

Maine Department of Mental Health and Mental Retardation Augusta Mental Health Institute

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JOHN R. MCKERNAN, JR. Governor

SUSAN B. PARKER Commissioner

June 15, 1989

Susan B. Parker, Commissioner Department of Mental Health and Mental Retardation State Office Building, Room 400 State House Station #40 Augusta, Maine 04333

Thru: William B. Deal, M.D., Chairman, Health Consortium, Inc. C/o Maine Medical Center Portland, Maine 04101

Interim Report No. 1 - May 24, through June 15, 1989 Subject:

Dear Commissioner Parker,

During the above mentioned period, I have visited all departments and patient units at AMHI. I have met with a large number of employees on all shifts, individually and in groups. When I've asked 'What, in your opinion, is the one thing that needs to be changed?", the most frequent responses were:

- a) Increased staffing
- Improved compensation, and b)
- c) Improvement in therapeutic environment.

Taken as generalizations and based upon personal observations, I agree.

It is clear that in-depth studies will be required to validate the specifics of each issue. Only then can an overall action place be developed.

Let me review the specific items and actions taken on each of the above issues:

Increased Staffing Issue:

In order to meet certain staffing needs, a request for 86 new or expanded Action: positions have been requested in Part II. An explanation of these positions is attached as Appendix "A".

Issue: Increased Compensation

The Institute and Department are recommending significant increases to the Action: compensation of physicians (both psychiatrists and primary care specialists) in Part II. 20 41

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Immediate action is required to address the pay for two other categories of employees: Physician Assistants/Extenders and the Superintendent.

The P.A. issue has been under review for sometime and has reached a critical point. If one looks at responsibility and comparibility, the level of compensation of this category of employee needs to be increased to approximately \$45,000 per annum.

The compensation level for the Superintendent is not realistic. The "Gaver-Holland Report" states on Page 5 that "A qualified and experienced mental health professional with managerial, administrative and leadership capabilities is essential." At the current level of compensation, it is clear that we will not be able to recruit and retain an individual who possesses those qualifications. The compensation level for this position should be in the \$90,000 to \$100,000 range. (I also recommend that title be changed to reflect the Chief Executive Officer role. This change should coincide with your appointment of the new Superintendent).

Issue: Improved Therapeutic Environment

Action: \$700,000 has been requested in the Part II Budget. A copy of this request is attached as Appendix 'B''.

A brief walk through the facility would convince the most casual observer that much of the equipment and physical plant is in need of repair and/or replacement. An in-depth study should be commissioned to identify the needs and the costs for corrective action.

I have reviewed the "Gaver-Holland Report" and have taken the following actions to address four specific issues they have identified.

Issue #1: Administrative Organization:

The current (October 1988) Administrative Organizational Chart is, at best, confusing and is not reflective of the actual organization alignment. Various surveyors from accrediting and certifying agencies have identified this as a major issue that must be corrected.

Action:

- a) The Interim Superintendent will, with some input from staff, develop a new administrative organization using a more logical grouping of activities. Completion Date: July 21, 1989
- b. As part of this reorganization, special emphasis is being placed on the lack of an organized Nursing Department. A consulting group of senior nursing executives is being formed by the Consortium. This group will work with the AMHI nurse managers to develop a nursing department organizational plan. See Appendix "C". Completion Date: August 1, 1989

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Issue #2: Basic Nursing Staffing Levels

There is no documented logic process to justify the minimum staffing required to provide for a basic level of patient safety and some minimal therapeutic interaction.

Action:

A Nursing Staffing Consulting Group is being formed by the Consortium and will be working with certain members of the AMHI Nursing Staff; the basic staffing needs will be fully documented. Completion Date: August 18, 1989.

Issue #3: Medical Records

There is a multitude of sub-issues in the Medical Records area that are not limited to the activities in the Medical Record Room.

Action:

I have met with three Medical Records Administrators from the Consortium. They have agreed to establish a task force to review the current medical records "system" at AMHI and make recommendations relative to a system, equipment and staffing. Completion Date: To be announced by June 30, 1989.

Issue #4: Planning

There has been no long-range planning at AMHI.

Action :

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I have met with the Reorganization Committee. This committee will be focused and designated as the Augusta Mental Health Institute Strategic Planning Committee in order for AMHI to become more flexible in the way that we deliver care as our role/mission changes. The members of the committee will need to fully understand the long-range plans of the Department, as well as the specific role AMHI will play, as these goals become a reality. In the near future, I will be asking you to appoint a representative of the Department to be a full member of this committee. Completion Date: This is a standing committee.

I have concluded that, while there is much that needs to be done at AMHI, I believe that the basic ingredients for change are present. The employees are serious, hard-working and fully accept the need for change. The Executive and Legislative branches of State Government have demonstrated their willingness to provide the resources to resolve the issues.

It is going to take several years to bring AMHI up to the standards of the 1990's. It is going to be achieved one issue at a time. Some of the changes will be painful for some staff. Some of the changes will require short and long-term increases in Augusta Mental Health Institute's financial resources. Some of the issues will require changes in State-wide systems, at least as they impact on Augusta Mental Health Institute and the provision of mental health care.

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I have seen a willingness to make these changes and that makes me optimistic about the future of the Augusta Mental Health Institute.

Respectfully Submitted,

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