

**THE COMMUNITY SUPPORT NETWORK, INC (CSNI)**

**ANNUAL REPORT OF QUALITY MONITORING**

**July 1, 2009 through June 30, 2010**

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**EXECUTIVE SUMMARY**

*“CSNI is committed to improving the developmental disability system’s capacity to deliver high quality outcomes to New Hampshire individuals.”*

For the CSNI Board, member Area Agencies, and providers this means that:

- Individuals live and work in homes and locations that meet state and local codes for safety and health.
- Individuals are treated with respect.
- Individuals are safe and healthy.
- Individuals, families, and guardians are satisfied with the supports and services offered.
- Individuals and families receive services in a timely manner.
- Individuals experience quality outcomes (quality of life).
- Funders are satisfied with the supports and services offered.

Area Agencies and providers monitor quality on an ongoing basis. Formal procedures are in place to identify and address problem areas including staff supervision, provider and regional quality improvement activities, and oversight by the Bureau of Developmental Services (BDS).

The CSNI Quality Improvement Committee, with representatives from all ten (10) Area Agencies, oversees and coordinates the statewide quality improvement activities of CSNI. The Committee reviews data and identifies areas of strength and areas for continued monitoring and improvement.

This third annual report summarizes the CSNI Quality Improvement work during the past fiscal year, July 1, 2009 through June 30, 2010.

Areas of Strength:

- **Decreasing number of certification deficiencies related to safety and health.** During this fiscal year, the CSNI QI Committee had a goal of decreasing certification deficiencies related to safety and health. The number of safety deficiencies declined to 18% of total deficiencies from 24% of total deficiencies the previous fiscal year. The CSNI benchmark is zero deficiencies. (See pages 18-23 for details.)
- **Decrease (from 86 to 60) of founded human rights complaints investigated by the Area Agencies.** During the fiscal year, the number of founded complaints in all categories decreased. The CSNI benchmark is zero founded complaints. (See pages 14-16 for details.)

- **Continued low number (11) of founded complaints investigated by BEAS.** It is important to note that BEAS complaints have their own rules and timeframes. There may be a significant amount of time between when an Area Agency reports a potential case to BEAS and when final resolution is reached. The CSNI benchmark is zero founded complaints. (See pages 14-17 for details.)
- **Consistently low number of medication errors.** Of the 4,580, 711 doses of medication administered, there were 9,670 medication errors (2/10 of 1%). Fifty-six percent (56%) of certified locations had **no** medication errors, almost the same as the previous fiscal year. Seventy percent (70%) of the errors are related to documentation. (See pages 17-18 for details.)
- **Existence of Quality Council to oversee quality in the developmental services system.**
- **One-day certification visit by BDS and DHHS staff resulting in no significant findings.** On April 26, 2010, staff from BDS and DHHS conducted unannounced site visits at 98 residential locations throughout New Hampshire where two or more individuals with a developmental disability or acquired brain disorder live. They looked at 25 specific areas related to health and safety; activities the individual was doing if they were in the home at the time; the individual's personal space and privacy; and staff member/home provider information. The results of these unannounced visits were overwhelmingly positive with no significant issues found.

#### Areas for Continued Monitoring & Improvement:

- **Serious crimes against individuals and serious injury to individuals.**

Serious crimes against individuals and serious injury to individuals began being collected as part of NHQOP. It should be noted that only those instances of crime or injury that occur while the individual is receiving services and supports are counted. Historically, the numbers have been very small when compared to the number of individuals receiving supports and services. Over the past fiscal year, the number of individuals in both categories have decreased. The CSNI benchmark is zero incidents of serious crimes against individuals and serious injury.

During this fiscal year, there were a total of five (5) reports of serious crimes against individuals compared to twelve (12) reports the previous fiscal year. Area Agencies continue to monitor these situations and institute precautions as necessary.

During the fiscal year, there were a total of 78 reports of serious injury to individuals compared to 94 reports the previous fiscal year. When reviewing the data the previous year, the Committee noted that falls were often the cause of serious injuries. Falls are the result of a variety of factors including the individuals receiving services are becoming elderly,

ice and snow during the winter, seizures, and changes in medical condition. The Area Agencies continue to focus on fall prevention and implementing best practices to decrease the number of falls. (See pages 14-17 for details.)

- **Site visit deficiencies.** The number of locations that had state site visits during this fiscal year increased from 831 the previous fiscal year to 1,073 this fiscal year, an increase of 29%. Of this total, 594 had 1,560 deficiencies -- an average of 2.6 deficiencies per location. When all locations receiving visits are included, the average number of deficiencies per location drops to 1.5 deficiencies per location receiving site visits during the fiscal year. The most common deficiency continues to be documentation. The CSNI benchmark is zero deficiencies. (See pages 18-23 for details.)
- **Documentation deficiencies.** The CSNI QI Committee set a goal of decreasing deficiencies related to documentation. The number of deficiencies related to documentation increased from 553 (45% of total deficiencies) to 778 (49% of total deficiencies) in FY09. Area Agencies noted an increased focus by site surveyors on documentation. The Area Agencies will continue to focus on improving documentation and decreasing the number of deficiencies related to documentation. (See pages 18-23 for details.)

There are several changes that occurred during FY10 that changed the way data for quality monitoring and improvement is collected, analyzed, and reported. These changes will continue to impact the collection, analysis, and reporting of quality data into the future and the CSNI Quality Improvement will continue to evaluate these changes and their impact on their work related to quality monitoring.

- New Hampshire joined the National Core Indicators (NCI) project. The NCI Adult Consumer Survey and the three Family/Guardian Satisfaction Surveys replaced the surveys that were previously used for NHQOP.

BDS administers the Adult Consumer Surveys. The number of Adult Consumer Surveys (400 completed every two years) is sufficient for comparison of New Hampshire to the national data. However, the sample size is not adequate for comparison among the regions and the cost is prohibitive to do an adequate sample for this comparison (approximately 2,000 surveys). It is anticipated that this data will be available in late 2011 or early 2012.

CSNI manages the collection of the satisfaction data by each Area Agency. The satisfaction surveys will continue to be sent to 100% of the adults receiving services under the waivers and those between the ages of 3 and 21, therefore, this data can be used for regional comparisons. It is anticipated that this data will be available in late 2010 or early 2011.

The Human Services Research Institute (HSRI) in Cambridge, MA analyzes and reports the data for New Hampshire and all other participating states.

This allows New Hampshire's statewide data to be compared to other participants in NCI.

It should be noted that there is an increased amount of work for BDS staff, CSNI, and the Area Agencies to collect and report the background information, the results of the Adult Consumer Surveys, and the results from the satisfaction surveys. (See pages 11-12 for details.)

- As of July, 2010, the Legislature changed the law relative to the wait list, how information is reported, and funding. Data on individuals applying for services and supports will continue to be tracked and the CSNI Quality Improvement Committee will continue to monitor this information.
- The process for investigating consumer and family complaints will move from the Area Agencies to BDS. New rules are in the process of being developed and implemented. It should be noted that Area Agencies plan to continue reviewing complaints as part of their organizations' quality improvement and CSNI will continue to track this information as long as that data is comparable to what has been collected in the past. As the new system emerges, the Committee will review the data and determine how best to incorporate it into its reports and its monitoring.
- The new employment data system continues to be developed. This work has been moved to the UNH Center for Health Policy. We anticipate that the new data elements will be collected by all ten Area Agencies at some point in the future. Until that data is available, the Committee has two categories related to employment that are part of the QI reports: total number of individuals employed and total number of jobs.
- During this fiscal year, certification data was collected and reported for providers. CSNI is in the process of meeting with providers to determine how best to distribute this information.
- Medication data will continue to be collected and included as part of our overall quality monitoring work. Since the BDS statewide Medication Committee is responsible for this area, the CSNI Quality Improvement Committee uses it as part of its overall monitoring of quality in the system.
- Consumer-directed services (CDS) continues to grow as individuals and families choose this option. The CDS Committee is a statewide group that focuses on strategic issues related to this service option. During this past fiscal year, the Quality Improvement Committee met with Dotty Treisner, Director of the Center of Excellence for Consumer Directed Services to begin the discussion of how to define and measure quality for CDS. This will continue to be an area of focus in the coming year and into the future.
- Sentinel events, their reporting and use of the results, is a growing area of interest for the Committee. This is another piece of information that helps form the entire picture of quality. While it is the responsibility of another state agency, this information should be included and considered by the

Quality Improvement Committee as we do with other quality information such as BEAS reports, medication reports, etc.

- The certification rule has been revised and the process will change beginning January 1, 2011. The Committee will be assessing the impact of this change on its data collection.

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**OVERVIEW**

*“CSNI is committed to improving the developmental disability system’s capacity to deliver high quality outcomes to New Hampshire individuals.”*

Quality, innovation, and self-assessment have always been core values of New Hampshire’s developmental services system. The state Bureau of Developmental Services (BDS), as the contracting agency, has overall responsibility for monitoring and assuring quality for the system. The ten not-for-profit organizations designated by the state as Area Agencies and the many provider organizations are at the forefront of providing supports and services. They monitor quality on an ongoing basis, incorporating best practices, and implementing change into their daily work. In addition to providing supports and services to individuals with developmental disabilities and acquired brain disorder, many Area Agencies and providers also serve the elderly, school-age students with a variety of disabilities, and others needing long-term care.

In 1997, the Community Support Network, Inc. (CSNI), the association of Area Agencies, was formed. CSNI provides administrative and financial services to the Area Agencies, establishes policy positions on legislative and regulatory issues, and manages grant programs benefiting individuals with developmental disabilities. Quality improvement is one of the areas of statewide collaboration.

***The Quality Improvement Process***

There are five aspects to quality improvement:

1. Defining quality.
2. Measuring quality.
3. Monitoring quality.
4. Evaluating data and information.
5. Improving quality.

## **DEFINING QUALITY**

Key to any quality monitoring and improvement, is a shared, commonly understood definition of quality.

The CSNI Board, member Area Agencies, and providers have the following goals relative to quality.

- Individuals live and work in homes and locations that meet state and local codes for safety and health.
- Individuals are treated with respect.
- Individuals are safe and healthy.
- Individuals, families, and guardians are satisfied with the supports and services offered.
- Funders are satisfied with the supports and services offered.
- Individuals and families receive services in a timely manner.
- Individuals experience quality outcomes (quality of life).

## MEASURING QUALITY

All ten (10) Area Agencies routinely collect and report a variety of data to measure these quality goals. This data includes data collected by the Area Agencies and data collected by providers and reported to the Area Agencies. Area Agencies report summary data for their regions to CSNI on a quarterly basis. The CSNI Quality Improvement Committee reviews the data and develops strategies for quality improvement, both at the local level and statewide.

This is the third year of routine data collection and comparison to CSNI benchmarks. Wherever possible, already existing data collection tools are used. The following list shows the sources of the data currently being collected.

*Individuals and families receive services in a timely manner.*

- BDS Wait List Data
- Family/Guardian Satisfaction Surveys (National Core Indicators (NCI))

*Individuals, families, and guardians are satisfied with the supports and services offered.*

- Family/Guardian Satisfaction Surveys (NCI)

*Individuals are treated with respect.*

- Number of Founded Human Rights Complaints (Area Agencies & Bureau of Elderly and Adult Services (BEAS))
- Types of Human Rights Complaints
- NCI Family Satisfaction Surveys

*Individuals are safe and healthy.*

- Incident Reports: crimes against individuals, serious injury to individuals during services
- Medication Errors
- NCI Family Satisfaction Surveys

*Individuals live and work in homes and locations that meet state and local codes for safety and health.*

- Certifications of Staffed Residences, Enhanced Family Care, Day Services
- Total Number of Deficiencies Cited
- Types of Deficiencies Cited
- NCI Family Satisfaction Surveys

*Individuals experience quality outcomes (quality of life).*

- NCI Adult Consumer Surveys-- statewide results, expected in late 2011

*Funder are satisfied with the supports and services offered.*

- Redesignation every 5 years
- Early Supports and Services annual site surveys
- Certification visits
- NCI Consumer Survey
- Annual financial audit review
- Medicaid audits
- SIS – service planning tool

The major focus of the CSNI Quality Improvement Committee this fiscal year was on preparing for and implementing two parts of National Core Indicators (NCI). New Hampshire is participating in NCI to assess the quality of supports and services in the state's developmental services system. Participation allows New Hampshire to compare itself to other states and entities participating. Two types of survey tools are used to collect information: the *Adult Consumer Survey* and three versions of satisfaction surveys for families and guardians (*Adult Family Survey*, *Family/Guardian Survey*, and *Children/Family Survey*). These four NCI tools replace the surveys that were previously used for NH Quality Outcome Partnership (NHQOP).

BDS administers the *Adult Consumer Surveys*. Currently, approximately 200 individuals who are receiving supports and services are interviewed, in person, each year by staff. Over a two year period, 400 surveys will be completed which is sufficient for comparison of New Hampshire data to the national data. However, the sample size is not adequate for comparison among the regions. We examined this alternative with BDS and found that the cost would be prohibitive to do an adequate sample for this comparison (approximately 2,000 surveys). The first *Adult Consumer Survey* data is anticipated in late 2011 or early 2012.

CSNI manages the collection of the satisfaction data by each Area Agency. Area agencies mailed the NCI satisfaction surveys in March, 2010 to 5,390 families or guardians of adults receiving services under either the DD or ABD waivers and children between the ages of 3 through 20. An additional 245 received surveys through Survey Monkey as part of our pilot testing of this technology.

There are three versions of the NCI satisfaction survey.

- *Adult Family Survey* – Sent if the individual receiving supports and services is over the age of 21 and lives in the family home (guardianship or non-guardianship is not considered).
- *Family/Guardian Survey* – Sent if the individual receiving supports and services is over the age of 21 and lives outside of the family home (guardianship or non-guardianship is not considered).
- *Children/Family Survey* – In New Hampshire, sent if the individual receiving supports and services is a child between the age of 3 (non-Early Supports and Services) and 20. BDS uses an alternative survey for ESS, birth to 3 years of age so they were not included in the NCI survey process.

Surveys were returned directly to CSNI in a postage-paid, self-addressed envelope by the person completing the survey. There was an overall return rate of 31%. The return rate for *Adult Family Surveys* was 36%; for *Family/Guardian Surveys* was 43%; and for *Children/Family Surveys* was 23%.

Both the *Adult Consumer Survey* data and the satisfaction survey data are submitted to HSRI in Cambridge, MA for data analysis and reporting. The satisfaction data was submitted in June with results expected at the end of 2010. This will allow for the comparison of New Hampshire's statewide data to other participants in NCI.

## MONITORING QUALITY

Area Agencies submit data on a quarterly basis to CSNI for compilation. The Quality Improvement Committee meets at least quarterly, more often as necessary, to review and discuss the data; identify areas for improvement; and develop strategies for improvement. The Committee also discusses issues of interest or concern related to quality. Periodic reports are provided to the CSNI Board of Directors.

The monitoring data is presented by goal area.

### ***Individuals and families receive services in a timely manner.***

An individual with developmental disabilities must first be found eligible to receive services and funding must be available to pay for those services. Due to an increasing number of individuals seeking services and inadequate funds to provide those services, the state has maintained a wait list for services. Quarterly wait list reports are provided by BDS to the Wait List Oversight Committee. This information is also provided to CSNI.

While BDS prepares the quarterly wait list report and others are monitoring the wait list, it is included in the annual CSNI report since it is a critical measure of quality. The CSNI goal is no one on the wait list for services.

For FY10, a total of 444 individuals from the DD Wait List were proposed to have Area Agency plans. By the end of the fiscal year a total of 444 individuals (100%) were actually taken off of the wait list. The average number of days between the date the individual was ready to start services and the date the services actually started was 170. This compares to a total of 186 individuals taken off of the DD Wait List during FY09 and an average number of days on the wait list of 197.

A total of 27 individuals from the ABD Wait List were proposed to have Area Agency plans. By the end of the fiscal year a total of 20 individuals (74%) were actually taken off of the wait list. The average number of days between the date the individual was ready to start services and the date the services actually started was 147. This compares to a total of 14 individuals taken off of the ABD Wait List during FY09 and an average number of days on the wait list of 175.

As of July, 2010, the Legislature changed the law relative to the wait list, how information is reported, and funding. Data on individuals applying for services and supports will continue to be tracked and the CSNI Quality Improvement Committee will continue to monitor this information.

### ***Individuals, families, and guardians are satisfied with the supports and services offered.***

Since the NH Quality Outcome Partnership (NHQOP) began, a satisfaction survey has been mailed by Area Agencies to families and guardians. Originally, surveys were sent annually. However, due to the length of the survey and “survey fatigue”, this was changed so that surveys were mailed to families and guardians every other year. CSNI analyzed and reported the data.

Normally, the satisfaction surveys would have been mailed to families and guardians in the Spring of 2009. However, with the decision to have New Hampshire participate in NCI beginning this fiscal year, the decision was made to wait and use the NCI surveys in the Spring of 2010. This process was described earlier in this report. We anticipate the first report of this data from HSRI at the end of 2010. Therefore, no satisfaction results are included in this year's annual quality improvement report. Once the data is available, the CSNI QI Committee will review the data and prepare an addendum to this report along with its recommendations related to the findings.

***Individuals are treated with respect.  
Individuals are safe and healthy.***

There are three types of data that relate to these two quality improvement goals.

- human rights complaints that are founded as a result of an Area Agency investigation;
- human rights complaints that are founded as a result of an investigation by BEAS (Bureau of Elderly and Adult Services); and
- incident reports.

Each type of data provides a slightly different view of these two goals. Table 1 provides an overview of the three types of data for the past three fiscal years (FY10, FY09, and FY08).

**Table 1**  
**Three Year Comparison:**  
**Founded Human Rights Complaints by Area Agencies, Founded Human Rights**  
**Complaints by BEAS, and Incident Reports**

	FY 2009-2010 Totals	FY 2008-2009 Totals	FY2007-2008 Totals
<b>Area Agency Investigation ♦</b>			
Abuse	13	19	19
Neglect	23	38	27
Exploitation	1	2	6
Treatment Rights	23	27	34
<b>BEAS Investigation ♦</b>			
Abuse	7	3	1
Neglect	3	4	5
Exploitation	1	2	1
<b>Incident Reports</b>			-
Reports of serious crimes against consumers during services	5	12	6
Reports of serious injury to consumers during services	78	94	92

The number of human rights complaints investigated by Area Agencies that were founded has decreased in all four categories from FY08 to FY10. The categories of abuse, exploitation, and

treatment rights has shown a steady trend of decreasing over the three year period. The category of neglect increased between FY 08 and FY09, but decreased between FY09 and FY10 and between FY08 and FY10.

The results for human rights complaints investigated by BEAS that were founded have been mixed. Founded complaints of abuse have increased over the three year period; founded complaints of neglect have decreased; and founded complaints of exploitation have remained relatively the same.

Reports of serious crime and serious injury also show mixed results. The number of reports of serious crimes against consumers during services is approximately the same in FY10 as it was in FY08 following an increase in FY09. The number of reports of serious injury to consumers during services has decreased from FY08 to FY10 following a very slight increase in FY09.

### **Human Rights Complaints Investigated and Founded by Area Agencies**

The rights of individuals receiving services in the developmental services system are outlined in He-M 310. Area Agencies collect information about human rights complaints and investigate them. Information is reported using the categories of abuse, neglect, exploitation, and treatment rights as defined in the rule. (See Appendix I for definitions.)

A founded complaint is one that has been investigated and one or more of the allegations in the report were substantiated. Results are reported at the time that a decision is made, not at the time the complaint is filed.

In addition to Area Agency investigation, monitoring, and review of complaints, this information is submitted to the BDS annually and they prepare an annual report. The CSNI benchmarks for these categories are zero founded complaints.

Table 2 on the following page, shows the total number of human rights complaints for FY10 by quarter that were investigated by the Area Agencies that were founded.

**Table 2**  
**Human Rights Complaints: Investigated by Area Agencies and Founded**  
**July 1, 2009 through June 30, 2010**

Type	Q1-Q4 Totals	Statewide Summary Data			
		Quarter 1	Quarter 2	Quarter 3	Quarter 4
Abuse	13	8	2	0	3
Neglect	23	3	5	3	12
Exploitation	1	0	0	0	1
Treatment Rights	23	4	6	6	7
Total	60	15	13	9	23

The number of human rights complaints investigated by the Area Agencies that were founded decreased from 86 during each of the previous two fiscal years to 60 during FY10. There were continued decreases in the founded complaints related to all reporting areas – abuse, neglect, exploitation and treatment rights. While there was an overall decrease in the total number from the previous fiscal year, the FY10 quarterly data has shown an increase from Q1 to Q4 in all categories except abuse. The QI Committee will monitor this data closely.

The process for investigating consumer and family complaints will move from the Area Agencies to BDS. New rules are in the process of being developed and implemented. It should be noted that Area Agencies plan to continue reviewing complaints as part of their organizations' quality improvement and CSNI will continue to track this information as long as that data is comparable to what has been collected in the past. As the new system emerges, the Committee will review the data and determine how best to incorporate it into its reports and its monitoring.

### **Human Rights Complaints Investigated and Founded by the Bureau of Elderly & Adult Services**

Some complaints are reportable to the state's Bureau of Elderly and Adult Services (BEAS), according to He-E 700, Adult Protection Program. It is important to note that BEAS complaints have their own rules and timeframes. There may be a significant amount of time between when an Area Agency reports a potential case to BEAS and when final resolution is reached. The categories for BEAS reporting are abuse, neglect, and exploitation. Information is reported using the categories as defined in the rule. (See Appendix I for definitions.)

A founded complaint is one that has been investigated and one or more of the allegations in the report were substantiated. Results are reported at the time that a decision is made by BEAS and reported to the area agency, not at the time that the complaint is filed. The CSNI benchmarks for these categories are zero founded.

Table 3 on the following page shows the total number of human rights complaints for FY10 by quarter that were investigated by BEAS and that were founded.

**Table 3**  
**BEAS Human Rights Complaints Investigated and Founded**  
**July 1, 2009 through June 30, 2010**

Type	Q1-Q4 Totals	Statewide Summary Data			
		Quarter 1	Quarter 2	Quarter 3	Quarter 4
Abuse	7	5	0	0	2
Neglect	3	0	0	0	3
Exploitation	1	0	0	0	1
Total	11	5	0	0	6

The total number of complaints investigated by BEAS that were founded has not shown an overall trend over the three year period.

While the Quality Improvement Committee includes this data in its reports for monitoring, there is concern about the timeliness of the information. There is often a significant amount of time between when an Area Agency reports a case to BEAS and when final resolution is achieved (sometimes as much as one year). There are a number of factors that contribute to this but it makes the use of the information more difficult.

*Individuals are safe and healthy.*

### **Incidents of Serious Crime and Serious Injury to Individuals**

Area agency staff track and report data on incident reports for serious crimes against individuals during services and serious injury to individuals that occur during service time. The NH Quality Outcomes Partnership (NHQOP) developed definitions for the categories. (See Appendix I for definitions.) The CSNI benchmarks for these data are zero.

For FY10, a total of five (5) incidents of serious crimes against individuals during services were reported. There were 78 incidents of serious injury to individuals during services. This compares to 12 reports of serious crimes against individuals and 94 incidents of serious injury for the previous fiscal year. There has been improvement in the number of reports of serious injury over the three year period while the number of reports of crimes decreased from FY09 and is approximately the same as FY08.

### **Medication Administration and Medication Error Reporting**

For the two reporting periods included in this report (report dates ending 7/1/09 through 12/31/09 and 1/1/10 through 6/30/10), a total of 4,580,711 doses of medication were administered throughout the community developmental services system. This was an increase of 2.5% from the previous reporting period when 4,469,005 doses were administered. *Medication* is defined in the rules (He-M 1201) as a drug prescribed for an individual by a prescribing practitioner,

including drugs to be taken on a PRN (as needed) basis and over-the-counter drugs. This includes medications such as Tylenol and other over-the-counter medications, medicated shampoo, medicated toothpaste, etc, in addition to those drugs a lay person normally thinks of when the word *medication* is used.

Of the 4,580,711 doses of medication administered, there were a total of 9,670 medication errors during the reporting period, an increase of 3% from the 7,435 errors during the previous reporting period, reflecting the increase in doses administered. This continues to represent less than 1% of the total doses administered. Fifty-six percent (56%) of the certified locations had no medication errors.

When a medication error is discovered, the staff person immediately consults with a licensed person to determine if/what immediate action should be taken. The error is documented within eight (8) hours of discovery and this information is forwarded to the nurse trainer within 24 hours for follow-up and corrective action.

Area Agencies report medication errors to BDS twice each year on a rotating basis. This information is included in the CSNI QI report for monitoring of overall quality in the developmental services system. Medication errors and corrective action are reviewed and acted on by the statewide Medication Review Committee comprised of nurses from the Area Agencies and BDS staff. CSNI includes the data as part of its overall monitoring of quality.

CSNI tracks the medication errors using the categories from the BDS report. Table 4 shows the total number of doses administered, total number of medication errors, and percent of medication errors of the total doses administered for the fiscal year.

**TABLE 4**  
**Total Doses and Medication Errors**

Medication Errors	July-Dec	Jan-June
Total Number of Doses Administered	2,210,926	2,369,785
Total Number of Medication Errors	4,790	4,880
Percent of Medication Errors of Total Doses Administered	0.217%	0.206%

***Individuals live and work in homes and locations that meet state and local codes for safety and health.***

**Certification of Staffed Residences, Enhanced Family Care, and Day Services**

New Hampshire has a process to certify day and residential services. The Office of Program Support is responsible for certification which includes an on-site review using a standardized tool. State regulations that are applicable to this process include:

- He-M 1001: Certification Standards for Community Residences (and includes Enhanced Family Care);
- He-M 503: Eligibility & the Process of Providing Services;
- He-M 506: Records Standards;
- He-M 507: Day Services;

- He-M 518: Supported Employment
- He-M 222 Eligibility Determination & Service Planning for Individuals with an Acquired Brain Disorder;
- He-M 310: Rights of Persons Receiving Developmental Services in the Community; and
- He-M 1201: Administration of Medications;
- He-P 801: Licensing for Community Residences with More Than 3 Individuals.

Area Agencies receive copies of the certification reports. This data is sent to CSNI quarterly. The data is gathered from the *Results of Certification Inspection*. For purposes of this report, CSNI uses the following descriptions for each category and count locations based on what the certification document calls a location.

*Staffed Residences* are generally where paid staff, employed by the vendor or area agency, staff the apartment or home where the person lives. Because it is not the staff's home, there are often shifts, e.g. every 8 hours. Frequently, more than one individual with a developmental disability will live in that home. The staffed residence category includes traditional group homes, companion/roommate, or consumer-directed when a residential certification is required. It does not include 521 living arrangements recommended by the area agency and certified by BDS..

Some staffed residences provide only residential services and are only certified under He-M 1001. Others provide day services in addition to residential services. They are also certified under He-M 507, day services.

*Enhanced Family Care* is when the individual with a developmental disability moves in with another family or provider who receives an allotment for caring for the person. The situation need not be a typical family arrangement. The provider may be a single individual in an apartment who is the provider/caretaker. The provider is generally a contractor with the area agency or a vendor. Enhanced family care is essentially adult foster care in the provider's home.

Some enhanced family care locations provide only residential services and are only certified under He-M 1001. Others provide day services in addition to residential services. They are also certified under He-M 507, day services.

*Day Services* provide habilitation, assistance, and instruction to individuals to improve or maintain their performance of basic living skills, vocational activities, community activities. The goal is to enhance social and personal development. Day services also include consultation services, in response to an individual's needs, to improve or maintain communication, mobility, and physical and psychological health. All providers must be certified by the state under He-M 507.

Data is presented quarterly for comparison purposes. Table 5, on the following page, provides an overview of the certification data, including the number and types of deficiencies, tracked by CSNI for FY10.

**Table 5**  
**Types of Deficiencies by Certification Category: July 1, 2009 through June 30, 2010**

	Totals	Quarter 1	Quarter 2	Quarter 3	Quarter 4
<b>He-M 1001 Staffed Residences</b>					
<i>Total Number Staffed Residential Certified</i>	204	189	212	209	205
Total number certified - Residential Only	72	69	81	68	69
Total number certified <b>also</b> for day services	132	120	131	141	136
<i>Certification Visits During Period</i>					
Total number of certification visits	177	43	34	56	44
Total number <b>WITH</b> deficiencies	120	24	25	37	34
Total number with <b>NO</b> deficiencies	57	19	9	19	10
<i>Total Number of Deficiencies Cited</i>	425	87	109	129	100
Documentation only (all categories)	222	31	68	61	62
Health (non-medication reported)	25	3	10	7	5
ISP / Service Provision	20	6	4	4	6
Medication	53	17	6	19	11
Safety	67	19	15	22	11
Other	38	11	6	16	5
<b>He-M 1001 Enhanced Family Care - EFC</b>					
<i>Total Number EFCs Certified</i>	850	898	771	873	859
Total number certified - EFC Only	563	601	504	573	574
Total number certified <b>also</b> for day services	287	297	267	300	285
<i>Certification Visits During Period</i>					
Total number of certification visits	817	211	174	217	215
Total number <b>WITH</b> deficiencies	353	94	76	102	81
Total number with <b>NO</b> deficiencies	464	117	98	115	134
<i>Total Number of Deficiencies Cited</i>	970	280	168	282	240
Documentation only (all categories)	471	130	81	143	117
Health (non-medication reported)	52	19	14	10	9
ISP / Service Provision	82	22	15	27	18
Medication	132	35	20	49	28
Safety	168	52	30	37	49
Other	65	22	8	16	19
<b>Day Services Only</b>					
<i>Total Number Day Services Certified</i>	74	72	69	77	78
<i>Certification Visits During Period</i>					
Total number of certification visits	68	17	15	20	16
Total number <b>WITH</b> deficiencies	51	14	13	15	9
Total number with <b>NO</b> deficiencies	17	3	2	5	7
<i>Total Number of Deficiencies Cited</i>	168	52	35	61	20
Documentation only (all categories)	94	26	21	40	7
Health (non-medication reported)	30	11	4	9	6
ISP / Service Provision	19	8	3	6	2
Medication	12	4	4	1	3
Safety	2	1	0	0	1
Other	11	2	3	5	1

As of June 30, 2010 (Quarter 4) there were a total of 1,142 locations certified by the state and reported to CSNI. Of that total, 205 were staffed residences; 857 were enhanced family care (574 EFC only and 285 EFC plus day services); and 78 were day services only. This was an increase from 1,078 (6%) from the previous fiscal year. The number of certified locations of all types increased from the previous fiscal year.

During FY10, there were a total of 1,062 certification visits. Of those visits, a total of 538 (51%) had no deficiencies. The remaining 524 (49%) had a total of 1,563 deficiencies or an average of 3.0 deficiencies per location. As in previous years, the most common type of deficiency was documentation 787 (50%) followed by safety 237 (15%) and medication 197 (13%).

Documentation deficiencies include lack of signature, lack of date, lack of progress notes to document services, lack of a report, etc. Safety deficiencies include too many extension cords in an outlet, extension cords in a doorway or across a room, blocked egress, not appropriately documenting a fire drill, lack of GFI outlet, etc. Medication deficiencies include improper storage of medications, lack of timely review of medication logs by a nurse, etc. It should be noted that any medication deficiencies are addressed while the reviewer is present and all medication issues are reviewed by the QA nurse, committee, and statewide Medication Review Committee.

All areas have shown an improvement from FY09 except for medication deficiencies. For FY09 a total of 594 (56%) locations had a total of 1,560 deficiencies or an average of 2.6 deficiencies per location. The most common type of deficiency was documentation 769 (49%) followed by safety 281 (18%) and medication 112 (7%). Area Agencies have noted an increased focus on medications – their storage, administration, and documentation – during on-site certification reviews.

Table 6 on the following page provides an overview of these data for the three year period.

<b>Certification Data for Staffed Residences, Enhanced Family Care, and Day Services (Source: Results of Certification Inspection forms)</b>	<b>FY 2009-2010 Totals</b>	<b>FY 2008-2009 Totals</b>	<b>FY 2007-2008 Totals</b>
<b>He-M 1001 Staffed Residences #</b>			
<b>Total Number Staffed Residential Certified</b>	<b>204</b>	<b>195</b>	<b>220</b>
Total number certified - Residential Only	72	78	79
Total number certified <b>also</b> for day services	132	117	141
<b>Certification Visits During Period</b>			
Total number of certification visits	177	205	157
Total number <b>WITH</b> deficiencies during reporting period	120	140	115
Total number with <b>NO</b> deficiencies during reporting period	57	65	47
<b>Total Number of Deficiencies Cited</b>	<b>425</b>	<b>445</b>	<b>318</b>
Documentation only (all categories)	222	186	153
Health (non-medication reported)	27	45	23
ISP / Service Provision	20	58	41
Medication	53	41	26
Safety	67	79	74
Other	38	36	1
<b>He-M 1001 Enhanced Family Care - EFC #</b>			
<b>Total Number EFCs Certified</b>	<b>850</b>	<b>820</b>	<b>802</b>
Total number certified - EFC Only	563	542	518
Total number certified <b>also</b> for day services	287	278	314
<b>Certification Visits During Period</b>			
Total number of certification visits	817	804	574
Total number <b>WITH</b> deficiencies during reporting period	353	409	291
Total number with <b>NO</b> deficiencies during reporting period	464	395	289
<b>Total Number of Deficiencies Cited</b>	<b>970</b>	<b>951</b>	<b>694</b>
Documentation only (all categories)	471	502	296
Health (non-medication reported)	52	62	47
ISP / Service Provision	82	94	90
Medication	132	62	70
Safety	168	193	188
Other	65	38	3
<b>Day Services Only #</b>			
<b>Total Number Day Services Certified</b>	<b>74</b>	<b>63</b>	<b>85</b>
<b>Certification Visits During Period</b>			
Total number of certification visits	68	64	51
Total number <b>WITH</b> deficiencies during reporting period	51	45	39
Total number with <b>NO</b> deficiencies during reporting period	17	19	11
<b>Total Number of Deficiencies Cited</b>	<b>168</b>	<b>164</b>	<b>93</b>
Documentation only (all categories)	94	81	36
Health (non-medication reported)	30	31	19
ISP / Service Provision	19	21	25
Medication	12	9	7
Safety	2	9	6
Other	11	13	0

Between FY09 and FY10, the total number of certified locations increased from 1,078 to 1,142, an increase of 6%. The number of certified locations of all types (staffed residences, enhanced family care, and day services) showed an increase. This followed a slight decrease (3%) from FY08 to FY09 overall, for staffed residences, and day only locations. The total number of EFC locations increased slightly during this same period.

Between FY09 and FY10, the total number of certification site visits decreased slightly from 1,073 to 1,062. This slight decrease followed an increased number of site visits from 831 in FY08 to 1,073 in FY09, an increase of 29%.

Between FY09 and FY10, the total number of locations with no deficiencies increased from 479 to 538, a 12% increase. This continued the trend from FY08 to FY09 when the total number of locations with no deficiencies increased to 479 in FY09 from 355 in FY08, an increase of 35%.

Between FY09 and FY10, the total number of locations with deficiencies decreased 12 % from 594 to 524. While the number of locations with deficiencies decreased, the total number of deficiencies remained essentially the same 1,560 (FY09) to 1,563 (FY10). For the time period of FY08 to FY09, both the total number of locations with deficiencies and the number of deficiencies increased, 25% and 31% respectively.

Because there were fewer locations with deficiencies in FY10 and the number of deficiencies remained essentially the same, the average number of deficiencies per location increased to 3.0 from 2.6 in FY09 and 2.5 in FY08.

As in previous years, the most frequent type of deficiency remains documentation – 50% of all cited deficiencies. This compares to 49% in FY09 and 45% in FY08. There was continued improvement in the deficiencies related to safety – 15% of cited deficiencies. This compares to 18% in FY09 and 24% in FY08. For FY10, medication deficiencies represented 13% of all deficiencies. This compares to 7% in FY09 and 9% in FY08. As discussed earlier, Area Agencies have noted an increased focus on medications – their storage, administration, and documentation – during on-site certification reviews.

### ***Individuals experience quality outcomes (quality of life).***

BDS continues to conduct the face-to-face interviews using the NCI *Adult Consumer Survey*. The number of *Adult Consumer Surveys* (400 completed every two years) is sufficient for comparison of New Hampshire to the national data. However, the sample size is not adequate for comparison among the regions and the cost is prohibitive to do an adequate sample for this comparison (approximately 2,000 surveys). The Committee will continue to research ways in which it could report on and monitor outcomes.

There are two pilot sites in the state that are developing strategies for employment of individuals with disabilities. Part of this project is to develop a new system of data collection to track employment information. The QI Committee will review this data and include it, as appropriate in the monitoring system. Until that data is available, the Committee has added two categories to the reports: total number of individuals employed and total number of jobs.

***Funders are satisfied with the supports and services offered.***

There are a number of rules, processes, and reports that relate to the evaluation of services and supports provided through Area Agencies in the developmental services system.

- Redesignation of Area Agencies every 5 years with a published report available on the BDS website.
- Annual site surveys conducted by BDS for Early Supports and Services.
- Certification visits.
- NCI Consumer Surveys
- Annual fiscal audit reviews of the ten Area Agencies with a published report.
- Medicaid audits.
- SIS as a service planning tool.

## EVALUATING AND IMPROVING QUALITY

The CSNI QI Committee has been collecting, assessing, and monitoring information related to quality for the past three years. During that time, areas needing attention or action have been discussed with follow-up as appropriate. At the Area Agency level, this has meant changes to policies and practices; increased oversight of certain supports and services; sharing information with providers; and giving the Boards information that allow each Area Agency to compare itself to others in New Hampshire. In some instances, individuals are moved to a different provider.

Area Agencies report that:

- Some regions provide quality improvement reports to their Quality Improvement Committee for information and corrective action which is then shared with the full Board. Local QI Committees often have consumers, families, and community representatives as members.
- Some regions provide quality improvement reports to the Family Support Councils.
- Some regions provide quality improvement reports to senior managers and CEO for discussion and action. Teams make changes on an ongoing basis based on the data collected.
- Some regions provide quality improvement information to their providers, either as a group or with individual providers. Some providers give this information to their staff and Board. The sharing of the QI data has led to discussion among providers about the results and processes to improve those results.
- Provider-level information is used during contract and administrative reviews.
- Data is used to track trends and focus review activities and actions toward those areas where the trends are not in the desired direction.
- There is a better understanding of the certification process, what surveyors expect, and what other regions are experiencing.

The CSNI QI Committee has:

- Continued to identify the need for a **centralized database** to track certification information. The current system of multi-part NCR paper leads to unreadable reports of the hand written copy, duplication of effort, and increases the chance for error due to multiple data entry points. It also decreases efficiency and increases staff time at all levels.
- Found that medication errors continue to be less than 1% of the total of doses that are administered each year. The current system appears to be working.
- Participated in the planning for and implementation of New Hampshire's joining the National Core Indicators so that we can be compared to other participants using standardized tools, analyzed and reported by a third party (HSRI).
- Implemented the family satisfaction surveys for NCI and sent the first set of data to HSRI for analysis. The report is expected in late, 2010.

- Participated as a member of the statewide DD Quality Council.

Each year in September, the CSNI QI Committee meets for a day to review the work and findings from the previous fiscal year and identify its areas of focus for the current fiscal year. Part of that process is to identify strengths as represented in the data and areas for continued monitoring and improvement.

In the Fall of 2009, the QI Committee identified the following as areas of strength. FY10 results are noted for each of the areas of strength.

- **Continued low number (9) of founded complaints investigated by BEAS.** The CSNI benchmark is zero founded complaints.

**FY10** -- The number of investigated complaints by BEAS that were founded remains low (11), however, the number has increased from a total of 7 in FY08 to 9 in FY09. Since the benchmark for this is zero founded complaints, this warrants continued discussion.

- **Slight decrease (from 89 to 86) of founded human rights complaints investigated by the Area Agencies.** There were decreases in the founded complaints related to exploitation and treatment rights and an increase in founded complaints of neglect. There were the same number of founded complaints of abuse as the previous year. The CSNI benchmark is zero founded complaints.

**FY10** – The total number of human rights complaints investigated by Area Agencies that were founded continued to decrease to 60 founded complaints in FY10.

- **Decreasing number of certification deficiencies related to safety and health.** During this fiscal year, the CSNI QI Committee had a goal of decreasing certification deficiencies related to safety and health. The number of safety deficiencies declined to 18% of total deficiencies from 24% of total deficiencies the previous fiscal year.

**FY10** – The QI Committee focused on decreasing the number of deficiencies related to safety. For FY10, safety deficiencies decreased to 15% of all cited deficiencies. This continues the trend of decreases in this area from FY08.

Areas for Continued Monitoring & Improvement:

- **Site visit deficiencies.** The number of locations that had state site visits during this fiscal year increased from 831 the previous fiscal year to 1,073 this fiscal year, an increase of 29%. Of this total, 594 had 1,560 deficiencies -- an average of 2.6 deficiencies per location. When all locations receiving visits are included, the average number of deficiencies per location drops to 1.5 deficiencies per location receiving site visits during the fiscal year. The

most common deficiency continues to be documentation. The CSNI benchmark is zero deficiencies.

**FY10** – The number of certified locations increased. The number of locations with no deficiencies increased. The number of locations with deficiencies decreased while the total number of deficiencies remained essentially the same. This resulted in an average of 3.0 deficiencies per location, an increase over FY09. The most common deficiency continues to be documentation.

- **Documentation deficiencies.** The CSNI QI Committee set a goal of decreasing deficiencies related to documentation. The number of deficiencies related to documentation increased from 553 (45% of total deficiencies) to 778 (49% of total deficiencies) in FY09. Area Agencies noted an increased focus by site surveyors on documentation. The Area Agencies will continue to focus on improving documentation and decreasing the number of deficiencies related to documentation.

**FY10** – Documentation continues to be a challenge for the Area Agencies and providers. The goal was to reduce deficiencies related to documentation, however, for FY10, this type of deficiency was 50% of all cited deficiencies. This will remain an area of focus.

There are several changes that occurred during FY10 that changed the way data for quality monitoring and improvement is collected, analyzed, and reported. These changes will continue to impact the collection, analysis, and reporting of quality data into the future and the CSNI Quality Improvement will continue to evaluate these changes and their impact on their work related to quality monitoring.

- New Hampshire joined the National Core Indicators (NCI) project. The NCI Adult Consumer Survey and the three Family/Guardian Satisfaction Surveys replaced the surveys that were previously used for NHQOP.

BDS administers the Adult Consumer Surveys. The number of Adult Consumer Surveys (400 completed every two years) is sufficient for comparison of New Hampshire to the national data. However, the sample size is not adequate for comparison among the regions and the cost is prohibitive to do an adequate sample for this comparison (approximately 2,000 surveys). It is anticipated that this data will be available in late 2011 or early 2012.

CSNI manages the collection of the satisfaction data by each Area Agency. The satisfaction surveys will continue to be sent to 100% of the adults receiving services under the waivers and those between the ages of 3 and 21, therefore, this data can be used for regional comparisons. It is anticipated that this data will be available in late 2010 or early 2011.

The Human Services Research Institute (HSRI) in Cambridge, MA analyzes and reports the data for New Hampshire and all other participating states.

This allows New Hampshire's statewide data to be compared to other participants in NCI.

It should be noted that there is an increased amount of work for BDS staff, CSNI, and the Area Agencies to collect and report the background information, the results of the Adult Consumer Surveys, and the results from the satisfaction surveys. (See pages 11-12 for details.)

- As of July, 2010, the Legislature changed the law relative to the wait list, how information is reported, and funding. Data on individuals applying for services and supports will continue to be tracked and the CSNI Quality Improvement Committee will continue to monitor this information.
- The process for investigating consumer and family complaints will move from the Area Agencies to BDS. New rules are in the process of being developed and implemented. It should be noted that Area Agencies plan to continue reviewing complaints as part of their organizations' quality improvement and CSNI will continue to track this information as long as that data is comparable to what has been collected in the past. As the new system emerges, the Committee will review the data and determine how best to incorporate it into its reports and its monitoring.
- The new employment data system continues to be developed. This work has been moved to the UNH Center for Health Policy. We anticipate that the new data elements will be collected by all ten Area Agencies at some point in the future. Until that data is available, the Committee has two categories related to employment that are part of the QI reports: total number of individuals employed and total number of jobs.
- During this fiscal year, certification data was collected and reported for providers. CSNI is in the process of meeting with providers to determine how best to distribute this information.
- Medication data will continue to be collected and included as part of our overall quality monitoring work. Since the BDS statewide Medication Committee is responsible for this area, the CSNI Quality Improvement Committee uses it as part of its overall monitoring of quality in the system.
- Consumer-directed services (CDS) continues to grow as individuals and families choose this option. The CDS Committee is a statewide group that focuses on strategic issues related to this service option. During this past fiscal year, the Quality Improvement Committee met with Dotty Treisner, Director of the Center of Excellence for Consumer Directed Services to begin the discussion of how to define and measure quality for CDS. This will continue to be an area of focus in the coming year and into the future.
- Sentinel events, their reporting and use of the results, is a growing area of interest for the Committee. This is another piece of information that helps form the entire picture of quality. While it is the responsibility of another state agency, this information should be included and considered by the

Quality Improvement Committee as we do with other quality information such as BEAS reports, medication reports, etc.

- The certification rule has been revised and the process will change beginning January 1, 2011. The Committee will be assessing the impact of this change on its data collection.

## CONCLUSION

*“CSNI is committed to improving the developmental disability system’s capacity to deliver high quality outcomes to New Hampshire individuals.”*

The CSNI Board re-affirmed its commitment to quality improvement of the system in 2007 with the adoption of shared quality statements. Representatives from all ten (10) Area Agencies have been meeting to develop a baseline QI data system that is closer to “real time” to allow the system, as a whole, to identify areas of improvement across the system.

The QI Committee will focus on the following areas during the upcoming year in addition to the ongoing monitoring of the data.

- **Certification deficiencies related to safety.** The QI Committee wants see a continued decrease in safety deficiencies this year.

- **Certification reports by provider.**

Beginning July 1, 2009, CSNI began collecting and reporting data by provider for each region and statewide for those providers who are in more than one region.

Collection of certification data is currently done by each Area Agency using the hand-written field certification reports (pink sheets) from the site surveyors. Each region has developed its own database of information that is then reported to CSNI. This is time and labor intensive. Any comparisons are limited based on the way in which the data is reported and requires each region to review and calculate statistics individually. In order to effectively collect, analyze, and use this data, the committee has determined that there is a need for a statewide, interactive database. This request has been made to the CSNI IT Committee and a meeting will be scheduled to discuss how to begin to create this important tool.

- **Satisfaction of family and guardians as reported to NCI.**

By participating in NCI, we will have the opportunity to compare ourselves to other states using a standardized assessment tool. The results will become available late in 2010 and we anticipate spending the last half of the fiscal year reviewing the results, analyzing what they mean for us, and identifying areas for quality improvement work.

- **Individual employment data.**

The Quality Improvement Committee will continue to monitor progress on this new data base to assess any changes needed to the current information being collected for quality monitoring.

- **Adult Consumer Outcomes**

BDS will continue to collect the adult outcomes information during this fiscal year using the NCI Adult Consumer Outcome tool. This is the

second year of that survey process. At the end of June, 2011 all 400 of the surveys needed for analysis by NCI will be completed. Once the data is available from NCI (expected to be late in 2011), the committee will review it to determine if there are areas for improvement.

■ **Complaint Investigations**

The Quality Improvement Committee will monitor the change in complaint investigation procedures from Area Agencies to BDS. We will continue to collect and report data as we have in the past until such time as the data is no longer comparable. At that point, data reporting will be reviewed and a decision made about data going forward.

■ **Consumer-directed Services**

As New Hampshire increases the number of individuals in consumer-directed services, the committee is working with the Center for Excellence to identify data elements that can be tracked to measure quality for this type of service.

■ **Wait List Compliance**

The Quality Improvement Committee will continue to monitor wait list information, particularly compliance with the 90-day timeline.

■ **Sentinel Events**

The Quality Improvement Committee would like to review the sentinel event process used by DHHS and the information generated from it to inform changes needed to improve quality and to identify best practices to implement across the system. This would be similar to how hospitals nationwide share this type of information to improve patient care.

**APPENDIX I**  
**Definitions for Human Rights Complaints and Incident Reports**

He-M 310: Human Rights Complaints – Bureau of Developmental Services

The categories of abuse, neglect, exploitation, and treatment rights are defined in the rule, as follows.

- *Abuse* is an act or omission, which is not accidental and harms or threatens the physical or emotional health and safety of a person receiving services.
- *Exploitation* is the use of a client's person or property for another's profit or advantage or breach of a fiduciary relationship through improper use of a client's person or property including situations where a person obtains money, property, or services from a client through undue influence, harassment, deception, or fraud.
- *Neglect* is an act or omission which results or could result in the deprivation of essential services necessary to maintain the minimum mental, emotional, or physical health of an individual.
- *Treatment Rights Violation* -- Treatment, Service and Procedural Rights include:
  - adequate & humane treatment
  - access to treatment & to receive quality treatment
  - Individual Service Plan & provision of services
  - services in the least restrictive setting
  - be informed & give consent
  - voluntary placement
  - services which promote independence
  - referral for medical care & treatment in a prompt & timely manner
  - consultation and second opinion at the individual's own expense
  - be free from restraint
  - refuse medical care & treatment
  - be informed of specific program rules
  - notice before termination of services
  - notice of suspension
  - complain about alleged violation of rights
  - due process & to seek legal remedies

He-E 700: Human Rights Complaints – Bureau of Elderly and Adult Services

- *Abuse* is any of the following:
  - emotional abuse -- the misuse of power, authority, or both, verbal harassment, or unreasonable confinement which results or could result in the mental anguish or emotional distress of an incapacitated adult
  - physical abuse – the use of physical force which results or could result in physical injury to an incapacitated adult

- sexual abuse – contact or interaction of a sexual nature involving an incapacitated adult without his or her informed consent
- *Neglect* is an act or omission which results or could result in the deprivation of essential services or supports necessary to maintain the minimum mental, emotional, or physical health and safety of an incapacitated adult.
- *Exploitation* is the illegal use of an incapacitated adult’s person or property for another person’s profit or advantage, or the breach of a fiduciary relationship through the use of a person or a person’s property for any purpose not in the proper and lawful execution of a trust, including, but not limited to, situations where a person obtains money, property, or services from an incapacitated adult through the use of undue influence, harassment, duress, deception, or fraud.

### NH Quality Outcomes Partnership: Definitions for Incident Reports

- \* *Serious Crimes Against Individuals* include theft, robbery, burglary, assault, and sexual assault against individuals living in a home certified under He-M 521 or He-M 1001 and reported to a law enforcement agency. It includes:
  - *Theft* is the unauthorized taking of, or control over, property of another.
  - *Robbery* is theft involving physical force, weapons, and/or threats to another person.
  - *Burglary* is unauthorized entry of structure with intent to commit a crime there.
  - *Assault* is causing bodily injury to another purposely, negligently or recklessly.
  - *Sexual Assault* is sexual coercion by force, threat, misuse of authority, etc.
- \* *Serious Injury to Individuals* -- An injury that requires professional medical treatment (e.g., hospitalizations, fractures and wounds requiring stitches). Injuries that could have been treated by a lay person, but were instead treated by a medical professional because he/she was on site, do not count as serious injuries. Medical professionals include (but are not limited to) MDs, RNs, and LPNs.