2015 Changes to the Health and Wellness Standards

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Marked Changes

- Standard 3: Preventative Health
- Standard 5: Health Care Management Plan
- Standard 8: Behavior Support Plan
- Standard 14: Hearing Screening & Hearing Aids
- Standard 15: Vision/Eye Health Care
- Standard 16: Immunization
- Standard 19: Psychiatric Services
- Standard 24: End of Life Planning
- Standard 26 (New): Associated Health Conditions

Standard 3: Preventative Health Care

- **Annual** Preventive Health Screening Report (Male & Female)
  - Replaces the Health Form I. There is a male and female version.
  - It's a screening tool based upon a review of high-quality scientific evidence, of recommendations from the US Preventive Services Task Force (USPSTF) on preventative health screenings for men and women.
  - The form serves as guide for the primary care provider in collaboration with the person to make an evidence-based decision to determine if the recommended screening isn't contraindicated for the person (Person-Centered).
  - All documentation shall be accurate and maintained in the health record.

Standard 3: Preventative Health Care

Annual Preventive Health Screening Report (Male & Female)

- Condition….i.e., colon cancer, diabetes
- Screening Indicators….i.e., Age, taking SSRIs
- Test to be taken…..i.e., blood glucose, Glasgow Depression Screen
- Completion…i.e., test performed, refused, not indicated based upon…

What is the nurse's role regarding the Annual Preventive Screening Reports?

Standard 3: Preventative Health Care

Depression: is a mood disorder that causes a persistent feeling of sadness and loss of interest. It affects how you feel, think and behave and can lead to a variety of emotional and physical problems.

Some signs and symptoms of clinical depression are:

- Can't sleep or sleep too much
- Not able to concentrate or find that previously easy tasks are now difficult
- Feelings of hopeless and helpless
- Unable to control negative thoughts, no matter how much you try
- Loss of appetite or eating too much
- More irritable, short-tempered, or aggressive than usual
- Engaging in other reckless behavior
- Thoughts of suicide

Standard 3: Preventative Health Care

- Depression, it's more than feeling sad. Intense feelings of sadness and other symptoms, like losing interest in things you enjoy, may last for a while. Depression is a medical illness, not a sign of weakness.

Types of Depression

- Major Depression: feeling sadness most of the time
- Persistent Depressive Disorder: depressed 2 years or longer
- Bipolar Disorder: mood episodes from extreme to low mood
- Seasonal Affective Disorder (SAD): associated with winter months
- Psychotic Depression: decrease mood with psychotic symptoms
- Premenstrual Dysphoric Disorder (PMDD): associated with menses
- Post-Partum Depression: associated after giving birth
- "Situational" Depression: trouble managing a stressful event
- Atypical Depression: sadness isn't persistent, a positive event can improve mood.

Standard 3: Preventative Health Care

Reasons to screen for Depression in People with ID

- Depression is very common in people with and without ID
- Once identified, depression is very treatable.
- If not treated, depression causes impairment in physical health, social relationships, behavioral functioning and quality of life.

Standard 3: Preventative Health Care

Glasgow Depression Scale Questionnaire

- Targets unique symptoms of depression displayed by people with ID in a language most easily understood by them.
- The questionnaire screens for depression in people with ID. The screening tool detects symptoms of depression which may have gone undetected.
- **Self-Report** version: a person can report on their own symptoms. A nurse will simply ask the person the questions and record the responses on the questionnaire.
- **Care-Giver Supplement** version: is used for people who are nonverbal and can't self-report.

Standard 3: Preventative Health Care

Self-Report

- 20 questions based upon interview and observation
- Rating scale 0-2
- Total scores of 13 or higher would require referral to a mental health consultant or psychologist.

Care-Giver Supplement

- 16 questions based upon observation
- Rating scale 0-2
- Total scores of 13 or higher would require referral to a mental health consultant or psychologist.

Standard 3: Preventative Health Care

- Note: the presence or absence of depression symptoms is based upon observation from the staff (i.e. recent loss, change in health, life style changes, etc.).

- Both forms can be completed by any staff member on a minimum requirement of annually in conjunction with the Nursing Assessment. Both forms can be completed more frequently as changes in mood is observed.

Standard 5: Health Care Management Plan

- The Role of the Qualified Developmental Disabilities Professional (QDDP)....qualifications, state interpretation as members of the interdisciplinary team. NOTE: the QDDP in both the **ICF and Waiver settings** will now be required to review the HCMP **quarterly** and document in the MCIS.

- Expectation for the Direct Support Professionals in Supporting the Health of People with Intellectual Disabilities.....the role is defined by the National Association of Direct Support Professionals (DSP) Code of Ethics. The DSP is to support the emotional, physical and personal well-being of the person. DSPs will be following the concepts as designed in the Early Warning Tool ("Stop and Watch") when there is a change in condition or baseline.

Standard 5: Health Care Management Plan

Nursing Assessment Tool

- Universal to be used in the ICF and Waiver settings. It provides a comprehensiveness to assess those who are independent and to identify if an assessed area needs to be addressed by the doctor.

- A panel of nurses, including nurses from the provider community created the form based upon evidence practice.

Standard 8: Behavior Support Plan

- Updated in accordance with DDS's Restrict Control Review Committee policies and procedures.

- One time basis medication administered by a physician for sedation during a non-recurring medical appointment does not require a BSP, but an incident report will need to be generated.

Standard 14: Hearing Screening & Hearing Aids

- The U.S. Preventive Services Task Force does not recommend annual screening for hearing. NOTE: The interdisciplinary team will need to be observant for signs of decreased hearing.

- People with Down Syndrome will still need to have their hearing tested every two years

Standard 15: Vision/Eye Health Care

The U.S. Preventive Services Task Force does not recommend screening during the annual primary care visit with the exception of people with Down's Syndrome who have an increased risk for visual changes (two year screening).

- Note: The team will need to observe for visual problems and plan accordingly

Standard 16: Immunization

- Added here is the suggested format for documenting the vaccination record (Link: http://www.immunize.org/catg.d/p2023.pdf)...CDC.

Standard 19: Psychiatric Services

"Each person who is prescribed psychotropic medications for more than a one-time basis shall have an annual psychiatric assessment."

- Annual Psychiatric Assessment (required)
- The is designed in accordance of the American Psychiatric Association.

Standard 19: Psychiatric Services

Rationale for requiring annual psychiatric evaluations

- Statutory obligation to prevent unnecessary use of medication
- **§7-1305.05(h)** "All individuals have the right to be free from unnecessary and excessive medication."

Purpose of Annual Psychiatric Assessment:

- Provides clinical justification for the use of psychotropic medication.
- Verifies that the person meets criteria for a ***current*** mental health diagnosis (not a diagnosis "by history")
- Verifies that the treatment plan is revised if the person is not making progress
- Documents that criteria for medication titration have been considered

Standard 19: Psychiatric Services

Rationale for the required template:

- Simplifies the assessment
- Eliminates unnecessary information (e.g. mental status examination) or information that is available from other records (e.g. social history, developmental history).
- Eliminates illegible evaluation reports

Standard 19: Psychiatric Services

Improving the Efficiency of Psychiatry Consultations

- The Health Passport and either page 2 of the Psychotropic Medication Review Form or a behavioral note must be provided at each psychiatry appointment and shall provide a description of target behaviors that have occurred since the last psychiatry appointment.

- Page 2 of the Psychotropic Medication Review Form or the behavioral note shall also summarize changes in the person's functioning in the following areas since the last psychiatry appointment.

Standard 19: Psychiatric Services

- Activity Level (increased or decreased)
- Unusual Body Movements
- Sleep Changes
- Change in mood
- Major life changes/stressors
- Psychotic symptoms
- Any incidents (i.e., police calls, ER visits, use of restraints, etc.).
- Psychiatric symptoms
- Anxiety
- Appetite changes (increase or decrease)
- Suicidal ideations/behavior
- Environmental issues
- Medication side effects
- Medication compliance

Standard 19: Psychiatric Services

Rationale:

Psychiatrists require current descriptions of the person's behavior and health functioning in order to make informed prescribing decisions.

i. Psychiatrists become frustrated when staff who accompany the person to the appointment is not knowledgeable about the person's behaviors.
ii. Behavioral frequency data sheets are too cumbersome to review in the appointment or are not up to date.
iii. Frequency data is not helpful without a description of the target behaviors that occurred.

Page 2 of the Psychotropic Review Form or the behavioral note should be reviewed by the person's nursing staff prior to the appointment

Standard 19: Psychiatric Services

LYLE HealthCare

(Behavioral health services offered under state Medicaid/Medicare)

- 1414 North Capitol Street, NW
  Washington, DC 20002
  202-232-4270 (Tel)
  202-232-4394 (Fax)
  email: lylehealthcare@verizon.net
  website: http://www.lylehealthcare.com

Contact: Tunde Ogunyemi, LICSW for appointment

Some services include: Psychiatry, Individual Therapy, Family Therapy, Grief Therapy, Trauma-Informed Therapy, and many others.

Standard 22: Seizure Disorders and Protocols

- The additions aren't new, but standard #26 is which discuss the four associated health conditions
- Review the sample seizure tracking forms and compare with your current protocol forms.
- Support staff to track onset of seizures
  - Date of seizure
  - Time of seizure
  - Antecedents
  - Descriptions
  - Duration
  - Post-seizure status care provided during and after the seizure

Standard 24: End of Life Planning

- Updated to include Guidance on the Effect of Do Not Resuscitate (DNR) and Do Not Intubate (DNI) Orders once a person who receives supports from DDS leaves the hospital and returns to a residential, day or vocational setting.

When included in an advance directive:

- DNR: medical staff can't provide CPR if the heart stops or breathing ceases.

- DNI: medical staff can conduct chest compressions and cardiac drugs to revive a person but a breathing tube shall not be placed.

Standard 24: End of Life Planning

- Do Not Hospitalized Order: a physician order that instructs the health care providers to not transfer the person to the hospital from a setting such as a nursing facility or the person's home unless needed for comfort care.

- Comfort Care Orders: allows the person with a terminal illness to express their wishes regarding end of life planning (pre-or-post hospitalization). The physician must verify the terminal illness and sign the order.

- Comfort Care Bracelet: a hospital band identifying the person as having a CCO.

Standard 24: End of Life Planning

How does a DNR work outside of a hospital setting? There are 3 ways:

- DNRs signed during a hospitalization only applies for the duration of that hospitalization. Upon discharge home, the team can discuss this option by completing an Advance Directive, Living Will, or Durable Power of Attorney to keep on file.

- Advance Directive, Living Will, or Durable Power of Attorney shall be honored in all settings. The hospital may still require a signature on a DNR status. If the person doesn't have any of these forms, the provider will continue to proceed with usual life sustaining practices.

- Only CCO bracelets and orders shall be honored, even by the Fire/EMS. Fire/EMS will not honor a DNR without a signed Advanced Directive, Living Will or Durable Power of Attorney.

Standard 26: Associated Health Conditions In People With Developmental Disabilities

- Incorporates the four major health issues that are commonly linked among people with developmental disabilities and are associated with high co-morbidity and mortality rates.
  - Aspiration
  - Constipation
  - Dehydration
  - Seizure

Standard 26: Associated Health Conditions In People With Developmental Disabilities

- Guidelines on how to prevent or minimize risk factors associated with (aspiration, constipation, dehydration and seizure).
- Review of health history practices
- Observations that should prompt an immediate focused nursing assessment (i.e., for constipation: abdomen firm, no bowel sounds in the abdominal quadrant(s), pain).
- Factors that places a person at risk (i.e., for dehydration: a person unable to effectively communicate thirst to nursing staff).

Questions

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IT'S TIME FOR QUICK-IT, QUICK-IT, QUICK-IT!!!!!!