Exploratory Survey Results & Additional Staff Perspectives:

Topics Related to Staffing and Staff Safety at Dorothea Dix Psychiatric Center and Riverview Psychiatric Center

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Survey Development and Deployment

OPEGA developed a survey for direct care workers at Dorothea Dix and Riverview Psychiatric Centers based on the Government Oversight Committee's request for information on staff safety, staffing levels, management support, and staff retention at the facilities. Members of the Committee specified an interest in obtaining a representative view of staff perspectives through a survey.[1]

The population for the survey included nurses, acuity specialists and mental health workers at the facilities. While there are other categories of workers that have contact with patients at the facility, for the purposes of this work, OPEGA chose to focus on the population described by management as being most on the frontlines for the survey. However, we note that any concerns described may extend to a larger population and different concerns may exist in the broader population as well. Limiting the survey to this clearly defined and accessible population also created efficiencies in survey deployment which allowed us to provide a timely response to the Committee.

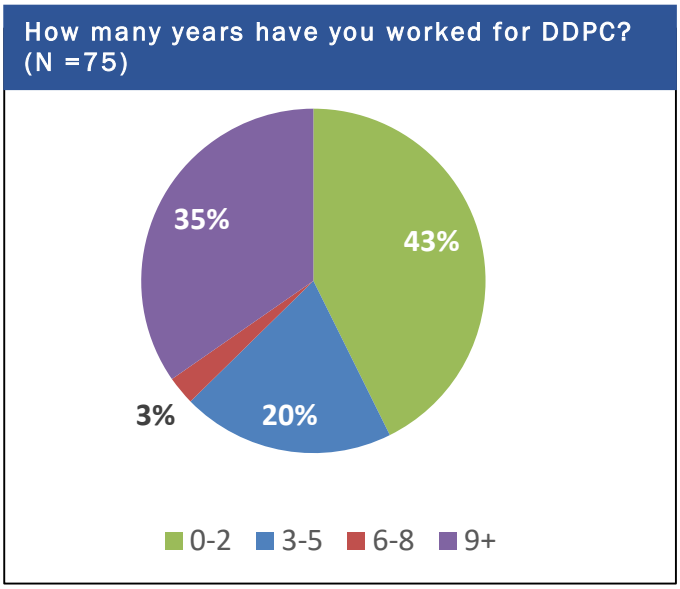
The survey included up to 18 questions (some questions were only asked in follow up to particular responses). Scaled response questions focused on staff experience and perspectives on safety, staffing, management and retention. Open-ended questions allowed respondents to provide more information on the major challenges to their work, suggestions for improvements related to safety, experiences with injuries, and other information they wanted to share with legislators.

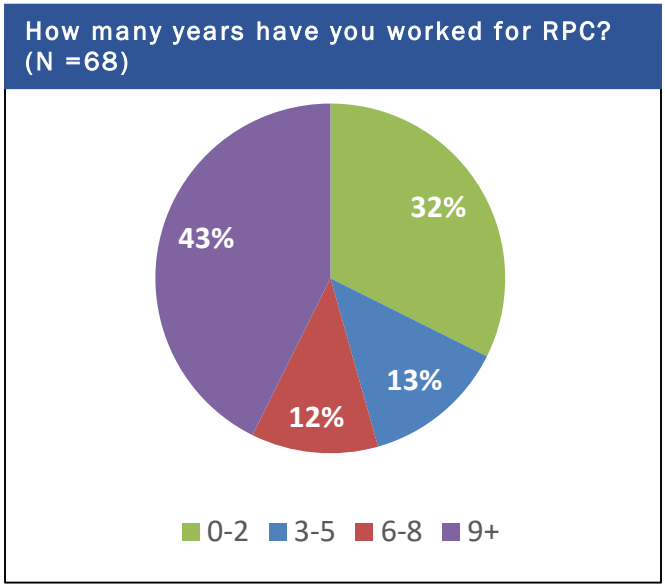
The population surveyed at Dorothea Dix was 118 workers and at Riverview was 130 workers. OPEGA deployed the survey on 11.19.24 and closed the survey on 12.9.24, after two reminders sent during the period that the survey was open. The response rates were 64% (75/118) for Dorothea Dix and 52% (68/130) for Riverview.

[1] OPEGA also had a limited number of conversations with staff, former staff, union representatives, and other interested parties about their perspectives on staff safety and staffing and other related topics at the two facilities. OPEGA conducted outreach through union representatives and made multiple attempts to garner more perspectives but did not pursue interviews exhaustively due to the time allowed and with a mind for providing a representative look at staff views to help Committee members decide on next steps. Should further work be assigned to OPEGA, we decided it was important to preserve the ability to conduct sampled interviews of the staff at the facilities. Amongst the people we did speak to, we heard many of the same themes referenced in responses to the survey.

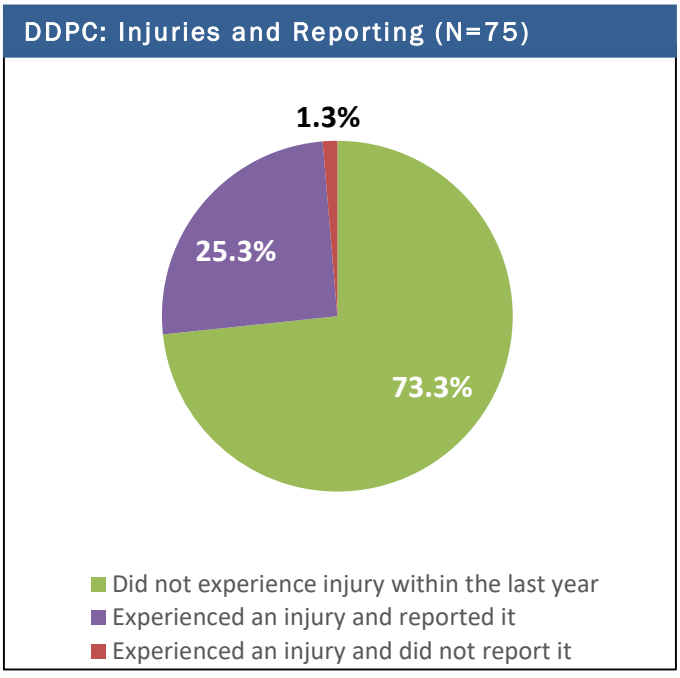
Tenure and Injury Experience Questions

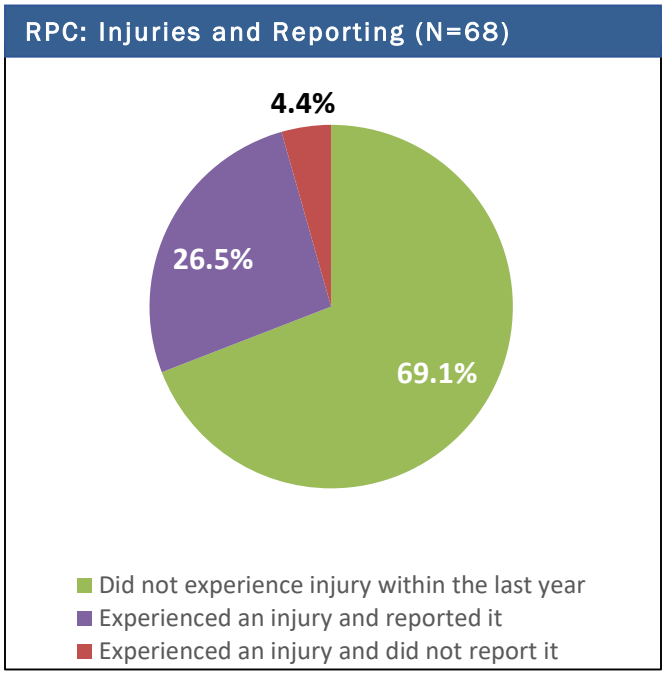
In response to the question "How many years have you worked for [DDPC or RPC]?", there were 75 responses from DDPC and 68 responses from RPC, shown in the pie charts below.





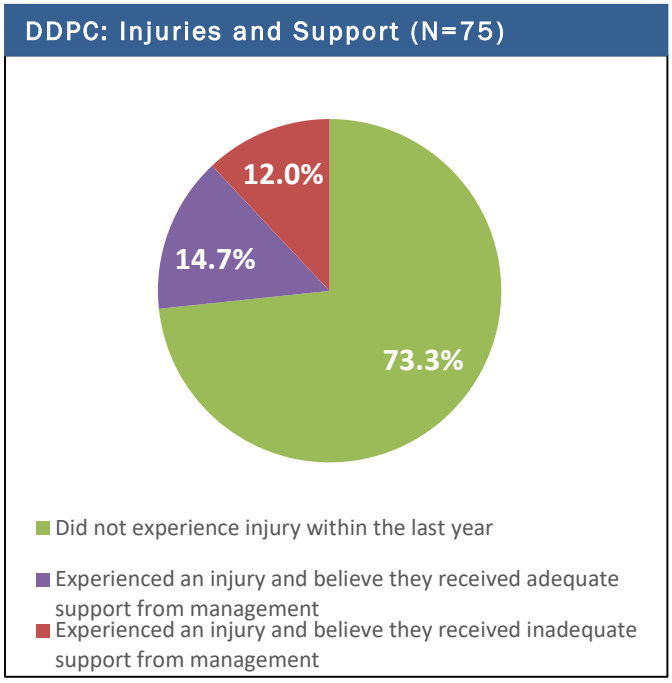
Seventy-five DDPC and 68 RPC respondents answered the yes-no answer choice question "I have experienced a workplace injury as a result of a patient interaction in the last year?" Those who responded yes, were asked whether they reported the injury through the required channels. The pie charts below show the breakdown of answers.

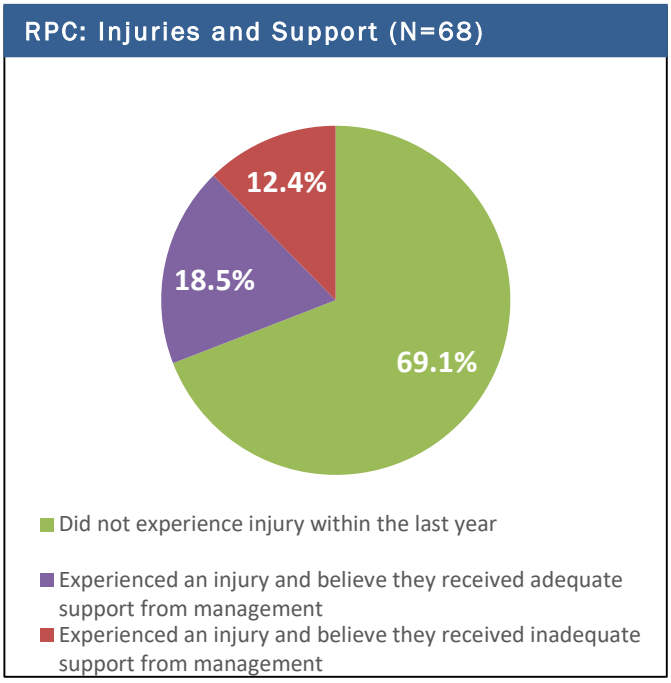




The respondents that answered "yes" to the question "I have experienced a workplace injury as a result of a patient interaction in the last year?" were also asked whether the support they received from DHHS following their injury was adequate. The pie charts below show the breakdown of answers.

Nine DDPC respondents (out of the 20 that experienced injuries in the last year) and 8 RPC respondents (out of 20 who experienced injuries in the last year and answered the question[2]) reported not receiving adequate support from management.

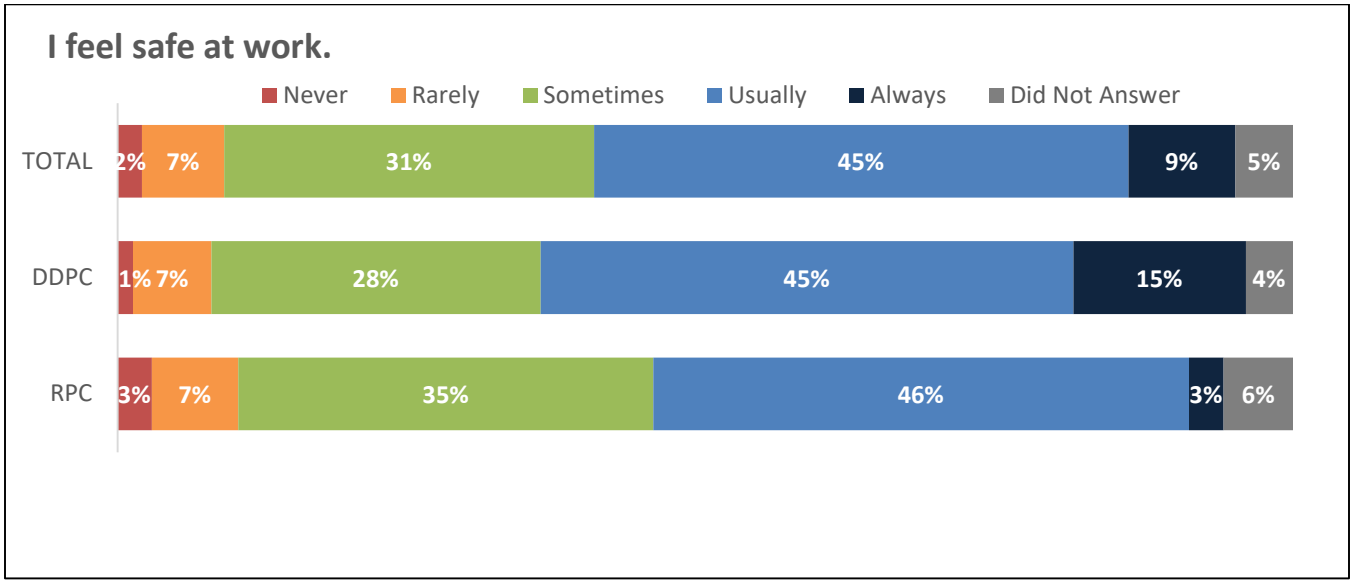




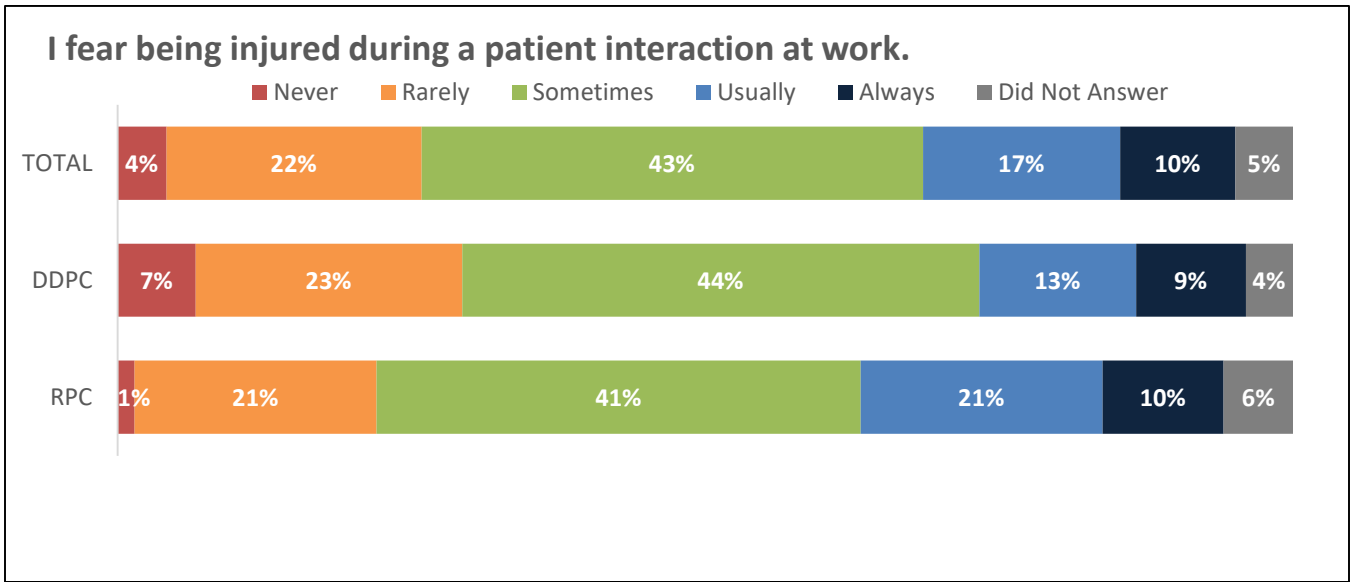
[2] There was one respondent from RPC who reported being injured in the previous year but did not answer the follow up question.

Scaled Response Questions

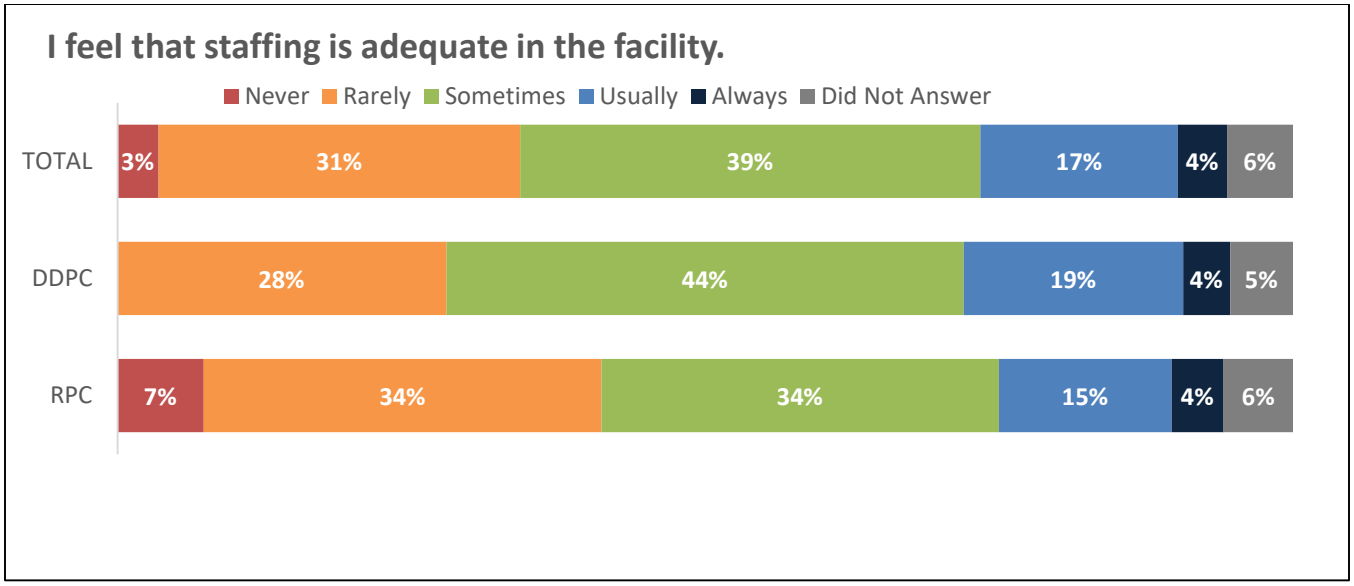
Most DDPC and almost half of RPC respondents say they do feel safe at work.



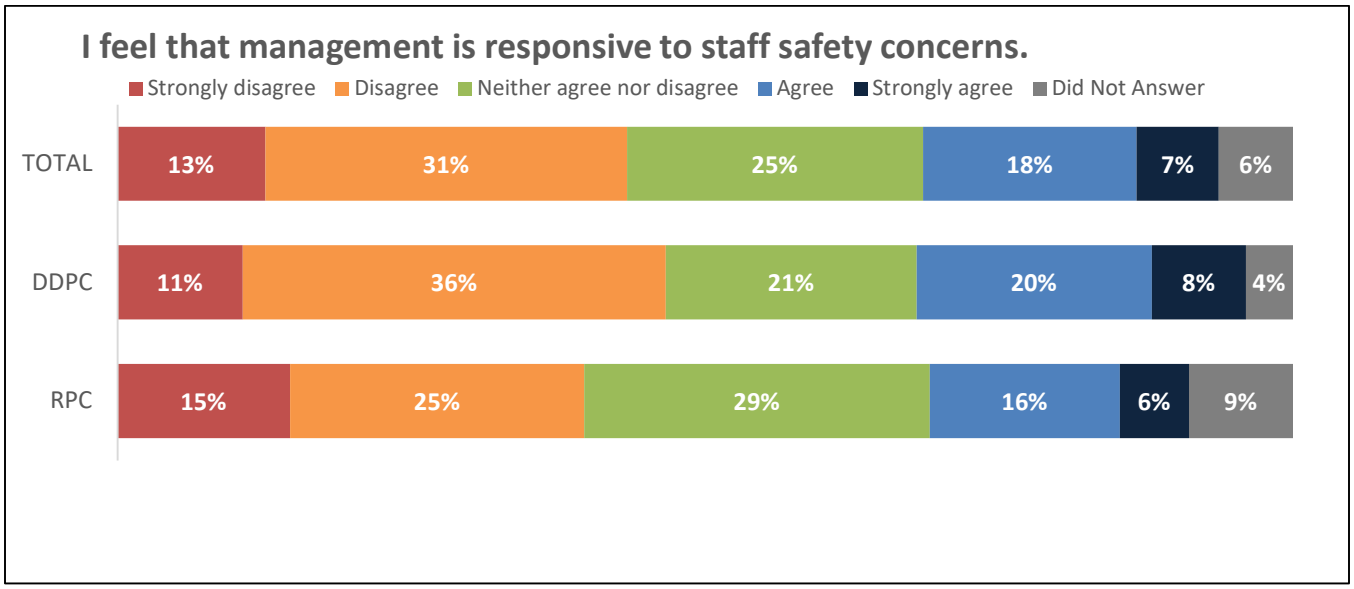
However, most DDPC and RPC respondents do fear being injured during a patient interaction at work at least some of the time.



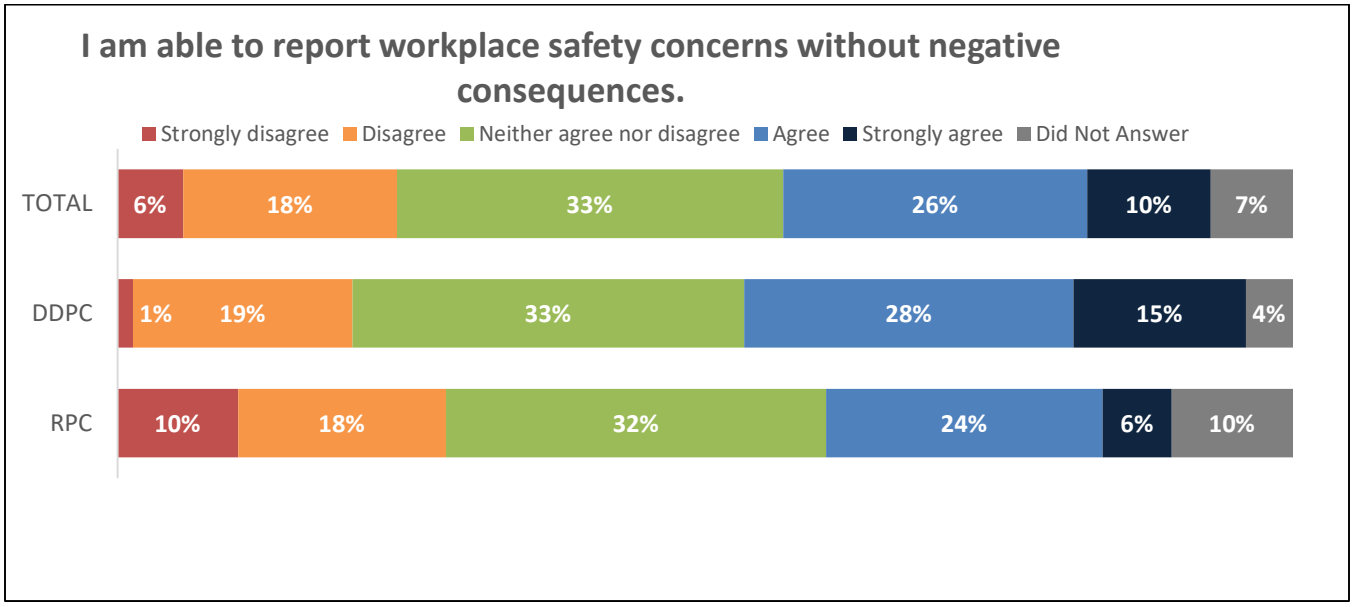
Regarding staff perceptions of staffing adequacy– this was an area where 41% of RPC staff felt that staffing was never or rarely adequate; this number was 28% at DDPC.



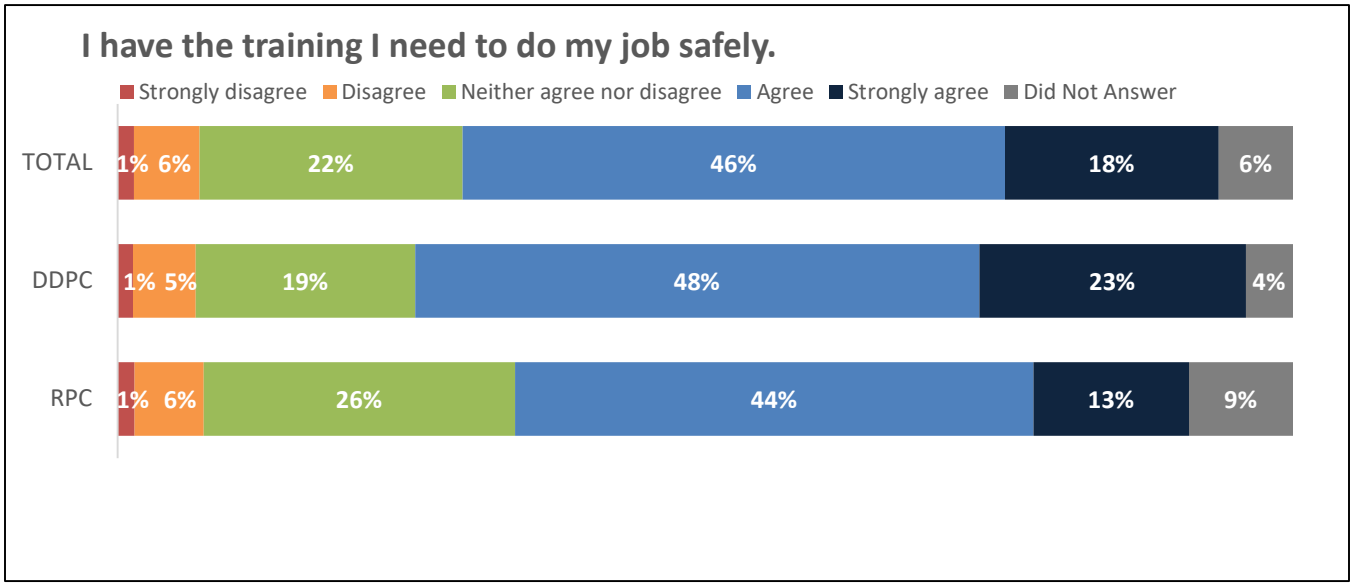
At both facilities, a substantial number of respondents disagreed or strongly disagreed that management was response to staff safety concerns (47% of DDPC respondents and 40% of RPC)



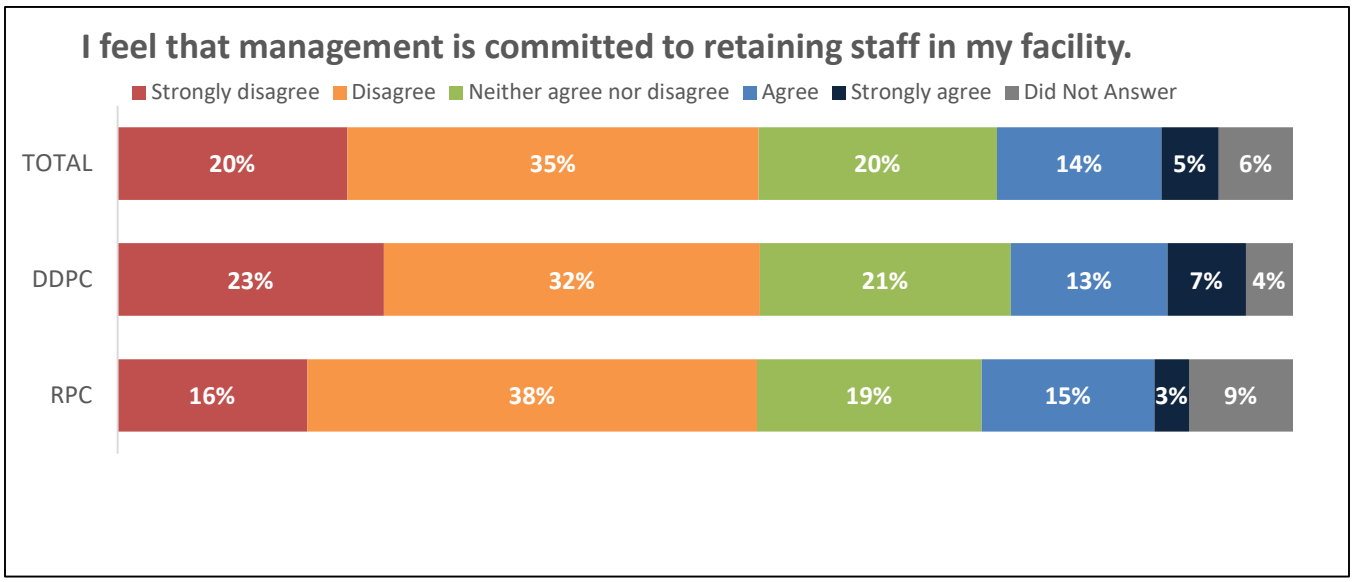
A large portion of respondents at DDPC and RPC reported that they neither agreed or disagreed that they were able to report workplace safety concerns without negative consequences, making it difficult to interpret the results. Of the remaining responses, a large group of respondents (43% at DDPC and 30% at RPC) did agree or strongly agree that they were able to report concerns without negative consequences.



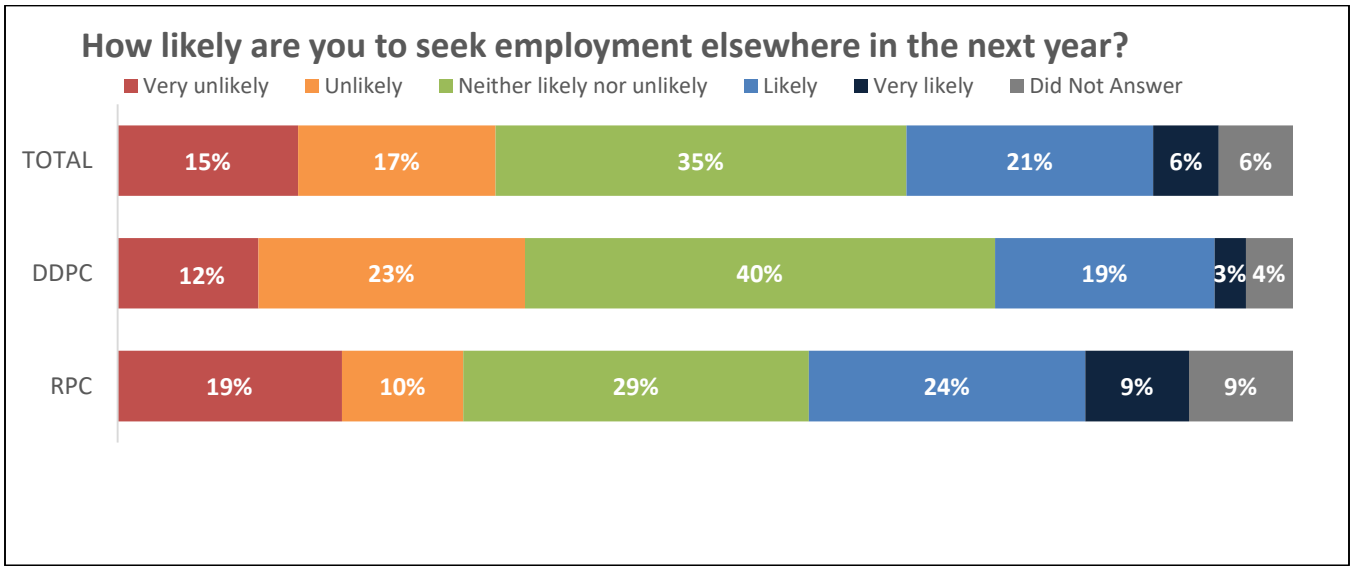
Most DDPC and RPC respondents reported that they felt they had the training needed to do their job safely (71% of DDPC agree or strongly agree, 57% of RPC)



Larger portions of respondents at DDPC and RPC reported disagreeing or strongly disagreeing with the statement “I feel that management is committed to retaining staff in my facility” (55% DDPC, 54% RPC)



Regarding retention, 22% of DDPC respondents and 33% of RPC respondents reported they were likely or very likely to seek employment elsewhere in the next year



Open-Ended Questions

OPEGA asked survey recipients four open-ended questions to gather more information about experiences with workplace injuries, significant challenges faced, suggestions to increase safety, and any additional information they wanted to share with legislators. Many respondents chose not to answer the open-ended questions or to answer only some. The number of respondents that answered each of the open-ended questions is included with the discussion of the responses below. Given the strong confidentiality concerns of the respondents, which were shared with OPEGA in responses to the survey, we are choosing not to use direct quotations but to share instead the major themes that emerge from responses in each area.

For each of the questions, OPEGA identified the predominant themes in responses and any distinct differences between the respondents at the two facilities. Although the themes are discussed by question below, we note many themes recur across questions. OPEGA notes when themes recur after their first introduction but their primary discussion is when they are first introduced.

Experiences with Workplace Injuries

In response to the question "Is there anything you would like us to know about your experiences with workplace injuries as a result of patient interactions?" 36 out of 75 respondents at DDPC and 38 out of 68 respondents at RPC provided a response to the question. The predominant themes in responses are discussed below.

Adequacy of Support from Management After Injury. Some of the types of concerns included:

- Workers' compensation denials that workers thought were unjust. Staff also felt that workers' compensation policies should be different when injuries are the result of an assault;
- Difficulties in receiving adequate assessments and healthcare after injuries and the feeling that staff are on their own to navigate those systems;
- Concerns that there are not adequate debriefings of events;
- Policies around use of sick time while out because of an injury and worker concerns about being "paid back" for sick time used and not having adequate time for routine illness after return to work; and
- Limited emotional support from management and feeling blamed for their injury.

Risk of Workplace Injuries. A theme that was raised by workers at both facilities but was far more prominent among RPC workers was a general fear of injury or feeling unsafe when they go to work. Among respondents who raised this in their answers to the questions, concerns included:

- Feeling anxious and fearful at work;
- Feeling they work in unsafe environment, with awareness of workers that are injured and out for months or who never return;
- Concerns that RPC is unusual for not having security support staff in handing violent patients; and
- Concerns that constant threat of violence created hypervigilance and was burning out staff.

While not shared by the majority of respondents, there were numerous anecdotes shared by staff at RPC of injuries with severe consequences to the victims and their families. These events were not all current, but they left lasting impressions on the staff members and were said to have life-altering impacts on the

lives of those directly affected. Even if infrequent, severe injuries were recounted as having significant and lasting impact on staff feelings of safety.

Injuries Linked to Staffing. Many respondents said the perceived lack of adequate staffing was a primary cause of staff injuries. At DDPC while this adequacy was often linked to staffing numbers, it also included concerns about experience level of staff. At RPC adequate staffing concerns included numbers, but also staff experience levels, and a lack of staff who are physically able to help with patient interventions.

***Patient Population Includes Dangerous Individuals*.** Respondents shared that some of the patients they serve can be very dangerous. They understood that this is part of the job, but also highlighted concerns that they thought raised risk for staff including:

- A sense among some staff that injuries are more likely when patients refuse treatment;
- Some staff felt that allowing for earlier restrictive methods, such as a restraint chair, instead of as a last resort would increase staff and patient safety;
- A sense among some staff that there aren't adequate ways to manage patient behaviors;
- Concerns that assaults can be unprompted and unpredictable with no warning signs; and
- Concerns among RPC respondents that a very small number of patients are responsible for a very large number of staff assaults and present a daily threat of violence.

Disconnect Between Direct Care Workers and Management. When talking about their experience with injuries, some workers expressed:

- Concerns that management expected staff to endure verbal abuse and threats from patients;
- Concerns that management did not do enough to address these conditions or the mental health impacts for workers; and
- A sense that some staff felt that there were no consequences for patients who assault staff.

At RPC in particular, some staff felt blamed by management for injuries and feared management retaliation if they speak out.

Significant Challenges

In response to the question "What are the most significant challenges you face in your work?" Fifty-four (54) out of 75 respondents at DDPC and 50 out of 68 respondents at RPC provided a response to the question. OPEGA identified the following key themes in responses this this question:

Staffing Adequacy. At both facilities, the most frequent challenge raised by respondents was adequate staffing. Close to half of respondents raised this as a significant challenge in performing their jobs. Responses include concerns about:

- Reliance on travelling nurses and per diem mental health worker who may have less training and familiarity with the patients and facilities and may be less willing to engage in behavioral interventions. Workers suggested that these dynamics can create safety issues.
- Whether staffing levels are consistently appropriate for acuity (or patient severity), particularly overnight.
- Concerns that inadequate staffing can create delays in quality patient care that can exacerbate patient behaviors, impacting both patient and staff safety.
- Perceived staffing shortages impact work/life balance for existing staff.

Management Concerns. A large number of respondents, particularly Riverview respondents, expressed that facility management was a significant challenge to performing their jobs. These concerns were similar to the sense of disconnect from the previous question, but also include concerns that:

- That management makes decisions without the input of frontline staff;
- That management did not care about staff, especially their safety concerns and psychological welfare; and
- That management style may blame workers for getting injured or retaliate when workers express concerns.

Patient Population. A concern expressed much more frequently by DDPC respondents was around perceptions of the changing patient population. Staff who spoke to this theme indicated:

- That the patient population was changing and becoming more acute in their conditions and associated behaviors; and
- There had been an increase in forensic patients for both evaluation and treatment at DDPC and did not necessarily feel that DDPC workers were equipped to safely manage the population.

Workplace Culture. Workplace culture issues were frequently expressed by respondents at RPC, though less so at DDPC. These concerns included:

- Staff discord, including division between staff roles, lack of a team approach, and interpersonal conflict; and
- Concerns that current culture may have lost sight of a focus on patient care, focusing on achieving benchmarks instead.

Policy and Practices. Respondents expressed concerns about policy and practice causing significant challenges, particularly around managing patient behaviors. For instance:

- Concerns that patients may not be required to take their medications;
- Expectations that staff tolerate verbal aggression until a patient is physically out of control;
- Inconsistent practices for when and how to intervene with a patient; and
- Decision-making around required patient to staff ratios.

Other Themes. Some respondents said that issues with how well staff are trained was a significant challenge to the performance of their job. As a note, 64% of all respondents (DDPC 71% and RPC 57%) agreed or strongly agreed with the statement "I have the training I need to do my job safely." For most of those answering this open-ended question, it appears that it is the adequacy of training for others that is being questioned.

Less frequent themes raised as significant challenges included:

- A consistent, daily fear of injury and safety, including fears of aggressive patients, assaults, and not feeling protected.
- Challenges they faced in scheduling and how a lack of sufficient time off may impact their work performance and personal well-being.
- Concerns about the age of the DDPC building and maintenance including the plumbing and the inadequacy of the computer systems.

Suggestions Related to Staff Safety

OPEGA asked the surveyed population at RPC and DDPC if they had any suggestions related to staff safety at their facilities. Forty-six (46) out of 75 respondents at DDPC and 46 out of 68 respondents at RPC provided a response to the question. OPEGA identified the following key themes:

Staffing. Most respondents to this question had suggestions related to staffing. The general perception was that adequate staffing and staffing with experienced and committed personnel is important for maintaining safety. While this theme came up in earlier questions, the ways it was discussed were different and included:

- A general need for increased staffing, including in response to acuity and overnights;
- The need for increases in particular roles, such as acuity specialists and CNAs;
- Decreased reliance on traveling and per diem;
- A need to retain staff and decrease turnover; and
- Ensuring that staff sheets with counts of staff on the unit are accurate at all times.

Practice and Policy. Another commonly raised type of suggestion was around particular policy and practice issues staff thought should be addressed. Policy and practice also emerged previously, but the concerns expressed in this question included some that were unique and included requests for:

- Consistent shifts;
- Change in the frequency of taking patient census;
- Ensuring debriefing after immediate action calls;
- Ensuring consistency between units in terms of practice and response to incidents;
- Including mental health workers in decision-making for units;
- Creation of an acuity scale to guide staffing levels; and
- Creation of a Process Improvement Committee.

Training. About a fifth of responses suggested that training could help increase safety. Response mentioned:

- Increased RAD (Respond, Assess, De-escalate) trainings;
- Trainings specific to the in-house patient population;
- Increased de-escalation trainings focused on situations that staff are likely to encounter; and
- General concerns that some staff may not be trained adequately, including traveling and per diem roles.

DDPC Specific: Suggestions Related to Patients. Some DDPC staff included in their responses discussion of the patient population and its relationship to staff safety. These responses included themes such as:

- The potential need for a different facility or unit for extremely violent patients, to protect other patients;
- The potential need for a step-down unit for patients; and
- A desire for fewer patients from jails.

Wages and Benefits. Wages and benefits also came up in responses to this question with staff suggesting that increased compensation and benefits would help recruit and retain staff and lead to a safer workplace. Staff suggested:

- Competitive wages;
- Shift differentials;
- Incentives for educational opportunities; and
- Early retirement benefits.

Previously Discussed Themes. Workers also had suggestions pertaining to management that echoed perspectives shared in the previous two questions and also discussed how workplace culture, as described previously, could be a safety issue.

Want Legislators to Know

In response to the question "Is there anything else you want Legislators to know about your job?" Forty (40) out of 75 respondents at DDPC and 37 out of 68 respondents at RPC provided a response to the question. OPEGA identified the following key themes:

Difficult Job. Many responses to this question emphasized the difficulties inherent in the work. These comments often contained elements like:

- We work with a population with severe mental illness and it is hard work;
- Not everyone can do this job, it is emotionally and physically taxing;
- Stress is very high in the job and burnout is a real risk for staff; and
- The difficult work that staff do is not adequately compensated/appreciated.

A subset of these responses particularly emphasized not only that the job is hard, but that it is dangerous or unsafe. These responses focused on the threat of violence or danger in the workplace and said they feel stressed and scared.

More Benefits to Attract and Retain Staff. A theme that also was present in previous questions but was prominent in response to this question was that many respondents emphasized the need for more benefits to retain staff and help staff avoid burnout. Benefits that staff requested included:

- Increased pay and shift differentials;
- Options for 36-hour work weeks and/or different shift schedules;
- Consistent schedules;
- Benefits commensurate with law enforcement or corrections officers, including earlier state retirement; and
- More vacation days to perform self-care and more flexibility in scheduling vacation days.

RPC Staff in Particular Wanted to Share Concerns about Management. The most common theme in RPC workers responses to this question pertained to management of the facility. This is an area of contrast with DDPC. These responses from RPC workers included themes like:

- The perceived need for leadership that is aware of and responsive to staff concerns;
- The perceived need for leadership that spends more time on the floor with staff and patients;
- The perceived need for leadership that demonstrates appreciation and support;
- Perceptions that conditions have deteriorated in the hospital under current leadership; and
- Perceptions that liability is more important than staff to management.

Some DDPC respondents also wanted to share concerns about management such as feeling unheard, or dissatisfaction with perceived rigidity around scheduling and vacation.

Among RPC respondents in particular, an additional prominent subtheme had to do with concerns about a negative culture created by management. Staff used words like "retaliation," "intimidation," and "culture of fear." There were perceptions that staff morale is low and staff are blamed unfairly for outcomes or subject to spurious investigations if they report concerns.

Many of the Concerns Echoed Themes Shared in Other Questions. As in response to other questions, some respondents also wanted legislators to know that:

- They had concerns about the adequacy of staffing;
- They feel unsupported and unappreciated for their work;
- They have concerns about violent patients that they do not feel equipped to handle;
- There are challenges in support after injuries; and
- They have questions about Maine's approach to mental health treatment.

Data Provided by DHHS:

DDPC and RPC Staff Injuries, Staffing Ratios, Staffing Vacancies, and Contract Staff.

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Introduction

Data Request

OPEGA requested that Dorothea Dix (DDPC) and Riverview Psychiatric (RPC) Centers provide data in the following areas based on areas of interest expressed by the Government Oversight Committee at the October 2024 Committee meeting:

- Staff injuries related to patient interactions, including metrics related to injury severity;
- Staffing ratios at the facilities;
- Staffing vacancies; and
- Data on per diem and contract staff.

OPEGA worked with the Department of Health and Human Services and DDPC and RPC management to develop a data request that was responsive to Committee interests and achievable in the time available.

OPEGA did not independently verify the data. OPEGA is presenting the information with some additional summarization charts that OPEGA developed. Committee members will find the Department's raw data, as received, appended to the end of this document.

Context

All data that follows are for direct care workers[1] that the Department defined as follows:

Direct care workers were defined as:
DDPC – MHW I, MHW II, Acuity Specialists, Nurses (further defined at Nurse I, HN II, HN III, HN IV - DDPC does not have PSM I Nurse Managers or LPN's).
RPC – MHW I, MHW II, MHW III, MHW IV, MHW V, Acuity Specialists, Nurses (further defined as LPN, Nurse I, HN II, HN III, HN IV, PSM I Nurse Managers).

Staff Injuries Related to Patient Care

Contextual Information

The Department provided information on staff injuries related to patient care by month, including information on injuries directly related to patient interventions. OPEGA asked the Department to provide information on the severity of injuries in a manner that the Department felt could be provided while protecting private medical information. The Department chose to provide both whether medical treatment was provided and whether the injury resulted in lost workdays (quantified as total lost days).

Along with the data, the Department provided the following description of the data:

[1] OPEGA understands that staff outside of these roles interact with patients at DDPC and RPC and may also have safety and other concerns. For this special exploratory project, in the interest of providing consistent data in an expedient manner, OPEGA had the Department define the roles it considered to be direct care workers. If future work is assigned to OPEGA, the focus on staff could be expanded.

In the file, you will see a tab for each hospital. The information is broken down monthly by calendar year, and is categorized by:

- staff injury due to patient behavior or staff injury due to patient intervention
- no medical treatment/no lost time (i.e. "incident only')
- medical treatment only (i.e. medical treatment sought but had no lost time)
- number of employees who lost time (which means medical treatment was sought)
- and total full days of lost, scheduled staff time (note: this is for full, scheduled days lost. We did not count partial lost days. We only counted full lost days and those were days the employees were scheduled to work and did not do so). We also stopped counting lost days when an employee began working in the WC return to work program.

The Department provided additional context on Riverview Psychiatric Center as follows:

The Workers Compensation/Work incident report data separates reported work incidents into two categories. Patient Behavior incidents are direct incidents that a patient physically assaulted a staff member. These incidents could include a slap, punch, bite, kick, or being struck with bodily fluid (spitting). Patient Intervention incidents are those incidents that occur during contact with a patient most commonly during a Behavioral Response Option intervention such as a hands-on hold conducted with a patient during which a patient struggles. These types of injuries that have occurred are sprains, muscle strains, soft tissue issues and falls.

The following three columns break down the combined two incident type columns into the level of medical intervention necessary (No Medical Treatment or Lost Time, Medical Treatment Only, and Lost Time).

The final column indicates the total number of lost time days for those individuals who lost time at work due to an incident. This column includes total full days lost of scheduled work time.

Of note the total number of Patient Intervention occurrences remained consistent from 2022 to 2023 and then were reduced by 37% in 2024. We attribute this reduction to the environmental modifications initiated in patient care areas and the increased on-going focused education provided to staff on Behavioral Response Options and Safety.

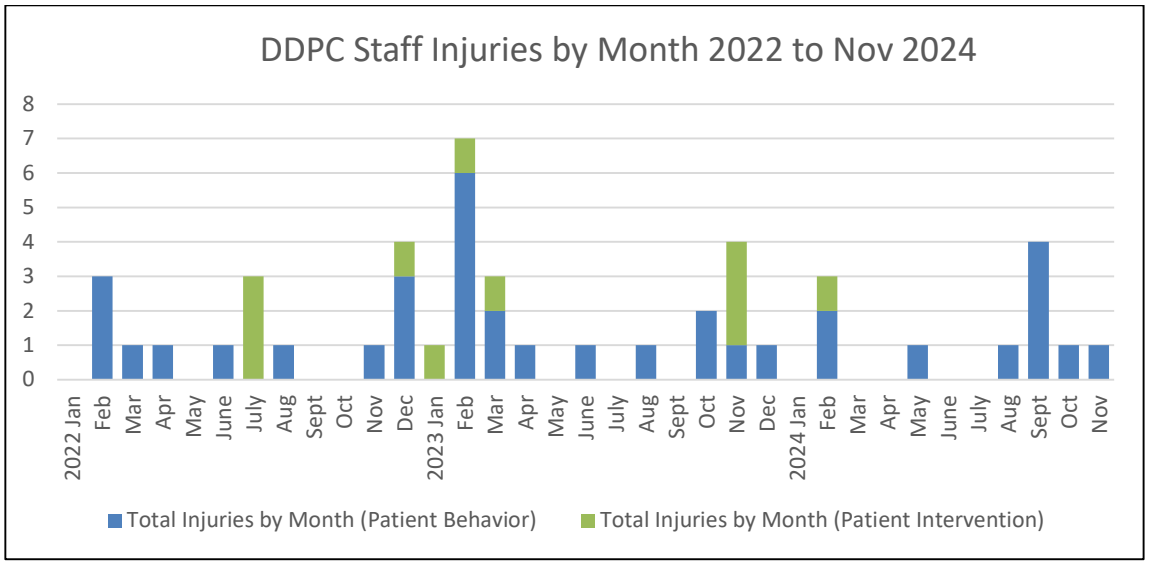
While there was a spike in the total number of Patient Behavior occurrences from 2022 to 2023, the total number of events in 2024 is reduced. The number of these occurrences are directly attributable to the types of patient Riverview is charged with providing care to.

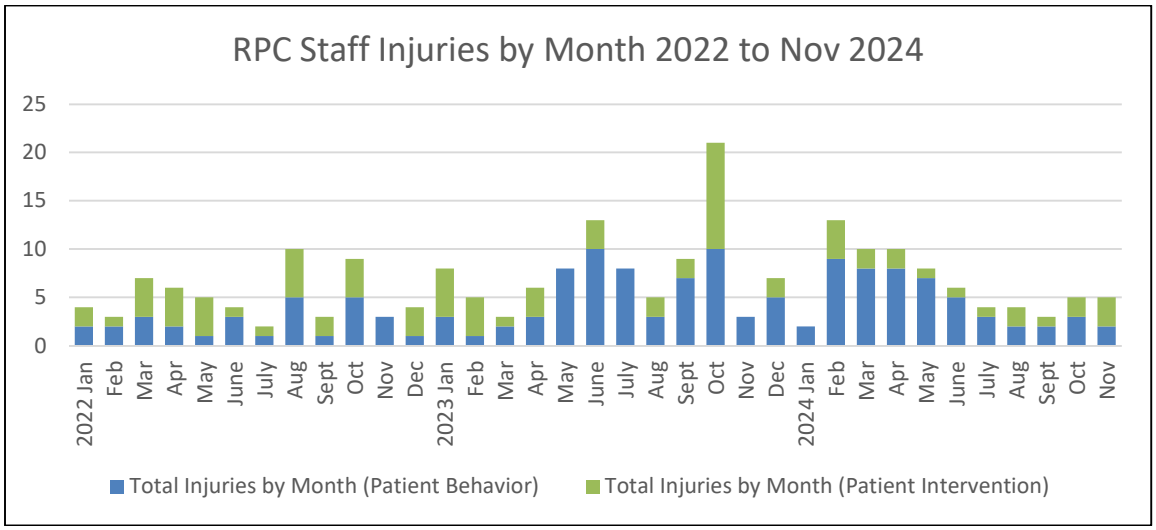
Also notable is that 48% of the total lost time days in calendar years 2023 and 2024 at RPC were attributed to two individual staff injuries in each of the calendar years.

OPEGA has summarized the data in the following charts but has appended the raw data provided by the Department in its entirety in the Appendix to this document.

Staff Injuries by Month

The charts below show staff injuries, broken down into two categories, at the two centers from 2022 to November 2024. An important note is that the two charts use different scales. While this makes them harder to compare visually, OPEGA made this choice to allow readers to better discern the number of injuries represented in each chart. The charts show that the total number of injuries and average number of injuries is much higher at RPC than DDPC over time. The data also show that injuries due to patient behavior have typically been more prevalent than injuries due to patient interventions at both centers.

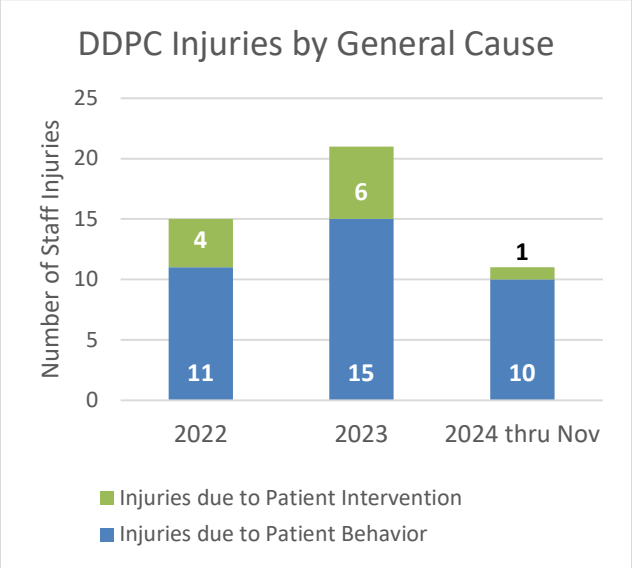


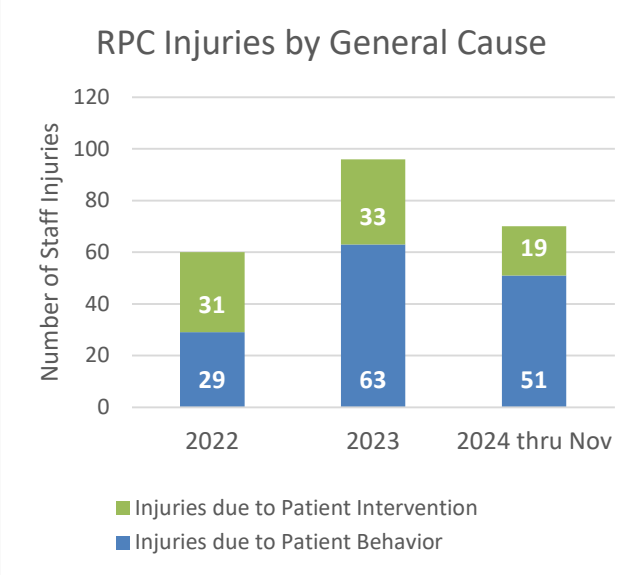


The charts below show the breakdown of injuries related to patient interactions at both facilities broken down into those due to patient interventions and those related to patient behavior. Page 2 of this document provides more information on the distinction between the two categories. As with previous charts, the scale used differs between the two facilities due to the higher occurrence of injuries at RPC.

Between Jan 2022 and Nov 2024, 77% of staff injuries at DDPC involving patients were the direct result of patient behavior and 23% due to the intervention. In 2022, 73% of staff injuries due to patient interactions at DDPC were due to patient behavior, 71% in 2023, and 91% in 2024 through November.

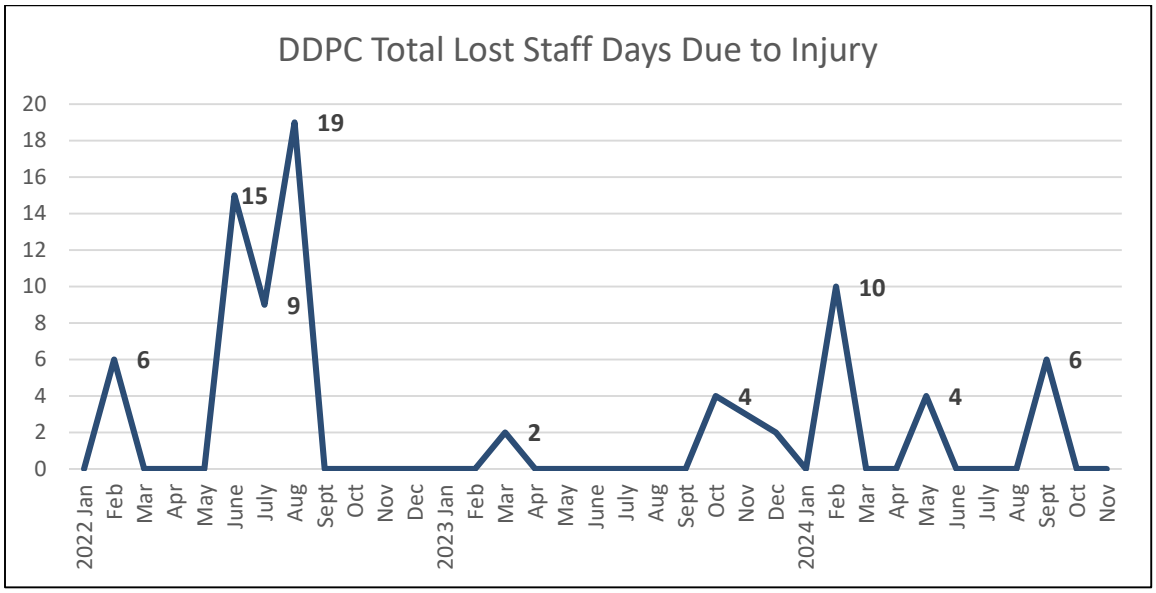
Between Jan 2022 and Nov 2024, 63% of staff injuries at RPC involving patients were the direct result of patient behavior and 37% due to the intervention. In 2022, 48% of staff injuries due to patient interactions were due to patient behavior at RPC, 66% in 2023, and 73% in 2024 through November.

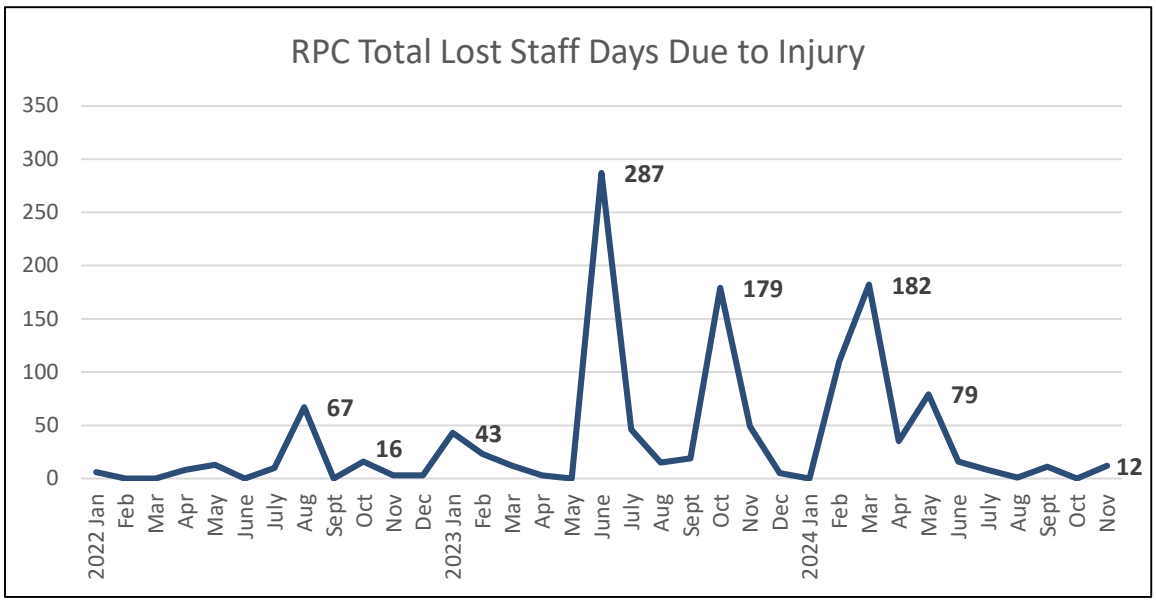




Days Lost Due to Injury

DDPC and RPC provided data on staff days lost due to injury in order to provide information on injury severity. OPEGA charted the lost staff days due to injuries over time at both facilities. A very important note is that the scales used for these graphs are very different. If we graphed the DDPC data on the same scale as the RPC data, it would be difficult to see the number of staff days lost over time. But it is important to note the difference in scale.



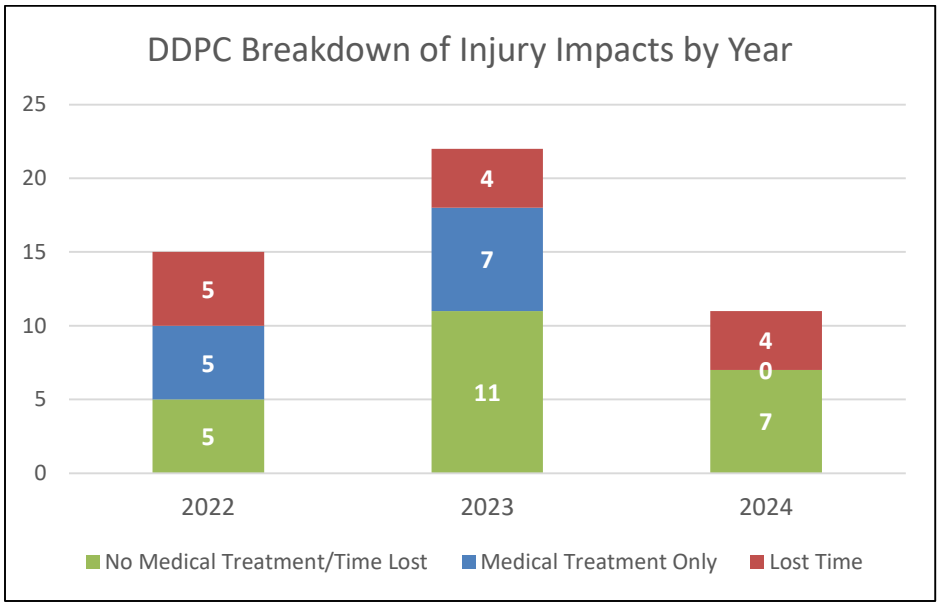


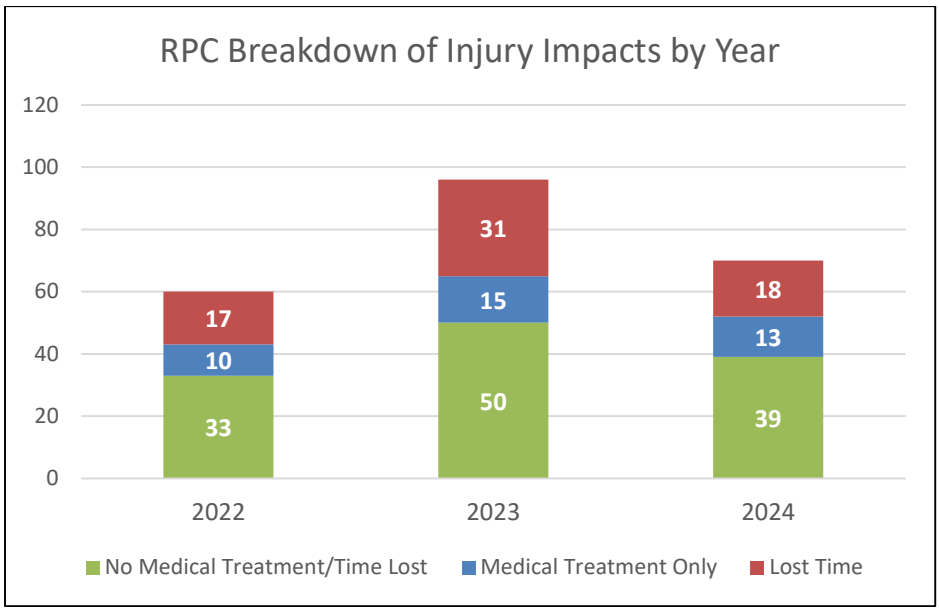
The largest number of days lost by staff at DDPC was in August 2022 and was 19 days. At RPC, the largest number of days lost was in June 2023 and was 287 days. The data from the previous page shows that there were 13 staff injuries at RPC in June 2023, however this does not mean that these 13 injuries were solely responsible for staff lost days that month as injuries from previous months could have continued to impact staff and lost days.

It is difficult to discern a trend from the data, but they do show that injuries at RPC have historically included more severe impacts than those at DDPC, as measured by lost staff days.

Breakdown of Injury Impacts on Workers

As a proxy for demonstrating injury severity, DDPC and RPC also provided the impacts of staff injuries broken down into three categories: (1) injuries that did not result in any medical treatment or lost time; (2) injuries that required medical treatment but did not result in any lost time; and (3) injuries that resulted in lost time (and would have also necessitated medical treatment). Lost time injuries represent the most serious impacts to workers in this breakdown. Of note in the table below, data run through November 2024 as December data were not complete at the time of OPEGA's data request. For these charts also, the scale differs between the two facilities.



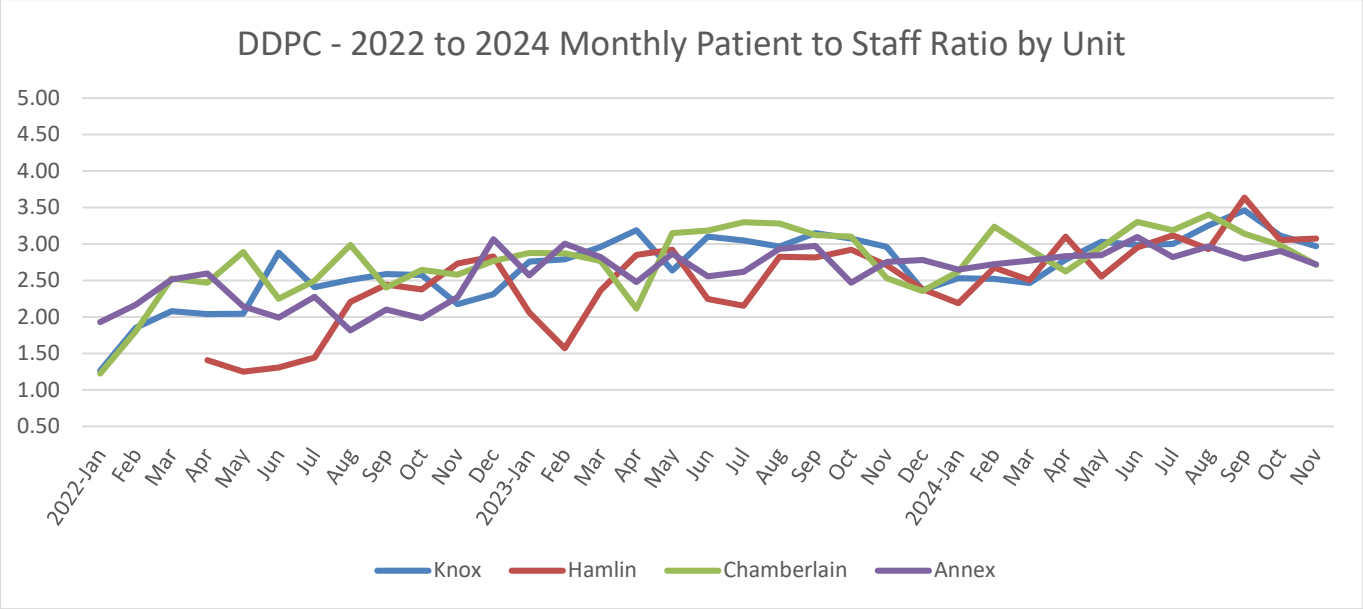


The total number of injuries of all types is greater at RPC. In 2023 at RPC the total number of injuries were 96 and the proportion resulting in lost time was 32%. At DDPC, the total 2023 number was 22, with 18% resulting in lost time. For the incomplete year 2024, the total injuries at RPC were 70, with 26% resulting in lost time. While at DDPC for 2024, the number so far was 11 injuries, with 36% resulting in lost time.

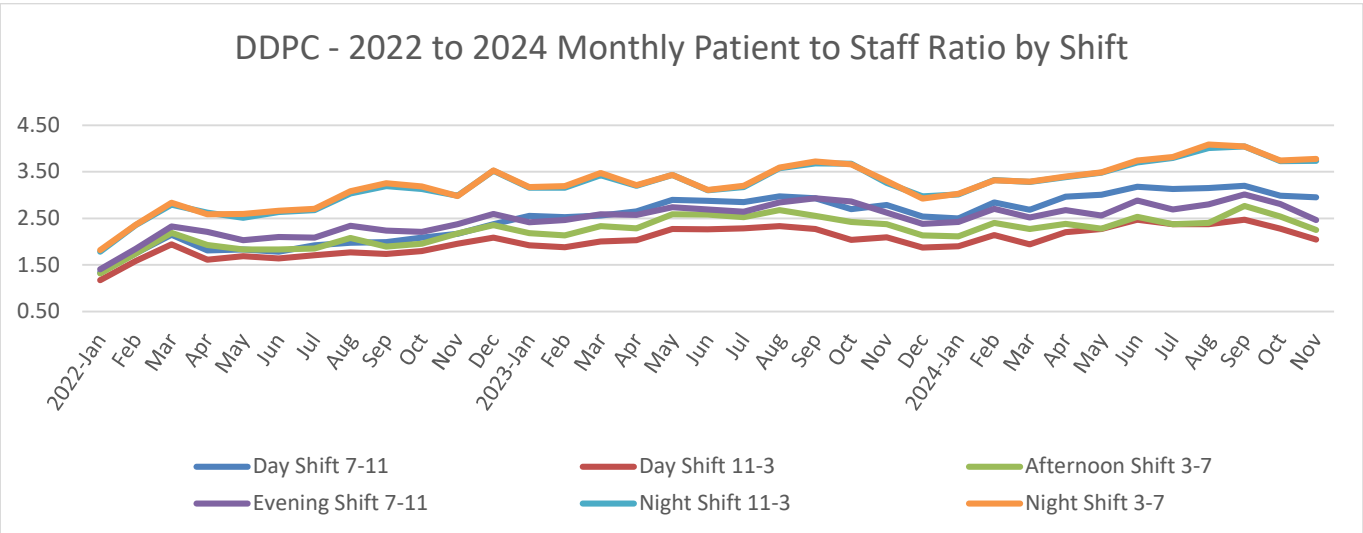
Staffing Ratios

DDPC Staffing Ratios

For Dorothea Dix Psychiatric Center, OPEGA calculated the average patient to staff ratios based upon direct care staff and patient census reported for each shift by DDPC management from January 2022 until November 2024. DDPC exhibits a slight upward trend in the number of patients cared for by direct care staff over the time period with a reduction in variance between the units. The DDPC data occasionally included small groups of patients assigned to the Baxter unit that were cared for by staff of other units. OPEGA included these additional patients in with staff unit that was caring for them.[2]



The patient to staff ratio by shift appears as expected with lower ratios during the days and early evenings and greater ratios overnight.



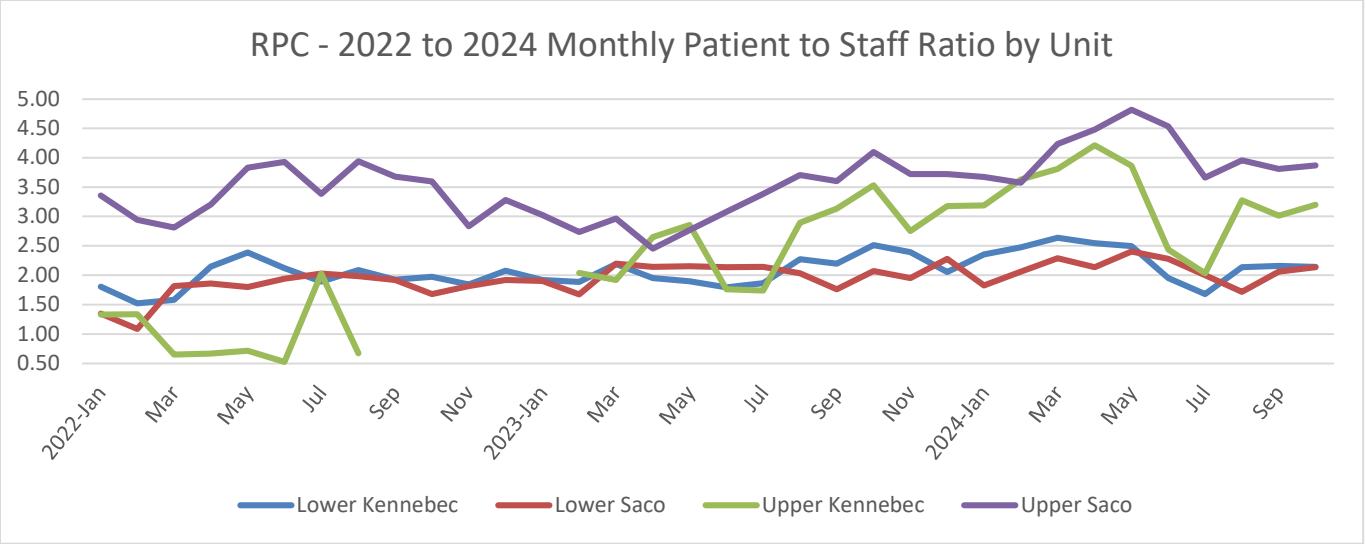
[2] The D1 unit was used at DDPC for a short time in December of 2022. The patient-staff ratio is not included on the chart as it is characterized by a single point. Its ratio ranged between 2.24 and 3.07 depending upon shift.

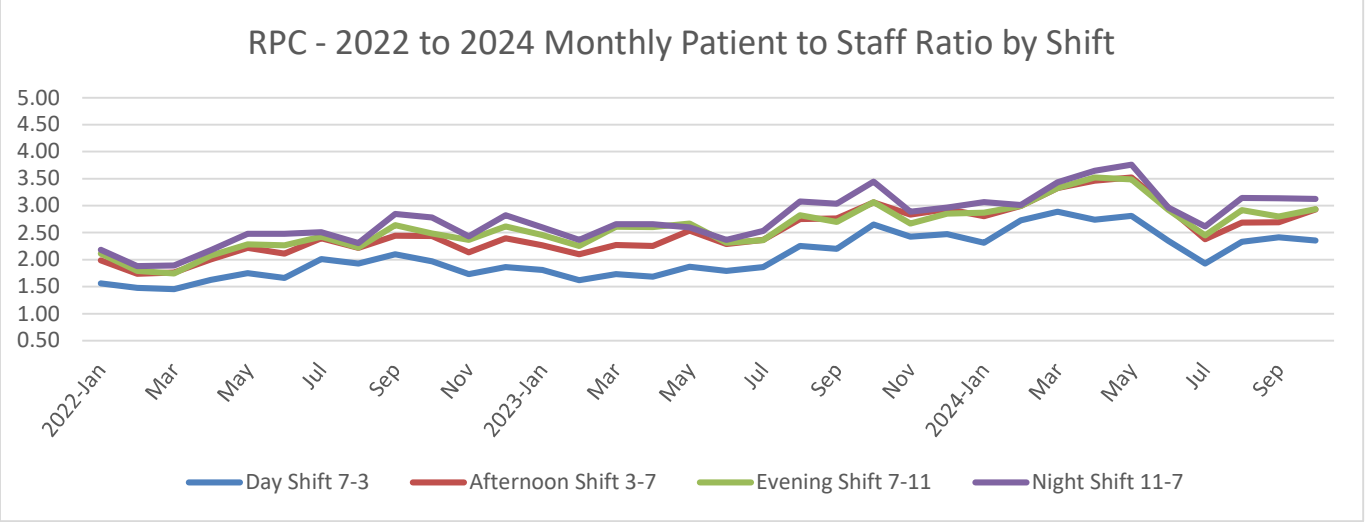
RPC Staffing Ratios

The Riverview Psychiatric Center calculated the patient to staff ratios and provided them to OPEGA in a completed form. OPEGA graphed the provided data below. RPC management also provided context for the data provided to OPEGA. The additional information is in the blue below.

In response to the request for direct care staff to patient staffing ratios, we are providing data separated by unit, month, and shift for CY 22- CY 24 thru October 31. These individual numbers identify the number of patients per one individual direct care staff member (Mental Health Worker, Nurse and Accuity Specialists) for the shift times identified (7-3, 3-7, 7-11, and 11-7). These shifts are the established hospital staffing patterns. Of note in the data for Upper Kennebec CY22 Sept-CY23 January indicates "closed" the unit was utilized as our required isolation unit in response to the COVID19 Pandemic. At all times during these three years the average monthly staffing ratios at RPC exceeded the requirements outlined in the AMHI Consent Decree, CMS Requirements of Participation, State of Maine Licensing and the Joint Commission.

The chart below shows a consistent trend in patient to staff ratio over time with the lower Kennebec and Lower Saco units with fewer patients per staff, likely due to greater acuity needs of patients on those units.



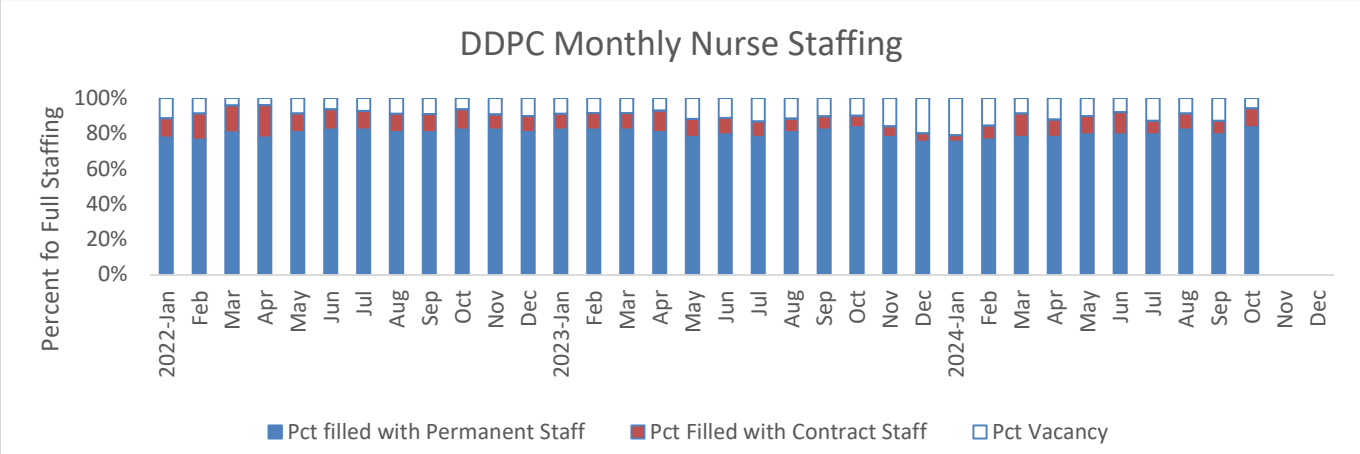


Staff Vacancies and Use of Contract Staff

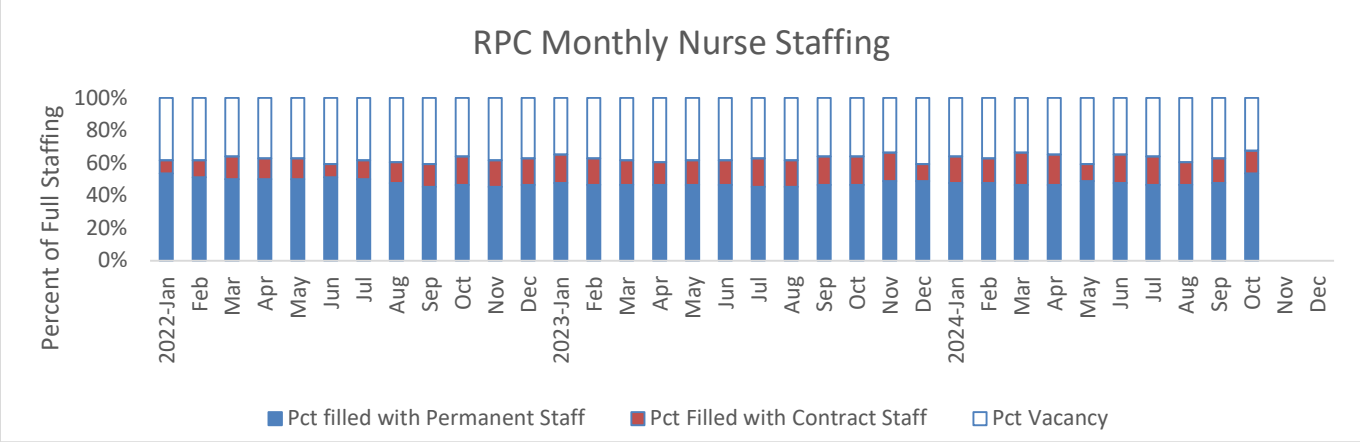
Long-term Staffing Trends 2022 to October 2024

OPEGA used raw data provided by management at DDPC and RPC to create visual representations of staffing trends over time. The charts below show the breakdown of permanent staff, contract staff, and vacancies based on full staffing for a role. They are provided by facility by direct care role.

The first set of charts are for nursing positions. For DDPC, full staffing for nurses is 72 positions until April of 2022, after that time it is 73 positions.

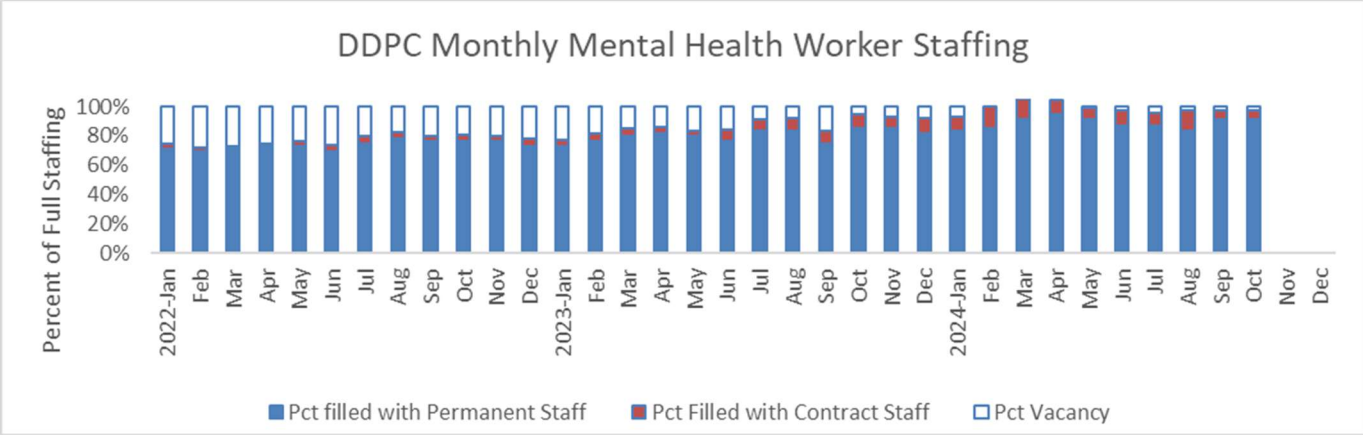


At RPC, full staffing for nurses is 86 positions. Vacancy rates for nurses at RPC have averaged about 37% over the time the data covers. This represents about 45 vacant nurse positions even after contracted staff are included.

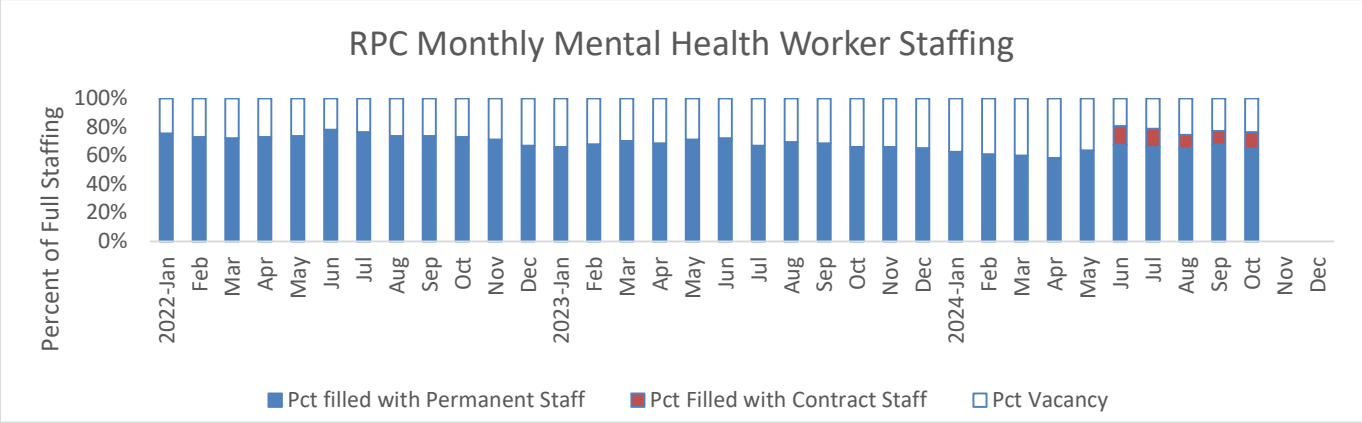


At DDPC, full staffing for mental health workers is 55 positions. Data shows that DDPC had vacancies historically; but that recently, these vacancies have been mostly filled using contract staff.[3]

[3] In March and April of 2024, staffing was slightly above 100%, meaning it exceeded the authorized positions, when accounting for permanent staff and temporary contract staff.

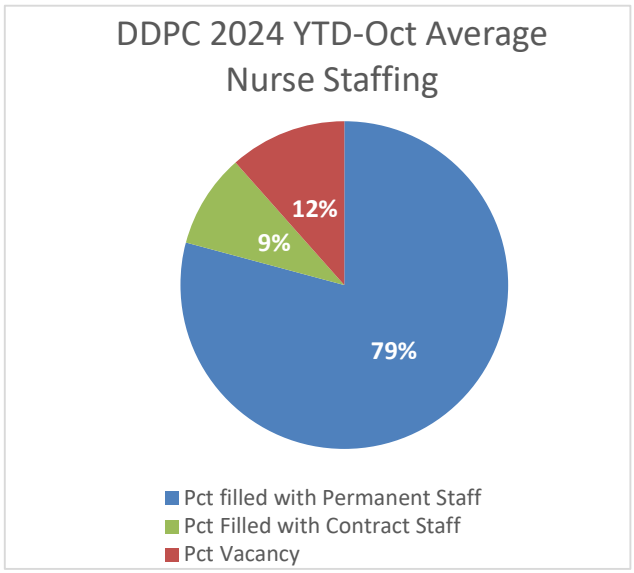


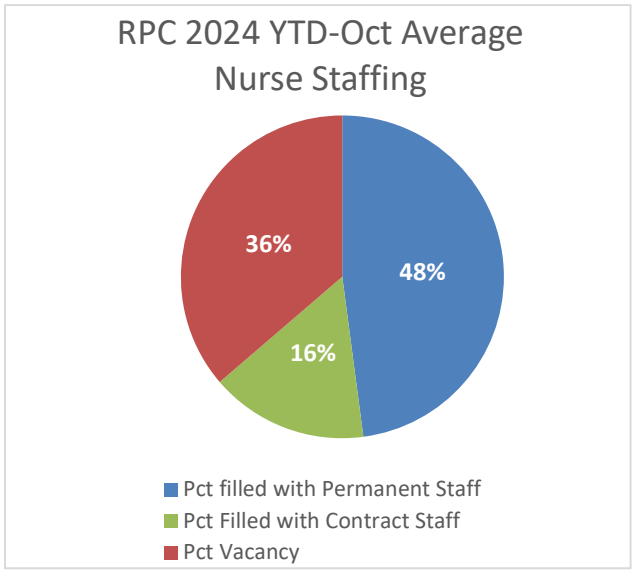
At RPC, full staffing for mental health workers is 117 positions. Data shows that RPC had vacancies historically and continues to have shortages, even after the use of contract staff has reduced these vacancies. The 30% vacancy rate at RPC represents 37 vacant mental health worker positions after contracted workers are included.



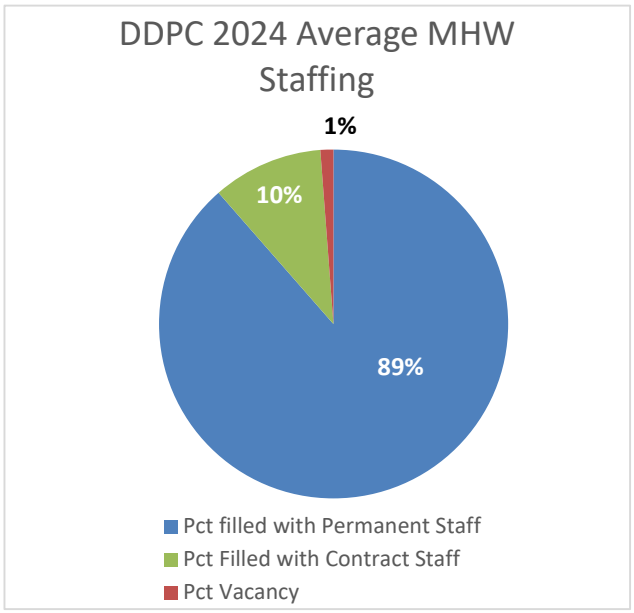
Staff Vacancies and Use of Contract Staff Breakdown

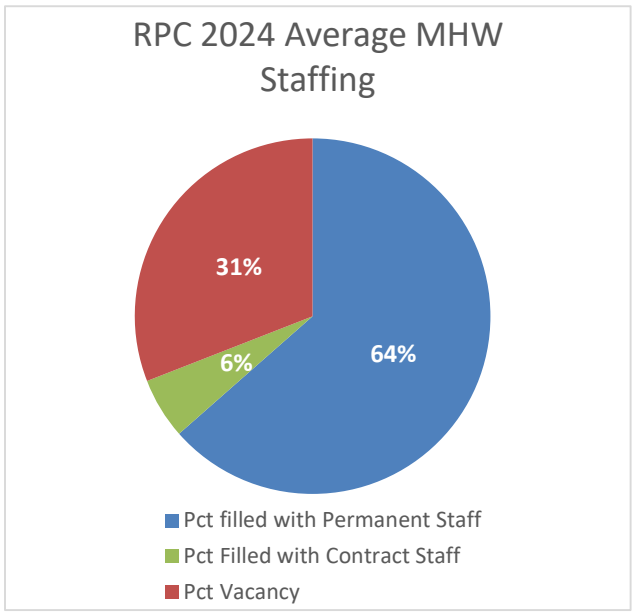
OPEGA is providing the same data shown the charts in the previous section broken down into components just for 2024. As a reminder, full nursing staffing for DDPC is 73 and for RPC is 86.





The breakdown for mental health workers is below. Full staffing for DDPC is 55 and for RPC is 117.





The four (4) available acuity specialists positions at DDPC were fully staffed with permanent staff in 2024. At RPC in 2024 (through October), 30% of the 19 available acuity specialists positions were vacant (about 6 positions on average).

Data Provided by DHHS

OPEGA has provided summarized DHHS data throughout the forgoing document. OPEGA is attaching PDFs of the raw data provided by DHHS whenver possible in this Appendix. OPEGA is doing this to provide Committee members with direct information on the response provided by the Department.

There is one exception in that OPEGA is not attaching the data the Department provided on staffing ratios. The reason for this is that the data is extensive, providing staff numbers and patient numbers per unit per shift for the time period 2022 to October 2024. If the Committee would like to see this information, OPEGA can provide it upon request.

The following documents were provided by DHHS on 12.13.2024 and are appended to the report:

- *DDPC Staff Injuries*
- *RPC Staff Injuries*
- *DDPC & RPC Direct Care Vacancies*
- *DDPC Staff Make Up*
- *RPC Contract Nurses*
- *RPC Contract MHW*

DDPC Staff Injury Information Provided by DHHS 12.3.2024

Month and Year	Total Injuries by Month (Patient Behavior)	Total Injuries by Month (Patient Intervention)	No Medical Treatment/No Lost Time	Medical Treatment Only	Lost Time	Total Lost Days
January of 2022	0	0	0	0	0	0
February of 2022	3	0	0	1	2	6
March of 2022	1	0	0	1	0	0
April of 2022	1	0	1	0	0	0
May of 2022	0	0	0	0	0	0
June of 2022	1	0	0	0	1	15
July of 2022	0	3	0	2	1	9
August of 2022	1	0	0	0	1	19
September of 2022	0	0	0	0	0	0
October of 2022	0	0	0	0	0	0
November of 2022	1	0	1	0	0	0
December of 2022	3	1	3	1	0	0
Totals 2022	11	4	4	5	5	49
January of 2023	0	1	0	1	0	0
February of 2023	6	1	6	1	0	0
March of 2023	2	1	2	0	1	2
April of 2023	1	0	0	1	0	0
May of 2023	0	0	0	0	0	0
June of 2023	1	0	0	1	0	0
July of 2023	0	0	0	0	0	0
August of 2023	1	0	1	0	0	0
September of 2023	0	0	0	1	0	0
October of 2023	2	0	1	0	1	4
November of 2023	1	3	1	2	1	3
December of 2023	1	0	0	0	1	2
Totals 2023	15	6	11	7	4	11
January of 2024	0	0	0	0	0	0

DDPC Staff Injury Information Provided by DHHS 12.3.2024

February of 2024	2	1	1	0	2	10
March of 2024	0	0	0	0	0	0
April of 2024	0	0	0	0	0	0
May of 2024	1	0	0	0	1	4
June of 2024	0	0	0	0	0	0
July of 2024	0	0	0	0	0	0
August of 2024	1	0	1	0	0	0
September of 2024	4	0	3	0	1	6
October of 2024	1	0	1	0	0	0
November of 2024	1	0	1	0	0	0
Totals to Date for 2024	10	1	7	0	4	20

RPC Staff Injury Information Provided by DHHS 12.3.2024

Month and Year	Total Injuries by Month (Patient Behavior)	Total Injuries by Month (Patient Intervention)	No Medical Treatment/No Lost Time	Medical Treatment Only	Lost Time	Total Lost Days
January of 2022	2	2	0	1	3	6
February of 2022	2	1	1	2	0	0
March of 2022	3	4	5	2	0	0
April of 2022	2	4	4	1	1	8
May of 2022	1	4	4	0	1	13
June of 2022	3	1	4	0	0	0
July of 2022	1	1	0	1	1	10
August of 2022	5	5	4	0	6	67
September of 2022	1	2	3	0	0	0
October of 2022	5	4	6	1	2	16
November of 2022	3	0	1	0	2	3
December of 2022	1	3	1	2	1	3
Totals 2022	29	31	33	10	17	126
January of 2023	3	5	4	1	3	43
February of 2023	1	4	2	0	3	23
March of 2023	2	1	2	0	1	12
April of 2023	3	3	4	0	2	3
May of 2023	8	0	6	2	0	0
June of 2023	10	3	3	5	5	287
July of 2023	8	0	3	2	3	46
August of 2023	3	2	0	2	3	15
September of 2023	7	2	8	0	1	19
October of 2023	10	11	11	3	7	179
November of 2023	3	0	2	0	1	49
December of 2023	5	2	5	0	2	5
Totals 2023	63	33	50	15	31	681
January of 2024	2	0	2	0	0	0
February of 2024	9	4	8	2	3	110

RPC Staff Injury Information Provided by DHHS 12.3.2024

March of 2024	8	2	4	3	3	182
April of 2024	8	2	7	1	2	35
May of 2024	7	1	4	1	3	79
June of 2024	5	1	4	0	2	16
July of 2024	3	1	1	2	1	8
August of 2024	2	2	3	0	1	1
September of 2024	2	1	0	2	1	11
October of 2024	3	2	4	1	0	0
November of 2024	2	3	2	1	2	12
Totals to Date for 2024	51	19	39	13	18	454

Dorothea Dix Psychiatric Center & Riverview Psychiatric Center
Direct Care* Vacancies by Month
CY 2022 - October 2024

**Direct care positions include mental health workers (DDPC = MHW I & II only), accuity specialists, and nurses (including LPN, Nurse I, HN II, HN III, HN IV, PSM I Nurse Managers, & HN III-Medical Clinical Nurse).*
Source: DHHS Monthly Vacancy Report from OACS Human Resources - Employee & Position and Headcount Dashboard

Calendar Year 2022													
Office	**Job Class Or Working Title**	**January**	**February**	**March**	**April**	**May**	**June**	**July**	**August**	**September**	**October**	**November**	**December**
DDPC	ACUITY SPECIALIST									1	1	1	1
	HOSPITAL NURSE II	8	10	8	7	4	5	5	5	4	4	4	4
	HOSPITAL NURSE III	7	6	6	8	9	7	6	8	9	8	8	9
	HOSPITAL NURSE IV	1	1					1					
	MEDICAL CLINICAL NURSE	1	1	1	1								
	MENTAL HEALTH WORKER I	16	17	16	11	11	13	11	9	11	11	11	13
	MENTAL HEALTH WORKER II				4	4	4	3	3	2	2	2	2
	NURSE I				1	1	1	1	1	1	1	1	1
DDPC Total		**33**	**35**	**31**	**32**	**29**	**30**	**27**	**26**	**28**	**27**	**27**	**30**
RPC	ACUITY SPECIALIST	6	6	6	6	5	6	5	5	5	4	5	3
	HOSPITAL NURSE II	13	15	16	18	18	18	17	18	19	18	18	19
	HOSPITAL NURSE III	12	13	13	13	13	13	13	13	13	13	13	11
	HOSPITAL NURSE IV	3	2	2	1							1	1
	LICENSED PRACTICAL NURSE	5	5	5	5	5	5	5	5	5	5	5	5
	MENTAL HEALTH WORKER I	16	19	20	16	14	11	15	19	18	18	20	23
	MENTAL HEALTH WORKER II	11	11	11	14	16	14	12	11	11	12	12	14
	MENTAL HEALTH WORKER III	1								1	1	1	1
	MENTAL HEALTH WORKER IV	1	2	2	2	1	1	1	1	1	1	1	1
	NURSE I	7	7	7	6	6	5	7	8	9	9	9	9
	NURSE MANAGER					1	1	1	1	1	1	1	1
RPC Total		**75**	**80**	**82**	**81**	**79**	**74**	**76**	**81**	**83**	**82**	**86**	**88**
Grand Total		**108**	**115**	**113**	**113**	**108**	**104**	**103**	**107**	**111**	**109**	**113**	**118**

Calendar Year 2023													
Office	**Job Class Or Working Title**	**January**	**February**	**March**	**April**	**May**	**June**	**July**	**August**	**September**	**October**	**November**	**December**
DDPC	ACUITY SPECIALIST					1	1	1	1	2	2	2	1
	HOSPITAL NURSE II	4	4	4	4	8	6	8	7	7	6	7	9
	HOSPITAL NURSE III	8	7	7	8	6	6	5	4	4	4	6	6
	MENTAL HEALTH WORKER I	13	11	9	10	11	13	9	8	13	7	7	10
	MENTAL HEALTH WORKER II	2	2	2					1	1	1	1	
	NURSE I	1	2	2	2	2	3	3	3	2	2	3	3
DDPC Total		**28**	**26**	**24**	**24**	**28**	**29**	**26**	**24**	**29**	**22**	**26**	**29**
RPC	ACUITY SPECIALIST	3	4	4	5	6	5	6	6	6	8	9	9
	HOSPITAL NURSE II	19	19	20	20	20	20	21	23	23	23	24	24
	HOSPITAL NURSE III	11	12	11	12	12	13	12	10	12	12	11	11
	HOSPITAL NURSE IV	1	1	1	1	1	1	1	1	1			
	LICENSED PRACTICAL NURSE	5	5	5	5	5	5	5	5	3	3	3	3
	MENTAL HEALTH WORKER I	25	23	20	22	19	20	23	22	21	21	21	22
	MENTAL HEALTH WORKER II	13	13	12	12	12	12	14	12	14	17	17	17
	MENTAL HEALTH WORKER III	1	1	1	1	2	1	2	2	2	2	2	2
	MENTAL HEALTH WORKER IV	1	1	2	2	1							
	NURSE I	8	8	8	8	8	7	7	7	7	7	6	6
	NURSE MANAGER	1	1	1				1	1		1		
RPC Total		**88**	**88**	**85**	**88**	**86**	**84**	**92**	**89**	**89**	**94**	**93**	**94**
Grand Total		**116**	**114**	**109**	**112**	**114**	**113**	**118**	**113**	**118**	**116**	**119**	**123**

Calendar Year 2024 (January - October)											
Office	**Job Class Or Working Title**	**January**	**February**	**March**	**April**	**May**	**June**	**July**	**August**	**September**	**October**
DDPC	HOSPITAL NURSE II	9	10	11	12	10	11	11	9	9	7
	HOSPITAL NURSE III	6	4	3	2	3	2	2	1	3	2
	MENTAL HEALTH WORKER I	9	8	5	3	5	7	7	9	5	4
	MENTAL HEALTH WORKER II										1
	NURSE I	3	3	2	2	2	2	2	3	3	3
DDPC Total		**27**	**25**	**21**	**19**	**20**	**22**	**22**	**22**	**20**	**17**
RPC	ACUITY SPECIALIST	7	6	6	6	6	7	7	6	6	4
	HOSPITAL NURSE II	25	25	25	25	25	25	25	25	26	26
	HOSPITAL NURSE III	10	9	9	9	7	9	10	10	9	6
	LICENSED PRACTICAL NURSE	3	3	3	3	3	3	3	3	3	3
	MENTAL HEALTH WORKER I	23	23	23	26	20	15	17	20	18	18
	MENTAL HEALTH WORKER II	19	21	23	22	22	22	22	20	19	21
	MENTAL HEALTH WORKER III	2	2	1	1	1	1	1	1	1	2
	NURSE I	7	8	9	9	9	8	8	8	7	5
	NURSE MANAGER					1	1				
RPC Total		**96**	**97**	**99**	**101**	**94**	**91**	**93**	**93**	**89**	**85**
Grand Total		**123**	**122**	**120**	**120**	**114**	**113**	**115**	**115**	**109**	**102**

DDPC Staff Make Up 2022 2023 2024 provided by DHHS 12.3.2024

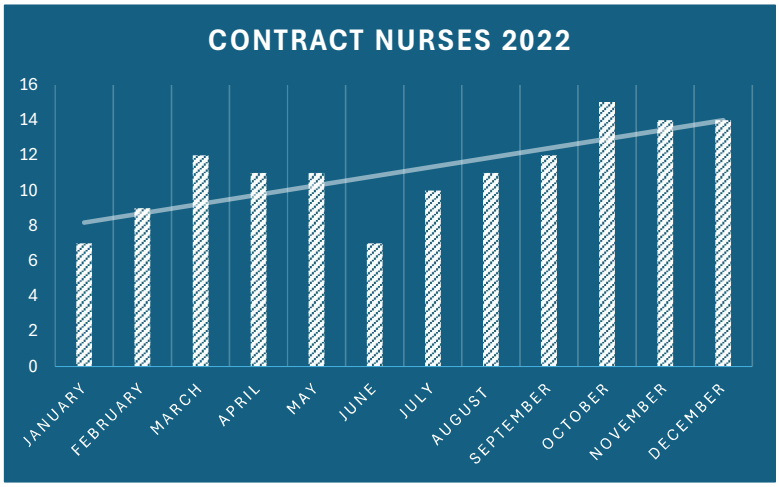
	1/22	2/22	3/22	4/22	5/22	6/22	7/22	8/22	9/22	10/22	11/22	12/22	1/23	2/23	3/23	4/23	5/23	6/23	7/23	8/23	9/23	10/23	11/23	12/23	1/24	2/24	3/24	4/24	5/24	6/24	7/24	8/24	9/24	10/24
Nursing State Positions (I, II, III, IV)	72	72	72	72	73	73	73	73	73	73	73	73	73	73	73	73	73	73	73	73	73	73	73	73	73	73	73	73	73	73	73	73	73	73
Nursing State Vacancies	16	17	14	16	14	13	13	14	14	13	13	14	13	13	13	14	16	15	16	14	13	12	16	18	18	17	16	16	15	15	15	13	15	12
Contracted Nursing Staff	8	11	11	13	8	8	8	8	7	8	6	7	7	7	7	9	7	7	6	6	5	5	4	3	3	6	10	7	8	9	6	7	6	8
% filled with permanent staff	78%	76%	81%	78%	81%	82%	82%	81%	81%	82%	82%	81%	82%	82%	82%	81%	78%	79%	78%	81%	82%	84%	78%	75%	75%	77%	78%	78%	79%	79%	79%	82%	79%	84%
% filled with contract staff	11%	15%	15%	18%	10%	12%	11%	10%	10%	11%	8%	9%	9%	9%	9%	12%	10%	9%	9%	8%	7%	7%	6%	5%	4%	8%	13%	10%	10%	13%	8%	9%	8%	11%
Total % of nursing positions filled	89%	91%	96%	96%	91%	94%	93%	91%	91%	94%	91%	90%	91%	91%	91%	93%	88%	89%	87%	88%	90%	90%	84%	80%	79%	85%	91%	88%	90%	92%	87%	91%	87%	94%
Mental Health Worker State Positions (I, II)	55	55	55	55	55	55	55	55	55	55	55	55	55	55	55	55	55	55	55	55	55	55	55	55	55	55	55	55	55	55	55	55	55	55
Mental Health Worker State Vacancies	16	17	16	15	15	17	14	12	13	13	13	15	15	13	11	10	11	13	9	9	14	8	8	10	9	8	5	3	5	7	7	9	5	5
Contracted Mental Health Worker Staff	2	1	1	1	2	3	3	3	2	2	2	3	3	3	3	2	2	4	4	5	5	5	4	6	5	8	8	6	5	5	4	8	4	3
% filled with permanent staff	71%	69%	71%	73%	73%	69%	75%	78%	76%	76%	76%	73%	73%	76%	80%	82%	80%	76%	84%	84%	75%	85%	85%	82%	84%	85%	91%	95%	91%	87%	87%	84%	91%	91%
% filled with contract staff	3%	2%	2%	2%	3%	5%	5%	5%	3%	4%	3%	5%	5%	5%	5%	5%	3%	7%	8%	9%	9%	9%	8%	11%	10%	15%	14%	10%	9%	10%	8%	14%	6%	6%
Total % of mental health positions filled	74%	72%	72%	75%	76%	74%	80%	83%	80%	81%	79%	78%	77%	81%	85%	86%	83%	84%	92%	92%	84%	95%	93%	92%	93%	100%	105%	105%	100%	97%	95%	98%	97%	97%
Acuity Specialist State Positions	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4
Acuity Specialist State Vacancies	0	0	0	0	0	0	0	0	1	1	1	1	0	0	0	0	1	1	1	1	2	2	2	1	0	0	0	0	0	0	0	0	0	0
Contracted Acuity Specialist Staff	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
% filled with permanent staff	100%	100%	100%	100%	100%	100%	100%	100%	75%	75%	75%	75%	100%	100%	100%	100%	75%	75%	75%	75%	50%	50%	50%	75%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
% filled with contract staff	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Total % of acuity specialist positions filled	100%	100%	100%	100%	100%	100%	100%	100%	75%	75%	75%	75%	100%	100%	100%	100%	75%	75%	75%	75%	50%	50%	50%	75%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Combined:																																		
% filled with permanent staff	76%	74%	77%	76%	78%	77%	80%	80%	79%	80%	80%	77%	79%	80%	82%	82%	79%	78%	80%	82%	78%	83%	80%	78%	80%	81%	84%	86%	85%	83%	83%	83%	85%	87%
% filled with contract staff	7%	9%	9%	11%	7%	8%	8%	8%	7%	8%	6%	7%	7%	7%	7%	9%	7%	8%	8%	8%	8%	8%	6%	7%	6%	10%	13%	10%	9%	11%	8%	11%	7%	9%
Total % of acuity specialist positions filled	83%	83%	86%	87%	85%	86%	87%	88%	86%	88%	86%	84%	86%	87%	89%	90%	86%	86%	88%	90%	86%	91%	87%	85%	86%	92%	97%	95%	94%	94%	91%	94%	92%	96%

RPC Contract Nurses 2022-2024 provided by DHHS 12.3.24

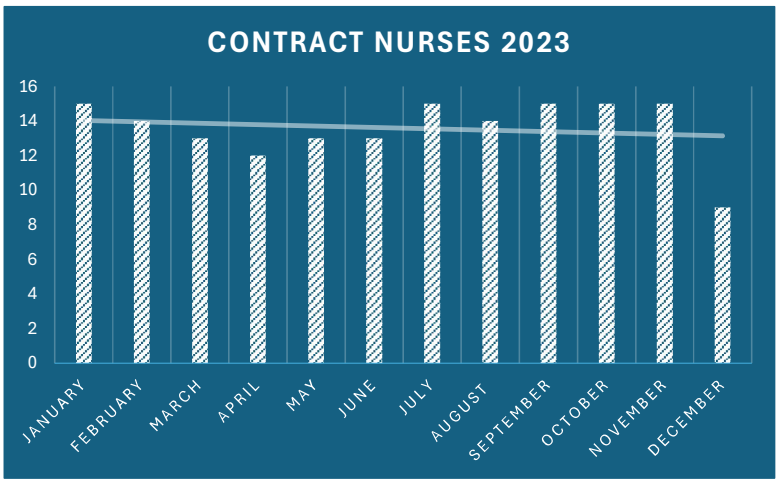
Total Stateline Nurses: **86**

Total Contract Nurses:

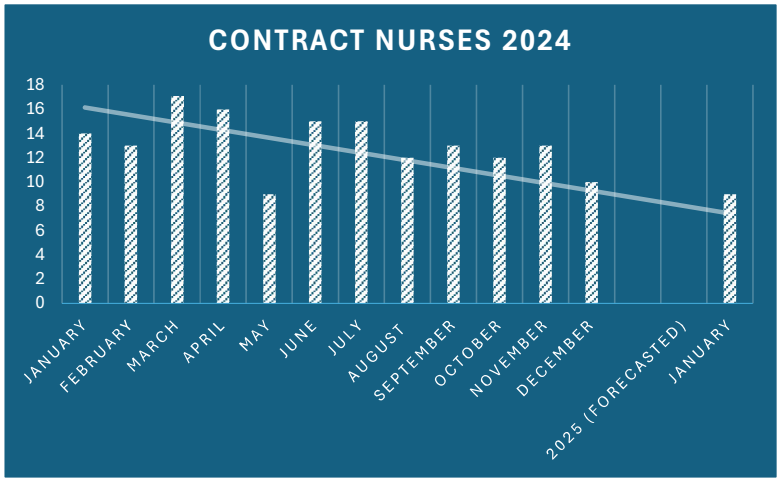
2022	Contract (Avg.)	Percentage
January	7	8%
February	9	10%
March	12	14%
April	11	13%
May	11	13%
June	7	8%
July	10	12%
August	11	13%
September	12	14%
October	15	17%
November	14	16%
December	14	16%



2023	Contract (Avg.)	Percentage
January	15	17%
February	14	16%
March	13	15%
April	12	14%
May	13	15%
June	13	15%
July	15	17%
August	14	16%
September	15	17%
October	15	17%
November	15	17%
December	9	10%



2024	Contract (Avg)	Percentage
January	14	16%
February	13	15%
March	17	20%
April	16	19%
May	9	10%
June	15	17%
July	15	17%
August	12	14%
September	13	15%
October	12	14%
November	13	15%
December	10	12%



2025	Forecasted	Percentage
January	9	10%

RPC Contract MHWs 2022-2024 provided by DDHS on 12.3.24

Total Stateline MHW: 117

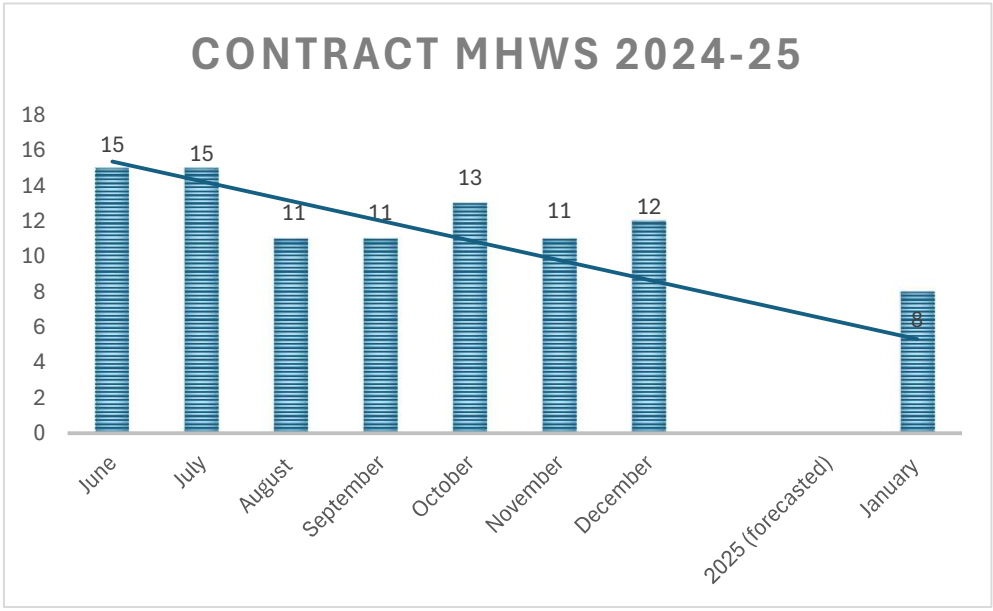
Total Contract MHW:

2022	Contract (Avg.)	Percentage
	0	0%

2024	Contract (Avg.)	Percentage
	0	0%

2024	Contract (Avg.)	Percentage
January	0	0%
February	0	0%
March	0	0%
April	0	0%
May	0	0%
June	15	13%
July	15	13%
August	11	9%
September	11	9%
October	13	11%
November	11	9%
December	12	10%

2025	Contract (Forecasted)	Percentage
January	8	7%



Information Provided by DHHS:

Actions and Monitoring of Efforts Related to Direct Care Staff Injury Prevention; Support Following Staff Injuries; and Staffing, Vacancies and Employee Retention.

Table of Contents

Introduction

Information Request

OPEGA asked that Dorothea Dix Psychiatric Center and Riverview Psychiatric Center management provide information responsive to Government Oversight Committee interests at the October 2024 committee meeting. At that meeting, GOC members requested that management provide information on:

1. Direct Care Staff Injury Prevention
2. Support for Staff Following Injuries
3. Staffing, Vacancies, and Employee Retention

In each of these areas, the Committee expressed interest in knowing what actions, if any, management has taken to address any problems and what, if any, actions management has taken to monitor the effectiveness of these actions.

OPEGA asked DDPC and RPC management to provide information on management actions in these areas that could be shared with the Government Oversight Committee and publicly.

OPEGA did not independently verify, collect, or analyze this information. It is being provided as received for the purposes of GOC consideration of any next steps. Blue text indicates information directly from management.

Dorothea Dix Psychiatric Center Responses

What Actions, Training, or Support Does Management Provide to Help Prevent Injuries?

DDPC response:

The following actions, training and support are implemented at DDPC to mitigate patient to staff injuries:

New employee orientation: To initially prepare people to function in their identified capacity at DDPC relative to a) Facility-wide Policy and Procedures, b) Nature of the patient population, and c) Site-specific Departmental Policy and Procedure manuals.

Staff competencies: Department-specific competencies must include frequently used and high-risk tasks inherent in the given position: a) Initial competencies include demonstration that the minimum qualifications required for the specific positions are met by new staff members, contractors or any other individuals involved in patient care, treatment, or services, c) Ongoing department-specific competencies are reviewed by the department director at least every three years and whenever new requirements are identified for patient care, treatment or services that are high volume, high risk or problem prone.

RAD: DDPC's approved Behavioral Management Program is RAD (Respond, Assess, De-Escalate). This is completed at the new employee orientation and annually by all DDPC staff.

RAD leadership Committee: The purpose of the RAD Leadership Committee is to provide oversight and direction regarding the training of employees in patient crisis and behavior response and to review the practice of the respond, assess, de-escalate (RAD) skills and make recommendations for changes or improvements in behavioral management at DDPC.

Patient safety program and patient safety committee: The purpose of the patient safety program is to organize a Patient Safety Committee and its relevant actions to improve safety from a total-systems view in which risks are anticipated, and system-wide safety processes are established and applied throughout the healthcare continuum to address them. The Patient Safety Committee uses *The Institute for Healthcare Improvement's, A National Action Plan to Advance Patient Safety* to guide its efforts to achieve safety care and reduce harm to patients and those that care for them. The committee uses four focus areas that serve as pillars to organize and implement change:

- Culture, Leadership, and Governance
- Patient and Family Engagement
- Workforce Safety
- Learning System

Commitment to a Just Culture: DDPC recognizes that a just culture will improve patient safety and the delivery of effective, quality care by encouraging reporting of safety events, near misses, and hazardous conditions and by facilitating a hospital-wide commitment to patient safety. Our just culture recognizes the inevitability of human error, does not punish individuals for system failures over which they have no control, and promotes a non-punitive learning environment. Our Just Culture, however, also holds DDPC staff (employees, contract staff, students, and volunteers) accountable for individual decision-making and actions. DDPC, therefore, balances systemic factors alongside accountability for individual actions to achieve a consistent, fair, and systematic approach to patient safety improvement

DASA (Dynamic Appraisal Situational Aggression screening tool): The DASA is completed every day by a registered nurse to screen for dangerousness and implement mitigating interventions. The Dynamic Appraisal of Situational Aggression (DASA) is a structured violence risk assessment to be used in a clinical setting to identify acute risk of patient aggression within 24 h of the assessment

Hytera 2-Way Portable Radios:

- The primary purpose of two-way radios at DDPC is to function as an emergency communication device.
- Each staff member is supplied with a portable radio and charging cable. Staff members are responsible for ensuring the radio is safe, secure and charged.
- All staff members are required to keep their radio always turned on and, on their person, while in the facility or on the DDPC campus.

Overhead Paging System:

- The primary purpose of the overhead paging system is to provide important and critical response information hospital wide.
- All staff have access and the ability to overhead page via the Avaya phone system.

Panic buttons: Panic wall buttons are strategically placed in many patient care areas to allow a rapid staff response in an emergency hospital wide.

Psychiatric Emergence Response Team (PERT): The Nursing Supervisor assigns staff to the psychiatric emergency response team 24/7. This team is called upon to request assistance from additional staff in an emerging situation or emergency. These staff are contacted via 2-way radio or by calling the unit or Nurse Supervisor and requesting assistance from PERT.

Video Surveillance system: Dorothea Dix Psychiatric Center (DDPC) uses video surveillance as an additional means to maintain a safe environment for the patients, visitors and staff. The use of electronic surveillance systems aids us in achieving this goal by monitoring activities on our grounds and in our buildings.

Administrator on call (AOC): The hospital maintains an Administrator on Call rotation that provides senior administrative consultation daily from 4:00 pm through 8:00 am and 24 hours a day on weekends and holidays.

Seclusion and Restraint: All staff are trained at orientation, annually, and as needed on the use of seclusion and restraint interventions for a patient who is at imminent risk of harming him/herself or others and less restrictive interventions have been ineffective to protect the patient or others from harm. This is meant to be an extremely short-term intervention designed to aid in further treatment plan development to prevent any further harm.

Special observation: Patient safety checks that are completed to maintain the safety of a patient for a period during an acute physical/mental state that poses an increased risk of harm to self or others.

Psychiatric Emergency Medication Intervention: DDPC has a process to give medications during emergency situations when there exists imminent danger of bodily injury to the patient or others.

Staffing levels: DDPC's staffing procedure allows for an increase in staffing for the following reasons:

- Increased acuity
- Same gender privacy needs
- Special programming approved by Nursing Administration
- Staff participation in patient conferences and in-house educational offerings
- As determined by nursing administration

DDPC provided the following in response to "How, if at all, does management monitor the effectiveness of these efforts?"

Staff surveys are encouraged, collected, and data is analyzed at various points at DDPC to offer opportunities for improvement inclusive of new employee orientation, RAD training, Human Resource exit interviews, and yearly Culture of Safety Survey.

Superintendent morning meeting (Monday through Friday) with department supervisors, directors, and various hospital staff (hospital monitoring): All critical information related to the prior 24 hours is discussed. Along with patient events, staffing challenges, seclusions and restraints, psychiatric emergencies, any issues staff are encountering, and any staff injuries.

RAD leadership Committee: The Committee meets approximately six (6) times per year and more frequently as needed to obtain feedback and make recommendations for changes or improvements in behavioral management at DDPC.

Patient Safety Committee:

- Review processes and incidents from a total-systems view and use best practice guidelines to recommend improvements both post incident and proactively.
- Enact workgroups as needed to improve patient and workforce safety. These workgroups will complete an in-depth analysis of factors and variables in a total-systems viewpoint and make recommendations/implement improvements using process improvement methodologies.
- Make recommendations to eliminate future patient safety events.
- Discuss any patient safety concerns focusing on reliable processes, achieving better outcomes and using evidence to ensure that services delivered by DDPC are satisfactory

Seclusion and Restraint: Staff debriefings are completed after each event of seclusion and restraint to aid in preventing future events by revising patient safety problems, short-term goals and interventions, contributing to the patient's overall recovery.

Staffing levels: The nursing supervisors 24/7 document and maintaining safe staff to patient ratio assessing unit staffing, census, and acuity continuously and adjusting assignments based on the needs of the patients.

Patient and staff safety Walkarounds: Members of the executive team meet with all DDPC departments at least yearly to obtain feedback and discuss any safety concerns departments may have that can be improved upon.

Risk Management: Tracks and analyzes all patient accidents or any incident that is not consistent with the normal or usual operation of the hospital or any department and reports to the executive team, patient safety committee, and Quality Assurance Performance Improvement (QAPI) any patterns that require further investigation.

How Does Management Provide Support to Staff Following an Injury Related to Patient Interactions?

DDPC provided the following in response to "How does management provide support to staff following an injury related to patient interactions? How, if at all, does management monitor the adequacy of the support?"

When a staff is injured, they are initially supported by the nursing supervisor who assures that they receive the proper medical care and treatment. DDPC recognizes that staff will respond to injuries differently including near miss incidents. To support our staff, all managers, supervisors, directors and administration are highly aware of the importance of making themselves available to staff and knowing the event that has occurred. We monitor the effectiveness of our support through direct communication with staff, asking them how they are doing, and if there is anything else we can assist them with.

Ways in which we provide support:

- Debriefings in a group after the event
- Informal emotional support
- Phone calls to staff
- Offering Living Resources
- Frequently checking on staff during their shift

What Concerns Does Management Have Around Direct Care Workers Staffing, Vacancies, and Retention?

DDPC provided the following in response to "Please describe any concerns around direct care workers staffing, vacancies, and retention. What are the biggest challenges? If there are concerns around staffing and retention, what is management doing in this regard? How, if at all, is effectiveness being monitored?"

DDPC is extremely proud of the headway we've made with staffing the Annex unit we opened in January 2021 and filling the additional 48 state lines we acquired to open this unit (in addition to our vacancies at that time). Currently DDPC does not have any critical concern related to direct care staffing, vacancies, or retention. We do, however, align with similar challenges experienced by other healthcare facilities nationally which is the filling of RN vacancies. Our efforts to close the gap on our RN vacancies include offering creative work life balance schedules, attending job and career fairs all over the state to recruit, contracting with local colleges and universities to host clinicals for several different clinical disciplines, and encouraging in-house RNs to become nursing school clinical instructors to promote psychiatric nursing as a career. We assess the effectiveness of our effort through monitoring our turnover and vacancy rates

Riverview Psychiatric Center Responses

What Actions, Training, or Support Does Management Provide to Help Prevent Injuries?

RPC provided the following in response to the question "What actions, training, or support does management provide to help prevent injuries. How, if at all, does management monitor the effectiveness of these efforts?"

RPC provides 80 hours of New Hire Orientation including a 16-hour training on Behavioral Response Options. Staff must attend a refresher course annually throughout employment at RPC. A description of this training is included with this packet. Through this training, staff gain an understanding of how to maintain situational awareness of their surroundings and environment in order to maintain a safe working environment. This training also provides staff with an understanding and practice of verbal methods of diffusing a potentially dangerous situation and how to physically place one's person to remain safe if a situation escalates. Finally, this training teaches staff various methods of physical engagement as a last resort to extinguish an unsafe situation. The effectiveness of this training is monitored through observation of staff responses, direct staff feedback, and through investigation of incidents and near misses. Documentation and video footage as available of each incident is reviewed and analyzed by risk management and feedback is provided to leadership and unit supervisors as appropriate. Unit supervisors and leadership then utilize this information to provide additional coaching and education to staff and make adjustments to the environment or processes as appropriate.

All data is documented and on-going statistical reports supplied to Executive Leadership, Advisory Board and the Human Rights Committee.

How Does Management Provide Support to Staff Following an Injury Related to Patient Interactions?

RPC provided the following in response to "How does management provide support to staff following an injury related to patient interactions? How, if at all, does management monitor the adequacy of the support?"

Leadership at RPC generally makes in person contact with injured employees on the day of the injury, often at the event debriefing. All staff are offered immediate support and on-going through employee assistance Living Resources. Human Resources is responsible to follow the employee through the duration following an injury to ensure appropriate healthcare and return to work. Employee injuries and employees under workers compensation are reviewed at weekly staffing meetings by Human Resources and RPC leadership to discuss progress towards ability to return to work and to ensure they are receiving necessary support and treatment.

What Concerns Does Management Have Around Direct Care Workers Staffing, Vacancies, and Retention?

RPC provided the following in response to "Please describe any concerns around direct care workers staffing, vacancies, and retention. What are the biggest challenges? If there are concerns around staffing and retention, what is management doing in this regard? How, if at all, is effectiveness being monitored?"

Leadership at RPC is concerned with the ongoing work force shortage, which is a nationwide issue, particularly with RNs. We continue to recruit and work to retain staff through efforts outlined throughout this document. While we continue to make strides forward, there are ongoing challenges we face, such as offering competitive wages in a limited health care workforce market and shift wage differentials. While the State of Maine benefits are attractive to some applicants, there is a trend in the market that a growing portion of the work force are motivated strictly by financial incentive. We understand this barrier and continue to highlight the other positive incentives that motivate individuals to work at RPC. As with all of State Government, we continue to stive to highlight RPC as an employer of choice and a center of excellence in the healthcare market.in the healthcare market.

Additional Documents Provided by DHHS

The following documents are appended:

- *Riverview Accomplishments for OPEGA*
- *Riverview Psychiatric Center Annual Training List for 2024*
- *Recruitment and Retention Strategies for Riverview Psychiatric Center (RPC)*
- *Riverview Psychiatric Center Staff Development Plan*

Riverview Accomplishments for OPEGA

Operational changes:

- Hired full complement of permanent state medical staff, psychiatrists, psychiatric/mental health nurse practitioners (PMHNPs), psychologists, general medical providers, physician assistants; compared to staff being approximately 2/3 locum tenens (temporary contract providers) in 2018. Improves continuity of care and patient outcomes, thereby decreasing assaults/violence/injuries.
- Opened neurology clinic to support with diagnosis and treatment of complex neuropsychiatric presentations that can sometimes be associated with aggression and violence.
- Developed several programs to help patients recovering from opioid use disorders, including a Medication Review Committee that oversees Medications for Opioid Use Disorders (MOUD) such as buprenorphine and Sublocade, as well as dispensing naloxone at the time of discharge for any patient who wishes to have it. In short, we have been a leader among state psychiatric hospitals nationwide in these efforts. Improved treatment of co-occurring use disorders decreases chances of post-acute withdrawal syndrome (PAWS) which can be associated with increased irritability and potentially increased aggression in our patient population.
- Developed Zyprexa Relprevv clinic in the hospital and outpatient services to expand treatment options for patients with severe and refractory mental illness who are also at high risk of aggression and violence. This is the only extant program in the state, to our knowledge.
- Created Behavioral Emergency Response Team (BERT) to respond to psychiatric emergencies. 5-person teams comprised of Acuity Specialists, based on best practice model for emergency response. Team “huddles” each morning to review staffing in the hospital, discuss particularly acute and concerning patients, and develop action plans accordingly. Clinical Director attends these meetings.
- Regular administrator rounding on units especially Special Care Units to assess how most acute/violent/dangerous patients are doing, allow for real-time evaluation and feedback to clinical teams to help reduce violence and aggression.
- Implemented Illness, Management, Recovery and Trauma-Informed Care models to provide up-to-date, evidence-based treatment for our patient population to more effectively treat their mental illness conditions.
- Administration has regularly scheduled meetings each week, including weekends and holidays as needed with unit clinical teams. These meetings support responses to acuity or complex cases with multidisciplinary clinical teams (providers, RNs, SWs, MHWs, Rehab staff) to assist their management of most challenging patients.
- Implemented Schwartz Rounds, in which each quarter one clinical team presents their experiences working with a particularly challenging/dangerous patient. These are open for all to attend. We arranged schedules to allow direct care staff to participate in these psychologist moderated sessions. This provides the opportunity for teams to process feelings/countertransference and collectively problem solve.
- Added additional assessment measures including Broset Violence Checklist (BVC) and Kennedy Axis-V (KA-V) including KA-V Violence assessments methodology to help with objective assessment, data tracking, and treatment goal planning to track patient progress. Received positive feedback for the use of this tool for this during previous CMS survey.

- We created an engineered fix to automate and allow staff to electronically report incidents. We created an electronic dashboard that extracts information from incident reports to produce data for allow analysis and review.
- We created direct electronic links for reporting to DLC to support staff efficiency and encourage reporting efforts.
- In addition to a supervisor reviewing incident reports, debriefing the incident with morning report, the risk manager reviews all hospital incident reports for and items that require further follow up. From this analysis feedback is given to departments under a coaching, learning and mentorship model.

Collaborations:

- Established Clinical Case Conference consultation with California Psychopharmacology Resource Network (PRN) group—leading international experts in psychiatric medications, located at the California State Psychiatric Hospital system the largest in the U.S. and published the book Violence in Psychiatry.
- Membership of Harbor Performance Initiative (HPI)—a consortium of state psychiatric hospitals and specialty units (including university-affiliated ones) throughout the country to create and establish best practices on inpatient psychiatric hospital operations, with a major focus on patient and staff safety. HPI was developed in Maine.
- Member of National Association of State Mental Health Programs (NASMHPD)—a national, non-profit organization that plays a major role in public policy issues, education on research findings and best practices, provides consultation and technical assistance, and facilitates state-to-state sharing on the above information. We partake in meetings and email discussions on listserv and a major focus is on patient and staff safety at state hospitals nationwide. Dr. Davis was recently nominated to be the Northeast Regional Representative to the NASMHPD Medical Executive Committee.
- Working with DHHS Operational Excellence (OPEX) team to develop our own patient acuity rating tool, to help assess with admission assessment, patient placement, unit staffing. Had initially worked with HPI to purchase and implement their tool but our hospital operation and patient population is sufficiently different that we elected to create our own. Have paused this initiative during 2024 as we have had to invest our efforts on EHR implementation and need to understand EHR functionality vis-à-vis data collection before proceeding with creating our own tool.
- Partnering with Dr. James Kennedy, creator of KA-V Violence Assessment and the Kennedy Chain of Violence tool, to further research their use in our setting.
- On-going collaboration with the Maine Sentinel Events Team at DHHS to build a relationship to improve our own Root Cause Analysis (RCA) work when required. We often ask for a face-to-face review to examine the RCA and ask for critical feedback. To date we have never been cited by the Sentinel Events team for not acting on an event.

Policy/systems changes:

- Legislation to allow, with judicial order, the transfer of patients who are Incompetent to Stand Trial (IST) and who are seriously dangerous but not primarily due to mental illness to be transferred to the IMHU. This law went into effect in 2021, authority was extended to 2027 through legislation in 2024.

- Maintain contract with Columbia Regional Care Center for six clinical beds in South Carolina for NCR patients whose safety/security needs exceed the resources and capabilities of the state hospitals.

Outcomes:

- The Consent Decree—which has even more stringent and detailed staffing requirements than CMS, TJC, and state licensing was dissolved December 3, 2024 following the determination that the state was in substantial compliance with requirements.
- Record number of admissions and discharges in 2019; in 2024 close to that pace (trending up year-over-year since the pandemic)
- Accomplished a 59% increase in the first-time community placement of Not Criminally Responsible (NCR) patients over the past five years compared to the previous half-decade. Collectively, these individuals had an average length of stay of 6.6 years. They were found not criminally responsible (not guilty by reason of insanity) for typically serious crimes such as homicide, sexual assault, elevated aggravated assault, arson; in other words, these are some of the most seriously mentally ill/dangerous patients in the State. Patients must demonstrate significant progress in their recoveries and clinical stability for a court to discharge them from RPC. Two of these individuals were patients we successfully returned from the South Carolina facility.
- Decreased our average length-of-stay for civilly committed patients by approximately 50%, meaning patients can return to their communities far more quickly to continue their recoveries in a less restrictive setting. This speaks to the fact that we are much more successfully treating patients such that they are no longer requiring this level of care, i.e., that they are sufficiently safe and stable to return to the community because we have treated them here and ameliorated their dangerous behaviors.
- Maintain exceedingly low 30-day readmission rates (approximately 1-2% annually) Our Social Work Department make 7 day and 30-day post discharge calls to ensure patients have attended their 1st medication management appointment, and get their medications filled. This also ensures any hospital, community, or resource failure can be addressed before it is a problem or readmission occurs. Since these have been incorporated, we have a zero 30 day-readmission rate because of a hospital, resource, or community failure.
- Attained accreditation from the American Psychological Association (APA) for our predoctoral psychology internship program. It is estimated that fewer than half of internship programs nationwide have this certification, and it has led to ten-fold increase in applicants for this program, which is crucial for training the next generation of Maine clinicians.
- Became a dedicated teaching site for the University of New England College of Osteopathic Medicine (UNECOM) third-year medical student core psychiatric clerkship. During this time, dozens of students have rotated with us and praised their experience. Several of our medical staff earned appointments to the clinical faculty at UNECOM. We also continue to accept Pharmacy and Nurse Practitioner students and the demand for placement at RPC exceeds our capacity.
- Obtained accreditation from the Maine Medical Association (MMA) to provide Continuing Medical Education.
- We recently received the following feedback during an external peer review from the Maine Medical Association in which three doctors independently evaluated the clinical work of the RPC medical staff: “This is a high-quality medical staff performing excellent work.” It stands

to reason that if this is the case, the medical staff is doing well in treating our patient population, i.e., those transferred here because their mental illnesses caused them to not be safely manageable in the community.

- Reattained CMS certification in 2019 after two full assurance surveys with 15+ surveyors.
- Maintained TJC accreditation deemed status; most recent successful site survey in 2022.
- Maintained Maine hospital licensure; most recent successful site survey in 2023.

Janet T. Mills
Governor

Sara Gagné-Holmes
Commissioner

Maine Department of Health and Human Services
Riverview Psychiatric Center
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Riverview Psychiatric Center
Annual Training List for 2024

1. RPC & DHHS Professional Attire Policy
2. RPC Basic First Aid
3. RPC Behavior Emergency Response Team
4. RPC Behavior Response Options
5. RPC Behaviors That Undermine a Culture of Safety and Harassment
6. RPC Co Occurring Disorders
7. RPC Continuous Quality Improvement (CQI)
8. RPC Creating a Positive Culture
9. RPC Cultural Competency/DEI
10. RPC Emergency Preparedness
11. RPC Fall Risk Prevention
12. RPC Fire Safety
13. RPC Hand Hygiene
14. RPC Hazard Communication
15. RPC HIPAA ecourse
16. RPC Ligature Risk and Suicide Prevention
17. RPC Patient Rights
18. RPC Reporting Allegations of Abuse-Neglect and Exploitation
19. RPC Search Policy and Procedure
20. RPC Seclusion and Restraint
21. RPC Therapeutic and Legal Boundaries
22. RPC Whistleblower's Protection Act
23. RPC Patient Food Safety 2024
24. HR/DHHS Policies

**BLS/CPR certification required every two years*

Provided to OPEGA by DHHS on 12.13.2024

Recruitment and Retention Strategies for RPC

Two Year Timeline Narrative (1/1/2022 – 12/31/2024)

Strategy #1 Advertising – increase RPC visibility through content development utilizing various media channels.

ANA Maine Nursing Journal, develop quarterly Nursing Ads and Nursing job posts sent to members through email blasts quarterly, started 7/2020 – 6/2024

3RNET: Rural Recruitment and Retention Network, job posts for Nurses, started 7/2020 – present.

College Job Boards, job posts for Nurses, 7/2020 – present:

- Handshake
- College Central
- UMaine Career Link
- Simplicity

Career MD, free job posts for Nurses, Physicians, and Advanced Practice Providers 1/2021 - present

Indeed, job posts for positions and sourcing for potential candidates, 1/2021 - present:

- Sourcing through resume database for all positions, 1/2021, 2022, 2023, present
- Daily email alerts for potential Nursing candidates, 1/2021- present
- Targeted bulk email campaigns for Nursing positions, 2022 – present
- Sponsored job posts for Nursing and MHWs, 3/2021 -2/2022
- Switched to SOM Trakstar job wrap posting for all positions, 2/2022 – present
- Sponsored SOM Trakstar job posts for Nurses and MHW, 2/2022 – 7/2023
- Free job posts for per diem MHW and per diem Nursing 6/2023 - present
- Sponsored SOM Trakstar job posts for Nursing only, 7/2023 – 12/2023
- Free and sponsored job posts for Per diem and contract FSWs, Cooks, and Pharmacy Technicians 10/2023 - present

Facebook social media, job posts and content development to raise brand awareness, 11/2021 – present:

- Boosting job post ads, 4/2022 – 7/2022
- Boosting Graduate Nurse Open House and Job Fairs 2022, 2023, 2024

LinkedIn social media, job posts and content development to raise brand awareness, 12/2021 – present:

- Boosting job post ads, 4/2022 – 7/2022
- Trialed Recruiter Seat tool - included SOM job wrap posting for all positions, 7/2022 – 1/2023
- Utilizing 1 free job post slot for various positions, started 2/2023 - present

Town Square Media, radio campaigns designed to raise brand awareness and funnel visitors to RPC website and open positions page, 2021-2022:

- Brag on Your Grad, sponsored campaign to congratulate high school graduates, 6/2021
- Thank A Nurse, sponsored a campaign extending gratitude to Nurses in Maine, 5/2022

Live and Work in Maine, free job posts for all positions, 2/2022 - present

Diversityjobs.com, SOM job wrap posting of all positions with sourcing component tailored for diversified community outreach, 3/2022 – 2/2023

Diversity in Hiring Coalition, job posts for all positions and member networking meetings to develop best practices in sourcing, hiring, and retaining diversified candidates and raise brand awareness as a DEI employer 4/2022 – 5/2024

Kennebec Valley Chamber of Commerce (KVC), job posts for all positions and member networking meetings to develop strategies to raise brand awareness 4/2023 – present.

Journey Magazine, job postings for all positions by 10/2023 – 8/2024

Updating elements of website to attract potential candidates, 9/2022 – present.

Destination Occupation, created employee experience videos to attract potential candidates and build awareness of RPC's values as an employer, videos posted to public through social media channels, RPC website, links within job postings, open house, and job fairs 2/2023 – present

Updated and created advertising materials to raise brand awareness:

- Razor flag signs, pens, tabletop banners, lip balms, reuseable bags, 10/2022
- Tablecloth, stand up banner, tumblers, mugs, 10/2023

Strategy #2 Career Fairs – increase visibility by sharing Riverview values and commitments to behavioral healthcare system in Maine through area organizations, universities, and high schools.

Organization of Maine Nursing Leaders (OMNL), vendor table with Nursing staff attendance to share RPC's commitment to quality Nursing practices, Annual Meeting and Annual Summit 2021, 2022, 2023, 2024

RPC onsite Job Fair, recruiting for all positions, created 1-page informational sheets with benefits information for FSW, HCW, Nurses, Habilitation Aides, and MHWs positions, created radio ads and social media ads with Town Square Media to raise awareness and funnel visitors to our website and open positions page, 6/2021, 11/2023, 2/2024, and 5/2024

Career MD, virtual fair for Nurses across the State of Maine, 1/2022

Career Centers Virtual Statewide Career Fair, recruiting for MHW, Nursing, HCW, FSW, 10/ 2022

Caring for ME, recruiting for Nurses, MHWs, FSW, and HCW, created trifold poster boards highlighting benefits of state employment, training offered, and RPC values of patient care, Brunswick and Waterville, 9/2022, 10/ 2022

University of Maine Orono (UMO), recruiting for upperclassman Nursing and Social Services students with an RPC Nurse leader in attendance for Q&A, raise brand awareness for underclassman, and created a raffle for Nursing students to draw attention to our vendor table – 2023, 2024

University of Southern Maine (USM), virtual career fairs and employer informational sessions, recruiting for Nursing and Social Services students for Nursing, MHW and ICM positions through employee experience round tables with various RPC employees in attendance, 11/2020, 4/2021, 11/2021, 4/2022, 8/2022

University of Maine Augusta (UMA), recruiting for upperclassman Nursing and Social Services students with an RPC Nurse leader in attendance for Q&A and to raise brand awareness for underclassman, 2021, 2022, 2023, 2024.

University of Maine Augusta (UMA), Student Nurses Association Career Fair, recruiting for upperclassman Nursing students and raise brand awareness for underclassman, 11/2024

RPC Onsite Graduate Nurse Fair, recruiting newly graduated Nurses by hosting several open houses comprised of on-the-spot interviews, tours of facility, RPC Nursing leadership attendance for Q&A, and BHR representatives to discuss benefits. Media content developed to raise awareness of events, two sessions 4/2022 and two sessions 2/2023, one session 2/2024, one session 10/2024

St Joseph's College, recruiting for upperclassman Nursing and Social Services students with an RPC Nurse leader in attendance for Q&A, raise brand awareness for underclassman, created a raffle for Nursing students to draw attention to vendor table 3/2023, 2/2024

Central Maine Community College (CMCC) Public Service Fair, recruiting for upperclassman Nursing students with an RPC Nurse leader in attendance for Q&A and raise brand awareness for underclassman 4/2023, 4/2024

University of Maine Fort Kent (UMFK), raise brand awareness with representation by a DHHS recruiter 4/2023, 4/2024

Oakhill High School, recruiting for MHW, FSW, and HCW positions for upperclassman and raise brand awareness for underclassman, created brochure to highlight HCW positions and a benefits flyer tailored to age group, 5/2023, 3/2024

Maine College Health Professional (MCHP), recruiting for upperclassman Nursing students with an RPC Nurse leader in attendance for Q&A and raise brand awareness for underclassman 11/2022, 11/2023, 3/2024, 11/2024

Alfond Youth and Community Center, recruiting for MHW, FSW, and HCW positions for upperclassman and raise brand awareness for underclassman 4/2023

Kennebec Valley Community College (KVCC), recruiting for upperclassman Nursing students with an RPC Nurse leader in attendance for Q&A and raise brand awareness for underclassman 4/2023

Spruce Mountain High School, recruiting for MHW, FSW, and HCW positions for upperclassman and raise brand awareness for underclassman, created brochure to highlight FSW positions, 5/2023

Puritan Facility, recruiting for all positions and raise brand awareness 7/2023

Lewiston Career Center, Hiring Event for Health Care, recruiting for all positions and raise brand awareness 6/2023, 8/2023, 1/2024, 2/2024, 3/2024, 4/2024, 5/2024, 6/2024, 9/2024, 10/2024, 11/2024

Augusta Career Center, Hiring Events, recruiting for all positions and raise brand awareness 7/2023, 2/2024, 3/2024, 4/2024

Portland Career Center, Hiring Events, recruiting for all positions and raise brand awareness, 5/2024, 6/2024

Brunswick Career Center, Hiring Events, recruiting for all positions and raise brand awareness, 2/2024, 3/2024, 6/2024, 10/2024

Kennebec Neighbor Adult Education in Winthrop, recruiting for all positions and raise brand awareness, 6/2024

Employer Spotlight Table Events, Augusta Career Center, recruiting for MHW position and raise brand awareness, 8/5/2024, 8/26/2024, 10/15/2024, 10/28/2024

Employer Spotlight Table Event, University of Maine Farmington (UMF), recruiting for upperclassman for MHW and Psychology positions, raising brand awareness for underclassman, 12/2024

Strategy #3 Outreach Activities – hosting onsite and virtual meet and greets with various organizations to explore and develop recruitment channels.

Husson University, RPC for internship site, 6/2022

- Result, interested in internship opportunities. Barrier would be distance to travel but may work for a student in-between the two locations.

Kennebec Valley Community College, RPC as clinical site, 3/2022

- Result, interested in returning for nursing clinicals. Withdrew from our nursing clinical rotations in 2021 when clinicals cancelled due to covid. Currently, they do not have a preceptor available.
- Result, RPC hosting nursing clinicals 9/2024.

University of New England (UNE), RPC internship site, 6/2022

- Result, interested in internship opportunities. Barrier would be distance to travel but may work for a student in-between the two locations. Hosted 1st internship for 1 student 5/2023, hired as Graduate Nurse 6/2023.

Maine College Health Professionals, RPC as clinical site, 3/2022

- Result, interested in opportunities. Barrier would be the school is still using virtual MH unit since covid. Currently, they do not have a preceptor available.
- Result, meeting scheduled with Nursing faculty to partner with RPC Nurse Educators as guest speakers during their MH unit class or clinical site rotations.

University of Southern Maine (USM- Lewiston), RPC as clinical site, 4/2022

- Result, interested in opportunities. RPC hosted clinical site 8/2022. School withdrew from second rotation of clinicals due to not having a preceptor available, 10/2022.
- Result, RPC hosting nursing clinicals 9/2024

Beal College, RPC as clinical site, 2/2023

- Result, interested in opportunities. RPC hosted as clinical site, 4/2023 and scheduled for future clinical site 9/8/2023, 10/6/2023, 5/2024, 8/2024, 11/2024
- Result, 2 completed preceptorships

Jobs for Maine Graduates (JMG), RPC as site for their Career Exploration Compass Badge Program, 3/2023

- Result, interested in opportunities. RPC hosted a Non-Clinical Career Exploration Compass Badge Tour for students from Capital Area Technical Center (includes Cony, Erskine, Gardiner, Hall Dale, Maranacook, Monmouth, Richmond, Winthrop) and Cony High school, 5/2023, 11/2023, 5/2024
- Invitation to RPC to be a guest speaker at JMG Workforce Development Summit, Annual Meeting, 8/2023
- Invitation to JMG at Thorndike HS Career Days as guest Speakers with Acuity Specialists, 5/2024
- Invitation to JMG at UMA Career Exploration for 3 school districts totaling 60 HS students, 11/2024

Monmouth Academy, RPC hosted Career exploration event for their students, event held 5/2024

New Mainers Project, RPC as employer partner for New Mainers, contact with Michelle Pelletier, CareerCenter Consultant, 5/2023

- Result, interested in opportunities. Barrier would be safety with comprehension of our trainings due to language. An information meeting is being organized by Career Center Consultant for multiple employers to brainstorm solutions to overall barriers.

Central Clinical Placement Services (CCPS), meeting to join their online services to expose our clinical opportunities to more schools, 1/2024 – present

- Result, USM and KVCC schools initiated clinical rotations through CCPS.
- Result, St Joseph College requested in 3 nursing preceptorships through CCPS.
- Result, Beal College requested nursing preceptorships.

Fort Kent Behavioral Health Science Club, tour of facility with a meet and greet of our psychology department, 4/2024

Lunch and Learn Recruitment Spot with nursing clinical rotations, to educate nursing students on hiring timeline, expectations, and possibilities when exploring employment options and to highlight RPC as a standout employer, Beal College 5/2024, 11/2024, USM 10/2024, KVCC 10/2024, CMCC 10/2024

Overall outcome for RPC as a nursing clinical site - rotations scheduled for Fall 2024:

Beal College

- Mondays 11/25/2024 – 12/16/2024

Central Maine Community College (CMCC)

- Mondays 8/28/2024 – 10/7/2024

University of Maine Augusta (UMA)

- Tuesdays 9/10/20234 – 12/16/2024

University of Southern Maine (USM)

- Thursdays 9/5/2024 – 12/12/2024

Kennebec Valley Community College (KVCC)

- Fridays 8/30/2024 – 12/13/2024

Strategy #4 Retention – to build engagement and morale of staff through various touchpoints and program development.

Employee of the Month: to build morale a monthly hospital wide email is sent of collected peer-to-peer shout outs. These shout outs reflect and reinforce RPC standards of care and values. A vote is conducted, and winner receives one-month privileges to Employee of the Month parking spot, certificate of appreciation, and RPC branded coffee mug, 4/2022 - present.

Employee Bulletin Board: a team building activity is posted monthly for all employees to participate in to boost morale, 9/2021 - present.

National Recognitions: a hospital wide email is sent in honor of each profession's national recognition month to build pride for their contributions to our facility and extend our gratitude, 1/2023 - present.

Badge Design Vote: created multiple badge designs to engage employees in rebranding RPC image, 11/2022

DEI Content Development Survey: to introduce DEI concepts to employees, state RPC's commitment to DEI strategies, and assemble an action plan, 1/2023

Mentor Program Development Survey: to engage employees by providing an opportunity to share their ideas on mentorship and for leaders to gauge future participation of a mentor program for new employees, 2/2023

Employee Experience Survey for Contracted Nurses, MHWs and Locum Providers: to improve onboarding process and evaluate overall experience with our organization 2/2023 - present.

Perdue Global Education Alliance: a discount program for RPC employees to start, continue, or finish their higher education goals, to communicate to employees RPC's commitment to its mission statement and importance of education, initiated 6/2023 – was not approved by Commissioner's office 8/2023

Nursing Apprenticeship: a program through the DOL providing a student nurse one-on-one instruction and education from a highly experienced RPC Nurse preceptor for a designated timeframe. Nurse student would have opportunity to apply for Graduate Nurse position once NCLEX exam passed, initiated 7/2023

- Katie York, left before completion of internship, 8/2024
- Elizabeth Thibeault, scheduled start 1/2025

Piloting Stay Interviews for Nursing department. To retain staff, spot issues, enhance engagement, strengthen trust, and increase overall performance. Conducted by unit manager at 3 months, 6 months and yearly for all MHWs, Acuity Specialists and Nurses.

- OP EX initiated, 12/2023
- SharePoint created, 1/2024
- Sandbox completed, 2/2024
- Upper Kennebec initiated, 3/2024
- Lower Kennebec joined, 5/2024
- Lower Saco scheduled start, 11/2024

Annual Employee Engagement Survey, to gain data for guidance on direction of hospital initiatives, i.e., employee professional development, communication preferences, supervision, and team building 2/2024

Diversity in Hiring Conference, to guide DEI Committee on initiatives to create and foster a positive, respectful, welcoming environment for all staff, patients, visitors, vendors, and our community partners, 10/2023

RPC hosted Education Table Series with regional post-secondary schools, to enhance employee retention by showcasing educational and career growth opportunities:

- Purdue Global, 1/5/24, 1/2025, 2/2025
- Maine College of Health Professionals, 1/11/24, 2/2025, 3/2025
- University of Maine at Augusta, 2/1/2024

Internal Employee Display, create monthly slide decks of announcements (trainings, professional recognitions, new and contract employee welcome, education, employee benefits, etc.), to aide in diversifying communication methods with employees.

Strategy #5 Alternative Staffing – to supplement staffing needs while implementing recruitment efforts.

Per diem Staff:

- Reestablished Maine Staffing contract to open per diem pools of experienced staff, 6/2021
- Increased recruitment efforts of per diem pool through Indeed job posts, 6/2023 – present
- Added contract staff, 10/2023

    - Per diem Nurses, 6/2023 - 69 applications, 12 hires
    - Per diem MHWs, 6/2023 – 239 applications, 26 hires

- Per diem and Contract FSWs, 10/2023 - 224 applications, 6 hires
- Contract Cooks, 8/2024 - 15 applications, 2 hires
- Contract Pharmacy Technicians, 10/2024 - 4 applications, 2 hires

Nursing contracts:

- Adjusted established Worldwide contract to prepare for additional Nursing contracts, 7/2020 - present.
- Utilized AB Staffing contract for medical staff locum providers to expand options for Nursing contracts, 6/2020 – present.
- Added Supplemental Health Care Services to expand options for Nursing contracts, 12/2022 - present.
- Initiated a structured decrease in Nursing contract compensation, 3/2023
- 12/2023 contract amendments to reduce rate from $100.00 to $ 75.00.

Strategy #6 Evaluate Hiring and Onboarding – to identify barriers and implement process improvements to actively engage applicants during the hiring process.

Nursing Applicant Warm Introductions initiated warm calls to all nursing applicants to enhance candidate experience and decrease no shows to interviews, 7/2020 - present.

Expedited Offers, to increase applicant engagement during process by making offers pending background check clearances and references, 7/2022 – present.

Hiring survey for new employees, to gain data to improve hiring process and evaluating interview structure, initiated 1/ 2024

OSHA Medical Questionnaire and FIT Testing, initiated new process utilizing fillable PDF form with an auto send feature to medical provider for clearance to ease process flow for new employees, visiting students, current employees, and responsible employees, 9/2024

Riverview Psychiatric Center
Staff Development Plan

Staff development provides formal and informal educational opportunities to employees to gain and renew skills knowledge and aptitudes to develop a greater understanding of their responsibilities within their role. This can take the form of professional conferences, on-the-job training, new employee orientation, on-site workshops, trainings and/or conferences.
Riverview provides employees with an extensive training program beginning at Orientation then offered annually and periodically thereafter to ensure employees have the benefit of up to date, current, state of the art information to aid in caring for patients.
Riverview uses a hybrid model for training with some in person/live trainings and e-trainings provided through a Learning Management System, providing staff with greater access to educational opportunities.

Riverview Psychiatric Center Training and Developmental Opportunities include:

- **New Employee Orientation:** Designed to help recently hired employees acquire the base level knowledge and skills necessary to perform their jobs. In addition, orientation provides them with an overview of Riverview's Organizational Structure and introduces them to many of the administrative procedures with which they will need to become familiar. Initial orientation is followed by several on unit orientation days with an approved mentor/preceptor.
    - The classes meet all regulatory requirements of CMS, Joint Commission, Division of Licensing and Regulatory Services, OSHA and consent decree.
    - *See Appendix A*
- **Annual Training:** Each year, employees participate in annual training in-service education offerings designed to enhance knowledge and skill levels in specified subject matter and to ensure compliance with regulatory standards.
    - *See Appendix B*
- **"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 clients. Assists employees in obtaining competencies relevant to their position.
- **In Service Training/Education:** In-service trainings are developed as a result of employee/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. At times, these sessions are offered for graduate credit.
- **Periodic Follow-up Training:** Provided at the request of Administrators/ Leadership/Supervisors/Employees to increase knowledge and skills on a specific issue or focus area within the context of continuous quality improvement initiatives.

- **Leadership/Administrative support:** Assists in creating the environment for professional growth of employees. Leadership/Administrators/Supervisors work with employees to define and develop a professional development plan which provides opportunity to gain, develop and renew skills, knowledge and competencies.
  Leadership/Administrators/Supervisors encourage employees to attend in-service training/education. Support is provided through the education leave process.
- **Establishment of Peer Relationships**: Provides for growth by enabling employees to learn from the perceptions, experiences, and challenges of their co-workers, and also provides an emotional release from caregiver burnout/stress accompanied by the work provided.
- **Teamwork:** Provides opportunities for cooperative or coordinated effort and increases the opportunities to gain, develop and renew skills, knowledge and competencies in respect to job functions.
- **Performance reviews:** Annual performance reviews are a key component of employee development. Through the review process, the supervisor works with the employee to set goals for professional development. In-Service/Training/Education opportunities are often developed through the performance review process.
- **Needs Assessments:** Employee needs are assessed through performance review and continuous improvement processes. Employee Training Surveys have been instrumental in the development of in-service/training/education offerings to address employee training needs.
- **New Employee Orientation (NEO) Evaluations:** Evaluations are provided to new employees at the end of each orientation session. Evaluations are reviewed monthly. Adverse results are shared with Leadership and the Presenter/trainer. Modifications are made as needed.
- **Technology:** The use of technology provides for education/learning to be available "anytime, anywhere". Utilizing technology such as in an online setting (LMS) allows employees to access training when it's more convenient for them.

Appendix A New Employee Orientation Training Topics

1. Admissions, Treatment & Discharge

Objectives: Understand the process of admission and discharge as applies to both voluntary, non-voluntary, civil and forensic patients; understand their roles in the treatment team, and the ongoing implementation of individualized treatment plans.

Content:

- Admission: Client referral process for admission; medical and psychiatric pre-screening; admission staff, MWH, nurse, PA, security roles during admission; civil commitments and forensic categories; transfer to unit
- Treatment/ Recovery Process: 48 hour Service Integration meeting; 72 hour Treatment Plan meeting;
    - 7 day Comprehensive Psychosocial Assessment; 10 day Treatment Plan meeting; ongoing Treatment Team meetings;(Q 2 weeks for first six months) (1x monthly after six months)
    - Specialized Treatment Options; psychiatric emergencies; administrative hearings
- Transition/ Discharge Planning: Begins on admission; Service Integration and Treatment team meetings; assess patient needs for support & housing; apply, connect; reconnect for Entitlement Benefits (e.g. Soc. Sec.; MaineCare); Liaison with DHHS, AMHS CDC staff for placement assistance; referrals to community providers/ review and intake process; patients transition from RPC to community when clinically ready

2. Adult Development

Objectives: Learn the stages of adult development; identify major life struggles associated with specific age groups; understand how deficits may affect patient recovery

Content: Overview of Erikson's psychological stages of development and discussion of how experiences during various stages help shape an individual's world view

- Individuals have different psychosocial needs at various stages of development.
- Failure to have these needs met due to neglect, abuse or trauma, affects human development and can have long-term negative consequences.
- Addressing these deficits is frequently a part of the recovery process

3. BERT (Behavior Emergency Response Team)

Objectives: Define BERT. Understand the purpose & function of BERT

Content: Discuss interdisciplinary collaboration in assessing patient's behavior dyscontrol

- Safety is first priority
- Use of appropriate de-escalation & physical intervention strategies.
- Using team approach
- Identify roles and responsibilities (Incident Commander, on site commander,…)

- Importance of managing your own emotions/behavior

4. Bloodborne Pathogens/ Infection Control

Objectives: Identify exposure risks and learn practices necessary to avoid transmission of infectious diseases, incl. use and location of crash cart

Content:

- Reviewing proper hand hygiene, understanding of transmission and standard based precautions, donning and doffing of PPE, location of spill carts, and OSHA standards for safe injection practices and cleaning of fluid spills utilizing biohazard bags.
- Exposure Control Plan for diseases such as Hepatitis and AIDS; when and why "Standard Precautions" are used. Managing the six links in chain of infection:
    - Agent - microorganism capable of causing infection,
    - Reservoir – place where organism is living
    - Susceptible Host - living organism where the agent can live, possibly grow, and multiply
    - Mode of transmission - agent needs method of travel to host
    - Port of Entry and Port of Exit - way into or out of a new host: Respiratory, GI, GU tracts, skin, mucous membranes

5. Boundaries:

Objectives: Understand the seriousness of boundary issues; develop good self-assessment skills; identify potentially problematic situations and how to respond to them.

Content:

- Define dual relationships & therapeutic role
- Identify grooming behaviors
- Review hospital policy
- Discuss decision-making
- Identify potential problem areas
- Role play how to recognize and handle potential problems

6. Behavior Response Options (BRO) (includes Trauma informed Care, Collaborative Pro Active Solutions)

Objectives: Learn how to assess patient behavior in order to appropriately respond as early as possible. Demonstrate competency in verbal and physical de-escalation. Understand how to provide clear, informative, objective documentation. Understand the concept of minimum impact. Know how to safely contain aggressive behavior without injury to staff or clients.

Content:

- BRO System integrates knowledge about the impact of Trauma while teaching employees the fundamentals of Active Listening, Making a Positive Difference, Pro-

Active Approach to Care while identifying how to determine potentially dangerous situations at the earliest possible stage.

- Focused on achieving positive outcomes, RPC employees receive training which empowers them to work collaboratively to deliver quality care based on an individual's abilities.
- The program also provides humane and compassionate methods of dealing with aggressive people both in and out of the workplace.

7. CPR: Cardio-Pulmonary Resuscitation American Heart Association Basic Life Support for Healthcare Providers

Objectives: Demonstrate competency in performing CPR, relief of choking and use of AED (Automated External Defibrillator)

Content: American Heart Association BCLS and FR2 AED training courses. CPR for one-person adult/child, infant; two-person adult/child recovery position; FBOA conscious adult/conscious child, FBOA conscious infant; FBOA unconscious adult, unconscious child, unconscious infant barrier devices, and use of AEDs. Competency is determined through both written exam and correct demonstration
of all techniques.

8. Code of Conduct

Objectives: Understand Corporate Compliance Plan, e.g. relationships with other providers, third party government payers, acceptance of business courtesies, reporting violations, employee confidentiality, Whistleblower's Act

Content: Handouts: *Code of Conduct: Employee Handbook;* Compliance plan purpose statement; Leadership, **POLICY No: LD.** 4.40.3, Disruptive Behavior

- Explanation and discussion of Corporate Compliance Plan; Expectation of employees
  a) In-service education requirements
  b) Client rights and confidentiality
  c) False claims and third party relationships
  d) Controlled substances/substance abuse
  e) Equal opportunity
  f) Sexual harassment/intimidating/disruptive behavior
  g) Advertising/acceptance of business courtesies
  h) Conflict of interest/ political contributions
  i) Whistleblower Act

9. Collaborative Pro-Active Solutions

Objectives: Improve safety through Solving Problems Collaboratively and Proactively

Content:

1. Emphasis is on **problems** (and solving them) rather than on behaviors (and modifying them)… The problem solving is **collaborative** rather than unilateral…something you're doing *with* the patient rather than *to* the patient
2. The problem solving is **proactive** rather than emergent
3. This is possible if we answer two important questions: **why** and **when** is this patient challenging?
4. Understanding comes before helping

10. Communication

Objectives: Understand Hospital Communication methods.

Content:

Discuss various methods in which employees receive communication throughout the hospital.

- Interpersonal
- Email
- Common Drive & Navigation (includes dept. & individual specific drives)
- TV monitor at employee entrance
- Storyboards, and or posters displayed in common areas
- Recipients participating in Committees reporting back to recipient groups
- Newsletters and handouts

11. Confidentiality/HIPAA

Objectives: Understand range of confidentiality, the essential nature of confidentiality and the consequences of confidentiality breach

Content:

- Handouts: Management of Information, POLICY: IM.2.10, Confidentiality/Release of Information
- Discussion of situations that pose risk for confidentiality breach
- Thorough review of RPC Policy IM.2.10
  a) Security of records procedures
  b) Release of information laws
  c) Examination of records by clients
  d) Authorization to release information
  e) Releases for which authorization is NOT required
  f) Disclosure to law enforcement
  g) Faxing and Electronic transmission
  h) Subpoenas and court orders
  i) Management of confidential waste
  j) Prohibition against photocopying confidential records
  k) Safeguarding from fire and water damage

Complete HIPAA assessment Sign *Understanding of Confidentiality* statement and *Employee Confidentiality Contract.*

12. Consent Decree (included with Patient Rights/Rights of Recipients)

Objectives: Understand the origins of the decree, staff responsibilities regarding it, our facility's current status, and the necessity of its satisfactory resolution

Content

- Review background of the Consent Decree, discussing the conditions at AMHI which brought about the decree at AMHI, and consent decrees in other states; Film includes discussion by state of Maine team members who worked with the plaintiff's attorneys developing the decree.
- Review major sections and chapters of the decree, highlighting: grievances and complaints, least restrictive treatment setting, treatment planning, the right to refuse treatment, seclusion and restraint.
- Discussion to clarify employee obligations in implementing the decree, and provided update on the current status of the decree. Complete Consent Decree assessment.

13. Continuous Performance Improvement

Objectives: Broad understanding Quality Assurance, Quality Improvement, and Performance Improvement. Understand what agencies regulate us, and what the expectations are. Understand the Quality Program, Key Performance Indicators, Sentinel Events, Root Cause Analysis, Failure Mode Effect analysis, and ongoing Performance Improvement Projects.

Content

- Describe the quality plan, key performance indicators, and what improvements are being worked on in the hospital currently. Discussion on regulatory compliance, and where to find information on quality improvement.
- Handout: The Benchmark

14. Co-Occurring Disorders

Objectives: Learn about the inter-relation between substance abuse and mental illness, and ways to support clients with co-occurring disorders through recovery

Content

- Define Co-Occurring illness. Discuss the COSII objectives, its history and how these are implemented at RPC: Admission screening and assessment; language awareness; integrated treatment plans; 12-step programs, both in-service and community. Introduce and discuss the concepts of Motivational Interviewing and Stages of Change

15. Cultural Diversity

Objectives:

- Raise awareness and increase knowledge about diversity, inequality and social and economic factors
- Demonstrate an understanding of relationships between diversity, inequality, social, and economic factors
- Demonstrate an understanding of contributions made by individuals from diverse and/or underrepresented groups
- Examine attitudes about diverse and/or underrepresented groups

Content

- Civil Rights Act of 1964 mandates language access for all, regardless of national origin and prohibits harassment, ethnic slurs and other verbal or physical contact that create an intimidating, hostile, or offensive working environment.
- Review DHHS Policy #-35-08 Equal Employment Opportunity and Affirmative Action
- Review DHHS Policy #-05-04 Harassment
- Review DHHS Policy #-11-04 Americans with Disabilities Act
- Discuss scenarios that include gender, age, race, sexual orientation bias, both subtle and overt; discuss third party complaints; creation of hostile environment; false preconceptions; emphasize strengths derived from pooling of diverse experiences, world views, abilities, knowledge bases; discuss scenarios which demonstrate the benefits of communication, cooperation; explore and problem solve potential challenges.
- Complete Cultural Diversity assessment

16. Domestic Violence

Objectives: Know the resources available to victims and how to access them: EAP, Maine statutes, DHHS policies, the roles of HR and supervisors

Content

- Handout: DHHS Policy #12-05, Domestic Violence, Sexual Assault, and Stalking in the Workplace
- Review DHHS and Riverview safety goals; define Domestic Violence; discuss Power and Control Wheel; review offender and survivor statistics; outline and review statutory protections under Maine law, Title 26
- Discuss workplace response for offenders: discipline, protective orders and criminal misconduct. Discuss workplace response for survivors: safety plan components, EAP, referrals. Outline appropriate role for co-workers and for supervisors. Review scope of community services available and give Statewide Domestic Violence Hotline; 1-86683-HELP.Complete Domestic Violence assessment.

17. Emergency Preparedness

Objectives: Be completely familiarized with all components of the facility: location of stairwell, elevators, sally port function, key card readers and override lock; fire annunciator panel; describe strategies, prevention and response methods for multiple emergency events.

Content:

- Building familiarization: Numbering and lettering system; facility entrances; stairwell locations and function during emergencies; elevators access; egress pathways
- Safety-related systems & components:
    - Fire and smoke partitions
    - Horns & strobes
    - Egress signage
    - Intercoms
    - Cameras
    - Fire alarms pull stations

- Unit layout : Preventing elopements; doors, locks, overrides, panic hardware
- Locations of emergency response equipment:
    - Eyewash stations
    - Crash carts and Spill carts
    - Two-way communication equipment
    - Emergency stickers
    - Key cards and Identification
    - Portable emergency lighting
    - Portable first aid kits
    - Evacuation chairs
    - Portable fire extinguishers
    - Safety Manual
    - MSDS book

Competency requirements

Describe labeling components of the building; name the locations of all stairwells and elevators. Explain the proper way to make passage through doorways. Demonstrate how to use the following:

- Fire alarm pull station
- Fire annunciator panel
- Two-way radio
- Emergency override lock
- Card key readers
- Fire key

Describe prevention strategies for fires, falls and workplace injuries. Describe procedure for Lock Out/Tag Out. Complete Emergency Preparedness assessment.

18. Ergonomics

Objectives: Achieve a basic understanding of human anatomy and body mechanics in order to assess safety and risk, apply principles and avoid injuries

Content:

Define ergonomics: the science of fitting the job to the worker; convey basic knowledge of proper techniques of lifting; discuss potential back injury hazards and how to avoid them; discuss how to avoid eye-strain. Demonstrate stretching techniques. Explain how to adjust a chair, position, height

Explain how to complete an Injury Report--whom to notify, how/where care will be directed

19. Fall Risk

Objectives: Identify and address patient fall risks and to prevent associated falls.

Content:

PC.01.02.08 Define Fall Risks. Fall Risk assessment procedures and interventions to reduce falls based on the
patient's assessed risks.

20. Fire Extinguisher/Fire Safety

Objectives: Location and proper use

Content:

Fire prevention, fire behavior; classifications of fire; types of portable fire extinguishers, proper selection and use; demonstrate methods of extinguishment; R.A.C.E.; Equipment inspections: Initial procedures and safety practices; Review fire panels, location and reading; Discuss and role play evacuation and relocation; RPC's Fire Plan Review. Complete Fire Extinguisher assessment.

21. Forensics

Objectives: Learn the meaning of different forensic judicial statuses, how these differences affect treatment; know the roles of community support, crisis intervention and Outpatient Services

Content:

Distinguish between civil/non-legal holds and forensic/legal holds. Define the three types of forensic/legal hold statuses of Riverview clients

- Evaluation
- Incompetent to stand trial
- Not criminally responsible

Discuss how the differences between forensic statuses may affect client's length of stay and transition.

Review MHW and RN roles in delivering quality care. Emphasize non-judgmental behavior and objective documentation. Discuss the role of the security staff at RPC. Discuss the differences between NCR clients and civil clients as relates to off-campus privileges.

22. Harassment/ Hostile Environment

Objectives: Knowledge of acceptable behavior in a professional work environment; understanding of zero tolerance policy, the full meaning of workplace harassment and the consequences for misconduct

Content:

Handouts: DHHS Policy 05-0, Policy Statement Against Harassment; Management of Human Resources, **POLICY:** HR.31.0, Harassment. Define harassment: sexual, workplace, creation of hostile environment, disruptive behavior. Discuss Federal, state, DHHS and Riverview policies, legal precedents and consequences: zero tolerance policy. Review scope: sex, race, color, religion, national origin, age physical or mental disability, sexual orientation, marital status, and whistleblower activity.

23. Hazard Communications/Eye Wash/ Global Harmonization

Objectives: Recognize chemical, physical and systemic hazards, contraband. Understand Global Harmonization system for hazardous substances. Know proper emergency care for exposure; location and understanding of MSDs; eyewash stations, emergency equipment

Content

View and discuss SafetyWorks 20 minute film. Complete quiz. Demonstrate proper use of eyewash stations, location of emergency and safety equipment, locations of MSDS manuals. Review routes of exposure. Review proper workplace procedures for safe handling and use of chemicals including proper storage techniques, use of personal protective equipment, engineering controls, and spill containment/cleanup materials.

24. HR Policies

Objectives/Content:

Receive and understand the following DHHS policies: Harassment; Use of State Automation Equipment; Smoking; Weapons; Drug-Free Workplace; Ergonomics and VDT; Workplace Violence

Receive and understand the following RPC policies: Professional Attire; Storm; FMLA; Sick Leave; Vacation; Overtime; Children at Worksite; Use of Electronic Communication and Entertainment Devices; Personal Property Replacement; Safe Storage of Belongings; Disruptive Behavior; Use of cell phones

25. Identification of Patient Illness

Objectives: Know scope of primary care physician's role, know how specialized needs are charted and flagged; learn what signs may indicate adverse reactions.

Content:

Role of medical doctors/PAs in preventing and treating physical illness along with mental illness.

Note on admission patients receive screening and assessment for any medical condition, disease or disability, complete physical exam and needed lab tests. Discuss presentation of potential adverse reactions, the difference between a medical STAT call and a psychiatric STAT call.

26. Meditech

Objective: Teach employees the basic of the Meditech electronic medical record.

Content:: Interface with OIT to obtain account

Sign on to account

How to locate patient charts

How to write progress notes

Identify information which should be included in notes/documentation

Legal responsibility of documentation

27. Mental Health Disorders

Objective: To learn about and understand predominant mental health disorders of patients at RPC.

Content: Causes (Necessary, Sufficient, Contributory, Predisposing, Precipitating):

- Abnormalities in the neural systems that support emotion processing, reward seeking, and emotion regulation
- Hereditary factors
- Environment-including in utero, at birth, exposure to chemicals, external environment
- Early exposure to stress or trauma
- Traumatic brain injury
- Comorbidity: drug use disorders other mental disorders
- Maternal or Sensory deprivation
- Pathogenic learning (events that provoke undue anxiety, adoption of maladaptive behaviors, stimulus impoverishment)
- Parental feelings and attitudes
- Methods of behavioral control (punitive, contingent, inconsistent, over-protective, over-indulgent)
- Content of teachings (anxiety, guilt, shame, inferiority, inadequacy).
- Family structure (deficient or lack of models, discord, sibling rivalry, ordinal position).
- Traumatic Experiences of a repetitive or markedly elevated nature.

Symptomology

28. Language Access

Objectives: Identify and resolve language barriers using state and federal supported networks to allow equal access to all programs and services

Content:

Federally mandated initiative; review DHHS policy requirements; identify multiple ways of determining that a person may have Limited English Proficiency (LEP) and may need an interpreter. Demonstrate how to respond to a person to person or phone call (test call). Role play language access scenario. Note that Language Access materials are maintained on each unit. Review complaints' process: when and to whom to file a Title IV complaint. Complete Language Access assessment.

29. Patients' Rights (Includes Consent Decree)

Objectives: Understand the full range of client rights, the grievance procedure, the role of the client advocate

Content:

Handouts: Ethics, Rights and Responsibilities POLICY No: RI. 2.10, Client Rights and Responsibilities; Maine Department of Behavioral and Developmental Services, Division of Mental Health, *Rights of Recipients of Mental Health Services.*

Basic Rights:

a) Assistance in the protection of rights
b) Right to association
c) Right to privacy, confidentiality and humane treatment
d) Free exercise of privilege and benefits
e) Right to informed consent
f) Right to individualized treatment
g) Lest restrictive appropriate setting
h) Grievance rights and due process
i) Control and management of personal property
j) Fair compensation for work

Restriction and restoration of rights: Occurs only when there is a safety concern on the part of RPC **OR** when there is (1) A physician's order containing a documented rationale to restrict the right, a time limitation and behavioral restoration criteria and (2) a plan of restoration developed and documented on the client's Comprehensive Service Plan.

30. Peer Support

Objectives: Meet with consumers of mental health services to better understand their experiences and perspective, and to learn how peer support operates in this facility.
Content:
Overview of peer services, history, advocacy for consumers and role it plays in recovery
How Amistad functions at Riverview: integrated, yet independent In-facility support services; role of peer support worker as distinct from RN or mental health worker.

31. Psychoactive Medications

Objectives: Understand policy and procedures associated with psychoactive medications as regards client's ITP, potential adverse effects, emergency orders.

Content
Define and discuss how to identify several common adverse drug reactions. Discuss the importance of proper, timely response, the specific protocol for intervention and the hospital policy governing client care.
Educate about proper documentation procedure. Note how this information is tracked in client's chart, through Meditech and through RPC's Risk Management Process.

32. Pyxis Med Station Review (covered in Nursing Skills)

33. Recovery Model, Active Treatment and Harbor Mall

Objectives: **1**. Understand the principles of staff/client interaction designed to facilitate patients' health,
growth and recovery, and new approaches in the field.
2. Define CMS definition of Active Treatment.
Content:

Discuss Recovery Model v. Medical Model; define differences and areas of overlap. Discuss patient-led recovery: philosophy and practice. Detail and discuss elements that comprise the recovery system:

- RPC's primary responsibility to ensure psychiatric services (active treatment) is provided by or under the supervision of a Doctor of Medicine or Osteopathy, for the diagnosis and treatment of mentally ill persons.
- Individualized Service Plan and Treatment Team
- Goal setting (patient-centered locus of control)
- Integrated Peer Support services
- Recreational and Vocational Rehabilitation opportunities
- Educational, social and emotional provisions of Treatment Mall

34. Risk Management/Mandatory Reporting

Objectives: Learn skills and practices that reduce or eliminate risk in multiple areas; follow-up protocol for sentinel events; scope of mandatory reporting; definitions of abuse, neglect and exploitation.

Content:

Handouts: Improving Organizational Performance **POLICY:** PI.2.30, Clinical Risk Management and Provision of Care; Mandatory Reporting **POLICY:** PC.3.10.2, Allegations of Client mistreatment Including Abuse, Neglect or Exploitation

Identify of potential risks; Sentinel Events; address policy questions; review Mandatory Reporting policy.

35. Search Policy & Procedure

Objectives: Learn what items may pose a hazard to staff or clients, and how to conduct a thorough search to ensure a safe environment.

Content:

Handouts: Ethics, Rights and Responsibilities **POLICY No.** RI.2.130.4, *Contraband and Building Search;* Ethics, Rights and Responsibilities **POLICY No.** RI.2.130.3 *Client Property*

Discuss clients' property, rights to property and property access. Define and discuss what items are contraband, differentiate between contraband and monitored items. Discuss security screening and search procedures upon admission and after travel off-campus. Identify situations that would necessitate a unit search. Define imminent threat. Explain procedure for responding to contraband or suspected possession of contraband. Discuss documentation. Role play contraband search.

36. State of Maine Health Benefits

37. State of Maine Retirement Benefits

38. State Vehicle Policy

Objective: Understand State Vehicle Policy

Content: Discuss Traffic Laws, policy, rules and procedures associated with the use of the State Vehicle.
Sign out procedure
Cell phone
Mileage logs
Maintenance issues
Cleanliness

39. Suicide Awareness

Objectives:

1. Understand the difference between suicide ideation and planning.
2. Be familiar with statistics regarding gender, age, mental health status
3. Understand the risk factors and warning signs for suicidal behavior
4. Know how to intervene and access resources.
5. Define Ligature risk

Content: NAMI Suicide Risk Prevention Curriculum. Identify risk factors and warning signs and responses. Explain caregiver roles & responsibilities.

Explain RPC's efforts to achieve a "ligature-resistant" environment and promote safety for patients at risk of harm to themselves or others.

40. Trauma & Sexual Abuse (Included in BRO)

Objective: Define Trauma. Identify types and causes of trauma to better understand the impact of trauma on patients and importance of trauma informed care.
Content: Define Trauma & Types of. Explain how stress and trauma impact brain development. Discuss the impact of trauma/PTSD. Explain trauma informed care; psychosocial & environmental factors in providing therapeutic/active treatment for patients

41. Voices of Recovery/Consumer Perspective

Objectives: Provide information about Psychiatric Hospitalization &Community Mental Health Services and their Impact in the lives of MH consumers.

Content:

1. Impact of in-patient treatment and other mental health services
2. Informed-consent process
3. Importance of advance directives

4. The inclusion of patients and their families in treatment planning

42. Behaviors that Undermine a Culture of Safety, Code of Conduct, Professionalism, Ethical Aspects of care

Objective: Identify behaviors that violate RPC's Culture of Safety. Identify behaviors that support RPC's culture of safety. Identify behaviors that support professionalism. Understand role of the employee.

Content:: Review Behaviors that Undermine a Culture of Safety Policy. Discuss Ethical aspects of care. Define and discuss behaviors that support professionalism.

Appendix B Annual/Semi Annual/Bi-Annual Trainings

Annual

Behavior Emergency response Team (BERT)
Boundaries
Patient Rights/Rights of Recipients
Code of conduct/Behaviors that undermine a culture of safety

- Includes Harassment/Hostile Environment

Confidentiality/HIPAA
Creating a Positive Culture
Cultural Diversity
Emergency Preparedness/Duress System
Falls Prevention
Fire Safety
Hazard Communications
Infection Prevention and Control & Blood Born Pathogens
Life Safety
Mask Fit testing
Providing Age Appropriate Care (Young, Middle age, Older Adults)
Restraint Chair Refresher
Service Excellence
Suicide Awareness
Trauma and Sexual Abuse

Semi-Annual

Risk Management/Mandatory Reporting (RANE)

- Includes Boundaries

Bi- Annual

CPR/FA
Behavior Response Options