

My Journey - CNA to LPN to DDC

by Nyla Adair, LPN,DDC

I am so thankful for this wonderful opportunity to share with you why I feel that I am truly blessed and how being a DD nurse has made this possible.

I began working as a CNA (Certified Nursing Assistant) in nursing homes in 1974. I absolutely loved it. I had so many “grandparents” and endless storytellers. I felt the challenge of trying to please them all and seeing them each as the individuals they were and not just a bunch of old people. Each of them had their own unique qualities, likes, dislikes, behaviors, and beliefs.

I became an LPN in 1984 and remained mostly in the geriatric field where I felt comfortable. In a part-time capacity I worked for a woman whose husband was brain-injured. This was very intriguing to me, so when she opened a small facility specifically for people with brain injuries I stayed on board. I was fascinated with the different abilities and levels of knowledge and functioning that each of the clients had. They all suffered from some form of brain injury but were all so different.

A friend of mine told me about a different type of nursing. It was with adults and children who were mentally/physically challenged, in many different ways and on many different levels. She also informed me of a place that was a school and adult day care, which also had some group homes that cared for these people, either just during the day or for 24 hours a day. Well, this sounded so challenging, fascinating and different from what I had been doing that I just had to investigate it further.

In May of 2003, I began working at the facility caring for individuals with developmental disabilities. The first year that I was employed at the facility, I worked in the ICF/MR clinic. I thoroughly enjoyed this and learned a lot about the types of individuals that this facility served. After a year I decided that I wanted to work more closely with these individuals and be involved in their day-to-day activities, instead of the short time I spent with only a few of the people we served when they came to or were brought to the clinic.

I was totally in awe of this facility and the programs offered, but mostly with the individuals that we served. The unconditional love they very openly displayed all the time was just astounding. They also were not afraid to show or tell you if they were emotionally hurt or upset. I also learned how extremely different each individual was, and that even though

these individuals were or are mentally challenged, or as some people say, “retarded,” they were or are not stupid!

My supervisor told me about an organization called DDNA, and invited me to several meetings. I was so blown away that I could hardly comprehend what it was all about. I, as well as the other nurses employed at this facility were encouraged by many people, especially my supervisor, to become members of DDNA and to sit for the CDDN/DDC exam to become certified. Well, in 2007 I became a DDNA member and also became certified as a DDC. I had a lot of help in obtaining this and am so very grateful to everyone involved.

I was amazed. I actually knew the symptoms of people’s diagnoses, understood most of their behaviors and usually why they acted certain ways at times, or did some of the things they did. I also learned the best way for me to help, encourage and teach them, as well as myself. I also came to understand what the families of these individuals must deal with on a daily basis and how strong, knowledgeable and nurturing these families truly are.

Eventually, I moved to another state, so I sadly left the previous mentioned facility. I was very unhappy when I left, because I thought that I would never find another facility at which I not only truly enjoyed being part of a team, but also where I would learn new and different things on a daily basis.

Much to my surprise, I have been lucky enough to find another type of DD nursing that is very intriguing, challenging and different for me. I am currently employed at Foundation for Blind Children (FBC). This scope of nursing is also very rewarding, as well as extremely life changing to the individuals we serve along with their families.

FBC has many different programs that help/assist as many blind or visually impaired people at various ages and/or stages of their lives as possible. Some of the programs and/or services FBC provides are listed below along with a short description of them:

Infant Program - Infants with visual impairments, as well as their families, need professional services or guidance. This program focuses on how the child learns and how parent(s)/families also learn to help and have a better understanding of the situation. In addition, it deals with the impact or effect of having at least one disability on the child, as well as the families and their feelings. The infant has to “see” the world,

Quick Links

President’s Message	pg 3	News/Information	pg 7
Certification News.	pg 4	Chapter/Network News	pg 8
Case Study	pg 5		
Calendar	pg 5		

My Journey continued on page 6

From the Executive Director's Desk

DDNA News Network, Vol 18, No 3
Summer/Fall 2010

Dear DDNA Members,

The September letter from the Executive Director is usually focused on gearing up for the annual conference next May. Fall is the time of year when we ask members to suggest conference topics about which they are interested and to recommend speakers who are excellent educators and experts in their particular field in the care of persons with I/DD. So start thinking about topics and speakers as you read the rest of this letter and the rest of the newsletter . . .

September is also when summer ends and school starts back up again. Some of you may be busy now buying backpacks and figuring out school bus schedules for your kids. Or you may be starting classes yourself as you continue to pursue your educational goals. Last week my son, Jim, began his first year as a special education teacher. His students are profoundly affected by autism. Many of you have met Jim at DDNA conferences, where he has helped out over the years. You may or may not know that he himself has Aspergers Syndrome. To say that I am proud of him for graduating with his Master's degree in Special Education with a 3.98 GPA, and that he is also completing his final course for becoming a certified applied behavioral analyst -- well, that is the understatement of the year! As I have seen him bonding with his students, planning lessons to meet their specific needs, and coming home excited when a student masters a new skill, it really takes me back to my first days as a beginning nurse. I realize that teaching children with I/DD and I/DD nursing are two different professions, but all helping professions share commonalities. Do you remember your first day as a developmental disabilities nurse? From talking with DDNA members, it seems to me that, in most cases, your first day on the job made a large impression. You realized that you did know some things about caring for people with I/DD . . . but you didn't know everything (and might have felt a twinge of nervousness about that!), but you could learn and you did! And that is exciting!

This past August, I took my first vacation in five years. Boy, vacations are great and I'll probably take more in the future! I traveled to visit relatives and friends in Lithuania and France. While in Lithuania, I was privileged to stay with Dr. Arvydas Seskevicius, a cardiologist, who became the first Dean of the School of Nursing at Kaunas University when Lithuania gained its freedom from Russia in 1991. He successfully created a nursing school that today is graduating doctoral students in nursing, and its current dean is now a nurse, not a physician! I visited the main hospital in Kaunas and had an opportunity to meet cardiac, ICU, and pediatric nurses. Interestingly, if you have a heart attack in Lithuania, you will spend two weeks in the hospital, and then four weeks inpatient in a cardiac rehabilitation "convalescent" center. Arvydas explained to me that they found if you send people home quickly after a heart attack without providing them with these weeks of inpatient cardiac rehabilitation, they revert to their previous bad habits of not exercising and overeating. Hmmm . . . can't see the American health insurance companies being on board with such a long hospital stay, but it does make you wonder what a study might show about patient compliance with post-cardiac instructions in Lithuanian vs. in the United States, where you are out of the hospital door four days after your bypass surgery!?

I also had the pleasure of having dinner with the Dean of the Nursing School at Vilnius University, Dr. Danute Kalibatiene. I asked her what nursing students in Lithuania were learning about the care of people with developmental disabilities. Her response was the same as the response of most deans of nursing schools in the United States -- students are not learning very much about I/DD. I gave Danute a set of audiotapes from the DDNA 2010 Reno conference and a copy of Dr. Tyler's new book on developmental disabilities. I am also making the HealthSoft courses on developmental disabilities nursing available to the nursing students in Lithuania.

The rest of my vacation was full of amazing old churches, castles, museums, and cities that have been there from as early as the 11th century, wonderful food, meeting relatives for the first time (my grandfather had 11 brothers and sisters!) . . . and then a week in Paris. The food was wonderful and everywhere you looked . . . there were more churches, history, and art . . . and did I mention the wonderful food? I came back to work with my mind stimulated and refreshed, a couple of new pounds around my middle, and a fresh perspective on what really matters in life. The pounds I hope to lose soon. The memories I hope to keep. If you haven't taken a vacation in a while, take one. I used to think that getting away from it

DDNA News Network is published quarterly to specifically address the issues of nurses who serve persons with developmental disabilities.

DDNA News Network accepts unsolicited articles, press releases, and other pieces for consideration as editorial material. Submissions by deadline date does not ensure publication in any issue.

Members are welcome to send articles for the newsletter, as well as correspondence to specific officers, committee members, and liaisons. Please send mail to the DDNA national office at P.O. Box 536489, Orlando, FL 32853-6489. Correspondence may also be faxed to: (407) 426-7440 or emailed to mawillis@ddna.org.

Directory of Contacts

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President's Message

Hello DDNA Members -

I hope your summer has been enjoyable. Unbelievably, fall is just around the corner, and yes - it's already time to begin thinking about next year! Just four months ago, we were planning for DDNA's 2010 conference and four months from now, we will be welcoming in a new year. Time seems to pass at the speed of light these days, as we all try to *keep up* in the increasingly challenging I/DD health care environment.

The Board is working to plan next year's conference, which will be held in Hartford, Connecticut in May 2011. The conference program will include a full day of pre-conference, followed by two and a half days of conference sessions, and the conference is shaping up to be another excellent educational program. The 2011 conference sessions will focus on the clinical issues DD Nurses face when providing health support to persons with intellectual and developmental disabilities (I/DD), with ample opportunities for members to network with one another available throughout the conference. We are seeking nurses to present their clinical expertise during the conference, so we encourage all members to submit a speaker application and be a part of the 2011 DDNA conference! See "Speaker Application" under the Conference tab on the DDNA website at www.ddna.org.

At the 2011 conference - and "back by popular demand" - the *Overview of DD Nursing and Certification Review Course* will be offered again as a "one-day" program prior to the start of the conference. This program will provide an overview of DD nursing for nurses who are "new" to the specialty. The program will also provide an excellent review for nurses who have been practicing in the field for some time or for those planning to take the certification examination.

The Board and the Medication Management Task Force continue to work on DDNA's Medication Management initiative. The Task Force continues to review the issue and work toward developing the Association's position paper. Representatives from the National Council of State Boards of Nursing (the Council) were in attendance at DDNA's Pre-Conference in May 2010. DDNA provided information to the

Council representatives about the concerns with medication management for persons with I/DD and the results from the survey DDNA conducted on this issue. The Council representatives presented these concerns to the Council's national Board of Directors in July and have reported that our concerns were very apparent to the national Board members. The Council has committed to continuing to work with the Medication Management Task Force and the DDNA Board and Task Force welcome the Council's input and support as we address this critical health issue. The DDNA Board will provide more information on the status of this initiative and the work completed in subsequent newsletters and at the 2011 conference.

So, most of us gladly say goodbye to the dog days of summer and look forward to cooler weather and autumn colors - and we hope for a less hectic pace as we strive to provide quality health support to the people with serve. Your continued commitment to persons with I/DD, to each other, and to our association continues to epitomize the very best that DD nursing has to offer - and to each of you, I offer my very best regards.

Best wishes to you all -

S. Diane Moore, BSN, RN, CDDN
President - DDNA Board of Directors

Executive Director's letter (continued from page 2)

all was over-rated. It is not! It balances your priorities and expands your horizons.

Speaking about expanded horizons -- DDNA is actively looking for speakers, sponsors, and exhibitors to help expand our educational horizons at the May 2011 conference in Hartford, CT. This year, we are specifically looking for topics of clinical interest to nurses. If there is a topic about which you want to learn, tell us so we can seek out someone with the expertise needed to speak on that topic. If you have information to share with other members, consider being a speaker yourself. Conference registration fees are waived for speakers, and speaking at a national conference looks great on your resume or CV. If you have a suggestion for a speaker, please email me at mawillis@ddna.org with the speaker's contact information and we will follow up on it. Or, you may give a potential speaker the following link to directly submit a speaker application to DDNA at: www.ddna.org/apply/speaker.

If there is anything that we can do for you here at DDNA, don't hesitate to email or call.

Enjoy the last golden days of summer and have a wonderful autumn.

Mary Alice Willis, MSN RN
Executive Director

The NADD 27th Annual Conference

Ascending the Summit: Mental Health in Autism and Other Developmental Disorders (ID/MH)

FEATURING

Pre-Conference Symposium • Keynote Addresses • Concurrent Sessions • Breakfast Consultations with the Experts

The brochure and online registration will be available in September.

For information: (Mail) NADD, 132 Fair St., Kingston, NY 12401
(Phone) (800) 331-5362 • (E-mail) info@thenadd.org
(Web) www.thenadd.org

Certification News

DDNA Members,

Certification. Certification. Certification.

How many ways can I say it? Only one - GET CERTIFIED! In these days of trying times economically and professionally, one way to make your employer sit up and take notice is to be a step above the next person. How do you do that? GET CERTIFIED.

When jobs are scarce or employers are looking for ways to balance their budgets, they will likely look twice before letting someone go who is CERTIFIED.

When regulatory agencies are doing their surveys and they know that the nurse is CERTIFIED, they have more confidence in the agency because they know that they have taken that extra step to get a nurse that is CERTIFIED.

When that nurse who signs CDDN or DDC after her name looks in the mirror, she knows she has gone that extra step.

CERTIFICATION can help you gain more respect among peers and other professionals; it also can potentially help you earn more.

It can show that you are growing in your nursing career.

CERTIFICATION is not difficult to attain. We have practice questions on the web site. We have a list of resources on the web site. We have close to 500 CDDNs and DDCs who would be glad to encourage you to take the leap.

Testing centers are located all over the country at PROMETRIC TESTING CENTERS. The availability of the testing centers allows you to take the test when you feel you are ready.

DDNA offers a full-day DD overview at the Conference, which allows you to get that last minute bit of info and confidence before taking the test.

The test is always offered at our annual Conference.

Check with your local Chapters/Networks and see whether there is any interest in forming a study group. We can always help you find your Chapter/Network, if you don't know where it is.

After CERTIFICATION, get your pin and wear it proudly. You will have earned and it is a way of letting everyone know... YOU DID IT!

Kathleen A Brown, RN, CDDN
Certification Chairperson
President Elect DDNA

Interested in becoming certified? For a complete guide on preparing and taking the CDDN or DDC exam, please visit www.ddna.org/pages/certification.

CERTIFICATION PIN ORDER FORM

Pins are \$25 each, which includes shipping within the continental US and Canada. For orders outside of these areas, please call the DDNA office at (800) 888-6733 for additional shipping prices before placing your order. You may order with a credit card by phone or online on the DDNA website from the Products page (www.DDNA.org/store) or by mail with check or money order in US\$.

I would like to order the following: Quantity

CDDN Certification Pin(s) - \$25 each _____

DDC Certification Pin(s) - \$25 each _____



Please send my order to:

Name: _____

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Certification Number: _____ Exp. Date: _____

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Supporting an Individual with Terminal Cancer

By Richanne F. Cunningham, RN, CDDN

Johnny was a 48-year-old man who had lived in a group home for most of his adult life and in an institution before that. Johnny had cerebral palsy and was a functional paraplegic. He loved to play jokes on staff and was the group home's social greeter. He always had a smile ready to give and brighten your day.

In November 2006, Johnny was on a short vacation. While putting deodorant on Johnny, his direct support person (DSP) noticed a small lump in Johnny's right armpit. The lump was smaller than a pea. Upon John's return to the group home after vacation, the DSP notified the nursing staff of her finding. Nursing staff assessed the lump, and it was indeed smaller than a pea and causing him no pain. They scheduled an appointment for Johnny to see a local general surgeon to have it evaluated. The physician told the staff that he did not think that the lump was anything to worry about, but at their insistence he did a fine needle biopsy. The next month was a very long wait for the staff at Johnny's home. The reason the wait was so long was because the local pathologist noted an abnormality and sent the biopsy to the Mayo Clinic for diagnosis. Johnny had cancer that was already Stage IV, but the axilla was not the primary site. Over the next month, Johnny underwent test after test to try to find the primary site of his cancer so that it could be treated appropriately. Unfortunately, the tests were unable to show the primary cancer.

The interdisciplinary team (IDT) met to discuss the options that were now available to Johnny. One option was full body radiation to try to get the cancer into remission; however, Johnny was not the type of person to sit still for long and the only way to get him to lay still would be with heavy sedation. No one wanted to see him go through that. The decision was made that we would make sure that Johnny was comfortable and not in pain. The doctors could not tell us how long Johnny had to live.

Hospice was called in to support Johnny and the staff, who were the only family that he had ever really known. The hospice nurse told the group home staff that Johnny was expected to live for about a month. Through all of this, Johnny did not seem to understand what was going on. Staff was concerned that he seemed to be more quiet than usual. The hospice nurse recommended that he be started on pain medications, but staff was concerned that we would be sedating him and causing his death to come prematurely. The hospice team attended a weekly staff meeting at the group home to address these concerns. They assured staff that the purpose of the medications was not to sedate Johnny, but to keep him comfortable so that he could continue to live his life to the fullest. Johnny was started on Roxinol. His dosage was increased based on behavioral observations, because he never complained that he hurt. With each dosage increase we would see him trying to give us smiles and play jokes on us.

By the end of the first month of hospice care, it was evident that the hospice nurse was right that we would soon be losing him to cancer. All the individuals who lived with him came to his room to say their goodbyes. There was a non-stop parade of people sitting in his room so that he would not be alone when he died. Johnny died exactly one month after he was admitted to hospice care. He died peacefully in his sleep and he was not alone.

We had only four months with Johnny from the time that the nodule was found by the very vigilant DSP until his death. Direct support personnel are often our front line eyes and ears. They provide nurses with insight into our individuals' lives and can often tell us something is wrong just by the way the individuals are behaving. We need to make sure that we commend our competent direct support personnel, because they are some of the lowest paid people in the country and we expect so much from them!

Calendar of Upcoming Events



October 4-5, 2010 - Albany, NY

NYS ID/DD Nurses Annual Conference will be held at the Marriott Hotel in Albany. For details, visit www.nysmrdna.org.

October 13, 2010 - Lancaster, PA

PADDNN 2010 Annual Conference at Eden Resort in Lancaster. Contact mwolf@heionline.org for details.

October 22, 2010 - Devens, MA

MADDNA 2010 Annual Conference at Devens Common Center. Dual Dx - Seizure Disorders & Psychiatric Conditions and Medications. For information, contact Sherrie Hayter at Sherrill.Hayter@state.ma.us or Ann Smith at asmith4@comcast.net.

November 3-5, 2010 - Seattle, WA

NADD 27th Annual Conference. "Ascending the Summit: Mental Health in Autism and Other Developmental Disorders (MH/ID)." Details on www.thenadd.org.

November 12, 2010 - Albuquerque, NM

NM DDNA Chapter state wide conference - "Childhood to Adult - Environmental/Medical Issues Affecting Those with DD." For information, contact Lauren DeCarlo at lstobie@arc-a.org.

May 13-17, 2011 - Hartford, CT

National DDNA 2011 Annual Conference at Hartford Marriott in Hartford, Connecticut. Details will appear on www.ddna.org.

My Journey (continued from page 1)

and that is why FBC begins working with the child and his/her family both in the home and in the classroom.

Preschool - This is a very critical developmental stage in a child's life. FBC, along with its specialized teachers, counselors and therapists, work together along with the parent(s)/family on planning a program for each child it serves. The learning and development of a child during this time has lifelong benefits.

Primary Education Program (PEP) - This is a program that helps prepare each individual by teaching them in ways that are specific to their needs. This helps to prepare them for when they enter the public school system or other placement. It helps them to learn (at times) in different yet equal ways to their sighted peers.

Numerous techniques are taught and used for these individuals. Each is tailored to their needs and abilities, because some of these children have other disabilities along with being blind or visually impaired.

The certified teachers, specialized therapists, and numerous others provide an intensive sensory curriculum to integrate the remaining senses so that they not only better receive but also process and use the information. These curriculums are tweaked for each child based on how and what they have learned, how receptive they are to learning more or learning in different ways, and how they apply what they have learned.

Elementary and Secondary Program - Specialized teachers visit the classrooms and work with the teachers and child to help develop individual programs. Braille, tactile materials, and instructions are introduced to the children and used in a variety of ways in the classrooms.

Adaptive Recreation Program (SHARP) - This program is year round and mostly on weekends, except during the summer. The students have numerous opportunities to participate in many different activities and/or sports. There may be forms of art, such as painting, sculpting, and making or building something. They may also gain experience with housekeeping and daily activities, such as sweeping, vacuuming, preparing meals and cooking them. Sports activities may include bowling, swimming, rock climbing and golfing. The previously mentioned activities are just a few experiences and/or activities that are presented and taught to the students.

Adult and Transition Services (ATS) - This program is designed to assist people preparing to enter college and/or the work area. It focuses on individual needs in different areas, like daily living, Braille, independent mobility, etc.

Orientation and Mobility Training - Children must use all of their senses to learn to be mobile and function independently. FBC has specialists who work with the individuals to teach and assist in these areas.

Independent Living Training Programs - This program works mostly, but not always, with high school students. It teaches the students skills in a variety of daily living areas. Some of these areas are as follows: money management, cooking, shopping, street crossing and use of community resources.

To learn more about FBC and its programs and services, please visit their website at: www.seeitourway.org. You will not be disappointed!

Currently, I have the great pleasure of being one of the nurses involved in the preschool and PEP programs. Once a week infants are brought to FBC for music therapy, and the parents receive counseling and/or information. I get to be present then, too!

The students have their own doctors (some have numerous doctors). We administer medications and/or treatments as ordered for the students. Providing these services has given me the ultimate opportunity to observe and assist these students. Through the teachers, para-educators, therapists, families and many others, I have learned a lot about these children. They are just amazing and so special. We all know that children are like sponges as they quickly soak up information, especially when it is presented in such fun and enjoyable ways.

The children at FBC not only learn things that sighted children learn, but they have to learn how to obtain this knowledge in different ways. It is so awesome not only to be a small part of this, but also to watch the children. The abilities that they have and learn are just astounding.

I had worked around and with blind or visually impaired people, but not to this extent. I had never realized how much of our daily activities we do without putting much thought into it. Sometimes we struggle with simple daily activities, and we do not even have to struggle with any disabilities. The blind or visually impaired individual learns how to perform these things and so much more; they are able to make you forget they have even one disability. Well, maybe not totally forget, but you are so fascinated and in awe that you do not really notice the disability, let alone consider the individual to be challenged.

FBC is strictly devoted to blind or visually impaired individuals; in fact, some of the staff also have this disability, so they know what these students are going through and what hurdles or obstacles they must overcome. To watch this is just, just... mind blowing. I cannot even put into words how I feel. I do know that if you ever get the opportunity to at least visit a facility like this, please do so. You will understand why I feel so blessed.

Works Cited

Foundation for Blind Children - www.seeitourway.org/ProgramsServices/programsServices.html

Elections for the Board of Directors

If you are considering running or nominating someone for a position on the Board of Directors, please review the following information:

Current nurse members who wish to submit a nomination for office must submit the required application and credentials to the office of DDNA postmarked on or before March 31st. Nomination forms are available on the DDNA website at www.ddna.org/downloads/nominationform.pdf.

Once approved by the Board of Directors, each candidate's campaign information and activities shall be limited to the information displayed in the space provided by the association on the website, in the newsletter, and during the time allotted at the annual general membership meeting. Each candidate is expected to conduct himself in a positive, professional manner throughout the nomination, campaign and election processes. The election is for a Board position for the association and is not a public, political election. No active campaigning (i.e., handouts, give-aways, campaign signage, etc.) is allowed.

Candidates will be given five minutes at the general membership meeting at the annual conference to present their platform and to introduce themselves. Candidates will also be able to meet with members at the National Conference during exhibit time on Monday afternoon at the "Nominee Table" in the exhibit area.

Elections Schedule

- Call for nominations by January 1st.
- Close of nominations March 31st.
- BOD approves the slate of candidates by April 30th.
- Slate of candidates is announced at annual conference and in June newsletter.
- Voting opens July 1st.
- Voting closes July 31st.
- Results announced in the September newsletter and on the website.
- There are two seats open for election in 2011, President-Elect and Treasurer.

For additional information about the DDNA elections, including nomination forms, visit www.ddna.org/pages/elections.

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Silent Auction!

At DDNA's Annual Conference
May 2011 in Hartford, CT

100% of auction proceeds will be used to support the activities of DDNA's Medication Management Task Force



It is no secret that issues related to medication management for people with I/DD are of significant concern to licensed nurses who work in our field. The challenges nurses face as they work to ensure that medications are administered properly, very often by minimally trained and unlicensed direct support personnel, raise questions of legal liability for nurses and safety for individuals with cognitive and physical disabilities, many of whom take multiple medications each day. On behalf of DDNA's membership, DDNA's newly formed Medication Administration Task Force has already begun efforts to address these issues by surveying members' concerns, working on developing aspirational standards for medication management, evaluating various DSP training and monitoring programs, and seeking input from members and the National Council of State Boards of Nursing. Much more work needs to be done to create high-quality resources that I/DD nurses can use to assure that they are managing medication administration properly and legally, to develop materials for teaching medication administration skills to non-licensed caregivers and, most importantly, to assure that individuals with I/DD receive their medications appropriately and safely to maintain optimal wellness.

The activities of the Task Force require a significant amount of work and expense. All Task Force members volunteer their time. Money is needed, however, to fund travel and lodging costs for Task Force meetings and for other costs associated with research, collaboration with other stakeholders, and creation and dissemination of medication management information and materials.

A successful silent auction is a way DDNA can raise money for the Task Force. And conference attendees can have fun bidding on items (and winning!). DDNA is asking Chapters, Networks, and individual members to consider donating an item for the silent auction. Items are placed on a table for viewing and attendees write their bid down for each item on a list near the item. The highest bidder wins the item! And the Task Force also benefits.

Please remember that many attendees are traveling by plane to the conference, so consider the weight and size of the donated item. Need some suggestions for a donation? How about a unique item from your chapter/network's location, gift cards for stores and restaurants, handmade items, fancy candies, a nice bottle of wine, items and books of interest to nurses, gift baskets, jewelry, items for pets (also kids and grandchildren!), gift certificates for internet shopping sites . . . the sky's the limit -- as long as attendees can fit what they win into their suitcase, ship it home easily, or use it at the conference. So no baby grand pianos, please!

If you would like to donate an item for bid or if you have any questions about the auction, please email admin@ddna.org, or call DDNA 9-5 ET at 800-888-6733.

Dear DDNA and Chapter/Network Members

Are you getting ready for the 2011 Conference?

Believe it or not, it IS already time for your Chapter or Network to start planning for the 2011 DDNA Conference in Hartford because we want to encourage more involvement! Here's what you can do:

1. Select and plan to send a Chapter or Network Representative to the conference.
2. Create a unique Chapter or Network name badge representing your state or region that your Chapter Representative can wear throughout the Conference. This representative will be invited to participate in registration activities and will be the "go to" person for attendees who want to make Chapter /Network connections at the conference. Each Chapter Representative should also plan to attend the Chapter Leadership Luncheon on the last conference day.
3. Create a Chapter or Network poster presentation that illustrates the "story" and current activities of your Chapter or Network. During exhibit times, we encourage your Chapter or Network Representative and other members to be present at your poster and share information with attendees. You may even give away "freebies" or have a prize drawing. Be creative and have fun with it! Check out the DDNA website and submit a Chapter/Network 2011 Poster Presentation Registration form soon!

Join a DDNA Committee!

The DDNA Education Committee is busily at work on the 2011 Conference Program. If someone in your Chapter or Network is interested in being involved, please contact Linda Tupper, Education Chairperson, at education@ddna.org. Other Committees forming are:

Membership - Richanne Cunningham, Chairperson
Email: membership@ddna.org

Certification - Kathy Brown, Chairperson
Email: certification@ddna.org

Chapter/Networks - Judy Stych, Chairperson
Email: chaptersandnetworks@ddna.org

We encourage each Chapter or Network to consider having a representative on

Chapter/Network Liaison's Letter continued next page

The Arizona Chapter of DDNA

For information, visit the website at www.ddna.org/chapters/arizona or contact Sharon Atwood at (623)935-4032 or email: sharonnurseatwood@yahoo.com.

Northern California DDNA Network

For NCCDNA membership information, our next meeting date, to be included on our mailing list, or for a copy of our newsletter, please contact Elaine Rawes, RN, at (707)447-6034 or email: queene1@comcast.net

Inland Empire of Southern California DDNA Network

For information on the Inland Empire of Southern California Network, contact Angelique Carter, RN, BSN at (951)318-0312 or email: cartera883@aol.com.

Colorado Association of Nurses for the Developmentally Disabled

For information about our organization, contact Nancy DeKlyn RN, CDDN, at (303)775-8471 or email: ndeklyn@imaginecolorado.org.

Connecticut DDNA

For information, contact Patricia Vibert, RN, CDDN, at (860)675-5215; email: vibertp@ciboakhill.org.

The District of Columbia Chapter of DDNA

For information, contact Constance Reese, RN, at (301)588-5220 ext. 13 or email CnstrncRees@aol.com.

The Mid-Florida Chapter of DDNA

For information regarding the Mid-Florida Network of DDNA, contact Jan Schlaier at jschlaier@yahoo.com or call 352-428-9286.

North Florida DDNA Nurse Network

For information, contact Carolyn Munroe, BS, MEd, RN, C, CDDN, at (352)955-5759.

Georgia DDNA Network

The Georgia DDNA Network is currently in need of leadership. If anyone is interested in helping to reorganize and lead the Georgia Network, please contact Diane Tebbel at (678)793-2603 or email: dtebbel@yahoo.com.

Central Illinois DD Nurse Network

For information, contact Debra Davis, RN, BSN at (309)224-0797 or email: nurses@ciddna.com.

The Northern Illinois Chapter of DDNA

For information about NIDDNN, contact Sandy Ott, RN, CDDN, at (847)624-1993 or email: sandyorn@yahoo.com.

Central Indiana DDNA

For information please contact Georgia Swank, RN, at (502)645-1226 or email: gswank@palrx.com

Southern Indiana DD Nurse Network

For information contact Kathy Auberry, RN, MS, CDDN, at (812)988-1257 ext. 222 or email: auberry@christole.org.

Iowa DDNA

For information, contact Brenda Behrens at 563-652-2848 ext. 13 or by email at bbehrens@dacincorp.com. Please visit the website at www.iddna.org

The Kansas Chapter of DDNA

For information on the Kansas Network, please contact Amy Root, BSN, RN, at (620)429-1212 x129 or email: amy.root@classld.org.

one of these Committees. This representative must be a DDNA member. For the Certification Committee, the representative also must be a certified DD nurse (CDDN or DDC). Representatives are asked to send an email to contact@ddna.org to provide their contact information (name, title(s), email address and phone number).

Re: the Chapter/Network Committee, we are currently planning to develop a Chapter Handbook as a single resource for all things you ever want to know about becoming and being a DDNA Chapter. What questions or issues did you encounter as you developed your Chapter? What information would have been helpful? If you're interested in promoting successful Chapters then this may be just the Committee for you. Sign up soon by emailing me at chaptersandnetworks@ddna.org.

FYI - Chapter/Network annual report

We have now combined the Chapter/Network Annual Report and Information Update into a single annual Organizational Report for chapters and networks. There is one form designated for chapters and one for networks. The respective forms can be accessed on the DDNA website; click on "Chapters" or "Networks." This single Organizational Report is due by February 1 of each year. If your Chapter or Network has not yet submitted any report to DDNA for 2009, please do so as soon as possible. We want to assure that the latest contact information is on record. Thanks so much!

Chapter/Network Liaison's Letter continued next page

Kentucky Network

For information, contact Phyllis Fogarty at (859)313-5042 or email: pfogarty@rescare.com.

The Louisiana Chapter of DDNA

For network information, contact Gloria Bradford, RN, CDDN, at (318)827-9456 or email: rrnmom6@bellsouth.net.

Maine Developmental Disabilities Nurses Network

For information regarding MEDDN, please contact Claudia Stanley at (207)782-1371 ext 15 or email: cstanley@gbccinc.org.

The Massachusetts Chapter of DDNA

Greetings from Massachusetts. It is finally voting time for President Elect and Treasurer of MADDNA (Deadline September 1, 2010). The following nurses have been nominated for MADDNA President-Elect and Treasurer:

President-Elect:

- Sue Ann Poitras, RN, BSN, CDDN

Treasurer:

- Phyllis Schoof, LPN, DDC
- Shirley Michael, RN, CDDN

Please note: only MADDNA members (who also must be members of DDNA) are eligible to vote. If you have any questions regarding

your membership status, please contact Ann Smith, asmith4@comcast.net.

Membership for MADDNA:

If you are interested in joining MADDNA and are renewing your DDNA membership, please include an additional \$20 for our chapter dues. Please enclose a note with your membership form designating MADDNA chapter dues.

MADDNA 2010 Annual Conference - "Brainstorming" Is it neurological or behavioral? Join us for a day of problem-solving to be held on October 22, 2010 at the new location this year - Devens Conference Center in Devens, Massachusetts. Our presenters will be Dr. Sheldon Benjamin, neuropsychiatrist from U Mass Medical Center, who will be presenting during the morning session, and Carol Mitchell-Boudreau, FNP-BC, MSN, MCP, Assistant Director of Health Services from The New England Center for Children, who will be presenting in the afternoon. Ms Mitchell-Boudreau will talk about behaviors and ruling out a non-psychiatric cause and then an overview of use of psychotropics. We plan to finish the day with an overview of the Rogers Monitor process to be presented by Jay Geenty, Esq. DDS Legal North Central Area Office. Be sure to look for our brochure (coming soon) on the MADDNA web site.

For more information about the Massachusetts chapter, visit www.ddna.org/chapters/massachusetts.

For more information contact either Sherrie Hayter, RN, CDDN email Sherrill.Hayter@state.ma.us or Ann Smith, MSN, RN, CDDN email asmith4@comcast.net.

DDNA of SE Michigan

For information please contact Lillian Durecki, RN at (734)407-2500 ext. 315 or email: DDNAofSEMI@aol.com.

The Minnesota Chapter of DDNA

Hi from hot and humid Minnesota! Our chapter takes the summer off, but we are now gearing up for our September Kick-off! Looks like we'll have a great speaker again this year (thanks to Patty Flaherty at Geritom!)

Many providers, including nurses, fought the legislature for 'no cuts' and we won many of the battles! What a great step for our I/DD providers. Next, we need to get our nurses in the budget!

We are always on the move to provide the best care possible to our consumers.

Visit Minnesota Metro's website at www.mnmetroddna.org and for more information, contact Wendy Herbers, RN, QMRP, at (952)401-4841 or email: wherbers@tandemresidential.com.

Nebraska DDNA Nurse Network

For information, email Mary Scherling, MSN, RN, CDDN at RS11051@alltel.net or phone (402)228-4258.

Developmental Disabilities Nurses of New Hampshire

For information about the DDNNH, please contact Jennifer Boisvert, RN, MS by email at jboisvert@resresources.com; phone: (603)225-5870; or visit the website at: www.dhhs.nh.gov/DHHS/BDS/DDNNH.

Northern New Jersey DDNA

For information on Northern New Jersey DDNA contact Donna Sykes, RN, BSN, CDDN, CPN, at (908)234-0011 ext775 or email: dsykes@matheny.org.

The Southern New Jersey Chapter of DDNA

For the latest news and information, contact Ann Yusko, RN, BSN, CDDN at ayusko@ddna.com or (856)-875-2190 x 14.

Share the news about your Chapter on the DDNA website!

Do you know that, as a DDNA benefit, each Chapter can create its own free one-page website? Contact DDNA for several templates from which you can choose. After making your template selection, decide on your content and forward this information to Mary Alice Willis at mawillis@ddna.org. Your webpage will be created absolutely free and posted on the DDNA website. Please encourage your Chapter to get on board soon! You have nothing to lose and everything to gain - free publicity about your Chapter for members and potential members!

When the chips are down, DD nurses rise to the challenge! Keep the spirit! You're the best!

Warm regards -

Judy Stych, BS, RN, CDDN
Vice President and Chapter Liaison

The New Mexico Chapter of DDNA

The NM DDNA Chapter will be hosting their state wide conference on November 12th 2010 in Albuquerque NM. This year's conference will highlight an overview of medical issues impacting behaviors of the I/DD client and the impact they have had on health and developmental stages from "Childhood to Adult." The title of the conference is Childhood to Adult-Environmental/Medical Issues Affecting Those with DD. Guest speakers will include expert physicians along with family members to share experiences. CEs will be available. For further information, please contact Vice Chair Lauren DeCarlo RN at lsto-bie@arc-a.org or (505) 450-7209.

For information, contact Judi Murphy, RN, CDDN, at (505)332-6820 or email: jmurphy@arc-a.org.

NYS ID/DD Nurses Association Network

For more information about the NYS ID/DD Nurses Association, visit www.nysmr.ddna.org or contact Cathy Engel RN, BSN, CDDN, at (716)375-4751 ext. 452 or email cengel@rehabcenter.org

North Dakota DDNA

For information, contact Bernadette Vetter, RN, CDDN, at (170)663-0379 or email: berniev@hitinc.org.

Oklahoma DDNA Nurse Network

For information on OKDDNA, please contact Phil Parker, RN, CDDN, at (405)413-4480; email: okddna@cox.net. The OKDDNA address is PO Box 94073; Oklahoma City, OK 73129. All OKDDNA meetings are open to all nurses working with individuals with developmental disabilities.

Pennsylvania Developmental Disabilities Nurses' Network

For information, contact Kimberly Cahill at (717)835-2277. Email kimc@theadvocacyalliance.org

Rhode Island DDNA

For information, contact Christine Gadbois, RN, at (401)765-3700 ext. 223; email: cgadbois@thgri.org

East Tennessee DDNA

For information, visit our website at www.etddna.com or contact Melinda Hendon RN, BSN, CDDN. Phone: (423) 308-1168; email: etddna@hotmail.com

West Tennessee DD Nurses Network

For information on the network and quarterly meetings, please contact Susan Hatfield, RN, CDDN, LNHA, at (901)266-7276 or email: shatfield@csnwt.org.

DDNA of North Texas

For more information, please contact: Gwen Weiss, RN, CDDN at 214-476-4575 or GwenLWeiss@aol.com.

DDNA Network of Central Virginia

For information, contact Linda Coley, RN, CDDN, at (434)947-2274 or email: arva.coley@cvtc.dhmrmsas.virginia.gov.

DDNA Northern Virginia Network

For information, contact Deborah Tatum-Johnson at (703)323-4097 or email: deborah.tatum@nvtc.dhmrmsas.virginia.gov.

The Wisconsin Chapter of DDNA

For information on W.DDNA, contact Judy Stych, BS, RN, CDDN, at (608)266-8783 or email: judith.stych@dhs.wisconsin.gov.

Our voices:

“ I am an RN working for United Cerebral Palsy Foundation for more than 30 years. No matter what goes on outside of work whenever I enter our group homes, I get unconditional love in the form of smiles and hugs. I know in my heart that I'm a much better person today because of my very special patients who are also my teachers. I've been humbled and honored by them and the lessons learned are immeasurable. It is still a thrill and privilege to work here. Thank you for letting me share.

”

- Linda Brown, RN