

Two Hospitals Prepare for Opening

Maine is just months away from the opening of two new acute care hospital facilities.

When the new Mid Coast Hospital in Brunswick and Bridgton Hospital in Bridgton open later this year, it will mark the first time in more than 20 years that Maine has had an entirely new acute care hospital facility. (The Acadia Hospital in Bangor, a psychiatric hospital which opened in 1991, is on the site of the former Taylor Osteopathic Hospital.)

Both hospitals, scheduled to open in December, have reduced the number of licensed beds in order to make the hospitals more cost effective and efficient. Bridgton will have 21 beds; it currently has 40, while Mid Coast will have 100; it currently has 144.

In order to facilitate the pending moves, transition teams have been set up at both hospitals. Everything from installing telephone and computer lines and testing equipment, to labeling doors and hallways and moving patients has to be carefully orchestrated in order to ensure a smooth transition for both staff and patients. Several teams have been formed at both hospitals for orientation of all staff, clergy, social workers and others who work with hospital patients on a

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Hospitals Announce Plans to Alleviate Growing Workforce Shortage

At news conferences earlier this month in Biddeford and Bangor, the Maine Hospital Association raised concerns about a current healthcare workforce shortage that is only expected to worsen in the years to come.

“As serious as our problem is, we do not—at this time—appear to have as much of a problem as many other states,” said MHA President **Steven Michaud**.

According to the American Hospital Association:

- ◆ The national RN vacancy rate now stands at 11 percent compared to Maine’s 9.4 percent rate;
- ◆ The RN vacancy rate in large states now stands at 13 percent; and,
- ◆ In New Hampshire, the vacancy rate is reported to be 12 percent.
- ◆ Nationally, there are an estimated 126,000 unfilled nursing positions in hospitals; here in Maine, that figure today is nearly 500.

“Although we do appear to be better off than many other parts of the country, hospitals leaders here in Maine view the current workforce shortage—and the prospect of even greater future shortages—as their number one concern,” Michaud told reporters. “...There is not a crisis today. In fact, by recognizing this trend today and getting out in front of the issue, we are confident we can avoid a crisis in the future.”

At a time when Maine people are relying on their hospitals more than ever before, a growing—and serious—shortage of healthcare workers raises the question of who will care for Maine people in the years to come. This question led MHA to conduct two studies of the state’s healthcare workforce over the past year. The Association will use the data to forecast future trends and work with hospitals in implementing creative ways to recruit and retain healthcare workers.

“This is the third major nursing shortage I have experienced in my own career. But it is—by far—the most troubling,” said **Dolores Hopper**, R.N., OMNE: Nursing Leaders of Maine, and Vice President of Patient Care at Goodall Hospital in Sanford.

“...Past shortages were temporary, relieved by changes in

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New Agreement Reduces Regulatory Burden, Facilitates Nurse Licensure

Maine has signed onto a new agreement that will make it easier for nurses to practice in more than a dozen states without being required to attain additional certification or licensure.

Under the Nurse Licensure Compact, which was recently signed by the Maine State Board of Nursing, a nurse holding a license from a state participating in the Compact Program will have the ability to practice nursing or conduct educational sessions in any state that is also a member of the compact. Maine is among 15 other states that have already signed onto the agreement. The arrangement is expected to lead to increased information sharing by encouraging and enabling more Maine nurses to attend and lead educational training sessions out-of-state without being required to obtain additional licensure. The move is welcomed by MHA's Workforce Initiative Group because of its potential to reduce the time it takes to recruit experienced nurses from out-of-state.

MHA is also taking steps to further improve workforce recruitment and retention strategies around the state. The Association's Workforce Initiative Group is currently surveying hospitals to gather information about trends among professional nurses. The Association will use the study to determine whether Maine hospitals are finding it more difficult to recruit and retain nurses. Based on the survey's findings, the Workforce Initiative Group will make recommendations to hospitals on how to step up and focus recruitment and retention efforts. The group is a collaboration of MHA, the Maine Society for Healthcare Human Resources Administrators, and OMNE, Nursing Leaders of Maine. **MHA Contact: Kathleen Stuchiner**

New State Panel Will Assess Healthcare Delivery System

A new state commission is being established this summer that will be charged with setting standards by which elected officials and others can regularly assess healthcare in Maine.

The new group is being formed as a result of the Governor's Year 2000 Blue Ribbon Commission on Healthcare—which concluded that the state lacked the necessary data to make credible recommendations on healthcare issues and that better planning was needed to ensure that healthcare dollars are being spent properly.

The Maine Health Performance Council will be charged with preparing and maintaining a long-range plan that includes goals, objectives and performance measures in the areas of cost, access, efficiency, quality and distribution of the healthcare delivery system in Maine. The Council, comprised of up to 13 employers and consumers appointed by the Governor, will consult with healthcare professionals and providers, citizens, managed care companies and government officials as they make recommendations to improve the state's healthcare system. Some of the members will include the Commissioners of the Department of Human Services and the Department of Professional and Financial Regulation. Subcommittees comprised of healthcare providers, insurers and other key stakeholders, will also be established to advise the Council on vision, goals and measures.

The Council's functions will include:

- Preparing a vision and principles for healthcare in Maine;
- Developing healthcare goals and objectives to achieve the vision, in the areas of access, cost, efficiency, quality, status, service capacity and distribution of Maine's healthcare system;
- Reporting annually on Maine healthcare performance to the Governor, Legislature and the citizens of the state.

The Maine Health Care Performance Council, which will sunset in six years, will be managed by the Maine Development Foundation and modeled after the state's Economic Growth Council. After six years, the performance and purpose of the Council will be reevaluated and modified accordingly. The Maine Development Foundation will manage and deliver the work of the Council, contract with research and data providers and will provide a small staff for management and technical support. Initial funding for the Council will be based on a \$150,000 Robert Wood Johnson Foundation grant, which was awarded to the group in June. Further resources will be financed through private, non-governmental grants.

MHA is in contact with the Maine Development Foundation and will be in close connection with the Council as it begins its work. **MHA Contact: Mary Mayhew**

MHA Report Finds Statewide Increase In Utilization

MHA's statewide analysis of hospital financial indicators shows that utilization across all lines increased at Maine hospitals in 2000.

Some interesting findings illustrated in MHA's Quarterly Financial and Statistical Report (which reflects data from 2000) include:

- Total inpatient discharges up 1.85%
- Total emergency department visits up 3.68%
- Total ambulatory surgery (outpatient surgery) up 7.28%

MHA believes some of the factors that are contributing to the increased utilization include: Maine's aging population, a shift of services to outpatient settings and increased use of the emergency department as an entry point to receive healthcare. In emergency departments alone, hospitals recorded nearly 600,000 visits to the ED in 2000—a figure that's roughly equivalent to half of Maine's entire population. **MHA Contact: Mike Brannigan**

Rural Hospitals to Receive Grant to Improve Access

Maine's six Critical Access Hospitals and other small, rural hospitals will soon receive more than \$200,000 in federal funding to improve access to rural healthcare services.

The grant will be awarded to the Department of Human Services at the end of the month under the Rural Hospital Flexibility Program, which helps enable small, rural hospitals to reconfigure their operations and be licensed as Critical Access Hospitals (CAHs). It also supports current CAHs by allowing them to further extend and expand their services.

According to **Michelle Mosher**, Program Manager, Office of Rural Health at the Department of Human Services, the funding is from an annual federal grant renewal and will be used for hospitals to convert to critical access status, for rural health network development, for Emergency Medical Services improvements and to develop other projects that enhance a Critical Access Hospitals' community health services. In addition to the \$200,000 grant, further funding is earmarked for DHS administrative functions. This is the third year Maine's CAHs have received this grant.

"Rural hospitals throughout Maine play a crucial role in providing access to quality, affordable healthcare for thousands of individuals who live in less populated areas," U.S. Sens. **Olympia Snowe** and **Susan Collins** said in a joint statement. "Funds awarded...will give our state's rural hospitals the funding and support they need to provide the best possible care for residents."

Blue Hill Memorial Hospital, Calais Regional Hospital, C.A. Dean Memorial Hospital in Greenville, Mount Desert Island Hospital in Bar Harbor, Penobscot Valley Hospital in Lincoln, and St. Andrews Hospital in Boothbay Harbor are Maine's six CAHs.

To qualify for CAH licensure, a hospital must maintain 15 or fewer licensed acute care beds, be located at least 35 miles from the nearest hospital, be open for 24-hour emergency care and have an average length of stay of 96 hours or less.

MHA Contact: Tammy Butts

Workforce, continued

the education system, personnel practices and economic environment. Significant social and economic changes over the last two decades have combined to make this shortage more serious and longer lasting."

"Although hospitals still employ more nurses and other health professionals than other organizations—the need for around-the-clock staffing has driven nurses and other healthcare personnel to practice in other less stressful and less demanding settings," said **Helen McKinnon**, R.N., President-Elect, OMNE: Nursing Leaders of Maine.

MHA's new study, which was unveiled at the post-Labor Day news conferences, found that the number of unfilled RN positions has risen by more than 40 percent in the last year alone—meaning that one of every ten RN positions is now vacant. Other allied health professionals, including CNA's, radiology and laboratory technologists and pharmacists, are also reported to be in short supply.

"Just look at the classified ads in newspapers across the state and you'll get a feel for how great our need is," said **Tom Girard**, President, Maine Society of Healthcare Human Resources Administrators. To help meet the changing needs of healthcare workers, "...major changes are taking place [throughout our hospitals] to create more 'family friendly' environments. Many hospitals now offer more flexible work schedules, job-sharing and more opportunities for career advancement on the job. Some hospitals even offer on-site day care," said Girard.

During the news conferences, hospitals highlighted steps they're taking to assure quality care and to recruit and retain a highly committed healthcare workforce. More than two out of three Maine hospitals report that the workforce shortage has forced them to take very specific steps aimed at ensuring that patients continue to receive the highest quality of care, despite increased demand for hospital services and the growing shortages of key caregivers. These hospitals have:

- ◆ Increased waiting time for patients seeking elective services;
- ◆ They've temporarily reduced bed capacity; and, they've
- ◆ Worked together at the local level to transfer patients to other nearby hospitals for care when there was not sufficient staff available.

MHA's news conferences received positive statewide media attention. Television, print and radio media reported on the workforce shortage and issued a call to qualified and potential healthcare workers. MHA, however, strongly objected to comments made by the Maine State Nurses Association (MSNA), who laid blame for the shortage at the feet of hospitals.

"It is a crisis, but it's the hospital industry that caused the crisis," MSNA's Executive Director **Patricia Philbrook** told the Associated Press. She also said a hospital-imposed hiring freeze in 1994 led to lower nursing school enrollments and was followed by a restructuring in which non-nurses were hired to perform nursing tasks. (MSNA currently represents the interests of about 1,600 nurses—or less than 10 percent of the 20,000 actively licensed nurses in Maine.)

MHA's new study, which was distributed to hospital members, is available on MHA's website (www.themha.org) under "What's New." The report reflects data provided by 34 of Maine's 39 hospitals.

MHA Contact: Jim Harnar

Hospitals Opening, continued

regular basis.

Some of the most recently built hospitals in Maine include:

- Mayo Regional Medical Center, Dover-Foxcroft (opened 1978)
- Penobscot Bay Medical Center, Rockport (opened 1975)
- Southern Maine Medical Center, Biddeford (opened 1979)

For more information or to view photos of the new Mid Coast Hospital, go to www.midcoasthealth.com. For more information about the new Bridgton Hospital, contact **Pam Smith** at 647-6055.

MHA Contact: Jim Harnar

MRC Marks Twentieth Placement

As temperatures climbed across New England this summer, so did the number of physician placements in Maine through the MRC.

MHA's Maine Recruitment Center (MRC) marked its 20th physician placement since its inception less than two years ago. The two most recent placements included family practitioner at Penobscot Bay Medical Center in Rockport and at the MaineGeneral Health Association in Winthrop. MRC staff are working now to fill vacancies for physician openings across the state in areas such as general surgery, family practice, internal medicine and orthopedics. MRC staff members recently showcased an exhibit at the American Academy for Family Practice in Kansas City aimed at recruiting physicians to Maine. More than 45 residents approached the MRC display to express interest in practicing in Maine. With 100 doctors needed statewide at any given time, the conference offered an excellent opportunity to develop contacts and promote Maine's healthcare career opportunities.

MHA Contact: Jane Ham

New MHA Website Serves as Hospital Resource

MHA has launched a new website that will serve as a multifaceted resource for hospitals. With a just click of a button, information about each MHA member hospital is available, as well as:

- ♦ Legislative contact information (state and federal)
- ♦ MHA education programs
- ♦ Trustee orientation information
- ♦ Listing of Hospital Affiliations and Network Systems
- ♦ Healthcare Career Opportunities
- ♦ Contact information for MHA staff
- ♦ Links to healthcare organizations

To check out the new site, go to: www.themha.org. **MHA Contact: Abby Greenfield**