



DEPARTMENT OF HEALTH & MENTAL HYGIENE

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Fiscal Year 2009 Annual Report & Staffing Analysis



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Preface and Executive Summary

December 2009

During the year, the Office of Health Care Quality (OHCQ) continued focusing its limited resources on ensuring the safety and quality of health care services for Maryland citizens. The various units within OHCQ diligently carried out licensure actions and issued sanctions, when appropriate, while continuing outreach efforts to educate consumers, providers, advocates and other stakeholders. The number of provider facilities under OHCQ's jurisdiction exceeds 9,900. We conducted approximately 4,700 surveys during year.

OHCQ is pleased to report a number of major accomplishments in 2009. Maryland was one of 12 states awarded federal stimulus funding from the Centers for Medicare and Medicaid Services to survey additional Ambulatory Surgical Centers with a new infection control tool. Additionally, as a result of implementing a revised survey process and formalized survey triage process for developmental disabilities community programs, OHCQ is showing increased efficiency by decreasing survey time, enabling surveyors to spend less time with paper review and more time with consumers.

However, challenges remain. OHCQ continues to face a surveyor deficit, which increased from 83 positions last year to nearly 92 positions this year (See Appendix A). The increase in the surveyor staffing deficit is a result of the projected workload increase primarily in the Assisted Living, Ambulatory Care, Developmental Disabilities, and Laboratories Units. In addition, as part of the State's cost containment plan, a number of surveyor positions were eliminated from OHCQ's FY09 and FY10, budgets, which affected our ability to meet survey requirements mandated by law.

We attempt to meet these challenges with good stewardship of existing resources, focusing on programs with greatest impact on peoples' safety and health. This annual report details internal performance standards for each unit, which were developed to greater focus resources upon priorities. While generally 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, the Administration, members of the General Assembly, and all of our varied and vocal stakeholders as we progress towards this goal.

Respectfully submitted,

Nancy Grimm
Director

Overview

The Office of Health Care Quality (OHCQ) is the agency within the Department of Health and Mental Hygiene (DHMH) charged with monitoring the quality of care in Maryland's 9,900 health care and community residential programs. OHCQ is committed to protecting the health and safety of Maryland's citizens and is proud to be licensing and certifying Maryland's health care community.

Mission

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

Vision

The vision of the Office of Health Care Quality (OHCQ) is to achieve excellence in the quality of services provided by the health care and community service delivery systems through the regulatory process.

Values

The values of the Office of Health Care Quality (OHCQ) are to promote a work force that is qualified, competent, honest, and possesses integrity; promote principles of fairness, consistency, objectivity, and accountability; to create an environment of creativity, cultural sensitivity, pride, dignity, respect, and process improvement; and to promote partnerships with customers and maintain their trust.

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, OHCQ has experienced an increase in its workload. 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.

Increased Mandates

In 1988, the Office of Licensing and Certification Programs (now OHCQ) 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 OHCQ was heavily supported by federal funds and there was little State only activity (programs governed by State and not federal legislation). Today, OHCQ regulates some 9,900 facilities. Between 1996 and 2009, the Maryland General Assembly passed a variety of new regulatory packages and the Centers for Medicare and Medicaid Services (CMS) increased the priority or tier levels for other programs including kidney dialysis centers, hospice, and ambulatory surgical centers. CMS added the responsibility for survey and certification of transplant centers in FFY08. For FFY09, CMS increased the number of surveys of Ambulatory Surgical Centers from 5 percent to 10%, and to 33% for FFY10.

The 2006 – 2008 General Assembly Sessions brought forward several pieces of legislation to improve the quality of care in assisted living facilities, increase oversight of accrediting organizations, increase data reporting requirements to the Mortality Review Committee, strengthen licensure requirements for residential programs that serve children, establish emergency planning requirements for human service facilities, and strengthen regulations of nursing homes. 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 have an effect on staff workload.

The 2007 General Assembly passed legislation that will require the OHCQ to regulate forensic laboratories in Maryland beginning in December 2011. This will require additional, specifically trained and qualified staff.

Table 1 describes the increase in mandated regulatory programs, FY 1996-2008.

Table 1. Increase in Mandated Regulatory Programs and Activities 1996 – 2008	
Year	Program
1996	Assisted Living
	Birthing 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
Year	Program
	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
2008	Transplant Centers (CMS)
	Operation of Nursing Homes– Licensure Regulations
2009	Survey of Ambulatory Surgical Centers increased from 5 to 10% (CMS)
2010	Survey of Ambulatory Surgical Centers increased from 10 to 33% (CMS)

Programs and Fiscal Year 2009 Performance Standards

Long-Term Care Unit

The Long-Term Care (LTC) Unit ensures that State licensure and Medicare/Medicaid standards are maintained for nursing homes and Intermediate Care Facilities for the Mentally Retarded (ICF-MR) 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. Additionally, the LTC Unit investigates complaints of resident abuse by staff and assists with criminal and civil prosecution of staff members who abuse vulnerable adults.

Table 2 describes the Long-Term Care Unit's Unit of Measurement accomplishments for Fiscal Year 2004 through 2011.

Table 2 Units of Measurements Long-Term Care	Fiscal Year 2004	Fiscal Year 2005	Fiscal Year 2006	Fiscal Year 2007	Fiscal Year 2008	Fiscal Year 2009	Fiscal Year 2010	Fiscal Year 2011
Nursing Homes								
Number of Licensed Nursing Homes	242	242	236	236	233	234	233	236
Initial Surveys of New Providers	2	3	0	1	0	1	1	1
Table 2 Units of Measurements Long-Term Care	Fiscal Year 2004	Fiscal Year 2005	Fiscal Year 2006	Fiscal Year 2007	Fiscal Year 2008	Fiscal Year 2009	Fiscal Year 2010	Fiscal Year 2011
Full Surveys	211	219	227	221	221	221	221	222
Follow-Up Surveys	61	136	63	88	96	59	65	70
Informal Dispute Resolution Conferences	24	33	40	52	43	43	45	47
Technical Assistance Surveys	196	217	229	200	148	64	0	0
Civil Monetary Penalties Levied	29	63	51	59	76	67	70	75
Denial of Payment – New Admissions	2	3	4	1	6	1	2	2
Total Number of Complaints & Facility Self Reported Incidents	1759	2209	3591	4422	4862	4413	4500	4600
Total Number of Quality of Care Allegations	1701	1257	3429	3933	4391	5387	5400	5500
Total Number of Complaints/SRI Investigated	1781	2225	2538	3100	3934	3136	3200	3300
Number of Resident Abuse Allegations	126	121	158	1253	1253	1162	1300	1500
Intermediate Care Facilities for the Mentally Retarded (ICF/MR/SRC)								
Number of ICF/MR/SRC	4	4	4	4	5	4	3	3
Follow-Up Surveys	0	0	1	3	9	4	3	3
Complaints and Self-Reported Incidents	280	340	281	181	123	129	100	90
Complaints and Self-Reported Incidents Investigated	318	292	209	49	80	98	100	90

Table 3 describes the performance measures of the Long-Term Care Unit

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

Adult Medical Day Care Unit

The Adult Medical Day Care Unit is the lead unit for overseeing regulatory compliance for adult medical day care centers in the State. Adult Medical Day Care Centers are operated for the purpose of providing medical day care services in an ambulatory care setting to medically compromised adults who have disabilities but who do not require 24-hour inpatient care.

Table 4 describes Adult medical day care Unit's Unit of Measurement accomplishments for Fiscal Year 2004 through 2011

Units of Measurements Adult Medical Day Care	Fiscal Year 2004	Fiscal Year 2005	Fiscal Year 2006	Fiscal Year 2007	Fiscal Year 2008	Fiscal Year 2009	Fiscal Year 2010	Fiscal Year 2011
Adult Medical Day Care								
Number of Adult Medical Day Care Centers	117	127	136	142	144	144	143	140
Initial Surveys of New Providers	22	3	10	6	4	4	5	4
Full Surveys	24	49	74	36	19	55	72	49
Follow-Up Surveys	20	20	15	2	4	6	4	5
Complaint Surveys	14	22	25	42	40	61	41	47

Table 5 describes the performance measures of the Adult Medical Day Care Unit – FY09

Priority or Performance Measure	Result
(1) Complete 100% of the adult medical day care licensure surveys within 24 to 30 months of the previous survey.	Met

Assisted Living Programs Unit

The Assisted Living Unit is the lead unit for overseeing regulatory compliance for approximately 1,400 assisted living programs in the State by ensuring compliance to standards for the safety and well-being of the individuals residing in the programs. Assisted living

programs are residential or facility-based programs that provide housing and supportive services, supervision, personalized assistance, and/or health-related services to meet the needs of residents who are unable to perform or need assistance in performing activities of daily living.

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 public forums and OHCQ provided trainings for assisted living providers and stakeholders to discuss and to identify quality standards that should be strengthened to better protect the health and safety of residents. Since 2006, OHCQ has continued to work with stakeholders to revise the regulations for Assisted Living Programs which were implemented in December 2008.

Table 5 describes the Assisted Living Unit of Measurement accomplishments for Fiscal Year 2004 through 2011, and shows the unit’s productivity.

Table 5 Units of Measurements Assisted Living Unit	Fiscal Year 2004	Fiscal Year 2005	Fiscal Year 2006	Fiscal Year 2007	Fiscal Year 2008	Fiscal Year 2009	Fiscal Year 2010	Fiscal Year 2011
Number of Licensed Assisted Living Programs	1677	1580	1567	1361	1388	1370	1444	1400
Unlicensed Programs	828	572	411	33	22	28	25	25
Renewal Surveys	--	--	207	442	583	752	668	710
Initial Surveys	--	--	190	169	235	173	285	234
Other Surveys (fellow-up, bed increase, waiver, level of care)	--	--	26	139	232	367	300	299
Total Number of Complaints Received	332	320	301	389	341	421	352	335
Total Number of Complaints Investigated	389	320	295	262	398	405	401	401

The Assisted Living Unit imposed 81 sanctions in FY09. These sanctions include emergency suspensions, revocations of license, non-renewal of license, denial of licensure, directed plans of corrections and civil money penalties. The Department imposed \$103,708 in fines and penalties during the year.

Table 6 describes the performance measures of the Assisted Living Unit.

Table 6. Performance Measures: Assisted Living – FY09	
Priority or Performance Measure	Result
(1) Investigate any complaint that alleges a serious and immediate jeopardy within two working days.	Met
(2) Investigate any complaint of actual harm within 30 working days.	Met
(3) Complete 100% of the licensure surveys of assisted living programs for facilities with 17 or more beds.	Not Met
(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.	Not Met

Developmental Disabilities Unit

The Developmental Disabilities Unit is the licensing agent for the Developmental Disabilities Administration (DDA). The unit ensures regulatory compliance for over 200 community-based providers with close to 2800 sites. Services regulated include community residential services, community supported living arrangements, family support services, individual support services, resource coordination, and vocational and day habilitation services, including supportive employment.

State law requires an annual survey of each site licensed by the DDA. In FY09, 22% of licensed agencies and 52% of licensed 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.

Table 7 describes the Developmental Disabilities Unit's Units of Measurement accomplishments for Fiscal Year 2004 through 2011.

Table 7 Units of Measure Developmental Disabilities Unit	Fiscal Year 2004	Fiscal Year 2005	Fiscal Year 2006	Fiscal Year 2007	Fiscal Year 2008	Fiscal Year 2009	Fiscal Year 2010	Fiscal Year 2011
Number of Licensed Agencies	191	192	200	199	233 ¹	216	220	225
Number of Sites	2620	2542	2671	2702	2715	2774	2850	3000
Number of New Agencies	16	11	11	10	6	5	5	5
Number of Agencies Surveyed	102	113	80	72	46	48	55	60
Number of Sites Surveyed	911	794	1023	1522	1393	1436	1550	1600
Number of Complaints and Self Reported Incidences	4496	4352	2859	2649	3007	2464	3000	3200
No Further Action Required	3839	3615	2277	2177	2527	2056	2450	2650
Conducted On-Site Investigation	433	409	319	296	406	346	450	450
Referred	224	180	138	176	74	62	100	100
Mortality Investigation Unit								
Number of Deaths	175	143	315	375	354	556	500	500
Number of DD Deaths	N/A	N/A	149	153	148	166	175	175
Number of MH Deaths	N/A	N/A	166	222	206	390	325	325
Number of Deaths Investigated	43	220	196	192	182	53	75	75

Table 8 describes the performance measures of the Developmental Disabilities Unit.

Table 8. Performance Measures: Developmental Disabilities Unit – FY09

Priority or Performance Measure	Result
(1) Conduct licensure surveys of 50% of the licensed providers.	Not Met

¹ The number was revised from the 204 in the 2008 Annual Report. Under the Developmental Disabilities Unit, Children's programs were not being counted as a separate licensee, this revision made that correction.

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*.

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 ensure that the OHCQ staff is deployed most efficiently. In addition, there has been an effort to prioritize complaints and better integrate complaint and licensure surveys. While there is no question that additional surveyor resources are required for the Developmental Disabilities Unit, OHCQ is committed to using existing resources most efficiently to protect and enhance the lives of Maryland citizens with developmental disabilities.

As a result, in 2007, OHCQ, with support from DDA, contracted with an independent consultant to evaluate the OHCQ community programs unit for individuals with developmental disabilities. During 2008, the OHCQ, in collaboration with DDA and other stakeholders, held a series of taskforce meetings to develop and implement many of the recommended changes in the community survey process to realize efficiencies noted in the consultant's report. These changes, including the utilization of provider self-surveys to document mandated policy and procedure compliance and personnel training requirements, was implemented during FY09 and resulted in an average savings of 2 days survey time per agency surveyed, thus assisting the unit to increase its productivity by 2%. This strategy of reviewing processes will continue during FY10, to include a streamlining of the Plan of Correction review and greater standardization of interoffice protocols. The goal will be to reach more sites and spend less time with paperwork and more time with people.

The unit spent approximately 800 hours during FY09 visiting individuals who transferred from the Rosewood State Residential Center to community placements as a result of the institution's closure. These visits were in addition to mandated survey activity.

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. Beginning federal fiscal year 2009, the unit will also initiate surveys of transplant centers in Maryland on behalf of CMS.

Responsibilities of the unit include the investigation of complaints filed against these providers; the annual survey and revisit surveys of health maintenance organizations; hospitals within correctional facilities; federally mandated validation surveys and complaint investigations of hospitals and residential treatment centers; investigation of all deaths that occur in State

operated residential treatment centers and psychiatric hospitals; review of all self reported incidents that occur at these providers; investigation of complaints against HMOs; triennial surveys and revisit surveys of transplant programs; and, all associated 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 compliance with these regulations. Information regarding trends, best practices, and lessons learned obtained from the review of these events are disseminated to hospitals via the Division's Annual Report, as well as Clinical Alerts and/or Clinical Observations in an effort to improve patient safety.

Table 9 describes Hospitals, HMOs, and Patient Safety Unit's Unit of Measurement accomplishments for Fiscal Year 2004 through 2011.

Table 9 Units of Measurements Hospitals, HMO. Patient Safety Unit	Fiscal Year 2004	Fiscal Year 2005	Fiscal Year 2006	Fiscal Year 2007	Fiscal Year 2008	Fiscal Year 2009	Fiscal Year 2010	Fiscal Year 2011
Number of Licensed/Certified Hospitals	70	69	69	69	69	69	67	66
Validation Surveys of JCAHO Accredited Hospitals	5	2	3	4	4	4	4	4
Complaints Received	358	331	339	316	394	412	427	440
Complaints Investigated On-Site	66	68	53	73	90	115	125	135
Complaints Referred to Hospitals for Investigation	292	318	286	243	278	264	290	295
Follow-Up Surveys	0	2	4	2	3	5	10	15
Enforcement Remedies Imposed (Sanctions)	1	0	2	3	2	5	6	10
Review of JCAHO Reports	18	25	17	19	28	14	19	25
Adverse Event Reports	20	145	168	168	182	190	220	240
Review of Root Cause Analysis Reports (Patient Safety)	--	--	116	134	193 ²	205	195	210
Follow-up Investigations/Hospital Patient Safety Surveys	--	--	6	3	0	7	12	15
Number of Health Maintenance Organizations	9	8	10	7	7	7	7	6
Full Surveys	11	7	9	6	6	5	7	6
Follow-up Surveys	0	0	0	0	0	0	1	1
Complaint Investigations	28	51	25	13	13	13	15	16
Number of Residential Treatment Centers	14	14	13	12	12	11	11	11
Follow-up Surveys	1	0	11	0	3	0	2	2

² This number was revised from 235 in the 2008 Annual Report.

Table 9 Units of Measurements Hospitals, HMO. Patient Safety Unit	Fiscal Year 2004	Fiscal Year 2005	Fiscal Year 2006	Fiscal Year 2007	Fiscal Year 2008	Fiscal Year 2009	Fiscal Year 2010	Fiscal Year 2011
Validation Surveys and Seclusion & Restraint Investigation	--	0	1	2	1	2	3	3
Complaints Received	--	--	38	24	45	49	59	69
Complaint Investigations	16	29	38	17	43	38	48	58
Number of Correctional Health Care Facilities	9	9	11	11	11	11	11	11
Full Surveys	23	12	12	9	11	2	0	11
Table 9 Units of Measurements Hospitals, HMO. Patient Safety Unit	Fiscal Year 2004	Fiscal Year 2005	Fiscal Year 2006	Fiscal Year 2007	Fiscal Year 2008	Fiscal Year 2009	Fiscal Year 2010	Fiscal Year 2011
Follow-up Surveys	0	0	0	0	0	0	0	3
Complaint Investigations	0	12	2	0	0	2	2	2
Number of Freestanding Medical Facilities	--	--	--	2	2	2	2	3
Initial, Full and Follow-up Surveys	--	--	--	3	2	2	2	3
Complaints	--	--	--	0	1	0	2	3
Number of Transplant Centers	--	--	--	--	2	2	2	2
Full Surveys	--	--	--	--	0	1	1	0
Complaint Investigations	--	--	--	--	0	2	4	5

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

Table 10. Performance Standards: Hospitals, HMOs, & Patient Safety Unit – FY09	
Priority or Performance Measure	Result
(1) To conduct a preliminary evaluation of all hospital event reports and Root Cause Analysis (RCA) within 30 days.	Not Met
(2) To complete a review of all RCAs within 90 days.	Met
(3) To conduct annual reviews of patient safety programs in 20% of all licensed hospitals.	Not Met
(4) To complete 100% of alleged Emergency Medical Treatment and Labor Act (EMTALA) complaints within five working days of receipt.	Met
(5) To complete 100% of all hospital validation surveys required by CMS within the timeframe requested by CMS.	Met
(6) To investigate 90% of all complaint investigations requested by CMS within 45 calendar days.	Not Met
(7) To complete bi-annual annual inspections of eleven hospitals located within correctional facilities.	Not Met

Laboratory Licensing & Certification Unit

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 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 licensing programs include those for blood, sperm and tissue banks, hospital laboratories, independent reference, physician office laboratories and point of care laboratories, cholesterol testing sites, employer drug testing, health awareness testing sites, collection/testing stations, and cytology testing.

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's 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 15 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. In 2009, the passing rate increased to 96.1%. 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 2004 through 2011

Table 11 Units of Measure Laboratory Licensing & Certification Unit	Fiscal Year 2004	Fiscal Year 2005	Fiscal Year 2006	Fiscal Year 2007	Fiscal Year 2008	Fiscal Year 2009	Fiscal Year 2010	Fiscal Year 2011
Physician Office and Point of Care Laboratories	481	534	556	639	611	581	600	630
Initial Surveys of New Providers	34	12	39	38	20	25	10	15
Full Surveys	170	154	167	171	190	233	235	240
Follow-Up Surveys	3	4	6	2	97	133	140	145
Validation Surveys	33	31	36	5	5	3	2	2
Complaint Surveys	3	2	0	0	2	1	1	1
Federal Waived Lab Project	0	0	0	38	39	15	39	39
Independent Reference Laboratories	108	301	264	360	388	464	470	480
Initial Surveys of New Providers	5	3	5	27	6	4	10	15
Full Surveys	18	28	19	22	35	38	40	40
Follow-Up Surveys	1	5	0	2	28	30	29	32
Validation Surveys	2	0	0	0	0	0	1	1

Complaint Surveys	12	7	22	21	8	6	12	12
Table 11	Fiscal	Fiscal	Fiscal	Fiscal	Fiscal	Fiscal	Fiscal	Fiscal
Units of Measure	Year	Year	Year	Year	Year	Year	Year	Year
Laboratory Licensing & Certification Unit	2004	2005	2006	2007	2008	2009	2010	2011
Hospital Laboratories	54	65	63	73	76	74	76	76
Initial Surveys of New Providers	0	0	0	0	0	0	0	0
Full Surveys	0	0	0	0	0	0	0	0
Follow-Up Surveys	0	3	0	0	0	0	0	0
Validation Surveys	1	5	1	1	1	1	1	1
Complaint Surveys	4	2	4	0	0	1	1	1
Cholesterol Testing Sites	19	8	8	12	15	13	15	16
Initial Surveys of New Providers	3	1	1	0	5	0	10	10
Full Surveys	4	6	21	13	27	16	30	32
Validation Surveys	0	0	0	0	0	0	0	0
Tissue Banks	110	106	116	144	155	164	170	174
Initial Surveys of New Providers	3	0	2	7	11	0	10	10
Full Surveys	2	30	20	80	44	25	65	70
Follow-Up Surveys	0	0	0	0	3	4	12	15
Validation Surveys	0	1	0	0	0	0	0	0
Cytology Proficiency Testing								
Laboratories Performing Cytology	57	53	65	75	81	91	94	97
Individuals Tested	474	534	425	406	407	344	400	417
Individuals who Failed and Required Re-testing or Training and Re-Testing	12	23	20	14	17	14	13	12
Employer Drug Testing	-	-	-	-	-	114	114	114

Table 12 describes the performance standards of the Laboratory Licensing and Certification Unit.

Table 12. Performance Standards: Laboratory Licensing & Certification Unit – Fiscal Year 2009

Priority or Performance Measure	Result
(1) Maintain federally required and budgeted survey activity.	Met
(2) To investigate any complaint that could result in actual harm within 45 working days.	Met
(3) 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 2,000. This is reflective of the change in the health care delivery system and the shift of institutional care to home and community-based services.

During FFY09, Maryland was one of 12 states awarded federal stimulus funding from CMS to survey additional Ambulatory Surgical Centers with a new infection control tool; 26 ASCs were inspected with these additional funds using the enhanced survey process. As a result of the enhanced survey process, we are doing a more comprehensive survey, observing patients from pre-op to post-op, and identifying breaks in infection control using the tool designed by CMS.

Table 13 describes the Ambulatory Care Programs Unit’s Unit of Measurement accomplishments for Fiscal Year 2004 through 2011.

Table 13 Units of Measure Ambulatory Care Programs	Fiscal Year 2004	Fiscal Year 2005	Fiscal Year 2006	Fiscal Year 2007	Fiscal Year 2008	Fiscal Year 2009	Fiscal Year 2010	Fiscal Year 2011
Home Health Agencies	51	54	54	51	52	53	54	55
Number of Medicare Certified Providers	51	54	54	51	52	53	54	55
Initial Surveys of New Providers	16	1	2	0	2	2	3	2
Full Surveys	67	45	34	26	37	38	39	40
Follow-Up Surveys	6	0	0	0	3	3	3	3
Complaint Investigations	22	8	15	10	13	14	15	16
Hospice	31	32	31	31	31	31	31	31
Initial Surveys of New Providers	1	0	5	4	1	1	1	1
Full Surveys	2	7	0	0	3	3	3	3
Follow-Up	0	0	0	1	0	0	0	0

Table 13 Units of Measure Ambulatory Care Programs	Fiscal Year 2004	Fiscal Year 2005	Fiscal Year 2006	Fiscal Year 2007	Fiscal Year 2008	Fiscal Year 2009	Fiscal Year 2010	Fiscal Year 2011
Surveys								
Complaint Investigations	6	4	9	9	10	11	12	13
Residential Service Agencies	375	432	523	622	589	595	601	620
Full Surveys	2	0	3	56	45	45	47	50
Initial Surveys of New Providers	--	--	--	35	71	65	60	57
Follow-Up Surveys	--	--	--	35	41	38	31	34
Complaint Investigations	12	15	24	22	25	28	31	34
Freestanding Renal Dialysis	125	118	108	117	120	121	122	127
Initial Surveys of New Providers	18	2	2	5	3	1	1	4
Full Surveys	77	24	36	25	57	56	55	57
Follow-Up Surveys	5	0	3	3	4	3	3	4
Complaint Investigations	41	12	23	24	32	35	38	41
Freestanding Ambulatory Surgical Centers	349	355	335	363	365	366	368	371
Initial Surveys of New Providers	30	15	21	15	15	15	16	17
Full Surveys	8	3	19	17	21	36	120	120
Follow-Up Surveys	0	0	3	0	1	0	0	0
Complaint Investigations	5	5	1	8	5	6	7	8
Comprehensive Outpatient Rehabilitation Facilities	15	6	7	8	8	8	8	8
Initial Surveys of New Providers	2	0	1	1	0	0	0	0
Full Surveys	0	0	1	1	1	1	1	1
Follow-Up Surveys	0	0	0	0	0	0	0	0
Complaint Investigations	0	0	0	1	1	1	1	1
Major Medical	111	139	178	209	227	227	229	231

Table 13 Units of Measure Ambulatory Care Programs	Fiscal Year 2004	Fiscal Year 2005	Fiscal Year 2006	Fiscal Year 2007	Fiscal Year 2008	Fiscal Year 2009	Fiscal Year 2010	Fiscal Year 2011
Equipment								
Initial Surveys of New Providers	0	0	0	0	0	0	0	0
Full Surveys	0	0	0	0	0	0	0	0
Follow-Up Surveys	0	0	0	0	0	0	0	0
Complaint Investigations	0	2	0	1	1	1	1	1
Birthing Centers	4	5	5	3	2	2	2	2
Initial Surveys of New Providers	0	0	0	0	0	0	0	0
Full Surveys	10	5	2	2	1	1	1	1
Follow-Up Surveys	2	0	0	0	0	0	0	0
Complaint Investigations	2	0	0	0	0	1	1	1
Outpatient Physical Therapy	147	167	109	112	109	110	111	114
Initial Surveys of New Providers	7	9	2	4	0	1	1	2
Full Surveys	3	0	2	5	9	7	8	8
Complaint Investigations	0	0	0	0	0	1	1	1
Portable X-Ray	10	11	12	11	11	11	11	11
Initial Surveys of New Providers	0	0	1	0	0	0	0	0
Full Surveys	0	0	1	1	1	1	1	1
Follow-Up Surveys	0	0	0	0	0	0	0	0
Complaint Investigations	1	2	1	2	1	1	1	1
Nurse Staff Agencies	--	--	299	499	502	505	510	515
License Renewed	--	--	--	352	471	476	481	486
Initial Licenses Issued	--	--	--	200	127	130	133	133
Nurse Referral Service Agencies	-	-	-	17	55	57	59	61
Initial License issued	--	--	--	17	55	57	59	61
Complaints Received	--	--	--	0	0	1	1	1

Table 14 describes the performance standards of the Ambulatory Care Programs Unit.

Table 14. Performance Standards: Ambulatory Care Programs 2009	
Priority or Performance Measure	Result
(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) 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. 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 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 (C-MHU) is the licensing agent of group homes for adults and therapeutic group homes for children on behalf of the Mental Hygiene Administration (MHA) and the licensing review agent for the other services licensed by MHA. As such, C-MHU's 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, mental health vocational programs, mobile treatment services and psychiatric day treatment programs. Responsibilities of the Community Mental Health Unit include collaborating with MHA and the Administrative Service Organizations (ASO).

Table 15 describes the Community Mental Health Unit’s accomplishments for Fiscal Year 2004 through 2011.

Table 15 Units of Measurement Community Mental Health Unit	Fiscal Year 2004	Fiscal Year 2005	Fiscal Year 2006	Fiscal Year 2007	Fiscal Year 2008	Fiscal Year 2009	Fiscal Year 2010	Fiscal Year 2011
Number of Programs	844	860	863	1574	756	756	756	760
Number of Residential Rehabilitation Program (RRP) Sites	-	-	-	750	750	750	750	750
Number Programs, including RRP Sites	-	-	-	-	1506 ³	1506	1506	1510
Number of Providers	170	227	225	224	204	204	204	204
Providers Surveyed	170	160	122	35	40	29	29	36
Programs Surveyed	-	-	-	-	-	136	136	136

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 initiated by the unit, in cooperation with the MHA. Additionally, the unit has worked to coordinate with related functions of the MHA, including ASO and the Core Service Agencies so that oversight functions are not duplicated.

Table 16 describes the performance standards of the Community Mental Health Unit.

Table 16. Performance Standards: Community Mental Health Programs 2009	
Priority or Performance Measure	Result
(1) Conduct follow-up surveys on 100% of the agencies identified in FY 2008 as being non compliant.	Met
(2) Verify programmatic compliance regarding all new applicants and/or programs applying for expansions or relocations.	Met
(3) Prioritize what providers have been identified by the Mental Health Administration and the Administrative Service Organization (ASO) as being non-compliant with regulations and within six months of referral to complete a full survey of the program.	Not 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. The programs 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

³ The total number of programs revised from the 2008 Annual Report, which reported 1518 Community Mental Health programs

Placement Criteria. All programs serving adults, adolescents and children must meet the requirements of the ADAA.

This unit works in collaboration with ADAA as its regulatory enforcement agent ensuring that approved community substance abuse programs adhere to certification, environmental and program requirements as mandated by COMAR 10.47.

Table 17 describes the Substance Abuse Certification Unit’s unit of measurement accomplishments for Fiscal Year 2004 through 2011.

Table 17 Units of Measure Substance Abuse Certification Unit	Fiscal Year 2004	Fiscal Year 2005	Fiscal Year 2006	Fiscal Year 2007	Fiscal Year 2008	Fiscal Year 2009	Fiscal Year 2010	Fiscal Year 2011
Number of Programs	298	302	309	312	318	334	344	354
Full Surveys	165	148	129	122	214	93	150	155
Site Surveys	316	262	236	164	251	108	175	180
Number of New Provider Applications	19	17	24	28	34	57	75	80
Follow-Up Surveys	33	38	42	7	1	1	0	2

Table 18 describes the performance standards of the Substance Abuse Unit

Table 18 Performance Standards: Substance Abuse Certification Unit 2009

Priority or Performance Measure	Result
(1) Survey licensed programs every two years	Not Met

Staffing Analysis

Table 18 shows the types of staff and the annual change in numbers of positions from Fiscal Year 1996 to the present.

Table 18 Change in OHCQ Positions		
Year	Total Positions	Difference From Previous Year
1996	129.8	---
1997	130.8	-1.
1998	131.8	+1
1999	157.8	+26
2000	175.8	+18
2001	209.8	+34
2002	228.8	+19
2003	202.8	-26
2004	184.4	-18.4
2005	183.4	-1
2006	187.4	+4
2007	194.4	+7
2008	194.4	0
2009	194.2	-.2
2010	186.20 ⁴	-8

Table 19 shows the distribution of staff.

Table 19 Distribution of OHCQ Staff by Unit - Fiscal Year 2009					
Units	Total	Managers	Surveyors	Professional	Clerical or Secretarial
Administration	12.4	2	0	7.4	3
Nursing Home	57	2	40	11	4
Developmental Disabilities	37	2	25	7	3
Assisted Living	36	1	26	5	4
Ambulatory Care	15	1	10	0	4
Substance Abuse	3.80	1	2.8	0	0
Mental Health	4	1	3	0	0
Laboratory	9	1	5	0	3
Hospital	9	1	7	0	1
Information Technology	7	2	0	5	0
Adult Medical Day Care	4	1	3	0	0
TOTAL	194.20	15	121.80	35.40	22.00

⁴ The 186.20 positions is the 2010 Appropriation taken from the FY 2011 Budget Estimates and is not reflected in Table 19

Table 20 illustrates surveyor staffing deficits from Fiscal Year 1995 through Fiscal Year 2010.

Table 1: Surveyor Staffing Shortage FY2005-FY2010	
Year	Staffing Deficit
Fiscal Year 2005	55.42
Fiscal Year 2006	70.98
Fiscal Year 2007	67.10
Fiscal Year 2008	67.23
Fiscal Year 2009	83.10
Fiscal Year 2010 ⁵	91.90

⁵ Projected surveyor staffing deficit based on staffing analysis. Does not include managers and support staff.

Appendix A: 2009 Labor-Hours Analysis¹

Requirements	A. # of Facilities or Complaints ¹	B. Survey Requirement per Year ²	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 ²	H. Staff Overage or Shortage
Long Term Care								
No. of Surveyors							40.00	20.31
Nursing Homes								
Federal Survey	233	1.00	233	168	39,144	26.45		
Complaints/Self Reports Investigated	3500		3500	12	42,000	28.38		
Follow-Up Surveys	90		88	16	1,408	0.95		
State Survey	233	1.00	233	20	4,660	3.15		
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		
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		
						60.31		
Assisted Living Programs								
No. of Surveyors							26.00	8.87
Initial Surveys	285		285	45	12,825	8.67		
Annual Inspections	1444	0.50	722	16	11,552	7.81		
Renewal Surveys	1444	0.50	722	18	12,996	8.78		
Other Surveys	300		300	18	5,400	3.65		
Complaint Investigations	401		401	22	8,822	5.96		
						34.87		
Adult Medical Day Care								
No. of Surveyors							3.00	(0.74)
Initial Surveys	5	1.00	5	22	110	0.07		
Renewal Surveys	143	0.50	72	34	2,448	1.65		
Complaints/Self Reports	41		41	18	738	0.5		
Follow-Up Surveys	4		4	16	64	0.04		
						2.26		
Developmental Disabilities								
No. of Surveyors							25.00	30.36
Initial Site Openings	300		300	6	1800	1.22		
Residential Sites (ALUs and Group Homes)	2305	1.00	2305	16	36880	24.92		

	A. # of Facilities or Complaints ¹	B. Survey Requirement per Year ²	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 ²	H. Staff Overage or Shortage
Requirements								
Day Habilitation and Vocational/Supportive Employment	295	1.00	295	40	11800	7.97		
Individual Family Care	250	1.00	250	12	3000	2.03		
Resource Coordination	14	1.00	14	40	560	0.38		
Community Supported Living Arrangement & Family/Individual Support Services								
Follow-Up Surveys	4	1.00	4	24	96	0.06		
Death Investigations	753		75	32	2400	1.62		
Complaint & Incident Investigations	3000		450	20	9000	6.08		
						55.36		
Hospitals & Patient Safety								
No. of Surveyors							7.00	0.25
Hospitals								
Validation Surveys	4		4	210	840	0.57		
Complaints Investigated	115		115	28	3,220	2.18		
Complaints Referred & Followed	264		264	10	2,640	1.78		
Follow-Up Surveys	5		5	16	80	0.05		
Correctional Health Care Facilities								
Full Surveys	11	2.00	22	25	550	0.37		
Complaint Investigations	2		2	8	16	0.01		
UR/Credentialing; Other Reviews and Surveys	69		69	2	138	0.09		
Mortality Review - Psych Hospitals	15		15	8	120	0.08		
Patient Safety								
Review – RCA	205		205	4	820	0.55		
Follow-Up Investigations	20		20	12	240	0.16		
Patient safety Program TA Surveys	7		7	24	168	0.11		
Health Maintenance Organizations								
Surveys	7	1.00	7	110	770	0.52		
Follow-Up	1		1	16	16	0.01		
Complaints	13		13	5	65	0.04		
Residential Treatment Centers								
Complaints	38		38	16	608	0.41		
Validation Surveys	2		2	16	32	0.02		
Follow-Up Surveys	5		5	16	80	0.05		
Freestanding Medical Facilities								
Surveys	2		2	24	48	0.03		
Follow-ups	4		4	24	96	0.06		
Complaints	2		2	10	20	0.01		

	A. # of Facilities or Complaints ¹	B. Survey Requirement per Year ²	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 ²	H. Staff Overage or Shortage
Requirements								
Transplant Programs								
Surveys	2		1	170	170	0.11		
Complaints	2		2	32	64	0.04		
						7.25		
Laboratories Licensing and Certification								
No. of Surveyors							5.00	6.58
Independent Reference Labs								
Non-Accredited	470	0.50	235	20	4,700	3.18		
Complaints	12		12	22	264	0.18		
Physician Offices and Point of Care								
CLIA	600	0.50	300	10	3,000	2.03		
Federal Waived Labs Project	39	1.00	39	10	390	0.26		
Complaint Surveys	1							
Validation	2		2	20	40	0.03		
Cytology Proficiency Testing	407		425	3	1,275	0.86		
Cytology Surveys	35	0.50	18	8	144	0.1		
Proficiency Testing - Multiple Failure Letters	43		172	4	688	0.46		
Proficiency Testing - Single Failure Letters	1168		1168	2	2,336	1.58		
State Only Surveys	281	0.50	140	7	980	0.66		
Cholesterol Testing	15	1.00	15	7	105	0.07		
Public Health Testing	18	1.00	18	5	90	0.06		
Tissue Banks	170	1.00	170	11	1,870	1.26		
Employer Drug Testing	114	1.00	114	11	1,254	0.85		
						11.58		
Ambulatory Care Programs								
No. of Surveyors							10.00	20.23
Birthing Centers	2	1.00	2	18	36	0.02		
Home Health Agencies (HHA)	54	1.00	54	50	2,700	1.82		
HHA – Complaints	14		14	24	336	0.23		
Dialysis Centers – Surveys	122	0.33	40	46	1,840	1.24		
Dialysis Complaints	11		11	21	231	0.16		
Hospice Care Programs – Surveys	31	0.33	10	43	430	0.29		
Hospice Care Programs – Complaints	10		10	21	210	0.14		
Ambulatory Surgical Centers	368	0.33	121	16	1,936	1.31		
Ambulatory Surgical Centers – Complaints	7		7	8	56	0.04		
Outpatient Physical Therapy	111	0.05	6	10	60	0.04		
Comprehensive Outpatient Rehab Facilities	8	0.05	1	10	10	0.01		
Portable X-Ray	11	0.05	1	10	10	0.01		

	A. # of Facilities or Complaints ¹	B. Survey Requirement per Year ²	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 ²	H. Staff Overage or Shortage
Requirements								
Residential Service Agencies	601	1.00	601	54	32,454	21.93		
Residential Service Agencies – Complaints	31		31	18	558	0.38		
Major Medical Equipment	229	1.00	229	10	2,290	1.55		
Nurse Staffing Agencies	510	1.00	510	3	1,530	1.03		
Nurse Referral Service Agencies	59	0.33	19	2	38	0.03		
						30.23		
Mental Health Programs								
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		
						6.66		
Substance Abuse								
No. of Surveyors							2.80	2.38
Initial Surveys	40		40	16	640.00	0.43		
Outpatient Therapy	303	0.50	152	24	3648	2.46		
Intensive Outpatient Therapy	143	0.50	72	16	1152	0.78		
Partial Hospitalization	9	0.50	5	16	80	0.05		
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	18	0.50	9	16	144	0.1		
Ambulatory Detox 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		
						5.18		
							213.70	121.80
							91.90	

Requirements

A. # of Facilities or Complaints¹
B. Survey Requirement per Year²
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 Surveyors²
H. Staff Overage or Shortage

¹Key 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

²Figures based upon 7/2009 Listing of Position Detail by Unit/Program/Sub-Program Report from FMIS.

³ Figures based upon FY2010 Work Unit Estimates.

⁴Surveys are based on number of individuals.

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¹The 2009 Labor-Hour Analysis is calculated based on projected surveyor workload for FY10