



## DEPARTMENT OF HEALTH & MENTAL HYGIENE

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# Annual Report and Staffing Analysis

December 2007



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## Preface and Executive Summary

November 2007

Over the past fiscal year, the Office of Health Care Quality (“OHCQ”) continued making great progress focusing its limited resources efficiently to ensure the safety and quality of healthcare services for Maryland citizens. The various units within the office have been appropriately aggressive with licensure actions and other sanctions, while expanding outreach efforts to educate consumers, providers, advocates and other stakeholders. We have increased communications with relevant state, local, and federal government agencies, accrediting organizations and other interested parties to ensure a concerted effort to maintain and improve the quality of life for individuals receiving regulated services. The word is getting out that OHCQ will, when necessary, take aggressive action but that OHCQ is also a source of constructive information and technical assistance in the complicated health care environment.

As the attached JCR addresses in detail, last year OHCQ staff participated in dozens of expert workgroups and committees across the State and country. Four comprehensive sets of regulations are being revised to update health care standards. I am most proud of efforts over the past year on the part of our Assisted Living Unit in its survey and provider education activities, as well as the renewed energy in surveys of community mental health programs and state residential facilities for individuals with developmental disabilities.

However, challenges remain. OHCQ continues to face a surveyor deficit of 69 positions. (See Appendix A for 2008 staffing analysis). Current staff deficits are most pronounced in the Developmental Disabilities and Ambulatory Care Units, each of which has an important mission of reviewing care in community settings. In programs such as these, OHCQ is unable to conduct many basic survey activities that are mandated by law. Meanwhile, the volume of consumer complaints continues to grow—last fiscal year complaints and self reported incidents to our Nursing Home Unit alone increased by 25%, to 4,422. The number of provider sites under OHCQ’s jurisdiction now exceeds 8,000.

We attempt to meet this challenge with good stewardship of existing resources, focusing on programs and events with greatest impact on peoples’ safety and health. The attached report details internal performance standards for each unit, which were developed to greater focus resources upon priorities. While generally the OHCQ has been able to meet these internal standards, there remain areas in which we fall short, largely due to lack of staff resources.

It is my vision that OHCQ have sufficient staff and appropriately focused regulations to provide a basic regulatory safety net for all of our programs—in facilities, group homes and in home healthcare services. We appreciate the support of the Secretary,

Administration, members of the General Assembly and all of our varied stakeholders as we progress towards this goal.

Respectfully submitted,



Wendy A. Kronmiller  
Director

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## FY 2007 Accomplishments

### ***Regulations***

The OHCQ promulgated or drafted the following regulations:

- Alzheimer's and Dementia training requirements for staff of Assisted Living Programs
- Alzheimer's and Dementia training requirements for staff in nursing homes
- Nurse Referral Service Agencies
- Nurse Staff Agencies
- Assisted Living Programs
- Residential Service Agencies
- Adult Medical Day Care
- Freestanding Medical Facilities
- Hospital licensure fees
- Hospital discharge

### ***Regulatory Workgroups***

The OHCQ staffed the following workgroups:

- Hospice Regulatory Review Workgroup – reviewing regulatory framework for hospice care programs.
- House Bill 837 – reviewing regulatory framework for nursing homes.
- House Bill 770 – developing core regulations for emergency preparedness for human service facilities.

### ***State Committees or Workgroups***

Staff at the OHCQ serve on various state standing and advisory committees or workgroups, including:

- State Oversight Committee on Quality of Care in Nursing Homes and Assisted Living Facilities
- State Advisory Council on Quality Care at the End of Life
- Maryland State Kidney Commission
- Maryland Health Services Cost Review Commission's Reimbursement Initiative Workgroup
- Maryland Patient Safety Center's Education Committee
- The Maryland Health Care Commission:
  - Rehabilitation Workgroup
  - Technical Advisory Committee on Health Care Related Infections
  - Long-Term Care and Community-Based Services Advisory Committee

- Hospital Performance Evaluation Guide Advisory Committee
- Evacuation Technical Advisory Group
- Surge Technical Advisory Group
- Laboratory Advisory Committee
- Maryland Cytology Proficiency Testing Advisory Committee
- MIEMSS – Emergency Summit Steering Committee
- MIND at Home Dementia Study Advisory Committee
- Mortality and Quality Review Committee
- DDA Emergency Preparedness Workgroup
- DDA Medication Technician Training Protocol Workgroup
- DDA Training Advisory Group
- DDA Behavioral Supports Committee
- DDA Policy on Reportable Incidents and Investigations (PORI) Committee
- Governor’s Office for Children, Resource Development and Licensing Committee
- Mortality Review Committee Subcommittee on Aggregate Data Analysis
- Mortality Review Committee Subcommittee on Choking
- Senate Bill 636 “Credentialing and Recredentialing of Health Care Providers” Workgroup
- Senate Bill 236 “Advanced Directive Registry” Workgroup
- SB 810 “Residential Childcare Programs Corporate Responsibility and Governance” Workgroup

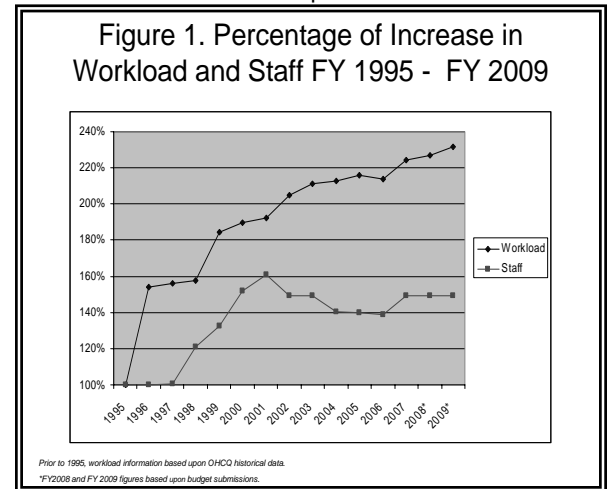
***National Workgroups or Committees***

Staff at the OHCQ serves on or has made presentations to various national standing and advisory committees or workgroups, including:

- Centers for Medicare and Medicaid Services’ Partners in Laboratory Oversight
- Centers for Medicare and Medicaid Services Workgroup on Pain Management Regulations
- National Patient Safety Foundation Planning Committee
- ASPEN/CLIA Workgroup
- National Association of Health Facility Survey Agencies
- American Medical Directors Association
- CMS Curriculum for Surveyors Regarding Abuse and Neglect Workgroup

## Background

Over the past several fiscal years, due to budgetary constraints and loss of positions, the Department of Health and Mental Hygiene (the Department) Office of Health Care Quality (OHCQ) has been unable to complete statutorily mandated inspections and surveys of health care facilities. During the same period, the OHCQ has experienced an increase in its workload.<sup>1</sup> The OHCQ has been given, without receiving accompanying resources, the responsibility for several new programs. Moreover, an influx of new providers in community-based programs, such as residential service agencies, assisted living providers, and homes for individuals with developmental disabilities increases the staffing challenge. **Figure 1** illustrates the increased workload in comparison to staff from Fiscal Year 1995 through Fiscal Year 2009. The result has been delays in the licensing and/or certification process, lack of mandated periodic surveys and an inability to respond timely to complaints about quality of care.



As with the past several fiscal years, legislative leaders continue to express concern about the lack of resources at the OHCQ and have required yearly staffing analyses. The analyses, which are based upon federal and State regulatory requirements, continue to highlight the OHCQ's need for additional survey staff. **Table 1** delineates the staffing shortage from FY 2005 through FY 2008.

| Year              | Staffing Deficit | Percentage of Change |
|-------------------|------------------|----------------------|
| Fiscal Year 2005  | 55.42            | --                   |
| Fiscal Year 2006  | 70.98            | 28.08%               |
| Fiscal Year 2007* | 67.10            | -5.47%               |
| Fiscal Year 2008  | 67.23            | 0.19%                |

*\*Received 14 additional surveyor positions.*

It should be noted that these analyses do not consider the need for administrative, clerical, information technology personnel, or other staff necessary to sustain and support licensure, certification, survey, and inspection activities.

<sup>1</sup> Since 2000, eight new programs or mandates have been added to OHCQ's workload. See Table 1. Page 9.

## Increased Mandates

In 1988, the Office of Licensing and Certification Programs (OLCP) had a staff of 79 and regulated about 2,000 facilities. Its focus was nursing homes, hospitals, home health, hospice, and other federally regulated programs. The budget for the OLCP was heavily supported by federal funds and there was little State only activity (programs governed by State and not federal legislation).

Today, OHCQ regulates over 8,000 sites. Increasingly the focus of regulation is not on institutions or congregate settings, but smaller settings in homes and communities. Additionally, between 1996 and 2007, the Maryland General Assembly passed a variety of new regulatory packages. **Table 2** describes the increase in mandated regulatory programs, FY 1996-2007.

Recently, the Centers for Medicare and Medicaid Services (CMS) heightened the priority or tier levels for other programs including kidney dialysis centers, hospice, and ambulatory surgical centers. This has increased the workload in other OHCQ programs, such as the Ambulatory Care Program, which conducts surveys of hospice, home health, and freestanding ambulatory care facilities. The CMS has also added the responsibility for surveys and certification of transplant centers.

The 2006 General Assembly Session brought forward several pieces of legislation to improve the quality of care in assisted living facilities, increase oversight of accrediting organizations, data reporting requirements to the Mortality Review Committee, strengthen licensure requirements for residential programs that serve children, and establish emergency planning

**Table 2. Increase in Mandated Regulatory Programs and Activities 1996 – 2007**

| <i>Year</i> | <i>Program</i>  |
|-------------|---|
| 1996        | Assisted Living   |
|             | Birth Centers   |
|             | Major Medical Equipment   |
|             | Ambulatory Surgery Facilities   |
|             | Dialysis Centers  |
| 1998        | Organ and Tissue  |
|             | 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 - DD population  |
| 2001        | Mortality Review - MH 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 – Services Disclosure Statement                          |
|             | Assisted Living Programs – Emergency Electrical Power Generator                   |
|             | Assisted Living Programs – Prohibited Acts, Penalties and Quality Account         |
|             | Assisted Living Programs – 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   |
|             | Transplant Centers (CMS)  |

requirements for human service facilities.<sup>2</sup> While these bills do not add new regulatory programs, they require the Department to promulgate regulations, establish workgroups, draft reports, or have an impact on the survey process, all of which effect staff workload.

The 2007 General Assembly passed legislation that will require the OHCQ to regulate forensic laboratories in Maryland beginning in December 2011.

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## Fiscal Year 2007 Performance Standards

Performance standards are established for each Fiscal Year for all OHCQ programs to more firmly focus resources in areas of greatest need. The OHCQ monitors its performance against these goals in a continuing attempt to maximize the resources available. Discussed below are each unit's Fiscal Year 2007 accomplishments.

### Long-Term Care Program

The Long-Term Care Program ensures that State licensure and Medicare/Medicaid standards are maintained for nursing homes and adult day care centers through unannounced on-site surveys, follow-up visits, and complaint investigations. These visits are conducted by survey staff, representatives of the State's Office of the Fire Marshal (SOFM), and the local life safety authority. Enforcement actions are taken, when appropriate, to ensure compliance with State and federal regulations.

This program also investigates complaints of resident abuse by staff and assists with criminal and civil prosecution of staff members who abuse vulnerable adults. In addition, the responsibility for the certification of Intermediate Care Facilities for the Mentally Retarded (ICF/MR) was transferred to the Long Term Care Unit in Fiscal Year 2006.

The program through the nursing home Technical Assistance Unit performs a second, quality assurance oriented survey for Maryland nursing homes. This is a consultative and not a regulatory function. Best practices are shared with the nursing home in hopes that its own quality assurance practices will improve the quality of services and care. The Technical Assistance Unit collects data on nursing homes, for example with regard to pressure ulcer prevalence. Unfortunately, due to funding restraints, as of January 2007, the Technical Assistance Unit was reduced in size from four surveyors to two. Quality assurance surveys are directed to nursing homes that request them and to nursing homes selected by OHCQ which are deemed to be most likely to benefit from such a survey.

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<sup>2</sup> HB 826 – "Assisted Living Programs – Services Disclosure Statement" HB 204 – "Assisted Living Programs – Emergency Electrical Power Generation" HBI 1036 – "Assisted Living Programs – Prohibited Acts, Penalties, and Quality account" HB 1322 – "Assisted Living Programs – Licensure" SB 102 – "Health Care Facilities and Laboratories – Accreditation Organizations and Deeming" SB 734 – "Mortality and Quality Review Committee – Reportable Incidents of Injury" SB 810 – "Residential Child Care Programs – Corporate Responsibility and Governance" and, HB 770 – "Emergency Management Plans for Human Service Facilities".



The regulatory functions of the Long Term Care program are critical to the health and safety of frail, vulnerable nursing home residents and adult day care participants. The OHCQ is effective at identifying deficiencies in nursing homes and gaining corrective action. Complaint investigations serve two critical purposes (1) to identify poor facility performance and (2) intervene in certain specified circumstances to protect residents' health and safety.

**Table 3** describes the Long-Term Care Unit's Unit of Measurement accomplishments for Fiscal Year 2003 through 2009.

| <b>Table 3. Units of Measure - Long-Term Care</b>             |                  |                  |                  |                  |                   |                               |                               |
|---|------------------|------------------|------------------|------------------|-------------------|-------------------------------|-------------------------------|
|   | Fiscal Year 2003 | Fiscal Year 2004 | Fiscal Year 2005 | Fiscal Year 2006 | Fiscal Year 2007  | Fiscal Year 2008 <sup>3</sup> | Fiscal Year 2009 <sup>4</sup> |
| <b>Nursing Homes<sup>5</sup></b>                              |                  |                  |                  |                  |                   |                               |                               |
| Number of Licensed Nursing Homes                              | 246              | 242              | 242              | 236              | 236               | 233                           | 233                           |
| Initial Surveys of New Providers                              | 3                | 2                | 3                | 0                | 1                 | 1                             | 1                             |
| Full Surveys  | 225              | 211              | 219              | 227              | 221               | 230                           | 230                           |
| Follow-Up Surveys   | 61               | 61               | 136              | 63               | 88                | 90                            | 90                            |
| Informal Dispute Resolution Conferences                       | 31               | 24               | 33               | 40               | 52                | 55                            | 55                            |
| Technical Assistance Surveys                                  | 279              | 196              | 217              | 229              | 200               | 118                           | 118                           |
| Civil Monetary Penalties Levied                               | 28               | 29               | 63               | 51               | 59                | 65                            | 69                            |
| Denial of Payment – New Admissions                            | 6                | 2                | 3                | 4                | 1                 | 3                             | 3                             |
| Total Number of Complaints & Facility Self Reported Incidents | 2097             | 1759             | 2209             | 3591             | 4422              | 5000                          | 5500                          |
| Total Number of Quality of Care Allegations                   | 1981             | 1701             | 1257             | 3429             | 3933              | 4500                          | 4700                          |
| Total Number of Complaints Investigated                       | 1712             | 1781             | 2225             | 2538             | 3100              | 3500                          | 3700                          |
| Number of Resident Abuse Allegations                          | 112              | 126              | 121              | 158              | 1253 <sup>6</sup> | 1500                          | 1750                          |
| <b>Adult Medical Day Care<sup>7</sup></b>                     |                  |                  |                  |                  |                   |                               |                               |
| Number of Adult Medical Day Care Centers                      | 117              | 117              | 127              | 136              | 142               | 142                           | 142                           |
| Initial Surveys of New Providers                              | 17               | 22               | 3                | 10               | 6                 | 5                             | 5                             |

<sup>3</sup>Estimates taken from the Fiscal Year 2009 Budget submission.

<sup>4</sup> Estimates taken from the Fiscal Year 2009 Budget submission

<sup>5</sup> Surveys are required twice a year under State law, one of which is a required federal survey. CMS requires an overall average of 12 months between surveys, with no survey exceeding a 15-month interval.

<sup>6</sup> Prior to FY 2007, the number reflects those cases that were investigated by the Abuse Unit. Beginning in FY 2007, the number reflects the number of allegations including "resident to resident" incidents.

<sup>7</sup> Surveys are required every two years under state regulation.

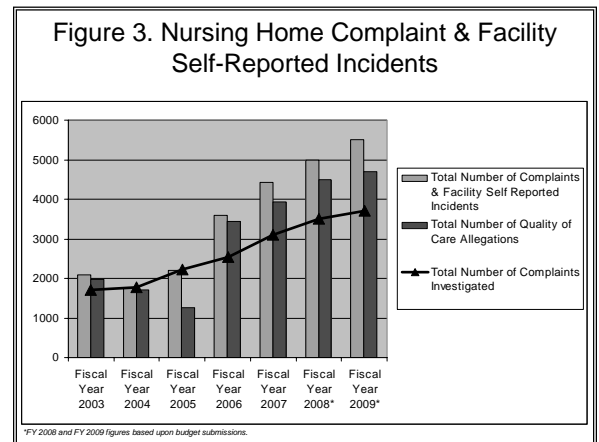
|                   |    |    |    |    |    |    |    |
|-------------------|----|----|----|----|----|----|----|
| Full Surveys      | 18 | 24 | 49 | 74 | 36 | 50 | 50 |
| Follow-Up Surveys | 31 | 20 | 20 | 15 | 2  | 7  | 7  |
| Complaint Surveys | 38 | 14 | 22 | 25 | 42 | 30 | 30 |

**Table 3. Units of Measure - Long-Term Care (Cont'd)**

|   | Fiscal Year 2003 | Fiscal Year 2004 | Fiscal Year 2005 | Fiscal Year 2006 | Fiscal Year 2007 | Fiscal Year 2008 <sup>8</sup> | Fiscal Year 2009 <sup>9</sup> |
|---|------------------|------------------|------------------|------------------|------------------|-------------------------------|-------------------------------|
| <b>Intermediate Care Facilities for the Mentally Retarded (ICF/MR)<sup>10</sup></b> |                  |                  |                  |                  |                  |                               |                               |
| Number of ICF/MRs   | 4                | 4                | 4                | 4                | 4                | 4                             | 4                             |
| Follow-Up Surveys   | 0                | 0                | 0                | 1                | 3                | 4                             | 4                             |
| Complaints and Self-Reported Incidents  | 290              | 280              | 340              | 281              | 181              | 200                           | 200                           |
| Complaints and Self-Reported Incidents Investigated <sup>11</sup>                   | 257              | 318              | 292              | 209              | 49               | 50                            | 50                            |

While OHCO is challenged to meet federal annual survey requirements, over the past two federal fiscal years it has done so. The CMS requires an overall 12 month period between surveys, with no survey exceeding a 15 month interval. In Federal Fiscal Year 2004, five nursing home surveys exceeded that time frame. For federal fiscal year 2005, two nursing home surveys exceeded that time frame. We are pleased to report that all annual surveys were timely accomplished for Federal Fiscal Years 2006 and 2007.

The CMS also requires on-site investigation of any complaints alleging actual harm to be initiated within 10 working days of receipt and prioritization of the complaint. The average time for initiation of an on-site survey of these complaints for Federal Fiscal Year 2004 was 31 days, with some taking 45 or more days. For FFY 2005, the average time for initiating an onsite investigation of alleged actual harm was 32 days, and in 2006, the average time was approximately 22 days. For FFY 2007, the average time was approximately 19 days.<sup>12</sup>



<sup>8</sup>Estimates taken from the Fiscal Year 2009 Budget submission.

<sup>9</sup> Estimates taken from the Fiscal Year 2009 Budget submission

<sup>10</sup> Surveys are required once a year under federal regulation and twice a year under State law. Survey responsibility transferred at the beginning of FY 2007 to the Long Term Care Unit.

<sup>11</sup> On-site investigations began in FY 2007.

<sup>12</sup> With regard to timeliness of deficiencies, there are important procedures OHCO implements to assure accuracy which may delay survey results. The OHCO has an internal quality review procedure for deficiency statements alleging actual harm to residents. This review involves OHCO's Chief Nurse and often OHCO's Medical Director and Director. While this review slows down the process, it is to ensure that the deficiency statements are defensible in legal proceedings and, even more importantly, that they are accurate.

**Figure 3** describes nursing home complaint and facility self-reported incidents and the number of complaint investigations that were conducted. The number of complaints and facility self-reported incidents increased 23% in Fiscal Year 2007 to 4,422.

In the Joint Chairmen’s Report last year, the OHCQ established performance measures for each unit.

**Table 4** describes the performance measures of the Long-Term Care Unit.

| <b>Priority or Performance Measure</b>   | <b>Result</b> |
|--|---------------|
| (1) Maintain an overall 12-month average for nursing home surveys. <sup>13</sup>   | Met           |
| (2) Complete 100% of the adult medical day care licensure surveys within 24 to 30 months of the previous survey. <sup>14</sup> | Not Met       |
| (3) Investigate any complaint of serious and immediate jeopardy within two working days. <sup>15</sup>                         | Met           |
| (4) Investigate any complaint of actual harm within 30-days. <sup>16</sup>   | Not Met       |
| (5) To investigate 90% of complaints alleging the potential of harm within 120 days of receipt. <sup>17</sup>                  | Met           |
| (6) Maintain an overall 60 day average between health surveys and life safety code surveys. <sup>18</sup>                      | Met           |

## Assisted Living Programs Unit

The Assisted Living Programs Unit was established in 1996, with the consolidation of some 12 to 15 programs administered by three executive State departments [the Department of Aging (MDoA), the Department of Human Resources (DHR), and the Department]. Each department had separate rules or standards and different regulatory approaches. The major areas of focus when the regulations were originally developed included: the philosophy of aging in place, the need for flexibility versus strict regulation, cost, and establishing a single standard for all programs.

The OHCQ Assisted Living Unit is the lead unit for overseeing and enhancing regulatory compliance for about 1,361 licensed assisted living providers in the State. The program conducts surveys for licensure compliance to assure the safety and well-being of the individuals residing in Maryland’s approximately 20,000 assisted living beds. The Assisted

<sup>13</sup> The unit maintained an overall average of 12 months.

<sup>14</sup> Approximately 80% of adult medical day care providers have been surveyed within 30 months of previous survey. Action plan: (1) To implement the use of ACO (Aspen Central Office) for this program to ensure accurate data that is easily retrievable; and (2) To review/change the unit’s survey process to increase efficiency

<sup>15</sup> Six complaints were triaged as IJ and all were investigated within 2 working days.

<sup>16</sup> Overall average for initiation of actual harm complaints was 19 working days, however, some exceeded 30 days. This is based on complaints triaged as Non-IJ-High, which may include complaints that have high potential for harm. Action plan: (1) Meet with intake staff and complaint investigators to ensure accurate triaging; (2) To provide an additional surveyor on each team dedicated to these investigations as needed; and (3) To provide complaint investigators access to ACTS (Aspen Complaint Tracking System).

<sup>17</sup> 94.4% of on-site complaint investigation initiated within 120 days of receipt, overall average is 50 days.

<sup>18</sup> The average length of time between health and life safety code surveys was 37 days.

Living Program's close coordination with the MDoA, as well as the Unit's own survey activity, provides oversight to the various programs.

In Fiscal Year 2001, Medicaid Waiver funding became available to eligible providers and individuals. Provider licensure is a prerequisite for waiver participation, and the OHCQ works with both the Department of Aging and DHMH Medicaid to facilitate access to waiver funding.

State law requires at least one survey per year in each of Maryland's 1,361 licensed assisted living programs.<sup>19</sup> **Table 5** describes the Assisted Living Unit of Measurement accomplishments for Fiscal Year 2003 through 2007.

|   | Fiscal Year 2003 | Fiscal Year 2004 | Fiscal Year 2005 | Fiscal Year 2006 | Fiscal Year 2007 | Fiscal Year 2008 <sup>20</sup> | Fiscal Year 2009 <sup>21</sup> |
|---|------------------|------------------|------------------|------------------|------------------|--------------------------------|--------------------------------|
| Number of Licensed Assisted Living Programs | 1371             | 1677             | 1580             | 1567             | 1361             | 1429                           | 1500                           |
| Unlicensed Programs                         | 849              | 828              | 572              | 411              | 33               | 30                             | 30                             |
| Renewal Surveys                             | --               | --               | --               | 207              | 442              | 508                            | 585                            |
| Initial Surveys                             | --               | --               | --               | 190              | 169              | 194                            | 224                            |
| Surveys (other)                             | --               | --               | --               | 26               | 139              | 146                            | 153                            |
| On-Site Visits (all survey categories)      | 358              | 428              | 489              | 718              | 998              | 1121                           | 1262                           |
| Total Number of Complaints Received         | 355              | 332              | 320              | 301              | 389              | 467                            | 560                            |
| Total Number of Complaints Investigated     | 339              | 389              | 320              | 295              | 248              | 273                            | 300                            |
| Applications Pending                        | --               | --               | --               | 456              | 335              | 268                            | 214                            |

In last year's report, the OHCQ established performance measures for each unit. **Table 6** describes the performance measures of the Assisted Living Unit.

| Priority or Performance Measure   | Result  |
|---|---------|
| (1) Investigate any complaint that alleges a serious and immediate jeopardy within two working days. <sup>22</sup>        | Met     |
| (2) Investigate any complaint of actual harm within 30 working days. <sup>23</sup>  | Met     |
| (3) Complete 100% of the licensure surveys of assisted living programs for facilities with 17 or more beds. <sup>24</sup> | Not Met |

<sup>19</sup> Health-General Article, Title 19, Subtitle 18, Annotated Code of Maryland.

<sup>20</sup> Estimates taken from the Fiscal Year 2009 budget submission.

<sup>21</sup> Estimates taken from the Fiscal Year 2009 budget submission.

<sup>22</sup> For FY 2007, there were 2 complaints in this category. Both complaint investigations took on average 1 day to complete.

<sup>23</sup> For FY 2007, there were 66 complaints in this category. 64 of the 66 (97%) complaints were investigated and on average each investigation took 21 days to complete.

<sup>24</sup> During FY 2007, there were approximately 161 homes of this size; 97 (60%) of the surveys were conducted.

(4) Complete 100% of the licensure surveys for assisted living programs that participate in the Medicaid Home and Community Based Services Waiver for Older Adults.<sup>25</sup>

Not Met

The Department has learned a great deal from its seven years of regulating assisted living. Assisted living programs in Maryland range from a one-person home to a hundred bed facility. Assisted living residents are increasingly more frail and medically compromised. In 2005, the Department completed a multi-year, comprehensive evaluation of Assisted Living Programs that included over 20 public forums with assisted living providers and stakeholders to discuss assisted living and to identify quality standards that should be strengthened to better protect the health and safety of residents.

The OHCQ initiated a comprehensive revision of the regulations for Assisted Living Programs. A draft was circulated to stakeholders for informal comment in September 2006. The proposal was modified and published in the May 2007 edition of the Maryland Register. The OHCQ responded to comments in June/July 2007 and modifications were made in August 2007 to the proposal. The draft re-proposed regulations were circulated for second informal comment period in October 2007.

### ***Assisted Living - A Model for Change.***

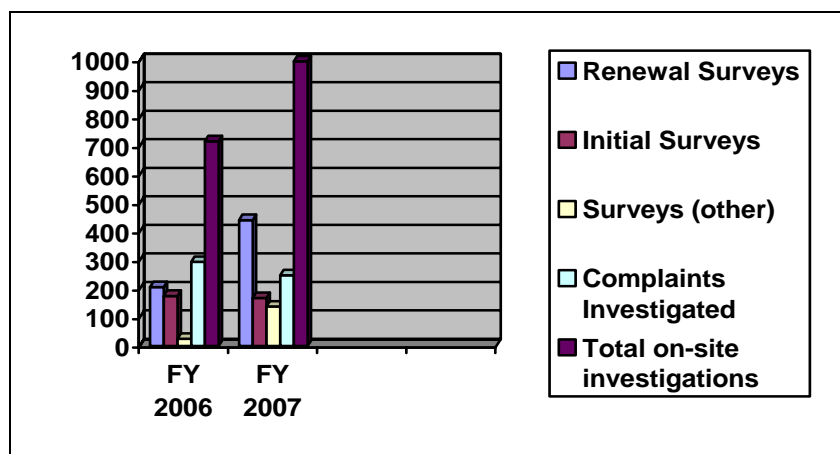
The Assisted Living Programs Unit presented a unique opportunity to become a model of change for other units in the OHCQ. A program manager was appointed in FY 2006. The survey process was reviewed to identify opportunities where resources could be utilized more efficiently. The manager improved morale in the unit through team building and inviting surveyors to participate in the improvement processes.

**Figure 4** describes the increased survey activity as a result of changes made in the Assisted Living Program. The changes implemented since FY 2006 have made a significant improvement in the Unit's performance.

Figure 4 – Assisted Living Program

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<sup>25</sup> During FY 2007, there were approximately 1033 homes that participated in the Medicaid Waiver, the OHCQ was able to complete 211 surveys (20%).



## Developmental Disabilities Unit

The Developmental Disabilities Unit is the licensing agent for the Developmental Disabilities Administration (DDA). The unit ensures regulatory compliance for approximately 200 community-based providers and four State residential centers operated for the benefit of 21,000 individuals with developmental disabilities receiving services in the State.<sup>26</sup> The community of providers for the developmentally disabled population in the State continues to grow to meet an expanding need for services, and currently the Developmental Disabilities Unit oversees approximately 2,671 licensed, operational sites throughout the State (of which 117 are licensed exclusively for children). Those programs that include services offered to children and require oversight are coordinated with the Governor's Office for Children.

In addition to regulatory compliance through licensing, the Developmental Disabilities Complaint Division of the Unit receives about 3,000 provider self-reported incidents and public complaints concerning safety, medical and direct care. The Complaint Division triages and investigates complaints and self-reported incidents with a staff that consists of a professional nurse and program surveyors who conduct both on-site and off-site reviews.

The Mortality Investigation Division investigates the reported deaths of individuals with developmental disabilities and consumers with mental illness receiving State supported services to determine whether the deaths were avoidable. The Division also identifies certain quality trends with regard to programs serving individuals with developmental disabilities for the State's Mortality and Quality Review Committee.

State law requires an annual survey of each site licensed by the DDA.<sup>27</sup> For the past four to five years, the OHCQ has increased its survey activity. In FY 2007, 36% of agencies and 56% of sites were surveyed. Clearly, all sites are not surveyed annually and follow-up surveys to determine actual corrective action have not always been conducted, in large part due to the lack of surveyor resources.

<sup>26</sup> Responsibilities for the certification of ICF-MRs in Fiscal Year 2006 will be transferred to the Long-Term Care Unit, which certifies other facilities for the CMS.

<sup>27</sup> Health-General Article, Title 7, Subtitle 9, Annotated Code of Maryland. The Department is under a settlement agreement with the Maryland Disability Law Center which requires annual on-site surveys.

**Table 7** describes the Developmental Disabilities Unit's Units of Measurement accomplishments for Fiscal Year 2003 through 2009.

|   | Fiscal Year 2003 | Fiscal Year 2004 | Fiscal Year 2005 | Fiscal Year 2006 <sup>28</sup> | Fiscal Year 2007 | Fiscal Year 2008 <sup>29</sup> | Fiscal Year 2009 <sup>30</sup> |
|---|------------------|------------------|------------------|--------------------------------|------------------|--------------------------------|--------------------------------|
| Number of Licensed Agencies                       | 179              | 191              | 192              | 200                            | 199              | 210                            | 220                            |
| Number of Sites                                   | 2535             | 2620             | 2542             | 2671                           | 2702             | 2800                           | 2900                           |
| Number of New Agencies                            | 14               | 16               | 11               | 11                             | 10               | 10                             | 10                             |
| Number of Agencies Surveyed                       | 70               | 102              | 113              | 80                             | 72               | 90                             | 115                            |
| Number of Sites Surveyed                          | 475              | 911              | 794              | 1023                           | 1522             | 1700                           | 1900                           |
| Number of Complaints and Self Reported Incidences | 4727             | 4496             | 4352             | 2859                           | 2649             | 2700                           | 2800                           |
| No Further Action Required                        | N/A              | 3839             | 3615             | 2277                           | 2177             | 2225                           | 2200                           |
| Conducted On-Site Investigation                   | 489              | 433              | 409              | 319                            | 296              | 300                            | 400                            |
| Referred  | N/A              | 224              | 180              | 138                            | 176              | 175                            | 200                            |
| Mortality Investigation Unit <sup>1</sup>         |                  |                  |                  |                                |                  |                                |                                |
| Number of Deaths                                  | 142              | 175              | 143              | 315                            | 375              | 350                            | 350                            |
| Number of DD Deaths                               | N/A              | N/A              | N/A              | 149                            | 153              | 150                            | 150                            |
| Number of MH Deaths                               | N/A              | N/A              | N/A              | 166                            | 222              | 200                            | 200                            |
| Number of Deaths Investigated                     | 43               | 220              | 196              | 192                            | 181              | 200                            | 200                            |

In last year's report the OHCQ established performance measures for each unit. **Table 8** describes the performance measures of the Developmental Disabilities Unit.

<sup>28</sup> The Fiscal Year 2006 actual complaints shows a significant decrease from the Fiscal Year 2005 actual complaints due to a change by the Developmental Disabilities Administration in its *Policy on Reportable Incidents*. The result was not as many incidents are considered reportable. Those incidents were moved to the investigation completed by provider category.

<sup>29</sup> Estimates taken from FY 2009 budget submission.

<sup>30</sup> Estimates taken from FY 2009 budget submission.



| <b>Priority or Performance Measure</b>  | <b>Result</b> |
|---|---------------|
| (1) Conduct licensure surveys of 40% of the licensed providers. <sup>31</sup>   | Not Met       |
| (2) To conduct re-licensure surveys of 40% of licensed children’s providers. <sup>32</sup>  | Exceeded      |
| (3) To complete initial reviews of 100% of application packets within 30 working days of receipt. <sup>33</sup>                               | Not Met       |
| (4) To complete 100% of settlement agreement surveys within timeframes required in settlement agreement documents                             | Met           |
| (5) To initiate 100% of Priority A (immediate jeopardy) incident/complaint investigations within two working days of receipt.                 | Met           |
| (6) To initiate 100% of follow-up investigations of Priority A incidents/complaints within timeframe recommended in the initial investigation | Met           |
| (7) To initiate 100% of Priority B (immediate jeopardy, low) incident/complaint investigations within five working days of receipt.           | Met           |
| (8) To initiate 100% of death investigations within three days of receipt of report.  | Met           |

Advocates for individuals with developmental disabilities have continually expressed concern about the OHCQ’s inability to complete mandated surveys and investigations in a timely manner, as well as the staffing patterns in the Developmental Disabilities Unit. Because of those concerns, House Bill 651 was passed by the 2005 General Assembly Session mandating the OHCQ to develop a Reportable Incidents and Investigations Protocol. In August 2006, the Prioritization Protocol for Incidents of Abuse, Neglect, Serious Injury, Medication Error, Death, and Complaints was incorporated into the DDA’s *Policy on Reportable Incidents and Investigation*. Unfortunately, while the policy establishes priorities and timelines, it does not address the lack of surveyor resources to actually carry out investigations.

In 2006, the OHCQ created a new position of Program Manager for the Developmental Disabilities Unit. The manager analyzes the program to evaluate workload, establish priorities, and make certain that the OHCQ staff is deployed most efficiently. In addition, there has been an effort to better integrate complaint and licensure surveys. While there is no question that additional surveyor resources are required for the Developmental Disabilities Unit, the OHCQ is committed to using existing resources most efficiently to protect and enhance the lives of Maryland citizens with developmental disabilities.

To this end, in 2007, OHCQ, with support from DDA, contracted with an independent consultant to evaluate the OHCQ community programs unit for individuals with developmental disabilities. This external review confirms that while there are opportunities to make the survey process more efficient, including prioritization of surveys to focus on “problem providers.” Even with these efficiencies in place, the unit

<sup>31</sup> Conducted licensure surveys on 32% of the licensed providers. The Unit could not meet the goal due to staff turnover, training of new staff, sanction and follow-up activity and completion of two large agency surveys.

<sup>32</sup> Conducted 60% of the re-licensure surveys of children’s providers.

<sup>33</sup> Completed initial reviews of all application packets; however, review was conducted on average within 60 days of receipt.

will be understaffed by 20 surveyors and 5 support staff. During 2008, the OHCO, in collaboration with DDA and other stakeholders, will move toward implementing many of the recommended changes in the community survey process to realize efficiencies noted in the consultant's report. While OHCO will again focus on efficiencies and prioritizing resources, the program will still be unable to accomplish its statutorily required workload.

## Hospitals, HMOs, & 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. 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; and, all associated 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 root cause analyses of these events to the OHCQ for review to determine compliance with COMAR 10.07.06 Patient Safety Programs. The Division conducts reviews of hospital patient safety programs to determine regulatory compliance. Information regarding trends, best practices, and lessons learned obtained from the review of incidents 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.

Over the last several fiscal years, the workload for the Hospitals, HMOs, and Patient Safety Unit has increased. Five years ago, the General Assembly enacted legislation granting consumers the right to appeal certain decisions made by managed care organizations. The law mandated that the Department investigate all complaints in HMOs related to quality of care. In addition, this new legislation required the Department to conduct an annual survey in all HMOs. The CMS in Fiscal Year 2008 now requires annual surveys of transplant centers.

An important, but often unnoted responsibility of the Hospitals, HMOs, and Patient Safety Unit is to conduct annual surveys of each of the ten State prison hospitals. State law requires two surveys per year, but because of short staffing, the OHCQ is currently conducting one per year.

**Table 9** describes Hospitals, HMOs, and Patient Safety Unit's Unit of Measurement accomplishments for Fiscal Year 2004 through 2005.

**Table 9. Units of Measure - Hospitals, HMOs, and Patient Safety**

|  | Fiscal Year 2003 | Fiscal Year 2004 | Fiscal Year 2005 | Fiscal Year 2006 | Fiscal Year 2007 | Fiscal Year 2008 <sup>34</sup> | Fiscal Year 2009 <sup>35</sup> |
|--|------------------|------------------|------------------|------------------|------------------|--------------------------------|--------------------------------|
| <b>Number of Licensed/Certified Hospitals</b>                            | 70               | 70               | 69               | 69               | 69               | 69                             | 69                             |
| Validation Surveys of JCAHO Accredited Hospitals <sup>36</sup>           | 5                | 5                | 2                | 3                | 4                | 4                              | 4                              |
| Complaints Received  | 325              | 358              | 331              | 339              | 316              | 340                            | 360                            |
| Complaints Investigated On-Site  | 59               | 66               | 68               | 53               | 73               | 80                             | 90                             |
| Complaints Referred to Hospitals for Investigation                       | 317              | 292              | 318              | 286              | 243              | 260                            | 270                            |
| Follow-Up Surveys  | 2                | 0                | 2                | 4                | 2                | 10                             | 15                             |
| Enforcement Remedies Imposed (Sanctions)                                 | 1                | 1                | 0                | 2 <sup>37</sup>  | 3                | 3                              | 3                              |
| Review of JCAHO Reports  | 21               | 18               | 25               | 17               | 19               | 30                             | 23                             |
| Adverse Event Reports <sup>38</sup>                                      | --               | 20               | 145              | 168              | 190              | 218                            | 251                            |
| Review of Root Cause Analysis Reports (Patient Safety)                   | --               | --               | --               | 116              | 134              | 160                            | 190                            |
| Follow-up Investigations   | --               | --               | --               | 3                | 3                | 20                             | 30                             |
| Hospital Assistance Visits (Patient Safety)                              | --               | --               | --               | 3                | 0                | 6                              | 7                              |
| <b>Number of Health Maintenance Organizations<sup>39</sup></b>           | 9                | 9                | 8                | 10               | 7                | 7                              | 6                              |
| Full Surveys   | 8                | 11               | 7                | 9                | 4                | 7                              | 6                              |
| Follow-up Surveys  | 0                | 0                | 0                | 0                | 0                | 1                              | 1                              |
| Complaint Investigations   | 44               | 28               | 51               | 25               | 13               | 18                             | 23                             |
| <b>Number of Residential Treatment Centers<sup>40</sup></b>              | 14               | 14               | 14               | 13               | 11               | 11                             | 11                             |
| Follow-up Surveys  | 1                | 1                | 0                | 11               | 0                | 5                              | 8                              |
| Validation Surveys and Seclusion & Restraint Investigation <sup>41</sup> | --               | --               | 0                | 1                | 2                | 2                              | 2                              |
| Complaints Received  | --               | --               | --               | 38               | 24               | 30                             | 38                             |
| Complaint Investigations   | 12               | 16               | 29               | 38               | 17               | 25                             | 35                             |
| <b>Number of Correctional Health Care Facilities<sup>42</sup></b>        | 11               | 9                | 9                | 11               | 11               | 11                             | 11                             |
| Full Surveys   | 8                | 23               | 12               | 12               | 9                | 11                             | 11                             |
| Follow-up Surveys  | 0                | 0                | 0                | 0                | 0                | 11                             | 11                             |
| Complaint Investigations   | 3                | 0                | 12               | 2                | 0                | 2                              | 3                              |

<sup>34</sup> Fiscal Year 2009 budget submission.

<sup>35</sup> Fiscal Year 2009 budget submission.

<sup>36</sup> JCAHO – Joint Commission on the Accreditation of Health Care Organizations.

<sup>37</sup> Sanctions cited are federal condition conditions of participation.

<sup>38</sup> Beginning in early 2004, hospitals were required to report to OHCC any adverse events resulting in serious injury or death. This reporting requirement is the result of changes to COMAR 10.07.01 which are consistent with current Patient Safety Initiatives. Event reports are different from root cause analyses.

<sup>39</sup> Survey Frequency – An annual external review for quality by the State; there is no federal requirement.

**Table 9. Units of Measure: Hospitals, HMOs, and Patient Safety (Cont'd)**

|  | Fiscal Year 2003 | Fiscal Year 2004 | Fiscal Year 2005 | Fiscal Year 2006 | Fiscal Year 2007 | Fiscal Year 2008 <sup>43</sup> | Fiscal Year 2009 <sup>44</sup> |
|--|------------------|------------------|------------------|------------------|------------------|--------------------------------|--------------------------------|
| <b>Number of Freestanding Medical Facilities</b> | --               | --               | --               | --               | 2                | 3                              | 3                              |
| Initial, Full and Follow-up Surveys              | --               | --               | --               | --               | 3                | 6                              | 6                              |
| Complaints                                       | --               | --               | --               | --               | 0                | 2                              | 3                              |
| <b>Number of Transplant Centers</b>              | --               | --               | --               | --               | --               | 2                              | 2                              |
| Full Surveys                                     | --               | --               | --               | --               | --               | 2                              | 2                              |
| Complaint Investigations                         | --               | --               | --               | --               | --               | 2                              | 4                              |

**Table 10** describes the performance standards of the Hospitals, HMOs, and Patient Safety Unit.

**Table 10. Performance Standards: Hospitals, HMOs, & Patient Safety Unit – FY 2007**

| Priority or Performance Measure  | Result  |
|--|---------|
| (1) To conduct a preliminary evaluation of all hospital event reports and RCAs within 30 days. <sup>45</sup>                                     | Not Met |
| (2) To complete all review of all RCAs within 90 days. <sup>46</sup>   | Not Met |
| (3) To conduct annual reviews of patient safety programs in 20% of all licensed hospitals. <sup>47</sup>   | Not Met |
| (4) To complete 100% of alleged Emergency Medical Treatment and Labor Act (EMTALA) complaints within five working days of receipt. <sup>48</sup> | Not Met |
| (5) To complete 100% of all hospital validation surveys required by CMS within the timeframe requested by CMS. <sup>49</sup>                     | Met     |
| (6) To investigate 90% of all complaint investigations requested by CMS within 45 calendar days. <sup>50</sup>                                   | Met     |
| (7) To complete ten annual inspections of ten hospitals located within correctional facilities. <sup>51</sup>                                    | Not Met |

## Laboratory Licensing & Certification Unit

The Laboratory Licensing and Certification Unit was transferred from the Laboratories Administration to the OHCQ in the mid-1990s. Although there are State laws and regulations governing laboratories in the State, oversight has primarily been under

<sup>40</sup> Survey Frequency – Licensure based on JCAHO accreditation; no established survey frequency and no federal requirement.

<sup>41</sup> Not required by CMS until July 2004.

<sup>42</sup> Survey Frequency – Two surveys annual required by the State; no federal requirement.

<sup>43</sup> Fiscal Year 2009 budget submission.

<sup>44</sup> Fiscal Year 2009 budget submission.

<sup>45</sup> 26 reports out of 138 (19%) received a preliminary review within the 30 day timeframe.

<sup>46</sup> 67 reports out of 134 (50%) received a complete review within the 90 day timeframe.

<sup>47</sup> 5 out of the 14 (7%) patient safety programs received an annual review.

<sup>48</sup> 4 out of 5 (80%) of the EMTALA complaints were investigated within 5 working days.

<sup>49</sup> 3 of the 3 (100%) of the hospital validation surveys as required by CMS were completed within the timeframe specified by CMS.

<sup>50</sup> OHCQ initiated onsite investigation of 58 of 65 (89%) of CMS required complaint investigations within 45 calendar days.

<sup>51</sup> 9 out of 11 (81%) annual inspections of correctional facility hospitals were completed.

federal auspices and is largely federally funded. Similar to hospitals, accredited independent reference laboratories and the hospital laboratories are granted deemed status for licensure and CLIA. Only comparative validation surveys subsequent to an accreditation organization survey or complaint investigations are conducting at these laboratories.

The Laboratories 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 licensing programs include those for tissue banks, blood banks, hospital laboratories, 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.

The unit also serves as the agent for federal certification in the Clinical Laboratory Improvement Amendments of 1988 Program, which is required for all clinical laboratory testing sites including those seeking Medicare reimbursement.

The State of Maryland in 1988 took direct action in response to national concerns about gynecologic testing and enacted legislation creating the Maryland Cytology Proficiency Testing Program (MCPTP). This required any laboratory, in or out of Maryland, performing gynecologic cytology (PAP smear) testing on specimens from Maryland patients, to enroll and successfully participate in the MCPTP. The MCPTP was granted deemed status by CMS in 1994 as the only proficiency testing program recognized by the federal government for cytology proficiency testing. In 2005, CMS approved another national testing organization and mandated testing nationwide.

The data generated by the MCPTP, as a result of fifteen years of proficiency testing, reveal that, on average, 94.7% of examinees have passed the proficiency test. The passing rate has increased from 89.4% in 1990 to 95.6% in 2004. This demonstrates that the quality of gynecologic cytology for Maryland residents has improved.

**Table 11** describes the Laboratory Licensing & Certification Unit's Unit of Measurement accomplishments for Fiscal Year 2003 through 2009.

**Table 11. Units of Measure - Laboratory Licensing & Certification Unit**

|   | Fiscal Year 2003 | Fiscal Year 2004 | Fiscal Year 2005 | Fiscal Year 2006 | Fiscal Year 2007 | Fiscal Year 2008 <sup>52</sup> | Fiscal Year 2009 <sup>53</sup> |
|---|------------------|------------------|------------------|------------------|------------------|--------------------------------|--------------------------------|
| <b>Physician Office and Point of Care Laboratories<sup>54</sup></b> | 481              | 481              | 534              | 556              | 639              | 700                            | 780                            |
| Initial Surveys of New Providers                                    | 30               | 34               | 12               | 39               | 38               | 45                             | 45                             |
| Full Surveys  | 209              | 170              | 154              | 167              | 171              | 185                            | 185                            |

<sup>52</sup> Based on FY 2009 budget submission.

<sup>53</sup> Based on FY 2009 budget submission.

<sup>54</sup> Initial license surveys for each new provider with periodic resurveys; federal requirements are every 2 years for non-accredited; only complaint and validation surveys are required for accredited or those performing simple tests.

|  |     |     |     |     |     |     |     |
|--|-----|-----|-----|-----|-----|-----|-----|
| Follow-Up Surveys                                      | 3   | 3   | 4   | 6   | 2   | 4   | 4   |
| Validation Surveys                                     | 44  | 33  | 31  | 36  | 39  | 40  | 40  |
| Complaint Surveys                                      | 0   | 3   | 2   | 0   | 0   | 0   | 0   |
| <b>Independent Reference Laboratories<sup>55</sup></b> | 108 | 108 | 301 | 264 | 360 | 450 | 520 |
| Initial Surveys of New Providers                       | 13  | 5   | 3   | 5   | 27  | 20  | 20  |
| Full Surveys   | 47  | 18  | 28  | 19  | 22  | 30  | 35  |
| Follow-Up Surveys                                      | 3   | 1   | 5   | 0   | 2   | 4   | 4   |
| Validation Surveys                                     | 2   | 2   | 0   | 0   | 0   | 0   | 0   |

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<sup>55</sup> Initial licensure surveys for each new provider and then periodically under State regulations and every 2 years under federal. Only complaint and validation surveys are required for accredited laboratories or those performing simple tests.

**Table 11. Units of Measure - Laboratory Licensing & Certification Unit (Cont'd)**

|   | Fiscal Year 2003 | Fiscal Year 2004 | Fiscal Year 2005 | Fiscal Year 2006 | Fiscal Year 2007 | Fiscal Year 2008 <sup>56</sup> | Fiscal Year 2009 <sup>57</sup> |
|---|------------------|------------------|------------------|------------------|------------------|--------------------------------|--------------------------------|
| Complaint Surveys   | 8                | 12               | 7                | 22               | 21               | 25                             | 25                             |
| <b>Hospital Laboratories<sup>58</sup></b>                                 | 54               | 54               | 65               | 63               | 73               | 80                             | 85                             |
| Initial Surveys of New Providers  | 0                | 0                | 0                | 0                | 0                | 0                              | 0                              |
| Full Surveys  | 0                | 0                | 0                | 0                | 0                | 0                              | 0                              |
| Follow-Up Surveys   | 0                | 0                | 3                | 0                | 0                | 0                              | 0                              |
| Validation Surveys  | 3                | 1                | 5                | 1                | 1                | 1                              | 1                              |
| Complaint Surveys   | 6                | 4                | 2                | 4                | 0                | 0                              | 0                              |
| <b>Cholesterol Testing Sites<sup>59</sup></b>                             | 19               | 19               | 8                | 8                | 12               | 15                             | 20                             |
| Initial Surveys of New Providers  | 2                | 3                | 1                | 1                | 0                | 5                              | 5                              |
| Full Surveys  | 18               | 4                | 6                | 21               | 13               | 12                             | 12                             |
| Validation Surveys  | 0                | 0                | 0                | 0                | 0                | 0                              | 0                              |
| <b>Tissue Banks<sup>60</sup></b>  | 101              | 110              | 106              | 116              | 144              | 170                            | 200                            |
| Initial Surveys of New Providers  | 0                | 3                | 0                | 2                | 7                | 10                             | 10                             |
| Full Surveys  | 2                | 2                | 30               | 20               | 80               | 90                             | 100                            |
| Follow-Up Surveys   | 0                | 0                | 0                | 0                | 0                | 0                              | 0                              |
| Validation Surveys  | 0                | 0                | 1                | 0                | 0                | 0                              | 0                              |
| <b>Cytology Proficiency Testing<sup>61</sup></b>                          |                  |                  |                  |                  |                  |                                |                                |
| Laboratories Performing Cytology  | 66               | 57               | 53               | 65               | 75               | 80                             | 85                             |
| Individuals Tested  | 590              | 474              | 534              | 425              | 406              | 410                            | 410                            |
| Individuals who Failed and Required Re-testing or Training and Re-Testing | 25               | 12               | 23               | 20               | 14               | 15                             | 15                             |

In last year's report, the OHCC established performance measures for each unit. **Table 12** describes the performance standards of the Laboratory Licensing and Certification Unit.

**Table 12. Performance Standards: Laboratory Licensing & Certification Unit – Fiscal Year 2007**

| Priority or Performance Measure  | Result |
|--|--------|
| (1) Maintain federally required and budgeted survey activity.                            | Met    |
| (2) Investigate any complaint of serious and immediate jeopardy within two working days. | N/A    |
| (3) To investigate any complaint that could result in actual harm within 45              | Met    |

<sup>56</sup> Based on FY 2009 budget submission.

<sup>57</sup> Based on FY 2009 budget submission.

<sup>58</sup> Initial licensure survey and then periodically ; every 2 years under federal regulation if not accredited; only complaint and validation surveys are required for accredited hospital laboratories.

<sup>59</sup> Surveys required for all testing sites, initially and during all testing events under State regulations; every 2 years under federal requirements.

<sup>60</sup> Initial licensure survey and periodically under State regulation.

<sup>61</sup> Individuals who read gynecological (PAP) smears are required to pass an approved cytology proficiency test under State and federal regulation.



working days.

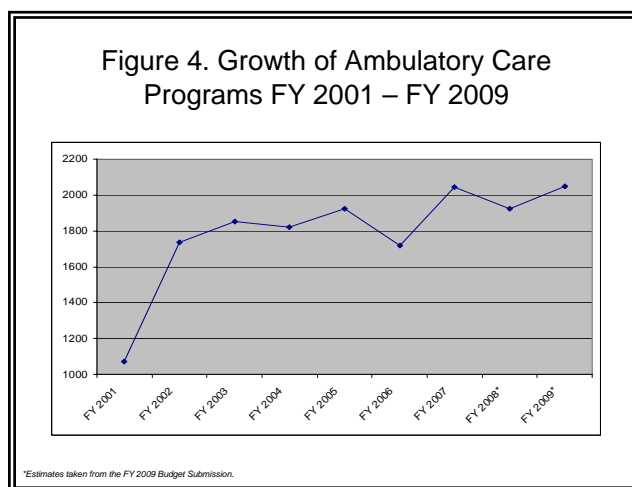
(4) Process requests for licensure, permits and certificates within two months of application.

Met

## Ambulatory Care Programs Unit

The Ambulatory Care Programs Unit is responsible for State licensure and/or federal certification (Medicare) of all non-long term care facilities that include: home health agencies, residential service agencies, nurse staff agencies, nurse referral service agencies, hospice care providers, freestanding ambulatory care facilities (ambulatory surgery, endoscopy, kidney dialysis, birthing centers, and facilities that use major medical equipment), out-patient physical therapy providers, comprehensive out-patient rehabilitation facilities, and portable x-ray providers. The Unit receives complaints alleged against all ambulatory care providers, and maintains a complaint hotline.

The programs regulated by this unit have grown significantly in the past 15 years. In 1988, there were approximately 150 programs; today there are more than 1,900. This is reflective of the change in the health care delivery system and the shift of institutional care to home and community-based services. Home health agencies are regulated under federal law and regulation and are surveyed at least every three years. Other entities, including residential service agencies (RSA), nurse referral services agencies (NRSA), and nurse staff agencies (NSA) provide services that are sometimes equivalent, but are not routinely surveyed due to surveyor resource limitations. **Figure 4** describes the percentage of growth in the Ambulatory Care Programs.



**Table 13** describes the Ambulatory Care Programs Unit's Unit of Measurement accomplishments for Fiscal Year 2003 through 2005.

**Table 13. Units of Measure - Ambulatory Care Programs**

|  | Fiscal Year 2003 | Fiscal Year 2004 | Fiscal Year 2005 | Fiscal Year 2006 | Fiscal Year 2007 | Fiscal Year 2008 <sup>62</sup> | Fiscal Year 2009 <sup>63</sup> |
|--|------------------|------------------|------------------|------------------|------------------|--------------------------------|--------------------------------|
| <b>Home Health Agencies<sup>64</sup></b> | 55               | 51               | 54               | 54               | 51               | 52                             | 53                             |
| Number of Medicare Certified Providers   | 50               | 51               | 54               | 54               | 51               | 52                             | 53                             |
| Initial Surveys of New Providers         | 2                | 16               | 1                | 2                | 0                | 1                              | 1                              |
| Full Surveys                             | 40               | 67               | 45               | 34               | 26               | 29                             | 32                             |

<sup>62</sup> Based on FY 2009 budget submission.

<sup>63</sup> Based on FY 2009 budget submission.

<sup>64</sup> State requires an annual license. Medicare surveys are on a flexible schedule that averages every 9 – 18 months, but not less than once every 3 years; determined by facility compliance, with an annual recertification survey level of 62% of all providers as national average. Maryland survey rate is 73% of all providers each year.

|  |     |     |     |     |     |     |     |
|--|-----|-----|-----|-----|-----|-----|-----|
| Follow-Up Surveys  | 2   | 6   | 0   | 0   | 0   | 0   | 0   |
| Complaint Investigations   | 14  | 22  | 8   | 15  | 10  | 12  | 14  |
| <b>Hospice<sup>65</sup></b>  | 35  | 31  | 32  | 31  | 31  | 32  | 32  |
| Initial Surveys of New Providers                                       | 0   | 1   | 0   | 5   | 4   | 4   | 4   |
| Full Surveys   | 0   | 2   | 7   | 0   | 0   | 0   | 0   |
| Follow-Up Surveys  | 0   | 0   | 0   | 0   | 1   | 2   | 2   |
| Complaint Investigations   | 2   | 6   | 4   | 9   | 9   | 10  | 11  |
| <b>Residential Service Agencies<sup>66</sup></b>                       | 354 | 375 | 432 | 523 | 622 | 640 | 640 |
| Full Surveys   | 2   | 2   | 0   | 3   | 56  | 59  | 62  |
| Initial Surveys of New Providers                                       | --  | --  | --  | --  | 35  | 38  | 41  |
| Follow-Up Surveys  | --  | --  | --  | --  | 35  | 38  | 41  |
| Complaint Investigations   | 4   | 12  | 15  | 24  | 22  | 25  | 28  |
| <b>Freestanding Renal Dialysis<sup>67</sup></b>                        | 125 | 125 | 118 | 108 | 117 | 119 | 121 |
| Initial Surveys of New Providers                                       | 13  | 18  | 2   | 2   | 5   | 6   | 7   |
| Full Surveys   | 37  | 77  | 24  | 36  | 25  | 27  | 29  |
| Follow-Up Surveys  | 1   | 5   | 0   | 3   | 3   | 4   | 4   |
| Complaint Investigations   | 20  | 41  | 12  | 23  | 24  | 26  | 28  |
| <b>Freestanding Ambulatory Surgical Centers<sup>68</sup></b>           | 334 | 349 | 355 | 335 | 363 | 367 | 372 |
| Initial Surveys of New Providers                                       | 14  | 30  | 15  | 21  | 15  | 16  | 17  |
| Full Surveys   | 5   | 8   | 3   | 19  | 17  | 18  | 19  |
| Follow-Up Surveys  | 0   | 0   | 0   | 3   | 0   | 2   | 2   |
| Complaint Investigations   | 1   | 5   | 5   | 1   | 8   | 9   | 10  |
| <b>Comprehensive Outpatient Rehabilitation Facilities<sup>69</sup></b> | 14  | 15  | 6   | 7   | 8   | 8   | 9   |
| Initial Surveys of New Providers                                       | 2   | 2   | 0   | 1   | 1   | 0   | 1   |
| Full Surveys   | 0   | 0   | 0   | 1   | 1   | 1   | 1   |
| Follow-Up Surveys  | 0   | 0   | 0   | 0   | 0   | 0   | 0   |
| Complaint Investigations   | 0   | 0   | 0   | 0   | 1   | 0   | 1   |
| <b>Major Medical Equipment<sup>70</sup></b>                            | 157 | 111 | 139 | 178 | 209 | 212 | 215 |
| Initial Surveys of New Providers                                       | 0   | 0   | 0   | 0   | 0   | 0   | 0   |
| Full Surveys   | 0   | 0   | 0   | 0   | 0   | 0   | 0   |
| Follow-Up Surveys  | 0   | 0   | 0   | 0   | 0   | 0   | 0   |
| Complaint Investigations   | 0   | 0   | 2   | 0   | 1   | 0   | 1   |
| <b>Birth Centers<sup>71</sup></b>                                      | 5   | 4   | 5   | 5   | 3   | 3   | 3   |

<sup>65</sup> State requires a license every 3 years; no survey frequency specified. Medicare survey frequency is 17% of all providers each year on a 6 year cycle.

<sup>66</sup> State required annual license; no federal requirements. License initially based on administrative review. During FY 2000, State survey requirements were implemented. During FY 2007, on-site inspection was initiated for new licensees.

<sup>67</sup> State license required every three years; State surveys conducted periodically. Medicare facilities surveyed at 33% frequency annually as required by CMS.

<sup>68</sup> State surveys are conducted periodically and Medicare frequency at 17% annually as required by CMS.

<sup>69</sup> Annual state license renewal based on CORF accreditation. No established State survey frequency; Medicare frequency at 17% required by CMS.

<sup>70</sup> Three year licensing period; State surveys are conducted periodically.

|   |     |     |     |     |     |     |     |
|---|-----|-----|-----|-----|-----|-----|-----|
| Initial Surveys of New Providers                    | 0   | 0   | 0   | 0   | 0   | 0   | 0   |
| Full Surveys  | 5   | 10  | 5   | 2   | 2   | 1   | 2   |
| Follow-Up Surveys                                   | 0   | 2   | 0   | 0   | 0   | 0   | 0   |
| Complaint Investigations                            | 0   | 2   | 0   | 0   | 0   | 1   | 0   |
| <b>Outpatient Physical Therapy<sup>72</sup></b>     | 159 | 147 | 167 | 109 | 112 | 114 | 116 |
| Initial Surveys of New Providers                    | 5   | 7   | 9   | 2   | 4   | 4   | 5   |
| Full Surveys  | 2   | 3   | 0   | 2   | 5   | 5   | 6   |
| Complaint Investigations                            | 0   | 0   | 0   | 0   | 0   | 1   | 0   |
| <b>Portable X-Ray<sup>73</sup></b>                  | 10  | 10  | 11  | 12  | 11  | 11  | 11  |
| Initial Surveys of New Providers                    | 0   | 0   | 0   | 1   | 0   | 0   | 0   |
| Full Surveys  | 0   | 0   | 0   | 1   | 1   | 1   | 1   |
| Follow-Up Surveys                                   | 0   | 0   | 0   | 0   | 0   | 0   | 0   |
| Complaint Investigations                            | 1   | 1   | 2   | 1   | 2   | 1   | 2   |
| <b>Nurse Staff Agencies<sup>74</sup></b>            | --  | --  | --  | 299 | 499 | 564 | 629 |
| License Renewed                                     | --  | --  | --  | --  | 352 | 417 | 482 |
| Initial Licenses Issued                             | --  | --  | --  | --  | 200 | 265 | 330 |
| <b>Nurse Referral Service Agencies<sup>75</sup></b> |     |     |     |     |     |     |     |
| Initial License issued                              | --  | --  | --  | --  | 17  | 50  | 100 |
| Complaints Received                                 | --  | --  | --  | --  | 0   | 1   | 1   |

Maryland, along with other states, has seen an explosion in the number and type of providers of home-based or community-based health care. Concepts like *aging in place* and other factors, such as the Supreme Court's Olmstead decision, have resulted in an increased demand for these types of services.

With the increasing numbers of elderly, disabled, and medically complex individuals living in the community, the OHCCQ expects to see an even greater need for maintaining home and community-based services. The current fragmented regulatory structure for home and community-based health care services needs to be strengthened.

For example, in 2007, a nurse was responsible for monitoring the oxygen saturation level of a child in his home. On three separate days, the child's oxygen level was well below the level of when the physician should be notified. The nurse failed to fulfill her responsibility of providing care with the child. The child was hospitalized for respiratory complications.

<sup>71</sup> Three year licensing period; State surveys are conducted periodically.

<sup>72</sup> No State licensure requirement; Medicare surveys currently at 17% annually required by CMS. Full surveys above 17% are the result of more than one operational site and location changes.

<sup>73</sup> No State licensure requirement; Federal survey frequency at 17% annually as required by CMS.

<sup>74</sup> No survey staff is assigned to this program; currently no routine surveys are performed.

<sup>75</sup> No survey staff is assigned to this program; currently no routine surveys are performed.

The OHCO continues to receive complaints from parents with medically fragile children where the nurses do not show up at the home and do not call the family to let them know. In another case, a durable medical equipment company, which is licensed under the residential service agency regulations, delivered an empty oxygen tank and the wrong size tubing for an infant who was being discharged from the hospital. The infant had a chronic lung disease, which made it necessary for the infant to get the correct amount of oxygen. The OHCO found out about these occurrences because of complaints from the public. There are currently no routine or annual surveys of residential service agencies, nurse referral service agencies or nurse staff agencies.

In last year's report, the OHCO established performance measures for each unit. **Table 14** describes the performance standards of the Ambulatory Care Programs Unit.

| <b>Priority or Performance Measure</b>  | <b>Result</b> |
|---|---------------|
| (1) Maintain overall 36 month average for home health agency surveys (federal priority).  | Met           |
| (2) Investigate any complaint of serious and immediate jeopardy within two working days.  | Met           |
| (3) To investigate any complaint that could result in actual harm within 30 working days.   | Met           |
| (4) Process requests for licensure within six months of application for RSA licensure and within eight weeks of application for other ambulatory care programs. | Met           |

It is important to recognize that the current regulatory structure for home-based services is not only confusing for consumers, but also for providers. Again, home health agencies, nurse referral service agencies, and residential service agencies each provide similar services to consumers and each is established under a separate statute and each is regulated differently. Some providers must obtain two, three, or even four licenses to cover the various types of services. Consumers do not understand the subtle nuances and requirements of the various licensure categories. Therefore, given the growing number of individuals choosing to remain in the community, quality oversight of these programs is becoming increasingly important. A comprehensive set of standards is needed to ensure the quality of care. There must be a sufficient regulatory presence so consumers have an expectation of quality. Moreover, the regulatory structure must be manageable and provide the necessary flexibility for future growth and evolution of the industry.

## Community Mental Health Unit

The Community Mental Health Unit is the licensing agent for the Mental Hygiene Administration (MHA) and as such, its primary function is to ensure that consumers in the state of Maryland receive quality mental health services. This is achieved through the regulatory process as governed by the Code of Maryland Regulations (COMAR) Title 10 Department of Health and Mental Hygiene Subtitle 21 Mental Hygiene Administration.

Community Mental Health programs include: therapeutic group homes for children, residential crisis services for children and adults, respite services for children, group homes for adults, residential rehabilitation programs for adults, psychiatric rehabilitation programs for children and adults, outpatient mental health clinics for children and adults, and mental health vocational programs.

Responsibilities of the Community Mental Health Unit include:

- Review of applications, submitted by providers;
- Annual surveys of children’s residential programs;
- 1, 2, or 3 year on-site reviews of all adult community mental health programs;
- Investigate complaints and incidents that occur within children’s residential programs;
- Conduct physical plant inspections, consumer record reviews and administrative file reviews;
- Collaborate with MHA, Attorney Generals’ Office, Office of the Inspector General and the Core Service Agencies (CSAs) regarding mental health programs; and
- Recommend to the MHA licensure or approval of programs based on regulatory compliance.

**Table 15** describes the Community Mental Health Unit’s accomplishments for Fiscal Year 2003 through 2009.<sup>76</sup>

| <b>Table 15. Units of Measurement - Community Mental Health Unit</b> |                  |                  |                  |                  |                  |                                |                                |
|--|------------------|------------------|------------------|------------------|------------------|--------------------------------|--------------------------------|
|  | Fiscal Year 2003 | Fiscal Year 2004 | Fiscal Year 2005 | Fiscal Year 2006 | Fiscal Year 2007 | Fiscal Year 2008 <sup>77</sup> | Fiscal Year 2009 <sup>78</sup> |
| Number of Programs   | 1000             | 844              | 860              | 863              | 1574             | 1600                           | 1600                           |
| Number of Providers  | 168              | 170              | 227              | 225              | 224              | 225                            | 225                            |
| Providers Surveyed   | 168              | 170              | 160              | 122              | 99               | 100                            | 100                            |
| Follow-up Surveys  | 0                | 0                | 0                | 0                | 5                | 7                              | 7                              |

Over the past fiscal year, this unit has worked hard to establish a regulatory presence consistent with that of other OHCQ units and programs. To that end, sanctions were

<sup>76</sup> Surveys are required once every 1, 2 or 3 years under State law.

<sup>77</sup> Based on FY 2009 budget submission.

<sup>78</sup> Based on FY 2009 budget submission.

initiated by the unit, in cooperation with the MHA. Additionally, the unit has worked to coordinate with related functions of the MHA, including MAPS-MD and the CSAs, so that oversight functions are not duplicated but, instead leveraged.

In last year's report, the OHCO established performance measures for each unit. **Table 16** describes the performance standards of the Community Mental Health Unit.

| <b>Table 16. Performance Standards: Community Mental Health Programs 2007</b>  |               |
|--|---------------|
| <b>Priority or Performance Measure</b>   | <b>Result</b> |
| (1) To conduct a full licensure survey of each therapeutic group home, using the new regulations.                        | Met           |
| (2) To shorten the length of therapeutic group home survey by using new survey processes and combining multiple sites. . | Met           |
| (3) To focus on programs that are not regulated or monitored by other governmental agencies.                             | Met           |

## Substance Abuse Certification Unit

The Substance Abuse Certification Unit is the licensing agent of the Alcohol and Drug Abuse Administration (ADAA) and as such is responsible for the certification; initial approval and renewal of State of Maryland addiction service programs that meet the required state and federal guidelines for programs that provide particular levels of treatment in accordance with the guidelines established by the American Society of Addiction Medicine Patient Placement Criteria. All programs serving adults, adolescents and children must meet the requirements of the ADAA. This unit works in collaboration with ADAA as the regulatory enforcement agent ensuring that approved community substance abuse programs adhere to certification, environmental and program requirements as mandated by ADAA.

Also, to ensure the regulatory compliance of community substance abuse programs with State regulations set forth in COMAR 10.47, the Substance Abuse Certification Unit, as applicable, is responsible for the certification, initial approval and renewal of opioid treatment programs certified by Substance Abuse and Mental Health Services Administration (SAMHSA) as opioid treatment programs mandated by the Federal opioid treatment standards in 42 CFR Part 2 and 42 CFR Part 8. The conditions for program certification are coordinated by the Substance Abuse Certification Unit within the State of Maryland Methadone Authority at ADAA and other, State, local and federal government authorities.

In addition, the Substance Abuse Program maintains statistics and data collection from survey activities and investigation of complaints initiated by the public in response to certified community substance abuse programs.

**Table 17** describes the Substance Abuse Certification Unit's unit of measurement accomplishments for Fiscal Year 2003 through 2009.<sup>79</sup>

<sup>79</sup> Surveys are required once a year under State law.

**Table 17 Units of Measure - Substance Abuse Certification Unit (Cont'd)**

|                                     | Fiscal Year 2003 | Fiscal Year 2004 | Fiscal Year 2005 | Fiscal Year 2006 | Fiscal Year 2007 | Fiscal Year 2008 | Fiscal Year 2009 |
|-------------------------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|
| Number of Programs                  | 281              | 298              | 302              | 309              | 312              | 317              | 322              |
| Full Surveys                        | 165              | 165              | 148              | 129              | 122              | 128              | 133              |
| Site Surveys                        | 248              | 316              | 262              | 236              | 164              | 169              | 174              |
| Number of New Provider Applications | 46               | 19               | 17               | 24               | 28               | 33               | 37               |
| Follow-Up Surveys                   | 47               | 33               | 38               | 42               | 7                | 12               | 17               |

## OHCQ Programs Staffing Analysis

Over the years, the OHCQ has experienced fluctuations in staffing. **Table 18** shows the types of staff and the annual change in numbers of positions from Fiscal Year 1996 to the present. These changes reflect the merging of programs into the OHCQ such as the licensing, approval, or certification functions for the Mental Hygiene Administration, certification and licensure programs for the Alcohol and Drug Abuse Administration, licensure programs for the Developmental Disabilities Administration, licensure programs for Laboratories, and the increase in State and federally mandated workload. It should be noted that the number of positions exceeds the actual number of staff, given time elements of the hiring process, the hiring freeze, and difficulties in recruitment due to salaries.

**Table 18 Change in OHCQ Staff – Fiscal Year Actuals<sup>80</sup>**

| Year | Total Staff | 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                           |

<sup>80</sup> This does not include 5.4 budgeted contractual positions.



|      |       |       |
|------|-------|-------|
| 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     |

The largest fluctuation of positions occurred between Fiscal Years 1999 and 2002, when positions were added in response to the inability of the OHCQ to complete its workload. Due to subsequent budget cuts, many of these positions were cut or abolished before they were even filled.

**Table 19** shows the distribution of staff among three different categories – (1) professional or surveyor, (2) administrative or managerial, and (3) clerical or secretarial. Clerical and managerial staff account for about 11 and 15%, respectively, of the total staff. The remaining 74% of the staff, the heart of the organization, are the surveyors and professional staff.

|                            | Total                     | Managers  | Professional or Surveyor | Clerical or Secretarial |
|----------------------------|---------------------------|-----------|--------------------------|-------------------------|
| Administration             | 12.6                      | 5         | 5.6                      | 2                       |
| Technical Assistance       | 5                         | 1         | 4                        | 0                       |
| Nursing Home               | 59                        | 7         | 48                       | 4                       |
| Developmental Disabilities | 34                        | 3         | 27                       | 4                       |
| Assisted Living            | 35                        | 5         | 27                       | 3                       |
| Ambulatory                 | 14                        | 1         | 10                       | 3                       |
| Alcohol/Mental Health      | 6.8                       | 1         | 4.8                      | 1                       |
| Laboratory                 | 9                         | 2         | 4                        | 3                       |
| Hospital                   | 9                         | 1         | 7                        | 1                       |
| Information Technology     | 6                         | 2         | 4                        | 0                       |
| Adult Medical Day Care     | 4                         | 1         | 3                        | 0                       |
| <b>TOTAL</b>               | <b>194.4<sup>81</sup></b> | <b>29</b> | <b>144.4</b>             | <b>21</b>               |

The OHCQ's professional staff provides many different and essential services to ensure the continuity of the survey process including offering technical assistance to the surveyors, participating in informal dispute resolution, and testifying at hearings. The clerical or secretarial staff responds to consumer inquiries and ensures that the paper flow and legal documentation for over 8,000 health care provider licenses, including annual or biennial applications, and respective fees are collected, processed and maintained appropriately.

<sup>81</sup> This figure does not include 5.4 contractual positions.

## Methodology of Staffing Analysis

In 2004, the OHCQ retained a federal expert, who was a senior management intern (SES) on rotation from CMS, with extensive experience in personnel management and human resources to conduct the first staffing analysis. The Fiscal Year 2005 analysis uses the same methodology. Each unit manager was asked to review the 2004 Staffing Analysis and identify any changes in workload, mandates, staffing, etc. Then a list was prepared of basic regulatory activities required for each unit for Fiscal Year 2007.<sup>82</sup> These activities included surveys, complaint investigations, and follow-up surveys to determine if corrective action was taken. These activities were noted in Column A.

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.<sup>83</sup> Column G indicates the number of surveyors assigned to the unit and finally, Column H indicates the overage or shortfall.

It should be noted that the overage or shortfall is reflective of needs for surveyor staff ***only*** and does not include the necessary staff to provide clerical or supervisory support for the survey activity. The complete data for all programs and activities can be found in **Appendix A**.

## Labor-Hour Analysis Results

The 2008 Labor-Hour Analysis reveals that the staffing storage at the OHCQ is approximately the same as it was in 2007.

Despite an increase in surveyor positions over FY 2006 and FY 2007, the office remains short staffed. This can be attributed to the:

- Growth of certain programs;
- Introduction of additional modules for the nursing home survey;
- Increasing number of complaints received;
- Changing federal priorities; and
- Increasing number of sanctions.

It is important to note that while the OHCQ has remained committed to aggressively filling vacant positions, the Office has experienced difficulty in its recruitment efforts. The majority of the surveyor positions with the OHCQ require nurses. The nursing shortage has affected the ability to recruit and retain qualified staff. More importantly as a State

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<sup>82</sup> See Appendix A for the 2007 Staffing Analysis.

<sup>83</sup> While the industry standard is 2,080 hours per employee, this figure does not take into consideration leave, holidays, or necessary in-service training. From 2,080 hours, 6 personal days, 12 State paid holidays, 36 in-service and training days, and 21 vacation days were subtracted resulting in the 1,480 hour figure. This figure is not adjusted for sick leave.

agency, the ability to keep pace with special incentives offered in the private sector – such as competitive salaries and signing bonuses – simply does not exist. Management has implemented a tracking system to ensure that positions recruitment processes are undertaken in a timely manner.

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## Priorities for 2008

The OHCQ has established following priorities and performance measures for Fiscal Year 2008:

### Long-Term Care (Nursing Homes and Adult Medical Day Care) Unit

- To maintain an overall 12 month average for nursing home surveys.
- To complete 100% of the Adult Medical Day Care licensure surveys within 24 to 30 months of the previous survey.
- To initiate on-site investigation of any complaint of serious and immediate jeopardy within two working days.
- To initiate onsite investigation any complaint alleging actual harm within 20 working days.
- To initiate onsite investigation of 90% of complaints alleging the potential of harm within 120 days.
- To maintain an overall 60 day average between health surveys and life safety code surveys.

### Assisted Living Programs Unit

- To investigate any complaint that alleges a serious and immediate jeopardy within two working days.
- To investigate any complaint of actual harm within 30 working days.
- To complete 100% of licensure surveys of assisted living programs for facilities with 17 or more beds.
- To complete 100% of the licensure surveys for assisted living programs that participate in the Medicaid Home and Community Based Services Waiver for Older Adults.

### Developmental Disabilities Unit

- To conduct re-licensure surveys of 40% of all adult providers.
- To conduct re-licensure surveys of 40% of licensed children's providers.
- To complete initial reviews of 100% of application packets within 30 working days of receipt.
- To complete 100% of settlement agreement surveys within timeframes required in settlement agreement documents.
- To initiate 100% of Priority A (immediate jeopardy) incident/complaint investigations within two working days of receipt.
- To initiate 100% of follow-up investigations of Priority A incidents/complaints within timeframe recommended in the initial investigation.
- To initiate 100% of Priority B (immediate jeopardy, low) incidents/complaint investigations within five working days of receipt.
- To initiate 100% of death investigations within three days of receipt of report.

#### Hospitals, HMOs, and Patient Safety Unit

- To conduct a preliminary evaluation of all hospital event reports and RCAs within 30 days.
- To complete review of all RCAs within 90 days.
- To conduct annual reviews of patient safety programs in 20% of all licensed hospitals.
- To complete 100% of alleged Emergency Medical Treatment and Labor Act (EMTALA) complaints within five working days of receipt.
- To complete 100% of all hospital validation surveys required by CMS within the timeframe requested by CMS.
- To investigate any complaints of serious and immediate jeopardy within two working days.
- To investigate any complaint of actual harm within 30 working days.
- To initiate investigation of 90% of all complaint investigations requested by CMS within 45 calendar days.
- To complete the annual inspections of the ten hospitals located within correctional facilities.

#### Ambulatory Care Programs Unit

- To maintain an overall 36 month average for home health agency surveys (federal priority).
- To investigate any complaint of serious and immediate jeopardy within two working days.
- To investigate any complaint within 30 working days.
- To process requests for licensure within six months of application for RSA licensure and within eight weeks of application for other ambulatory care programs.

#### Laboratory Unit

- To maintain federally required and budgeted survey activity.
- To investigate any complaint of serious and immediate jeopardy within two working days.
- To investigate any complaint within 45 working days.
- To process requests for licensure, permits, and certificates within two months of application.

#### Community Mental Health Unit

- To conduct a full licensure survey of each therapeutic group home, using the new regulations.
- To shorten the length of therapeutic group home survey by using new survey processes and combining multiple sites.
- To focus on programs that are not regulated or monitored by other government agencies.

#### Substance Abuse Certification Unit

- To review 80% of new program applications received within 30 days of receipt.

- To schedule 80% of renewal surveys within 2 weeks of receiving the completed and notarized application from the Certified OTP/OMT program.
- Within 3 weeks following the renewal survey, the OTP/OMT will receive approval, written notification of the recommendation or denial of recertification.
- Opioid Treatment Programs/Opioid Maintenance Programs will be recommended for recertification by OHCQ within 2 weeks following the survey. At which time, a certification approval form will be forwarded by mail to ADAA (Alcohol and Drug Abuse Administration) by OHCQ for processing.

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## Appendix A: 2008 Labor-Hour Analysis

**Fiscal Year 2007 Staffing Analysis**

| Requirements   | A. # of Facilities or Complaints <sup>1</sup> | Requirement per Year <sup>2</sup> | 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 <sup>2</sup> | H. 2008 Staff Coverage or Shortage |
|--|---|-----------------------------------|-------------------------------------|------------------------------|---|--|---------------------------------|------------------------------------|
| <b>Long Term Care</b>  |   |                                   |                                     |                              |   |  | 49.00                           | (14.02)                            |
| No. of Surveyors   |   |                                   |                                     |                              |   |  |                                 |                                    |
| Nursing Homes  |   |                                   |                                     |                              |   |  |                                 |                                    |
| Federal Survey   | 236   | 1.00                              | 236                                 | 168                          | 39,648  | 26.79                                    |                                 |                                    |
| Complaints/Self Reports Investigated   | 3500  |                                   | 3500                                | 12                           | 42,000  | 28.38                                    |                                 |                                    |
| Follow-Up Surveys  | 90  |                                   | 88                                  | 16                           | 1,408   | 0.95                                     |                                 |                                    |
| State Survey   | 236   | 1.00                              | 236                                 | 20                           | 4,720   | 3.19                                     |                                 |                                    |
| State Follow-Up Surveys  | 34  |                                   | 34                                  | 20                           | 680   | 0.46                                     |                                 |                                    |
| TAU Training Programs  | 6   |                                   | 6                                   | 16                           | 96  | 0.06                                     |                                 |                                    |
| Informal Dispute Resolution  |   |                                   |                                     |                              |   |  |                                 |                                    |
| Conferences  | 55  |                                   | 55                                  | 2                            | 110   | 0.07                                     |                                 |                                    |
| Adult Medical Day Care   |   |                                   |                                     |                              |   |  |                                 |                                    |
| Initial Surveys  | 5   | 1.00                              | 5                                   | 22                           | 110   | 0.07                                     |                                 |                                    |
| Renewal Surveys  | 142   | 0.50                              | 71                                  | 34                           | 2,414   | 1.63                                     |                                 |                                    |
| Complaints/Self Reports  | 30  |                                   | 30                                  | 18                           | 540   | 0.36                                     |                                 |                                    |
| Expansions   | 20  |                                   | 20                                  | 14                           | 280   | 0.19                                     |                                 |                                    |
| Follow-Up Surveys  | 7   |                                   | 7                                   | 16                           | 112   | 0.08                                     |                                 |                                    |
| ICF/MR   | 4   | 1.00                              | 4                                   | 120                          | 480   | 0.32                                     |                                 |                                    |
| Complaint  | 50  |                                   | 50                                  | 12                           | 600   | 0.41                                     |                                 |                                    |
| Follow-Up Surveys  | 3   |                                   | 3                                   | 16                           | 48  | 0.03                                     |                                 |                                    |
| Technical Assistance   | 3   |                                   | 3                                   | 16                           | 48  | 0.03                                     |                                 |                                    |
| <b>Assisted Living Programs</b>  |   |                                   |                                     |                              |   |  | 26.00                           | (1.34)                             |
| No. of Surveyors   |   |                                   |                                     |                              |   |  |                                 |                                    |
| Initial Surveys  | 194   |                                   | 194                                 | 45                           | 8,730   | 5.9                                      |                                 |                                    |
| Renewal Surveys  | 1429  | 1.00                              | 1429                                | 18                           | 25,722  | 17.38                                    |                                 |                                    |
| Complaint Investigations   | 273   |                                   | 273                                 | 22                           | 6,006   | 4.06                                     |                                 |                                    |
| <b>Developmental Disabilities</b>  |   |                                   |                                     |                              |   |  | 24.00                           | (24.33)                            |
| No. of Surveyors   |   |                                   |                                     |                              |   |  |                                 |                                    |
| Initial Site Openings  | 288   |                                   | 288                                 | 6                            | 1728  | 1.17                                     |                                 |                                    |
| Residential Sites (ALUs and Group Homes)   | 2049  | 1.00                              | 2049                                | 16                           | 32784   | 22.15                                    |                                 |                                    |
| Day Habilitation and Vocational/Supportive Employment                                    | 236   | 1.00                              | 236                                 | 40                           | 9440  | 6.38                                     |                                 |                                    |
| Individual Family Care   | 233   | 1.00                              | 233                                 | 12                           | 2796  | 1.89                                     |                                 |                                    |
| Resource Coordination  | 14  | 1.00                              | 14                                  | 40                           | 560   | 0.38                                     |                                 |                                    |
| Community Supported Living Arrangement & Family/Individual Support Services <sup>3</sup> | 3845  | 1.00                              | 3845                                | 4                            | 15380   | 10.39                                    |                                 |                                    |
| Follow-Up Surveys  | 10  |                                   | 10                                  | 24                           | 240   | 0.16                                     |                                 |                                    |
| Death Investigations   | 200   |                                   | 200                                 | 13                           | 2600  | 1.76                                     |                                 |                                    |
| Complaint & Incident Investigations <sup>4</sup>   | 2700  |                                   | 300                                 | 20                           | 6000  | 4.05                                     |                                 |                                    |
| <b>Hospitals &amp; Patient Safety</b>  |   |                                   |                                     |                              |   |  | 6.00                            | (0.41)                             |
| No. of Surveyors   |   |                                   |                                     |                              |   |  |                                 |                                    |
| Hospitals  |   |                                   |                                     |                              |   |  |                                 |                                    |
| Validation Surveys   | 4   |                                   | 4                                   | 210                          | 840   | 0.57                                     |                                 |                                    |
| Complaints Investigated  | 80  |                                   | 80                                  | 24                           | 1,920   | 1.3                                      |                                 |                                    |
| Complaints Referred & Followed   | 260   |                                   | 260                                 | 10                           | 2,600   | 1.76                                     |                                 |                                    |
| Follow-Up Surveys  | 10  |                                   | 10                                  | 16                           | 160   | 0.11                                     |                                 |                                    |

|  | A. # of Facilities or Complaints <sup>1</sup> | Requirement per Year <sup>2</sup> | 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 <sup>2</sup> | H. 2008 Staff Overage or Shortage |
|--|---|-----------------------------------|-------------------------------------|------------------------------|--|--|---------------------------------|-----------------------------------|
| <b>Requirements</b>                                |   |                                   |                                     |                              |  |  |                                 |                                   |
| <b>Correctional Health Care Facilities</b>         |   |                                   |                                     |                              |  |  |                                 |                                   |
| Full Surveys                                       | 11  | 2.00                              | 22                                  | 25                           | 550  | 0.37                                     |                                 |                                   |
| Complaint Investigations                           | 2   |                                   | 2                                   | 8                            | 16   | 0.01                                     |                                 |                                   |
| <b>UR/Credentialing; Other Reviews and Surveys</b> |   |                                   |                                     |                              |  |  |                                 |                                   |
| Mortality Review - Psych Hospitals                 | 69  |                                   | 69                                  | 2                            | 138  | 0.09                                     |                                 |                                   |
| Patient Safety                                     | 28  |                                   | 28                                  | 8                            | 224  | 0.15                                     |                                 |                                   |
| Review - RCA                                       | 160   |                                   | 160                                 | 4                            | 640  | 0.43                                     |                                 |                                   |
| Follow-Up Investigations                           | 20  |                                   | 20                                  | 12                           | 240  | 0.16                                     |                                 |                                   |
| Patient safety Program TA Surveys                  | 6   |                                   | 6                                   | 24                           | 144  | 0.1                                      |                                 |                                   |
| <b>Health Maintenance Organizations</b>            |   |                                   |                                     |                              |  |  |                                 |                                   |
| Surveys  | 7   | 1.00                              | 7                                   | 110                          | 770  | 0.52                                     |                                 |                                   |
| Follow-Up  | 1   |                                   | 1                                   | 16                           | 16   | 0.01                                     |                                 |                                   |
| Complaints   | 18  |                                   | 18                                  | 5                            | 90   | 0.06                                     |                                 |                                   |
| <b>Residential Treatment Centers</b>               |   |                                   |                                     |                              |  |  |                                 |                                   |
| Complaints   | 30  |                                   | 30                                  | 16                           | 480  | 0.32                                     |                                 |                                   |
| Validation Surveys                                 | 2   |                                   | 2                                   | 16                           | 32   | 0.02                                     |                                 |                                   |
| Follow-Up Surveys                                  | 5   |                                   | 5                                   | 16                           | 80   | 0.05                                     |                                 |                                   |
| <b>Freestanding Medical Facilities</b>             |   |                                   |                                     |                              |  |  |                                 |                                   |
| Surveys  | 3   |                                   | 3                                   | 24                           | 72   | 0.05                                     |                                 |                                   |
| Follow-ups   | 3   |                                   | 3                                   | 24                           | 72   | 0.05                                     |                                 |                                   |
| Complaints   | 5   |                                   | 5                                   | 10                           | 50   | 0.03                                     |                                 |                                   |
| <b>Transplant Programs</b>                         |   |                                   |                                     |                              |  |  |                                 |                                   |
| Surveys  | 2   |                                   | 2                                   | 160                          | 320  | 0.22                                     |                                 |                                   |
| Complaints   | 2   |                                   | 2                                   | 20                           | 40   | 0.03                                     |                                 |                                   |
| <b>Laboratories Licensing and Certification</b>    |   |                                   |                                     |                              |  |  |                                 |                                   |
| No. of Surveyors                                   |   |                                   |                                     |                              |  |  | 5.00                            | (2.46)                            |
| <b>Independent Reference Labs</b>                  |   |                                   |                                     |                              |  |  |                                 |                                   |
| Non-Accredited                                     | 84  | 0.50                              | 42                                  | 20                           | 840  | 0.57                                     |                                 |                                   |
| Complaints   | 25  |                                   | 25                                  | 22                           | 550  | 0.37                                     |                                 |                                   |
| <b>Physician Offices and Point of Care</b>         |   |                                   |                                     |                              |  |  |                                 |                                   |
| CLIA   | 380   | 0.50                              | 190                                 | 10                           | 1,900  | 1.28                                     |                                 |                                   |
| Validation   | 39  |                                   | 40                                  | 10                           | 400  | 0.27                                     |                                 |                                   |
| <b>Cytology Proficiency Testing</b>                |   |                                   |                                     |                              |  |  |                                 |                                   |
| Cytology Surveys                                   | 410   |                                   | 450                                 | 2                            | 900  | 0.61                                     |                                 |                                   |
| Proficiency Testing - Multiple Failure             | 35  | 0.50                              | 18                                  | 8                            | 144  | 0.1                                      |                                 |                                   |
| Letters  | 15  |                                   | 169                                 | 4                            | 676  | 0.46                                     |                                 |                                   |
| Proficiency Testing - Single Failure               |   |                                   |                                     |                              |  |  |                                 |                                   |
| Letters  | 1168  |                                   | 1168                                | 2                            | 2,336  | 1.58                                     |                                 |                                   |
| Coagulation  | 259   | 0.50                              | 130                                 | 7                            | 910  | 0.61                                     |                                 |                                   |
| Cholesterol Testing - Site Approvals               | 350   |                                   | 350                                 | 1                            | 350  | 0.24                                     |                                 |                                   |
| Cholesterol Testing                                | 20  | 1.00                              | 20                                  | 7                            | 140  | 0.09                                     |                                 |                                   |
| Tissue Banks                                       | 90  | 1.00                              | 71                                  | 11                           | 781  | 0.53                                     |                                 |                                   |
| Employer Drug Testing                              | 114   | 1.00                              | 101                                 | 11                           | 1,111  | 0.75                                     |                                 |                                   |
| <b>Ambulatory Care Programs</b>                    |   |                                   |                                     |                              |  |  |                                 |                                   |
| No. of Surveyors                                   |   |                                   |                                     |                              |  |  | 10.00                           | (21.68)                           |
| <b>Birthing Centers</b>                            |   |                                   |                                     |                              |  |  |                                 |                                   |
| Birthing Centers                                   | 3   | 1.00                              | 3                                   | 18                           | 54   | 0.04                                     |                                 |                                   |
| <b>Home Health Agencies (HHA)</b>                  |   |                                   |                                     |                              |  |  |                                 |                                   |
| HHA - Complaints                                   | 52  | 1.00                              | 52                                  | 50                           | 2,600  | 1.76                                     |                                 |                                   |
| HHA - Complaints                                   | 12  |                                   | 12                                  | 24                           | 288  | 0.19                                     |                                 |                                   |
| <b>Dialysis Centers - Surveys</b>                  |   |                                   |                                     |                              |  |  |                                 |                                   |
| Dialysis Centers - Surveys                         | 119   | 0.33                              | 39                                  | 46                           | 1,794  | 1.21                                     |                                 |                                   |



|   | A. # of Facilities or Complaints <sup>1</sup> | Requirement per Year <sup>2</sup> | 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 <sup>2</sup> | H. 2008 Staff Overage or Shortage |
|---|---|-----------------------------------|-------------------------------------|------------------------------|--|--|---------------------------------|-----------------------------------|
| Dialysis Complaints                       | 26  |                                   | 26                                  | 21                           | 546  | 0.37                                     |                                 |                                   |
| Hospice Care Programs - Surveys           | 32  | 0.33                              | 11                                  | 43                           | 473  | 0.32                                     |                                 |                                   |
| <b>Requirements</b>                       |   |                                   |                                     |                              |  |  |                                 |                                   |
| Hospice Care Programs - Complaints        | 10  |                                   | 9                                   | 21                           | 189  | 0.13                                     |                                 |                                   |
| Ambulatory Surgical Centers               | 367   | 0.33                              | 121                                 | 16                           | 1,936  | 1.31                                     |                                 |                                   |
| Ambulatory Surgical Centers - Complaints  | 9   |                                   | 9                                   | 8                            | 72   | 0.05                                     |                                 |                                   |
| Outpatient Physical Therapy               | 114   | 0.05                              | 6                                   | 10                           | 60   | 0.04                                     |                                 |                                   |
| Comprehensive Outpatient Rehab            | 8   | 0.05                              | 1                                   | 10                           | 10   | 0.01                                     |                                 |                                   |
| Facilities                                | 11  | 0.05                              | 1                                   | 10                           | 10   | 0.01                                     |                                 |                                   |
| Portable X-Ray                            | 640   | 1.00                              | 640                                 | 54                           | 34,560   | 23.35                                    |                                 |                                   |
| Residential Service Agencies              |   |                                   |                                     |                              |  |  |                                 |                                   |
| Residential Service Agencies - Complaints | 25  |                                   | 25                                  | 18                           | 450  | 0.3                                      |                                 |                                   |
| Major Medical Equipment                   | 212   | 1.00                              | 212                                 | 10                           | 2,120  | 1.43                                     |                                 |                                   |
| Nurse Staffing Agencies                   | 564   | 1.00                              | 564                                 | 3                            | 1,692  | 1.14                                     |                                 |                                   |
| Nurse Referral Service Agencies           | 50  | 0.33                              | 17                                  | 2                            | 34   | 0.02                                     |                                 |                                   |
| <b>Mental Health Programs</b>             |   |                                   |                                     |                              |  |  |                                 |                                   |
| No. of Surveyors                          |   |                                   |                                     |                              |  |  | 3.00                            | (3.66)                            |
| Community Mental Health Clinics           | 237   | 0.50                              | 119                                 | 26                           | 3094   | 2.09                                     |                                 |                                   |
| Adult Group Homes                         | 133   | 0.50                              | 532                                 | 3.3                          | 1755.6   | 1.19                                     |                                 |                                   |
| Mental Health Vocational Program          | 50  | 0.33                              | 17                                  | 24                           | 408  | 0.28                                     |                                 |                                   |
| Mobile Treatment Services                 | 23  | 0.33                              | 8                                   | 16                           | 128  | 0.09                                     |                                 |                                   |
| Partial Hospitalization Program           | 39  | 0.33                              | 13                                  | 16                           | 208  | 0.14                                     |                                 |                                   |
| Psychiatric Rehabilitation Program        | 240   | 0.33                              | 79                                  | 30                           | 2370   | 1.6                                      |                                 |                                   |
| Residential Crisis Services               | 14  | 0.33                              | 5                                   | 16                           | 80   | 0.05                                     |                                 |                                   |
| Residential Rehabilitation Program        | 77  | 0.33                              | 25                                  | 25                           | 625  | 0.42                                     |                                 |                                   |
| Respite                                   | 15  | 0.33                              | 5                                   | 16                           | 80   | 0.05                                     |                                 |                                   |
| Therapeutic Group Homes                   | 32  | 1.00                              | 32                                  | 24                           | 768  | 0.52                                     |                                 |                                   |
| Therapeutic Nurseries                     | 2   | 0.33                              | 1                                   | 16                           | 16   | 0.01                                     |                                 |                                   |
| Application Reviews                       | 40  |                                   | 40                                  | 8                            | 320  | 0.22                                     |                                 |                                   |
| <b>Substance Abuse</b>                    |   |                                   |                                     |                              |  |  |                                 |                                   |
| No. of Surveyors                          |   |                                   |                                     |                              |  |  | 2.80                            | (1.24)                            |
| Outpatient Therapy                        | 257   | 0.50                              | 129                                 | 24                           | 3096   | 2.09                                     |                                 |                                   |
| Intensive Outpatient Therapy              | 58  | 0.50                              | 29                                  | 16                           | 464  | 0.31                                     |                                 |                                   |
| Partial Hospitalization                   | 4   | 0.50                              | 2                                   | 16                           | 32   | 0.02                                     |                                 |                                   |
| Halfway Houses                            | 60  | 0.50                              | 30                                  | 16                           | 480  | 0.32                                     |                                 |                                   |
| Long Term Residential Care                | 14  | 0.50                              | 7                                   | 16                           | 112  | 0.08                                     |                                 |                                   |
| Therapeutic Community                     | 4   | 0.50                              | 2                                   | 16                           | 32   | 0.02                                     |                                 |                                   |
| Medically Monitored Intensive             |   |                                   |                                     |                              |  |  |                                 |                                   |
| Inpatient Therapy                         | 16  | 0.50                              | 8                                   | 24                           | 192  | 0.13                                     |                                 |                                   |
| Medically Monitored Detoxification        | 15  | 0.50                              | 8                                   | 16                           | 128  | 0.09                                     |                                 |                                   |
| Ambulatory Dextox w/Extend On-Site        |   |                                   |                                     |                              |  |  |                                 |                                   |
| Monitoring                                | 17  | 0.50                              | 9                                   | 16                           | 144  | 0.1                                      |                                 |                                   |
| Opioid Maintenance Therapy Program        | 47  | 0.50                              | 24                                  | 24                           | 576  | 0.39                                     |                                 |                                   |
| Application Reviews                       | 20  |                                   | 20                                  | 24                           | 480  | 0.32                                     |                                 |                                   |
| Addendum Application Review               | 15  |                                   | 15                                  | 10                           | 200  | 0.14                                     |                                 |                                   |
| Voluntary Program Closure                 | 10  |                                   | 10                                  | 5                            | 50.00  | 0.03                                     |                                 |                                   |
|   |   |                                   |                                     |                              |  |  | <u>194.94</u>                   | <u>125.80 (69.14)</u>             |

<sup>1</sup>Key for Column B:

1.00 = Annual

0.50 = Every 2-Yrs

0.33 = Every 3-Yrs (Periodic)

0.15 = 15% of the Total

0.10 = 10% of the Total

0.05 = 5% of the Total

<sup>2</sup>Figures based upon 7/2006 Listing of Position Detail by Unit/Program/Sub-Program Report from FMIS.

<sup>3</sup> Figures based upon FY 2007 Work Unit Estimates.

<sup>4</sup>Surveys are based on number of individuals.

<sup>5</sup>Decrease in number of incidents reported due to change in DDA's *Policy on Reportable Incidents and Investigations*.

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