

# Annual Report on Human Rights and Critical Incidents

## Life Alliance Human Rights Committee

Calendar Year 2015

### **Introduction:**

Ensuring and respecting the human rights of our consumers is a core component of Life Alliance's values and commitment to providing quality care. Our Human Rights Committee, comprised of qualified professionals, consumers, guardians and other stakeholders, meet on a quarterly basis to review incidents and analyze issues regarding consumer rights.

The Human Rights Committee, in conjunction with our Quality Management and Leadership teams, make policy and procedure determinations on a case-by-case basis, keeping in mind field-determined best practice and the best interest of the individual consumer.

The committee sets measureable goals and objectives, collects and analyzes data, and uses the measured outcomes for service improvement. This document summarizes the committee's results for Calendar Year 2015.

For the purpose of this analysis, incidents included are reviewed this calendar year although they may not have occurred this calendar year. For example, when the Human Rights Committee met in January 2015 they reviewed incidents that occurred in October, November, and December of 2014. But because the review took place in 2015, the incidents are part of the 2015 analysis. Likewise incidents that occur in October, November, and December of 2015 will be part of the 2016 annual analysis.

### **Incident Report Analysis:**

Level 1

Goal: 20 or Less

Actual: 9

Level 2

Goal: 15 or Less

Actual: 2

Level 3

Goal: 0

Actual: 0

No trends were identified as far as similar/same incidents occurring to multiple consumers. Some specific consumers did have multiple incidents but these were all related to behaviors identified in the treatment plan and known to direct care staff. Plans of action were put into place on an individualized basis as determined by the treatment team.

It should also be reflected in the analysis that goals regarding total number of incident reports are meant as baselines set to identify trends. The objective is to find root causes and lower the number of incidents, not to simply lower the number of reports. Life Alliance employees are never discouraged from reporting incidents.

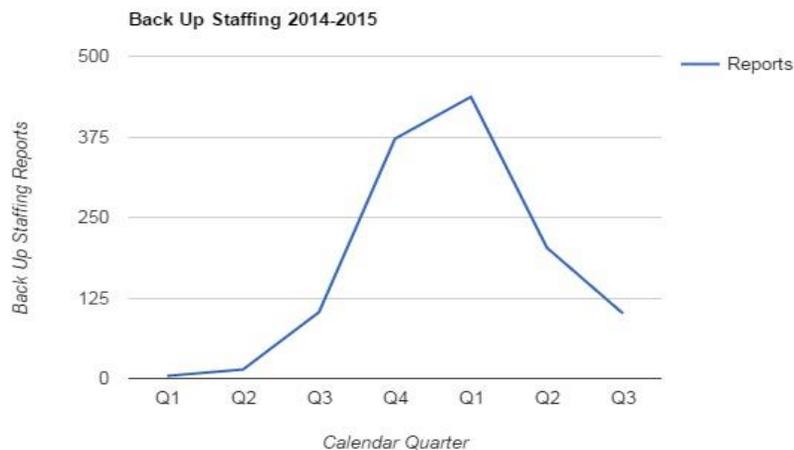
### **Back Up Staffing Incident Analysis:**

Failure to provide back-up staffing reports (which are generated in-house by office staff rather than in the field by direct care staff) were highly elevated at the end of 2014 and remained so throughout 2015.

The Human Rights Committee monitored the situation closely and implemented various strategies to ensure consumers had staff available when needed. The two primary actions taken were:

1. Hiring a permanent fill-in worker. This individual has received training specific to multiple consumers, specifically those who commonly require back-up staff.
2. Identifying instances of reporting Failure to Provide Back-Up Staffing when the consumer and/or guardian actually wanted a break from service. Service Breaks do not require incident reports.

While we did not come close to meeting our goal of 150 or less for the year, the chart below indicates that the issue has peaked and we are moving once again in the right direction.



### **Policy Determinations:**

Life Alliance made no changes to its list of client rights. The list was reviewed in January at an MCO Routine Monitoring and in August during CARF Accreditation.

Life Alliance made no changes to its policy of no restrictive intervention.

Based on input received at stakeholder summits and MCO Provider manuals the Life Alliance Human Rights Committee adjusted its process for the use of protective support devices.

The process now goes as follows:

- At the person-centered plan meeting material supports are listed in Section B of the Risk/Support Needs Assessment.
- The planning reviews these items and determines whether they are used as protective/support devices or for behavior modification.
- These devices are categorized and listed in the person centered plan. The Qualified Professional also makes a categorized list of these devices.
- By signing the person-centered plan, the consumer/guardian assents to the use of the selected protective/support devices, but only in the manner indicated in the plan.
- The Qualified Professional delivers each list of devices to the Quality Assurance Director who presents them at the following Human Rights Committee meeting.
- Devices used for protection/support are reviewed by the committee annually.
- Using a protective/support device to modify behavior is considered a restrictive intervention and against company policy. Any such use requires strict adherence to 10A NCAC 27E.0104.

The committee has determined to expand in the coming year. This includes soliciting members from additional counties in our catchment area and from targeted fields. We plan to specifically invite members from the educational, primary healthcare, and local government sectors.