

Clinical Topics

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Disclaimer

- The information presented today is intended to increase knowledge in support of individuals with intellectual and developmental disabilities
- The information is not intended to replace recommendations or instructions from an individual's health care practitioner

Topics

- Common medical conditions that are associated with preventable health complications and death
- Health Risk Screening Tool
- COVID-19 Updates
- Monkeypox Virus
- Sexuality
- Questions

Common medical conditions associated with preventable health complications and death

Five Conditions

- Five major health concerns seen frequently in individuals with intellectual and developmental disabilities which if untreated can progress to serious illness or death.
- These conditions are often preventable or at least able to be managed effectively with attentive care.
- Deaths associated with these conditions are often preventable deaths

Pending Approval of Waiver Renewal

- Pending waiver renewal approval, ODP is adding a new provider qualification to the **Consolidated, Community Living, and Adult Autism** waivers for the Residential Habilitation, Life Sharing, Remote Supports and Supported Living services
- All provider staff who will spend any time alone with a participant must complete a “Department approved training on the common health conditions that may be associated with preventable deaths in people with an intellectual or developmental disability.”
- This applies to provider staff that are direct employees of an agency, contracted employees of an agency, or volunteers.

The Five Conditions: ACIDS

Aspiration

Constipation

Infection

Dehydration

Seizures



Aspiration

Definitions and Complications

- **Aspiration:** When fluid, food, saliva or medication enters the lungs
- Aspiration can lead to refusal to eat, weight loss, poor nutrition, wheezing, difficulty breathing, hypoxia, and/or pneumonia which can cause death.
- **Choking:** Something blocking or obstructing a person's airway.
- Choking can lead to a blockage in the airway, preventing oxygen from entering the lungs and the blood stream.
- This can quickly lead to irreversible brain damage and death.

Food Consistencies

Chopped



Ground



Pureed



<http://www.dbhds.virginia.gov/library/quality%20risk%20management/qrm-standard%20guidance%20for%20food.pdf>

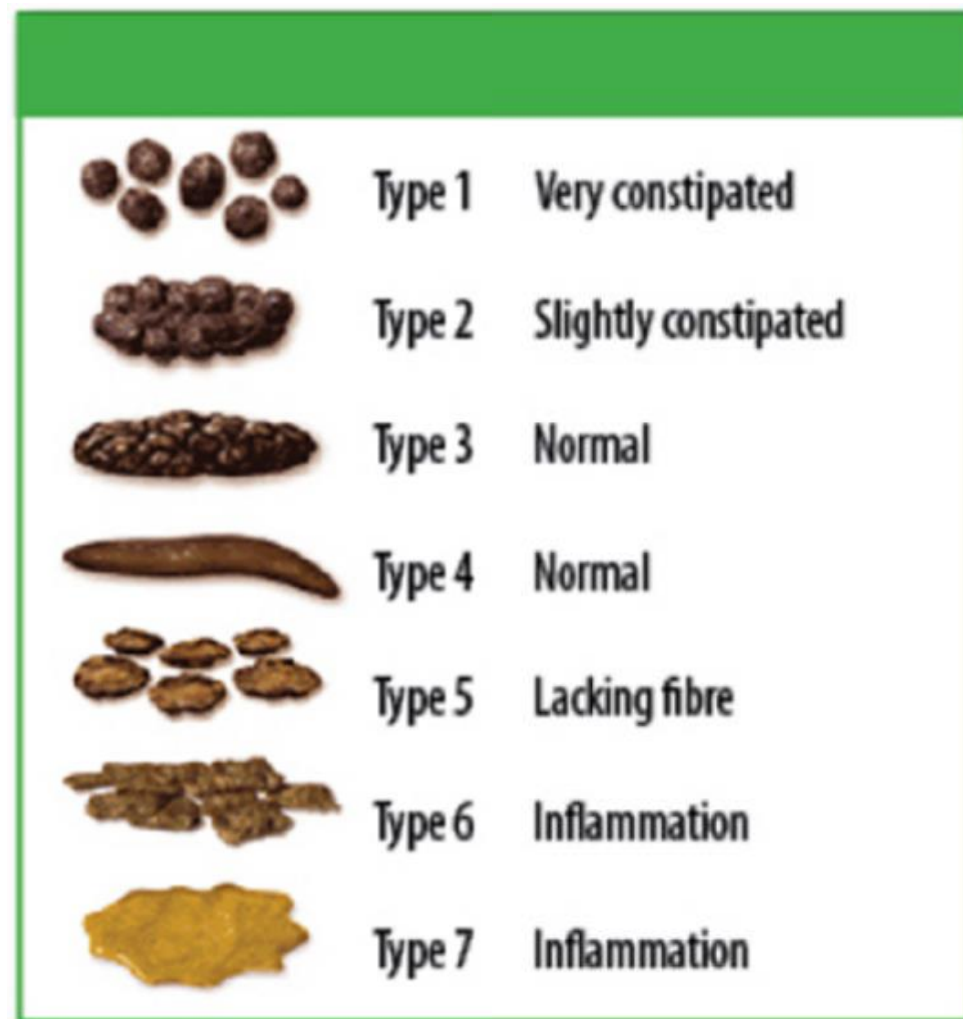
Constipation

Constipation

- Definition
 - Infrequent, hard, or difficult to pass stool
 - Infrequent is often defined as fewer than three bowel movements a week
 - Normal frequency of bowel movements vary from person to person
- Complications
 - Discomfort/pain
 - Behavioral changes
 - Hemorrhoids (swollen blood vessels)
 - Anal fissures (small tears and bleeding)
 - Rectal prolapse (intestinal lining pushing through anus)
 - Fecal impaction (stool blocks the colon/rectum)
 - Bowel obstruction (complete blockage and a medical emergency)
 - Bowel perforation
 - Death

Constipation Symptoms

- Hard and dry feces
- Hard, protruding abdomen
- Bloating and complaints of stomach pain
- Vomiting digested food that smells like feces
- Anorexia (loss of appetite)
- Behavioral outbursts
- Fever
- Overflow incontinence



Infection

Infection - Definition

- The invasion and growth of germs in the body which cause a reaction in the body.
- Germs may mean:
 - bacteria
 - viruses
 - yeast
 - fungi
 - other microorganisms
- Infections can begin anywhere in the body and may spread all through it.

Infection

- Three things are necessary for an infection to occur:

Source:

- places where germs live (e.g., sinks, surfaces, human skin)

Susceptible
Person

- with a way for germs to enter the body

Transmission:

- a way germs are moved to the susceptible person

Infection – Signs and Symptoms

- Fever
- Chills and sweats
- Change in cough or a new cough
- Sore throat or new mouth sore.
- Shortness of breath
- Nasal congestion
- Stiff neck
- Burning or pain with urination
- Unusual vaginal discharge or irritation
- Increased urination
- Redness, soreness, or swelling in any area, including surgical wounds and ports
- Diarrhea
- Vomiting
- Pain in the abdomen or rectum
- New onset of pain

What is Sepsis?

- Sepsis is the body's extreme response to an infection
- Sepsis happens when an infection you already have triggers a chain reaction throughout your body
- Infections that lead to sepsis most often start in:
 - lung
 - urinary tract
 - skin
 - gastrointestinal tract
- **Sepsis is a life-threatening medical emergency**
- Without timely treatment, sepsis can rapidly lead to tissue damage, organ failure, and death

Sepsis – Signs and Symptoms

- High heart rate or low blood pressure
 - Fever, shivering, or feeling very cold
 - Confusion or disorientation
 - Shortness of breath
 - Extreme pain or discomfort
 - Clammy or sweaty skin
-
- A medical assessment by a healthcare professional is needed to confirm sepsis

Sepsis – Facts

- Anyone can get an infection, and almost any infection, can lead to sepsis
- In a typical year:
 - At least 1.7 million adults in America develop sepsis.
 - Nearly 270,000 Americans die as a result of sepsis.
 - 1 in 3 patients who dies in a hospital has sepsis.
 - Sepsis, or the infection causing sepsis, starts outside of the hospital in nearly 87% of cases.

Infection

Treatment

- Will vary based on:
 - Type of germ
 - Location of infection
 - Severity of symptoms
 - Health of individual
 - Presence of resistance of organism

Prevention

- Hygiene
- Environmental precautions
- Personal protective equipment
- Cleaning and disinfection
- Vigilance for symptoms for prevention of sepsis



Dehydration

Dehydration Definitions/Complications

- Loss of the amount of water in the body and may have alteration in electrolyte levels
 - Sodium, potassium, calcium, chloride, magnesium
- Complication can be serious and include
 - Constipation
 - Heat injury
 - Acute kidney injury/kidney failure
 - Seizure from abnormal electrolyte levels/cerebral edema
 - Loss of consciousness/coma
 - Loss of blood volume or shock which can lead to death

Dehydration Symptoms

Mild/Moderate Dehydration

- Dry mouth
- Dry eyes
- Increased thirst
- Dark concentrated urine
- Decrease urine volume
- Muscle weakness
- Headache
- Dizziness

Severe Dehydration

- Extreme thirst
- Confusion
- Lethargy
- Sunken eyes
- No sweating
- Low blood pressure
- Coma



Seizures

Seizures Definition/Complications

- Abnormal, unregulated electrical activity in the brain resulting in involuntary alterations in behavior or physical symptoms.
- Complications:
 - SUDEP (Sudden unexpected death in epilepsy)
 - Falls with injury
 - Other traumatic injuries
 - Aspiration
 - Automobile accidents
 - Tongue, lip or cheek injuries related to biting
 - Status epilepticus

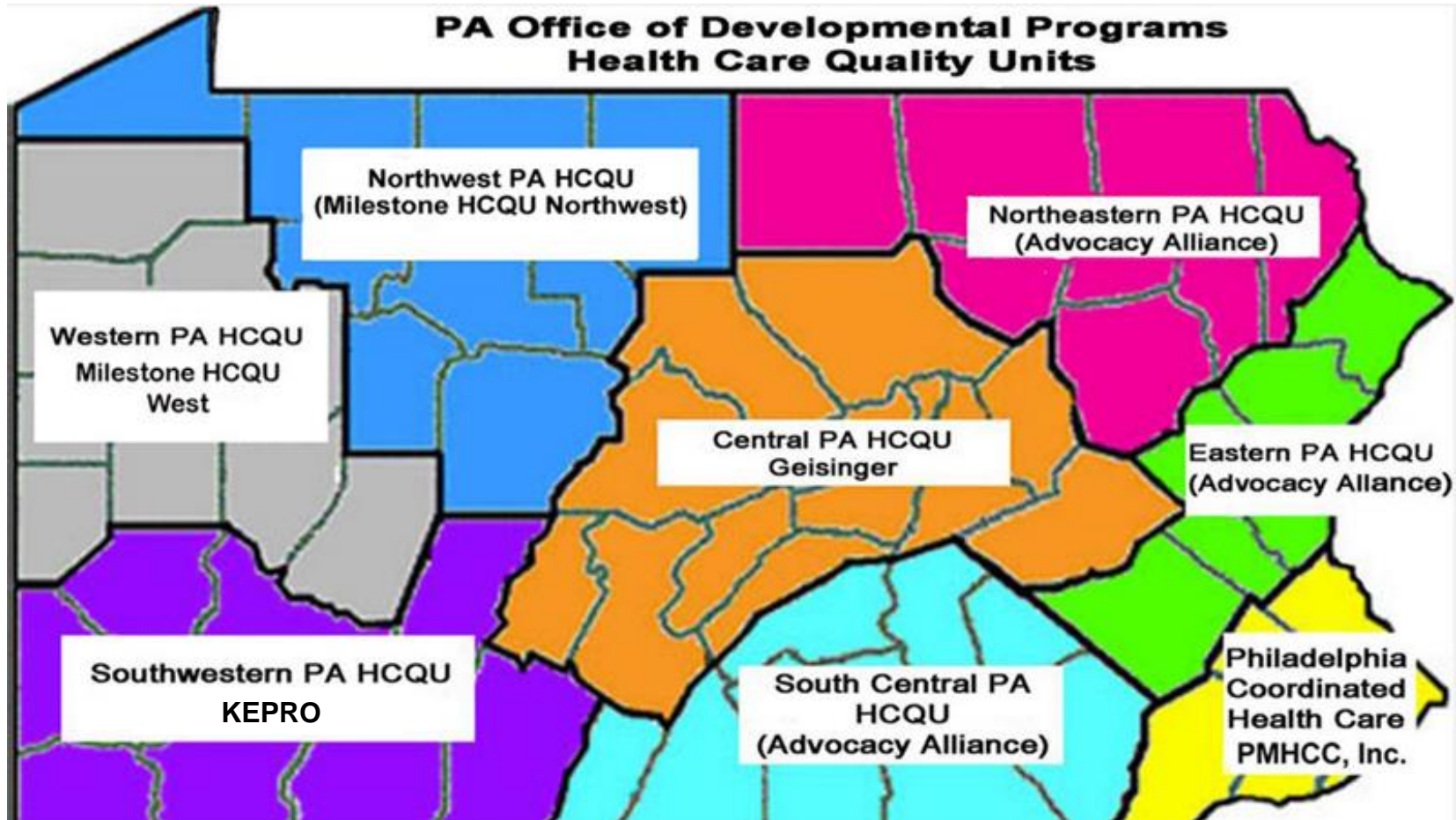
Seizures

- If seizure lasts longer than 5 minutes: **Call 911**
- If repeat seizure without return to baseline: **Call 911**

▶ Actions to Mitigate the Risk to Individuals

- Review current and/or develop policies and procedures that:
 - Address measures to identify individuals at risk
 - Establish precautions to minimize or eliminate the causes
 - Ensure appropriate documentation and accuracy of records
 - Establish processes for emergency response and calling 911

Additional Information and Technical Assistance



Health Risk Screening Tool

Health Risk Screening Tool (HRST) Protocol Update ODP Announcement 21-005

AUDIENCE:

All interested parties

PURPOSE:

The Office of Developmental Programs (ODP) is releasing updated protocols for the Health Risk Screening Tool.

DISCUSSION:

In May 2019, ODP released the first Protocol for the Health Risk Screening Tool (HRST) aimed at establishing a statewide implementation plan. The accompanying document is



Roles & Responsibilities

Provider

Responsible for reporting the need for any deviations to the risk mitigation plan to the SC and other team members as applicable in order to update the ISP

Expected to ensure appropriate communication of HRST results with PCP, other medical professionals and MCOs as appropriate and notify SC that this has been completed as part of risk mitigation efforts

Responsible for ensuring that the annual HRST is completed 90 days prior to the individual's annual ISP and providing the assessment to team members

Will choose who among their staff have access to the HRST web-based application, such as raters, nurses, and administrators

Residential providers have the opportunity to identify staff who will become the trained HRST rater(s)

Will take necessary steps (as outlined on the HRST Protocol) for an HRST Health Care Level of 3 or higher

All providers must have access to a Clinical Reviewer. Providers have the

SC

May request the Provider complete an update to the HRST if changes in the individual's physical or behavioral health status are noted and a recent HRST has not been completed

May request explanation for deviation from the established plan to mitigate risk and shall take appropriate action to notify the individual's team members. Will follow through until resolution of the identified deviation in the plan

Document within service notes, if there is any deviation from the plan to mitigate risks as identified by the Provider and approved by the individual's team

Will ensure that the risks identified by the team as a result of the most recent HRST are captured in the Health and Safety Focus Area Section of the ISP and that a plan to mitigate the risk is identified

AE

Implement policies and practices with regional HCQUs, Providers and SCOs to ensure the effective application of the HRST process

Integrate the HRST into risk and quality management activities within the AE, including the utilization of HRST data and analysis to inform the AE Provider Risk Assessment Process

Collaborate with ODP Regional Offices, HCQUs, SCOs and providers to mitigate risk

Promote a culture of safety within the service delivery system and assist with team conflict resolution as needed

Can utilize the HRST database to create monthly custom reports to monitor the completion of HRSTs by providers

HCQU

Will contract directly with HRS, Inc to create access for providers to conduct HRST screenings

Staff will serve an administrative and quality assurance role

Serve as an "HRST gatekeeper" for the SCOs and the residential providers in their area

Gatekeeper submits any HRST user accounts that need to be made inactive, to HRS support

Gatekeeper submits new HRST users that need to be added for the provider agencies in their area as needed, to HRS support

Provide support and technical assistance to providers

Share with AEs and the appropriate ODP Regional Office concerns arising for providers following state requirements related to the HRST as outlined in this protocol

Will have a designated RN(s) to oversee HRST functions in their respective region

All providers must have access to a Clinical Reviewer. Providers have the option to purchase a Clinical Review service from HRS, Inc. if they do not currently employ or contract with a nurse by emailing support@hrstonline.com

Responsible for ensuring that all initial HRSTs are completed by the stated timeframe of June 30, 2021

Responsible for ensuring that the HRST screening is updated within 14 days of changes in the individual's health status, either deterioration or improvement

Providers in collaboration with the individual's PCP, other medical professionals, and MCOs may decide that a Consideration produced by HRST is not appropriate for the individual's risk mitigation.

Will only have access to people served by their provider agency

identified

Review and discuss the most recent HRST during ISP meetings and on-going individual monitoring's to promote and coordinate the health and safety of individuals receiving residential services

Can utilize the HRST Report Suite to monitor activity and updates in the HRST system

Can create monthly custom reports to monitor the completion of HRSTs

Can utilize the HRST Scoring Summary while completing monitoring visits with the individual

Will have View Only access to those individuals served by their agency

monitor the completion of HRSTs by providers

Can utilize the HRST Report Suite to monitor activity and updates in the HRST system

Will have View Only access to those individuals served by their agency

oversee HRST functions in their respective region

Have the designated RN review the quality of screenings completed in their region (using the HRST QA module)

Have the designated RN offer assistance and training to providers and SCs as needed

Will convene quarterly meetings with Administrative Entities within the HCQU region to review HRST data. HCQUs will assist in trend analysis of the data generated by the HRST

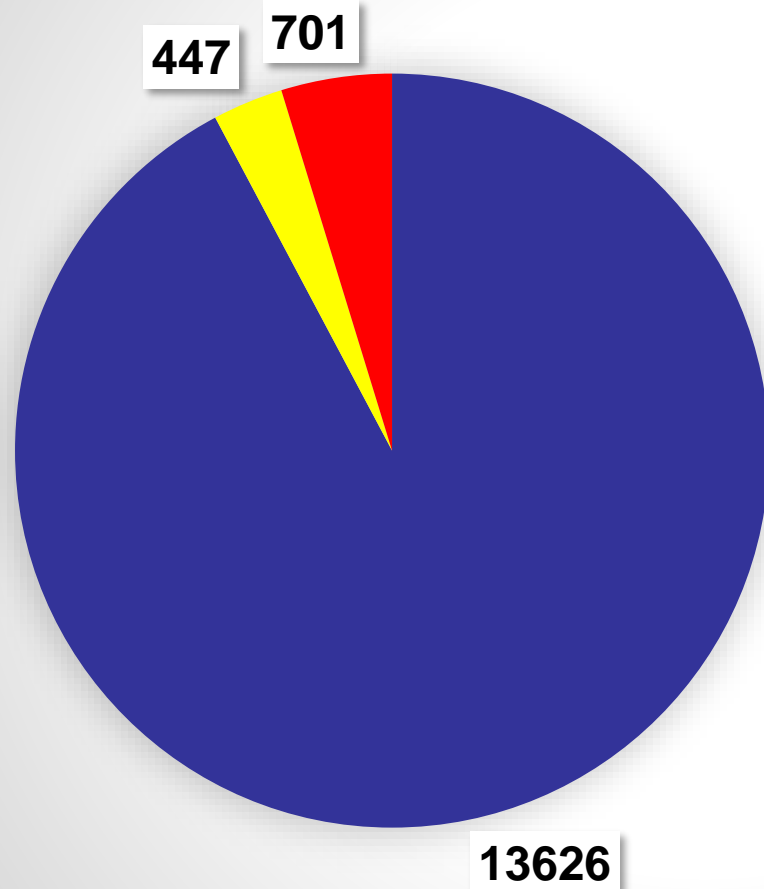
Only raters who have completed the online rather trainings are able to access the HRST and make changes to Diagnosis, Medications or Ratings



HRST technical support can be accessed by emailing: pasupport@hrstonline.com

HRST clinical support can be accessed by emailing: paclinassist@hrstonline.com

Screening Progress

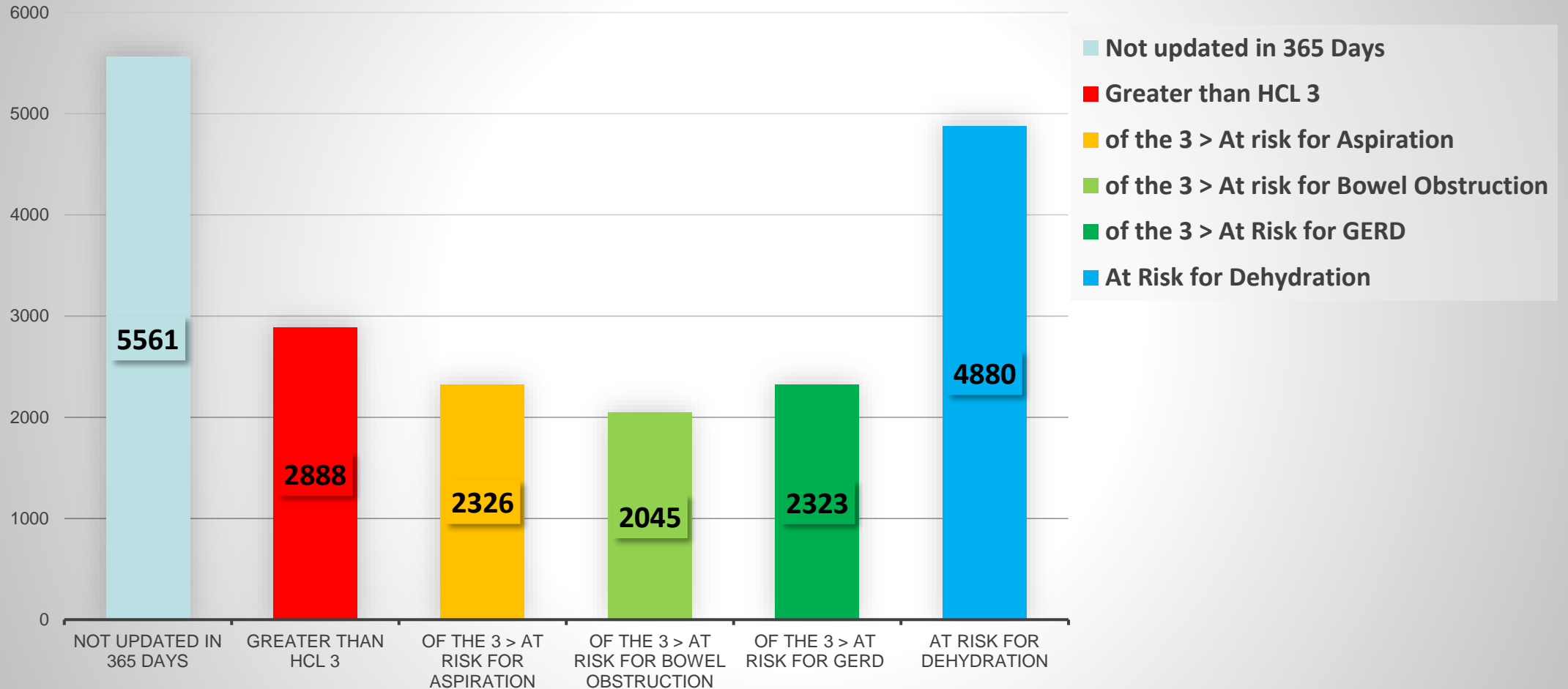


■ Total Screenings

■ Currently being rescreened

■ Persons Never screened

AT RISK FOR CONSEQUENCES OF THE FATAL FIVE



- Not Updated in 365 Days
 - Days Since Update Greater than or Equal to 366
 - System Status Active
- Health Care Level Greater than or Equal to 3
 - Added to above criteria
- At Risk for Aspiration
 - Used above criteria with AND Eating score greater or equal to 2, Gastrointestinal score greater or equal to 2
- At Risk for Bowel Obstruction
 - Gastrointestinal score, Bowel Function score
- At Risk for Dehydration
 - Eating score, Bowel Function score, Skin Integrity score, Nutrition score

HRST Custom Report Builder

Field	Relation	Value	
System Status	Equals	Active	+OR

AND

Field	Relation	Value	
Days Since Last Update	Is Greater Than or Equal To	366	+OR

AND

Field	Relation	Value	
HCL	Is Greater Than or Equal To	3	+OR

+ AND

HRST Custom Report Builder

Field	Relation	Value	
System Status	Equals	Active	+OR

AND

Field	Relation	Value	
Days Since Last Update	Is Greater Than or Equal To	366	+OR

AND

Field	Relation	Value	
HCL	Is Greater Than or Equal To	3	+OR

A Eating Score	Is Greater Than or Equal To	2	OR
K Gastrointestinal Score	Is Greater Than or Equal To	2	+OR

+ AND

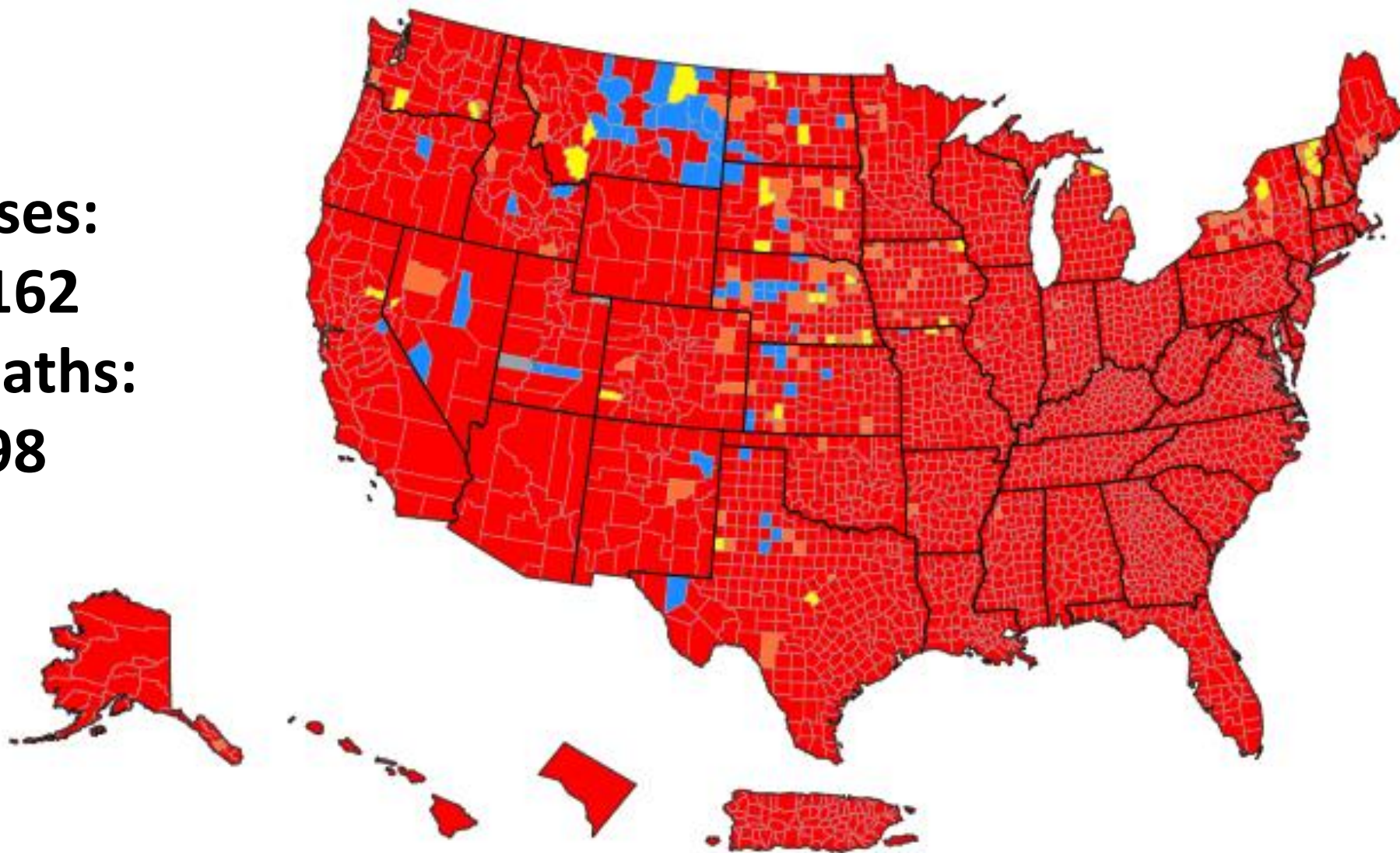
HRST Provider Workgroup

- In an effort to increase both the efficiency and utility of the Health Risk Screening Tool, ODP is working with IntellectAbility to have the HRST and the Annual Assessment, including the Lifetime Medical History, become a more integrated, mutually informed process.
- In pursuing this effort, a workgroup is being created with representation from each of the provider associations.
- Planned to begin in August 2022.

COVID-19 Update



**Total Cases:
90,808,162
Total Deaths:
1,025,198**



high ●

substantial ●

moderate ●

low ●

no data ●

Level of Community Transmission

high 

substantial 

moderate 

low 

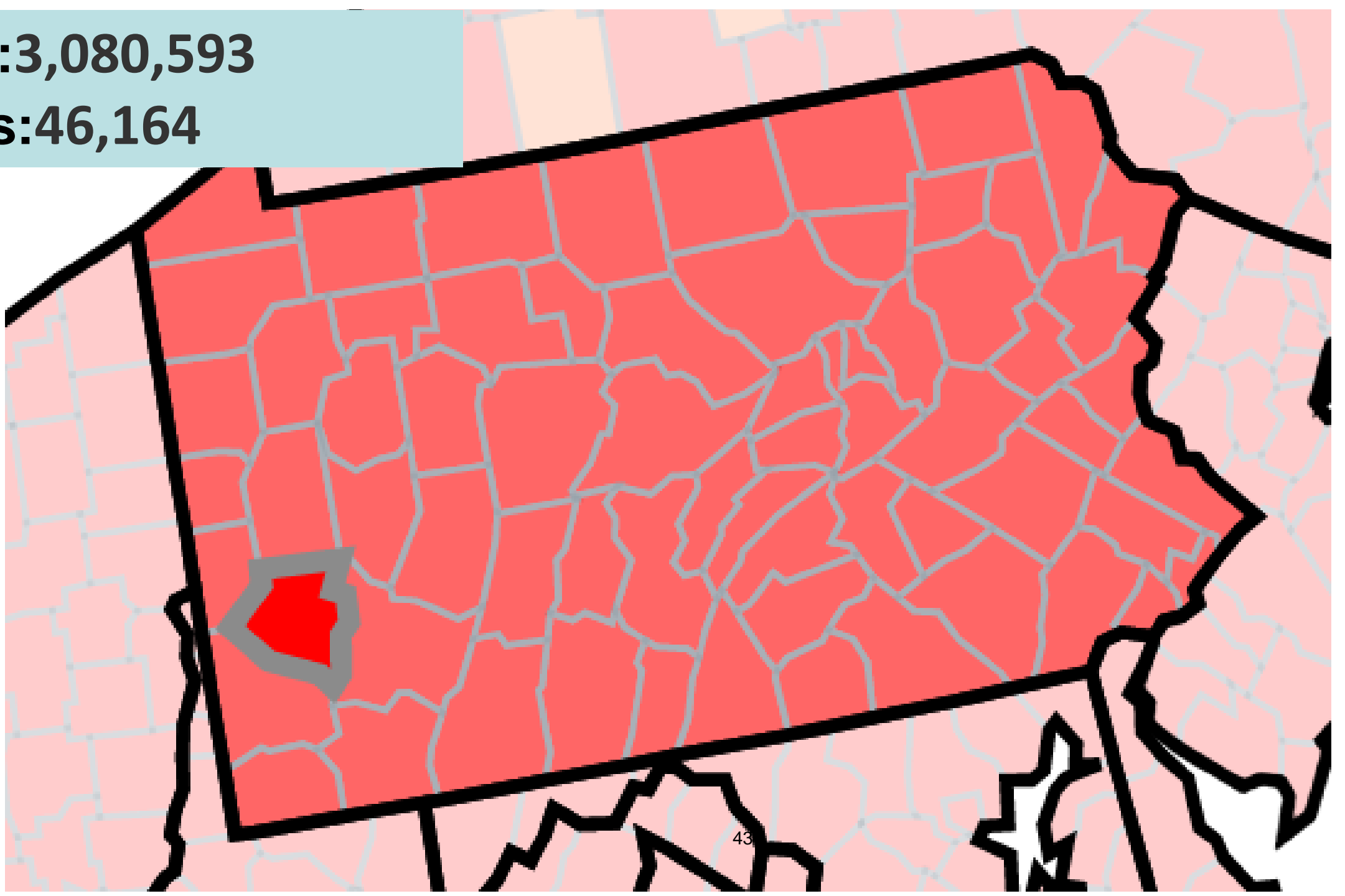
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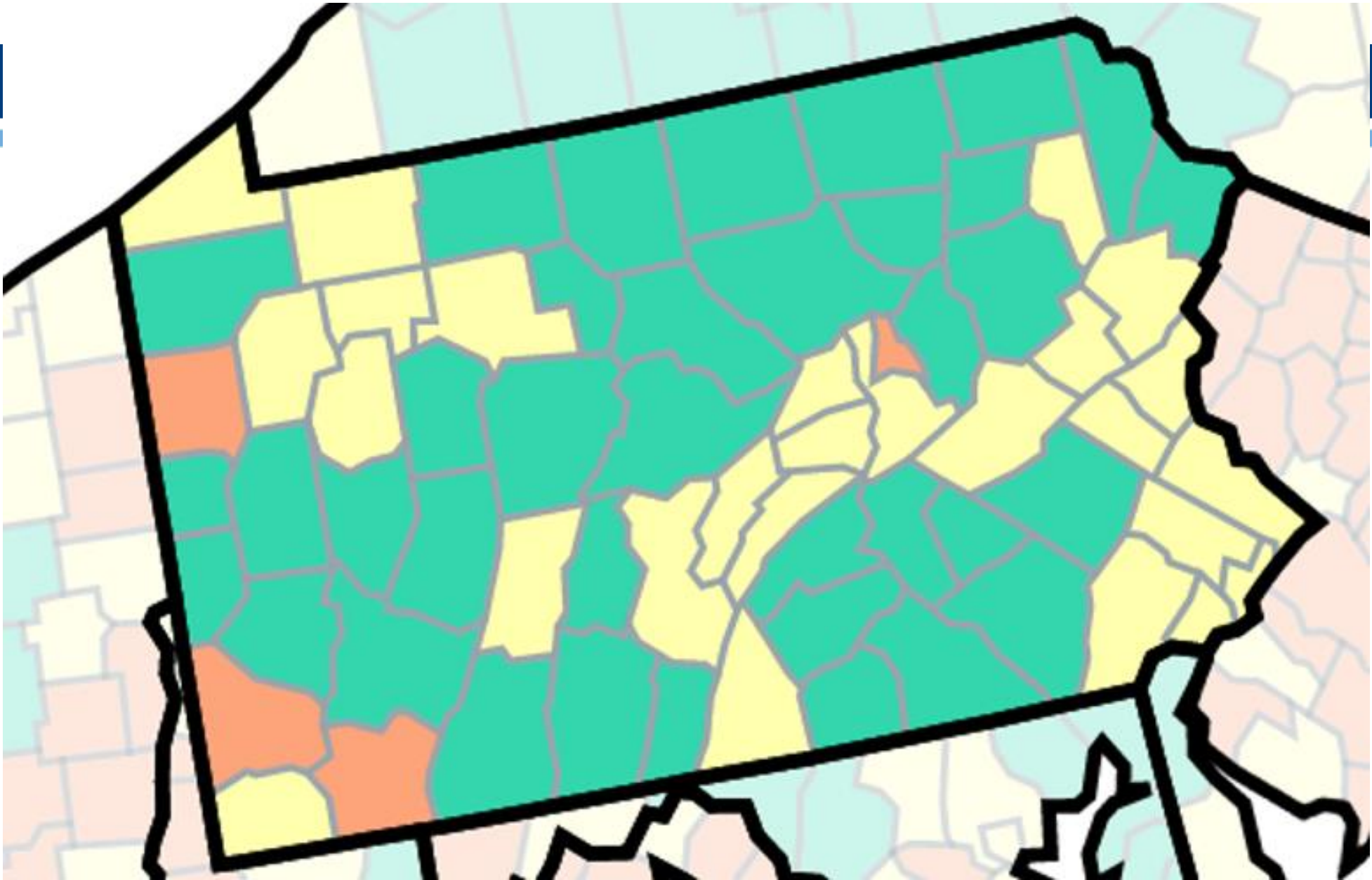
Level	Cases/100,000	PCR Percent Positive
High	100 or more	10% or more
Substantial	50 – 99	8 – 9.9%
Moderate	10 – 49	5 – 7.9%
Low	Less than 10	Less than 5%



Cases:3,080,593

Deaths:46,164





● Low ● Medium ● High ▨ No Data

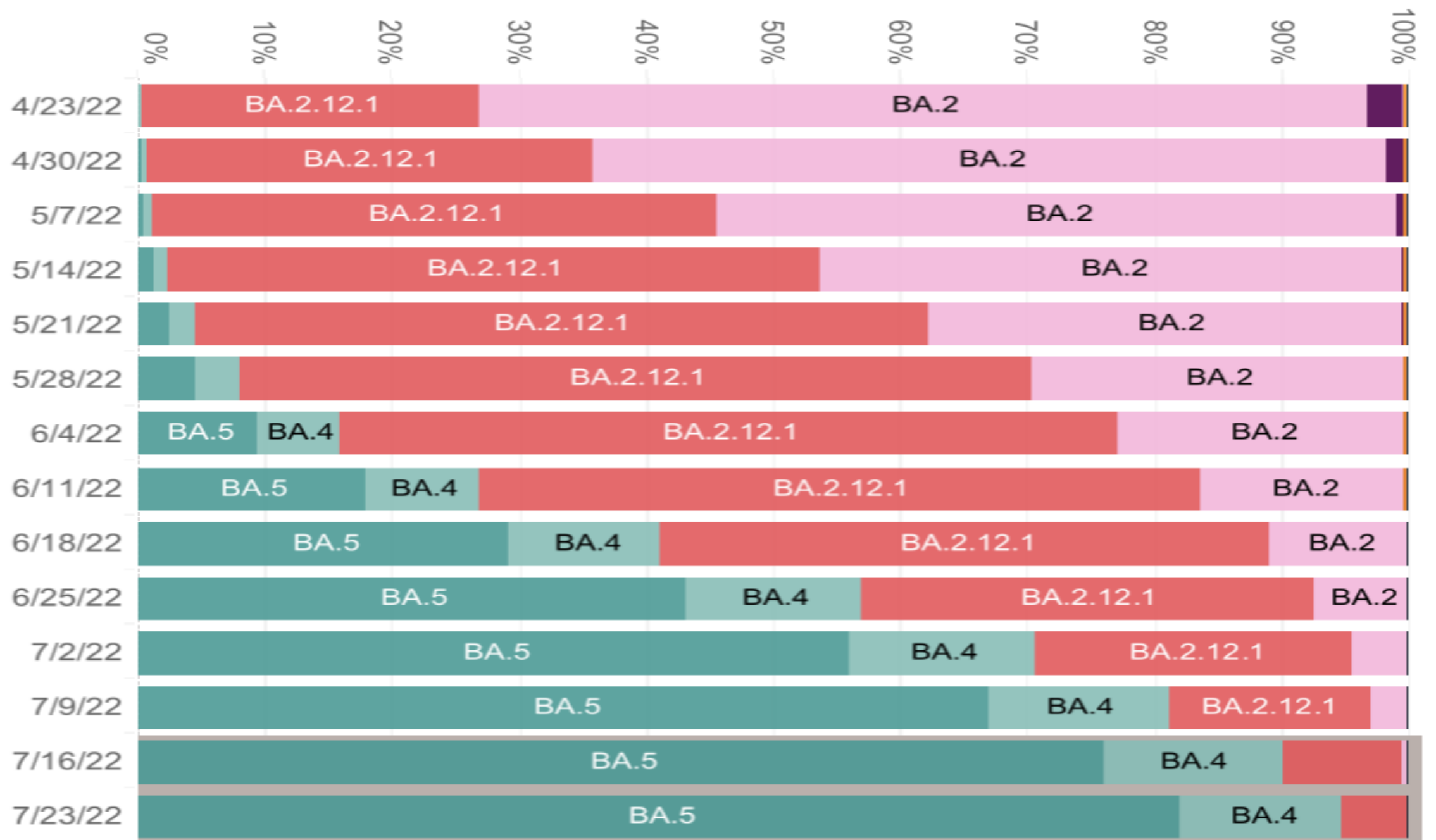


The COVID-19 Community Level is determined by the higher of the new admissions and inpatient beds metrics, based on the current level of new cases per 100,000 population in the past 7 days.

New Cases ¹ (per 100,000 population in the last 7 days)	Indicator	Low	Medium	High
<200 cases	New COVID-19 admissions per 100,000 population (7-day total) ²	<10.0	10.0-19.9	≥20.0
	Percent of staffed inpatient beds in use by COVID-19 patients (7-day average) ³	<10.0%	10.0-14.9%	≥15.0%
≥200 cases	New COVID-19 admissions per 100,000 population (7-day total)	NA	<10.0	≥10.0
	Percent of staffed inpatient beds in use by COVID-19 patients (7-day average)	NA	<10.0%	≥10.0%



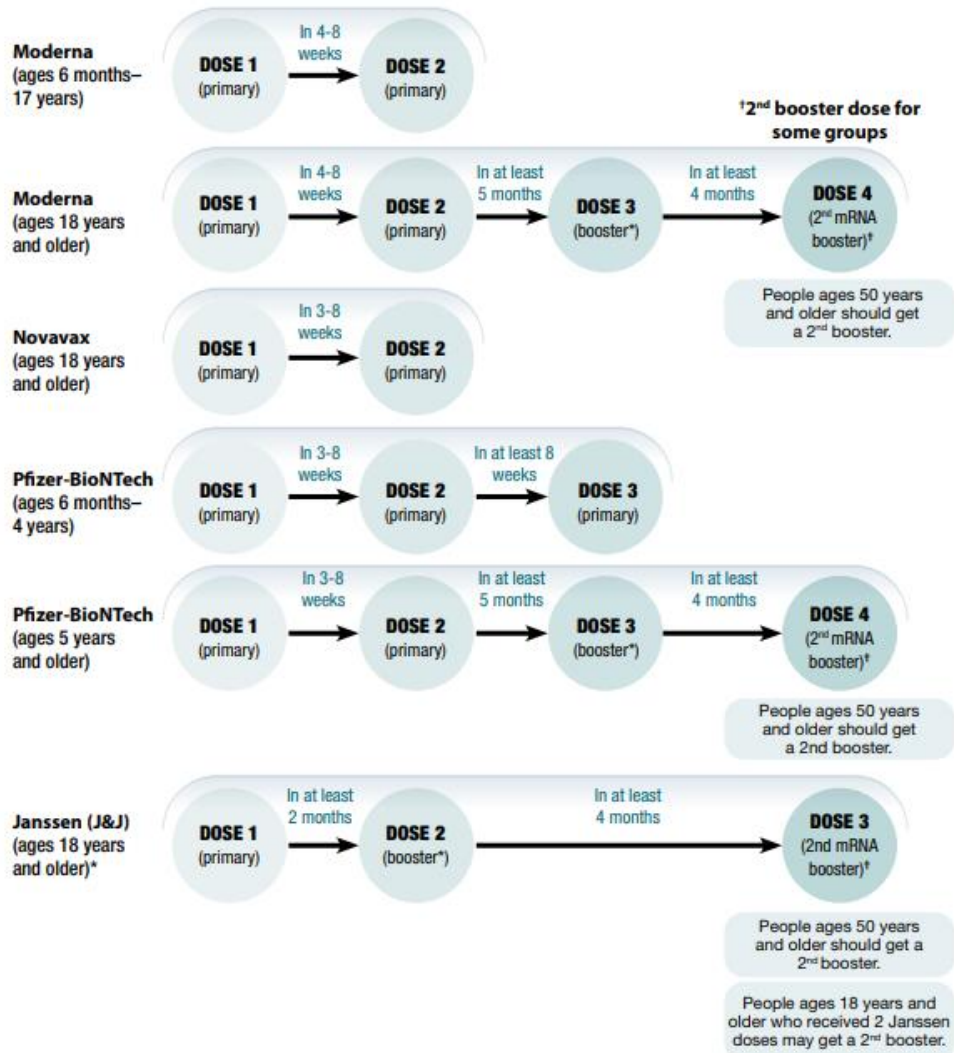
% Viral Lineages Among Infections



At-A-Glance COVID-19 Vaccination Schedules (cdc.gov)

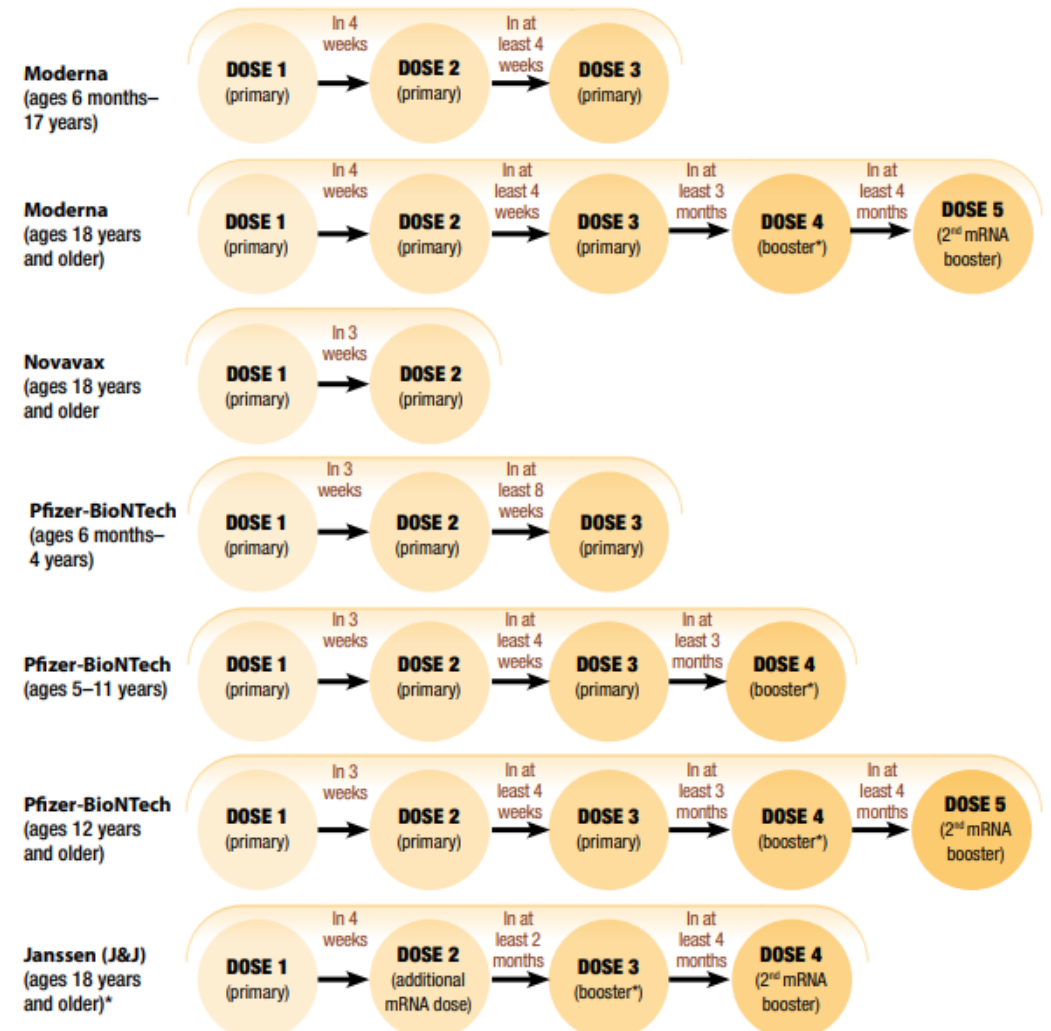
COVID-19 Vaccination Schedule for Most People

Number and intervals of COVID-19 vaccine doses



COVID-19 Vaccination Schedule for People Who Are Moderately or Severely Immunocompromised

Number and intervals of COVID-19 vaccine doses



CDC COVID Data Tracker: Rates of COVID-19 Cases and Deaths by Vaccination Status

Unvaccinated people aged 5 years and older had:

2.0X

Risk of Testing Positive for COVID-19

AND

6X

Risk of Dying from COVID-19

in May 2022, and

2.8X

Risk of Testing Positive for COVID-19

in June 2022, compared to people vaccinated with at least a primary series.

Source: CDC COVID-19 Response, Epidemiology Task Force, Surveillance & Analytics Team, Vaccine Breakthrough Unit

In May 2022, among people ages 50 years and older, unvaccinated people had:

29X

Risk of Dying from COVID-19

compared to people vaccinated with a primary series and two or more booster doses.*

Among people ages 50 years and older, vaccinated people with a primary series and one booster dose had:

4X

Risk of Dying from COVID-19

compared to people vaccinated with a primary series and two or more booster doses.*

Source: CDC COVID-19 Response, Epidemiology Task Force, Surveillance & Analytics Team, Vaccine Breakthrough Unit

Monkeypox Virus

Monkeypox.pdf (pa.gov)

- Monkeypox is a viral disease caused by infection with the monkeypox virus.
- Monkeypox symptoms are similar to smallpox symptoms, but milder, and monkeypox is rarely fatal.
- Discovered in 1958 when two outbreaks of a pox-like disease occurred in colonies of monkeys kept for research.
- Despite being named “monkeypox,” the source of the disease remains unknown.
- The first human case of monkeypox was recorded in the Democratic Republic of the Congo in 1970.
- Prior to the 2022 outbreak, monkeypox had been reported in people in several central and western African countries.

Clinical Features Of Monkeypox

- Infection is usually mild, and many patients are asymptomatic.
- Incubation period is about 12 days with a range from 7 to 17 days.
- Often begins with fever, headache, muscle aches, backache, swollen lymph nodes, a general feeling of discomfort, and exhaustion.
- Typically, within 1 to 3 days after the fever occurs, the patient develops a papular rash (i.e., raised fluid-filled bumps), often first on the face but sometimes initially on other parts of the body, especially the genital and perianal areas. The lesions usually develop through several stages before crusting and falling off over the course of 2-4 weeks. Sometimes, people get a rash first, followed by other symptoms. Others only experience a rash.
- Monkeypox can spread from the time symptoms start until the rash has fully healed and a fresh layer of skin has formed. The illness typically lasts 2-4 weeks.



Spread

- The virus can spread from person-to-person through direct contact with the infectious rash, scabs, or body fluids.
- Respiratory secretions during prolonged, face-to-face contact (within a 6-foot radius for >3 hours)
- Intimate physical contact, such as kissing, cuddling, or sex.
- Pregnant people can spread the virus to their fetus through the placenta.
- Touching items (such as clothing or linens) that previously touched the infectious rash or body fluids
- Infected animals, either by being scratched or bitten by the animal or by eating meat or using products from an infected animal.

- Monkeypox does not spread easily between people
- Anyone in close contact with a person with monkeypox can get it and should take steps to protect themselves.
- People with monkeypox in the current outbreak generally report having close, sustained physical contact with other people who have monkeypox.
- Many affected in the current global outbreaks are gay, bisexual, or other men who have sex with men, anyone who has been in close contact with someone who has monkeypox can get the illness
- There are 2 vaccines against Monkeypox, used to prevent Monkeypox infection and can be used for post-exposure vaccination. Post-exposure, persons can be vaccinated up to 14 days after exposure.

Sexuality and Healthy Relationships

Action Plan:

Information Sharing and Advisory Committee
(ISAC) Plan For Sexual Abuse Prevention
and Healthy Relationships



pennsylvania
DEPARTMENT OF HUMAN SERVICES

OFFICE OF DEVELOPMENTAL
PROGRAMS



pennsylvania
DEPARTMENT OF HUMAN SERVICES

- The Action Plan was the product of conversations and commitments made by ODP's Information Sharing and Advisory Committee (ISAC) membership
- National Public Radio (NPR)'s special investigation, "Abused and Betrayed," spearheaded by reporter Joe Shapiro.
- In 2018 ISAC members shared the efforts their organizations are making to prevent sexual abuse against individuals with disabilities.
- Action Plan represents their submissions and emphasizes the shared responsibility of everyone to help prevent sexual abuse. The objective being that the I/DD community in Pennsylvania fully understands and supports the following:
 - the individual's right to express their sexuality and have relationships
 - the individual's right to be free of sexual abuse
 - need for and access to treatment and trauma-informed care for people who have been victims of sexual assault

The Provider Alliance

- A call to action initiative among its membership, community partners, and stakeholders to elevate awareness on the issues addressed in the recent **ODP Bulletin 00-18-01** and accompanying **Guidelines for Sexual Health, Personal Relationships, and Sexuality** and to directly address sexual abuse.
- Commitments To Action Plan
 - TPA program to address sexual health is intended to enhance **resource development** for providers and **satisfaction levels** reported by caregivers, family members, self-advocates, and providers.
 - Community outreach will help to accomplish those goals
 - Conversations with self-advocates and families to ensure that we include their perspectives in our ongoing work.