



DIRECTOR'S MESSAGE

QUARTERLY PERFORMANCE REPORT (QPR)

It gives me great pleasure to present to you the Quarterly Performance Report (QPR) for the first quarter of fiscal year 2012-13. This report includes information on key performance indicators for the Division of Medical Quality Assurance (MQA) as well as highlights of accomplishments during the quarter. As mentioned in our last quarterly performance report, we are premiering a new interactive format. This format allows easy browsing from any PC or Mac and can be accessed on mobile devices including tablets and smart phones. Additional features include an advanced toolbar that provides searchable, zoomable content and the ability to add notes and bookmarks for future reference. Your feedback is important to us, so please take a moment to complete the brief survey linked to this report.

Sincerely,

Lucy C. Gee, M.S. **MQA Division Director**

EXECUTIVE SUMMARY

The Quarterly Performance Report, required by Section 456.025(9), F.S., includes information on revenues and expenditures, performance measures and statistics, and recommendations to boards. Additionally, Section 456.065(3), F.S., requires the report to include all financial and statistical data resulting from unlicensed activity enforcement. The first quarter report provides information on MQA's key performance measures including ongoing initiatives for performance improvement. For example, as a result of process analysis, improvements were identified and implemented in the emergency action process. These improvements resulted in an increase in the percentage of emergency actions taken within 30 days, from 40% in the first quarter of FY 2011-12 to 74% for the first quarter of FY 2012-13. The report also includes highlights of accomplishments during this quarter. For example, in response to an increased need for interpreter services during licensure renewals for Certified Nursing Assistants, a Spanish overlay of the online Certified Nursing Assistant renewal screens was developed and implemented as well as a Renewal Guide written in Spanish designed to assist licensees through the renewal process.

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- As a result of the Executive Order 12-199 issued by Governor Rick Scott due to Tropical Storm Isaac, the Florida Board of Pharmacy staff contacted health care associations, pharmacists, and pharmacy corporate offices to ensure they were aware of the order. The board office sent out approximately 25,000 e-mails. Because of the quick action taken by our Governor and the Board of Pharmacy staff, Florida citizens were not without the medication they needed in the event the storm affected prescription dispensing. The board office received several responses thanking them for the expedited information.
- In an effort to conduct business in a more cost-effective manner while still protecting the health of Florida residents and visitors, the Florida Board of Nursing recently approved rules that expand the authority of the MQA to conduct mediation in complaints with minor violations against licensed nurses. MQA will mediate specific first time violations without expending unnecessary resources on investigating and prosecuting nurses. This effective method for resolving complaints will bring nurses into compliance with disciplinary final orders and licensure, reporting, and continuing education requirements while allowing them to continue to work.
- The staff of the Board of Physical Therapy Practice and the Bureau of Operations in MQA improved the process to notify physical therapist and physical therapist assistant applicants of their exam scores. Last fiscal year 3,226 applicants took the physical therapist and physical therapist assistant exams. Previously, staff retrieved scores from the exam vendor's website, printed the scores, redacted confidential information, and mailed the scores to applicants, a time consuming and labor intensive process, and the time spent printing, redacting and mailing scores took approximately 3.5 hours. With the improved process, applicants can retrieve their scores online through a secure portal. Because passing the examination is the last step for licensure which allows entry into the workforce, physical therapists, and assistants can get to work faster.

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- In FY 2010-11, the MQA Call Center spent \$43,191 for Spanish interpreter services, assisting on 3,064 calls from certified nursing assistants (CNAs) during the renewal cycle. In FY 2011-12, the number of calls increased by 22%. In response, the Bureau of Operations developed a Spanish overlay of the online CNA renewal screens, as well as a renewal guide written in Spanish designed to assist licensees through the renewal process. A few efficiencies from the overlay include a reduction of phone calls from CNAs with questions about their renewal and quicker renewal processing times. In FY 2012-13, the number of calls in quarter one decreased by 691 over FY 2011-12. These improvements to customer service for our Spanish speaking customers are expected to save \$21,595 annually in interpreter services.
- Applications for chiropractic physicians, medical doctors, limited license medical doctors, medical doctors in areas of critical need, medical faculty certificates, physician assistants, anesthesiologist assistants, podiatric physicians, certified podiatric x-ray assistants, and podiatric resident registrations can now be completed fully online, joining a long list of professions already online. Online applications are fast-tracked for quicker processing and also give the applicant more options. Applicants can edit the application up to a year before submitting it. Once the application is submitted, the applicant receives a confirmation email and can print a copy of the application for their records. Based on application answers, the system also provides coversheets with instructions for additional documentation.

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NEW INITIATIVE COMING SOON - Licensure Renewal

On January 1, 2013, a new Continuing Education (CE) and licensure renewal process goes into effect. When practitioners renew their professional licenses online, DOH will automatically verify with its electronic tracking system that continuing education was completed. Under the new system, licensees are able to report their CE at any time during the biennium, helping to ensure timely renewals. Anticipated efficiencies include an improved renewal process by eliminating audits and ensuring 100% compliance with requirements, a reduction in enforcement actions for non-compliance of continuing education requirements, and a reduction in costs and staff, saving approximately \$316,325 annually. In addition, the Bureau of Enforcement received 1,357 complaints in FY 2010-11 for violations of non-compliance with continuing education requirements costing the department approximately \$228,810. This improved business process will eliminate costs associated with handling CE non-compliance complaints, allowing the Bureau of Enforcement and Prosecution Services Unit to reallocate resources to complaints with more serious violations.

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- Joe Baker, Jr., Executive Director for the Board of Nursing, was elected as Director-at-Large to the National Council of State Boards of Nursing (NCSBN) Board of Directors during its 2012 Delegate Assembly. The NCSBN is a not-for-profit organization whose members include the boards of nursing in the 50 states, the District of Columbia, and four U.S. territories American Samoa, Guam, Northern Mariana Islands, and the Virgin Islands. There are also 12 associate members. NCSBN's mission is to provide education, service, and research through collaborative leadership to promote evidence-based regulatory excellence for patient safety and public protection. The Board of Directors is charged with overseeing implementation of policy and directing the activities of NCSBN. "It is an honor to serve on the NCSBN Board of Directors. I bring a unique perspective to the board's deliberations and discussions, as a non-nurse executive officer. Interacting with my colleagues at this national level allows Florida's voice to be heard in pertinent regulatory issues as we strive to protect the public," said Mr. Baker.
- DOH employees Deb Boutwell, Pat Gabriele, Anna King, and Ivy Shivers received thanks from a recent applicant for initial licensure as an occupational therapist. "The staff has been so professional, courteous, thorough, and efficient. The manner in which they speak to your 'customers' is so polite, welcoming, and warm. The follow through has been expedient and comprehensive. There is a great sense of going 'above and beyond' to assist the customer. I have had a fairly tense experience compiling my information from other departments from other states, and then I speak to members from your department and am completely at ease, assuaged, guided, and confident. I have been issued my Florida OT license and am looking forward to moving to Florida. The service that I have received from the Florida DOH licensing department has reaffirmed my decision to move to the sunshine state."

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• Amy Harmon, an inspector with MQA Investigative Services in the Orlando Field Office, and Marquita Edwards, a regulatory specialist in the Board of Massage Therapy, were praised by a chiropractic physician for their excellent customer service while assisting him in obtaining a massage establishment license so quickly and efficiently. The applicant wrote, "I wanted to just take a moment to tell you how much I appreciate the great treatment and responses I received from the Massage Board while applying for a massage establishment license. Coming from [home state], I wasn't expecting to experience a pleasant time during the application process. However, I must say that everyone I spoke to and worked with over the two week period was excellent. Amy Harmon was first class and seems to be the kind of person who goes above and beyond (I wish I could find more people to work for me like her). Also, Marquita Edwards was prompt on returning my calls, explained the process, and was instrumental in helping me complete the license in a complete and timely manner. In the business world, every day one waits to obtain a license, is a day they lose money. The people there were able to get me through these procedures and did it efficiently and expediently. Thank you to all involved and I look forward to working with everyone again soon."

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- On September 19, 2012, the Florida Department of Health (DOH) issued 81 emergency suspension orders against licensed massage therapists who were alleged to have obtained their massage therapy school transcripts fraudulently through an unscrupulous employee of a massage school. At the request of Governor Rick Scott, the State Surgeon General and Secretary of the Department of Health John H. Armstrong, MD, FACS, FCCP, convened a conference call with Florida-approved massage therapy schools and directed a survey of the schools to identify existing and best practices related to the integrity of the transcript process in three areas: employee background screening and evaluations, transcript creation and accessibility, and transcript validation.
- The survey identified a number of best practices. The DOH and Board of Massage Therapy will collaborate with the Department of Education (DOE), Commission for Independent Education to promote best practices for transcript integrity in massage therapy schools. The Board of Massage Therapy has the authority to approve massage therapy schools' curriculum, while the Department of Education, Commission for Independent Education licenses massage therapy schools. DOH will continue to strengthen its partnership and collaborate with DOE to develop best practices for massage therapy schools. The lessons learned may also serve as a starting point for other licensed industries and will be shared with statewide and national partners as appropriate.

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Measure

AVERAGE NUMBER OF DAYS TO PROCESS AN INITIAL LICENSURE APPLICATION

Definition: This measure is calculated from the receipt of an application (includes the time to analyze the application for all required information and documentation, e.g., school transcripts) until the application is deemed to be complete or deficient of information and/or documentation and, once an application is deemed complete, the time to approve or deny the applicant for licensure. It is important to analyze applications thoroughly and efficiently. The sooner an application is analyzed and the applicant submits all required information, the sooner the applicant can become licensed

and begin employment.

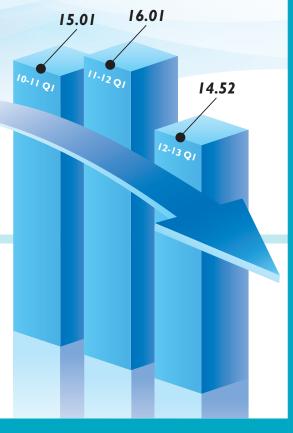
Initiative: MQA is in the process of making all applications for a health care professional license available online. This initiative is expected to make it easier for an applicant to submit supporting documentation and decrease the time to process an application.

Target: 27 DAYS

Good Direction: 🜓

Data source: MQA Customer Oriented Medical Practitioner Administration

System (COMPAS) DataMart



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Measure

AVERAGE NUMBER OF DAYS TO ISSUE AN INITIAL LICENSE

Definition: This measure is calculated from the receipt of an application until the application is deemed complete by the department and all additional documentation and/or requirements for licensure are met by the applicant, e.g., passing the licensure examination or inspection, internships, apprenticeships. It is important for the department to analyze applications thoroughly and quickly and for the applicant to complete all requirements timely. The quicker an application is analyzed and the applicant completes all requirements, the sooner the applicant can become licensed.

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requirements, the sooner the applicant can become licensed

and enter the workforce.

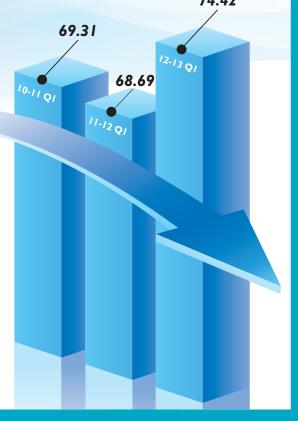
Initiative: In addition to the online application initiative mentioned on page 9, MQA conducted an analysis of common application deficiencies. As a result, application requirements not statutorily mandated are being removed, application instructions are being simplified, and policies and procedures are being changed to accept information/documentation electronically from applicants and primary data sources. Additionally, staff is recommending amending or repealing statutes and rules that are obsolete, redundant or do not provide additional assurance of public protection.

Target: 57 DAYS

Good Direction: 🗸

Data source: MQA Customer Oriented Medical Practitioner Administration

System (COMPAS) DataMart



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Measure

PERCENTAGE OF EMERGENCY ACTIONS ISSUED WITHIN **30 DAYS FROM RECEIPT OF COMPLAINT***

Definition: This measure is calculated from the date a complaint is received to the date an emergency action is issued. The number of cases where emergency action is taken within 30 days is divided by the number of cases where emergency action is taken during the specified timeframe. It is important to handle all emergency actions in an efficient and expeditious manner to suspend or restrict the practice of a health care practitioner who may pose an immediate threat to the health, safety, and welfare of the public.

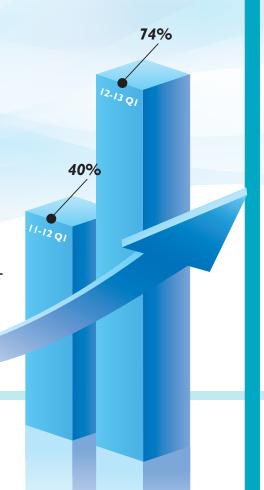
Initiative: Process improvements were identified and implemented to facilitate faster issuance of emergency actions. In addition, a special Emergency Action Unit was created in the Prosecution Services Unit of the Office of the General Counsel. These initiatives resulted in an 85% improvement in the percentage of emergency actions issued within 30 days from receipt of a complaint. MQA continues to monitor the success of the process improvements.

Target: 50%

Good Direction: 🏠

Data source: MQA Customer Oriented Medical Practitioner Administration System (COMPAS) DataMart

*Data from FY10-11 thru FY11-12 was not available because measure was created in FY11-12



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Measure

PERCENTAGE OF PUBLIC RECORD REQUESTS COMPLETED WITHIN 5 DAYS FROM RECEIPT OF REQUEST

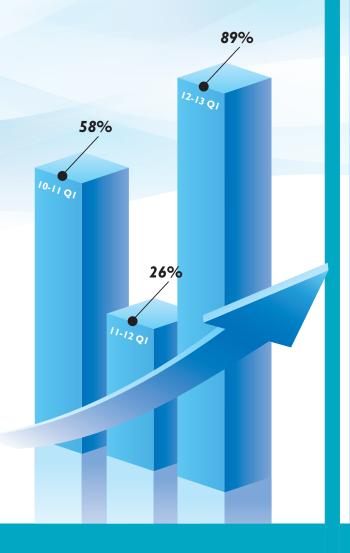
Definition: This measure is calculated from the number of calendar days between receipt of a public records request and fulfillment of the request. The number of public records completed within 5 days is divided by the number of public records completed during the specified timeframe. Responding to public records quickly and efficiently ensures transparency in government operations. Providing our customers with exceptional customer service is MQA's highest priority. The sooner a public records request is fulfilled the sooner MQA's customers can begin to utilize the requested information.

Initiative: To ensure transparency and expediency in handling public record requests, MQA identified and implemented several process improvements, including establishing a public record liaison in each board office and unit to facilitate fulfilling requests. MQA is developing a database that will allow the public to request records and track the status of their request online

Target: 85%

Good Direction: 🏠

Data source: MQA Public Records Database



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Measure

PERCENTAGE OF EXTERNAL CUSTOMERS SATISFIED WITH MOA SERVICES

Definition: This measure is calculated from feedback surveys. Customers complete and submit online surveys that address specific processes, including their overall satisfaction. The percentage of satisfaction is calculated using the total number of survey respondents who were satisfied versus the total number who were dissatisfied. Providing our customers with exceptional customer service is MQA's highest priority. It is important to receive customers' feedback to continue to improve our services to meet the needs of our health care professionals, applicants, and consumers.

Initiative: MQA is redesigning its web pages to make information easy to locate and more accessible to our customers. This initiative is expected to increase our customers' satisfaction with MQA services.

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Target: 95%

Good Direction: 🏠

Data source: Virginia Tech Survey Software

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	4.450
COMPLAINTS RECEIVED	•
LEGALLY SUFFICIENT	•
INVESTIGATIONS COMPLETED	1,420
CITATIONS ISSUED	72
DISMISSED BY PANEL	629
PROBABLE CAUSE FOUND	500
PROBABLE CAUSE FOUND DISMISSED	64
FINAL ORDERS	
EMERGENCY ORDERS ISSUED	
EMERGENCY RESTRICTION ORDERS	1
EMERGENCY SUSPENSION ORDERS	233
TOTAL EMERGENCY ORDERS	234
FINES AND COST DATA	
DOLLAR AMOUNT COLLECTED	\$910,534.18
DOLLAR AMOUNT IMPOSED.	\$1,172,222.36
PERCENTAGE COLLECTED	77.7%
PENDING WORKLOAD	
CONSUMER SERVICES	1,775
INVESTIGATIVE SERVICES	981
PROSECUTION SERVICES	3,672

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	COMPLAINTS RECEIVED	104*	١
	REFERRED FOR INVESTIGATION		
	INVESTIGATIONS COMPLETED	116*	٠
	CEASE AND DESISTS ISSUED		
	REFERRALS TO LAW ENFORCEMENT	. 53	
	ARRESTS	. 32	١
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*INCLUDES 2 PRELIMINARY INVESTIGATIONS

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1-877-HALT-ULA
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MQA TRUST FUND LICENSED

NCE (07/01/2012)	BEGINNING CASH BALANC
\$12,280,939	TOTAL REVENUES
\$17,421,452	TOTAL EXPENDITURES
E (09/30/2012)	ENDING CASH BALANCE (C

MQA TRUST FUND UNLICENSED

BEGINNING CASH BALANCE (07/01/2012)	\$8,971,888
TOTAL REVENUES	. \$398,857
TOTAL EXPENDITURES	
ENDING CASH BALANCE (09/30/2012)	\$9,093,940

TOTALS

BEGINNING CASH BALANCE (07/01/2012)	\$32,838,458
TOTAL REVENUES	\$12,679,796
TOTAL EXPENDITURES	\$17,698,257
ENDING CASH BALANCE (09/30/2012)	\$27,819,997

Cash Balance Report - Ending September 30, 2012

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Your feedback is important to us.

If you have questions or suggestions about this report, please:

Take our Survey

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GLOSSARY

Balanced Scorecard: a strategic planning and management system used by MQA to align key processes to the vision and strategic goals, improve internal and external communications, and monitor performance related to accomplishing strategic goals

COMPAS: Customer Oriented Medical Practitioner Administration System—MQA's licensure and enforcement database

Emergency Actions: an action suspending or restricting the ability to practice taken by the State Surgeon General when a licensed health care practitioner poses an immediate threat to the health, safety, and welfare of the public.

Emergency Suspension Order (ESO): an order issued by the Florida Department of Health suspending the license of a practitioner. A practitioner may not practice in the state of Florida while under an emergency suspension order.

Emergency Restriction Order (ERO): An order issued by the Florida Department of Health restricting the practice of a practitioner in the state of Florida under conditions specified by the Department.

MQA Trust Fund Licensed: The fees collected from licensees that fund the regulation of licensed health care practitioners.

MQA Trust Fund Unlicensed: A \$5.00 fee charged that specifically funds the investigation and enforcement of unlicensed activity of licensed health care practitioners.

Preliminary Investigation: a preliminary investigation may be conducted when there is reason to believe that the violations alleged in an anonymous complaint or a complaint filed by a confidential informant are true.

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