

# Dorothea Dix Psychiatric Center

## Legislative Update

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# The Hospital



State St, Bangor ME

# Mission and Vision

## **Mission**

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

## **Vision**

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

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

# SFY 2020 through 12/31/19

Beds – 51 (3 units with a maximum number of 17 beds/unit)

Beds for New Unit - 18

Average Daily Census – 30 - 33

Admissions – 54 (Civil – 25; Non-Civil – 29)

Discharges – 50 (Civil – 28; Non-Civil – 22)

Median LOS\* – 100 days (Civil – 108; Non-Civil – 81)

Median LOS\* after Not Meeting Medical Necessity – 32 days

(Civil – 26; Non-Civil – 51)

FTE Positions – 204, Vacancy Rate – 8% (12/19)

Staff out on WC\*/RTW\* – 3% (12/19)

FTE Positions for New Unit - 48

\*LOS – Length of Stay

\*\*WC – Workers' Comp

\*\*\*RTW – Return to Work

# Challenges and Opportunities

## Challenges

- Staffing – competing for clinical staff with other healthcare facilities throughout the region
- Recruitment/retention – competing nationally for qualified psychiatrists, primary care providers, psychologists, psychiatric nurse practitioners.
  - Locum tenens contracts – costly; quality; continuity of care
  - Compensation and benefits – must be competitive
  - Contract versus state employment
- Facilities – old building, HVAC, roof, bathrooms
- Regulatory – CMS, TJC, state licensing, rights of recipients
- Patient throughput – options for safe discharge of patients once they no longer meet medical necessity
- Electronic Health Record

# Challenges and Opportunities

## Opportunities

- Facilities – space to accommodate special care unit
- Staffing – additional training, change staffing complement, create culture that supports safety, become an employer of choice
- Recruitment/retention – increase use of mid-level providers, move away from locum tenens, have flexibility in recruitment packages, become an employer of choice
- Partner with RPC – look at ways to leverage relationship, residency program participation
- Visibility with the community/outreach – help dispel the mental health stigma, improve understanding of what we do
- New Unit

# New Unit

- Need – aging population, complexity of older patients with psychiatric and neurocognitive disorders, multiple comorbidities, polypharmacy
- Services – medical work-up and treatment, psychiatric assessment and treatment, neuropsychological assessments, therapeutic services, discharge planning
- Facility design – single floor, ADA compliant, single rooms,
- Discharge planning – safe discharge plan, coordination of outpatient services, discharge planning starts early in the inpatient stay

# Questions?

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