

# DOWNLOAD PDF APPENDIX C: STATISTICS OF CENTRAL MAINE GENERAL HOSPITAL

## Chapter 1 : Critical Access Hospitals (CAHs) Introduction - Rural Health Information Hub

*Are you sure you want to remove The quiet revolutionaries from your list?*

Raising the Bar for Health Care Performance. Previously, he served as president and chief executive officer of Group Health Cooperative of Puget Sound in Seattle from to Prior to that he was executive vice president of the American Hospital Association from to , and from Page Share Cite Suggested Citation: At the Breaking Point. The National Academies Press. Warden is a graduate of Dartmouth College and holds an M. He has an honorary doctorate in public administration from Central Michigan University and is a member of the faculty of the University of Michigan School of Public Health. Before joining Kaiser Permanente, Dr. Chu was president of the New York City Health and Hospitals Corporation, with primary responsibility for management and policy implementation. Prior to that, he was senior associate dean at Columbia University College of Physicians and Surgeons. He has also served as associate dean and vice president for clinical affairs at the New York University Medical Center, managing and developing the clinical academic hospital network. Chu is a primary care internist by training, with extensive experience as a clinician, administrator, and policy advocate for the public hospital sector. He was senior vice president for medical and professional affairs at the New York City Health and Hospitals Corporation from to During that period, he also served as acting commissioner of health for the New York City Department of Health and acting executive director for Kings County Hospital Center. Chu has extensive experience in crafting public policy. His areas of interests include health care access and insurance, graduate medical education policy, primary care, and public health issues. He has served on numerous advisory and not-for-profit boards focused on health care policy issues. He served as dean of the Heller School from to a In August he again assumed the deanship of the Heller School. Department of Health, Education, and Welfare, “; chair of the congressionally mandated Prospective Payment Assessment Commission, “; and a member of the Bipartisan Commission on the Future of Medicare, “ Altman has testified before various congressional committees on the problems of rising health care costs, Medicare reform, and the need to create a national health insurance program for the United States. His research activities include several studies concerning the factors responsible for the recent increases in the use of emergency departments. He holds a Ph. Paul, Minnesota, and is an associate professor and vice chair of the Department of Emergency Medicine at the University of Minnesota. To develop his interests in research and health care policy, Dr. He is currently studying methods for enhancing the reliability and efficiency of health care operations, particularly strategies for improving patient flow in hospital settings. In he moved to the University of Connecticut School of Medicine, where he has served as scientific director at the Alcohol Research Center and interim chair of the Psychiatry Department. In he became chair of the Department of Community Medicine and Health Care at the University of Connecticut School of Medicine, where he directs an active research program. Babor is regional editor of the international journal Addiction. Prior to completing his undergraduate education, he was employed as a police officer in Chapel Hill, North Carolina, and served as a volunteer member of the South Orange Rescue Squad. Bass completed an internship and residency in the Navy and is currently board certified in both emergency medicine and family medicine. He is clinical associate professor of surgery emergency medicine at the University of Maryland at Baltimore and is associate professor in the Emergency Health Services Program at the University of Maryland, Baltimore County. He continues to serve in the role of director of trauma. Eastman received his medical degree from the University of California, San Francisco, where he also did his general surgical residency and served as chief surgical resident. He spent a year abroad in surgical training in England at Norfolk and Norwich Hospitals. Eastman served as chair of the Committee on Trauma for the American College of Surgeons from to This organization sets the standards for trauma care in the United States and abroad. The position led to his involvement nationally and internationally in the development of trauma systems in the United States, Canada, England, Ireland, Australia, Brazil, Argentina, Mexico, and South Africa. Eastman has authored or coauthored more

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than 25 publications and chapters relating principally to trauma. He has held numerous appointments and chairmanships over the last two decades, including chair, Trauma Systems Committee, for the U. Centers for Disease Control and Prevention. He is board certified in pediatrics, emergency medicine, and pediatric emergency medicine. He has published extensively in the field of EMS for children, has been principal investigator for several federal grants, and serves as a consultant to the New York City and State departments of health, as well as to federal programs such as those of the Maternal and Child Health Bureau, the Agency for Healthcare Research and Quality, and the National Highway Traffic Safety Administration. As a partner in Phase 2 Consulting, a health care management and economic consulting firm, Ms. Gamble led performance improvement and strategic planning efforts for major hospital systems, managed care entities, and university faculty practice plans. She holds an M. Gaskin is active in professional organizations. He has served as a member of the board of directors of the NEA. He has chaired the disparities program committee for Academy Health. Gaskin earned his Ph. While in Orange County, he was instrumental in creating its paramedic system. He was then appointed director of health services for Los Angeles County and served in that capacity for over 11 years. Gates is currently serving as medical services for indigents project director for the Orange County Health Care Agency. Board certified in both emergency medicine and pediatric emergency medicine, she earned her medical degree and completed her residency at UCLA. Gausche-Hill is the first emergency physician in the United States to have completed a pediatric emergency fellowship and passed the sub-board examination. She has done extensive research on prehospital pediatric care, authoring Pediatric Advanced Life Support: Her research tracking the results of the use of the windpipe tube method versus the traditional bag-and-pump method as oxygen treatment for pediatric emergencies was published in the Journal of the American Medical Association and in Annals of Emergency Medicine. As chief information officer at CareGroup, he is responsible for all clinical, financial, administrative, and academic information technology serving 3, doctors, 12, employees, and 1 million patients. As chief information officer and associate dean for educational technology at Harvard Medical School, he oversees all educational, research, and administrative computing for 18, faculty and 3, students. As chief executive officer of MA-Share, he oversees the clinical data exchange efforts in Massachusetts. As chair of the Healthcare Information Technology Standards Panel, he coordinates the process of harmonization of electronic standards among all stakeholders nationwide. She is currently internal consultant for emergency preparedness and pandemic planning for MeritCare Health System in Fargo, North Dakota. Jagim has served on the Emergency Nurses Association board of directors, for which she was national president in Jagim received her B. His primary research focus is injury prevention and control. He has also conducted landmark research on prehospital cardiac care, use of diagnostic technology in emergency departments, and health care for the poor. A member of the IOM, Dr. Previously, he served as chief executive officer of the University of Pennsylvania Medical Center and Health System and dean of the School of Medicine from to February At the University of Pennsylvania, Dr. Kelley led the development of one of the first academic fully integrated delivery systems in the nation. He also built and implemented the largest health and disease management program in the country, with over physicians and staff and 60 separate clinical sites engaged in implementing the program. Kelley holds a patent in a frequently used gene transfer technique that has allowed for numerous advances in the application of gene therapy. He received his M. He joined Medsphere after serving as president and chief executive officer of the National Quality Forum NQF , a private, nonprofit, voluntary consensus standards-setting organization established in Washington, D. Prior to that, he served for 5 years as under secretary for health in the U. Department of Veterans Affairs. In this capacity, he was the highest-ranking physician in the federal government and chief executive officer of the veterans health care system, the largest integrated health care system in the United States. He practiced emergency medicine and toxicology in both private and academic settings for over 15 years. He has been an epidemiologist for over 25 years and an active injury control researcher for over 20 years. He has published extensively on agricultural injuries and methods for injury epidemiology, including early work on the use of case-control studies for homicide and on the epidemiological representativeness of trauma center-based

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studies. He has been an ad hoc reviewer for the Injury Grant Review Committee for over 10 years and served as a member of that committee from to . He is also principal investigator for the Risk Factors for Medical Injury research project. He is also a professor at the Boston University School of Management. He received his doctorate in operations research from the Moscow Institute of Physics and Technology in . In , he joined the faculty of the Harvard Center for Risk Analysis in the Department of Health Policy and Management at the Harvard School of Public Health, where he still teaches as adjunct professor of operations management. His research interests include operations management in health care delivery organizations, cost-effective medical decision making, screening for HIV and other infectious diseases, and operations research. He was the leading author of cost-effective protocols for screening for HIV and is the principal investigator from the United States for an international trial of these protocols, which is supported by the U. Agency for International Development. Litvak was also principal investigator for the Emergency Room Diversion Study, supported by a grant from the Massachusetts Department of Public Health. He serves as a consultant on operations improvement to several major hospitals and is on the faculty of the Institute for Health Care Improvement. Department of Health and Human Services on health information policy. He received his medical degree in from Northwestern University Medical School. He trained in emergency medicine at the University of Chicago and earned his M. Lumpkin is past president of the Association of State and Territorial Health Officials, a former member of the board of trustees of the Foundation for Accountability, former commissioner of the Pew Commission on Environmental Health, former board member of the National Forum for Health Care Quality Measurement and Reporting, past board member of the American College of Emergency Physicians, and past president of the Society of Teachers of Emergency Medicine. He has been the recipient of the Bill B. Much of his work has been in rural areas, including Maine and Saudi Arabia. Manz remains active as a volunteer EMT-Intermediate with the local ambulance service in his community. In his spare time he enjoys running, fishing, and sheep farming. Orr has devoted much of his career to interfacility transportation problems of infants and children in need of tertiary care.

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## Chapter 2 : Careers - - MaineGeneral Health, Augusta, ME

*Being in the hospital can be a scary and stressful experience, especially if it's your first time. Our goal is to make you as comfortable as possible while providing you with expert, compassionate care.*

Previously, he served as chief health information and innovation officer at Partners Health System in Boston, Massachusetts, and was Samuel O. From to , Dr. In this role, he was charged with building an interoperable, private, and secure nationwide health information system and supporting the widespread, meaningful use of HIT. As a renowned health services researcher and national authority on health IT adoption, Dr. Blumenthal has authored more than scholarly publications, including seminal studies on the adoption and use of health IT in the United States. She has been a Robert Wood Johnson Foundation physician faculty scholar and a National Institute of Aging Beeson scholar K23 , studying the quality and efficiency of health care delivery to high-risk elderly patients. Biosketches of Committee Members and Staff. The National Academies Press. Previously, she served as director of measurement and reporting at the Oregon Health Care Quality Corporation. She leads 13 state departments within the agency, chairs Covered California the Health Benefit Exchange , and serves as chair or member of numerous other boards and commissions. She began her career as an analyst for the state, and in , she was appointed to the staff of Governor Jerry Brown, for whom she served as legislative director and special assistant until the end of his term in Before becoming an attorney in , she owned a public relations and advertising agency. He is a practicing primary care physician and senior vice president for population health at Massachusetts General Hospital and Partners HealthCare in Boston. His former positions include vice chair of pediatrics at Mass General and medical director of the Mass General Physicians Organization. Ferris was the principal investigator for a 6-year Medicare demonstration project Page Share Cite Suggested Citation: He now leads the Partners Healthcare pioneer accountable care organization ACO and is responsible for the design and implementation of system-wide care delivery changes that will improve patient health, improve the patient experience of health care, and reduce the health care cost burden. Ferris has more than 90 publications in the areas of health care quality measurement, risk adjustment, population management, and information technology. She was chair of the department from to On June 22, , Dr. Glied was confirmed by the U. Senate as assistant secretary for planning and evaluation at the U. Her principal areas of research are in health policy reform and mental health care policy. Mental Health Policy in the U. Since , was published by Johns Hopkins University Press in She is co-editor, with Peter C. His academic career has focused on clinical practice, and on the design of educational, research, and practice Page Share Cite Suggested Citation: He has been a residency program director; an academic department chair; founding director of the Robert Graham Policy Center in Washington, DC; and a member and chair of the National Committee on Health and Vital Statistics. He is currently director of Advancing Care Together, a practice-based initiative focused on learning how to integrate primary care and behavioral health; a member of the board of directors of the American Board of Medical Specialties; and a member of the IOM. Isham, MD, MS, senior advisor at HealthPartners and senior fellow at the HealthPartners Institute for Education and Research, is responsible for working with the senior management team of HealthPartners on health and quality of care improvement for patients, members, and the community. Prior to his appointment as senior advisor in , Dr. As senior fellow, he is responsible for facilitating progress at the intersection of population health research and public policy. Isham was a founding board member of the Institute for Clinical Systems Improvement, a collaborative of Twin Cities medical groups and health plans that is improving Triple Aim outcomes and implementing clinical practice guidelines in Minnesota. He currently provides leadership to other care delivery systems through service on the board of directors for Presbyterian Health Services in Albuquerque, New Mexico, and the external advisory board of the Marshfield Clinic in Marshfield, Wisconsin. Isham was appointed a lifetime national associate of the National Academy of Sciences in recognition of his contributions to the work of the IOM, to which he was elected as a member in Prior to his current tenure at HealthPartners,

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Dr. His practice experience as a primary care physician included 3 years in the United States Navy; 8 years at the Freeport Clinic in Freeport, Illinois; and 3. Page Share Cite Suggested Citation: Jones, MD, is director of the Vermont Blueprint for Health, a program established by the State of Vermont under the leadership of its governor, legislature, and bipartisan Health Care Reform Commission. The Blueprint is intended to guide statewide transformation of the way health care and health services are delivered for all Vermonters, with a focus on prevention. He was director, in charge of design, implementation, and management, of the Breathmobile Program, a program whereby mobile clinics deliver ongoing care to inner city children in their schools and at county clinics. He co-founded and for the past 4 years has served as co-chair of the Health Data Initiative, a joint effort of HHS and the IOM focused on the release of health care data to spur private-sector innovation that can improve health care cost and quality. Kocher also is a member of the Health Affairs Editorial Board. Prior to coming to Venrock, he served in the Obama Administration as special assistant to the president for health care and economic policy on the National Economic Council. In the Obama administration, he was one of the shapers of the Affordable Care Act, focusing on cost, quality, and delivery system reform and health IT policy. Prior to serving in the White House, Dr. He has worked widely across the U. Kocher received undergraduate degrees from the University of Washington and a medical degree from the George Washington University. He serves on a number of HHS and national groups coordinating measure policy and measure sets. Prior to working for the federal government, Dr. Larsen was chief medical informatics officer and associate medical director at Hennepin County Medical Center in Minneapolis, Minnesota. He also is an associate professor of medicine at the University of Minnesota. His research includes health care financing for people living in poverty, computer systems to support clinical decision making, and health literacy. Larsen was also medical director for the Center for Urban Health, a hospital-community collaboration focused on eliminating health disparities. McGlynn is an internationally known expert on methods for evaluating the appropriateness, quality, and efficiency of health care delivery. She has conducted research both in the United States and in other countries. She also has led major initiatives to evaluate health reform options under consideration at the federal and state levels. Sally Okun, RN, is vice president for advocacy, policy and patient safety at PatientsLikeMe, an online patient-powered research network. Lyn Paget, MPH, is managing partner of Health Policy Partners, an independent consulting organization dedicated to connecting patient priorities with policy and innovation. Her most recent work involves projects focused on patient-driven quality improvement, patient and physician engagement, patient-reported outcomes, and patient experience measurement for organizations, including the National Committee for Quality Assurance, the Gordon and Betty Moore Foundation, and PatientsLikeMe. Previously, she was director of policy at the Informed Medical Decisions Foundation, where she directed efforts in advocacy, communications, and policy development to support sustainable models of patient-centered care and shared decision making. Paget was also instrumental in the development and launch of HealthNewsReview. She helped establish and served as vice president of the Medical Outcomes Trust, an organization created to promote the routine use of patient-based outcome measures, including the Short Form 36 Health Survey SF and other instruments designed to systematically assess health-related quality of life. For several years, Ms. Her work in Tacoma received national recognition for innovative approaches to street outreach and education. Prior to joining IBM, he was chief public health officer at the Health Resources and Services Administration HRSA , the primary federal agency for improving access to health care services for people who are uninsured, isolated, or medically vulnerable. Rhee served on and led numerous national initiatives related to prevention, quality, and public health. While at NIH, he served on and led numerous initiatives related to eliminating health disparities and promoting health equity. Prior to his federal government service, Dr. Rhee worked in community health settings as chief medical officer of Baltimore Medical System Inc. Rhee received board certification in both internal medicine and pediatrics. He obtained his medical degree from the University of Southern California, and did his residency and served as chief resident in internal medicine and pediatrics at Cedars-Sinai Medical Center in Los Angeles. Kennedy School of Government, Harvard University, with a concentration in health

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care policy. Safran also retains an active academic practice as a faculty member in the Department of Medicine at Tufts University School of Medicine, and has authored more than 75 peer-reviewed articles. She was among the lead developers of the BCBSMA Alternative Quality Contract AQC , a population-based global budget payment model whose successes in both improving quality and slowing medical spending growth have informed public- and private-sector payment reform initiatives nationwide. She has served extensively in advisory roles for agencies and organizations leading quality measurement and delivery system reform. Sandy, MD, is executive vice president, clinical advancement, of the UnitedHealth Group a Fortune 25 diversified health and well-being company dedicated to helping people live healthier lives. In addition to his faculty position at the George Washington University, from to , he also served as director of the Quality Center and associate medical director at the National Association of Community Health Centers. Before assuming his current position at the Milken Institute, Dr. This landmark program, the Health Disparities Collaborative, transformed preventive and chronic care in health centers and generated major positive clinical outcomes, as documented in the peer-reviewed scientific literature. Stevens established national quality improvement policies for clinical programs in health centers, including the opportunity for accreditation. With the CDC, he also implemented a major immunization quality improvement initiative, increasing immunization rates by 50 percent Page Share Cite Suggested Citation: A National Health Service Corps scholar, he was a practicing family physician and medical director for more than 7 years at community health centers in the South Bronx and in Brooklyn, New York. As an officer in the commissioned corps of the U. Public Health Service, he has received numerous awards, including the commissioned corps meritorious service medal; the HHS Award for Distinguished Service for contributions to diabetes care; and the Arthur S. Fleming Award, a private-sector award for outstanding federal employees who have made extraordinary contributions to government. He directs the David Druker Center for Health Systems Innovation, which focuses on systems-level disruptive innovation to improve the health and well-being of individuals and communities. Tang has dedicated his professional career to improving the quality of health care in America, using health information technology HIT innovatively, empowering patients through HIT, and shaping public policy to enhance health and health care in the United States. He is an elected member of the IOM and has served on numerous IOM study committees, including a patient safety committee he chaired that published two reports: He also serves on the board and executive committee of AcademyHealth. He completed his residency in internal medicine at Stanford University and is a board-certified practicing internist. He had been in the Outcomes Research and Management program at Merck since October , where he was responsible for scientific leadership in developing evidence-based clinical management programs, conducting outcomes research studies, and improving outcomes measurement to enhance quality of care. Prior to joining Merck, he was director of the Division of Prevention Research and Analytic Methods at the CDC, where he was responsible for assessing the effectiveness, safety, and cost-effectiveness of disease and injury prevention strategies. He has served as a member of the U. Teutsch joined the CDC in , being assigned to the Parasitic Diseases Division and working extensively on toxoplasmosis. He became chief of the Prevention Effectiveness Activity in He completed his residency training in internal medicine at Pennsylvania State University, Hershey. Teutsch has published more than articles and 8 books in a broad range of fields in epidemiology, including parasitic diseases, diabetes, technology assessment, health services research, and surveillance. Her graduate thesis focused on the role of institutional confidence in predicting public opinion about genetically modified food in the United States. Before beginning her graduate study, she worked as a writer and an editor at the Earth Institute, and ran a volunteer neuroscience teaching program at public schools in the Harlem and Washington Heights neighborhoods of New York City.

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### Chapter 3 : Patients & Visitors - - MaineGeneral Health, Augusta, ME

*- The Maine transplantation center is a general hospital located in Maine that performs one or more of the following transplant procedures: kidney, heart, heart-lung, liver or pancreas. At this time, the Maine Medical Center is the Maine transplantation center.*

Facilities applying to become Critical Access Hospitals must be currently participating in the Medicare program and have a current license as an acute care hospital. Hospitals closed after November 29, 2000, and hospitals that have downsized to health clinic or health center status may also qualify for CAH status if they meet all of the CAH Conditions of Participation. What are the location requirements for CAH status? Critical Access Hospitals must be located in rural areas and must meet one of the following criteria: Be more than a mile drive from another hospital, or Be more than a mile drive from another hospital in an area with mountainous terrain or only secondary roads. CAHs designated by their state as a Necessary Provider prior to January 1, 2000, are exempt from these distance requirements. As of January 1, 2000, all CAHs, including Necessary Provider CAHs that create or acquire an off-campus, provider-based facility such as a clinic or a psychiatric or rehabilitation distinct part unit, must meet the CAH distance requirement of a mile drive to the nearest hospital or CAH or 15 miles in the case of mountainous terrain or secondary roads. This provision excludes Rural Health Clinics, as defined under Details about this requirement are available in a final rule published in the November 27, 2000, issue of the Federal Register as part of the Medicare Program: What are the requirements for relocating an existing CAH under the Necessary Provider replacement rules? Critical Access Hospitals that were granted Necessary Provider designation prior to January 1, 2000, and choose to rebuild in a new location that does not meet the current distance requirements are treated in the same manner as if they were building a replacement facility at the original location. In order to maintain CAH status and the necessary provider designation, the new facility must satisfy the following requirements: Is there a limit on the length of stay for patients at CAHs? Critical Access Hospitals must maintain an annual average length of stay of 96 hours or less for their acute care patients. The following are not included when calculating the hour average: CAHs may have a maximum of 25 acute care inpatient beds. For CAHs with swing bed agreements, any of its beds can be used for inpatient acute care or for swing bed services. Any hospital-type bed which is located in, or adjacent to, any location where the hospital bed could be used for inpatient care counts toward the 25 bed limit. Certain beds do not count toward the 25 bed limit, including examination or procedure beds, stretchers, operating room tables, and beds in Medicare certified rehabilitation or psychiatric distinct part units. What is a swing bed? A swing bed is a bed that can be used for either acute care or post-acute care that is equivalent to skilled nursing facility SNF care. The Centers for Medicare and Medicaid Services approves CAHs, and other hospitals, to furnish swing beds, which gives the facility flexibility to meet unpredictable demands for acute care and SNF care. Swing beds offer an alternative to skilled nursing facilities. This option may be useful in rural areas, which are less likely to have a stand-alone SNF. In addition, populations in rural areas tend to be older, and swing beds are well-adapted for treating health problems typically seen in aging patients. The most commonly reported need was for aging patients who require rehabilitation following their hospital stay, according to Why Use Swing Beds? Conversations with Hospital Administrators and Staff. Swing bed services in CAHs are eligible for cost-based reimbursement, while swing bed services in non-CAH small rural hospitals are paid under the SNF prospective payment system. For more details about the swing bed program, see the Medicare Learning Network: Swing Bed Services fact sheet. What emergency services are CAHs required to provide? What are staffing requirements for emergency services? CAHs must provide 24-hour emergency services. Qualifying medical staff must be on-site, or be on-call and available on-site within 30 minutes at all times. On-site response times may be extended to 60 minutes if certain frontier or remote area criteria are met. The staff on-site or on-call must meet state licensure requirements. CAH Conditions of Participation for emergency services specify that coverage may be provided by a doctor of medicine MD or

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doctor of osteopathy DO , a physician assistant, a nurse practitioner, or a clinical nurse specialist with experience and training in emergency care. Under temporary, limited circumstances, coverage may be provided by a registered nurse. Additionally, this requirement may be met in whole or in part through the use of an MD or DO via telemedicine. As of October 1, , CMS requires that any hospital, including a CAH, that does not have a physician on site 24 hours per day, 7 days per week, provide a notice to all patients upon admission. The notice must address how emergency services are provided when a physician is not on site. What kinds of agreements does a CAH need to have with an acute care hospital? As part of the agreements provision in the CAH Conditions of Participation, a CAH must develop agreements with an acute care hospital related to patient referral and transfer, communication, and emergency and non-emergency patient transportation. The agreement must include at least one other hospital that furnishes acute care services and can receive transfers of patients requiring services that are not available in the CAH. The CAH may also have an agreement with their referral hospital for quality assurance, or choose to have that agreement with another organization. State networking requirements vary. For more information on quality assurance options, see What are the quality assurance and quality improvement options for CAHs? How do staffing requirements for CAHs differ from those of general acute care hospitals? Advanced practice providers, such as physician assistants, nurse practitioners, and clinical nurse specialists can be an independent part of the medical staff and can provide direct service to patients, including emergency services. Federal requirements allow for CAHs to close, and therefore have no nursing staff on duty, if the facility is without inpatients. Additional requirements vary by state. For example, some states may offer flexibility by allowing an LPN to cover a shift in place of an RN when there are no acute patients. Contact your state survey agency for details. How do other requirements for CAHs differ from those of general acute care hospitals? Aside from staffing differences, requirements for CAHs and general acute care hospitals are very similar. CAHs must meet the requirements for the services they choose to provide. For example, if a CAH provides surgical services, it must meet the same relevant surgery requirements as a general acute care hospital. Some issues may vary from state to state based on state licensure laws or other factors. What are the quality assurance and quality improvement options for CAHs? Critical Access Hospitals CAHs must have and maintain quality assurance arrangements with at least one of the following: In addition to quality assurance, quality improvement is important to CAHs. Does Medicaid provide special reimbursement to CAHs? Each state determines how it will reimburse CAHs for Medicaid services. Several states utilize some form of cost-based reimbursement for CAHs, while other states follow a prospective payment system PPS. Additionally, variation may exist between inpatient and outpatient payment policies.

### Chapter 4 : Central Maine General Hospital, Lewiston, ca. - Maine Memory Network

*Recognizes the achievements by a nineteenth-century community of women religious, the Grey Nuns of Lewiston, Maine. This book tells how their hospital was significant in its time as the first.*

### Chapter 5 : The quiet revolutionaries | Open Library

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### Chapter 6 : Central Maine Medical Center | Lewiston, Maine (ME) | Central Maine HealthCare

*Individual Hospital Statistics for Maine Statistics for non-federal, short-term, acute care hospitals. Data are based on each hospital's most recent cost report and other sources / Definitions.*

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### Chapter 7 : History Lewiston, Maine (ME), CMHC Central Maine Medical Center

*Description. Central Maine General Hospital, which started in in two houses on Main Street in Lewiston, expanded in with the construction of the north wing shown in the postcard view.*