



Role of Riverview Psychiatric Center

Riverview Psychiatric Center (RPC) operates under laws established by the Maine Legislature to provide care and treatment for both voluntary and court committed patients as well as outpatients. The hospital has its own Advisory Board with by-laws covering organization, purpose, duties, appointment process, committees and relationship to the Medical Staff. The Advisory Board is chaired by Deputy Commissioner.

RPC is part of a comprehensive mental health system of services in Maine which includes community mental health centers with multiple branch offices, private psychiatric and community hospitals and private providers. In addition to the inpatient services, RPC provides outpatient services for clients who require such support in order to transition to, or remain in, the community.

Organization

Riverview Psychiatric Center was built in 2003 and occupied in June 2004. Prior to Riverview, state inpatient psychiatric care for the southern part of the state was provided by the Augusta Mental Health Institute (AMHI). AMHI was established in 1840 as the Maine Insane Hospital and was the only public mental hospital in Maine until the second hospital was built in Bangor in 1901. The name was changed in 1913 from Maine Insane Hospital to Augusta Mental Health Institute and then Riverview Psychiatric Center in 2004.

The hospital received its first accreditation under the Joint Commission in 1958 and has continued to be accredited. It is fully licensed as a hospital of the Maine Department of Health and Human Services. Riverview has applied for certification into the Medicare program. Recently RPC was surveyed by the Centers for Medicare Services in September of 2018 for enrollment and completed it's first of two reasonable assurance surveys. The 1st of two reasonable assurance surveys completed revealed the facility was in substantial compliance. The most recent and final full reasonable assurance survey was completed on January 30th, 2018. The exit of the survey was positive, as a result RPC is optimistic of full Medicare compliance for certification in the near future. RPC is awaiting final review from CMS for certification into the Medicare Program.

Program

RPC is a 92-bed psychiatric hospital and is organized into major clinical, administrative, and support service departments. RPC has four inpatient treatment units, admitting 241 and discharging 242 people in the last year January 1, 2018 - December 31, 2018. All four coed units provide an acute level of care. The Outpatient Program includes a Dental Clinic and outpatient clinic for approximately 60 clients who reside in the community. RPC provides forensic psychiatric services (observation, care, treatment, and evaluation) to patients from the Maine criminal justice system and the Maine courts.

Licensure

Riverview is licensed and accredited by the Department of Health and Human Services Division of Licensing and Regulatory Services, and The Joint Commission. Riverview is in process of attaining CMS certification for enrollment in the Medicare program.

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Mission

Riverview Psychiatric Center provides state of the art care to individuals with serious and persistent mental illness in Maine.

Vision

The Riverview Psychiatric Center, in collaboration with the community, will be a center for best practice, treatment education and research for individuals with serious and persistent mental illness.

Values

- R—Respect and Dignity
- P—Patients First
- C—Caring and Compassion



At a Glance

Admissions - 241 (1/1/18-12/31/18)
 Discharges - 242 (1/1/18-12/31/18)
 Inpatient Days - 26,468 (FY2017/18)
 Median Length of Stay 2018 - 90.6 days
 Median Length of Stay 2017 - 113.5
 Average Daily Census - 77.9
 Outpatient Services average census 52.6
 Patient Age Range from 18 to 77

Inpatient Origins

28% from Cumberland County
 28% from Kennebec
 13% from York
 10% from Androscoggin & Somerset
 21% from other Maine Counties & away

Top Diagnosis

1. Schizoaffective Disorder bipolar type
2. Schizoaffective disorder, Unspecified
3. Schizophrenia, unspecified

Top Medical Diagnosis

1. Essential Hypertension
2. Hypothyroidism
3. GERD

Additional statistical information is published quarterly by the Riverview Psychiatric Center in the Performance Report. These reports can be accessed through the RPC website at:

<http://www.maine.gov/dhhs/riverview/quarterly-report/index.html>

Riverview Psychiatric Center

Percent of restraint hours, all events. (Based on most recent National Research data)

Month / Year	Riverview	National
11/2017	0.07	1.37
12/2017	0.03	1.34
1/2018	0.02	1.31
2/2018	0.01	1.66
3/2018	0.01	1.53
4/2018	0.10	1.53
5/2018	0.01	1.49
6/2018	0.04	1.29
7/2018	0.13	1.34
8/2018	0.07	0.99
9/2018	0.08	1.03
10/2018	0.03	0.81
11/2018	0.00	0.92
Riverview Average:	0.05%	National Average: 1.27%

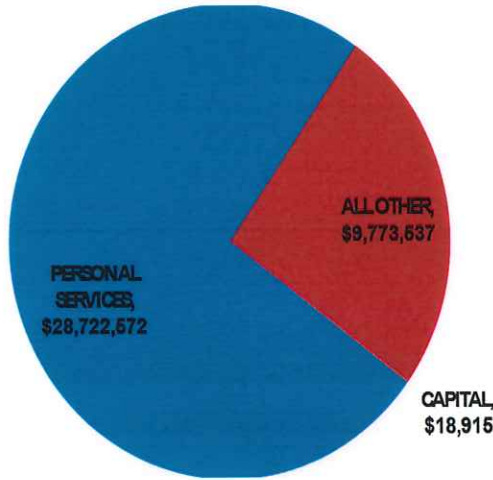
Seclusion Hours based on National Research Data (most recent)

Month / Year	Riverview	National
11/2017	0.37	1.79
12/2017	0.49	1.95
1/2018	0.28	1.61
2/2018	0.51	1.88
3/2018	0.06	1.50
4/2018	0.04	1.45
5/2018	3.42	1.16
6/2018	0.16	1.14
7/2018	0.43	0.82
8/2018	1.21	0.90
9/2018	1.44	1.58
10/2018	0.47	2.62
11/2018	0.42	3.39
Riverview Average:	0.72%	National Average: 1.78%

National data shows that Riverview has been committed to treatment of the patients they serve. Riverview serves some of the most highly acute, very sick patients, however RPC is able to maintain below the national average for seclusion and restraints.

Expenditures

Total Expenditures
\$38,515,023



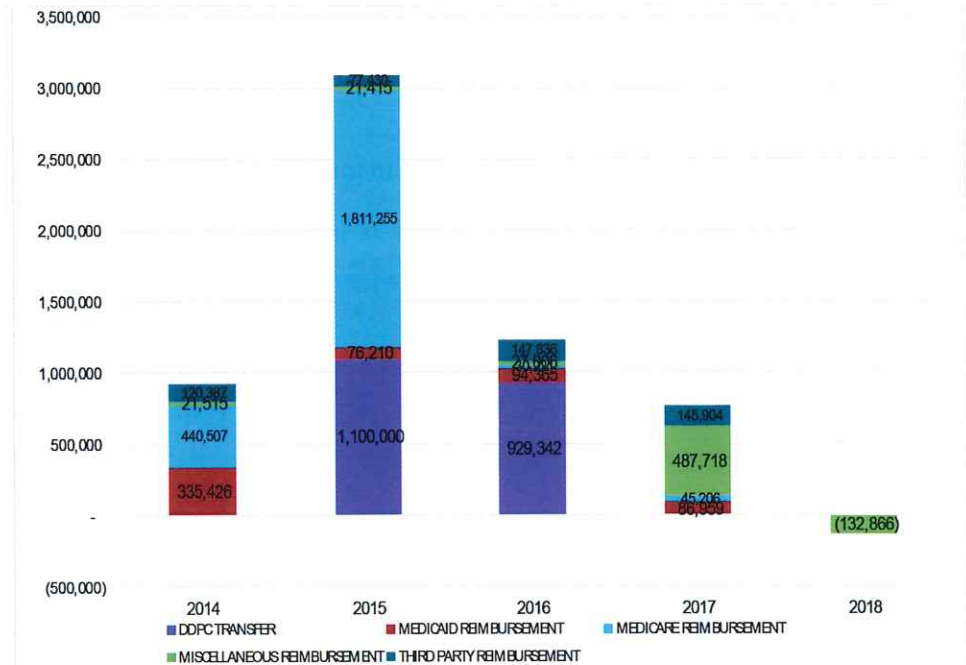
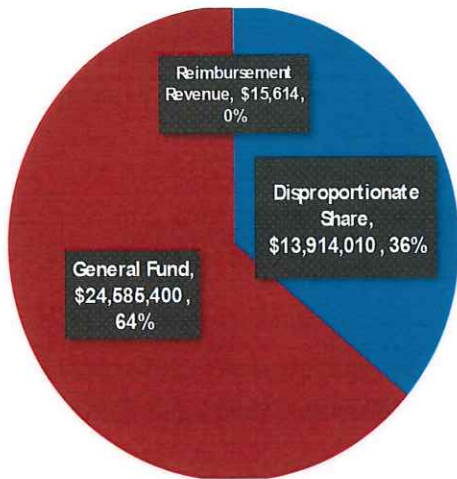
All Other by Category
\$9,773,537

ALL OTHER EXPENDITURES	
PROF. SERVICES, NOT BY STATE	5,151,559
TECHNOLOGY	1,244,219
SUPPLIES (includes Pharmacy)	1,077,562
PROF. SERVICES, BY STATE	475,796
COMMODITIES- FOOD	339,406
UTILITY SERVICES	336,785
REPAIRS	312,719
GENERAL OPERATIONS	231,878
RENTS	213,233
COMMODITIES- FUEL	204,850
INSURANCE	76,588
ASSISTANCE AND RELIEF GRANT	62,039
OTHER	46,904
Grand Total	9,773,537

PROFESSIONAL SERVICES, NOT BY STATE	
MEDICAL SERVICES	3,645,014
MISC PROF FEES & SPEC SRV	610,891
SECURITY SERVICES	285,686
NURSING SERVICES	137,610
ANALYST & LABORATORY SERV	135,874
HOSPITAL SERVICES	89,775
CONSULTATION SERVICES	82,054
LAUNDRY SERVICES	57,222
ACCOUNT & AUDIT SERVICES	44,895
OCCUPATIONAL THERAPY	21,464
INSPECT & INVESTIGATION	11,099
APPRAISER ARCHITECT & ENG	10,069
LEGAL SERVICES	9,215
TRAINING SERVICES	7,040
READER & INTERPRETER SERV	3,346
MEDICAL REPORTS	180
COUNSELING SERVICES	126
Grand Total	5,151,559

History of Reimbursement Revenues

Expenditures by Fund Type



Disproportionate Share is Medicaid funding available to hospitals which serve a disproportionate number of Medicaid eligible patients. Eligible hospitals are able to receive funding up to their level of uncompensated care.

Inpatient psychiatry is not a Medicaid covered service for the adult population. Reimbursement from Medicaid claims for those under 21 or over 65 is included in the Reimbursement Revenue.

The Department of Health and Human Services Cost Allocation Plan transfers revenues from non-General Fund accounts to support work performed by the Department. Details of the Cost Allocation Plan and its

Independent Audit

Annual audits of the State of Maine are performed by the Department of Audit. Audit reports can be found online at <http://www.maine.gov/audit/reports.htm>.

The Riverview Psychiatric Center also submits an annual Medicare Cost Report to the Centers for Medicare and Medicaid Services.

What's Next

Key Initiatives



A Few Key 2017-18 Accomplishments

Riverview Psychiatric Center recently underwent Federal Survey by Centers for Medicare Services and is awaiting certification and approval into the Medicare program. The future at Riverview is not only compliance with these important entities but innovation and growth, providing excellence in care and treatment to patient. updated OPEGA response from 2016 was submitted, the committee voted to close all investigations, completed a comprehensive review and response to CMS deficiency statements since 2013 and contracted with Barrins and Associates to identify potential ligature risk and overall preparation for CMS Survey.

Continued with minimal mandating and overtime below national standards of direct care staff, staffing ratios remain above those outlined in the consent decree, vacancies remain at an all time low, no per diem direct care staff, and the facility has maintained the minimal use of contracted nursing staff.

RPC has successfully utilized the legislature approved 106 and 107 hearings to better serve our forensic population, resulting in engagement in active treatment and decreasing length of stay.

Overall hospital wide median length of stay has decreased.

The Future of Riverview

Riverview Psychiatric Center strategic plan for 2019-20 provides priorities, key activities and measures of success. Key initiatives include:

Treatment: Active treatment is 100% compliant, increase discharges by 20%, reduce median length of stay, record compliance at 100%, and maintain wait list of 5 days or less on average.

Continuous Quality Improvement: RPC is committed to Zero medication errors resulting in harm to patients, and continued efforts to maintain a medication error rate below the national average per NRI data. Continued efforts to excel in active treatment with priorities to add the Illness Management Recovery program for best practice and improved patient care. RPC is also committed to safety with environmental risk of ligature. Riverview will reduce its ligature (as defined as anything which could be used to attach a cord, rope, or other material for the purpose of hanging or strangulation) risk by March 1st, 2019 through engineered and human fix as evidence by a reduction in the risk assessment score by 50% and zero suicides by ligature.

Workforce: Maintain less than 6% vacancy rate, reduce frequency of turnover of direct care staff from 22.5% to 20%. 100% of RPC medical providers are permanent. This is a giant accomplishment and unique compared to other Maine Hospitals.

Safety: Zero medication errors that result in harm or death to patients. Maintain a medication error rate below the national average, decrease staff assaults by 15%, maintain a safe environment with 0 suicides, decrease and maintain seclusion and restraint events below the NRI data.

Compliance: Obtain CMS certification, resolution for all cited deficiencies, and plan for all opportunities of improvement, and obtain deemed status from The Joint Commission.

Financial Management: Reduce per patient day cost on all inpatient stays to meet national standards, review of superbills for payment performance, obtain contracts with insurance providers, review of dental clinic billing and denials, and obtain a EMR for improved patient care, safety, and optimal billing.

◆ **Operations:** Implementing an electronic medical record is a high priority for best clinical and safe practice. Ligature risk completed by March 1, 2019.

We want to hear from you.

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Please let us know by contacting Wendy Waltz at Wendy.M.Waltz@maine.gov. For more information on our services, visit our website at:

<http://www.maine.gov/dhhs/>

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