

Madison County Board of MR/DD

Areas of Excellence Application

Quality Framework Domain V

Promoting Physical Health and Prevention

ODMRDD Expected Outcome: People are healthy and safe in their communities.

The Madison County Board of MR/DD has a commitment above all else to insure that the health and safety of each child and adult receiving our services is of the highest importance. Over the years we have heard much about health and safety---do we “insure” it? Are we supposed to “guarantee it”? We’ve struggled at times as we’ve smothered individuals with “care” and limited choice at times because of a perceived risk to “health and safety”. We’ve found it very easy to fall into the pace of “well what if this were to happen”? And that’s not a bad thing---this measure of over-protectiveness, borne out of a strong sense of caring and commitment serves as a strong foundation for Team’s assisting individuals in making decisions about their lives. Tempered with reason and efforts to insure that individuals have all information available to make informed choices in their lives, we’ve found that individuals that we serve, just as we do can find a balance. We’ve learned and we’ll keep learning.

We’ve purposely not included in this narrative the required inspections, drills, and physical environment related requirements as the recent Accreditation Review has encompassed this well. As do other county boards we provide a 24/7 emergency on-call system to support individuals and work with individuals to access that number as well as local police, fire, and medical emergency supports. We did want to emphasize some of our accomplishments and efforts that we believe have lead to better health and related care of the individuals we serve.

Back in the ‘90s we, as did most other county boards at the time complied with state rules and incorporated Delegated Nursing in the workshop and school setting. Not having a nurse on staff and contracting for this position, we found it burdensome and very difficult to live with at times. We also found that it resulted in better care for individuals and that staff began to develop a higher level of understanding in their roles. During this same time period it seemed that the needs of individuals served in these settings were changing---we learned along with the nurse about g and j tube feedings, the nurse was able to teach us about diabetes and Epi-pen use, the medications, once stored in the secretary’s desk and passed by whomever was in the front office and thought about it were now stored securely and doses properly documented. At that time, residential providers did not fall under the same requirements and to say it was sometimes difficult to get physician orders, medication in pharmacy labeled containers, and all of the other requirements met, from providers and parents would be a drastic understatement.

In 2000, our Board took another step forward in their commitment towards promoting physical health and prevention when it established the Organization Services Division. With the establishment of this division, for the first time the Board employed a Registered Nurse, now in the role of Health Services

Coordinator. Quality Assurance was to be conducted out of this division so as to provide objective reviews of services including Service Coordination. An Investigations Coordinator rounded out this team and what we quickly learned was the value of the interconnectedness between these positions and how often one impacts the other as we work together to address incidents, medication errors, and develop systems to support staff in providing quality services to individuals while preventing re occurrences of incidents adversely affecting health and safety.

Also in 2000, our Board made the commitment to implement Delegated Nursing in residential settings. In talking with many other county boards at the time we found that we did not have much company in this endeavor. Residential agencies that served other counties as well as ours verified this as we often heard—"but they don't make us do that in ___county". A very long and intensive list of action steps, followed by a multitude of meetings, debates, and collaborative efforts paved the way for the expansion of this intensive level of oversight into the residential arena. Our Board and our partners in service provision worked together to answer the tough questions---who pays for the staff time involved in training? How will the 24/7 on call support be handled? Delineation of responsibilities within individual agencies was an issue that together we solved. When the rule was redrafted into the Medication Administration rule that we now follow, Madison County was well ahead of the game and with a few minor adjustments and updated trainings medication administration and the administration of health related activities never skipped a beat.

Innovation has been our watchword in this area. We are always striving to find a sound approach that will lead to staff success and fewer medication errors. One example has been the involvement of our local pharmacy in packaging medications in bubble packs. The bubble packs are then stored for individual according to the time they are to be administered. As staff punches out the dose to be administered they initial and date the package at the appropriate place, providing one more measure of documentation and insuring accountability. These bubble packs provide a quick reference for medications remaining, medications passed, and any issues as agency supervisors and Support Service Coordinators conduct monitoring activities. Not only has this resulted in fewer medication errors it has also served to provide a more immediate alert when an error has been made or in the rare cases of misappropriation, leading to prevention of future errors. Another example of our commitment towards insuring that individuals are receiving the supports they need has been our modification (with state approval) of the Self Medication Administration Assessment to include behaviors that are a danger to self as a consideration of an individual's ability to self medicate. As well we have changed the assessment to more clearly define the outcome. We have found both of these measures to be very useful in guiding Teams when making this decision.

Our Family Support Services Director requires that each Support Service Coordinator complete the 14 hour Medication Administration Training as well as the 4 hour Insulin Injection training and maintain current certification in these areas. This leads to a clearer understanding when Support Services Coordinators are outlining in ISPs the related services as well as equips them when responding to after hours' crisis calls. This information also prepares Support Services Coordinators to conduct thorough reviews of medication storage/documentation/information during home visits which will then be included in their Service Delivery Monitoring Forms.

Recently in response to our Self Review Process we found that more detailed information was needed for our drivers. We utilized our Management Team as well as our Safety Committee to revise our Emergency Care Cards, which are kept on vehicles with the purpose of providing emergency information to our drivers. The primary revision was made in insuring that all "special transportation needs" were

noted on one place on each form. This greatly assists substitute drivers in quickly determining the need of individuals they will be transporting as well as serving as an ongoing resource for regular drivers. Medical needs, behavioral needs, and supervision needs (notations that staff must be present before dropping off at the residence, etc.) are noted in this section. We have developed a Transportation Assessment Process that insures drivers have an opportunity to note any observations they have related to each individual and that it can then be incorporated into their ISP. This information which flows from the driver to the Team and from the Team to the driver has done much to bridge the communication gap that formerly existed. Medical Information Cards developed by the Health Services Coordinator and include care protocols for seizures, diabetic conditions, allergies/Epi-pen usage, and heat trauma round out the driver's arsenal.

As our population ages we have found it more important than ever to insure that individuals we receive routine and timely health care. For many of our individuals with providers and Medicaid, this is just a matter of identifying the needs through the ISP process, scheduling and monitoring to insure that care was provided. For individuals that are not receiving services through a provider and who don't have Medicaid or another insurance source this becomes more challenging and we have responded by doing whatever is necessary to insure that the individual gets the services they need, at times utilizing Support Services Coordinators to take people to appointments and insure communication between specialists and primary physicians.

Our Health Services Coordinator facilitates the Regional Nurse's meeting which includes 10 counties. These meetings are geared towards assisting each other in addressing challenging issues we all face in the very complex business of providing for the medical needs of the individuals we serve. She also serves on the state level Curriculum and Rules Task Force as well as maintaining a position on the Ohio Health Care Advisory Committee for Individuals with MR/DD. Locally she chairs our Safety Committee and is a regular contributing force in our agency newsletter providing information based articles geared towards assisting individuals and their families, staff, and providers in improving health and wellness.

We could not begin to touch on the area of promoting physical health and prevention without providing some details with regard to our incident reporting process and the related follow up. Another great example of the benefits of being a smaller county board is found in our ability to review each unusual incident report on a daily basis from all providers and all facets of our agency. While the rule requires all providers to report MUIs within timelines established by the Department we have taken this a step much further. Eliminating the need for providers to differentiate between UIs and MUIs (often no small challenge at the county board level) we request that providers forward all Unusual Incidents to our Investigations Coordinator. Reviewing each UI, the Investigations Coordinator not only screens for and reports MUIs as appropriate, he is able to share reports directly with the Health Services Coordinator when they involve medication errors or medical concerns and with the Behavior Support Specialist when they are related to behaviors as both of these staff are part of the Organization Services Division. Health and safety related incidents are routed to the Safety Committee for additional attention and recommendations. The UIs are then forwarded directly to the Support Services Coordinator who provides follow up as necessary to insure the individual's health and safety and can utilize them to identify patterns or trends in an individual's life. The Family Support Services Director conducts a final review of each incident report to insure adequate follow up has occurred. Finally we factor in the past 12 months of incident reports as part of each Quality Assurance Review. This objective review serves to identify trends and patterns and potential gaps in services that may not otherwise be apparent. Additionally from a continuous quality improvement standpoint, we have been able to identify issues needing system changes or additional attention. For example, we noted more than one incident of staff

lacking a clear understanding of how to properly respond to blood pressure readings that were above or below the parameters specified in the physician orders. We were able to respond by providing additional training and information to staff as well as insuring that the ISP was very clear and corresponded to the physician orders.

Examples of how these positions intermesh and complement one another came to light about two years ago. As our population ages we have seen more incidents of diabetes. During a Nursing Quality Assurance Review we found that glucometer readings were not being taken as required. An investigation through our MUI process determined through comparisons of the glucometer memory and the documentation that the staff member responsible had falsified documentation. Collaboration between the Health Services Coordinator and Investigations Coordinator was key to insuring that all preventative steps were taken to prevent re-occurrence. About the same time we began looking closer at glucometer readings/documentation through our Quality Assurance Review process as well as blood pressure readings. Upon discovering readings that were outside parameters and proper actions not taken the Organization Services Coordinator completing the QA notified the Investigations Coordinator who worked through the MUI process to resolve. In a broader approach as we felt the need to be sure staff were adequately equipped to provide these important health care tasks, we issued an Information Notice to all providers and our Health Services Coordinator and Support Services Coordinators worked closely to more clearly outline parameters and required staff actions within the ISPs. To our knowledge, based on input from county board nurses around the state as well as agencies that provide services across multiple counties we know of no other counties that are comparing documented results to the memories stored in the equipment (glucometer/blood pressure). Through this process we have identified and remediated through the state certification suspension and revocation system, 4 separate incidents of falsification over the past two years. Our proactive approach to insuring that individuals are receiving the highest level of medical care in the community settings in which they live is unparalleled.

Our Recreation Coordinator initiated a Healthy Lifestyle Contest last year that was geared toward providing individuals with education, support and motivation to make healthy diet and exercise choices. The contest was a great success with 26 contestants with 22 of the participants losing a combined total of over 133 pounds! A key component to the success of this program was the involvement and education of agency and county board staff that supported individuals in their healthy choices.

One of the most significant impacts our Board programs have in the area of promoting physical health and prevention comes from our Early Intervention Program. We've long recognized the benefits of working with families and children at the earliest possible age and feel confident that this intervention provides a critical start in their lives. The support network provided by our Early Intervention Specialists to families that face the challenges and sometimes devastating health issues in their young child's life is exemplified in the example provided directly from one of our E.I. Specialists that follows. What the E.I. Specialist didn't include in the summary were the countless hours that she spent on the phone with this young mother providing a needed shoulder of support helping make a very difficult time for this family a little less trying. This scenario also does well to represent the tenets of Domain III Promoting Personal and Emotional Well Being, showing the positive impacts of the supports for the families that receive it. This example also bespeaks the role of E.I. as instrumental in tying together a multitude of services and service providers.

"As an Early Intervention Specialist in Madison County, we often take on many roles in regards to our families. Supporting them is one of our biggest. I began working with a family in February 2009, at that time their son had been home from the hospital for about a month and he was 6 months old. He has a

medical diagnosis and sees many specialists at Nationwide Children's Hospital. He has undergone many tests searching for ways to help him (he has feeding and breathing issues). His mom takes on the primary role of taking him to his appointments and staying with him when he is in the hospital. Dad stays home with their other child. As you can imagine, this can be very stressful for a family. I have spent many hours on the phone with this mom, listening to her, guiding her, or just letting her vent so that she can be okay to deal with her kids and husband. She is a wonderful advocate for her son and is not afraid to speak her mind, however, sometimes she just gets overwhelmed or intimidated like everyone else. Every time she goes to Nationwide Children's it seems as if something else is "wrong" with him or they want to do another procedure. I have worked with the BCMH Nurse to try to coordinate the physicians at Nationwide Children's to meet and talk about this child as a whole and as a team instead of segmented, so that some of the tests/procedures they wanted to complete could be done at the same time instead of multiple visits. This mom desperately wants her son to have a normal life and be like other kids. She has brought him to our peer playgroups at Fairhaven School to give him such an opportunity. It also gives her an opportunity to be around other parents. She also began bringing him to Fairhaven for occupational and physical therapy (this saved her a weekly trip to Columbus). I have attended medical appointments with this mom. Often times she goes alone and would call me from the appointment anyway. She was very thankful that I came. This child is scheduled for a surgery at the end of August. Naturally mom is very worried about this, we have talked about it and I suggested she make a list of pros/cons for the surgery, so that she could make an informed decision. This child has made some significant motor gains over the past few months, I think due to his mom following through with what she was shown at therapy and the support and positive feedback we have given her."

We are constantly monitoring and assessing system outcomes in the area of physical health and prevention. From the simple reviews and responses involved in finding out why a medication error occurred to the more complex and detailed approaches needed to remedy systems problems we work very closely together and provide technical assistance and support to providers. The monitoring tools discussed herein, including our Quality Assurance Review Process (recently updated in response to an MUI to include physician/dental/vision visits), our Nursing Quality Assurance Reviews, the Service Delivery Monitoring Forms (also modified to track medical visits), which are completed by Support Services Coordinators three times per year for each individual receiving services, our Safety Committee, our MUI Committee, and our very intensive incident review process all serve to alert us to areas that need attention. Evidence of our commitment towards meeting the needs of our individuals in this area can be readily seen in the evolution of our ISPs and related procedures as well as the time taken by our staff to extend training to our partners in service provision, the Adult Services and Residential Services Providers.

Number of eligible individuals with disabilities in Madison County: 303

Number of individuals that have benefitted from this service: 303