



STATE OF MARYLAND
DHMH

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

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

DEC 12 2011

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

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

RE: HG §19-308 (b)(4) - 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 President Miller and Speaker Busch:

Pursuant to Health-General Article 19-308(b)(4), the Office of Health Care Quality, the agency within the Department of Health and Mental Hygiene responsible for monitoring the quality of care in Maryland health care facilities and community residential programs, respectfully submits this report on the analysis of existing staffing levels, current priorities, and labor-hour analysis for survey activity and survey activities for FY 2011.

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

Sincerely

Joshua M. Sharfstein, M.D.
Secretary

Enclosure

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





DEPARTMENT OF HEALTH & MENTAL HYGIENE

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

Fiscal Year 2011 Annual Report & Staffing Analysis¹



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

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Executive Summary

This report is submitted pursuant to the Health General §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. During the year, OHCQ continued to focus its limited resources on ensuring the safety and quality of health care services for Maryland citizens. The various units within OHCQ diligently carried out licensure actions and issued sanctions, when appropriate, while continuing outreach efforts to educate consumers, providers, advocates and stakeholders.

During the year, we conducted approximately 3,500 surveys and received and reviewed more than 9,000 complaints. Additionally, we revised the Residential Service Agencies, Assisted Living and Adult Medical Day Care regulations; designed a new assessment tool for Adult Medical Day Care participants, which was piloted successfully for three months and received positive feedback for the industry; cross-trained surveyors in the mental health and substance abuse units, resulting in greater efficiency; and established an emergency preparedness and environmental life safety program, which will allow OHCQ to be 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.

OHCQ continues to be challenged to complete all statutorily mandated State surveys of health care facilities due to budgetary constraints. Our surveyor staffing deficit stands at 95.63 positions (See Table 22, page 22), up from 92.32 last year. The deficit is most noticeable in Long Term Care, Assisted Living, Ambulatory Care and Developmental Disabilities units.

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

We appreciate the support of the Secretary, the Administration, members of the General Assembly, as well as all of our varied stakeholders as we progress toward this goal.

Respectfully,



Nancy Grimm
Director

Mission

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

Background

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

Mandates²

Today, OHCQ regulates some 13,000 facilities. Between 1996 and 2008, the Maryland General Assembly passed a variety of new laws and Centers for Medicare and Medicaid Services (CMS) added survey and certification survey requirements as well as increased the priority level for other programs including kidney dialysis centers, hospice, and ambulatory surgical centers.

Table 1 Mandated regulatory programs, 1996-2008

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

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

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

The Office of Health Care Quality

FY 2011 Performance Standards

Long-Term Care Unit

The Long-Term Care unit ensures that legally established State licensure and Medicare and Medicaid standards are maintained for nursing homes through unannounced on-site surveys, follow-up visits and complaint investigations. These visits are conducted by Registered Nurses, Registered Dietitians, Registered Sanitarians, Life Safety Code Inspectors and the local life safety authority. Enforcement action is taken when appropriate to ensure compliance with State and federal regulations.

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

Finally, the unit ensures that the Forensic Residential Centers for individuals with intellectual disabilities comply with all applicable State and local laws and regulations through unannounced on-site surveys, follow-up visits, and complaint investigations. These visits are conducted by Registered Nurses, Registered Sanitarians, Registered Dietitians, QMRP and Life Safety Code Inspectors.

Table 2 Long-Term Care's Unit of Measurements Accomplishments, FY 2008-FY 2011

Units of Measurements	Fiscal Year 2008	Fiscal Year 2009	Fiscal Year 2010	Fiscal Year 2011
Nursing Homes				
Licensed Nursing Homes	233	234	234	232
Initial Surveys of New Providers	0	1	2	0
Full Surveys	221	221	203	195
Follow up Surveys	96	59	38	29
Civil Monetary Penalties Levied	76	67	47	37
Denial of Payment – New Admissions	6	1	0	0
Complaints & Facility Self Reported Incidents	4862	4413	2827	2752

Units of Measurements	Fiscal Year 2008	Fiscal Year 2009	Fiscal Year 2010	Fiscal Year 2011
Quality of Care Allegations	1265	951	1312	430
Complaints/SRI Investigated	3934	3136	2662	2579
Resident Abuse Allegations	1253	1162	950	880
Intermediate Care Facilities for the Individuals with Intellectual Disabilities	5	4	3	2
Annual Surveys	5	4	3	2
Follow up Surveys	9	4	3	2
Complaints and Self-Reported Incidents	123	129	78	49
Complaints and Self-Reported Incidents Investigated	80	98	89	60

Table 3 FY 2011 Performance Measures – Long-Term Care Unit

Priority or Performance Measure	Result
Maintain an overall 12-month average for nursing home surveys.	Not Met ³
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 ⁴
Investigate 90% of complaints alleging the potential of harm within 120 days of receipt.	Met
Maintain an overall 60 day average between health surveys and life safety code surveys.	Met

Assisted Living Program Unit

The Assisted Living unit is responsible for the licensure and regulation of all assisted living facilities in the state of Maryland. The unit monitors the quality of care for the residents living in these Assisted Living 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, the Maryland Department of Veterans Affairs and local health departments. These departments conduct various types of survey inspections on behalf of OHCC. The Assisted Living unit continues to conduct numerous complaint investigations generated by consumers and local

³ The overall average for conducting nursing home surveys was 13 months.

⁴ The average time for initiating an investigation of a complaint of actual harm was 33 days.

government agencies. Based on some of the findings from these inspections, facilities may face sanctions, fines and possible closure of the home. The Assisted Living unit remains aggressive in surveying and investigating allegations of non-compliance as well as abuse and neglect of residents in assisted living settings and enforcement of administrative actions when necessary. Additionally, the Assisted Living unit utilizes a “Training Team” of nurse surveyors to assess, monitor, evaluate and periodically provide the most relevant trainings needed/or requested by the assisted living community, stakeholders, and OHCQ staff.

Table 4 Assisted Living’s Unit of Measurements Accomplishments, FY 2008-FY 2011

Units of Measurements	Fiscal Year 2008	Fiscal Year 2009	Fiscal Year 2010	Fiscal Year 2011
Licensed Assisted Living Programs	1388	1370	1367	1369
Renewal Surveys	583	752	520	476
Initial Surveys	235	173	122	133
Other Surveys ⁵	232	367	502	452
Complaints Received	341	341	435	614
Complaints Investigated	398	403	500	465

Table 5 FY 2011 Performance Measures - Assisted Living Unit

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 ⁶
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 ⁷

Adult Medical Day Care Unit

The Adult Medical Day Care unit ensures that legally established State licensure standards are maintained for Adult Medical Day (AMD) Care Centers for the Elderly and Medically Handicapped Adults. AMD provides this regulatory oversight via, unannounced on-site surveys (inclusive of initial, full/renewal surveys), follow-up visits and complaint investigations. These visits are conducted by Registered Nurses, Registered Sanitarians and Life Safety Code Inspectors and representatives of local health departments. Enforcement actions are taken when appropriate to ensure compliance with State regulations.

⁵ Include follow-up, bed increases and changes in levels of care.

⁶ Completed 61% of licensure surveys of assisted living programs for facilities with 17 or more beds.

⁷ Completed 77% of licensure surveys for assisted living programs that participate in the Medicaid Home and Community Based Services Waiver for Older Adults.

Table 6 Adult Medical Day Unit of Measurements Accomplishments, FY 2008-FY 2011

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

Table 7 FY 2011 Performance Measures – Adult Medical Day Care Unit

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

Developmental Disabilities Licensure Unit

The Developmental Disabilities Licensure unit is the licensing and monitoring agent for the Developmental Disabilities Administration (DDA). Through periodic surveys, the unit ensures regulatory compliance with community based providers operated for the benefit of individuals with developmental disabilities receiving services in the State. The community of providers for the developmentally disabled population in the State continues to grow to meet an expanding need for services. Those programs that include services offered to children that require oversight are coordinated with the Governor’s Office for Children. In addition to regulatory compliance through licensing, the unit responds to approximately 3,500 self-reported incidents and public complaints concerning regulated safety, medical, rights and direct care issues of individuals receiving services and supports from community providers. The Investigations Unit triages and investigates incidents and complaints with a staff of professional nurses and program surveyors who conduct both on-site and internal inquiries.

The Mortality Investigation Unit completes on-site and internal investigations of reported deaths of individuals funded for community-based services through the Developmental Disabilities Administration to review and ensure the adequacy of care at the time of death. The unit receives notification of approximately 150 deaths per year.

Table 8 Developmental Disabilities' Units of Measurements Accomplishments, FY 2008-FY 2011

Units of Measurements	Fiscal Year 2008	Fiscal Year 2009	Fiscal Year 2010	Fiscal Year 2011
Licensed Agencies	233	216	216	204
Number of Sites	2715	2774	2772	3033
New Agencies Surveyed	6	5	3	13
Agencies Surveyed	46	48	47	51
Sites Surveyed	1393	1436	1142	829
Follow up surveys	1	7	11	2
Complaints and Self Reported Incidences	3007	2464	3140	3747
No Further Action Required	2527	2056	2694	3484
Conducted On-Site Investigation	406	346	341	202
Referred for investigation	74	62	105	40
Mortality Investigation Unit				
Number of Deaths	354	556	240	187
Number of DD Deaths	148	166	151	171
Number of MH Deaths	206	390	89	16
Number of Deaths Investigated	182	53	27	187

Table 9 FY 2011 Performance Measures - Developmental Disabilities Unit

Priority or Performance Measure	Result
Conduct licensure surveys of 25% of the licensed providers and 27% of sites.	Met

Hospitals, HMOs, & Patient Safety Unit

The Hospitals, HMOs, and Patient Safety unit provides oversight for the regulation of acute care and specialty (i.e., psychiatric, chronic, special rehabilitation) hospitals, residential treatment centers, health maintenance organizations (HMOs), and hospitals within correctional facilities. Beginning 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 Unit receives mandated self-reports of serious adverse events that occur in Maryland hospitals. Hospitals submit a root cause analysis of these events to OHCQ for review to determine compliance with COMAR 10.07.06 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 Unit’s Annual Report, as well as Clinical Alerts and/or Clinical Observations in an effort to improve patient safety.

Table 10 Hospitals, HMOs, and Patient Safety’s Unit of Measurements Accomplishments, FY 2008-FY 2011

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

Units of Measurements	Fiscal Year 2008	Fiscal Year 2009	Fiscal Year 2010	Fiscal Year 2011
Complaint Investigations	13	13	4	13
Residential Treatment Centers	12	11	11	11
Follow up Surveys	3	0	0	0
Validation Surveys and Seclusion & Restraint Investigation	1	2	2	1
Complaints Received	45	49	37	24
Complaint Investigations	43	38	38	25
Correctional Health Care Facilities	11	11	11	11
Full Surveys	11	2	0	0
Follow up Surveys	0	0	0	0
Complaint Investigations	0	2	1	2
Freestanding Medical Facilities	2	2	2	2
Initial, Full and Follow up Surveys	2	2	2	2
Complaints	1	0	0	7
Transplant Centers	2	2	2	2
Full Surveys	0	1	1	1
Complaint Investigations	0	2	3	3

Table 11 FY 2011 Performance Measures - Hospitals, HMOs, and Patient Safety Unit

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

⁸ Conducted hospital event reports and ROOT Cause Analysis (RCA) within 30 days (86%).

⁹ Conducted 7 surveys which accounts for 10% of all licensed hospitals.

¹⁰ Bi-annual inspections of eleven hospitals located in correctional facilities were not done due to staffing issues; planned for FY 2012.

Clinical Laboratory Licensing and Certification Unit

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

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

Table 12 Clinical Laboratory Unit of Measurements Accomplishments, FY 2008-FY 2011

Units of Measurements	Fiscal Year 2008	Fiscal Year 2009	Fiscal Year 2010	Fiscal Year 2011
Physician Office and Point-of-Care Laboratories, State Only	611	581	624	632
Initial Surveys of New Providers	20	25	30	25
Full Surveys	190	233	115	135
Follow up Surveys	97	133	44	108
Complaint Surveys	2	1	5	1
Physician Office and Point-of-Care Laboratories, Federal CLIA Surveys	NA	NA	611	523
Initial Surveys of new Providers	NA	NA	39	25
Full Surveys	NA	NA	228	135
Follow up Surveys	NA	NA	148	108
Validation Surveys)	5	3	1	1
Complaint	NA	NA	5	10

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

Units of Measurements	Fiscal Year 2008	Fiscal Year 2009	Fiscal Year 2010	Fiscal Year 2011
Employer Drug Testing	114	114	126	91
Initial Surveys of New Providers	0	0	0	0
Full Surveys	0	0	0	0
Follow up Surveys	0	0	0	0
Public Health Testing¹¹	NA	NA	24	22
Initial Surveys of New Providers	NA	NA	0	0
Full Surveys	NA	NA	0	0
Follow up Surveys	NA	NA	0	0

Table 13 FY 2011 Performance Measures – Clinical Laboratory Unit

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

Forensic Laboratory Unit¹²

The Forensic Laboratory unit provides oversight for the regulation of accredited and non accredited laboratories that perform forensic analyses. Responsibilities of the unit include the investigation of complaints filed against these laboratories; the annual survey and revisit surveys of non accredited forensic laboratories; review of all self reported incidents that occur at both accredited and non accredited laboratories; review of all proficiency tests administered at the forensic laboratories; and all associated activity required for licensure including on-site inspection and review of documentation from the forensic laboratories and external accreditation organizations.

Beginning in FY 2012, the Laboratory unit will be required to begin surveying forensic laboratories. In FY 2009, a workgroup began the development of regulations for the forensic laboratories. At the beginning of FY 2012, the regulations continue to be under development with plans for promulgation before the end of FY 2012. A full time supervisor, who will conduct surveys and perform administrative duties to operate the program, was hired in July 2011. The agency anticipates filling the part time forensic laboratory surveyor position in FY 2012. The numbers of laboratories that will require licensure under this program is estimated to be about 40 forensic laboratories. Units of measurement data will be reported in FY 2012 after initial surveys have begun.

¹¹ Started tracking data in FY 2010.

¹² The Forensic Laboratory will begin conducting surveys in FY 2012

Ambulatory Care Program Unit

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

The unit will continue to use the improved survey process for ambulatory surgery centers (ASCs) during FY 2012. During FY 2013, OHCQ will survey approximately one-quarter of the ASCs (344) as a high priority mandated by CMS.

Table 14 Ambulatory Care Program's Unit of Measurements Accomplishments, FY 2008-FY2011

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

Units of Measurements	Fiscal Year 2008	Fiscal Year 2009	Fiscal Year 2010	Fiscal Year 2011
Ambulatory Surgical Centers				
Initial Surveys of New Providers	15	15	26	22
Full Surveys	21	36	130	103
Follow up Surveys	1	0	8	27
Complaint Investigations	5	6	5	7
Comprehensive Outpatient Rehabilitation Facilities	8	8	4	2
Initial Surveys of New Providers	0	0	0	0
Full Surveys	1	1	1	1
Follow up Surveys	0	0	0	0
Complaint Investigations	1	1	0	0
Major Medical Equipment	227	229	231	230
Initial Surveys of New Providers	0	0	0	4
Full Surveys	0	0	0	0
Follow up Surveys	0	0	0	0
Complaint Investigations	0	1	2	3
Birth Centers	4	2	2	2
Initial Surveys of New Providers	0	0	0	0
Full Surveys	1	1	1	1
Follow up Surveys	2	0	0	0
Complaint Investigations	2	0	0	0
Outpatient Physical Therapy	147	167	79	90
Initial Surveys of New Providers	7	1	2	2
Full Surveys	3	0	8	5
Complaint Investigations	0	1	1	1
Portable X-Ray	10	11	9	10
Initial Surveys of New Providers	0	0	1	1
Full Surveys	0	1	1	1
Follow up Surveys	0	0	0	0
Complaint Investigations	1	2	1	1
Nurse Staff Agencies	502	505	483	550

Units of Measurements	Fiscal Year 2008	Fiscal Year 2009	Fiscal Year 2010	Fiscal Year 2011
Licenses Renewed	471	476	364	454
Initial Licenses Issued	127	130	119	25
Nurse Referral Service Agencies	55	57	86	75
Initial License issued	55	57	24	19

Table 15 Performance Measures of the Ambulatory Care Programs Unit, FY2011

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 Mental Health unit ensures that consumers in the State receive quality mental health services. This is achieved through the regulatory process as governed by COMAR Title 10 Department of Health and Mental Hygiene Subtitle 21. Community Mental Health programs include: Therapeutic Group Homes for children, Residential Crisis Services for children and adults, Respite Care Services for children, Group Homes for adults, Residential Rehabilitation Program for adults, Psychiatric Rehabilitation Programs for children and adults, Outpatient Mental Health Clinics for children and adults, Psychiatric Day Treatment Services for children and adults, Therapeutic Nursery Programs, Mobile Treatment Services for children and adults, and Mental Health Vocational Programs.

Responsibilities of the unit include reviewing applications submitted by providers who are proposing to provide mental health services; conducting annual surveys of children's residential programs; conducting one, two, or three year on-site reviews of all adult community mental health programs; investigating complaints and incidents that occur within children's residential programs; conducting physical plant inspections, consumer record reviews and administrative file reviews; collaborating with the Mental Hygiene Administration (MHA), the Office of Attorney General, the Office of Inspector General and the Core Service Agency (CSA) regarding mental health programs; and recommending to the MHA licensure or approval of a program based on regulatory compliance.

Table 16 Community Mental Health Accomplishments, FY 2008-FY 2011

Units of Measurements	Fiscal Year 2008	Fiscal Year 2009	Fiscal Year 2010	Fiscal Year 2011
Licensed Providers	204	204	191	196
Residential Rehabilitation Program Sites	750	750	764	766
Programs other than Residential Rehabilitation Program Sites ¹³	756	756	733	781
Providers Surveyed	40	29	34	56
Programs Surveyed	139	136	107	101
Applications Received ¹⁴	NA	48	50	34
Therapeutic Group Home Incidents Received ¹⁵	NA	343	500	359

Table 17 FY 2011 Performance Measures - Community Mental Health Unit

Priority or Performance Measure	Result
Survey 35% of programs that are currently approved under a 6-month Temporary approval	Not Met ¹⁶
Complete 100% of the surveys mandated through Settlement Agreements (21 agreements)	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 ¹⁷

Substance Abuse Certification Unit

The Substance Abuse Certification unit is the agent of the Alcohol and Drug Abuse Administration (ADAA) responsible for conducting biennial surveys and complaint investigations of substance abuse treatment providers to ensure compliance with applicable State (COMAR 10.47) and federal (42 CFR parts 2 and 8) regulations.

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

¹³ Some of the other programs include group homes, vocational programs, mobile treatment services, outpatient clinics, psychiatric day treatment services, respite care services, etc.

¹⁴ Started tracking data in FY 2009.

¹⁵ Started tracking data in FY 2009.

¹⁶ Surveyed 28% of programs currently approved under a 6-month Temporary approval.

¹⁷ Surveyed 60% of providers referred by MHA as being non-complaint with COMAR.

levels of service such as Early Intervention, Outpatient Treatment, Residential Treatment and Opioid Maintenance Therapy.

Early Intervention programs often work with the court system to provide Driving While Intoxicated (DWI) education. Outpatient clinics provide community based drug and alcohol education and counseling. Residential programs provide inpatient treatment for individuals requiring thorough evaluation, detoxification and counseling. Opioid Maintenance Therapy (OMT) programs typically administer Methadone to substance abusers in a community based setting.

Table 18 Substance Abuse Certification Unit of Measurements Accomplishments, FY 2008-FY 2011¹⁸

Units of Measurements	Fiscal Year 2008	Fiscal Year 2009	Fiscal Year 2010	Fiscal Year 2011
Licensed Programs	NA	NA	NA	498
Program Owners	NA	NA	NA	267
Site Surveys	NA	NA	NA	130
New Provider Applications	NA	NA	NA	16
Complaints Investigated	NA	NA	16	26

Table 19 FY 2011 Performance Measures - Substance Abuse Certification Unit

Priority or Performance Measure	Result
(1) Survey 249 of licensed programs	Not Met ¹⁹

¹⁸ Program was reorganized in 2011; change in measurement categories. FY 2010 totals are not available for the new categories.

¹⁹ Surveyed 52% of licensed programs.

Staffing Analysis

Table 20 shows the annual change in numbers of positions, FY 1996-FY 2012

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

Table 21 Distribution of staff

Table 21 Distribution of OHCQ Staff by Unit						
Units	Total	Managers	Surveyors	Professional	Clerical or Secretarial	Supervisor
Administration	12.8	2	0	5.8	4	1
Nursing Home	51.4	3	35.4	5	3	5
Developmental Disabilities	33	2	25	0	4	2
Assisted Living	31	1	23	0	4	3
Ambulatory Care	17	1	12	0	3	1
Substance Abuse	3	0	3	0	0	0
Mental Health	6	0	5	0	0	1
Clinical Laboratory	9	0	5	0	3	1
Forensic Laboratory	1.5	0	0.5	0	0	1
Hospital	7	1	5	0	1	0
Information Technology	7	0	0	5	0	2
Adult Medical Day Care	2	0	1	0	0	1
TOTAL	180.7	10	114.9	15.80	22	18

²⁰ PIN count as of July 1, 2011

Table 22 Surveyor staffing deficits from Fiscal Year 2005 through Fiscal Year 2012

Table 22: Surveyor Staffing Shortage FY 2005-FY2012	
Year	Staffing Deficit
Fiscal Year 2005	55.42
Fiscal Year 2006	70.98
Fiscal Year 2007	67.10
Fiscal Year 2008	67.23
Fiscal Year 2009	83.10
Fiscal Year 2010	91.90
Fiscal Year 2011	92.32
Fiscal Year 2012 ²¹	95.63

²¹ Surveyor staff deficit is based on the Labor-Hour Analysis (See Appendix A on page 23).

Appendix A: Labor-Hour Analysis²²

Requirements	A. # of Facilities or Complaints	B. Survey Requirement per Year	C. Total Number of Surveys Required	D. Hours Required per Survey	E. Total Hours Required for Survey Activity (Cx D)	F. Number of Surveyors Required (E/1480)	G. No of Surveyors	H. Overage or Shortage
Long Term Care								
No. of Surveyors							35.40	17.06
Nursing Homes (Medicare)	232	1.00	232	160	37,120	25.08		
Complaints/Self Reports Investigations	2800	1.00	2800	12	33,600	22.7		
Follow-Up Surveys	42	1.00	42	16	672	0.45		
State Survey	232	1.00	232	20	4,640	3.14		
State Follow-Up Surveys	34	1.00	34	20	680	0.46		
Informal Dispute Resolution Conferences	40	1.00	40	2	80	0.05		
Intermediate Care Facilities for the Individuals with Intellectual Disabilities	2	1.00	2	120	240	0.16		
Complaint	49	1.00	49	12	588	0.4		
Follow-Up Surveys	2	1.00	2	16	32	0.02		
						52.46		
Assisted Living Programs								
No. of Surveyors							23.00	16.02
Initial Surveys	145	1.00	145	45	6,525	4.41		
Annual Inspections	1369	1.00	1369	25	34,225	23.13		
Other Surveys	335	1.00	335	18	6,030	4.07		
Complaint Investigations	457	1.00	457	24	10,968	7.41		
						39.02		

²² The Labor-Hour Analysis is calculated based on the projected surveyor workload for FY 2012. 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 Analysis²²

Requirements	A. # of Facilities or Complaints	B. Survey Requirement per Year	C. Total Number of Surveys Required	D. Hours Required per Survey	E. Total Hours Required for Survey Activity (CxD)	F. Number of Surveyors Required (E/1480)	G. No of Surveyors	H. Overage or Shortage
Adult Medical Day Care								
No. of Surveyors							1.00	0.92
Initial Surveys	2	1.00	2	22	44	0.03		
Renewal Surveys	122	0.50	61	34	2,074	1.4		
Complaints/Self Reports	36	1.00	36	18	648	0.44		
Follow-Up Surveys	5	1.00	5	16	80	0.05		
						1.92		
Developmental Disabilities								
No. of Surveyors							25.00	27.40
Initial Site Openings	7	1.00	7	60	420	0.28		
Residential Sites (ALUs and Group Homes)	3033	1.00	3033	16	48528	32.79		
Day Habilitation and Vocational/Supportive Employment	28	1.00	28	40	1120	0.76		
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	0.10	25	32	800	0.54		
Complaint & Incident Investigations	3200	0.10	320	20	6400	4.32		
						52.40		
Hospitals & Patient Safety								
No. of Surveyors							5.00	0.65
Hospitals								
Validation Surveys	5	1.00	5	210	1,050	0.71		
Complaints Investigations	134	1.00	134	28	3,752	2.54		
Follow-Up Surveys	8	1.00	8	16	128	0.09		
Correctional Health Care Facilities								
Full Surveys	11	1.00	11	25	275	0.19		
Complaint Investigations	2	1.00	2	8	16	0.01		
UR/Credentialing; Other Reviews and Surveys	66	1.00	66	2	132	0.09		
Mortality Review - Psych Hospitals	15	1.00	15	8	120	0.08		
Patient Safety								

Appendix A: Labor-Hour Analysis²²

Requirements	A. # of Facilities or Complaints	B. Survey Requirement per Year	C. Total Number of Surveys Required	D. Hours Required per Survey	E. Total Hours Required for Survey Activity (CxD)	F. Number of Surveyors Required (E/1480)	G. No of Surveyors	H. Overage or Shortage
Review - RCA	255	1.00	255	4	1,020	0.69		
Follow-Up Investigations	6	1.00	6	12	72	0.05		
Patient safety Program Surveys	7	1.00	7	24	168	0.11		
Health Maintenance Organizations								
Surveys	6	1.00	6	110	660	0.45		
Follow-Up	1	1.00	1	16	16	0.01		
Complaints	6	1.00	6	5	30	0.02		
Residential Treatment Centers								
Complaints	34	1.00	34	16	544	0.37		
Validation Surveys	2	1.00	2	16	32	0.02		
Follow-Up Surveys	1	1.00	1	16	16	0.01		
Freestanding Medical Facilities								
Surveys	2	1.00	2	24	48	0.03		
Follow-ups	1	1.00	1	24	24	0.02		
Complaints	2	1.00	2	10	20	0.01		
Transplant Programs								
Surveys	1	1.00	1	170	170	0.11		
Complaints	2	1.00	2	32	64	0.04		
						5.65		
Clinical Laboratories Licensing and Certification								
No. of Surveyors							5.00	7.51
Independent Reference Labs								
Non-Accredited	534	0.50	267	20	5,340	3.61		
Complaints	12	1.00	12	22	264	0.18		
Physician Offices and Point of Care								
CLIA	611	0.50	306	10	3,060	2.07		
Federal Waived Labs Project	39	1.00	39	10	390	0.26		
Complaint Surveys	1	1.00	1	8	8	0.01		
Validation	2	1.00	2	20	40	0.03		
Cytology Proficiency Testing	407	1.00	407	3	1,221	0.83		
Cytology Surveys	35	0.50	18	8	144	0.1		
Proficiency Testing - Multiple Failure Letters	43	1.00	43	4	172	0.12		

Appendix A: Labor-Hour Analysis²²

Requirements	A. # of Facilities or Complaints	B. Survey Requirement per Year	C. Total Number of Surveys Required	D. Hours Required per Survey	E. Total Hours Required for Survey Activity (CxD)	F. Number of Surveyors Required (E/1480)	G. No of Surveyors	H. Overage or Shortage
Proficiency Testing - Single Failure Letters	1168	1.00	1168	2	2,336	1.58		
State Only Surveys	624	0.50	312	7	2,184	1.48		
Cholesterol Testing	15	1.00	15	7	105	0.07		
Public Health Testing	18	1.00	18	5	90	0.06		
Tissue Banks	170	1.00	170	11	1,870	1.26		
Employer Drug Testing	114	1.00	114	11	1,254	0.85		
						12.51		
Forensic Laboratories								
No. of Surveyors							0.50	0.31
Initial Surveys	50	1.00	50	24	1,200	0.81		
Renewal Surveys	0	1.00	0		0	0		
Complaints/Self Reports	1	1.00	1		0	0		
Follow-Up Surveys	1	1.00	1		0	0		
						0.81		
Ambulatory Care Programs								
No. of Surveyors							12.00	22.16
Birth Centers	2	1.00	2	18	36	0.02		
Home Health Agencies (HHA)	10	1.00	10	50	500	0.34		
HHA - Complaints	12	1.00	12	24	288	0.19		
Dialysis Centers - Surveys	119	0.33	39	46	1,794	1.21		
Dialysis Complaints	24	1.00	24	21	504	0.34		
Hospice Care Programs - Surveys	30	0.33	10	43	430	0.29		
Hospice Care Programs - Complaints	9	1.00	9	21	189	0.13		
Ambulatory Surgical Centers	341	0.25	85	40	3,400	2.3		
Ambulatory Surgical Centers - Complaints	5	1.00	5	8	40	0.03		
Outpatient Physical Therapy	90	0.05	5	10	50	0.03		
Comprehensive Outpatient Rehab Facilities	4	0.05	1	10	10	0.01		
Portable X-Ray	10	0.05	1	10	10	0.01		
Residential Service Agencies	721	1.00	721	54	38,934	26.31		
Residential Service Agencies - Complaints	21	1.00	21	18	378	0.26		
Major Medical Equipment	230	1.00	230	10	2,300	1.55		
Nurse Staffing Agencies	550	1.00	550	3	1,650	1.11		
Nurse Referral Service Agencies	75	0.33	24.75	2	50	0.03		
						34.16		

Appendix A: Labor-Hour Analysis²²

Requirements	A. # of Facilities or Complaints	B. Survey Requirement per Year	C. Total Number of Surveys Required	D. Hours Required per Survey	E. Total Hours Required for Survey Activity (CxD)	F. Number of Surveyors Required (E/1480)	G. No of Surveyors	H. Overage or Shortage
Mental Health Programs								
No. of Surveyors							5.00	(0.94)
Community Mental Health Clinics	237	0.50	119	8	952	0.64		
Adult Group Homes	133	0.50	67	3.3	56.1	0.04		
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	1.00	40	8	320	0.22		
						4.06		
Substance Abuse								
No. of Surveyors							3.00	4.54
Initial Certifications	90	1.00	90	24	2160	1.46		
Renewal Certifications	350	0.50	175	16	2800	1.89		
Change in Program Location	20	1.00	20	2	40	0.03		
Change in Service Levels	35	0.50	35	2	70	0.05		
Change in Owner	5	1.00	5	1	5	0		
Education	22	0.50	11	8	88	0.06		
Outpatient	275	0.50	138	16	2208	1.49		
Residential	113	0.50	57	16	912	0.62		
Correctional	32	0.50	16	16	256	0.17		
Opioid Maintenance Therapy Program	57	0.50	29	16	464	0.31		
Compliant Investigations	90	0.50	90	24	2160	1.46		
						7.54		
Totals						210.53	114.90	95.63
Key for Column B:								
1.00 = Annual								

Appendix A: Labor-Hour Analysis²²

Requirements	A. # of Facilities or Complaints	B. Survey Requirement per Year	C. Total Number of Surveys Required	D. Hours Required per Survey	E. Total Hours Required for Survey Activity (CxD)	F. Number of Surveyors Required (E/1480)	G. No of Surveyors	H. Overage or Shortage
0.50 = Every 2-Yrs								
0.33 = Every 3-Yrs								
0.25 = 25% of the Total								
0.15 = 15% of the Total								
0.10 = 10% of the Total								
0.05 = 5% of the Total								