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THE COMMUNITY SUPPORT NETWORK, INC (CSNI)

ANNUAL REPORT OF QUALITY MONITORING

July 1, 2008 through June 30, 2009

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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.
- 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).

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 second annual report summarizes the CSNI Quality Improvement work during the past fiscal year, July 1, 2008 through June 30, 2009.

Areas of Strength:

- **Consistently low number of medication errors.** Of the 4,469, 005 doses of medication administered, there were 7,435 medication errors (2/10 of 1%). Sixty-six percent (66%) of certified locations had **no** medication errors, almost the same as the previous fiscal year. Almost half of the errors are related to documentation.
- **Continued low number (9) of founded complaints investigated by BEAS.** The CSNI benchmark is zero founded complaints.
- **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.

- **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.

Areas for Continued Monitoring & Improvement:

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

Serious crimes against individuals and serious injury to individuals have been collected as part of NHQOP. The definitions were developed at the beginning of NHQOP. Historically, the numbers have been very small when compared to the number of individuals receiving supports and services.

Serious crimes against individuals include theft, burglary, robbery, assault, and sexual assault against individuals living in a home certified under He-M 521 or He-M 1001 and reported to law enforcement. One of the challenges is accurately reflecting the situation since the number of cases are those reported to law enforcement and do not reflect whether or not a case is substantiated. A second challenge is the numbers are for residential settings only and do not include reports occurring when other services are being provided or reports occurring outside of service delivery time.

During this fiscal year, there were a total of 12 reports of serious crimes against individuals compared to six (6) reports the previous fiscal year. While the overall crime rates in New Hampshire are lower than other states, the state is experiencing an increase in crimes, particularly burglary. This is attributed to an increase in unemployment and drugs. Area Agencies continue to monitor these situations and institute precautions as necessary.

Serious injury to individuals is an injury that requires professional medical treatment (eg., hospitalizations, fractures and wounds requiring stitches, etc.). 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.

During the fiscal year, there were a total of 94 reports of serious injury to individuals compared to 95 reports the previous fiscal year. When reviewing the data, the Committee noted that the individual receiving services are becoming elderly and as a result, more falls have been noted. This is particularly true during the winter when the number of falls increases due to ice and snow. Other causes for falls include seizures and

changes in medical condition. The Area Agencies have increased their focus on fall prevention in an effort to decrease the number of falls.

The CSNI benchmark is zero incidents of serious crimes against individuals and serious injury.

This will continue to be an area of focus for the Committee to determine how to collect information relative to serious crimes and how the CSNI data compares to statewide crime data. The Committee will also focus on best practices related to fall prevention and make recommendations for enhanced training in this area.

- **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.
- **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.

There are several changes that will occur during FY10 that will change the way data for quality monitoring and improvement is collected, analyzed, and reported.

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

BDS will continue to administer 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).

CSNI will continue to manage 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 receiving early supports and services, therefore, this data can be used for regional comparisons.

Both the Adult Consumer Survey data and the satisfaction survey data will be submitted to HSRI for data analysis and reporting. This will allow for the comparison of New Hampshire's statewide data to other participants in NCI.

- The Legislature appropriated funds to provide services to everyone on the wait list. Therefore, we anticipate that this data will no longer be reported as part of our work.
- The process for investigating consumer and family complaints is being reviewed by BDS. The plan is to move investigations from the Area Agencies to BDS by the end of the fiscal year. It should be noted that Area Agencies plan to continue investigating complaints as part of their organizations' quality improvement and CSNI will continue to track this information.
- The new employment data system is being field tested. We anticipate that the new data elements will be collected by all ten Area Agencies at some point in the near future. Until that data is available, the Committee has added two categories to the reports: total number of individuals employed and total number of jobs.
- Certification data will be collected and presented for all providers in each region and for the state as a whole beginning this year. This will allow comparison among providers within each region and across regions.
- Medication data will continue to be collected but will only be reported as a trend statewide since the Medication Committee reviews this information.

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July 1, 2008 through June 30, 2009

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 and 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.

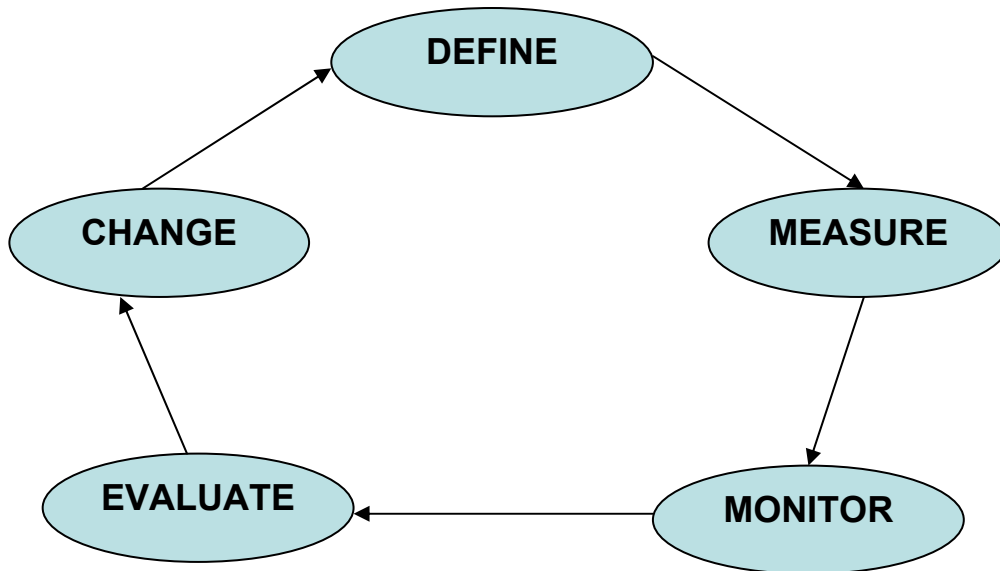
In 1997, the Community Support Network, Inc. (CSNI), the association of Area Agencies, was formed. CSNI provides administrative and financial services to the Area Agencies, establishes policy positions on legislative and regulatory issues, and manages grant programs benefiting individuals with developmental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

The Quality Improvement Process

There are five aspects to quality improvement:

1. The definition of quality.
2. The measurement of that quality (indicators, tools).
3. The monitoring of quality on an ongoing basis (what, how often, by whom).
4. The evaluation of the information (benchmarks, how often, by whom, dissemination of information).
5. The changes (quality improvement) that occur as a result of the measurement, monitoring, and evaluation.

The following chart shows the relationship among the various aspects of quality improvement.



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).

Measurement of Quality

The CSNI Quality Improvement Committee identified data to be collected and reported routinely by all ten (10) Area Agencies to measure those areas related to the quality goals. This is the second year of routine data collection and comparison to CSNI benchmarks. Wherever possible, already existing data collection tools are used. The following list shows the data elements currently being collected.

Individuals and families receive services in a timely manner.

- BDS Wait List Data
- Satisfaction Surveys (NCI, formerly NHQOP)

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

- Satisfaction Surveys (NCI, formerly NHQOP)

Individuals are treated with respect.

- Number of Founded Human Rights Complaints (Area Agency & BEAS)
- Types of Human Rights Complaints

Individuals are safe and healthy.

- Incident Reports: crimes against individuals, serious injury to individuals during services
- Medication Errors

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

Individuals experience quality outcomes (quality of life).

- NCI Adult Outcomes Surveys-- statewide (formerly NHQOP)

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

BDS will continue to administer 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).

CSNI will continue to manage 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 receiving early supports and services, therefore, this data can be used for regional comparisons.

Both the Adult Consumer Survey data and the satisfaction survey data will be submitted to HSRI for data analysis and reporting. This will allow for the comparison of New Hampshire's statewide data to other participants in NCI.

RESULTS

The following results and discussion provide data related to each quality area. Where available and comparable, the current data is compared to previous data and against the identified benchmark.

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. While BDS prepares a 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 to be considered in overall quality monitoring and improvement.

Quarterly reports regarding the wait list are provided to the Wait List Oversight Committee. This information is provided to CSNI. The CSNI goal is no one on the wait list for services.

For FY09, a total of 192 individuals from the DD Wait List were proposed to have Area Agency plans. By the end of the fiscal year a total of 186 individuals (97%) 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 197. This compares to a total of 186 individuals taken off of the DD Wait List during FY08 and an average number of days on the wait list of 171.

A total of 14 individuals from the ABD Wait List were proposed to have Area Agency plans. By the end of the fiscal year a total of 12 individuals (86%) 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 175. This compares to a total of 12 individuals taken off of the ABD Wait List during FY08 and an average number of days on the wait list of 118.

The Legislature appropriated funds to provide services to everyone on the wait list. Therefore, we anticipate that this data will no longer be reported as part of our work.

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

Since the 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 change from NHQOP to NCI, the decision was made to wait and use the NCI surveys in the Spring of 2010. Therefore, no satisfaction results are included in this year’s report.

Individuals are treated with respect.

Human Rights Complaints Investigated and Founded by Area Agency

The rights of individuals receiving services in the developmental services system are outlined in He-M 310. Area agency staff collect information about human rights complaints and investigate them. In addition to the area agency monitoring and review of complaints, this information is submitted to the NH Bureau of Developmental Services annually.

Information is reported using the categories of abuse, neglect, exploitation, and treatment rights as defined in the rule.

- *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

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

Table 1 on the following page, shows the total number of human rights complaints investigated by the Area Agencies that were founded and for each quarter.

Table 1
Human Rights Complaints: Investigated by Area Agencies and Founded
July 1, 2008 through June 30, 2009

Type	Q1-Q4 Totals	Statewide Summary Data			
		Quarter 1	Quarter 2	Quarter 3	Quarter 4
Abuse	19	2	8	6	3
Neglect	38	4	10	14	10
Exploitation	2	0	0	2	0
Treatment Rights	27	4	9	9	5
Total	86	10	27	31	18

The number of founded human rights complaints investigated by the Area Agencies decreased slightly from 89 during the previous fiscal year to 86 during FY09. There were continued decreases in the founded complaints related to exploitation and treatment rights; an increase in founded complaints of neglect; and no change in the number of founded complaints of abuse. Founded complaints related to exploitation decreased for the third year in a row.

The process for investigating consumer and family complaints is being reviewed by BDS. The plan is to move investigations from the Area Agencies to BDS by the end of the fiscal year. It should be noted that Area Agencies plan to continue investigating complaints as part of their organizations' quality improvement and CSNI will continue to track this information.

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. The categories for BEAS reporting are abuse, neglect, and exploitation. Information is reported using the categories as defined in the rule.

- *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 no 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.

A founded complaint is one that has been investigated and one or more of the allegations in the report were substantiated. The benchmarks for these categories are zero founded. 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.

Table 2 shows the human rights complaints that were investigated and founded by BEAS during the fiscal year and for each quarter.

Table 2
BEAS Human Rights Complaints Investigated and Founded
July 1, 2008 through June 30, 2009

Type	Q1-Q4 Totals	Statewide Summary Data			
		Quarter 1	Quarter 2	Quarter 3	Quarter 4
Abuse	3	2	1	0	0
Neglect	4	3	0	1	0
Exploitation	2	1	0	1	0
Total	9	6	1	2	0

The number of founded complaints investigated by BEAS steadily decreased in all areas from the first quarter (6 founded complaints) to the fourth quarter (no founded complaint).

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 benchmark for these data are zero. The following definitions are from the NHQOP.

- * *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 (eg., 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.

A total of twelve (12) incidents of serious crimes against individuals during services were reported. There were 94 incidents of serious injury to individuals during services. This compares to 6 reports of serious crimes against individuals and 95 incidents of serious injury for the previous fiscal year.

Medication Administration and Medication Error Reporting

For the two reporting periods included in this report (report dates ending 7/1/08 through 12/31/08 and 1/1/09 through 6/30/09), a total of 4,469, 005 doses of medication were administered throughout the community developmental services system. *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, 469, 005 doses of medication administered, there were a total of 7,435 medication errors during the time period. This continues to represent less than 1% of the total doses administered. Sixty-six percent (66%) of the certified locations had no medication errors, almost the same percentage as the previous year.

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. 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. The benchmark for these data is zero medication errors.

CSNI tracks the medication errors using the categories from the BDS report. Table 3 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 3
Total Doses and Medication Errors

Medication Errors	July-Dec	Jan-June
Total Number of Doses Administered	2,185, 314	2,283,691
Total Number of Medication Errors	2,984	4,449
Percent of Medication Errors of Total Doses Administered	0.137%	0.195%

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 whereby it certifies day and residential services provided to individuals. The Office of Program Support is responsible for the certification and includes an administrative review, a site visit if applicable, and a clinical record review. The on-site review uses 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.

Each area agency reports their certification data to CSNI which is then compiled on a statewide basis. The information was gathered from the *Results of Certification Inspection*. For purposes of this report, CSNI uses the following descriptions for each category and base their count on what the certification itself 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 certified by the area agency.

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.

Certification data, including the number and types of deficiencies, is tracked by CSNI. Data is presented quarterly for comparison purposes. Table 4, on the following page, provides an overview.

Table 4
Types of Deficiencies by Certification Category: July 1, 2008 through June 30, 2009

	Totals	Quarter 1	Quarter 2	Quarter 3	Quarter 4
He-M 1001 Staffed Residences					
<i>Total Number Staffed Residential Certified</i>					
Total number certified - Residential Only		75	72	71	78
Total number certified also for day services		138	130	130	117
<i>Certification Visits During Period</i>					
Total number of certification visits	205	40	46	61	58
Total number WITH deficiencies	140	23	30	47	40
Total number with NO deficiencies	65	17	16	14	18
<i>Total Number of Deficiencies Cited</i>					
Documentation only (all categories)	186	34	29	75	48
Health (non-medication reported)	46	4	6	20	15
ISP / Service Provision	58	6	10	27	15
Medication	41	11	15	7	8
Safety	79	11	15	31	22
Other	36	2	9	10	15
He-M 1001 Enhanced Family Care - EFC					
<i>Total Number EFCs Certified</i>					
Total number certified - EFC Only		529	554	572	542
Total number certified also for day services		275	243	252	278
<i>Certification Visits During Period</i>					
Total number of certification visits	804	177	192	199	236
Total number WITH deficiencies	409	91	100	107	111
Total number with NO deficiencies	395	86	92	92	125
<i>Total Number of Deficiencies Cited</i>					
Documentation only (all categories)	502	115	111	108	168
Health (non-medication reported)	62	15	13	15	19
ISP / Service Provision	94	15	16	27	36
Medication	62	15	9	14	24
Safety	193	57	39	55	42
Other	38	4	9	7	18
Day Services Only					
<i>Total Number Day Services Certified</i>					
		69	64	83	63
<i>Certification Visits During Period</i>					
Total number of certification visits	64	18	14	19	13
Total number WITH deficiencies	45	13	9	14	9
Total number with NO deficiencies	19	5	5	5	4
<i>Total Number of Deficiencies Cited</i>					
Documentation only (all categories)	81	18	19	22	22
Health (non-medication reported)	31	10	5	9	7
ISP / Service Provision	21	7	1	6	7
Medication	9	0	4	2	3
Safety	9	3	3	2	1
Other	13	5	2	1	4

As of June 30, 2009 (Quarter 4) there were a total of 1,078 locations certified by the state and reported to CSNI. Of that total, 195 were staffed residences; 820 were enhanced family care (542 EFC only and 278 EFC plus day services); and 63 were day services only. This was an increase from 993 (10%) in the first quarter. The increases were primarily in staffed residences (32%) and enhanced family care (9%). Table 5 compares data for FY08 and FY09 relative to certification.

Table 5
Comparison of Certification Data: FY09 and FY08

Data Element	FY08	FY09
Total # Certified Locations	1,107	1,078
Staffed Residences	220	195
EFC	802	820
Day only	85	63
Total Locations with Site Visits	831	1,073
Staffed Residences	170	205
EFC	607	804
Day only	54	64
Total Certification Visits WITH NO Deficiencies	355	479
Total Locations WITH Deficiencies	476	594
Total Number of Deficiencies	1,191	1,560
Staffed Residences	346	445
EFC	746	951
Day only	100	164
Average # of Deficiencies by Site Visits	2.5	2.6
Staffed Residences	2.9	3.2
EFC	2.4	2.3
Day only	2.4	3.6
Average # of Deficiencies for all Certified Locations	1.4	1.5
Type of Deficiencies		
Documentation	533	769
Safety	285	281
ISP/Service Provision	158	173
Health, Non-medication	98	138
Other	5	87
Medication	112	129

The total number of certified locations declined from FY08 to FY09 overall, for staffed residences and day only locations, a decrease of 3%. The total number of EFC locations increased slightly. At the same time, the number of site visits increased from 831 in FY08 to 1,073 in FY09, an increase of 29%, with all types of locations experiencing an increase in site visits.

The total number of locations with no deficiencies increased to 479 in FY09 from 355 in FY08, an increase of 35%. This improvement occurred at a time of increased scrutiny by the state. At

the same time, the total number of locations with deficiencies and the number of deficiencies increased from FY08 to FY09, 25% and 31% respectively. All types of locations had increases in the number of deficiencies.

The average number of deficiencies was essentially unchanged (2.5 in FY08 and 2.6 in FY09). Staff residences and Day only experienced increases (2.9 in FY08 to 3.2 in FY09 and 2.4 in FY08 and 3.6 in FY09).

The most frequent type of deficiency remains documentation which increased from 45% in FY08 to 49% in FY09. There was improvement in the deficiencies related to safety with a decrease from 24% in FY08 to 18% in FY09. The most notable increase is in the category "other" which accounted for less than 1% in FY08 and was 5% in FY09. The committee will be reviewing this category of deficiencies to determine what is causing the upward trend. Deficiencies related to ISP/service provision increased 9%; health, non-medication increased 41%; and medication increased 15%.

Individuals experience quality outcomes (quality of life).

BDS continues to conduct the face-to-face interviews for the Adult Outcomes (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.

Measurement in this area has historically been BDS contract metrics. This is another area that is in transition so was not included in the first year's work.

USE OF QUALITY INFORMATION FOR IMPROVEMENT AND CHANGE

The CSNI QI Committee has been collecting, assessing, and monitoring information related to quality for the past two 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 give the reports (in a standardized, easy to understand format) to their Quality Improvement Committee for information and corrective action which is then shared with the full Board.
- Some regions give the reports to the senior managers and CEO for discussion and action.
- Some regions give the reports to their providers, either as a group or with individual providers. Some providers give this information to their staff and Board.
- There is an increased focus on medications with nurses in the region sharing best practices and brainstorming ways to improve problem areas.
- The provider-level information is used during contract and administrative reviews.
- They use the data to track trends and focus their review activities and actions toward those areas where the trends are not in the desired direction.
- They have a better understanding of the certification process, what surveyors expect, and what other regions are experiencing.

The CSNI QI Committee has:

- Identified the need for a centralized database to track certification information. This would avoid duplication of effort and decrease the chance for error due to multiple data entry points.
- Found that Area Agencies were often “left out of the loop” and not receiving the results of certification inspections and deficiencies. All ten Area Agencies have implemented systems to ensure that they receive copies of this information so that they can monitor corrective action.
- Found that medication errors continue to be less than 1% of the total of doses that are administered each year. While there is always room for improvement, the current system appears to be working.
- Recommended to the Board that New Hampshire join National Core Indicators so that we can be compared to other participants using standardized tools, analyzed and reported by a third party (HSRI).
- Identified the need for appropriate sample sizes in order to compare data at the regional level.

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.

- **Crimes against individuals and serious injuries to individuals.**

The committee will continue to monitor both of these areas to determine if additional measures should be taken, particularly in the area of serious injuries related to falls.

- **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 will begin 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.

- **Individuals are meaningfully involved in and connected to their community.**

One of the ongoing challenges is to have individuals meaningfully involved in their communities. The QI Committee will continue to research options for capturing this type of information beyond what will be collected on the Adult Consumer Surveys.

- **Individual employment data.**

Currently, individual employment data is collected in MRED. Earlier there were concerns about the validity of this data so it was not included in the

original data collected for quality improvement. Efforts have been made at the regional level to ensure that this data is accurate.

While the MIG projects are in the process of creating and implementing new data collection tools to capture employment information, it is not anticipated that this system will be fully implemented in the near future. Therefore, the committee decided to track employment information from the MRED system until the new system is available statewide.

■ **Adult Consumer Outcomes**

BDS will begin collection of the adult outcomes information during this fiscal year using the NCI Adult Consumer Outcome tool. It will take two years to complete the 400 surveys needed for analysis by NCI. 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**

BDS plans to move the investigation of complaints from the Area Agencies to the state some time during this fiscal year. We will continue to report and monitor the data as we have in the past and take any necessary corrective action. When changes are made in the way complaints are investigated and reported, we will review our reporting system and make the necessary changes.

■ **Family Satisfaction**

New Hampshire's participation in NCI changes the way that family/guardian surveys are done. As in the past, the Area Agencies will be responsible for sending out the surveys which will then be returned to CSNI for data entry. Once the data is entered, it will be sent to HSRI for processing. The first round of surveys will be sent in March, 2010. When the report is completed by HSRI (expected to be late in 2010), the committee will review the data to determine if there are areas for improvement.

■ **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.