**DDAWNY Nurses Meeting**

**June 7, 2017**

1. **Welcome and Introductions**
2. Members introduced to group
3. Marshall DuGuay “Duke” discussed Simply Thick product. He compared powdered drinks containing cornstarch with Simply Thick, stating that cornstarch reacts with saliva causing the drink to become dangerous, while Simply Thick contains xanthan gum which does not react with saliva. SLP’s were instructed to contact him regarding new items
4. **Survey**
5. Linda Cultrara opened a discussion focusing on the independence and decision making ability of the individuals. She pointed out that they have a “my choice” approach, in which the survey team responded by saying that should not be the case. An example of an obese individual who refused to clean her room was brought up in discussion.

Behavioral plans to promote independence were suggested by the group as a possible solution. Tanya P. reiterated that there should be some level of behavioral plan to address compliance issues.

1. **HIPAA Processes**
2. Denise Winger outlined the HIPAA processes. She suggested that for hospitalizations, the legal team should draft a contract with hospitals (which are to be placed in “to-go” binders) that provide a listing of the facilities that are able to have HIPAA information. It was stated that this has proved to be difficult in the past with Catholic Health (St. Mary’s), while Kaleida seems to be ok.
3. A request was made that a group is formed to tackle area hospitals with reeducation (Denise W. and Tracy H. from People Inc. can assist). A request is made that for CHS- Erie and Niagara County, we find out who signed prior for smaller agencies and who still needs to sign. Denise also mentioned the protocol for D/C’s on weekends and holidays. There is no regulation stating that RNs must be at D/C. They have 24 hours to review notes and meds, and the hospital decides when they’re discharged. Note: A surveyor from Aspire stated to their team that RNs needed to be present at D/C. This item will be added to the agenda for the meeting with Susan Prendergast to determine what the guidelines and the team will put together a protocol for best practices.
4. The issue of bedbugs being found at Day Hab facilities was mentioned. The question surrounding whether individuals are to be sent home was presented, and most of the group replied that they should indeed be sent home. OPWDD says to not send the individual home nor do they require additional medical clearance to return. It was mentioned that transportation often places a 30 day wait.

Potential solutions presented were to research the issue on the CDC website, to provide further education and training, and to revisit the OSHA regulations, as well as providing reminders to staff on proper preventative measures (no purses, backpacks, rugs, etc.)

1. **Zone 8 Update**
2. In-Services: The 2nd Thursday E/0 month from 5:30p-6:00pm (next meeting July 13th) with a conference at the end of September (24th-26th) in Albany. A basket raffle was mentioned.
3. Death investigations were addressed, many of which are related to the Sepsis epidemic. In regards to the Sepsis misdiagnoses, Linda C. mentioned that she is working to bring a Sepsis speaker to Buffalo, and she is potentially looking for funding from IDDNA or DDAWNY. Information is also provided that CHS will hold training in Alden focusing on opioid use and Hepatitis C with further details to come.
4. **Open Discussion**
5. Linda C. mentions there is an on-call model for those outside of the agency in Rochester, and is looking to implement something similar in Buffalo. She focused on conflict free care management and managed care. Bonnie mentioned that some of us from PI attended the MCC conference in May. Many good topics presented regarding the changes in managed care. PI will continue to bring back information from these events.
6. The nursing shortage was addressed. The 2016 salary comparison doesn’t provide much information. It is a common consensus that everyone is having trouble filling their positions. The potential reasons for this are misinformation and ambiguity regarding the DD population along with how new nurses can tend to struggle with prioritizing and organizing their duties. DD nursing requires more autonomy and critical thinking. These positions are more medically involved and require staff training. Their roles are more care management oriented. Responsibility and pay are the biggest issues because these positions require on-call duties, training, and case management responsibilities. Potential solutions discussed include a Per Diem “agency share” program and stipends for on-call shifts.
7. Tanya P. and Susan P. met and addressed the Rule of 13, stating that annual items are to extend to 13 months. A question of why med recertification occurs annually was discussed and suggestions of every 2-3 years was made because of the known errors and retraining requirements. The Med classes are mandated to be 32 hours/ 4 days. It was discussed that case management is most important, but is difficult because training is sometimes not efficient. She states that is important for nurses to ask “does this task require an RN or nursing licensure?” (Perhaps someone else can be doing items that are not required by their licensure).
8. **Next Meeting**

9/13/17 from 10am – 1pm at Aspire (located at 7 Community Drive, Cheektowaga, NY 14225), in the Multi-purpose Room.