



STATE OF MARYLAND

DHMH

Maryland Department of Health and Mental Hygiene

201 W. Preston Street • Baltimore, Maryland 21201

Robert L. Ehrlich, Jr., Governor – Michael S. Steele, Lt. Governor – S. Anthony McCann, Secretary

December 12, 2006

The Honorable Ulysses Currie  
Chairman, Budget and Taxation Committee  
3 West, Senate Miller Building  
Annapolis, MD 21401-1991

The Honorable Norman H. Conway  
Chairman, Appropriations Committee  
121 Lowe House Office Building  
Annapolis, MD 21401-1991

RE: 2006 Joint Chairmen's Report (Page 92) – Office of Health Care Quality

Dear Chairmen Currie and Conway:

The Office of Health Care Quality (OHCQ) is the agency within the Department of Health and Mental Hygiene that is responsible for monitoring the quality of care in Maryland's 8000 health care facilities and community residential programs. During the 2004 budget hearings and all subsequent years, legislative leaders expressed concern about the staffing patterns in the OHCQ and the ability of the agency to complete statutorily mandated inspections and surveys. The budget committees requested the Department to provide an evaluation of projected staffing requirements for the OHCQ that would be necessary to complete all State and federally mandated inspections. Enclosed is that report.

Clearly, the loss of positions and the staffing shortages have resulted in a decreased ability to complete surveys and to provide timely response to consumer complaints. Please be assured that I am committed to addressing the OHCQ staffing issues. This year, even with our current fiscal challenges, we were able to include 14 additional full-time positions in the OHCQ operating budget. We are also evaluating priorities and workload demands to ensure that we are deploying staff to areas which are most sensitive, such as assisted living, group homes and facilities for the developmentally disabled, and in-home services, where we can truly impact the quality of care and the health and safety of our citizens.

I hope that this information addresses your concerns. If you or your staff have any questions, please call me at (410) 767-6505 or Ms. Anne Hubbard, Director of Governmental Affairs at (410) 767-6481.

Sincerely,

*signature on file*

S. Anthony McCann  
Secretary

Enclosure

cc: Ms. Wendy Kronmiller, Director, OHCQ  
Ms. Anne Hubbard, Director, Office of Governmental Affairs  
Ms. Kimberly Mayer, Director of Policy and Administration, OHCQ

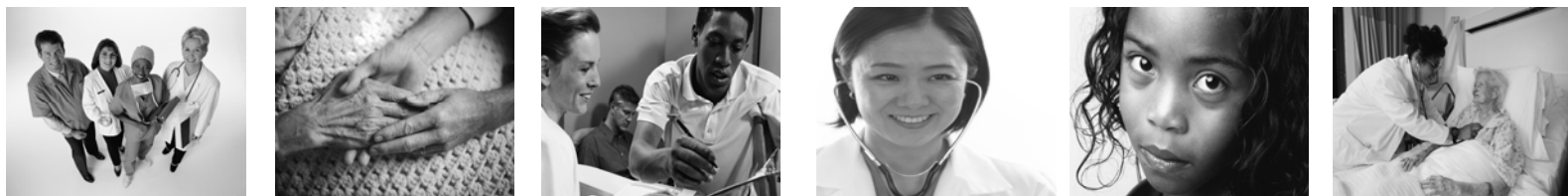
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## DEPARTMENT OF HEALTH & MENTAL HYGIENE

*Robert L. Ehrlich, Jr., Governor  
Michael S. Steele, Lt. Governor  
S. Anthony McCann, Secretary  
Wendy A. Kronmiller, Director*



Report to the General Assembly  
Pursuant to Health-General Article §19-308(b)(7) and  
April 2006 Joint Chairmen's Report – Operating Budget

*October 2006*



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## Foreword

October 2006

**T**he OHCQ has made great progress in achieving its goals of using its limited resources in a focused and efficient way to promote safe health care for Maryland consumers. We have been appropriately aggressive with licensure actions and other sanctions, while expanding efforts to educate consumers, providers, advocates, and other stakeholders. We have worked to improve communications with government agencies, accrediting organizations, and others so that we work in concert. The word is getting out that the OHCQ will, when necessary, take aggressive action. However, providers and consumers also rely upon the OHCQ as a source of constructive information in the complicated health care environment.

As the attached JCR addresses in detail, we participate in dozens of workgroups and committees, and are promulgating four comprehensive sets of regulations. Last year, the General Assembly passed five legislative initiatives important to the OHCQ and the Administration spearheaded the addition of 14 additional surveyor positions. These new surveyors are already beginning to make a positive impact on the OHCQ's workload.

But, challenges remain. As this report demonstrates, the OHCQ continues to face a surveyor deficit of 67 positions. In many programs, we do not conduct the full array of survey activities that are required or appropriate. We attempt to meet this challenge with good stewardship of existing resources, focusing on programs and events with greatest impact on peoples' safety and health.

It is my vision that the OHCQ will one day have sufficient resources to provide a basic regulatory safety net for all programs we regulate - in facilities, group homes, and in-home health care services.

We appreciate the support of the Administration, the General Assembly, and all of our various stakeholders as we progress towards this goal.

Very truly yours,



Wendy A. Kronmiller  
Director

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## Executive Summary

The Office of Health Care Quality (OHCQ), the State agency responsible for survey and certification of more than 8,000 health care facilities in Maryland, is actively seeking to improve health care and conditions in all licensed and certified settings, but it continues to struggle with staffing. As with previous reports, performance standards were established for each unit to take into account the need for the OHCQ to deploy resources in areas where it can have the greatest impact to protect Maryland citizens and to improve quality of care. While generally the OHCQ was able to meet a majority of these priorities, the shortfall can be attributed to several factors, including the lack of surveyor resources.

The 2007 Staffing Analysis (Appendix A) reveals that the surveyor staffing shortage at the OHCQ has decreased. However, there still remains a deficit of 67.10 full-time equivalent positions. The analysis does not consider any administrative, clerical, information technology personnel, or other staff necessary to sustain survey activities. In addition, the distribution of staff shortages has shifted from 2006, in part because of the new positions and in part because of increased services provided in community settings. The staff deficits are reduced in the Nursing Home and Assisted Living Units, with significant increases in the Developmental Disabilities Unit. Current staff deficits are most pronounced in the Developmental Disabilities and Ambulatory Care Units.

The Secretary remains committed to addressing OHCQ's staffing needs and this commitment has resulted in action. Over the course of Fiscal Year 2006 and 2007, nine positions were identified within the Department to be transferred to the OHCQ and five new positions were added. These 14 nurse surveyor positions are an excellent first step and will be targeted to those programs where the OHCQ is experiencing tremendous growth and expects to experience growth.

The Department is meeting the OHCQ's request to add staff incrementally, rather than with a large influx. This is the most effective means to add staff, and given the national nursing shortage and State salary issues, recruitment efforts are taking longer. It also takes about a year to fully train a surveyor and, for many programs, the surveyor must pass a federal examination before surveying independently. The Federal General Accounting Office, in a report on nursing home regulation, concluded that state survey agencies across the nation continue to experience difficulties in hiring and retaining qualified surveyors.<sup>1</sup>

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<sup>1</sup> Nursing Homes: Despite Increased Oversight, Challenges Remain in Ensuring High-Quality and Resident Safety. (GAO-06-117, December 2005).

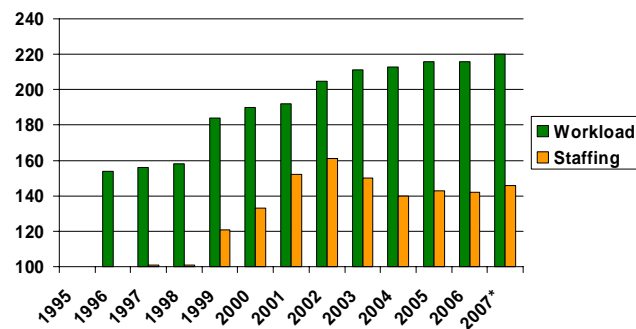
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## Background

Over the past several fiscal years, due to budgetary constraints and loss of positions, the Department of Health and Mental Hygiene (the Department) Office of Health Care Quality (OHCQ) has been unable to complete statutorily mandated inspections and surveys. During the same period, however, the OHCQ has experienced an increase in its workload.<sup>2</sup> In fact, in the past years, the OHCQ has been given or transferred, without receiving accompanying resources, the responsibility for several new programs. An influx of new providers in community-based programs, such as residential service agencies, assisted living, and group home providers increases the staffing challenge. **Figure 1** illustrates the increased workload in comparison to staff from Fiscal Year 1995 through Fiscal Year 2007. The result has been delays in the licensing and/or certification process and an inability to respond timely to complaints about quality of care.

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**Figure 1. Percentage of Increase in Workload and Staff FY 1995 – FY 2007**



Prior to 1999, workload information based upon OHCQ historical data.  
\*Figures from FY 2008 Budget Submission.

During the 2004 General Assembly Session, legislative leaders expressed concern about the staffing patterns and the lack of resources being directed to certain inspections. The Senate Budget and Taxation and House Appropriations Committees requested that the OHCQ provide a report on its work plan for inspections for Fiscal Years 2005 and 2006 and, in consideration of the lack of appropriate resources, an explanation of how the OHCQ will prioritize its workload. The Committees also requested the report to include an analysis of staffing levels necessary in order for the OHCQ to complete all of its federal and State mandated inspections in these respective fiscal years.<sup>3</sup> (Table 1) That same year, in August, the OHCQ was cited by the Department of Legislative Services

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<sup>2</sup> Since 2000, eight new programs or mandates have been added to OHCQ's workload. See Table 1. Page 9

<sup>3</sup> Joint Chairmen's Report 2004, Page 84, Report on Staffing Patterns and Inspections Work Plan.

Office of Legislative Audits for not inspecting various health care facilities as required by law.<sup>4</sup>

The staffing analysis highlighted the OHCQ’s shortage of surveyors. Based upon mandatory federal and State statutory and regulatory requirements in Fiscal Year 2005, the analysis indicated that the OHCQ was experiencing a surveyor shortage of approximately 55 full-time equivalent (FTE) position identification numbers (PINs). The 2006 Staffing Analysis revealed that the surveyor staffing shortage had grown approximately 28% to 70.98 FTE PINs. These analyses, however, did not consider the need for administrative, clerical, information technology personnel, or other staff necessary to sustain and support licensure, certification, survey, and inspection activities.

Thanks to the support of the Administration and the General Assembly, the OHCQ was able to add additional surveyors to staff and is pleased that this year’s report will show a reduction in the staffing deficit to 67 positions.

**Table 1. Increase in Mandated Regulatory Programs and Activities 1996 – 2006**

<b>Year</b>	<b>Program</b>	<b>#</b>
1996	Assisted Living	2000
	Birthing Centers	5
	Major Medical Equipment	151
	Ambulatory Surgery Facilities	323
	Dialysis Centers	121
1998	Organ and Tissue	70
	State Advisory Council on Organ and Tissue Donation Awareness	
1999	Health Maintenance Organizations	9
2000	Second Nursing Home Survey	250
	Nursing Home Complaints within 10 days	800
	Mortality Review - DD population	150
2001	Mortality Review - MH population	150
2002	Nurse Staff Agency	550
	State Advisory Council on Pain Management	
2003	Nurse Staff Registries (Nurse Referral Service Agencies)	55
2004	Patient Safety - Adverse Event Reporting	300 <sup>5</sup>
2005	Freestanding Medical Facilities	1 <sup>6</sup>
2006 <sup>7</sup>	Mortality and Quality Review Committee – Reportable Incidents of Injury	
	Emergency Plans for Human Service Facilities	
	Assisted Living Programs – Services Disclosure Statement	
	Assisted Living Programs – Emergency Electrical Power Generator	
	Assisted Living Programs – Prohibited Acts, Penalties and Quality Account	
	Assisted Living Programs – Licensure	
	Health Care Facilities and Laboratories – Accreditation Organizations and Deeming	
	Notification Requirements for Residential Treatment Centers	
	Corporate Responsibility and Governance – Residential Child Care Programs	

<sup>4</sup> Audit Report: Department of Health and Mental Hygiene, Office of the Secretary and Other Units. Office of Legislative Audits, Department of Legislative Services. August 2004. Page 17.

<sup>5</sup> Estimated Adverse Level I Event Reporting based upon experiences in other states with similar requirements.

<sup>6</sup> Chapter 549 of the 2005 Acts of the General Assembly (HB 426 – “Freestanding Medical Facilities - Licensing and Pilot Project”).

<sup>7</sup> While mandated activities may not add new regulatory programs, they do require the Department to either promulgate regulations, establish workgroups, draft reports, or have an impact on the survey process, all of which effect staff workload.

## OHCQ Programs Staffing Analysis

Over the years, the OHCQ has experienced fluctuations in staffing. **Table 2** shows the types of staff and the annual change in numbers from Fiscal Year 1996 to the present. These changes reflect the merging of programs into the OHCQ such as the licensing, approval, or certification functions for Mental Health, certification and licensure programs for Alcohol and Drug Abuse, licensure programs Developmental Disabilities, licensure programs for Laboratories, and the increase in State and federally mandated workload. This table also shows that the OHCQ began to experience a decline in staffing levels in Fiscal Year 2003.

Year	Total Staff	Difference From Previous Year
1996	129.8	---
1997	130.8	-1.
1998	131.8	+1
1999	157.8	+26
2000	175.8	+18
2001	209.8	+34
2002	228.8	+19
2003	202.8	-26
2004	184.4	-18.4
2005	183.4	-1
2006	181.4	-2
2007	194.4	+13

The largest fluctuation of staff occurs between Fiscal Years 1999 and 2002, when positions were added in response to the inability of the OHCQ to complete its workload. Due to subsequent budget cuts, many of these positions were cut or abolished before they were even filled.

**Table 3** shows the distribution of staff among three different categories – (1) professional or surveyor, (2) administrative or managerial, and (3) clerical or secretarial. Clerical and managerial staff account for about 11 and 15%, respectively, of the total staff. The remaining 74% of the staff, the heart of the organization, are the surveyors and professional staff.

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<sup>8</sup> This does not include 5.4 contractual positions.

	Total	Managers	Professional or Surveyor	Clerical or Secretarial
Administration	12.6	5	5.6	2
Technical Assistance	5	1	4	0
Nursing Home	59	7	48	4
Developmental Disabilities	34	3	27	4
Assisted Living	35	5	27	3
Ambulatory	14	1	10	3
Alcohol/Mental Health	6.8	1	4.8	1
Laboratory	9	2	4	3
Hospital	9	1	7	1
Information Technology	6	2	4	0
Adult Medical Day Care	4	1	3	0
<b>TOTAL</b>	<b>194.4<sup>9</sup></b>	<b>29</b>	<b>144.4</b>	<b>21</b>

The OHCQ's professional staff provides many different and essential services to ensure the continuity of the survey process including offering technical assistance to the surveyors, participating in informal dispute resolution, and testifying at hearings. The clerical or secretarial staff responds to consumer inquiries and ensures that the paper flow and legal documentation for over 8,000 health care provider licenses, including annual or biennial applications, and respective fees are collected, processed and maintained appropriately.

## Methodology of Staffing Analysis

In 2004, the OHCQ retained a federal expert, who was a senior management intern (SES) on rotation from CMS, with extensive experience in personnel management and human resources to conduct the first staffing analysis. The Fiscal Year 2005 analysis uses the same methodology. Each unit manager was asked to review the 2004 Staffing Analysis and identify any changes in workload, mandates, staffing, etc. Then a list was prepared of basic regulatory activities required for each unit for Fiscal Year 2007.<sup>10</sup> These activities included surveys, complaint investigations, and follow-up surveys to determine if corrective action was taken. These activities were noted in Column A.

Column B notes the statutory requirement for the survey. Column C (Column A x Column B) represents the total number of surveys or units that were required. Column D represents the average time that it takes to conduct a survey. This includes travel time and report writing time. Column E, (Column C x Column D), represents the total hours required for survey activity. Column F (Column E/1480) indicates the number of surveyors that would be needed to conduct this work.<sup>11</sup> Column G indicates the number of surveyors assigned to the unit and finally, Column H indicates the overage or shortfall.

<sup>9</sup> This figure does not include 5.4 contractual positions.

<sup>10</sup> See Appendix A for the 2007 Staffing Analysis.

<sup>11</sup> While the industry standard is 2,080 hours per employee, this figure does not take into consideration leave, holidays, or necessary in-service training. From 2,080 hours, 6 personal days, 12 State paid holidays, 36 in-service and training days, and 21 vacation days were subtracted resulting in the 1,480 hour figure. This figure is not adjusted for sick leave.

It should be noted that the overage or shortfall is reflective of needs for surveyor staff ***only*** and does not include the necessary staff to provide clerical or supervisory support for the survey activity. The complete data for all programs and activities can be found in **Appendix A**.

## Labor-Hour Analysis Results

The 2006 Labor-Hour Analysis reveals that the staffing shortage at the OHCQ has grown approximately 28%, from 55.42 to 70.98. **Table 4** shows a comparison of the 2006 and 2007 staffing analysis and the staffing change per unit.

<b>Table 4. Comparison of 2006 and 2007 Staffing Analysis</b>			
Unit	Surveyor Shortage		Change (+Increase or -Decrease)
	2006 Analysis	2007 Analysis	
Long-Term Care Unit	13.15	6.07	-7.08
Assisted Living Unit	22.95	11.67	-11.28
Developmental Disabilities Unit	11.75	22.83	+11.08
Hospitals, HMOs, & Patient Safety	+1.16	+1.19	-.97
Laboratory Licensing & Certification Unit	1.56	2.82	+1.26
Ambulatory Care Programs Unit <sup>12</sup>	19.27	19.00	-.27
Community Mental Health Unit	3.28	3.66	-.38
Alcohol and Drug Abuse Programs	.18	1.24	-1.06
<b>Total</b>	<b>70.98</b>	<b>67.10</b>	<b>3.88</b>

This increase has occurred despite an increase in surveyor positions in FY 2006, and can be attributed to the growth of certain programs; the introduction of additional modules for the nursing home survey; increasing number of complaints received; changing federal priorities; and increasing number of sanctions. In addition, in reviewing the 2005 results, it was found that the Alcohol and Substance Abuse Programs, birthing centers, and employment drug testing sites were not included in the analysis.

<sup>12</sup> The Ambulatory Care Programs Unit received four additional PINs between FY 2006 and FY 2007, however, given the growth of the programs and change to on-site surveys additional resources are still needed.

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## Priorities for 2007

The OHCQ has established following priorities and performance measures for Fiscal Year 2007:

### Long-Term Care (Nursing Homes and Adult Medical Day Care) Unit

- To maintain an overall 12 month average for nursing home surveys.
- To provide technical assistance to all Maryland nursing homes on emergency preparedness using criteria developed by the OHCQ in collaboration with the Maryland Institute for Emergency Medical Services Systems and House Bill 770.
- To complete 100% of the Adult Medical Day Care licensure surveys within 24 to 30 months of the previous survey.
- To investigate any complaint of serious and immediate jeopardy within two working days.
- To investigate any complaint of actual harm within 30 days.
- To improve the quality of care to residents in nursing facilities by determining the statewide percent for facility-acquired pressure ulcers in nursing homes and implementing interventions to decrease the rate by 10% each year.
- To investigate 90% of complaints alleging the potential of harm within 120 days of receipt.
- To maintain an overall 60 day average between health surveys and life safety code surveys.

### Assisted Living Programs Unit

- To investigate any complaint that alleges a serious and immediate jeopardy within two working days.
- To investigate any complaint of actual harm within 30 working days.
- To complete 100% of licensure surveys of assisted living programs for facilities with 17 or more beds.
- To complete 100% of the licensure surveys for assisted living programs that participate in the Medicaid Home and Community Based Services Waiver for Older Adults.

### Developmental Disabilities Unit

- To conduct re-licensure surveys of 40% of all adult providers.
- To conduct re-licensure surveys of 40% of licensed children's providers.
- To complete initial reviews of 100% of application packets within 30 working days of receipt.
- To complete 100% of settlement agreement surveys within timeframes required in settlement agreement documents.
- To initiate 100% of Priority A (immediate jeopardy) incident/complaint investigations within two working days of receipt.
- To initiate 100% of follow-up investigations of Priority A incidents/complaints within timeframe recommended in the initial investigation.

- To initiate 100% of Priority B (immediate jeopardy, low) incidents/complaint investigations within five working days of receipt.
- To initiate 100% of death investigations within three days of receipt of report.

#### Hospitals, HMOs, and Patient Safety Unit

- To conduct a preliminary evaluation of all hospital event reports and RCAs within 30 days.
- To complete review of all RCAs within 90 days.
- To conduct annual reviews of patient safety programs in 20% of all licensed hospitals.
- To complete 100% of alleged Emergency Medical Treatment and Labor Act (EMTALA) complaints within five working days of receipt.
- To complete 100% of all hospital validation surveys required by CMS within the timeframe requested by CMS.
- To investigate any complaints of serious and immediate jeopardy within two working days.
- To investigate any complaint of actual harm within 30 working days.
- To investigate 90% of all complaint investigations requested by CMS within 45 calendar days.
- To complete the annual inspections of the ten hospitals located within correctional facilities.

#### Ambulatory Care Programs Unit

- To maintain an overall 36 month average for home health agency surveys (federal priority).
- To investigate any complaint of serious and immediate jeopardy within two working days.
- To investigate any complaint of actual harm within 30 working days.
- To process requests for licensure within six months of application for RSA licensure and within eight weeks of application for other ambulatory care programs.

#### Laboratory Unit

- To maintain federally required and budgeted survey activity.
- To investigate any complaint of serious and immediate jeopardy within two working days.
- To investigate any complaint that could result in actual harm within 30 working days
- To process requests for licensure, permits, and certificates within two months of application.

#### Mental Health and Substance Abuse Unit

- To conduct a full licensure survey of each therapeutic group home, using the new regulations.
- To shorten the length of therapeutic group home survey by using new survey processes and combining multiple sites.
- To focus on programs that are not regulated or monitored by other government agencies.

### Administration, Policy, and Standards

- To enhance the efficiency of the OHCQ through the review and standardization of internal protocols and procedures.
  - Request approval to hire a manager for the Mental Health and Substance Abuse Program to assure that resources within the program are used efficiently and effectively.
  - Review and evaluate internal protocols and procedures to ensure standardization across the office.
  - Review and update memorandums of understanding and agreements within various programs with local, state, and private partners.
  - Review existing laws for hospice to evaluate current regulations for hospice care providers.
- To develop standards and regulations responsive to specific public health concerns.
- To aggressively recruit and fill vacancies.

### Information Technology

- To utilize Aspen Central Office for the Assisted Living Program.
- To convert all databases to SQL format.
- To improve turnaround times database development projects.
- To improve and organize the OHCQ website.

## Appendix A: 2007 Labor-Hour Analysis

Fiscal Year 2007 Staffing Analysis										
Requirements	A. # of Facilities or Complaints <sup>1</sup>	B. Survey Requirement per Year <sup>2</sup>	C. Total Number of Surveys Required	D. Hours Required per Survey	E. Total Hours Required for Survey Activity (Cx D)	F. Number of Surveyors Required (E/1480)	G. No of Surveyors <sup>2</sup>	H. 2007 Staff Overage or Shortage	I. 2006 Staff Overage or Shortage	J. Difference
<b>Long Term Care</b>										
No. of Surveyors							49.00	(7.07)	(13.15)	6.08
Nursing Homes										
Federal Survey	237	1.00	237	168	39,816	26.9				
Complaints/Self Reports Investigated	2600		2600	12	31,200	21.08				
Follow-Up Surveys	70		140	16	2,240	1.51				
State Survey	235	1.00	235	20	4,700	3.18				
State Follow-Up Surveys	34		34	20	680	0.46				
TAU Training Programs	6		6	16	96	0.06				
Informal Dispute Resolution Conferences	55		55	2	110	0.07				
Adult Medical Day Care										
Initial Surveys	4	1.00	4	22	88	0.06				
Renewal Surveys	140	0.50	70	34	2,380	1.61				
Complaints/Self Reports	30		30	18	540	0.36				
Expansions	20		20	14	280	0.19				
Follow-Up Surveys	25		25	16	400	0.27				
ICF/MR	4	1.00	4	120	480	0.32				
<b>Assisted Living Programs</b>										
No. of Surveyors							26.00	(11.67)	(22.95)	11.28
Initial Surveys	400		400	45	18,000	12.16				
Renewal Surveys	1700	1.00	1700	18	30,600	20.68				
Complaint Investigations	325		325	22	7,150	4.83				
<b>Developmental Disabilities</b>										
No. of Surveyors							27.00	(21.83)	(11.75)	(10.08)
Initial Site Openings	288		288	6	1728	1.17				
Residential Sites (ALUs and Group Homes)	2049	1.00	2049	16	32784	22.15				
Day Habilitation and Vocational/Supportive Employment	236	1.00	236	40	9440	6.38				
Individual Family Care	233	1.00	233	12	2796	1.89				
Resource Coordination	14	1.00	14	40	560	0.38				

Requirements	A. # of Facilities or Complaints <sup>1</sup>	B. Survey Requirement per Year <sup>2</sup>	C. Total Number of Surveys Required	D. Hours Required per Survey	E. Total Hours Required for Survey Activity (Cx D)	F. Number of Surveyors Required (E/1480)	G. No of Surveyors <sup>2</sup>	H. 2007 Staff Overage or Shortage	I. 2006 Staff Overage or Shortage	J. Difference
Community Supported Living Arrangement & Family/Individual Support Services <sup>3</sup>	3845	1.00	3845	4	15380	10.39				
Follow-Up Surveys	20	1.00	20	24	480	0.32				
Death Investigations	250		200	13	2600	1.76				
Complaint & Incident Investigations <sup>4</sup>	3000		325	20	6500	4.39				
<b>Hospitals &amp; Patient Safety</b>										
No. of Surveyors							7.00	0.19	1.16	(0.97)
Hospitals										
Validation Surveys	4		4	210	840	0.57				
Complaints Investigated	70		70	24	1,680	1.14				
Complaints Referred & Followed	300		300	10	3,000	2.03				
Follow-Up Surveys	15		15	16	240	0.16				
Correctional Health Care Facilities										
Full Surveys	11	2.00	22	25	550	0.37				
Complaint Investigations	6		6	8	48	0.03				
Follow-Up Surveys	11		11	10	110	0.07				
UR/Credentialing; Other Reviews and Surveys	69		69	2	138	0.09				
Mortality Review - Psych Hospitals	28		28	8	224	0.15				
Patient Safety										
Review - RCA	150		150	4	600	0.41				
Follow-Up Investigations	20		20	12	240	0.16				
Patient safety Program TA Surveys	15		15	24	360	0.24				
Health Maintenance Organizations										
Surveys	10	1.00	10	110	1,100	0.74				
Follow-Up	2		2	16	32	0.02				
Complaints	30		30	5	150	0.1				
Residential Treatment Centers										
Complaints	36		36	16	576	0.39				
Validation Surveys	13		3	16	48	0.03				
Follow-Up Surveys	10		10	16	160	0.11				
<b>Laboratories Licensing and Certification</b>										
No. of Surveyors							5.00	(2.82)	(1.56)	(1.26)

Requirements	A. # of Facilities or Complaints <sup>1</sup>	B. Survey Requirement per Year <sup>2</sup>	C. Total Number of Surveys Required	D. Hours Required per Survey	E. Total Hours Required for Survey Activity (Cx/D)	F. Number of Surveyors Required (E/1480)	G. No of Surveyors <sup>2</sup>	H. 2007 Staff Overage or Shortage	I. 2006 Staff Overage or Shortage	J. Difference
Independent Reference Labs - Non-Accredited	79	0.50	40	19	760	0.51				
Independent Reference Labs - Complaints	25		25	22	550	0.37				
Independent Reference Labs & Hospitals - Validation	4		4	81	324	0.22				
Physician Offices and Point of Care - CLIA	560	0.50	280	10	2,800	1.89				
Physician Offices and Point of Care - Validation	36		36	10	360	0.24				
Cytology Proficiency Testing	450		450	2	900	0.61				
Cytology Surveys	35	0.50	18	8	144	0.1				
Proficiency Testing - Single Failure Letters	1006		1006	2	2,012	1.36				
Proficiency Testing - Multiple Failure Letters	169		169	4	676	0.46				
Coagulation	122	0.50	61	7	427	0.29				
Cholesterol Testing	24	1.00		7	0	0				
CLIA Waiver	36	1.00	36	13	468	0.32				
Tissue Banks	71	1.00	71	11	781	0.53				
Complaints	18		18	14	252	0.17				
Employer Drug Testing	101	1.00	101	11	1,111	0.75				
<b>Ambulatory Care Programs</b>										
No. of Surveyors							10.00	(19.00)	(19.27)	0.27
Birthing Centers	5	1.00	5	18	90	0.06				
Home Health Agencies (HHA)	56	1.00	56	50	2,800	1.89				
HHA - Complaints	16		16	24	384	0.26				
Dialysis Centers - Surveys	110	0.33	36	46	1,656	1.12				
Dialysis Complaints	25		25	21	525	0.35				
Hospice Care Programs - Surveys	32	0.33	11	43	473	0.32				
Hospice Care Programs - Complaints	10		10	21	210	0.14				
Ambulatory Surgical Centers	349	0.33	115	16	1,840	1.24				
Ambulatory Surgical Centers - Complaints	2		2	8	16	0.01				
Outpatient Physical Therapy	112	0.05	6	10	60	0.04				
Comprehensive Outpatient Rehab Facilities	7	0.05	1	10	10	0.01				

Requirements	A. # of Facilities or Complaints <sup>1</sup>	B. Survey Requirement per Year <sup>2</sup>	C. Total Number of Surveys Required	D. Hours Required per Survey	E. Total Hours Required for Survey Activity (Cx/D)	F. Number of Surveyors Required (E/1480)	G. No of Surveyors <sup>2</sup>	H. 2007 Staff Overage or Shortage	I. 2006 Staff Overage or Shortage	J. Difference
Portable X-Ray	12	0.05	1	10	10	0.01				
Residential Service Agencies	573	1.00	573	54	30,942	20.91				
Residential Service Agencies - Complaints	30		30	18	540	0.36				
Major Medical Equipment	178		178	10	1,780	1.2				
Nurse Staffing Agencies	523	1.00	523	3	1,569	1.06				
Nurse Referral Service Agencies	50	0.33	17	2	34	0.02				
<b>Mental Health Programs</b>										
No. of Surveyors							3	(3.66)	(3.28)	(0.38)
Community Mental Health Clinics	237	0.50	119	26	3094	2.09				
Adult Group Homes	133	0.50	532	3.3	1755.6	1.19				
Mental Health Vocational Program	50	0.33	17	24	408	0.28				
Mobile Treatment Services	23	0.33	8	16	128	0.09				
Partial Hospitalization Program	39	0.33	13	16	208	0.14				
Psychiatric Rehabilitation Program	240	0.33	79	30	2370	1.6				
Residential Crisis Services	14	0.33	5	16	80	0.05				
Residential Rehabilitation Program	77	0.33	25	25	625	0.42				
Respite	15	0.33	5	16	80	0.05				
Therapeutic Group Homes	32	1.00	32	24	768	0.52				
Therapeutic Nurseries	2	0.33	1	16	16	0.01				
Application Reviews	40		40	8	320	0.22				
<b>Substance Abuse Programs</b>										
No. of Surveyors							2.8	(1.24)	(0.18)	(1.06)
Outpatient Therapy	257	0.50	129	24	3096	2.09				
Intensive Outpatient Therapy	58	0.50	29	16	464	0.31				
Partial Hospitalization	4	0.50	2	16	32	0.02				
Halfway Houses	60	0.50	30	16	480	0.32				
Long Term Residential Care	14	0.50	7	16	112	0.08				
Therapeutic Community	4	0.50	2	16	32	0.02				
Medically Monitored Intensive Inpatient Therapy	16	0.50	8	24	192	0.13				

Requirements	A. # of Facilities or Complaints <sup>1</sup>	B. Survey Requirement per Year <sup>2</sup>	C. Total Number of Surveys Required	D. Hours Required per Survey	E. Total Hours Required for Survey Activity (Cx D)	F. Number of Surveyors Required (E/1480)	G. No of Surveyors <sup>2</sup>	H. 2007 Staff Overage or Shortage	I. 2006 Staff Overage or Shortage	J. Difference
Medically Monitored Detoxification	15	0.50	8	16	128	0.09				
Ambulatory Dextox w/Extend On-Site Monitoring	17	0.50	9	16	144	0.1				
Opioid Maintenance Therapy Program	47	0.50	24	24	576	0.39				
Application Reviews	20		20	24	480	0.32				
Addendum Application Review	15		15	10	200	0.14				
Voluntary Program Closure	10		10	5	50.00	0.03				
						196.9	129.80	(67.10)	(70.98)	3.88

<sup>1</sup>Key for Column B:

1.00 = Annual

0.50 = Every 2-Yrs

0.33 = Every 3-Yrs (Periodic)

0.15 = 15% of the Total

0.10 = 10% of the Total

0.05 = 5% of the Total

<sup>2</sup>Figures based upon 7/2006 Listing of Position Detail by Unit/Program/Sub-Program Report from FMIS.

<sup>3</sup>Figures based upon FY 2007 Work Unit Estimates.

<sup>4</sup>Surveys are based on number of individuals.

<sup>5</sup>Decrease in number of incidents reported due to change in DDA's *Policy on Reportable Incidents and Investigations*.