

# MAINE STATE LEGISLATURE

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AUGUSTA MENTAL HEALTH INSTITUTE PART II STAFFING PROPOSAL

CLASS	#	DEPLOYMENT	DIRECT SERVICE IMPACT	DHS WARDS SERVED	JCAHO/MEDICARE/MEDICAIAD AND QHR REFERENCE	COST FY 90	COST FY 91
MHW I	36	SRU 7-3, 3-11 NH 7-3, 3-11	<p>16 positions will address direct care needs of patients on the Nursing Home and Senior Rehab. Units, and will permit direct care staff to take needed vacations, as well as reducing mandated overtime, which will boost morale and enhance patient care. On the Nursing Home, there is insufficient staff to turn and ambulate patients, release restraints, as well as toileting and feeding. Of the 70 patients:</p> <p style="margin-left: 40px;">Incontinence = 55 Feeding Assistance = 35 Non-ambulatory = 27 Special Skin Care = 24</p> <p>Patients are fed in dayroom due to insufficient staff to more non-ambulatory patients and to supervise dining room. Several patients had to stop attending GROW Workshop due to insufficient staffing. 7-3 staffing is priority.</p>	NH (17) SRU (11)	<p>QHR referenced severe direct care needs on NH. Medicaid has placed NH in "termination mode" for inadequate 1:1 interaction, inability to consistently release restraints in a timely fashion and ambulate patient while out of restraint.</p> <p>On Senior Rehab. Unit, Medicare/Medicaid increase the minimum direct care staffing over previous approved level.</p>	632,736	664,373
		(16) Float Pool - All shift on Psychiatric Service	<p>16 of these 36 MHW's will be assigned to our 10 person float pool. Beyond covering for acutities, (1:1's COR's) staff still receive specific unit-based training depending on skills &amp; interests. This will permit more focused treatment activity. Priority will be given to 3-11 &amp; 11-7 shifts. This additional staffing will significantly reduce overtime &amp; permit regularly assigned staff to remain on their designated areas, enhancing quality of care.</p>	17 Public Wards on Psych. Service.	QHR cited high overtime; need to compensate for MHW's doing non-direct care.		

APPENDIX [A]

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CLASS	#	DEPLOYMENT	DIRECT SERVICE IMPACT	DHS WARDS SERVED	JCAHO/MEDICARE/MEDICIAD AND QHR REFERENCE	COST FY 90	COST FY 91
MHW I cont.		(4) Alternative Living Program (ALP) 3-11, 11-7	These 4 positions will reduce floating, enhance continuity of care, and allow for 24 hour supervision of the half-way houses..	2 Public Wards in ALP.			
Nurse II	14	7-3, 3-11 7-3 7-3 11-7 (float) 11-7 11-7 3-11, 11-7 7-3 (weekend relief)	These positions will provide direct coverage, as well as supervision of LPN's and MHW's on:  (2) Adult Treatment Program (1) Young Adult Treatment Prog. (1) Medical Clinic (1) Admissions Unit (2) Forensic Treatment Unit (FTU) (1) Greenlaw Nursing Home (2) Older Adult Treatment Prog. (4) Adolescent Unit	26 public wards will be affected.	Medicare calls for a nurse on each program every shift. QHR page 8 notes absence of evidence of nursing process. QHR pg. 10 notes low nursing care hours on YATP, ATP. Need to staff for acuity and allow for RN oversight of med. techs. JCAHO notes they expressed concern over inadequate nursing supervision of med. techs. Licenses being stretched. On N.H., use of psychotropic drugs requires RN supervision.	\$322,565 (Effective 9/4/89)	429,562
Nurse III	4	7-3, 3-11 (12) 11-7  7-3	3 positions will allow for a head nurse on each shift on FTU, overseeing provision of delivery of direct patient care.  One position will provide much needed continuity of licensed coverage in our Alternative Living Program.	4 Public Wards	QHR Pg. 8 and JCAHO TNA #20 -25 reference lack of nursing process and assessment of nursing needs.	\$ 98,961 (Effective 9/4/89)	131,427

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LPN	7	(2) 7-3, 3-11, 11-7	<u>4</u> positions will provide relief coverage on each floor of the nusing home as well as weekend coverage <u>2</u> positions will cover weekends. <u>1</u> position will assist with direct medical care in our overburdened clinic.	11  All DHS wards	Increased medical issues, licensed coverage.	\$131,611 (effective 8-6-89)	159,689
NURSE IV	3		These positions will provide on-ward training in areas of therapeutic patient interventions and medical records documentation for RN/LPN/MHW's. Also implementation of nursing standards of care.	17	QHR (pg. 11 - 12) references lack of psychiatric nursing training. Also QHR pg. 8 notes that standards of nursing care are not being utilized in the planning of patient care and lack of nursing process.	\$ 91,377 (Effective 8/6/89)	\$110,872
NURSE I	1	7-3	This position will provide direct patient care in the medical clinic.	All Public Wards	Medicaid has acknowledged the high number of medically ill patients.	\$25,529 (effective 8/6/89)	28,812
PER-SONNEL SPECIALIST	1	7-3	This position will assist in processing new positions and will substantailly enhance the Worker's Compensation Prog., which at AMHI primarily impacts direct care staff.			\$23,612 (effective 7/17/89)	26,859

NOTE: The Medical Unit portion of this request had already been scaled down. We will likely lose our Medical Unit Director if further compromise is made.

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CLASS	#	DEPLOYMENT	DIRECT SERVICE IMPACT	DHS WARDS SERVED	JCAHO/MEDICARE/MEDICIAD AND QHR REFERENCE	COST FY 90	COST FY 91
PHYS. III	3		One of these positions would provide primary medical care. Our patients increasingly present with medical problems in addition to their psychiatric difficulties. The other positions would augment our capacity to provide psychiatric oversight and to reduce excessive patient loads.		Medicare has noted lack of physician involvement in providing direction to treatment planning and supervision of physician extenders. QHR (p. 4) notes admission pressures, complexity of the patient mix. QHR (p. 13) References a physician resigning in part due to admissions pressures.	\$ 210,869	221,414
CUST. WORKER I	12		These positions would allow for both cleaning patient care areas as well as maintaining the environment on weekends and holidays. Weekend housekeeping, in particular, would relieve nursing staff from having to perform custodial duties.	All DHS Wards would benefit	Improvements anticipated to the therapeutic environment (e.g. carpeting) will heighten the need for an expanding house-keeping capacity.	\$ 192,092	201,697
HOUSE- KEEPER I	1		This position would provide supervision to expanded custodial worker complement, in order to maximize performance efficiency.			\$ 17,637	18,520
REG. DIETICIAN	1		This position would provide much needed support in patient counseling and monitoring of the many special diets. We currently have only 1 Dietician for our entire patient population.			\$ 23,797.	24,987

AUGUSTA MENTAL HEALTH INSTITUTE PART II STAFFING PROPOSAL

OTHER PE. NEL ACTIONS

CLASS	#	DEPLOYMENT	DIRECT SERVICE IMPACT	DHS WARDS SERVED	JCAHO/MEDICARE/MEDICIAD AND QHR REFERENCE	COST FY 90	COST FY 91
Conversion of 500 hour Nurse II to full-time			This action would allow for a full-time CNA instructor, and also would supplement our Infection Control Program.		JCAHO referenced insufficient infection control oversight. The CNA program has been expanded and additional instructional time is essential. CNA training is critical in view of our need for direct care staff to be able to adequately observe patients (under the direction of licensed nursing) for signs/symptoms of medical problems.	\$ 30,413	31,934
Increase 24 hour Nurse III to 40 hours			This action will permit an appropriate level of medication instruction as well as providing CPR training, and refresher training in the use of emergency life support equipment.	All DHS Wards impacted	Currently, we have to pull staff from direct-care service to supplement the much-needed training opportunities. QHR (p. 11-12) references need for continuing education at all levels, and notes that programs should be integrated with needs indentified through the QA Process which is true of the emergency life support training.	\$ 16,270	17,084
Convert seasonal Nurse IV to full-time Psychiatric Therapy Instructor.			This action will allow continuing of training in Intro. to Mental Health for new hires who provide direct-care to patients. Currently we have a 3-month gap in this training due to seasonal positions. This is a master's level position which is necessary for maintaining our cooperative program with UMA.	All DHS Wards impacted.	As stated above.	\$ 11,400	11,970
<b>TOTALS</b>						<b>1,828,600</b>	<b>2,079,200</b>

## STATE OF MAINE

Inter-Departmental Memorandum

Date May 29, 1989Ric Hanley, Asst. SuperintendentDept. Augusta Mental HealthFrom Richard Besson, Hospital ServicesDept. Augusta Mental HealthSubject Additional Support Services Staffing

This memo is a follow up of our meeting on March 22, 1989, on the above subject. Prior to venturing into the material that follows I feel it is important to make a disclaimer to the effect that these are reasonable requests and do not include more than I can justifiably feel are required to do a good, not excellent, job here at Augusta Mental Health. As this material is reviewed you will find common denominators in many of the areas. These being the Joint Commission on Accreditation of Hospital Organization's requirements which have evolved into a program requiring considerably more documentation, data collection, quality assurance emphasis and a need by the Institution to have a safe and healthy environment for our patients and staff.

The following material is a result of individual meetings on March 22, 1989. I will outline the specific needs, i.e., staffing, equipment and then I will summarize the requirements and/or justification by department.

## SAFETY COMPLIANCE:

Staffing: Occupational Health Specialist or other appropriate classification. Clerk  
Typist II.

All other requirements: \$1,200.00

Capital Equipment: Professional Computer, \$2,000.00

Justification: The additional staffing requirement is needed due to the Joint Commission on Accreditation of Hospital Organizations reporting requirements, specifically investigation of patient accidents, employee industrial accidents, analysis of information to identify trends and adverse situations. There is an ever increasing need for training by the Safety Compliance Officer which is being met at the expense of other duties. As of this writing the Safety Compliance Officer has duties lined up as follows: Employee Incident Investigation, the Disaster Plan requiring revision, Chemical I.D. Law throughout the Institution, Patient Incident Investigation, Hazardous Waste Policies and Procedures and follow up of safety issues in our G.R.O.W. Department. Augusta Mental Health has 1 Safety Officer to patrol and supervise 608,000 square feet of living space plus assure the safety of almost 800 staff and almost 400 patients. This is a monumental task that 1 person cannot keep pace with the ever changing environment.

BUSINESS OFFICE/WAREHOUSE/BOUQUIN/MAILROOM:

Staffing: Laborer 11  
All other requirements: 0  
Capital Equipment: 0  
Justification:

There exists a need within these departments for a continuum of service. This continuum is an ever increasing problem. We have a condition whereby the absence of a person from our warehouse, our boutique or mailroom necessitates the movement of personnel from department to department to continue services. Now that the warehouse has 2 staff it is impossible for deliveries to be made when one person is absent, although planning and organizing will compensate for expected absences it is the last minute, unforeseen that create a major problem and directly effect the quality of patient care due to the availability of needed supplies. This position would also be used for data entry purposes in the Business Office when we are able to bill patients for outside services.

ENGINEERING/MAINTENANCE:

Staffing: 2 Maintenance Mechanics  
All other requirements: 0  
Capital Equipment: 0

ELECTRICAL:

Staffing: 1 Electrician  
All other requirements: \$2,000.00  
Capital Equipment: 0

PAINTERS:

Staffing: 1 Painter  
All other requirements: \$1,000.00  
Capital Equipment: 0

Justification: Due to current priority projects the Maintenance Department is able to accomplish approximately 60% of preventative maintenance requirement for the Institution. Even without these priority projects, it is felt that our PM Program would be at an 80% level and if this were to be reached we would be doing well. Preventative Maintenance can save the Institution considerable dollars, inconvenience and increase the quality of care to our patients through the services we provide. We must also add to our Preventative Maintenance Program additional patient care equipment. This would include items such as hospital beds in the Nursing Home and wheelchairs and any other equipment that deals with the quality of patient care. Our fire alarm system which includes our smoke detectors and sprinkler system is currently maintained through a contract which costs a minimum of \$10,000.00 to \$12,000.00 per year. What I propose is to hire an Electrician with an electronics background to be trained in the maintenance of our smoke detector system which deals directly with patient safety. Although this would not be a full-time job for an Electrician we have more than enough preventative maintenance and repairs for an Electrician to fill up his time. I am requesting a Painter due to the general condition of the Institution and the exit comments at the summation on March 16, which indicated a gross lack of a healthy living environment, i.e., a sterile environment, no color to activate sensory preceptions.



One additional comment on the need for Maintenance Mechanics is the pending recommendation on ventilating and air conditioning throughout the Institution which will require additional services by our staff.

#### HOUSEKEEPING:

Staffing: 12 Custodial Worker Is, 1 Housekeeper I

All other requirements: \$5,000.00

Capital Equipment: 0

Justification: With the addition of this staff, housekeeping would be able to clean all patient areas Monday through Friday and be able to maintain the environment on weekends and holidays. The addition of a Housekeeper is necessary to supervise this staff due to past experience of unexperienced personnel in lost/work inefficiencies. This would also relieve Mental Health Workers and other nursing staff from performing custodial work. In addition, the environment as it relates to housekeeping will be the full responsibility of our Executive Housekeeper and his staff.

#### LAUNDRY:

Staffing: 1/2 Laundry Worker I

All other requirements: 0

Capital Equipment: 0

Justification: The current patient population and the accuity plus the advent of the Senior Rehab Unit have greatly contributed to the work load of the Laundry. We are using pre-release personnel to the best of our ability, the only problem with this is the reliability of having pre-release staff. What I propose is a 1/2 time laundry worker position to work the earlier days in the week to allow a catch up from the weekend accumulation of linen.

#### MEDICAL RECORDS:

Staffing: 3 Clerk Typist IIs

All other requirements: 0

Capital Equipment: Personal Computer, \$2,000.00

Justification: With the addition of positions, psychologist and P.A.s, it is necessary to add a minimum of 3 Clerk Typist IIs. We are also involved in Quality Assurance Tracking, example, H.I.V. Testing Records not to mention other ongoing requests from the Clinical Director and outside personnel.

#### SWITCHBOARD:

Staffing: Clerk Typist II

All other requirements: 0

Capital Equipment: 0

Justification: An ongoing problem exists whereby Switchboard Operators during the day must be relieved by my secretary which causes work here to back up. Switchboard Operators do not have the opportunity to attend mandatory training. Work is not being done on a timely basis.