

MQA Today

SEPTEMBER, 2010

D I V I S I O N N E W S L E T T E R



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& SUGGESTIONS

COMPLAINT
PROCESS REVIEW PG. 4

COMMENDATIONS
and AWARDS

NEW
PDMP
WEBSITE

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 The Latest on
MQA Events and
Meetings PG. 8

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MESSAGE from the DIRECTOR

Managing risk is something we do every day in MQA. There are the actual risks associated with licensing a health care practitioner who isn't qualified or failing to remove a dangerous practitioner from practice. Then there are the perceived risks often associated with a newspaper headline that may or may not be an actual risk. What we have to rely upon in managing risk is a well-trained workforce that uses data to drive decisions. You've seen my earlier articles about data-driven decision making. If ever there is a need to manage risks it is in the area of complaints and discipline. In 1997, the legislature determined that the length of time it took from the time a complaint was received until a recommendation of probable cause was made by the department simply took too long. They gave the department 180 days to accomplish the task. This has created the not uncommon tension in government between speed and efficiency and our commitment to public safety.

This month's edition of MQA Today gives an overview of our disciplinary process. The intake and analysis of 25,000 plus complaints a year to determine legal sufficiency and to triage for risk to the public requires objective analysis and a highly efficient use of limited resources. In the past two years, with what we have come to call our enforcement paradigm shift, we set some strategic goals and associated performance measures that we are excited to see having the expected results.

The primary objective identified in the paradigm shift was to resolve the majority of non-priority cases as early as possible in the enforcement process. We knew if we could resolve cases earlier in the enforcement process, unnecessary investigation and prosecution costs would be eliminated. The expected benefits would be field investigators spending more time on priority cases and more cases being

presented to the probable cause panel that result in a finding of probable cause. This past fiscal year we have already seen the percentage of probable cause findings for the Board of Medicine rise 4.2%.

In what is probably the most exciting positive trend, we have seen a steady percentage increase in the number of priority cases currently open and being investigated in our field offices. That means that our goal to handle less serious violations such as continuing education and compliance issues at the desk investigation level is working. With almost a million licensees and only 85 investigators, we must work smart and we must insure serious cases get the attention they merit.

In another of our efforts, in 2009 we piloted a pre-expert review process for dentistry complaints. Dental records, formerly obtained after cases were assigned to field investigators, are obtained upon receipt of the complaint and reviewed by an in-house expert before investigation to identify those complaints in which there is no violation of the law. This reduced the number of dental cases investigated and ultimately closed with a finding of no violations. We have seen resultant cost savings of more than \$150,000/year.

We've also seen the paradigm shift result in a 26-percent decrease in the number of days to determine legal sufficiency – from an average of 8.6 days from the receipt of a complaint to a determination of legal sufficiency in 07-08 to an average of 6.4 days in 09-10.

It turns out that one of the best ways we manage risk every day in MQA is by achieving a balance between actual and perceived risks. We do that by using data and process management tools. The results we're seeing is that we're better able to differentiate between serious and not-so-serious problems and focus our limited resources.

A handwritten signature in cursive script, appearing to read 'Amy C. Bee'.

FLORIDA DEPARTMENT OF HEALTH COMPLAINT PROCESS

The mission of the Florida Department of Health (Department) is to promote, protect and improve the health of all people in Florida. The Legislature created a comprehensive regulatory process that provides a number of tools for the Department to use in accomplishing its mission.

The health care Boards and the Department have shared responsibility for the disciplinary process, as referenced in Florida Statutes 456. Most health care Boards are responsible for determining probable cause through a probable cause panel and for taking final disciplinary action. A common misconception is that the Boards handle complaints, conduct investigations and direct how cases are prosecuted. This is not correct. The first time that a full Board ever considers a disciplinary case is after prosecution by the Department.

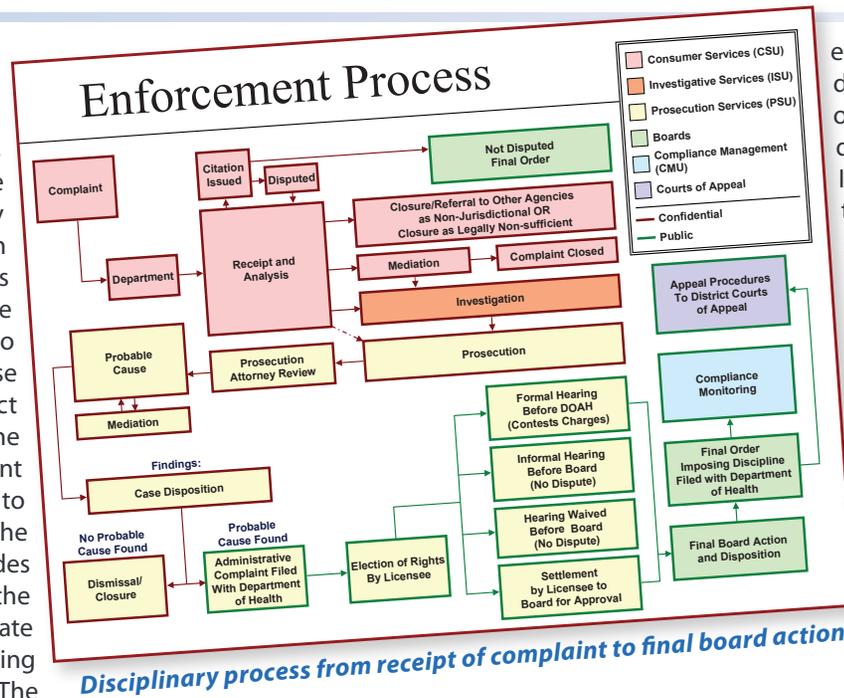
Disciplinary complaints follow a five-step process: complaint analysis, complaint investigation, probable cause review, prosecution, and tracking compliance

“The first step in the disciplinary process is to analyze complaints and reports for legal sufficiency.”

with the penalties and restrictions imposed. The Department’s Consumer Services Unit is responsible for complaint analysis and for handling many minor complaints through mediation, notice of non-compliance, or citation. The Department’s Investigative Services Unit conducts investigations and inspections. The Department’s Office of the General Counsel, Prosecution Services Unit, prepares cases for probable cause review and conducts prosecution of complaints in

which the panel directs the filing of an Administrative Complaint. The State Surgeon General provides overall policy guidance and issues Emergency Suspension or Restriction Orders (ESO/ERO) in matters that concern an immediate and serious threat of harm to the public. Once the license is suspended, the Subject has 30 days to appeal the suspension. The Department still has to proceed to disciplinary action on the license, so the law provides that it has 20 days from the date of the ESO to initiate a disciplinary proceeding against the Subject. The department initiates disciplinary proceedings by presenting complaints to the probable cause panel with a recommendation to prosecute or dismiss the complaint.

The first step in the disciplinary process is to analyze complaints and reports for legal sufficiency. Legally sufficient complaints are then forwarded to one of 11 field offices for investigation. Department legal staff review completed investigations. In-house and outside subject matter experts further review quality of care complaints. After the complaint has been investigated for regulatory, medical and legal issues, they are presented to a probable cause panel for consideration. Probable cause



panels are composed of both professional and consumer board members. The panel members review each case and then vote to decide which complaints are dismissed and which complaints will be prosecuted. Within 10 days of the finding of probable cause, the Subject of the complaint is served with an Administrative Complaint (a formal charging document) and has 21 days to elect the manner of resolving the complaint. The Administrative Complaint sets out specific factual allegations and specific alleged violations of the relevant health care practice act. This Administrative Complaint and the entire investigative file, except patient identifying information, is a public record.

Although the Board determines the final action on the Administrative Complaint, the licensee may: agree to a settlement, voluntarily relinquish their license,

elect a formal hearing involving disputed issues of material fact, or elect a hearing not involving disputed issues of material fact. If a formal hearing is requested, the department has 45 days to send the case to the Division of Administrative Hearings (DOAH), where an Administrative Law Judge (ALJ) is assigned and the parties are advised to provide dates for a hearing not more than 70 days from the date of the order. The hearing is scheduled at the discretion of the ALJ. After the hearing, the ALJ issues a recommended order, and the materials the ALJ reviewed in making his decision is forwarded to the full board.

The board decides to accept or reject the recommendation of the ALJ. Under current law, the board has 90 days from the date of the recommended order to issue the final order. The Subject of the complaint then has 30 days in which to file an appeal. The law does state that complaints are to be completely resolved within one year of filing the complaint, thus various issues may affect the time in which a given case is resolved.

The Department and the Boards ensure public safety with a dedicated Compliance Management Unit that tracks licensees who are required to restrict practice, complete rehabilitation efforts, pay fines and costs, or comply with other penalties imposed by the Board. To learn more about the disciplinary process, health care boards, and the Department, please visit: www.flhealthsource.com

EVENTS and ANNOUNCEMENTS

The Pinellas County Health Department is in need of your services. Our primary care physicians at the Health Department and Free Clinics throughout Pinellas County are asking for your assistance with the more extreme cases they cannot manage. Clients are uninsured and fall in the poverty guidelines. The clients that would be seen are referred by primary care physicians in the Pinellas County Health Department or one of the many Free Clinics throughout Pinellas. As a volunteer, you will be covered under the State's Sovereign Immunity.

Florida Statute 110.504 (4) states, "Volunteers shall be covered by state liability protection in accordance with the definition of a volunteer and the provisions of F.S. 768.28."

Section 768.28 (9)(a), F.S. provides: "No officer, employee or agent of the state... shall be held personally liable in tort or named as a party defendant in any action for any injury or damage suffered as a result of any act, event, or omission of action in the scope of her or his employment or function, unless such officer, employee, or agent acted in bad faith or with malicious purpose or in a manner exhibiting wanton and willful disregard of human rights, safety, or property."

As a volunteer, you decide if you would like to volunteer at the Health Department or in your office. You decide the number of days, hours and clients you would like to see. Please understand, you would only see the more extreme cases that our primary care physicians refer. I hope to hear from you and look forward to working with you in the future.

If you are interested in volunteering, please contact:

*Liz Guevara, Volunteer Coordinator | Pinellas County Health Department
(727) 820-4125 or by email at: elizabeth_guevara@doh.state.fl.us*



NEW ENFORCEMENT CHIEFS

MQA is pleased to announce the appointment of Susan K. Love as the Bureau Chief of Enforcement. Susie is replacing Diane Orcutt, who retired on August 19, 2010. Susie brings more than 20 years experience in regulatory enforcement starting with the Department of Business and Professional Regulation. Before beginning her tenure as Chief of the Consumer Services Unit with us in 2008, she served MQA as a board executive director for the therapy boards and psychology. Please join me in welcoming Susie into her new position. We have many, many enforcement challenges facing us and with Susie at the helm with her extraordinary leadership skills, her focus on continuous improvement and her enthusiasm for innovation, I know she will inspire all of us to continue to excel at protecting the public's health and safety.



SUSAN K. LOVE

MQA is pleased to announce the appointment of Jeane Clyne as the Chief of the Investigative Services Unit (ISU). Jeane is replacing Robert Garey, who will retire on August 31, 2010. Jeane received her Bachelors degree in Criminal Justice from the University of South Florida. She began employment with the ISU as an Investigation Specialist II in 1988, with subsequent promotions to Medical Malpractice Investigator and Investigator Supervisor. In 2004, she was promoted to an Investigation Manager over the Ft. Myers Office and in 2006, was appointed the Southern District Manager responsible for oversight of five ISU offices. Within the last year, Ms. Clyne was asked to lead the statewide initiative to curb the ever-growing epidemic of pain management centers in this state. Jeane is a proven leader who has decades of experience in enforcement and we are fortunate to have her leading the Investigative Services Unit team.



JEANE CLYNE

COMMENDATIONS and AWARDS



WILLIAM E. SPOONER Inducted as a Fellow in The National Council of State Boards of Nursing (NCSBN)

MQA would like to congratulate William E. Spooner, Regulatory Supervisor Consultant for the Florida Board of Nursing on being inducted as a Fellow in The National Council of State Boards of Nursing (NCSBN) on August 12, 2010.

The Institute of Regulatory Excellence (IRE) Fellowship Program is a four-year comprehensive educational and professional development program designed for current regulators who want to enhance their knowledge of and leadership in nursing regulation. The program includes experiences in analyzing issues involving public policy and regulation, strategic planning, patient safety and communication. It also requires the application of evidence-based concepts in decision making and leadership.

Individuals who complete the Fellowship Program requirements are called a Fellow of the NCSBN Regulatory Excellence Institute (FRE) and are entitled to use the initials FRE after their name in recognition of their accomplishment.

Congratulations Will!



SUE FOSTER
2010 recipient of the Association of Social Work Boards (ASWB) Board Administrator Award.

Congratulations Sue!

MQA would like to congratulate Sue Foster, Executive Director for the Boards of Clinical Social Work, Marriage and Family Therapy and Mental Health Counselors, on her selection as the 2010 recipient of the Association of Social Work Boards (ASWB) Board Administrator Award.

The ASWB Board Administrator Award is presented annually to staff members of boards who contribute to their boards by demonstrating an extraordinary commitment to service in promoting ethical, responsible, and effective functioning of an ASWB member board. As well as facilitating a fair, efficient and responsible process for legal regulation of a board while educating the public and the profession on the legal regulation.

Sue was nominated for being a "strong, quiet leader who has developed her team into a highly functioning, efficient group" and for being able to "anticipate actions and activities for the legislature, helping the board posture for legal regulation."

NOW AVAILABLE FLORIDA'S PRESCRIPTION DRUG MONITORING PROGRAM WEBSITE

The Prescription Drug Monitoring Program (PDMP) website is now available at: www.doh.state.fl.us/mqa/pdmp/home.html. The website is part of the Department of Health's (DOH) implementation of an electronic system to monitor the dispensing of controlled substances in Florida. When the system is in place, it will be a repository of data about every dispensing transaction of a Schedule II, III, or IV controlled substance between a patient and his or her physician, dentist, or pharmacist.

The website, which has been operational since August 1, 2010, contains:

- Information about the Prescription Drug Monitoring Program;
- News and media updates;
- A discipline reports corner; and
- Links to other state and national prescription drug control resources.

DOH's Division of Medical Quality Assurance (MQA) is coordinating the PDMP. The mission of DOH and MQA is to promote, protect and improve the health of all people in Florida. Working in conjunction with 22 boards and six councils, MQA regulates eight types of facilities and 200-plus license types in more than 40 healthcare professions. MQA evaluates the credentials of all applicants for licensure, issues licenses, analyzes and investigates complaints, inspects facilities, assists in prosecuting practice act violations, combats unlicensed activity and provides credential and discipline history about licensees to the public. Visit <http://www.flhealthsource.com> for additional information about MQA.

**SAYING
GOODBYE**
WE WILL MISS YOU...



DIANE ORCUTT RETIRES
AFTER 35 YEARS OF SERVICE



BOB GAREY RETIRES
AFTER 13 YEARS OF SERVICE

RENEWAL CORNER APPROACHING CURRENT LICENSE EXPIRATIONS

RADIOLOGIC TECHNOLOGY ...

7/31 - 9/30/2010

DRUGS, DEVICES, COSMETICS ...

7/31 - 9/30/2010

NURSING HOME ADMINISTRATION ...

9/30/2010

ATHLETIC TRAINER ...

9/30/2010

NATUROPATHIC PHYSICIAN ...

9/30/2010

DIETHYL ETHER ...

9/30/2010

RADIOLOGIC TECHNOLOGY ...

9/30/2010

HOT OFF THE PRESS...RELEASES

FLORIDA DOH DIVISION OF MEDICAL QUALITY ASSURANCE EXPANDS ONLINE APPLICATION PROCESS

FLORIDA DOH INVESTIGATION LEADS TO ISSUANCE OF FORMAL CEASE AND DESIST ORDER & CITATION IN PORT CHARLOTTE PROGRAMS

FLORIDA DOH INVESTIGATION LEADS TO ISSUANCE OF CEASE & DESIST ORDERS IN JACKSONVILLE

[CLICK FOR MORE PRESS RELEASES](#)

BOARD/COUNCIL CHAIRS & VICE CHAIRS ANNUAL LONG-RANGE PLANNING MEETING

The Board/Council Chairs and Vice
Chairs Annual Long-Range Planning

Meeting will be held:

When: 9/14/2010

Time: 8:30AM - 4:00PM

Where: Betty Easley Center
Tallahassee

IMPAIRED PRACTITIONERS PROGRAM PLANNING MEETING

The Division of Medical Quality
Assurance will host an Impaired
Practitioners Program Planning Meeting

When: 9/13/2010

Time: 1:00 - 4:00PM

Where: Betty Easley Center
Tallahassee

UPCOMING BOARD MEETINGS

Board of SPEECH LANGUAGE PATHOLOGY AUDIOLOGY

WHEN: 9/9/10 WHERE: Jacksonville
[DETAILS](#)

Board of ACUPUNCTURE

WHEN: 9/17/10 WHERE: Orlando
[DETAILS](#)

Board of DENTISTRY

WHEN: 9/17/10 WHERE: Orlando
[DETAILS](#)

Board of MEDICINE

WHEN: 9/30-10/02/10
WHERE: Orlando
[DETAILS](#)

MQA Today SURVEY

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WHAT YOU THINK ABOUT MQA TODAY!

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Customer Concerns? Customer Suggestions?

Are you unable to find information on our website? Do you have a complaint or a suggestion about how we can improve our services? If the answer to any of these questions is yes, please complete our **CUSTOMER CONCERNS & SUGGESTION SURVEY**.



www.doh.state.fl.us/mqa

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