

In the Know with...

March 2023 • Issue #028

BEING **MORE** THAN JUST A PLACE

TO WORK

NY DIRECT CARE STAFFING CRISIS



PLUS

- Remote Nursing Services Model Solution
- Residential RN Pharmacy Checklist



The Northwell Nurse Choir. Supporting Employees Passions Outside of Work led to 18 Nurses competing on America's Got Talent! – Northwell Health Ranked 5th on Great Places to Work

Being More Than Just a Place to Work

We are all committed to excellence in serving the needs of the intellectually and developmentally disabled. But what about the people that directly care for these individuals? We need to become more than just a place to work. It's time to step up or get out.

Direct Care Professionals should not get used to the pain in the workplace that exists right now. As community leaders, we need to be providing the best work environment possible. We need to be intentional about delivering communication and training, providing the best benefits, and implementing automated tools that increase productivity and efficiency along with reducing workforce tasks.

The cost of direct staff turnover has become too high. We have lost great mentors who have left the profession and are not around to train new hires and share their pearls of wisdom.

As an organization, we serve individuals who run a household full of individuals with complex medical needs. These tasks at times can be overwhelming and thankless. Take the time to tell your direct care staff they are appreciated.

If you provide the best, you can hire the best. Then the best can work collaboratively to ensure that the id/d community residents in group homes can live their dream.



A Letter From Our CEO

New York Direct Care Professional Staffing Crisis

Breaking News. The Centers for Disease Control and Prevention (CDC) has been monitoring an increase in extensively drug-resistant (XDR) Shigella infections (shigellosis) reported through national surveillance systems. Clinicians treating patients infected with XDR strains have limited antimicrobial treatment options. Shigella bacteria are easily transmissible. XDR Shigella strains can spread antimicrobial resistance genes to other enteric bacteria. Given these potentially serious public health concerns, CDC asks healthcare professionals to be vigilant about suspecting and reporting cases of XDR Shigella infection to their local or state health department and educating patients and communities at increased risk about prevention and transmission.

Let's take a minute and re-focus on the direct care professionals who service the intellectually and developmentally disabled. It's been a rough few years with all the turnover in direct care staffing. We've also suffered the loss of many great mentors due to retirement or leaving the field altogether. As an industry, can we just take a look at

being more than just a place to work? Let's do more to help overcome the staffing shortages and strive to provide the best for all direct care professionals.

Our goal as a company this year—and always—is to provide our clients with the highest quality, accuracy, and efficiency in managing and coordinating pharmacy services. So, if you are an Executive, Administrator, House Manager, or Nursing Director frustrated for too long with the challenges caused by your long-term care pharmacy provider, this is the year to make a switch!

To discuss the challenges with your LTC Pharmacy providers and how to resolve them, we're here to help. Please reach out at (845) 341-2714.

***Yours in Health,
Angelo Angerame***

**CEO, Hudson Regional
Long Term Care Pharmacy**



Thank you to All Residential Registered Nurses (RNs)

Leading the Way in the Care of ID/D Residents

Registered Nurses (RN) have the lead role in the care of id/d residents in any group home. RNs are responsible for ensuring that all residents have access to necessary nursing services and immediate clinic response needs even during staffing shortages and pandemics.

Thank you to all the RNs who have brought residents through the COVID-19 Pandemic and the current New York staffing crisis.

On page 6, you will find the Residential RN Pharmacy Checklist. Please feel free to print, duplicate and keep on hand for your staff to use and scan into their MARs. This checklist is being offered as best practices. Please refer to your agency's procedures and policies, as well as OPWDD Admin Memo #2003-01

Checklists are very powerful tools because by having a checklist you can complete repetitive tasks more quickly, efficiently, and with fewer mistakes. This gives you and your staff more productive time instead of putting out fires.

Ensuring the right patient, gets the right care, at the right time....every time.



Remote Nursing Services Model Solution

Problem: Residential Registered Nurse Staffing Shortage

Due to all the residential nurse staffing shortages and turnover, the OPWDD issued an administrative directive in 2020 and revised it in 2021 to ensure that all residents have access to necessary nursing services by allowing nursing services to be provided remotely through the use of technology, when clinically available.

What is the Remote Nursing Services Model Solution?

Remote nursing care is when a Registered Nurse (RN) is physically located at one OPWDD-certified program or authorized site while providing virtual medical support to other nearby certified programs.



Requirements for Remote Services:

1. The **immediate physical location should be rotated** to ensure physical availability to all covered programs and individuals while reducing the need for transportation between programs.
2. RNs must continue to be **available to respond to immediate or urgent medical changes** and needs. Their availability to individuals is critical in maintaining their health and safety.
3. **Remote service delivery only enhances the RN's ability** to provide care to more individuals and with more efficiency.
4. RNs must **maintain an on-site presence** at all sites.
5. **RN's presence and/or availability is both a required and critical support to the team 24 hours a day, 7 days a week.** There may be times when an RN may need to oversee and/or provide certain nursing tasks remotely. Therefore, the requirements for the minimum frequency of RN visits to certified sites may be accomplished remotely.
6. It is expected that for those homes where the weekly visits are being completed remotely, a **minimum of one visit per month** will be completed in person, on site.
7. The need for additional or continued on-site presence will be at the **discretion of the Nursing Program Coordinator, Director of Nursing, or his/her designee.**

Please refer to your agency's procedures and policies. For more guidelines and information, please refer to OPWDD Admin Memo # 2020-ADM-03R.

Residential RN Pharmacy Checklist ✓

- ✓ 1. Compare and Match **MAR** for accuracy against medication prescriptions.
- ✓ 2. For all medication, the following items exist & will all correlate for dosage, route, & times of administration:
 - Medication Administration Record (**MAR**)
 - Picture of the person receiving supports – current likeness
 - Individual's name, DOB, and Allergies
 - Blister pack/bottle/tube, etc. with a pharmacy label
 - Prescription – current (copy or electronic)
 - Standing Orders – current (copy or electronic)
- ✓ 3. **MAR Review**. Is the medication being given as ordered?
 - Staff signing the **MAR** for Medication Admin. to include PRN Medication or Med refused.
- ✓ 4. Is the Notice of Medication Change for any new or changed medication in the individual's MARs section?
 - Does the **Notice of Medication Change** reflect what is on the **MAR**? Start/Stop Dates?
 - Is there a copy of/or electronic image in pharmacy portal of the new prescription at site of service?
- ✓ 5. Is there an Informed Consent for Medications to treat mal-adaptive behaviors in the individual's MAR section and current?
 - Is a **MIPS** in place for people supported who need medications/immobilization methods used prior to/during medical/dental appointments? - within past year
- ✓ 6. Are Narcotic/controlled medication and/or Syringes – (used and unused) double locked?
- ✓ 7. Are Narcotic/syringe documentation and counts accurate and up-to-date?
 - Narcotic Count Sheet
 - Shift to Shift Narcotic Count Sheet
- ✓ 8. Are external and internal medication stored separately?
- ✓ 9. Are medications stored in the fridge in a labeled, locked box or stored in locked med room fridge?
- ✓ 10. Are there any outdated medications in the medication cabinet?
- ✓ 11. Are there any discontinued medications in the medication cabinet?

Residential RN Pharmacy Checklist (con't)

- ✓ 12. Are Medication Data Sheets for each medication specific for each person or electronic access to information (pharmacy portal) at site?
 - Is this information readily available?
- ✓ 13. Is there a Self-Medication Evaluation (SME) for each person who receives supports completed within the last year?
 - Are the recommendations & directions of the **SME** correct and being followed?
- ✓ 14. Does a **Pharmacy Review** exist? (annual or if semi annual (last 2 must be available at the site.)
- ✓ 15. Are Plans of Nursing Service (PONS), current (within 1 year), written for any individual who requires nursing care, and those who require medication administration for a diagnosed medical condition and maintained at site of service?
 - Documentation that **PONS** were reviewed with Direct Care Staff obtained
- ✓ 16. Certification Records for AMAP, Insulin Administration, Feeding Tube (G-tube, J-Tube) are current (within 1 year), filed at site or electronically.
- ✓ 17. Are weekly house visits/checks and **MAR** reviews by RN up to date?
- ✓ 18. Are Diet prescriptions/orders current, and available at site of service?
- ✓ 19. Are B/P, Pulse, Weight records up-to-date?
- ✓ 20. Are BM charts up-to-date for those individuals on Bowel Tracking?
- ✓ 21. Are seizure records up-to-date for those individuals experiencing seizures?
- ✓ 22. Are menstrual records up-to-date for those individuals experiencing menses?
- ✓ 23. Documentation on initial and ongoing training for unlicensed Direct Care Staff in all nursing tasks, and functions they will perform.
- ✓ 24. Are the following medical supplies present?
 - First Aid Kit – in residence, & 1 per vehicle & is/are the kits supplied according to policy
 - If epi-pen is ordered for someone with severe allergies, check that it is in first aid kit not locked in medication cabinet.
 - Blood Pressure Machine and Manual cuff with stethoscope
 - Thermometer
 - Gloves
 - Masks
 - Personal Protective Equipment – (gown, goggles, gloves, masks)



Hudson Regional

LONG-TERM CARE PHARMACY

Here's What **People** **Are Saying** About Our Pharmacy!

"One of the most **caring, attentive, and reliable pharmacies** I've ever worked for. A **welcoming and professional** environment where you're treated as family from day one. Highly recommended."
– Heather D.

"**Best customer service** ever!!"
– Trish S.

"Never worry. **Always a solution.**"
– Kevin L.

Rx Date _____
Patient **Dir of Nursing &**
Address **Exec. Director**

Prescription: **Hudson Regional
Long Term Care Pharmacy**

- Service That Means A Smile
- All Deliveries Before Resident Bedtimes
- We Take Care Of You, So You Can Take Care of Patients

*Because... It's the
Right Thing to Do*

Refil 012345 Permission _____



Hudson Regional
LONG-TERM CARE PHARMACY

280 Rte 211 E, Suite 112, Middletown, NY 10940
www.hrltcp.org • info@hrltcp.org • P: 845-341-2700 • Fax: 845 341-2715