



STATE OF MARYLAND

DHMH

Maryland Department of Health and Mental Hygiene

Larry Hogan, Governor - Boyd Rutherford, Lt. Governor - Van Mitchell, Secretary

December 9, 2015

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) – Office of Health Care Quality Annual Report, Including
Staffing Analysis, and Health Care Facilities Inspections for FY 2015

Dear President Miller and Speaker Busch:

Pursuant to Health-General Article 19-308 (b)(4), the Department of Health and Mental Hygiene respectfully submits this report on the inspection of health care facilities by the Office of Health Care Quality during FY 2015. The report also provides an analysis of existing staffing levels, current priorities, and labor-hour analysis of survey activities.

I hope this information is useful. If you have any questions or need additional information on this subject, please do not hesitate to contact Ms. Allison Taylor, Director of Governmental Affairs, at (410) 767-6481.

Sincerely,

Van T. Mitchell
Secretary

Enclosure

cc: The Honorable Edward J. Kasemeyer
The Honorable Maggie McIntosh
Shawn Cain, Chief of Staff
Patricia Tomsko Nay, M.D., Office of Health Care Quality
Allison Taylor, Director, Office of Governmental Affairs
Sarah Albert, Department of Legislative Services, MSAR #5624

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

**Annual Report and Staffing Analysis
Fiscal Year 2015**

Health-General Article 19-308(b)(4)



*Larry Hogan, Jr., Governor
Boyd Rutherford, Lt. Governor
Van T. Mitchell, Secretary
Patricia Tomsco Nay, M.D., Executive Director*

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EXECUTIVE SUMMARY

On behalf of the Office of Health Care Quality (OHCQ), it is my privilege to submit the FY 2015 Annual Report and Staffing Analysis. This document is submitted pursuant to Health-General Article §19-308 (b)(4) and reports on OHCQ's survey activities.

OHCQ is the agency within the Department of Health and Mental Hygiene (Department) charged with monitoring the quality of care in Maryland's 16,499 health care facilities and community-based programs. OHCQ's mission is to protect the health, safety, and welfare of Maryland's citizens and to ensure there is public confidence in the health care and community service delivery systems. OHCQ licenses and certifies health care facilities; conducts surveys to determine compliance with State and federal regulations; and educates providers, consumers, and other stakeholders. OHCQ's vision is that all those receiving care in Maryland can trust that their health care facility or program is licensed and has met the regulatory standards for the services that they offer.

In January 2013, the OHCQ implemented a strategic planning process that includes a goal of regulatory efficiency, that is, how to best use OHCQ's limited resources to fulfill its mission. Interventions for regulatory efficiency have included reviewing regulatory and statutory requirements; considering accreditation with oversight, where appropriate; revising survey processes; enhancing employee training; streamlining the hiring process; improving recruitment efforts; simplifying the provider application process; sustaining an internal quality improvement process; interacting proactively with stakeholders; and maximizing information management. We continually strive to protect the health, safety, and welfare of vulnerable populations while efficiently and effectively utilizing limited resources.

While OHCQ has made significant progress in gaining regulatory efficiency, there remains insufficient staff to meet our mandates. Since its inception, OHCQ has not been adequately staffed. Since 2011, OHCQ has had a 27 percent increase in the numbers of providers it oversees with only a 1 percent increase in the total number of OHCQ positions. To complete the mandated licensure and certification activities as well as surveys, more surveyors and administrative staff are needed.

Every day the dedicated staff of OHCQ work to ensure the health, safety, and welfare of Marylanders. We advocate for all of those receiving services across the health care continuum. OHCQ's common ground with all of our stakeholders is the individuals that we serve. OHCQ appreciates the ongoing support of the Secretary, the Administration, members of the General Assembly, and all of our stakeholders.

Sincerely,



Patricia Tomsco Nay, MD, CMD, CHCQM, FAAFP, FAIHQ, FAAHPM
Executive Director
Office of Health Care Quality

Mission and Vision

OHCQ is the agency within the Department charged with monitoring the quality of care in Maryland's 16,499 health care facilities and community-based programs. OHCQ licenses and certifies health care facilities; conducts surveys to determine compliance with state and federal regulations; and educates providers, consumers, and other stakeholders. Our mission is to protect the health, safety, and welfare of Maryland's citizens and to ensure there is public confidence in the health care and community service delivery systems. Our vision is that all those receiving care in Maryland can trust that their health care facility or program is licensed and has met the regulatory standards for the services that they offer.

Background

Since its inception, OHCQ has been unable to complete all statutorily mandated survey, certification, and licensure activities. OHCQ has experienced an increase in its workload as noted by the Surveyor Staffing Analysis (see the Appendix). An influx of new providers in community-based programs, including residential service agencies and assisted living providers, as well as additional statutory and regulatory responsibilities, have all increased the agency's chronic staffing challenges.

Regulatory Efficiency

OHCQ continually strives to protect the health, safety, and welfare of vulnerable populations while efficiently and effectively utilizing limited resources. Though staffing levels remain below projected needs, OHCQ remains committed to improving internal processes and systems. To this end, OHCQ implemented a strategic planning process in January 2013 that included the goal of regulatory efficiency, that is, how to best use OHCQ's limited resources to fulfill its mission. Interventions for regulatory efficiency have included reviewing regulatory and statutory requirements; considering accreditation with oversight, where appropriate; revising survey processes; enhancing employee training; streamlining the hiring process; improving recruitment efforts; simplifying the provider application process; sustaining an internal quality improvement process; interacting proactively with stakeholders; and maximizing information management. We continually strive to protect the health, safety, and welfare of vulnerable populations while efficiently and effectively utilizing limited resources.

For many years, OHCQ has utilized software developed by a contractor with the Centers for Medicare and Medicaid Services (CMS) to manage survey activities for all federal programs and selected state-regulated programs. Last year OHCQ finished adding all of the providers into the software system. After the initial training was completed, on-going training continues to more fully utilize the software program. Improved accessibility, management, forecasting, and quality improvement are the results of our labor. One example of improved data management is the inclusion of details about mental health and substance use disorder providers in this report.

Mandates

Each year, OHCQ has new mandated activities from the Maryland General Assembly and the Centers for Medicare and Medicaid Services (CMS). In FY 2015, CMS added survey and certification requirements, including the MDS focused survey in long term care facilities. The table below lists the State mandates that have been added each year. In addition to these mandates, OHCQ's workload is increased by industry growth. In the past three years, OHCQ has had a 27 percent increase in the numbers of providers it oversees.

Table 1: Mandated State Requirements from 1996 to 2015

Year	Program
1996	<ul style="list-style-type: none"> ▪ Assisted Living ▪ Birthing Centers ▪ Major Medical Equipment ▪ Ambulatory Surgery Facilities ▪ Dialysis Centers
1998	<ul style="list-style-type: none"> ▪ State Advisory Council on Organ and Tissue Donation Awareness
1999	<ul style="list-style-type: none"> ▪ Health Maintenance Organizations, creation of HMO Quality Assurance Unit
2000	<ul style="list-style-type: none"> ▪ Second Nursing Home Survey ▪ Nursing Home Complaints within 10 days ▪ Mortality and Quality Review – Developmental Disabilities population
2001	<ul style="list-style-type: none"> ▪ Mortality and Quality Review – Mental Health population
2002	<ul style="list-style-type: none"> ▪ Nursing Staff Agencies ▪ State Advisory Council on Pain Management (abrogated in 2004)
2003	<ul style="list-style-type: none"> ▪ Nurse Referral Service Agencies
2004	<ul style="list-style-type: none"> ▪ Patient Safety Program – Adverse Event Reporting
2005	<ul style="list-style-type: none"> ▪ Freestanding Medical Facilities
2006	<ul style="list-style-type: none"> ▪ 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 ▪ Corporate Responsibility and Governance – Residential Child Care Programs
2007	<ul style="list-style-type: none"> ▪ Forensic Laboratories
2008	<ul style="list-style-type: none"> ▪ Transplant Centers (Centers for Medicare and Medicaid Services) ▪ Operation of Nursing Homes – Licensure Regulations
2012	<ul style="list-style-type: none"> ▪ Surgical Abortion Facilities
2013	<ul style="list-style-type: none"> ▪ Emergency Plans for Human Service Facilities and Dialysis Centers ▪ Cosmetic Surgical Facilities ▪ Health Care Staff Agencies ▪ Credentialing and Privileging Process – Telemedicine ▪ Notice to Patients – Outpatient Status and Billing Implications
2014	<ul style="list-style-type: none"> ▪ Medical Orders for Life-Sustaining Treatment (MOLST) Form — Procedures and Requirements (COMAR 10.01.21) February 2014 ▪ Physician Credentialing, Telemedicine (COMAR 10.07.01.24) March 2014 ▪ Notice to Patients of Outpatient on Observation Status (COMAR 10.07.01.29) March 2014
2015	<ul style="list-style-type: none"> ▪ Health Care Staff Agencies (COMAR 10.07.03) September 2014 ▪ Day Care for the Elderly and Adults with a Medical Disability (COMAR 10.12.04) December 2014 ▪ Cosmetic Surgical Facilities (COMAR 10.12.03) July 2015 ▪ Uniform Emergency Codes (COMAR 10.07.01.33) March 2015

FY 2015 Performance Measures

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. The unit also ensures that the intermediate care facilities for individuals with intellectual disabilities (ICF/IID) comply with all applicable federal, State, and local regulations. 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 developmental disabilities professionals, and life safety code inspectors. When appropriate, enforcement actions are taken to ensure compliance with State and federal regulations.

Additionally, the unit ensures that the forensic residential centers for individuals with intellectual disabilities comply with all applicable State and local regulations through unannounced on-site surveys, follow-up visits, and complaint investigations.

Table 2: Nursing Homes

Units of Measurement	FY12	FY13	FY14	FY15
Number of licensed nursing homes	233	233	232	232
Initial surveys of new providers	1	3	1	2
Full surveys	238	216	217	199
Follow-up surveys	71	33	35	39
Civil monetary penalties levied	64	39	55	45
Denial of payment for new admissions	1	1	3	3
Complaints and facility self-reported incidents	2881	2952	3392	2968
Complaints and self-reported incidents, no further action required	355	337	449	287
Complaints and self-reported incidents, investigated	2526	2615	2932	2460
Quality of care allegations	2614	2423	2291	1949
Resident abuse allegations	884	904	1128	913

There is a federal mandate to initiate an on-site investigation of any nursing home complaint alleging actual harm within 10 days. The average time for initiating such an investigation in FY 2015 was 34 days, compared to 27 days in FY 2014 (see Table 3). Ten additional nurse surveyor positions and additional administrative staff are needed in the long term care unit to meet this mandate.

Table 3: Performance Measures for Nursing Homes

Priority or Performance Measure	Result
Initiate an on-site investigation of any complaint alleging actual harm within 10 days	Not Met

Nursing home deficiencies are cited under federal tags (F tags) that categorize the types of deficient practices. For example, F 279 is a federal tag about the requirement to develop comprehensive care plans. Table 4 includes the top ten most frequently cited nursing home deficiencies by federal tags and the number of citations under each tag in FY 2015.

**Table 4: Most Frequently Cited Federal Deficiencies in Nursing Homes in FY 2015
(includes all scope and severity levels)**

Federal Tag	Description of Tag	Total Citations
F 309	Provide care and services for highest well being	160
F 514	Resident records, complete, accurate, and accessible	139
F 323	Free of accidents, hazards, supervision, devices	121
F 279	Develop comprehensive care plans	107
F 371	Food procurement, store, prepare, and serve, sanitary	100
F 431	Drug records, label, store drugs and biologicals	95
F 329	Drug regimen is free from unnecessary drugs	89
F 278	Assessment accuracy, coordination, certified	83
F 157	Notify of changes (injury, decline, room)	81
F 253	Housekeeping and maintenance services	79

Nursing home deficiencies are rated from A – L, based on scope and severity, with L being the most serious. Scope is the prevalence and is based on the number of residents affected by the deficient practice. Severity is an assessment of the actual or potential harm to residents caused by the deficient practice. The most serious deficiencies are G through L, situations in which the facility’s noncompliance has caused, or is likely to cause, serious injury, impairment, or death to a resident. Table 5 includes the number of actual harm (G – I) and immediate jeopardy (J – L) deficiencies per federal tag issued in nursing homes in FY 2015.

**Table 5: Number of Actual Harm and Immediate Jeopardy Deficiencies
Per Federal Tag in Nursing Homes in FY 2015**

Federal Tag	Description of Tag	G	H	I	J	K	L
F 151	Right to exercise rights, free of reprisal		1				
F 155	Right to refuse, formulate advance directives	7	1			1	
F 157	Notify of changes (injury, decline, room)	4					
F 223	Free from abuse, involuntary seclusion				1		
F 224	Prohibit mistreatment, neglect, and misappropriation		1				
F 225	Investigate and report allegations	1			1		
F 279	Develop comprehensive care plans	1					
F 309	Provide care and services for highest well being	5			1		
F 314	Treatment and services to prevent and heal pressure sores	1					
F 318	Increase or prevent decrease in range of motion	1					
F 323	Free of accidents, hazards, supervision, devices	12			2	1	1
F 327	Sufficient fluid to maintain hydration	1					
F 329	Drug regimen is free from unnecessary drugs		1			2	
F 385	Residents' care supervised by a physician	2					
F 431	Drug records, label, store drugs and biologicals					1	
F 501	Responsibilities of medical director	1				1	
F 502	Administration	1					
F 511	Radiology findings, promptly notify physician	1					
	Tags at G or above – 54	38	4	0	5	6	1

Regulatory groupings include multiple federal tags that relate to a specific issue, such as resident rights or pharmacy services. In table 6, the nursing home deficiencies cited at level G through L are categorized by the regulatory grouping of the federal tags.

Table 6: Regulatory Groupings of Federal Tags for Actual Harm and Immediate Jeopardy Deficiencies in Nursing Homes in FY 2015

Regulatory Groupings	Number of Actual Harm and Immediate Jeopardy Deficiencies
Quality of Care	28
Resident Rights	14
Pharmacy Services	1
Administration	4
Resident Behavior and Facility Practices	4
Resident Assessment	1
Physician Services	2
Total	54

If a nursing home disagrees with the survey results, the facility may dispute the deficiencies through an informal process, known as an informal dispute resolution. Table 7 details the outcome of the 138 federal tags that were disputed in 45 informal dispute resolutions and 1 independent informal dispute resolution in FY 2015. Table 8 details the reasons for decisions made in these informal dispute resolutions.

Table 7: Outcomes of Nursing Home Informal Dispute Resolutions in FY 2015

Outcome	Percentage of Federal Tags
No change	22
Tag changed	4
Tag removed	46
Scope and severity changed	4
Example removed	7
Scope and severity changed and example removed	0
New tag issued at IDR	4

Table 8: Reasons for Nursing Home Informal Dispute Resolution Decisions in FY 2015

Reason	Percentage of Decisions
Additional information provided	55
Facility found non-culpable for incident	0
Insufficient evidence, facts do not support deficiency	18
Inaccurate facts	3
Wording or grammar change	8
Other	15

Table 9: Intermediate Care Facilities for Individuals with Intellectual Disabilities

Units of Measurement	FY12	FY13	FY14	FY15
Number of licensed intermediate care facilities for individuals with intellectual disabilities	2	2	2	2
Renewal surveys	2	2	2	2
Follow-up surveys	3	4	1	2
Complaints and self-reported incidents	70	38	15	109
Complaints and self-reported incidents, investigated	61	35	17	95

Table 10: Forensic Residential Centers

Units of Measurement	FY12	FY13	FY14	FY15
Number of licensed forensic residential centers	2	2	2	2
Initial surveys	0	0	0	0
Renewal surveys	2	2	2	0
Complaints received	10	2	12	0
Complaints investigated	10	2	12	0

Assisted Living and Adult Medical Day Care Unit

The assisted living unit is responsible for the licensure and regulation of all assisted living facilities in the state of Maryland. 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 Department of Veterans Affairs, and local health departments.

Table 11: Assisted Living Facilities

Units of Measurement	FY12	FY13	FY14	FY15
Number of licensed assisted living programs	1364	1406	1482	1497
Renewal surveys	487	396	679	1038
Initial surveys	120	158	109	162
Other surveys	190	135	62	156
Complaints received	749	690	903	1307
Complaints investigated	669	737	683	1217

Table 12: Performance Measures for the Assisted Living Unit

Priority or Performance Measure	Result
Perform an average of 15 initial licensure surveys per month	Not achievable*
Perform an average of 80 renewal surveys per month	Met

* The unit completed 162 initial licensure surveys in FY 2015; the unit did not receive 180 completed applications in FY 2015 so the measure was not achievable

Assisted living deficiencies are cited under state tags that categorize the types of deficient practices. For example, state tag 3680 is related to the management and administration of medications. Table 13 includes the top ten most frequently cited assisted living deficiencies by state tag and the number of citations under each tag in FY 2015.

Table 13: Most Frequently Cited Deficiencies in Assisted Living Facilities in FY 2015

State Tag	Description of Tag	Number of Citations
3680	Medication Management and Administration	260
4630	General Physical Plant Requirements	246
2600	Other Staff--Qualifications	237
2780	Delegating Nurse	235
3330	Service Plan	224
2530	Alternate Assisted Living Manager	172
2220	Assisted Living Manager	156
2550	Other Staff--Qualifications	154
3420	Resident Record or Log	149
4910	Emergency Preparedness	146

Adult Medical Day Care Centers

The adult medical day care unit ensures that State licensure standards are maintained for adult medical day care centers for the elderly and medically handicapped adults.

Table 14: Adult Medical Day Care Centers

Units of Measurement	FY12	FY13	FY14	FY15
Number of licensed adult medical day care centers	131	114	116	117
Initial surveys of new providers	3	11	14	12
Full surveys	44	30	76	62
Follow-up surveys	5	3	1	3
Complaints investigated	9	5	53	40

Developmental Disabilities Unit

The developmental disabilities (DD) unit is the licensing and monitoring agent for the Developmental Disabilities Administration. Through periodic surveys, the unit ensures regulatory compliance with community-based providers serving individuals with developmental disabilities. The community of providers licensed by DDA 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. The unit also completes on-site and administrative investigations of agency self-reported incidents and community complaints in accordance with the Developmental Disabilities Administration’s Policy on Reportable Incidents and Investigations (PORII) to evaluate and ensure the adequacy of care and provision of supports.

Table 15: Developmental Disabilities Unit

Units of Measurement	FY12	FY13	FY14	FY15
Licensed developmental disability agencies	209	218	224	203
Number of sites	3075	3134	3134	3148
New agencies	9	4	12	4
Initial site surveys	Not tracked	Not tracked	Not tracked	66
Agencies surveyed	51	52	76	71
Sites surveyed	951	559	Not tracked	Not tracked
Complaints and self-reported incidents in PORII*	4269	3606	4222	4743*
Conducted on-site investigation	259	295	304	313
Referred to another state agency	39	34	31	60

* The PCIS2 system contains self-reported incidents that are reviewed by DDA and OHCQ; only Type I incidents (death, abuse, neglect, hospital admissions, choking, injury, and medication errors) are investigated by OHCQ; in FY 2015 there were 1690 Type I incidents out of a total of 4743 incidents; OHCQ completed 313 onsite investigations and did administrative reviews of the remaining Type I incidents

Table 16: Developmental Disabilities Mortality Unit

Units of Measurement	FY12	FY13	FY14	FY15*
Developmental disabilities deaths	173	193	215	219
Deaths investigated on-site	173	171	43	20
Deaths investigated off-site	*	*	*	11
Deaths investigated, administrative reviews	*	*	*	188

* FY 2015 reports on-site, off-site, and administrative reviews separately; FY 2012 and FY 2013 on-site investigations included all categories; in FY 2014, on-site investigations included on-site and off-site investigations

Table 17: Performance Measures for the Developmental Disabilities Unit

Priority or Performance Measure	Result
Survey 45% of the licensed providers	Not Met*

* 32 percent of renewal surveys were completed in FY 2015

Hospital Unit

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

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

Table 18: Hospitals

Units of Measurement	FY12	FY13	FY14	FY15
Licensed or certified hospitals	65	64	63	64
Validation surveys of hospitals accredited by The Joint Commission	4	8	2	2
Complaints received	432	461	353	370
Complaints investigated on-site	174	103	99	91
Complaints referred to hospitals for investigation	248	213	220	225
Follow-up surveys	5	8	9	12
Enforcement remedies imposed	5	9	12	5
Review of The Joint Commission reports	16	26	26	13

Table 19: Patient Safety Program

Units of Measurement	FY12	FY13	FY14	FY15
Adverse event reports	306	211	203	244
Review root cause analysis reports (patient safety)	270	210	182	188
Follow-up investigations and hospital patient safety surveys	5	8	4	7

Table 20: Freestanding Medical Facilities

Units of Measurement	FY12	FY13	FY14	FY15
Licensed freestanding medical facilities	3	3	3	3
Initial, full and follow-up surveys	1	2	3	2
Complaints investigated	4	1	1	6

Table 21: Health Maintenance Organizations

Units of Measurement	FY12	FY13	FY14	FY15
Health maintenance organizations	6	7	9	9
Full surveys	4	3	4	1
Follow-up surveys	0	0	0	0
Complaint investigations	9	6	4	4

Table 22: Correctional Health Care Facilities

Units of Measurement	FY12	FY13	FY14	FY15
Correctional health care facilities	10	10	10	10
Full surveys	0	0	10	4
Follow-up surveys	0	0	0	0
Complaint investigations	1	0	1	0

Table 23: Residential Treatment Centers

Units of Measurement	FY12	FY13	FY14	FY15
Licensed residential treatment centers	11	10	10	10
Follow-up surveys	1	0	2	4
Validation surveys and seclusion and restraint investigation	0	2	2	0
Complaints received	11	24	31	39
Complaint investigations	9	23	27	36

Table 24: Performance Measures for the Hospital Unit

Priority or Performance Measure	Result
Conduct a preliminary evaluation of 95% of hospital event reports and Root Cause Analysis (RCA) within 30 days	Met
Complete a review of all RCAs within 90 days	Met
By June 30, 2016, conduct annual reviews of hospital patient safety programs in 5 percent of all licensed hospitals	Not met*

* This is not mandated by statutes or regulations; reviews were done in 3 percent of all licensed hospitals

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

OHCQ routinely surveys laboratories performing cytology testing biennially. In addition to these surveys, the CLIA statute requires that individuals performing cytology examinations be tested for their proficiency. With the discontinuation of Maryland's Cytology Proficiency program, there are two remaining CMS-approved cytology proficiency testing programs. The CMS-approved Cytology Proficiency Testing (PT) Programs for calendar year 2015 are the College of American Pathologists (CAP) and the American Society for Clinical Pathology program (ASCP). In addition, the clinical laboratory licensing and certification unit is responsible for investigating complaints received from the public.

Table 25: Physician Office and Point of Care Laboratories, State Only Surveys

Units of Measurement	FY12	FY13	FY14	FY15
Physician office and point of care laboratories, State only	543	562	629	596
Initial surveys of new providers	33	19	18	22
Full surveys	180	256	340	405
Follow-up surveys	130	156	139	168
Complaint surveys	7	0	8	1

Table 26: Physician Office and Point of Care Laboratories, Federal Surveys

Units of Measurement	FY12	FY13	FY14	FY15
Physician office and point of care laboratories, federal CLIA surveys	543	562	629	596
Initial surveys of new providers	33	19	18	22
Full surveys	180	256	340	405
Follow-up surveys	130	156	139	168
Validation surveys	1	3	3	4
Complaint surveys	7	0	7	1

Table 27: Federal Waived Lab Project

Units of Measurement	FY12	FY13	FY14	FY15
Federal waived lab project surveys	50	54	55	64

Table 28: Independent Reference Laboratories

Units of Measurement	FY12	FY13	FY14	FY15
Independent reference laboratories	478	631	578	111
Initial surveys of new providers	11	2	4	2
Full surveys	38	40	48	17
Follow-up surveys	34	36	9	10
Validation surveys	1	1	1	2
Complaint surveys	6	5	3	5

Table 29: Hospital Laboratories

Units of Measurement	FY12	FY13	FY14	FY15
Hospital laboratories	77	81	76	98
Initial surveys of new providers	0	0	0	0
Full surveys	0	0	5	13
Follow-up surveys	0	0	0	0
Validation surveys	2	1	1	1
Complaint surveys	1	2	6	2

Table 30: Cholesterol Testing Sites

Units of Measurement	FY12	FY13	FY14	FY15
Cholesterol testing sites	18	14	2	2
Initial surveys of new providers	4	0	0	0
Full surveys	12	2	2	2
Validation surveys	0	0	0	0
Complaint surveys	0	0	2	0

Table 31: Health Awareness Test Sites

Units of Measurement	FY12	FY13	FY14	FY15
Health awareness test sites (*new in FY 2014)	*	*	65*	65
Initial surveys	*	*	5	0
Full surveys	*	*	55	50
Follow-up surveys	*	*	25	25
Site approvals	*	*	1580	1605
Complaints surveys	*	*	0	0

Table 32: Tissue Banks

Units of Measurement	FY12	FY13	FY14	FY15
Tissue banks	225	268	268	321
Initial surveys of new providers	6	0	0	0
Full surveys	14	11	16	29
Follow-up surveys	1	0	0	10
Validation surveys	17	0	0	15
Complaint surveys	0	0	0	1

Table 33: Public Health Testing

Units of Measurement	FY12	FY13	FY14	FY15
Public health testing	16	22	24	36
Initial surveys of new providers	0	0	2	2
Full surveys	0	22	22	6
Follow-up surveys	0	0	0	17
Complaint surveys	0	0	0	0

Forensic Laboratory Unit

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, plus all associated activity required for licensure including on-site inspection and review of documentation from the forensic laboratories and external accreditation organizations. This unit conducts annual surveys and revisit surveys of non-accredited forensic laboratories. The unit is in charge of reviewing all self-reported incidents that occur at both accredited and non-accredited forensic laboratories. This unit has been incorporated into the Clinical Laboratory Licensing and Certification unit.

Table 34: Forensic Laboratories

Units of Measurement	FY12	FY13	FY14	FY15
Providers	40	40	43	32
Full surveys	5	4*	4	16
Initial surveys	5	4	2	0
Follow-up surveys	2	5	0	2
Surveillance surveys	0	11	9	0
Complaint investigations	5	4	5	0

* OHCQ only does full surveys of non-accredited forensic laboratories

Table 35: Employer Drug Testing

Units of Measurement	FY12	FY13	FY14	FY15
Employer drug testing	36	158	148	150
Initial surveys of new providers	1	0	6	84
Full surveys	4	2	29	1
Follow-up surveys	1	2	0	3
Complaint surveys	0	0	1	0

Ambulatory Care 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 birthing centers, comprehensive outpatient rehabilitation facilities, freestanding ambulatory surgery centers, freestanding renal dialysis centers, home health agencies, hospices, major medical equipment, outpatient physical therapy providers, portable x-ray providers, residential service agencies, and surgical abortion facilities. This unit receives complaints alleged against all ambulatory care providers and maintains a federal (Medicare) twenty-four hour complaint hotline for Home Health Agencies. Since July 1, 2015, this unit has had oversight over the cosmetic surgical centers, a newly licensed provider group.

Table 36: Birthing Centers

Units of Measurement	FY12	FY13	FY14	FY15
Licensed birthing centers	2	2	2	2
Initial surveys of new providers	0	0	0	0
Full surveys	0	2	1	0
Follow-up surveys	0	0	0	0
Complaint investigations	0	0	0	0

Table 37: Comprehensive Outpatient Rehabilitation Facilities

Units of Measurement	FY12	FY13	FY14	FY15
Licensed comprehensive outpatient rehabilitation facilities	1	1	1	1
Initial surveys of new providers	0	1	0	2
Full surveys	0	0	0	0
Follow-up surveys	0	0	2	0
Complaint investigations	0	1	2	0

Table 38: Freestanding Ambulatory Surgical Centers

Units of Measurement	FY12	FY13	FY14	FY15
Licensed freestanding ambulatory surgical centers	396	325	328	335
Initial surveys	15	17	16	11
Full surveys	77	49	157	213
Follow-up surveys	18	20	47	47
Complaint investigations	6	12	12	33

Table 39: Freestanding Renal Dialysis Centers

Units of Measurement	FY12	FY13	FY14	FY15
Licensed freestanding renal dialysis centers	116	127	132	142
Initial surveys of new providers	7	9	8	13
Full surveys	109	33	41	51
Follow-up surveys	4	7	5	11
Complaint investigations	34	64	39	35

Table 40: Home Health Agencies

Units of Measurement	FY12	FY13	FY14	FY15
Licensed home health agencies	59	57	55	56
Initial surveys of new providers	0	1	0	0
Full surveys	20	17	15	13
Follow-up surveys	1	0	0	0
Complaint investigations	23	20	12	20

Table 41: Hospices and Hospice Houses

Units of Measurement	FY12	FY13	FY14	FY15
Licensed hospices	32	27	30	27
Initial surveys of new providers	0	0	0	2
Full surveys	9	5	5	6
Follow-up surveys	1	1	2	1
Complaint investigations	10	19	10	13
Licensed hospice houses (new program in FY 2014)	N/A	N/A	11	14
Initial surveys of new providers	N/A	N/A	12	2
Complaint investigations in hospice houses	N/A	N/A	0	0

Table 42: Major Medical Equipment Providers

Units of Measurement	FY12	FY13	FY14	FY15
Licensed major medical equipment providers	240	250	246	219
Initial surveys of new providers	0	0	0	0
Full surveys	0	0	0	0
Follow-up surveys	0	0	0	0
Complaint investigations	4	1	3	5

Table 43: Outpatient Physical Therapy Centers

Units of Measurement	FY12	FY13	FY14	FY15
Licensed outpatient physical therapy centers	99	69	63	62
Initial surveys of new providers	1	1	4	3
Full surveys	17	13	10	9
Follow-up surveys	0	6	0	3
Complaint investigations	1	0	3	0

Table 44: Portable X-Ray Providers

Units of Measurement	FY12	FY13	FY14	FY15
Licensed portable x-ray providers	8	7	8	9
Initial surveys of new providers	1	0	2	1
Full surveys	1	1	2	0
Follow-up surveys	0	0	0	0
Complaint investigations	0	0	1	0

Table 45: Residential Service Agencies

Units of Measurement	FY12	FY13	FY14	FY15
Licensed residential service agencies	983	1090	1144	1210
Initial surveys of new providers	96	78	90	84
Full surveys	26	18	15	19
Follow-up surveys	1	27	6	9
Complaint investigations	45	62	55	63

Table 46: Surgical Abortion Facilities

Units of Measurement	FY12	FY13	FY14	FY15
Licensed surgical abortion facilities	N/A	16	12	12
Initial surveys	N/A	16	0	0
Renewal surveys	N/A	0	0	0
Complaints received	N/A	22	2	1
Complaints investigated	N/A	20	2	1

Behavioral and Allied Health Unit

The Behavioral and Allied Health unit is responsible for the evaluation of all Community Mental Health Programs prior to the expiration of the programs’ approvals/licenses and prior to the relocation or expansion of these programs. It issues temporary approvals, 1, 2 or 3 year approvals with or without conditions, and two-year licenses depending on the program type and/ or status. Program monitoring consists of an onsite review of personnel and client records, observations, and interviews.

This unit is the agent of the Behavioral Health Administration (BHA) responsible for conducting biennial surveys and complaint investigations of substance use disorder treatment providers to ensure compliance with applicable State and federal regulations. It recommends to BHA the initial, provisional, or general certification for substance use disorder treatment providers throughout the State. The unit investigates complaints that are received from patients, providers, and members of the community. Complaints may result in deficiencies related to non-compliance with regulations or referrals to other agencies, including the Maryland Attorney General’s Office. The unit interacts with other State and federal agencies involved with drug control issues. Programs evaluated by the unit include levels of service such as early intervention, outpatient treatment, residential treatment, and opioid maintenance therapy (OMT).

Early intervention programs often work with the court system to provide education regarding driving under the influence and driving while intoxicated. Outpatient clinics provide community-based drug and alcohol education and counseling. Residential programs provide inpatient treatment for individuals requiring thorough evaluation, detoxification and counseling. OMT programs typically administer methadone to substance abusers in a community-based setting.

Table 47: Group Homes for Adults with Mental Illness

Units of Measurement	FY12	FY13	FY14	FY15
Licensed group homes for adults with mental illness	*	*	*	154
Initial Surveys	*	*	*	0
Renewal Surveys	*	*	*	10
Complaints Received	*	*	*	21
Complaints Investigated	*	*	*	9

* Prior to this annual report, OHCQ reported data in a summary fashion for this unit

Table 48: Mental Health Vocational Programs

Units of Measurement	FY12	FY13	FY14	FY15
Licensed mental health vocational programs	*	*	*	56
Initial Surveys	*	*	*	6
Renewal Surveys	*	*	*	2
Complaints Received	*	*	*	0
Complaints Investigated	*	*	*	0

* Prior to this annual report, OHCQ reported data in a summary fashion for this unit

Table 49: Mobile Treatment Services

Units of Measurement	FY12	FY13	FY14	FY15
Licensed mobile treatment services	*	*	*	25
Initial Surveys	*	*	*	1
Renewal Surveys	*	*	*	5
Complaints Received	*	*	*	5
Complaints Investigated	*	*	*	4

* Prior to this annual report, OHCQ reported data in a summary fashion for this unit

Table 50: Outpatient Mental Health Centers

Units of Measurement	FY12	FY13	FY14	FY15
Licensed outpatient mental health centers	*	*	*	210
Initial Surveys	*	*	*	12
Renewal Surveys	*	*	*	30
Complaints Received	*	*	*	2
Complaints Investigated	*	*	*	2

* Prior to this annual report, OHCQ reported data in a summary fashion for this unit

Table 51: Psychiatric Rehabilitation Programs for Adults

Units of Measurement	FY12	FY13	FY14	FY15
Licensed psychiatric rehabilitation programs for adults	*	*	*	186
Initial Surveys	*	*	*	20
Renewal Surveys	*	*	*	43
Complaints Received	*	*	*	0
Complaints Investigated	*	*	*	0

* Prior to this annual report, OHCQ reported data in a summary fashion for this unit

Table 52: Psychiatric Rehabilitation Programs for Minors

Units of Measurement	FY12	FY13	FY14	FY15
Licensed psychiatric rehabilitation programs for minors	*	*	*	139
Initial Surveys	*	*	*	20
Renewal Surveys	*	*	*	34
Complaints Received	*	*	*	1
Complaints Investigated	*	*	*	1

* Prior to this annual report, OHCQ reported data in a summary fashion for this unit

Table 53: Psychiatric Day Treatment Services, Partial Hospitalization Programs

Units of Measurement	FY12	FY13	FY14	FY15
Licensed psychiatric day treatment services, partial hospitalization programs	*	*	*	9
Initial Surveys	*	*	*	1
Renewal Surveys	*	*	*	2
Complaints Received	*	*	*	0
Complaints Investigated	*	*	*	0

* Prior to this annual report, OHCQ reported data in a summary fashion for this unit

Table 54: Residential Rehabilitation Programs

Units of Measurement	FY12	FY13	FY14	FY15
Licensed residential rehabilitation programs	*	*	*	737
Initial Surveys	*	*	*	1
Renewal Surveys	*	*	*	22
Complaints Received	*	*	*	2
Complaints Investigated	*	*	*	1

* Prior to this annual report, OHCQ reported data in a summary fashion for this unit

Table 55: Residential Crisis Services

Units of Measurement	FY12	FY13	FY14	FY15
Licensed residential crisis services	*	*	*	17
Initial Surveys	*	*	*	0
Renewal Surveys	*	*	*	1
Complaints Received	*	*	*	2
Complaints Investigated	*	*	*	1

* Prior to this annual report, OHCQ reported data in a summary fashion for this unit

Table 56: Respite Care Services

Units of Measurement	FY12	FY13	FY14	FY15
Licensed respite care services	*	*	*	17
Initial Surveys	*	*	*	0
Renewal Surveys	*	*	*	0
Complaints Received	*	*	*	1
Complaints Investigated	*	*	*	1

* Prior to this annual report, OHCQ reported data in a summary fashion for this unit

Table 57: Therapeutic Group Homes

Units of Measurement	FY12	FY13	FY14	FY15
Licensed therapeutic group homes	*	*	*	14
Initial Surveys	*	*	*	1
Renewal Surveys	*	*	*	7
Complaints Received	*	*	*	0
Complaints Investigated	*	*	*	0

* Prior to this annual report, OHCQ reported data in a summary fashion for this unit

Table 58: Therapeutic Nursery Programs

Units of Measurement	FY12	FY13	FY14	FY15
Licensed therapeutic nursery programs	*	*	*	1
Initial Surveys	*	*	*	0
Renewal Surveys	*	*	*	0
Complaints Received	*	*	*	0
Complaints Investigated	*	*	*	0

* Prior to this annual report, OHCQ reported data in a summary fashion for this unit

Table 59: Opioid Maintenance Therapy Programs

Units of Measurement	FY12	FY13	FY14	FY15
Licensed opioid maintenance therapy programs	*	*	*	74
Initial Surveys	*	*	*	23
Renewal Surveys	*	*	*	31
Complaints Received	*	*	*	0
Complaints Investigated	*	*	*	0

* Prior to this annual report, OHCQ reported data in a summary fashion for this unit

Table 60: Outpatient Treatment Programs

Units of Measurement	FY12	FY13	FY14	FY15
Licensed outpatient treatment programs	*	*	*	459
Initial Surveys	*	*	*	65
Renewal Surveys	*	*	*	165
Complaints Received	*	*	*	8
Complaints Investigated	*	*	*	6

* Prior to this annual report, OHCQ reported data in a summary fashion for this unit

Table 61: Residential Programs

Units of Measurement	FY12	FY13	FY14	FY15
Licensed residential programs	*	*	*	108
Initial Surveys	*	*	*	5
Renewal Surveys	*	*	*	48
Complaints Received	*	*	*	1
Complaints Investigated	*	*	*	1

* Prior to this annual report, OHCQ reported data in a summary fashion for this unit

Table 62: Education Programs

Units of Measurement	FY12	FY13	FY14	FY15
Licensed education programs	*	*	*	269
Initial Surveys	*	*	*	18
Renewal Surveys	*	*	*	36
Complaints Received	*	*	*	5
Complaints Investigated	*	*	*	2

* Prior to this annual report, OHCQ reported data in a summary fashion for this unit

Table 63: Residential Detoxification Treatment Programs

Units of Measurement	FY12	FY13	FY14	FY15
Licensed residential detoxification treatment programs	*	*	*	18
Initial Surveys	*	*	*	1
Renewal Surveys	*	*	*	12
Complaints Received	*	*	*	1
Complaints Investigated	*	*	*	1

* Prior to this annual report, OHCQ reported data in a summary fashion for this unit

Table 64: Correctional Substance Abuse Programs

Units of Measurement	FY12	FY13	FY14	FY15
Licensed correctional substance abuse programs	*	*	*	42
Initial Surveys	*	*	*	2
Renewal Surveys	*	*	*	10
Complaints Received	*	*	*	0
Complaints Investigated	*	*	*	0

* Prior to this annual report, OHCQ reported data in a summary fashion for this unit

Table 65: Ambulatory Detoxification Programs

Units of Measurement	FY12	FY13	FY14	FY15
Licensed ambulatory detoxification programs	*	*	*	65
Initial Surveys	*	*	*	2
Renewal Surveys	*	*	*	8
Complaints Received	*	*	*	0
Complaints Investigated	*	*	*	0

* Prior to this annual report, OHCQ reported data in a summary fashion for this unit

Table 66: Nurse Referral Service Agencies

Units of Measurement	FY12	FY13	FY14	FY15
Nurse referral service agencies	80	131	137	152
Initial license	17	15	7	8
Full surveys	0	0	0	0
Renewal license	25	21	5	36
Complaint investigations	0	2	1	2

Table 67: Health Care Staff Agencies

Units of Measurement	FY12	FY13	FY14	FY15
Health care staff agencies	545	581	545	577
Initial surveys of new providers	41	40	14	33
Full surveys	0	0	0	0
Renewal license	484	247	94	219
Complaint investigations	0	3	0	0

Table 68: Annual Change in Numbers of Positions, FY 2000 to FY 2016

Year	Total Positions
2000	175.8
2001	209.8
2002	228.8
2003	202.8
2004	184.4
2005	183.4
2006	187.4
2007	194.4
2008	194.4
2009	194.2
2010	186.2
2011	180.7
2012	180.7
2013	185.7
2014	187.7
2015	191.7
2016	196.7*

* This includes 4 contractual conversions to PINs and 1 new PIN in the administration unit

Table 69: Number of OHCQ PINs and Surveyor Positions from FY 2013 to FY 2016

State Fiscal Year	Number of PINs	Number of Surveyors
FY 2013	185.7	120.4
FY 2014	187.7	117.9
FY 2015	191.7	119.5
FY 2016	196.7*	125.0

* This includes 4 contractual conversions to PINs and 1 new PIN in the administration unit

Table 70: Distribution of Positions in FY 2016

Unit	Total Staff	PINs	Contractual Positions	Managers	Surveyors	Administrative	Technical	Professional
Administration	13	13	0	4	0	3	4	2
Executive	8	8	0	2	0	1	0	5
Long Term Care	50	49	1	8	36	4	0	2
Developmental Disabilities	42.9	42.4	0.5	5.4	33	4.5	0	0
Assisted Living	36.5	36.5	0	6	26	4.5	0	0
Ambulatory Care	21	20	1	4	13	4	0	0
Behavioral and Allied Health	8	8	0	1	6	1	0	0
Laboratories	10	9	1	1	5	4	0	0
Hospitals	8	7	1	2	5	1	0	0
Quality Initiatives	4.8	3.8	1	1	1	0	1	1.8
Totals	202.2	196.7	5.5	34.4	125	27	5	10.8

Table 71: Surveyor Staffing Deficits from FY 2006 through FY 2016

Year	Surveyor Staffing Deficit
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	95.63
Fiscal Year 2013	107.09
Fiscal Year 2014	67.90
Fiscal Year 2015	52.50
Fiscal Year 2016	52.15

Surveyor Staffing Analysis

While OHCQ has made significant progress in gaining regulatory efficiency, there remains insufficient staff to meet our mandates. Since 2011, OHCQ has had a 27 percent increase in the numbers of providers it oversees with only a 1 percent increase in the total number of OHCQ positions.

The appendix that follows details the surveyor staffing analysis by unit and provider type. The annual staffing analysis calculates the surveyor deficit and does not address the deficit of administrative staff. When there are insufficient administrative staff to process applications and to manage phone calls and emails, surveyors must be pulled out of the field to complete these tasks. The analysis also does not account for OHCQ's turnover rate, which is now at 7 percent. While further efficiencies may be found, more surveyors and administrative staff are necessary to complete the mandated licensure and certification activities as well as surveys.

Mandates	A. # of facilities or complaints	B. Survey requirements per year	C. Total number of surveys required	D. Hours required per survey	E. Total hours required for survey activity (C x D)	F. Number of surveyors required (E/1500)	G. Current number of surveyors	H. Additional surveyors needed
Long Term Care Unit								
Nursing homes								
Initial surveys	3	1	3	162	486	0.32		
Annual surveys	232	1	232	162	37584	25.06		
Complaints and self-reports	3200	1	3200	8	25600	17.07		
Follow-up surveys	45	1	45	16	720	0.48		
State resident funds surveys	232	1	232	8	1856	1.24		
State follow-up surveys	75	1	75	8	600	0.40		
Informal dispute resolutions	55	1	55	8	440	0.29		
Testifying in hearings	40	1	40	12	480	0.32		
Intermediate care facilities for individuals with intellectual disabilities								
Initial surveys	0	1	0	0	0	0.00		
Annual surveys	2	1	2	160	320	0.21		
Complaints and self-reports	78	1	78	6	468	0.31		
Follow-up surveys	2	1	2	16	32	0.02		
Informal dispute resolutions	1	1	1	8	8	0.01		
Forensic residential centers								
Initial surveys	0	1	0	0	0	0.00		
Annual surveys	2	1	2	160	320	0.21		
Complaints and self-reports	1	1	1	8	8	0.01		
Follow-up surveys	0	1	0	8	0	0.00		
Informal dispute resolutions	0	1	0	8	0	0.00		
Long Term Care Unit						45.95	36	9.95
Assisted Living Unit								
Assisted living programs								
Initial surveys	170	1	170	48	8160	5.44		
Annual surveys	1410	1	1410	16	22560	15.04		
Complaints and self-reports	1260	1	1260	12	15120	10.08		
Follow-up surveys	40	1	40	24	960	0.64		
Adult medical day care								
Initial surveys	16	1	16	24	384	0.26		
Renewal surveys	117	0.5	59	16	936	0.62		
Complaints and self-reports	60	1	60	8	480	0.32		
Follow-up surveys	5	1	5	16	80	0.05		
Informal dispute resolutions for unit	28	1	28	8	224	0.15		
Testifying in hearings	36	1	36	8	288	0.19		
Assisted Living Unit						32.79	26	6.79

Mandates	A. # of facilities or complaints	B. Survey requirements per year	C. Total number of surveys required	D. Hours required per survey	E. Total hours required for survey activity (C x D)	F. Number of surveyors required (E/1500)	G. Current number of surveyors	H. Additional surveyors needed
Developmental Disabilities Unit								
Initial site openings	92	1	92	8	736	0.49		
Residential, ALUs and group homes	3148	1	3148	16	50368	33.58		
Day hab., supportive employment	350	1	350	40	14000	9.33		
Individual family care	220	0.1	22	12	264	0.18		
Resource coordination	17	0.1	2	40	68	0.05		
CSLA and FISS	4200	0.1	420	8	3360	2.24		
Follow-up surveys	26	1	26	24	624	0.42		
Death investigations, on-site	45	1	45	40	1800	1.20		
Death investigations, administrative	180	1	180	8	1440	0.96		
Complaint and self-reports, on-site	360	1	360	16	5760	3.84		
Complaint and self-reports, admin.	1200	1	1200	4	4800	3.20		
New directions waiver	10	1	10	20	200	0.13		
Informal dispute resolutions	8	1	8	8	64	0.04		
Settlement conferences	6	1	6	40	240	0.16		
Children's providers, all activities						3.00		
Developmental Disabilities Unit						58.82	33	25.82
Hospital Unit								
Hospitals								
Initial surveys	1	1	1	210	210	0.14		
Validation surveys	5	1	5	210	1050	0.70		
Complaint investigations, on-site	120	1	120	24	2880	1.92		
Complaint investigations, admin.	300	1	300	8	2400	1.60		
Follow-up surveys	15	1	15	16	240	0.16		
Mortality review, psychiatric hosp.	20	1	20	16	320	0.21		
Patient Safety								
Review hospital root cause analysis	265	1	265	4	1060	0.71		
Patient safety program surveys	8	1	8	24	192	0.13		
Freestanding medical facilities								
Initial surveys	1	1	1	64	64	0.04		
Full surveys	3	1	3	24	72	0.05		
Complaints	10	1	10	10	100	0.07		
Health maintenance organizations								
Initial surveys	1	1	1	160	160	0.11		
Full survey of non-accredited HMOs	1	1	1	120	120	0.08		
Follow-up surveys	1	1	1	16	16	0.01		
Complaints	15	1	15	8	120	0.08		

Mandates	A. # of facilities or complaints	B. Survey requirements per year	C. Total number of surveys required	D. Hours required per survey	E. Total hours required for survey activity (C x D)	F. Number of surveyors required (E/1500)	G. Current number of surveyors	H. Additional surveyors needed
Correctional health care facilities								
Initial surveys	0	1	0	24	0	0.00		
Full surveys	10	1	10	24	240	0.16		
Complaint investigations	2	1	2	8	16	0.01		
Residential treatment centers								
Initial surveys	0	1	0	80	0	0.00		
Complaints	50	1	50	24	1200	0.80		
Validation surveys	2	1	2	16	32	0.02		
Follow-up surveys	6	1	6	16	96	0.06		
Federally quality health centers								
Complaints	4	1	4	24	96	0.06		
Community mental health programs								
Complaints	3	1	3	24	72	0.05		
Limited private inpatient facility								
Initial surveys	1	1	1	40	40	0.03		
Complaints	2	1	2	24	48	0.03		
Informal dispute resolution conferences, entire unit	10	1	10	8	80	0.05		
Hospital Unit						7.29	6	1.29
Clinical and Forensic Laboratories								
Physician offices and point of care								
CLIA	440	0.5	220	20	4400	2.93		
Federal waived labs project	67	1	67	10	670	0.45		
Complaint surveys	10	1	10	16	160	0.11		
Validation	5	1	5	20	100	0.07		
Independent reference labs								
Non-accredited	62	0.5	31	20	620	0.41		
Complaints	8	1	8	16	128	0.09		
Hospital laboratories	98	0.25	25	8	196	0.13		
Cholesterol testing	3	1	3	7	21	0.01		
Health awareness testing surveys	71	1	71	8	568	0.38		
Health awareness site approval	1685	1	1685	1	1685	1.12		
Tissue banks	325	0.5	163	8	1300	0.87		
State only surveys	210	0.5	105	6	630	0.42		
Public health testing	40	1	40	5	200	0.13		

Mandates	A. # of facilities or complaints	B. Survey requirements per year	C. Total number of surveys required	D. Hours required per survey	E. Total hours required for survey activity (C x D)	F. Number of surveyors required (E/1500)	G. Current number of surveyors	H. Additional surveyors needed
Forensic Laboratories								
Initial surveys	2	1	2	48	96	0.06		
Renewal surveys	4	1	4	48	192	0.13		
Surveillance surveys	12	1	12	24	288	0.19		
Complaints and self-reports	4	1	4	24	96	0.06		
Follow-up surveys	2	1	2	16	32	0.02		
Employer drug testing	157	0.5	79	6	471	0.31		
Clinical and Forensic Laboratories						7.90	5	2.90
Ambulatory Care Unit								
Birthing centers								
Initial surveys	0	1	0	40	0	0.00		
Renewal surveys	2	1	2	32	64	0.04		
Complaint investigations	1	1	1	8	8	0.01		
Informal dispute resolutions	0	1	0	8	0	0.00		
Comprehensive outpatient rehabilitation facilities								
Initial surveys	1	1	1	16	16	0.01		
Renewal surveys	1	0.05	0	16	0.8	0.00		
Complaint investigations	1	1	1	4	4	0.00		
Informal dispute resolutions	0	1	0	8	0	0.00		
Cosmetic surgical centers								
Initial surveys	25	1	25	48	1200	0.80		
Renewal surveys	0	1	0	0	0	0.00		
Complaint investigations	10	1	10	16	160	0.11		
Informal dispute resolutions	4	1	4	8	32	0.02		
Freestanding ambulatory surgical centers								
Initial surveys	30	1	30	60	1800	1.20		
Renewal surveys	335	0.25	84	40	3350	2.23		
Follow-up surveys	55	1	55	16	880	0.59		
Complaint investigations	55	1	55	16	880	0.59		
Informal dispute resolutions	5	1	5	8	40	0.03		
Freestanding dialysis centers								
Initial surveys	18	1	18	48	864	0.58		
Renewal surveys	142	0.33	47	32	1499.5	1.00		
Follow-up surveys	20	1	20	16	320	0.21		
Complaint investigations	52	1	52	16	832	0.55		
Informal dispute resolutions	4	1	4	8	32	0.02		

Mandates	A. # of facilities or complaints	B. Survey requirements per year	C. Total number of surveys required	D. Hours required per survey	E. Total hours required for survey activity (C x D)	F. Number of surveyors required (E/1500)	G. Current number of surveyors	H. Additional surveyors needed
Home health agencies								
Initial surveys	1	1	1	32	32	0.02		
Renewal surveys	56	0.33	18	40	739.2	0.49		
Complaint investigations	24	1	24	24	576	0.38		
Informal dispute resolutions	3	1	3	8	24	0.02		
Hospice care programs								
Hospice houses, complaints	4	1	4	16	64	0.04		
Initial surveys	3	1	3	40	120	0.08		
Renewal surveys	27	0.33	9	40	356.4	0.24		
Complaint investigations	24	1	24	16	384	0.26		
Informal dispute resolutions	2	1	2	8	16	0.01		
Major medical equipment								
Initial surveys	0	1	0	16	0	0.00		
Renewal surveys	5	1	5	16	80	0.05		
Complaint investigations	6	1	6	4	24	0.02		
Informal dispute resolutions	0	1	0	8	0	0.00		
Outpatient physical therapy								
Initial surveys	6	1	6	16	96	0.06		
Renewal surveys	62	0.05	3	16	49.6	0.03		
Follow-up surveys	5	1	5	16	80	0.05		
Complaint investigations	3	1	3	4	12	0.01		
Informal dispute resolutions	0	1	0	8	0	0.00		
Portable x-rays								
Initial surveys	1	1	1	16	16	0.01		
Renewal surveys	9	0.05	0	16	7.2	0.00		
Complaint investigations	2	1	2	4	8	0.01		
Informal dispute resolutions	0	1	0	8	0	0.00		
Residential service agencies								
Initial surveys	140	1	140	40	5600	3.73		
Full surveys	40	1	40	24	960	0.64		
Follow-up surveys	30	1	30	16	480	0.32		
Complaint investigations	90	1	90	16	1440	0.96		
Informal dispute resolutions	8	1	8	16	128	0.09		
Surgical abortion facilities								
Initial surveys	2	1	2	40	80	0.05		
Renewal surveys	4	1	4	40	160	0.11		
Complaint investigations	12	1	12	40	480	0.32		
Informal dispute resolutions	2	1	2	16	32	0.02		
Hearings, all provider types in unit	8	1	8	20	160	0.11		
Ambulatory Care Unit						16.12	13	3.12

Mandates	A. # of facilities or complaints	B. Survey requirements per year	C. Total number of surveys required	D. Hours required per survey	E. Total hours required for survey activity (C x D)	F. Number of surveyors required (E/1500)	G. Current number of surveyors	H. Additional surveyors needed
Behavioral and Allied Health Unit								
Mental Health Programs								
Group homes for adults with mental illness								
Initial surveys	0	1	0	20	0	0.00		
Renewal surveys	154	0.5	77	8	616	0.41		
Complaint investigations	10	1	10	8	80	0.05		
Mental health vocational programs								
Initial surveys	6	1	6	20	120	0.08		
Renewal surveys	56	0.33	18	8	147.84	0.10		
Complaint investigations	1	1	1	4	4	0.00		
Mobile treatment services								
Initial surveys	1	1	1	20	20	0.01		
Renewal surveys	25	0.33	8	8	66	0.04		
Complaint investigations	4	1	4	4	16	0.01		
Outpatient mental health centers								
Initial surveys	12	1	12	20	240	0.16		
Renewal surveys	210	0.33	69	8	554.4	0.37		
Complaint investigations	2	1	2	4	8	0.01		
Psychiatric rehabilitation programs for adults								
Initial surveys	20	1	20	20	400	0.27		
Renewal surveys	186	0.33	61	8	491.04	0.33		
Complaint investigations	1	1	1	8	8	0.01		
Psychiatric rehabilitation services for minors								
Initial surveys	20	1	20	20	400	0.27		
Renewal surveys	139	0.33	46	8	366.96	0.24		
Complaint investigations	2	1	2	8	16	0.01		
Psychiatric day treatment services, partial hospitalization								
Initial surveys	1	1	1	20	20	0.01		
Renewal surveys	9	0.33	3	8	23.76	0.02		
Complaint investigations	1	1	1	4	4	0.00		
Residential rehabilitation programs								
Initial surveys	1	1	1	20	20	0.01		
Renewal surveys	737	0.33	243	8	1945.7	1.30		
Complaint investigations	1	1	1	8	8	0.01		
Residential crisis services								
Initial surveys	0	1	0	20	0	0.00		
Renewal surveys	17	0.5	9	8	68	0.05		
Complaint investigations	2	1	2	8	16	0.01		

Mandates	A. # of facilities or complaints	B. Survey requirements per year	C. Total number of surveys required	D. Hours required per survey	E. Total hours required for survey activity (C x D)	F. Number of surveyors required (E/1500)	G. Current number of surveyors	H. Additional surveyors needed
Respite care services								
Initial surveys	0	1	0	20	0	0.00		
Renewal surveys	17	0.33	6	6	33.66	0.02		
Complaint investigations	1	1	1	4	4	0.00		
Therapeutic group homes								
Initial surveys	1	1	1	20	20	0.01		
Renewal surveys	14	0.33	5	8	36.96	0.02		
Complaint investigations	1	1	1	4	4	0.00		
Therapeutic nursery programs								
Initial surveys	0	1	0	20	0	0.00		
Renewal surveys	1	0.33	0	8	2.64	0.00		
Complaint investigations	0	1	0	4	0	0.00		
Substance Use Disorder Programs								
Opioid maintenance therapy programs								
Initial surveys	23	1	23	20	460	0.31		
Renewal surveys	74	0.5	37	8	296	0.20		
Complaint investigations	0	1	0	8	0	0.00		
Substance Use Disorder Programs								
Outpatient treatment programs								
Initial surveys	65	1	65	20	1300	0.87		
Renewal surveys	459	0.5	230	8	1836	1.22		
Complaint investigations	6	1	6	8	48	0.03		
Residential programs								
Initial surveys	5	1	5	20	100	0.07		
Renewal surveys	108	0.5	54	8	432	0.29		
Complaint investigations	1	1	1	8	8	0.01		
Education programs								
Initial surveys	18	1	18	12	216	0.14		
Renewal surveys	269	0.5	135	4	538	0.36		
Complaint investigations	2	1	2	4	8	0.01		
Residential detoxification treatment programs								
Initial surveys	1	1	1	20	20	0.01		
Renewal surveys	18	0.5	9	8	72	0.05		
Complaint investigations	1	1	1	8	8	0.01		
Correctional substance abuse programs								
Initial surveys	1	1	1	20	20	0.01		
Renewal surveys	42	0.5	21	6	126	0.08		
Complaint investigations	0	1	0	4	0	0.00		

Mandates	A. # of facilities or complaints	B. Survey requirements per year	C. Total number of surveys required	D. Hours required per survey	E. Total hours required for survey activity (C x D)	F. Number of surveyors required (E/1500)	G. Current number of surveyors	H. Additional surveyors needed
Ambulatory detoxification programs								
Initial surveys	2	1	2	16	32	0.02		
Renewal surveys	65	0.5	33	6	195	0.13		
Complaint investigations	0	1	0	4	0	0.00		
Informal dispute resolutions	1	1	1	4	4	0.00		
Allied Health Programs								
Nurse referral service agencies								
Initial surveys	8	1	8	32	256	0.17		
Complaint investigations	2	1	2	8	16	0.01		
Health care staff agencies								
Initial surveys	20	1	20	32	640	0.43		
Complaint investigations	1	1	1	8	8	0.01		
Informal dispute resolutions for unit	8	1	8	8	64	0.04		
Behavioral and Allied Health Unit						8.31	6	2.31
Total							125	52.15