



Wes Moore, Governor · Aruna Miller, Lt. Governor · Laura Herrera Scott, M.D., M.P.H., Secretary

January 24, 2024

The Honorable Bill Ferguson
President of the Senate
100 State Circle
Annapolis, MD 21401-1991

The Honorable Adrienne Jones
Speaker of the House
100 State Circle
Annapolis, MD 21401-1991

**Re: Health General-Article §19–308 (b)(4) – Office of Health Care Quality FY 22
Annual Report, MSAR # 5624**

Dear President Ferguson and Speaker Jones:

Pursuant to the requirements Health General-Article §19–308 (b)(4), the Maryland Department of Health (MDH) respectfully submits the Office of Health Care Quality FY 22 Annual Report.

If you have any questions or comments concerning the report, please contact Sarah Case-Herron, Director, Office of Governmental Affairs, at sarah.case-herron@maryland.gov.

Sincerely,

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

cc: Marie Grant, J.D., Assistant Secretary for Health Policy, Office of the Secretary
Nilesh Kalyanaraman, M.D., Deputy Secretary of Public Health Services
Sarah Case-Herron, J.D., Director, Office of Governmental Affairs
Sarah Albert, Department of Legislative Services (5 copies), MSAR # 5624



MARYLAND DEPARTMENT OF HEALTH
Office of Health Care Quality

**Maryland Department of Health
Office of Health Care Quality**

**Annual Report and Staffing Analysis
Fiscal Year 2022**

Health-General Article § 19-308(b)(4)

Health-General Article § 19-1409(e)

Wes Moore, Governor

Aruna Miller, Lt. Governor

Laura Herrera Scott, MD, MPH, Secretary

Nilesh Kalyanaraman, MD, FACP, Deputy Secretary for Public Health Services

Patricia Tomsco Nay, MD, CHCQM, FAAFP, FABQAURP, FAAHPM, Executive Director

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Executive Summary

On behalf of the Office of Health Care Quality (OHCQ), it is my privilege to submit the FY 22 Annual Report and Staffing Analysis. This document is submitted pursuant to Health-General Article § 19-308(b)(4) and Health-General Article § 19-1409(e). OHCQ is the agency within the Maryland Department of Health (Department) charged with monitoring the quality of care in certain health care facilities and community-based programs. As of July 1, 2022, OHCQ oversees 19,885 providers in 45 industries, an increase of 4.5 percent from the number of providers on July 1, 2021.

Through the authority of the Maryland Secretary of Health, OHCQ issues State licenses which authorize a facility or program to do business in Maryland. The Centers for Medicare & Medicaid Services (CMS) has designated OHCQ as the state survey agency in Maryland. As an agent of CMS, OHCQ conducts survey and certification activities in federally certified providers and suppliers. OHCQ is also the state agent for federal certification in the Clinical Laboratory Improvement Amendments of 1988 program (CLIA), which is required for all clinical laboratory testing sites. OHCQ conducts various types of surveys under federal and/or State authority to determine compliance with federal and State regulations. It is through these activities that OHCQ fulfills its mission to protect the health and safety of Marylanders and to ensure that there is public confidence in the health care and community delivery systems.

The COVID-19 pandemic continued to impact OHCQ in FY 22 as both federal and State government established, discontinued, and reprioritized mandates. Three bills from the 2021 legislative session created new OHCQ mandates in nursing homes, hospitals, residential treatment centers, and the new field of forensic genetic genealogy. In total, nine new positions were needed to perform these duties, but OHCQ did not receive any positions to complete these activities. OHCQ continues to adapt to the evolving regulatory landscape.

In FY 18, the Department developed and implemented a seven-year staffing plan for OHCQ. As anticipated, this controlled growth in the agency's workforce is progressively improving compliance with federal and State mandates.

OHCQ's success is determined by our most valued resource – OHCQ's staff. Through the COVID-19 pandemic and temporary loss of access to the computer network, three databases, and the survey database (ASPEN), OHCQ staff continued their surveying activities and support functions to protect the health and safety of Marylanders. It is an honor and a privilege to lead this group of dedicated staff. OHCQ appreciates the ongoing support of the Secretary, the Deputy Secretary, the Administration, members of the General Assembly, and all of our stakeholders.



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

Mission and Vision

Through the authority of the Maryland Secretary of Health, the Office of Health Care Quality (OHCQ) issues State licenses which authorize a facility or program to do business in Maryland. The Department has designated OHCQ as the agency that monitors the quality of care in certain types of health care facilities and community-based programs.

The Centers for Medicare & Medicaid Services (CMS) has designated OHCQ as the state survey agency in Maryland. The Social Security Act mandates the establishment of federal minimum health and safety and Clinical Laboratory Improvement Amendments (CLIA) standards that must be met by providers and suppliers in order to participate in the Medicare and Medicaid programs. In this context, providers are patient care institutions, such as hospitals, hospices, nursing homes, and home health agencies. Suppliers are agencies for diagnosis and therapy rather than sustained patient care, such as laboratories and ambulatory surgery centers. As an agent of CMS, OHCQ conducts certification, recertification, and CLIA activities. OHCQ makes recommendations regarding certification of a provider or supplier to CMS. Once certified, a provider or supplier may participate in and seek reimbursement from Medicare and Medicaid.

OHCQ conducts various types of surveys under federal and/or State authority to determine compliance with federal and/or State regulations, which set forth minimum standards for the delivery of care. OHCQ provides technical assistance.

It is through these licensure, certification, and survey activities that OHCQ fulfills its mission to protect the health and safety of Marylanders and to ensure that 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 the agency to best use its resources to fulfill the mission. Efforts to gain efficiency are always balanced with the need to remain effective in protecting the health and safety of Marylanders. The four goals of the strategic planning process are:

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

OHCQ's on-going commitment to regulatory efficiency and effectiveness allowed the agency to be flexible when challenges arose, including the COVID-19 pandemic and the Department's cyberattack.

Improving the Customer Experience through Agile Technology Modernization

OHCQ continues to implement internal- and external-facing dashboards for employees, applicants, providers, consumers, and other stakeholders. These intuitive dashboards organize important information in a single online location that is easily accessible from any device connected to the Internet. Internal dashboards provide real-time information to staff about upcoming tasks and deadlines, allowing supervisors to more easily manage large amounts of data and numerous tasks. External dashboards for various health care industries allow consumers and providers to get information and resources quickly.

In FY 22, the OHCQ dashboards were accessed over 1,000,000 times, allowing users to locate information on any device connected to the Internet and at their convenience. The dashboards decrease the number of phone calls and emails that OHCQ administrative staff received for routine inquiries, allowing OHCQ staff to respond to inquiries more quickly.

Over the past several years, as OHCQ has gained administrative efficiencies, vacant administrative positions have been reclassified to surveyors. Currently, OHCQ's work force of 249 employees includes only 2 secretarial staff.

Implementing Alternative Systems for Uninterrupted Surveying

When the Department had a cyberattack on December 4, 2021, OHCQ lost access to the computer network, three key databases, and the survey database (ASPEN). ASPEN is the system used to manage and document survey, certification, and licensure activities. By December 5, 2021, OHCQ's senior staff developed and implemented multiple workarounds to continue surveying. Alternate online systems were established to track the activities and manage the data until access to ASPEN was restored on May 4, 2022.

After restoration, OHCQ staff then entered survey data and uploaded documents into ASPEN and other network systems. It is anticipated that the data entry will be completed by April 2023. OHCQ did not lose any data in the cyberattack.

Mandated Activities of Licensed and Certified Providers

As of July 1, 2022, OHCQ oversees 19,885 providers in 45 industries, an increase of 4.5 percent in the total number of providers overseen by OHCQ since July 1, 2021. The increase in providers occurred primarily in residential service agencies, health care staff agencies, the number of sites serving individuals with developmental disabilities, and clinical laboratories. The increase in residential service agencies and health care staff agencies may, in part, be due to the COVID-19 pandemic.

Table 1 lists the number of licensees per provider types as of July 1st of 2020, 2021, and 2022.

Table 1: Number of Licensees per Provider Type as of July 1, 2020, 2021, and 2022

Provider Type	Number of Licensees		
	July 1, 2020	July 1, 2021	July 1, 2022
Adult Medical Day Care Centers	121	122	116
Assisted Living Programs	1,650	1,672	1,691
Assisted Living Referrers	0	41	73
Birthing Centers	2	2	1
Cholesterol Testing Sites	0	0	0
Community Mental Health Centers	4	3	3
Comprehensive Outpatient Rehabilitation Facilities	1	1	1
Cosmetic Surgery Facilities	5	5	5
Developmental Disabilities Sites (333 in 2022)	3,050	3,008	3,383
Employer Drug Testing Facilities	248	250	259
Federally Qualified Health Centers	78	77	77
Federally Waived Laboratories	3,434	3,894	3,982
Forensic Laboratories	45	45	45
Forensic Residential Centers	1	1	1
Freestanding Ambulatory Surgical Centers	337	340	338
Freestanding Medical Facilities	5	5	7
Freestanding Renal Dialysis Centers	175	175	175
Health Awareness Testing Sites	54	60	55
Health Care Staff Agencies	505	593	848
Health Maintenance Organizations	7	7	7
Home Health Agencies	54	56	56
Hospices	26	26	26
Hospice Houses	16	16	16
Hospitals	63	63	60
Hospital Laboratories	99	91	99
Hospitals within Correctional Facilities	10	10	10
Independent Reference Laboratories	139	148	165
Intermediate Care Facilities for Individuals with Intellectual Disabilities	2	2	2
Limited Hospice Care Programs	1	1	1
Limited Private Inpatient Facilities	4	7	7
Long Term Care Facilities	227	226	225
Major Medical Equipment Providers	190	201	205
Nursing Referral Service Agencies	149	158	168
Outpatient Physical Therapy Providers	66	67	66
Physician Office Laboratories	3,519	3,749	3,564
Point-of-Care Laboratories	1,477	1,804	1,766
Portable X-Ray Providers	10	10	11
Public Health Testing Sites	34	34	25
Rare Disease Testing Laboratories	1	1	1
Residential Service Agencies	1,427	1,605	1,874
Residential Treatment Centers	7	6	6
Rural Health Clinics	1	1	1
Surgical Abortion Facilities	11	11	11
Tissue Banks	419	438	451
Transplant Centers	2	2	2
Total Number of Providers	17,676	19,034	19,885
Percent of Growth of Total Number of Licensed Providers	3.3%	7.7%	4.5%

Evolving Federal and State Mandates

In FY 21, new federal and State nursing home mandates related to the COVID-19 pandemic significantly increased the workload for OHCQ surveyors and supervisors. CMS added the Focused Infection Control (FIC) survey in all nursing homes. New State activities included surveys related to COVID-19 testing requirements, COVID-19 CRISP reporting, and emergency plans. In FY 22, these mandates changed. CMS required Focused Infection Control surveys in 20 percent of a state's nursing homes. Surveys related to COVID-19 testing requirements, COVID-19 CRISP reporting, and emergency plans are no longer being conducted. These changes have allowed OHCQ to focus on the remaining federal and State mandates.

Three bills from the 2021 legislative session created new OHCQ mandates in nursing homes, hospitals, residential treatment centers, and the new field of forensic genetic genealogy. In total, nine new positions were needed to perform these duties, but OHCQ did not receive any positions to complete these activities. There was no appropriation for these activities.

In FY 21, the passage of HB0674/SB0704 - Nursing Homes – Transfer of Ownership – Site Visits and Surveys required OHCQ to conduct an on-site full survey within three months and an on-site follow-up survey within four months of the full survey of a nursing home after certain change of ownerships. While the administrative responsibilities could be absorbed by existing administrative officers and coordinators, the fiscal note included the need for five additional nurse surveyors to complete these mandates. As OHCQ received no additional nurse surveyor positions, these activities could not be conducted.

In FY 21, HB0881/SB0815 - Mental Health Facilities – Sexual Abuse and Harassment – Reporting and Prevention created new mandates for OHCQ. This bill required certain mental health facilities to report complaints of sexual abuse and sexual harassment. The fiscal note for this bill included the need for an additional nurse surveyor and triage staff to complete these activities. As no additional positions were received, OHCQ reallocated two new FY 22 positions from the long term care unit to the federal unit to triage and investigate sexual abuse and harassment allegations in vulnerable adolescent and adult populations.

In FY 21, SB0187/HB0240 - Criminal Procedure – Forensic Genetic Genealogical DNA Analysis, Searching, Regulation, and Oversight created several new mandates for OHCQ. This bill relates to the use of forensic genetic genealogical DNA analysis in criminal cases. OHCQ is required to develop a licensing program for labs that perform single-nucleotide polymorphisms or other sequencing based testing on evidence by October 1, 2022; develop a licensing program for individuals performing genetic genealogy by October 1, 2024; develop a training program on obtaining informed consent; and identify and approve one or more bioethicist genetic counselors to administer the training. The fiscal note for this bill included the need for two forensic scientists to develop, implement, and operate these activities. OHCQ did not receive any positions and current OHCQ staff do not have expertise in this highly specialized field. A workgroup continues to look at the requirements of this bill.

Surveyor Staffing Analysis

The surveyor staffing analysis in Appendix A calculates the number of surveyors needed in FY 23 to complete the projected number of mandated licensure, certification, and survey activities. These projections consider historical information as well as anticipated 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 and administrative staff.

The number of hours required for each activity is multiplied by the projected number of required activities in FY 23. The total is divided by 1,500, which is the industry standard for the 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 equivalents of surveyors required for each activity is calculated and then totaled by unit based on its specific mandates. The surveyor staffing deficit (number needed – current positions) for each unit is calculated. The sum of all units' surveyor staffing deficit is OHCQ's surveyor staffing deficit.

Table 2 summarizes the projected surveyor staffing deficit by unit, with an overall deficit of 27 surveyor positions. Appendix A details this analysis by unit, provider type, and activity. As a result of efficiencies gained in the licensure and oversight of residential service agencies, the federal unit is overstaffed with two extra nurse surveyor positions. These two positions will be transferred to the long term care unit to survey nursing homes.

Table 2: Surveyor Staffing Deficit Projected for FY 23

Unit	Current Number of Surveyor Positions	Number of Surveyor Positions Needed	Surveyor Deficit
Long Term Care	58.5	79.5	21
Federal	22	20	-2
Assisted Living	35	37	2
Developmental Disabilities	51	55	4
Laboratories	5	7	2
Totals	171.5	198.5	27

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 other positions. The plan considers historical data as well as anticipated changes in federal and State oversight and industry trends. A controlled growth of 5 to 6 percent increase in workforce annually can be accommodated. OHCQ's mandated activities include licensure,

certification, and survey activities, including the investigation of complaints and facility-reported incidents. As predicted, compliance with federal and State mandates is progressively improving as additional surveyors are hired and trained. The FY 18 through FY 22 plans were fully implemented.

Last year the projected surveyor deficit was 38.74 positions with the agency requiring 200.24 surveyors. In FY 23, the surveyor deficit is 27 positions with the agency requiring 198.5 surveyors. Efficiencies have been gained in the laboratories unit and the federal unit, but this is partially offset by the increased need for surveyors in the developmental disabilities unit.

In FY 23, OHCQ received 10 new merit positions, including 3 nurse surveyors in the long term care unit; 1 nurse surveyor in the federal unit; 1 nurse surveyor in the assisted living unit; and 2 nurse surveyors, 2 administrative officer surveyors, and 1 coordinator (supervisor) in the developmental disabilities unit. Table 3 provides additional details about the staffing requirements implemented and planned for FY 18 through FY 24.

Table 3: OHCQ Staffing 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	0	0	4
Long term care	Nurse surveyor	1	4	3	5	1	3	5	22
Long term care	Physician surveyor	0	1	0	0	0	0	0	1
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	0	2	1	1	7
DD	Coordinator	1	1	1	0	1	1	1	6
DD	Nurse surveyor	1	2	2	2	0	2	2	11
DD	Coordinator special program surveyor	0	1	1	1	0	0	0	3
DD	Administrative officer III surveyor	0	0	0	0	4	2	1	7
DD	Office secretary II	1	0	0	0	0	0	0	1
Federal	Coordinator	1	0	1	0	0	0	0	2
Federal	Nurse surveyor	0	0	0	1	1	1	0	3
Federal	Triage specialist	0	0	0	0	1	0	0	1
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
Positions per fiscal year		12	12	10	10	10	10	10	74

Long Term Care Unit

The long term care unit conducts surveys to determine if nursing homes are compliant with federal health and safety standards, certification requirements, State licensure regulations, and local regulations through unannounced on-site surveys, follow-up surveys, complaint investigations, and administrative reviews. The federal mandate for Focused Infection Control surveys is 20 percent of the total number of nursing homes in the state (45 surveys per year). The State mandates related to the COVID-19 pandemic, including surveys related to COVID-19 testing, COVID-19 CRISP reporting, and the review of emergency plans have been discontinued.

Table 4: Nursing Homes

Units of Measurement	FY20	FY21	FY22
Number of licensed nursing homes	227	226	225
Initial surveys of new providers	0	0	0
Annual full surveys	84	27	28
Focused infection control surveys	38	434	58
Follow-up surveys (onsite)	35	33	41
Complaints and facility self-reported incidents	4,182	4,067	4,414
Complaints and self-reported incidents, investigated	1,350	2,281	1,549
Life safety code surveys	*	79	82
Resident fund surveys	*	31	59
Follow-up surveys (offsite)	N/A	277	144

* Not counted

Assisted Living Unit

The assisted living unit is responsible for the oversight of all assisted living programs in Maryland, including those that participate in the Medicaid waiver program. The unit completes surveys for prelicensure, licensure, inspection of care, 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.

The unit is also responsible for registering assisted living referrers. An assisted living referrer is an individual or agency that (1) makes referrals to assisted living programs without cost to the person receiving the referral and (2) is compensated by an assisted living program or other third party for referring individuals to a licensed assisted living program.

The unit oversees adult medical day care centers, including surveys for prelicensure, licensure, biannual, change of ownership, follow-up, and investigates complaints and facility-reported incidents.

Table 5: Assisted Living Programs

Units of Measurement	FY20	FY21	FY22
Number of licensed assisted living programs	1,650	1,672	1,691
Initial surveys	153	164	102
Renewal surveys	626	817	543
Other surveys	85	100	33
Complaints and facility self-reported incidents	1,120	1,079	1,010
Complaints investigated	1,194	1,192	474
Investigations of alleged unlicensed programs	82	116	138

Table 6: Assisted Living Referrers

Units of Measurement	FY20	FY21	FY22
Number of referrers	N/A	41	73
Complaints investigated	N/A	0	0

Table 7: Adult Medical Day Care Centers

Units of Measurement	FY20	FY21	FY22
Number of licensed adult medical day care centers	121	122	117
Initial surveys of new providers	7	7	13
Full surveys	19	3	55
Follow-up surveys	2	0	5
Complaints investigated	27	10	27

Developmental Disabilities Unit

The developmental disabilities unit is the licensing and monitoring agent for the Developmental Disabilities Administration (DDA). Through periodic surveys, the unit oversees community-based providers serving individuals with developmental disabilities. The unit completes on-site and administrative investigations of agency self-reported incidents and complaints.

This unit also licenses health care staff agencies and nurse referral agencies and investigates complaints in these industries under State authority.

Table 8: Developmental Disabilities Unit

Units of Measurement	FY20	FY21	FY22
Licensed developmental disability agencies	276	304	333
Number of sites	3,050	3,008	3,383
New agencies	18	31	9
Initial site surveys	124	164	349
Agencies surveyed	90	90	112
Complaints and self-reported incidents	4,450	4,253	3,695
Complaints and self-reported incidents, administrative reviews	2,391	2,363	3,494
Complaints and self-reported incidents, on-site investigations	1,133	1,434	1,353

Table 9: Developmental Disabilities Mortality Unit

Units of Measurement	FY20	FY21	FY22
Developmental disabilities deaths	294	313	293
Deaths investigated on-site	25	102	93
Deaths investigated, administrative reviews	260	133	306

Table 10: Health Care Staff Agencies

Units of Measurement	FY20	FY21	FY22
Health care staff agencies	505	593	848
Initial surveys of new providers	79	94	287
Complaint investigations	2	2	0

Table 11: Nursing Referral Service Agencies

Units of Measurement	FY20	FY21	FY22
Nursing referral service agencies	149	158	168
Initial surveys of new providers	20	12	27
Complaint investigations	0	0	0

Federal Unit

In the federal unit, the types and scope of oversight is dictated by the provider type and certification by Medicare or Medicaid. As applicable to the provider type, under State and/or federal authority the unit conducts various types of surveys, investigates complaints and facility-reported incidents, and reviews reports from accreditation organizations. It is responsible for the State licensure and/or federal certification of all non-long term care facilities as well as certain providers under State oversight only.

The unit oversees birthing centers, community mental health centers, comprehensive outpatient rehabilitation facilities, cosmetic surgical facilities, federally qualified health centers, forensic residential centers, freestanding ambulatory surgery centers, freestanding medical facilities, freestanding renal dialysis centers, health maintenance organizations, home health agencies, hospices, hospice houses, hospitals, hospitals within correctional facilities, intermediate care facilities for individuals with intellectual disabilities, limited private inpatient facilities, major medical equipment providers, outpatient physical therapy providers, portable x-ray providers, residential service agencies, residential treatment centers, rural health clinics, surgical abortion facilities, and transplant centers.

Table 12: Birthing Centers

Units of Measurement	FY20	FY21	FY22
Licensed birthing centers	2	2	1
Initial surveys of new providers	0	0	0
Full surveys	1	2	1
Follow-up surveys	0	0	0
Complaint investigations	1	0	0

Table 13: Community Mental Health Centers

Units of Measurement	FY20	FY21	FY22
Community mental health centers	4	3	3
Complaint investigations	0	0	0

Table 14: Comprehensive Outpatient Rehabilitation Facilities

Units of Measurement	FY20	FY21	FY22
Licensed comprehensive outpatient rehab facilities	1	1	1
Initial surveys of new providers	0	0	0
Full surveys	0	0	0
Follow-up surveys	0	0	0
Complaint investigations	0	0	0

Table 15: Cosmetic Surgical Facilities

Units of Measurement	FY20	FY21	FY22
Licensed cosmetic survey facilities	5	5	7
Initial surveys of new providers	0	0	2
Full surveys	0	0	0
Follow-up surveys	0	0	0
Complaint investigations	0	0	0

Table 16: Federally Qualified Health Centers

Units of Measurement	FY20	FY21	FY22
Federally qualified health centers	78	77	77
Complaint investigations	0	0	0

Table 17: Forensic Residential Centers

Units of Measurement	FY20	FY21	FY22
Number of licensed forensic residential centers	1	1	1
Renewal surveys	0	1	1
Complaints investigated	10	11	12

Table 18: Freestanding Ambulatory Surgery Centers

Units of Measurement	FY20	FY21	FY22
Licensed freestanding ambulatory surgical centers	337	340	355
Initial surveys	13	10	28
Full surveys	73	90	97
Follow-up surveys	9	9	12
Complaint investigations	11	9	3

Table 19: Freestanding Medical Facilities

Units of Measurement	FY20	FY21	FY22
Licensed freestanding medical facilities	5	5	7
Initial, full and follow-up surveys	0	0	1
Complaints investigated	1	0	0

Table 20: Freestanding Renal Dialysis Centers

Units of Measurement	FY20	FY21	FY22
Licensed freestanding renal dialysis centers	175	175	175
Initial surveys of new providers	8	1	2
Full surveys	47	45	58
Follow-up surveys	6	3	3
Complaint investigations	28	32	36

Table 21: Health Maintenance Organizations

Units of Measurement	FY20	FY21	FY22
Health maintenance organizations	7*	7	7
Full surveys	0	0	0
Follow-up surveys	0	0	0
Complaint investigations	1	1	0

* Corrected the FY20 count from 9 to 7

Table 22: Home Health Agencies

Units of Measurement	FY20	FY21	FY22
Licensed home health agencies	54	56	56
Initial surveys of new providers	0	0	0
Full surveys	11	14	6
Follow-up surveys	2	0	1
Complaint investigations	6	6	3

Table 23: Hospices and Hospice Houses

Units of Measurement	FY20	FY21	FY22
Licensed hospices	26	26	26
Initial surveys of new providers	2	0	1
Full surveys	7	2	3
Follow-up surveys	0	1	0
Complaint investigations	3	11	0
Licensed hospice houses	16	16	15
Initial surveys of new providers	0	0	0
Complaint investigations in hospice houses	0	0	0

Table 24: Hospitals

Units of Measurement	FY20	FY21	FY22
Licensed or certified hospitals	63	63	60
Validation surveys of accredited hospitals	0	0	0
Complaints investigated on-site	40	44	10
Administrative reviews	177	207	73
Follow-up surveys	5	9	3
Enforcement remedies imposed	4	2	0

Table 25: Hospitals within Correctional Facilities

Units of Measurement	FY20	FY21	FY22
Licensed hospitals within correctional facilities	10	10	10
Initial surveys	0	0	0
Full surveys	0	0	0
Complaint investigations	0	0	0

Table 26: Intermediate Care Facilities for Individuals with Intellectual Disabilities

Unit of Measurement	FY20	FY21	FY22
Number of licensed ICF IIDs	2	2	2
Renewal surveys	1	2	2
Follow-up surveys	2	0	0
Complaints and self-reported incidents, investigated	25	21	27

Table 27: Limited Private Inpatient Facilities

Units of Measurement	FY20	FY21	FY22
Licensed limited private inpatient facilities	4	7	7
Initial, full and follow up surveys	2	7	3
Complaint investigations	0	2	1

Table 28: Major Medical Equipment Providers

Units of Measurement	FY20	FY21	FY22
Licensed major medical equipment providers	190	201	204
Initial surveys of new providers	0	0	0
Full surveys	0	0	0
Follow-up surveys	0	0	0
Complaint investigations	0	3	0

Table 29: Outpatient Physical Therapy Providers

Units of Measurement	FY20	FY21	FY22
Licensed outpatient physical therapy providers	66	67	67
Initial surveys of new providers	1	2	1
Full surveys	8	9	1
Follow-up surveys	2	1	0
Complaint investigations	0	0	0

Table 30: Portable X-ray Providers

Units of Measurement	FY20	FY21	FY22
Licensed portable x-ray providers	10	10	12
Initial surveys of new providers	0	0	1
Full surveys	0	1	0
Follow-up surveys	0	0	0
Complaint investigations	0	0	0

Table 31: Residential Service Agencies

Units of Measurement	FY20	FY21	FY22
Licensed residential service agencies	1,402	1,605	1,874
Initial surveys of new providers	186	155	105
Full surveys	0	14	0
Follow-up surveys	12	18	17
Complaint investigations	62	99	47

Table 32: Residential Treatment Centers

Units of Measurement	FY20	FY21	FY22
Licensed residential treatment centers	7	6	6
Follow-up surveys	3	0	1
Validation surveys, seclusion or restraint investigation	0	0	0
Complaint investigations	10	7	13

Table 33: Rural Health Clinics

Units of Measurement	FY20	FY21	FY22
Licensed rural health clinics	1	1	1
Follow-up surveys	0	0	0
Complaint investigations	0	0	0

Table 34: Surgical Abortion Facilities

Units of Measurement	FY20	FY21	FY22
Licensed surgical abortion facilities	11	11	11
Initial surveys	0	0	0
Renewal surveys	2	1	4
Complaints investigated	0	2	1

Table 35: Transplant Centers

Units of Measurement	FY20	FY21	FY22
Licensed transplant centers	2	2	2
Follow-up surveys	0	0	0
Complaint investigations	0	0	0

Maryland Hospital Patient Safety Program

The Maryland Hospital Patient Safety Program is part of the Quality Initiatives Unit and is independent from other OHCQ units. 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 the regulations governing hospital patient safety programs in COMAR 10.07.06.

Note, the significant increase in the events reported by hospitals was in part driven by the COVID-19 pandemic. The largest increase in reported events was in hospital-acquired pressure injuries (HAPI), which increased from 184 in FY 21 to 375 in FY 22.

More information about the Maryland Hospital Patient Safety Program and patient safety resources is available at <https://health.maryland.gov/ohcq/Pages/Patient-Safety.aspx>

Table 36: Hospital Patient Safety Program

Units of Measurement	FY20	FY21	FY22
Adverse event reports	269	559	832
Review root cause analysis reports (patient safety)	272	488	503
Follow-up investigations and patient safety surveys	0	0	0

Clinical and Forensic Laboratories Unit

The Clinical and Forensic Laboratories 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. The unit is also responsible for State licensure of all laboratories that perform tests on specimens obtained from Marylanders. 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 also provides oversight for accredited and non-accredited laboratories that perform forensic analyses.

Table 37: Cholesterol Testing Sites

Units of Measurement	FY20	FY21	FY22
Cholesterol testing sites	0	0	0
Initial surveys of new providers	0	0	0
Full surveys	0	0	0
Complaint surveys	0	0	0

Table 38: Employer Drug Testing Facilities

Units of Measurement	FY20	FY21	FY22
Employer drug testing facilities	248	250	259
Initial surveys of new providers	1	2	9
Full surveys	41	27	16
Follow-up surveys	0	0	0
Complaint surveys	0	0	0

Table 39: Forensic Laboratories

Units of Measurement	FY20	FY21	FY22
Forensic laboratories	45	45	45
Full surveys	21	15	23
Follow-up surveys	0	0	0
Surveillance surveys	0	0	0
Complaint investigations	0	0	0

Table 40: Health Awareness Testing Sites

Units of Measurement	FY20	FY21	FY22
Health awareness test sites	54	60	55
Initial surveys	3	6	3
Full surveys	54	11	16
Follow-up surveys	0	0	0
Site approvals	1,393	403	772
Complaints surveys	0	0	0

Table 41: Hospital Laboratories

Units of Measurement	FY20	FY21	FY22
Hospital laboratories	99	91	99
Initial surveys of new providers	0	0	0
Full surveys	4	0	0
Follow-up surveys	0	0	0
Validation surveys	4	0	0
Complaint surveys	0	1	0

Table 42: Independent Reference Laboratories

Units of Measurement	FY20	FY21	FY22
Independent reference laboratories	139	148	165
Initial surveys of new providers	6	2	5
Full surveys	16	12	50
Follow-up surveys	22	0	0
Validation surveys	1	0	0
Complaint surveys	0	4	0

Table 43: Physician Office and Point of Care Laboratories, State Only Surveys

Units of Measurement	FY20	FY21	FY22
Physician office and point of care labs, State only	378	475	566
Initial surveys of new providers	12	12	33
Full surveys	87	87	219
Follow-up surveys	104	0	33
Complaint surveys	0	8	2

Table 44: Physician Office and Point of Care Laboratories, Federal CLIA Surveys

Units of Measurement	FY20	FY21	FY22
Physician office, point of care labs, CLIA surveys	378	475	566
Initial surveys of new providers	12	12	33
Renewal surveys	75	72	186

Table 45: Public Health Testing Sites

Units of Measurement	FY20	FY21	FY22
Public health testing	34	34	25
Initial surveys of new providers	0	0	0
Full surveys	17	0	0
Follow-up surveys	0	0	0
Complaint surveys	0	0	0

Table 46: Tissue Banks

Units of Measurement	FY20	FY21	FY22
Tissue banks	419	438	451
Initial surveys of new providers	1	2	0
Full surveys	12	0	9
Follow-up surveys	2	0	0
Validation surveys	0	0	0
Complaint surveys	0	0	0

Appendix A: OHCQ Projected Surveyor Staffing Analysis for FY 23

Long Term Care Unit

Mandates	A. Number of activities required in 2023	B. Hours required per activity	C. Hours required for activities (A x B)	D. # of surveyors required (C/1500)	E. Current # of surveyors	F. # of additional surveyors needed
Long Term Care Facilities (Nursing Homes)						
Initial surveys	0	240	0	0.00		
Annual surveys	216	236	50,976	33.98		
CHOW initial surveys	30	240	7,200	4.80		
CHOW follow-up surveys	30	45	1,350	0.90		
Focused infection control surveys	45	24	1,080	0.72		
Complaint investigations	3,450	13	44,850	29.90		
Follow-up surveys onsite	44	16	704	0.47		
Follow-up surveys offsite	250	16	4,000	2.67		
State resident funds surveys	225	8	1,800	1.20		
Resident fund complaints	10	16	160	0.11		
Life safety code surveys onsite	80	16	1,280	0.85		
Life safety code annual surveys	216	16	3,456	2.30		
Life safety code follow-up surveys	2	8	16	0.01		
Life safety code complaint surveys	20	13	260	0.17		
Informal dispute resolutions	65	16	1,040	0.69		
Testifying in hearings	9	120	1,080	0.72		
Long Term Care Unit				79.50	58.5	21.00

Appendix A: OHCQ Projected Surveyor Staffing Analysis for FY 23 Assisted Living Unit

Mandates	A. Number of activities required in 2023	B. Hours required per activity	C. Hours required for activities (A x B)	D. # of surveyors required (C/1500)	E. Current # of surveyors	F. # of additional surveyors needed
Adult Medical Day Care Centers						
Initial surveys	8	24	192	0.13		
Renewal surveys	91	16	1,456	0.97		
Complaints and self-reports	40	8	320	0.21		
Follow-up surveys	2	16	32	0.02		
Assisted Living Programs						
Initial surveys	170	40	6,800	4.53		
Annual surveys	1,238	16	19,808	13.21		
Complaints and self-reports	1,250	16	20,000	13.33		
Follow-up surveys	90	16	1,440	0.96		
Informal dispute resolutions for unit	20	16	320	0.21		
Testifying in hearings for unit	9	80	720	0.48		
Investigations of alleged unlicensed programs	55	80	4,400	2.93		
Assisted Living Referrers						
Complaints	1	8	8	0.01		
Assisted Living Unit				37.00	35	2.00

Appendix A: OHCQ Projected Surveyor Staffing Analysis for FY 23

Developmental Disabilities Unit

Mandates	A. Number of activities required in 2023	B. Hours required per activity	C. Hours required for activities (A x B)	D. # of surveyors required (C/1500)	E. Current # of surveyors	F. # of additional surveyors needed
Developmental Disabilities Programs						
Initial site openings	240	6	1,440	0.96		
Annual surveys of providers	333	120	39,960	26.64		
Complaint and self-reports, on-site	1,450	16	23,200	15.47		
Complaint and self-reports, admin.	2,460	4	9,840	6.56		
Death investigations, on-site	65	30	1,950	1.30		
Death investigations, administrative	245	4	980	0.65		
Children's providers, all activities	0	0	0	2.00		
Informal dispute resolutions	18	12	216	0.14		
Settlements and hearings	5	80	400	0.27		
Forensic Residential Centers						
Initial surveys	0	0	0	0.00		
Annual surveys	1	160	160	0.11		
Complaints and self-reports	12	8	96	0.06		
Follow-up surveys	0	8	0	0.00		
Informal dispute resolutions	0	8	0	0.00		
Intermediate Care Facilities for Individuals with Intellectual Disabilities						
Initial surveys	0	0	0	0.00		
Annual surveys	2	160	320	0.21		
Complaints and self-reports	54	8	432	0.29		
Follow-up surveys	1	16	16	0.01		
Informal dispute resolutions	1	8	8	0.01		
Health Care Staff Agencies						
Initial surveys	92	4	368	0.25		
Complaint investigations	2	8	16	0.01		
Nurse Referral Agencies						
Initial surveys	20	4	80	0.05		
Complaint investigations	2	8	16	0.01		
Developmental Disabilities Unit				55.00	51	4.00

Appendix A: OHCQ Projected Surveyor Staffing Analysis for FY 23 Federal Unit

Mandates	A. Number of activities required in 2023	B. Hours required per activity	C. Hours required for activities (A x B)	D. # of surveyors required (C/1500)	E. Current # of surveyors	F. # of additional surveyors needed
Birth Centers						
Initial surveys	1	40	40	0.03		
Renewal surveys	1	32	32	0.02		
Complaint investigations	2	16	32	0.02		
Community Mental Health Centers						
Initial surveys	1	32	32	0.02		
Complaints	1	24	24	0.02		
Comprehensive Outpatient Rehabilitation Facilities						
Initial surveys	1	32	32	0.02		
Renewal surveys	1	16	16	0.01		
Complaint investigations	1	8	8	0.01		
Correctional Health Care Facilities						
Initial surveys	0	24	0	0.00		
Full surveys	10	32	320	0.21		
Complaint investigations	1	8	8	0.01		
Cosmetic Surgery Facilities						
Initial surveys	2	48	96	0.06		
Renewal surveys	0	0	0	0.00		
Complaint investigations	2	16	32	0.02		
Federally Qualified Health Centers						
Complaints	1	24	24	0.02		
Freestanding Ambulatory Surgical Centers						
Initial surveys	16	48	768	0.51		
Renewal surveys	90	48	4,320	2.88		
Follow-up surveys	12	16	192	0.13		
Complaint investigations	14	16	224	0.15		
Freestanding Medical Facilities						
Initial surveys	1	64	64	0.04		
Full surveys	1	24	24	0.02		
Complaints	4	10	40	0.03		

Appendix A: OHCQ Projected Surveyor Staffing Analysis for FY 23 Federal Unit

Mandates	A. Number of activities required in 2023	B. Hours required per activity	C. Hours required for activities (A x B)	D. # of surveyors required (C/1500)	E. Current # of surveyors	F. # of additional surveyors needed
Freestanding Renal Dialysis Centers						
Initial surveys	6	48	288	0.19		
Renewal surveys	60	48	2,880	1.92		
Follow-up surveys	8	16	128	0.09		
Complaint investigations	40	16	640	0.43		
Health Maintenance Organizations						
Initial surveys	1	160	160	0.11		
Full survey of non-accredited HMOs	0	120	0	0.00		
Follow-up surveys	0	16	0	0.00		
Complaints	3	8	24	0.02		
Home Health Agencies						
Initial surveys	1	40	40	0.03		
Renewal surveys	16	40	640	0.43		
Complaint investigations	8	24	192	0.13		
Hospice Care Programs						
Initial surveys	1	40	40	0.03		
Renewal surveys	9	40	360	0.24		
Complaint investigations, hospice	10	16	160	0.11		
Complaints, hospice houses	0	16	0	0.00		
Hospitals						
Initial surveys	1	210	210	0.14		
Validation surveys	3	210	630	0.42		
Complaint investigations, on-site	90	36	3,240	2.16		
Complaint investigations, administrative	350	6	2,100	1.40		
Follow-up surveys	19	16	304	0.20		
Transplant surveys	2	80	160	0.11		
Mortality review, psychiatric hospitals	30	24	720	0.48		
Limited Private Inpatient Facilities						
Initial surveys	2	40	80	0.05		
Complaints	4	24	96	0.06		
Major Medical Equipment Providers						
Complaint investigations	2	4	8	0.01		

Appendix A: OHCQ Projected Surveyor Staffing Analysis for FY 23 Federal Unit

Mandates	A. Number of activities required in 2023	B. Hours required per activity	C. Hours required for activities (A x B)	D. # of surveyors required (C/1500)	E. Current # of surveyors	F. # of additional surveyors needed
Outpatient Physical Therapy Providers						
Initial surveys	4	16	64	0.04		
Renewal surveys	10	16	160	0.11		
Follow-up surveys	2	16	32	0.02		
Complaint investigations	2	4	8	0.01		
Patient Safety Program						
Review hospital root cause analysis	840	3	2,520	1.68		
Patient safety program surveys	3	24	72	0.05		
Portable X-ray Providers						
Initial surveys	1	16	16	0.01		
Renewal surveys	2	16	32	0.02		
Complaint investigations	1	4	4	0.00		
Residential Service Agencies						
Initial surveys	6	32	192	0.13		
Follow-up surveys	20	16	320	0.21		
Complaint investigations	170	16	2,720	1.81		
Residential Treatment Centers						
Initial surveys	2	80	160	0.11		
Complaint investigations, on-site	40	32	1,280	0.85		
Complaint investigations, administrative	60	4	240	0.16		
Validation surveys	1	16	16	0.01		
Follow-up surveys	3	16	48	0.03		
Surgical Abortion Facilities						
Initial surveys	2	40	80	0.05		
Full surveys	11	40	440	0.29		
Complaint investigations	4	40	160	0.11		
All provider types in the unit						
Life safety code activities	0	0	0	1.00		
Informal dispute resolutions	12	16	192	0.13		
State and federal hearings	4	80	320	0.21		
Federal Unit				20.00	22	-2.00

Appendix A: OHCQ Projected Surveyor Staffing Analysis for FY 23

Clinical and Forensic Laboratories Unit

Mandates	A. Number of activities required in 2023	B. Hours required per activity	C. Hours required for activities (A x B)	D. # of surveyors required (C/1500)	E. Current # of surveyors	F. # of additional surveyors needed
Cholesterol Testing Sites						
Cholesterol testing	0	4	0	0.00		
Employer Drug Testing Facilities						
Initial surveys	8	8	64	0.04		
Full surveys	125	8	1,000	0.67		
Complaint surveys	1	8	8	0.01		
Forensic Laboratories						
Initial surveys	1	40	40	0.03		
Renewal surveys	23	40	920	0.61		
Surveillance surveys	1	24	24	0.02		
Complaints and self-reports	3	24	72	0.05		
Follow-up surveys	1	16	16	0.01		
Health Awareness Testing Sites						
Health awareness testing surveys	55	8	440	0.29		
Health awareness site approval	1,750	0.5	875	0.58		
Full surveys	50	8	400	0.27		
Follow-up surveys	2	4	8	0.01		
Complaints surveys	0	4	0	0.00		
Hospital Laboratories						
Initial surveys	1	40	40	0.03		
Full surveys	8	8	64	0.04		
Follow-up surveys	0	4	0	0.00		
Validation surveys	5	8	40	0.03		
Complaint surveys	1	4	4	0.00		
Independent Reference Laboratories						
Initial surveys of new providers	6	8	48	0.03		
Full surveys	34	8	272	0.18		
Follow-up surveys	11	4	44	0.03		
Validation surveys	2	8	16	0.01		
Complaint surveys	4	8	32	0.02		

Appendix A: OHCQ Projected Surveyor Staffing Analysis for FY 23
Clinical and Forensic Laboratories Unit

Mandates	A. Number of activities required in 2023	B. Hours required per activity	C. Hours required for activities (A x B)	D. # of surveyors required (C/1500)	E. Current # of surveyors	F. # of additional surveyors needed
Physician Offices and Point-of-Care Laboratories						
Initial surveys	20	6	120	0.08		
Full surveys	130	6	780	0.52		
Follow-up surveys	95	4	380	0.25		
Complaint surveys	8	6	48	0.03		
Validation surveys	6	16	96	0.06		
Public Health Testing Sites						
Initial surveys	1	6	6	0.00		
Full surveys	25	6	150	0.10		
Follow-up surveys	1	4	4	0.00		
Complaint surveys	1	4	4	0.00		
Tissue Banks						
Initial surveys	6	8	48	0.03		
Full surveys	178	8	1,424	0.95		
Follow-up surveys	2	4	8	0.01		
Complaint surveys	2	4	8	0.01		
Forensic Genetic Genealogical Laboratories						
All activities	N/A	N/A	N/A	2		
Clinical and Forensic Laboratories				7.00	5	2.00
				198.50	171.50	27.00