

Public Health Administration

Health Systems and Infrastructure Administration

Fiscal 2016 Budget Overview

Van T. Mitchell, Secretary

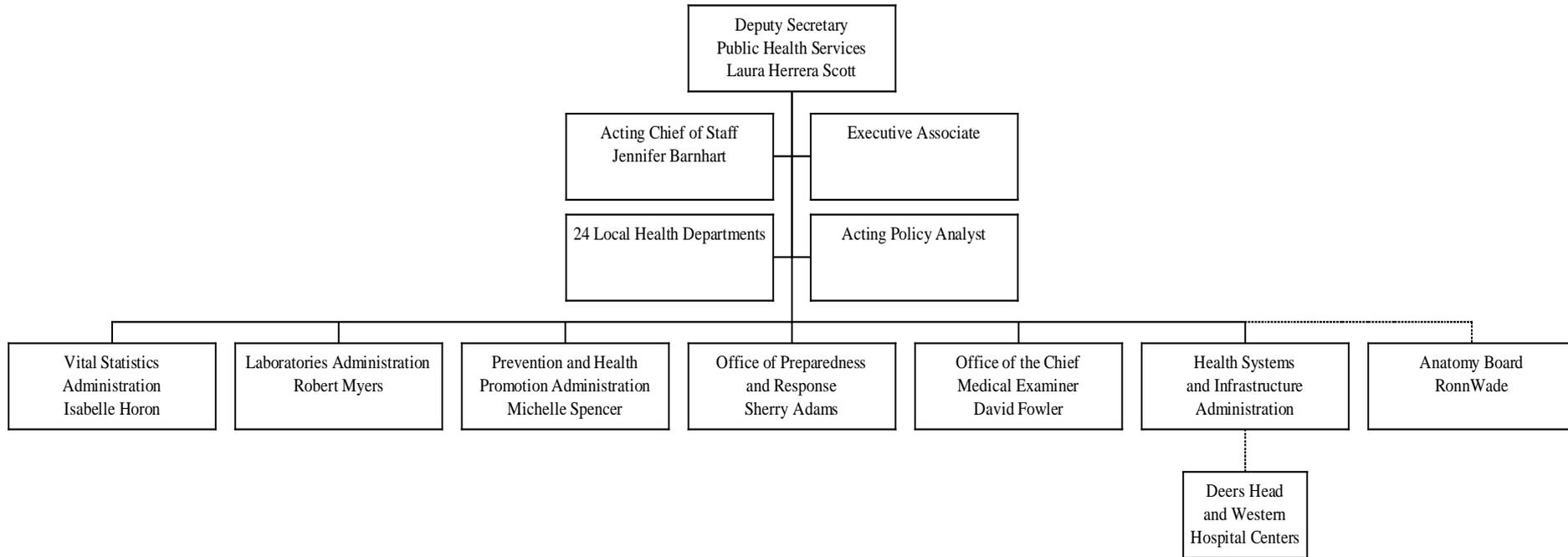
Laura Herrera Scott, M.D., M.P.H., Deputy Secretary



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Public Health Administration Organizational Chart



Health Systems and Infrastructure Administration (HSIA)

Russ Montgomery, Ph.D., M.S.
Director, Office of Population
Health Improvement

<http://hsia.dhmh.maryland.gov>



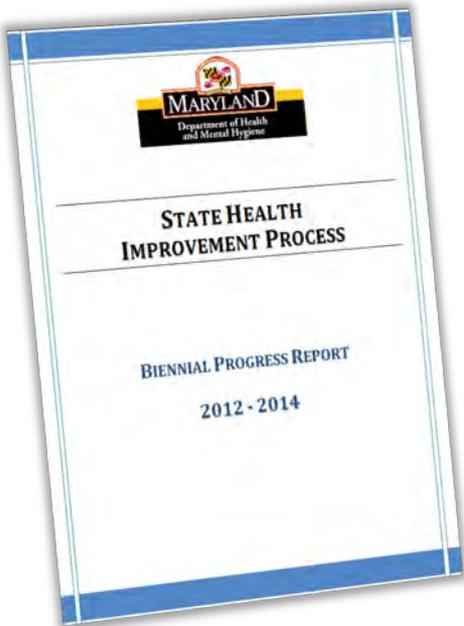
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State Health Improvement Process

Purpose

To enable communities to identify critical health needs and implement evidence-based strategies for change while measuring success through a common platform. Local action occurs through Local Health Improvement Coalitions that cover all Maryland counties.



2014 targets surpassed:

- Infant mortality
- Teen birth rate
- Childhood and adult obesity
- Youth tobacco use
- Alcohol-impaired driving fatalities
- HIV infections
- Domestic violence
- Unhealthy air days
- Affordable housing options
- Children receiving annual checkup
- Children receiving dental care
- Heart disease and cancer mortality
- Alzheimer's related hospitalizations

Significant improvement:

- Low birth weight
- Sudden unexpected infant death
- Entering Kindergarten ready to learn
- high school graduation rate
- Adult smoking
- Life expectancy
- Children with high blood lead levels
- Pedestrian injuries on public roads
- Salmonella transmission through food
- Proportion with health insurance
- Drug overdose deaths
- Seasonal flu vaccination



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Health Systems and Infrastructure Administration: Programs

Public Health Accreditation

- **Purpose:** National accreditation improves the quality of practice and performance at Maryland's 24 local health departments and DHMH. OPHI provides technical assistance throughout the process.
- **Progress:** LHDs--2 accredited, 6 in process, 11 actively working on applications. DHMH-- process should be complete in 6-8 months

Core Local Health Funding

- **Purpose:** To provide a high quality, effective public health system funded with State and local resources to support prevention, provide protection and promote health for all Marylanders.
- **Progress:** OPHI conducting quality improvement project to streamline grant administration processes, establish common set of local performance measures, and align with State Health Improvement Process



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Health Systems and Infrastructure Administration: Programs

School-Based Health Centers

- **Progress:** From Jul 13 to Dec 14: Increase from 70 to 82 SBHCs. In 13-14 school year, ~30,000 students were enrolled, a 20% increase from 12-13.
- **Sustainability:** Currently, 93 percent of SBHCs are Medicaid providers and the remaining centers have pending applications. DHMH surveys SBHCs to assess need for technical assistance/training, service expansion, and reimbursement

School Immunization

- **New requirements in 14-15:** Two doses of Varicella vaccine for entering Kindergarten; single dose of Tdap vaccine and a single dose of MCV4 vaccine for entering 7th grade
- **Progress:** Technical assistance and consultation with LHDs resulted in a 97 % reduction in noncompliance from announcement of new requirements to beginning of 14-15 school year.



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Specialty Hospital Centers

Mona K. Gahunia, D.O.

Chief Medical Officer, DHMH

Deer's Head Hospital Center

Western Maryland Hospital Center



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Deer's Head Hospital Center

Program Description

Provides care and treatment to individuals in programs under two levels of care: LTCH or Chronic Hospital & CCF or Skilled Nursing Home

Services

- **Long Term Care (Chronic) Hospital** – Intensive medical care & rehabilitation to medically complex patients requiring frequent physician intervention and rehabilitation services.
- **Comprehensive Care Facility** – Skilled nursing services & rehabilitation to community residents including those under 50, and those without any means of payment.
- **Tuberculosis In-Patient Treatment Program** – Long term care & rehabilitation for those patients with TB until medically cleared by Public Health.
- **KDU- Hemodialysis Clinic** – Provides Hemodialysis to community and CCF residents with End Stage Renal Disease as well as DHHC's LTCH in-patients with Acute Renal Failure

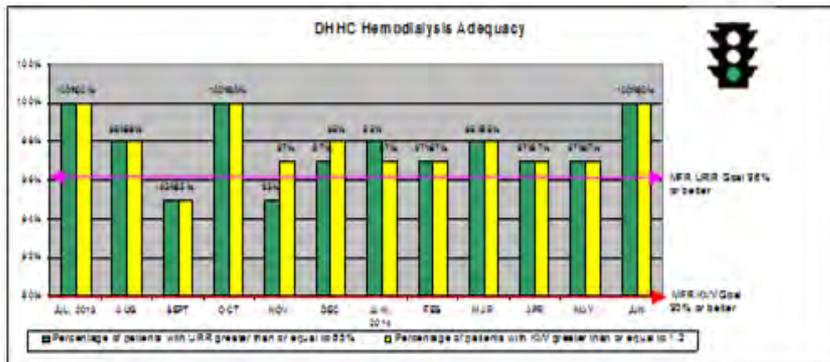
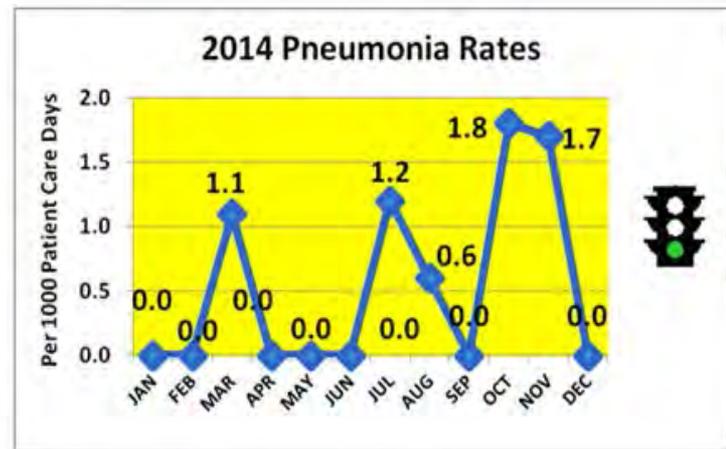
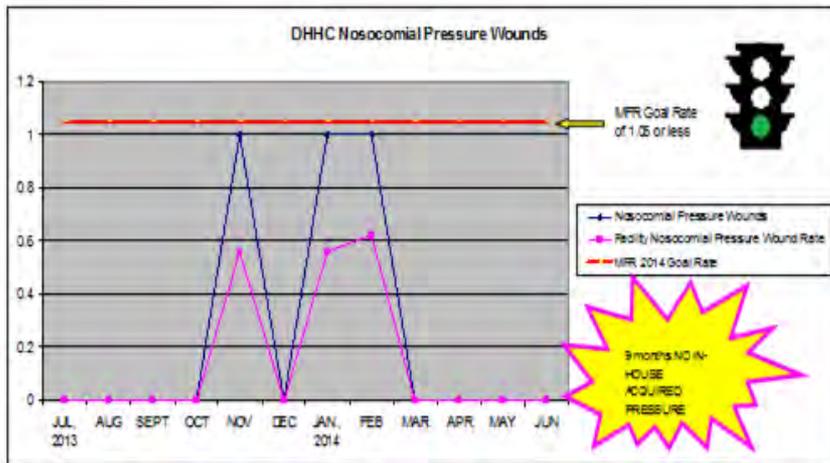


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Deer's Head Hospital Center Quality Indicators



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Deer's Head Hospital Center Accomplishments

Electronic Medical Record

- Laboratory interface initiated with in-house vendor for full integration of lab values within the EMR

Health Safety Management Team

- Lifting & strain injuries tracked, FY14
- Time lost reduced by 300 hours via awareness & education

KDU

- Implemented ice cream protein product given post treatment
- Improved blood albumin levels & ability to fight off infections.
- 5 Diamond Certification- in the Mid-Atlantic Renal Coalition's Patient Safety Program (highest rank)

Office of Health Care Quality

- Successful licensing survey, October 2014

Fair and Just Culture

- Improve communication, accountability, & sense of fairness

Personnel Engagement Survey

- Majority of the workforce engaged
- Areas for improvement include recognition, advancement/development , & communication/ involvement in decision making

Annual Turnover Rate - 11%

Completed & Ongoing Projects

Completed Projects

- North Elevator Project
- North 1 Asbestos Abatement Project

Projects for Completion FY15

- Removal of 10,000 Gallon Fuel Tank



Western Maryland Hospital Center (WMHC)

Program Description

Provides care and treatment to individuals in four programs under two levels of care.

Services

- **High Intensity Medical Program** - Provides intensive medical care and rehabilitation to medically complex patients requiring frequent physician intervention and rehabilitation services.
- **Comprehensive Care Program** – Provide skilled nursing services, rehabilitation, and ventilator management to community residents requiring those services, including those under 50, and those without any means of payment.
- **Brain Injury Rehabilitation Program** – Provides acute rehabilitation for those returning home and transitional care for those accessing the Brain Injury Waiver Program.
- **Outpatient Hemodialysis Clinic** – Provides Hemodialysis to community residents with End State Renal Disease as well as WMHC’s Nursing Home residents and Hospital inpatients with Acute Renal Failure.



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Western Maryland Hospital Center

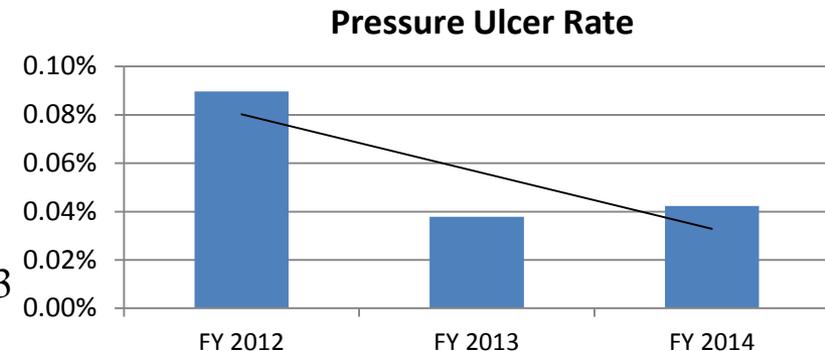
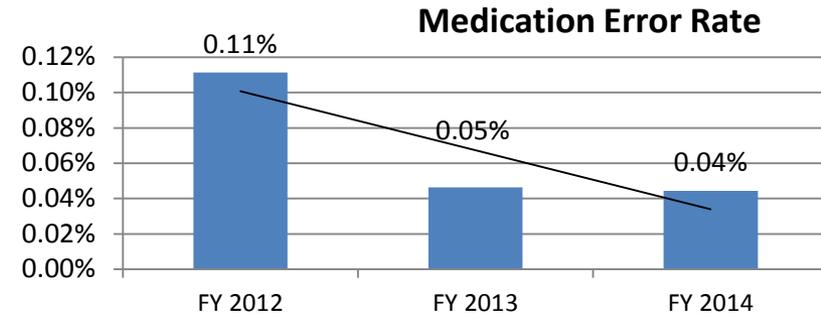
High Quality Care

Providing High Quality Care

- Quality as a core value
- Performance Improvement (PI) program:
 - Measures & analyzes 50 + individual quality indicators (QI)
 - QIs reviewed monthly by PI committees & Senior Leadership
 - QIs reviewed quarterly by Governing Body
 - PI committees develop plans of actions for indicators below established thresholds

- Medication error rate dropped since implementation of the eMAR/eTAR & CPOE (0.04% ; 332 errors out of 746,542 doses)

- Pressure ulcer development considered an indicator for quality of care
- Implemented a Pressure Ulcer Prevention Program FY13



Western Maryland Hospital Center

Accomplishments

Programs

- Established In-Patient Clinics
 - Podiatry
 - Dentistry
 - Optometry
 - Gynecology
 - Wound Care
- Added Substance Abuse component to the Brain Injury Program
- Fully Implemented Electronic Health Record

Technology/IT

- Implemented ABAQIS – Quality Management Software for Long Term Care
- Introduced PolicyStat – State of the Art Policy Management Software
- Purchases Lippincott Procedures & Solutions – Up to date Nursing Procedures & Training Software

Management

- Developed 3 year Strategic Plan
- CARF 3 year Accreditation of Brain Injury Program
- Deficiency-Free Dialysis Survey

Clinical

- Reduced Urinary Tract Infections by 50%
- Reduced patients reporting severe to moderate pain by 46%
- Reduced nosocomial pressure ulcer rate by 50%
- Implemented FiberOptic Endoscopic Evaluation of Swallowing (FEES)



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**Department of Health and Mental Hygiene
Public Health Administration
M00F
Response to Recommended Actions**

Health Systems and Infrastructure Administration M00F0201

Recommended Actions # 1: Reduce 9.0 positions and reduce federal funds for the State Innovation Models grant down to the appropriate level.	<u>Amount Reduction</u> \$7,022,750 FF	<u>Position Reduction</u> 9.0
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Response:
The Administration concurs with this recommendation.

Recommended Action # 2: Strike the following language to the special fund appropriation:
~~; provided that this appropriation shall be reduced by \$7,841,378 contingent upon the enactment of legislation reducing the required appropriation for Core Public Health Services~~

Response:
The Administration concurs with this recommendation.

Recommended Actions # 3: Reduce general funds for Core Public Health Services to the fiscal 2014 level as provided in the Governor's budget.	<u>Amount Reduction</u> \$7,841,378 GF	<u>Position Reduction</u>
Total Reductions	\$14,864,128	9.0
Total General Fund Reductions	\$7,841,378	
Total Federal Fund Reductions	\$7,022,750	

Response:
The Administration concurs with this recommendation.