
General Guidelines

for Nurses

in

Community Residential Programs

Supporting People with

Intellectual Disabilities

The guidelines in this booklet are a compilation of potential nursing involvement in people's care. The guidelines should not be construed as a list of required activities to be performed by nurses working in small community homes since it would be relatively impossible for anyone to be responsible for all facets of the activities described. This booklet is not a template for personnel activities (e.g., position descriptions) or any other activities outside the scope of the Introduction.

General Guidelines

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Introduction

In December 2004, a confidential survey was conducted using a brief questionnaire distributed to executive directors of residential agencies, nurses working in small community homes, and supports coordinators. The purpose was to review the role of nurses within residential agencies in order to identify core tasks. In addition, it was hoped that this would lead to recommendations about the most advantageous use of this nursing expertise.

The survey findings resulted in the *Report on a Survey of Nurses Working in Small Community Residential Homes in the Southeast Region of Pennsylvania* which was made available in October 2005.

Subsequently, as a result of the survey and report, it was recommended that a forum or forums be organized. These forums would be dedicated to working through some of the discussion areas that became evident through the results of the survey. In October 2006, the Nursing Pre-Forum was held with the nurses who work in small community residential homes. Ten topic areas were discussed with challenges and solutions presented. In December 2006, the Nursing Forum was held with nurses, residential agency directors and supports coordinators to gather more information from all stakeholders. In February 2007, the Nursing Forum Task Force began working on guidelines for nurses working in small community residential homes.

These topic areas are important to the health and safety of people receiving supports, and for those working in the field of Intellectual Disabilities (ID). Limited nursing services and the aging of people supported, makes it essential to be proactive and address the best use of resources available. The guidelines were developed for nurses. If nursing services are not available at the residential agency, these guidelines would be useful for those who coordinate health care by ensuring that medical issues and concerns are addressed.

It is extremely important that there be oversight of the medical issues facing people with Intellectual Disabilities (ID). Oversight will vary due to many factors—person’s involvement, acuity of medical conditions, medical record keeping systems, interaction with the health care system, insurance issues, support systems, and the availability of nursing services.

Clinical Work

1. The Nurse will be a coordinator of health care.
2. The Nurse should coordinate the assessment of health conditions by training staff in various functions/skills such as vital signs monitoring, measuring weights, blood sugar monitoring, feeding protocols, etc.
3. The Nurse will be available to staff to act as a health and information resource to:
 - develop Health Promotion Activity Plans (HPAP);
 - train staff on implementation of HPAP;
 - identify high risk individuals (i.e., fall risk assessment, dysphagia checklist);
 - provide pertinent input for clinical or health reviews.
4. The Nurse should complete the medical history summary.
5. The Nurse should be consulted about complex medical issues.
6. The Nurse should be involved in the development of agency policies related to medical emergencies.
7. The Nurse should be notified of any emergency room visits, hospital admissions and discharges. The nurse's role supporting hospitalized people includes but is not limited to:
 - educating hospital staff (on person-specific needs);
 - discharge planning;
 - ensuring coordination of home care;
 - durable medical equipment;
 - visiting nurses;
 - alternate placement;
 - other appropriate supports.
8. The Nurse or trained agency staff will communicate directly with health care professionals during a hospital stay and discharge planning.
9. The Nurse can consult with the Health Care Quality Unit (Philadelphia Coordinated Health Care) for clinical needs such as training and education, case consults, literature, resources and health alerts.

Team Participation

1. The Nurse is a member of the person's team and should be included in the team process. The Nurse can assist with solving problems in addition to being a medical resource.
2. The Nurse will be involved in the following activities as appropriate:
 - team meetings (involving medical issues, new admissions, and Intra-agency transfers); and
 - Individual Support Plan (ISP) meetings.
3. When the Nurse is not available to be part of the team process, he/she should:
 - provide information to the team regarding medical issues; and
 - obtain information from a responsible team member after the meeting.
4. As a team member, the Nurse should be assigned the appropriate HCSIS role to access the ISP.

Policy, Procedure and Risk Management

1. The Nurse should be involved in quality improvement, quality management and risk management strategies and meetings.
2. The Nurse should participate in policy and procedure development and revision as it pertains to health and safety issues. Policy cannot be created that violates the Nurse Practice Act (<http://www.dos.state.pa.us/bpoa/cwp/view.asp?a=1104&q=432883>).
3. The Nurse should participate in the development of a quality review system for all medical records.
4. The Nurse should be available to assist the agency's risk/quality manager to develop standards for reporting health trends and implementing programs to address these issues.
5. The Nurse can be available to discuss and address health issues with supports coordination staff.
6. The Nurse must follow the *Developmental Disabilities Nurses Association Position Statement on Delegation* (www.ddna.org) when delegating responsibilities to unlicensed personnel.

Medical Appointment Process

1. Each provider agency will ensure that there exists clear policy and procedure regarding the medical appointment process, which has been developed with nursing input. These should address at least the following issues:
 - assignment of direct support professional (DSP)/appropriate agency designee responsible for appointment;
 - preparation for visit;
 - documentation of visit;
 - communication of results;
 - implementation of recommendations from visit (medication changes/additions, new orders, treatments, etc.);
 - tracking system for medical appointments; and,
 - plans for transportation and staffing to decrease missed appointments.
2. The Nurse will have autonomy to decide when he/she needs to attend a medical appointment.
3. The Nurse should be available to review medical issues with the person and accompanying DSP/appropriate agency designee prior to the appointment.
4. The Nurse should be available to provide the support team with a basic understanding of the health problem/concern and reason for the specific medical appointment.
5. The Nurse can educate the DSP/appropriate agency designee in the medical appointment process. Additional support will be extended to those having difficulty with the process.
6. The Nurse should develop and assist in the education of the DSP/appropriate agency designee on health issues to enable him/her to communicate effectively.
7. The Nurse can seek outside training assistance to complete staff training as needed.

Medication Administration

1. The Nurse should be involved in the development and implementation of policy and procedures concerning all aspects of medication administration. This will include but is not limited to:
 - training;
 - acquisition;
 - distribution;
 - disposal;
 - documentation;
 - medication errors;
 - off-site administration; and,
 - medication changes.
2. The Nurse should be involved in the training of Direct Support Professionals (DSP) on agency policy and procedures regarding medication administration.
3. The Nurse should be available when needed for consultation in the analysis of the medication process including:
 - adverse reactions;
 - indications/contraindications;
 - errors;
 - refusals; and,
 - implementation of corrective measures.
4. The Nurse can periodically review the medication administration process.
5. The Nurse should be available to the trainers of the medication administration program for technical support as needed.
6. The Nurse can be a resource and be available to team members for periodic review of current medications and their indications.

Behavioral Health

1. Policy and procedures will be developed with Nursing input that includes at least the following behavioral health issues:
 - assignment of nurse and/or Direct Support Professional (DSP) responsible for appointment;
 - preparation for visit (communication through team meeting process including the nurse and behavior specialist, if applicable);
 - documentation for visit (including training and use of a psychotropic medication review form, e.g., *Behavioral Health: Team Review of Psychotropic Medication* available through PCHC, and symptom tracking documents);
 - communication and implementation of new orders and/or changes (e.g., diagnosis, medication changes, laboratory orders);
 - assurance of appointments within 90 days;
 - transportation and staffing issues;
 - obtaining informed consent forms as needed;
 - assignment of specific staff to coordinate insurance and funding issues related to Behavioral Health and ID systems and to locate behavior specialists; and,
 - methods to obtain appropriate behavior health therapists.
2. The Nurse should develop a rapport with psychiatrists/behavioral health therapists in order to build capacity through education (e.g., ID system, regulations).
3. The Nurse should be informed of any psychiatric admission and serve as a resource to the team.
4. The Nurse will advocate that DSPs receive training regarding the relationship between behavioral health, physical health, and environmental concerns. This should include trauma and sensory integration issues.
5. The Nurse can act as a resource to DSPs regarding issues related to psychotropic medications.
6. The Nurse should assist in the coordination of behavioral health information and training specific to the individual.
7. The Nurse can seek outside training assistance as needed.

Staff and Individual Training Needs

1. The Nurse should be involved in the development and implementation of policies and procedures that address health care training needs including but not limited to:
 - initial admission to agency/intra-agency transfers;
 - recent hospitalizations/discharge meetings;
 - new diagnoses/Health Promotion Activity Plans;
 - training effectiveness;
 - person-specific training (must occur before staff is assigned to work with a particular individual); and,
 - staff development.
2. The Nurse assesses the person's ability to understand his/her health-related training needs as appropriate and acts as a liaison to access community resources (e.g., nutrition consult, diabetes consult).
3. Training provided by the Nurse needs to be appropriate to the education, experience, age and cultural background of the audience.
4. The Nurse may evaluate the success/effectiveness of training content by the use of:
 - pre- and post-tests;
 - discussion;
 - return demonstration; and,
 - direct observation.
5. The Nurse should have input into any health-related training provided by the agency. The nurse may develop an agency model in coordination with the training department (if applicable).
6. The Nurse recognizes his/her own professional expertise and knowledge in determining what training he/she can provide.
7. The Nurse's involvement in specific training will depend on the "level" of the training required. It may be necessary to explore qualified community resources to provide trainings.
8. The Nurse may provide the agency with a training program/proposal based on objective needs when financial consideration affects the quality/quantity of training.
9. The Nurse should have adequate and appropriate liability insurance which includes training responsibilities.

Continuing Education

1. New nurses entering the specialty of Developmental Disabilities (DD) will receive an orientation into the field by the provider agency. This orientation can include descriptions of the following:
 - Office of Developmental Programs, Agency Programs, Small Community Homes (formerly called Community Living Arrangements or Group Homes), Individual Support Plans and team process;
 - regulation-driven health practices (e.g., gynecologic exams);
 - system of support available for people who have dual diagnoses (behavioral health challenges and intellectual disabilities);
 - differences in nursing practice from medical model to social model;
 - communication issues; and,
 - organizations that support the specialty of DD nursing, e.g., Developmental Disabilities Nurses Association (DDNA), Pennsylvania Developmental Disabilities Nurses Network (PADDNN), and County Nurse Networks.
2. The Nurse can facilitate an understanding of the nursing roles in the ID community health services delivery system. This will be determined to some extent on the nurse's level of education and licensure.
3. Registered Nurses (RNs) are currently required to obtain continuing education units (CEUs) for re-licensure in PA, with possible requirements for Licensed Practical Nurses (LPNs) in the future. Developmental Disabilities Nurses are encouraged to obtain education in their specialty. Policies may address tuition reimbursement and use of work time for acquisition of necessary continuing education. The provider agency will benefit from supporting continuing education by having better educated nurses helping support people with intellectual disabilities. It may help in the retention of nurses.
4. The Nurse will have the autonomy to select the educational program required to keep current in the challenging specialty of Developmental Disability (DD) nursing. The DD Nurse should be encouraged by their employer to achieve certification in this specialty. Policy may be developed to address tuition reimbursement and use of work time to acquire and maintain certification.
5. The Nurse will promote understanding of the need for continuing education. Ongoing learning is necessary in order to provide state of the art care.

Barriers to Implementation of Nursing Activities

1. The Nurse should be involved in the development and implementation of policies and procedures that address various communication/confidential issues such as:
 - Health Insurance Portability and Accountability Act (HIPAA); and,
 - consent for release of information.
2. The Nurse should be a resource for clarification of medical information.
3. The Nurse benefits from access to current technology to effectively carry out his/her role.
4. The Nurse may coordinate activities that can safely be assigned to other staff.
5. The Nurse will work within the team to ensure the prioritization of medical appointments and nursing interventions.
6. The Nurse will educate other health care providers (e.g., primary care practitioners, home health agencies, hospice, hospitals) regarding required regulations for residential programs.

Insurance Issues

1. Insurance coordination is not the primary function of the Nurse. The Nurse can be available to assist/coordinate with the following insurance issues:
 - general insurance information;
 - responding to medical bills;
 - filling out new information packets; and,
 - verifying demographic information.
2. The Nurse should have access to valid HIPAA Consent Forms.
3. The Nurse can act as a resource for solving unusual insurance problems by being a liaison with the Health Care Quality Unit (PCHC), Special Needs Units, and the Pennsylvania Health Law Project.
4. The Nurse can have input in team decisions regarding the selection of medical providers.
5. If the Nurse has insurance responsibilities, he/she will need to obtain education related to insurance including:
 - Medicare A, B;
 - Medicare Part D;
 - Medicare Managed Care Organizations;
 - Medicaid- Access;
 - Medicaid Managed Care Organizations; and,
 - Private Insurance.
6. The Nurse will be a health care advocate regarding insurance issues, including letters of medical necessity and the grievance and appeal process.

Acknowledgements

The following members of the Nursing Forum Task Force contributed many hours to the creation of this document.

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PCHC Mission Statement

Philadelphia Coordinated Health Care's mission is to enhance access to community physical and mental health care through education, public health outreach, advocacy and empowerment as well as to improve health care outcomes for individuals with intellectual and developmental disabilities (I/DD).

Guiding Principle

It is more important than ever, in the current health care environment, that we focus on integrated health care so that people with I/DD achieve wellness.



A Core Program of



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Funding provided by Philadelphia Department of Behavioral Health/Intellectual disAbility Services, the Bucks, Chester, Delaware and Montgomery County Offices of Intellectual/Developmental Disabilities and the Office of Developmental Programs, Pennsylvania Department of Public Welfare