



An Answer for Everything

by **Novelene Martin and Lori Wertz**

In our system of providing services to people with developmental disabilities we are faced with many questions. In trying to address those questions, we often opt for a “simple” solution — we write a policy. It will let staff know how to react in an emergency and what the corporation should be able to expect of them. We review and clarify all policies and procedures and have staff sign off that they know, understand, and agree to abide by those policies. Then we send staff off to be “good caregivers,” understanding that when they have a doubt, they can always refer to their trusty policy manual (provided of course, it has been updated and everyone knows where it is)! We can get a false sense of security in believing that if we have a policy written to address a concern, the concern/problem will be solved — that we will have an answer for everything.

It is critical that our policies and procedures make sense, that they are effective in dealing with the issues at hand, and that they have the intended impact on the people we serve as well as the people who are implementing them. “Absolute no” policies, such as “No Pets,” “No Personal Phone Calls,” “No Smoking on Agency Property,” and so forth, allow no room for flexibility and individualized needs. Does it make sense to ask staff to work extra hours, or work in difficult situations without allowing them their elected means of stress reduction? What is the impact on the caregiving environment when a consumer can smoke at the group home, but the staff cannot? Similarly, state reporting laws and zero tolerance policies have not been effective in forcing people to report abuse, or in eliminating abuse from our service delivery system. It is no more the intention of a no smoking policy to add to staff stress than we can expect a policy to stop a staff person who is about to commit

abuse. Imagine someone thinking, “Gee, abuse is a violation of corporation policy, I’d better not do that!”

So, what is our point? We need to accept that policy alone does not have impact on staff behavior. In fact, when in doubt, the mantra is: “Ask a co-worker!” How are my co-workers behaving? What are they doing? Will we hear our co-worker tell us to refer to the policy manual or will we hear “the policy doesn’t really make sense so this is what you do.” It is imperative that policies mirror the actual workings of the agency. So how do we get there? Here are some questions we should be asking ourselves:

- Who decides our policy?
- How is it developed?
 - Management?
 - Staff?
 - Board of Directors?
- Do we include any direct care professionals from the environments where the policies will be implemented?



- Consumers of services?
- Advocates?
- Family members?

Policy should not be dictated; rather the input of all who will be impacted by it should add to its devel-

opment. Do we include in the policy an explanation of why it is important, how the policy was developed, how to gain an exception to the policy? A policy that includes this information will provide staff the background information they need along with guidance for the implementation of the policy.

What is the intention of the policy? Is it being created as a way to deal with ineffective or inappropriate staff? Is it intended to protect staff and consumers? Is it intended to protect the agency? John is in the hospital due to serious illness. His best friend and his roommate, Jack, expresses his concern about his friend to his family who has also known John for years. The family calls John's supported living trainer to ask about the health condition/prognosis. The confidentiality policy states that the trainer needs a release in order to share any information with Jack's family — creating a serious dilemma for staff. The staff tells Jack's family that John is in the hospital, not doing very well and that he would probably enjoy some company. Did the staff violate John's right to confidentiality? A literal, concrete interpretation of the confidentiality policy would say yes. Did staff do a good job of balancing a client's right to confidentiality with some much needed natural support and friendship? What does the confidentiality policy intend and who do staff go to for clarification?

How is the policy being used? Is the policy encouraging a "wait, watch and pounce" mentality? For example, Tom wears a T-shirt to work that some other staff find offensive. Does anyone take time to mention to him that people are offended, or does he get written up for "inappropriate dress?" Is the policy consistently applied to everyone? Or was Tom singled out for some other, less noble reason? Are we using or creating a "policy" to avoid addressing individual issues of

performance? Betty has been an employee for 20 years, but her writing is substandard. Do we create a policy that says everyone's written work will be proofed and approved by the Office Assistant so as not to offend or single out Betty? Or could we avoid the use of a policy by getting Betty some additional assistance with her writing skills?

How is the policy enforced? Is the policy a guideline for behavior, or is it hard and fast rule? The policy states: I am not to transport individuals in the company vehicle unless they are with me on company business. One cold, cold, wintry day while driving down the highway, I see an elderly person standing outside his/her car. The car has obviously broken down and the person is in need of assistance. We are about an hour from the nearest town. Do I break company policy and take the person into town? What is the penalty for that? Do I say "I am sorry but I cannot transport you in this vehicle. Wait here and I'll go into town and get help," all the while hoping that the person does not suffer serious health consequences in the time it takes to serve the policy?

Who is impacted by the policy? We must recognize that all policies impact staff and consumers even if on the surface they do not appear to do so. Even policies which seem exclusive (directed at staff only such as staff vacation or payroll policies) have a direct impact on the caregiving environment. If staff have difficulty accessing leave, or if the payroll clerk is upset that time sheets are not filled out correctly, staff attitudes can be impacted and that negativity can be brought to the caregiving environment. A good policy should allow caregivers the room to operate within the intent of the policy, while avoiding the indicators of abuse and still practicing the principles of emotionally responsible caregiving.

Clear, effective, meaningful policies are critical to the smooth, consistent operation of an agency. They are not meant to be kept in a notebook on the shelf but should provide the direction, guidance, and support that staff need in order to promote excellence in caregiving while ensuring the safety of consumers as well as their





QUALITY CORNER

DD Case Managers

If you have things to add to this section, please send them to me. I will compile, edit, and send articles or information on to the TRIC/PLUK library.

Contact: James Driggers at (406) 444-1334 or e-mail jdriggers@state.mt.us.

More on Tube Feeding

As reported in the Spring issue of Quality Corner, a new rule went into effect on February 3, 2000 which allows tube-feeding to be a delegated activity. This means that a person can be tube-fed by paid habilitation or other staff, as long as the staff doing the feeding have been so delegated by a nurse. While this was a very positive step, it seems now that many nurses will not delegate this activity. The result, therefore, is status quo. If a nurse will not delegate, then a nurse is required to continue the tube-feeding. Maggie Bullock, Daphne Crosbie, Mary Anne Guggenheim, and others are actively working to delete the delegation rule for G-Tube feeding, and have the Board of Nursing consider tube feeding as another form of feeding, like oral feeding. This would mean that tube feeding could be done by paid staff without nurse delegation or nurse involvement, a very positive step indeed.

For more information, please contact Daphne Crosbie at the DD Central Office ((406) 444-2995).

Decline in Medicaid Roles

NASDDDS's Beltway Briefs reported that on June 19, Families USA released a report indicating that nearly a million low income parents have lost their Medicaid coverage and probably are uninsured as a consequence of the 1996 welfare reform law. Families USA is an advocacy organization that lobbies for universal health care. Researchers examined Medicaid figures in 15 states with most of the uninsured low-income population and found that 945,880 adults with children had been dropped from the program from 1996 to 1999, a decline of 27 percent. The authors of the report hypothesized that states facilitated the drop by improperly implementing portions of the welfare reform law.

Adrian's Closet

We received an e-mail about Adrian's Closet, a company in California that specializes in clothing for folks who find dressing difficult. I took a look at the web site, and found it really interesting in terms of the practicality of clothing items, particularly for folks who are wheelchair bound. The clothing was well thought out in terms of ease of dressing and appearance and seemed reasonably priced. They are a nonprofit agency and do a lot of custom work for those who couldn't get the clothes anywhere else.

I would encourage you to visit the site at <www.adrianscloset.com>.





New at the Library

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Dealing with Challenging Behaviors in a Community Based Setting

Helps staff deal with challenging behaviors in ways that preserve the person's dignity and promotes continued community involvement.

Healthcare Body Observations

Teaches caregivers how to recognize and report the healthcare needs of clients.

Teaching Community Skills

Discusses some of the problems involved with clients participating in community activities and how to deal with those problems in such a way that maxi-

mizes the benefits to the individual.

Group Teaching Strategies: Working with People Who Have Severe/ Profound Mental Retardation

Teaches staff how to run supervised instructional groups, demonstrates how to gain instructional control of the group, teach skills, maintain group control, and deal effectively with challenging behaviors.

Doing Your Own Banking

Shows issues that staff needs to keep in mind when teaching basic banking skills to clients and suggests ways to teach skills such as cashing checks, opening a savings account, and making deposits and withdrawals.

Having a Good Relationship

Helps viewers learn how to build a good relationship with their partner. Topics covered include effective communication skills, ways to say no in social/sexual situations, and resolving conflicts.

Becoming Acquaintances or Friends

Helps people with MR/DD to better understand how to become an acquaintance or a friend and carefully differentiates between the two.

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