

MDH - Maryland Hospital System

MISSION

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

VISION

Lifelong health and wellness for all Marylanders.

KEY GOALS, OBJECTIVES, AND PERFORMANCE MEASURES

DEER'S HEAD HOSPITAL CENTER (DHHC)

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

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

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

Performance Measures	2017 Act.	2018 Act.	2019 Act.	2020 Act.	2021 Act.	2022 Est.	2023 Est.
Number of patient care days (PCDs)	16,793	15,638	15,898	15,155	14,949	14,949	14,949
Number of doses administered	474,287	387,169	368,733	365,893	353,174	353,174	353,174
Number of medication errors	116	150	303	320	195	180	162
Medication error rate per opportunity	0.02%	0.04%	0.08%	0.09%	0.06%	0.05%	0.05%
Number of falls with major injury	N/A	N/A	1	1	1	1	1
Total number of patients/residents	N/A	N/A	120	122	126	126	126
Percentage of patients/residents with one or more falls with major injury	N/A	N/A	0.83%	0.82%	0.79%	0.79%	0.79%

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

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

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

Performance Measures	2017 Act.	2018 Act.	2019 Act.	2020 Act.	2021 Act.	2022 Est.	2023 Est.
Number of PCDs	16,793	15,638	15,898	15,155	14,949	14,949	14,949
Number of patients/residents with pressure injuries that are new	N/A	N/A	0	0	0	0	0
Total number of patients/residents	N/A	N/A	120	122	126	126	126
Percent of patients with pressure injuries that are new	N/A	N/A	0%	0%	0%	0%	0%
Number of patients/residents with pressure injuries that worsen	N/A	N/A	2.00	0.00	0.00	0.00	0.00
Total number of patients/residents	N/A	N/A	120.00	122.00	126.00	126.00	126.00
Percent of patients with pressure injuries that worsen	N/A	N/A	1.7%	0.0%	0.0%	0.0%	0.0%

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

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

Performance Measures	2017 Act.	2018 Act.	2019 Act.	2020 Act.	2021 Act.	2022 Est.	2023 Est.
Number of URR tests done	653	716	579	525	552	552	552
Number of URR test results of 65 or greater	635	704	573	521	542	542	542
Percent of hemodialysis patients who achieve URR of 65 or greater	97.24%	98.32%	98.96%	99.24%	98.19%	98.19%	98.19%

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	2017 Act.	2018 Act.	2019 Act.	2020 Act.	2021 Act.	2022 Est.	2023 Est.
Number of Kt/V tests done	658	713	577	523	552	552	552
Number of Kt/V tests of 1.2 or greater	641	697	570	513	541	541	541
Hemodialysis patients who achieve Kt/V of 1.2 or greater	97.42%	97.76%	98.79%	98.09%	98.01%	98.01%	98.01%

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	2017 Act.	2018 Act.	2019 Act.	2020 Act.	2021 Act.	2022 Est.	2023 Est.
Total number of patients/residents	174	136	106	79	84	85	85
Number of patients with one or more falls with major injury	0	0	1	0	2	0	0
Percent of patients with one or more falls with major injury	0.0%	0.0%	0.9%	0.0%	2.4%	0.0%	0.0%
Number of doses administered	655,644	469,251	442,380	452,252	438,997	440,000	440,000
Number of medication errors	117	107	153	48	31	30	30
Medication error rate per opportunity	0.02%	0.02%	0.03%	0.01%	0.01%	0.01%	0.01%

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

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

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

Performance Measures	2017 Act.	2018 Act.	2019 Act.	2020 Act.	2021 Act.	2022 Est.	2023 Est.
Total number of patients/residents	174	136	106	79	84	85	85
Number of patients/residents with pressure injuries that are new	N/A	N/A	8	7	4	2	2
Percent of pressure injuries that are new	N/A	N/A	0.67%	8.86%	4.76%	2.35%	2.35%
Number of patients/residents with pressure injuries that worsen	N/A	N/A	1	1	0	0	0
Percent of pressure injuries that are worsening	N/A	N/A	0.33%	1.27%	0.00%	0.00%	0.00%

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

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

Performance Measures	2017 Act.	2018 Act.	2019 Act.	2020 Act.	2021 Act.	2022 Est.	2023 Est.
Number of vent days	2,396	2,656	2,645	1,987	1,635	1,500	1,500
Number of Ventilator Associated Pneumonia (VAPs)	5	7	16	4	0	0	0
Rate of VAP occurrence per 1,000 vent days	2.09	2.64	6.05	2.01	0	0	0

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

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

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

Performance Measures	2017 Act.	2018 Act.	2019 Act.	2020 Act.	2021 Act.	2022 Est.	2023 Est.
Patient/resident ventilator associated event (VAE) rate	N/A	N/A	N/A	N/A	0.00	0.00	0.00
Patient/resident Catheter Associated Urinary Tract Infections (Cauti) rate	N/A	N/A	N/A	N/A	0.00	0.00	0.00
Patient/resident Multi-drug Resistant Organisms (MDRO) rate	N/A	N/A	N/A	N/A	0.00	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	2017 Act.	2018 Act.	2019 Act.	2020 Act.	2021 Act.	2022 Est.	2023 Est.
Annual customer satisfaction score	92.8%	94.0%	92.9%	88.6%	85.8%	92.0%	92.0%

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BEHAVIORAL HEALTH FACILITIES

Goal 1. Improve psychiatric outcomes for all patients.

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

Performance Measures - Satisfaction Survey	2017 Act.	2018 Act.	2019 Act.	2020 Act.	2021 Act.	2022 Est.	2023 Est.
Thomas B. Finan Hospital Center	88%	81%	90%	82%	87%	90%	90%
RICA Baltimore	98%	89%	97%	93%	90%	100%	100%
Eastern Shore Hospital Center	45%	48%	66%	60%	82%	100%	122%
Springfield Hospital Center	74%	N/A	74%	68%	56%	73%	73%
Spring Grove Hospital Center	84%	84%	87%	43%	47%	45%	44%
Clifton T. Perkins Hospital Center	52%	59%	75%	40%	43%	50%	57%
John L. Gildner RICA	96%	83%	75%	90%	94%	85%	85%

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

Performance Measures - Discharge	2017 Act.	2018 Act.	2019 Act.	2020 Act.	2021 Act.	2022 Est.	2023 Est.
Thomas B. Finan Hospital Center	N/A	N/A	96%	98%	98%	100%	100%
Eastern Shore Hospital Center	N/A	N/A	99%	100%	100%	100%	100%
Springfield Hospital Center	N/A	N/A	98%	83%	98%	98%	98%
Spring Grove Hospital Center	N/A	N/A	94%	80%	43%	43%	43%
Clifton T. Perkins Hospital Center	N/A	N/A	99%	98%	98%	98%	96%

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

Performance Measures - Elopement	2017 Act.	2018 Act.	2019 Act.	2020 Act.	2021 Act.	2022 Est.	2023 Est.
RICA Baltimore	N/A	N/A	0.08	0.24	0.10	0.01	0.01
John L. Gildner RICA	N/A	N/A	2.23	2.47	0.00	2.09	2.10

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

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

Performance Measures - Seclusion Hours	2017 Act.	2018 Act.	2019 Act.	2020 Act.	2021 Act.	2022 Est.	2023 Est.
Thomas B. Finan Hospital Center	0.19	0.06	0.12	0.14	0.11	0.12	0.12
RICA Baltimore	0.28	0.57	0.55	0.36	0.34	0.43	0.38
Eastern Shore Hospital Center	0.81	0.36	0.68	0.26	0.26	0.26	0.26
Springfield Hospital Center	0.20	0.07	0.10	0.09	0.05	0.04	0.04
Spring Grove Hospital Center	0.00	0.00	0.00	0.00	0.02	0.01	0.01
Clifton T. Perkins Hospital Center	0.02	0.02	0.01	0.01	0.01	0.01	0.00
John L. Gildner RICA	0.01	0.02	0.00	0.00	0.00	0.01	0.01

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

Performance Measures - Restraint Hours	2017 Act.	2018 Act.	2019 Act.	2020 Act.	2021 Act.	2022 Est.	2023 Est.
Thomas B. Finan Hospital Center	0.15	0.04	0.04	0.05	0.09	0.06	0.06
RICA Baltimore	0.04	0.09	0.04	0.05	0.02	0.04	0.04
Eastern Shore Hospital Center	0.10	0.07	0.01	0.02	0.02	0.02	0.01
Springfield Hospital Center	1.44	0.76	1.03	0.80	0.65	0.57	0.57
Spring Grove Hospital Center	0.12	0.14	0.09	0.12	0.15	0.12	0.09
Clifton T. Perkins Hospital Center	2.36	0.86	1.58	1.62	0.95	0.90	0.86
John L. Gildner RICA	0.12	0.14	0.15	0.16	0.05	0.12	0.11

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 - Patient Injuries	2017 Act.	2018 Act.	2019 Act.	2020 Act.	2021 Act.	2022 Est.	2023 Est.
Thomas B. Finan Hospital Center	N/A	N/A	N/A	0.06	0.01	0.02	0.02
RICA Baltimore	N/A	N/A	N/A	0.75	0.62	0.60	0.65
Eastern Shore Hospital Center	N/A	N/A	N/A	0.87	2.77	1.82	1.20
Springfield Hospital Center	N/A	N/A	N/A	0.70	0.48	0.50	0.50
Spring Grove Hospital Center	N/A	N/A	N/A	0.01	0.01	0.01	0.01
Clifton T. Perkins Hospital Center	N/A	N/A	N/A	0.82	0.96	0.95	0.94
John L. Gildner RICA	N/A	N/A	N/A	6.54	3.52	3.00	3.00

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

Performance Measures - Patient Injuries	2017 Act.	2018 Act.	2019 Act.	2020 Act.	2021 Act.	2022 Est.	2023 Est.
Thomas B. Finan Hospital Center	0.04	0.02	0.01	0.01	0.01	0.01	0.01
RICA Baltimore	0.08	0.03	0.00	0.00	0.01	0.00	0.00
Eastern Shore Hospital Center	0.12	0.47	0.00	0.07	0.18	0.00	0.00
Springfield Hospital Center	0.22	0.10	0.08	0.12	0.12	0.10	0.10
Spring Grove Hospital Center	0.18	0.19	0.13	0.12	0.14	0.11	0.11
Clifton T. Perkins Hospital Center	0.05	0.08	0.08	0.08	0.09	0.07	0.08
John L. Gildner RICA	0.00	0.00	0.06	0.00	0.00	0.07	0.06

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

- Obj. 4.1** The percent of Not Criminally Responsible (NCR) and Incompetent to Stand Trial (IST) court orders admitted within ten business days will be at 100 percent.
- Obj. 4.2** The average cycle time for the admission of Not Criminally Responsible (NCR) and Incompetent to Stand Trial (IST) court orders will be less than ten business days.
- Obj. 4.3** The percent of placement of 8-507 orders within 21 business days will be at 100 percent. 8-507 placements for treatment are received by the State's Institutes for Mental Disease (IMDs).
- Obj. 4.4** The average cycle time for the admission of 8-507 court orders will be less than twenty-one business days.

Performance Measures	2017 Act.	2018 Act.	2019 Act.	2020 Act.	2021 Act.	2022 Est.	2023 Est.
Percent of court orders for NCR and IST patients admitted	N/A	N/A	100%	77%	27%	100%	95%
Average admission cycle time for NCR and IST patients	N/A	8.40	7.80	14.58	17.20	10.00	10.00
Percent of placement of 8-507 orders within 21 business days	N/A	99%	100%	100%	97%	100%	100%
Average admission cycle time for 8-507 court orders	N/A	16.00	11.00	10.00	12.00	10.00	11.00

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COURT INVOLVED SERVICE DELIVERY SYSTEM

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

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

Performance Measures	2017 Act.	2018 Act.	2019 Act.	2020 Act.	2021 Act.	2022 Est.	2023 Est.
Number of individuals committed to the SETT Program	42	49	55	57	54	54	54
Number of repeat commitments to the SETT Program	17	13	13	12	7	7	7
Percent of total repeat commitments	40.5%	26.5%	23.6%	21.1%	13.0%	13.0%	13.0%
Number of people admitted to reentry/specialized treatment program	42	21	34	29	27	27	27
Number of people restored to competency	N/A	N/A	N/A	N/A	6	6	6
Number of people discharged from the reentry/specialized treatment program to Potomac Center	14	5	5	9	8	8	8
Number of people discharged from the reentry/specialized treatment program who transitioned to community based services	15	16	13	11	9	9	9

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

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

Performance Measures	2017 Act.	2018 Act.	2019 Act.	2020 Act.	2021 Act.	2022 Est.	2023 Est.
Number of individuals committed as IST to the SETT	59	59	52	24	43	43	43
Number of individuals committed as IST who are reported as achieving their training goals, reflecting increased skills in courtroom procedures	26	30	8	6	34	34	34
Percent of individuals committed as IST who are reported as achieving their training goals, reflecting increased skills in courtroom procedures	44.1%	50.8%	15.4%	25.0%	79.1%	79.1%	79.1%

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STATE RESIDENTIAL CENTERS

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

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

Performance Measures	2017 Act.	2018 Act.	2019 Act.	2020 Act.	2021 Act.	2022 Est.	2023 Est.
Holly Center - Number of resident-on-resident assaults	N/A	N/A	N/A	N/A	35	35	35
Potomac Center - Number of resident-on-resident assaults	126	181	260	266	391	391	391
SETT - Number of resident-on-resident assaults	N/A	N/A	N/A	178	178	178	178
Total number of resident on resident assaults	126	181	260	444	604	604	604
Holly Center - Number of resident-on-staff assaults based on the severity of injury	N/A	N/A	N/A	N/A	36	36	36
Potomac Center - Number of resident-on-staff assaults based on the severity of injury	37	37	82	123	109	109	109
SETT - Number of resident-on-staff assaults based on the severity of injury	N/A	N/A	N/A	11	37	37	37
Total number of resident on staff assaults based on the severity of injury	37	37	82	134	182	182	182

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