Maryland Department of Health
Office of Health Care Quality

Annual Report and Staffing Analysis
Fiscal Year 2018

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

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Executive Summary

On behalf of the Office of Health Care Quality (OHCQ), it is my privilege to submit the FY 18 Annual Report and Staffing Analysis. This document is submitted pursuant to Health-General Article §19-308(b)(4), Health-General Article § 19-1409(e), and the 2017 Joint Chairmen's Report (p. 72).

OHCQ is the agency within the Maryland Department of Health (Department) charged with monitoring the quality of care in 42 types of health care facilities and community-based programs. As of July 1, 2018, OHCQ oversees 16,678 providers, an 8.6 percent increase in the number of providers on July 1, 2017. The increases were primarily in various types of clinical laboratories.

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

In FY 18, the Department developed and implemented a seven-year plan to increase staffing at OHCQ. The plan considered historical data as well as anticipated changes in oversight and industry trends. The FY 18 and 19 plans were implemented, and the Department is on target for FY 20. This controlled growth in workforce is progressively improving compliance with mandates.

In the 2018 Session, Senate Bill 108 passed permitting the Department to issue non-expiring licenses to all provider types. This eliminated the unnecessary administrative and fiscal burdens of the license renewal process while enhancing the oversight of services provided in health care facilities and community-based programs. This law benefits OHCQ, providers, small businesses, and consumers.

In FY 18, OHCQ utilized affordable technological solutions to gain efficiencies while enhancing customer service, employee satisfaction, communication, and processes. These initiatives include better access to software and processes in the field as well as new software platforms. In conjunction with increased staffing, these initiatives have resulted in the completion of more mandated activities.

In 2018, OHCQ purchased Smart phones for field-based employees, thereby eliminating the need for landlines for these employees. Smart phones provide Internet access, facilitate communication, provide driving directions, improve the efficiency of the survey process, facilitate getting photographic evidence for surveys, and improve staff morale.

This year also saw the agency transition from primarily paper-based policies, procedures, and resources to a cloud-based system, Acadia, that is accessible from any device connected to the Internet. In January 2018, OHCQ implemented Smartsheet, an intuitive on-line application that allows an organization to improve processes and speed the execution of a variety of tasks. It improves communication among collaborators and allows for accountability at every level. Microsoft Power BI, a suite of business analytic tools that provide interactive visualizations of data and processes, was also implemented. It combines, analyzes, and displays data from multiple sources through reports and dashboards that can be published on the web and on mobile devices. With the assistance of the Governor's Office of Performance Improvement, OHCQ has implemented interactive dashboards to manage complex data. These technological solutions have resulted in better work products faster and with less resources.

It is an honor and a privilege to lead a group of dedicated staff who work tirelessly to ensure the health and safety of Marylanders across the health care continuum. OHCQ appreciates the ongoing support of the Secretary, the Deputy Secretary, the Administration, members of the General Assembly, the Governor's Office of Performance Improvement, and all of our stakeholders.

Patricia Tomsko Nay, MD

Patricia Tomsko Nay, MD, CMD, CHCQM, FAAFP, FABQAURP, FAAHPM
Executive Director
Office of Health Care Quality

Mission and Vision

The Office of Health Care Quality (OHCQ) is the agency within the Maryland Department of Health charged with monitoring the quality of care in 42 types of health care facilities and community-based programs. OHCQ issues licenses, authorizing a facility to do business in the State, and recommends certifications to the Centers for Medicare and Medicaid Services (CMS), which allow a facility to participate in the Medicare and Medicaid programs. OHCQ surveys these facilities and programs to determine compliance with State and federal regulations, which set forth minimum standards for the delivery of care. Additionally, OHCQ educates providers, consumers, and other stakeholders through written materials, presentations, and web sites. It is through these activities that OHCQ fulfills our mission to protect the health and safety of Marylanders and to ensure there is public confidence in the health care and community delivery systems. OHCQ's vision is that all those receiving care in Maryland can trust that their health care facility or program is licensed and has met the regulatory standards for the services that they offer.

Strategic Planning Process

OHCQ's strategic planning process allows us to best use our resources to fulfill our mission. Efforts to gain efficiency are always balanced with the need to remain effective in protecting the health and safety of Marylanders. The four strategic goals of the strategic planning process are:

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

Several FY 18 regulatory efficiency and effectiveness initiatives are detailed below.

Non-Expiring Licenses

In the 2018 Session, Senate Bill 108 passed permitting the Department to issue non-expiring licenses to all provider types. This eliminated the unnecessary administrative and fiscal burdens of the license renewal process while enhancing the oversight of services provided in health care facilities and community-based programs. This law benefits the Department, providers, small businesses, and consumers.

Without the administrative burdens of processing relicensure applications and collecting fees, OHCQ staff can focus on licensure, certification, and survey activities. This strengthens oversight of all provider types. Initial licensure applications will be processed faster, thereby providing greater access and choice for consumers. With the elimination of fees and the administrative relicensure requirements, providers can reinvest into their facility or program and enhance the quality of their services. This law particularly benefits the 2,400 – 2,800 small businesses that

OHCQ oversees by decreasing start-up costs, speeding initial licensure, issuing a non-expiring license, and eliminating licensure and relicensure fees.

Improving the Customer Experience

In September 2018, OHCQ began rolling out dashboards for providers. These dashboards organize important information, such as licensee directories, industry statistics, frequently asked questions, transmittals, instructions for filing a complaint, information about licensure and the survey process, links to regulations, links to websites, and additional resources. By clicking on the link at the bottom of the screen, your question or comment is sent directly to the appropriate OHCQ employee. Figure 1 is the dashboard for residential service agencies.

Figure 1: OHCQ Residential Service Agencies Dashboard

Enhanced Communication with Field-based Employees

OHCQ's 140 field-based employees who travel throughout Maryland performing surveys spend about 920 nights in hotels each year. Prior to 2018, none of our field-based employees were issued smartphones and only 50 had a State-issued cell phone. There were 9 cameras and 29 air cards that were shared between the field staff. All field staff had landlines, although they are rarely in the office. Field-based employees had difficulty checking their emails and sharing electronic data.

In the summer of 2018, OHCQ purchased smartphones for field-based employees. This eliminated the need for over 130 existing landlines and new landline installations for field-based employees.

Most of the existing air card contracts were cancelled. As the smartphones are used to take photographs, no replacement or additional cameras are required.

Smartphones provide Internet access to field-based employees who have tablet laptops but did not always have Internet access. They facilitate communication, provide driving directions, improve the efficiency of the survey process, facilitate getting photographic evidence for surveys, and improve morale.

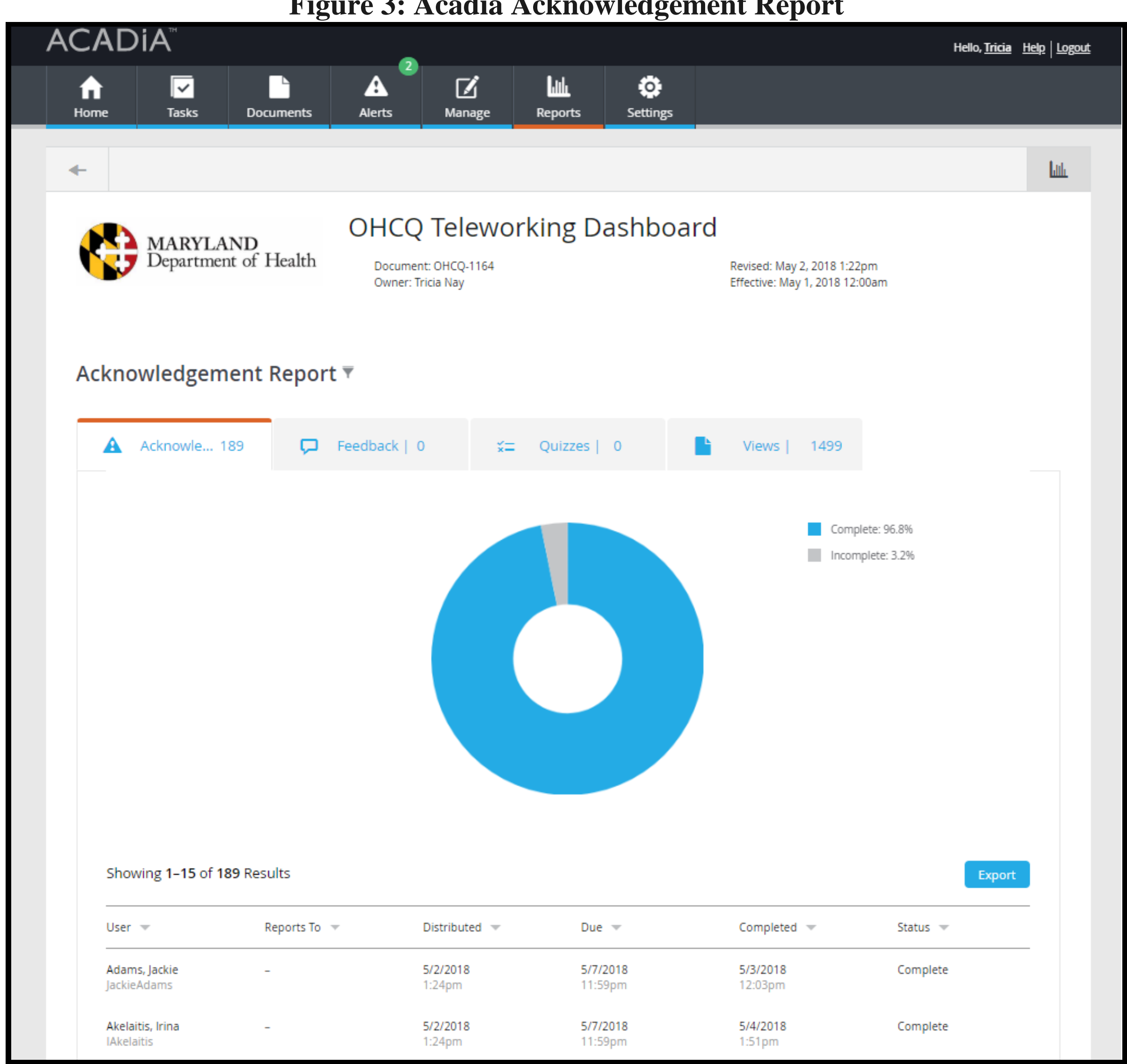
Agile Technology Modernization

In FY 18, OHCQ transitioned from primarily paper-based policies and procedures to a cloud-based system, Acadia, that is accessible from any device connected to the Internet. Our field staff can reference these documents from their smart phones. Minimal training was needed to roll out this intuitive system to all staff. Figure 2 shows the OHCQ's home page in Acadia.

Figure 2: Acadia Home Page

Acadia drives process improvement throughout the agency with a real-time feedback system, keeping the documents current and relevant. Through the use of acknowledgements, a manager can assign a document to all or a subset of staff, then easily track which employees have or have not acknowledged it. A manager can assign quizzes for all or a subset of staff for one-time completion or to repeat at a set interval, such as annually. Data is easily exported into Microsoft Excel and Power BI, allowing its inclusion in dashboards. Through the reports, a manager can easily visualize the status of an item and drill down to details with a single click, such as the date and time a particular employee viewed a document. Figure 3 shows an acknowledgement report for a particular policy.

Figure 3: Acadia Acknowledgement Report



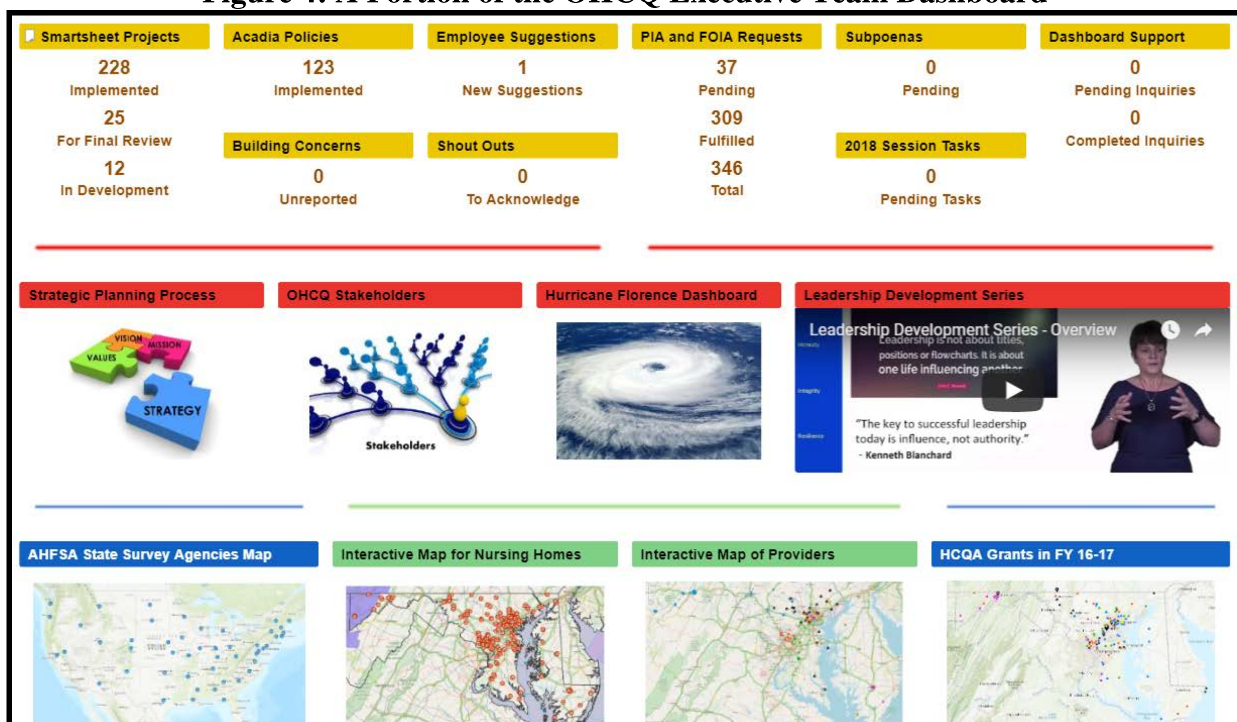
Strategic Management of Human Capital

Smartsheet is an intuitive on-line application that allows an organization to improve processes and speed the execution of a variety of tasks. It improves communication among collaborators and allows for accountability at every level. Smartsheet's spreadsheet interface allows for quick initial configuration and rapid adaptation, as needed, for evolving processes. These sheets are used to collect, plan, manage, and report on large amounts of data while automating tasks. Smartsheet dashboards and portals organize data from a variety of sources in an intuitive visual display, requiring little to no training for implementation.

OHCQ has integrated Smartsheet with existing systems, including Gmail, Google calendar, Microsoft Office 365, Microsoft Power BI, Acadia, Workday, and The Hub, resulting in better work products faster and with less resources.

Smartsheet dashboards create an intuitive interface for various systems and real-time metrics that gather important information in one place. The executive team's dashboard provides access to websites, dashboards, other applications, and the strategic planning process. At a glance, upcoming presentations and outstanding tasks can be reviewed. It contains real-time metrics, allowing the team to easily identify where additional resources are needed. It also provides a link to emergency preparedness dashboards, such as Hurricane Florence. Additional information can be retrieved by clicking on the icons. Figure 4 shows a portion of the executive team dashboard.

Figure 4: A Portion of the OHCQ Executive Team Dashboard



OHCQ's dashboard for all employees contains links to commonly used websites, weather reports, employee suggestion box, and links to other applications. Employees usually open the dashboard in the morning and leave it open all day to facilitate various tasks. This dashboard eliminates the need to search for links to important websites, standardizes processes, decreases onboarding and training time, and provides access from any device connected to the Internet. In the first three months of use, the dashboard was accessed over 5,000 times.

Figure 5: OHCQ Dashboard for Employees

Some dashboards were developed by and for both internal and external stakeholders, such as the Protecting Older and Vulnerable Adults dashboard. Every day throughout the state, ombudsman, Adult Protective Service workers, OHCQ surveyors, law enforcement officers, attorneys, advocates, providers, and many others work to promote the safety, independence, and quality of life for older and vulnerable adults. Consumers may not know where to turn to get information related to this topic. OHCQ worked with a number of stakeholders to develop a dashboard to share contact information, website links, agencies' roles, and other resources.

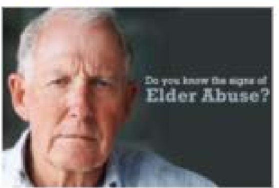
The Protecting Older and Vulnerable Adults dashboard is an excellent example of consumers joining with private and public stakeholders to develop a resource on an important issue. This easily maintained dashboard enhances communication and shares important resources. In the first three months of operation, the dashboard had over 500 views.

Figure 6: OHCQ Dashboard for Protecting Older and Vulnerable Adults

Office of Health Care Quality Protecting Older and Vulnerable Adults

Protecting the health and safety of Marylanders across the health care continuum

Know the signs of abuse



Fraud and Abuse

Maryland Office of the Attorney General

Protecting Seniors

The Office of the Attorney General provides information about reporting fraud and abuse, including avoiding scams and fraud: financial exploitation, telemarketing fraud, and sweepstakes.

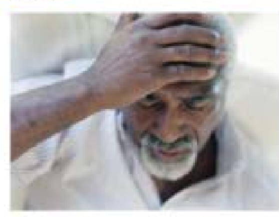
Medicaid Fraud Control Unit

Maryland's Medicaid Fraud Control Unit (MFCU) is part of the Office of the Attorney General. It prosecutes both Medicaid fraud and the abuse and neglect of vulnerable adults. Their jurisdiction includes all facilities that receive any Medicaid funds, even if the victim is not a Medicaid recipient, as well as all assisted living facilities regardless of whether they receive Medicaid funds. The unit provides education regarding the prevention of abuse and neglect as well as training on how to detect, report and investigate such offenses.

Senior Medicare Patrol

Assistance with false or misleading information that benefits the health provider; billing for Medicare or Medicaid services that were not provided or not needed; offering cash, free services, or gifts to influence the use of a doctor or facility; providing substandard care; and stopping insurance coverage without prior notice.

It is your right to be free from abuse and neglect



Protecting Older and Vulnerable Adults in Maryland

The Office of Health Care Quality is the agency within the Maryland Department of Health that oversees the quality of care in 42 types of health care facilities and community-based programs. To achieve our mission of protecting the health and safety of Marylanders across the health care continuum, OHCQ raises awareness of elder abuse and neglect and investigates allegations in these licensed settings. This web page contains many resources ranging from helping to report abuse to supporting abuse victims and their families.

What is elder abuse and neglect?

Physical Abuse: The use of force causing harm or pain to an individual, which includes, but is not limited to, hitting, kicking, pinching, slapping, shoving, shaking, and burning. It may involve the inappropriate use of medication or physical restraints.

Financial Abuse or Exploitation: Wrongfully taking or using an older adult's funds or property through theft, scams, fraud, or predatory lending.

Psychological Abuse: Causing emotional pain through verbal assaults, threats, or harassment. Perpetrators intimidate, humiliate, or attempt to isolate their victims.

Sexual Abuse: Non-consensual sexual contact of any kind, including contact with an individual unable to consent to such contact. For instance, if they suffer from dementia and are unable to understand.

Neglect: An individual failing to meet the needs of an older adult who is under their care. This includes not providing essential things a person needs, such as food, water, shelter, clothing, or personal hygiene.

Self-Neglect: Failure of a person to meet vital self-care needs, putting them at risk of harm for their safety and/or health.

Reporting Abuse and Neglect

In the Community

If you suspect an elderly or vulnerable person in your family or in your community is being abused, neglected, or exploited, call 1-800-91-PREVENT (1-800-917-7383) immediately to report it to **Adult Protective Services**.

Under the law, any banking institution in cases of financial exploitation, health practitioner, police officer, or human service worker who has reason to believe that a vulnerable adult is in danger is required to report the fact to the local department of social services.

In Nursing Homes and Assisted Living

Report suspected abuse or neglect in nursing homes or assisted living programs to the **Office of Health Care Quality**.

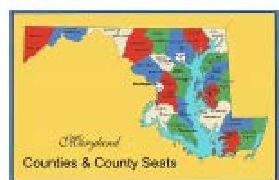
Also report it to the **Maryland Long-Term Care Ombudsman Program**. Ombudsman are advocates that work to resolve problems of individual residents and to improve residents' care and quality of life.

Under the law, nursing homes are required to report suspected abuse, neglect, exploitation, and misappropriation to the Office of Health Care Quality. For more details about this mandate, **click here**.

In Other Health Care Facilities and Community-Based Providers

Report suspected abuse or neglect in other health care facilities and community-based providers to the **Office of Health Care Quality**.

Maryland Resources for Elder Abuse and Neglect



Department of Justice's Elder Justice Initiative

Maryland Boards

To report a concern related to an individual who is licensed or certified by a health occupation board, contact the appropriate board below.

- Acupuncture
- Audiology and Speech-Language Pathology
- Residential Child Care Program Professionals
- Chiropractic
- Dental
- Dietetic Practice
- Environmental Health Specialists
- Massage Therapy
- Morticians and Funeral Directors
- Nursing
- Nursing Home Administrators
- Occupational Therapy
- Optometry
- Pharmacy
- Physical Therapy
- Physicians
- Psychologists
- Podiatry
- Professional Counselors and Therapists
- Social Work

Centers for Medicare and Medicaid Services (CMS)

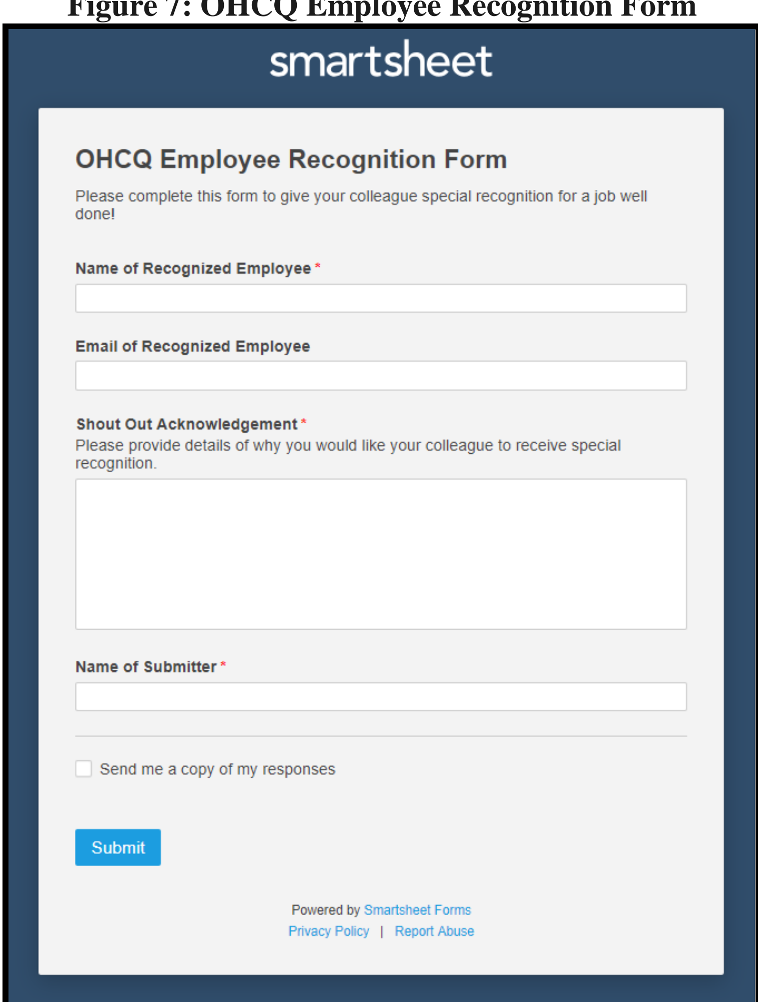
- How to Report Fraud or Suspected Fraud
- Fraud and Abuse Products
- Medicare Fraud and Abuse

Resources on Elder Abuse and Neglect

- Maryland Long-Term Care Ombudsman
- Maryland Office of Health Care Quality
- National Center on Elder Abuse
- Center of Excellence on Abuse and Neglect
- American Psychological Association
- National Council on Aging
- National Consumer Voice

Behind the dashboards are many Smartsheet spreadsheets that are used to collect and manage data. Data can be entered directly on the spreadsheet or through a user-friendly form. As an example, Figure 7 is the form that employees use to give special recognition to coworkers. The data is collected on a spreadsheet and the Director of Administration automatically receives an email alert for a new submission.

Figure 7: OHCQ Employee Recognition Form



smartsheet

OHCQ Employee Recognition Form

Please complete this form to give your colleague special recognition for a job well done!

Name of Recognized Employee *

Email of Recognized Employee

Shout Out Acknowledgement *
Please provide details of why you would like your colleague to receive special recognition.

Name of Submitter *

Send me a copy of my responses

Submit

Powered by Smartsheet Forms
Privacy Policy | Report Abuse

Employee Onboarding

While the Department has a well-established onboarding process for new employees, OHCQ needed a better process to consistently, efficiently, and effectively onboard new staff. Utilizing both Acadia and Smartsheet, OHCQ developed and implemented an efficient and effective onboarding process. Each new employee receives a customized list of onboarding tasks with instructions and due dates. Figure 8 shows some of the tasks that are assigned on day 1 of 5. Figure 9 shows details of the first task. The manager can easily track the new employee's progress and there is a permanent record of the date and time that each task is assigned and completed. During this process, the new employee can add feedback about a task or a broken hyperlink. This allows the manager to clarify the task and to maintain current onboarding information.

Figure 8: Overview of Acadia Onboarding for Day 1

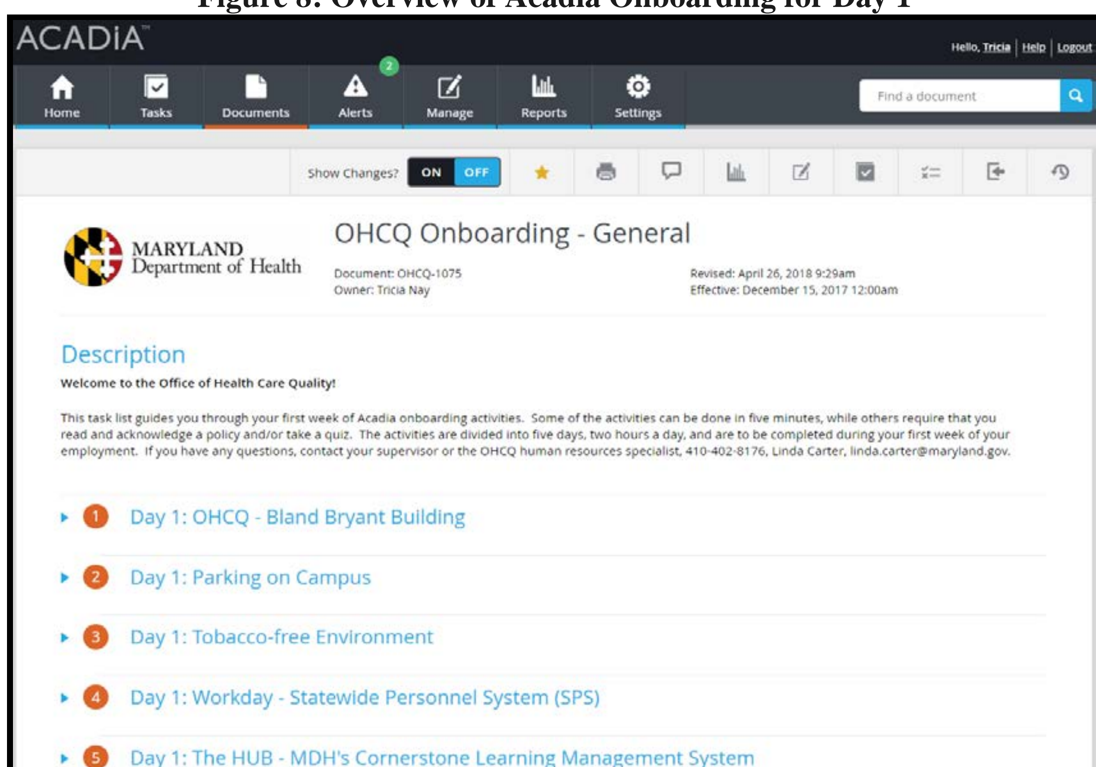
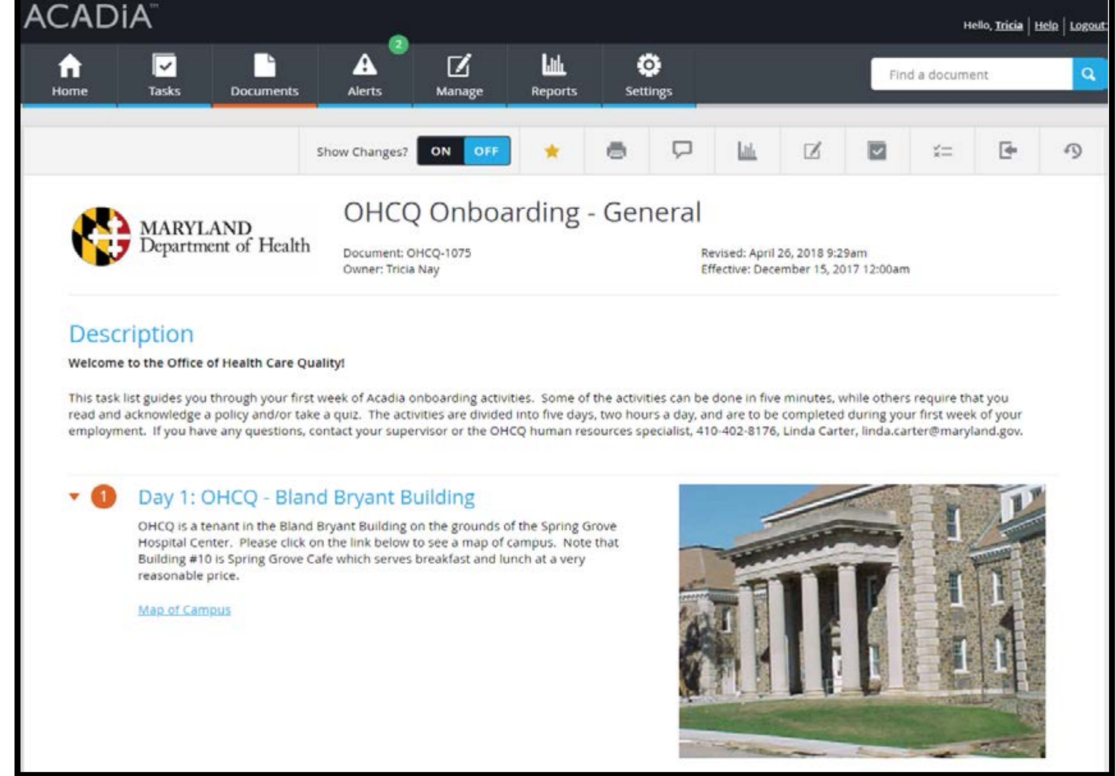
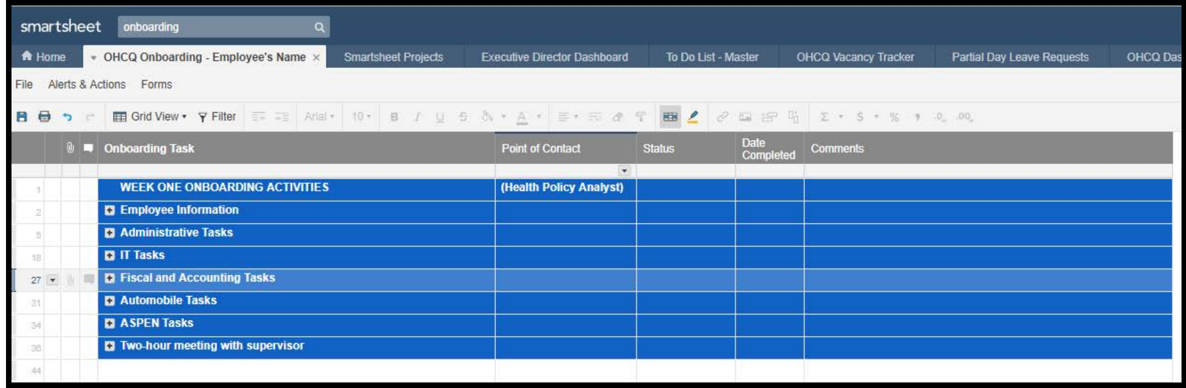


Figure 9: Acadia Onboarding for a Single Task



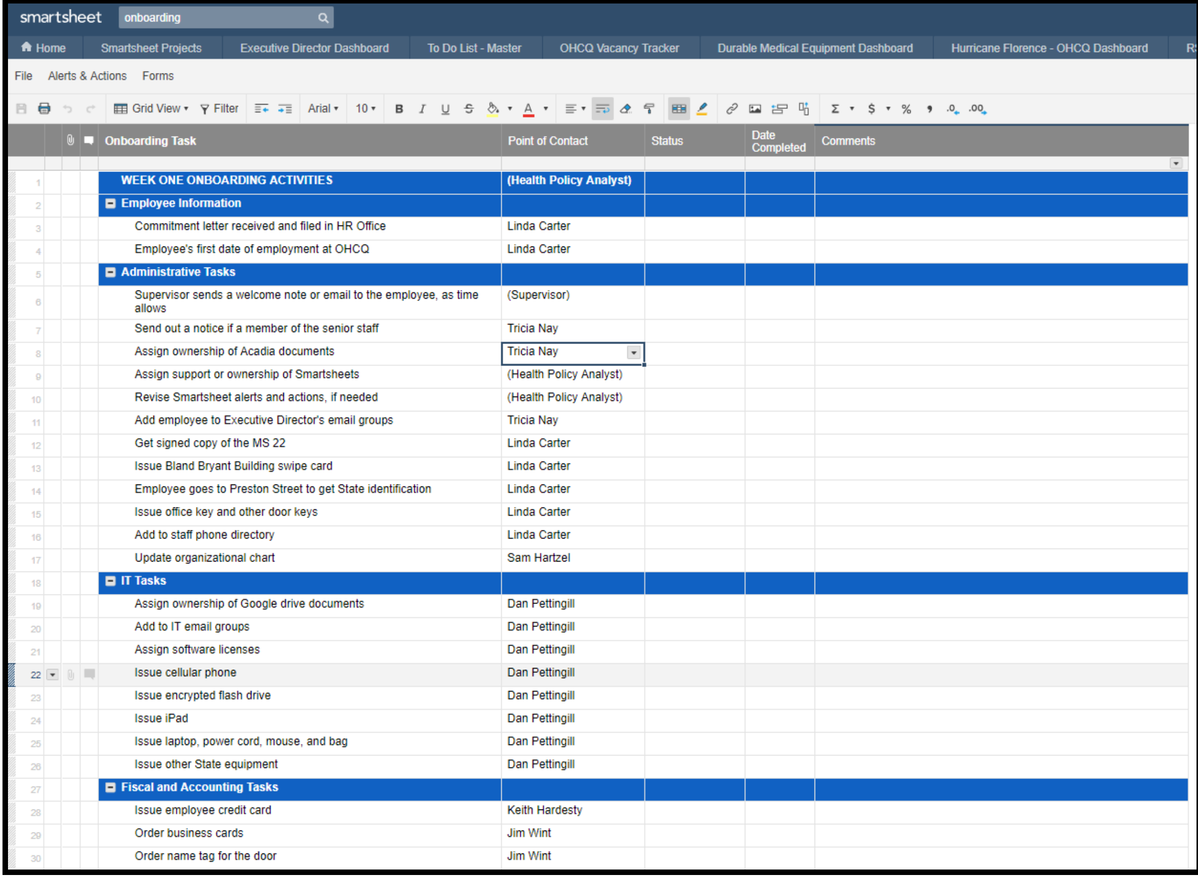
When an employee joins OHCQ, several units have tasks associated with onboarding the new employee. The staff involved in onboarding receive a Smartsheet customized for the new employee that describes the required tasks, point of contact, comments, and the status of each task. The system automatically reminds the point of contact about outstanding tasks. The Director of Administration then audits the activities to ensure 100% completion for each employee. Figure 10 shows the week one onboarding tasks that OHCQ staff must complete for a new employee. Figure 11 shows the details of some of the tasks.

Figure 10: Overview of OHCQ's Onboarding Tasks for a New Employee



Onboarding Task	Point of Contact	Status	Date Completed	Comments
WEEK ONE ONBOARDING ACTIVITIES	(Health Policy Analyst)			
Employee Information				
Administrative Tasks				
IT Tasks				
Fiscal and Accounting Tasks				
Automobile Tasks				
ASPEN Tasks				
Two-hour meeting with supervisor				

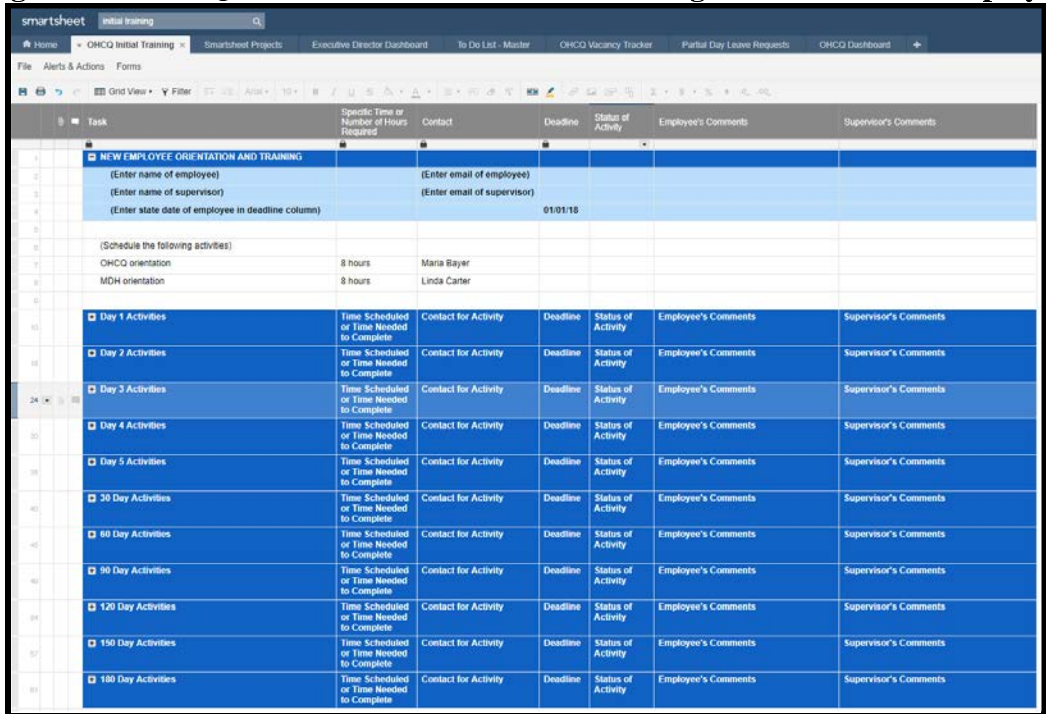
Figure 11: Details of OHCQ's Onboarding Tasks for a New Employee



Onboarding Task	Point of Contact	Status	Date Completed	Comments
WEEK ONE ONBOARDING ACTIVITIES	(Health Policy Analyst)			
Employee Information				
Commitment letter received and filed in HR Office	Linda Carter			
Employee's first date of employment at OHCQ	Linda Carter			
Administrative Tasks				
Supervisor sends a welcome note or email to the employee, as time allows	(Supervisor)			
Send out a notice if a member of the senior staff	Tricia Nay			
Assign ownership of Acadia documents	Tricia Nay			
Assign support or ownership of Smartsheets	(Health Policy Analyst)			
Revise Smartsheet alerts and actions, if needed	(Health Policy Analyst)			
Add employee to Executive Director's email groups	Tricia Nay			
Get signed copy of the MS 22	Linda Carter			
Issue Bland Bryant Building swipe card	Linda Carter			
Employee goes to Preston Street to get State identification	Linda Carter			
Issue office key and other door keys	Linda Carter			
Add to staff phone directory	Linda Carter			
Update organizational chart	Sam Hartzel			
IT Tasks				
Assign ownership of Google drive documents	Dan Pettingill			
Add to IT email groups	Dan Pettingill			
Assign software licenses	Dan Pettingill			
Issue cellular phone	Dan Pettingill			
Issue encrypted flash drive	Dan Pettingill			
Issue iPad	Dan Pettingill			
Issue laptop, power cord, mouse, and bag	Dan Pettingill			
Issue other State equipment	Dan Pettingill			
Fiscal and Accounting Tasks				
Issue employee credit card	Keith Hardesty			
Order business cards	Jim Wint			
Order name tag for the door	Jim Wint			

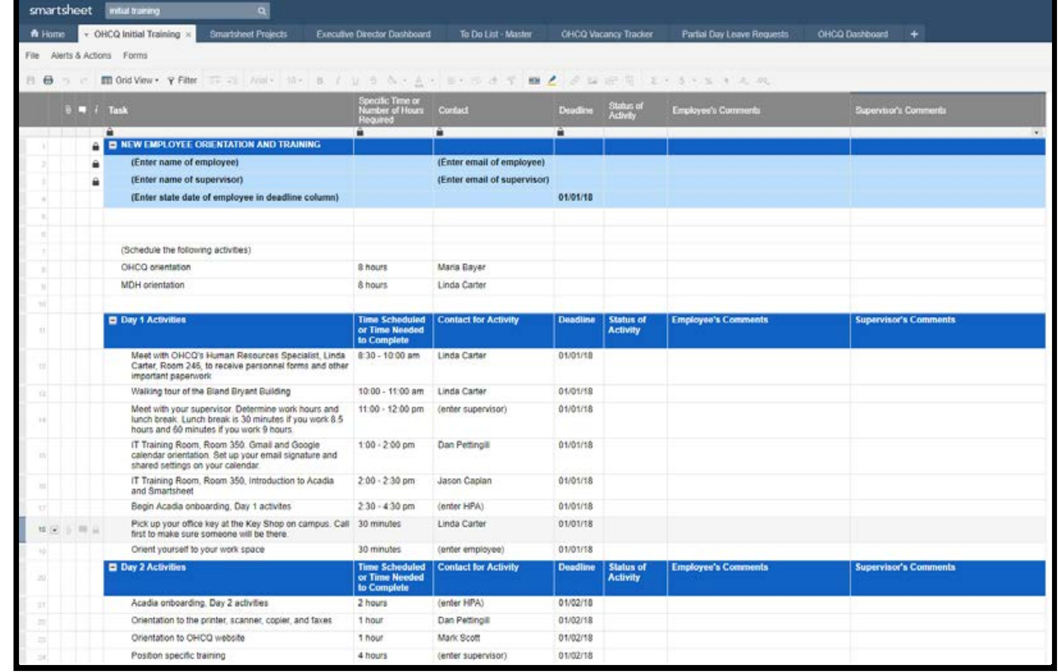
In addition to onboarding tasks, each new employee is given a customized six-month training schedule in Smartsheet. It outlines the mandatory tasks, time needed for completion, contact, and deadline. Also, it tracks the status of each task and allows both the employee and supervisor to enter comments.

Figure 12: OHCQ's Customized Six-Month Training Schedule for an Employee



Task	Specific Time or Number of Hours Required	Contact	Deadline	Status of Activity	Employee's Comments	Supervisor's Comments
NEW EMPLOYEE ORIENTATION AND TRAINING						
(Enter name of employee)		(Enter email of employee)				
(Enter name of supervisor)		(Enter email of supervisor)				
(Enter state date of employee in deadline column)			01/01/18			
(Schedule the following activities)						
OHCQ orientation	8 hours	Maria Bayer				
MDH orientation	8 hours	Linda Carter				
Day 1 Activities	Time Scheduled or Time Needed to Complete	Contact for Activity	Deadline	Status of Activity	Employee's Comments	Supervisor's Comments
Day 2 Activities	Time Scheduled or Time Needed to Complete	Contact for Activity	Deadline	Status of Activity	Employee's Comments	Supervisor's Comments
Day 3 Activities	Time Scheduled or Time Needed to Complete	Contact for Activity	Deadline	Status of Activity	Employee's Comments	Supervisor's Comments
Day 4 Activities	Time Scheduled or Time Needed to Complete	Contact for Activity	Deadline	Status of Activity	Employee's Comments	Supervisor's Comments
Day 5 Activities	Time Scheduled or Time Needed to Complete	Contact for Activity	Deadline	Status of Activity	Employee's Comments	Supervisor's Comments
30 Day Activities	Time Scheduled or Time Needed to Complete	Contact for Activity	Deadline	Status of Activity	Employee's Comments	Supervisor's Comments
60 Day Activities	Time Scheduled or Time Needed to Complete	Contact for Activity	Deadline	Status of Activity	Employee's Comments	Supervisor's Comments
90 Day Activities	Time Scheduled or Time Needed to Complete	Contact for Activity	Deadline	Status of Activity	Employee's Comments	Supervisor's Comments
120 Day Activities	Time Scheduled or Time Needed to Complete	Contact for Activity	Deadline	Status of Activity	Employee's Comments	Supervisor's Comments
150 Day Activities	Time Scheduled or Time Needed to Complete	Contact for Activity	Deadline	Status of Activity	Employee's Comments	Supervisor's Comments
180 Day Activities	Time Scheduled or Time Needed to Complete	Contact for Activity	Deadline	Status of Activity	Employee's Comments	Supervisor's Comments

Figure 13: Details of Day 1 Activities for a New OHCQ Employee



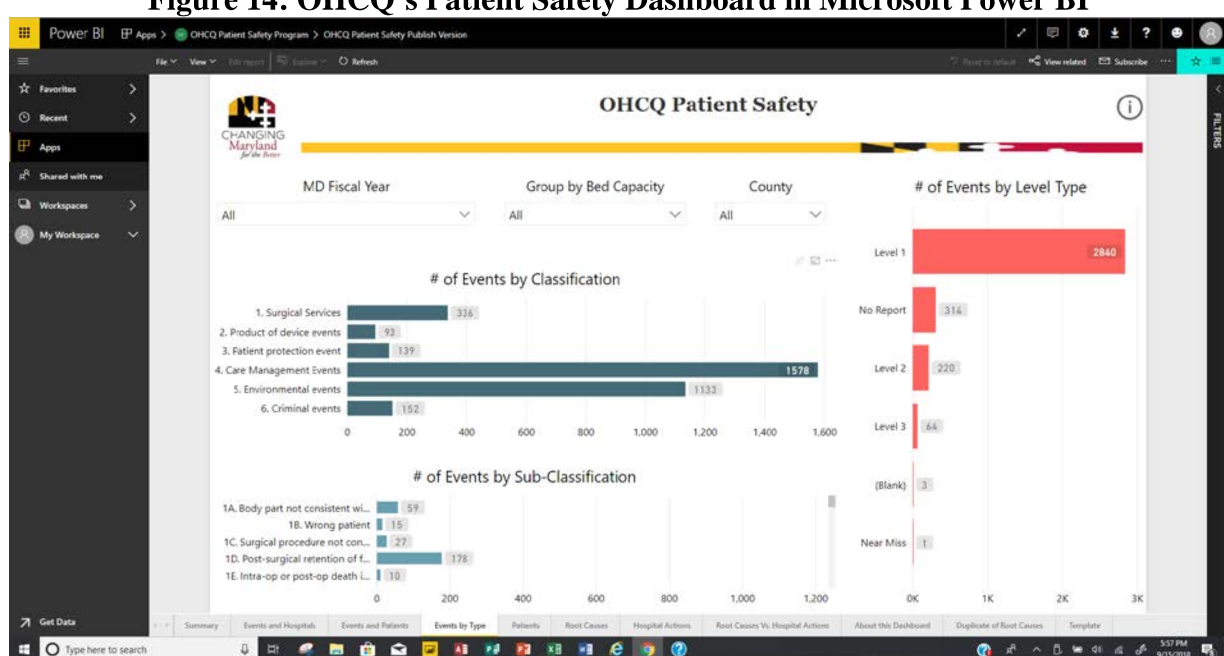
Task	Specific Time or Number of Hours Required	Contact	Deadline	Status of Activity	Employee's Comments	Supervisor's Comments
NEW EMPLOYEE ORIENTATION AND TRAINING						
(Enter name of employee)		(Enter email of employee)				
(Enter name of supervisor)		(Enter email of supervisor)				
(Enter state date of employee in deadline column)			01/01/18			
(Schedule the following activities)						
OHCQ orientation	8 hours	Maria Bayer				
MDH orientation	8 hours	Linda Carter				
Day 1 Activities	Time Scheduled or Time Needed to Complete	Contact for Activity	Deadline	Status of Activity	Employee's Comments	Supervisor's Comments
Meet with OHCQ's Human Resources Specialist, Linda Carter, Room 246, to receive personnel forms and other important paperwork	8:30 - 10:00 am	Linda Carter	01/01/18			
Walking tour of the Bland Bryant Building	10:00 - 11:00 am	Linda Carter	01/01/18			
Meet with your supervisor. Determine work hours and lunch break. Lunch break is 30 minutes if you work 8.5 hours and 60 minutes if you work 9 hours.	11:00 - 12:00 pm	(enter supervisor)	01/01/18			
IT Training Room, Room 350. Gmail and Google calendar orientation. Set up your email signature and shared settings on your calendar.	1:00 - 2:00 pm	Dan Pettingill	01/01/18			
IT Training Room, Room 350, introduction to Acadia and Smartsheet	2:00 - 2:30 pm	Jason Caplan	01/01/18			
Begin Acadia onboarding, Day 1 activites	2:30 - 4:30 pm	(enter HPA)	01/01/18			
Pick up your office key at the Key Shop on campus. Call first to make sure someone will be there.	30 minutes	Linda Carter	01/01/18			
Orient yourself to your work space	30 minutes	(enter employee)	01/01/18			
Day 2 Activities	Time Scheduled or Time Needed to Complete	Contact for Activity	Deadline	Status of Activity	Employee's Comments	Supervisor's Comments
Acadia onboarding, Day 2 activities	2 hours	(enter HPA)	01/02/18			
Orientation to the printer, scanner, copier, and faxes	1 hour	Dan Pettingill	01/02/18			
Orientation to OHCQ website	1 hour	Mark Scott	01/02/18			
Position specific training	4 hours	(enter supervisor)	01/02/18			

Microsoft Power BI

Power BI is a suite of business analytic tools that provide interactive visualizations of data and processes. It combines, analyzes, and displays data from multiple sources through reports and dashboards that can be published on the web and mobile devices. An employee has a customized dashboard with interactive data and analysis at their fingertips.

With the assistance of the Governor's Office of Performance Improvement, OHCQ staff are learning how to use Microsoft Power BI to create dashboards to manage large volumes of data, such as the hospital patient safety program. This dashboard helps to identify hospitals reporting a low or high number of events and trends in the type of events.

Figure 14: OHCQ's Patient Safety Dashboard in Microsoft Power BI



Governor's Office of Performance Improvement

The Governor's Office of Performance Improvement (GoPI) was instrumental in driving process improvement at OHCQ. Their team worked with OHCQ staff to identify current processes and workflows and to consider ways to improve efficiency while remaining effective. GoPI shared lessons learned at other State agencies with OHCQ, which shortened the time for development and implementation of many projects.

On August 20, 2018, the Governor's Office of Performance Improvement and OHCQ co-sponsored a technology open house – Using Technology to Drive Process Improvement. The event provided the opportunity to learn about and participate in demonstrations of how powerful, affordable tools, including Acadia, Smartsheet, Power BI, and ArcGIS, can help an agency run more efficiently. Many of the 70 attendees were from Maryland's Health Occupation Boards and small units and agencies within the Department.

Figure 15: Invitation to Using Technology to Drive Process Improvement

Mandated Activities of Licensed and Certified Providers

As of July 1, 2018, OHCQ oversees 16,708 providers in 42 industries. In FY 18, there was an 8.6 percent increase in the number of providers overseen by OHCQ, primarily in various types of clinical laboratories.

Effective November 28, 2017, the Centers for Medicare and Medicaid Services (CMS) implemented a new survey process for nursing homes. These regulations include the minimum health and safety standards that each long term care facility is required to meet to participate in Medicaid and Medicare (Revision to State Operations Manual (SOM) Appendix PP for Phase 2, F-Tag Revisions, and Related Issues, June 2017).

Table 1: Number of Licensees per Provider Type as of July 1, 2016, 2017, and 2018

Provider Type	Number of Licensees, July 1, 2016	Number of Licensees, July 1, 2017	Number of Licensees, July 1, 2018
Forensic Residential Centers	2	1	1
Intermediate Care Facilities - Individuals with Intellectual Disabilities	2	2	2
Long Term Care Facilities	230	230	228
Adult Medical Day Care Centers	119	117	116
Assisted Living Programs	1,531	1,580	1,546
Developmental Disabilities Sites (241 agencies)	3,074	3,155	3,020
Community Mental Health Centers	4	4	4
Correctional Health Facilities	10	9	10
Federally Qualified Health Centers	81	80	79
Freestanding Medical Facilities	3	3	3
Health Maintenance Organizations	9	9	9
Hospitals	64	63	63
Limited Private Inpatient Facilities	1	2	2
Patient Safety Program (counted in hospitals)	0	0	0
Residential Treatment Centers	10	7	7
Transplant Centers	2	2	2
Cholesterol Testing Sites	2	0	0
Employer Drug Testing Facilities	148	248	254
Federally Waived Laboratories	2,668	2,704	3,182
Forensic Laboratories	45	46	45
Health Awareness Testing Sites	76	49	49
Hospital Laboratories	98	98	98
Independent Reference Laboratories	126	139	121
Physician Office Laboratories	2,998	3,046	3,488
Point-of-Care Laboratories	718	720	1,344
Public Health Testing Sites	36	36	36
Tissue Banks	343	359	386
Birthing Centers	2	2	3
Comprehensive Outpatient Rehabilitation Facilities	1	1	1
Cosmetic Surgery Facilities	3	4	4
Freestanding Ambulatory Surgical Centers	337	343	342
Freestanding Renal Dialysis Centers	151	167	168
Health Care Staff Agencies	631	466	494
Home Health Agencies	55	56	56
Hospice Houses	14	14	14
Hospices	27	27	27
Major Medical Equipment Providers	225	191	188
Nurse Referral Agencies	167	121	116
Outpatient Physical Therapy Providers	63	68	68
Portable X-Ray Providers	8	8	9
Residential Service Agencies	1,139	1,201	1,082
Surgical Abortion Facilities	13	12	11
Subtotals	**15,236**	**15,390**	**16,678**

Surveyor Staffing Analysis

The surveyor staffing analysis in Appendix A calculates the number of surveyors needed in FY 20 to complete the projected number of mandated survey, certification, and licensure activities. These projections consider historical information as well as upcoming changes in federal or State oversight of an industry. The activities include the duties performed by surveyors, but not those duties performed by managers, administrative support staff, and clinical experts, such as the medical director and chief nurse.

The number of hours required for each activity is multiplied by the projected number of required activities in FY 19. The total is divided by 1,500, which is the accepted standard number of hours that the average surveyor spends conducting surveys in a year. The 1,500 hours considers time taken for holidays, vacation, personal days, sick leave, training, meetings, and travel. The number of full-time equivalent of surveyors required for each activity is calculated and then totaled by unit. The total for each unit is based on the specific workload for that unit. The sum of the surveyor deficiencies in each unit is OHCQ's surveyor staffing deficit.

Table 2 summarizes the projected surveyor staffing deficit by unit, with an overall deficit of 43.07 surveyor positions. Appendix A details this analysis by unit, provider type, and activity.

Table 2: Surveyor Staffing Deficit Projected for FY 19

Unit	Current # of Surveyors	Needed # of Surveyors	Surveyor Deficit
Long Term Care	52.50	68.64	16.14
Assisted Living	29.00	34.83	5.83
Developmental Disabilities	36.00	53.14	17.14
Hospitals	6.00	6.52	0.52
Laboratories	5.00	5.85	0.85
Ambulatory Care	13.00	15.59	2.59
Totals	**141.50**	**184.57**	**43.07**

OHCQ Staffing Plan for FY 18 through FY 24

Through the seven-year staffing plan, the Department continues to make significant progress towards meeting OHCQ's overall staffing needs. The plan includes the need for surveyors, managers, and support staff. The plan considers historical data as well as anticipates changes in federal and State oversight and industry trends. A controlled growth of 5 to 6 percent increase in workforce annually can be accommodated and is progressively improving compliance. This plan allows for controlled growth and for flexibility to adapt to changing needs. The plan was fully implemented in FY 18 and FY 19 and remains on target for FY 20 implementation.

In FY 18, there was an 8.6 percent increase in the number of providers overseen by OHCQ, which increased the workload for surveyors and support personnel who conduct survey, certification, and licensure activities. Through SB 108, the workload for administrative relicensure activities was eliminated, decreasing the workload for some administrative staff. As certain administrative positions are vacant, those positions will be reclassified to positions that conduct survey, certification, and licensure activities.

Table 3 provides additional details about the staffing requirements. Surveyors conduct prelicensure, licensure, and relicensure oversight activities; investigate complaints and facility-reported incidents; and conduct a variety of survey activities. Over the next 5 years, a total of 50 new positions are needed to complete mandated activities. This includes 33 nurse surveyors, 7 coordinators of special programs (surveyors), 1 sanitarian, 1 physician, 1 laboratory surveyor, 5 coordinators, 1 network specialist, and 1 administrative officer.

Table 3: OHCQ Staffing Requirements for FY 18 through FY 24

OHCQ Unit	Position	FY 18	FY 19	FY 20	FY 21	FY 22	FY 23	FY 24	Total
Long term care	Coordinator	2	1	1	0	0	1	0	**5**
Long term care	Sanitarian (surveyor)	0	0	0	1	0	0	0	**1**
Long term care	Nurse surveyor	1	4	3	2	3	3	3	**19**
Long term care	Physician surveyor	0	1	0	1	0	0	0	**2**
Long term care	Nurse trainer (surveyor)	1	0	0	0	0	0	0	**1**
Assisted living	Coordinator	1	0	0	1	0	0	0	**2**
Assisted living	Nurse surveyor	0	2	1	1	2	1	1	**8**
Developmental disabilities	Coordinator	1	1	0	0	1	0	1	**4**
Developmental disabilities	Nurse surveyor	1	2	2	2	2	2	2	**13**
Developmental disabilities	Coordinator of special programs IV (surveyor)	0	1	1	1	2	2	1	**8**
Developmental disabilities	Office secretary II	1	0	0	0	0	0	0	**1**
Hospitals	Nurse surveyor	0	0	0	0	0	0	0	**0**
Laboratories	Surveyor	0	0	0	0	0	0	1	**1**
Ambulatory care	Coordinator	1	0	0	0	0	0	0	**1**
Ambulatory care	Nurse surveyor	0	0	0	1	0	1	1	**3**
Federal	Assistant deputy director	1	0	0	0	0	0	0	**1**
Federal	Health policy analyst	1	0	0	0	0	0	0	**1**
State	Health policy analyst	1	0	0	0	0	0	0	**1**
Information technology	Network specialist	0	0	1	0	0	0	0	**1**
Administration	Administrative officer	0	0	1	0	0	0	0	**1**
Positions needed per fiscal year		**12**	**12**	**10**	**10**	**10**	**10**	**10**	**74**

Employee Recruitment and Retention

OHCQ continues to enhance recruitment and retention processes for all staff through the areas of candidate selection; culture; on-boarding process; training and education; individual and career development; administrative support; and feedback and evaluation. The purchase of Smart phones for field-based employees coupled with technological solutions have allowed much progress in several of these areas.

OHCQ's mission remains the strongest draw for nurses. Nurse surveyors want to use their knowledge, skills, and expertise to protect the health and safety of Marylanders across the health care continuum. Through licensure, certification, and survey activities, the nurse surveyor positively impacts the quality of life of individuals receiving health care services. OHCQ has placed advertisements to attract nurse surveyors. Figure 16 is an advertisement for nurse surveyors that was quite successful.

Figure 16: Advertisement for OHCQ Nurse Surveyor Positions

YOU can make a difference!

Be the catalyst that improves health care

Use your nursing expertise to positively impact the lives of all Marylanders
• Join the Office of Health Care Quality as a nurse surveyor and enforce regulatory requirements in health care facilities and community-based programs

OHCQ oversees the quality of care in 42 industries, including nursing homes, hospitals, home health, hospice, dialysis, ambulatory surgery centers, assisted living, adult medical day care, residential treatment centers, and programs serving individuals with developmental disabilities

• Work-life balance • No shift work
• Choice of health plans with low deductibles • Prescription plan with low copays
• Dental insurance • Flex spending account • State pension
• Bonuses are available for qualified candidates

Join our team of nursing professionals today
Learn more about OHCQ at http://health.maryland.gov/ohcq/
To apply as a health facilities surveyor nurse, please visit http://jobaps.com/md/

Also, OHCQ has developed an external dashboard to highlight career opportunities and the benefits of working for the State. Currently, we are working with the Department's Office of Human Resources and the Department of Budget and Management to do an annual salary review of the health facilities survey coordinator and the health facilities surveyor nurse series.

Long Term Care Unit

The long term care unit ensures that nursing homes are compliant with federal survey and certification standards, State licensure regulations, and local regulations through unannounced on-site surveys, follow-up visits, and complaint investigations.

Table 4: Nursing Homes

Unit of Measurement	FY16	FY17	FY18
Number of licensed nursing homes	230	230	228
Initial surveys of new providers	0	1	1
Full surveys	199	217	186
Follow-up surveys	41	50	35
Civil money penalties levied, State	16	20	0
Civil money penalties levied, federal	38	61	36
Denial of payment for new admissions	5	7	1
Complaints and facility self-reported incidents	2,486	3,342	3,621
Complaints and self-reported incidents, investigated	2,057	3,026	2,979
Quality of care allegations	2,670	1,749	1,345
Resident abuse allegations	1,254	941	1,058

Nursing home deficiencies are cited under federal tags (F tags) that categorize the types of deficient practices. For example, F 656 is a federal tag about the requirement to develop comprehensive care plans for nursing home residents. Table 5 includes the top ten most frequently cited nursing home deficiencies by federal tags and the number of citations under each tag in FY 18. It includes deficiencies of all scopes and severity.

Effective November 28, 2017, the Centers for Medicare and Medicaid Services (CMS) issued revised regulatory federal tags (F-tags) for all nursing homes. These regulations include the minimum health and safety standards that each nursing home is required to meet to participate in Medicaid and Medicare (Revision to State Operations Manual (SOM) Appendix PP for Phase 2, F-Tag Revisions, and Related Issues, June 2017). Based on these revisions, some regulatory tags were combined, renamed, or split into multiple subparts. Therefore, the data shown in Table 5, Table 6, and Table 7 reflects the use of the original federal tags from July 1, 2017 through November 27, 2017 and the revised federal tags from November 28, 2017 through June 30, 2018.

Table 5: Most Frequently Cited Federal Deficiencies in Nursing Homes in FY 18

Federal Tag	Description of Tag	Total Citations
F 512	Nursing Services - Charge Nurse Daily Rounds	250
F 506	Nursing Services - Care 24 Hours per Day	152
F 684	Quality of Care	111
F 842	Resident Records - Identifiable Information	109
F 510	Nursing Services - Charge Nurse	106
F 656	Develop and Implement Comprehensive Care Plan	90
F 657	Care Plan Timing and Revision	89
F 514	Resident Records - Complete/Accurate/Accessible	79
F 309	Provide Care and Services for Highest Well Being	77
F 321	Hazardous Areas - Enclosure	75

Federal nursing home deficiencies are rated from A – L, based on scope and severity, with L being the most serious. Scope is the prevalence and is based on the number of residents affected by the deficient practice. Severity is an assessment of the actual or potential harm to residents caused by the deficient practice. The most serious deficiencies are G through L which are situations where the facility’s noncompliance has caused, or is likely to cause, serious injury, impairment, or death to a resident. Table 6 includes the number of actual harm (G – I) and immediate jeopardy (J – L) deficiencies by federal tag issued in nursing homes in FY 18.

Table 6: Number of Actual Harm and Immediate Jeopardy Deficiencies by Federal Tag in Nursing Homes in FY 18

Federal Tag	Description of Tag	G	H	I	J	K	L
F 155	Right to refuse, formulate advance directives	2					
F 578*	Right to refuse, formulate advance directives				2		
F 223	Free from abuse, involuntary seclusion				2		1
F 660*	Discharge planning process	1					
F 309	Provide care and services for highest well being	4			2		
F 314	Treatment and services for pressure sores	1					
F 323	Free of accidents, hazards, supervision, devices	4			2		
F 689*	Free of accidents, hazards, supervision, devices	7		1	3	1	
F 333	Residents are free of significant med errors		1				
F 550	Residents rights to exercise his/her rights	1					
F 600	Free from abuse and neglect	2	1		1		
F 604	Right to be free from physical restraints				1		
F 610	Investigate, prevent, correct alleged violation						1
F 678	Cardiopulmonary resuscitation (CPR)				3		
F 684	Quality of care	2					
F 710	Resident's care supervised by a physician				1		
	Tags at G or above – 47	**24**	**2**	**1**	**17**	**1**	**2**

**Due to the new federal regulations implemented in November 2017, regulatory tags and groupings were revised*

Regulatory groupings include multiple federal tags that relate to a specific issue, such as resident rights or pharmacy services. In Table 7, the nursing home deficiencies cited at level G through L are categorized by the regulatory grouping of the federal tags.

Table 7: Regulatory Groupings of Federal Tags for Actual Harm and Immediate Jeopardy Deficiencies in Nursing Homes in FY 18*

Regulatory Groupings	Federal Tags in Grouping	# of Actual Harm and IJ Deficiencies
Resident Rights	F 151 – F 177	2
Resident Behavior and Facility Practices	F 221 – F 226	3
Quality of Care	F 309 – F 334	14
Resident Rights*	F 550 – F 586	3
Freedom from Abuse, Neglect, and Exploitation*	F 600 – F 610	6
Comprehensive Resident Center Care Plans*	F 655 – F 661	1
Quality of Life*	F 675 – F 680	3
Quality of Care*	F 684 – F 700	14
Physician Services*	F 710 – F 715	1
Total		**47**

**Due to the new Federal Regulations implemented in November 2017, regulatory tags and groupings were revised.*

Informal Dispute Resolution Conferences

If a nursing home disagrees with the survey results, the facility may dispute the deficiencies through an informal process, known as an informal dispute resolution (IDR). IDRs are generally conducted in a face-to-face meeting but may also be done via phone conference or in writing. A nursing home may request an independent IDR that is conducted by a consultant.

While IDRs are available all providers oversee by OHCQ, the vast majority of IDRs involve nursing homes. Thus, the statistics in Figures 17 and 18 relate only to nursing homes. Figure 17 details the outcome of the 96 federal tags that were disputed in 27 IDRs and one federal tag in one IIDR in FY 18. Figure 18 details the reasons for decisions made in the IDRs. The number of IIDRs is a very small sample, so they are not included in the Figures 17 and 18. The one IIDR resulted in no changes to the tags.

Figure 17: Outcomes of Nursing Home Informal Dispute Resolutions by Federal Tag in FY 18

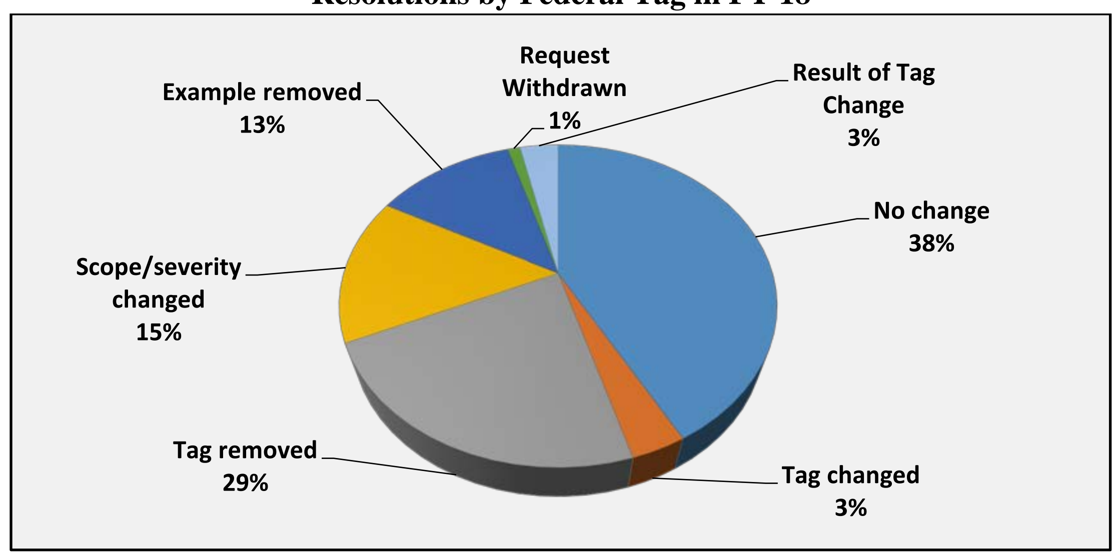
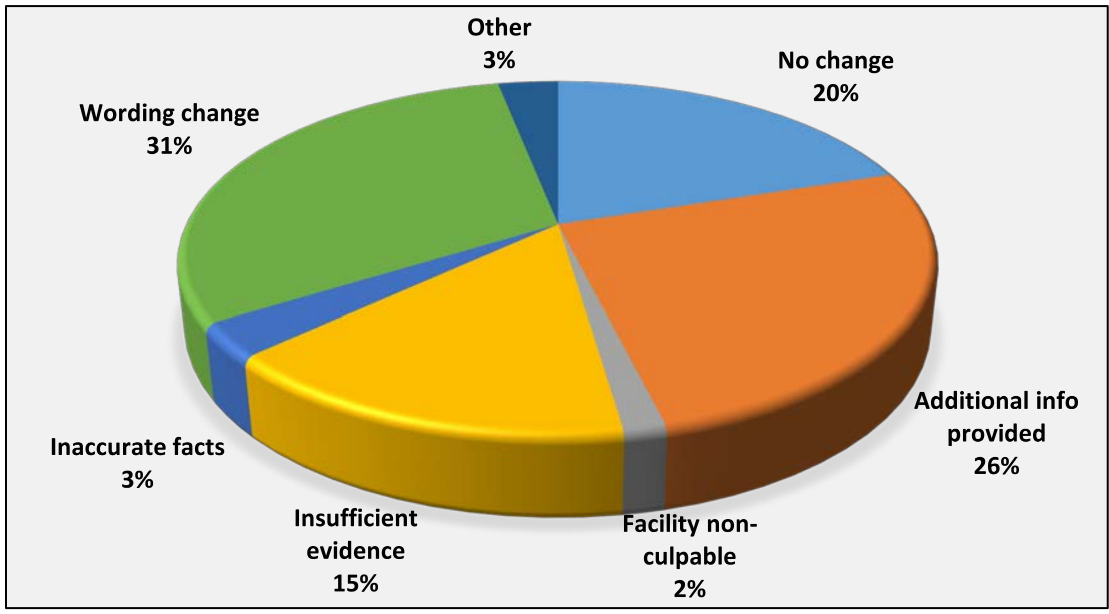


Figure 18: Reasons for Nursing Home Informal Dispute Resolution Decisions in FY 18



Assisted Living Unit

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

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

Table 8: Adult Medical Day Care Centers

Units of Measurement	FY16	FY17	FY18
Number of licensed adult medical day care centers	119	117	116
Initial surveys of new providers	15	20	9
Full surveys	8	91	27
Follow-up surveys	1	1	1
Complaints investigated	47	140	137

Table 9: Assisted Living Programs

Units of Measurement	FY16	FY17	FY18
Number of licensed assisted living programs	1,531	1,580	1,546
Initial surveys	196	141	218
Renewal surveys	992	614	570
Other surveys	204	44	64
Complaints and facility self-reported incidents	1,534	1,234	1,315
Complaints investigated	923	911	1,137

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 10 includes the top ten most frequently cited assisted living deficiencies by state tag and the number of citations under each tag in FY 18.

Table 10: Most Frequently Cited Deficiencies in Assisted Living Programs in FY 18

State Tag	Description of Tag	Number of Citations
4630	General Physical Plant Requirements	218
2780	Delegating Nurse	192
3680	Medication Management and Administration	138
2600	Other Staff - Qualifications	132
2530	Alternate Assisted Living Manager	127
2550	Other Staff Qualifications	123
3330	Service Plan	109
3420	Resident Record or Log	108
2000	Administration	97
2220	Assisted Living Manager	96

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 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.

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

Table 11: Developmental Disabilities Unit

Units of Measurement	FY16	FY17	FY18
Licensed developmental disability agencies	218	230	241
Number of sites	3,074	3,155	3,020
New agencies	11	12	8
Initial site surveys	223	304	369
Agencies surveyed	42	79	55
Complaints and self-reported incidents	1,645*	4,226	5,047
Complaints and self-reported incidents, on-site investigations	502	1,157	1,760

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

Table 12: Developmental Disabilities Mortality Unit

Units of Measurement	FY16	FY17	FY18
Developmental disabilities deaths	188	237	249
Deaths investigated on-site	36	46	35
Deaths investigated, administrative reviews	157	173	206

Table 13: Forensic Residential Centers

Units of Measurement	FY16	FY17	FY18
Number of licensed forensic residential centers	2	1	1
Renewal surveys	2	2	1
Complaints investigated	0	26	3

Table 14: Intermediate Care Facilities for Individuals with Intellectual Disabilities

Unit of Measurement	FY16	FY17	FY18
Number of licensed ICF IIDs	2	2	2
Renewal surveys	2	2	2
Follow-up surveys	0	0	1
Complaints and self-reported incidents, investigated	42	86	31

Table 15: Most Frequently Cited Deficiencies in Programs Serving Individuals with Developmental Disabilities in FY 18

State Tag	Description of Tag	Number of Citations
1140	Individual Rights – Free from Neglect	591
0715	Medication Administration	177
0171	OHCQ Investigation	151
0530	Staffing Training	132
0375	Policies and Procedures	117
1435	Staff Ratios	95
0430	Emergency Procedures – 72 Hour Plan	66
1105	Individualized Plan – Health Care Services	57
0645	Physical Site Inspection	54
0705	Water Temperature – 110 Degrees	45

Hospital Unit

The hospital unit provides oversight of acute care and specialty (psychiatric, chronic, special rehabilitation, and children's) hospitals, residential treatment centers, health maintenance organizations (HMOs), and hospitals within correctional facilities. Responsibilities of the unit include surveys, complaint investigations, review of self-reported incidents, and review of reports from accreditation organizations. The types and scope of the oversight are dictated by the provider type and certification by Medicare or Medicaid. This unit also oversees federally qualified health centers, community mental health centers, freestanding medical facilities, and limited private inpatient facilities. On October 1, 2019, CMS has delegated the inspection of transplant programs to the states. The survey staff are participating in monthly webinars from CMS in preparation for surveying transplant programs.

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

Table 16: Community Mental Health Centers

Units of Measurement	FY16	FY17	FY18
Community mental health centers	4	4	4
Complaint investigations	0	0	0

Table 17: Correctional Health Care Facilities

Units of Measurement	FY16	FY17	FY18
Correctional health care facilities	10	9	10
Initial surveys	0	0	1
Full surveys	3	0	0
Complaint investigations	1	0	0

Table 18: Federally Qualified Health Centers

Units of Measurement	FY16	FY17	FY18
Federally qualified health centers	81	80	79
Complaint investigations	1	0	3

Table 19: Freestanding Medical Facilities

Units of Measurement	FY16	FY17	FY18
Licensed freestanding medical facilities	3	3	3
Initial, full and follow-up surveys	2	5	0
Complaints investigated	1	3	1

Table 20: Health Maintenance Organizations

Units of Measurement	FY16	FY17	FY18
Health maintenance organizations	9	9	9
Full surveys	0	0	0
Follow-up surveys	0	0	0
Complaint investigations	3	7	11

Table 21: Hospitals

Units of Measurement	FY16	FY17	FY18
Licensed or certified hospitals	64	63	63
Validation surveys of accredited hospitals	2	2	1
Complaints investigated on-site	115	103	95
Complaints referred to hospitals for investigation	215	148	190
Follow-up surveys	12	11	18
Enforcement remedies imposed	12	3	14

Table 22: Limited Private Inpatient Facilities

Units of Measurement	FY16	FY17	FY18
Licensed limited private inpatient facilities	1	2	2
Initial, full and follow up surveys	0	1	0
Complaint investigations	0	0	0

Table 23: Patient Safety Program

Units of Measurement	FY16	FY17	FY18
Adverse event reports	219	233	238
Review root cause analysis reports (patient safety)	220	196	208
Follow-up investigations and hospital patient safety surveys	14	26	5

Table 24: Residential Treatment Centers

Units of Measurement	FY16	FY17	FY18
Licensed residential treatment centers	10	7	7
Follow-up surveys	1	0	0
Validation surveys and seclusion and restraint investigation	0	0	3
Complaint investigations	24	13	16

Clinical and Forensic Laboratories Unit

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

OHCQ surveys laboratories performing cytology testing biennially and investigates complaints. In addition to these surveys, the CLIA statute requires that individuals performing cytology examinations be tested for their proficiency through the College of American Pathologists (CAP) or the American Society for Clinical Pathology program (ASCP).

This unit provides oversight for accredited and non-accredited laboratories that perform forensic analyses. Responsibilities include licensure; annual surveys and revisits of non-accredited laboratories; review of documents from laboratories and accreditation organizations; complaint investigations; and review of self-reported incidents from all forensic laboratories.

Table 25: Cholesterol Testing Sites

Units of Measurement	FY16	FY17	FY18
Cholesterol testing sites	2	0	0
Initial surveys of new providers	0	0	0
Full surveys	2	0	0
Complaint surveys	0	0	0

Table 26: Employer Drug Testing Facilities

Units of Measurement	FY16	FY17	FY18
Employer drug testing facilities	148	248	254
Initial surveys of new providers	100	64	64
Full surveys	14	70	35
Follow-up surveys	0	0	0
Complaint surveys	0	2	2

Table 27: Forensic Laboratories

Units of Measurement	FY16	FY17	FY18
Forensic laboratories	45	46	45
Full surveys	5	8	22
Follow-up surveys	0	0	5
Surveillance surveys	0	0	0
Complaint investigations	0	0	0

Table 28: Health Awareness Testing Sites

Units of Measurement	FY16	FY17	FY18
Health awareness test sites	76	49	49
Initial surveys	6	0	2
Full surveys	76	68	42
Follow-up surveys	0	2	0
Site approvals	1,897	2,176	1,837
Complaints surveys	0	1	0

Table 29: Hospital Laboratories

Units of Measurement	FY16	FY17	FY18
Hospital laboratories	98	98	98
Initial surveys of new providers	0	0	0
Full surveys	2	0	4
Follow-up surveys	1	0	0
Validation surveys	1	0	5
Complaint surveys	0	2	0

Table 30: Independent Reference Laboratories

Units of Measurement	FY16	FY17	FY18
Independent reference laboratories	126	139	121
Initial surveys of new providers	2	10	19
Full surveys	16	25	36
Follow-up surveys	9	6	15
Validation surveys	1	1	4
Complaint surveys	0	4	2

Table 31: Physician Office and Point of Care Laboratories, State Only Surveys

Units of Measurement	FY16	FY17	FY18
Physician office and point of care labs, State only	571	489	334
Initial surveys of new providers	19	25	20
Full surveys	405	304	146
Follow-up surveys	134	154	140
Complaint surveys	10	5	2

Table 32: Physician Office and Point of Care Laboratories, Federal CLIA Surveys

Units of Measurement	FY16	FY17	FY18
Physician office, point of care labs, CLIA surveys	571	489	334
Initial surveys of new providers	19	25	20
Full surveys	405	304	146
Follow-up surveys	134	154	140
Validation surveys	3	5	5
Complaint surveys	10	5	2

Table 33: Public Health Testing Sites

Units of Measurement	FY16	FY17	FY18
Public health testing	36	36	36
Initial surveys of new providers	0	0	0
Full surveys	12	20	31
Follow-up surveys	0	0	0
Complaint surveys	0	0	0

Table 34: Tissue Banks

Units of Measurement	FY16	FY17	FY18
Tissue banks	343	359	386
Initial surveys of new providers	4	10	4
Full surveys	25	12	13
Follow-up surveys	1	0	2
Validation surveys	0	0	0
Complaint surveys	1	1	2

Ambulatory Care Unit

The ambulatory care unit is responsible for the State licensure and/or federal certification of all non-long term care facilities that include birthing centers, comprehensive outpatient rehabilitation facilities, freestanding ambulatory surgery centers, freestanding renal dialysis centers, home health agencies, hospices, major medical equipment, outpatient physical therapy providers, portable x-ray providers, residential service agencies, and surgical abortion facilities. This unit receives complaints alleged against all ambulatory care providers and maintains a federal twenty-four hour complaint hotline for home health agencies.

Table 35: Birthing Centers

Units of Measurement	FY16	FY17	FY18
Licensed birthing centers	2	2	3
Initial surveys of new providers	0	1	1
Full surveys	2	2	3
Follow-up surveys	0	0	0
Complaint investigations	0	0	0

Table 36: Comprehensive Outpatient Rehabilitation Facilities

Units of Measurement	FY16	FY17	FY18
Licensed comprehensive outpatient rehabilitation facilities	1	1	1
Initial surveys of new providers	0	0	0
Full surveys	1	0	0
Follow-up surveys	0	0	0
Complaint investigations	0	0	0

Table 37: Cosmetic Surgical Facilities

Units of Measurement	FY16	FY17	FY18
Licensed cosmetic survey facilities	3	4	4
Initial surveys of new providers	3	1	0
Full surveys	0	0	0
Follow-up surveys	0	0	0
Complaint investigations	0	0	0

Table 38: Freestanding Ambulatory Surgical Centers

Units of Measurement	FY16	FY17	FY18
Licensed freestanding ambulatory surgical centers	337	343	342
Initial surveys	14	25	29
Full surveys	102	97	145
Follow-up surveys	30	13	22
Complaint investigations	16	4	16

Table 39: Freestanding Renal Dialysis Centers

Units of Measurement	FY16	FY17	FY18
Licensed freestanding renal dialysis centers	151	167	168
Initial surveys of new providers	26	25	22
Full surveys	55	41	62
Follow-up surveys	8	10	22
Complaint investigations	19	34	47

Table 40: Health Care Staff Agencies

Units of Measurement	FY16	FY17	FY18
Health care staff agencies	631	466	494
Initial surveys of new providers	57	28	84
Full surveys	0	0	0
Renewal license	150	27	80
Complaint investigations	0	0	1

Table 41: Home Health Agencies

Units of Measurement	FY16	FY17	FY18
Licensed home health agencies	55	56	56
Initial surveys of new providers	0	3	0
Full surveys	15	12	19
Follow-up surveys	0	2	3
Complaint investigations	21	10	16

Table 42: Hospices and Hospice Houses

Units of Measurement	FY16	FY17	FY18
Licensed hospices	27	27	27
Initial surveys of new providers	3	1	0
Full surveys	4	5	8
Follow-up surveys	0	1	10
Complaint investigations	20	12	24
Licensed hospice houses	14	14	14
Initial surveys of new providers	0	0	3
Renewal surveys	1	2	16
Complaint investigations in hospice houses	2	1	0

Table 43: Major Medical Equipment Providers

Units of Measurement	FY16	FY17	FY18
Licensed major medical equipment providers	225	191	188
Initial surveys of new providers	0	0	0
Full surveys	0	0	0
Follow-up surveys	0	0	0
Complaint investigations	1	0	2

Table 44: Nurse Referral Agencies

Units of Measurement	FY16	FY17	FY18
Nurse referral agencies	167	121	116
Initial license	13	0	3
Full surveys	0	0	0
Renewal license	13	0	5
Complaint investigations	1	1	11

Table 45: Outpatient Physical Therapy Providers

Units of Measurement	FY16	FY17	FY18
Licensed outpatient physical therapy providers	63	68	68
Initial surveys of new providers	6	5	12
Full surveys	3	8	11
Follow-up surveys	2	0	1
Complaint investigations	0	0	1

Table 46: Portable X-ray Providers

Units of Measurement	FY16	FY17	FY18
Licensed portable x-ray providers	8	8	9
Initial surveys of new providers	0	0	1
Full surveys	1	2	1
Follow-up surveys	0	0	0
Complaint investigations	0	0	0

Table 47: Residential Service Agencies

Units of Measurement	FY16	FY17	FY18
Licensed residential service agencies	1,139	1,201	1,082
Initial surveys of new providers	94	84	124
Full surveys	12	27	5
Follow-up surveys	10	6	6
Complaint investigations	37	41	193

Table 48: Surgical Abortion Facilities

Units of Measurement	FY16	FY17	FY18
Licensed surgical abortion facilities	13	12	11
Initial surveys	1	0	1
Renewal surveys	12	0	0
Complaints investigated	7	5	2

Future Steps

Over the next year, OHCQ will continue to use technological solutions and build on the strong foundation that was established in FY 18. These solutions provide the agency's leadership and supervisors the information that is necessary to manage the resources while allowing all staff to manage, access, collect, manage, and analyze data.

Initiatives in FY 19 include:

- Electronic plans of correction for nursing homes;
- Electronic submission of licensure applications and documents to OHCQ;
- OHCQ paper reduction, including document scanning for storage; and
- Increased use of dashboards to increase efficiency.

Through our strategic planning process, OHCQ will continue to identify and implement regulatory efficiency and effectiveness initiatives to support our mission. Every employee of OHCQ remains committed to protecting the health and safety of Marylanders across the health care continuum.

Appendix A: OHCQ Surveyor Staffing Analysis for FY 18

Mandates	A. # of facilities or activities	B. Requirements per year	C. Total # of activities required (A x B)	D. Hours required per activity	E. Hours required for activities (C x D)	F. # of surveyors required (E/1500)	G. Current # of surveyors	H. # of additional surveyors needed
Long Term Care Unit								
Nursing Homes								
Initial surveys	0	1	0	182	0	0.00		
Annual surveys	222	1	222	220	48,840	32.56		
Complaints and self-reports	3,000	1	3,000	16	48,000	32.00		
Follow-up surveys	32	1	32	16	512	0.34		
State resident funds surveys	228	1	228	6	1,368	0.91		
Life safety code initial surveys	10	1	10	10	100	0.07		
Life safety code annual surveys	240	1	240	10	2,400	1.60		
Life safety code follow-up surveys	100	1	100	8	800	0.53		
Life safety code complaint surveys	20	1	20	12	240	0.16		
Informal dispute resolutions	24	1	24	8	192	0.13		
Testifying in hearings	3	1	3	170	510	0.34		
Long Term Care Unit						**68.64**	**52.50**	**16.14**
Assisted Living Unit								
Adult Medical Day Care Centers								
Initial surveys	16	1	16	24	384	0.26		
Renewal surveys	116	1	58	16	928	0.62		
Complaints and self-reports	140	1	140	8	1,120	0.75		
Follow-up surveys	2	1	2	16	32	0.02		
Assisted Living Programs								
Initial surveys	195	1	195	40	7,800	5.20		
Annual surveys	1,395	1	1,395	16	22,320	14.88		
Complaints and self-reports	1,180	1	1,180	12	14,160	9.44		
Follow-up surveys	145	1	145	16	2,320	1.55		
Informal dispute resolutions for unit	18	1	18	12	216	0.14		
Testifying in hearings for unit	12	1	12	60	720	0.48		
Investigations of alleged unlicensed programs	N/A	N/A	N/A	N/A	N/A	1.50		
Assisted Living Unit						**34.83**	**29.00**	**5.83**

Mandates	A. # of facilities or activities	B. Requirements per year	C. Total # of activities required (A x B)	D. Hours required per activity	E. Hours required for activities (C x D)	F. # of surveyors required (E/1500)	G. Current # of surveyors	H. # of additional surveyors needed
Developmental Disabilities Unit								
Developmental Disabilities Programs								
Initial site openings	334	1	334	8	2,672	1.78		
Annual surveys of providers	241	1	241	120	28,920	19.28		
Complaint and self-reports, on-site	1,750	1	1,750	16	28,000	18.67		
Complaint and self-reports, admin.	2,800	1	2,800	4	11,200	7.47		
Death investigations, on-site	38	1	38	48	1,824	1.22		
Death investigations, administrative	195	1	195	8	1,560	1.04		
Children's providers, all activities	3	1	3	1,320	3,960	2.64		
Informal dispute resolutions	22	1	22	12	264	0.18		
Settlements and hearings	5	1	5	80	400	0.27		
Forensic Residential Centers								
Initial surveys	0	1	0	0	0	0.00		
Annual surveys	1	1	1	160	160	0.11		
Complaints and self-reports	10	1	10	8	80	0.05		
Follow-up surveys	0	1	0	8	0	0.00		
Informal dispute resolutions	0	1	0	8	0	0.00		
Intermediate Care Facilities for Individuals with Intellectual Disabilities								
Initial surveys	0	1	0	0	0	0.00		
Annual surveys	2	1	2	160	320	0.21		
Complaints and self-reports	40	1	40	8	320	0.21		
Follow-up surveys	1	1	1	16	16	0.01		
Informal dispute resolutions	1	1	1	8	8	0.01		
Developmental Disabilities Unit						**53.14**	**36.00**	**17.14**
Hospital Unit								
Community Mental Health Centers								
Initial surveys	1	1	1	32	32	0.02		
Complaints	1	1	1	24	24	0.02		
Correctional Health Care Facilities								
Initial surveys	0	1	0	24	0	0.00		
Full surveys	10	1	10	24	240	0.16		
Complaint investigations	1	1	1	8	8	0.01		

Mandates	A. # of facilities or activities	B. Requirements per year	C. Total # of activities required (A x B)	D. Hours required per activity	E. Hours required for activities (C x D)	F. # of surveyors required (E/1500)	G. Current # of surveyors	H. # of additional surveyors needed
Federally Qualified Health Centers								
Complaints	2	1	2	24	48	0.03		
Freestanding Medical Facilities								
Initial surveys	1	1	1	64	64	0.04		
Full surveys	3	1	3	24	72	0.05		
Complaints	2	1	2	10	20	0.01		
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	0	1	0	16	0	0.00		
Complaints	9	1	9	8	72	0.05		
Hospitals								
Initial surveys	1	1	1	210	210	0.14		
Validation surveys	2	1	2	210	420	0.28		
Complaint investigations, on-site	125	1	125	24	3,000	2.00		
Complaint investigations, admin.	200	1	200	8	1,600	1.07		
Follow-up surveys	20	1	20	16	320	0.21		
Mortality review, psychiatric hospitals	30	1	30	16	480	0.32		
Limited Private Inpatient Facilities								
Initial surveys	1	1	1	40	40	0.03		
Complaints	1	1	1	24	24	0.02		
Patient Safety Program								
Review hospital root cause analysis	240	1	240	5	1,200	0.80		
Patient safety program surveys	24	1	24	24	576	0.38		
Residential Treatment Centers								
Initial surveys	1	1	1	80	80	0.05		
Complaints	24	1	24	24	576	0.38		
Validation surveys	2	1	2	16	32	0.02		
Follow-up surveys	1	1	1	16	16	0.01		
Hospital Unit								
Informal dispute resolutions	3	1	3	8	24	0.02		
State and federal hearings	4	1	4	80	320	0.21		
Hospital Unit						**6.52**	**6.00**	**0.52**

Mandates	A. # of facilities or activities	B. Requirements per year	C. Total # of activities required (A x B)	D. Hours required per activity	E. Hours required for activities (C x D)	F. # of surveyors required (E/1500)	G. Current # of surveyors	H. # of additional surveyors needed
Clinical and Forensic Laboratories								
Cholesterol Testing Sites								
Cholesterol testing	0	1	0	7	0	0.00		
Employer Drug Testing Facilities								
Employer drug testing facilities	254	0.5	127	6	762	0.51		
Forensic Laboratories								
Initial surveys	1	1	1	48	48	0.03		
Renewal surveys	22	1	22	48	1,056	0.70		
Surveillance surveys	1	1	1	24	24	0.02		
Complaints and self-reports	1	1	1	24	24	0.02		
Follow-up surveys	3	1	3	16	48	0.03		
Informal dispute resolutions and hearings	1	1	1	40	40	0.03		
Health Awareness Testing Sites								
Health awareness testing surveys	55	1	55	8	440	0.29		
Health awareness site approval	1,900	1	1,900	0.5	950	0.63		
Hospital Laboratories								
Hospital laboratories	98	0.25	25	8	200	0.13		
Independent Reference Laboratories								
Non-accredited	66	0.5	33	16	528	0.35		
Complaints	3	1	3	16	48	0.03		
Physician Offices and Point-of-Care Laboratories								
CLIA	450	0.5	225	12	2,700	1.80		
Complaint surveys	7	1	7	16	112	0.07		
Validation	4	1	4	20	80	0.05		
Public Health Testing Sites								
Public health testing	36	1	36	5	180	0.12		
Tissue Banks								
Tissue banks	386	0.5	193	8	1,544	1.03		
Clinical and Forensic Laboratories						**5.85**	**5.00**	**0.85**

Mandates	A. # of facilities or activities	B. Requirements per year	C. Total # of activities required (A x B)	D. Hours required per activity	E. Hours required for activities (C x D)	F. # of surveyors required (E/1500)	G. Current # of surveyors	H. # of additional surveyors needed
Ambulatory Care Unit								
Birthing Centers								
Initial surveys	1	1	1	40	40	0.03		
Renewal surveys	2	1	2	32	64	0.04		
Complaint investigations	1	1	1	8	8	0.01		
Informal dispute resolutions	0	1	0	8	0	0.00		
Comprehensive Outpatient Rehabilitation Facilities								
Initial surveys	1	1	1	16	16	0.01		
Renewal surveys	1	0.05	0.05	16	0.8	0.00		
Complaint investigations	1	1	1	4	4	0.00		
Informal dispute resolutions	0	1	0	8	0	0.00		
Cosmetic Surgery Facilities								
Initial surveys	1	1	1	48	48	0.03		
Renewal surveys	0	1	0	0	0	0.00		
Complaint investigations	1	1	1	16	16	0.01		
Informal dispute resolutions	0	1	0	8	0	0.00		
Freestanding Ambulatory Surgical Centers								
Initial surveys	32	1	32	60	1,920	1.28		
Renewal surveys	342	0.33	113	40	4,520	3.01		
Follow-up surveys	23	1	23	16	368	0.25		
Complaint investigations	14	1	14	16	224	0.15		
Informal dispute resolutions	1	1	1	8	8	0.01		
Freestanding Renal Dialysis Centers								
Initial surveys	25	1	25	48	1,200	0.80		
Renewal surveys	168	0.33	56	32	1,792	1.19		
Follow-up surveys	17	1	17	16	256	0.18		
Complaint investigations	40	1	40	16	640	0.43		
Informal dispute resolutions	2	1	2	8	16	0.01		
Health Care Staff Agencies								
Initial surveys	57	1	57	8	456	0.30		
Complaint investigations	1	1	1	8	8	0.01		

Mandates	A. # of facilities or activities	B. Requirements per year	C. Total # of activities required (A x B)	D. Hours required per activity	E. Hours required for activities (C x D)	F. # of surveyors required (E/1500)	G. Current # of surveyors	H. # of additional surveyors needed
Home Health Agencies								
Initial surveys	1	1	1	32	32	0.02		
Renewal surveys	56	0.33	19	40	760	0.50		
Complaint investigations	17	1	17	24	408	0.28		
Informal dispute resolutions	1	1	1	8	8	0.01		
Hospice Care Programs								
Initial surveys	1	1	1	40	40	0.03		
Renewal surveys	27	0.33	9	40	360	0.24		
Complaint investigations, hospice	22	1	22	16	352	0.23		
Complaints, hospice houses	4	1	4	16	64	0.04		
Informal dispute resolutions	3	1	3	8	24	0.02		
Major Medical Equipment Providers								
Initial surveys	1	1	1	16	16	0.01		
Complaint investigations	2	1	2	4	8	0.01		
Informal dispute resolutions	0	1	0	8	0	0.00		
Nurse Referral Agencies								
Initial surveys	5	1	5	8	40	0.03		
Complaint investigations	10	1	10	8	80	0.05		
Outpatient Physical Therapy Providers								
Initial surveys	12	1	12	16	192	0.13		
Renewal surveys	68	0.05	4	16	64	0.04		
Follow-up surveys	2	1	2	16	32	0.02		
Complaint investigations	1	1	1	4	4	0.00		
Informal dispute resolutions	0	1	0	8	0	0.00		
Portable X-ray Providers								
Initial surveys	1	1	1	16	16	0.01		
Renewal surveys	8	0.05	0.4	16	6.4	0.00		
Complaint investigations	1	1	1	4	4	0.00		
Informal dispute resolutions	0	1	0	8	0	0.00		

Mandates	A. # of facilities or activities	B. Requirements per year	C. Total # of activities required (A x B)	D. Hours required per activity	E. Hours required for activities (C x D)	F. # of surveyors required (E/1500)	G. Current # of surveyors	H. # of additional surveyors needed
Residential Service Agencies								
Initial surveys	140	1	140	40	5,600	3.73		
Full surveys	15	1	15	24	360	0.24		
Follow-up surveys	8	1	8	16	128	0.09		
Complaint investigations	125	1	125	16	2,000	1.33		
Informal dispute resolutions	2	1	2	16	32	0.02		
Surgical Abortion Facilities								
Initial surveys	1	1	1	40	40	0.03		
Renewal surveys	11	1	11	40	440	0.29		
Complaint investigations	8	1	8	40	320	0.21		
Informal dispute resolutions	1	1	1	16	16	0.01		
Hearings, all provider types in unit	6	1	6	60	360	0.24		
Ambulatory Care Unit						**15.59**	**13.00**	**2.59**
Total						**184.57**	**141.50**	**43.07**