

FORM 1201-C

Six-Month Area Agency Report to NH Bureau of Developmental Services Medication Committee

1. Area Agency Name: _____ Area Agency Address: _____ Area Agency contact person _____ Email Address _____ Phone number: _____	2. Number of programs where medications are administered by unlicensed persons: _____ 1001 _____ 521 _____ 507 _____ 524 _____ 518 _____ 525 _____
3. Number of psychotropic medications prescribed: _____	4. Number of individual identified to be in frail health: _____
5. Number of individuals on four or more psychotropic Medications: _____	6. Number of individuals receiving medication from authorized providers: _____
7. Number of medication errors that resulted in medical treatment (DD): _____	8. Number of medication errors that resulted in medical treatment (ABD) _____

TO:
 Jen McLaren, M.D.
 Chairperson, Medication Committee
 c/o Maureen DiTomaso, Bureau of Developmental Services
 105 Pleasant Street, Main Building
 Concord, New Hampshire 03301

Dear Dr. McLaren,

Enclosed are the semi-annual medication administration review He-M 1201-A, -B, and -C Form(s) for the period of _____ through _____, including each provider agency's and/or area agency entity's performance summarized, and this corresponding area agency's plan for monitoring, oversight and quality improvement. In addition, from this area agency's perspective:

9. Summary Medication Errors:

Wrong Medication	
Wrong Time	
Wrong Dosage	
Wrong Person	
Wrong Route	
Omission	
Documentation	
Total Errors	
Number of Doses	
Error to Dosage Ratio	
Number of He-M 1201 Authorized Providers*	
*Providers may be authorized in more than one location and therefore may be counted more than once.	

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10. Positive Regional Trends

11. Negative Regional Trends

12. Significant Changes in Individuals' Health Status, if any, and Actions Taken:

13. Quality Improvement Initiatives or Plans for Monitoring:

14. Patterns of Non-Compliance, if any:

15. Signature of individual completing form:
(electronic signatures cannot be accepted at this time)

Date: