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Commissioner

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WILLIAM E. SCHUMACHER, M.D.
Director, Bureau of Mental Health



STATE OF MAINE
DEPARTMENT OF MENTAL HEALTH AND CORRECTIONS
Augusta, Maine 04330
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25 January 1971

Honorable Walter W. Hichens, Chairman
Health and Institutional Services Committee
State Senate
Augusta, Maine 04330

Dear Senator Hichens:

Attached you will find a copy of the so-called Baumgarten Report concerning the Augusta State Hospital.

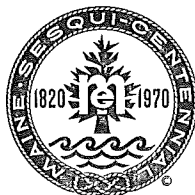
There are several points that must be recognized in any meaningful review of the report, namely:

- (1). The evaluation and report was completed in August, 1968, nearly two and a half years ago.
- (2). The report was done by three individuals in one week's time. They did not have sufficient time to become familiar with the various administrative regulations governing the state operation. Thus, the department is limited in the action it can take.
- (3). Several recommendations have been implemented. Others were rejected as inappropriate or unfeasible.
- (4). Certain recommendations require legislative action or funding. Without it, they cannot be put into effect.

Your committee and the legislature will be interested to know that three of the major recommendations are included in the Department's Part II budget requests. They have been recommended by Governor Curtis and are contained in Legislative Document No. 229.

They are:

- (1). Discontinuation of the farm operation at Augusta State Hospital.
- (2). Establishment of a Director of Nursing Service at the departmental level.



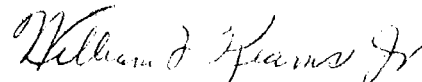
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- (3). Establishment of a Director of Education and Training at the departmental level.

These are the most important of the various recommendations. In order to satisfy the major direction of the report, these are necessary requirements. The support of your committee and the legislature will be greatly appreciated in providing the ability to adopt these recommendations.

The Department will be most pleased to have an opportunity to review the report with you or anyone who is interested.

Sincerely yours,


William F. Kearns, Jr.
Commissioner

WFK/f
Enclosure

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Report to: William E. Schumacher, M.D.
Director, Bureau of Mental Health
Department of Mental Health and Corrections
State of Maine

MANAGEMENT

REVIEW

Augusta State Hospital

August 18-23, 1968

Submitted by: Harold Baumgarten, Jr., M.S.
Benita P. Hopkins, R.N., M.P.H.
Harry O. Humbert, B.S.

Introduction

The Augusta State Hospital is an important asset in the medical care complex of the State of Maine. It fulfills a major need and in many respects functions as well as most hospitals of its size and complexity in the United States. Without this hospital a gigantic burden would be placed on numerous community hospitals and medical facilities, few if any are as well equipped or as well prepared to provide the care available at Augusta State.

Any institution of this size and with as many varied and divergent functions as are found in this hospital is vulnerable to criticism in a management review. The problem of supervision of the numbers of employees and the spread of these employees over acres of buildings is an administrative problem rarely faced in an industrial complex with management budgets many times the size of the one available to the hospital. This report is submitted only after serious review and analysis of its content and implications -- not to point out faults, but in a sincere attempt to provide a means for strengthening what exists, to promote and assist the current administration and finally to bring about an administrative vehicle which will better support the hospital's primary medical care function.

The survey team included one member of the team which surveyed Pineland Hospital and Training School several years ago, and in reviewing similar problems and common weaknesses it was felt important to make certain recommendations which relate to the office of the Commissioner of Mental Health and Corrections. These recommendations are made to create supportive functions for all units, due to the inability of any one unit to properly carry out the function. It is assumed that such recommendations will be of equal value to the Bangor State Hospital.

The members of the survey team wish to thank Dr. Patterson and his staff for their complete cooperation. Each person contacted during this survey gave willingly of his time and knowledge. The survey team sincerely hopes that any changes or improvements resulting from the following will prove of benefit to the dedicated staff of the hospital

Summary and Review

The Augusta State Hospital's administration is characterized by its ineffective leadership. This is not to be construed to mean the Superintendent is the source of the problem, for he has an impossible task and a grinding lack of capable personnel to support his efforts. The solutions to the basic situation are not to be found in simply adding staff or even in building a series of small empires. The solution to the underlying problems is to reduce the hospital to a hospital, and if at all possible reduce it to a psychiatric hospital only, moving out those services which can be done better and more efficiently by others. The attached report tries to take into account the realities of the situation with regard to limited availability of funds and well qualified personnel. It suggests few actual personnel changes. The recommendations are calculated to increase the productivity of the hospital without a serious increase in expenditures.

One serious situation was reviewed in depth at the request of the Director of the Bureau of Mental Health. This is the Nursing Department. Past events have caused a breakdown of understanding on the part of the Administration and within the Department of Nursing, especially among the professional nurses. This department was reviewed by all three members of the team. One member worked within the department. One member dealt in depth with those departments (other than medical) which relate to nursing, and one member dealt with nursing-medical relationships as

well as the Superintendent's relationship with the nursing service. In summary, there has been and continues to be very serious mishandling of this department, and in the past the nurses very seriously mis-handled their grievances. It is hoped that sufficient time has passed to allow a cooling of the situation to a point where rational decisions can be made. We are well aware that there will be resistance to the proposals made in this report, first from those above the nurses in the hierarchy of the hospital and second, from the psychiatric aide group. However, although the resistance may sound the same and the points made will deal with the same issues, the surveyors wish to point out that in each case the attack will be based on preserving a mediocre to poor situation, motivated by a desire to protect positions and inadequacies, but not with concern for the improvement of patient care. The victims of anything less than what is recommended will have to be the patients who are not in a position to defend themselves. The surveyors are fully aware that the suggestions attack the existing power structure within the hospital and will irritate individuals in powerful positions. However, the fact remains that the professional nurse is an essential part of the treatment team for the patient, and to reject this is to further delay progress toward modern, effective, and productive medical and psychiatric care at the Augusta State Hospital.

The following is a listing of the recommendations made within this report concerning the Nursing Department. Descriptions and expansion of the recommendations will be found in the body of this report.

- (1) Develop and publish departmental objectives.
- (2) Develop a plan of organization and a related organization chart with a proper chain of command.
- (3) Review and revise the nursing procedure manual and distribute adequately.

- (4) Create a nursing administrative manual and policy manual to be made readily available to all nursing supervisory personnel.
- (5) Establish a communication system within the Nursing Department.
- (6) Develop a staffing plan for the hospital and staffing plans for each patient care unit.
- (7) Remove from the Aide Supervisors any power to assign personnel.
- (8) Make medical records for in-patients available to professional nursing personnel at the nursing stations -- with appropriate safeguards.
- (9) Concentrate professional personnel in the intensive care areas to assure more appropriate use of professionally trained personnel.
- (10) Institute or re-institute in-service education at all levels of nursing, immediately. (However, not to be organized, administered or directed by the current co-directors of the nursing department).
- (11) Permit nurses to select extra hospital educational activities for nurse participation.
- (12) Create a statewide nursing service for all three mental health facilities. Obtain the services of a fully qualified and acceptable director for this service.
- (13) Give full authority and responsibility to the State Director of Nursing for the establishment of standards, programs, and nursing care policies.
- (14) Select local institutional directors (with lesser qualifications) to administer the state standards, programs and policies within the framework of local policy.
- (15) Immediately revise all nursing job descriptions and update the work descriptions.

With regard to the entire hospital, the departments and activities reviewed, the following is a listing of the recommendations which are found in this report. Each is described in full and the reasons for making the recommendations will be found in the body of the report.

- (1) Prepare a written set of objectives for the hospital and publish for all staff.
- (2) Reduce the admission of patients to those needing intensive psychiatric care. Move chronic and custodial care patients out of the hospital.
- (3) Close or place under other direction the acute general hospital area. It is suggested that a local hospital administratively take over this unit.
- (4) Combine the laundry with other laundries either locally or system wide.
- (5) Review and if possible affiliate food production for all mental health units in the state system.
- (6) Restructure the nursing service to a state-wide nursing service headed by a fully qualified director, responsible for quality, quantity and program.
- (7) Consider the formation of a hospital-based group practice to provide all physician services.
- (8) Create a position of Associate Superintendent to administratively deal with all but the medical services.
- (9) Create a community relations post at the State as well as individual hospital levels.
- (10) Establish an office of Education within the Commissioner's office to direct and evaluate all educational efforts in the hospitals. Re-institute as rapidly as possible educational programs within the hospital.
- (11) Completely review and restructure the personnel function-- from the State level to the hospital level.
- (12) Reduce the responsibilities of the Business Manager to business affairs of the institution.
- (13) Involve department heads thoroughly in the total budget process and provide each with regular budget comparisons.
- (14) Prohibit transfer of funds from the very minimal dietary food budget to cover non-dietary expenses.
- (15) Review the nutritional adequacy of the diets at the hospital.
- (16) Revise the budget process for the dietary service.

- (17) Consider closing the farm.
- (18) Centralize the billing for patient services into the central offices of the Department of Mental Health and Corrections.

The Hospital

Basic to any good organization is a firm understanding of the objectives and functions for which it has been established. A review of the numerous functions of the Augusta State Hospital would indicate that some of the activities in which it is engaged are more properly placed in other types of institutions or should be abandoned as not relative to the prime purpose of this hospital.

The result of this is an inability of the Superintendent or any one related with the institution to establish firm goals, measure progress, or make management decisions in keeping with a mutually understood set of objectives. The rise of conglomerate business enterprises has resulted from common needs for capital and the expansion of data gathering and processing capacities in management circles. The Augusta State Hospital offers neither of these potentials, and much of its management talent is being dissipated in areas other than those which can logically be considered its major function.

Hence, very serious consideration should be given to removing from the hospital all functions which are not related directly to the intensive care (hospital care) of the mentally ill. The measurement of success in this venture would be the rate of cure for those curable with the present state of the art of therapy and the preparation for placement in lesser institutions of those for whom cure is not possible.

A careful analysis of the "capacity" of the Mental Health System in Maine is

essential. It is entirely possible that there is not sufficient medical and skilled nursing talent to staff and operate more than one "intensive" hospital unit. If only one such unit was established it is probable that this would ultimately be one of the most rewarding investments made by the state because of the greatly increased capacity of the unit to treat and return individuals to society at an accelerated rate. The cost per day of care may be tripled or quadrupled but the length of stay in the system may well be reduced ten fold. The luxury of wide distribution of medical talent is a luxury which can be ill afforded. The concentration of talent and resources in one area is well recognized as the most effective method of distribution of rare medical talent.

Hence, we suggest that the Augusta State Hospital's multi-phase operations be reduced to one, that of operating a hospital for the care of patients with mental illness.

Chronically ill patients could be moved to other institutions, to nursing home type facilities or concentrated in an area of the Augusta State Hospital campus, specifically designated for this type of patient and operated as a separate facility offering care only to the chronically ill.

The acute general medical hospital should be closed if it is possible to send patients with acute physical illness to local general hospitals. However, it is very doubtful that this will be possible in the foreseeable future so an alternative is proposed. The alternative is placing this area under the management of the administration of a local acute general hospital. In this way duplication of services such as central sterile supply, pharmacy, radiology, laboratory service, and nursing supervision could be eliminated. The savings accrued may not reflect itself immediately in dollars, but freeing management and the psychiatrically oriented nursing and medical staffs from this responsibility would permit their concentration on the area for which they are best prepared. Further, the unique

aspects of general medical hospital administrative service such as medical records, specialized purchasing and dealings with third party insuring agencies for this type of care would undoubtedly be handled more efficiently.

Elsewhere in this report there will be a discussion of the farm currently being operated by the hospital.

A large and relatively inefficient laundry is being operated by the hospital. Very frequently it is possible to reduce the cost of this service by having the work done in outside laundries. The volume is such that no savings can be realized so an alternative is proposed. The alternative is that of centralizing the laundry for all of the state mental health facilities in one laundry in Augusta and increasing the output and the efficiency of this unit. It may be possible to combine the corrections units and the mental health units and centralize laundry facilities of all of the general hospitals in Augusta with the State Hospital and hopefully the federal veteran's hospital with a pooling of the costs of a central laundry. With increased volume and usage a more efficient and better managed laundry can be established. In any event combining the know-how and capacity of private industry in this department of the hospital, which is purely a production department with no medical orientation, is clearly indicated. The suggestion that winter driving conditions may delay delivery is not worthy of consideration as illustrated by the number of services which operated without delay on the fine roads connecting the major units with which we are dealing.

Similar consideration should be given to the food production system within the state mental health department. It is of interest to note that the state mental hospitals in New York State are centralizing their food production and distribution to hospitals which are as far as 600 miles apart. The validity of this concept is found in all large multi-unit restaurant

chains, airlines, and many of the mass feeding enterprises. The key is freezing and pre-packaging with portion control. The savings are accrued through centralized preparation (with adequate supervision), purchase and preparation of foods when they are in season and storage for later use, as well as an effective control of food usage and distribution. It is doubtful that this will actually reduce the cost of food at Augusta State Hospital, simply because the current cost is based on completely inadequate feeding. However, when taking into account the production cost -- there is a potential saving and it can be assumed that there will be an increase in the quality as well as palatability of the food served.

With the removal of the general medical hospital, the chronic illness unit, the farm, the laundry, and the kitchen, and placing each under management specialized in its form of operation, the hospital's administration can then function effectively in the area of its specialization -- the therapeutic treatment of mental illness. Objectives and functions will be definable, accountability will be established, supervision will be made effective, and productivity will be increased, all to the benefit of the tax payer and of most benefit to the patient admitted to the Augusta State Hospital.

The Office of the Superintendent

The Office of the Superintendent is the nerve center of the hospital. It is the hospital's internal source of policy, standards, direction and supervision. The State of Maine has wisely specified that the Superintendent shall be well qualified Psychiatrist and has been successful in obtaining a fully qualified man to be the Superintendent of the Augusta State Hospital.

The basic purpose in having a man of such great medical talent and psychiatric

training in the Superintendent's post is a recognition that the most important function to be fulfilled is that of medical evaluation and supervision. The goal is to insure that decisions regarding the hospital's medical activities are medically sound. However, the State of Maine gets far less than its full share of the very attributes it seeks when the Superintendent is bogged down with administrative minutiae, when he is forced to deal in areas for which his medical-psychiatric training has not prepared him or when his support is so inadequate as to require him to do work which is completely unrelated to his basic responsibilities. Attention is called to the fact that Dr. Patterson is one of only two fully qualified psychiatrists on the hospital's staff. Every moment Dr. Patterson must spend reviewing cumbersome budget requests, handling personnel problems or dealing with administrative problems of production or service departments is a moment of highly valuable and scarce medical service lost to the patients of the hospital and represents a costly waste of time and money to the State of Maine.

It is quite obvious that the Superintendent cannot give adequate supervision to the hospital's medical staff simply because of the volume of non-medical matters flowing over his desk.

To illustrate the complexity of the medical supervision problems faced by Dr. Patterson, the following job titles can all be considered part of his current job description.

- (1) Chief of staff of an acute general hospital.
- (2) Psychiatrist-in-chief of an intensive care psychiatric hospital.
- (3) Clinical Director of a psychiatric hospital.
- (4) Medical director and administrator of a very large chronic disease hospital and nursing home.
- (5) Director of a developing community mental health center.

Normally, each of the above positions would be filled on a full time basis. However, these functions are major but by no means primary responsibilities in the office of the Superintendent.

The reasons for the development of such an administrative structure are unimportant. What is of great importance is that little or no administration of the hospital is possible, none exists and a re-structuring of the hospitals administrative as well as medical organization is required. It is equally obvious that a bold new approach to the provision of medical service within this hospital should be considered.

Throughout the remainder of this report the reader will find descriptions of techniques calculated to relieve the Superintendent of purely administrative responsibilities as well as those which require non-medical judgement. A system of evaluation of the medical and psychiatric care of the hospital's patients, of sufficient value as to permit the Superintendent to actually make value judgements about the effectiveness of the institution's function is required. The analysis should have as its base a combination of analyses of records, conferences with medical personnel, personal observation, direct medical supervision of patients, participation in training activities such as clinical conferences and frequent dealings with those who have an interest in the hospital but are not a part of it. The foundation of all of these methods of analyses and evaluations is the active participation of the Superintendent in the medical and psychiatric programs of the hospital. Others with far less training and background can deal effectively with non-medical matters.

Similar evaluative relationships with non-medical functions of the hospital should be delegated to assistants who are given both operational authority and responsibility with clear cut accountability to the superintendent or to well qualified specialist in the commissioner's office.

One major department of the hospital which is difficult to identify when sorting out the medical and non-medical functions is the Nursing Department. At Augusta State Hospital the Nursing Department's relationship to the Office of the Superintendent is less than desirable. This is due, in great measure, to the inability of the Superintendent to spend adequate time developing its administrative function. Through a series of events, a description of which would add little to this report, there has been a breakdown of communication and a pattern of poor understanding between the medical staff and the nursing staff especially in the psychiatric wards. The inability of the hospital to secure adequate direction in the Department of Nursing, with the resultant lack of leadership and dynamic supervision has further strained the relationship, created voids and broken down the normal patterns of nursing care organization. This will be dealt with in greater detail in a separate section of this report. However, when considering the Office of the Superintendent and its relationship to the department of nursing, it would seem advisable to suggest that a completely new approach be created. The approach suggested is that of establishing one nursing department for the three major psychiatric units -- Pineland, Augusta State and Bangor State. In this way an administrative as well as professional challenge could be created to attract, at least, one fully qualified director of nursing who could raise the standards of nursing in all of the hospitals and who could serve as a strong associate to the three Superintendents in creating adequate nursing services. It must be pointed out that there are no nurses living in the State of Maine at this time qualified to be the director of nursing at Augusta State, Pineland or Bangor State. Hence, the notion of attempting to find such a person for the Augusta State Unit alone is a fantasy and could result only in compromise to mediocrity.

The importance given to the Department of Nursing in this report is not only a reflection of the magnitude of the current problem at Augusta State, but rather a recognition of the primary importance of this department in the effective functioning of all of the hospitals. Further, due to the shortage of physicians found on the staffs of these hospitals in many instances the nurse may well be the patient's only source of medical attention and in a majority of cases the medical supervision will be minimal placing a greater than usual burden on the nursing staff. Effective, informed, dynamic and professional nursing administration represents the foundation of quality care for the Augusta State Hospital, and probably for the other units in Maine. The victims of the current inadequately directed nursing service are the patients.

Note: It is again emphasized that the above is not wholly the fault of the Superintendent. His unbelievable load of administrative detail and extra-medical concerns simply does not permit him to take the time to lead, teach, direct and inspire a nursing department of the size found at Augusta State Hospital.

The primary fault is the lack of a nursing director trained, qualified and capable of doing this work.

With regard to the Superintendent's relationship to the medical staff of the hospital another new approach is suggested. The approach is based on the observation that in many hospitals of this type the medical staff tends to become "institutionalized" and lacks the professional as well as economic stimulation so necessary for high quality medical care. Further, recruiting and advancement is made difficult for these professional persons because of the system in which they are cast, a system known to deal inadequately with persons in the medical profession.

It is suggested that for the purpose of creating a better medical staff, with the resultant upgrading of medical care through which economies to the tax payer will be realized (not through a reduction in investment but through an increase in productivity) that the medical staff be removed from the State payroll and formed into a group practice. The financing for the group practice would be a direct payment in the amount of the current salary budget to the hospital (to assure no drop in income) to which could be added fees for services rendered to patients with insurance or other forms of pre-payment such as Medicare.

The role of the Superintendent would be to set standards, establish programs, assign patients and evaluate the work of the group in the same manner as a full time Medical Director in many of the larger hospitals. The relationship with the group would be one of far greater power than currently exists, and the contract could be negotiated to include standards of care and qualifications of physicians beyond those currently available in the Augusta State Hospital. The net return to the tax payer would be increased in that as the quality and quantity of the medical attention is increased the rate of "cure" and discharge is increased and it can be assumed that many of the patients discharged will resume their roles as productive members of society. The key would be to build into the group practice structure both economic and professional incentives to improve patient care.

/ It is noted that support for the design, trial and evaluation of a change in the delivery of medical care in this setting could well be available from private as well as federal sources. /

Finally, when considering the Superintendent's office, there is need for a well trained Associate Superintendent - Non-Medical. This individual would be fully

qualified and experienced as a hospital administrator. If possible he should be a graduate of an accredited course in hospital administration. The Associate Superintendent would have authority and full responsibility for all of the non-medical departments and would handle the evaluations of all non-medical functions. The heads of the departments involved should report to the Associate Superintendent along with the hospital's Business Manager. The Associate Superintendent would be accountable to the Superintendent for compliance with hospital policy as well as coordination and support of the medical efforts. The Institution's Director of Nursing (in accordance with the restructuring of the nursing service described elsewhere in this report) would also report to the Associate Superintendent.

Nursing Service

The following is a series of observations and recommendations regarding the nursing department.

Objectives: Currently there are no written objectives for the Department of Nursing. Hence, no basic pattern or standard of nursing can be established.

Recommendations: 1. Development by representative members of nursing service, a set of objectives for the Department of Nursing. The foundation for these objectives must be the objectives established for the hospital as a whole.

2. The objectives should be reviewed and accepted by the administrative and medical staff.

3. Following approval, the objectives are to be made available to all members of the nursing staff.

Organization: There is no formal departmental plan of organization. The organization chart of the nursing service is very sketchy and has no relationship to the actual operation of the department.

The concept of area supervisors is unwieldy. Most of the areas are so large as to physically if not professionally impossible to supervise. To further complicate the situation these are positions with responsibility but without authority, hence, unworkable.

The function, capability and responsibility of the professional nurse must be re-examined and understood by the hospital's administration. In many areas the supervision, placement and assignment of nursing personnel has been delegated to psychiatric aide supervisors. These duties require the professional judgment as described below.

The responsibility of the psychiatric aide supervisor should also be carefully evaluated. These employees carry a tremendous patient care load and are essential to this type of institution. However, these positions must be supervised by the professional nurse as an integrated part of the organized nursing service.

- Recommendations:
1. Development of a written departmental plan of organization which facilitates implementation of the objectives of the Department of Nursing. This departmental plan of organization should describe the responsibility, authority and accountability of the nursing service and define areas of responsibility and delineate functions for each category of nursing personnel.
 2. Review and revision by representative members of nursing

service of the organization chart of the nursing service so that the chart more clearly indicates lines of authority, channels of formal communication and intradepartmental relationships.

3. Review and acceptance by the administration of both the departmental plan of organization and the chart of organization.

Policies: There is a procedure manual which contains a scattering of unrelated hospital policies. This manual, however, was not in evidence on the nursing units. There are no written policies and procedures to guide supervisors in their administrative duties. Also lacking is an established method for informing personnel when there is a change of policy.

- Recommendations: 1. Formation of a committee with representation from nursing service, administration and the medical staff to:
- a. Review and revise the nursing procedure manual.
 - b. Collect and/or develop a separate administrative manual to include all nursing service policies, hospital policies and guidelines for supervisory personnel.
 - c. Establish an orderly manner for informing personnel of changes in policies.
 - d. Periodically review all departmental and hospital policies and procedures.

Staffing: There is no written master hospital-wide staffing plan or a staffing plan for each unit.

As mentioned previously, in some hospital areas nurse staffing decisions are made by other than the professional nurse. The development of staffing patterns and changes in these patterns to accommodate particular situations demand an awareness of nursing needs and the suitable approaches to the satisfaction of these needs are based upon scientific evaluation resulting from rigorous academic discipline and a full understanding of physical, emotional and medical factors relating to needs, rather than uneducated and thereby unreliable observations. These judgments can only be made by the professional nurse.

- Recommendations:
1. Development of a master staffing plan.
 2. Development of a staffing pattern for each patient care unit.
 3. A firm procedure established whereby assignments of all personnel are made by the professional nurse responsible for the unit involved.

Patient Care Management: To properly plan individual patient nursing care, which includes work assignment for personnel, the professional nurse must assess the nursing needs of the patient. This demands access to the patient's medical and social history both current and from past admissions. In many areas obtaining this information requires a trip to the medical records library and/or to the office of the physician in charge of the unit. This is not only inefficient but also demands great motivation. It is realized that much of this information is of a confidential nature. However, it would seem that a combination of inservice education for the non-professional employees and simple security measures such as locking the records on the unit would avoid problems. The minor risk of a leak of confidential information is obviously far less serious

than the present serious problem of attempting to plan patient care without sufficient information.

It is less than realistic to suppose that a professional nurse can be assigned to every unit in this type of facility. Nor is this kind of staffing necessary for good patient care. However, the concept of area supervisors in this facility dilutes the effectiveness of the professional nurse completely. There are areas in this facility that could be well managed by the well-trained non-professional nurse. He or she must be a person with experience in the facility, receiving in-depth, on-going inservice education and with demonstrated supervisory skills. This non-professional would be under the departmental supervision of a professional nurse. Professional personnel should be concentrated in the areas of intensive therapy only.

The role of the professionally qualified psychiatric nurse in patient care management is currently not recognized or accepted, especially by the medical staff of this hospital. The experienced psychiatric nurse can and should be an active participant in patient therapy and in the creation of a therapeutic atmosphere for patient care. The psychiatric nurse has an ever expanding role in mental hospitals and is recognized as an important member of the multidiscipline team in patient care.

- Recommendations:
1. Medical records of the current patient population to be kept on the unit with appropriate security measures.
 2. Concentration of the professional nurse personnel in areas of intensive therapy.
 3. Re-evaluation of the role of the experienced psychiatric nurse in light of current concepts of psychiatric care.

Inservice Education: For reasons which appear unsound, the hospital's administration has cancelled a majority of the educational programs. A course does not exist for the training of the psychiatric aide but this course is primarily one of orientation to basic nursing procedures and hospital policy. The unexplainable lack of inservice education may result from the narrow and dated views expressed by the Assistant Director of Nursing Service when discussing both the purpose and content of such a program to a member of the survey team. For years industry has found that to attract and keep good personnel, inservice education is essential. Inservice education will increase job satisfaction, promote staff development and growth, improve patient care and increase efficiency.

The professional nurse must delegate many, and in some areas almost all, of her duties to the psychiatric aide. This auxillary person must be extremely well trained. This training effort should then be on-going and become increasingly more in-depth until the maximum potential of this group is reached. It was reported that some members of the psychiatric aide group objected to a recent course. It is noted that the psychiatric aide is hardly educationally qualified to judge course content, instructor qualification or rationale behind the presentation of inservice. Hence, this is not a valid excuse for cancelling the course.

It is suggested that one of the pre-requisites for promotion within the auxillary group must be a satisfactory participation in all educational efforts.

In the past, key nursing personnel have been permitted to attend professionally recognized workshops and institutes outside the hospital at the discretion of the Director of Nursing. Recently, the Superintendent assumed the authority to decide which workshops or institutes nurses would attend, a decision he is hardly qualified to make. This has caused

serious irritation in the nursing staff. Continuing education programs are usually designed by knowledgeable individuals in the field or profession being served. Evaluative decisions of the curriculum and value should logically be made by individuals within the profession involved. Participation in outside educational programs must be encouraged and provided in the hospital program.

It is suggested that there are two areas of great need. The first is the employees who are filling supervisory positions without the necessary experience and training. Second are those who have supervisory qualifications but who have not kept abreast of new developments. Each of the above leads to ineffectiveness of the supervisor and a loss of job satisfaction.

- Recommendations:
1. Obtain the services of a professional educator to perform the following in conjunction with a well qualified psychiatric nurse:
 - a. Review and revise the basic psychiatric aide program.
 - b. Review and revise the orientation program conducted for all personnel.
 - c. Develop an inservice program for auxillary personnel that is on-going and in-depth. Promotion to be contingent upon participation.
 - d. Develop an on-going inservice program for the professional nurse. Curriculum should be heavily weighted in psychiatry and the psychiatric nurse.
 - e. Develop leadership and management programs for all levels of personnel who fill supervisory positions. Promotion or continuation at current level to be contingent upon participation.

2. Return to the Department of Nursing both the responsibility and the authority to permit key personnel in nursing service to attend workshops and institutes outside the hospital as selected by nursing personnel within budget limitations.

Personnel Management: At the Augusta State Hospital the Department of Nursing is floundering, morale is low and job satisfaction is dwindling. There is a complete breakdown of communications not only within the department but also from the nursing department to others in the institution. No decisions are being made within the department as everything is referred to the Office of the Superintendent. The Superintendent appears unwilling or unable to handle these matters and obviously is unable to pass them back to the current Directors of Nursing.

Basic to these problems is the lack of a capable Director of Nursing. Currently, there are two Assistant Directors of Nursing neither of whom have demonstrated leadership or executive ability.

There is a country-wide shortage of qualified professional nurses which is fully reflected in the State of Maine. Also, the funds and professional stimulation at the Augusta State Hospital are insufficient to attract the caliber of persons needed to serve as Director of Nursing. There are also two other major psychiatric units for which the State of Maine is responsible. To attempt to attract and keep three highly qualified people is an exercise in frustration.

Bearing in mind all of the above factors, the following re-organization is strongly urged:

- A. Creation of a State Department of Nursing responsible for the three institutions.
- B. Selection of a State Director of Nursing with minimum education to be at the Master's level. This individual is to be given full authority for nursing programs, policies and procedures and be held responsible for results.
- C. Institutional Director of Nursing for each facility should have demonstrated supervisory experience as well as post-RN training and education. (In the case of the Augusta State Hospital, it is felt that neither of the Assistant Directors of Nursing can assume this responsibility).
 - 1. The Institutional Nursing Director receives delegated authority from the State Director of Nursing for all matters relating to nursing care of the patient.
 - 2. Receives delegated authority from the Office of Superintendent of the institution for administration of internal policy.
 - 3. All nursing personnel within the institution are to be accountable only to the Institutional Director of Nursing.

The current job descriptions create another weak area in the Department of Nursing. These descriptions are archaic as to be meaningless. None of the recent developments in nursing care or management are reflected.

Since the job description must be broad, position descriptions should exist within the institution. These position descriptions, if properly written, will further clarify the role of each level of personnel.

There is an established procedure for evaluating the performance of employees. The evaluation is written and reviewed with the employee. This procedure is most satisfactory and should be continued.

- Recommendations:
1. Re-structuring of the Nursing Department on state and hospital levels.
 2. Job description revision incorporating suggestions from professional personnel.
 3. Development of position descriptions by the Nursing Department.

The seriousness of the problems listed above and their impact on the nursing service cannot be underestimated. The survey team urges immediate steps be taken to accomplish the recommendations which have been made in detail so as to eliminate any misunderstanding. A crises situation is developing and it is the opinion of each member of the survey team that the current administration at the Augusta State Hospital is unable to handle the present situation and will fail to handle any further deterioration of the Nursing Department.

Community Relations

There is an obvious lack of effort to communicate the hospital to the community as well as the community into the hospital. This is a type of administrative thinking which is taken from the past and has no validity. During the Management Review, a most distorted picture of the hospital was printed in the local Augusta paper. In reality, the facts presented would indicate that the group under discussion were given superior treatment in all respects, however, the article was "slanted" to indicate just the opposite. Unfortunately, no method exists for the administration of the hospital to deal with this, and of even greater importance no attempt was made to point out the gross misrepresentations to the hospital's staff. Everyone

hopes that his employer holds a respected position in the community, yet the employees of the hospital were given no evidence that the article was anything but the truth and must have felt a certain shame when facing their neighbors.

The community relations individual plays an important role in the morale of the employee staff. He develops an image of the institution within the community and in this way develops pride on the institution throughout the staff.

The entire field of mental health has advanced only since the "public" has become aware of the role of therapy and the vast advances in the treatment of mental illness. Support for the programs of the hospital as well as those of the State Department of Mental Health depend, in great measure, on support from the community to the legislature. It is essential that the public be informed and that the role of the hospital be understood.

At one time this concept of a "public relations" person in government was rejected. However, today virtually all major governmental departments have such a post and it is considered a logical responsibility of the administration.

It is suggested, therefore, that a public information office be established at the level of the Commissioner, as well as in each institution. Augusta State Hospital is large enough and important enough to warrant such a position and it is unrealistic to assume that persons who have devoted their lives to the medical and allied sciences have any basic talent in this complex area.

Personnel Department

There is an amazing lack of coordinated personnel programming at

the Augusta State Hospital. In great measure this is not the fault of the Superintendent nor the hospital's personnel officer but is the direct result of a series of interrelated responsibilities between the State Commissioner's Office, the hospital Personnel Office, the State Civil Service Commission and certain people within the hospital's structure who assume related responsibilities. Underlying all of this is the very close relationship between the personnel function and the budget function.

It would be impossible to restructure the entire personnel system in this report, however, it is obvious that there needs to be a careful and thoughtful reexamination of all of its aspects.

Fundamental, and preliminary to this restructuring, is the first suggestion of this report--that of creating an understandable statement of the objectives of the hospital. Based on this, departmental objectives can be formulated and the interrelated needs between each department can be identified and understood.

It is only after the above has been accomplished that the technical aspects of creating a good personnel system can be started. For example, the rewriting of job descriptions (currently, most inadequate) could be done, a realistic staffing pattern could be created, and meaningful evaluation procedures could then be instituted.

Several of the activities commonly recognized as local personnel functions are shared with the state level. An analysis of each of these (such as recruiting, grievance handling, and staff housing) should be made by a qualified individual and specific responsibility placed for these functions. One function virtually ignored and obviously considered of little importance in the hospital is that of employee morale. Services to employees are minimal and there is no communication system between

administration and the employees. This problem is virtually at a crisis stage in the Nursing Department due to entrenched and fixed opinions at both ends of the non-existent communication system.

The personnel officer at the hospital is far more capable than his work load would indicate. He has a good understanding of the personnel function, but lacks the ability to carry out good personnel programming because of the restrictions under which he operates. The survey team was not able to determine whether these functions are restricted through local policy or procedure or whether the restriction is a result of pressure from the State Commissioner's Office.

It is urged that a well qualified personnel specialist be asked to look at this entire problem and that he be permitted to make in-depth reviews of the underlying causes for the ineffective handling of personnel problems in the hospital.

Under the present organizational set-up the personnel officer is in effect a recording clerk. He and two assistants maintain the personnel records of the institution, including the computation of employees' hours worked for payroll purposes and the distribution of pay checks. After the time records have been computed, the information is sent to the State Controller's office for the preparation of the pay checks. All checks are then sent to the institutional personnel officer for distribution.

There is presently no internal control of this employee's activities. It is now possible to enter fictitious names on the rolls of the hospital and pay checks would be automatically prepared by the State Controller's office and sent to the personnel officer of the institution.

It is recommended that the duty of recording the computation of

employees' hours worked and the distribution of pay checks be assigned to the institutional business office.

Education Program

One of the weakest, yet most important activity of the Augusta State Hospital is the educational program. Currently the hospital is faced with the very serious consequence of a disasterous loss of nursing school affiliations because of the current inadequacies. The staff in-service educational program is minimal for some portions of the staff and non-existent for the remainder. The degenerative effects of this gross lack within the institution are easily observed. However, in some very important instances they seem to go unrecognized. For example, one of the co-heads of the nursing department seemed not to understand the function, purpose, objectives or benefits of a good in-service educational program and could hardly be expected to direct a program of any value to the hospital.

In prospective, with the exception of a minimal medical staff education program, the institution seems to be at an educational stand-still. The causes of this situation are probably to be found in twin vices of over-work and understaffing. Further, the cure will not be found internally in the institution. Education of value must be established and operated by persons with the knowledge and capacity required to produce educational programs, and efforts by persons basically interested in producing medical care cannot be effective.

It is suggested that an office of education be established in the Commissioner's Office for the purpose of maintaining educational programs of meaningfulity in all three institutions. This office should be headed by a professionally qualified educator and be supported to the extent necessary to allow him to structure, produce and supervise all educational programs within the mental health system in Maine. This individual would have as his major

responsibility the maintenance of educational standards in each institution through his ability to structure courses, establish curriculum, train the teachers (drawn primarily from the practitioners), and finally evaluate the results. One can look to industries with far smaller capital investments than are found in the mental hospital facilities in Maine, employing far fewer persons than are employed in these hospitals and find educational programs and directors of the type described above.

The importance of sound pre-service, in-service and professional educational programs cannot be over-emphasized. In the field of mental health it is the bridge between development and progress. It is a well known source of employee morale and stimulation and the corner stone of supervision. To the physician and the nurse it is essential in order to keep abreast of the dynamic developments in medical science and to the porter, the aide and the maid it is the only hope for progress, advancement and dignity.

The only substitute which could be offered for this suggestion is well structured working relationship with a near-by university which has the faculty talent available for such a large teaching effort. An investigation was made of four institutions of higher learning in Maine and not one seemed to have the capacity required. The mental hospitals in Maine have the medical-technical talent but the department does not have the education-administrative talent to produce the desired teaching efforts.

The Business Manager

The Business Manager presently controls the operations of the Farm, the Dietary Department, the Laundry, the Housekeeping Department, Plant Operations, Maintenance and Repairs and the Warehouse, along with the normal business procedures of the institution.

The duties thrust upon the Business Manager are not in keeping with good, organizational management. While the present Business Manager has had years of experience with the institution, the surveyor feels that all of his time should be devoted to the business affairs of the institution. This would consist of normal accounting work, purchasing, cashiering, inventory, etc. Other duties presently under his control should be developed in accordance with the organization chart presented.

One of the principal duties of the Business Manager is the development of budgeting. While budgeting is a management control, it must be recognized that without adequate planning and coordination the budget will be ineffective. Effective planning in any institution cannot be accomplished without involving department heads who are basically responsible for their operations. These department heads welded together through the budgeting process insure the success of the institution. Without the complete cooperation of these people, the institution will muddle along but will not operate as a coordinated unit.

Because of the State system, however, the Administrator and the Business Manager have become indoctrinated with the belief that it is necessary to second-guess the State Legislature as to what will be approved. This does not lend itself to either progressive adequate financing or the development of programs which enure to the benefit of the patient.

Budget Report: It is understood the budget activities are recorded through the Bureau of Accounts Control. It is most important that the Bureau provide the Business Manager and each department head with a detailed analysis of the departmental expenditures and encumbrances against the budget. To do less deprives the operating heads of detail information needed to control and coordinate the activities of the institution.

A. Dietary Department --In reviewing the activities of this department it was ascertained that at times budgeted funds were transferred to cover extraordinary repairs or to supplement the Pharmacy budget.

The projected daily meal cost for the year 1968-69 is \$.52. It is inconceivable that funds could be transferred from such a budget for other purposes as has been done in the past.

The cycle menus as reviewed are not nutritionally sound and it is recommended that more consideration be given to their development to make them both palatable and having sufficient nutritional value to benefit the patient.

It is recommended all menus be prepared by the consulting dietician in consultation with the institutional dietician. The consulting dietician will then be in a position to prepare specifications for the central purchasing department. After these figures have been ascertained, the per diem meal cost could be computed. This figure would then be transmitted to the institution business manager for insertion in the budget.

B. The Farm -- Because of the limited scope of this survey, there was insufficient time to develop the cost of the farm operations. In reviewing the reports, it was observed the farm operated at a deficit for the year 1967-68 without considering indirect costs or the value of patient services who worked the farm.

Should patient-workers be eliminated, it was estimated that 6

additional persons would be required to work in the greenhouse (4) and the acreage.

It is recognized that if the farming operation were discontinued, the grounds and removal of snow would require personnel. The greenhouse personnel could well handle this activity.

From the surveyor's past experience in the development of farm costs, it is evident the farm is a drain on the resources of the State and the institutional budget.

It is, therefore, recommended that a detailed analysis of the farm's operations be developed and from this study a decision be made as to the continuance of the farm. The therapeutic value of the farm to the patient must be weighed in arriving at any decision.

C. Charges to Patients and Accounts Receivable -- The Department of Mental Health and Corrections establishes the per diem charges to the patients and the institution bills the patient's family or the third party.

Inasmuch as the charges are established by the Department and a computer is available through the Controller's office, it is recommended all billing be done by the Department. Monthly computer runs of all bills prepared may then be sent to the institution's cashier for ready reference when dealing with the family or third party.

This procedure should substantially reduce the clerical effort within the institution.