MARYLAND
Department of Health
Larry Hogan, Governor · Boyd Rutherford, Lt. Governor · Dennis Schrader, Secretary

December 12, 2017

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

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

The Honorable Edward J. Kasemeyer
Chair, Senate Budget and Taxation Committee
3 West Miller Senate Office Bldg.
Annapolis, MD 21401-1991

The Honorable Maggie McIntosh
Chair, House Appropriations Committee
121 House Office Bldg.
Annapolis, MD 21401-1991

RE: (1) Health-General Article §19-308 (b)(4) – Office of Health Care Quality Annual Report, Including Staffing Analysis, and Health Care Facilities Inspections for FY 2017
(2) Health-General Article § 19-1409(e) - Quality of Care in Nursing Homes and Assisted Living Facilities
(3) 2017 Joint Chairmen's Report (p. 72) - Three-year Staffing Plan

Dear President Miller, Speaker Busch, Chair Kasemeyer and Chair McIntosh:

Pursuant to Health-General Article § 19-308 (b)(4), Health-General Article § 19-1409(e), and the 2017 Joint Chairmen's Report (p. 72), the Maryland Department of Health respectfully submits this report on the inspection of health care facilities by the Office of Health Care Quality during FY 2017. The report also provides an analysis of existing staffing levels, current priorities, and labor-hour analysis of survey activities. Please be advised that $100,000 GF is being withheld pending approval of this report.

I hope this information is useful. If you have any questions or need additional information on these subjects, please do not hesitate to contact Mr. Webster Ye, Deputy Chief of Staff, at (410) 767-6480 or at webster.ye@maryland.gov.

Sincerely,

Dennis R. Schrader
Secretary

Enclosure

cc: David Lashar, Chief of Staff
Howard Haft, M.D., Deputy Secretary for Public Health
Sarah Albert, Department of Legislative Services, MSAR #5624

Maryland Department of Health
Office of Health Care Quality

Annual Report and Staffing Analysis
Fiscal Year 2017

Health-General Article 19-308(b)(4)
Health-General Article § 19-1409(e)
2017 Joint Chairmen's Report (p. 72)

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Table of Contents

Executive Summary

On behalf of the Office of Health Care Quality (OHCQ), it is our privilege to submit the FY 17 Annual Report and Staffing Analysis. This document is submitted pursuant to Health-General Article §19-308(b)(4), Health-General Article § 19-1409(e), and the 2017 Joint Chairmen's Report (p. 72).

OHCQ is the agency within the Maryland Department of Health (Department) charged with monitoring the quality of care in 42 types of health care facilities and community-based programs. OHCQ issues State licenses and recommends certification to the Centers for Medicare and Medicaid Services (CMS). A license authorizes a facility or program to do business in the State. Certification authorizes a facility to participate in the Medicare and Medicaid programs. OHCQ surveys these facilities and programs to determine compliance with State and federal regulations, which set forth minimum standards for the delivery of care. In addition to licensure, certification, and surveying, OHCQ educates providers, consumers, and other stakeholders through written materials, presentations, and web sites. It is through these activities that OHCQ fulfills our mission to protect the health and safety of Marylanders and to ensure there is public confidence in the health care and community delivery systems.

Since its inception, staffing at OHCQ has trailed behind the need to complete our mandates. The Department has developed a plan to adequately staff OHCQ, including 73 employees through new merit positions, new contractual positions, and reclassifications of existing positions. The plan includes 48 nurse surveyors, 9 other surveyors, 2 nurse trainers, 12 coordinators, 2 office secretaries, 1 administrative officer, 1 network specialist, 2 health policy analysts, and an assistant deputy director. This plan will be reviewed and revised every budget cycle in light of the resources available to meet current and expected needs.

To make efficient use of available resources, several actions were taken, including a detailed survey and analysis of the actual demand for resources. One of the key elements to recruiting and retaining any employee is salary. An analysis of the market based compensation for a nurse surveyor was completed. The starting salary of an OHCQ nurse surveyor currently is $57,451 annually, just above the 10^{th} percentile of the median salary of a registered nurse in Maryland. After one year of successful employment, the salary is increased to $61,301, just below the 25^{th} percentile. Based on this analysis it is recommended that the starting salary be increased to $60,815. After one year, there will be a modest salary increase of $1,168 and after the second year, an increase of $4,168. In addition to compensation, this report identifies other areas that can be modified to improve staff retention. Efforts to improve retention must address the multiple and varied reasons for staff turnover and be individualized for each employee.

OHCQ continues to make every effort to prioritize our work in keeping with the most important needs of the citizens of Maryland in every healthcare setting. We are constantly seeking efficiencies and innovations to better utilize our resources to this end.

Mission and Vision

The Office of Health Care Quality (OHCQ) is the agency within the Maryland Department of Health charged with monitoring the quality of care in health care facilities and community-based programs. OHCQ issues licenses, authorizing a facility to do business in the State, and recommends certifications to the Centers for Medicare and Medicaid Services (CMS), which allow a facility to participate in the Medicare and Medicaid programs. OHCQ surveys these facilities and programs to determine compliance with State and federal regulations, which set forth minimum standards for the delivery of care. Additionally, OHCQ educates providers, consumers, and other stakeholders through written materials, presentations, and web sites. It is through these activities that OHCQ fulfills our mission to protect the health and safety of Marylanders and to ensure there is public confidence in the health care and community delivery systems. OHCQ's vision is that all those receiving care in Maryland can trust that their health care facility or program is licensed and has met the regulatory standards for the services that they offer.

Regulatory Efficiency and Effectiveness

Over the past two years, OHCQ has revised our strategic plan to best use our resources to fulfill our mission. Efforts to gain efficiency are always balanced with the need to remain effective in protecting the health and safety of Marylanders. The four strategic goals include:

1. Regulatory efficiency and effectiveness: Efficient and effective use of limited resources to fulfill our mandates;
2. Core operations: Focus on core business functions and maintaining accountability;
3. Customer service: Consistent, timely, and transparent interactions with all stakeholders; and
4. Quality improvement: Sustain a quality improvement process within OHCQ.

For each provider type, the following factors were considered:

- type of individuals served,
- type and complexity of services provided,
- risks, benefits, and burdens of treatments and interventions,
- low probability of a serious or life-threatening outcome,
- high probability of moderately severe outcome,
- vulnerability of individuals being served,
- condition of individuals being served,
- ability of individuals being served to advocate for themselves,
- staffing,
- types of licensed, certified, and trained individuals available on location and off-site,
- redundant systems for patient safety,
- type and extent of quality improvement system,
- survey history of provider type,
- quality of life issues,
- mandatory, voluntary, or no accreditation,

- federal requirements,
- state requirements,
- history of the industry,
- current status of the industry, and
- anticipated trends in the industry.

After consideration of these factors, we implemented interventions specific to each provider type that increased our efficiency, allowing us to more fully comply with statutory and regulatory mandates. These interventions have included:

- Licensure process: Reviewed the licensure requirements; eliminated unnecessary steps; improved communication with applicants; and considered regulatory and statutory changes.
- Survey process: Reviewed the frequency and content of surveys; developed and implemented targeted surveys, as appropriate; standardized, where appropriate, each unit's processes for investigations and surveys; and combined multiple survey types into one on-site visit.
- Regulatory and statutory review: Reviewed and developed recommendations regarding the current statutory and regulatory requirements for each provider type.
- Training: Reviewed and revised initial and on-going training for surveyors, support staff, and managers and cross-trained surveyors and other support staff, as appropriate.
- Streamlined application process: Simplified licensure applications; simplified the internal review process for applicant's policies and procedures; and revised training for applicants to facilitate the application process.
- Quality improvement: Provided continual quality improvement internally and educated providers to improve the quality of services.
- Information management: Maximized the use of existing federal software to manage survey activities and trained all users of the software to ensure the most effective data management; introduced a performance platform to manage policies, procedures, and processes; and used web-based applications to manage tasks more efficiently.
- Interactions with providers and stakeholders: Provided training on State and federal regulations for providers and implemented an on-line provider satisfaction survey.

Specific regulatory efficiency and effectiveness initiatives over the past two years have included, but are not limited to:

- Long Term Care Abuse Team: Formed a team within the long term care unit to focus on allegations of abuse, neglect, exploitation, and misappropriation of funds to further protect the residents of nursing homes.
- Provider Plan of Correction Training: Provided free face-to-face training across Maryland for various providers types regarding the completion of plans of correction. This has been implemented for nursing homes, assisted living programs, and providers that serve individuals with developmental disabilities. This facilitates the timely review and approval of plan of corrections, thereby lessening the burden of this requirement.
- Licensing Renewal Reminders: Implemented reminders to providers of the license renewal process to facilitate the timely submission and processing of renewal applications.

- OHCQ Leadership Development Series: OHCQ partnered with the Bloomberg School of Public Health, Johns Hopkins University, to develop leadership development training for a cohort of mid-level supervisors. The training sessions were presented in monthly 2-hour sessions from August 2015 to December 2016. To sustain the growth, thirteen modules were developed to offer ongoing leadership development opportunities within OHCQ and to deepen the practice of key skills and behaviors.
- Emergenetics: Emergenetics provides a clear way to understand the intersection of nature and nurture through the Emergenetics Profile, built on four Thinking Attributes (analytical, conceptual, structural, and social) and three Behavioral Attributes (expressiveness, flexibility, and assertiveness) that every person exhibits. OHCQ's executive, senior, and mid-level leaders participated in Emergenetics. These profiles are used to help form OHCQ's teams to build on our employee's strengths and enhance the team's work products.
- Acadia: Implemented Acadia as the system to manage policies, procedures, and processes and employee training. This software allows OHCQ to improve performance, reduce compliance risks and exposure, streamline training, and deploy and realize results more quickly. It allows for more efficient and effective employee training and lessens the impact of the loss of institutional memory as staff turnover.
- Assisted Living Unit: Coordinating with local and State agencies on joint operations and activities to eliminate unnecessarily redundant activities and to better protect the residents of assisted living programs.
- Provider Interest Sessions: Implemented free provider interest sessions for individuals interested in opening an assisted living facility, adult medical day care, or residential service agency. These sessions prepare an individual to open their new business.

OHCQ has looked beyond our agency for efficiencies in the oversight of providers. In an initiative with the Behavioral Health Administration (BHA), it was determined that continued joint oversight of the behavioral health providers would be overly burdensome for the Department, providers, and consumers. BHA and OHCQ's joint oversight was redundant and did not further improve the quality of services. To facilitate the licensure and oversight of these providers, on July 1, 2017, BHA resumed licensure and oversight activities that were previously delegated to OHCQ. This initiative improved efficiencies and eliminated redundancies in the Department while ensuring the health and safety of consumers receiving services.

While significant progress has been made, our strategic planning and quality improvement processes continue to examine OHCQ's regulatory efficiency and effectiveness as we protect the health and safety of Marylanders.

Mandated Activities

As of July 1, 2017, OHCQ oversees 42 provider types. In addition to on-going federal and State mandates, OHCQ faces the continued influx of new community-based programs, including assisted living providers and residential service agencies. Excluding the behavioral health providers, the number of providers overseen by OHCQ increased from 15,236 in FY 16 to 15,390 in FY 17, a one percent increase.

Table 1: Number of Licensees per Provider Type as of July 1, 2015, 2016, and 2017

Provider Type	Number of Licensees, July 1, 2015	Number of Licensees, July 1, 2016	Number of Licensees, July 1, 2017
Forensic Residential Centers	2	2	1
Intermediate Care Facilities - Individuals with Intellectual Disabilities	2	2	2
Long Term Care Facilities	232	230	230
Adult Medical Day Care Centers	117	119	117
Assisted Living Programs	1,497	1,531	1,580
Developmental Disabilities Sites (230 agencies)	3,148	3,074	3,155
Community Mental Health Centers	5	4	4
Correctional Health Facilities	10	10	9
Federally Qualified Health Centers	78	81	80
Freestanding Medical Facilities	3	3	3
Health Maintenance Organizations	9	9	9
Hospitals	64	64	63
Limited Private Inpatient Facilities	1	1	2
Patient Safety Program (counted in hospitals)	0	0	0
Residential Treatment Centers	10	10	7
Transplant Centers	2	2	2
Cholesterol Testing Sites	2	2	0
Employer Drug Testing Facilities	150	148	248
Federally Waived Laboratories	2,661	2,668	2,704
Forensic Laboratories	32	45	46
Health Awareness Testing Sites	65	76	49
Hospital Laboratories	98	98	98
Independent Reference Laboratories	111	126	139
Physician Office Laboratories	2,275	2,998	3,046
Point-of-Care Laboratories	703	718	720
Public Health Testing Sites	36	36	36
Tissue Banks	321	343	359
Birthing Centers	2	2	2
Comprehensive Outpatient Rehabilitation Facilities	1	1	1
Cosmetic Surgery Facilities	2	3	4
Freestanding Ambulatory Surgical Centers	335	337	343
Freestanding Renal Dialysis Centers	142	151	167
Health Care Staff Agencies	577	631	466
Home Health Agencies	56	55	56
Hospice Houses	14	14	14
Hospices	27	27	27
Major Medical Equipment Providers	219	225	191
Nurse Referral Agencies	152	167	121
Outpatient Physical Therapy Providers	62	63	68
Portable X-Ray Providers	9	8	8
Residential Service Agencies	1,210	1,139	1,201
Surgical Abortion Facilities	12	13	12
Subtotals	**14,454**	**15,236**	**15,390**

Surveyor Staffing Analysis

OHCQ has made significant progress in gaining regulatory efficiency. Since its inception, OHCQ has never had sufficient staff to timely complete the mandated survey, certification, and licensure activities. The scheduled workload is directly proportional to the numbers of providers overseen and the survey, certification, and licensure activities. The addition of complaint driven activities on an unscheduled basis consumes a great deal of additional resources. In order to fully protect the public even one such case can consume hundreds of staff hours.

The surveyor staffing analysis in Appendix A projects the number of surveyors needed in FY 18 to complete the mandated survey, certification, and licensure activities. The activities include the duties performed by surveyors, but not those duties performed by managers, administrative support staff, and clinical experts, such as the medical director and chief nurse. The recruitment for FY 18 surveyor positions was successful and all surveyor positions are currently filled.

The number of hours required for each activity is multiplied by the projected number of required activities in FY 18. The total is divided by 1,500, which is the accepted standard number of hours that the average surveyor spends conducting surveys in a year. The 1,500 hours considers time taken for holidays, vacation, personal days, sick leave, training, meetings, and travel. The number of full-time equivalent of surveyors required for each activity is calculated and then totaled by unit. The total for each unit is based on the specific workload for that unit. The sum of the surveyor deficiencies in each unit is OHCQ's surveyor staffing deficit.

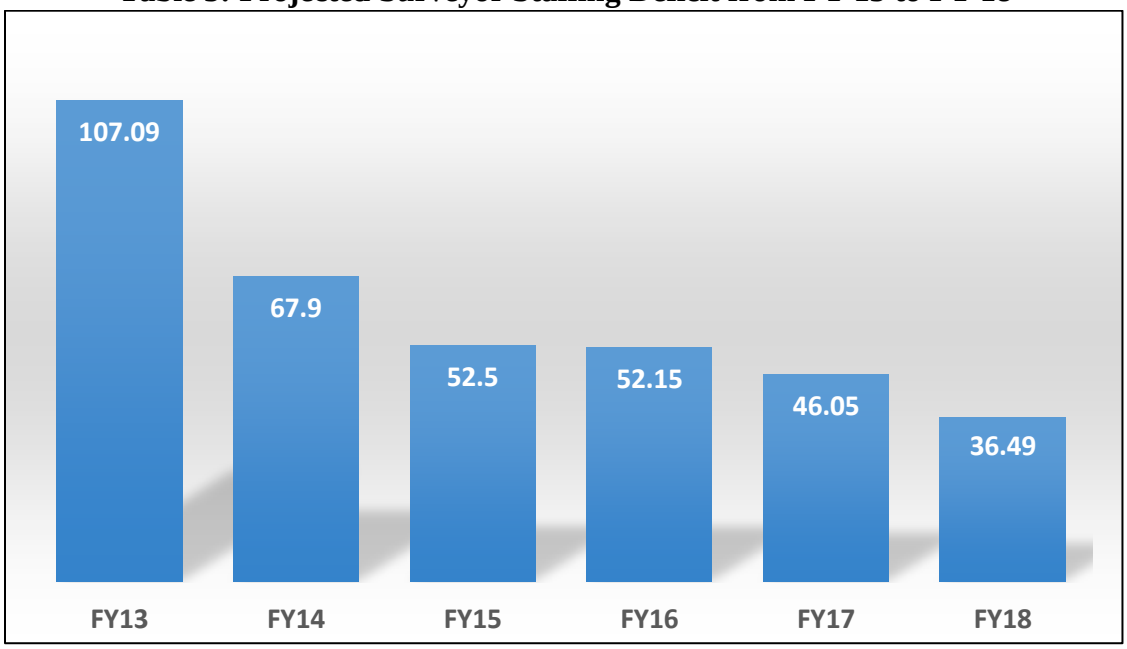
Table 2 summarizes the projected surveyor staffing deficit by unit, with an overall deficit of 36.49 surveyor positions. Appendix A details this analysis by unit, provider type, and activity.

Table 2: Surveyor Staffing Deficit Projected for FY 18

Unit	Current # of Surveyors	Needed # of Surveyors	Surveyor Deficit
Long Term Care	37.6	43.94	6.34
Assisted Living	28	35.68	7.68
Developmental Disabilities	32	51.31	19.31
Hospitals	6	6.75	0.75
Laboratories	5	5.90	0.90
Ambulatory Care	13	14.51	1.51
Totals	**121.6**	**158.09**	**36.49**

Table 3 compares the projected surveyor staffing deficits from FY 13 to FY 18. This document details a plan for continued growth in the surveyor staff.

Table 3: Projected Surveyor Staffing Deficit from FY 13 to FY 18



Appropriate Compensation of Nurse Surveyors

OHCQ completed an analysis to determine the appropriate compensation for nurse surveyors for the agency to remain a competitive and desirable employment option. The analysis considered national, state, and local data; starting salaries; salary increases; monetary bonuses; benefits; retirement plans; tuition reimbursement; similar job opportunities in Maryland; work/life balance; and input from current and past employees. According to the Bureau of Labor Statistics, as of May 2016 there are 53,330 registered nurses employed in Maryland. The median annual wage is $73,440; the 25th percentile is $61,960; and the 10th percentile is $54,460. OHCQ has 89 health facility nurse surveyor I and II positions (grade 17 and 18). The starting salary of a nurse surveyor is $57,451 annually, just above the 10th percentile of the median annual wage of registered nurses in Maryland. After one year of employment with satisfactory performance, the surveyor is promoted a grade and the salary is increased to $61,301, just below the 25th percentile.

Nurse surveyors can find similar jobs in Maryland in local government, federal agencies, and accreditation organizations. Local jurisdictions offer a starting salary between $62,400 and $78,000 for similar positions, while federal agencies have starting salaries from $79,000. Accrediting organizations offer starting salaries of $82,000 to $102,000 annually.

Table 5 compares the current and proposed FY 20 salaries for nurse surveyors. Increasing the starting salary by $3,364 to 60,815 approaches the 25th percentile of the median nursing salary in Maryland. After one year, the surveyor receives a pay increase of $1,168 and after the second year, an increase of $4,168. The larger monetary incentive follows the completion of two years of successful employment. The annual salary of $66,151 after two years at OHCQ is much more competitive with similar opportunities.

Table 4: Occupational Employment Statistics for Registered Nurses*

Area Name	Employment - Registered Nurses	Employment percent relative standard error	Wage percent relative standard error
Maryland	53,330	5.2	1.0

Hourly 10th percentile wage	Hourly 25th percentile wage	Hourly median wage	Hourly 75th percentile wage	Hourly 90th percentile wage
26.18	29.79	35.31	41.79	47.94

Annual 10th percentile wage	Annual 25th percentile wage	Annual median wage	Annual 75th percentile wage	Annual 90th percentile wage
54,460	61,960	73,440	86,920	99,710

* Data from the United State Department of Labor, Bureau of Labor Statistics, Occupational Employment Statistics for Registered Nurses, Standard Occupational Classification Code 291141, for the period of May 2016

Table 5: Comparison of Current and Proposed Nurse Surveyor Salaries

Salary at Certain Times	Current	Proposed for FY 20
Starting salary	Grade 17, Step 6, $57,451	Grade 17, Step 9, $60,815
After one year of successful employment	Grade 18, Step 6, $61,301	Grade 17, Step 10, $61,983
After two years of successful employment	No increase	Grade 18, Step 10, $66,151

Improved Retention of Nurse Surveyors

In the consideration of methods to improve the retention of nurse surveyors, OHCQ reviewed past Departmental retention practices; reviewed federal, state, and local reports; reviewed research on staff retention in the public and private sectors; discussed best practices with other state survey agencies, other state agencies, federal agencies, and consultants; reviewed data from exit interviews; and solicited feedback from current and past employees.

By far, OHCQ's mission is the strongest draw for nurses. Nurse surveyors want to use their knowledge, skills, and expertise to protect the health and safety of Marylanders across the health care continuum. Through licensure, certification, and survey activities, the nurse surveyor positively impacts the quality of life of individuals receiving health care services.

Table 6 describes the areas identified that can be modified to improve staff retention. With a few exceptions, there is minimal cost and time associated with these opportunities. All efforts to improve nurse surveyor retention must address the multiple and varied reasons for staff turnover and must be individualized for the employee. Of note, these principles apply to all employees of OHCQ, not just the nurse surveyors.

Table 6: Opportunities to Improve Nurse Surveyor Retention

Area	Opportunities
Candidate selection	• Clear communication • Welcome aboard call, email, and/or note • Share public stories about unit's successes
Culture	• Shared mission and vision with accountability for all employees • Communicate history of agency • Pride in workplace and workspace • Celebrate successes and learn from all activities • Support work/life balance
On-boarding process	• First impressions from front desk to work area with personal introductions • Streamlined administrative tasks to complete new employee paperwork • OHCQ new employee orientation • Orientation to availability of reference materials • Frequent follow-up and opportunities for discussion
Training and education	• Initial and on-going training with ability to test out of certain activities • Clearly written policies, procedures, and processes • Mentoring and reverse mentoring • Transfer of knowledge
Individual and career development	• Supervisory and leadership training • Opportunities for new responsibilities and duties • Opportunities for advancement • Tuition reimbursement
Administrative support	• Training and support for use of electronics and software • Effective and timely IT support • Input into the selection of new equipment and software • Simplification of routine tasks; i.e., on-line expense reports
Feedback and evaluation	• Clear expectations with real-time constructive feedback • Meaningful performance evaluations • Fair and consistent supervision • Employee, supervisor, and customer surveys • Opportunities for recognition, such as employee awards and participation in special training courses • Acknowledgements, such as emails, handwritten notes, or calls

OHCQ Staffing Needs and Plan for FY 18 through FY 24

The Department was tasked with developing a three-year plan to fully staff OHCQ. A controlled growth of 5 to 6 percent increase in workforce annually can be accommodated and will likely succeed in progressively improving compliance.

In addition to surveyor staffing needs for FY 18, this report details all staffing needs for OHCQ through FY 24. The projections are based on historical information as well as upcoming changes in requirements for oversight and industry trends. Over the next 7 years, a total of 73 positions are needed to complete mandated activities. These positions will come from new merit positions, new contractual positions, and reclassifications of existing positions. This plan allows controlled growth and provides flexibility to adapt, as needed.

Surveyors conduct prelicensure, licensure, and relicensure activities; investigate complaints and facility-reported incidents; and conduct a variety of survey activities. Over the next 7 years, a total of 52 surveyors are needed to complete mandated activities. This includes 43 nurse surveyors, 6 coordinators of special programs, 1 sanitarian, 1 medical laboratory technologist, and 1 physician surveyor. Currently OHCQ has one physician who serves as the medical director and a second physician who serves as the executive director. Based on the current workload, OHCQ will require another physician to investigate and review complex clinical issues, participate in informal dispute resolution conferences, and testify as an expert witness in hearings.

The usual turnover in surveyors coupled with the addition of new surveyor positions will require 2 nurse trainers. A new surveyor requires about 12 months of training and mentoring to function independently. Employees who specialize in training will be more efficient and effective in bringing the new surveyors on-board. When not training, the nurse trainers will complete survey activities in the field. If additional trainers are not hired, the training for each nurse surveyor will take 18 – 20 months.

Surveyors are supervised by a coordinator, who coordinates all administrative tasks related to the licensure, certification, and survey activities and serves as a liaison to providers. In FY 17, OHCQ completed an analysis of the coordinator position, including a review of the job duties, review of previous organizational structures, review of previous practices, discussion with human resources, benchmarking with other state survey agencies, discussion with CMS, discussion with the Bloomberg School of Public Health, and review of best practices around the country. A coordinator most efficiently and effectively supervises 5 – 7 surveyors. Exceeding this optimal range leads to a loss in efficiency and effectiveness. Over the next 7 years, a total of 12 coordinators will be needed to adequately supervise the current and proposed surveyors.

To meet the administrative requirements associated with federal and State mandates, 7 additional positions are required. Currently OHCQ submits about 2,400 expense reports each year and has a fleet of 44 vehicles. As the number of surveyors increase, an additional employee is needed to process expense reports, travel arrangements, and the fleet. Also, an additional network specialist

will be needed to support the surveyors. Two office secretaries are needed in the developmental disabilities unit. Two health policy analysts will be added to assist with data collection, management, and analysis. An assistant director of non-long term care federal programs will be added to address federal performance measures.

Table 7: OHCQ Staffing Requirements for FY 18 through FY 24

OHCQ Unit	Position	FY 18	FY 19	FY 20	FY 21	FY 22	FY 23	FY 24	Total
Long term care	Coordinator	1	1	1	1	1	0	0	**5**
Long term care	Sanitarian (surveyor)	1	0	0	0	0	0	0	**1**
Long term care	Nurse surveyor	1	4	2	2	2	2	2	**15**
Long term care	Physician surveyor	0	1	0	0	0	0	0	**1**
Long term care	Nurse trainer (surveyor)	1	0	0	1	0	0	0	**2**
Assisted living	Coordinator	1	0	0	0	0	0	0	**1**
Assisted living	Nurse surveyor	0	2	2	2	1	2	1	**10**
Developmental disabilities	Coordinator	1	1	1	0	1	0	1	**5**
Developmental disabilities	Nurse surveyor	1	2	2	2	2	2	2	**13**
Developmental disabilities	Coordinator of Special Programs IV (surveyor)	0	1	1	1	1	1	1	**6**
Developmental disabilities	Office secretary II	1	0	0	1	0	0	0	**2**
Hospitals	Nurse surveyor	0	0	0	1	0	1	0	**2**
Laboratories	Surveyor	0	0	0	0	0	0	1	**1**
Ambulatory care	Coordinator	1	0	0	0	0	0	0	**1**
Ambulatory care	Nurse surveyor	0	0	0	0	1	1	1	**3**
Federal	Assistant deputy director	1	0	0	0	0	0	0	**1**
Federal	Health policy analyst	1	0	0	0	0	0	0	**1**
State	Health policy analyst	1	0	0	0	0	0	0	**1**
Information technology	Network specialist	0	0	1	0	0	0	0	**1**
Budget and accounting	Administrative officer	0	0	1	0	0	0	0	**1**
Positions needed per fiscal year		**12**	**12**	**11**	**11**	**9**	**9**	**9**	**73**

Long Term Care Unit

The long term care unit ensures that nursing homes are compliant with federal survey and certification standards, State licensure regulations, and local regulations through unannounced on-site surveys, follow-up visits, and complaint investigations. The unit also ensures that the intermediate care facilities for individuals with intellectual disabilities (ICF/IID) comply with all applicable federal, State, and local regulations. To maintain federal certification with CMS and licensure with the State, unannounced on-site surveys, follow-up visits, and complaint investigations are conducted by registered nurses, registered dieticians, registered sanitarians, developmental disabilities professionals, and life safety code inspectors. Additionally, the unit ensures that the forensic residential centers for individuals with intellectual disabilities comply with all applicable State and local regulations through unannounced on-site surveys, follow-up visits, and complaint investigations.

Table 8: Forensic Residential Centers

Units of Measurement	FY15	FY16	FY 17
Number of licensed forensic residential centers	2	2	1
Renewal surveys	0	2	2
Complaints investigated	0	0	26

Table 9: Intermediate Care Facilities for Individuals with Intellectual Disabilities

Unit of Measurement	FY15	FY16	FY17
Number of licensed ICF IIDs	2	2	2
Renewal surveys	2	2	2
Follow-up surveys	2	0	0
Complaints and self-reported incidents, investigated	95	42	86

Table 10: Nursing Homes

Unit of Measurement	FY15	FY16	FY17
Number of licensed nursing homes	232	230	230
Initial surveys of new providers	2	0	1
Full surveys	199	199	217
Follow-up surveys	39	41	50
Civil money penalties levied, State	22	16	20
Civil money penalties levied, federal	23	38	61
Denial of payment for new admissions	3	5	7
Complaints and facility self-reported incidents	2,968	2,486	3,342
Complaints and self-reported incidents, no further action	287	429	118
Complaints and self-reported incidents, investigated	2,460	2,057	3,026
Quality of care allegations	1,949	2,670	1,749
Resident abuse allegations	913	1,254	941

Nursing home deficiencies are cited under federal tags (F tags) that categorize the types of deficient practices. For example, F 279 is a federal tag about the requirement to develop comprehensive care plans for residents of the nursing home. Table 11 includes the top ten most frequently cited nursing home deficiencies by federal tags and the number of citations under each tag in FY 17. It includes deficiencies of all scopes and severity.

Table 11: Most Frequently Cited Federal Deficiencies in Nursing Homes in FY 17

Federal Tag	Description of Tag	Total Citations
F 309	Provide care and services for highest well being	184
F 514	Resident records, complete, accurate, and accessible	165
F 279	Develop comprehensive care plans	124
F 371	Food procurement, store, prepare, and serve, sanitary	105
F 278	Assessment accuracy and coordination	100
F 441	Infection control	99
F 431	Drug records, label, store drugs and biologicals	96
F 323	Free of accidents, hazards, supervision, devices	96
F 329	Drug regimen is free from unnecessary drugs	90
F 280	Right to participate in care planning	87

Federal nursing home deficiencies are rated from A – L, based on scope and severity, with L being the most serious. Scope is the prevalence and is based on the number of residents affected by the deficient practice. Severity is an assessment of the actual or potential harm to residents caused by the deficient practice. The most serious deficiencies are G through L which are situations where the facility's noncompliance has caused, or is likely to cause, serious injury, impairment, or death to a resident. Table 12 includes the number of actual harm (G – I) and immediate jeopardy (J – L) deficiencies by federal tag issued in nursing homes in FY 17.

Regulatory groupings include multiple federal tags that relate to a specific issue, such as resident rights or pharmacy services. In Table 13, the nursing home deficiencies cited at level G through L are categorized by the regulatory grouping of the federal tags.

Table 12: Number of Actual Harm and Immediate Jeopardy Deficiencies by Federal Tag in Nursing Homes in FY 17

Federal Tag	Description of Tag	G	H	I	J	K	L
F 152	Right of resident's representative to make decisions				2	1	
F 155	Right to refuse, formulate advance directives	4			3		
F 156	Assure that each resident is informed of their rights				1	1	
F 157	Notify of changes (injury, decline, room)	1			2		1
F 201	Reasons for transfer/discharge					1	
F 203	Notice requirements before resident transfer/discharge					1	
F 204	Preparation for safe/orderly transfer/discharge				1	1	
F 223	Free from abuse, involuntary seclusion	5			1	1	1
F 225	Investigate/report allegations of abuse, neglect	1			1	1	
F 280	Right to participate in care planning						1
F 284	Discharge planning process				1	1	
F 309	Provide care and services for highest well being	6			3		1
F 314	Treatment and services for pressure sores	4					
F 323	Free of accidents, hazards, supervision, devices				9	1	1
F 328	Treatment and care for special needs				1		
F 329	Drug regimen is free from unnecessary drugs					1	
F 333	Residents are free of significant med errors	15				1	
F 353	Sufficient nursing staff						1
F 371	Ensure proper sanitation and food handling practices				1		
F 385	Resident's care supervised by physician				1		
F 441	Infection control, prevent spread, linens					1	1
F 490	Effective administration/resident well-being				1		1
F 500	Arrangement of outside resources to meet resident needs					1	
F 501	Responsibilities of medical director						1
F 520	Quality assurance committee						1
	Tags at G or above – 87	36	0	0	28	13	10

Table 13: Regulatory Groupings of Federal Tags for Actual Harm and Immediate Jeopardy Deficiencies in Nursing Homes in FY 17

Regulatory Groupings	Federal Tags in Grouping	# of Actual Harm and IJ Deficiencies
Resident Rights	F 151 – F 177	16
Admission, Transfer and Discharge Rights	F 201 – F 208	4
Resident Behavior and Facility Practices	F 221 – F 226	11
Resident Assessment	F 271 – F 287	3
Quality of Care	F 309 – F 334	43
Nursing Services	F 353 – F 356	1
Dietary Services	F 360 – F 373	1
Physician Services	F 385 – F 390	1
Infection Control	F 441	2
Administration	F 490 – F 524	5
Total		**87**

If a nursing home disagrees with the survey results, the facility may dispute the deficiencies through an informal process, known as an informal dispute resolution (IDR). An independent IDR is conducted by a consultant. Table 14 details the outcome of the 123 federal tags that were disputed in 38 IDRs and 5 federal tags in 3 independent IDRs in FY 17. Table 15 details the reasons for decisions made in the IDRs. The number of IIDRs is a very small sample and are not included in the charts. The IIDRs resulted in 80% of the tags with no changes and 20% changed the scope and severity of a deficiency.

Table 14: Outcomes of Nursing Home Informal Dispute Resolutions by Federal Tag in FY 17

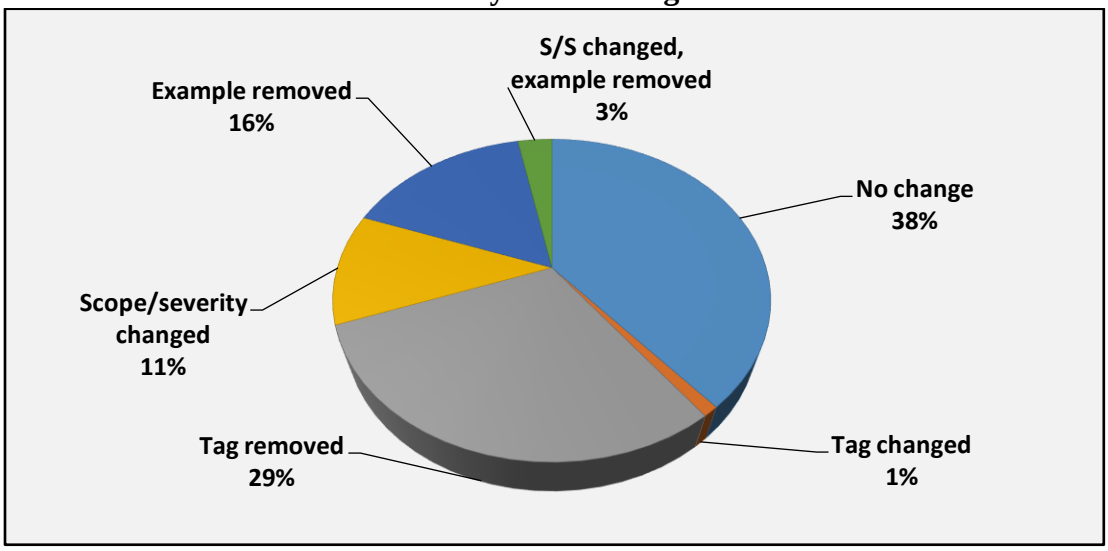
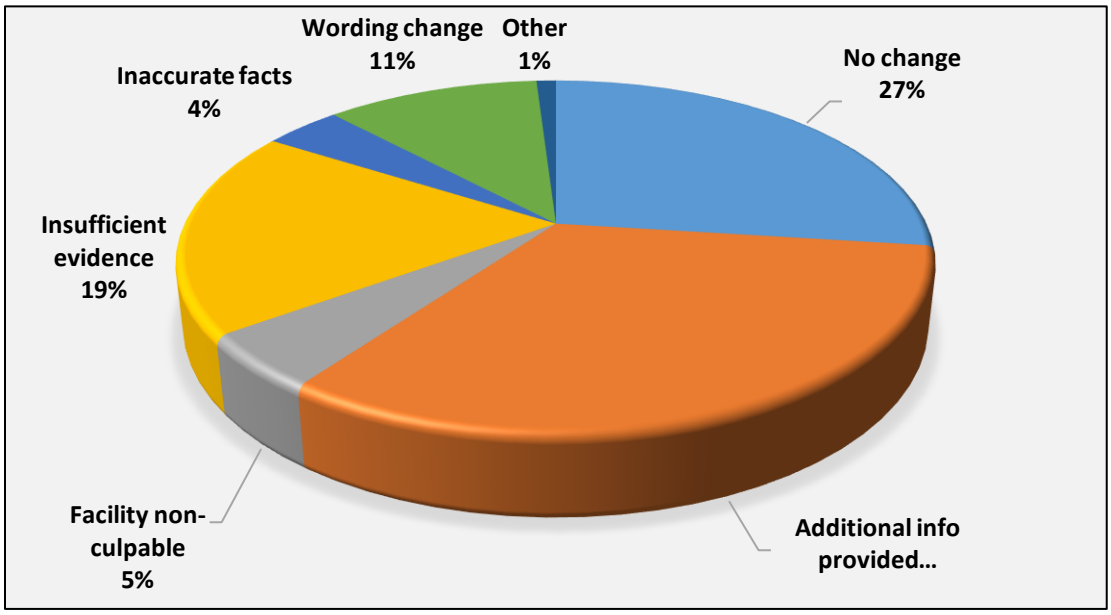


Table 15: Reasons for Nursing Home Informal Dispute Resolution Decisions in FY 17



Assisted Living Unit

The assisted living unit is responsible for the oversight of all assisted living programs in the State of Maryland, including those that participate in the Medicaid waiver program. The unit completes surveys for prelicensure, licensure, relicensure, change of ownership, change of the level of care, follow-up, and to investigate complaints and facility-reported incidents. Allegations of unlicensed assisted living programs are investigated by this unit.

Additionally, the unit is responsible for the oversight of adult medical day care centers for the elderly and medically handicapped adults, including surveys for prelicensure, licensure, relicensure, change of ownership, follow-up, and to investigate complaints and facility-reported incidents.

Table 16: Adult Medical Day Care Centers

Units of Measurement	FY15	FY16	FY17
Number of licensed adult medical day care centers	117	119	117
Initial surveys of new providers	12	15	20
Full surveys	62	8	91
Follow-up surveys	3	1	1
Complaints investigated	40	47	140

Table 17: Assisted Living Programs

Units of Measurement	FY15	FY16	FY17
Number of licensed assisted living programs	1,497	1,531	1,580
Renewal surveys	1,038	992	614
Initial surveys	162	196	141
Other surveys	156	204	44
Complaints and facility self-reported incidents	1,307	1,534	1,234
Complaints investigated	1,217	923	911

Assisted living deficiencies are cited under state tags that categorize the types of deficient practices. For example, state tag 3680 is related to the management and administration of medications. Table 18 includes the top ten most frequently cited assisted living deficiencies by state tag and the number of citations under each tag in FY 17.

Table 18: Most Frequently Cited Deficiencies in Assisted Living Programs in FY 17

State Tag	Description of Tag	Number of Citations
3680	Medication Management and Administration	215
4630	General Physical Plant Requirements	189
3330	Service Plan	170
2600	Other Staff- Qualifications	159
2780	Delegating Nurse	152
2530	Alternate Assisted Living Manager	137
2550	Other Staff Qualifications	107
3380	Service Plan	106
3420	Resident Record Log	95
1880	Inspection of Records and Reports	94

Developmental Disabilities Unit

The developmental disabilities (DD) unit is the licensing and monitoring agent for the Developmental Disabilities Administration. Through periodic surveys, the unit ensures regulatory compliance with community-based providers serving individuals with developmental disabilities. Those programs that include services offered to children that require oversight are coordinated with the Governor's Office for Children. The unit also completes on-site and administrative investigations of agency self-reported incidents and community complaints in accordance with the Developmental Disabilities Administration's Policy on Reportable Incidents and Investigations (PORII) to evaluate and ensure the adequacy of care and provision of supports.

Table 19: Developmental Disabilities Unit

Units of Measurement	FY15	FY16	FY17
Licensed developmental disability agencies	231	218	230
Number of sites	3,148	3,074	3,155
New agencies	4	11	12
Initial site surveys	66	223	304
Agencies surveyed	71	42	79
Complaints and self-reported incidents	N/T	1,645*	4,226
Complaints and self-reported incidents, on-site investigations	313	502	1,157

* As the unit was transitioning between software programs, this number represented only a portion of the total complaints and self-reported incidents that were received

Table 20: Developmental Disabilities Mortality Unit

Units of Measurement	FY15	FY16	FY17
Developmental disabilities deaths	219	188	237
Deaths investigated on-site	20	36	46
Deaths investigated, administrative reviews	188	157	173

Hospital Unit

The hospital unit provides oversight of acute care and specialty (psychiatric, chronic, special rehabilitation, and children's) hospitals, residential treatment centers, health maintenance organizations (HMOs), and hospitals within correctional facilities. Responsibilities of the unit include surveys, complaint investigations, review of self-reported incidents, and review of reports from accreditation organizations. The types and scope of the oversight are dictated by the provider type and certification by Medicare or Medicaid. This unit also oversees federally qualified health centers, community mental health centers, and limited private inpatient facilities.

The patient safety program receives mandated self-reports of serious adverse events that occur in Maryland hospitals. OHCQ reviews the hospital's root cause analysis of these events to determine compliance with COMAR 10.07.06, the Department's regulations governing hospital patient safety programs. Information regarding trends, best practices, and lessons learned from the review of these events are disseminated to hospitals via the Maryland Hospital Patient Safety Program's Annual Report and clinical alerts to improve patient safety.

Table 21: Community Mental Health Centers

Units of Measurement	FY15	FY16	FY17
Community mental health centers	N/T	4	4
Complaint investigations	N/T	0	0

Table 22: Correctional Health Care Facilities

Units of Measurement	FY15	FY16	FY17
Correctional health care facilities	10	10	9
Full surveys	4	3	0
Complaint investigations	0	1	0

Table 23: Federally Qualified Health Centers

Units of Measurement	FY15	FY16	FY17
Federally qualified health centers	N/T	81	80
Complaint investigations	N/T	1	0

Table 24: Freestanding Medical Facilities

Units of Measurement	FY15	FY16	FY17
Licensed freestanding medical facilities	3	3	3
Initial, full and follow-up surveys	2	2	5
Complaints investigated	6	1	3

Table 25: Health Maintenance Organizations

Units of Measurement	FY15	FY16	FY 17
Health maintenance organizations	9	9	9
Full surveys	1	0	0
Follow-up surveys	0	0	0
Complaint investigations	4	3	7

Table 26: Hospitals

Units of Measurement	FY15	FY16	FY 17
Licensed or certified hospitals	64	64	63
Validation surveys of accredited hospitals	2	2	2
Complaints investigated on-site	91	115	103
Complaints referred to hospitals for investigation	225	215	148
Follow-up surveys	12	12	11
Enforcement remedies imposed	5	12	3
Review of The Joint Commission reports	13	26	23

Table 27: Limited Private Inpatient Facilities

Units of Measurement	FY15	FY16	FY17
Licensed limited private inpatient facilities	N/A*	1	2
Initial, full and follow up surveys	N/A	0	1
Complaint investigations	N/A	0	0

*N/A = not applicable

Table 28: Patient Safety Program

Units of Measurement	FY15	FY16	FY 17
Adverse event reports	244	219	233
Review root cause analysis reports (patient safety)	188	220	196
Follow-up investigations and hospital patient safety surveys	7	14	26

Table 29: Residential Treatment Centers

Units of Measurement	FY15	FY16	FY 17
Licensed residential treatment centers	10	10	7
Follow-up surveys	4	1	0
Validation surveys and seclusion and restraint investigation	0	0	0
Complaint investigations	36	24	13

Clinical and Forensic Laboratories Unit

The clinical and forensic laboratories unit is responsible for State licensure of all laboratories that perform tests on specimens obtained from Marylanders and for federal certification of all Maryland laboratories. The State and federal licensing programs include those for tissue banks, blood banks, hospitals, independent reference, physician office and point of care laboratories, public health awareness screening, pre-employment related toxicology testing for controlled dangerous substances, and public health testing programs that offer rapid HIV-1 and rapid Hepatitis C antibody testing to the public. This unit conducts State and federal surveys to ensure compliance with applicable regulations. This unit is the agent for federal certification in the Clinical Laboratory Improvement Amendments of 1988 program (CLIA), which is required for all clinical laboratory testing sites.

OHCQ routinely surveys laboratories performing cytology testing biennially. In addition to these surveys, the CLIA statute requires that individuals performing cytology examinations be tested for their proficiency. There are two remaining CMS-approved cytology proficiency testing programs, including the College of American Pathologists (CAP) and the American Society for Clinical Pathology program (ASCP). In addition, the unit is responsible for investigating complaints.

This unit provides oversight for the regulation of accredited and non-accredited laboratories that perform forensic analyses. Responsibilities of the unit include the investigation of complaints and licensure activities, including on-site surveys and review of documentation from the forensic laboratories and external accreditation organizations. This unit conducts annual surveys and revisit surveys of non-accredited forensic laboratories. The unit reviews all self-reported incidents that occur at both accredited and non-accredited forensic laboratories.

Table 30: Cholesterol Testing Sites

Units of Measurement	FY15	FY16	FY17
Cholesterol testing sites	2	2	0
Initial surveys of new providers	0	0	0
Full surveys	2	2	0
Complaint surveys	0	0	0

Table 31: Employer Drug Testing Facilities

Units of Measurement	FY15	FY16	FY17
Employer drug testing	150	148	248
Initial surveys of new providers	84	0	100
Full surveys	1	30	14
Follow-up surveys	3	0	0
Complaint surveys	0	0	0

Table 32: Forensic Laboratories

Units of Measurement	FY15	FY16	FY 17
Forensic laboratories	32	45	46
Full surveys	16	5	8
Follow-up surveys	2	0	0
Surveillance surveys	0	0	0
Complaint investigations	0	0	0

Table 33: Health Awareness Testing Sites

Units of Measurement	FY15	FY16	FY 17
Health awareness test sites	65	76	49
Initial surveys	0	6	0
Full surveys	50	76	68
Follow-up surveys	25	0	2
Site approvals	1,605	1,897	2,176
Complaints surveys	0	0	1

Table 34: Hospital Laboratories

Units of Measurement	FY15	FY16	FY17
Hospital laboratories	98	98	98
Initial surveys of new providers	0	0	0
Full surveys	13	2	0
Follow-up surveys	0	1	0
Validation surveys	1	1	0
Complaint surveys	2	0	2

Table 35: Independent Reference Laboratories

Units of Measurement	FY15	FY16	FY 17
Independent reference laboratories	111	126	139
Initial surveys of new providers	2	2	10
Full surveys	17	16	25
Follow-up surveys	10	9	6
Validation surveys	2	1	1
Complaint surveys	5	0	4

Table 36: Physician Office and Point of Care Laboratories, State Only Surveys

Units of Measurement	FY14	FY15	FY16	FY 17
Physician office and point of care labs, State only	629	596	571	489
Initial surveys of new providers	18	22	19	25
Full surveys	340	405	405	304
Follow-up surveys	139	168	134	154
Complaint surveys	8	1	10	5

Table 37: Physician Office and Point of Care Laboratories, Federal CLIA Surveys

Units of Measurement	FY14	FY15	FY16	FY17
Physician office and point of care labs, CLIA surveys	629	596	571	489
Initial surveys of new providers	18	22	19	25
Full surveys	340	405	405	304
Follow-up surveys	139	168	134	154
Validation surveys	3	4	3	5
Complaint surveys	7	1	10	5

Table 38: Public Health Testing Sites

Units of Measurement	FY15	FY16	FY17
Public health testing	36	36	36
Initial surveys of new providers	2	0	0
Full surveys	6	12	20
Follow-up surveys	17	0	0
Complaint surveys	0	0	0

Table 39: Tissue Banks

Units of Measurement	FY15	FY16	FY17
Tissue banks	321	343	359
Initial surveys of new providers	0	4	10
Full surveys	29	25	12
Follow-up surveys	10	1	0
Validation surveys	15	0	0
Complaint surveys	1	1	1

Ambulatory Care Unit

The ambulatory care unit is responsible for the State licensure and/or federal certification of all non-long term care facilities that include birthing centers, comprehensive outpatient rehabilitation facilities, freestanding ambulatory surgery centers, freestanding renal dialysis centers, home health agencies, hospices, major medical equipment, outpatient physical therapy providers, portable x-ray providers, residential service agencies, and surgical abortion facilities. This unit receives complaints alleged against all ambulatory care providers and maintains a federal (Medicare) twenty-four hour complaint hotline for home health agencies. Since July 1, 2015, this unit has had oversight over the cosmetic surgical centers, a newly licensed provider group.

Table 40: Birthing Centers

Units of Measurement	FY15	FY16	FY17
Licensed birthing centers	2	2	2
Initial surveys of new providers	0	0	1
Full surveys	0	2	2
Follow-up surveys	0	0	0
Complaint investigations	0	0	0

Table 41: Comprehensive Outpatient Rehabilitation Facilities

Units of Measurement	FY15	FY16	FY17
Licensed comprehensive outpatient rehabilitation facilities	1	1	1
Initial surveys of new providers	2	0	0
Full surveys	0	1	0
Follow-up surveys	0	0	0
Complaint investigations	0	0	0

Table 42: Cosmetic Surgical Facilities

Units of Measurement	FY15	FY16	FY17
Licensed comprehensive outpatient rehabilitation facilities	N/A	3	4
Initial surveys of new providers	N/A	3	1
Full surveys	N/A	0	0
Follow-up surveys	N/A	0	0
Complaint investigations	N/A	0	0

Table 43: Freestanding Ambulatory Surgical Centers

Units of Measurement	FY15	FY16	FY17
Licensed freestanding ambulatory surgical centers	335	337	343
Initial surveys	11	14	25
Full surveys	213	102	97
Follow-up surveys	47	30	13
Complaint investigations	33	16	4

Table 44: Freestanding Renal Dialysis Centers

Units of Measurement	FY15	FY16	FY17
Licensed freestanding renal dialysis centers	142	151	167
Initial surveys of new providers	13	26	25
Full surveys	51	55	41
Follow-up surveys	11	8	10
Complaint investigations	35	19	34

Table 45: Health Care Staff Agencies

Units of Measurement	FY15	FY16	FY17
Health care staff agencies	577	631	466
Initial surveys of new providers	33	57	28
Full surveys	0	0	0
Renewal license	219	150	27
Complaint investigations	0	0	0

Table 46: Home Health Agencies

Units of Measurement	FY15	FY16	FY17
Licensed home health agencies	56	55	56
Initial surveys of new providers	0	0	3
Full surveys	13	15	12
Follow-up surveys	0	0	2
Complaint investigations	20	21	10

Table 47: Hospices and Hospice Houses

Units of Measurement	FY15	FY16	FY17
Licensed hospices	27	27	27
Initial surveys of new providers	2	3	1
Full surveys	6	4	5
Follow-up surveys	1	0	1
Complaint investigations	13	20	12
Licensed hospice houses	14	14	14
Initial surveys of new providers	2	0	0
Renewal surveys	N/A	1	2
Complaint investigations in hospice houses	0	2	1

Table 48: Major Medical Equipment Providers

Units of Measurement	FY15	FY16	FY17
Licensed major medical equipment providers	219	225	191
Initial surveys of new providers	0	0	0
Full surveys	0	0	0
Follow-up surveys	0	0	0
Complaint investigations	5	1	0

Table 49: Nurse Referral Agencies

Units of Measurement	FY15	FY16	FY17
Nurse referral agencies	152	167	121
Initial license	8	13	0
Full surveys	0	0	0
Renewal license	36	13	0
Complaint investigations	2	1	1

Table 50: Outpatient Physical Therapy Providers

Units of Measurement	FY15	FY16	FY17
Licensed outpatient physical therapy providers	62	63	68
Initial surveys of new providers	3	6	5
Full surveys	9	3	8
Follow-up surveys	3	2	0
Complaint investigations	0	0	0

Table 51: Portable X-ray Providers

Units of Measurement	FY15	FY16	FY17
Licensed portable x-ray providers	9	8	8
Initial surveys of new providers	1	0	0
Full surveys	0	1	2
Follow-up surveys	0	0	0
Complaint investigations	0	0	0

Table 52: Residential Service Agencies

Units of Measurement	FY15	FY16	FY17
Licensed residential service agencies	1,210	1,139	1,201
Initial surveys of new providers	84	94	84
Full surveys	19	12	27
Follow-up surveys	9	10	6
Complaint investigations	63	37	41

Table 53: Surgical Abortion Facilities

Units of Measurement	FY15	FY16	FY17
Licensed surgical abortion facilities	12	13	12
Initial surveys	0	1	0
Renewal surveys	0	12	0
Complaints investigated	1	7	5

Behavioral Health Unit

Effective July 1, 2017, BHA resumed responsibility for the licensure and oversight of these providers. BHA evaluates all Community Mental Health Programs prior to the expiration of the programs' approvals or licenses and prior to relocation or expansion. Temporary approvals for 1, 2 or 3 years, with or without conditions, or two-year licenses are issued. Biennial surveys and complaint investigations of substance use disorder treatment providers are conducted to ensure compliance with applicable State and federal regulations. BHA issues the initial, provisional, or general certification for substance use disorder treatment providers throughout the State. Complaints are triaged and investigated.

Note that in Tables 54 to 72, the number of licensed providers is based on FY 16 information as the FY 17 data was not available at the time of this report.

Table 54: Group Homes for Adults with Mental Illness

Units of Measurement	FY15	FY16	FY17
Licensed group homes for adults with mental illness	154	153	153
Initial surveys	0	0	0
Renewal surveys	10	2	1
Complaints investigated	9	3	1

Table 55: Mental Health Vocational Programs

Units of Measurement	FY15	FY16	FY17
Licensed mental health vocational programs	56	64	64
Initial surveys	6	2	2
Renewal surveys	2	5	2
Complaints investigated	0	3	0

Table 56: Mobile Treatment Services

Units of Measurement	FY15	FY16	FY17
Licensed mobile treatment services	25	28	28
Initial surveys	1	0	0
Renewal surveys	5	1	2
Complaints investigated	4	3	0

Table 57: Outpatient Mental Health Centers

Units of Measurement	FY15	FY16	FY17
Licensed outpatient mental health centers	210	247	247
Initial surveys	12	3	9
Renewal surveys	30	36	22
Complaints investigated	2	5	2

Table 58: Psychiatric Day Treatment Services, Partial Hospitalization Programs

Units of Measurement	FY15	FY16	FY17
Licensed psychiatric day treatment services, partial hosp.	9	35	35
Initial surveys	1	1	5
Renewal surveys	2	1	2
Complaints investigated	0	0	0

Table 59: Psychiatric Rehabilitation Programs for Adults

Units of Measurement	FY15	FY16	FY17
Licensed psychiatric rehabilitation programs for adults	186	253	253
Initial surveys	20	22	37
Renewal surveys	43	53	18
Complaints investigated	0	3	0

Table 60: Psychiatric Rehabilitation Programs for Minors

Units of Measurement	FY15	FY16	FY17
Licensed psychiatric rehabilitation programs for minors	139	167	167
Initial surveys	20	17	36
Renewal surveys	34	67	19
Complaints investigated	1	4	0

Table 61: Residential Crisis Services

Units of Measurement	FY15	FY16	FY17
Licensed residential crisis services	17	20	20
Initial surveys	0	1	1
Renewal surveys	1	1	0
Complaints investigated	1	2	0

Table 62: Residential Rehabilitation Programs

Units of Measurement	FY15	FY16	FY17
Licensed residential rehabilitation programs	737	793	793
Initial surveys	1	0	0
Renewal surveys	22	7	0
Complaints investigated	1	1	0

Table 63: Respite Care Services

Units of Measurement	FY15	FY16	FY17
Licensed respite care services	17	17	17
Initial surveys	0	0	0
Renewal surveys	0	2	2
Complaints investigated	1	0	0

Table 64: Therapeutic Group Homes

Units of Measurement	FY15	FY16	FY17
Licensed therapeutic group homes	14	12	12
Initial surveys	1	0	0
Renewal surveys	7	5	8
Complaints investigated	0	1	4

Table 65: Therapeutic Nursery Programs

Units of Measurement	FY15	FY16	FY17
Licensed therapeutic nursery programs	1	1	1
Initial surveys	0	0	0
Renewal surveys	0	0	0
Complaints investigated	0	0	0

Table 66: Ambulatory Detoxification Programs

Units of Measurement	FY15	FY16	FY17
Licensed ambulatory detoxification programs	65	85	85
Initial surveys	2	5	9
Renewal surveys	8	7	32
Complaints investigated	0	2	2

Table 67: Correctional Substance Abuse Programs

Units of Measurement	FY15	FY16	FY17
Licensed correctional substance abuse programs	42	13	13
Initial surveys	2	0	2
Renewal surveys	10	8	5
Complaints investigated	0	0	0

Table 68: DWI Education Programs

Units of Measurement	FY15	FY16	FY17
Licensed DWI education programs	269	282	282
Initial surveys	18	56	47
Renewal surveys	36	70	58
Complaints investigated	2	4	5

Table 69: Opioid Maintenance Therapy Programs

Units of Measurement	FY15	FY16	FY17
Licensed opioid maintenance therapy programs	74	77	77
Initial surveys	23	8	10
Renewal surveys	31	26	47
Complaints investigated	0	0	0

Table 70: Outpatient Treatment Programs

Units of Measurement	FY15	FY16	FY17
Licensed outpatient treatment programs	459	470	470
Initial surveys	65	96	70
Renewal surveys	165	150	123
Complaints investigated	6	13	12

Table 71: Residential Detoxification Treatment Programs

Units of Measurement	FY15	FY16	FY17
Licensed residential detoxification treatment programs	18	6	6
Initial surveys	1	1	1
Renewal surveys	12	2	9
Complaints investigated	1	11	2

Table 72: Residential Programs

Units of Measurement	FY15	FY16	FY17
Licensed residential programs	108	73	73
Initial surveys	5	17	7
Renewal surveys	48	17	30
Complaints investigated	1	18	4

Appendix A: OHCQ Surveyor Staffing Analysis for FY 18

Mandates	A. # of facilities or activities	B. Requirements per year	C. Total # of activities required (A x B)	D. Hours required per activity	E. Hours required for activities (C x D)	F. # of surveyors required (E/1500)	G. Current # of surveyors	H. # of additional surveyors needed
Long Term Care Unit								
Forensic Residential Centers								
Initial surveys	0	1	0	0	0	0.00		
Annual surveys	1	1	1	160	160	0.11		
Complaints and self-reports	10	1	10	8	80	0.05		
Follow-up surveys	0	1	0	8	0	0.00		
Informal dispute resolutions	0	1	0	8	0	0.00		
Intermediate Care Facilities for Individuals with Intellectual Disabilities								
Initial surveys	0	1	0	0	0	0.00		
Annual surveys	2	1	2	160	320	0.21		
Complaints and self-reports	120	1	120	8	960	0.64		
Follow-up surveys	2	1	2	16	32	0.02		
Informal dispute resolutions	1	1	1	8	8	0.01		
Nursing Homes								
Initial surveys	1	1	1	182	182	0.12		
Annual surveys	210	1	210	170	35,700	23.80		
Complaints and self-reports	2,800	1	2,800	8	22,400	14.93		
Follow-up surveys	42	1	42	16	672	0.45		
State resident funds surveys	229	1	229	6	1,374	0.92		
Life safety code initial surveys	10	1	10	10	100	0.07		
Life safety code annual surveys	240	1	240	10	2,400	1.60		
Life safety code follow-up surveys	100	1	100	8	770	0.51		
Life safety code complaint surveys	20	1	20	12	240	0.16		
Informal dispute resolutions	40	1	40	8	320	0.21		
Testifying in hearings	14	1	14	12	168	.11		
Long Term Care Unit						43.94	37.6	6.34
Assisted Living Unit								
Adult Medical Day Care Centers								
Initial surveys	24	1	24	24	576	0.38		
Renewal surveys	117	0.5	58.5	16	936	0.62		
Complaints and self-reports	150	1	150	8	1,200	0.80		
Follow-up surveys	6	1	6	16	96	0.06		

Mandates	A. # of facilities or activities	B. Requirements per year	C. Total # of activities required (A x B)	D. Hours required per activity	E. Hours required for activities (C x D)	F. # of surveyors required (E/1500)	G. Current # of surveyors	H. # of additional surveyors needed
Assisted Living Programs								
Initial surveys	200	1	200	40	8,000	5.33		
Annual surveys	1,540	1	1,540	16	24,640	16.43		
Complaints and self-reports	1,350	1	1,350	12	16,200	10.80		
Follow-up surveys	72	1	72	16	1152	0.77		
Informal dispute resolutions for unit	20	1	20	12	240	0.16		
Testifying in hearings for unit	12	1	12	40	480	0.32		
Assisted Living Unit						35.68	28	7.68
Developmental Disabilities Unit								
Developmental Disabilities Programs								
Initial site openings	334	1	334	8	2,672	1.78		
Annual surveys of providers	231	1	231	129	29,799	19.87		
Complaint and self-reports, on-site	1,300	1	1,300	18	23,400	15.60		
Complaint and self-reports, admin.	3,100	1	3,100	4	12,400	8.27		
Death investigations, on-site	48	1	48	48	2,304	1.54		
Death investigations, administrative	190	1	190	8	1,520	1.01		
Children's providers, all activities	3	1	3	1,320	3,960	2.64		
Informal dispute resolutions	36	1	36	12	432	0.29		
Settlements and hearings	6	1	6	80	480	0.32		
Developmental Disabilities Unit						51.31	32	19.31
Hospital Unit								
Community Mental Health Centers								
Initial surveys	1	1	1	32	32	0.02		
Complaints	1	1	1	24	24	0.02		
Correctional Health Care Facilities								
Initial surveys	0	1	0	24	0	0.00		
Full surveys	9	1	9	24	216	0.14		
Complaint investigations	1	1	1	8	8	0.01		
Federally Qualified Health Centers								
Complaints	2	1	2	24	48	0.03		

Mandates	A. # of facilities or activities	B. Requirements per year	C. Total # of activities required (A x B)	D. Hours required per activity	E. Hours required for activities (C x D)	F. # of surveyors required (E/1500)	G. Current # of surveyors	H. # of additional surveyors needed
Freestanding Medical Facilities								
Initial surveys	2	1	2	64	128	0.09		
Full surveys	3	1	3	24	72	0.05		
Complaints	5	1	5	10	50	0.03		
Health Maintenance Organizations								
Initial surveys	1	1	1	160	160	0.11		
Full survey of non-accredited HMOs	1	1	1	120	120	0.08		
Follow-up surveys	1	1	1	16	16	0.01		
Complaints	8	1	8	8	64	0.04		
Hospitals								
Initial surveys	1	1	1	210	210	0.14		
Validation surveys	3	1	3	210	630	0.42		
Complaint investigations, on-site	140	1	140	24	3,360	2.24		
Complaint investigations, admin.	210	1	210	8	1,680	1.12		
Follow-up surveys	16	1	16	16	256	0.17		
Mortality review, psychiatric hospitals	24	1	24	16	384	0.26		
Limited Private Inpatient Facilities								
Initial surveys	1	1	1	40	40	0.03		
Complaints	1	1	1	24	24	0.02		
Patient Safety Program								
Review hospital root cause analysis	225	1	225	4	900	0.60		
Patient safety program surveys	26	1	26	24	624	0.42		
Residential Treatment Centers								
Initial surveys	1	1	1	80	80	0.05		
Complaints	25	1	25	24	600	0.40		
Validation surveys	2	1	2	16	32	0.02		
Follow-up surveys	3	1	3	16	48	0.03		
Hospital Unit								
Informal dispute resolutions	2	1	2	8	16	0.01		
State and federal hearings	5	1	5	60	300	0.20		
Hospital Unit						6.75	6	0.75

Mandates	A. # of facilities or activities	B. Requirements per year	C. Total # of activities required (A x B)	D. Hours required per activity	E. Hours required for activities (C x D)	F. # of surveyors required (E/1500)	G. Current # of surveyors	H. # of additional surveyors needed
Clinical and Forensic Laboratories								
Cholesterol Testing Sites								
Cholesterol testing	0	1	0	7	0	0.00		
Employer Drug Testing Facilities								
Employer drug testing facilities	300	0.5	150	6	900	0.60		
Forensic Laboratories								
Initial surveys	2	1	2	48	96	0.06		
Renewal surveys	15	1	15	48	720	0.48		
Surveillance surveys	1	1	1	24	24	0.02		
Complaints and self-reports	3	1	3	24	72	0.05		
Follow-up surveys	2	1	2	16	32	0.02		
Informal dispute resolutions and hearings	1	1	1	40	40	0.03		
Health Awareness Testing Sites								
Health awareness testing surveys	55	1	55	8	440	0.29		
Health awareness site approval	2,200	1	2,200	0.5	1,100	0.73		
Hospital Laboratories								
Hospital laboratories	98	0.25	24.5	8	196	0.13		
Independent Reference Laboratories								
Non-accredited	66	0.5	33	16	528	0.35		
Complaints	6	1	6	16	96	0.06		
Physician Offices and Point-of-Care Laboratories								
CLIA	450	0.5	225	12	2,700	1.80		
Complaint surveys	8	1	8	16	128	0.09		
Validation	4	1	4	20	80	0.05		
Public Health Testing Sites								
Public health testing	36	1	36	5	180	0.12		
Tissue Banks								
Tissue banks	378	0.5	189	8	1512	1.01		
Clinical and Forensic Laboratories						5.90	5	0.90

Mandates	A. # of facilities or activities	B. Requirements per year	C. Total # of activities required (A x B)	D. Hours required per activity	E. Hours required for activities (C x D)	F. # of surveyors required (E/1500)	G. Current # of surveyors	H. # of additional surveyors needed
Ambulatory Care Unit								
Birthing Centers								
Initial surveys	1	1	1	40	40	0.03		
Renewal surveys	2	1	2	32	64	0.04		
Complaint investigations	1	1	1	8	8	0.01		
Informal dispute resolutions	0	1	0	8	0	0.00		
Comprehensive Outpatient Rehabilitation Facilities								
Initial surveys	1	1	1	16	16	0.01		
Renewal surveys	1	0.05	0.05	16	0.8	0.00		
Complaint investigations	1	1	1	4	4	0.00		
Informal dispute resolutions	0	1	0	8	0	0.00		
Cosmetic Surgery Facilities								
Initial surveys	3	1	3	48	144	0.10		
Renewal surveys	0	1	0	0	0	0.00		
Complaint investigations	2	1	2	16	32	0.02		
Informal dispute resolutions	0	1	0	8	0	0.00		
Freestanding Ambulatory Surgical Centers								
Initial surveys	28	1	28	60	1,680	1.12		
Renewal surveys	343	0.33	113	40	4,528	3.02		
Follow-up surveys	30	1	30	16	480	0.32		
Complaint investigations	20	1	20	16	320	0.21		
Informal dispute resolutions	2	1	2	8	16	0.01		
Freestanding Renal Dialysis Centers								
Initial surveys	30	1	30	48	1,440	0.96		
Renewal surveys	167	0.33	55	32	1,764	1.18		
Follow-up surveys	16	1	16	16	256	0.17		
Complaint investigations	40	1	40	16	640	0.43		
Informal dispute resolutions	3	1	3	8	24	0.02		
Health Care Staff Agencies								
Initial surveys	42	1	42	8	336	0.22		
Complaint investigations	1	1	1	8	8	0.01		

Mandates	A. # of facilities or activities	B. Requirements per year	C. Total # of activities required (A x B)	D. Hours required per activity	E. Hours required for activities (C x D)	F. # of surveyors required (E/1500)	G. Current # of surveyors	H. # of additional surveyors needed
Home Health Agencies								
Initial surveys	1	1	1	32	32	0.02		
Renewal surveys	56	0.33	18	40	739	0.49		
Complaint investigations	25	1	25	24	600	0.40		
Informal dispute resolutions	2	1	2	8	16	0.01		
Hospice Care Programs								
Initial surveys	2	1	2	40	80	0.05		
Renewal surveys	27	0.33	9	40	356	0.24		
Complaint investigations, hospice	24	1	24	16	384	0.26		
Complaints, hospice houses	4	1	4	16	64	0.04		
Informal dispute resolutions	3	1	3	8	24	0.02		
Major Medical Equipment Providers								
Initial surveys	3	1	3	16	48	0.03		
Complaint investigations	4	1	4	4	16	0.01		
Informal dispute resolutions	0	1	0	8	0	0.00		
Nurse Referral Agencies								
Initial surveys	10	1	10	8	80	0.05		
Complaint investigations	3	1	3	8	24	0.02		
Outpatient Physical Therapy Providers								
Initial surveys	9	1	9	16	144	0.10		
Renewal surveys	68	0.05	3.4	16	54	0.04		
Follow-up surveys	4	1	4	16	64	0.04		
Complaint investigations	2	1	2	4	8	0.01		
Informal dispute resolutions	0	1	0	8	0	0.00		
Portable X-ray Providers								
Initial surveys	1	1	1	16	16	0.01		
Renewal surveys	8	0.05	0	16	6	0.00		
Complaint investigations	2	1	2	4	8	0.01		
Informal dispute resolutions	0	1	0	8	0	0.00		

Mandates	A. # of facilities or activities	B. Requirements per year	C. Total # of activities required (A x B)	D. Hours required per activity	E. Hours required for activities (C x D)	F. # of surveyors required (E/1500)	G. Current # of surveyors	H. # of additional surveyors needed
Residential Service Agencies								
Initial surveys	100	1	100	40	4,000	2.67		
Full surveys	30	1	30	24	720	0.48		
Follow-up surveys	12	1	12	16	192	0.13		
Complaint investigations	55	1	55	16	880	0.59		
Informal dispute resolutions	2	1	2	16	32	0.02		
Surgical Abortion Facilities								
Initial surveys	1	1	1	40	40	0.03		
Renewal surveys	12	1	12	40	480	0.32		
Complaint investigations	12	1	12	40	480	0.32		
Informal dispute resolutions	1	1	1	16	16	0.01		
Hearings, all provider types in unit	6	1	6	60	360	0.24		
Ambulatory Care Unit						14.51	13.00	1.51
Total						**158.09**	**121.6**	**36.49**

MARYLAND DEPARTMENT OF HEALTH

Office of Health Care Quality
IMPROVING SURVEY PERFORMANCE

Dennis R. Schrader, Secretary

December 13, 2017

MARYLAND
Department of Health

OHCQ and BHA Scope of Responsibilities

The Office of Health Care Quality (OHCQ) and the Behavioral Health Administration (BHA) are the units of the Maryland Department of Health (MDH) responsible for the oversight of approximately 18,000 providers across approximately 60 provider types in Maryland, including:

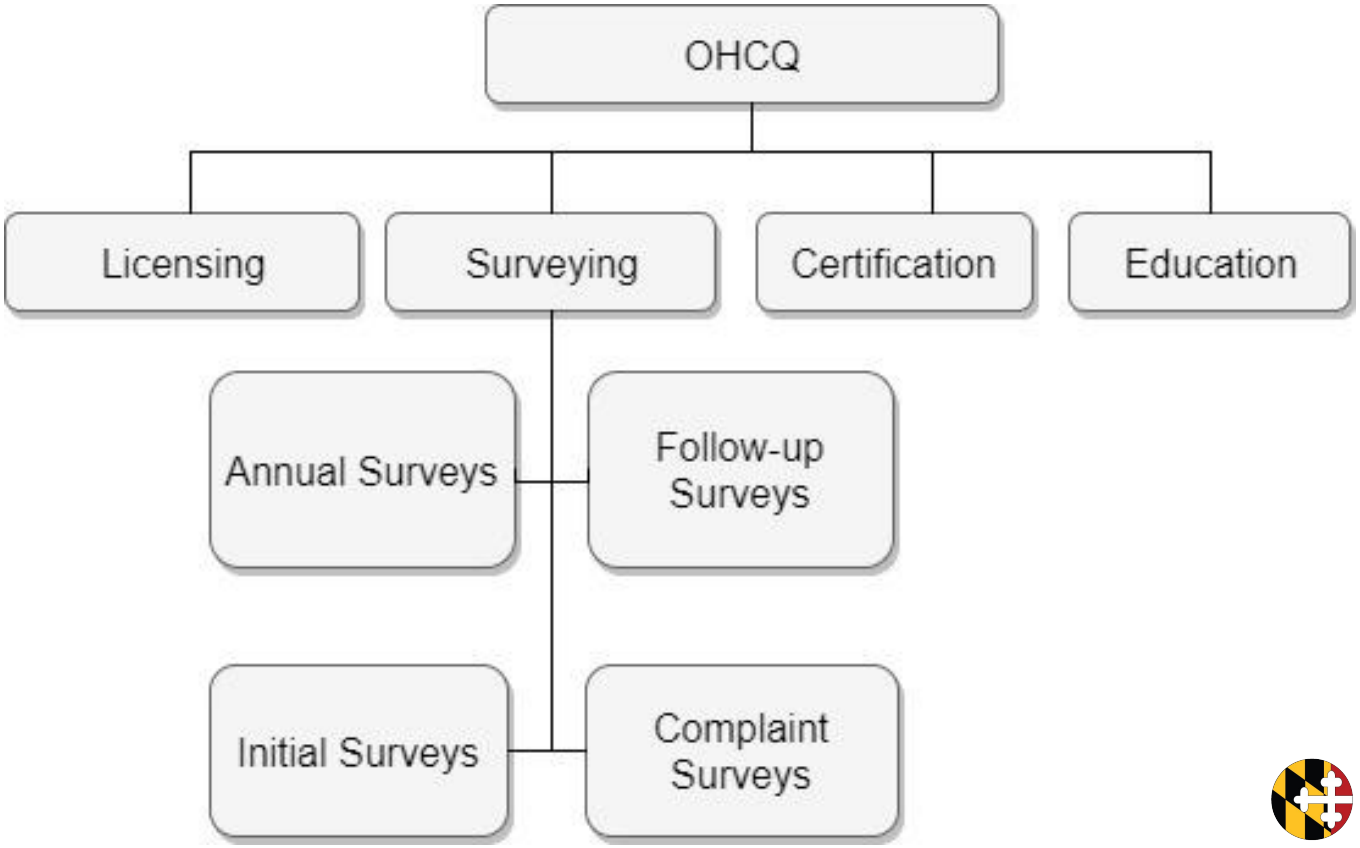
- Adult Medical Day Care
- Assisted Living
- Ambulatory Care
- Clinical Laboratories
- Developmental Disabilities
- Forensic Laboratories
- Hospitals
- Long Term Care
- Psychiatric Rehabilitation Programs
- Outpatient Mental Health Centers

OHCQ and BHA, as agents of both the State and Federal Government, are responsible for licensing, certifying, surveying, and educating providers according to both State and Federal Standards

What are the results of OHCQ's efforts to ensure patient health and safety?

OHCQ Service Model

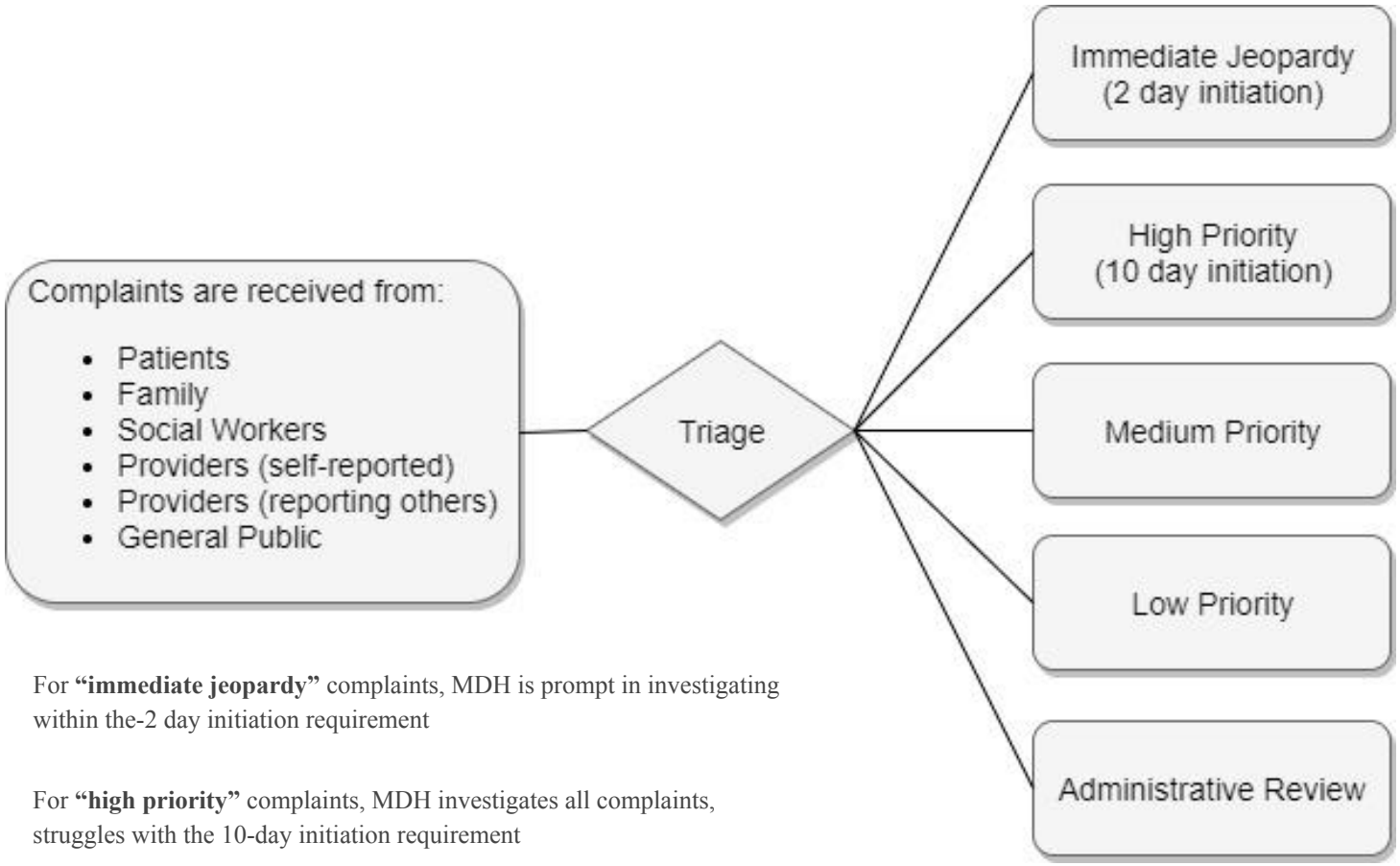
Through a system of survey techniques applied on both an annual and spontaneous basis, OHCQ promotes and ensures quality and safety in the provider environments that house the most vulnerable in Maryland



MARYLAND Department of Health

How does OHCQ respond to complaints?

OHCQ Complaint Process



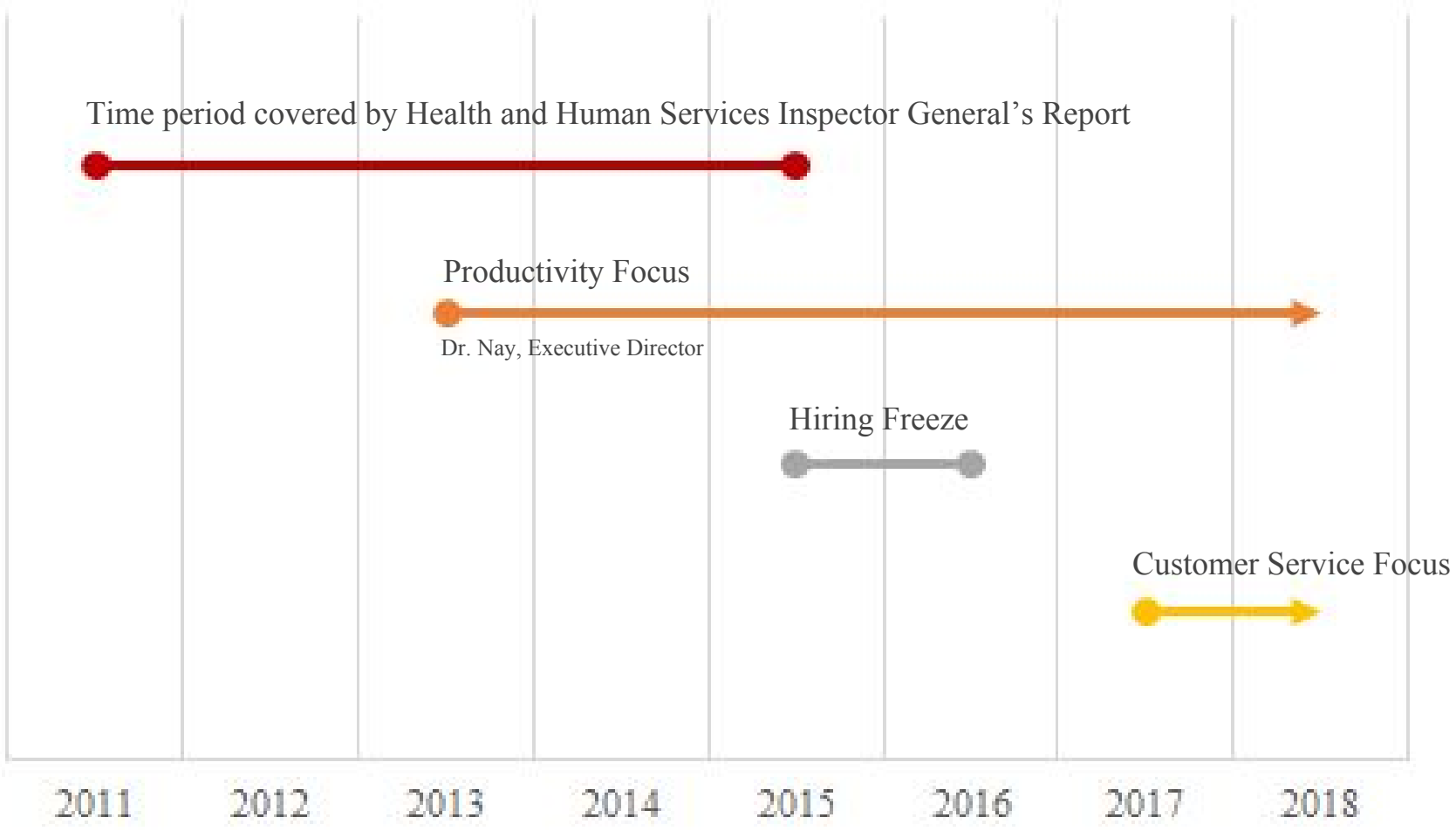
For **"immediate jeopardy"** complaints, MDH is prompt in investigating within the-2 day initiation requirement

For **"high priority"** complaints, MDH investigates all complaints, struggles with the 10-day initiation requirement

MARYLAND Department of Health

What is OHCQ's response to the issues noted in the Inspector General's report?

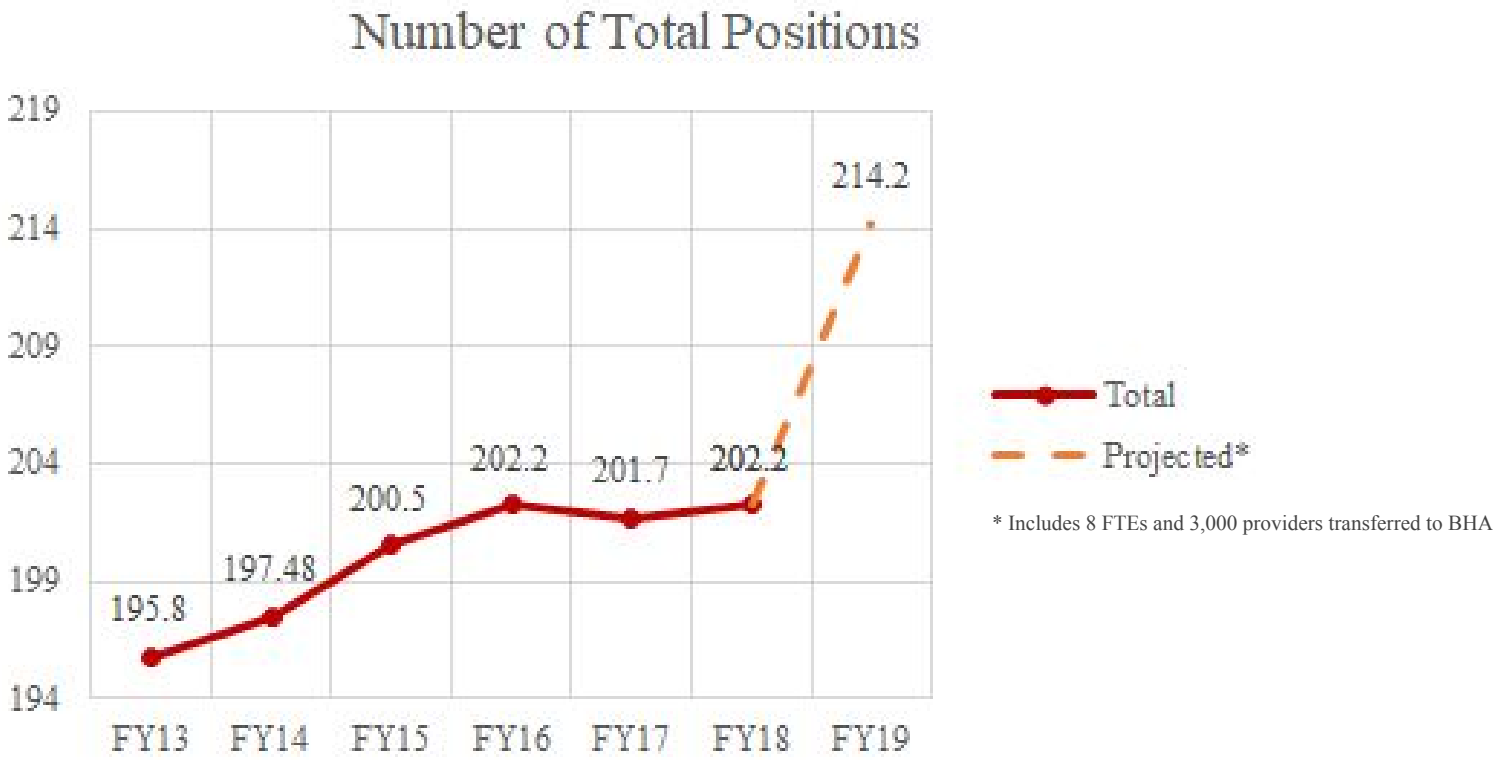
Deliberate and Diligent Improvements



MARYLAND Department of Health

Overall Staffing Changes

MDH has increased the number of positions within OHCQ since the period of the Inspector General's Report



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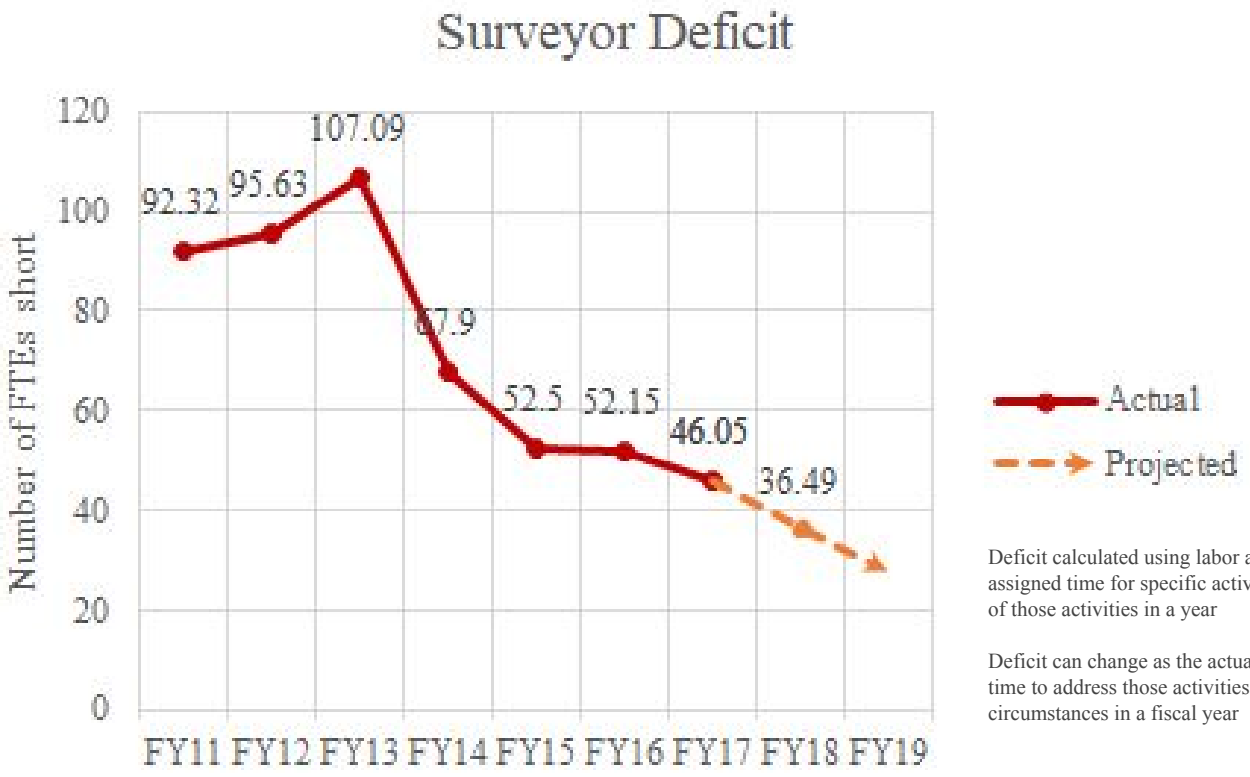
How is OHCQ addressing the growing need for surveyors and investigations?

Reducing Surveyor Deficit

Dr. Nay focused on productivity efficiencies for significant early gains; the surveyor deficit across OHCQ is projected to reach 36.49 during FY18



Deficit calculated using labor analysis depending on an assigned time for specific activities and the expected number of those activities in a year

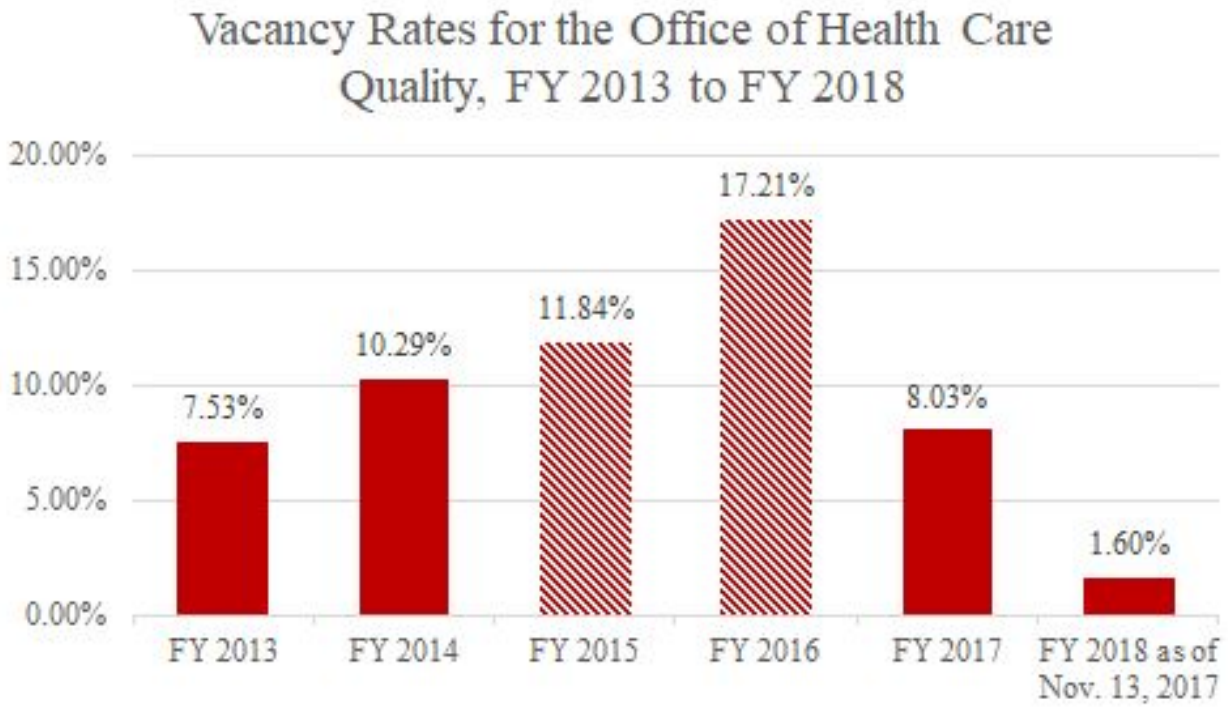
Deficit can change as the actual number of activities and time to address those activities depend on changing circumstances in a fiscal year

MARYLAND Department of Health

How can we tell that our hiring policy is producing results?

Significantly Reduced Vacancy Rates

At 1.60%, OHCQ has the lowest vacancy rate within MDH



Red and white columns correspond to the previously discussed hiring freeze

MARYLAND Department of Health

Continuous Hiring Plan

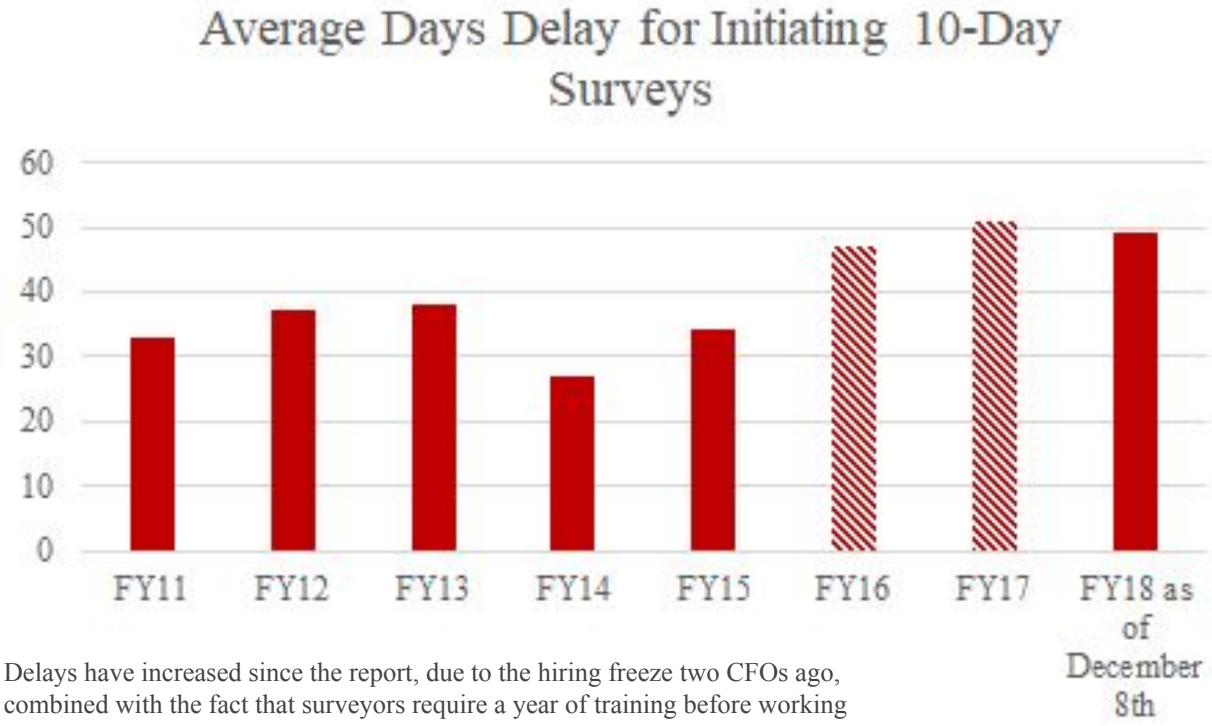
The Secretary directed OHCQ to continuously hire new staff due to the surveyor deficit, which allowed OHCQ to build a strong staff foundation in order to hire more surveyors:

- Coordinators are one of these foundation positions critical to the surveyor process. They are highly involved in the surveying/training process as each coordinator supports five to six surveyors. They also assist in completing surveys in the allotted timeframe by performing work product audits, and writing and submitting reports
- With a staffing foundation in place, as well as retention efforts such as wage studies and administrative efficiencies, the focus will shift to recruiting, hiring, and retaining additional qualified surveyors
- Surveyors must undergo a year of training, field work, review, and examination before they are qualified to work independently to investigate complaints. OHCQ can only absorb 12 to 15 new hires each year in addition to turnover

Why does a continuous hiring policy matter?

Non-Hiring and Lagged Growth of Delays

The full effects of the hiring freeze during FY15 and FY16 are being felt in FY16 and FY17; due to lessons learned, MDH is providing direction and resources to OHCQ to pursue consistent and aggressive hiring and retention policy



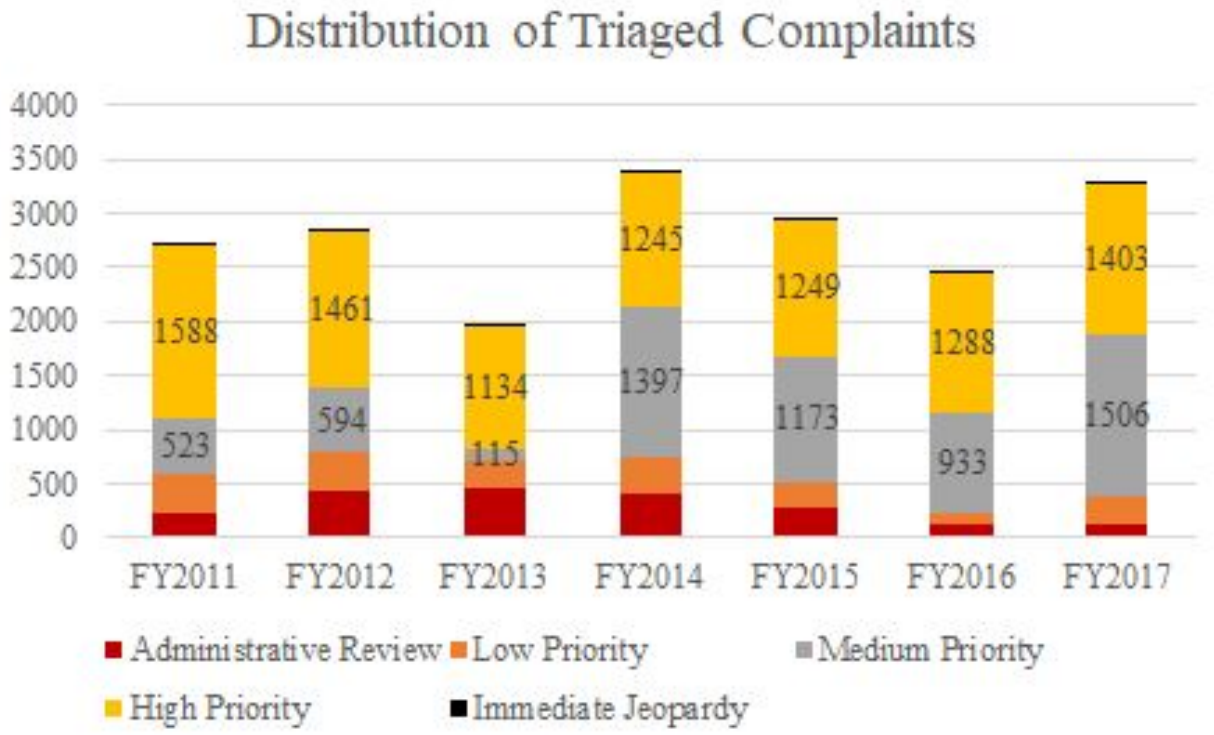
Delays have increased since the report, due to the hiring freeze two CFOs ago, combined with the fact that surveyors require a year of training before working independently

MARYLAND Department of Health

How has OHCQ's surveying mandate changed over time requiring a continuous hiring policy?

Nursing Home Complaints

All complaints must be investigated and reviewed, as even a low-priority complaint may result in discovering an "immediate jeopardy" or actual harm deficiency in care



"Immediate jeopardy" complaints are a small proportion of the total number; **"high priority"** complaints have remained relatively stable, and **"medium priority"** complaints have grown significantly over time

Approximately 35 percent of the allegations overall are substantiated through investigation

Both substantiated and unsubstantiated claims require the same amount of investigation

MARYLAND Department of Health

What are the next steps in the continuous hiring policy for the OHCQ?

Positions for FY18

There are 14 positions available for FY18

OHCQ Unit	Position	#
Developmental Disabilities	Nurse surveyor	1
Developmental Disabilities	Office secretary	1
Ambulatory care	Coordinator	1
Federal	Assistant Deputy Director	1
Federal	Performance Improvement Specialist	1
State	Performance Improvement Specialist	1
Quality Initiatives	Coordinator	1

OHCQ Unit	Position	#
Long term care	Coordinator	1
Long term care	Sanitarian surveyor	1
Long term care	Nurse surveyor	1
Long term care	Nurse surveyor trainer	1
Assisted living	Coordinator	1
Assisted living	Nurse surveyor	1
Developmental Disabilities	Coordinator	1

What are the next steps in the continuous hiring policy for the OHCQ?

12 Positions for FY19

There are 12 positions available for FY19

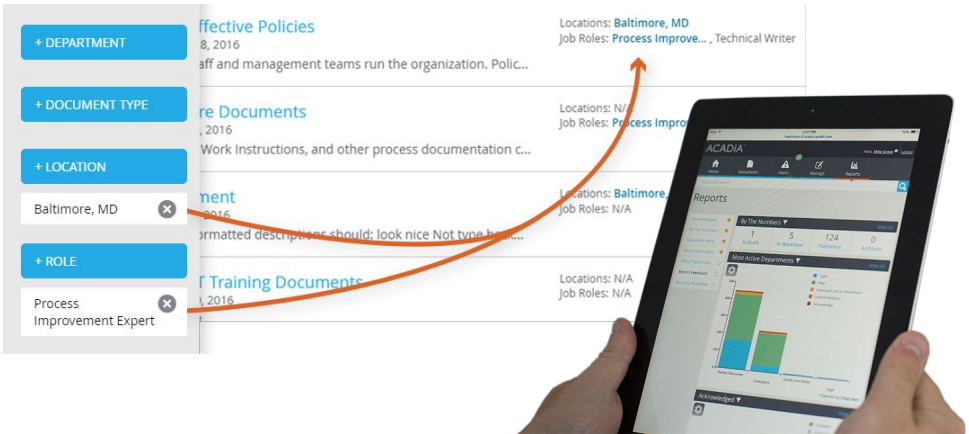
OHCQ Unit	Position	#
Long term care	Coordinator	1
Long term care	Nurse surveyor	4
Long term care	Physician surveyor	1
Assisted living	Nurse surveyor	2
Developmental disabilities	Coordinator	1
Developmental disabilities	Nurse surveyor	2
Developmental disabilities	Special Programs Coordinator	1

How does OHCQ make the best use of its staffing resources?

Infrastructure for Productivity

May 2017: In addition to hiring surveyors and support staff, OHCQ implemented structural administrative changes for employees through the use of the Acadia software platform, which allows:

- A centralized repository for all OHCQ policies, procedures, and documentation available in the organization
- Version control and instant updates to the entire organization
- Role management to present information and documents to employees according to the need and frequency of their position
- Multi-platform capability so that employees can access information in the field through either handheld devices for quick reference,or through a laptop/desktop for review or drafting reports and responses from templates

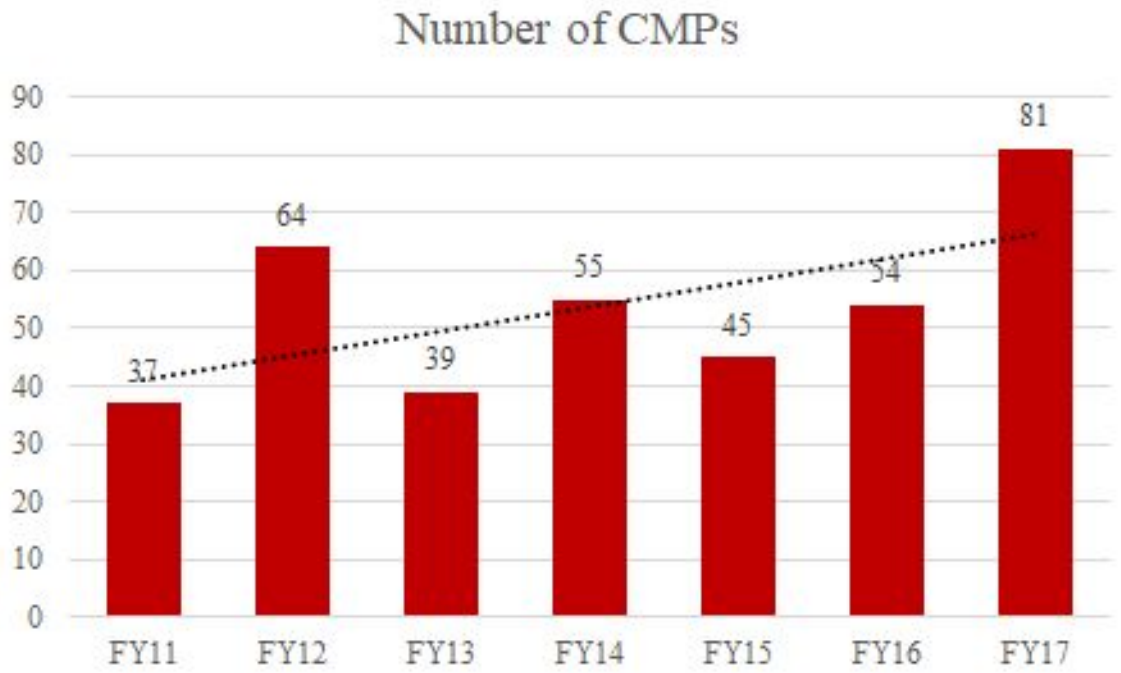


MARYLAND Department of Health

What is the outcome of OHCQ's investigations into the complaints?

Civil Monetary Penalties

Civil Monetary Penalties are levied against nursing homes for violations. Money collected goes into a special account overseen by the Centers for Medicare and Medicaid Services (CMS) that is used to fund health care quality research in Maryland



MARYLAND Department of Health

What is the outcome of OHCQ's investigations into the complaints?

Civil Monetary Penalties

Penalty amounts, on average, have risen from $5,304 in FY11 to $234,751 in FY17; total amount of penalties has grown from $26,520 to $16,667,332

	FY11	FY12	FY13	FY14	FY15	FY16	FY17
Average amount	$5,304	$2,929	$20, 127	$55,927	$78,316	$74,723	$234,751
Total amount	$26,520	$20,500	$281,780	$1,565,955	$1,801,266	$2,839,489	$16,667,332

How do funds from CMS become reinvested in care improvements for Maryland?

Health Care Quality Account Grants

A portion of the money (based on the number of patients in the deficient facility) collected from civil money penalties imposed by CMS or OHCQ are placed into non-lapsing special funds:

- These special funds are administered by CMS, and are used to award grants to support activities that improve the quality of life of individuals who reside in nursing homes
- Applications are accepted throughout the year and grants are awarded on a rolling basis, contingent on funding
- Committee reviews the applications: Office of the Inspector General, Office of the Attorney General, and OHCQ (Executive Director, Chief Fiscal Officer, Deputy Director of Federal Programs, Deputy Director of State Programs, and Chief Nurse)
- CMS must approve the use of federal funds
- In State FY17, OHCQ awarded 10 grants totaling $1,026,990

What kind of projects do OHCQ Account Grants fund?

Grants Awarded in FY18

The Beacon Institute: $8,750 —for strengthening the ability of Geriatric Nurses Assistants to observe changes in residents' physical and mental status and to improve the care of residents

LW Consulting, Inc.: $493,155—for implementing a safe and orderly relocation of residents from a closing long term care facility to other settings

Community Health Education and Research Corp.: $35,000—for providing education and training to assisted living staff and care providers in mental health first aid solutions

Health Facilities Association of Maryland: $109,850—for providing education and certification to employees of skilled nursing facilities in skin and wound care

The Beacon Institute: $80,189—for providing continuing education for nursing home staff in the area of Quality Assurance Program Improvement in order to reduce deficiencies in quality of care

The Beacon Institute: $76,781—for providing continuing education to both healthcare professionals and the public about the use of Maryland's Medical Order for Life Sustaining Treatment order form

The Beacon Institute: $100,889—for implementing the CARES® online training program in the nursing home on the subject of Alzheimer and dementia person-centered care

What kind of projects do OHCQ Account Grants fund?

Grants Awarded in FY18

The Beacon Institute: $32,161—for implementing the CARES® online training program in assisted living facilities on the subject of Alzheimer and dementia person-centered care

The Beacon Institute: $82,800—for providing nursing home discharge planners, residents, and caregivers with a toolkit for organizing successful and safe transitions from nursing homes to community settings

Allegany College of Maryland: $7,415—for providing education to Certified Nurses Assistants and Geriatric Nurses Assistants in communicating with dementia patients, interacting with mental illness, situational awareness safety, documentation, and diffusing volatile situations

MARYLAND DEPARTMENT OF HEALTH

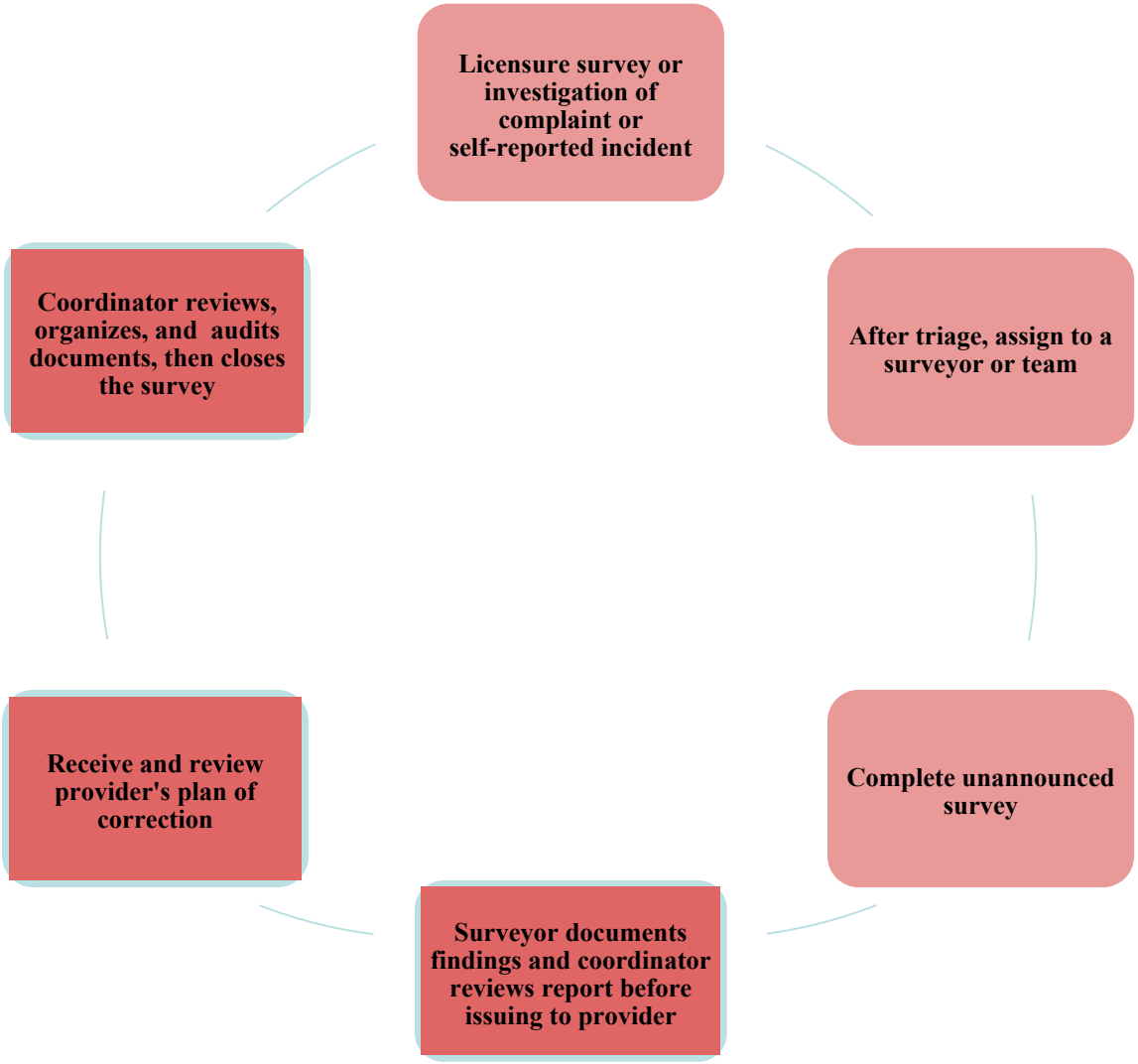
Office of Health Care Quality IMPROVING SURVEY PERFORMANCE

Appendix

MARYLAND Department of Health

Why does OHCQ place emphasis on hiring coordinators in addition to surveyors?

OHCQ Survey Cycle



MARYLAND Department of Health

Scope and Severity Matrix

	Isolated (1)	Pattern (2)	Widespread (3)
Immediate jeopardy to resident health or safety (4)	**J** Substandard quality of care, 221-226, 240-258, 309-333	**K** Substandard quality of care, 221-226, 240-258, 309-333	**L** Substandard quality of care, 221-226, 240-258, 309-333
Actual harm that is not immediate jeopardy (3)	**G**	**H** Substandard quality of care, 221-226, 240-258, 309-333	**I** Substandard quality of care, 221-226, 240-258, 309-333
No actual harm with potential for more than minimal harm that is not immediate jeopardy (2)	**D**	**E**	**F** Substandard quality of care, 221-226, 240-258, 309-333
No actual harm with potential for minimal harm (1)	**A** Substantial compliance	**B** Substantial compliance	**C** Substantial compliance