

THE EXCELLENCE NETWORK

OUR PURPOSE:
IGNITING AND FUELING A PASSION FOR LIVING
LIFE TO THE FULLEST THROUGH LEARNING,
INNOVATION AND COLLABORATION



AGENDA

1/18/19

Hosted by LCBDD at the Licking County Library

- **Old Business/Updates**

- **Gears and Company meeting** starting March 7th 5:30-6:30 at VFW, first performance in May
- **Pals** – assembling a calendar of local churches, food pantries, etc. providing meals to help with people affected by SNAP/government shutdown, and then will distribute to the group
- **BCI Checks** may also be affected by government shutdown.

- **New Business**

- **Maintaining supervision levels when in the community?** How are Providers handling it when someone requires high levels of supervision and one staff has a small group out?
 - Impacting ability to get people with high levels of supervision out in the community
 - Putting staff in bad positions even for people without high supervision needs, and the agency has to make the decision whether to assume the risk
 - **Risks of being in the community should be part of the team's discussion.**
 - Catch 22 – Dignity of Risk for the individual equals blame on the provider when something happens. Providers having to choose between community integration and risk/blame.
 - One-on-One time is the answer, but often not enough available
 - MUI seems to be understanding of extenuating circumstances (staff becomes ill while out with the person, etc.)
 - MEORC MUI investigator/training to be invited to a future meeting to answer hypothetical questions
- **New MUI Rule-** Changes: Process needs to include notification of senior management; Higher expectation of communication during transition times (home to ADS, ADS to home) for unusual incidents
 - Harder for residential staff due to number of different staff
 - Process for residential is to inform supervisor and the supervisor reports to ADS (sometimes through the use of communication books, which are vital for those individuals)
 - Releases for providers to communicate to each other directly instead of going through Service Coordinator

- LCBDD will follow up to get written legal guidance (maybe blurb on LCBDD release indicating team members have permission to communicate to other team members, not just to/through county board)
- **Taking a look at funding in ISPs-** Roll-up code cheat sheet available
 - Watch for short-spans (days omitted at split)
 - Some ISPs contain old service information – Service Coordinators can remove previous years once the plan is finalized
 - Roll-up code needs to align with services being requested under the outcome
 - HPC miles – LCB is conservative in allocation of miles and providers having to convert service hours to miles, but miles are necessary for community integration purposes
 - Services are being stated per the span in accordance with fiscal split rather than services weekly/monthly to give providers more flexibility
 - ISP - Helpful to specify traditional ADS, Voc. Hab, supported employment, etc. in the role; Helpful to include AAI in core responsibilities section; Helpful when SC Admin staff indicate Addendum # when distributing plan to team
 - Perry CBDD has a cover sheet with important information – Brandi will request a copy today and it will be forwarded to Service Coordination for consideration
 - What will progress look like? - Compliance Reviewers are looking more closely at this to ensure has more substance/measurable
- **NQAR process-** how's it going, and is there interest in them coming to talk with us?
 - David will circulate change
- **Training topics of interest?** The LCBDD is willing to arrange for trainings for Provider staff. What is there an interest in or need for?
 - Supervisory Leadership training suggested
- **Contracts-** LCBDD is beginning to explore including a managed-care type element into new contracts.
- **Miscellaneous**
 - **Metro wait list-** Metro does not need copies of leases for folks who are on their waiting list.
 - Metro has received a grant for additional vouchers
 - **Self Defense classes-** specialized classes being offered for people with disabilities
 - **PIO meeting with Provider Relations for DSP Employment Connections marketing for 2019 –**
Provider feedback welcome!

Next Mtg: 10:00, Friday, February 15, 2019

Location: CSS training center, hosted by the Donna Jean Center

Medication Administration Error Notations

Per DODD, **ALL** medication errors made by developmental disabilities personnel that hold a medication administration certificate must be notated on the certificate of the personnel that made the error in MAIS (Medication Administration Information System)

WHY?

- To keep our individuals healthy and safe, identify patterns of problems, ensure the ability to track personnel even when changing employers and for consistency among employers

HOW ARE NOTATIONS MADE?

- The notations are made on the personnel's medication administration certificate within the Medication Administration Information System (MAIS)
- Notations can only be made by the RN trainer OR a person who has secretarial access to the MAIS system and an association with the RN trainer
- Notations also require documentation of the error and what the follow up was

QUESTIONS-

- ❖ Does a certain number of medication errors stop a person from administering medication?
 - No, other than if/when the employer or delegating nurse chooses to stop them
- ❖ How long do notations stay on a personnel's certificate?
 - On a rolling 18 month basis
- ❖ What happens when a personnel has multiple notations for medication errors?
 - 4 or more medication error notations on a certificate triggers a DODD review of the certification when the certificate is up for renewal
- ❖ What does it mean if DODD is reviewing the certificate?
 - When there are 4 or more errors, DODD must review the certification prior to it being renewed in order to ensure that the personnel can safely administer medication. This would include DODD working with the personnel, RN trainer and employer to implement an action plan to increase the personnel's accuracy and safe administration.
- ❖ What if I want to hire someone who is already medication administration certified; can I look at their notations?
 - Yes, you must verify the status of someone's medication administration certificate. You can check their record for the presence of notations. Only the notation category and dates are visible to non-state users. Only DODD can see the documentation explaining the reasons for the notations if you have questions, you should contact DODD for them to explain the notations (ma.database@dodd.ohio.gov)
- ❖ When did this go into effect?
 - Has always been in rule to notify DODD, but there was no efficient means to do this until MAIS was started in 2013. It was clarified MAIS in rule in 2016 to use MAIS for reporting
- ❖ What rule is this information in?
 - 5123:2-6-07 General provisions and compliance for performance of health related activities and administration of prescribed medication
 - (E) Prohibition on performance of health related activities and administration of prescribed medications by developmental disabilities personnel

(1) If an employer of a developmental disabilities personnel believes or is notified by the county board, the department, a delegating nurse, or the quality assessment registered nurse that developmental disabilities personnel have not or will not safely perform health-related activities or administer prescribed medication, the employer shall prohibit the action from continuing or commencing. Developmental disabilities personnel shall not engage in the action or actions subject to an employer's prohibition

(2) When the employer prohibits the action from continuing or commencing, the employer shall:

(a) Notify the developmental disabilities personnel of the prohibition and immediately make other staffing arrangements so that the needs of individuals served are met in a manner that ensures compliance with the requirements of this chapter;

(b) Immediately notify the department by making a notation regarding the prohibition of the developmental disabilities personnel in the medication administration information system database

(c) If applicable, immediately notify the county board via the major unusual incident reporting system in accordance with rule 5123:2-17-02 of the Administrative Code; the county board, as applicable, shall notify the quality assessment registered nurse; and

(d) If applicable, immediately notify the delegating nurse

(3) The employer shall ensure corrective action is taken prior to allowing the developmental disabilities personnel to resume the performance of health-related activities or the administration of prescribed medication

(4) The employer shall notify the department by making an entry regarding the corrective action and the end of prohibition of the developmental disabilities personnel in the medication administration information system database and, as applicable, the county board, the quality assessment registered nurse, and/or the delegating nurse of the corrective action taking

❖ Who is receiving the training?

- There have been a variety of places where this information has been given out; including but not limited to- provider back to basics (B2B) training and conferences
- RN trainers should be aware of this requirement

❖ What type of documentation gets uploaded into MAIS regarding medication errors?

- Any type of documentation that explains what happened and what was done, examples given were incident reports and narratives. Any document uploaded needs to be specific to the situation. Since only DODD can see documents they do not need to have individual's information redacted.

❖ What happens when there is a med error due to a med not being present to be passed (Example- pharmacy not delivering/refilling the medication in time). Does that count as a medication error for the staff even though the med being missing is not their fault?

- No, as it was not the staff's error. The only medication errors to be notated on the certificate of the staff is when the person makes a mistake.

ADDITIONAL CLARIFICATIONS / COMMENTS

❖ When the rule specifies that when a personnel has not or will not safely perform health related activities or administer medication that the employer shall prohibit the action from continuing or commencing ... that does not indicate a time required to correct the error. It must be stopped and corrected in a way that is appropriate to the situation, so the employer must use their judgment to make sure the intervention is appropriate to the problem. Two examples:

- Teachable moment: error discovered; personnel retrained; employer/supervisor believes issue is resolved; personnel continues to administer but does so more safely. That all happened in 20 minutes or less – then notation is made after the fact.
- Error leads to MUI: MUI is discovered/reported; immediate action is personnel is taken off duty during investigation; retraining may require as much as going through entire med class again; then

person returns to duty. In that case the first notation would be a “Med Pass Deferral” category notation (as-in “it was so bad you had to be taken off med pass responsibilities”) the process ensues, then a “Med Pass Deferral Ended” notation is added to explain outcomes and corrective action.

Time frame much longer in that case.

- ❖ Failure to document is a medication error. Providers and certified staff need to be familiar with what the definition of medication error is (OAC 5123:2-6-01)
- ❖ When retraining is required - there needs to be a record of the retraining. Note that the training should not just be requiring the staff to sign off, but should end with the personnel having an understanding of the implications of error
- ❖ In rule terminology, have not or will not safely administer = a medication error. When a medication error is made by a certified personnel, they *have not* safely performed health-related activities or administered prescribed medication.
- ❖ In the event med errors are discovered after the fact, they still need to be notated on the personnel's certificate. They should be notated separately, but it would be up to the people involved/circumstances to determine how to notate them
- ❖ Providers should not “save up” medication errors for notation at a later time.

If you have specific questions about MAIS or medication error notations: you can contact DODD at this email address ma.database@dodd.ohio.gov



New Year, New Rule & New Opportunities

December 2018

Moving Forward

Engaged Stakeholders during the Rule Review process to identify how we could build on an solid, well established health and welfare system



Vision for the Revised Rule

- Renewed focus on prevention, quality improvement and partnerships
- Consider shift to community and person center plans
- Identify opportunities to increase communication during investigation process
- Minimize administrative burden while maintaining a high quality system
- Spotlight individual, DD employees and systems success in promoting health and welfare

Rule Changes

- Rule will now be numbered 5123:17-02
- Major Unusual Incident (MUI) Definition has been changed to the alleged, suspected, or actual occurrence of an incident described in paragraph (C)(16)(a), (C)(16)(b), or (C)(16)(c) of this rule when there is reason to believe the incident has occurred. There are three categories of major unusual incidents that correspond to three administrative investigation procedures delineated in appendix A, appendix B, and appendix C to this rule.
- Move Peer to Peer Acts to Category B

DD Employee defined

- An employee of the department;
- A superintendent, **board** member, or employee of a county board;
- An administrator, board member, or employee of a residential facility licensed under section 5123.19 of the Revised Code;
- An administrator, board member, or employee of any other public or private provider of services to an individual with a developmental disability; or
- An independent provider.

Language consistent with O.R.C. 5123.61 Reporting Statute

Neglect definition changes

Existing

Neglect means when there is a duty to do so, failing to provide an individual with any treatment, care, goods, supervision, or services necessary to maintain the health or safety of the individual.

New

Neglect means when there is a duty to do so, failing to provide an individual with medical care, personal care, or other support that consequently results in serious injury or places an individual or another person at risk of serious injury. Serious injury means an injury that results in treatment by a physician, physician assistant, or nurse practitioner.

Systems Neglect

A substantiated MUI attributed to multiple variables.

Example: an individual requires close supervision when eating and their food is to be prepared in a mechanical soft consistency due to a history of choking. The Direct Support Professional working with the individual had not been trained by their employer on the individual's ISP needs and the individual began choking on non-modified food.

Program Implementation Unusual Incidents

An unusual incident involving the failure to carry out a person-centered plan when such failure causes minimal risk or no risk. Examples include, but are not limited to, failing to provide supervision for short periods of time, automobile accidents without harm, and self-reported incidents with minimal risk.

Example: an individual is dropped off at home with no staff present. The individual uses his key and enters the home. The individual is home alone for an hour. There is no known risk to the individual.

Physical Harm Defined

- (vi) Physical abuse. "Physical abuse" means the use of physical force that can reasonably be expected to result in physical harm to an individual. Such physical force may include, but is not limited to, hitting, slapping, pushing, or throwing objects at an Individual.
- Physical harm" means any injury, illness, or other physiological impairment, regardless of its gravity or duration.

Defined in ORC 2901.01 (A)(3).

Existing Peer to Peer-Physical Act

Physical act that occurs when an individual is targeting, or firmly fixed on another individual such that the act is not accidental or random and the act results in an injury that is treated by a physician, physician assistant, or nurse practitioner. Allegations of one individual choking another or any head or neck injuries such as a bloody nose, a bloody lip, a black eye, or other injury to the eye, shall be considered major unusual incidents. Minor injuries such as scratches or reddened areas not involving the head or neck shall be considered unusual incidents and shall require immediate action, a review to uncover possible cause/contributing factors, and prevention measures.

New Peer to Peer Physical Act Definition

Physical act which means a physical altercation that:

- Results in examination or treatment by a physician, physician assistant, or nurse practitioner; or
- Involves strangulation, a bloody nose, a bloody lip, a black eye, a concussion, or biting which causes breaking of the skin; or
- Results in an individual being arrested, incarcerated, or the subject of criminal charges.

Category B Changes

- Prone restraint will be filed as Unapproved Behavioral Supports and upgraded to Physical Abuse, when appropriate.
- Medical Emergency definition now includes the use of defibrillator and removed IV for dehydration. Proposed language:
- Medical emergency" means an incident where emergency medical intervention is required to save an individual's life (e.g., choking relief techniques such as back blows or cardiopulmonary resuscitation, use of an automated external defibrillator, or use of an epinephrine auto injector).

Category C Changes

- Law Enforcement definition now includes being tazed as a reportable incident.
- Unscheduled Hospitalization will be called an Unanticipated hospitalization which means any hospital admission or hospital stay *over twenty-four hours that is not pre-scheduled or planned*. A hospital admission associated with a planned treatment or pre-existing condition that is specified in the individual service plan indicating the specific symptoms and criteria that require hospitalization need not be reported.

Category C Changes

Unapproved Behavior Support will be changed to align with OAC 5123:2-2-06

- Name changed to Unapproved Behavioralal Support
- Include rule reference
- Prone restraints will be filed and investigated as UBS

Increased Communication

G) Notification requirements for major unusual incidents

(1) The provider shall make the following notifications, as applicable, when the major unusual incident or discovery of the major unusual incident occurs when such provider has responsibility for the individual. The notification shall be made on the same day the major unusual incident or discovery of the major unusual incident occurs and include immediate actions taken.

(a) Guardian or other person whom the individual has identified.

Increased Communication

Notifications of MUIs continued

(b) Service and support administrator serving the individual.

NEW (c) *Other providers of services as necessary to ensure continuity of care and support for the individual.*

(d) Staff or family living at the individual's residence who have responsibility for the individual's care.

Increased Communication

- Except when law enforcement or the public children's service agency is conducting an investigation, the investigative agent shall *endeavor to reach a preliminary finding regarding allegations of physical abuse or sexual abuse and notify the individual or individual's guardian and provider of the preliminary finding within fourteen working days*. When it is not possible for the investigative agent to reach a preliminary finding within fourteen working days, he or she shall instead notify the individual or individual's guardian and provider of the status of the investigation.

Increased Communication

Agency providers shall implement a written procedure for the internal review of all major unusual incidents and shall be responsible for taking all reasonable steps necessary to prevent the recurrence of major unusual incidents. The written procedure shall require senior management of the agency provider to be informed within two working days following the day staff become aware of a potential or determined major unusual incident involving misappropriation, neglect, physical abuse, or sexual abuse.

Unusual Incidents Redefined

Unusual incident" means an event or occurrence involving an individual that is not consistent with routine operations, policies and procedures, or the individual's care or individual service plan, but is not a major unusual incident. Unusual incident includes, but is not limited to: dental injuries; falls; an injury that is not a significant injury; medication errors without a likely risk to health and welfare; overnight relocation of an individual due to a fire, natural disaster, or mechanical failure; an incident involving two individuals served that is not a peer-to-peer act major unusual incident; rights code violations or unapproved behavioral supports without a likely risk to health and welfare; emergency room or urgent care treatment center visits; and program implementation incidents.

Other changes

Current Rule: Removal of an employee from direct contact with any at-risk individual when the employee is alleged to have been involved in abuse or neglect until such time as the provider has reasonably determined that such removal is no longer necessary.

Revised Rule: Removal of an employee from direct contact with any individual when the employee is alleged to have been involved in *physical abuse or sexual abuse* until such time as the provider has reasonably determined that such removal is no longer necessary.

Other changes

Neglect has been removed from revised rule under this section.

Important note: nothing precludes any employer from removing an employee if they believe it is necessary (i.e. in cases of verbal abuse, neglect and misappropriation...)

Other changes

- Eliminate filing of multiple MUIs for same incident, focus on event based reporting.
- Removed Semi-Annual Analysis requirement County Board and provider.
- Written notification to PPI will only include DD employee and guardian only-not community members.

Other changes

- Specific investigation protocols have been added for Fall and Choking in Appendix A and B.
- The Department will review/close all Medical Emergency cases.
- County Boards now will have until 5 p.m. to enter MUIs into the system.

Other changes

- Unusual Incident reports require name and signature, previously it was only signature of person writing report.
- Unusual Incident Logs are now required to include Cause and Contributing Factors. Logs should only include those incidents defined in the unusual incident definition.
- Investigations are required for those incidents defined in unusual incident definition.

Implementation Considerations

1. Develop training on rule revisions utilizing webinars, You Tube videos, in person).
2. Review current training to ensure definitions and other changes are incorporated. The following definitions will be revised:
 - *Neglect, Physical Abuse, Sexual Abuse, Medical Emergencies, Peer to peer-physical, Unanticipated Hospitalizations and Unapproved Behavioral Supports.*
 - *Define Program Implementation Unusual Incident*

Implementation Considerations

3. Provide MUI Rule training to Board Members.
4. Ensure supervisors have training on how to conduct unusual incident investigations.
5. Utilize social media and agency newsletters to inform your staff and stakeholders of upcoming changes.
6. Incident Reports (include name and signature)
7. Review Website and Social Media to ensure rule changes are reflected

Implementation Considerations

8. Revise reporting policy to include Senior Management notifications for potential or determined misappropriations, neglect, sexual and physical abuse. Define who in your agency will be notified and how.

9. Make sure training includes Senior Management notifications (who and how).

10. Review Policies/Procedures, forms and documents looking for needed rule revisions

- Term changes –Unapproved Behavioral Support, *Unanticipated* Hospitalizations
- Rule number changes 5123:2–17-02

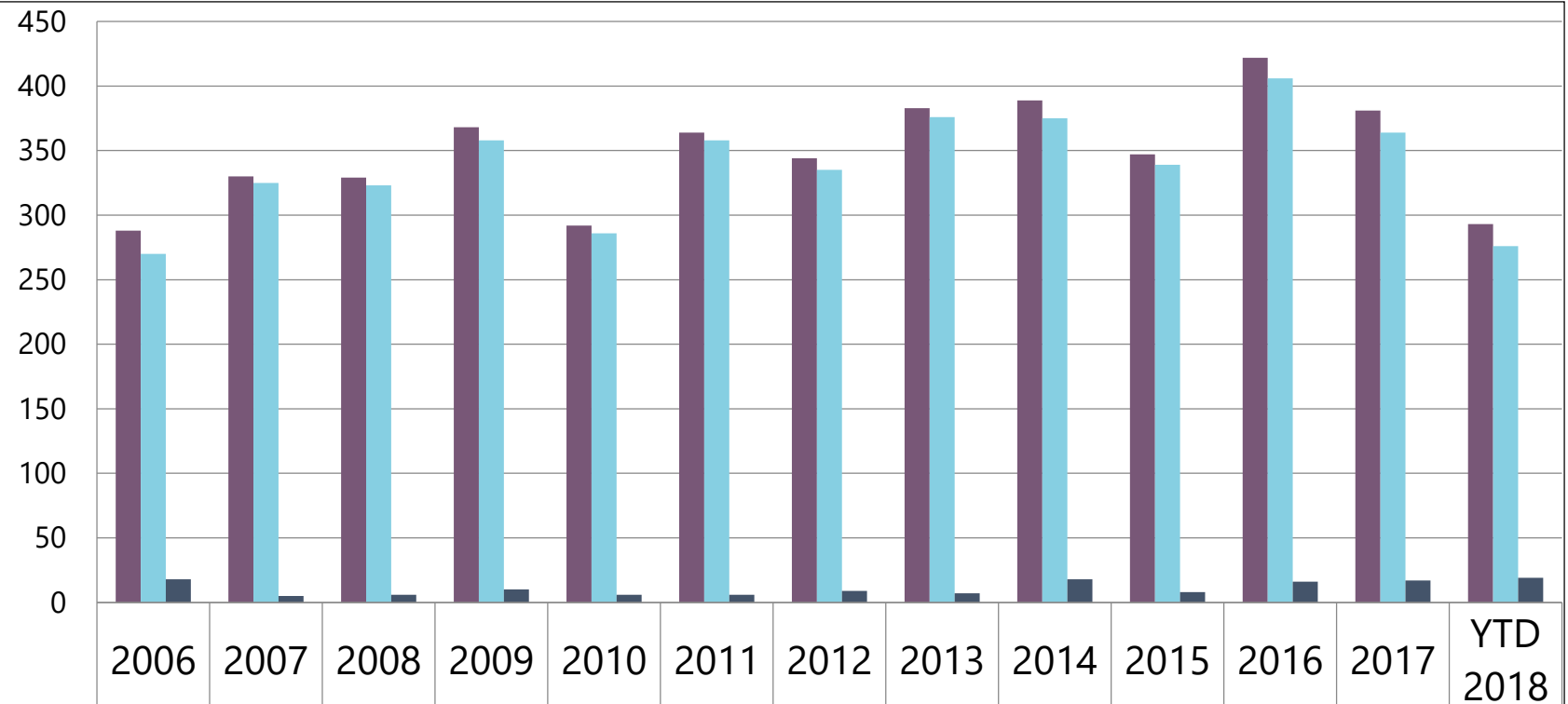
Implementation Considerations

11. Unusual Logs should contain only incidents as defined in UI definition
- Dental injuries
 - Falls
 - An injury that is not a significant injury
 - Medication errors without a likely risk to health and welfare
 - Overnight relocation of an individual due to a fire
 - Natural disaster, or mechanical failure
 - Peer-to-peer act that is not a MUI
 - Rights code violations or unapproved behavioral supports without a likely risk to health and welfare
 - Emergency room or urgent care treatment center visits
 - Program implementation incidents

Resources-coming soon

- MUI Rule Webinar December 19, 2018 to be taped and posted
- Live Chat January 23, 2019
- Frequently Asked Questions
- Interpretative Guidelines
- Agency and Independent Provider Requirements at a Glance
- Revised Forms

Choking Incidents 2006-2018



■ Number of Choking Medical Emergencies	288	330	329	368	292	364	344	383	389	347	422	381	293
■ Successful Life Saving Intervention Provided	270	325	323	358	286	358	335	376	375	339	406	364	276
■ Number of Choking Deaths	18	5	6	10	6	6	9	7	18	8	16	17	19

Choking related incidents
on the rise and we need
your help!

If you know someone who
has difficulty swallowing or
has had recent choking
incidents, make sure their
medical professional is aware.
You could save their life.

Follow people's prescribed
diets and support level

Check out the Choking
prevention resources at
<http://dodd.ohio.gov/HealthSafety/Pages/Tool-Kits.aspx>

Prevention is the key!

Assessment and Evaluations

- What were results and recommendations

Team Discussion

- What does the team recommend based on recommendation (diet, supervision, tracking)

Person Centered Plan

- Are current discussions and risk clearly addressed
- Dietary guidelines should be included if needed

Training

- Who provides training? It needs to be specific with pictures and demonstrations

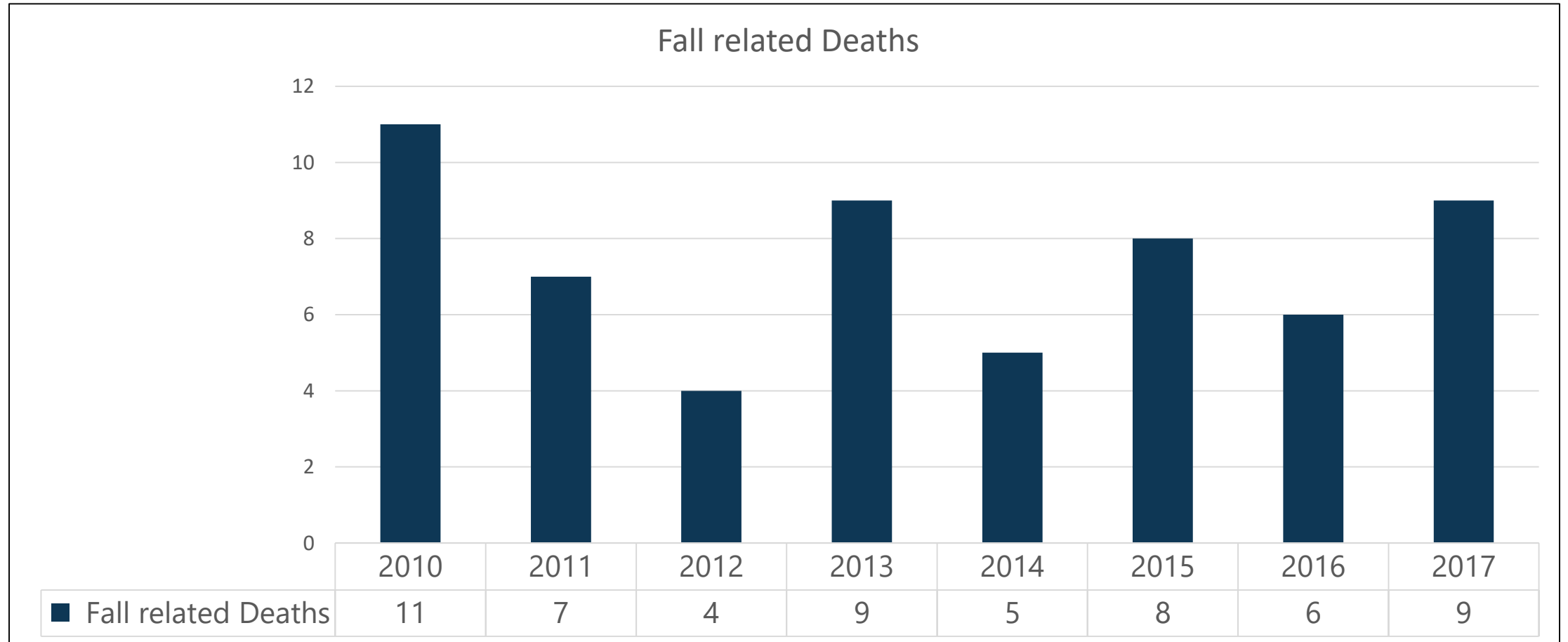
Communication

- How are changes communicated across all setting and documented

Fall Prevention

Year	Falls Reported as Significant Injuries	Total Significant Injuries Reported	% Falls Related Injuries
2010	752	1763	45%
2011	733	1638	45%
2012	761	1635	47%
2013	764	1755	44%
2014	771	1691	46%
2015	734	1619	45%
2016	730	1553	47%
2017	691	1505	46%

Fall Prevention



Transportation

- There were 142 vehicle-related MUIs reported in calendar year 2017—that equals one event every 2.5 days. This is a 41% increase from calendar year 2016.
- Incident continue to rise that place people at significant risk.
- Injuries resulting from people being unsecured in wheelchairs, left alone in cars, being dropped from lifts, etc. continue to occur.

Transportation

1

Always check vehicles to ensure that they are empty prior to leaving the vehicle.

2

Always check that individuals/wheelchairs are secured before transporting.

3

Always make sure that supervision is available prior to leaving a person unattended.

4

Never text and drive!

5

Always ensure vehicles lifts are in proper position and individual is secure.

6

Never drive impaired (alcohol, drugs and prescription medications).

7

Know your limit...If you are tired and struggling to stay awake, don't drive.



Abuse and
Neglect
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(866)313-6733

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