

MARYLAND DEPARTMENT OF HEALTH

Office of Health Care Quality FY 2019 Budget Hearings

February 7, 2018 and February 12, 2018



What is the context of OHCQ and BHA ensuring for patient health and safety?

OHCQ and BHA Scope of Responsibilities

The Office of Health Care Quality (OHCQ) and the Behavioral Health Administration (BHA) are the units of the Maryland Department of Health (MDH) responsible for the oversight of approximately 18,000 providers across approximately 60 provider types in Maryland, including:

- Adult Medical Day Care
- Assisted Living
- Ambulatory Care
- Clinical Laboratories
- Developmental Disabilities
- Forensic Laboratories
- Hospitals
- Long Term Care
- Psychiatric Rehabilitation Programs
- Outpatient Mental Health Centers

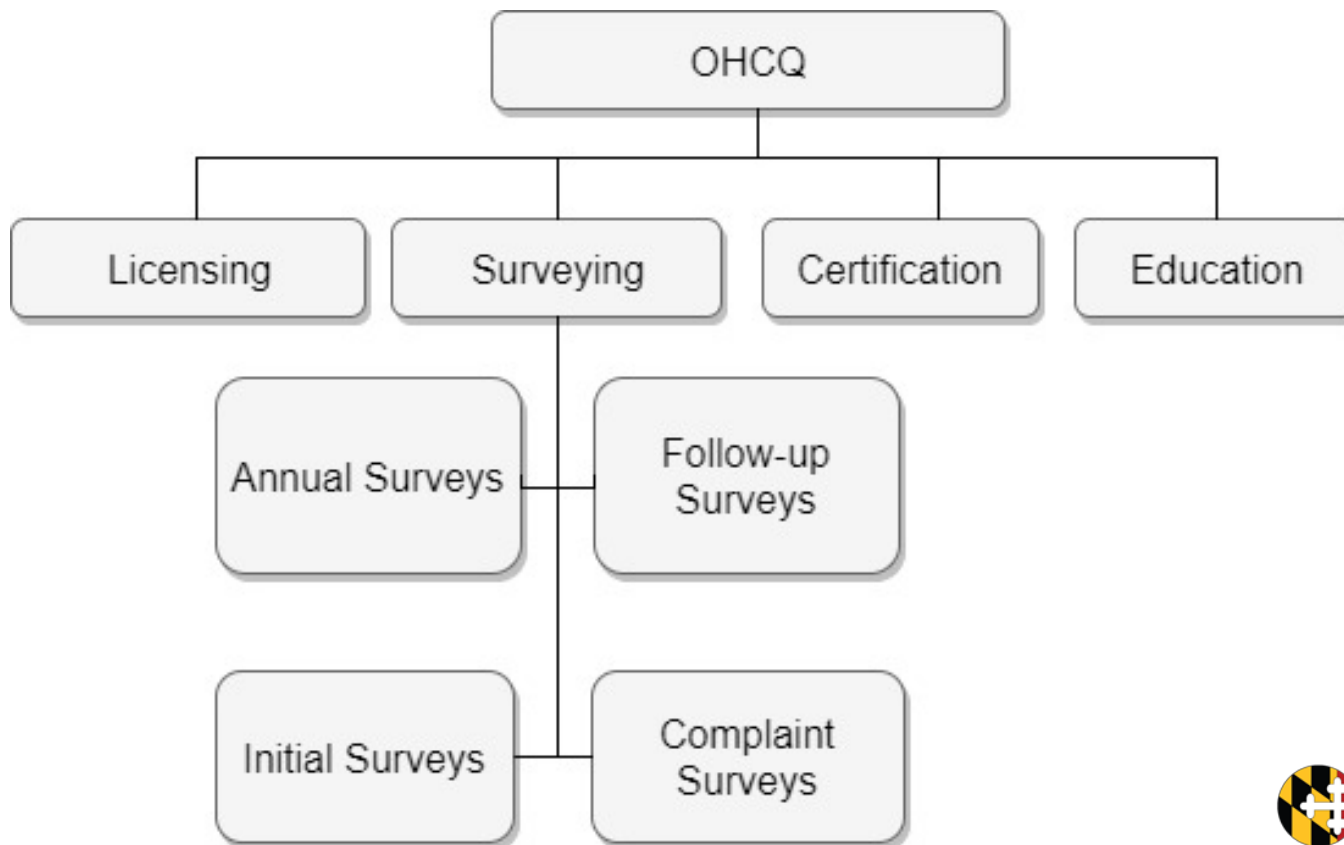
OHCQ and BHA, as agents of both the State and Federal Government, are responsible for licensing, certifying, surveying, and educating providers according to both State and Federal Standards



What are the results of OHCQ's efforts to ensure patient health and safety?

OHCQ Service Model

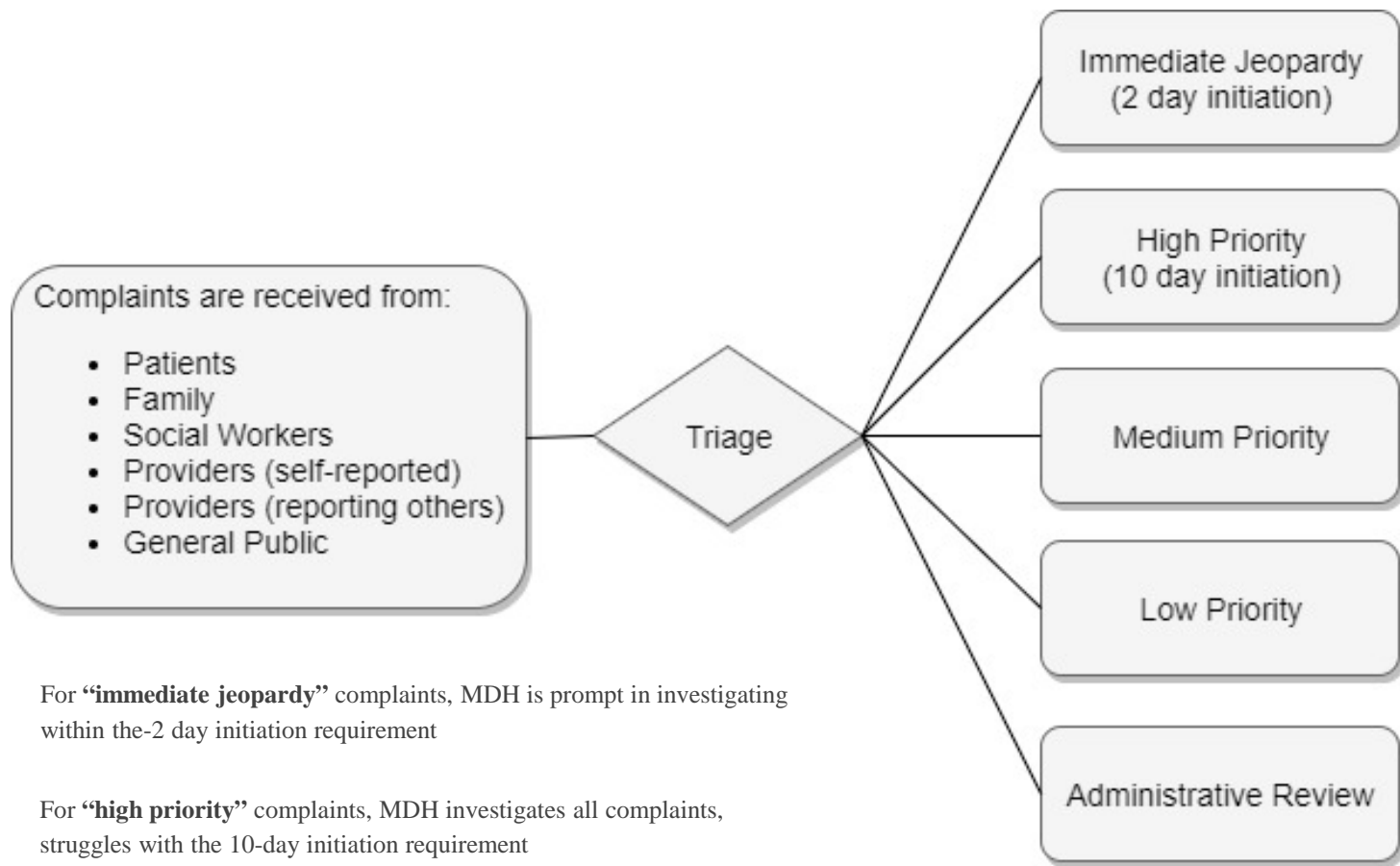
Through a system of survey techniques applied on both an annual and spontaneous basis, OHCQ promotes and ensures quality and safety in the provider environments that house the most vulnerable in Maryland





How does OHCQ respond to complaints?

OHCQ Complaint Process



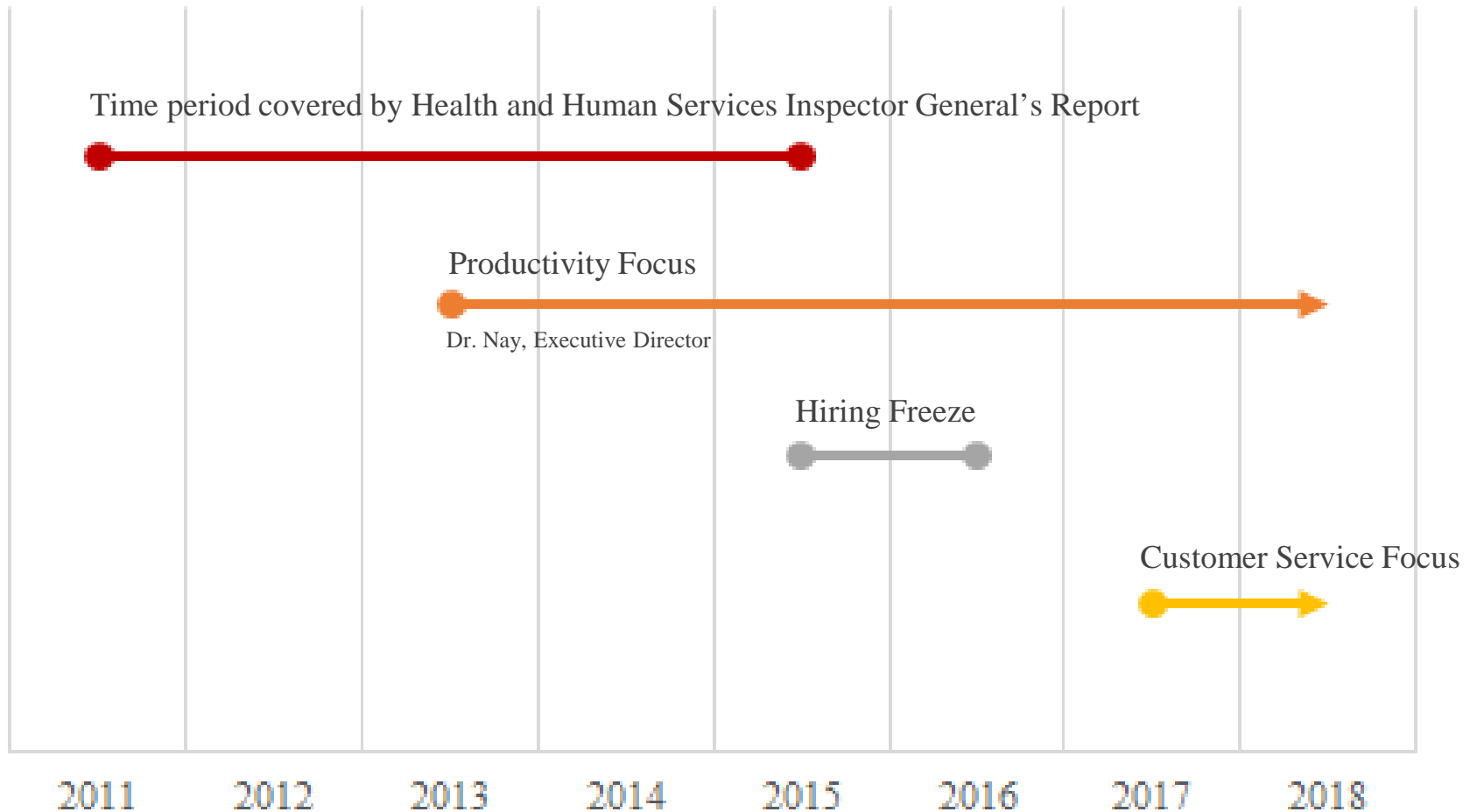
For “**immediate jeopardy**” complaints, MDH is prompt in investigating within the-2 day initiation requirement

For “**high priority**” complaints, MDH investigates all complaints, struggles with the 10-day initiation requirement



What is OHCQ's response to the issues noted in the Inspector General's report?

Deliberate and Diligent Improvements

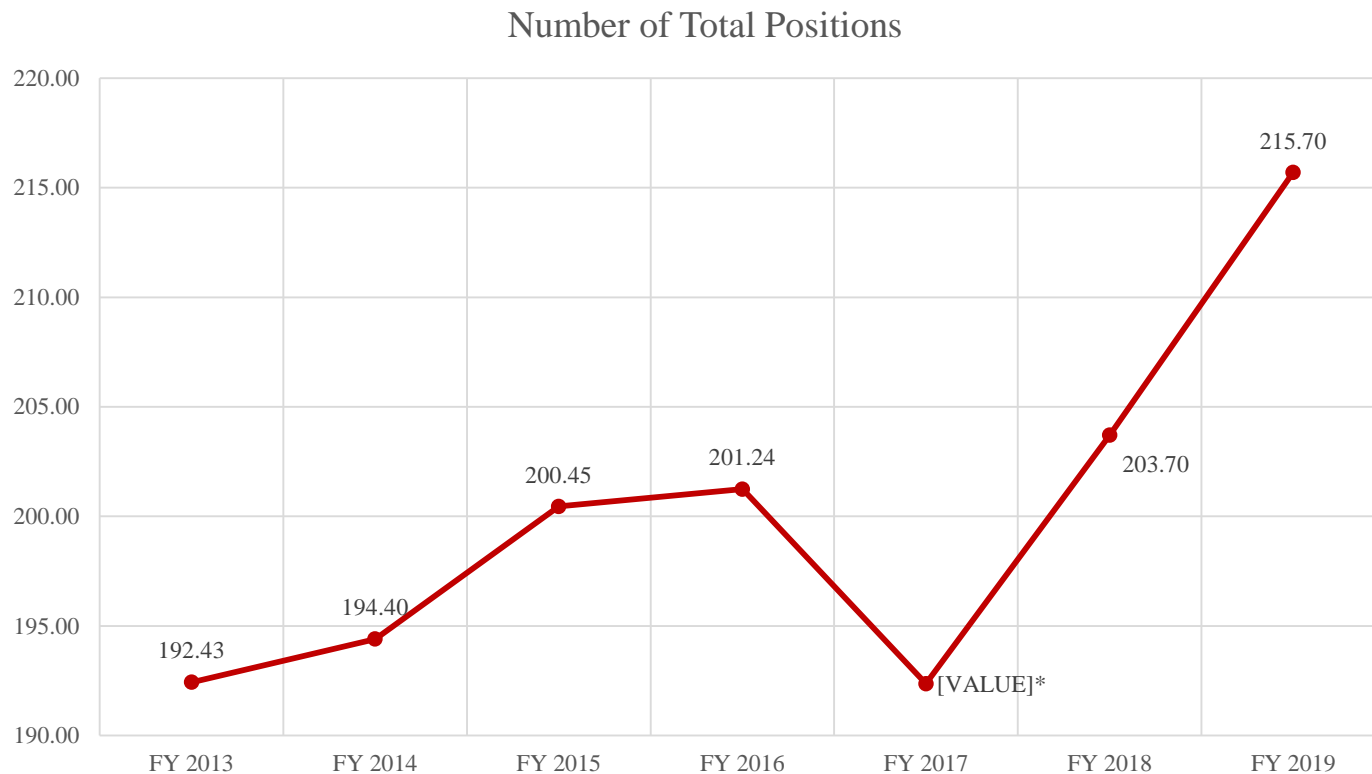




How is OHCQ addressing the growing need for surveyors and investigations?

Overall Staffing Changes

MDH has increased the number of positions within OHCQ since the period of the Inspector General's Report



* 8 FTE surveyors and 3,000 providers were transferred from OHCQ to BHA

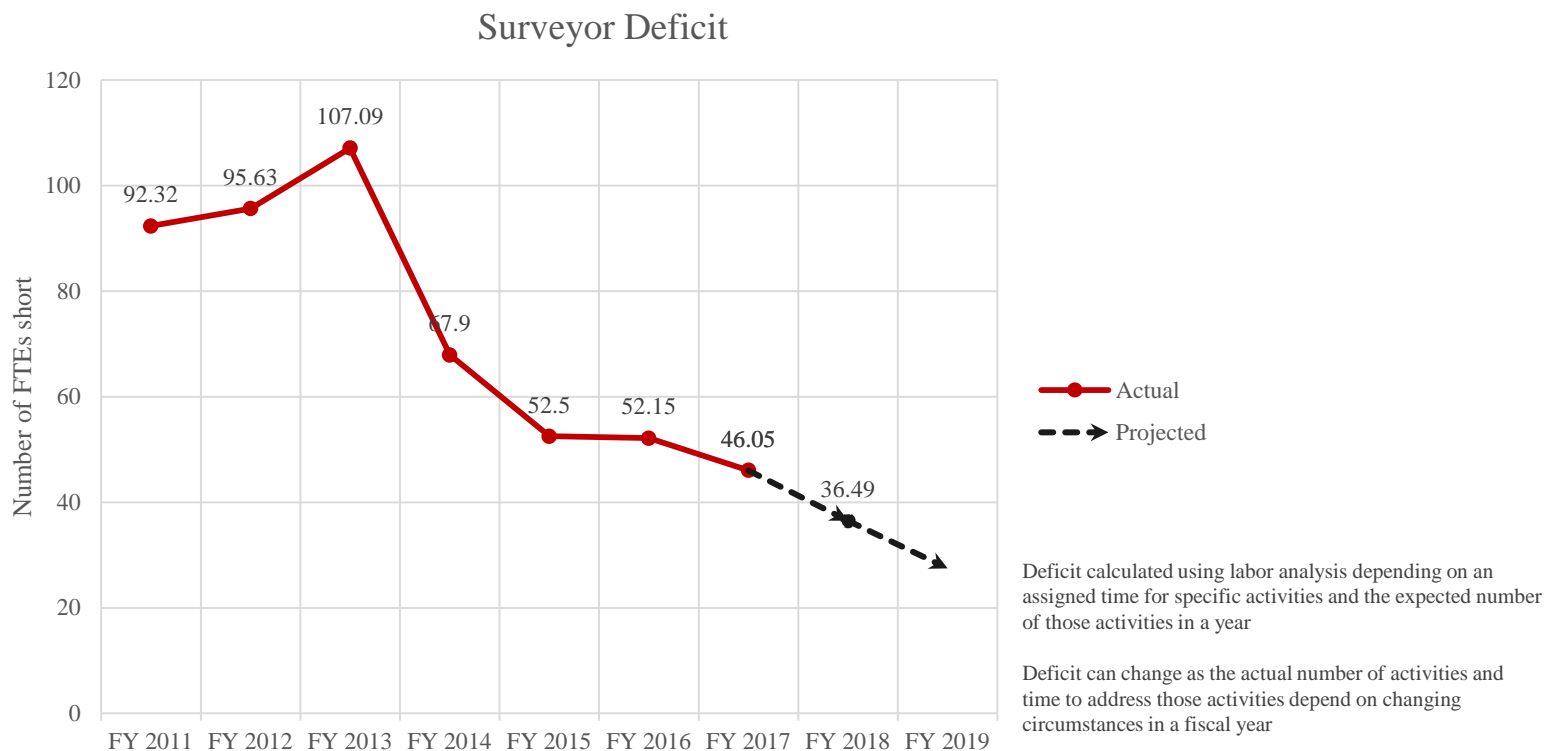




How is OHCQ addressing the growing need for surveyors and investigations?

Reducing Surveyor Deficit

Dr. Nay focused on productivity efficiencies for significant early gains; the surveyor deficit across OHCQ is projected to reach 36.49 during FY 2018



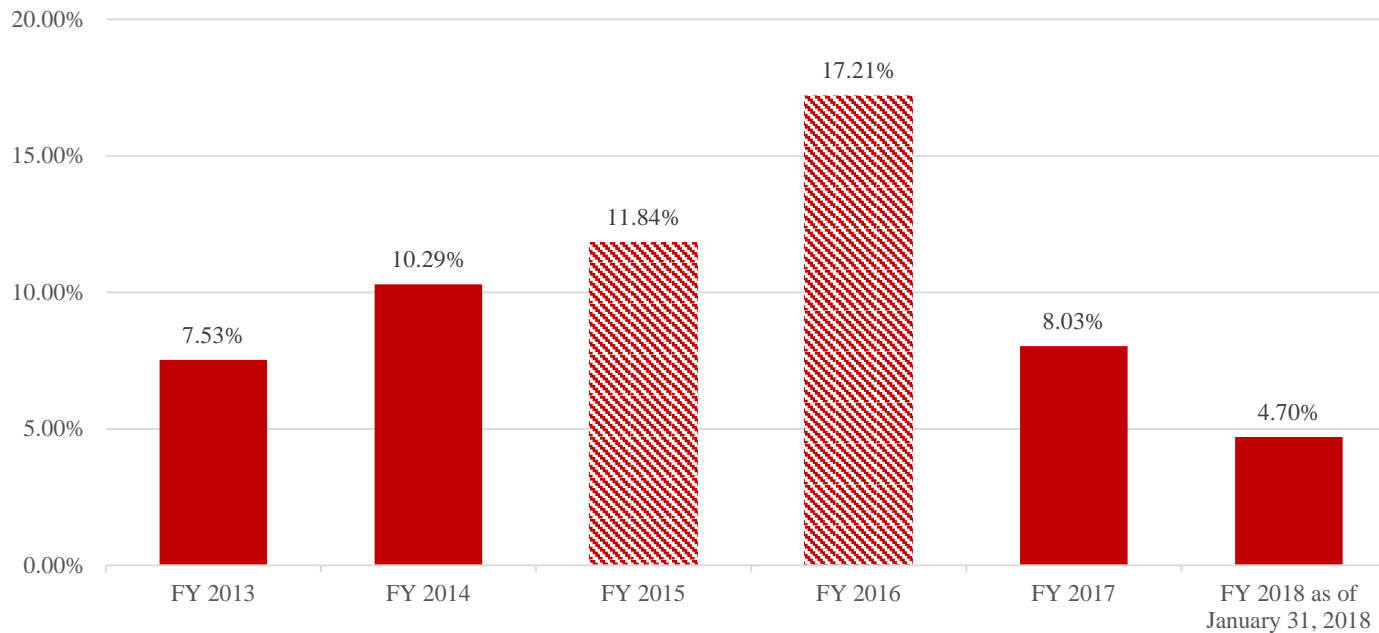


How can we tell that our hiring policy is producing results?

Significantly Reduced Vacancy Rates

At 4.7%, OHCQ currently has one of the lowest vacancy rates in the Department

Vacancy Rates for the Office of Health Care Quality,
FY 2013 to FY 2018



Red and white columns correspond to the previously discussed hiring freeze



What is OHCQ doing to address surveyor deficit beyond administrative efficiency?

Continuous Hiring Plan

The Secretary directed OHCQ to continuously hire new staff due to the surveyor deficit, which allowed OHCQ to build a strong staff foundation in order to hire more surveyors:

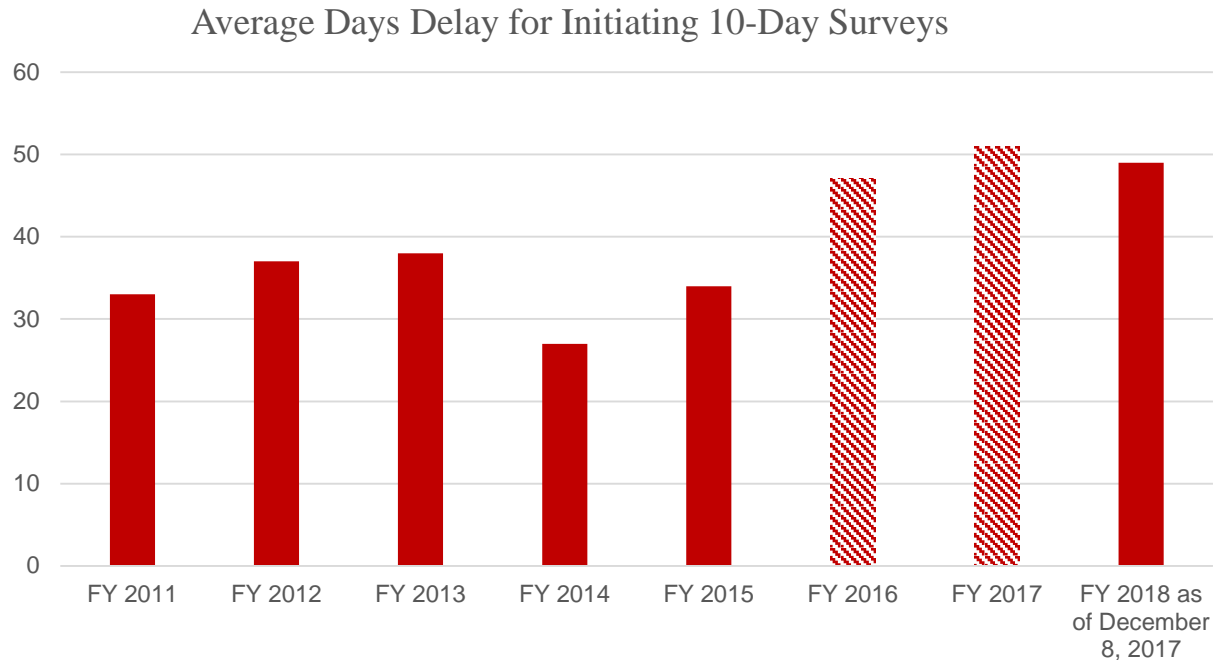
- Coordinators are one of these foundation positions critical to the surveyor process. They are highly involved in the surveying/training process as each coordinator supports five to six surveyors. They also assist in completing surveys in the allotted timeframe by performing work product audits, and writing and submitting reports
- With a staffing foundation in place, as well as retention efforts such as wage studies and administrative efficiencies, the focus will shift to recruiting, hiring, and retaining additional qualified surveyors
- Surveyors must undergo a year of training, field work, review, and examination before they are qualified to work independently to investigate complaints. OHCQ can only absorb 12 to 15 new hires each year in addition to turnover



Why does a continuous hiring policy matter?

Non-Hiring and Lagged Growth of Delays

The full effects of the hiring freeze during FY 2015 and FY 2016 are being felt in FY 2016 and FY 2017; due to lessons learned, MDH is providing direction and resources to OHCQ to pursue consistent and aggressive hiring and retention policy



Delays have increased since the report, due to the hiring freeze two CFOs ago, combined with the fact that surveyors require a year of training before working independently



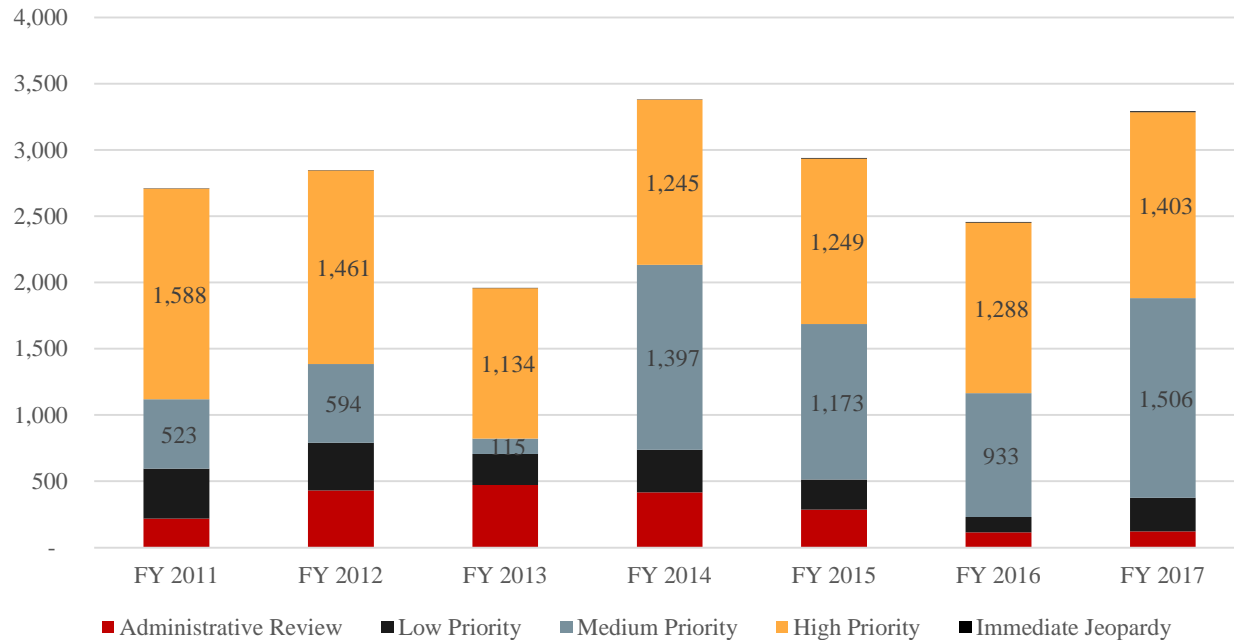


How has OHCQ's surveying mandate changed over time requiring a continuous hiring policy?

Nursing Home Complaints

All complaints must be investigated and reviewed, as even a low-priority complaint may result in discovering an “immediate jeopardy” or actual harm deficiency in care

Distribution of Triaged Complaints



“Immediate jeopardy” complaints are a small proportion of the total number; “high priority” complaints have remained relatively stable, and “medium priority” complaints have grown significantly over time

Approximately 35 percent of the allegations overall are substantiated through investigation

Both substantiated and unsubstantiated claims require the same amount of investigation

What are the next steps in the continuous hiring policy for the OHCQ?

Positions for FY 2018

There are 14 positions available for FY 2018

OHCQ Unit	Position	#	OHCQ Unit	Position	#
Developmental Disabilities	Nurse surveyor	1	Long term care	Coordinator	1
Developmental Disabilities	Office secretary	1	Long term care	Sanitarian surveyor	1
Ambulatory care	Coordinator	1	Long term care	Nurse surveyor	1
Federal	Assistant Deputy Director	1	Long term care	Nurse surveyor trainer	1
Federal	Performance Improvement Specialist	1	Assisted living	Coordinator	1
State	Performance Improvement Specialist	1	Assisted living	Nurse surveyor	1
Quality Initiatives	Coordinator	1	Developmental Disabilities	Coordinator	1

What are the next steps in the continuous hiring policy for the OHCQ?

12 Positions for FY 2019

There are 12 positions available for FY 2019

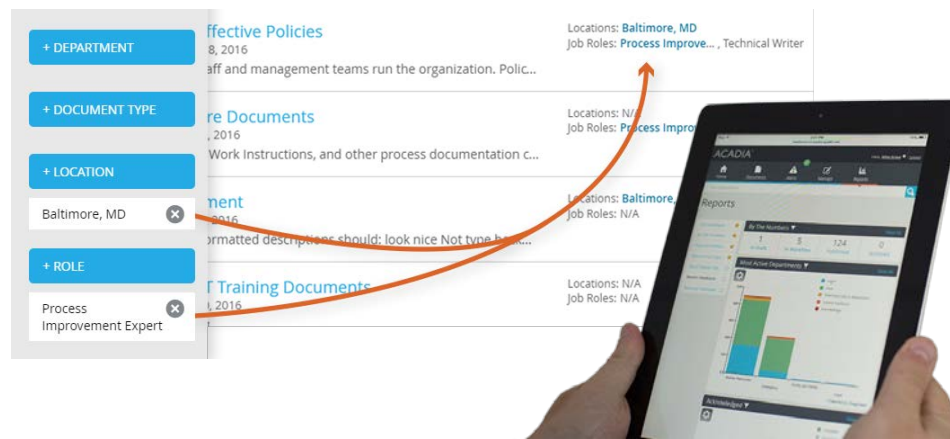
OHCQ Unit	Position	#
Long term care	Coordinator	1
Long term care	Nurse surveyor	4
Long term care	Physician surveyor	1
Assisted living	Nurse surveyor	2
Developmental disabilities	Coordinator	1
Developmental disabilities	Nurse surveyor	2
Developmental disabilities	Special Programs Coordinator	1

How does OHCQ make the best use of its staffing resources?

Infrastructure for Productivity

May 2017: In addition to hiring surveyors and support staff, OHCQ implemented structural administrative changes for employees through the use of the Acadia software platform, which allows:

- A centralized repository for all OHCQ policies, procedures, and documentation available in the organization
- Version control and instant updates to the entire organization
- Role management to present information and documents to employees according to the need and frequency of their position
- Multi-platform capability so that employees can access information in the field through either handheld devices for quick reference, or through a laptop/desktop for review or drafting reports and responses from templates

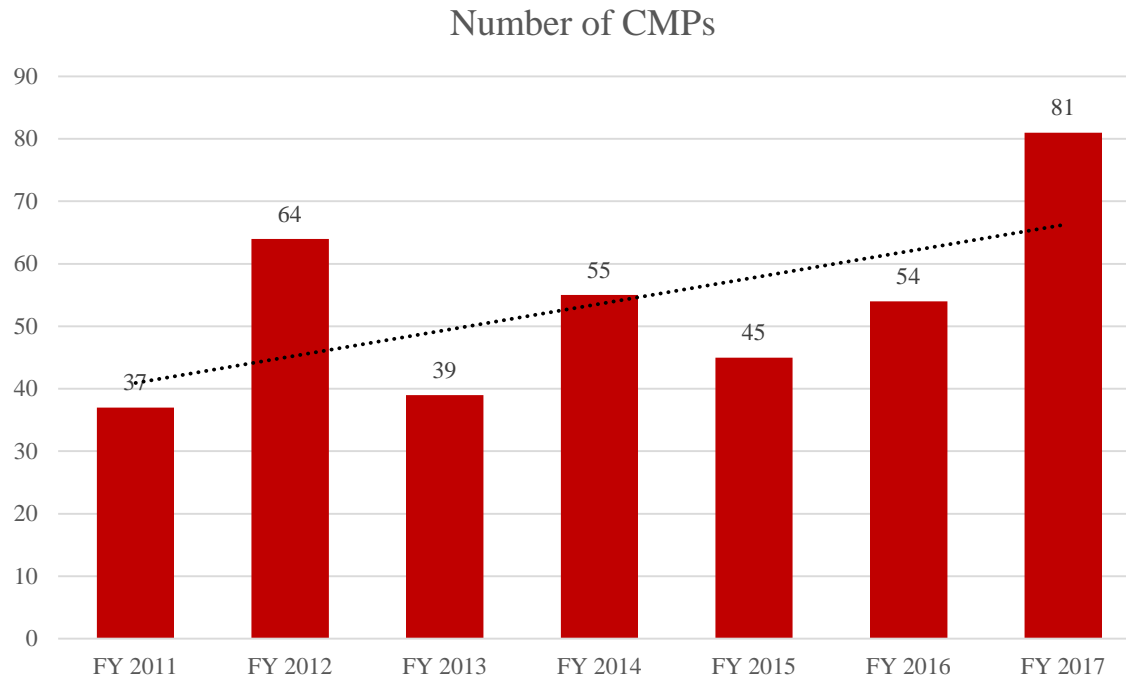




What is the outcome of OHCQ's investigations into the complaints?

Civil Monetary Penalties

Civil Monetary Penalties are levied against nursing homes for violations. Money collected goes into a special account overseen by the Centers for Medicare and Medicaid Services (CMS) that is used to fund health care quality research in Maryland





What is the outcome of OHCQ's investigations into the complaints?

Civil Monetary Penalties

Penalty amounts, on average, have risen from \$5,304 in FY 2011 to \$234,751 in FY 2017; total amount of penalties has grown from \$26,520 to \$16,667,332

	FY 2011	FY 2012	FY 2013	FY 2014	FY 2015	FY 2016	FY 2017
Average amount	\$5,304	\$2,929	\$20, 127	\$55,927	\$78,316	\$74,723	\$234,751
Total amount	\$26,520	\$20,500	\$281,780	\$1,565,955	\$1,801,266	\$2,839,489	\$16,667,332

Health Care Quality Account Grants

A portion of the money (based on the number of patients in the deficient facility) collected from civil money penalties imposed by CMS or OHCQ are placed into non-lapsing special funds:

- These special funds are administered by CMS, and are used to award grants to support activities that improve the quality of life of individuals who reside in nursing homes
- Applications are accepted throughout the year and grants are awarded on a rolling basis, contingent on funding
- Committee reviews the applications: Office of the Inspector General, Office of the Attorney General, and OHCQ (Executive Director, Chief Fiscal Officer, Deputy Director of Federal Programs, Deputy Director of State Programs, and Chief Nurse)
- CMS must approve the use of federal funds
- In State FY 2017, OHCQ awarded 10 grants totaling \$1,026,990



What kind of projects do OHCQ Account Grants fund?

Grants Awarded in FY 2018

The Beacon Institute: \$8,750—for strengthening the ability of Geriatric Nurses Assistants to observe changes in residents’ physical and mental status and to improve the care of residents

LW Consulting, Inc.: \$493,155—for implementing a safe and orderly relocation of residents from a closing long term care facility to other settings

Community Health Education and Research Corp.: \$35,000—for providing education and training to assisted living staff and care providers in mental health first aid solutions

Health Facilities Association of Maryland: \$109,850—for providing education and certification to employees of skilled nursing facilities in skin and wound care

The Beacon Institute: \$80,189—for providing continuing education for nursing home staff in the area of Quality Assurance Program Improvement in order to reduce deficiencies in quality of care

The Beacon Institute: \$76,781—for providing continuing education to both healthcare professionals and the public about the use of Maryland’s Medical Order for Life Sustaining Treatment order form

The Beacon Institute: \$100,889—for implementing the CARES® online training program in the nursing home on the subject of Alzheimer and dementia person-centered care



What kind of projects do OHCQ Account Grants fund?

Grants Awarded in FY 2018

The Beacon Institute: \$32,161—for implementing the CARES® online training program in assisted living facilities on the subject of Alzheimer and dementia person-centered care

The Beacon Institute: \$82,800—for providing nursing home discharge planners, residents, and caregivers with a toolkit for organizing successful and safe transitions from nursing homes to community settings

Allegany College of Maryland: \$7,415—for providing education to Certified Nurses Assistants and Geriatric Nurses Assistants in communicating with dementia patients, interacting with mental illness, situational awareness safety, documentation, and diffusing volatile situations

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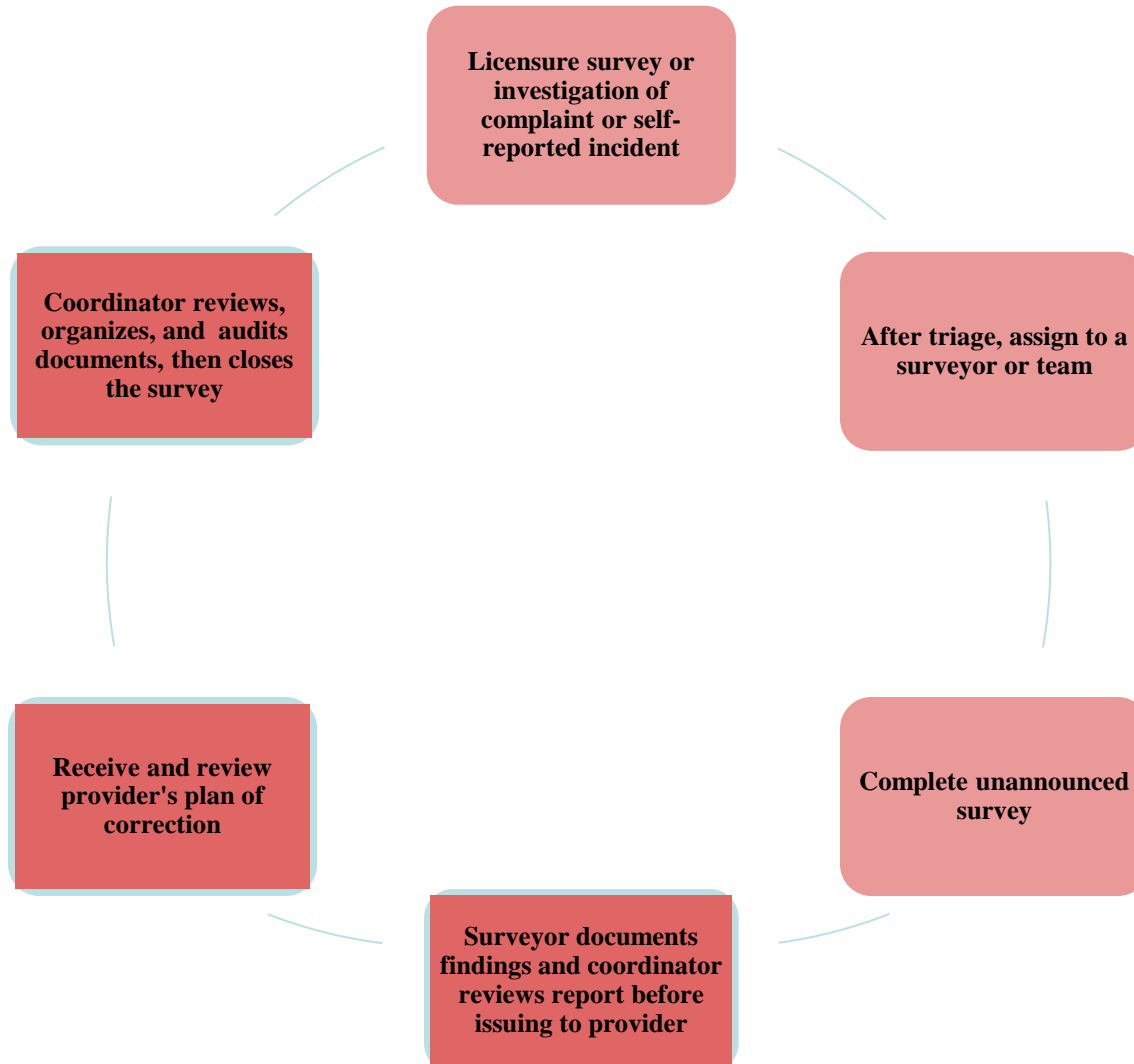
Office of Health Care Quality FY 2019 Budget Hearings

Appendix



Why does OHCQ place emphasis on hiring coordinators in addition to surveyors?

OHCQ Survey Cycle



Scope and Severity Matrix

	Isolated (1)	Pattern (2)	Widespread (3)
Immediate jeopardy to resident health or safety (4)	J Substandard quality of care, 221-226, 240-258, 309-333	K Substandard quality of care, 221-226, 240-258, 309-333	L Substandard quality of care, 221-226, 240-258, 309-333
Actual harm that is not immediate jeopardy (3)	G	H Substandard quality of care, 221-226, 240-258, 309-333	I Substandard quality of care, 221-226, 240-258, 309-333
No actual harm with potential for more than minimal harm that is not immediate jeopardy (2)	D	E	F Substandard quality of care, 221-226, 240-258, 309-333
No actual harm with potential for minimal harm (1)	A Substantial compliance	B Substantial compliance	C Substantial compliance

**The Maryland Department of Health's
Responses to the DLS FY 2019 Office of Health Care Quality Budget Analysis
February 7, 2018 (House) and February 12, 2018 (Senate)**

The department should comment on why some of the new positions are contractual FTEs as opposed to regular positions. (pg. 2, 14)

The Department is utilizing multiple methods to address the staffing needs at OHCQ, including three contractual positions in FY 2019. If recruitment or retention difficulties arise, then consideration will be given to utilizing merit positions. For more information, please refer to OHCQ's budget hearings presentation or the OHCQ 2018 Annual Report previously submitted to DLS.

The Department of Legislative Services recommends concurring with the Governor's allowance for OHCQ. (pg. 3, 15)

The Department thanks the General Assembly for its support.