

LifeLearnU

presents

Drugs, Delegation & Deficiencies

Lecture Managers: Leilani Glaser, RN,CDDN,CLNC
Katrina Cupp,RN,BSN

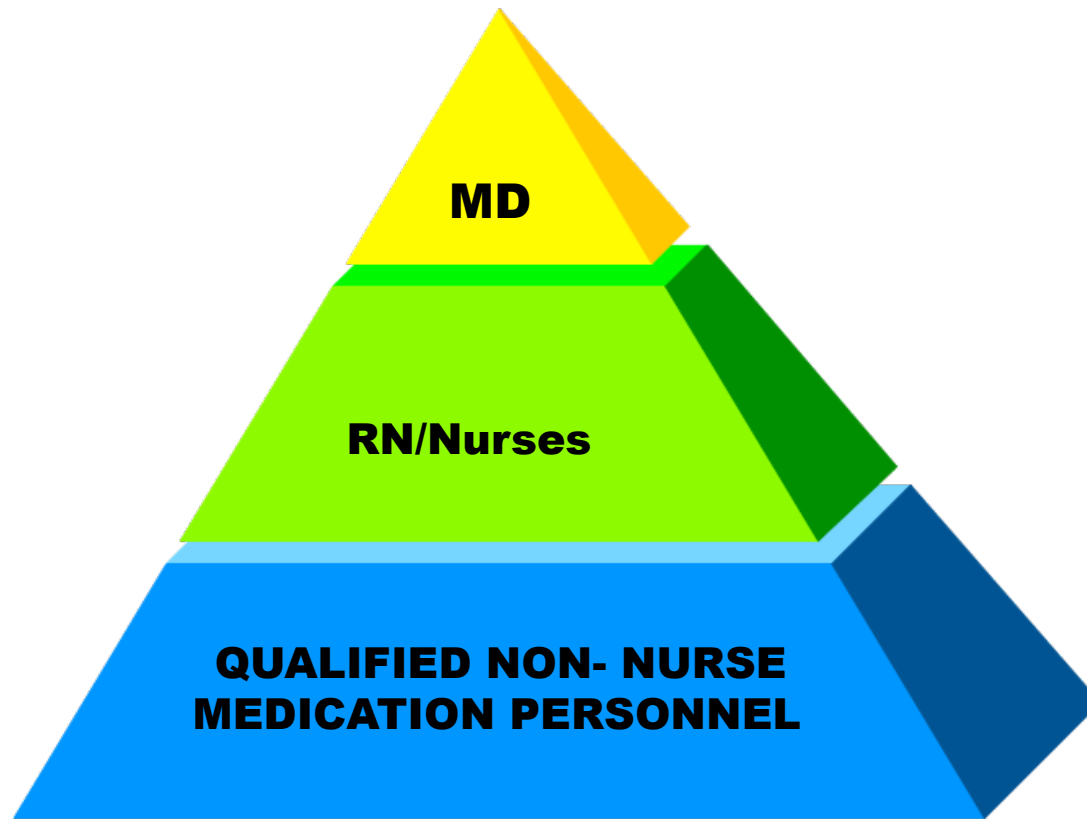
SUCCESS

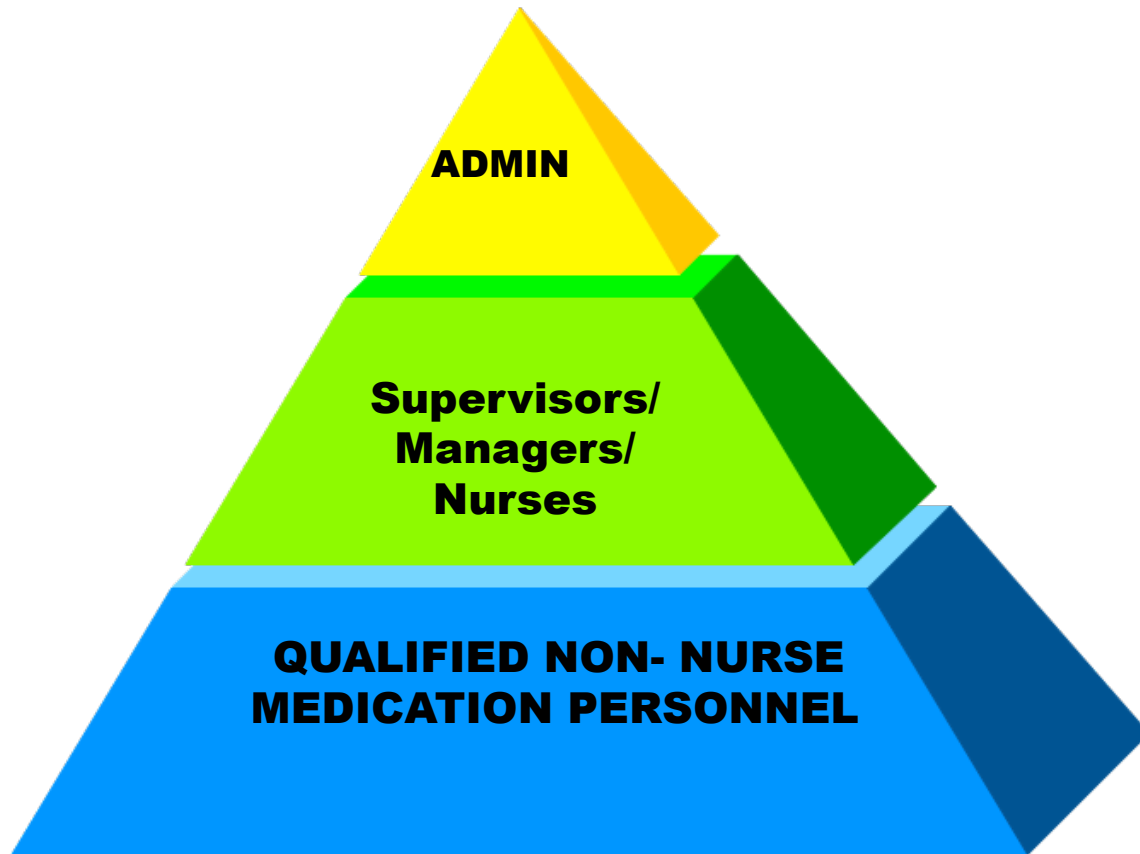


OBJECTIVES

- WHY we accept the risks of deficient practices with UAPs or Non- Nursing Personnel
- Introduce **3 common Medical Issues in IDD** Systems to plan for
- Sensitize Leadership of **Standards of Care**
- Reflect on **steps to successful coordination of resources** for Medically Fragile







Medication Programs in IDD



Least amount of Time



Routine medication Administration by Non- Nursing or Unlicensed Assistive Personnel (UAP) is a Challenge to Start with in IDD

Nationally Non- Nurse/ **UAPs** have a higher rate of error than **Nurses** so why take this risk?



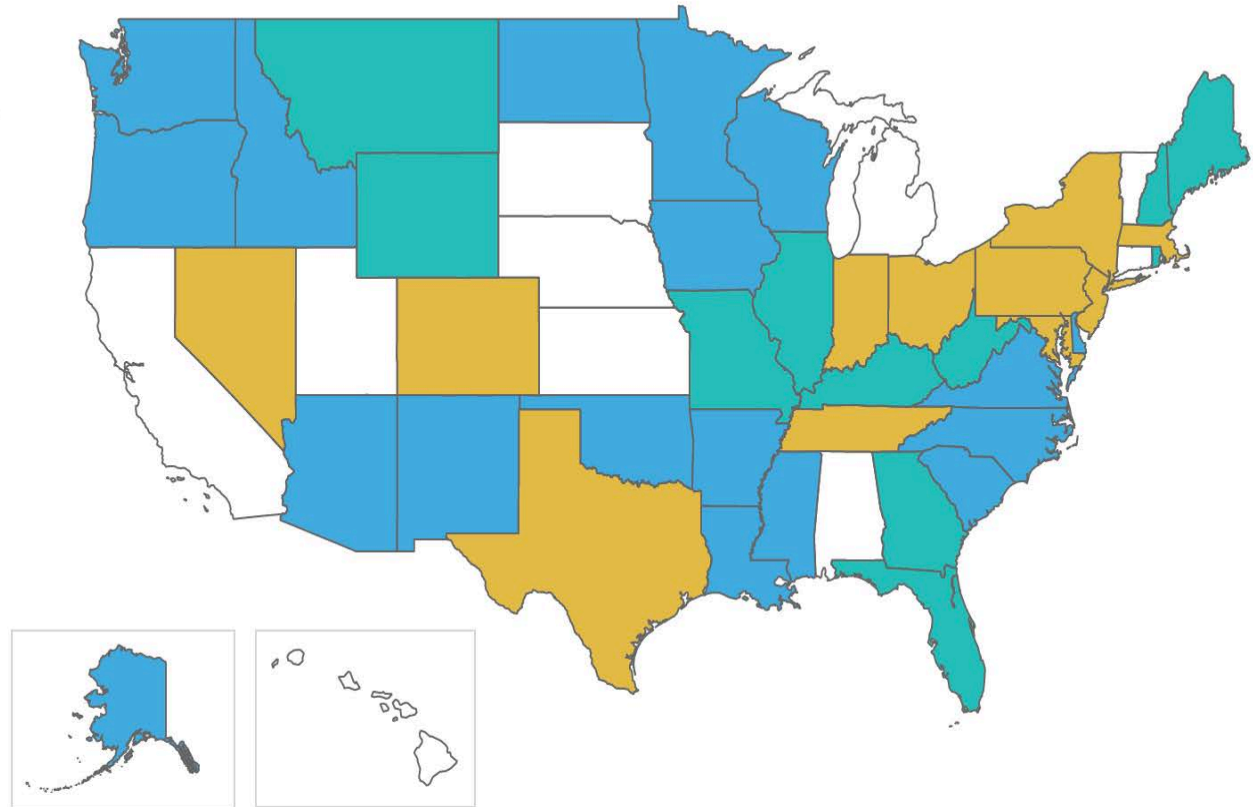
- **33% of people in the USA NEVER fill their prescription**
- **50% of the 67% remaining take their medications incorrectly**

Not all PCA/UAPs have the same training, competencies or standards associated with HCBS

PCA Training Requirements*

- Requirements across all, uniform
- Requirements across all, not uniform
- Some requirements
- No requirements

*excludes participant-directed PCA services



State Med Statutes



Supervisory
Resources
Policy



UAP Medication Aides



Safety Principles:
7 Rights

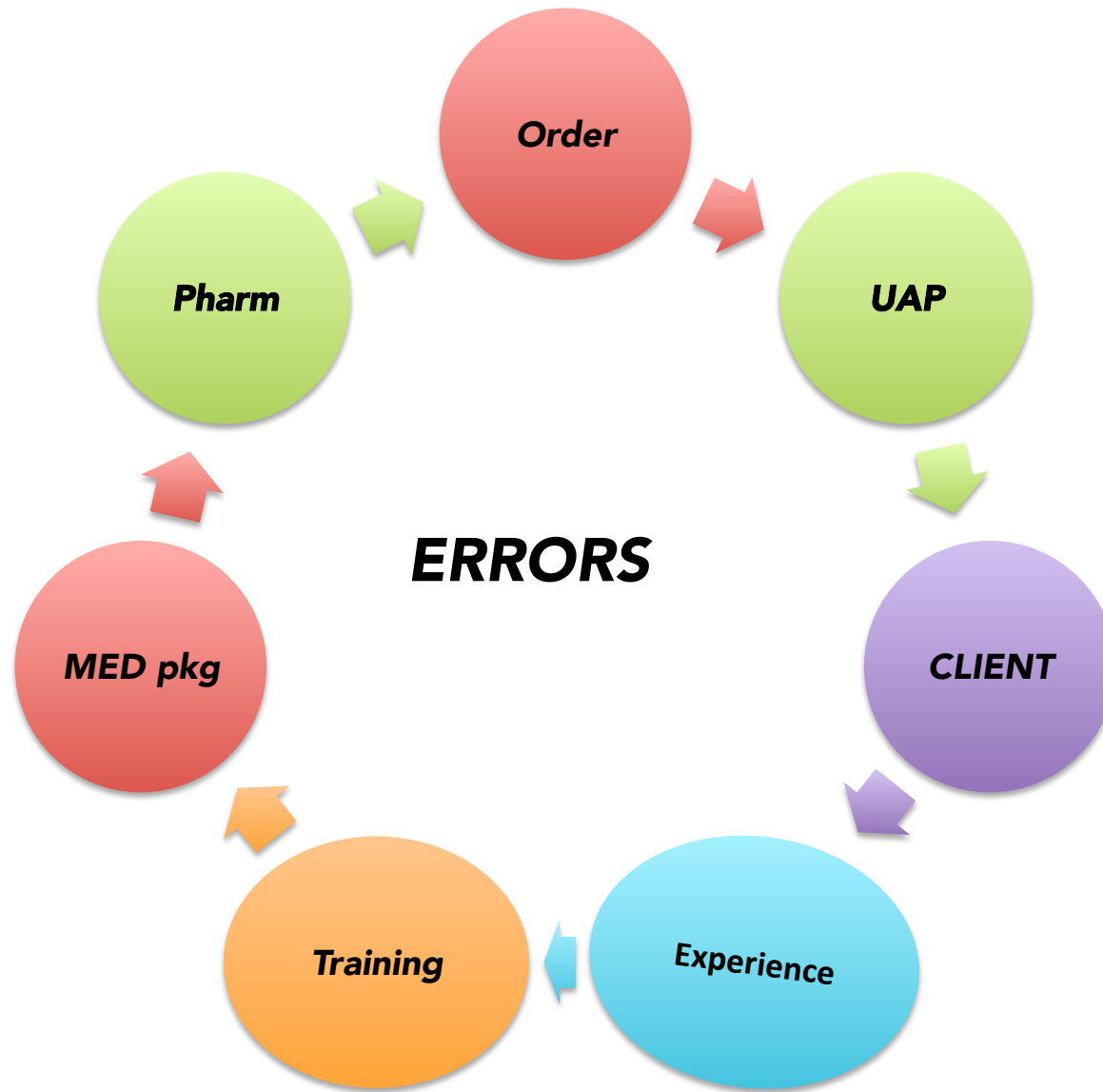
No Eval

No Assess

No Judgement

Accurate & Clear Written Orders







**THIS IS THE TIME TO THINK GLOBALLY
FOR A SYSTEM & A SUCCESSFUL PROCESS**





PROCEDURE

POLICY

PROCEDURE

POLICY

PROCEDURE

PROCEDURE

POLICY

POLICY

POLICY

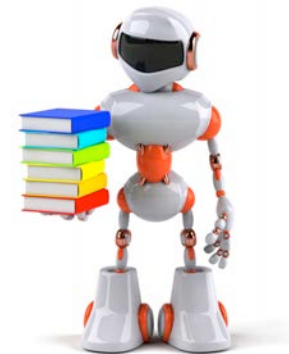
POLICY

PROCEDURE

PROCEDURE

Systemic (90%) (Latent causation)(Aiken,Cimotti 2010)

Safety Check	(arrival from pharmacy, changes, disposal)
Labeling	(print size, color, critical info position)
Pill Vendor Changes	(size, color, shape changes)
Storage	(cart, drawer, individual, communal)
Packaging	(capped bottles, bubble pack, Dis-Pill, MRB, Unit)
Documentation	(paper, electronic)
Training	(State courses, On-the-Job)
Supervision	(intervals, specific, time-spent)
Reporting/Correction	(ease, response, correction,restricted,punitive)
Assignment/ Culture	(punitive, restrictions, target education, analysis)



Individual (HUMAN FACTORS) 10% (direct cause/outcome of flawed systems)

Attention

Careless

Motivation

Comprehension

Fatigue

Literacy/ Learning

Reliability

Cognitive / Motor Function



ROOT CAUSE-MEDICATION ERRORS

*Anecdotal information by QMAPs in Colorado 2017-2019
(2250 students- 165 classes)*

- ***“On Time” policies too restrictive for “Real Life”***
- ***Pharmacy changes type of pill too often in generics***
- ***Packaging is cumbersome (1 bubble card per drug)***
- ***Labeling is SMALL***
- ***Too many interruptions for assignment***
- ***Punitive response when an error is discovered***
- ***Documentation not intuitive***

TOP 5 TARGETED ISSUES FOR PERSONAL INJURY ATTORNEYS



- ✓ **Failure to administer medication (caregiver)**
- ✓ Failure to prescribe proper medicine (MD)
- ✓ **Administering the wrong amount** causing drug overdose
- ✓ **Administering medication incorrectly (caregiver)**
- ✓ Failure to gain a complete medical history to detect allergies or intolerance (MD)

Medication Delivery Systems

The Agency for Healthcare Research and Quality (AHRQ) identified the elements listed in Table 1 as necessary components of a medication delivery system (Hughes & Blegen, 2008). This list depicts how complex the delivery of medication is, with integrated and inter-dependent steps, each with potential to fail.

Table 1

Elements of Medication Delivery Systems

- *Prescribing*
- *Order Communication*
- *Product labeling, packaging, and nomenclature*
- *Compounding*
- *Dispensing*
- *Distribution*
- *Administration*
- *Patient Education*

Challenge #1

PHARMACY ERRORS

During a nationwide survey of **community pharmacists**, **53% of respondents admitted to making drug errors in the prior 60-day period.** *2017 Telepharm Survey*



Challenge #2

The In-House

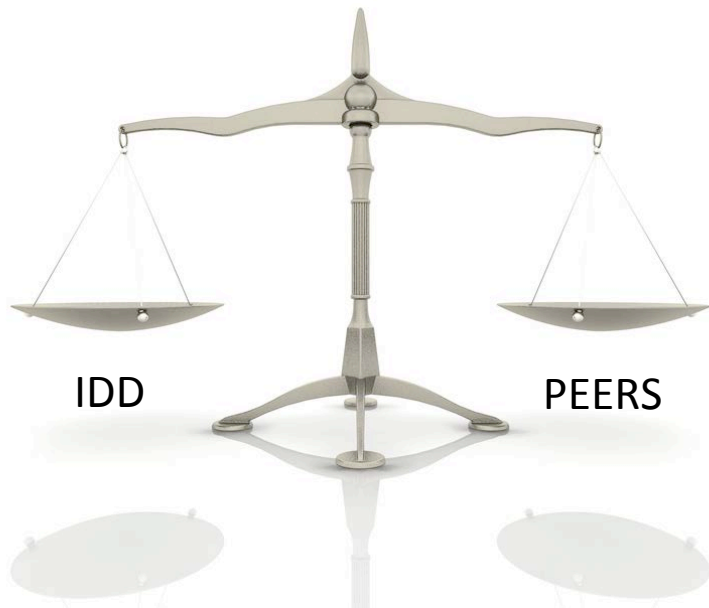
- **Available Funds for Wages & Operations and training**
- **Staff Experience/ Longevity**
- **Hire availability limitations (rural)**
- **Client to Provider Ratios**
- **High Turn Over**
- **HUMAN NATURE**



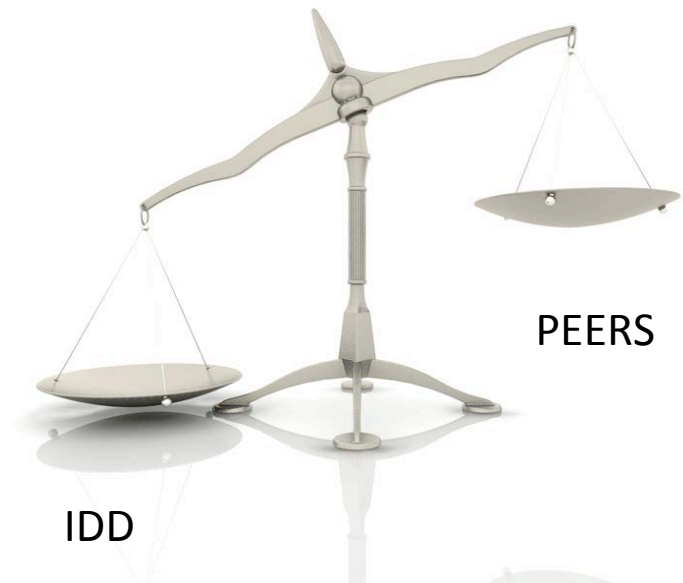
Challenge #3

PEOPLE Living with Significant Chronic Conditions at an Early Age

Aging



Chronic Conditions



Challenge #4



STANDARDS



Toolbox

STANDARDS



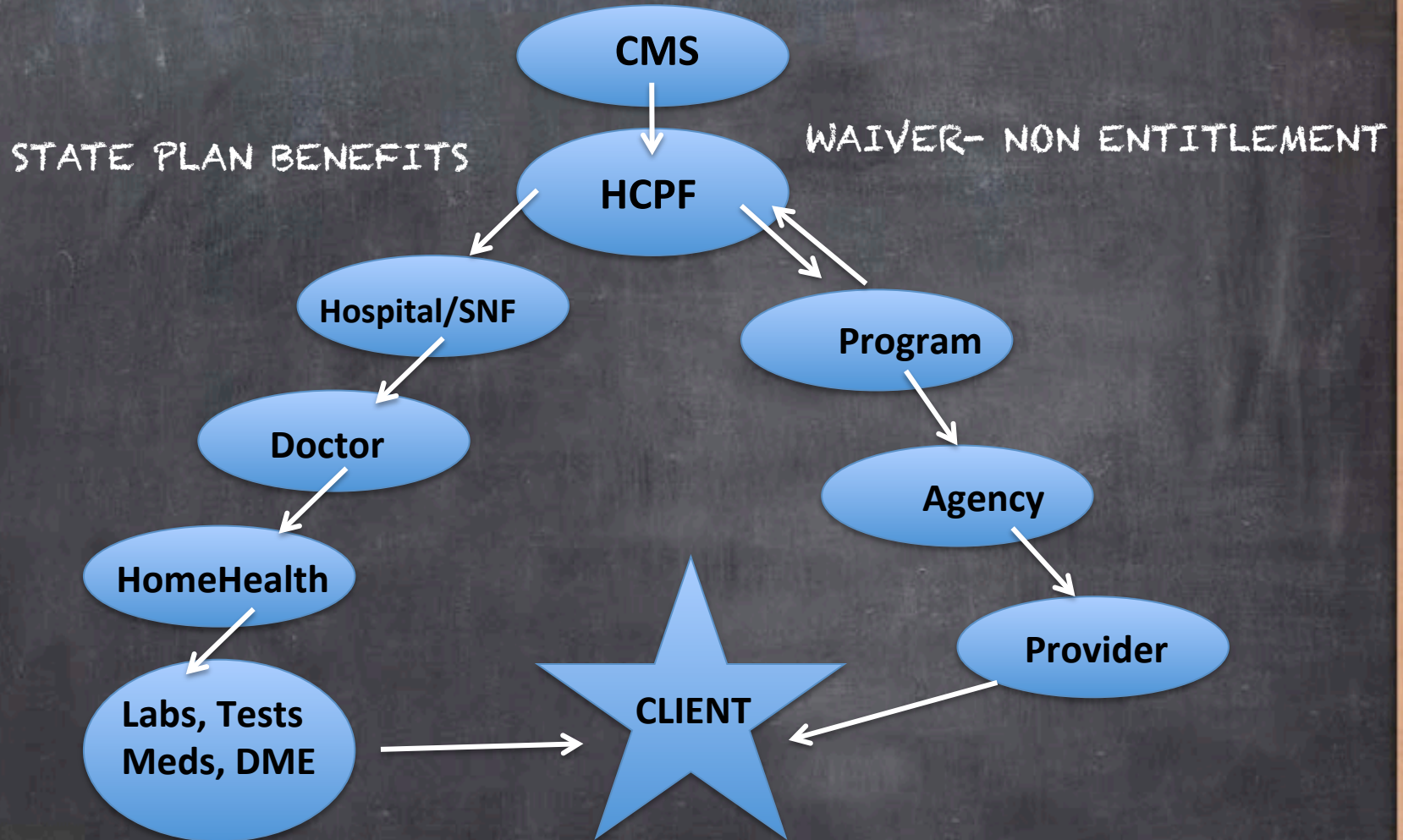
Direct Care



- RN
- LPN
- CNA
- PHARM

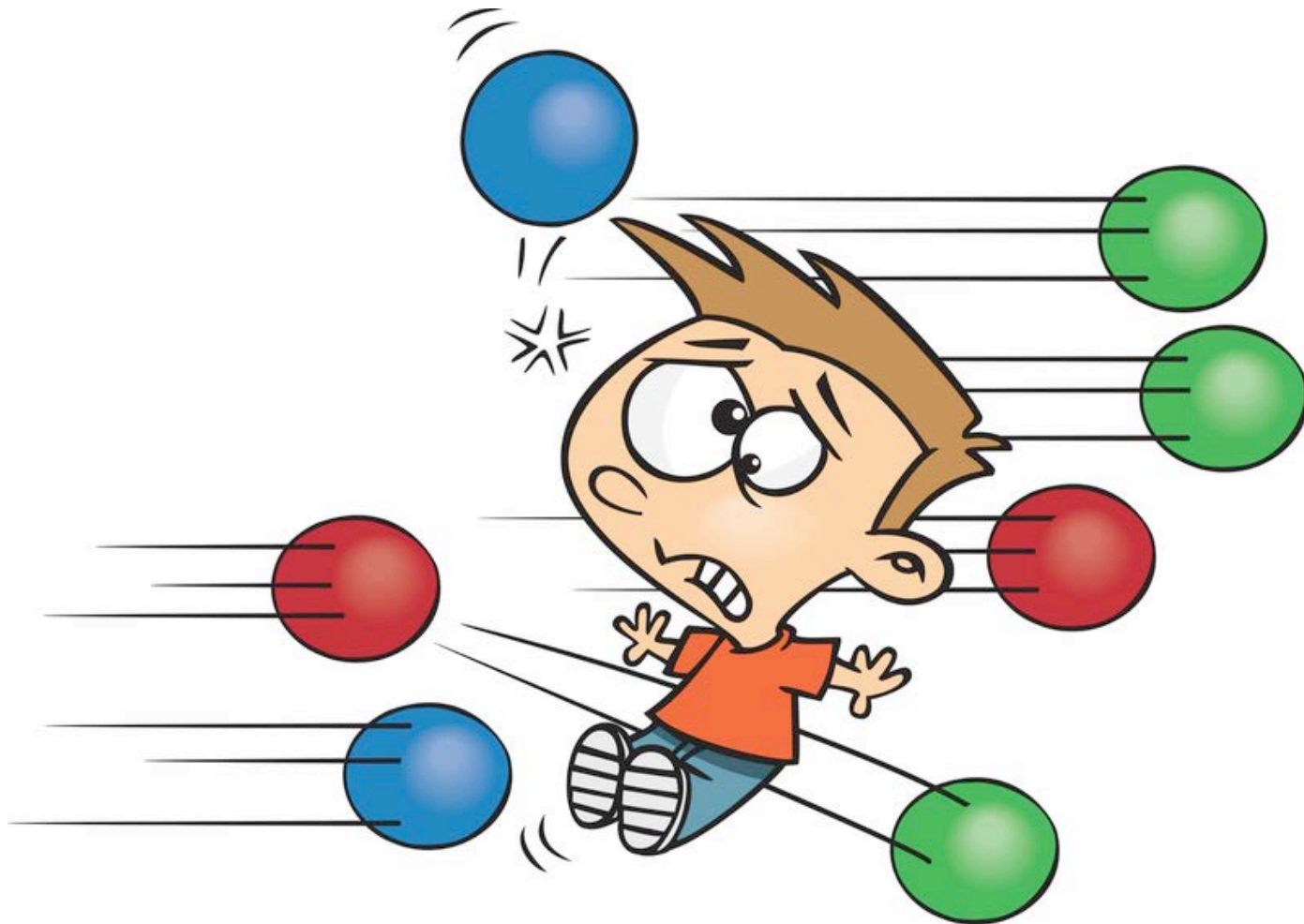


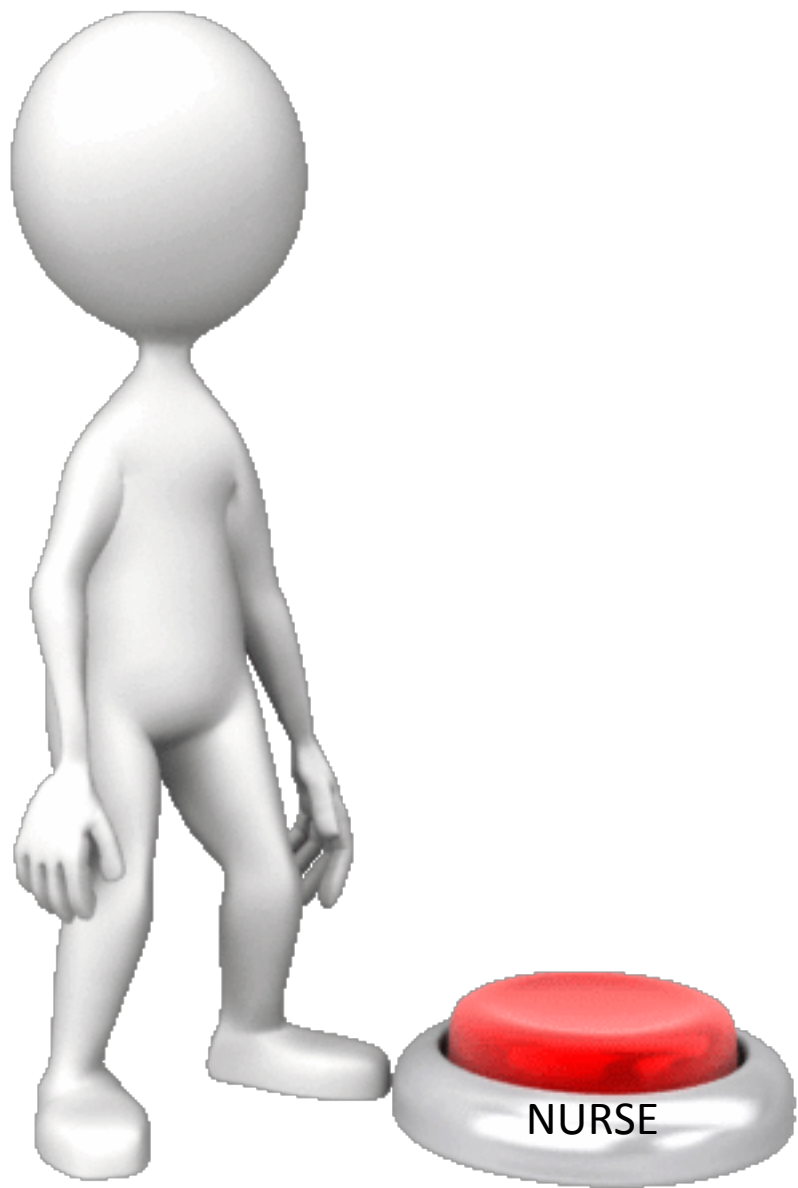
FOLLOW THE MONEY (Colorado)



Challenge #5

Medical causes for Care System Gaps in IDD





NURSE

HCBS = Personal/Non-Skilled

NATURAL SUPPORT-UNPAID

HCBS Waiver under 1915 In-Home Support that includes Health Maint.

NURSE DELEGATION

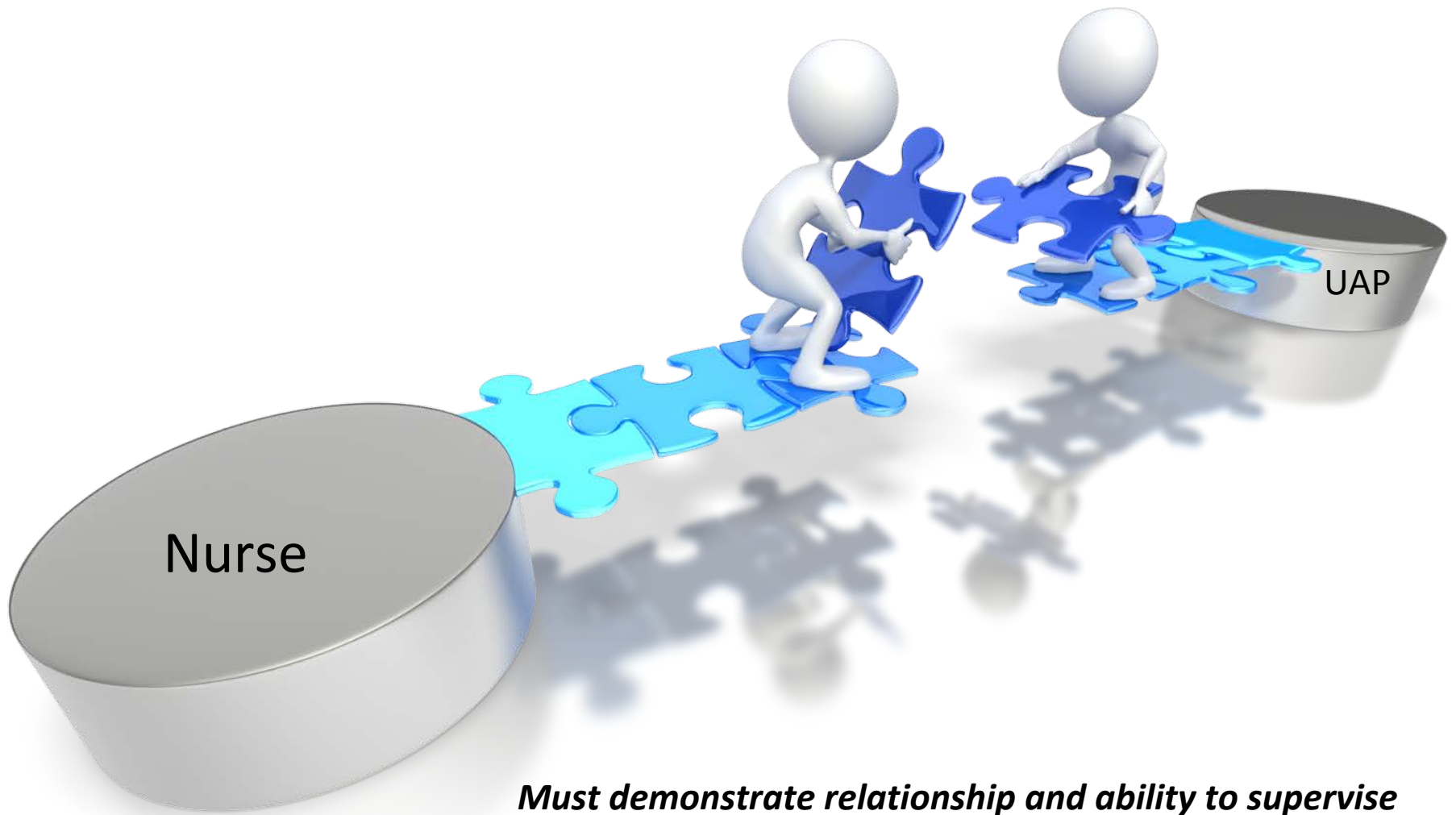
State Plan= Home Health-Skilled

Challenge #6





RN	LPN (some state delegate)	UAP
<ul style="list-style-type: none">• Sterile procedures• Assessment needed prior to task• Specialty task• Competence in task• Orders for treatment• Develop Care Plan• Teaching Task• Evaluation of LPN/ UAP• Evaluation of client response & Outcome	<ul style="list-style-type: none">• Follows Plan of Care• Chronic but stable conditions• Routine Procedures• No Assessment• Demo competency	<ul style="list-style-type: none">• No assessment• Routine Procedure• Activities of Daily Lvg• IADLs• Demo competency



FIRST, DO NO HARM

DELEGATION NATIONAL STANDARD

- ✓ The Right task
- ✓ The Right circumstances
- ✓ The Right person
- ✓ The Right directions & communication
- ✓ The Right supervision and evaluation

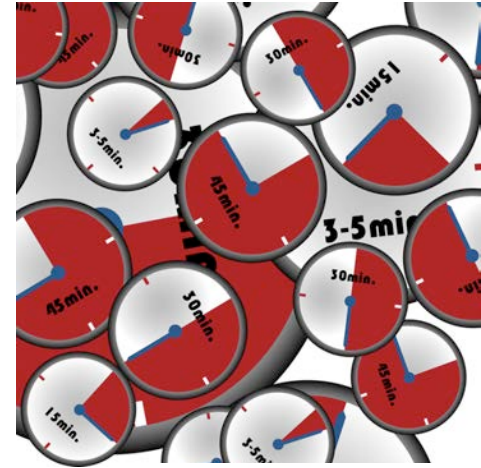


DO YOUR AGENCY/ ENTITY POLICIES & PROCEDURES:



Ask the right questions

Have a vision for Acute Care Vs. Long Term Management



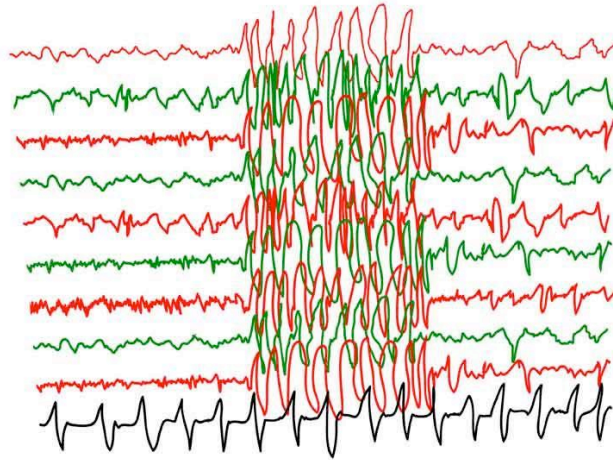
Consider all unskilled options

Least invasive



avoid crisis & reduce risk

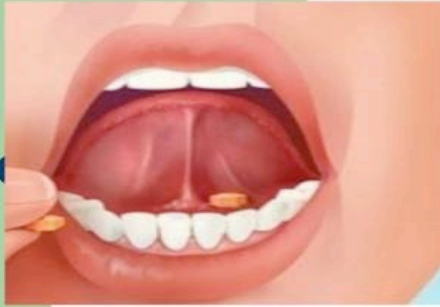
EPILEPSY



The RESCUE SKILLSET



sublingual tablet



Buccal tablet



No delegation



vinay gupta



Policy: Seizure management is supported when identified in the ISSP and:

- a) written physician orders are present in the client record ,renewed annually,**
- b) can be carried out by unlicensed personnel when a nurse or an identified natural support person is not available,**
- c) a Seizure intervention Protocol is present and the medication administration is allowable by law or rule**
- d) A nursing plan of care is present addressing seizure management**
- e) The primary medical professional concurs with the protocol in writing**

PROTOCOL PROCEDURE is quantifiable and Concrete:

- a) Lie person on floor in rescue position, protect from harm**
- b) Call 911**
- c) Administer diastat rectal 5mg after 5 minutes of jerking movement**
- d) Support CABD principles of CPR training**

***Seizure
SUPPORT***

NATURAL SUPPORT-UNPAID

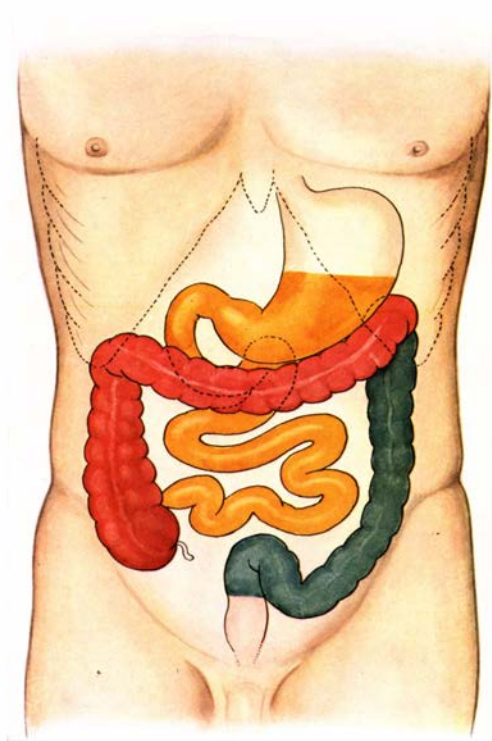
HCBS = Personal/Non-Skilled

HCBS Waiver under 1915 In-Home Support that includes Health Maint.

NURSE DELEGATION

State Plan= Home Health-Skilled

IBS/ Chronic Constipation/ Impaction



INTERVENTION SKILL-SET





No delegation

PROACTIVE LONG TERM MGMT



Policy:

Long-term bowel management is supported when identified as a need in the ISSP and:

- a) written physician orders are present in the client record ,renewed annually,**
- b) can be carried out by unlicensed personnel routinely when a nurse or an identified natural support person is not available,**
- c) a Bowel Protocol is present for routine implementation and as needed medication administration is allowable by law or rule to reduce incidence of impaction**
- d) A nursing plan of care is present addressing routine management**
- e) The primary medical professional concurs with the protocol in writing**

PROTOCOL PROCEDURE is quantifiable and Concrete:

- a) Encourage fluid intake of _____ ounces minimum daily**
- b) Provide nutritional support of : (food sources) daily, weekly....**
- c) Provide routine administration of medication oral/GT as prescribed**
- d) Record BM and notify _____ if more than ____days pass**
- e) If _____ days without BM, administer PRN medication, notify Medical professional**
- f) Transport to medical clinic for intervention if no PRN medication result or as instructed by medical professional**

**Bowel
SUPPORT**

NATURAL SUPPORT-UNPAID

HCBS = Personal/Non-Skilled

HCBS Waiver under 1915 In-Home
Support that includes Health Maint.

NURSE DELEGATION

State Plan= Home Health-Skilled



Policy: Diabetic insulin injection, pump, glucometer management is supported when identified in the ISSP as a needand:

- a) written physician orders are present in the client record ,renewed annually for A referral to State Plan Home Health has been initiated, or**
- b) can be carried out by an agency nurse or an identified natural support person,**
- c) Can be carried out by nurse delegation with an intervention Protocol present and the medication administration is allowable by state law or rule**
- d) A nursing plan of care is present addressing insulin management**
- e) The primary medical professional concurs with the protocol in writing**

PROTOCOL PROCEDURE is quantifiable and Concrete:

- a) Glucose monitoring is accomplished Q _ H and when _____**
- b) Flowing MD orders for routine insulin type ___ U or sliding scale __ U**
- c) Emergency hypoglycemia protocol present**
- d) Call 911 if unresponsive and Support CABD principles of CPR training**

**DIABETIC
SUPPORT**

NATURAL SUPPORT-UNPAID

State Plan= Home Health-Skilled

HCBS Waiver under 1915 In-Home
Support that includes Health Maint.

HCBS = Personal/Non-Skilled

NURSE DELEGATION

Your Policy Guide

Have you...

- Identified the need properly in the ISSP?
- Is it a prescribed intervention (in writing)
- A Nurse assessment
- Nursing plan of care
- Identified available supports
- Developed a person-specific protocol that eliminates assessment and creates a routine and consistent event
- Linked nurse relationship to delegatee
- Provided documented training, determined competency, demonstration ability & ongoing supervision



↓ AGENCY LIABILITY ↑ CONSUMER CHOICE

- 1) State Plan Benefits
- 2) HCBS-waiver non-skilled
- 3) Natural Support- Unpaid
- 4) HCBS-Health Maintenance Activity
- 5) Client/Rep. Directed Programs
- 6) Delegation



TRANSITION PLAN EFFECTS IN CARE STRATEGIES



Community Integration

Individuals can fully participate in community life.



Rights

Individuals are treated with dignity and respect.



Privacy

Individuals control when and with whom they want to share their personal space, conversations, and information.



Choice and Control

Individuals can control their choices about where they receive their services, who provides their services, and how they want to spend their days, based on their own needs and preferences.



Freedom of Access

Individuals can access all areas of their home and community to the same extent that others without disabilities are able to.

WHAT I NEED



WHAT I WANT

Cheat Sheet-A PLAN for GAPs

Reducing Disconnects in Care and Liability Risks

- ① Identify the Skilled Care needs of community life
- ② Identify Natural personal support exempt from Nurse Practice Act
- ③ Utilize & exhaust State Plan Benefits FIRST
- ④ HCBS-Waiver Supports per State
- ⑤ RN Assessment, Nursing Diagnosis and Plan of Care
- ⑥ MD orders for the skilled care- implement
- ⑦ Client Consent and request for consumer directed or delegation
- ⑧ Agency Policy / Procedures defines staff relationship for delegation
- ⑨ Identify a QUALIFIED RN with task experience for delegation process
- ⑩ Identify a QUALIFIED specific unlicensed person to accept task.



OR

Considerations for alternative HCBS options for Health Maintenance Activities

LifeLearn U
.com



Learning for Life

Contacts:

Leilani Glaser, RN, CDDN, CLNC

Katrina Cupp, BSN

719-660-7382

support@lifelearnu.com

References:

Nurse Practice Acts for: Montana, Colorado , Utah, South Dakota, Wyoming, North Dakota
SSA Sections 1902(a) (b). 1905, 1915 (c) ,(i),(k), (j)

HCBS Waiver Applications for:Montana, Colorado , Utah, South Dakota, Wyoming, North Dakota

NCSBN Delegation Guidelines 2012

Institute on Community Integration & Research Training Center on Community Living

Journal of Gerontology:

MEDICAL SCIENCES by The Gerontological Society of America

2002, Vol. 57A, No. 7, M470–M472, Bittles, Peterson, Sullivan et al.

Evaluation of Practice Models for Dual Eligibles and Medicare Beneficiaries with Serious Chronic Conditions HHSM-500-2010-00058C

Final Report July 25, 2011 for CMS

National Medication Administration supports

Resource	Location
Agency for Healthcare Research and Quality (AHRQ)	http://www.ahrq.gov/
Expert Panel on Patient Safety in Correctional Settings	http://patientsafetyin correctional settings.com/patient-safety
Institute for Safe Medication Practices (ISMP)	http://ismp.org/
Institute for Healthcare Improvement	http://www.ihl.org/knowledge/Pages/Changes/ImproveCoreProcessesforAdministeringMedications.aspx
Institute of Medicine	http://iom.edu/