Department of Health and Human Services
Maine People Living Safe, Healthy and Productive Lives
Paul R. LePage, Governor
Mary C. Mayhew, Commissioner

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May 4, 2015

Senator Eric L. Brakey, Chair
Representative Andrew Gattine, Chair
Members, Joint Standing Committee on Health and Human Services
#100 State House Station
Augusta, Maine 04333-0100

Senator James M. Hamper, Chair
Representative Margaret R. Rotundo
Members, Joint Standing Committee on Appropriations and Financial Affairs
#100 State House Station
Augusta, ME 04333-0100

Dear Senator Brakey, Senator Hamper, Representative Gattine, Representative Rotundo, and Members of the Joint Standing Committees on Health and Human Services and Appropriations and Financial Affairs:

Please find attached a report as required in LD 236 from the Superintendent of Riverview Psychiatric Center (RPC) regarding staff and patient injuries and the use of overtime at RPC. The amendment to the bill requires RPC to report to the Joint Standing Committees on Appropriations and Financial Affairs and Health and Human Services on a monthly basis in April, May and June.

This report covers the month of March and provides detailed information to the questions enumerated in the amendment to LD 236. The bill passed on March 31, 2015 and thus any information provided does not reflect any changes that would be a result of the legislation.

Should you have any questions, do not hesitate to contact me.

Sincerely,

Mary C. Mayhew
Commissioner

MCM/klv

Enclosure

Riverview Psychiatric Recovery Center
March, 2015

	Descriptor	March, 2015	April, 2015	May, 2015
A	Number of hours of overtime worked by Mental Health Workers	1620.50		
A	Number of hours of overtime worked by Acuity Specialist	87.25		
A	Number of hours of overtime worked by Nurse	598.50		
B	Number of hours of mandated overtime worked by Mental Health Workers	312.00 (included above)		
B	Number of hours of mandated overtime worked by Acuity Specialist	0.00		
B	Number of hours of mandated overtime worked by Nurses	40.00 (included above)		
C	Number of reported injuries indicated the job classification, whether or not the event resulted in lost time and the predicted amount of time before the employee returns to a normal workweek	Acuity Specialist 5, 2 lost time MHR 14, 1 lost time RN 4, 0 lost time All but one staff has returned to work		
D	Number of staff injuries caused by CIVIL patients	8		
D	Number of staff injuries caused by FORENSIC patients including a designation for those who are incompetent to stand trial or are not criminally responsible	9 total 3 NCR 6 IST		
E	Number of reported injuries between patients	2		

F	Training schedule for Mental Health Workers, Acuity Specialist, and Nurses including the number of attendees and an explanation of how staff get released to attend training (see attachment)	See below		
G	Schedule for hiring the positions authorized by this Act	See below		
H	Copies of all communications with CMS related to recertification efforts	See below		

F. The training schedule for Mental Health Worker, Acuity Specialist and Nurse positions including the number of attendees and an explanation of how staff get released to attend training.

New Employee Orientation consists of five days of in class educational instruction, sixteen hours of MOAB (Management of Aggressive Behavior) and approximately twenty hours of supplemental trainings which are offered bi- weekly (3-4 hours per session).

The initial seven day New Employee Orientation is designed to help recently hired employees acquire the base level knowledge and skills necessary to perform their job effectively.

Supplemental Training is designed to provide additional education and knowledge to new employees after they have had some unit/department work experience in order to facilitate their ability to better understand and apply concepts.

Each new employee who participates in on unit/department orientation is assigned to a mentor or preceptor to provide them with opportunities to learn job duties associated with their position and/or care of individuals receiving services. This allows recently hired employees the opportunity to develop skills and abilities within their positions and develop positive therapeutic relationships with patients.

New Employees and mentors/preceptors work together to complete the initial competencies worksheet to ensure new employees are provided with job specific information, participate and complete specific tasks for attainment of competencies relevant to their position.

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

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

Access to Education Training: The Staff and Organizational Development program offers a variety of training opportunities to accommodate staff on all three shifts. There is a hospital wide online calendar with training opportunities; the same calendar is posted outside of the staff development offices. There is also a television monitor in the staff entrance which lists upcoming training programs. Staff members work with their supervisors about attendance at training opportunities and scheduling to ensure coverage on all of the units.

G. Schedule for hiring the positions authorized by this Act.

The anticipated positions were posted internally and externally (The SOM listing of vacancies) on March 27, 2015. The postings remained active through April 6, 2015. Applications have been received and scored. As of May 1, 2015, with Appropriations passage, RPC will begin interviewing Acuity Specialist applicants.

H. Copies of all communications with the Center for Medicare and Medicaid Services related to recertification efforts.

There was no correspondence to CMS during the month of March.