and individual
  e) Discussed individuals bringing and using cannabis products. Nurses discussed that in NH cannabis is treated as controlled treatment, not a medication. THC is treated as controlled medication and administration/storage needs to follow the 1201 controlled medication rule.
  f) Nurses discussed cannabis products effect on lowering or raising the seizure threshold. It was discussed that each individual is going react different. This reference was given via the chat: https://www.drugs.com/drug-interactions/cannabis.html. It was brought up that cannabis can also have potential cardiac effects. It is important to monitor individuals with any medication, including cannabis products. It was discussed that cannabis and THC is still being researched.
  g) General questions about Epidolex were asked. Nurses discussed that Epidiolex is strictly CBD, not THC. It is FDA approved and is not a controlled medication.
  h) Question was asked to group about process for doing Medication Certificate Annual Renewals. It was asked besides the annual observation, do nurses complete any other education. Nurses discussed that some do a review class. Minimum requirements for re-certifying a medication certificate was discussed. Important to meet the minimum requirements per the 1201s. It was discussed that even with good HCPs, in-person visits are important. medication observation. Some nurses will do unannounced visits to help with educating staff.

i) Nurses discussed and agreed that there are often mistakes with Genoa and pre-filled packs. Some nurses do not want individuals who self-administer to use them.

- Guest Speaker:
- Judy Allen, Employment Services Coordinator with Easterseals NH for 19 years and Ben Adams, Senior Director of Programs with Easterseals NH for 16 years.
  a) Discussed that they do Customized Employment. Ben explained that their goal is to do employment and that it can be difficult for our individuals to get job. They try to reach out to get customized employment, which is a process for achieving meaningful employment. It was recommended that agencies need employers to get away from front door approach and see what they are actually hiring for. Our individuals can do part of a job description, but probably not the whole job. Employment specialist will look at the job and determine which individual can do which job or what part of the job.
  b) For individuals, they are looking for employment because it is a place of meaning. They have sense of pride and meaning. A place to socialized with non-paid peers. Employment provides more than just money. Individuals work as cashiers, maintenance, in hospitals, food prep, child care centers as aids, warehouses or manufacturing.
  c) It was discussed that job sharing is possible and multiple individuals may do a job together.
  d) It was asked how employers are identified. Ben and Judy explained that10 years ago it was awful, drive around, e-mail. Now, employers come to us. It is person centered, so we know what the individual wants. Judy will do canvassing and cold calls. Another tool is determining who has federal grant. If they have a federal grant, then they need to have certain amount of people with disabilities.
  e) Judy denied any company or corporation being difficult to work with and stressed the importance of building relationships with businesses.
  f) Question asked via the chat: Do the individuals receive support while on the job? Ben stated that a lot of individuals benefit from job coach. A job coach is there to help support and ensure individual is meeting goals. Ideally just standing back to provide support when needed, but allowing the individual to use natural supports initially.
  g) It is important to know the worksite's health and wellness protocols. When talking about employment, the employer may have different schedule, policies, and requirements that do not match with the agency.
  h) Judy discussed how to help individuals be successful in the workplace. She has good relationships with employers. She will go out and have some teaching moments. It is important to explain why something is not appropriate to the individual/employer. It is important to work with the individual.
  i) Question was asked about the difference between Employment Services and Voc Rehab? Voc Rehab is the state level agency program to provide training and do same thing that employment specialists do. It was discussed Voc Rehab is not always easy to work with.
  j) An example was given of an individual who was doing part of a job, but needed assistance and was not treated well. Judy stated that she does intervene as social interactions in the workplace are teachable moments. Possible steps to support the individual would be to talk to HR or employer to work together to address the issue.

- Motion to adjourn meeting accepted and seconded. Meeting ended at 11:22am with 22 members present.

Next Meeting will be in-person at the NH Hospital Association on December 17, 2024 from 9:30am to 11:30am The address is 125 Airport Rd, Concord, NH 03301

Submitted by:

Michelle Baker, BSN, RN, Nurse Trainer
Secretary, DDNNH

D D N N H

Developmental Disabilities Nurses of New Hampshire

MINUTES
December 17, 2024

1) Meeting was called to order at 9:44AM in-person with 15 nurse trainers present. Nurse Trainers introduced selves and new members were welcomed.

2) Officers Reports:
   a) Treasurer's Report – Accepted as written without any changes.
   b) Secretary's Report – Nurse Trainers discussed that the current meeting minutes are difficult to read. Discussed wanting to change what the minutes look like and how the group would like to be able to use them. Nurses would like the notes edited down so that just the important information is document. It was also discussed that the minutes could help guide new FAQs. November Minutes were not accepted in current form. Secretary to edit down minutes to make more concise and easier to read. November Minutes will be reassessed in January 2025.
   c) BDS Report – 1001 regulations are being reviewed and may be completed in March 2025. 1201 regulations are open for public comment. Discussed changes that nurses want to see. Discussed 517 regulation and what that covers.

3) Business Discussion
   a) DDNNH and benefits of joining DDNNH was discussed.
   b) Nurses discussed DDNA Conference. See DDNA website for information on annual conference.
   c) Becoming a certified nurse in developmental disabilities was discussed and different options for testing were reviewed.
   d) Discussed what current orders look like and what constitutes a signed order. Discussed getting orders from the medical facilities portal. Orders need to include something that indicates the doctor has signed, such electronic signature, ordered by, or via timestamp.
   e) Discussed HRST Clinical Review and changes that have been suggested in updated 1201 guidelines. Nurses discussed the HRST Clinical review and what is involved. It was determined HRST is a usable tool when done correctly.

4) Subcommittee Updates:
   a) Medication Curriculum: Continuing to work on updates.

5) Motion to adjourn business portion of meeting accepted and seconded. Meeting transitioned to holiday party portion.

Next Meeting will be via zoom on January 21, 2025 from 9:30-11:30am

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

Submitted by: Michelle Baker, RN, Nurse Trainer, DDNNH Secretary