

Important CMH Information



Change in Incident Command leadership from Kris Chaisson to Dr. John Alexander, effective Oct. 12, 2021

A message to CMH team members from CMMC VP of Nursing and Patient Services Kris Chaisson, MS, BSN, RN, CCRN, and Chief Medical Officer John Alexander, MD, MHCM, FACEP

Given the current and impending staffing crisis our organization is facing, the focus of Incident Command is adapting to include our staffing contingency plans, effective today. Over the past 24 hours, we have taken several immediate actions to ensure the delivery of safe patient care to our community.

First, we have temporarily suspended pediatric admissions to Central Maine Medical Center. Just as we have done at other times throughout the pandemic, we will no longer admit pediatric patients to M4 nor will we schedule procedures on pediatric patients who require an overnight stay. Our staffing on M4 needs to be focused on the greater community need, acutely ill adult patients. We have notified our partners in the community and region, as well as the state of this action.

Second, we have temporarily suspended the admission of trauma patients to the organization due to staffing challenges in critical care. This includes acceptance of transfers from outlying facilities. In the event a patient presents to CMMC for these services, our emergency department and trauma teams will treat and stabilize the patient and then transfer to an appropriate facility for admission. Once again, we have notified our partners in the community and region, as well as the state of this action. We will be evaluating the need to suspend admission to these services at least every 24 hours, as we serve a vital interest to our community, and our status may change regularly based upon the availability of critical care staffing.

Third, effective Oct. 25, 2021, we will temporarily suspend our Level 2 special care nursery services until further notice. With the critical shortage of nursery and obstetrics nurses and the anticipated increase in deliveries over the next 2-3 months, we made this difficult decision to ensure the well-being of our patients and our staff. We will be re-evaluating our status after the 1st of the new year.

Finally, from 4 p.m. yesterday until 10 a.m. this morning, we notified local EMS agencies and local hospitals that the CMMC ED went on ambulance diversion. This action was taken at a time when we had 18 patients boarding in the ED, 16 patients on Y4 and were projecting severe staffing shortages overnight in both areas. The notification that was published on our website created a great deal of attention. Please know that the intent of the action was to limit ambulance traffic coming into the CMMC ED in order to both ensure the safe care of patients already at CMMC as well as those arriving by ambulance. This is not an action taken lightly, and it may be an action we must take with little notice in the future.

As always, if you have questions or ideas, please share them with your direct supervisor or email them to the [Ask A Question](#) mailbox.

Here are the latest Incident Command objectives:

Objective 1 - Keep team members, patients and visitors safe

Our first priority has and will continue to be keeping you, our team members, our patients and our visitors safe. We continue to monitor on a daily basis the impact of COVID on our hospital census, facility capacities, and workforce. Given our workforce challenges, we are also assessing capabilities every 4 hours in all three hospitals and making decisions regarding reallocation of staff for areas of heightened need. Keeping patients safe also means ensuring appropriate access to and information about services. As team members, your safety includes not only preventing exposure to COVID, but also your physical and emotional well-being. One focus of Incident Command will be the support available to team members under duress.

Objective 2 - Develop workforce contingency strategies within and across CMMC, CMMG and Region 3

The operations branches of the Incident Command System (ICS) will commence this week to look at all

services. Members will work within service lines to understand workforce challenges and impact and identify contingency strategies. Our workforce contingencies include the worst-case scenarios of further reducing ICU, medical/surgical and operating room capacity due to the workforce crisis.

Objective 3 - Execute on mitigation strategies with focus on maintaining procedural capacity, critical care capacity, ED capacity, inpatient capacity, then clinic capacity

Thanks to many team members, we have identified mitigating strategies to execute. Both operational and physician leaders have submitted ideas to help with staffing and these will be vetted via ICS and operationalized and tracked by operations branches. We continue to aggressively recruit new staff including traveler RNs as part of our response.

Objective 4 - Partner with external agencies and State for workforce assistance

Members of the senior leadership team and physician leadership have been working with local, state and federal officials as well as the state Department of Health and Human Services to share our current reality and future state related to workforce challenges and contingency plans. We are not only informing but also seeking education about any resources that we maybe able to take advantage of and various ways we can collaborate for assistance.

Objective 5 - Keep all informed

Incident Command will be sending out **daily email updates** to keep all team members informed of current state and any upcoming organizational changes. Incident Command will hold at least one CMHC directors and managers Teams meeting weekly to inform current capacity, describe completion of any strategies and answer any questions.

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