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# MaineBiz

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MARCH 5, 2018

FOCUS: HEALTH CARE

## Maine Med's \$512M expansion driven by evolving standards of medical care



PHOTO / TIM GREENWAY

Left to right: **Dr. Joel Botler**, chief medical officer and interim president of **Maine Medical Partners**; **Kathleen Cyr**, nurse manager for the Mother-Baby Care Unit; and **Jeff Sanders**, executive vice president and COO of **Maine Medical Center**, in a single-occupancy room in the Mother-Baby Care Unit at Maine Medical Center in Portland.



ENLARGE IMAGE

PHOTO / TIM GREENWAY

**Dr. Joel Botler**, left, senior vice president of medical affairs, chief medical officer and interim president of **Maine Medical Partners**, and **Jeff Sanders**, executive vice president and COO of **Maine Medical Center**, at the Emergency Department at Maine Med.

### Planning Board hearings

Maine Medical Center anticipates appearing before the Portland

BY LAURIE SCHREIBER

At Maine Medical Center, older patient rooms in the Richards Building, built in 1968, are cramped.

Most are doubles, two beds separated by privacy curtains. There's just enough room to navigate between beds, tray tables, a couple of visitor chairs, a mobile charting machine and the various devices any patient might need, like IV stands, walkers and commodes.

Conversely, rooms in the East Tower, completed in 2008, are private. With just one bed, there's plenty of space to accommodate the flow of medical providers and equipment, visitor seating and storage. Comfort and flow are only part of the picture. Private rooms are considered essential to maintain patient confidentiality, mitigate the risk of infection, optimize bed availability, and address other challenges such as separating patients with behavioral issues and gender-matching.

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Planning Board as follows, with neighborhood meetings along the way:

**Phase 1:** Workshop has been held; hearing in March

**Phase 2:** Workshops in March and April; hearing in May

**Phase 3:** Workshops in June and July; hearing in August

**Maine Medical Center contractors on tap so far**

**Construction Manager:** Turner Construction, New York City

**Architectural Firm:** Perkin + Will, Boston

- Cives Steel Co., Augusta
- Otis Elevator Co., Westbrook (Maine division)
- UniStress Corp., Pittsfield, Mass.

**As it grows, Maine Med is recruiting**

Maine Medical Center's plan to modernize by 2026 is expected to account for 300 to 400 new jobs, in areas like nursing and environmental services. While Maine and the nation are challenged by provider shortages, recruitment is generally not an issue at Maine Med, due to its renown and location in an attractive city, says COO Jeff Sanders.

"We're a magnet organization, so we're fortunate to do fairly well," he says.

Does Maine Med's success take away from other hospitals trying to recruit? No, says Maine Hospital Association President Steven Michaud.

"People do ask that," Michaud says. "I would argue it's the opposite. They're at the top of that food chain and do very well in that regard. But they've also been a wonderful partner in getting physicians to rural Maine hospitals through rotations. I'm sure they take some talent from inside Maine, but they also recruit a lot from outside, so they increase that general pool. That means there's more in Maine for everyone."

Maine Med, which plans to invest \$512 million in coming years, is planning an extensive modernization project that will convert more of the hospital to private rooms — about 80% private rooms, compared with 49% today. The project will also build new procedural rooms and more parking.

"Our goals for some time have been to find the most cost-effective way to move away from semi-private to private rooms and to supply the surgical suites we need to provide," says Jeff Sanders, chief operating officer and executive vice president.

**Updating aging infrastructure**

On this 12.52-acre campus, it's the latest and most extensive construction project since Maine Med opened in 1874. Private rooms are just one new feature planned as part of Maine Med's investment.

Overall, the expansion will add 327,000 square feet to the existing 1.15 million square feet. Along with that, it will add 300 to 400 new employees, adding to a current workforce of approximately 8,000.

Driven by a combination of aging infrastructure and evolving standards of medical care, the investment will address a chronic shortage of beds, modernize treatment facilities, improve patient experience and better accommodate today's larger and highly sophisticated technology, including surgical robots.

The \$512 million expansion will be funded by retained earnings, bonds and philanthropy.

**A three-phase expansion**

Maine Med's expansion will be done in three phases, pending approvals from the Portland Planning Board:

**Phase 1:** expected to start this May and last 20 months, will include construction of a 60,000-square-foot, two-story addition atop the East Tower on Crescent Street. It will have a helipad on the roof. Three floors will be added atop the visitor garage on Congress Street, adding 225 parking spaces; that project is expected to take six months. Maine Med's central utility plant, on Gilman Street, will be upgraded with a 2,400-ton chiller and two cooling towers.

**Phase 2:** will include a 10-story, freestanding garage at 222 St. John St. to accommodate 2,400 spaces for employee parking.

**Phase 3:** will include demolition of the existing 1,200-space employee garage, on Congress Street. In its place will be the main portion of the overall project — a 270,000-square-foot, seven-story building. Five stories will be used for clinical use. The other two stories will house private inpatient beds, 19 procedure rooms,



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RENDERING / COURTESY MAINE MEDICAL CENTER

Maine Medical Center will invest \$512 million to modernize Maine's largest hospital.



RENDERING / COURTESY OF MAINE MEDICAL CENTER

Maine Medical Center's \$512 million project includes a new building on Congress Street.

expanded outpatient services and a new entrance that will change the campus's orientation to Congress Street (from the current side-street orientation). Completion is expected by the end of 2022.

- About \$50 million will be invested in outpatient facilities through the system's Maine Medical Partners multi-specialty practice organization. Those plans are still in the works.

### **An ever-growing hospital**

Maine Med, which is on Portland's West End, is the state's largest medical center and the state's only teaching hospital. Maine Medical includes the Maine Medical Center Research Institute and Maine Medical Partners, which provides care through a network of more than 40 locations in greater Portland.

Maine Med has never stopped growing.

In 1985, it opened the six-story L.L. Bean Building, followed two years later by the Dana Center. In 2008, it opened the 190,000-square-foot East Tower, followed a year later by a 512-car visitor garage. In 2015, it added operating rooms and related care beds on a portion of the L.L. Bean Building.

### **Big wards are long gone**

All together, 128 new, single-bed patient rooms will be contained in the expanded East Tower and the Congress Street structure. The hospital's overall bed count will remain at 637, its licensed maximum.

"We might increase our number of licensed beds over time, but we didn't want to start with that," says COO Sanders. "We wanted to start with how we operationally use the beds we're licensed for today."

At a time when patient volume and the acuity of patient illnesses are rising, due to factors like Maine's aging population, private rooms will relieve compression of inpatient services into semi-private rooms, a challenge exacerbated by the need to close up to 60 beds per day due to patient condition, like a communicable infection or construction or staffing.

Hospitals in general are moving toward private rooms, says Maine Hospital Association President Steven Michaud. That's due primarily to concerns around the risk of infection and around maintaining patient confidentiality.

"Those are two major areas that, 40 years ago, were not receiving the attention they probably deserved then," Michaud says. "Multiple patients in a room fly in the face of both those considerations."

Like Maine Med, he says, other hospitals mitigate the risks of infection by not filling beds in a room occupied by a patient with a communicable infection.

"They will put that patient in a room that was meant of two people, so they just lost a bed," he says. "But they're doing all they can to make sure the patient is safe. That's a big priority, and it has huge impact on infrastructure. The days when you could have two or three or even more patients in a room or on a ward — those days are long gone."

### **Higher volume, higher acuity**

Larger, private rooms are needed for patient comfort and confidentiality, improved safety to mitigate risks of infection and behavioral issues and optimum provider flow, says Dr. Joel Botler, Maine Med's chief medical officer.

These factors are significant considering that today's patients arrive at the hospital sicker than they once did, says Botler. Many patients may suffer from two or more chronic diseases or conditions.




"It used to be you'd be admitted, say, with pneumonia," Botler says. "Now you have pneumonia and maybe diabetes and underlying heart failure. And the state of Maine has a very high aging population. Patients who are older come in with more problems. The final factor is that more-specialized care can only be done by certain hospitals."

There are other considerations.

"Someone can go to one of Maine's rural hospitals and receive care for a primary problem. But if they require dialysis and the hospital doesn't do dialysis, they have to be transferred here," Botler continues. "In addition, people have special needs from surgery that can only be done by a place like Maine Medical Center. All of these things lead to a lot of patients who are particularly ill when they come here."

The Congress Street tower will contain 19 modern procedure rooms, for surgery and diagnostic imaging laboratories. Most of the current procedure rooms are more than 30 years old and are about two-thirds the size of the planned rooms. Larger rooms for surgeries and other complex procedures are needed to accommodate rapidly evolving technology. Supportive infrastructure such as prep and recovery bays, family waiting rooms and sterilization facilities are not properly suited to meet patient needs in the future.

"We've added more equipment in health care and we've added more people as the procedures become more specialized," says COO Sanders. "We have more imaging equipment involved in care today than we did 20 years ago. As incisions have become smaller, the equipment has become bigger. We have robots now that assist in surgery. We didn't have those 10 or 15 years ago. Those are not small. We're doing things today to keep people alive that we weren't doing here 10 years ago. We need to provide space for that."

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