

MDH - Maryland Hospital System

MISSION

We work together to promote and improve the health and safety of all Marylanders through disease prevention, access to care, quality management, and community engagement.

VISION

Lifelong health and wellness for all Marylanders.

KEY GOALS, OBJECTIVES, AND PERFORMANCE MEASURES

DEER'S HEAD HOSPITAL CENTER (DHHC)

Goal 1. To operate with a “Culture of Safety,” free from accidents and injuries for all who reside and/or those who rehabilitate at Deer’s Head Hospital Center.

Obj. 1.1 Annually, the percentage of patients/residents with one or more falls will be .01 percent or less.

Obj. 1.2 Annually, DHHC will maintain a medication error rate of less than 0.02.

Performance Measures	2018 Act.	2019 Act.	2020 Act.	2021 Act.	2022 Act.	2023 Est.	2024 Est.
Number of patient care days (PCDs)	15,638	15,898	15,155	14,949	15,236	15,236	15,236
Number of doses administered	387,169	368,733	365,893	353,174	393,964	393,964	393,964
Number of medication errors	150	303	320	195	168	168	168
Medication error rate per opportunity	0.04%	0.08%	0.09%	0.06%	0.04%	0.04%	0.04%
Number of falls with major injury	N/A	1	1	1	0	0	0
Total number of patients/residents	N/A	120	122	126	100	100	100
Percentage of patients/residents with one or more falls with major injury	N/A	0.83%	0.82%	0.79%	0.00%	0.00%	0.00%

Goal 2. To ensure quality of care for all patients.

Obj. 2.1 The percentage of patients/residents with new pressure injuries will be 2 percent or less annually.

Obj. 2.2 The percentage of patients/residents with worsening pressure injuries will be 2 percent or less annually.

Performance Measures	2018 Act.	2019 Act.	2020 Act.	2021 Act.	2022 Act.	2023 Est.	2024 Est.
Number of PCDs	15,638	15,898	15,155	14,949	15,236	15,236	15,236
Number of patients/residents with pressure injuries that are new	N/A	0	0	0	0	0	0
Total number of patients/residents	N/A	120	122	126	100	100	100
Percent of patients with pressure injuries that are new	N/A	0%	0%	0%	0%	0%	0%
Number of patients/residents with pressure injuries that worsen	N/A	2.00	0.00	0.00	0.00	0.00	0.00
Total number of patients/residents	N/A	120.00	122.00	126.00	100.00	100.00	100.00
Percent of patients with pressure injuries that worsen	N/A	1.7%	0.0%	0.0%	0.0%	0.0%	0.0%

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Goal 3. Improve quality and accessibility of both treatment modalities to a consistently increasing end stage renal disease population.

Obj. 3.1 The percentage of hemodialysis patients who achieve a URR (urea reduction rate: a measure of adequate dialysis) of 65 will be equal to or greater than the Mid-Atlantic Renal Coalition goal of 96 percent.

Performance Measures	2018 Act.	2019 Act.	2020 Act.	2021 Act.	2022 Act.	2023 Est.	2024 Est.
Number of URR tests done	716	579	525	552	530	530	530
Number of URR test results of 65 or greater	704	573	521	542	520	520	520
Percent of hemodialysis patients who achieve URR of 65 or greater	98.32%	98.96%	99.24%	98.19%	98.11%	98.11%	98.11%

Obj. 3.2 The percentage of hemodialysis patients who achieve a Kt/V of 1.2 or greater will be equal to or greater than the Mid-Atlantic Renal Coalition goal of 90 percent.

Performance Measures	2018 Act.	2019 Act.	2020 Act.	2021 Act.	2022 Act.	2023 Est.	2024 Est.
Number of Kt/V tests done	713	577	523	552	534	534	534
Number of Kt/V tests of 1.2 or greater	697	570	513	541	525	525	525
Hemodialysis patients who achieve Kt/V of 1.2 or greater	97.76%	98.79%	98.09%	98.01%	98.31%	98.31%	98.31%

WESTERN MARYLAND HOSPITAL CENTER (WMHC)

Goal 1. To operate with a “Culture of Safety,” free from accidents, injuries and medication errors for all who reside and/or those who receive treatment at Western Maryland Hospital Center.

Obj. 1.1 Annually, the percentage of patients/residents with one or more falls with major injury will be .01 percent or less.

Obj. 1.2 Annually, WMHC will maintain a medication error rate of less than 0.02.

Performance Measures	2018 Act.	2019 Act.	2020 Act.	2021 Act.	2022 Act.	2023 Est.	2024 Est.
Total number of patients/residents	136	106	79	84	79	97	89
Number of patients with one or more falls with major injury	0	1	0	2	0	0	0
Percent of patients with one or more falls with major injury	0.0%	0.9%	0.0%	2.4%	0.0%	0.0%	0.0%
Number of doses administered	469,251	442,380	452,252	438,997	482,289	457,034	454,590
Number of medication errors	107	153	48	31	62	62	62
Medication error rate per opportunity	0.02%	0.03%	0.01%	0.01%	0.01%	0.01%	0.01%

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Goal 2. To ensure quality of care for all patients.

Obj. 2.1 Annually, the percentage of patients/residents with new pressure injuries will be 2 percent or less.

Obj. 2.2 Annually, the percentage of patients/residents with worsening pressure injuries will be 2 percent or less.

Performance Measures	2018 Act.	2019 Act.	2020 Act.	2021 Act.	2022 Act.	2023 Est.	2024 Est.
Total number of patients/residents	136	106	79	84	79	97	89
Number of patients/residents with pressure injuries that are new	N/A	8	7	4	3	3	3
Percent of pressure injuries that are new	N/A	0.67%	8.86%	4.76%	0.67%	67.00%	0.67%
Number of patients/residents with pressure injuries that worsen	N/A	1	1	0	1	1	1
Percent of pressure injuries that are worsening	N/A	0.33%	1.27%	0.00%	0.22%	0.22%	0.22%

Goal 3. Provide the highest quality of care in a safe environment free from hospital acquired complications.

Obj. 3.1 Annually, the patient/resident Ventilator Associated Pneumonia (VAP) rate will be 1.55 or lower.

Performance Measures	2018 Act.	2019 Act.	2020 Act.	2021 Act.	2022 Act.	2023 Est.	2024 Est.
Number of vent days	2,656	2,645	1,987	1,635	1,827	2,150	2,150
Number of Ventilator Associated Pneumonia (VAPs)	7	16	4	0	4	0	0
Rate of VAP occurrence per 1,000 vent days	2.64	6.05	2.01	0.00	2.19	0.00	0.00

Obj. 3.2 Annually, the patient/resident ventilator associated event (VAE) rate will be 1.55 or less.

Obj. 3.3 Annually, the patient/resident Catheter Associated Urinary Tract Infections (Cauti) rate will be 1.6 or less.

Obj. 3.4 Annually, the patient/resident Multi-drug Resistant Organisms (MDRO) rate will be 0.63 or less.

Performance Measures	2018 Act.	2019 Act.	2020 Act.	2021 Act.	2022 Act.	2023 Est.	2024 Est.
Patient/resident ventilator associated event (VAE) rate	N/A	N/A	N/A	0.00	0.00	0.00	0.00
Patient/resident Catheter Associated Urinary Tract Infections (Cauti) rate	N/A	N/A	N/A	0.00	1.76	0.89	0.89
Patient/resident Multi-drug Resistant Organisms (MDRO) rate	N/A	N/A	N/A	0.00	2.75	1.38	1.38

Goal 4. Provide an exceptional experience for all patients and families.

Obj. 4.1 Annually increase the customer satisfaction score.

Performance Measures	2018 Act.	2019 Act.	2020 Act.	2021 Act.	2022 Act.	2023 Est.	2024 Est.
Annual customer satisfaction score	94.0%	92.9%	88.6%	85.8%	87.5%	87.5%	87.5%

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BEHAVIORAL HEALTH FACILITIES

Goal 1. Improve psychiatric outcomes for all patients.

Obj. 1.1 To maintain patient satisfaction rates of at least 80 percent (as reported in patient satisfaction surveys).

Performance Measures - Satisfaction Survey	2018 Act.	2019 Act.	2020 Act.	2021 Act.	2022 Act.	2023 Est.	2024 Est.
Thomas B. Finan Hospital Center	81%	90%	82%	87%	79%	83%	83%
RICA Baltimore	89%	97%	93%	90%	67%	100%	87%
Eastern Shore Hospital Center	48%	66%	60%	82%	80%	87%	88%
Springfield Hospital Center	N/A	74%	68%	56%	71%	69%	69%
Spring Grove Hospital Center	84%	87%	43%	47%	44%	47%	47%
Clifton T. Perkins Hospital Center	59%	75%	40%	43%	51%	52%	52%
John L. Gildner RICA	83%	75%	90%	94%	78%	89%	89%

Obj. 1.2 The percent of patients discharged on two or fewer antipsychotic medications will exceed 85 percent.

Performance Measures - Discharge	2018 Act.	2019 Act.	2020 Act.	2021 Act.	2022 Act.	2023 Est.	2024 Est.
Thomas B. Finan Hospital Center	N/A	96%	98%	98%	97%	97%	97%
Eastern Shore Hospital Center	N/A	99%	100%	100%	99%	99%	99%
Springfield Hospital Center	N/A	98%	83%	98%	97%	96%	96%
Spring Grove Hospital Center	N/A	94%	80%	43%	99%	99%	99%
Clifton T. Perkins Hospital Center	N/A	99%	98%	98%	92%	92%	92%

Obj. 1.3 The elopement rate for RICA facilities will not exceed two per 1,000 patient days.

Performance Measures - Elopement	2018 Act.	2019 Act.	2020 Act.	2021 Act.	2022 Act.	2023 Est.	2024 Est.
RICA Baltimore	N/A	0.08	0.24	0.10	0.10	0.01	0.21
John L. Gildner RICA	N/A	2.23	2.47	0.00	2.40	2.40	2.40

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Goal 2. Provide treatment and care in the least restrictive and least intensive setting consistent with safety needs.

Obj. 2.1 The rate of seclusions will not exceed 0.75 hours for every 1,000 inpatient hours.

Performance Measures - Seclusion Hours	2018 Act.	2019 Act.	2020 Act.	2021 Act.	2022 Act.	2023 Est.	2024 Est.
Thomas B. Finan Hospital Center	0.06	0.12	0.14	0.11	0.13	0.11	0.11
RICA Baltimore	0.57	0.55	0.36	0.34	0.41	0.37	0.37
Eastern Shore Hospital Center	0.36	0.68	0.26	0.26	0.25	0.25	0.25
Springfield Hospital Center	0.07	0.10	0.09	0.05	0.04	0.04	0.04
Spring Grove Hospital Center	0.00	0.00	0.00	0.02	0.04	0.04	0.04
Clifton T. Perkins Hospital Center	0.02	0.01	0.01	0.01	0.00	0.00	0.00
John L. Gildner RICA	0.02	0.00	0.00	0.00	0.00	0.00	0.00

Obj. 2.2 The rate of restraints will not exceed 0.75 hour for every 1,000 inpatient hours.

Performance Measures - Restraint Hours	2018 Act.	2019 Act.	2020 Act.	2021 Act.	2022 Act.	2023 Est.	2024 Est.
Thomas B. Finan Hospital Center	0.04	0.04	0.05	0.09	0.03	0.03	0.03
RICA Baltimore	0.09	0.04	0.05	0.02	0.03	0.03	0.03
Eastern Shore Hospital Center	0.07	0.01	0.02	0.02	0.03	0.03	0.02
Springfield Hospital Center	0.76	1.03	0.80	0.65	0.71	0.73	0.72
Spring Grove Hospital Center	0.14	0.09	0.12	0.15	0.38	0.35	0.35
Clifton T. Perkins Hospital Center	0.86	1.58	1.62	0.95	0.47	0.45	0.43
John L. Gildner RICA	0.14	0.15	0.16	0.05	0.31	0.17	0.14

Goal 3. Provide a safe and therapeutic environment for patients and staff.

Obj. 3.1 The incidence rate of patient to staff assault will be less than one per 1,000 patient days.

Performance Measures - Number of Patient to Staff Assaults	2018 Act.	2019 Act.	2020 Act.	2021 Act.	2022 Act.	2023 Est.	2024 Est.
Thomas B. Finan Hospital Center	N/A	N/A	0.06	0.01	0.96	0.50	0.50
RICA Baltimore	N/A	N/A	0.75	0.62	7.97	0.65	3.11
Eastern Shore Hospital Center	N/A	N/A	0.87	2.77	1.64	0.75	0.50
Springfield Hospital Center	0.94	1.68	0.70	0.48	0.45	0.45	0.45
Spring Grove Hospital Center	N/A	N/A	0.01	0.01	0.08	0.50	0.50
Clifton T. Perkins Hospital Center	N/A	N/A	0.82	0.96	97.00	95.00	90.00
John L. Gildner RICA	N/A	N/A	6.54	3.52	1.71	1.00	1.00

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Obj. 3.2 The patient injury rate will not exceed 1.0 per 1,000 registered bed days.

Performance Measures - Patient Injuries	2018 Act.	2019 Act.	2020 Act.	2021 Act.	2022 Act.	2023 Est.	2024 Est.
Thomas B. Finan Hospital Center	0.02	0.01	0.01	0.01	0.01	0.01	0.01
RICA Baltimore	0.03	0.00	0.00	0.01	0.07	0.00	0.02
Eastern Shore Hospital Center	0.47	0.00	0.07	0.18	0.10	0.07	0.07
Springfield Hospital Center	0.10	0.08	0.12	0.12	0.18	0.12	0.12
Spring Grove Hospital Center	0.19	0.13	0.12	0.14	0.15	0.08	0.08
Clifton T. Perkins Hospital Center	0.08	0.08	0.08	0.09	0.06	0.05	0.04
John L. Gildner RICA	0.00	0.06	0.00	0.00	0.00	0.08	0.07

Goal 4. The BHA hospitals will be compliant with legislative mandates regarding court-ordered placements.

Obj. 4.1 The percent of Not Criminally Responsible (NCR) and Incompetent to Stand Trial (IST) court orders admitted within ten business days will be at 100 percent.

Obj. 4.2 The average cycle time for the admission of Not Criminally Responsible (NCR) and Incompetent to Stand Trial (IST) court orders will be less than ten business days.

Obj. 4.3 The percent of placement of 8-507 orders within 21 business days will be at 100 percent. 8-507 placements for treatment are received by the State's Institutes for Mental Disease (IMDs).

Obj. 4.4 The average cycle time for the admission of 8-507 court orders will be less than twenty-one business days.

Performance Measures	2018 Act.	2019 Act.	2020 Act.	2021 Act.	2022 Act.	2023 Est.	2024 Est.
Percent of court orders for NCR and IST patients admitted within 10 business days	N/A	100%	77%	27%	15%	100%	100%
Average admission cycle time for NCR and IST patients	8.40	7.80	14.58	17.20	21.00	10.00	10.00
Percent of placement of 8-507 orders within 21 business days	99%	100%	100%	97%	97%	100%	100%
Average admission cycle time for 8-507 court orders	16.00	11.00	10.00	12.00	11.00	10.00	10.00

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COURT INVOLVED SERVICE DELIVERY SYSTEM

Goal 1. Increase in individuals who transition from institutional reentry/ specialized treatment settings to community based services.

Obj. 1.1 Annually, repeat commitments to the Secure Evaluation and Therapeutic Treatment Services (SETT) unit will be 18 percent or less.

Performance Measures	2018 Act.	2019 Act.	2020 Act.	2021 Act.	2022 Act.	2023 Est.	2024 Est.
Number of individuals committed to the SETT Program	49	55	57	54	43	57	57
Number of repeat commitments to the SETT Program	13	13	12	7	2	9	9
Percent of total repeat commitments	26.5%	23.6%	21.1%	13.0%	4.7%	15.8%	15.8%
Number of people admitted to reentry/specialized treatment program	21	34	29	27	18	29	29
Number of people restored to competency	N/A	N/A	N/A	6	7	9	9
Number of people discharged from the reentry/specialized treatment program to Potomac Center	5	5	9	8	9	9	9
Number of people discharged from the reentry/specialized treatment program who transitioned to community based services	16	13	11	9	5	11	11

Goal 2. Individuals committed as Incompetent to Stand Trial (IST) will develop increased skills in courtroom procedures.

Obj. 2.1 Annually, 50 percent of individuals committed as IST will demonstrate increased skills in courtroom procedures.

Performance Measures	2018 Act.	2019 Act.	2020 Act.	2021 Act.	2022 Act.	2023 Est.	2024 Est.
Number of individuals committed as IST to the SETT	59	52	24	43	36	36	36
Number of individuals committed as IST who are reported as achieving their training goals, reflecting increased skills in courtroom procedures	30	8	6	34	22	22	22
Percent of individuals committed as IST who are reported as achieving their training goals, reflecting increased skills in courtroom procedures	50.8%	15.4%	25.0%	79.1%	61.1%	61.1%	61.1%

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STATE RESIDENTIAL CENTERS

Goal 1. Ensure a safe living environment for residents and a safe working environment for staff at State Residential Centers.

Obj. 1.1 Continually monitor and reduce the number and severity of assaults through prevention.

Performance Measures	2018 Act.	2019 Act.	2020 Act.	2021 Act.	2022 Act.	2023 Est.	2024 Est.
Holly Center - Rate of resident-on-resident assaults	N/A	N/A	N/A	35	33	33	33
Potomac Center - Rate of resident-on-resident assaults	24	22	23	22	25	23	23
SETT - Rate of resident-on-resident assaults	11	13	11	12	14	12	12
Total rate of resident on resident assaults	35	35	34	69	72	68	68
Holly Center - Rate of resident-on-staff assaults based on the severity of injury	N/A	N/A	N/A	36	20	20	20
Potomac Center - Rate of resident-on-staff assaults based on the severity of injury	3	3	3	3	3	3	3
SETT - Rate of resident-on-staff assaults based on the severity of injury	3	4	3	3	4	3	3
Total rate of resident on staff assaults based on the severity of injury	6	7	6	42	27	27	27

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