

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

MARYLAND HEALTHCARE SYSTEM

Goal 1. The Maryland Healthcare System will provide skills and training opportunities to support the State workforce.

Obj. 1.1 Annually, the MDH Healthcare System will provide Direct Care Associate (DCA) training to at least 90 percent of DCA Trainees.

Obj. 1.2 Annually, the Secured Transport and Investigation Unit will provide Security Attendant training to at least 90 percent of new Security Attendants.

Performance Measures	2019 Act.	2020 Act.	2021 Act.	2022 Act.	2023 Act.	2024 Est.	2025 Est.
Number of DCA Trainees	N/A	N/A	N/A	N/A	N/A	40	40
Number of DCA Trainees who successfully completed DCA training to receive a Certified Nursing Assistant (CAN) license	N/A	N/A	N/A	N/A	N/A	32	32
Number of new Security Attendants	N/A	N/A	N/A	N/A	N/A	50	50
Number of new Security Attendants who successfully completed training program through the Office of Secured Transport and Investigation	N/A	N/A	N/A	N/A	N/A	45	45
Percent of new Security Attendants who successfully completed training program through the Office of Secured Transport and Investigation	N/A	N/A	N/A	N/A	N/A	90%	90%

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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	2019 Act.	2020 Act.	2021 Act.	2022 Act.	2023 Act.	2024 Est.	2025 Est.
Number of patient care days (PCDs)	15,898	15,155	14,949	15,236	12,001	12,001	12,001
Number of doses administered	368,733	365,893	353,174	393,964	295,628	295,628	295,628
Number of medication errors	303	320	195	168	146	146	146
Medication error rate per opportunity	0.08%	0.09%	0.06%	0.04%	0.05%	0.05%	0.05%
Number of falls with major injury	1	1	1	0	0	0	0
Total number of patients/residents	120	122	126	100	69	69	69
Percentage of patients/residents with one or more falls with major injury	0	0.82%	0.79%	0.00%	0.00%	0.00%	0.00%

Goal 2. To better serve Marylanders through 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	2019 Act.	2020 Act.	2021 Act.	2022 Act.	2023 Act.	2024 Est.	2025 Est.
Number of PCDs	15,898	15,155	14,949	15,236	12,001	12,001	12,001
Number of patients/residents with pressure injuries that are new	0	0	0	0	0	0	0
Total number of patients/residents	120	122	126	100	69	69	69
Percent of patients with pressure injuries that are new	0%	0%	0%	0%	0%	0%	0%
Number of patients/residents with pressure injuries that worsen	2.00	0.00	0.00	0.00	0.00	0.00	0.00
Total number of patients/residents	120.00	122.00	126.00	100.00	69.00	69.00	69.00
Percent of patients with pressure injuries that worsen	1.7%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

Goal 3. To improve equity, excellence, and accessibility of both treatment modalities for Marylanders with end stage renal disease.

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	2019 Act.	2020 Act.	2021 Act.	2022 Act.	2023 Act.	2024 Est.	2025 Est.
Number of URR tests done	579	525	552	530	605	605	605
Number of URR test results of 65 or greater	573	521	542	520	589	589	589
Percent of hemodialysis patients who achieve URR of 65 or greater	98.96%	99.24%	98.19%	98.11%	97.36%	97.36%	97.36%

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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	2019 Act.	2020 Act.	2021 Act.	2022 Act.	2023 Act.	2024 Est.	2025 Est.
Number of Kt/V tests done	577	523	552	534	606	606	606
Number of Kt/V tests of 1.2 or greater	570	513	541	525	588	588	588
Hemodialysis patients who achieve Kt/V of 1.2 or greater	98.79%	98.09%	98.01%	98.31%	97.03%	97.03%	97.03%

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	2019 Act.	2020 Act.	2021 Act.	2022 Act.	2023 Act.	2024 Est.	2025 Est.
Total number of patients/residents	106	79	84	79	72	79	87
Number of patients with one or more falls with major injury	1	0	2	0	1	0	0
Percent of patients with one or more falls with major injury	0.9%	0.0%	2.4%	0.0%	1.4%	0.0%	0.0%
Number of doses administered	442,380	452,252	438,997	482,289	505,899	556,489	612,138
Number of medication errors	153	48	31	62	7	0	0
Medication error rate per opportunity	0.03%	0.01%	0.01%	0.01%	0.00%	0.00%	0.00%

Goal 2. To better serve Marylanders through 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	2019 Act.	2020 Act.	2021 Act.	2022 Act.	2023 Act.	2024 Est.	2025 Est.
Total number of patients/residents	106	79	84	79	72	79	87
Number of patients/residents with pressure injuries that are new	8	7	4	3	7	0	0
Percent of pressure injuries that are new	0	8.86%	4.76%	0.67%	9.72%	0.00%	0.00%
Number of patients/residents with pressure injuries that worsen	1	1	0	1	2	0	0
Percent of pressure injuries that are worsening	0	1.27%	0.00%	0.22%	2.78%	0.00%	0.00%

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Goal 3. To improve equity, excellence, and accessibility of treatment while providing 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	2019 Act.	2020 Act.	2021 Act.	2022 Act.	2023 Act.	2024 Est.	2025 Est.
Number of vent days	2,645	1,987	1,635	1,827	1,576	1,592	1,608
Number of Ventilator Associated Pneumonia (VAPs)	16	4	0	4	0	0	0
Rate of VAP occurrence per 1,000 vent days	6.05	2.01	0.00	2.19	0.00	0.00	0.00

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	2019 Act.	2020 Act.	2021 Act.	2022 Act.	2023 Act.	2024 Est.	2025 Est.
Patient/resident Catheter Associated Urinary Tract Infections (Cauti) rate	N/A	N/A	0.00	1.76	0.00	0.00	0.00
Patient/resident Multi-drug Resistant Organisms (MDRO) rate	N/A	N/A	0.00	2.75	23.60	0.00	0.00

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

Obj. 4.1 Annually increase the customer satisfaction score.

Performance Measures	2019 Act.	2020 Act.	2021 Act.	2022 Act.	2023 Act.	2024 Est.	2025 Est.
Annual customer satisfaction score	92.9%	88.6%	85.8%	87.5%	N/A	82.0%	85.0%

BEHAVIORAL HEALTH FACILITIES

Goal 1. Improve psychiatric outcomes for all patients.

Obj. 1.1 To provide excellent care and to improve psychiatric outcomes for all patients.

Performance Measures - Satisfaction Survey	2019 Act.	2020 Act.	2021 Act.	2022 Act.	2023 Act.	2024 Est.	2025 Est.
Thomas B. Finan Hospital Center	90%	82%	87%	79%	83%	85%	85%
RICA Baltimore	97%	93%	90%	67%	33%	87%	87%
Eastern Shore Hospital Center	66%	60%	82%	80%	72%	90%	90%
Springfield Hospital Center	74%	68%	56%	71%	75%	75%	75%
Spring Grove Hospital Center	87%	43%	47%	44%	79%	78%	80%
Clifton T. Perkins Hospital Center	75%	40%	43%	51%	57%	54%	54%
John L. Gildner RICA	75%	90%	94%	78%	83%	80%	80%

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

Performance Measures - Discharge	2019 Act.	2020 Act.	2021 Act.	2022 Act.	2023 Act.	2024 Est.	2025 Est.
Thomas B. Finan Hospital Center	96%	98%	98%	97%	97%	98%	97%
Eastern Shore Hospital Center	99%	100%	100%	99%	97%	99%	100%
Springfield Hospital Center	98%	83%	98%	97%	93%	95%	95%
Spring Grove Hospital Center	94%	80%	43%	99%	86%	86%	86%
Clifton T. Perkins Hospital Center	99%	98%	98%	92%	98%	99%	99%

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

Performance Measures - Elopement	2019 Act.	2020 Act.	2021 Act.	2022 Act.	2023 Act.	2024 Est.	2025 Est.
RICA Baltimore	0.08	0.24	0.10	0.10	0.40	0.21	0.20
John L. Gildner RICA	2.23	2.47	0.00	2.40	3.30	1.50	1.50

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	2019 Act.	2020 Act.	2021 Act.	2022 Act.	2023 Act.	2024 Est.	2025 Est.
Thomas B. Finan Hospital Center	0.12	0.14	0.11	0.13	0.11	0.11	0.14
RICA Baltimore	0.55	0.36	0.34	0.38	0.73	0.26	0.46
Eastern Shore Hospital Center	0.68	0.26	0.26	0.25	0.34	0.34	0.30
Springfield Hospital Center	0.10	0.09	0.05	0.04	0.07	0.08	0.08
Spring Grove Hospital Center	0.00	0.00	0.02	0.04	0.01	0.01	0.02
Clifton T. Perkins Hospital Center	0.01	0.01	0.01	0.00	0.00	0.00	0.00
John L. Gildner RICA	0.00	0.00	0.00	0.00	0.00	0.03	0.04

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

Performance Measures - Restraint Hours	2019 Act.	2020 Act.	2021 Act.	2022 Act.	2023 Act.	2024 Est.	2025 Est.
Thomas B. Finan Hospital Center	0.04	0.05	0.09	0.03	0.02	0.02	0.02
RICA Baltimore	0.04	0.05	0.02	0.03	0.15	0.02	0.06
Eastern Shore Hospital Center	0.01	0.02	0.02	0.03	0.04	0.04	0.03
Springfield Hospital Center	1.03	0.80	0.65	0.71	1.09	1.14	1.14
Spring Grove Hospital Center	0.09	0.12	0.15	0.38	0.35	0.33	0.36
Clifton T. Perkins Hospital Center	1.58	1.62	0.95	0.47	0.42	0.46	0.48
John L. Gildner RICA	0.15	0.16	0.05	0.31	0.54	0.44	0.39

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	2019 Act.	2020 Act.	2021 Act.	2022 Act.	2023 Act.	2024 Est.	2025 Est.
Thomas B. Finan Hospital Center	N/A	0.06	0.01	0.96	0.88	0.80	0.80
RICA Baltimore	N/A	0.75	0.62	7.97	6.87	3.11	5.15
Eastern Shore Hospital Center	N/A	0.87	2.77	1.64	0.93	1.00	0.97
Springfield Hospital Center	1.68	0.70	0.48	0.45	0.64	0.65	0.65
Spring Grove Hospital Center	N/A	0.01	0.01	0.08	1.12	1.25	1.30
Clifton T. Perkins Hospital Center	N/A	0.82	0.96	0.95	1.23	0.95	1.50
John L. Gildner RICA	N/A	6.54	3.52	1.71	9.52	3.00	3.00

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

Performance Measures - Patient Injuries	2019 Act.	2020 Act.	2021 Act.	2022 Act.	2023 Act.	2024 Est.	2025 Est.
Thomas B. Finan Hospital Center	0.01	0.01	0.01	0.01	0.02	0.01	0.01
RICA Baltimore	0.00	0.00	0.01	0.07	0.11	0.02	0.06
Eastern Shore Hospital Center	0.00	0.07	0.18	0.10	0.40	0.21	0.10
Springfield Hospital Center	0.08	0.12	0.12	0.18	0.22	0.19	0.19
Spring Grove Hospital Center	0.13	0.12	0.14	0.15	0.32	0.36	0.42
Clifton T. Perkins Hospital Center	0.08	0.08	0.09	0.06	0.06	0.09	0.09
John L. Gildner RICA	0.06	0.00	0.00	0.00	0.00	0.00	0.00

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Goal 4. The MDH Healthcare System adult psychiatric 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	2019 Act.	2020 Act.	2021 Act.	2022 Act.	2023 Act.	2024 Est.	2025 Est.
Percent of court orders for NCR and IST patients admitted within 10 business days	100%	77%	27%	15%	15%	2%	3%
Average admission cycle time for NCR and IST patients	7.80	14.58	17.20	21.00	21.00	29.80	33.00
Percent of placement of 8-507 orders within 21 business days	100%	100%	97%	97%	97%	100%	100%
Average admission cycle time for 8-507 court orders	11.00	10.00	12.00	11.00	11.00	12.00	12.00

COURT INVOLVED SERVICE DELIVERY SYSTEM

Goal 1. To support individuals with access to community based services upon discharge.

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

Performance Measures	2019 Act.	2020 Act.	2021 Act.	2022 Act.	2023 Act.	2024 Est.	2025 Est.
Number of individuals committed to the SETT Program	55	57	54	43	57	51	51
Number of repeat commitments to the SETT Program	13	12	7	2	9	6	6
Percent of total repeat commitments	23.6%	21.1%	13.0%	4.7%	15.8%	11.8%	11.8%

Goal 2. Individuals committed as Incompetent to Stand Trial (IST) will be provided sufficient competency skills training to allow the court system to opine an individual Competent to Stand Trial (CST) or Not Restorable (NR).

- Obj. 2.1** Annually, 35 percent of individuals committed as IST will demonstrate accurate presentation of restorability through being opined CST or NR.

Performance Measures	2019 Act.	2020 Act.	2021 Act.	2022 Act.	2023 Act.	2024 Est.	2025 Est.
Number of individuals committed as IST to the SETT	52	24	43	36	30	36	36
Number of individuals who are committed as Incompetent to Stand Trial (IST) are then opined to be competent to stand trial (CST) or Not Restorable	8	6	34	22	18	25	25
Percentage of individuals who are opined as CST or NR from individuals committed as IST to the SETT	15.38%	25.00%	79.07%	61.11%	60.00%	69.44%	69.44%

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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	2019 Act.	2020 Act.	2021 Act.	2022 Act.	2023 Act.	2024 Est.	2025 Est.
Holly Center - Rate of resident-on-resident assaults	N/A	N/A	35	33	33	32	30
Potomac Center - Rate of resident-on-resident assaults	22	23	22	25	19	23	22
SETT - Rate of resident-on-resident assaults	13	11	12	14	14	16	14
Total rate of resident on resident assaults	35	34	69	72	66	71	66
Holly Center - Rate of resident-on-staff assaults based on the severity of injury	N/A	N/A	36	20	36	20	20
Potomac Center - Rate of resident-on-staff assaults based on the severity of injury	3	3	3	3	6	5	4
SETT - Rate of resident-on-staff assaults based on the severity of injury	4	3	3	4	4	4	4
Total rate of resident on staff assaults based on the severity of injury	7	6	42	27	46	29	28

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