# Dorothea Dix Psychiatric Center Legislative Update

# Superintendent Sarah Taylor, MBA, FACMPE Clinical Director Daniel Potenza, M.D.

January 2021



## The Hospital



State St, Bangor ME

#### Mission and Vision

#### **Mission**

As a member of a state wide community of care givers, DDPC collaborates with individuals with severe and persistent mental illness and their community and personal supports to provide recovery oriented, respectful, compassionate, and effective psychiatric care and treatment in the least restrictive, safest, and most therapeutic environment we can create.

#### Vision

We focus on enhancing symptom management, promoting skill development, increasing knowledge, and challenging people to use their strengths to lead more hopeful and autonomous lives.

We devote ourselves to the most timely return of those we serve to a more independent, sustainable and hopeful life in the community.

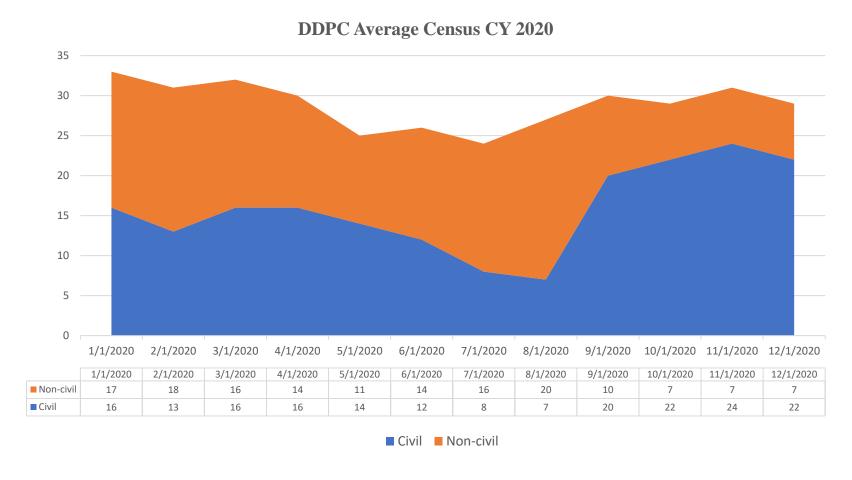
## Update on Challenges Identified in 2020

Identified for HHS in 2020	Progress by 2021
<ul><li>Staffing</li><li>Competing for clinical staff in the region</li></ul>	<ul> <li>Staffing</li> <li>Continue to compete with other entities</li> <li>Budgeted positions – 272</li> <li>Vacancies – 33 (12% vacancy rate). 21 of the vacancies are nurses and mental health workers</li> </ul>
<ul> <li>Recruitment &amp; Retention</li> <li>Several locum tenens providers to fill gaps</li> <li>Compensation &amp; benefits</li> <li>Contract Staff</li> </ul>	<ul> <li>Recruitment &amp; Retention</li> <li>As of today, no locum tenens providers</li> <li>Master agreement for payroll services in place</li> <li>6 of 6 physicians are state employees, continue to contract PNPs and one psychologist</li> </ul>
<ul><li>Facilities</li><li>Old building, HVAC, roof, bathrooms</li></ul>	<ul> <li>Facilities</li> <li>HVAC project complete, roof has begun with prioritization of areas in most need of repair, bathrooms deferred</li> </ul>
Regulatory • CMS, Joint Comm., State	Regulatory • Inspections of new unit, waivers related to COVID
Electronic Health Record • Outdated, slow	<ul> <li>Electronic Health Record</li> <li>Vendor chosen for EHR through RFP process, December 2020</li> </ul>

#### CY 2020 - Census

- Three inpatient units in the main hospital, 17 beds/unit (51 total beds)
- Average daily census 29 (57% occupancy). Factors impacting census:
  - Pandemic (3/20 present)
    - All referrals tested for COVID 19 prior to admission.
    - Discharges and options for discharge limited.
    - Isolation unit.
    - Consolidated units in December 2020 due to the increase in cases and widespread community transmission.
  - HVAC project (5/20 9/20)
    - Impacted all three patient units (piping runs vertically through the units).
    - Limited number of admissions due to construction on units (sections of each unit had to be closed off for construction).
    - Required additional staff to monitor construction and ensure safety of patients.
    - Air conditioning was not available in patient rooms until HVAC fully installed in all three units.

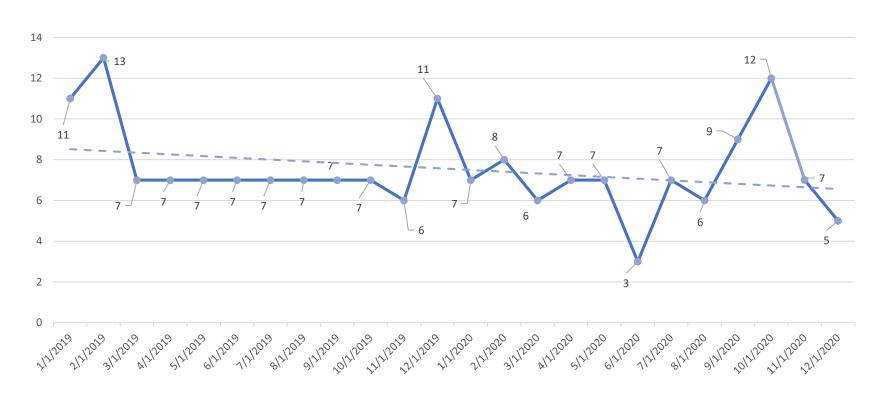
#### DDPC Average Census CY 2020



Factors impacting census – Pandemic (3/20 – present); HVAC Project (5/20 – 9/20)

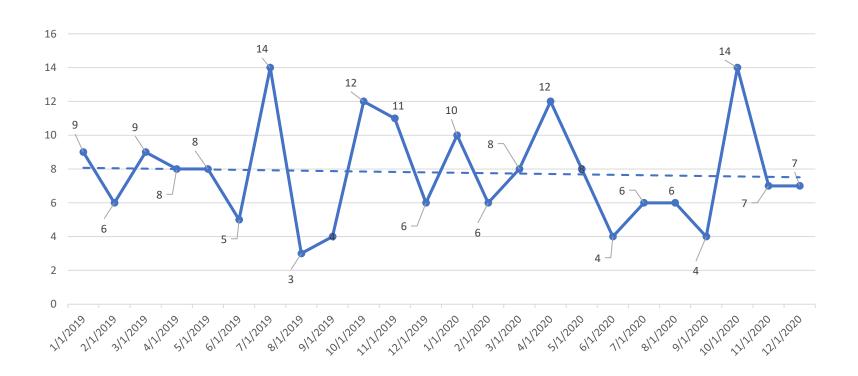
#### DDPC Admissions CY 2019 & CY 2020

#### DDPC Admissions - 2019 & 2020



### DDPC Discharges 2019 & 2020

#### DDPC Discharges 2019 & 2020



### Average Length of Stay CY 2019 & CY 2020

#### DDPC Average Length of Stay 2019 - 2020



## Coping with COVID-19

In late February, 2020, DDPC began to prepare for COVID-19, implementing a Hospital Incident Command System (HICS) in early March. Precautions put in place include:

- Screening of all staff before starting work staff answer questions about symptoms, travel, contact with COVID-19 positive individuals. Temperature and pulse oximetry checks are performed. Staff being screened out are assessed by a nurse to determine if they can continue to work or need to stay out of work.
- Masking all staff are masked. Patients are asked to mask if they leave the unit.
- Minimizing cross-unit traffic staff are assigned to a specific unit. Group therapy sessions and diversionary activities are unit-specific.
- COVID-19 testing prior to admissions all patients must have a COVID-19 test prior to being admitted to the hospital.
- No visitors in the hospital—patients have access to electronic communication platforms and telephones, outside visits with masks and distancing allowed when appropriate.

## Coping with COVID-19

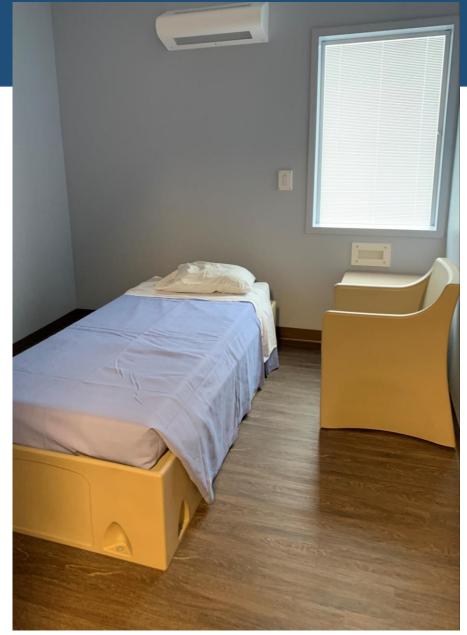
- Community visits for patients are limited to medical appointments
- Meetings are conducted via Teams
- Consolidated to two units in the main hospital in December as a result of the level of COVID-19 spread and community transmission in Penobscot County
- Two positive cases of COVID-19 in staff one in November and one in December. Conducted contact tracing and testing of close contacts.
- DDPC administered Moderna vaccine for 184 staff members who are involved with patient care.

### The Annex









#### The Annex

- The Annex is designed to care for older patients with a primary diagnosis of severe, persistent mental illness. These patients tend to have underlying medical conditions, polypharmacy, and may have some neuro-cognitive deficits. Staff receive training specifically developed for this population.
- Referrals come to the main hospital for determination if patient would meet criteria for admission.
- Team includes full time nurse practitioner dually boarded in psychiatry and family medicine, with experience in outpatient geropsychiatry. Half time psychiatrist, psychologist, nurses, mental health workers, occupational therapists, and social workers.
- First patients transferred from main hospital to The Annex 1/4/21 (6 patients)
- 17 single patient rooms, on-site pharmacy, treatment room, conference/group rooms, dining and common areas, fenced in yard with gazebo.
- Food services, environmental services, facilities maintenance provided by main hospital.

#### Goals for 2021

- Census of 15 patients for each of the four units (doubling census over 2020).
- Data driven operations admissions, discharges and lengths of stay.
- Review and revision of processes to prepare for implementation of electronic health record. Begin implementation.
- Contract with commercial insurance carriers.
- Continuous survey readiness and regulatory compliance.
- Continued focus on patient safety, staff satisfaction, becoming an 'employer of choice.'

## Questions?

Superintendent Sarah Taylor, MBA, FACMPE

Daniel Potenza, M.D., Clinical Director

