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

September 18, 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

Subject: Final Report of the Interim Superintendent

Dear Commissioner Parker,

This report is presented in two parts. Part I is an overview of the key issues in the reports of the Medical Records Task Force and the Primary Care Study Group; Part II contains some of my thoughts after four months of management responsibility at AMHI.

PART I

1) Report of the Medical Records Task Force (Appendix 1).

There are four major recommendations in this report:

a) The department must be managed by a qualified, credentialed medical records professional.

b) The department must be reorganized. Responsibilities must be assigned along with appropriate authority and support if the department is to be effective.

c) It is clear that better security of the actual record needs to be implemented and enforced.

d) Much of the equipment is antiquated and will require replacement.

I believe that with a qualified manager who has been given proper authority and support in running the department, most of the issues raised will be quickly corrected.

2. Report of the Primary Care Study Group (Appendix 2)

I am in full agreement with this report. I will comment on four of the sixteen issues raised:

Issue 1 This issue is being addressed. The current Clinical Director has indicated to the Chief of the State Forensic Service and me that he intends to work in some form of staff clinical role as soon as a replacement is "on board" at AMHI.

There is a specific recruitment effort in progress for a new Clinical Director.

Issue 3 There is a clear requirement for an additional primary care physician. There needs to be a separate "On Call" list of primary care physicians, to be available to consult with the on-duty Physician Assistant. If necessary, this "On Call" physician would come to AMHI to examine and treat the patient.

AMHI is recruiting a Chief of Medical Services. This individual must be a well-trained, board certified, educator type physician, who will be aggressive in developing and instituting the necessary changes.

Issue 4 This is a major recommendation. The current practice of holding "sick call" in the clinic is the source of many problems. Many patients require escorts; records are frequently left in the clinic until the attending physician can complete his notes. Clearly, this recommendation will require space on each unit as well as certain basic equipment. I believe that when the fourth primary care physician is hired, this recommendation should be implemented.

Issue 15 I fully support the establishment of an Ethics Committee. Committee membership must include concerned non-AMHI personnel. Clear guidelines should be developed before the committee starts to deal with issues. I would recommend that this committee be established as a "board committee"

PART II

I want to share with you my thoughts about AMHI.

At my request, the Consortium formed specific task groups to evaluate and make recommendations for several areas of concern. Their reports have provided specific recommendations as well as several general systems recommendations that will minimize the chance for recurrence of these issues.

Each and every member of these study groups has my sincere "Thank You" for an outstanding professional job well done. These consultants did this work in addition to meeting the responsibilities of their regular positions. We are indebted to each of them.

I have identified four general issues, the resolution of which, I firmly believe will put in place some reasonable "checks and balances" for the future well being of AMHI. They are:

a) Recognition of what AMHI is;
b) Leadership;
c) Organization;
d) Prompt vertical integration of the Mental Health System.

While they are all interrelated, I will address each one separately.

a) Recognition of what AMHI is: AMHI is a hospital. Hospitals are a unique combination of program, facilities and resources. Hospitals tend to be demand driven and therefore require flexibility in their ability to respond to shifts in volume or program.

AMHI's basic mission is to provide care to the mentally ill at the institutional level (hospital). AMHI's buildings are old and do not meet most of today's standards. This problem must be corrected, but the solution will require a major capital expenditure. Much of AMHI's clinical and administrative equipment is outdated and should be replaced. It is clear to me that AMHI has suffered from benign neglect at the budget table for many years. The issue before us is to be sure that the trend does not start again.

Hospitals require many and varied credentialled professionals. These individuals usually are in short supply, have multiple employment options, many can practice independently, and are usually highly compensated and their level of compensation is subject to quick and large changes.

These facts tend to cause many problems in a rigid statewide personnel system. Some combination of options must be developed that will allow for the hospital to recruit and more importantly retain its professional staff and at the same time be held accountable for whatever changes are made.

At the present time, there needs to be a compensation review of the following professional categories: Registered Pharmacists, Physician Assistants, Clinical Psychologists, Physical Therapists and Occupational Therapists. AMHI is or will experience serious recruitment/retention problems for these specialties.

b) Leadership: Again, let me state "AMHI is a hospital". As such, its CEO must be an experienced, competent hospital administrator. The hospital has a large contingent of very dedicated, well-qualified professionals. These professionals can provide the clinical knowledge base that the CEO needs to assimilate on the job, but one cannot become an effective hospital administrator by on-the-job training at AMHI.

There are other areas of the hospital where qualified professionals must possess leadership skills. One can look at the new organization chart and readily identify the positions where the need for leadership and professional skills will be on a par.

c) Organizational Issues: AMHI needs to be organized as a hospital. It needs clearly defined lines of authority. Individual managers must understand their managerial, as well as their clinical/administrative responsibilities.

They must be empowered to meet these responsibilities and of course called to account for their successes as well as their failures. This all sounds pretty basic and it is, but for many at AMHI this will be new and threatening. Most will rise to their particular challenge, but unfortunately some may not succeed. Administration and the unions will have to work together with these individuals on a case-by-case basis for the good of the patients, all of the employees, and the hospital as a whole.

d) Vertical Integration: AMHI is but one component of the Mental Health Delivery "System". At this time, my impression is that it is not yet a system, but rather a fragmented group of individual elements. Dr. E. Fuller Torrey says as much in his report of his August visit to Maine. I do not envision a state operated system, but rather a system that has performance standards, quality of care standards. A system that places the community providers at financial risk if they do not meet those standards (much like AMHI discovered that it was at financial risk when it failed to meet Medicare standards). The Department is moving in this direction.It needs to be encouraged to continue its efforts (some community agencies will resist this effort, calling it intrusive).

One issue I did not have time to follow-up on relates to the Advocates. My issue here is not with a particular avdocate, but rather the need for clarification of the rules under which the Advocates operate. As an example, control and copying of medical records. Can the Advocate, at 2:00 a.m., take a chart off a ward for review? Can he make copies of that chart? Can he refuse to return the chart when told to do so by the person in charge of the hospital (the NOD) at 2:00 a.m.? If this had been a regular AMHI employee, this would have been considered a serious breech of policy and resulted in some form of disciplinary action. Not so in the case of the Advocate. There needs to be a resolution of this whole issue before a major legal problem confronts the Department.

I want to express my sincere appreciation to you, your staff, and especially the staff at AMHI. I have gained a profound respect for them. They sincerely want to resolve the issues that face the hospital. They want to get on about the business of providing quality care. They are proud of what they do and they want the citizens of this state to be proud of AMHI. Their understanding, support and cooperation made my job infinitely easier.

Respectfully submitted,

William J. Thompson
Interim Superintendent

WJT/tmc