

**Delaware Health and Social Services
Division of Developmental Disabilities Services
Community Services and Adult Special Populations**

Title: Health Care Services

Approved By: 
Acting Division Director

Written/Revised By: DDDS Policy & Records Committee

Date of Origin: April 2004

Date of Revision: August 2009

I. Purpose

To establish uniform standards of practice for the Division of Developmental Disabilities Services (DDDS) nurses, nurses employed by contracted agencies and for Shared Living Providers.

II. Policy

To ensure that individual served receive health care services that promotes good health and well-being.

III. Application

DDDS Nurses (who provide services in community residential arrangements)
Shared Living Providers
Provider Contracted Nurse

IV. Definitions

- A. DDDS Nurse- For the purposes of this policy, it shall include nurses employed by DDDS to provide nursing services/consultation within Community Services/Adult Special Populations.
- B. Provider Contracted Nurse- A nurse employed by a DDDS contracted agency (either directly or under contract) to provide health care/nursing services to individuals receiving services, within Community Services/Adult Special Populations. He/She shall act in the same capacity, as would a DDD nurse, and shall have regular and ongoing communications with the DDDS Regional Nurse Supervisor and/or Nursing Administrator.
- C. Health Care Services- Medically oriented services and supports which promote the individual's health and well being and that are provided, obtained or monitored by the interdisciplinary team, including the DDDS or Provider Contracted Nurse.
- D. Primary Care Provider (PCP)- The physician, physician's assistant, licensed medical specialist or nurse practitioner responsible for the general medical care of the individual receiving services.

V. **Standards**

- A. The coordination of health care services provided to individuals receiving community residential services is an integral part of the DDDS-contracted agency interdisciplinary team's role. With due respect given to the four principles of self-determination (freedom, authority, support, and responsibility), the interdisciplinary shall provide, coordinate, and monitor the delivery of appropriate, timely, and quality health care services.
- B. Individuals living in community-based residential settings shall be afforded access to health care services that reflect the current standard of practice and that are mindful of the unique individual health care needs and informed decision-making capacity of each individual.
- C. Each individual shall be assisted to choose a primary care provider within thirty (30) days of admission to residential services.
- D. It shall be the responsibility of the provider agency and/or the Shared Living provider to assist the individual in coordinating medical appointments and diagnostic studies, providing transportation to and from appointments and tests, and assisting the individual with his/her medication regimen.
- E. DDDS and Provider Contracted Nurses shall promote the receipt of preventative health services, under the direction of the primary care provider, in compliance with current standard medical practice as described by a nationally recognized professional or governmental medical organization. Some examples, to name a few, are: United States Public Health Task Force, Centers for Disease Control, American Society of Internal Medicine, American Academy of Family Practitioners, American Academy of Pediatrics, or the American Medical Association.
- F. The assigned DDDS Nurse shall serve as the primary health care advisor for individuals living in shared living homes and for residential settings not required to provide a Provider Contracted Nurse.
- G. The assigned DDDS and/or Provider Contracted Nurse, the DDDS Shared Living Coordinator, the DDDS Training and Professional Development Department and the DDDS Office of Quality Management shall ensure that the provider agency staff and Shared Living providers are trained to assist individuals with their medication regimen, as required by the State Board of Nursing and Division policy.
- H. DDDS and/or Provider Contracted Nurses shall provide guidance regarding pharmacy services when pharmaceutical issues arise.

VI. Procedures

Responsibility

DDDS Nurse or
Provider Contracted Nurse

Action

1. Attends pre-admission planning conferences for individuals moving into residential placements.
2. Reviews the individual's health care service needs and ensures that these service needs are addressed during the transitional period.
3. Completes the ELP Nursing Assessment within 30 days of admission to a residential setting.
4. Updates the ELP Nursing Assessment on an annual basis, prior to the individual's ELP meeting.
5. Ensures that the individual's health care services adhere to the standards set forth within this policy and other DDDS health care-related policies or protocols.
6. Completes and files a Monthly Medication and Health Audit and reviews the current and ongoing health care service needs, for individuals who live in neighborhood homes or other community living arrangements.
7. Completes quarterly reviews of health care service needs, for each individual living in a Shared Living residence. Documents the findings of such reviews on the Nursing ELP Quarterly Report.
8. Communicates at least monthly with the individual receiving services, his/her provider, family or legal guardian to review and assess the individual's health care needs. Documents the content of the communication and any applicable follow-up in the ID Note Section/T-Logs of the COR/Therap Record.

DDDS Nurse

VII. References
None

VIII. Exhibits
A. ELP Nursing Assessment
B. Monthly Medication and Health Audit
C. Nursing ELP Quarterly Report



EXHIBIT A

DIVISION OF DEVELOPMENTAL DISABILITIES SERVICES
COMMUNITY SERVICES/ADULT SPECIAL POPULATIONS
ELP NURSING ASSESSMENT

DATE: _____

NAME: _____ MCI NUMBER: _____

RESIDENCE: _____ D. O. B.: _____

ALLERGIES: _____

INDIVIDUAL'S HEALTH HISTORY: _____

FAMILY HISTORY: _____

Takes Medication Independently

Takes Medication With Help

Supports Needed: _____

PHARMACY NAME: _____ Address: _____

Phone Number: _____

IMMUNIZATIONS:

PPD: _____

PNEUMOCOCCAL: _____

TETANUS: _____

INFLUENZA: _____

HEPATITIS B VACCINE: _____

OTHER: _____

NUTRITIONAL SCREENING

CURRENT WEIGHT: _____

CHANGE FROM LAST YEAR: _____

(Increase / Decrease)

DIET ORDER: _____

SPECIAL MEALTIME INSTRUCTIONS: _____

APPETITE: _____

NUTRITIONAL RISK FACTORS IDENTIFIED: YES NO If yes, list: _____

REFERRAL TO REGISTERED DIETITIAN WARRANTED: YES NO

If yes, indicate date referral sent: _____

NAME: _____

MCI #: _____

DATE: _____

SIGNIFICANT MEDICAL CONDITIONS:

Condition:

SUPPORT NEEDED FOR HEALTH INTERVENTIONS: (Sedation, Papoose, Familiar Staff)

Nurse's Signature
DDDS Nurse Consultant
PH#
Telephone number after 4:30 PM and weekends
Call Community On-Call person (302-236-3774)



**DIVISION OF DEVELOPMENTAL DISABILITIES SERVICES
COMMUNITY SERVICES / ADULT SPECIAL POPULATIONS
MONTHLY MEDICATION AND HEALTH AUDIT**

NAME: _____ MONTH: _____

MCI NO. _____ RESIDENCE: _____

PROVIDER AGENCY: _____ RESPONSE DATE: _____

	Yes	No	N/A	Action Taken
Medication labels/MAR agree with MD orders				
Medications adequately stocked and not expired				
Medication count sheets accurate				
SMO- updated annually by the MD				
Weight stable with 5 lb. loss or gain reported to the nurse				
Blood Pressure readings within acceptable range				
Seizure Descriptive Reports and data record completed				
Menses documented				
Immunizations current				
Documentation available for all ordered testing/screening				
Therapy recommendations followed				
ELP Annual Nursing Assessment Current				
ELP Updated with Current Medical Information				
Action plan addresses medical issues				
Appointments Current				
Physical Exam _____				
Dental _____				
Nutrition _____				
GYN _____				
Optometry / Ophthalmology _____				
Neurology _____				
Psychiatry _____				
Other _____				

For Office Use Only
Date Entered: _____ Initials: _____



DIVISION OF DEVELOPMENTAL DISABILITIES SERVICES
SHARED LIVING- COMMUNITY SERVICES
NURSING E. L. P. QUARTERLY REPORT

Name: _____ MCI: _____ Reporting Period: _____

Outcome	Person Responsible	+ / -	COMMENTS
Maintain Best Possible Health	RN / Provider		
Medications as Prescribed	RN / Provider		
See Doctors as Recommended	RN / Provider		

Nurse Consultant R.N. Date

- + Indicates the action / outcome is successful in supporting the individual in accordance with the E.L.P. guidelines
- Indicates special concerns, problems, roadblocks, or follow-up is needed for this action to be successful in continuing to support the individual in accordance with the E.L.P. A comment must be written to explain why the action / outcome is not successful and what action will be taken to support the plan.