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February 13, 2015

To: Senator James M. Hamper, Chair  
Representative Margaret R. Rotundo, Chair  
Members of the Joint Standing Committee on Appropriations and Financial Affairs

From: Mary C. Mayhew, Commissioner, Department of Health and Human Services

Re: DHHS response to questions from February 11, 2015 session

**Riverview**

1. Can we provide what the concerns were related to pharmacy that requires the need for the new pharmacist?

**Response:** The American Society of Health System Pharmacist survey hospitals on an annual basis to determine pharmacist levels.

In 2014, the survey indicated that staffing level (on average) was 3 pharmacists for a hospital with 50-99 beds.

We are currently at 2.4 pharmacists and the increase would put us at 3.4 pharmacists for the 92 beds. This will bring us to the norm for a hospital this size. The increase above the standard is due to the fact that Riverview also maintains an outpatient clinic serving over fifty forensic patients.

2. Do we contract for all pharmacists and why?

**Response:** RPC and DDPC contract for all pharmacists because State line salaries were not comparable to private sector pay. The issue was recruitment and retention. Riverview has contracted for their pharmacist since 2002 and Dorothea Dix since 2005.

3. Please provide the actual job description for acuity specialists and mental health workers.

**Response:** See Attachments A and B

4. Is the EMR funding in 15 all of the funding we need for the system? Is it also in the biennium?

**Response:** The implementation cost is being requested in the FY'15 Supplemental and the biennium request for FY'16. The FY'17 request is the on-going cost over and above the present funding for the existing EMR system (Meditech).

5. Please provide a mapping of the complaint process at RPC? How will internal investigative position play into that?

**Response:** All incidents that involve allegations of violation of patient rights, patient abuse, patient neglect or exploitation are investigated.

The investigator is integral to an independent review process in the hospital to ensure the integrity of the risk management program. The integrity of the program involves timeliness of the investigations and reporting of results.

In April 2014, Superintendent Jay Harper asked that staff report all suspected incidents that vary from policies and procedures using the hospital's Incident Reporting system. This has resulted in a significant increase in the number of incidents that have been reported.

The demand of the system has significantly reduced the ability of the staff to investigate cases in a timely manner.

Also, see Attachment C entitled "Incident Review Process".

6. Please provide a list of trainings at RPC.

**Response:** See Attachment D

7. What are the renovations at RPC and how will they keep staff and patients safe?

**Response:** See attachment E.

8. How many of the positions in the budget proposals are new positions versus how many are being re-classed or being made permanent?

**Response:** 29 are new permanent requests, 2 are Acuity Specialist re-classes.

9. What is the average number of forensics in RPC over the last year as a percentage of the total patients?

**Response:** There are 44 beds designated as forensic. This is 48% of the total bed capacity. For the past year Riverview has exceeded this number by placing on average two forensic patients into civil beds.

10. What is the assumption for the hire date of the RPC positions? Will any of the positions not be continued into the biennium?

**Response:** The budget request on a position availability date of April first. All positions are full time and are annualized in the FY16/17 budget request.

11. Are there savings in the biennial budget since we have not been paying locum tenens doctors?

**Response:** If the request for State line psychiatrists is approved, the biennial contracts will be written with the assumption of a phase in period of recruitment to fill the State line and a budget for regular use of locum tenens for vacations and estimated use of personal leave. There would be no savings.

12. How much input did the staff have on the budget proposal?

**Response:** Staff were interviewed across all shifts on three consecutive days by the Court Masters consultant. These interviews resulted in a number of recommendations concerning staffing, training and other considerations for Riverview based on direct staff input. Riverview responded to this report with the current budget request and to the satisfaction of the Court Master that this request directly met the needs identified in the staffing interviews and discussions.

### **MaineCare**

13. How many primary care practices are there in the State?

**Response:** There are approximately 500-550 primary care practices in the State. 170 or approximately 30% of the practices in the State are enrolled in MaineCare's Health Homes Initiatives.

14. How many members meet the criteria for Health Homes?

**Response:** Based on claims data, there are approximately 90,000 individuals who meet the criteria of Stage A Health Homes (diagnosed with two or more chronic conditions or diagnosed with one and at risk of another). We are currently serving over 55% of the members who meet the eligible criteria.

Cc: Kathleen Newman, Deputy Chief of Staff, Governor's Office  
Holly Lusk, Senior Health Policy Advisor, Governor's Office  
Peter Steele, Director of Communications, Governor's Office  
Adrienne Bennett, Press Secretary, Governor's Office  
Richard Rosen, Commissioner, Department of Administrative and Financial Services  
Alexander Willette, Director of Legislative Affairs and Communications, DAFS  
Melissa Gott, State Budget Officer, DAFS  
Jenny Boyden, Deputy State Budget Officer, DAFS

## ACUITY SPECIALIST

Health & Medical Services  
Mental Health  
Crisis Stabilization  
Worker

4113  
HMS0065100  
Range 19  
0714

**DESCRIPTION:** □ This is paraprofessional work in providing emergency response to adults experiencing moderate to acute psychiatric crisis. □ Work includes assisting the nursing staff by co-leading and monitoring the unit in order to maintain a safe and therapeutic setting, recommending/implementing actions or interventions to prevent escalation of behaviors or injury to staff/client, and providing technical support to service providers and other mental health workers by overseeing/guiding the application of crisis prevention activities. □ Responsibilities may include assignment of a small case management workload consisting of clients with higher behavior risks and serving as a team leader in lieu of the charge nurse. □ Work is performed under general supervision.

**REPRESENTATIVE TASKS:** □ *(A position may not be assigned all the duties listed, nor do the listed examples include all the duties that may be assigned).*

- ? Responds to requests for guidance and/or support from service providers and other mental health workers in order to resolve crisis situations involving adults experiencing moderate or acute psychiatric crisis.
- ? Observes and communicates directly with persons experiencing crisis in order to assess mental status, current level of functioning, and danger to self or others.
- ? Determines and initiates actions or interventions in order to resolve crisis situations.
- ? Evaluates and oversees implementation of crisis prevention activities and plans in order to comply with applicable laws, rules, policies, and procedures.
- ? Provides functional supervision and instruction to staff in order to ensure consistent application of appropriate methods and techniques of crisis stabilization activities.
- ? Leads review meetings to document crisis events, agency actions, and outcomes in order to gather and analyze data to identify improvements, develop recommendations, determine adequacy of crisis stabilization plans, and to follow-up on results to prevent future occurrences.
- ? Participates in client team meetings in order to facilitate communication between client and treatment team, and to offer recommendations related to effective client treatment.
- ? Confers with other multi-disciplinary team members in order to provide information and make recommendations to develop and update crisis intervention plans and enhance treatment quality and effectiveness.
- ? Monitors and reports on the performance of others related to crisis prevention actions in order to verify compliance with established protocols, and to identify/determine training needs.
- ? Trains and mentors others in specific crisis stabilization methods and techniques in order to improve and maintain safety.
- ? Proposes changes to policies and procedures in order to improve the safe and therapeutic treatment of clients.
- ? Observes, identifies, and records physical or psychological changes in clients and notifies appropriate staff, if necessary, in order to promote proper intervention.
- ? Consults daily with others to gain client information, identify behavioral triggers, and make relevant client observations in order to assist the duty nurse with strategic planning and communicate relevant information to others to promote a safe and therapeutic setting.
- ? Co-leads unit searches in order to secure contraband and reduce or eliminate threat of escalated client behavior.

**KNOWLEDGES, SKILLS, AND ABILITIES REQUIRED:** □ *(These are required to successfully perform the work assigned).*

- ? Knowledge of psychiatric and basic medical terminology.
- ? Knowledge of client needs.
- ? Knowledge of applicable laws, rules, policies, and procedures.
- ? Knowledge of mental illness symptoms, treatments, and effects on functional ability.
- ? Knowledge of local mental health community support systems.
- ? Knowledge of crisis intervention theory and practice.
- ? Knowledge of interpersonal and family dynamics as they affect the behavior of families of and individuals experiencing mental illness.
- ? Knowledge of legal requirements and procedures related to the chain of custody of evidence, evidence recognition, and evidence preservation.
- ? Knowledge of search methods and techniques.
- ? Ability to evaluate mental status and assess potential danger to self or others.
- ? Ability to obtain, analyze, and interpret client information and to devise/implement short-term treatment plans.
- ? Ability to plan, organize, and prioritize work.
- ? Ability to respond effectively and appropriately in and to crisis situations.
- ? Ability to establish, coordinate, and maintain effective working relationships.
- ? Ability to model appropriate behavior, attitude, ethics, and morals.
- ? Ability to observe changes in clients' behavior.
- ? Ability to acquire and retain all necessary certifications.
- ? Ability to work independently.
- ? Ability to identify safety hazards, evaluate threats, and take corrective action in compliance with applicable laws, rules, policies, procedures, and standards.
- ? Ability to restrain clients using non-abusive restraint methods.
- ? Ability to communicate effectively.
- ? Ability to write clearly and effectively.

MINIMUM QUALIFICATIONS:  *(Entry level knowledges, skills, and/or abilities may be acquired through, **BUT ARE NOT LIMITED TO** the following coursework/training and/or experience).*

Four (4) years of education and/or progressively responsible experience which would provide knowledge and abilities in the treatment of individuals with mental illness and developmental disabilities.

LICENSING/REGISTRATION/CERTIFICATION REQUIREMENTS:  *(These must be met by all employees prior to attaining permanent status in this class).*

Non-Abusive Psychological and Physical Intervention (NAPPI)  
Advanced Non-Abusive Physical Intervention Techniques  
Mental Health Support Specialist (MHSS) Certification  
Recovery Model Training

Some positions may require certification to administer medication, CNA, or completion of a Department approved training program.

EXAM PLAN:  *(This must be successfully completed by all employees prior to attaining permanent status in this class).*

Direct Hire.

## MENTAL HEALTH WORKER I

Health & Medical Services  
Mental Health & Developmental Disabilities  
Direct Care  
Worker

4015  
HMS0025100  
Range 11  
0313

**DESCRIPTION:** □ This is paraprofessional support work involving the direct care, rehabilitation, and behavior modification of patients in state institutions. □ Responsibilities include implementing programs in the treatment or education of the mentally ill or developmentally disabled; providing direct patient care, and maintaining resident areas. □ Employees may act as group leader or primary aide over an assigned group of patients. □ Work is performed under general supervision.

**REPRESENTATIVE TASKS:** □ *(A position may not be assigned all the duties listed, nor do the listed examples include all the duties that may be assigned).*

- Observes and records patient behavior and submits observations to treatment team in order to assist in the development of individual treatment plan (ITP).
- Implements specific treatment programs of remotivation and resocialization training for patients in order to provide direct care to residents.
- Responds to and interacts with patients, intervening when necessary, in order to provide a role model of appropriate behavior.
- Talks to and contacts family or outside agencies as delegated by supervisor in order to relay information or make arrangements for aspects of patient treatment.
- Guides, trains, and motivates patients in daily living and work activities such as maintaining their own living area and personal hygiene in order to develop individual skills.
- Prepares and dispenses medication under supervision of Registered Nurse (RN) in order to ensure patients receive proper medication on time.
- Takes and records vital signs in order to document patient condition and keep accurate records.
- Administers minor first aid to patients in order to take care of emergencies.
- Changes bed linens and clothing; and sorts, counts, distributes, and collects clean and/or soiled linen and clothing in order to maintain patients living areas.
- Distributes and serves food, maintains food serving and dining areas, and picks up trays in order to ensure patients are properly fed and established cleanliness and sanitary standards are met.
- Observes habitual conduct of patients and reports to supervisor in order to advise of any change in behavior.
- Writes records and other papers in order to document patient treatment and progress.
- Cleans, dusts, mops, and vacuums activity and patient living areas in order to ensure proper standards of cleanliness.
- Washes and bathes patients in order to ensure residents are kept clean.
- Participates in in-service training programs in order to develop skills and knowledges and enhance effectiveness.

**KNOWLEDGES, SKILLS, AND ABILITIES REQUIRED:** □ *(These are required to successfully perform the work assigned).*

- Knowledge of basic psychiatric and medical terminology.
- Knowledge of standards of care for mentally ill or developmentally disabled patients.
- Knowledge of basic health and safety needs.
- Ability to recognize, identify, and respond to residents' physical and emotional needs.
- Ability to serve as a role model for appropriate behavior.
- Ability to maintain a rehabilitative attitude and relationship with patients.

- Ability to relate to patients and co-workers in a positive empathetic fashion.
- Ability to respond to supervision and work cooperatively with others.
- Ability to perform routine manual tasks and primary patient care services.
- Ability to express thoughts clearly and accurately.
- Ability to assess and make limited judgments about patient care.
- Ability to lift patients, when required.

MINIMUM QUALIFICATIONS:  (*Entry level knowledges, skills, and/or abilities may be acquired through, **BUT ARE NOT LIMITED TO** the following coursework/training and/or experience).*

High School Diploma or equivalent and completion of a Department approved training program or current valid certification as a Certified Nursing Assistant as issued by Maine Department of Education.

LICENSING/REGISTRATION/CERTIFICATION REQUIREMENTS:  (*These must be met by all employees prior to attaining permanent status in this class).*

Certification as a Certified Nursing Assistant as issued by the Maine Department of Education and completion of a Department approved training program.

EXAM PLAN:  (*This must be successfully completed by all employees prior to attaining permanent status in this class).*

Direct Hire.

## Riverview Psychiatric Center Process for Incident Reporting

1. Any staff member who identifies that a reportable incident has occurred has a responsibility to complete an Incident Reporting form. (Any incident that is not consistent with the normal or usual operation of the hospital, and any incident that deviates from the standard of care, policies and procedures etc.)
2. Staff member completes Incident Report (IR) at the time in which the incident occurs or as soon as possible after it has occurred. IR is then given to the Nurse Manager (IV) during the day shift or Nurse on Duty during off hours to verify that all information is correct and present.
3. Nurse on Duty on the 1500-2300 and 2300-0700 shifts compiles all original Incident Reports and prepares a package for the Risk Manager.
4. Nurse on Duty on the 1500-2300 and 2300-0700 shifts copies all of the Incident Reports and compiles packages for the RNIVs, DON, and ADON.
5. Risk Manager, DON, ADON, and RNIVs retrieve their package of Incident Reports from Nursing Office each weekday morning.
6. Original Incident Reports and all supporting documentation are date stamped by the Risk Manager each weekday morning.
7. Incident Reports are reviewed by leadership in morning administrative meeting.
8. Risk Manager follows up with staff members for any missing information.
9. A copy of the Incident Report is sent to Integrated Quality and Informatics (IQI) data entry clerk at Dorothea Dix Psychiatric Center to be entered into Meditech (Electronic Health Records System).
10. Original Incident Reports and all supporting documentation are kept in files in Risk Manager office.
11. IQI Statistician and Hi-Tech Manager clean data and electronically send to NRI on a monthly basis.
12. NRI tests the data in their system and either accept or fail the event files. Event files may fail because of missing data or duplicative data for a specific time period. If an event file fails, IQI staff are notified and corrections are made in the system and the file is re-submitted.
13. NRI reports data to the sending hospital, CMS and TJC.



### Incident Report Investigations

1. All incidents that include allegations of violation of patient rights, patient abuse or patient neglect are reported to the required regulatory bodies and are reviewed using either a fact finding, full investigation or Root Cause Analysis.
2. Fact findings are conducted by the Risk Management staff and include a review of relevant documents and interviews to determine whether the reported facts are accurate. A determination is made whether the facts can be substantiated.
3. Incidents that involve potential staff misconduct receive a fact finding; if the fact finding is substantiated then the case is turned over to the Human Resources Manager for a Human Resources investigation.
4. Investigations are conducted on more serious allegations to determine the facts in a case, whether statutes, regulations and/or policies and procedures have been violated. Investigations include review of medical records, other relevant documents, interviews, review of policies and procedures. Findings from investigations are reviewed with the Superintendent including whether the allegations have been substantiated and the corrective actions need to be undertaken by the hospital.
5. Root Cause Analyses are conducted when a Sentinel Event has occurred in the hospital per DLRS rule. The Risk Manager staff take a lead on the multidisciplinary review of factors that led to a Sentinel Event and corrective actions that are recommended.

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Staff and Organizational Development  
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Staff and Organizational Development is committed to employee development. We believe every employee deserves the opportunity to gain, develop and renew skills, knowledge and aptitudes. The acquisition of these competencies will create a safer more humane environment for staff and patients and encompasses the mission, vision and values of the hospital with a focus towards state of the art care

We identify competencies needed by staff members to perform one's job and ensure that development activities are geared toward enhancing those competencies (*identified through staff survey's, job description, leadership initiatives patient and institutional needs*). Acquisition of competencies are accomplished professional conferences, on-the-job training, new employee orientation, on-site workshops/trainings/conferences and programs.

RPRC's Staff education and development committee is made up of employees from several departments within the hospital to better ensure we are attentive to the educational needs of all employees.

**Developmental Opportunities:**

New Employee Orientation is designed to help recently hired employees acquire the base level knowledge and skills necessary to perform their job effectively. Initial new employee orientation is followed by unit/department orientation with a mentor/preceptor. The initial new employee classroom orientation is seven days and consists of:

HR Registration/ IDs & Time Trac	Emergency Preparedness
Key Policy	Patient Rights/ Consent Decree
Tour	MSEA and/or AFSCME Union Rep.
HR Policies	Evacuation Chair
State of ME Health Benefits	Meditech Training w/ break
State of ME Retirement Benefits	Hazard Communications/ Eyewash/
HR Registration/ Benefits Paperwork	Global
Infection Control /PPE	CPR
Risk Management/ Mandatory	Duress System
Reporting	Fire Extinguisher
Suicide Awareness	MOAB (Management of Aggressive
Psychoactive Medications	Behavior)
Search Policy and Procedure	Nursing Education & Skills
Intro to Recovery Model	Mental Health First Aid
Intro to Therapeutic Boundaries	
LUNCH w/Superintendent Harper	

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The classes meet all regulatory requirements of CMS, Joint Commission, Division of Licensing and Regulatory Services, OSHA and consent decree.

New Employee Supplemental trainings are offered bi weekly (3-4 hours per session) on the following topics (approximately 20 hours total):

- Admission, Treatment & Discharge
- Forensic
- Co-Occurring Conditions
- Identification of Patient Illness and Injury (Fall Risk)
- Therapeutic Boundaries
- Human Development
- Trauma & Sexual Abuse
- Recovery Philosophy and Care
- Personal Medicine
- Family Supports/NAMI
- Peer Support
- Occupational Therapy

**"Mentor" /Preceptor relationship with a senior staff:** Provides staff with the opportunity to learn specific job duties associated with their position and/or care of individuals receiving services. Allows recently hired employees the opportunity to develop skills, abilities within their positions and develop positive therapeutic relationships with patients. Assists employees in obtaining competencies relevant to their position.

All new employees participate in a unit/department specific orientation after the classroom instruction hospital orientation is completed. Nursing staff (Registered Nurses, Licensed Practical Nurses and Mental Health Workers) participate in an on unit orientation. Dependent on the individual needs of each nurse, they will receive several weeks to several months of unit orientation with an assigned mentor or preceptor to assist with attainment of competencies relevant to their position.

**Annual Mandatory Training:** Each year, employees participate in annual training in-service education offerings to enhance knowledge and skills. These trainings are designed to comply with Hospital Policies and regulatory agencies, (Joint Commission, Division of Licensing and Regulatory Services, OSHA) as well as the consent decree.

- Infection Control /PPE
- Risk Management/ Mandatory Reporting
- Suicide Awareness
- Emergency Preparedness

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Patient Rights/ Consent Decree  
Hazard Communications  
CPR  
Duress System  
Fire Extinguisher  
MOAB (Management of Aggressive Behavior)  
Nursing Education & Skills

**In Service Training/Education:** In-service trainings are developed as a result of employee and leadership requested training topics. Employees are provided opportunities to participate in training in-service education designed to increase knowledge and skill levels in specific subject matter areas or issue-oriented areas of focus. Our current training initiatives include:

**Nonviolent Communication (mandatory)**

Nonviolent Communication (NVC) provides an easy to understand, effective method to get to the root of violence, pain and conflict peacefully. NVC is a way of being more compassionate with ourselves and with others. It fosters connection with people and emphasizes the importance and value of human interactions.

**Motivational Interviewing (mandatory)**

Motivational Interviewing is a person-centered counseling style for addressing the common problem of ambivalence about change by paying attention to the language that is used. It is designed to strengthen a person's motivation and movement toward a specific goal by stimulating and exploring the person's own reasons for change within a culture of compassion and acceptance. Motivational Interviewing is a guided dialogue where the provider's goal is to assist the patient to use their own internal motivation.

**Mindfulness (currently optional)**

Demands faced by health care professionals include heavy caseloads, limited control over the work environment, long hours, as well as organizational structures and systems in transition. Such conditions have been directly linked to increased stress and symptoms of burnout, which in turn, have adverse consequences for clinicians and the quality of care that is provided to patients. Consequently, there exists a motivation for the development of curriculum aimed at fostering wellness and the necessary self-care skills for clinicians.

**Proposed Certificate Programs:**

**Psychiatric Inpatient Care (PIC) Certificate:**

In addition to these value-based courses, Riverview is proposing to work in conjunction with the University of Maine at Augusta (UMA) to establish a skill based certificate of core competencies for Psychiatric Inpatient Care (PIC). This certificate would be based on five skill focused courses

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currently offered at UMA. We propose that this new certificate be issued jointly by Riverview and UMA and that it represents successful completion of the following courses:

Human Development  
Sexual Abuse and Trauma  
Abnormal Psychology  
Cultural Competencies  
Crisis Counseling

*The cost of providing these core educational competencies is \$250,000 per year for each year of the biennium and will not be continued thereafter. The use of these funds in an accelerated training program will provide opportunities for over 200 staff to obtain this certification. Combined with Riverview's normal turnover rate this will insure that 100% of direct care staff will be exposed to this program over the two year period.*

**Psychiatric-Mental Health Nursing board certification:**

The ANCC Psychiatric-Mental Health Nursing board certification examination is a competency based examination that provides a valid and reliable assessment of the entry-level clinical knowledge and skills of registered nurses in the psychiatric-mental health specialty after initial RN licensure. This credential is valid for 5 years. The National Commission for Certifying Agencies and the Accreditation Board for Specialty Nursing Certification accredits this ANCC certification. RPRC is currently collaborating with DDPC to have RNs become certified in Psychiatric-Mental Health Nursing (2015-2016).

**Other training initiatives:**

**Multi-Cultural Sensitivity Awareness-pending**

**Lesley University**

Lesley University, Graduate School of Arts and Social Sciences may provide a three component initiative to address the intention of Riverview to integrate mindfulness into their patient centered culture to support the well-being of both patients and staff.

These components include:

- (1) A five course graduate certificate program for a cohort of 15-20 professional staff at Riverview
- (2) An eight session modular training in mindfulness based practices for each of the 300+ staff at Riverview
- (3) Ongoing consultation to the leadership of Riverview during the course of the implementation of the above educational/training efforts

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**Acuity Specialists trainings** include specific and specialized competencies/skills that increase the likelihood of successful outcomes to events. All Acuity Specialist receive the same core trainings as all employees as outlined previously. In addition they receive advanced training on:

- Recovery philosophy/Personal medicine

- Values

- Treatment plans

- Documentation

- Forensic and legal issues

- Team building

**Future training and educational goals:**

- Maintain MOAB Certification

- Crisis Identification/Resolution

- Motivational interviewing

- Diagnosis specific training, (Developmental Disabilities, Dementia, TBI and Personality disorders)

- Team Building/Communication

- Documentation Therapeutic Interventions/Psycho-Social Rehabilitation per 90 days.

- Strategies for:

  - Preventing and diffusing aggressive behavior

  - Managing aggressive behavior

  - Managing physical confrontations

  - Awareness of safe surroundings/Situational Safety

## ***Security and Safety Improvements***

### ***Riverview Psychiatric Recovery Center***

Riverview Psychiatric Center opened its doors in 2004 and since that time has weathered the usual wear and tear of the facility and surrounding grounds. Below is a compilation of needed improvements for the security and safety of its patients and staff.

There has been a significant deterioration of the sidewalks surrounding the facility and in the parking lot areas. Through the years there has been corrective work to improve on some of the immediate safety concerns; however the time has come that a more thorough reconstruction is needed. There are areas of sunken curbs and major deterioration of sidewalks, which in turn is a safety risk for patients and staff. Not only is there a tripping risk, but also chunks of curbing and tar can be used as weapons to inflict serious injury.

The duress pager system has also been in place since 2004. This system is an analog system which no longer has replacement parts manufactured. Therefore, we have no way of repairing or replacing any needed parts or pagers. Using this compromised system poses an increased risk of harm to patients and staff alike. We are proposing a new digital system be installed. This is a streamlined web-based system/server with increased accuracy of duress page locations which decreases the response time from staff to a STAT call.

We are looking to expand our hospital wide door locking system as well. In the original system of 11 years, not all doors were initially combined to this system. We have doors in the hospital which are not electronically connected to our Operations Center, which in turn prohibits operation staff to have the location of all doors being accessed in the hospital. We would like to expand the existing system to encompass all doors in the hospital to be on a key card system, as opposed to physically unlocking them with a key. Having this improvement will decrease the time it takes to respond to and access certain areas which may have a STAT call.

And the last area of improvement is additional security on the double doors which separate our two lower units' main living area from the SCU area. These doors are currently not secure enough to prevent a violent patient from leaving one area and accessing the other. They are currently secured by a magnetic strip at the top of the doors, which in the past has been breached by extremely agitated and violent patients. We are requesting funding to improve these doors with additional safety measures.