

Medical Case Management News



Highlights:

- Newsletter's Mission
- Medication Administration Policy Directive 01-01
- Behavioral Medications and Information.
- Laboratory Values and what they mean to you.
- Documentation Pointers.

Mission of the Suncoast Medical Case Management Team for 2008

By Eileen Taylor, RN

The Medical Case Management Team of the Suncoast Region would like to take this opportunity to wish everyone a happy and healthy 2008! And to assist everyone in the realization of this goal, the MCM Team is launching this first edition of our new endeavor, Medical Case Management News.

The mission of this newsletter is to provide an on-going resource of information and support for all APD Medicaid Waiver service providers of the Suncoast Region. Because the Suncoast Region supports the largest percentage of consumers on the Home and Community-Based Medicaid Waiver Program, it is often difficult for the Medical Case Management Team to personally provide the degree of support and education to MW service providers that we believe is essential to ensure that APD consumers receive the best services possible.

The Medical Case Management Team is hoping that we will be able to reach more providers by using a quarterly newsletter rather than having regular provider meetings. The Medical Case Management Team will use this newsletter to address the issues that we have found to be causing the most concern, or simply rousing the most interest, among both MW service providers and APD staff who regularly interact with MW service providers.

Because this newsletter is intended to be both a resource

and a support for service providers, the Medical Case Management Team will include a section dedicated to answering individual questions or concerns submitted to Medical Case Management via email. Questions can be submitted directly to:

eileen_taylor@dcf.state.fl.us

Or

jill_cramer@dcf.state.fl.us

Medication Administration

Policy Directive 01-01

By Cheryl Clark, RN

Medication Administration Policy Directive 01-01 is the foundation upon which the Agency for Person's with Disabilities is able to permit unlicensed direct care staff to administer medications to Medicaid Waiver consumers in a variety of settings. Because dispensing of medication is a strictly regulated practice by law, and normally requires higher education and state licensure, proper training and validation in Medication Administration Policy Directive 01-01 is mandatory for any unlicensed direct care staff prior to being allowed to administer medication to a consumer.

The Medical Case Management Team recognizes the complexity of this Medication Policy and has been working diligently to increase the number of RN Trainers available to provide this service for the Suncoast Region. This section of the newsletter will be dedicated to addressing the on-going issues, concerns, and questions raised by this multifaceted policy.

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BEHAVIOR MEDICATION CORNER

By Helene Coutu, RN, CRRN

Purpose: This section of the newsletter is to give information about medications used in the behavior management of our consumers.

Objective: Those providing services to APD consumers will understand the mechanisms and effects of the medications prescribed to the consumers.

Goal: To educate the readers about medications used by our consumers. In turn, the providers will be able to assist the consumer to understand the medications and the positive and negative effects that medications

can have.

There are many medications that are prescribed to the consumers we serve that have common side effects while some medications have side effects which are irreversible. All medications, be it Tylenol or an antipsychotic can cause side effects or interact with other medications or food. It is very important that all allergies are noted on the Medication Administration Record (MAR) along with the reason/ diagnosis for each medication.

The AIMS (Abnormal Involuntary Movement Scale) test should be completed by the medical provider prescribing the antipsychotic medication. Ideally, the AIMS should be completed prior to starting someone on the antipsychotic medication.

Afterwards, the test should be performed 4 weeks after starting the antipsychotic (also known as neuroleptic medication) and quarterly after that.

Why is the AIMS test important? The AIMS rates the consumer to determine signs of Tardive Dyskinesia (TD). Tardive Dyskinesia is the abnormal movement usually caused by the side effects of the neuroleptic (antipsychotic) medications. The TD symptoms can appear as early as 4 weeks into the treatment but are usually seen with the long term use of the medication. Most of the times however, TD is not reversible.

Next Issue: TD Symptoms, medications known to cause TD

Supported Living Technical Assistance Visits, An Overview

By Martha W. Addison, RN

The Medical Case Management (MCM) team has undertaken the daunting task of getting in the trenches in an effort to help our consumers and their supported living (SL) providers. We are going out in the communities and working with SL providers to ensure that they have the tools, skill and knowledge to safely provide supportive living services to our consumers. We are also affording them the opportunity to ask about those areas that just make you want to scratch your head.

As a follow-up to an audit performed last year that addressed those consumers with chronic health issues like diabetes, seizures

and high blood pressure, we are now visiting these providers in their offices and looking at actual documentation that supports services provided. In order to get the full benefit of these technical assistant visits, it is helpful for the providers to have the following documents on hand:

- Two or three consumer support plans, behavioral plans and MARs with regular and PRN medications
- Implementation plans
- Signed copies of Physician's Statement of Ability and

Consent for Care forms

- Proof of quarterly communication with waiver support coordinators

While this list isn't all inclusive, it allows the nurse to see if appropriate documentation and files are available. It also gives the provider a chance to ask questions and to obtain examples of helpful forms to use. Please try to take advantage of the MCM Team nurses during these visits to help you improve the quality of services you are providing. In the end, we will all be winners!

INCIDENT REPORTING:

Where does it go? Who needs to know?

By Jill Cramer, RN

When something unanticipated and possibly harmful happens to one of the consumers in your care, what should you do? Obviously, medical and physical care of the consumer is paramount. But after the initial concerns are dealt with, what next? Now you have to figure out who needs to know what.

APD operating protocol clearly defines guidelines for identifying and reporting information related to critical and reportable incidents involving APD consumers living in the community. There may also need to be additional reports made. The consumer's guardian, the waiver support coordinator and possibly the Florida State abuse registry (1-800-962-2873) may need to be notified as well. State law requires all APD providers, as mandated reporters, to report *suspected* abuse, neglect or

exploitation of children, elderly, or vulnerable adults.

The incident reporting forms are found, along with the Regional Operating Protocol, on the internet at www.fccflorida.org. These documents are accessed by clicking on SC on the Florida map and then clicking on the Suncoast APD tab. Whenever possible, the form should be electronically submitted. Or you may fax copies to the area program office at 813-233-4307.

Critical Incidents must be reported to the area office within one hour of becoming aware of the incident. Critical incidents include a consumer death, missing child, missing incompetent adult, sexual misconduct, or a possible media attention. There is an after hours on-call rotation list which should be followed

to notify the program office. Leaving a voice message may eventually alert someone, but cannot be considered actual notification, so keep calling until you reach a live person. In the event of a death, Medical Case Management would also appreciate a phone call, even if it is after hours.

Training that reviews the agency's protocol for reporting incidents and focuses on the types of events or incidents that must be reported, time frames for reporting, and how to complete the Incident Report form, is offered four times a year. Information regarding dates and times for training is available on the website training calendar. If the process is still raising questions for you, then sign up to attend one soon.

Reporting a Death

By Barbara Smith, RN

The MCM team would like to remind all providers that, if a death of one of your consumers occurs, a registered nurse from the MCM team, usually Barbara Smith, will contact you by phone generally within 24 hours of APD's receiving of the notification of the consumer's death. Please prepare yourselves for this call by reviewing the following examples of information that is required for completion of all Reports of Death:

◆ **Client data:** We will need to know the consumer's full name, date and time of death, date of birth, Social Security Number, primary diagnosis for the Waiver, other diagnoses the consumer was being treated for, the Primary Physician's name and phone number, and the suspected cause of death.

◆ **Demographic data:** We will need to know the consumer's

competency status, address at time of death, the type of home in which the consumer resided (family home, supported living, group home, ALF, ICF), and place of death.

◆ **Medical data:** We will need to know if the death was expected or unexpected, if an autopsy will be performed, if the consumer required a feeding tube for nutrition or medication administration, if an indwelling urinary catheter or any other medical device was required, and consumer's ambulatory status.

Additional information: We will need to know, for the year leading up to the consumer's death, if the consumer was hospitalized, had any emergency room visits, was baker acted, had a significant amount of weight loss

◆ **Additional information:** We will need to know, for the year leading up to the consumer's death, if the consumer was hospitalized, had any emergency room visits, was baker acted, had a significant amount of weight loss or gain, or was involved in any abuse investigation. We will need to know specific details, including dates, regarding any of these incidents. Furthermore, we will discuss with you the circumstances surrounding the time of death.

We all realize that death is often a stressful experience for the survivors, especially if it is unexpected. Knowing in advance what is needed in the event that this occurs can be helpful in reducing some of that stress.



Diabetes, What You Need To Know

By Donna Crosby, RN

Do you know the difference between the symptoms of Type 1 diabetes and Type 2 diabetes and know the symptoms of diabetes and warning signs? Do you know some of the tests which are involved regarding diabetes? This article is intended to shed some light on some interesting and helpful facts.

Signs/symptoms:

- Excessive thirst/appetite
- Increase in urination
- Unusual weight gain/loss
- Fatigue
- Nausea/vomiting
- Blurred vision
- Vaginal infections-women
- Yeast infections-men and women
- Dry mouth
- Slow to heal cuts or sores
- Itchy skin, especially in the groin or vaginal area

Type 1 diabetes, previously known as juvenile diabetes, the body's immune system destroys insulin-producing cells in the pancreas. This is not diet-related.

Type 2 diabetes is the most common type of diabetes accounting for 90-95% of people with diabetes. It is being seen more in children with diabetes, too. This is diet-related.

Pre-diabetes (impaired glucose tolerance) has no symptoms and almost always present before a person develops the more serious type 2 diabetes. People at risk for developing pre-diabetes include:

- People with a family history of type 2 diabetes
- Women who had gestational diabetes or had a baby weighing more than 9 pounds
- Women who have polycystic ovary syndrome (PCOS)
- African American, Native Americans, Latinos, and Pacific Islanders, Minority groups that are disproportionately affected by diabetes
- Obese or overweight people, especially belly fat
- People with high cholesterol, high triglycerides, low good 'HDL' cholesterol and a high bad 'LDL' cholesterol
- Inactive people

Older people.

Gestational diabetes occurs during pregnancy and affects 4% of all pregnancies. It increases complications for mother and baby.

Testing:

To confirm a diagnosis of type 2 diabetes, a fasting blood test, called a Fasting Plasma Glucose, may be ordered by your doctor. You will not be allowed to eat for at least 8 hours before the test. Normal FPG is between 70-100 mg/dl for people who do not have diabetes. Diabetes is diagnosed when two separate blood tests reveal that your fasting blood glucose level is >126 mg/dl. Pre-diabetes is also diagnosed using the FPG test and the oral glucose tolerance test (OGTT).

Another test that may be ordered by your doctor is the hemoglobin A1c test, also known as HbA1c. This is an important blood test which is used to determine how well your diabetes is being controlled. Hemoglobin is part of your red blood cells that carries oxygen throughout your body. Sugar will build up in your blood when your blood glucose is too high and combines with your hemoglobin. The Hemoglobin A1c test measures the average amount of sugar in your blood. The result of your hemoglobin A1c will reveal the last several weeks of blood glucose levels, upwards of 120 days. It is recommended that this test be done every three months. The goal for diabetics is a hemoglobin A1c <7%. Non-diabetics normally range between 4-6%.

Suncoast Region Medical Case Management

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