



STATE OF MARYLAND

DHMH

Maryland Department of Health and Mental Hygiene
201 W. Preston Street • Baltimore, Maryland 21201

Martin O'Malley, Governor – Anthony G. Brown, Lt. Governor – Joshua M. Sharfstein, M.D., Secretary

NOV 02 2012

The Honorable Thomas V. Mike Miller, Jr.
President of the Senate
State House, H-107
Annapolis, MD 21401-1991

The Honorable Michael E. Busch
Speaker of the House of Delegates
State House, H-101
Annapolis, MD 21401-1991

RE: HG §19-308 (b)(4) – FY 2012 Report on the Inspection of Health Care Facilities

Dear President Miller and Speaker Busch:

Pursuant to Health-General Article 19-308(b)(4), the Department of Health and Mental Hygiene respectfully submits this report on the inspection of health care facilities during FY 2012. The report also provides an analysis of existing staffing levels, current priorities, and labor-hour analysis of survey activities for the Office of Health Care Quality, the agency within DHMH responsible for monitoring the quality of care in Maryland health care facilities.

I hope this information is useful. If you have questions regarding this report, please contact Ms. Marie Grant, Director of the Office of Governmental Affairs, at (410) 767-6481.

Sincerely,

Joshua M. Sharfstein, M.D.
Secretary

Enclosure

cc: The Honorable Edward J. Kasemeyer
The Honorable Norman H. Conway
Patrick Dooley, Chief of Staff
Nancy Grimm, RN, JD, Director, Office of Health Care Quality
Marie Grant, Director, Office of Governmental Affairs
Sarah Albert, Department of Legislative Services, MSAR #5624





DEPARTMENT OF HEALTH & MENTAL HYGIENE

Martin O'Malley, Governor
Anthony G. Brown, Lt. Governor
Joshua M. Sharfstein, M.D., Secretary
Nancy Grimm, RN, JD, Director

Fiscal Year 2012 Annual Report & Staffing Analysis¹



¹ This report is submitted pursuant to Health-General Article §19-308 (b)(4).

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Executive Summary

On behalf of the Department of Health and Mental Hygiene (DHMH), I am pleased to submit the FY 2012 Annual Report. This report, which is submitted pursuant to Health-General Article §19-308 (b)(4), reports on the inspection of health care facilities in the State conducted by the Office of Health Care Quality (OHCQ).

During the year, OHCQ continued to focus its limited resources on ensuring the safety and quality of health care services for Maryland citizens. The various units within OHCQ carried out licensure actions and issued sanctions, when appropriate, while continuing outreach efforts to educate consumers, providers, advocates and stakeholders. New regulations were adopted to improve quality of care in assisted living facilities, residential service agencies and surgical abortion facilities.

The agency will continue to look for efficient and cost-effective methods in which to protect the health and safety of Marylanders, while ensuring there is public confidence in the health care and community service delivery systems in the State. Additionally, we will continue to review and develop appropriately focused regulations in our efforts to maintain a basic regulatory system designed to protect all individuals for all of our programs.

I would like to take this opportunity to thank the dedicated OHCQ staff for their continued dedication and commitment to ensure the health and safety of Marylanders. We also appreciate the support of the Secretary, the Administration, members of the General Assembly, as well as all of our varied stakeholders.

Respectfully,



Nancy Grimm, RN, JD
Executive Director
Office of Health Care Quality

Mission

OHCQ's mission is to protect the health and safety of Maryland's citizens and to ensure there is public confidence in the health care and community service delivery systems through regulatory, enforcement, and educational activities.

Background

Over the past several fiscal years, due to budgetary constraints and loss of positions, OHCQ has been unable to complete all statutorily mandated inspections and surveys of health care facilities. During the same period, OHCQ has experienced an increase in its workload as noted by the Labor-Hour Analysis (See Appendix A). An influx of new providers in community-based programs, such as residential service agencies, assisted living providers, and homes for individuals with developmental disabilities, as well as the additional statutory and regulatory responsibility for oversight of all forensic laboratories and surgical abortion facilities in the State of Maryland, has increased the agency's staffing challenges.

Mandates²

Today, OHCQ regulates some 13,000 facilities. Between 1996 and 2012, the Maryland General Assembly passed a variety of new laws and Centers for Medicare and Medicaid Services (CMS) added survey and certification survey requirements as well as increased the priority level for other programs including kidney dialysis centers, hospice, and ambulatory surgical centers.

Table 1 Mandated regulatory programs, 1996-2012

Year	Program
1996	Assisted Living
	Birthing Centers
	Major Medical Equipment
	Ambulatory Surgery Facilities
	Dialysis Centers
1998	State Advisory Council on Organ and Tissue Donation Awareness
1999	Health Maintenance Organizations
2000	Second Nursing Home Survey
	Nursing Home Complaints within 10 days
	Mortality Review – Developmental Disabilities population
2001	Mortality Review – Mental Health population
2002	Nurse Staff Agency
	State Advisory Council on Pain Management
2003	Nurse Staff Registries (Nurse Referral Service Agencies)
2004	Patient Safety – Adverse Event Reporting
2005	Freestanding Medical Facilities
2006	Mortality and Quality Review Committee – Reportable Incidents of Injury
	Emergency Plans for Human Service Facilities
	Assisted Living Programs – Emergency Electrical Power Generator
	Assisted Living Programs – Prohibited Acts, Penalties and Quality Account

² See Table 1 for an inventory of the survey and certification and State licensure requirements added since 1996.

Year	Program
	Assisted Living Program – Licensure
	Health Care Facilities and Laboratories – Accreditation Organizations and Deeming
	Notification Requirements for Residential Treatment Centers
	Corporate Responsibility and Governance – Residential Child Care Programs
2007	Forensic Laboratories
2008	Transplant Centers (Centers for Medicare and Medicaid Services)
	Operation of Nursing Homes – Licensure Regulations
2012	Surgical Abortion Facilities
	Emergency Plans for Human Service Facilities and Dialysis Centers

The Office of Health Care Quality

FY 2012 Performance Standards

Long-Term Care Unit

The Long-Term Care unit ensures that legally established State licensure and Medicare and Medicaid standards are maintained for nursing homes through unannounced on-site surveys, follow-up visits and complaint investigations.

The unit also ensures that the Intermediate Care Facilities (ICF) for individuals with intellectual disabilities comply with all applicable federal, State and local laws and regulations. In order to maintain federal certification with the Centers for Medicare and Medicaid Services (CMS) and licensure with the State, unannounced on-site surveys, follow-up visits, and complaint investigations are conducted by Registered Nurses, Registered Dietitians, Registered Sanitarians, Qualified Mental Retardation Professionals (QMRP), and Life Safety Code Inspectors. When appropriate, enforcement action(s) are taken to ensure compliance with State and federal regulations.

Additionally, the unit ensures that the Forensic Residential Centers for individuals with intellectual disabilities comply with all applicable State and local laws and regulations through unannounced on-site surveys, follow-up visits, and complaint investigations.

Table 2 Long-Term Care - Unit of Measurements

Units of Measurements	Fiscal Year 2008	Fiscal Year 2009	Fiscal Year 2010	Fiscal Year 2011	Fiscal Year 2012
Nursing Homes					
Licensed Nursing Homes	233	234	234	232	233
Initial Surveys of New Providers	0	1	2	0	1
Full Surveys	221	221	203	195	238
Follow up Surveys	96	59	38	29	71
Civil Monetary Penalties Levied	76	67	47	37	64
Denial of Payment - New Admissions	6	1	0	0	1
Complaints & Facility Self Reported Incidents	4862	4413	2827	2752	2881
Quality of Care Allegations	4391	5387	1707	2438	2614
Complaints/Self Reported Incidents Investigated	3934	3136	2662	2579	2526
Resident Abuse Allegations	1253	1162	950	880	884
Intermediate Care Facilities for Individuals with Intellectual Disabilities					
Annual Surveys	5	4	3	2	2

Units of Measurements	Fiscal Year 2008	Fiscal Year 2009	Fiscal Year 2010	Fiscal Year 2011	Fiscal Year 2012
Follow up Surveys	9	4	3	2	3
Complaints and Self-Reported Incidents	123	129	78	49	70
Complaints and Self-Reported Incidents Investigated	80	98	89	60	61

Table 3 Performance Standards - Long-Term Care

Priority or Performance Measure	Result
Maintain an overall 12-month average for nursing home surveys	Met
Investigate any complaint of serious and immediate jeopardy within 2 work days.	Met
Initiate an on-site investigation of any complaint of actual harm within 10-Days.	Not Met ³
Investigate 90% of complaints alleging the potential of harm within 120 days of receipt.	Met
Maintain an overall 60 day average between health surveys and life safety code surveys.	Met

Assisted Living Program Unit

The Assisted Living unit is responsible for the licensure and regulation of all assisted living facilities in the state of Maryland. In accordance with interagency agreements, the Assisted Living unit has delegated certain aspects of its monitoring and inspections to the Maryland Department of Aging, the Department of Veterans Affairs and local health departments.

Table 4 Assisted Living Program - Unit of Measurements

Units of Measurements	Fiscal Year 2008	Fiscal Year 2009	Fiscal Year 2010	Fiscal Year 2011	Fiscal Year 2012
Number of Licensed Assisted Living Programs	1388	1370	1367	1369	1364
Renewal Surveys	583	752	520	476	487
Initial Surveys	235	173	122	133	120
Other Surveys	232	367	502	452	190
Complaints Received	341	341	435	614	749
Complaints Investigated	398	403	500	465	669

Table 5 Performance Standards - Assisted Living Unit

Priority or Performance Measure	Result
Investigate any complaint that alleges a serious and immediate jeopardy within two work days.	Met
Investigate any complaint of actual harm within 30 working days.	Met
Complete 100% of the licensure surveys of assisted living programs for	Not Met ⁴

³ The average time for initiating an investigation of a complaint of actual harm was 37 days.

Priority or Performance Measure	Result
facilities with 17 or more beds.	
Complete 100% of the licensure surveys for assisted living programs that participate in the Medicaid Home and Community Based Services Waiver for Older Adults.	Not Met ⁵

Adult Medical Day Care Unit

The Adult Medical Day Care (AMDC) unit ensures that legally established State licensure standards are maintained for Adult Medical Day (AMD) Care Centers for the Elderly and Medically Handicapped Adults.

Table 6 Adult Medical Day Care - Unit of Measurements

Units of Measurements	Fiscal Year 2008	Fiscal Year 2009	Fiscal Year 2010	Fiscal Year 2011	Fiscal Year 2012
Adult Medical Day Care Centers	144	144	144	122	131
Initial Surveys of New Providers	4	4	2	1	3
Full Surveys	19	55	71	68	44
Follow up Surveys	4	6	4	5	5
Complaint Surveys	40	61	30	17	9

Table 7 Performance Standards – Adult Medical Day Care

Priority or Performance Measure	Result
Complete 100% of the adult medical day care licensure surveys within 24 to 30 months of the previous survey.	Not Met ⁶

Developmental Disabilities Licensure Unit

The Developmental Disabilities Licensure unit is the licensing and monitoring agent for the Developmental Disabilities Administration. Through periodic surveys, the unit ensures regulatory compliance with community based providers operated for the benefit of individuals with developmental disabilities receiving services in the State. The community of providers for the developmentally disabled population in the State continues to grow to meet an expanding need for services. Those programs that include services offered to children that require oversight are coordinated with the Governor’s Office for Children. The unit completes on-site and internal investigations of reported deaths of individuals funded for community-based services through the Developmental Disabilities Administration to review and ensure the adequacy of care at the time of death.

⁴ Surveyed 32% of assisted living programs for facilities with 17 or more beds.

⁵ Surveyed 44% of assisted living programs that participate in the Medicaid Home and Community Based Services Waiver for Older Adults

⁶ Surveyed 63% of required adult medical day care centers.

Table 8 Developmental Disabilities Licensure Unit - Unit of Measurements

Units of Measurements	Fiscal Year 2008	Fiscal Year 2009	Fiscal Year 2010	Fiscal Year 2011	Fiscal Year 2012
Licensed Agencies	233	216	216	204	209
Number of Sites	2715	2774	2772	3033	3075
New Agencies	6	5	3	13	9
Agencies Surveyed	46	48	47	51	51
Sites Surveyed	1393	1436	1142	829	951
Follow up surveys	1	7	11	2	6
Complaints and Self Reported Incidences	3007	2464	3140	3747	4269
No Further Action Required	2527	2056	2694	3484	3711
Conducted On-Site and Administrative Investigation	406	346	341	202	259
Referred	74	62	105	40	39
Mortality Investigation Unit					
Developmental Disabilities Deaths	148	166	151	171	173
Deaths Investigated	182	53	27	187	173

Table 9 Performance Standards - Developmental Disabilities Licensure Unit

Priority or Performance Measure	Result
Survey 25% of the licensed providers.	Not Met ⁷
Survey 27% of licensed sites.	Met

Hospitals, HMOs, and Patient Safety Unit

The Hospitals, HMOs, and Patient Safety unit provides oversight for the regulation of acute care and specialty (i.e., psychiatric, chronic, special rehabilitation) hospitals, residential treatment centers, health maintenance organizations (HMOs), and hospitals within correctional facilities. The unit began surveying transplant centers in Maryland on behalf of CMS in 2009, following the 2008 mandate. Responsibilities of the unit include the investigation of complaints filed against these providers; the annual survey and revisit surveys of health maintenance organizations; hospitals within correctional facilities; federally mandated validation surveys and complaint investigations of hospitals and residential treatment centers; investigation of all deaths that occur in State operated residential treatment centers and psychiatric hospitals; review of all self reported incidents that occur at these providers; investigation of complaints against HMOs; triennial surveys and revisit surveys of transplant programs; and, all associated

⁷ Surveyed 24% of developmental disabilities providers

activity required for licensure including on-site inspection and review of documentation from the providers, other governmental agencies, and external accreditation organizations.

The Patient Safety Division receives mandated self-reports of serious adverse events that occur in Maryland hospitals. Hospitals submit a root cause analysis of these events to OHCQ for review to determine compliance with COMAR 10.07.06, Hospital Patient Safety Programs. The Division conducts reviews of hospital patient safety programs to determine compliance with these regulations. Information regarding trends, best practices, and lessons learned obtained from the review of these events are disseminated to hospitals via the Division's Annual Report, as well as Clinical Alerts and/or Clinical Observations in an effort to improve patient safety.

Table 10 Hospitals, HMOs, and Patient Safety Program - Unit of Measurements

Units of Measurements	Fiscal Year 2008	Fiscal Year 2009	Fiscal Year 2010	Fiscal Year 2011	Fiscal Year 2012
Licensed/Certified Hospitals	69	69	67	66	65
Validation Surveys of The Joint Commission (TJC) accredited Hospitals	4	4	7	6	4
Complaints Received	394	412	485	431	432
Complaints Investigated On-Site	90	115	156	130	174
Complaints Referred to Hospitals for Investigation	278	264	248	251	248
Follow up Surveys	3	5	9	10	5
Enforcement Remedies Imposed (Sanctions)	2	5	9	7	5
Review of TJC Reports	28	14	19	30	16
Adverse Event Reports	182	190	271	289	306
Review Root Cause Analysis reports (Patient Safety)	193	205	250	316	270
Follow up Investigations/Hospital Patient Safety Surveys	0	7	5	7	5
Number of Health Maintenance Organizations	7	7	6	6	6
Full Surveys	6	5	5	4	4
Follow up Surveys	0	0	0	0	0
Complaint Investigations	13	13	4	13	9
Number of Residential Treatment Centers	12	11	11	11	11
Follow up Surveys	3	0	0	0	1

Units of Measurements	Fiscal Year 2008	Fiscal Year 2009	Fiscal Year 2010	Fiscal Year 2011	Fiscal Year 2012
Validation Surveys and Seclusion & Restraint Investigation	1	2	2	1	0
Complaints Received	45	49	37	24	11
Complaint Investigations	43	38	38	25	9
Number of Correctional Health Care Facilities	11	11	11	11	10
Full Surveys	11	2	0	0	0
Follow up Surveys	0	0	0	0	0
Complaint Investigations	0	2	1	2	1
Freestanding Medical Facilities	2	2	2	341	3
Initial, Full and Follow up Surveys	2	2	2	152	1
Complaints	1	0	0	7	4
Transplant Centers	2	2	2	2	2
Full Surveys	0	1	1	1	1
Complaint Investigations	0	2	3	3	0

Table 11 Performance Measures - Hospitals, HMOs, and Patient Safety Unit

Priority or Performance Measure	Result
Conduct a preliminary evaluation of 95% of hospital event reports and Root Cause Analysis (RCA) within 30 days	Not Met ⁸
Complete a review of all RCAs within 90 days.	Met
Conduct annual reviews of patient safety programs in 15% of all licensed hospitals.	Not Met ⁹
Complete 100% of alleged Emergency Medical Treatment and Labor Act (EMTALA) complaints within five working days of receipt.	Met
Complete 100% of all hospital validation surveys required by CMS within the timeframe requested by CMS.	Met
Investigate 90% of all complaint investigations requested by CMS within 45 calendar days.	Met
Complete bi-annual inspections of hospitals located within correctional facilities.	Not Met ¹⁰

Clinical Laboratory Licensing and Certification Unit

The Clinical Laboratory Licensing and Certification unit is responsible for State licensure of all laboratories that perform tests on specimens obtained from Maryland citizens and for federal certification of all laboratories located in Maryland. The State and federal licensing

⁸ Conduct a preliminary evaluation of 86% of hospital event reports and RCA within 30 days

⁹ Surveyed 8% of all hospital patient safety programs.

¹⁰ Bi-annual inspections of the hospitals located in correctional facilities were not done due to staffing issues.

programs include those for tissue banks, blood banks, and hospitals, independent reference, physician office and point-of-care laboratories, public cholesterol test (Health Awareness) screening, employment related toxicology testing for controlled dangerous substances and Public Health Testing Programs that offer rapid HIV-1 antibody testing to the public. This unit is responsible for conducting both State and federal surveys to ensure compliance with applicable regulations. This project is the agent for federal certification in the Clinical Laboratory Improvement Amendments of 1988 program (CLIA), which is required for all clinical laboratory testing sites.

This project is also responsible for the Maryland Cytology Proficiency Testing Program (MCPTP), which requires all individuals who examine PAP smears obtained from Maryland citizens to pass an annual proficiency test. MCPTP is one of three nationally recognized Cytology GYN Proficiency Testing programs that meet the CLIA requirements for Cytology Proficiency Testing for all cytology laboratories. The testing cycle beginning in FY07 included the conventional PAP smears and the liquid based PAP smears for all individuals who examine such specimens obtained from Maryland citizens. In addition, the Clinical Laboratory Licensing and Certification unit is responsible for investigating complaints received from the public.

In 2012, the Clinical Laboratory Licensing and Certification unit enforced Maryland Annotated Code Health-General §17-215 “A person may not directly or indirectly advertise for or solicit business in this State for any medical laboratory, regardless of location, from anyone except a physician, hospital, medical laboratory, clinic, clinical installation, or other medical care facility.” This enforcement mandated that over fifty websites, offering direct to consumer laboratory testing, add a disclaimer prohibiting ordering for Maryland residents. Direct to Consumer testing is dangerous because it occurs without physical examination or medical assistance. It can also lead to inaccurate diagnoses and a higher cost for the consumer for irrelevant testing.

Table 12 Clinical Laboratory Licensing and Certification Unit - Unit of Measurements

Units of Measurements	Fiscal Year 2008	Fiscal Year 2009	Fiscal Year 2010	Fiscal Year 2011	Fiscal Year 2012
Physician Office and Point of Care Laboratories, State Only	611	581	624	632	543
Initial Surveys of New Providers	20	25	30	217	33
Full Surveys	190	233	115	135	180
Follow up Surveys	97	133	44	0	130
Complaint Surveys	2	1	5	1	7
Physician Office and Point of Care Laboratories, Federal CLIA Surveys	NA	NA	611	523	543
Initial Surveys of New Providers	NA	NA	39	25	33
Full Surveys	NA	NA	228	135	180
Follow up Surveys	NA	NA	148	108	130

Units of Measurements	Fiscal Year 2008	Fiscal Year 2009	Fiscal Year 2010	Fiscal Year 2011	Fiscal Year 2012
Validation Surveys	5	3	1	1	1
Complaint Surveys	NA	NA	5	10	7
Federal Waived Lab Project	39	15	32	41	50
Independent Reference Laboratories	388	464	534	461	478
Initial Surveys of New Providers	6	4	6	8	11
Full Surveys	35	38	36	29	38
Follow up Surveys	28	30	29	28	34
Validation Surveys	0	0	2	1	1
Complaint Surveys	8	6	5	3	6
Hospital Laboratories	76	74	77	70	77
Initial Surveys of New Providers	0	0	0	1	0
Full Surveys	0	0	0	0	0
Follow up Surveys	0	3	0	0	0
Validation Surveys	1	1	2	2	2
Complaint Surveys	0	1	1	2	1
Cholesterol Testing Sites	15	13	17	20	18
Initial Surveys of New Providers	5	0	2	2	4
Full Surveys	27	16	36	13	12
Validation Surveys	0	0	0	0	0
Tissue Banks	155	164	203	203	225
Initial Surveys of New Providers	11	0	5	0	6
Full Surveys	44	25	17	0	14
Follow up Surveys	3	4	2	0	1
Validation Surveys	0	0	0	0	17
Cytology Proficiency Testing					
Laboratories Performing Cytology	81	91	88	82	88
Individuals Tested	407	344	333	325	325
Individuals who Failed and Required Re-testing or Training and Re-Testing	17	14	18	13	10
Employer Drug Testing	114	114	126	91	36
Initial Surveys of New Providers	0	0	0	0	1
Full Surveys	0	0	0	0	4
Follow up Surveys	0	0	0	0	1
Public Health Testing	NA	NA	24	22	16
Initial Surveys of New Providers	NA	NA	0	0	0
Full Surveys	NA	NA	0	0	0
Follow up Surveys	NA	NA	0	0	0

Table 13 Performance Standards - Clinical Laboratory Licensing and Certification Unit

Priority or Performance Measure	Result
Maintain federally required and budgeted survey activity.	Met
Investigate any complaint that could result in actual harm within 45 working days.	Met

Forensic Laboratory Unit

The Forensic Laboratory unit provides oversight for the regulation of accredited and non accredited laboratories that perform forensic analyses. Responsibilities of the unit include the investigation of complaints filed against these laboratories, plus all associated activity required for licensure including on-site inspection and review of documentation from the forensic laboratories and external accreditation organizations. This unit conducts annual surveys and revisit surveys of non accredited forensic laboratories. The unit is in charge of reviewing of all self reported incidents that occur at both accredited and non accredited forensic laboratories.

The forensic regulations were adopted in May 2012 and the unit began surveying forensic laboratories for temporary licensure. A full time supervisor, who conducts surveys and performs administrative duties to operate the program, was hired in July 2011. Recruitment of a part time forensic laboratory surveyor occurred in August 2011, which resulted in the hiring of a surveyor to fulfill this role in spring of 2012.

Table 14 Forensic Laboratory Unit - Unit of Measurements

Units of Measurements	Fiscal Year 2008	Fiscal Year 2009	Fiscal Year 2010	Fiscal Year 2011	Fiscal Year 2012 ¹¹
Providers	NA	NA	NA	NA	40
Full Surveys	NA	NA	NA	NA	5
Initial Surveys	NA	NA	NA	NA	5
Follow up Surveys	NA	NA	NA	NA	2
Complaint Investigations	NA	NA	NA	NA	5

Table 15 Performance Standards - Forensic Laboratory Unit

Priority or Performance Measure	Result
Complete Temporary Licensure for 100% of all Forensic Laboratories.	Met
Complete 100% of the temporary licensure surveys of Forensic Laboratories for facilities that are not accredited.	Met
Complete Permanent Licensure for 100% of all accredited Forensic Laboratories.	Not Met ¹²

¹¹ Survey of forensic laboratories did not begin until FY2012

¹² Forensic Laboratories Regulations were not effective until May 2012 and accreditation organization were not deemed in FY2012, therefore accredited forensic laboratories could not be permanently licensed; planned for FY2013

Ambulatory Care Program Unit

The Ambulatory Care unit is responsible for the State licensure and/or federal certification (Medicare) of all non-long term care facilities that include: Home Health Agencies, Residential Service Agencies, Hospice Care providers, Free Standing Ambulatory Care Facilities (ambulatory surgery, endoscopy, kidney dialysis, and birthing centers and facilities that use major medical equipment), Out-patient Physical Therapy providers, Comprehensive Out-patient Rehabilitation Facilities, Portable X-Ray providers, Nurse Staffing Agencies, and Nursing Referral Services Agencies. This program receives complaints alleged against all ambulatory care providers and maintains a federal (Medicare) twenty-four hour complaint hotline for Home Health Agencies.

Table 16 Ambulatory Care Program Unit - Unit of Measurements

Units of Measurements	Fiscal Year 2008	Fiscal Year 2009	Fiscal Year 2010	Fiscal Year 2011	Fiscal Year 2012
Home Health Agencies	52	53	51	58	59
Initial Surveys of New Providers	2	2	9	1	0
Full Surveys	37	38	15	19	20
Follow up Surveys	3	3	0	1	1
Complaint Investigations	13	14	12	14	23
Hospice	31	31	26	30	32
Initial Surveys of New Providers	1	1	0	0	0
Full Surveys	3	3	5	3	9
Follow up Surveys	0	0	0	0	
Complaint Investigations	10	11	9	8	10
Residential Service Agencies	589	595	700	727	983
Full Surveys	45	45	19	25	26
Initial Surveys of New Providers	71	65	81	80	96
Follow up Surveys	41	38	13	6	1
Complaint Investigations	25	28	21	25	45
Freestanding Renal Dialysis	120	121	119	122	116
Initial Surveys of New Providers	3	1	8	3	7
Full Surveys	57	56	34	41	109
Follow up Surveys	4	3	16	4	
Complaint Investigations	32	35	24	26	34
Freestanding Ambulatory Surgical Centers	365	366	340	341	386
Initial Surveys	15	15	26	22	15

Units of Measurements	Fiscal Year 2008	Fiscal Year 2009	Fiscal Year 2010	Fiscal Year 2011	Fiscal Year 2012
Full Surveys	21	36	130	103	77
Follow up Surveys	1	0	8	27	18
Complaint Investigations	5	6	5	7	6
Comprehensive Outpatient Rehabilitation Facilities	8	8	4	2	1
Initial Surveys of New Providers	0	0	0	0	0
Full Surveys	1	1	1	1	0
Follow up Surveys	0	0	0	0	0
Complaint Investigations	1	1	0	0	0
Major Medical Equipment	227	229	231	230	240
Initial Surveys of New Providers	0	0	0	4	0
Full Surveys	0	0	0	0	0
Follow up Surveys	0	0	0	0	0
Complaint Investigations	0	1	2	3	4
Birthing Centers	4	2	2	2	2
Initial Surveys of New Providers	0	0	0	0	0
Full Surveys	1	1	1	1	0
Follow up Surveys	2	0	0	0	
Complaint Investigations	2	0	0	0	0
Outpatient Physical Therapy	147	167	79	90	99
Initial Surveys of New Providers	7	1	2	2	1
Full Surveys	3	0	8	5	17
Complaint Investigations	0	1	1	1	1
Portable X-Ray	10	11	9	10	8
Initial Surveys of New Providers	0	0	1	1	1
Full Surveys	0	1	1	1	1
Follow up Surveys	0	0	0	0	0
Complaint Investigations	1	2	1	1	0
Nurse Staffing Agencies	502	505	483	550	545
License Renewed	471	476	364	454	484
Initial Licenses	127	130	119	25	41

Units of Measurements	Fiscal Year 2008	Fiscal Year 2009	Fiscal Year 2010	Fiscal Year 2011	Fiscal Year 2012
Issued					
Nurse Referral Service Agencies	55	57	86	75	80
Initial License Issued	55	57	24	19	17
Renewal License Issued	0	1	62	20	25

Table 17 Performance Standards - Ambulatory Care Unit

Priority or Performance Measure	Result
Maintain overall 36 month average for home health agency surveys (federal priority).	Met
Investigate any complaint of serious and immediate jeopardy within two working days.	Met
Investigate any complaint that could result in actual harm within 30 working days.	Met
Process requests for licensure within six months of application for RSA licensure and within eight weeks of application for other ambulatory care programs.	Met

Community Mental Health Unit

The Community Mental Health Unit (C-MHU) is responsible for surveying all Community Mental Health Programs prior to expiration of the programs approval/license and prior to the relocation or expansion of a program. There are approximately 200 licensed or approved providers that operate over 1,500 program sites throughout the state. C-MHU issues temporary approvals, 1, 2 or 3 year approvals with conditions and two year licenses depending on the program type and/or status. Program monitoring consists of onsite personnel and client record reviews, observations, and interviews. The provider is presented with the surveyors findings through a formal Exit Conference and Statements of Deficiencies.

During FY 2012, 74 providers and 160 programs were surveyed and 29 new program applications were received and some 400 Child Residential program complaints and incidents reviewed.

C-MHU collaborates with the Mental Hygiene Administration, the Administration's Administrative Service Organization, Local Core Service Agencies, The Governor's Office for Children and the Department of Health and Mental Hygiene's Attorney General's Office and the Office of the Inspector General. In FY 2012 C-MHU referred four providers for disciplinary action.

Table 18 Community Mental Health - Unit of Measurements

Units of Measurements	Fiscal Year 2008	Fiscal Year 2009	Fiscal Year 2010	Fiscal Year 2011	Fiscal Year 2012
Number of Providers	204	204	191	196	197
Number of Residential Rehabilitation Program Sites	750	750	764	766	743
Number of Programs other than Residential Rehabilitation Program Sites	756	756	733	781	801
Providers Surveyed	40	29	34	56	74
Programs Surveyed	139	136	107	101	160
Number of Applications Received	NA	48	50	34	29
Number of Therapeutic Group Home Incidents Received	NA	343	500	359	400

Table 19 Performance Standards - Community Mental Health Programs

Priority or Performance Measure	Result
Survey 45% of programs that are currently approved under a 6-month Temporary approval.	Met
Survey 100% of the mandated surveys through Settlement Agreements.	Met
Survey 100% of providers referred by OHQC to the Mental Hygiene Administration within 6 months referral.	Met

Substance Abuse Certification Unit

The Substance Abuse Certification unit is the agent of the Alcohol and Drug Abuse Administration (ADAA) responsible for conducting biennial surveys and complaint investigations of substance abuse treatment providers to ensure compliance with applicable State and federal regulations.

The unit recommends to ADAA initial, provisional or general certification for substance abuse treatment providers throughout the State. The unit responds to and investigates complaints that are received from patients, providers and members of the community at large. Complaints may result in deficiencies related to non-compliance with regulations or referrals to other agencies including, e.g., the Attorney General's Office. The unit interacts with other State and Federal agencies involved with drug control issues. Programs evaluated by the unit include levels of service such as Early Intervention, Outpatient Treatment, Residential Treatment and Opioid Maintenance Therapy.

Early Intervention programs often work with the court system to provide DWI Education. Outpatient clinics provide community based drug and alcohol education and counseling. Residential programs provide inpatient treatment for individuals requiring thorough evaluation,

detoxification and counseling. Opioid Maintenance Therapy (OMT) programs typically administer Methadone to substance abusers in a community based setting.

Table 20 Substance Abuse Certification Unit - Unit of Measurements¹³

Units of Measurements	Fiscal Year 2008	Fiscal Year 2009	Fiscal Year 2010	Fiscal Year 2011	Fiscal Year 2012
Number of Licensed Programs	NA	NA	NA	498	448
Number of Program Owners	NA	NA	NA	267	247
Site Surveys	NA	NA	NA	130	198
Number of New Provider Applications	NA	NA	NA	16	0
Complaints Investigated	NA	NA	16	26	15

Table 21 Performance Standards - Substance Abuse Certification Unit

Priority or Performance Measure	Result
Survey 135 licensed sites	Met

¹³ Program was reorganized in 2011, which resulted in a change in measurement categories.

Staffing Analysis

Table 22 shows the annual change in numbers of positions, FY 1996-FY 2013

Year	Total Positions	Difference From Previous Year
1996	129.8	---
1997	130.8	-1.
1998	131.8	+1
1999	157.8	+26
2000	175.8	+18
2001	209.8	+34
2002	228.8	+19
2003	202.8	-26
2004	184.4	-18.4
2005	183.4	-1
2006	187.4	+4
2007	194.4	+7
2008	194.4	0
2009	194.2	-.20
2010	186.20	-8.00
2011	187.7	1.50
2012	180.7	-7.00
2013	185.7 ¹⁴	+5.00

Table 23 Distribution of staff

Units	Total	Managers	Surveyors	Professional	Clerical or Secretarial	Supervisor
Administration	12.8	2	0	5.8	4	1
Nursing Home	52.4	3	36.4	5	3	5
Developmental Disabilities	35	2	27	0	4	2
Assisted Living	32	1	24	0	4	3
Ambulatory Care	18	1	13	0	3	1
Substance Abuse	3	0	3	0	0	0
Mental Health	6	0	5	0	0	1
Clinical Laboratory	9	0	5	0	3	1
Forensic Laboratory	1.5	0	1	0	0	.50
Hospital	7	1	5	0	1	0
Information Technology	7	0	0	5	0	2
Adult Medical Day Care	2	0	1	0	0	1
TOTAL	185.7	10	120.40	15.80	22	17.50

¹⁴ PIN count as of July 1, 2012

Table 24 Surveyor staffing deficits from Fiscal Year 2005 through Fiscal Year 2013

Table 24: Surveyor Staffing Shortage FY 2005-FY2013	
Year	Staffing Deficit
Fiscal Year 2005	55.42
Fiscal Year 2006	70.98
Fiscal Year 2007	67.10
Fiscal Year 2008	67.23
Fiscal Year 2009	83.10
Fiscal Year 2010	91.90
Fiscal Year 2011	92.32
Fiscal Year 2012	95.63
Fiscal Year 2013 ¹⁵	107.09

¹⁵ Surveyor staffing deficit is based on the Labor-Hours Analysis (See Appendix A on page 22). The increase in the surveyor staffing deficit over 2011 is primarily a result of an increase in nursing home complaints and an increase in the number of residential service agencies.

Appendix A: Labor-Hour Analysis¹⁶

Requirements	A. # of Facilities or Complaints	B. Survey Requirement per Year	C. Total Number of Surveys Required	D. Hours Required per Survey	E. Total Hours Required for Survey Activity (Cx D)	F. Number of Surveyors Required (E/1480)	G. No of Surveyors	H. Overage or Shortage
Long-Term Care								
No. of Surveyors							36.40	26.24
Nursing Homes (Medicare)	234	1.00	234	162	37,908	25.61		
Complaints/Self Reports Investigations	2,900	1.00	2900	16	46,400	31.15		
Follow-Up Surveys	70	1.00	70	16	1,120	0.76		
State Survey	233	1.00	233	20	4,660	3.15		
State Follow-Up Surveys	71	1.00	71	20	1,420	0.96		
Informal Dispute Resolution Conferences	35	1.00	35	2	70	0.05		
Intermediate Care Facilities for persons with intellectual disabilities	2	1.00	2	120	240	0.16		
Complaint	70	1.00	70	12	840	0.57		
Follow-Up Surveys	3	1.00	3	16	48	0.03		
						62.64		
Assisted Living Programs								
No. of Surveyors							25.00	15.29
Initial Surveys	116	1.00	116	45	5,220	3.53		
Annual Inspections	1,364	1.00	1,364	25	34,100	23.04		
Follow Up Surveys	40	1.00	40	25	1,000	0.68		
Other Surveys	165	1.00	165	18	2,970	2.01		
Complaint Investigations	680	1.00	680	24	16,320	11.03		
						40.29		

¹⁶ The Labor-Hour Analysis is calculated based on the projected surveyor workload for FY 2013. Activities in Column A include surveys, complaint investigations, and Follow up surveys; Column B notes the statutory requirement for the survey; Column C (Column A x Column B) represents the total number of surveys or units that were required; Column D represents the average time that it takes to conduct a survey (this includes travel time and report writing time; Column E, (Column C x Column D), represents the total hours required for survey activity; Column F (Column E/1480) indicates the number of surveyors that would be needed to conduct this work; Column G indicates the number of surveyors assigned to the unit; and Column H indicates the overage or shortfall. The overage or shortfall is reflective of needs for surveyor staff only and does not include the staff to provide clerical or supervisory support for the survey activity.

Appendix A: Labor-Hour Analysis¹⁶

Requirements	A. # of Facilities or Complaints	B. Survey Requirement per Year	C. Total Number of Surveys Required	D. Hours Required per Survey	E. Total Hours Required for Survey Activity (CXD)	F. Number of Surveyors Required (E/1480)	G. No of Surveyors	H. Overage or Shortage
Adult Medical Day Care								
No. of Surveyors							0	1.92
Initial Surveys	6	1.00	6	22	132	0.09		
Renewal Surveys	131	0.50	65.5	34	2,227	1.5		
Complaints/Self Reports	22	1.00	22	18	396	0.27		
Follow-Up Surveys	6	1.00	6	16	96	0.06		
						1.92		
Developmental Disabilities								
No. of Surveyors							27.00	23.40
Initial Site Openings	275	1.00	275	6	1,650	1.11		
Residential Sites (ALUs and Group Homes)	3,000	1.00	3,000	16	48,000	32.43		
Day Habilitation and Vocational/Supportive Employment	310	1.00	310	40	12,400	8.38		
Individual Family Care	220	0.10	22	12	264	0.18		
Resource Coordination	17	0.10	1.7	40	68	0.05		
Community Supported Living Arrangement & Family/Individual Support Services	4,200	0.10	420	6	2,520	1.70		
Follow-Up Surveys	5	1.00	5	24	120	0.08		
Death Investigations	180	0.10	18	32	576	0.39		
Complaint & Incident Investigations	4,500	0.10	450	20	9,000	6.08		
						50.40		
Hospitals & Patient Safety								
No. of Surveyors							5.00	2.23
Hospitals								
Validation Surveys	8	1.00	8	210	1,680	1.14		
Complaints Investigations	180	1.00	180	28	5,040	2.41		
Follow-Up Surveys	20	1.00	20	16	320	0.22		
Correctional Health Care Facilities								
Full Surveys	10	1.00	10	25	250	0.17		
Complaint Investigations	2	1.00	2	8	16	0.01		
UR/Credentialing; Other Reviews and Surveys	66	1.00	66	2	132	0.09		
Mortality Review - Psych Hospitals	15	1.00	15	8	120	0.08		
Patient Safety								

Appendix A: Labor-Hour Analysis¹⁶

Requirements	A. # of Facilities or Complaints	B. Survey Requirement per Year	C. Total Number of Surveys Required	D. Hours Required per Survey	E. Total Hours Required for Survey Activity (CxD)	F. Number of Surveyors Required (E/1480)	G. No of Surveyors	H. Overage or Shortage
Review - RCA	325	1.00	325	4	1,300	0.88		
Patient Safety Program Surveys	4	1.00	4	24	96	0.06		
Health Maintenance Organizations								
Surveys	6	1.00	6	110	660	0.45		
Follow-Up	1	1.00	1	16	16	0.01		
Complaints	15	1.00	15	5	75	0.05		
Residential Treatment Centers								
Complaints	15	1.00	15	16	240	0.16		
Validation Surveys	2	1.00	2	16	32	0.02		
Follow-Up Surveys	2	1.00	2	16	32	0.02		
Freestanding Medical Facilities								
Surveys	3	1.00	3	24	72	0.05		
Complaints	10	1.00	10	10	100	0.07		
Transplant Programs								
Surveys	2	1.00	2	170	340	0.23		
Complaints	5	1.00	5	32	160	0.11		
						7.23		
Clinical Laboratories Licensing and Certification								
No. of Surveyors							5.00	7.51
Independent Reference Labs								
Non-Accredited	534	0.50	267	20	5,340	3.61		
Complaints	12	1.00	12	22	264	0.18		
Physician Offices and Point of Care								
CLIA	611	0.50	306	10	3,060	2.07		
Federal Waived Labs Project	39	1.00	39	10	390	0.26		
Complaint Surveys	1	1.00	1	8	8	0.01		
Validation	2	1.00	2	20	40	0.03		
Cytology Proficiency Testing	407	1.00	407	3	1,221	0.83		
Cytology Surveys	35	0.50	18	8	144	0.1		
Proficiency Testing - Multiple Failure Letters	43	1.00	43	4	172	0.12		
Proficiency Testing - Single Failure Letters	1,168	1.00	1168	2	2,336	1.58		
State Only Surveys	624	0.50	312	7	2,184	1.48		

Appendix A: Labor-Hour Analysis¹⁶

Requirements	A. # of Facilities or Complaints	B. Survey Requirement per Year	C. Total Number of Surveys Required	D. Hours Required per Survey	E. Total Hours Required for Survey Activity (CxD)	F. Number of Surveyors Required (E/1480)	G. No of Surveyors	H. Overage or Shortage
Cholesterol Testing	15	1.00	15	7	105	0.07		
Public Health Testing	18	1.00	18	5	90	0.06		
Tissue Banks	170	1.00	170	11	1,870	1.26		
Employer Drug Testing	114	1.00	114	11	1,254	0.85		
						12.51		
Forensic Laboratories								
No. of Surveyors							1.00	-0.58
Initial Surveys	5	1.00	5	48	240	.16		
Renewal Surveys	5	1.00	5	48	240	.16		
Complaints/Self Reports	5	1.00	5	24	120	.08		
Follow-Up Surveys	2	1.00	2	16	32	.02		
						0.42		
Ambulatory Care Programs								
No. of Surveyors							13.00	29.20
Birthing Centers	2	1.00	2	18	36	0.02		
Home Health Agencies (HHA)	59	0.33	19	50	974	0.66		
HHA - Complaints	15	1.00	15	24	360	0.24		
Dialysis Centers - Surveys	125	0.33	41	46	1,886	1.27		
Dialysis Complaints	30	1.00	30	21	630	0.43		
Hospice Care Programs - Surveys	30	0.25	8	43	344	0.23		
Hospice Care Programs - Complaints	9	1.00	9	21	189	0.13		
Ambulatory Surgical Centers	341	0.25	85	40	3,400	2.30		
Ambulatory Surgical Centers - Complaints	5	1.00	5	8	40	0.03		
Surgical Abortion Facilities	30	1.00	30	16	480	0.32		
Outpatient Physical Therapy	90	0.05	5	10	50	0.03		
Comprehensive Outpatient Rehab Facilities	4	0.05	1	10	10	0.01		
Portable X-Ray	10	0.05	1	10	10	0.01		
Residential Service Agencies	920	1.00	920	54	49,680	33.57		
Residential Service Agencies - Complaints	21	1.00	21	18	378	0.26		
Major Medical Equipment	230	1.00	230	10	2,300	1.55		
Nurse Staffing Agencies	550	1.00	550	3	1,650	1.11		
Nurse Referral Service Agencies	75	0.33	24.75	2	50	0.03		
						42.20		

Appendix A: Labor-Hour Analysis¹⁶

Requirements	A. # of Facilities or Complaints	B. Survey Requirement per Year	C. Total Number of Surveys Required	D. Hours Required per Survey	E. Total Hours Required for Survey Activity (CxD)	F. Number of Surveyors Required (E/1480)	G. No of Surveyors	H. Overage or Shortage
Mental Health Programs								
No. of Surveyors							5.00	1.80
Community Mental Health Clinics	237	0.33	78	40	3,120	2.11		
Adult Group Homes	150	0.50	75	3.3	56.1	0.04		
Mental Health Vocational Program	50	0.33	17	16	272	0.18		
Mobile Treatment Services	23	0.33	8	24	192	0.13		
Partial Hospitalization Program	39	0.33	13	24	312	0.21		
Psychiatric Rehabilitation Program	240	0.33	79	40	3,160	2.14		
Residential Crisis Services	14	0.33	5	24	120	0.08		
Residential Rehabilitation Program	745	0.33	246	3.3	811.8	0.55		
Respite	15	0.33	5	16	80	0.05		
Therapeutic Group Homes	32	1.00	32	40	1280	0.86		
Therapeutic Nurseries	1	0.33	1	24	24	0.02		
Application Reviews	40	1.00	40	16	640	0.43		
						6.80		
Substance Abuse								
No. of Surveyors							3.00	1.05
Site Surveys	140	1.00	140	24	3,360	2.27		
New Provider Applications Review	20	1.00	20	24	480	0.32		
Complaint Investigations	30	1.00	30	24	720	0.49		
						3.08		
Totals						227.49	120.40	107.09
Key for Column B:								
1.00 = Annual								
0.50 = Every 2-Yrs								
0.33 = Every 3-Yrs								
0.25 = 25% of the Total								
0.15 = 15% of the Total								
0.10 = 10% of the Total								
0.05 = 5% of the Total								