Introduction to DD Nursing for Nurses in Ohio

► Self Guided Training:
► 6 Part Series
► 1 hr. OBN CEU per Session

Ohio Department of Developmental Disabilities
Program Presenters:

- Diana Lashley, RN, CDDN
- Kristine Knetzer, RN, CDDN
- Michelle Kosher, RN
- Janet Winterstein, RN, CDDN

Please send all questions to janet.winterstein@dodd.ohio.gov

Include your name, phone# and if the question is directed to a specific presenter
To Earn Ohio Board of Nursing Continuing Educational Units

The Nurse must complete

#1 Complete the Post-test (with at least 80% accuracy)
AND

#2 Submit a completed program evaluation form

To request the test and evaluation form
Contact: Janet Winterstein, RN
janet.winterstein@dodd.ohio.gov
Series Outline & Sessions

- Session 1 - Introduction to Developmental Disabilities
- Session 2 - Health and Safety Part I
- Session 3 - Health and Safety Part II
- Session 4 - Governance & Funding
- Session 5 - Stakeholders
- Session 6 - Medication Administration & Community Based Healthcare
Session I: Introduction to Developmental Disabilities

Objectives

- Nurse will relate applicable rights of persons with IDD to opportunities for supporting healthcare
- Nurse will utilize understanding of functional limitations to develop a supportive plan of care.
- Nurse will use knowledge of common developmental disabilities and syndromes to seek additional supports and services for individuals with IDD
- Nurse will use knowledge of eligibility components to facilitate access to supports and services
Standards of Nursing Practice

- American Nurses Association - Scope and Standards of Practice (2nd Edition 2013)
American Nurses Association Standards of Practice for IDD Nursing
16 Standards built on 5 Core Tenants

1 - IDD Nursing Practice is Individualized
2 - IDD Nurses coordinate care by establishing partnerships
3 - Caring is central to the practice of the IDD registered nurse
4 - IDD registered nurses use the nursing process to plan and provide individualized care to their healthcare consumers with IDD
5 - A strong link exists between the professional work environment and the IDD registered nurse’s ability to provide quality healthcare and achieve optimal outcomes
American Nurses Association Standards of Practice for IDD Nursing

- Standard 1 - Assessment
- Standard 2 - Diagnosis
- Standard 3 - Outcomes Identification
- Standard 4 - Planning
American Nurses Association Standards of Practice for IDD Nursing

- Standard 5 - Implementation
  - 5A - Coordination of Care
  - 5B - Health Teaching and Health Promotion
  - 5C - Consultation
  - 5D - Prescriptive Authority and Treatment
American Nurses Association Standards of Practice for IDD Nursing

- Standard 6 - Evaluation
- Standard 7 - Ethics
- Standard 8 - Education
- Standard 9 - Evidence Based Practice
American Nurses Association Standards of Practice for IDD Nursing

- Standard 10 - Quality of Practice
- Standard 11 - Communication
- Standard 12 - Leadership
- Standard 13 - Collaboration
American Nurses Association Standards of Practice for IDD Nursing

- Standard 14 - Professional Practice Evaluation
- Standard 15 - Resource Utilization
- Standard 16 - Environmental Health
DDNA - 11 Aspirational Standards based on the nursing process

- Apply to all settings where persons with IDD receive nursing services and supports
- Are directed toward facilitating maximal levels of independence through the promotion of wellness, normalization and advocacy
- Nursing focused on maximizing the psychosocial, physical, affective, cognitive and developmental strengths of the person who has IDD and their families, significant others, and those who deliver services to them
- Recognize the importance of interdisciplinary team support of individuals and the role of the nurse in supervising healthcare provided by unlicensed assistive personnel
Developmental Disabilities Nurses Association Standards

- Standard I - Establishing a Therapeutic Relationship
- Standard II - Nurse’s Role on the Interdisciplinary Team
- Standard III - Data Collection
- Standard IV - Identification of Health Needs
Developmental Disabilities Nurses Association Standards

- Standard V - Planning
- Standard VI - Implementation
- Standard VII - Evaluation
- Standard VIII - Role of the Nurse in the Quality Assurance Process
Developmental Disabilities Nurses Association Standards

- Standard IX - Role of the Nurse as Advocate
- Standard X - Role of the Nurse as Educator
- Standard XI - Continued Competence
Evidence-based medicine is the integration of best research evidence with clinical expertise and patient values.

Core principles for nursing in DD settings:
All Services must be:

- Person Centered
- Trauma Informed
- Recognize the concepts of personal rights and reasonable risk
- Facilitate community integration at the individual specific level and based on choice
Section A:
Developmental Disabilities.....
**Developmental Disabilities** defined (O.R.C. 5123.01): A Developmental Disability is a severe, chronic disability of and individual that:

1. Is attributable to mental or physical impairment or a combination those
2. Is manifested before the individual turns 22 years of age
3. Is likely to continue indefinitely
4. Results in substantial functional limitation in at least three of the following areas of major life activity, as appropriate for the person's age:
At least 3 areas of life activities with major functional impairment:

....as appropriate for the person's age:

1. self-care,
2. receptive and expressive language,
3. learning,
4. mobility,
5. self-direction,
6. capacity for independent living,
7. and, if the person is at least sixteen years of age, capacity for economic self-sufficiency.
Categories of Causes of Developmental Disabilities

- Genetic
- Biological
- Environmental
Genetic

- Chromosomal abnormalities
- Single gene defects
Biological

- Neurological defects
- Prematurity
- Toxins
- Physical Trauma
- Brain injury
- Birth Trauma
- Perinatal insult (such as viral or other contagion)
- Premature birth
Environmental

- Early Childhood deprivation
- Risks Associated with Poverty
- Exposure to toxic substances
- Physical or emotional trauma
Specific Diagnoses Include (but not limited to):

- Down Syndrome
- Cerebral Palsy
- Epilepsy
- Hydrocephalies
- Microcephaly
- Phenylketonuria
- Autism Spectrum Disorder
- Organic Brain Disorder
Diagnoses continued...

- Tourette’s
- Prader-Willi
- Fragile X
- Cri du chat
- Rhett’s
- Leshe-nyham
- Turner’s
- Williams
- Attention Deficit Hyperactivity Disorder
ANA Nursing Standard relevant to understanding diagnoses include:

#1 Assessment
#2 Diagnosis
#3 Outcomes Identification
#4 Planning
#5 Implementation: Coordination of Care; Health Teaching and Health Promotion; Consultation
#9 Evidence-Based Practice
#13 Collaboration
#16 Environmental Health
DDNA Aspirational Standards re: Diagnoses

II - the Nurses Role on the Interdisciplinary Team
III - Data Collection
IV - Identification of Health Care Needs
V - Planning
VI - Implementation
IX - Role of the Nurse as Advocate
X - Role of the Nurse as Educator
XI - Continued Competence
Section B. - Rights Protection
Legal Rights

The Developmental Disabilities Assistance and Bill of Rights Act - Public Law 106-402

Passed by the 106th Congress in 2000

Ohio Revised Code 5123.62 Rights of persons with a developmental disability

Became effective September 22, 2000
A Bill of Rights establishes legal rights of persons who have DD to:

- Live independently
- Exert control and choice over their lives
- Participate in all levels of society
Rights at Risk:

- Choosing their own friends of any gender
- To decide whether to take prescribed medications or treatments prescribed
- To actively participate in life plans and life decisions (large and small)
- To choose where and how live, work, play and worship
- To be treated with dignity and respect
- Privacy
- Comprehensive integrated health care
- Whom to spend time with (or not)
ANA Standards re: Rights:

#1 Assessment
#3 Outcomes Identification
#4 Planning
#5 Implementation: coordination of care; Health Teaching and Health Promotion; Consultation
#7 Ethics
#10 Quality of Practice
#11 Communication
#12 Leadership
#13 Collaboration
DDNA Aspirational Standards Related to Rights

I - Establishing a Therapeutic Relationship
II - The Nurses Role on the Interdisciplinary Team
III - Data Collection
IV - Identification of Health Care Needs
V - Planning
VI - Implementation
IX - Role of the Nurse as Advocate
X - Role of the Nurse as Educator
Section C: Confidentiality
Laws and rules about confidentiality are tiered:

- Federal
- State
- Educational
The purpose of HIPAA is to protect privacy - not to inhibit health care teams.

The standard of “minimum necessary” information is on a need to know basis:

- Consider what information the interdisciplinary team members need to provide supports.
- Minimum necessary is contingent on the role of the team member.

Consent forms are not required among team members.
State of Ohio Privacy Laws

- Ohio law is more restrictive and therefore supersedes Federal law

- Ohio Revised Code 1347.15; Ohio Administrative Code 123-4-04

- Ohio Revised Code 3798 is the Protected Health Information Law
FERPA - Family Educational Rights and Privacy Act

- The school aged corollary to HIPAA

- Nurses working in schools or with school aged need to be familiar with FERPA
ANA Standards re: Privacy

# 1 Assessment
# 5 Implementation; Coordination of Care; Consultation
# 7 Ethics
# 11 Communication
# 13 Collaboration
DDNA Aspirational Standards re: Privacy

I - Establishing a Therapeutic Relationship
II - Nurse’s Role on the Interdisciplinary Team
III - Data Collection
VI - Implementation
IX - The role of the Nurse as Advocate
Section D: Eligibility
Eligibility Establishment

► OAC 5123:2-1-02

► Adults are assessed for eligibility by contacting the local County Board of Developmental Disabilities

► Children are assessed for eligibility by contacting the local Help Me Grow that works in collaboration with the County Board of DD

► Children may be directed to Help Me Grow by their Pediatrician, Health Department, Visiting Nurse or other community source

► Parents may contact Help Me Grow or the County Board of DD directly
Eligibility: Children Birth to 3

- Early Intervention services are established at least annually
  - Bayley Scale of Infant Development (BSID)
  - On going quarterly assessments of need and progress
    - Hawaii Early Learning Profile (HELP)

- At 3 years of age, Early Intervention ends
  - Continued services may be through Preschool programs
Eligibility: 3 - 6 years of age

- At age 3 eligibility is determined by the Ohio Department of Education (ODE)
  - Using the Evaluation Team Report (ETR)
    - Responsibility of the home school district
    - Determines Eligibility for either:
      - Preschool through the school district
      - County Board of DD services
COEDI - Children 6 - 16 years old

- Children’s Ohio Eligibility Determination Instrument

- Only County Board of DD Personnel with State Approved Training are authorized to administer this assessment tool

- Establishes if at least 3 substantial functional limitations exist
OEDI - Adults

- Ohio Eligibility Determination Instrument

- Only County Board of DD Personnel with State Approved Training are authorized to administer this assessment tool

- Establishes if at least 3 substantial functional limitations exist
Intermediate Care Facility for Individual’s with Intellectual Disability (ICF/IID): Level of Care

- ICF/IID Level of Care is a federally determined qualification for specific Medicaid Services

- ICF Level services may be provided through
  - ICF Facilities
  - ICF Waivers
Section E: Pediatric Issues
Early Identification and Detection

- Prenatal Testing for genetic disorders
- Hospital based and other genetic testing at birth
- Infant and Childhood Screenings
Early Intervention

- Early referral to Help Me Grow, Health Departments and Specialty Clinics for evaluations, supports and services:
  - Earlier intervention has greater impact on mitigation of long term effects
  - Community collaboration of professional services
Early Intervention… continued

- All early interventions services are now home and community based
- Focus on natural supports including
  - Family
  - Extended Family
  - Home and community environments
Public Law 94-142
Education for all Handicapped Children Act of 1975

- Mandates free and appropriate public education for school aged children with special needs
- Codified a IDEA - Individuals with Disabilities Education Act of 1993
  - Provides for nurses and aides in schools
Ohio Department of Education Law
ORC 3313.713

- Mandates public schools to provide RN training and delegation to unlicensed personnel for administration of medication and treatments

- County Board operated schools must still follow DODD law and rule for medication and treatment administration by unlicensed personnel (ORC 5123.41 - 46; OAC 5123:2-6)
Ohio Department of Health

- Has jurisdiction over school health issues including but not limited to:
  - Medication administration
  - Communicable disease and infection control
  - (SIIS) State Immunization Information System
    - A statewide database of children’s immunization records
The Presenters and DODD Thank You for carving out the time to watch - we hope you enjoyed the presentation 😊
Questions?

Please send all questions to janet.Winterstein@dodd.ohio.gov

Please include your name, phone# and if your question is directed to a specific presenter:

- Diana Lashley, RN, CDDN
- Kristine Knetzer, RN, CDDN
- Michelle Koshar, RN
- Janet Winterstein, RN, CDDN
To Earn OBN Approved CEUs:

The Nurse must complete

#1 Complete the Post-test (with at least 80% accuracy)
AND

#2 Submit a completed program evaluation form

To request the test and evaluation form:
Contact: Janet Winterstein, RN
janet.winterstein@dodd.ohio.gov