Report on a Survey of Nurses Working in Small Community Residential Homes in the Southeast Region of Pennsylvania

Table of Contents

Philadelphia Coordinated Health Care
Report on a Survey of Nurses Working in Small Community Residential Homes
in the Southeast Region of Pennsylvania
10/26/2005

Part I

EXECUTIVE SUMMARY

BACKGROUND

As the general population is aging, so are the people we support. To complicate and compound the problems associated with aging, many people with developmental disabilities are unable to verbally communicate how they feel. Aging takes a toll on all of the body's organs and systems; health care needs increase and may mean a greater need for nursing support in various settings. In May 2004, the county Mental Retardation (MR) Directors, from the southeast region of Pennsylvania, requested that Philadelphia Coordinated Health Care (PCHC), the Health Care Quality Unit (HCQU) for the southeast region of Pennsylvania, complete a survey. One purpose of the survey was to collect information about the role and function of Community Living Arrangement (CLA) agency nurses. Another purpose of the survey was to gather information that would lead to recommendations about the most advantageous use of CLA nursing expertise.

METHODOLOGY

The southeast region Office of Mental Retardation Regional Program Manager, the county MR Directors, and the Regional Risk Management Unit were solicited for input to design and develop the content of the survey. Seven PCHC registered nurses (five with Developmental Disabilities Nursing Certification, six with agency nurse experience, and a combined 103 years experience in the field of developmental disability nursing) provided their expertise for the development of the *Major Duties and Responsibilities* section of the Nurses' Survey. A sampling of provider agency stakeholders, who volunteered their expertise in the pilot, helped to refine the survey before distribution. Over 160 surveys were mailed to CLA nurses, residential directors, and county MR directors. The county MR directors distributed the survey to supports coordinators. There was a receipt deadline of January 14, 2005. Follow up telephone calls to CLA nurses and residential directors were completed by March 15, 2005. Survey results were tabulated and analyzed for the "Report on a Survey of Nurses Working in Small Community Residential Homes in the Southeast Region of Pennsylvania."

FINDINGS

Of the over 160 surveys distributed, a total of 87 surveys were returned by May 2005. The survey had five main topic areas which included: Participation in Agency Managerial Activities, Training, Participation in Agency Activities, Major Duties/Responsibilities (Top Core Activities), and Professional Background.

The response from the topic area, Participation in Agency Managerial Activities, demonstrated a significant difference between all the respondents (CLA nurses, residential directors, and supports coordinators) in three areas: attend risk management review meetings; involved in the risk management review process; and nurse participation in agency decisions.

Regarding the topic area of Training, all respondents agreed that nurses provided training. The most common training topic areas were also identified. For the topic area, Participation in Agency

Activities, the CLA nurses and residential directors agreed that risk management was the most common committee attended by nurses; the supports coordinators responded "*unknown*". All participants responded that CLA nurses visit homes "*as needed*". In response to when CLA nurses interact with direct care staff, the number one answer from all respondents was "*training*". Everyone agreed on the next two answers but not in the same order, that CLA nurses interact with direct care staff during "*house visits*" and for "*health related reasons*".

The top core activities identified in the Major Duties/Responsibilities area were listed in the survey in no particular order. The CLA nurses were to answer the question as it relates to what they believe is important. The residential directors and the supports coordinators were to answer what they believed were the top core activities important to the CLA nurse. The CLA nurses rated all, but two core activities (medical appointments and policy/procedure/risk management), at a greater level of importance then the residential directors. The supports coordinators rated all thirteen top core activities lower in importance (to the nurse) than both the CLA nurses and residential directors. All respondents agreed that the top two core activities to support the individual for the CLA nurse are *training* and *medical appointments.* When reviewing the third most listed core activity the residential directors and supports coordinators agreed on *managing health issues,* while the CLA nurses indicated *medication responsibilities.*

Questions relating to Major Duties/Responsibilities were included in the survey and are listed below:

Question	Reply
What activities should be eliminated from your (nurse) job?	Answers were "none" or left blank
What are the top three barriers to you (nurse) undertaking the core activities?	All respondents overwhelmingly agree *time/caseload* is the main barrier
How many Individual Support Plan (ISP) meetings do you (nurse) attend each year?	All respondents agreed in general that CLA nurses do attend ISP meetings but the number of meetings varied.
Do you (nurse) create Health Promotion Activity Plans?	CLA nurses and residential directors agreed that the nurses do create Health Promotion Activity Plans. Supports coordinators responded mostly no.
Do you (nurse) write Medical History Summaries?	All respondents agreed that nurses had some role such as writing, updating or reviewing what non-nursing staff have written.
Do you (nurse) complete Community Health Reviews?	Most respondents agreed that nurses do not complete these.

In the survey, information was requested regarding the professional background of the respondents. Many respondents chose not to provide information on their professional background. The most information received represented nursing with varied credentials and degrees. Six nurses responded from 0-15 years and eight nurses responded from 16-45 years of experience as a nurse.

CONCLUSION

The number of people for which nurses retain some responsibility varies widely with some nurses having responsibility for large numbers of people. While it was clear that the residential directors valued nurses' opinions and sought their expertise, there are some nurses who do not participate on any committees at the agency. The CLA nurses visit homes as needed and interact with direct care staff mainly during training. While there was not much difference between what activities the nurses and the residential directors felt were important to the nurse, the supports coordinators responses rated all of the top core activities lower in importance. The respondents identified the top two core activities to support the individual, however, the remaining top core activities were still rated at a high level of importance to the CLA nurse. While the respondents chose no activity to eliminate, they expressed the importance of

undertaking training, house visits, and team participation/attend ISPs. The main barrier of time/caseload was overwhelmingly identified by all respondents which would certainly impact participation in other activities such as visiting homes, attending ISP and team meetings, creating health promotion activity plans, composing medical history summaries and completing community health reviews.

Based on the results of the survey, an "ideal" list of Roles and Responsibilities was developed by PCHC (see Appendix A). It is recommended that a forum or forums be organized through discussion with the Regional Program Manager and county MR Directors. This would involve the presentation of findings from the survey in the hope of arriving at a more common understanding of the roles and expectations perceived by residential directors, supports coordinators and the CLA nurses. CLA nurses already provide many elements as they have the charge and responsibility for health care and are professionally trained and licensed to provide health care. The overall goal will be to provide the best supports for people in the MR system by employing the CLA nurses' skills in the most effective manner.

Philadelphia Coordinated Health Care
Report on a Survey of Nurses Working in Small Community Residential Homes
in the Southeast Region of Pennsylvania
10/26/2005

Part II
Introduction

Section 1. Background

As the general population is aging, so are the individuals we support. To complicate and compound the problems associated with aging, many individuals are unable to verbally communicate how they feel. Major stakeholders in ensuring the health of people with mental retardation in the southeast region are county Mental Health/Mental Retardation (MH/MR) offices, residential directors of provider agencies, residential agency nurses, and county support coordinators.
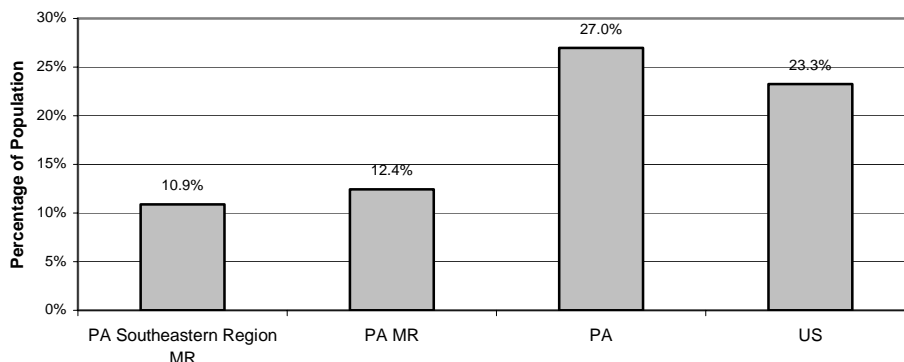
In May, 2004, the southeast region (county) Mental Retardation (MR) Directors asked Philadelphia Coordinated Health Care (PCHC), the southeast region Health Care Quality Unit (HCQU), to complete a survey to collect information about the role and function of agency nurses in Small Community Homes formerly known as Community Living Arrangement (CLA) residential homes and, were asked to make suggestions for the most advantageous use of agency nurses. For the purposes of the report small community home nurses are described as CLA nurses to be consistent with the language in the survey.

Section 2. Rationale

In the process of aging, time takes a toll on all of the body's organs and systems and there is an increase in health care needs. An increase in health care needs may mean a greater need for nursing support in various settings.

Currently in the United States, there are about 526,000 adults age 60 and older with developmental disabilities and by the year 2030, the number will double to 1,065,000 when "baby boomers" (born between 1946 and 1964) will be in their 60's (American Association for Mental Retardation). In 2001-02, a Pennsylvania Office of Mental Retardation (PA-OMR) Bulletin lists a total of 79,640 people receiving services. Also, PA-OMR lists 19,378 people receiving services in Community Residential Facilities Programs in Pennsylvania with 5,214 people in our five-county area. Although the percentage of people with developmental disabilities over the age of 60 in the southeast region of Pennsylvania is relatively small, this population develops more complex medical conditions at an earlier age (as evidenced by the Embreeville Health Care Plan Report, May, 2005).

Adult (>18 years) Population Over 60 Years of Age

6

Section 3. Data Collection

The southeast region Mental Retardation Program Director (Office of Mental Retardation), the southeast region county Mental Retardation Directors, and southeast region Risk Management Unit were solicited for input to design and develop the content of the survey.

Seven PCHC registered nurses (five with certification in developmental disabilities nursing, six with agency nurse experience, and a combined 103 years experience in the field of developmental disability nursing) provided their expertise for the development of the *Major Duties and Responsibilities* section of the Nurses' Survey. A sampling of provider agency stakeholders, who volunteered their expertise in the pilot, helped to refine the survey before distribution.

While the data collection process began in December 2004 as planned, it was not actually completed until May 2005 (2 months after the original deadline).

Section 4. The Nurse Survey Project Timeline:

MONTH	ACTIVITY	DATE DUE
August 2004	Develop the survey tool	September 2004
September 2004	Pilot survey at Chester/Delaware & Philadelphia county nurse network meetings. Send survey to the southeast region MR Director Meeting for feedback.	September 2004
October 2004	Contacted agencies for CLA nurse and residential director names and phone numbers. Counties contacted for supports coordinators distribution information. Review comments and adjust survey according to feedback.	October 2004
December 2004	Survey sent out to CLA nurses, residential directors, and county MR directors (to distribute to supports coordinators).	December 17, 2004
January 2005	Survey receipt (deadline)	January 14, 2005
February 2005	Data input as surveys arrived to PCHC. Follow up phone calls to CLA nurses & residential directors.	
March 2005	Deadline for survey receipt after the follow up phone calls.	March 15, 2005
May 2005	Last surveys received Data analysis began	March 15, 2005
June 2005	Analyze data and write final report	July 15, 2005
July 2005	Distribute report at southeast region MR director's meeting.	July 22, 2005
July 2005	Distribute the report to residential agencies *(not completed)*	July 29, 2005

Section 5. Description of the pilot study

Five CLA nurses participated in the pilot study completed at the Nurse Network meetings for Philadelphia, Chester, and Delaware counties in September 2004. Based on their feedback, adjustments were made to the survey instrument.

Section 6. Specific Survey and Data Collection Limitations

Much of the data collected was qualitative (narrative) rather than quantitative (numbers). This opened the door for the respondents to write answers that did not match the questions and sometimes used the form to express their feelings about various unrelated topics.

The survey was based on questions for the CLA nurses; the *Agency Organizational Structure* section was tailored to the residential directors on their survey. This created a problem for the residential

7

directors and supports coordinators, as they could not easily answer some of the survey questions. There were many *blank* answers throughout the survey. Several residential directors responded about themselves rather then the CLA nurses. One of the supports coordination units changed the survey questions, making their information difficult to compare to the CLA nurse and residential director responses and so a limited number of questions were *not selected to be reported* for the supports coordinators.

In an attempt to prevent interviewer "bias", a script was given to PCHC personnel conducting follow-up telephone calls to survey participants; however, some personnel were unable to speak to respondents and had to leave a message on voicemail and received no return call. The supports coordinators received their survey through the County MR Director, and the County MR Directors completed a separate survey. In some counties the MR Director answered for the supports coordinators and in others the supports coordinators answered for themselves. There was no telephone follow up as there was with the CLA nurses and residential directors.

There were many questions where the respondent gave more then one answer so each was separated and reported individually. This means that the number of respondents and responses do not match.

We established a deadline for receipt of surveys in January 14, 2005. After follow up telephone calls that deadline was extended to March 15, 2005. However, some surveys were not received until the middle of May 2005. This made analyzing the data and completing the report by the end of June, our original goal, impossible.

Twenty-five CLA nurses from 20 agencies each completed a survey. Thirty-one residential directors from 31 agencies each completed a survey. Thirty-one supports coordinators surveys from five offices were received. Only 11 CLA nurses and residential directors responded from the same agency. The data is reported as aggregate not as a comparison of CLA nurse to residential director (within the same agency) responses.

Section 7. Data Analysis

The response rate for the survey was 35% for nurses and 39% for agency directors (27 of 78 and 31 of 80, respectively.) The response rate for supports coordinators is uncertain, but it is probably about the same as for nurses and agency directors (31 of probably 80). In reviewing the results reported for supports coordinators, the reader should be aware of two major problems that arose during coding. As mentioned in *Section 6* above, it was discovered that the respondents altered many of the questions in the supports coordinator surveys and that some of the surveys were returned on photocopied forms. These factors obscure the true value for the response rate and preclude analysis for the altered questions.

The response rate for the survey was low in spite of the follow-up techniques used to increase returns. This raises several questions about the validity of any analysis performed on the data obtained from the survey since overall response rate is one guide to the representativeness of the respondents. This is particularly relevant since the sample chosen to receive the survey comprised essentially all of the CLA agency nurses in the region. For a mail survey, "a response rate of 50 percent is adequate for analysis and reporting. A response rate of 60 percent is good." (Earl Babbi). The overall response rate for this survey is below 40 percent.

One of the problems with a low response rate is the high chance of response bias. That is, there is a significant chance that the motivation of those who responded to the survey differs from the nonrespondents. That this could be the case was evident from the nature of several responses to the open-ended questions on the survey (see *Section 6* above).

Notwithstanding the low response rate, the data was treated with conventional analytical tools. The responses from the surveys were coded into a Microsoft Excel spreadsheet, with the open-ended

responses coded verbatim. Results from questions with Yes/No responses were cast as a "Percentage of Yes Responses". For specific topics, results were reported as numerical counts for similar responses. Results from questions with an "importance" response scale were recoded to construct a Likert scale from less important (0 on the scale) to very important (4 on the scale). The averages of the responses on the Likert scale (Babbi) were computed. This facilitated presentation of the results in terms of an "Importance Rating" expressed as a percentage with 100% representing "Very Important" and 0% representing "Less Important".
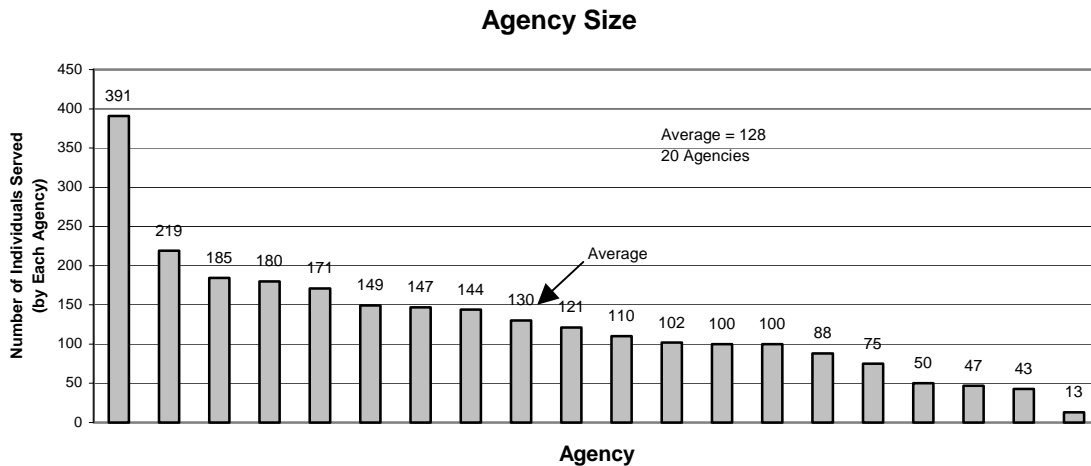
The responses given by the nurses and those given by agency directors for the Yes/No questions and the "importance" response scale questions were tested for significant differences by performing two-sample t tests using pooled variance and a 0.95 significance level in Microsoft Excel (with modifications by Berk and Carey).
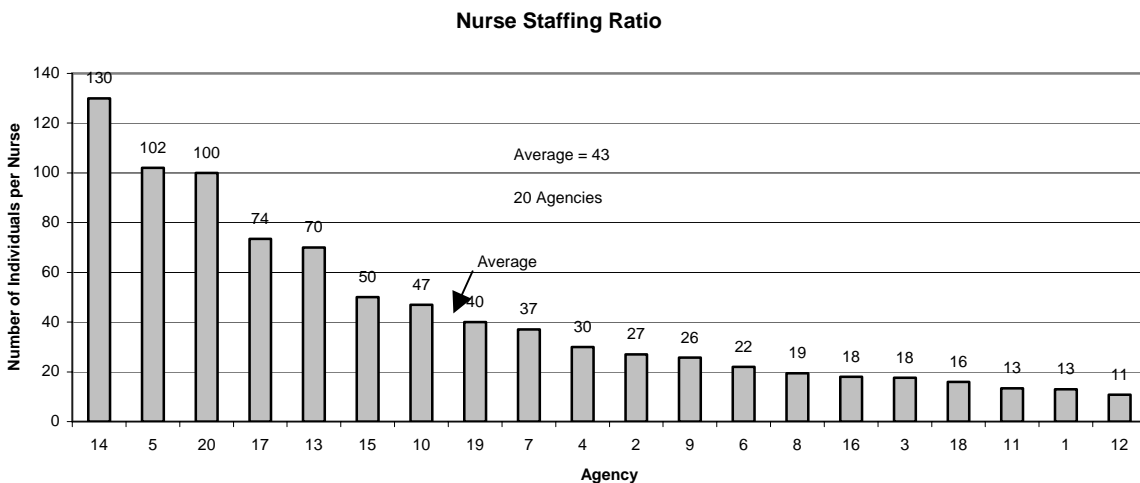
Part III
Analysis of the Findings

Twenty-five CLA nurses from 20 agencies, 31 residential directors from 31 agencies, and 31 supports coordinators or MR Directors from five counties completed surveys.

Section 1. Agency Organizational Structure:

The average number of individuals served by the 20 agencies, responding to this survey, is 128. The chart below details the specific numbers of people served for each agency.

Agency Size

Average = 128
20 Agencies

	Number of Individuals Served (by Each Agency)

391, 219, 185, 180, 171, 149, 147, 144, 130 (Average), 121, 110, 102, 100, 100, 88, 75, 50, 47, 43, 13

Agency

According to the data received, the Nurse Staffing Ratio (the average number of individuals per Nurse served by an agency) is 43. This is shown in the following chart.

Nurse Staffing Ratio

Average = 43
20 Agencies

Number of Individuals per Nurse

| Agency	14	5	20	17	13	15	10	19	7	4	2	9	6	8	16	3	18	11	1	12
	130	102	100	74	70	50	47	40 (Average)	37	30	27	26	22	19	18	18	16	13	13	11

The staffing ratios were obtained from responses provided by both agency directors and nurses for the number of nurses at the agency and the number of people served. When there were discrepancies in the numbers reported by directors and nurses in the same agencies, the resultant ratios were calculated from the averages of the responses.

Section 2. Participation in Agency Managerial Activities:

Of the following questions involving "Yes" or "No" responses, the CLA nurses and residential directors agreed on only one of the seven questions. In every other question the residential director responded "Yes" more then the CLA nurse. The differences were statistically significant (based on t-tests with pooled variances) for the following three questions:

1. Attend risk management review meetings? Nurses – Yes (27%); Directors – Yes (67%)
2. Involved in risk management review process? Nurses – Yes (39%); Directors –Yes (76%)
3. Participate in agency decisions? Nurses – Yes (65%); Directors – Yes (92%)

CLA Nurse's Participation in Agency Managerial Activities
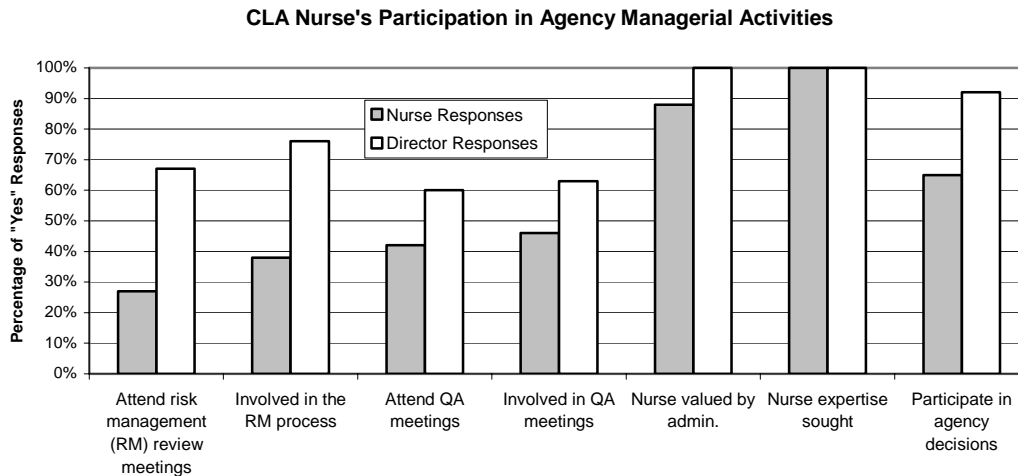
The supports coordinators *Yes* responses overall were much lower compared to the CLA nurses and residential directors. Six percent responded that the CLA nurses attend risk management or QA meetings. Nineteen percent responded that the CLA nurses are involved in agency decisions. Twenty three percent responded that *Nurse Expertise is Sought*. Forty eight percent responded that the *Agency Values the Nurse*.

Section 3. Training:

Survey questions and results follow for CLA Nurses (25), Residential Directors (31) and Supports Coordinators (31):

Do you (the nurse) provide training?		
CLA Nurse	Residential Director	Supports Coordinator
Yes – 25 No – 0	Yes – 27 No – 1 Blank - 3	Yes – 24 No – 4 Blank - 3

Staff titles (who is trained)?		
CLA Nurse	Residential Director	Supports Coordinator
There are vast differences in language used to describe titles by agency. "Other titles" could not be differentiated into direct care staff or manager. ♦ Direct care staff – 14 ♦ Managers – 8 ♦ Other titles – 22	There are vast differences in language used to describe titles by agency. "Other titles" could not be differentiated into direct care staff or manager. ♦ Direct care staff – 12 ♦ Managers – 19 ♦ Other titles – 30 ♦ Blank – 4	Not selected to be reported

Frequency of training?		
CLA Nurse	Residential Director	Supports Coordinator
♦ Daily – 1 ♦ Weekly – 1 ♦ 2–3 times month – 2 ♦ Monthly – 5 ♦ Bi Monthly – 1 ♦ Quarterly – 1 ♦ Twice a year – 1 ♦ Annually – 0 ♦ As needed – 11	♦ Daily – 1 ♦ Weekly – 3 ♦ 2–3 times month – 1 ♦ Monthly – 7 ♦ Bi Monthly – 1 ♦ Quarterly – 3 ♦ Annually – 1 ♦ As needed – 13 ♦ Blank – 2	Not selected to be reported

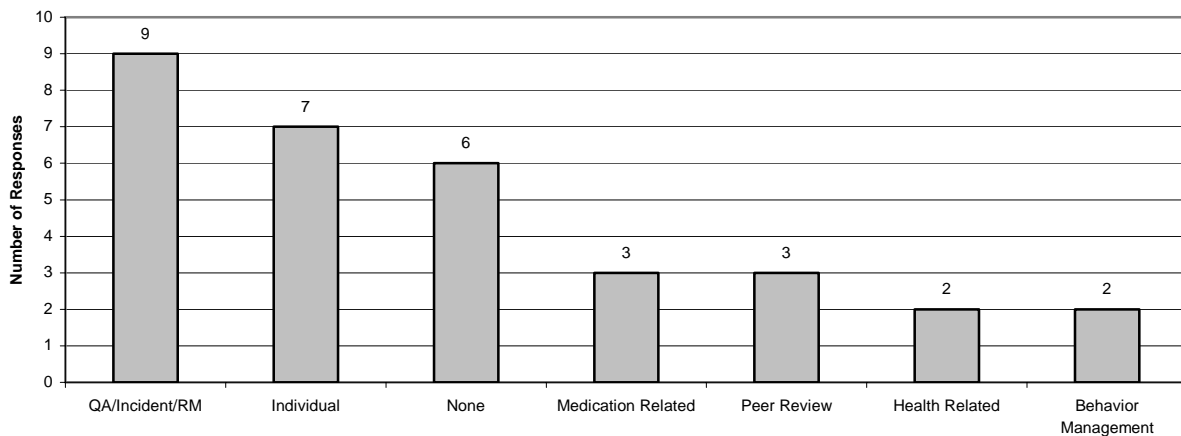| Types of Topics (Top 5)?		
CLA Nurse	Residential Director	Supports Coordinator
♦ Seizure Disorder – 13 ♦ Diabetes/Diet/Accu Checks – 12 ♦ Diet/Nutrition – 10 ♦ Dysphagia – 9 ♦ Medication Administration – 8	♦ Diabetes/Accu Check – 12 ♦ Diet/Nutrition – 11 ♦ Dysphagia – 9 ♦ Seizure Disorder – 8 ♦ Person Specific/Site Specific – 7	♦ Blank – 14 ♦ Dysphagia – 6 ♦ Diabetes – 6 ♦ Wound care – 6 ♦ Seizures – 5 ♦ Nutrition – 5

In what ways do you (the nurse) assist the individual in learning to manage their own health care?		
CLA Nurse	Residential Director	Supports Coordinator
♦ Education/Training – 13 ♦ Support team/staff - 4 ♦ Counseling/Support – 3 ♦ Communication – 2 ♦ Various unique responses – 1	♦ Education/Training – 15 ♦ Support team/staff – 6 ♦ Counseling/Support – 5 ♦ Depends on needs/Any way possible – 2 ♦ On-site monitoring – 2 ♦ Various unique responses - 5	Not selected to be reported

Section 4. Participation in Agency Activities

Survey questions and results follow:

What committees are you (the nurse) on at the agency?		
CLA Nurse	Residential Director	Supports Coordinator
♦ Quality Assurance – Incident/Risk Management – 9 ♦ Individual – 7 ♦ None – 6 ♦ Medication Related – 3 ♦ Peer Review – 3 ♦ Health Related – 2 ♦ Behavior Management – 2 ♦ Various unique responses – 5	♦ Quality Assurance – Incident/Risk Management – 12 ♦ N/A, None, blank – 7 ♦ Health Related – 5 ♦ Behavior Management – 3 ♦ Management/ Leadership – 3 ♦ Various unique responses – 6	♦ Unknown – 19 ♦ Blank – 8 ♦ Quality Assurance – Incident/Risk Management – 2 ♦ Behavior – 2

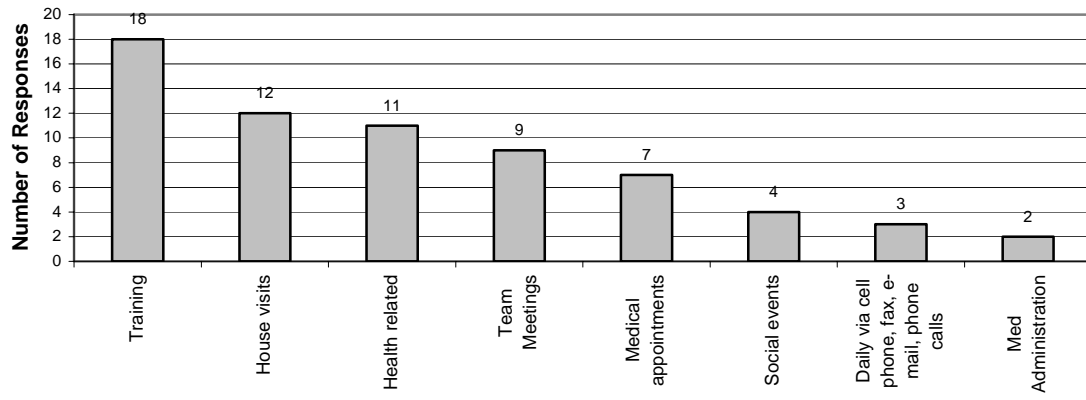**Committees on Which Nurses Serve**
(CLA Nurses Responses)

How do you (the nurse) receive notices of pertinent information?		
CLA Nurse	Residential Director	Supports Coordinator
♦ E-mail – 20 ♦ Written – 19 ♦ Verbal communication – 9 ♦ Meetings – 6 ♦ Fax – 1 ♦ Blank – 1 ♦ PCHC/ Health Care Alerts – 1	♦ Written – 19 ♦ Meetings – 12 ♦ E- mail – 13 ♦ Verbal communication – 8 ♦ Blank – 5 ♦ Fax – 1 ♦	Not selected to be reported

When do you (the nurse) visit individual homes?		
CLA Nurse	Residential Director	Supports Coordinator
♦ As needed – 15 ♦ Daily – 7 ♦ 2 – 4 times a week - 1 ♦ Weekly – 4 ♦ Monthly – 4 ♦ Bi-weekly – 1 ♦ Quarterly – 1 ♦ IPP/ISP – 3 ♦ Medication administration – 1 ♦ Training – 1	♦ As needed – 20 ♦ Daily – 4 ♦ 2 – 4 times a week – 7 ♦ Monthly – 3 ♦ Quarterly – 2 ♦ Trainings - 2 ♦ Blank – 2 ♦ Never – 1	♦ As needed – 7 ♦ Medical activities/injuries/illness – 6 ♦ Designated times (weekly, monthly, evening) – 5 ♦ Unknown – 4 ♦ Don't/not often – 4 ♦ When released from hospital – 2 ♦ Emergencies – 1 ♦ Team meetings – 1 ♦ Blank – 1

When are you (the nurse) on call?		
CLA Nurse	Residential Director	Supports Coordinator
♦ 24/7 – 9 ♦ Every 4 weeks – 5 ♦ Not on call – 5 ♦ As needed – 2 ♦ Every 3 weeks – 1 ♦ Every 6 weeks – 1 ♦ Every 7 weeks – 1	♦ 24/7 – 17 ♦ Not on call – 3 ♦ During the day – 2 ♦ Every two weeks – 1 ♦ As needed – 1 ♦ Blank - 6	Not selected to be reported

In what activities do you (the nurse) interact with the direct care staff?		
CLA Nurse	Residential Director	Supports Coordinator
♦ Training – 18 ♦ House visits – 12 ♦ Health related – 11 ♦ Team meetings – 9 ♦ Medical appointments – 7 ♦ Social events – 4 ♦ Daily via cell phone, fax, e-mail, phone calls – 3 ♦ Med administration – 2	♦ Training – 10 ♦ House visits – 10 ♦ Health related - 8 ♦ Daily – 6 ♦ As needed – 5 ♦ Phone calls – 3 ♦ Team meetings - / Committee Meetings/ ISP's – 3 ♦ Medical appointments – 3 ♦ Various unique responses – 1	♦ Training – 9 ♦ Health related – 7 ♦ House visits – 3 ♦ Emergencies – 3 ♦ Phone – 2 ♦ Team meetings – 2 ♦ Various unique responses – 8

When Nurses Interact with Direct Care Staff
(CLA Nurses Responses)

Number of Responses

Category	Responses
Training	18
House visits	12
Health related	11
Team Meetings	9
Medical appointments	7
Social events	4
Daily via cell phone, fax, e-mail, phone calls	3
Med Administration	2

Section 5. Major Duties/Responsibilities:

A list of identified top core activities was presented on the survey to respondents for rating on an importance scale. Responses were recoded to construct a Likert scale from less important (0 on the scale) to very important (4 on the scale). The averages of the responses on the Likert scale were computed. This facilitated presentation of the results in terms of an "Importance Rating" expressed as a percentage with 100% representing "Very Important" and 0% representing "Less Important".

The top core activities were listed in the survey in no particular order.

The following graphs represent the results of the responses from agency directors and nurses. Responses from supports coordinators are summarized after each graph.

Top Core Activities (followed by description)

Medical Appointment Process
- Prep staff prior to medical appointments, especially when unstable
- Go to medical appt. for complex individuals
- Help staff prepare for annual physical
- Go on extremely important medical visits
- Review physician's orders, diagnosis after medical appt.
- Document new diagnosis into medical history summaries
- Ensure follow-up for new orders
- Get appointment in a timely manner & follow-up with results/findings
- Attend specialty appointments when individual is unstable

Importance of the Medical Appointment Process
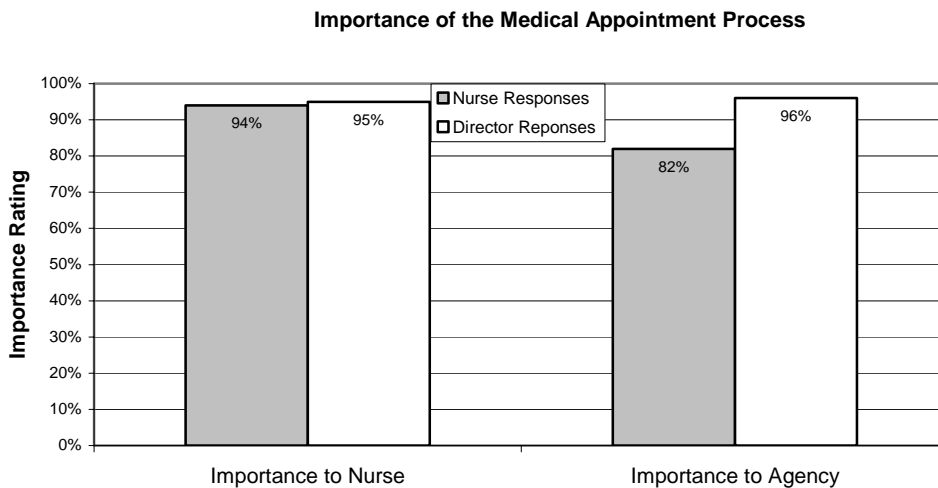
Supports Coordinators responded that this core activity had an importance of 55% to the CLA nurse.

Policy/Procedures/Risk Management
- Develop policy & procedures
- Participate in agency risk management activities
- Review health related incident reports
- Be part of incident management/risk management groups
- Assist in developing health care policy & procedures
- Write/update procedures related to healthcare
- Serve on committees, which promote health & safety

**Importance of Participation in and Development of Policy and Procedures and Risk Management**
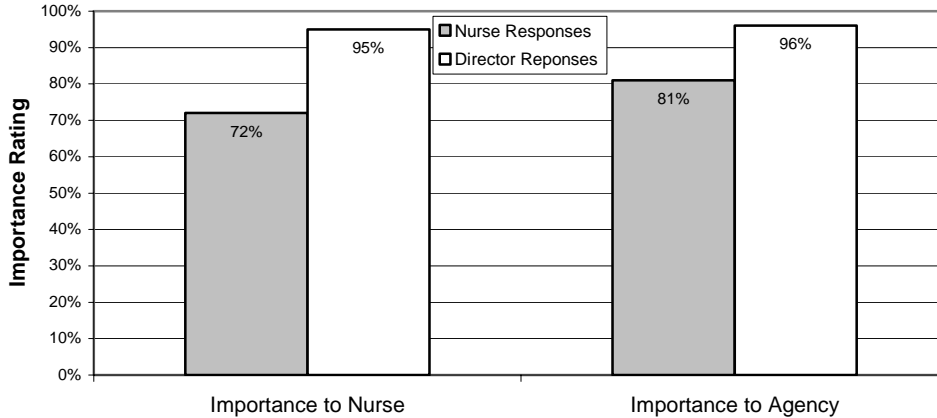
Supports Coordinators responded that this core activity had an importance of 39% to CLA nurses.

Staff & Individual Training
- Train individual; specific/site specific/generic
- Provide training on health issues to direct care staff
- Train caregivers
- Training of staff re: procedures/follow-up/evaluations

**Importance of Staff and Individual Training**
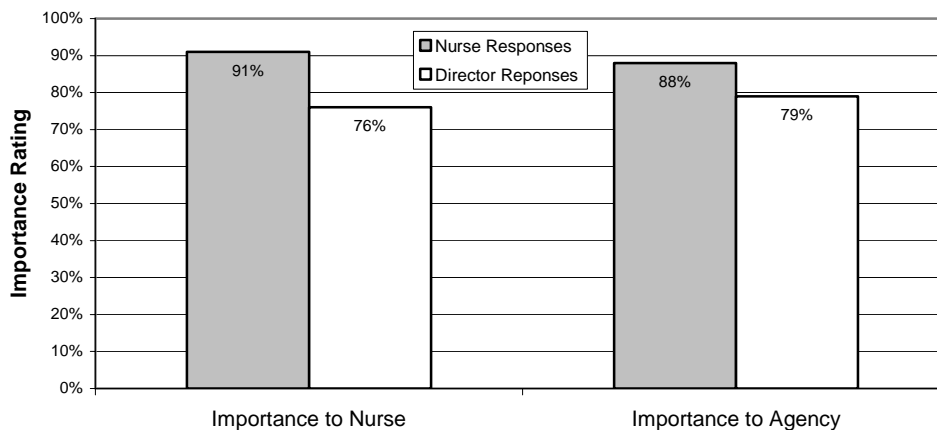
Supports Coordinators responded that this core activity had an importance of 55% to CLA nurses.

Team Participation by Nurse

- Involved in team process, new admissions to agency, ISP, Health Promotion Activity Plans (HPAP), discharge from hospital (HPAP)
- Liaison between individual/physician/family member/team
- Participate in team meetings for individuals with health issues
- Attend ISP or be available by phone during ISP
- Interfacing with Physicians, Therapists, Supports Coordinators

**Importance of Team Participation by Nurse**
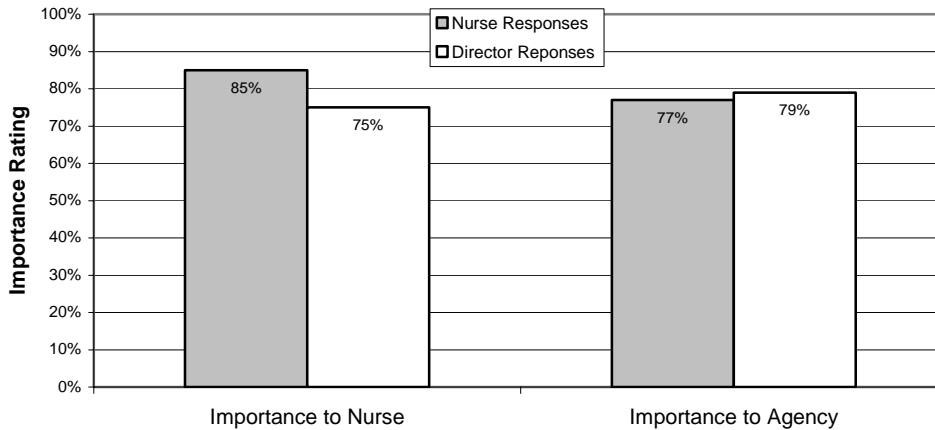
Supports Coordinators responded that this core activity had an importance of 45% to CLA nurses.

Nurses Continuing Education

- Seek continuing education opportunities
- Attend trainings regarding Dual Diagnosis/Mental Health
- Continuing Education in MR field & general medicine
- Participate/attend meetings like PADDNN, county Nurse Network meetings
- Interact with PCHC liaison – arrange for trainings as needed
- Keeping up to date in this area – meetings (network), trainings, conferences

Importance of Nurse's Continuing Education
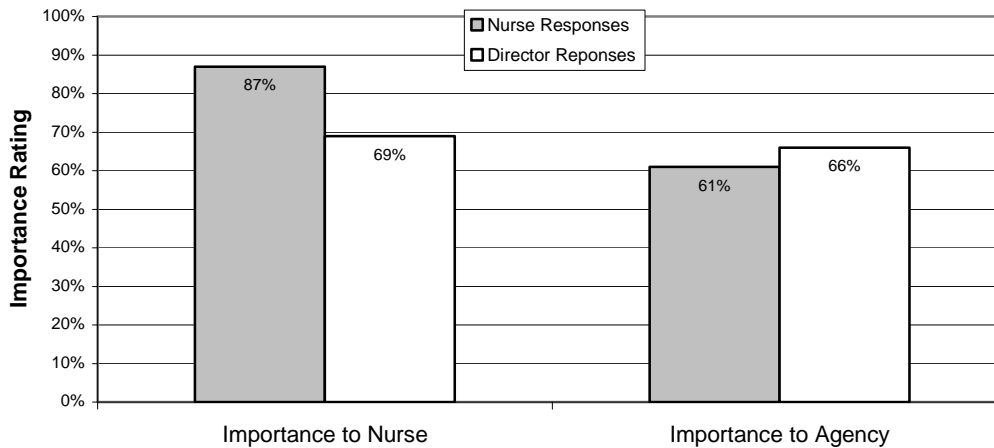
Supports Coordinators responded that this core activity had an importance of 26% to CLA nurses.

Clinical Reviews/Summaries/Health Issues Knowledge
- Clinical review of individuals at least annually
- Write/review/update medical history summaries
- Know health issues of people supported

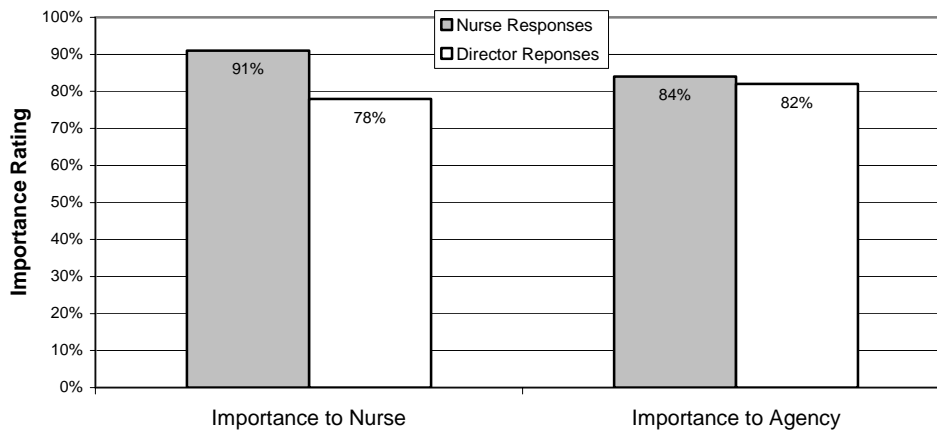**Importance of Nursing Clinical Reviews**
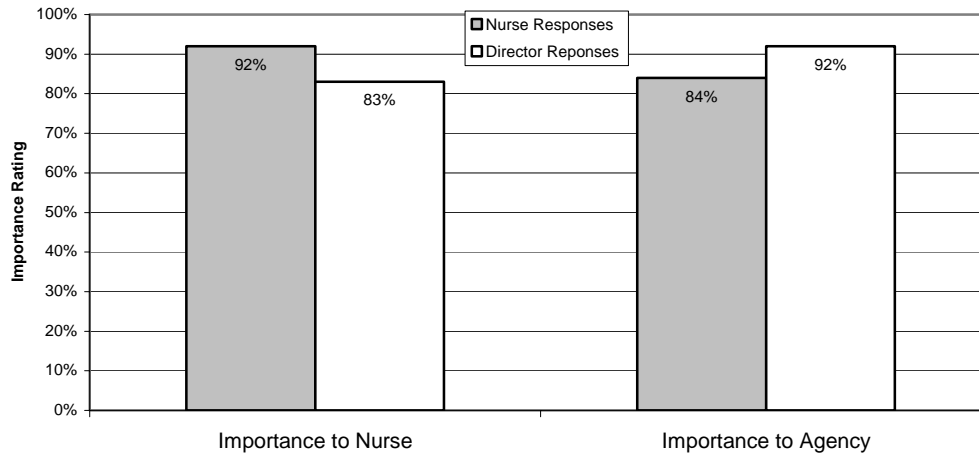
Supports Coordinators responded that this core activity had an importance of 58% to CLA nurses.

Medication Responsibilities
- Obtain medications ordered by physicians
- Review meds & dosages, routinely for each individual
- Checking Medication Administration Record/Medication administration periodically
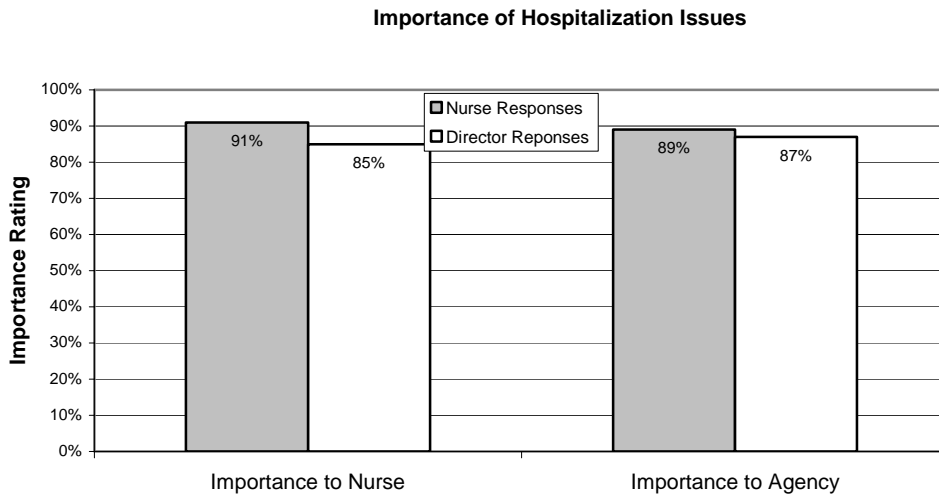- Handle pharmacy issues/problems

Importance of Medication Responsibilities

Supports Coordinators responded that this core activity had an importance of 42% to CLA nurses.

Hospitalization Issues
- Participate in hospital & discharge process
- Serve as agency liaison when individuals are hospitalized

Importance of Hospitalization Issues

Supports Coordinators responded that this core activity had an importance of 58% to CLA nurses.

Advocate Role
- Advocate for health related items, changes, physician visits, etc.
- Obtain durable medical equipment as ordered
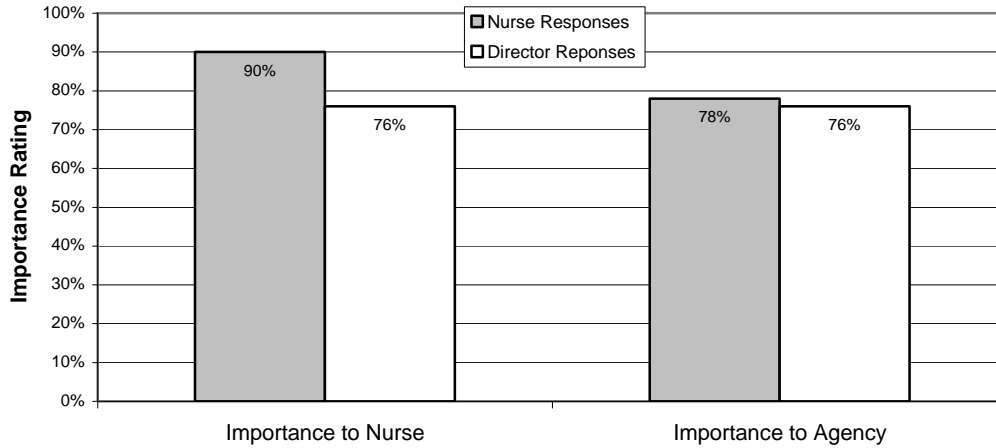- Advocate for insurance to pay for prescribed meds

Importance of Nurse in Advocate Role
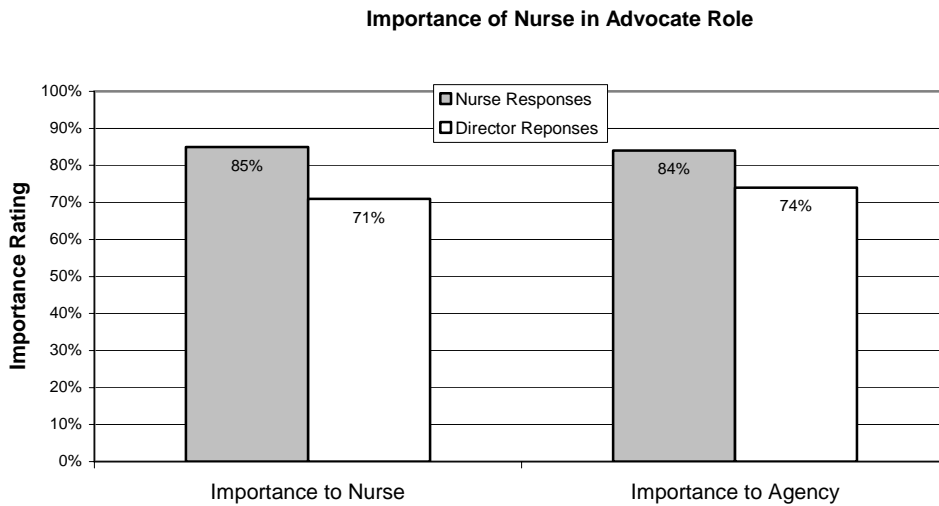
Supports Coordinators responded that this core activity had an importance of 42% to CLA nurses.

Promote Health Activities
- Help promote healthy lifestyle---diet, exercise, etc.
- Identify and implement health promotion activities

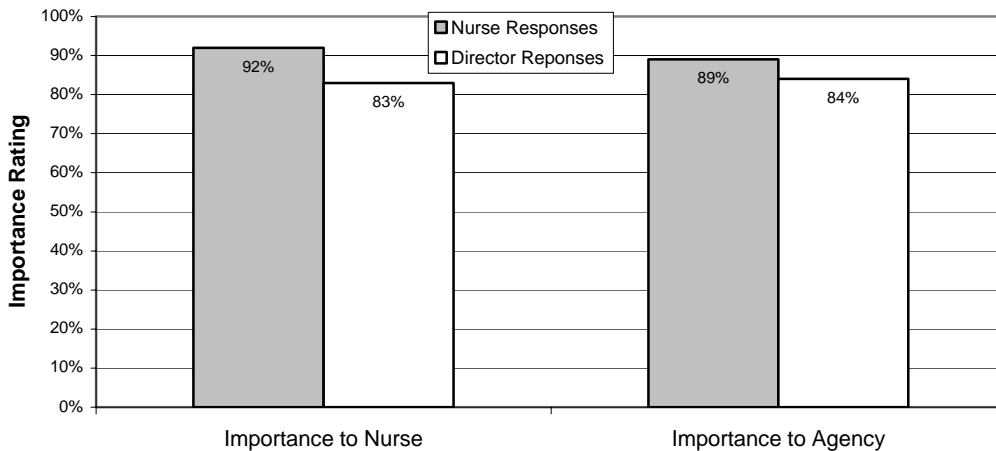**Importance of Nurse in Health Promotion Activities**

Supports Coordinators responded that this core activity had an importance of 42% to CLA nurses.

Assess/Emergency
- Assess/triage individual during illness
- Assess individuals regarding emergency treatment
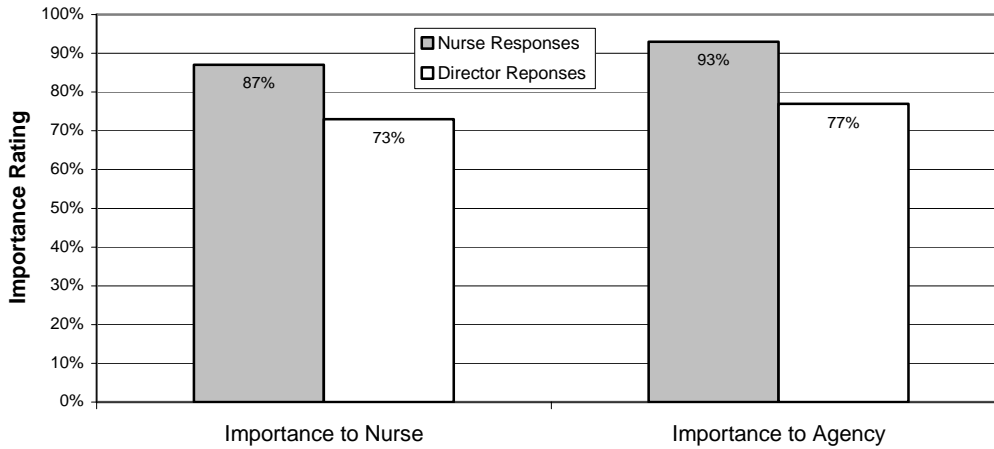
Importance of Nurse in Assessment/Emergencies

Supports Coordinators responded that this core activity had an importance of 58% to CLA nurses.

Manage Health Issues
- Manage health issues of people supported
- Read results of TB testing; give flu shots, hepatitis B shots to individuals with health issues

Importance of Managing Health Issues

Supports Coordinators responded that this core activity had an importance of 45% to CLA nurses.

Behavior Health/Psychiatric Activities
- Assist the team to explore physical health reasons for behavior health issues
- Prepare staff prior to appointments
- Attend psychiatric appointments for unstable individuals
- Document diagnoses in medical history summary
- Participate in hospital admission and discharge process
- Provide training about psychiatric conditions

**Importance of Behavioral Health/Psychiatric Activities**
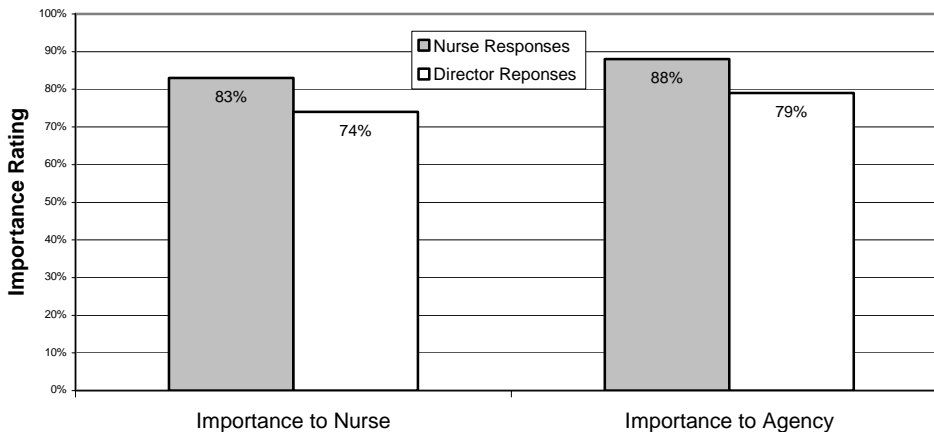
Supports Coordinators responded that this core activity had an importance of 23% to CLA nurses.

23

After rating the importance of the identified Top Core Activities, respondents were asked additional questions.

What are the top two, from the list of core activities, that are most important to the individual?		
CLA Nurse	Residential Director	Supports Coordinator
♦ Training – 13 ♦ Medical appointments – 12 ♦ Medication responsibilities – 9	♦ Medical appointments – 12 ♦ Training – 8 ♦ Managing health issues – 6	♦ Medical appointment process – 7 ♦ Managing health issues – 6 ♦ Staff training – 5

While those surveyed were asked for the top two core activities, the top three responses are represented below:

Top 3 Core Activities Felt to be Most Important to the Individual
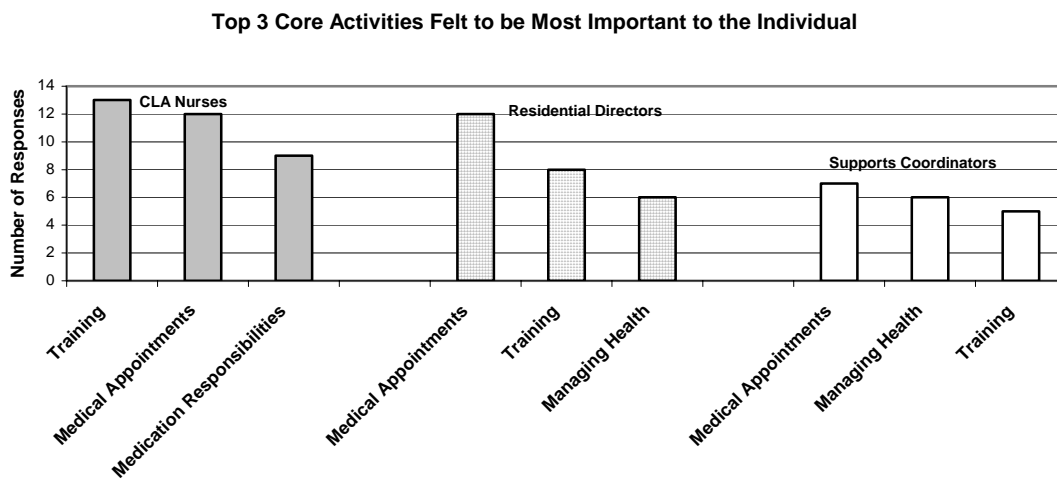
The following questions were asked regarding activities to eliminate or undertake.

What activities should be eliminated from your (nurse) job?		
CLA Nurse	Residential Director	Supports Coordinator
♦ Blank – 7 ♦ Paperwork – 6 ♦ None – 5 ♦ Managing two positions (coordinate and hands on) – 2 ♦ Behavioral health – 2 ♦ Various unique responses – 7	♦ Blank – 9 ♦ None – 9 ♦ Insurance interactions – 3 ♦ Scheduling – 2 ♦ ISP meetings (attending all) – 2 ♦ Various unique responses - 4	♦ None – 17 ♦ Blank – 6 ♦ Various unique responses – 7

What activities would you (the nurse) like to undertake in an ideal situation?		
CLA Nurse	Residential Director	Supports Coordinator
♦ Training – 10 ♦ Visits to homes – 6 ♦ Blank – 5 ♦ Promoting health – 4 ♦ Various unique responses – 5	♦ Blank – 8 ♦ Training – 5 ♦ More time – 3 ♦ All of above (on survey) – 3 ♦ Coordination of health care – 2 ♦ Health promotion – 2 ♦ Inform administration – 2 ♦ Risk management/quality assurance – 2 ♦ Various unique responses – 9	♦ Be part of the team/attend ISP meetings – 10 ♦ Blank – 7 ♦ Coordinate care/physicians/ hospital/emergency room – 8 ♦ All medically necessary treatments – 5 ♦ Update medical information/medical history summary – 4 ♦ Take people to medical appointments – 4 ♦ Clinical review/assessments – 3 ♦ Site visits/training – 2 ♦ Nothing – 2 ♦ Various unique responses – 1

What are the top three barriers to you (the nurse) in undertaking the core activities?		
CLA Nurse	Residential Director	Supports Coordinator
♦ Time/caseload – 18 ♦ Staff issues – 5 ♦ Paperwork – 4 ♦ Blank – 5 ♦ Various unique answers – 14	♦ Time/caseload – 20 ♦ Budget (to hire more nurses) – 8 ♦ Paperwork – 3 ♦ Blank – 3 ♦ Various unique answers – 15	♦ Time/caseload – 24 ♦ Administration/regulation issues – 6 ♦ Lack of communication – 6 ♦ Medical history summaries not well done – 5 ♦ Blank – 3 ♦ Not enough nurses – 3 ♦ Turnover of staff – 2 ♦ Lack of knowledge – 2 ♦ Insurance companies – 2

Top 3 Barriers to CLA Nurse Undertaking Core Activities

The following questions were asked regarding the Individual Support Plan (ISP), Health Promotion Activity Plans, Medical History Summaries, Community Health Reviews, and Visiting Nurse resources.

How many ISP meetings do you (the nurse attend each year?		
CLA Nurse	Residential Director	Supports Coordinator
0 meetings – 5 1 to 3 meetings – 0 4 to 10 meetings – 5 11 to 20 meetings – 7 21 to 30 meetings – 3 31 to 45 meetings – 3 As needed – 2 Blank – 1	0 meetings – 6 1 to 3 meetings – 5 4 to 10 meetings – 4 11 to 20 meetings – 5 21 to 30 meetings – 0 31 to 45 meetings – 3 As needed – 2 Blank – 2	0 meetings – 11 1 meeting – 3 2 meetings – 3 3 to 5 meetings – 5 More then 5 meetings – 3 Unknown meetings – 1

Comments on the ISP process.		
CLA Nurse	Residential Director	Supports Coordinator
♦ Time issues – 4 ♦ Nurse involved with medically complex people – 3 ♦ Input prior or during meeting – 3 ♦ Various unique responses – 4	♦ CLA Directors responded with their own comments on the ISP process rather then the nurse's role.	Not selected to be reported

Do you (the nurse) create Health Promotion Activity Plans?		
CLA Nurse	Residential Director	Supports Coordinator
♦ Yes – 17 ♦ No – 8 ♦ Blank – 1	♦ Yes – 19 ♦ No – 10 ♦ Blank – 0	♦ Yes – 10 ♦ No – 18 ♦ Blank – 5

Do you (the nurse) write Medical History Summaries?		
CLA Nurse	Residential Director	Supports Coordinator
♦ Yes – 19 ♦ No – 5 ♦ Blank – 2	♦ Yes – 22 ♦ No – 6 ♦ Blank – 1 ♦ Nurse writes information and gives to program specialist	♦ Yes – 18 ♦ No – 9 ♦ Blank – 4

Do you (the nurse) complete Community Health Reviews?		
CLA Nurse	Residential Director	Supports Coordinator
♦ Yes – 6 ♦ No – 17 ♦ Blank – 3	♦ Yes – 7 ♦ No – 15 ♦ Unknown - 1 ♦ Blank – 8	♦ Yes – 3 ♦ No – 10 ♦ Blank – 18

Does the agency use visiting nurse resources?		
CLA Nurse	Residential Director	Supports Coordinator
♦ Yes – 21 ♦ No – 4 ♦ Blank – 1	♦ Yes – 18 ♦ No – 10 ♦ Blank – 2	♦ Yes – 18 ♦ No – 8 ♦ Blank – 6

Under what circumstances (does the agency use visiting nurse resources)?		
CLA Nurse	Residential Director	Supports Coordinator
♦ Post hospitalization – 14 ♦ General support (labs, OT/PT, daily treatments) – 7 ♦ Blank – 5 ♦ Hospice – 4 ♦ Wound care – 3	♦ Blank – 13 ♦ General support (acute conditions, when eligible by insurance, labs) – 10 ♦ Post hospitalization – 6 ♦ Wound care – 2 ♦ Hospice – 1	Not selected to be reported

The final question asked involved the mental retardation system.

What would you (the nurse) like to see change about the mental retardation system?		
CLA Nurse	Residential Director	Supports Coordinator
♦ Budget/funding/nursing hours/nursing salary – 14 ♦ Increased resources (doctors, dentists, day program) – 6 ♦ Team work with agency, nurse, supports coordinators – 5 ♦ Less surveys/data collection/paperwork – 4 ♦ Staff requirement for CLA for nurses (1 to 30) – 4 ♦ Better coordination/less regulations/more normalization – 3 ♦ Better quality staff – 2 ♦ Address aging issues – 2 ♦ Various unique responses – 6	♦ Budget/funding/nursing hours/nursing salary – 13 ♦ Increased resources (doctors, dentists, day program) – 6 ♦ Team work with agency, nurse, supports coordinators – 5 ♦ Better quality staff – 3 ♦ Increased community awareness – 2 ♦ Better coordination/less regulations/more normalization – 2 ♦ Various unique responses – 9	♦ Blank – 13 ♦ Better pay for staff & nurses – 4 ♦ Funding & resources – 3 ♦ Staff training – 2 ♦ More nurses – 2 ♦ Various unique responses – 8

Section 6. Professional Background

Many respondents chose not to provide information on their professional background. The predominant nursing credentials are as follows:

Registered Nurse (RN) – 11
Licensed Practical Nurse (LPN) – 1
Bachelor's Degree (Nursing) – 4
Bachelor's Degree (Other) – 3
Associate's Degree (Nursing) – 4
American Nurses Credentialing Center Certification (ANCC) – 2

Years in Nursing -------------- 0 to 15 years – 6
                                16 to 25 years – 4
                                26 to 35 years – 2
                                36 to 45 years - 2

Part IV
Conclusions

Although there are a number of limitations to the survey and data collected, several themes emerged.

Responsibility

The number of people for which nurses retain some responsibility varies widely among the respondents ranging from 13 to 211 people. While the level of responsibility is not indicated, maintaining responsibility for such large numbers of people should generate discussion.

Participation in Agency Managerial Activities

In this section the residential directors responded *Yes* more often than the nurses in each section except *Nurse Expertise Sought*, where they agreed. There were three questions with slight differences and they were: *Attend QA Meetings, Involved in QA Meetings,* and *Nurse Valued by Administration.*

There were three questions that had statistically significant differences. The first two questions related to participation in risk management activities where the residential directors answered *Yes* more often than the CLA nurses. The third question, *Nurse Participation in Agency Decisions,* demonstrated one of the larger disparities – residential directors answered *Yes* 92% of the time and CLA nurses 65%.

These results demonstrate a significant difference between what the nurses report compared to the residential directors and support coordinators responses.

Training

All the CLA nurses responded that they provide training. The majority of residential directors and supports coordinators agreed. The main topics included: Seizure Disorders, Diabetes, Nutrition, Dysphagia and Medication Administration.

Committees

The most attended committee reported by CLA nurses was *Quality Assurance-Risk/Incident Management*. The second most attended committees were *individual focused*. The third greatest response to this question was *None.* Twenty-four percent of the CLA nurses responded they do not participate in any committees at the agency. The residential director responses agreed with *Quality Assurance-Risk/Incident Management* and *None*. The number one response from supports coordinators was *Unknown.*

Agency Activities

The two most relevant questions asked in this section addressed *when do CLA nurses visit homes* and *when do the CLA nurses interact with direct care staff.* The number one response to *visits to homes* from the CLA nurses, residential directors, and supports coordinators was *as needed.* For *interactions with direct care staff* the number one answer for CLA nurses, residential directors, and supports coordinators was *training*. Everyone agreed that interactions also took place during *house visits* and for *health related* reasons.

Top Core Activities

The CLA nurses rated the following top core activities at a greater level of importance (to the nurse) than the residential directors: staff and individual training, team participation, nurses continuing education, clinical reviews, medication responsibilities, hospitalization issues, advocate role, promote health activities, assess/emergencies, manage health issues, and behavioral health issues.

The residential directors rated the top core activities of medical appointments and policy/procedure at a greater level of importance (to the nurse) than the agency nurse. They also reported the following top core activities more important to the agency than the CLA nurse: medical appointments, policy/procedure, team participation, nurses continuing education, and clinical reviews.

The supports coordinators rated all thirteen top core activities lower in importance (to the nurse) than both the CLA nurses and residential directors.

The CLA nurses, residential directors, and supports coordinators agreed that the top two core activities to support the individual for CLA nurse are *training* and *medical appointments.* When reviewing the third most listed core activity the supports coordinators and residential directors agree on *managing health issues,* while the CLA nurses indicated *medication responsibilities.*

It should be noted that many of the top core activities that were not part of the top two identified, were still rated at a high level of importance to the CLA nurse.

Activities to Eliminate and Undertake

For activities to *eliminate* most respondents chose either *None* or left the answer blank. Other responses included insurance interaction and scheduling. Two nurse respondents indicated that behavior health should be eliminated from their activities. For activities to *undertake* there were many and very varied responses. The top two for CLA nurses were *training* and *house visits*. The top answer for residential directors was *training*. The top answer for supports coordinators was *team participation/attend ISPs*.

Top 3 Barriers

The CLA nurses, residential directors, and supports coordinators overwhelming agree that *time/caseload* is the main barrier to undertaking the top core activities. While the next two barriers vary among the respondents, they include paperwork, lack of staff, budget, administration/regulation issues, and lack of communication.

Individual Support Plan (ISP) Meetings

The majority of all respondents agree that while some CLA nurses attend ISP meetings (nurses-72%, residential directors-63%, supports coordinators-56%), there are nurses who attend no ISP meetings (nurses-20%, residential directors-22%, supports coordinators-44%). Please note that there is great variance in the number of meetings attended, which may range from 1-45 meetings per year.

Health Promotion Activity Plans, Medical History Summaries, Community Health Reviews

The majority of the CLA nurses and residential directors responded that the CLA nurses develop *Health Promotion Activity Plans* while the supports coordinators responded with more *No* then *Yes* answers. All respondents agreed that nurses have some involvement with Medical History Summaries, such as writing, updating or reviewing what non-nursing staff have written. All respondents agreed that for the most part CLA nurses do not complete *Community Health Reviews.*

Visiting Nurse

All respondents agreed that visiting nurses are used in the residential agencies. The top two reasons reported by CLA nurses and residential directors are *post hospitalization* and to provide *general support.*

Professional Background

Many respondents chose not to provide information on their professional background. The predominant information received represented nursing credentials and years of nursing practice which varied widely among the nurse respondents.

Recommended Nursing Roles and Responsibilities

Based on information from the survey, and after a review of existing CLA nurse activities across the country, a list of recommended nursing roles and responsibilities was created (see Appendix A).

Part V
Recommendations

It is recommended that a forum or forums be organized, through discussion with the Regional Program Director and county MR Directors, to present the findings of the survey and search for common understandings and expectations. The forum(s) would be dedicated to working through some of the discussion areas which became evident through the results of this survey. The participants to be invited to the forum(s) should include regional OMR staff, county MH/MR staff, CLA nurses, residential directors and supports coordinators.

It is imperative that the participants approach the forum with the mindset that this is an opportunity to examine what the individuals, served by the agencies, need in terms of health and CLA nursing services before addressing the issues of nurse to individual ratio, funding issues, and availability of nurses. It is suggested that the nurses' expertise be recognized in the structure and planning of this forum.

Below is a table of topic areas for potential discussion at a forum:

Topic Area	Possible Discussion Points
Medical Appointment Process	Describe ways to inform and empower staff and individuals Discuss when to involve nurses in the actual appointment
Policy/Procedures/Risk Management and other committees	Discuss the nurse's role in risk management and other committees Discuss how nurses might be ad hoc members of committees (invited for health specific topics or issues). Discuss how nurses might participate in the development of policies.
Staff and Individual Training	Determine which training nurses should provide and what training could be provided by others (identify the role of other trainers) Discuss the need to offer training to individuals receiving services and how best to accomplish these specialized trainings Identify barriers to successful training Discuss best use of existing resources (outside training resources e.g. PCHC, Networks, Temple University)
Team Participation	Discuss additional ways to interact with teams How nurses can experience being valued and part of the decision making process Helping staff recognize when the agency nurse needs to be included Address the role of the nurse when attending team meetings Address the role of the nurse at ISP meetings and activities that take place (Health Promotion Activity Plans) How can the nurse assist the team if she is not able to attend a meeting
Nurses' Continuing Education	Value and purpose of continuing education Discuss support from agency to attend Discuss ways to attract nurses to participate Discuss ability to participate in county Nurse Network meetings
Clinical Work	Could nurses be available to staff at specified homes to act as a health information resource Consistency/training for writing medical history summaries; possibility of nurse training others to complete Developing system of assessing health conditions Clearly defining role in emergencies Role in hospitalization (admission/discharge) activities for both physical and behavioral health Discussion of when to involve PCHC staff Develop clear description of Clinical Reviews/Community Health Review

	Discussion of use of Clinical Reviews/Community Health Reviews in evaluation and care of the individual
	Discuss resources in region to assist nurses in Clinical Review/Community Health Review process (PCHC)
Medication Responsibilities	Involvement with medication errors and system reviews
	Describe which activities are necessary for the nurse and frequency
Insurance Issues	Define nurses role in process
	Discuss methods to establish relationships with managed care organizations
	Discuss involvement of nurse with change (Medicare, Medicaid)
Behavioral Health/Psychiatric Activities	Describe nurse role in working with teams to organize information for physician
	Discuss when attending an appointment is necessary
	Discuss team process around behavioral health issues
	Discuss the role of the nurse in the completion of the Behavioral Health: Team Review of Psychotropic Medication Form that may be used during the 90-day review process.
Barriers to Implementing Nurse Activities	Discuss ways to prioritize work responsibilities
	Individual/Nurse ratio
	Availability of nurses in this specialized field

Addressing the above areas by using a forum approach offers the opportunity for flexibility and individuality among agencies, better communication, and may promote understanding of the CLA nurse's roles and responsibilities.

Respectfully submitted,

Marie Devlin, RN, M.Ed.
Virginia Focht-New, APRN, BC, CDDN
Ann Glantz, RN
Patricia D. Graves, BSN,RN,C,CDDN
John Muccitelli, PhD, MPH, RN

Part VI
Bibliography

1. American Association for Mental Retardation. (2001, March 6). *Fact sheet: Aging – older adults and their aging caregivers*. Retrieved 7/19/2004 from http://www.aamr.org

2. Commonwealth of PA, Department of Public Health. (2003, July 20). FY 2001/2002 utilization, statistical and financial report. *Mental Retardation Bulletin #00-03-06*. Retrieved 5/18/2005 from http://www.dpu.state.pa.us/omr/omrbulletin

3. U.S. Department of Health and Human Services. (2002). *Report of surgeon general's conference on health disparities and mental retardation, 'Closing the gap: A national blueprint to improve the health of person's with mental retardation'*. Washington, DC: U.S. Government Printing Office.

4. Schober, J., & Farrington, A. (1998). Presenting and disseminating research. *Trent Focus for Research and Development in Primary Health Care*. Retrieved 8/27/2004 from http://www.trentfocus.org.uk/Resources/presenting_disseminating_research.htm

5. Mathers, N., Fox, N., & Hunn, A. (2002). Surveys and questionnaires. *Trent Focus for Research and Development in Primary Health Care.* Retrieved 8/27/2004 from http://www.trentfocus.org.uk/Resources/surveys_questionnaires.htm

6. Focht-New, G., Muccitelli, J., & Thomas, L. (2005, May 27). *Report on the Embreeville health care plan project*. Philadelphia, PA.

7. Babbi, E. (2001). *The practice of social research* (9th ed.). Belmont, CA: Wadsworth.

8. Berk, K, & Carey, P. (2000). *Data analysis with Microsoft Excel*. Pacific Grove, CA: Duxbury.

<div align="center">

Appendix A
Recommended Nursing Roles and Responsibilities

</div>

Background:

      The nursing roles and responsibilities listed below were included in the original survey instrument. In an attempt to determine if additional topics should be incorporated, a search was conducted across the country in September and October 2005. The Developmental Disabilities Nurses Association (DDNA), the international organization for nurses practicing in developmental disabilities nursing, was contacted to determine if any such list existed across the country. There was no list available on the international level; subsequently, twenty-two chapters of various state networks were contacted for information. Nine responses were received (Massachusetts, Florida, Georgia, New Mexico, Ohio, Oregon, New Hampshire, Wisconsin, and southern Louisiana).

      Most states responded that nursing job responsibilities vary according to the provider agencies in their state. While one state (Oregon) provided a Developmental Disabilities Nursing Manual, the responsibilities were broad in definition and not specifically outlined. Florida provided core activities, however, all the activities listed were contained on our original list.

      In conclusion, the responses indicated that there were no standardized nursing activities in relation to caring for people with developmental disabilities living in community residential settings.

<div align="center">

Recommended Nursing Roles and Responsibilities

</div>

Medical appointment process
      Prep staff prior to medical appointments, especially when unstable
      Go to medical appt. for complex staff
      Help staff prepare for annual physical
      Go on extremely important medical visits
      Review physician's orders, diagnosis after medical appt.
      Document new diagnosis into medical history summaries
      Ensure follow-up for new orders
      Get appointment in a timely manner & follow-up with results/findings
      Attend specialty appointments when individual is unstable

Policy/Procedures/Risk Management
      Develop policy & procedures
      Participate in agency risk management activities
      Review health related incident reports
      Be part of incident management/risk management groups
      Assist in developing health care policy & procedures
      Write/update procedures related to healthcare
      Serve on committees, which promote health & safety

Staff & individual training
      Train individual; specific/site specific/generic
      Provide training on health issues to direct care staff
      Train caregivers
      Training of staff re: procedures/follow-up/evaluations

Team participation by nurse
      Involved in team process, new admissions to agency, ISP, Health Promotion Activity Plans
      (HPAP), discharge from hospital (HPAP)
      Liaison between individual/physician/family member/team

Participate in team meetings for individuals with health issues
Attend ISP or be available by phone during ISP
Interfacing with Physicians, Therapists, Supports Coordinators

Nurses continuing education
Seek continuing education opportunities
Attend trainings regarding Dual Diagnosis/Mental Health
Continuing Education in MR field & general medicine
Participate/attend meetings like PADDNN, county Nurse Network meetings
Interact with PCHC liaison – arrange for trainings as needed
Keeping up to date in this area – meetings (network), trainings, conferences

Clinical Reviews/summaries/health Issues knowledge
Clinical review of individuals at least annually
Write/review/update medical history summaries
Know health issues of people supported

Medication Responsibilities
Obtain medications ordered by physicians
Review meds & dosages, routinely for each individual
Checking Medication Administration Record/Medication administration periodically
Handle pharmacy issues/problems

Hospitalization issues
Participate in hospital & discharge process
Serve as agency liaison when individuals are hospitalized

Advocate role
Advocate for health related items, changes, physician visits, etc.
Obtain durable medical equipment as ordered
Advocate for insurance to pay for prescribed meds

Promote health activities
Help promote healthy lifestyle---diet, exercise, etc.
Identify and implement health promotion activities

Assess/Emergency
Assess/triage individual during illness
Assess individuals regarding emergency treatment

Manage health issues
Manage health issues of people supported
Read results of TB testing; give flu shots, hepatitis B shots to individuals with health issues

Behavior Health/Psychiatric Activities
Assist the team to explore physical health reasons for behavior health issues
Prepare staff prior to appointments
Attend psychiatric appointments for unstable individuals
Document diagnoses in medical history summary
Participate in hospital admission and discharge process
Provide training about psychiatric conditions

Appendix B
Survey Instrument

CLA Nurse View

Agency Organizational Structure:

Of individuals receiving services for whom you retain some responsibility? _____   Total # served in agency? _____

Total # of CLA nurses employed by residential agency? _____

Is there an organization structure diagram of who is responsible to whom? Yes__ No__

What is the title of your supervisor? _____

Who provides clinical supports for the nurse? _____

Participation in Agency Managerial Activities:

Input for incidence/risk management activities:

Attend risk management review meetings?   Yes ___ No ___

Involved in risk management review process?   Yes ___ No ___

Participate in Quality Assurance activities: Attend QA meetings?   Yes____ No ___

Involved in QA meetings?   Yes___No___

Nurse valued by administration? Yes___ No___

Is your expertise sought? Yes____ No_____

Comment:_____

If no to above, do you feel it is necessary?_____

Participate in agency decisions? Yes___ No___

Training:

Do you provide training for staff? Yes _____ No _____

Staff Titles_____

Frequency _____

Types of topics (top 5)

_____

_____

_____

_____

_____

In what ways do you assist individuals in learning to manage their own health care?

_____

Participation in Agency activities:

What committees are you on at your agency? _____

How do you receive notices of pertinent information on meetings, reports, etc?

_____

When do you visit individual homes? _____

In what activities do you interact with direct care staff? _____

Major duties/responsibilities:

When are you on call? _____

Below is a list of identified top core activities with a short break-out in more detail. Please rate each main category from 1 to 5 (1=very important, 3=moderately important, 5= less important)

Top Core Activities (followed by description)	Importance To Nurse	Importance to Agency
1. Medical appointment process Prep staff prior to medical appts., especially when unstable Go to medical appt. for complex staff Help staff prepare for annual physical Go on extremely important medical visits Review physician's orders, diagnosis after medical appt. Document new diagnosis into line history Ensure follow-up for new orders Get appointment in a timely manner & follow-up with results/findings Attend specialty appointments when individual is unstable		
2. Policy/Procedures/Risk Develop policy & procedures Participate in agency risk management activities Review incident reports Be part of incident management/risk management groups Assist in developing health care policy & procedures Write/update procedures related to healthcare Serve on committees which promote health & safety Involved with Risk Management		
3. Staff & individual training Staff training Train individual; specific/site specific/generic Training of staff and individual Provide training on health issues to direct care staff Train caregivers Training Training of staff re: procedures/follow-up/evaluations		
4. Team participation by nurse Involved team process-new admissions agency, ISP (HPAP), discharge hospital (HPAP) Liaison between individual/physician/family member/team Participate in team meetings for individuals with health issues Attend ISP meeting Attend ISP or be available by phone during ISP Interfacing with Physicians, Therapists, Supports Coordinators		
5. Nurses continuing education Seek continuing education opportunities Attend /.trainings regarding DD/MH Continuing Education in MR field & general medicine Participate/attend meetings like PADDNA, nurse's network mtgs PCHC liaison – arrange for trainings as needed Keeping up to date in this area – meetings (network), trainings, conferences		
6. Clinical Reviews/summaries/health Issues knowledge Clinical review of individuals at least annually Write/update medical history summaries Update MHS or review update Know health issues of people supported		
7. Medication Responsibilities Obtain medications ordered by physicians Review meds & dosages, routinely for each individual Checking MAR/Med pass periodically Handle pharmacy issues/problems		
9. Advocate role Advocate for needed items, changes, physician visits, etc. Obtain durable medical equipment ordered Advocate for HMO to pay for prescribed meds		

10. Promote health activities
  Help promote healthy lifestyle---diet, exercise, etc.
  Identify and implement health promotion activities		

11. Assess/Emergency
  Assess/triage individual during illness
  Assess individuals re emergency treatment		

12. Manage health issues
  Manage health issues of people supported
  Read ppds, give flu, hep B shots to individuals with health issues		

13 Behavior Health/Psychiatric Activities		

What are the top two from the list of core activities that you feel are the most important to the individual?
_____

What activities should be eliminated from your job?
_____

What activities would you like to undertake in an ideal situation?
_____

What are the top 3 barriers to you undertaking the activities listed above?
_____
_____
_____

How many ISP meetings do you attend per year? _____
    Comments on the process:
_____
_____
_____

Do you create health promotion activity plans?   Yes___   No___

Do you write medical history summaries within your agency?   Yes___   No___

Do you complete Community Health Reviews?   Yes___   No___

Does the agency use visiting nurse resources?   Yes _____   No _____
            Under what circumstances? _____
_____

WHAT WOULD YOU LIKE MOST TO SEE CHANGE ABOUT THE MENTAL RETARDATION SYSTEM?
_____
_____
_____
_____
_____

Professional Background:

Professional Organizations: ANCC _____ DDNA _____ Others: _____ _____ Areas of Expertise: _____ _____	Degrees & Date: _____ _____ _____ Certifications & Date: _____ _____

Is there anything you would like to tell us?

_____
_____
_____
_____
_____
_____
_____

Optional:

       Name: _____

       Agency: _____

       Phone Number: _____