



STATE OF MARYLAND

DHMH

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

Martin O'Malley, Governor – Anthony G. Brown, Lt. Governor – John M. Colmers, Secretary

DEC 08 2010

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

The Honorable Norman H. Conway
Chair, Appropriations Committee
121 Lowe House Office Building
Annapolis, MD 21401-1991

RE: 2006 Joint Chairmen's Report (Page 92) and HG § 19-308(b)(4) - The Office of Health Care Quality's annual work plan including an analysis of existing staffing levels, current priorities, and labor-hour data analysis for survey activity

Dear Chairmen Kasemeyer and Conway:

Pursuant to page 92 of the Joint Chairmen's Report of 2006 as well as Health-General Article 19-308(b)(4), the Office of Health Care Quality (OHCQ), the agency within the Department of Health and Mental Hygiene that is responsible for monitoring the quality of care in Maryland health care facilities and community residential programs, respectfully submits this report on an analysis of existing staffing levels, current priorities, and labor-hour analysis for survey activity and survey activities for FY 2010.

I am proud of OHCQ's efforts during the year to maximize efficiencies, focusing limited resources on programs with greatest impact on people's safety and health. While the continued surveyor deficit will render it difficult to accomplish its growing workload, OHCQ will continue to effectively minimize the impact of the staffing shortage by evaluating priorities and workload demands to ensure that staff are deployed in areas most sensitive, such as assisted living facilities, facilities for persons with developmental disabilities, and nursing homes.

I hope this information is useful. If you have questions regarding this report, please contact Ms. Wynee Hawk, Director of the Office of Government Affairs, at 410-767-6481.

Sincerely



John M. Colmers
Secretary

Enclosure

cc: Wendy Kronmiller, Chief of Staff, Office of the Secretary
Nancy Grimm, RN, JD, Director, Office of Health Care Quality
Wynee Hawk, RN, JD, Director, Office of Governmental Affairs

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DEPARTMENT OF HEALTH & MENTAL HYGIENE

Martin O'Malley, Governor
Anthony G. Brown, Lt. Governor
John M. Colmers, Secretary
Nancy Grimm, Director

Fiscal Year 2010 Annual Report & Staffing Analysis¹



¹ This report is submitted pursuant to the 2006 JCR, page 92 and Health-General Article §19-308 (b)(4).

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Executive Summary

On behalf of the Office of Health Care Quality (OHCQ), I am pleased to provide you with the information as requested by the Joint Chairmen in their Report.

This report is submitted pursuant to page 92 of the Joint Chairmen's Report of 2006, which requires OHCQ to annually submit to the committees a work plan including an analysis of existing staffing levels, current priorities, and labor/hour analysis for survey activities as well as Health-General Article §19-308 (b)(4), which requires the Department to submit to the General Assembly a report on the inspection of health care facilities in the State.

Over the past several fiscal years, OHCQ has been unable to complete all statutorily mandated State inspections and surveys of health care facilities due to budgetary constraints. During the same period, an influx of new community-based providers, such as residential service agencies, assisted living providers and homes for individuals with developmental disabilities, increased staffing challenges.² We have attempted to meet these challenges with good stewardship utilizing existing resources through innovative and constructive initiatives. The following activities set forth key examples of efficiencies:

- The Developmental Disabilities (DD) unit began utilizing provider self-surveys to document mandated policy and procedure compliance and personnel training requirements, which resulted in an average savings of two days survey time per agency surveyed. The unit has also improved communication with the applicants through the applicant interest process which has created a more efficient licensure system.
- The DD unit allocated staff resources to develop a small division with the primary focus on children's issues, which includes initial and re-licensure surveys, complaint and incident investigations, and partnerships with other state and county agencies involved in supporting the needs of children. The creation of the children's unit should increase OHCQ's ability to complete mandatory annual visits to each of the 24 agencies. These agencies are responsible for the operational oversight of 85 residential sites for children.
- The DD unit recently began the practice of referring non-health and non-safety complaints to the four (4) DDA regional offices. Administrative investigations, rather than those performed on site, are conducted, when appropriate. Furthermore, the DD unit incorporates incident and complaint investigations into re-licensure visits whenever possible.
- The Hospitals, HMOs, and Patient Safety unit requires HMOs to submit the majority of their survey information electronically in order to minimize the time spent on-site at the HMO and assigns complaints to surveyors based on the proximity of where the incident occurred to the surveyor's residence.
- OHCQ has established an Emergency Preparedness and Environmental Life Safety Program across all units within the agency. This realignment will allow OHCQ to be

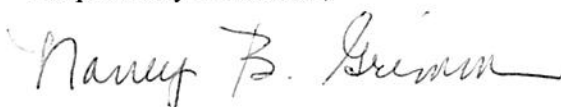
² Appendix shows the current staffing deficit.

more effective in the management of environmental and fire safety surveys related to regulated facilities and to position the agency to better support the emergency preparedness mission of the Department.

- The Laboratory Licensing and Certification unit has improved the efficiency of the initial and biennial licensing process through improved communications with the applicant by assisting the applicant through the application process.
- OHCQ has combined several units, specifically the Adult Medical Day Care Program with the Assisted Living Program, as well as the Substance Abuse Program with the Mental Health Program. The primary purpose for this realignment is to utilize existing staff more efficiently through the process of cross training individuals among the programs with the goal of increasing survey productivity. We expect this approach to increase OHCQ's eligibility for Medicaid dollars, as well.
- OHCQ has begun implementing a standardization process in an effort to streamline the pre-licensure application procedure for Assisted Living and Adult Medical Day Care facilities.
- The Substance Abuse Unit has revised its program to schedule certification requests concurrently with renewal surveys to maximize surveyor productivity. This includes the consolidation of renewal surveys for programs located across multiple Maryland regions.
- The Long-Term Care Unit (LTC) has reprioritized their responsibilities so that complaints and/or concerns received by residents, family members, advocates, ombudsman, government officials, and the public, including those where there is substantiated resident abuse, take precedence over facility reported incidents (FRI). Complaints will be triaged immediately and investigated within 10 days of receiving the complaint, while FRI's will be done within forty five days of receiving the report. Furthermore, the LTC unit has initiated plans to cross train all LTC individuals, including managers and coordinators, to perform Quality Improvement Surveys (QIS) as required under the federal regulations.

During this period of limited resources, OHCQ will persist in our endeavor to find efficient and cost-effective methods in which to protect the health and safety of Marylanders while ensuring there is public confidence in the health care and community service delivery systems in the State. We will continue to review and develop appropriately focused regulations in our efforts to maintain a basic regulatory safety-net for all of our programs. 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 toward this goal.

Respectfully submitted,



Nancy Grimm, RN, JD
Director

Mission

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

Background

Over the past several fiscal years, due to budgetary constraints and loss of positions, OHCQ has been unable to complete statutorily mandated inspections and surveys of health care facilities. During the same period, OHCQ has experienced an increase in its workload as noted by the Labor-Hour Analysis (See Appendix A). An influx of new providers in community-based programs, such as residential service agencies, assisted living providers, and homes for individuals with developmental disabilities, increases the staffing challenge.

Mandates³

Today, OHCQ regulates some 10,000 facilities. Between 1996 and 2008, the Maryland General Assembly passed a variety of new laws and in recent years, the Centers for Medicare and Medicaid Services (CMS) added survey and certification survey requirements as well as increased the priority level for other programs including kidney dialysis centers, hospice, and ambulatory surgical centers.

Table 1 Mandated regulatory programs, 1996-2008

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
	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 – Emergency Electrical Power Generator
	Assisted Living Programs – Prohibited Acts, Penalties and Quality Account
	Assisted Living Program – Licensure
	Health Care Facilities and Laboratories – Accreditation Organizations and Deeming
	Notification Requirements for Residential Treatment Centers

³ See Table 1 for an inventory of the survey and certification and State licensure requirements added since 1996.

Year	Program
	Corporate Responsibility and Governance – Residential Child Care Programs
2007	Forensic Laboratories ⁴
2008	Transplant Centers (Centers for Medicare and Medicaid Services)
	Operation of Nursing Homes – Licensure Regulations

⁴ Forensic laboratories regulations are currently being developed for promulgation in Fiscal Year 2011.

The Office of Health Care Quality

FY 2008 – FY 2012 Performance Standards⁵

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 annual and follow up surveys, and complaint investigations. These surveys are conducted by survey staff from OHCQ, Life Safety Code inspectors from the Maryland Office of the State Fire Marshal, 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 Long-Term Care's Unit of Measurements accomplishments for FY 2008 to FY 2010 and projections for FY 2011 and FY 2012

Units of Measurements	Fiscal Year 2008	Fiscal Year 2009	Fiscal Year 2010	Fiscal Year 2011	Fiscal Year 2012
Nursing Homes					
Number of Licensed Nursing Homes	233	234	234	235	235
Initial Surveys of New Providers	0	1	2	1	1
Full Surveys	221	221	203	212	220
Follow up Surveys	96	59	38	48	58
Technical Assistance Surveys	148	64	0	0	0
Civil Monetary Penalties Levied	76	67	47	57	57
Denial of Payment – New Admissions	6	1	0	2	1
Total Number of Complaints & Facility Self Reported Incidents	4862	4413	2827	3000	3100
Total Number of Quality of Care Allegations	4391	5387	1707	2000	2200
Total Number of Complaints/SRI Investigated	3934	3136	2662	2900	3140
Number of Resident Abuse Allegations	1253	1162	950	1000	1200
Intermediate Care Facilities for the Mentally Retarded (ICF/MR/SRC)	5	4	3	3	3

⁵ FY 2008 – FY 2010 are actual accomplishments; FY 2011 – 2012 are projected accomplishments.

Units of Measurements	Fiscal Year 2008	Fiscal Year 2009	Fiscal Year 2010	Fiscal Year 2011	Fiscal Year 2012
Annual Surveys	5	4	3	3	3
Follow up Surveys	9	4	3	3	12
Complaints and Self-Reported Incidents	123	129	78	80	90
Complaints and Self-Reported Incidents Investigated	80	98	89	80	90

Table 3 State Performance Measures: Long-Term Care for FY 2010

Priority or Performance Measure	Result
Maintain an overall 12-month average for nursing home surveys.	Met
Investigate any complaint of serious and immediate jeopardy within 2 working days.	Met
Initiate an on-site investigation of any complaint of actual harm within 10-days.	Not Met ⁶
Investigate 90% of complaints alleging the potential of harm within 120 days of receipt.	Met
Maintain an overall 60 day average between health surveys and life safety code surveys.	Met

Adult Medical Day Care Unit

The Adult Medical Day (AMD) program has licensure and regulatory oversight for medical day care facilities in the state of Maryland. Adult Medical Day Care Centers provide 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 Adult Medical Day Unit of Measurements accomplishments for FY 2008 to FY 2010 and projections for FY 2011 and FY 2012

Units of Measurements	Fiscal Year 2008	Fiscal Year 2009	Fiscal Year 2010	Fiscal Year 2011	Fiscal Year 2012
Number of Adult Medical Day Care Centers	144	144	144	144	144
Initial Surveys of New Providers	4	4	2	4	4
Full Surveys	19	55	71	71	60
Follow up Surveys	4	6	4	5	5
Complaint Surveys	40	61	30	44	44

⁶ Initiation of on-site investigation of complaints of actual harm averages 28 days.

Table 5 Performance Measures of the Adult Medical Day Care Unit for FY10

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

Assisted Living Program Unit

The Assisted Living unit is responsible for the licensure and regulation of all assisted living facilities in the state of Maryland. The unit monitors the quality of care for the residents living in these facilities and ensure regulatory compliance according to COMAR 10.07.14. In accordance with interagency agreements, the Assisted Living Unit has delegated certain aspects of its monitoring and inspections to the Maryland Department of Aging, Department of Veterans Affairs, and local health departments. The Assisted Living Unit continues to conduct the Inspection of Care (IOC) surveys, which are abbreviated surveys that inspect major components of an assisted living program. Based on the IOC inspection, referrals are made as to whether a full inspection is necessary and a target date for a follow up inspection. The Assisted Living unit remains aggressive in surveying and investigating allegations of non-compliance, abuse and neglect of residents in assisted living settings and the enforcement of administrative actions when necessary.

Table 6 Assisted Living's Unit of Measurements accomplishments for FY 2008 to FY 2010 and projections for FY 2011 and FY 2012

Units of Measurements	Fiscal Year 2008	Fiscal Year 2009	Fiscal Year 2010	Fiscal Year 2011	Fiscal Year 2012
Number of Licensed Assisted Living Programs	1388	1370	1367	1376	1388
Unlicensed Programs	22	28	178	188	180
Renewal Surveys	583	752	520	588	600
Initial Surveys	235	173	122	140	160
Other Surveys ⁷	232	367	502	600	680

Table 7 State Performance Measures: Assisted Living Unit for FY 2010

Priority or Performance Measure	Result
Investigate any complaint that alleges a serious and immediate jeopardy within two working days.	Met
Investigate any complaint of actual harm within 30 working days.	Met
Complete 100% of the licensure surveys of assisted living programs for facilities with 17 or more beds.	Not Met ⁸
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 ⁹

⁷ Include Follow up , bed increase, waiver, level of care, Inspection of Care.

⁸Completed 41% of the licensure surveys of assisted living programs for facilities with 17 or more beds.

⁹Completed 43% of licensure surveys for assisted living programs that participate in the Medicaid Home and Community Based Waiver for Older Adults.

Developmental Disabilities Unit

The DD Unit is responsible for evaluating, monitoring, and recommending licensure for all community residential, day habilitation, vocational, and support services provided for individuals receiving funding through the Developmental Disabilities Administration (DDA). The DD Unit accomplishes this task through review of applicant materials, re-licensure surveys, review of provider self-reported incidents, and prioritized investigations of self-reported incidents, community complaints and deaths. Regulated programs applicable to federal and State statute are community programs licensed by the DDA including alternative living units (ALU), group homes, day habilitation, vocational, individual family care (IFC) homes—and support services/non-site based including community supported living arrangements (CSLA), family and individual support services (F/ISS), and vocational/supported employment.

Table 8 Developmental Disabilities' Units of Measurements accomplishments for FY 2008 to FY 2010 and projections for FY 2011 and FY 2012

Units of Measurements	Fiscal Year 2008	Fiscal Year 2009	Fiscal Year 2010	Fiscal Year 2011	Fiscal Year 2012
Number of Licensed Agencies	233	216	216	218	220
Number of Sites	2715	2774	2772	2800	2850
Number of New Agencies	6	5	3	2	2
Number of Agencies Surveyed	46	48	47	50	50
Number of Sites Surveyed	1393	1436	1142	1300	1350
Number of follow up surveys	1	7	11	10	10
Number of Complaints and Self Reported Incidences	3007	2464	3140	3200	3300
No Further Action Required	2527	2056	2694	2650	2500
Conducted On-Site Investigation	406	346	341	350	350
Referred	74	62	105	200	450
Mortality Investigation Unit					
Number of Deaths	354	556	240	250	250
Number of DD Deaths	148	166	151	180	170
Number of MH Deaths	206	390	89	70	80
Number of Deaths Investigated	182	53	27	25	25

Table 9 Performance Measures of the Developmental Disabilities Unit for FY 2010

Priority or Performance Measure	Result
Conduct licensure surveys of 50% of the licensed providers	Not Met ¹⁰

Hospitals, HMOs, and Patient Safety Unit

The Hospitals, HMOs, and Patient Safety Unit provides oversight for the regulation of acute care and specialty (i.e., psychiatric, chronic, special rehabilitation) hospitals, residential treatment centers, health maintenance organizations (HMOs), and hospitals within correctional facilities. Beginning in federal fiscal year 2009, the unit began surveying 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 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 10 Hospitals, HMO's, and Patient Safety's Unit of Measurements accomplishments for FY 2008 to FY 2010 and projections for FY 2011 and FY 2012

Units of Measurements	Fiscal Year 2008	Fiscal Year 2009	Fiscal Year 2010	Fiscal Year 2011	Fiscal Year 2012
Number of Licensed/Certified Hospitals	69	69	67	66	66
Validation Surveys of The Joint Commission (TJC) accredited Hospitals	4	4	7	6	6
Complaints Received	394	412	485	500	515
Complaints Investigated On-Site	90	115	156	165	175
Complaints Referred to Hospitals for Investigation	278	264	248	335	340
Follow up Surveys	3	5	9	12	15

¹⁰ Conducted licensure surveys of 22% of the licensed providers and 41% of sites.

Units of Measurements	Fiscal Year 2008	Fiscal Year 2009	Fiscal Year 2010	Fiscal Year 2011	Fiscal Year 2012
Enforcement Remedies Imposed (Sanctions)	2	5	9	7	8
Review of TJC Reports	28	14	19	25	25
Adverse Event Reports	182	190	271	280	290
Review of Root Cause Analysis Reports (Patient Safety)	193	205	250	280	290
Follow up Investigations/Hospital Patient Safety Surveys	0	7	5	8	9
Number of Health Maintenance Organizations	7	7	6	6	5
Full Surveys	6	5	5	6	5
Follow up Surveys	0	0	0	1	1
Complaint Investigations	13	13	4	16	12
Number of Residential Treatment Centers	12	11	11	11	11
Follow up Surveys	3	0	0	2	2
Validation Surveys and Seclusion & Restraint Investigation	1	2	2	2	2
Complaints Received	45	49	37	40	42
Complaint Investigations	43	38	38	40	42
Number of Correctional Health Care Facilities	11	11	11	11	11
Full Surveys	11	2	0	11	11
Follow up Surveys	0	0	0	3	1
Complaint Investigations	0	2	1	2	2
Number of Freestanding Medical Facilities	2	2	2	3	3
Initial, Full and Follow up Surveys	2	2	2	3	3
Complaints	1	0	0	3	5
Number of Transplant Centers	2	2	2	2	2
Full Surveys	0	1	1	0	1
Complaint Investigations	0	2	3	5	5

Table 11 Performance Standards of the Hospitals, HMOs, and Patient Safety Unit for FY 2010

Priority or Performance Measure	Result
Conduct a preliminary evaluation of 95% of hospital event reports and Root Cause Analysis (RCA) within 30 days.	Not Met ¹¹
Complete a review of all RCAs within 90 days.	Met
Conduct annual reviews of patient safety programs in 15% of all licensed hospitals.	Not Met ¹²
Complete 100% of alleged Emergency Medical Treatment and Labor Act (EMTALA) complaints within five working days of receipt.	Met
Complete 100% of all hospital validation surveys required by CMS within the timeframe requested by CMS.	Met
Investigate 90% of all complaint investigations requested by CMS within 45 calendar days.	Met
Complete bi-annual inspections of eleven hospitals located within correctional facilities.	Not Met ¹³

Laboratory Licensing and Certification Unit

The Laboratories Licensing and Certification Unit is responsible for State licensure of all laboratories that perform tests on specimens obtained from Maryland citizens and for federal certification of all laboratories located in Maryland. The 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 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, public health testing, and cytology proficiency testing.

Table 11 Laboratory Unit of Measurements accomplishments for FY 2008 to FY 2010 and projections for FY 2011 and FY 2012

Units of Measurements	Fiscal Year 2008	Fiscal Year 2009	Fiscal Year 2010	Fiscal Year 2011	Fiscal Year 2012
Physician Office and Point of Care Laboratories, State Only	611	581	624	635	650
Initial Surveys of New Providers	20	25	30	32	34
Full Surveys	190	233	115	200	225
Follow up Surveys	97	133	44	50	60
Complaint Surveys	2	1	5	5	5
Physician Office and Point of Care Laboratories, Federal CLIA Surveys	-	-	611	615	620

¹¹ Conducted preliminary evaluation of 90% of hospital event reports and RCAs within 30 days.

¹² Conducted annual reviews of patient safety programs in 7% of licensed hospitals.

¹³ These facilities are monitored by the clinical staff of the Department of Public Safety and Corrections. OHCQ conducted one complaint investigation.

Units of Measurements	Fiscal Year 2008	Fiscal Year 2009	Fiscal Year 2010	Fiscal Year 2011	Fiscal Year 2012
Initial Surveys of new Providers	-	-	39	40	42
Full Surveys	-	-	228	230	235
Follow up Surveys	-	-	148	155	155
Validation Surveys	5	3	1	2	2
Complaint Surveys	-	-	5	5	3
Federal Waived Lab Project	39	15	32	35	35
Independent Reference Laboratories	388	464	534	560	580
Initial Surveys of New Providers	6	4	6	7	8
Full Surveys	35	38	36	40	50
Follow up Surveys	28	30	29	32	35
Validation Surveys	0	0	2	2	2
Complaint Surveys	8	6	5	5	5
Hospital Laboratories	76	74	77	77	77
Initial Surveys of New Providers	0	0	0	0	0
Full Surveys	0	0	0	0	0
Follow up Surveys	0	3	0	0	0
Validation Surveys	1	1	2	1	1
Complaint Surveys	0	1	1	1	1
Cholesterol Testing Sites	15	13	17	18	20
Initial Surveys of New Providers	5	0	2	2	2
Full Surveys	27	16	36	40	45
Validation Surveys	0	0	0	0	0
Tissue Banks	155	164	203	215	225
Initial Surveys of New Providers	11	0	5	10	12
Full Surveys	44	25	17	40	45
Follow up Surveys	3	4	2	5	10
Validation Surveys	0	0	0	0	0
Cytology Proficiency Testing¹⁴					
Laboratories Performing Cytology	81	91	88	90	92
Individuals Tested	407	344	333	340	345
Individuals who Failed and Required Re-	17	14	18	14	12

¹⁴ The Maryland Cytology Proficiency Testing Program continues to be granted deemed status by CMS as the only State proficiency testing program recognized by the federal government for cytology proficiency testing.

Units of Measurements	Fiscal Year 2008	Fiscal Year 2009	Fiscal Year 2010	Fiscal Year 2011	Fiscal Year 2012
testing or Training and Re-Testing					
Employer Drug Testing	114	114	126	130	132
Initial Surveys of New Providers	0	0	0	0	0
Full Surveys	0	0	0	0	0
Follow up Surveys	0	0	0	0	0
Public Health Testing¹⁵	-	-	24	27	30
Initial Surveys of New Providers	-	-	0	0	0
Full Surveys	-	-	0	0	0
Follow up Surveys	-	-	0	0	0

Table 13 Performance Standards of the Laboratory Unit for FY 2010

Priority or Performance Measure	Result
Maintain federally required and budgeted survey activity.	Met
Investigate any complaint that could result in actual harm within 45 working days.	Met
Process requests for licensure, permits and certificates within two months of application.	Met

Ambulatory Care Program Unit

The Ambulatory Care Unit is charged with completing federal certification surveys, State licensure surveys and complaint investigations of 12 different Health Care programs: Ambulatory Surgery Centers, Birthing Centers, Comprehensive Outpatient Rehabilitation Facility, End-Stage Renal Disease, Home Health Agencies, Hospice, Major Medical Equipment, Nursing Referral Service Agencies, Nurse Staffing Agencies, Outpatient Physical Therapy and Speech Pathology Services, Portable X-ray and Residential Service Agencies.

Table 14 Ambulatory Care Program's Unit of Measurements accomplishments for FY 2008 to FY 2010 and projections for FY 2011 and FY 2012

Units of Measurements	Fiscal Year 2008	Fiscal Year 2009	Fiscal Year 2010	Fiscal Year 2011	Fiscal Year 2012
Home Health Agencies	52	53	51	52	53
Initial Surveys of New Providers	2	2	9	2	2
Full Surveys	37	38	15	20	22
Follow up Surveys	3	3	0	1	2
Complaint Investigations	13	14	12	13	13
Hospice	31	31	26	26	27
Initial Surveys of	1	1	0	0	1

¹⁵ The Department's Infectious Disease and Environmental Health Administration inspected these sites in accordance with COMAR 10.10.12.

Units of Measurements	Fiscal Year 2008	Fiscal Year 2009	Fiscal Year 2010	Fiscal Year 2011	Fiscal Year 2012
New Providers					
Full Surveys	3	3	5	4	5
Follow up Surveys	0	0	0	0	0
Complaint Investigations	10	11	9	10	10
Residential Service Agencies	589	595	700	710	720
Full Surveys	45	45	19	23	27
Initial Surveys of New Providers	71	65	81	71	65
Follow up Surveys	41	38	13	15	17
Complaint Investigations	25	28	21	23	25
Freestanding Renal Dialysis	120	121	119	121	123
Initial Surveys of New Providers	3	1	8	6	7
Full Surveys	57	56	34	36	38
Follow up Surveys	4	3	16	12	14
Complaint Investigations	32	35	24	26	28
Freestanding Ambulatory Surgical Centers¹⁶	365	366	340	342	344
Initial Surveys of New Providers	15	15	26	24	22
Full Surveys	21	36	130	123	123
Follow up Surveys	1	0	8	10	12
Complaint Investigations	5	6	5	6	7
Comprehensive Outpatient Rehabilitation Facilities	8	8	4	4	4
Initial Surveys of New Providers	0	0	0	0	0
Full Surveys	1	1	1	1	1
Follow up Surveys	0	0	0	0	0
Complaint Investigations	1	1	0	0	0
Major Medical Equipment	227	229	231	233	235
Initial Surveys of New Providers	0	0	0	0	0
Full Surveys	0	0	0	0	0
Follow up Surveys	0	0	0	0	0
Complaint	0	1	2	1	1

¹⁶ Required ASC surveys increased from 5% in FY 2008 to 33% in FY 2010; In part, FY 2009 and FY 2010 surveys were funded through ARRA.

Units of Measurements	Fiscal Year 2008	Fiscal Year 2009	Fiscal Year 2010	Fiscal Year 2011	Fiscal Year 2012
Investigations					
Birth Centers	4	2	2	2	2
Initial Surveys of New Providers	0	0	0	0	0
Full Surveys	1	1	1	1	1
Follow up Surveys	2	0	0	0	0
Complaint Investigations	2	0	0	0	0
Outpatient Physical Therapy	147	167	79	81	83
Initial Surveys of New Providers	7	1	2	2	2
Full Surveys	3	0	8	7	6
Complaint Investigations	0	1	1	1	1
Portable X-Ray	10	11	9	10	10
Initial Surveys of New Providers	0	0	1	0	0
Full Surveys	0	1	1	1	1
Follow up Surveys	0	0	0	0	0
Complaint Investigations	1	2	1	1	1
Nurse Staff Agencies	502	505	483	487	491
License Renewed	471	476	364	368	372
Initial Licenses Issued	127	130	119	123	127
Nurse Referral Service Agencies	55	57	86	88	90
Initial License Issued	55	57	24	2	2
Renewal License Issued	0	1	62	64	66

Table 15 Performance Standards of the Ambulatory Care Programs Unit for FY 2010

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

Community Mental Health Unit

The Community Mental Health Unit (C-MHU) is 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, the unit's primary function is to ensure that consumers in the state of Maryland receive quality mental health services. 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 16 Community Mental Health accomplishments for FY 2008 to FY 2010 and projections for FY 2011 and FY 2012

Units of Measurements	Fiscal Year 2008	Fiscal Year 2009	Fiscal Year 2010	Fiscal Year 2011	Fiscal Year 2012
Number of Providers	204	204	191	200	204
Number of Residential Rehabilitation Program Sites	750	750	764	765	770
Number of Programs other than Residential Rehabilitation Program Sites	756	756	733	745	747
Providers Surveyed	40	29	34	36	40
Programs Surveyed	-	136	107	115	120
Number of Applications Received	-	48	50	52	55
Number of Therapeutic Group Home Incidents Received	-	343	500	510	510

Table 17 Performance Standards: Community Mental Health Programs for FY 2010

Priority or Performance Measure	Result
Survey 60% of programs that are currently approved under a 6-month Temporary approval.	Not Met ¹⁷
Complete deficiency reports and submit to the program, MHA, MDLC & CSA within 60 days following the onsite review and exit conference.	Met
Prioritize service providers who have been identified by OHCQ, MHA, CSA or MAPS-MD (ASO) as being noncompliant with COMAR and within 6 months of referral complete a full survey of the program.	Not Met ¹⁸

¹⁷ Surveyed 19% of programs currently approved under a 6-month Temporary approval.

¹⁸ Surveyed 77% of providers referred by MHA as being non-complaint with COMAR.

Substance Abuse Certification Unit

The Substance Abuse Certification Unit works in collaboration with the Alcohol and Drug Abuse Administration (ADAA) as its licensing agent. The Unit is responsible for the recommendation to the Administration (ADAA) of program certification/licensure, complaint evaluation and investigation and follow up survey activities for all State of Maryland certified programs. Programs must provide a particular level of treatment in accordance with the guidelines established by the American Society of Addiction Medicine (ASAM) for Patient Placement Criteria. All treatment programs and prevention programs shall be certified by the Department before program services and prevention program services may be provided in the State.

The Unit is responsible for evaluating the program applicant for the initial and renewal of program certifications. The unit responds to public inquiry and provides information upon request about certified alcohol and drug abuse treatment programs. In addition, the Unit collaborates with other State, Local and Federal authorities to evaluate program compliance of regulatory environmental requirements specific to the program location and type of services the program is approved to provide.

Table 18 Substance Abuse Certification Unit of Measurements accomplishments for FY 2008 to FY 2010 and projections for FY 2011 and FY 2012

Units of Measurements	Fiscal Year 2008	Fiscal Year 2009	Fiscal Year 2010	Fiscal Year 2011	Fiscal Year 2012
Number of Providers/Agencies	318	334	348	353	358
Number of Licensed Program Sites	438	464	482	487	492
Full Surveys	214	93	130	150	160
Site Surveys	251	108	44	52	57
Number of New Provider Applications	34	57	19	24	29
Follow up Surveys	1	1	0	0	0
Complaints Received	-	-	16	20	20
Complaints Investigated	-	-	16	20	20

Table 19 Performance Standards Substance Abuse Certification Unit for FY 2010

Priority or Performance Measure	Result
(1) Survey 241 of licensed programs	Not Met ¹⁹

¹⁹ Surveyed 174 licensed programs.

Staffing Analysis

Table 20 shows the types of staff and the annual change in numbers of positions for FY 1996 to FY 2011

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	-8
2011 ²⁰	187.7	1.50

Table 21 Distribution of staff

Units	Total	Managers	Surveyors	Professional	Clerical or Secretarial	Supervisor
Administration	12.4	2	0	6.4	4	0
Nursing Home	53	2	36	5	4	6
Developmental Disabilities	33	2	24	1	4	2
Assisted Living	31	1	24	0	4	2
Ambulatory Care	11	1	6	0	4	0
Substance Abuse	4	1	3	0	0	0
Mental Health	5	1	3	0	1	0
Laboratory	9	1	5	0	3	0
Forensic Labs	1.5	0	0.5	1	0	0
Hospital	8	1	6	0	1	0
Information Technology	7	2	0	5	0	0
Adult Medical Day Care	3	1	2	0	0	0
Ambulatory Surgical Center-HAI	9.8	0	9.8	0	0	0
TOTAL	187.7²¹	15	119.30	18.4	25	10

²⁰ This is the PIN count effective FY 2011, July 1, 2010.

²¹ This is the PIN count effective FY 2011, July 1, 2010.

Table 22 Surveyor staffing deficits from Fiscal Year 2005 through Fiscal Year 2011

Table 22: Surveyor Staffing Shortage FY 2005-FY2011	
Year	Staffing Deficit
Fiscal Year 2005	55.42
Fiscal Year 2006	70.98
Fiscal Year 2007	67.10
Fiscal Year 2008	67.23
Fiscal Year 2009	83.10
Fiscal Year 2010	91.90
Fiscal Year 2011 ²²	92.32

²² Surveyor staff deficit is based on the Labor-Hour Analysis (See Appendix A)

Appendix A: Labor-Hour Analysis²³

Requirements	A. # of Facilities or Complaints	B. Survey Requirement per Year	C. Total Number of Surveys Required	D. Hours Required per Survey	E. Total Hours Required for Survey Activity (Cx D)	F. Number of Surveyors Required (E/1480)	G. # of Surveyors	H. 2009 Staff Overage or Shortage
Long Term Care								
No. of Surveyors							36.00	19.66
Nursing Homes								
	235	1.00	235	168	39,480	26.68		
Complaints/Self Reports Investigated	3000		2900	12	34,800	23.51		
Follow up Surveys	80		80	16	1,280	0.86		
State Survey	233	1.00	233	20	4,660	3.15		
State Follow up Surveys	34		34	20	680	0.46		
Informal Dispute Resolution Conferences	57		57	2	114	0.08		
Intermediate Care Facilities for Mentally Retarded (ICF/MR/SRC)								
Complaint	3	1.00	3	120	360	0.24		
Follow up Surveys	80		80	12	960	0.65		
Technical Assistance	3		3	16	48	0.03		
	0		0	16	0	0		
						55.66		
Assisted Living Programs								
No. of Surveyors							24.00	7.27
Initial Surveys	140	1.00	140	45	6,300	4.26		
Annual Inspections	1376	1.00	1376	16	22,016	14.88		
Other Surveys	344	1.00	344	18	6,192	4.18		
Complaint Investigations	490	1.00	490	24	11,760	7.95		
						31.70		

²³ The Labor-Hour Analysis is calculated based on the projected surveyor workload for FY 2011. Activities in Column A include surveys, complaint investigations, and Follow up surveys; Column B notes the statutory requirement for the survey; Column C (Column A x Column B) represents the total number of surveys or units that were required; Column D represents the average time that it takes to conduct a survey (this includes travel time and report writing time; Column E, (Column C x Column D), represents the total hours required for survey activity; Column F (Column E/1480) indicates the number of surveyors that would be needed to conduct this work; Column G indicates the number of surveyors assigned to the unit; and Column H indicates the overage or shortfall. The overage or shortfall is reflective of needs for surveyor staff only and does not include the staff to provide clerical or supervisory support for the survey activity.

Appendix A: Labor-Hour Analysis²³

Requirements	A. # of Facilities or Complaints	B. Survey Requirement per Year	C. Total Number of Surveys Required	D. Hours Required per Survey	E. Total Hours Required for Survey Activity (Cx/D)	F. Number of Surveyors Required (E/1480)	G. # of Surveyors	H. 2009 Staff Overage or Shortage
Adult Medical Day Care							2.00	1.96
No. of Surveyors								
Initial Surveys	4	1.00	4	22	88	0.06		
Renewal Surveys	144	1.00	144	34	4,896	3.31		
Complaints/Self Reports	44	1.00	44	18	792	0.54		
Follow up Surveys	5	1.00	5	16	80	0.05		
						3.96		
Developmental Disabilities							24.00	28.62
No. of Surveyors								
Initial Site Openings	300		300	6	1800	1.22		
Residential Sites (ALUs and Group Homes)	2300	1.00	2300	16	36800	24.86		
Day Habilitation and Vocational/Supportive Employment	280	1.00	280	40	11200	7.57		
Individual Family Care	220	1.00	220	12	2640	1.78		
Resource Coordination	15	1.00	15	40	600	0.41		
Community Supported Living Arrangement & Family/Individual Support Services	4200	1.00	4200	4	16800	11.35		
Follow up Surveys	10	1.00	10	24	240	0.16		
Death Investigations	250		25	32	800	0.54		
Complaint & Incident Investigations	3200		350	20	7000	4.73		
						52.62		
Hospitals & Patient Safety							6.00	1.25
No. of Surveyors								
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		

Appendix A: Labor-Hour Analysis²³

Requirements	A. # of Facilities or Complaints	B. Survey Requirement per Year	C. Total Number of Surveys Required	D. Hours Required per Survey	E. Total Hours Required for Survey Activity (Cx/D)	F. Number of Surveyors Required (E/1480)	G. # of Surveyors	H. 2009 Staff Overage or Shortage
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 Surveys	1	1.00	1	16	16	0.01		
Complaints	13	1.00	13	5	65	0.04		
Residential Treatment Centers								
Complaints	38	1.00	38	16	608	0.41		
Validation Surveys	2	1.00	2	16	32	0.02		
Follow up Surveys	5	1.00	5	16	80	0.05		
Freestanding Medical Facilities								
Surveys	2		2	24	48	0.03		
Follow up Surveys	4		4	24	96	0.06		
Complaints	2		2	10	20	0.01		
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							5.50	8.78
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		

Appendix A: Labor-Hour Analysis²³

Requirements	A. # of Facilities or Complaints	B. Survey Requirement per Year	C. Total Number of Surveys Required	D. Hours Required per Survey	E. Total Hours Required for Survey Activity (Cx/D)	F. Number of Surveyors Required (E/1480)	G. # of Surveyors	H. 2009 Staff Overage or Shortage
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		
Forensic Labs	125	1.00	125	32	4,000	2.7		
Employer Drug Testing	114	1.00	114	11	1,254	0.85		
						14.28		
Ambulatory Care Programs								
No. of Surveyors							15.80	18.94
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	12		12	24	288	0.19		
Dialysis Centers - Surveys	119	0.33	39	46	1,794	1.21		
Dialysis Complaints	24		24	21	504	0.34		
Hospice Care Programs - Surveys	26	0.33	9	43	387	0.26		
Hospice Care Programs - Complaints	9		10	21	210	0.14		
Ambulatory Surgical Centers	340	0.25	85	40	3,400	2.3		
Ambulatory Surgical Centers - Complaints	5		5	8	40	0.03		
Outpatient Physical Therapy	79	0.05	4	10	40	0.03		
Comprehensive Outpatient Rehab Facilities	4	0.05	1	10	10	0.01		
Portable X-Ray	11	0.05	1	10	10	0.01		
Residential Service Agencies	700	1.00	700	54	37,800	25.54		
Residential Service Agencies - Complaints	21		21	18	378	0.26		
Major Medical Equipment	231	1.00	231	10	2,310	1.56		
Nurse Staffing Agencies	483	1.00	483	3	1,449	0.98		
Nurse Referral Service Agencies	86	0.33	28	2	56	0.04		
						34.64		

Appendix A: Labor-Hour Analysis²³

Requirements	A. # of Facilities or Complaints	B. Survey Requirement per Year	C. Total Number of Surveys Required	D. Hours Required per Survey	E. Total Hours Required for Survey Activity (CxD)	F. Number of Surveyors Required (E/1480)	G. # of Surveyors	H. 2009 Staff Overage or Shortage
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							3.00	2.18
Initial Surveys	40	1.00	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		

Appendix A: Labor-Hour Analysis²³

Requirements	A. # of Facilities or Complaints	B. Survey Requirement per Year	C. Total Number of Surveys Required	D. Hours Required per Survey	E. Total Hours Required for Survey Activity (Cx/D)	F. Number of Surveyors Required (E/1480)	G. # of Surveyors	H. 2009 Staff Overage or Shortage
						211.62	119.30	92.32

Key for Column B:

1.00 = Annual

0.50 = Every 2-Yrs

0.33 = Every 3-Yrs (Periodic)

0.25 = 25% of the Total

0.15 = 15% of the Total

0.10 = 10% of the Total

0.05 = 5% of the Total

Maryland Department of Health and Mental Hygiene
Office of Health Care Quality

Spring Grove Hospital Center - Bland Bryant Building
55 Wade Avenue
Catonsville, Maryland 21228

Phone – 1.877.402.8218 • Fax 410.402.8211
www.dhmh.state.md.us/ohcq/