



# SURVEY READINESS in HEALTH SUPPORTS



It is wise to develop processes and systems so that you are ever-ready for a surveyor to walk through your door and to train your staff on these processes, being explicit that you have expectations that these are followed. So, we will assume that's what you're doing and go from there. A primo way to stay survey-ready, is to periodically assess various aspects of your organization/scope of responsibility and tweak things. Here are some suggestions for looking at the medical area as it pertains to consumers and the staff who support them.

- Meet with your staff and explain what surveys are about and why you have them
- Explain what happens/may happen during a survey
- Describe to them what they need to do or may be asked to do during a survey
- Review ways that the staff can prepare (be ever-prepared) for surveys

In the healthcare aspect of a survey, you will want to look at several areas: environment, supportive care, medical follow up, documentation, processes, meeting/exceeding regulatory requirements.

In the environment;

- Cleanliness of environment, med pass area, food prep & eating areas
- Safety issues—access, rugs, walkways, fire extinguishers, CPR microshields accessible, first aid accessible, meds locked where appropriate
- Physical safety of consumers (from other consumers, or do you have any flight risks or wanderers?)
- Sharps containers replaced when 2/3-3/4 full

For supportive care;

- Staff focused on care and needs of individuals, checking with needed frequency, assisting them with tasks, mobility, eating, ADLs, etc.
- Staff med pass observations to insure correct procedure & documented
- Activities in the living environment
- Safety concerns—is staff trained on all safety equipment and adaptive equipment, where necessary?

Medical follow up;

- All physical assessments & Health Care Plans done

- Risk Assessments completed, timely, & on chart
- All follow up to any medical problems has been done or in process, and is well-documented
- All labs, diagnostics done as ordered, & on chart
- Nursing and staff notes should be concise, complete, and should correlate with each other
- AIMS (abnormal involuntary movement scale) completed for anyone on antipsychotics, with follow up if necessary
- Vaccinations up to date
- All physician orders carried out
- MARs checked & followed up on as needed
- Staff training completed on significant medical conditions for consumers within their responsibility and documented
- Are medications appropriate? Side effects monitored?

Processes to examine;

- Your organization's healthcare support processes should be documented as a Policy & Procedure or an Organizational Standard. These should meet regulatory and professional practice standards, if applicable. For instance, you cannot have a P & P that states that Nurses will delegate certain nursing activities to non-licensed personnel. This would go against the Nursing Standards of Practice. Having met these requirements, your policies, procedures, and standards should be followed by staff with the consumers. This is what surveyors will look at....do you have a policy and do you follow your policy as written. It is critical that you have a system for policy review periodically to keep these updated and fresh.

Regulatory requirements are met by;

- Knowing what the regs are and training your staff to them in all areas
- Making sure you have all licenses and credentials verified for your professional staff
- Having Orientation & ongoing training completed and documented in employee files in essential areas related to health, safety, and consumer-specific needs
- Holistic approach to consumer needs—look at all areas of their life and the quality your organization and staff bring to each area (Nurses are best at this!)

# IT REALLY IS A MINEFIELD OUT THERE!

As an I/DD Nurse, every day is a challenge. We are faced with so many issues that are unique to this nursing specialty. We are expected to help keep our individuals healthy and on the right medications, day in and day out. For most of us, it is a 24/7/365 job.

If you are feeling like the mines are getting closer and closer as you travel down the road of "self administration of medications", then please join us in Reno, Nevada at the National Developmental Disabilities Nurses Association 2010 Conference. You will have the chance to make history as DDNA develops Standards of Practice and guidelines for medication administration in the community.

Be a part of the voice that will develop policies and procedures for safe practices and protection for the I/DD Nurse. We are gathering experts in the field to be present to hear our concerns and our solutions to OUR practice.

We are looking forward to seeing you there.

Kathleen A. Brown RN, CDDN

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President-Elect, DDNA



## National DDNA Conference

### "A CALL TO ACTION"

Reno, Nevada

Pre-Conference May 15th ;

Conference May 16th-18th

Go to [www.ddna.org](http://www.ddna.org) to register

## DIABETICS' BLOOD SUGAR MONITORS TO MEET MORE STRINGENT STANDARDS



About 24 million people in the U.S. have Diabetes and it is estimated that this number will double by the year 2025. \* Most diabetics use home blood sugar monitors to test their blood from a few times a week to a few times each day. It is the guide that they use to determine what actions, if any, they need to take to maintain a stable blood glucose. These people must rely on the accuracy of the reading they get on the monitoring device to be correct because it is the impetus for them to intake more calories, intake less calories, exercise to burn calories, or to administer an insulin shot to bring down a high glucose level (insulin attaches to glucose and "carries" it into the cells which use the glucose for energy).

Blood glucose devices are used by many of our consumers and staff to check blood sugars. Nurses and physicians in clinics, hos-

pitals, EMS workers, and millions of individuals in their homes use these devices as well. And everyone assumes that the number they get for a reading is correctly measuring that person's blood glucose level...but it may not be.

Blood glucose monitors that are commonly used by patients are not FDA approved to screen for Diabetes but are used for this purpose. Less-than-accurate readings can result in a person with Diabetes being over-treated (given too much insulin) or under-treated (not given insulin when a blood sugar is quite high). These commonly used monitors were meant for patients to use at home to keep track of and treat their diabetic symptoms. These same devices are used in hospital ICU's, emergency rooms, and physician offices everywhere.

The industry standard for accuracy of readings for blood glucose monitors is for them to provide accurate readings within 20%. So, if your

actual blood sugar is really 80, but you test it with the monitor and get a 64 reading, you probably will be given extra calories because your blood sugar appears too low. Or, if your monitor reading says your blood sugar is 210, it could really be about 175 (that's 20% less). Since 200 is often the cutoff for giving sliding scale insulin, you'd be given a shot to bring your blood sugar down. You can extrapolate from these examples that following this regimen for years could lead to several problems with blood sugar treatment, causing more problems for the patient.

Due to these types of situations, the FDA is looking at more stringent guidelines for accuracy for all blood sugar monitoring devices to improve treatment and patient safety over time.\* Medline Plus. (2010), FDA eyes improvements for diabetics' glucose devices, <http://www.nlm.nih.gov/medlineplus/>

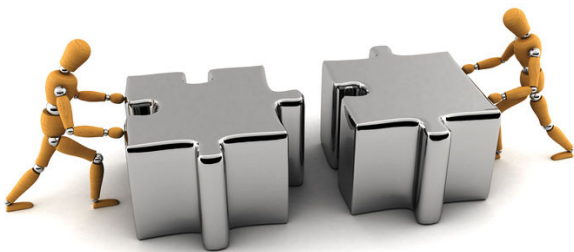


## THE POST SCRIPT

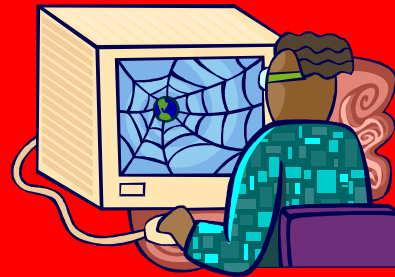
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