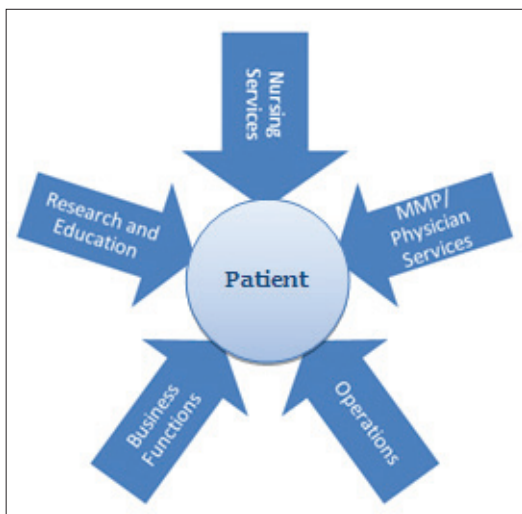


MMC Unveils New Organizational Structure



The new structure organizes MMC's services and functions into six patient- and family- centric units, or service lines:

- Adult Medicine Services
- Cardiovascular Services
- Neuroscience Services
- Surgical Services
- Oncology Services
- Women's and Children's Services

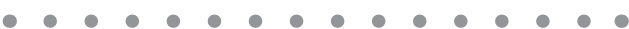
Other clinical and non-clinical areas, including EVS, Information Services, Pharmacy, and Radiology, will support the service lines.

The changes in the organizational structure are designed to:

- Organize services around the patient experience.
- Foster effective and efficient decision making.
- Enhance/leverage clinical strengths and improve clinical outcomes, financial and operating performance, and service quality.

- Integrate the physician enterprise for better coordination of care.
- Bring clarity and transparency regarding accountabilities and responsibilities.
- Streamline committee structures and functions with clear decision-making authority.
- Continue to strengthen clinical services with integration of research and education.

“Maine Medical Center’s new organizational structure puts our patients and their families first, in everything we do,” says Rich Petersen, MMC’s President and CEO. “It will enhance our ability to accomplish our strategic priorities, streamline our committee structures and decision-making, and position us to successfully navigate our complex health care environment, both today and in the future. Most of all, it will improve our ability to provide excellent clinical care, supported by robust research and education programs.”



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PRESIDENT'S MESSAGE

New Organizational Structure Sharpens



During the past year, selected members of senior leadership have been engaged in an effort to restructure Maine Medical Center's operations to better center our clinical, educational, and research activities around the

patient and their family, ultimately improving the care we provide.

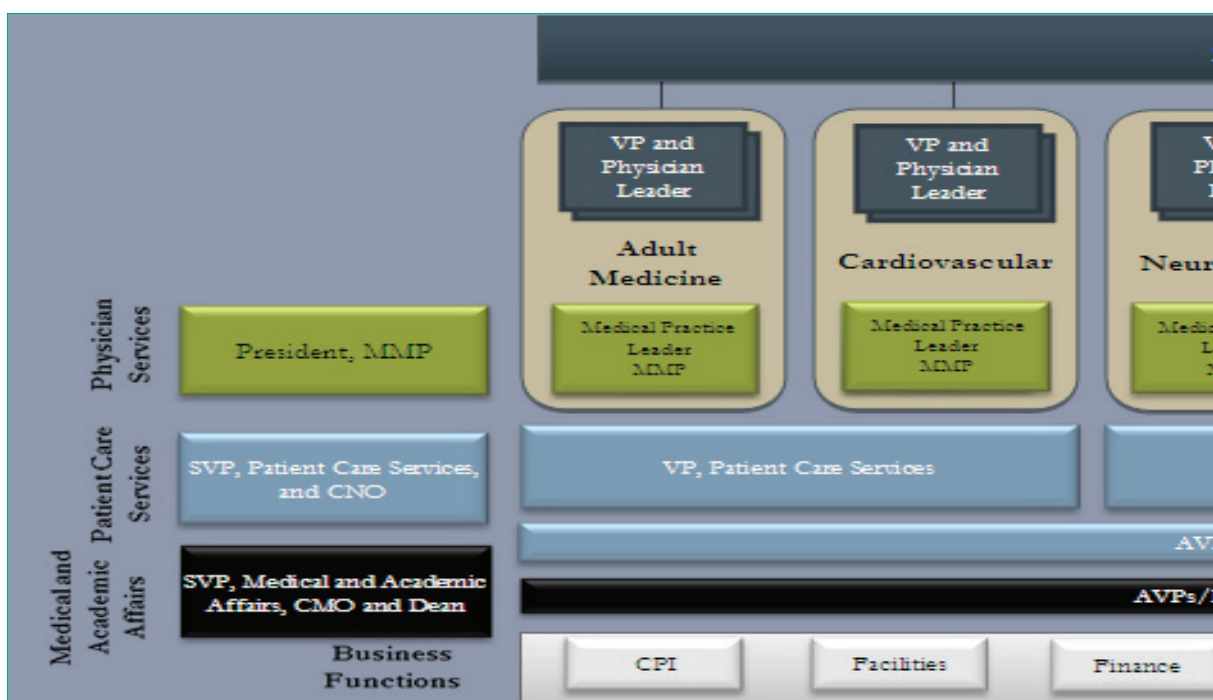
The review that resulted in this new structure was a thorough and thoughtful process that took over a year to complete. We surveyed and studied many organizations similar to Maine Medical Center and learned from their experience. We also were true to ourselves, and designed a structure that incorporates our mission, values, and vision. This new structure represents a bold and exciting step that will help us advance the priorities recently identified in the strategic plan.

The new organizational structure has three divisions that will coordinate and collaborate on all patient-focused activities. All patient care activities will be consolidated into three new divisions:

- Clinical Services will comprise six service lines, each of which will be led by a "dyad" consisting of a physician leader and an administrative vice president (VP).
- Patient Care Services consolidates patient care activities currently dispersed throughout the organization and components of which are currently managed by Nursing, Operations, or Medical Affairs.
- Maine Medical Partners (MMP), which consolidates all physician activities into a single physician group practice, which has already been in place for several months.

Non-patient care staff functions (Finance, Human Resources, IS, Marketing and Planning, Quality, and so forth) will maintain current reporting relationships. Facilities and plant operations will report to the AVP of Facilities. In addition, the academic and research enterprises will continue to reside in Academic Affairs under the leadership of Peter Bates and will foster continued excellence in education and research activities.

Within Clinical Services, the new structure organizes services and functions into patient and family-centric units, or service lines:



Focus on Patients, Families

- Adult Medicine
- Cardiovascular
- Neuroscience
- Oncology
- Surgical Services
- Women & Children's

This new service line structure will help our organization strengthen our competitive position with other similar high-performing academic medical centers and provide integrated and high-quality patient care, education, and research from the patient's perspective.

Please know that we kept our focus solely on the patient and their family. The new organizational structure focuses services on the patient, with all clinical, professional, and administrative services designed to support the patient care experience. It is designed to foster the implementation of the Strategic Plan and our ability to accomplish the priorities of the organization. It streamlines committee structures and functions with clear decision-making authority. And, it fosters the organization's ability to provide excellent

clinical care to the community, supported by robust research and educational programs.

Please visit the link below to view the special video we created that offers a great deal more detail. I know, after its review, you'll agree that this new structure will further our ability to care for our patients and to improve the overall health of the communities we serve.

<https://my.mmc.org/media/CreativeServices/AchievingOurFuture>

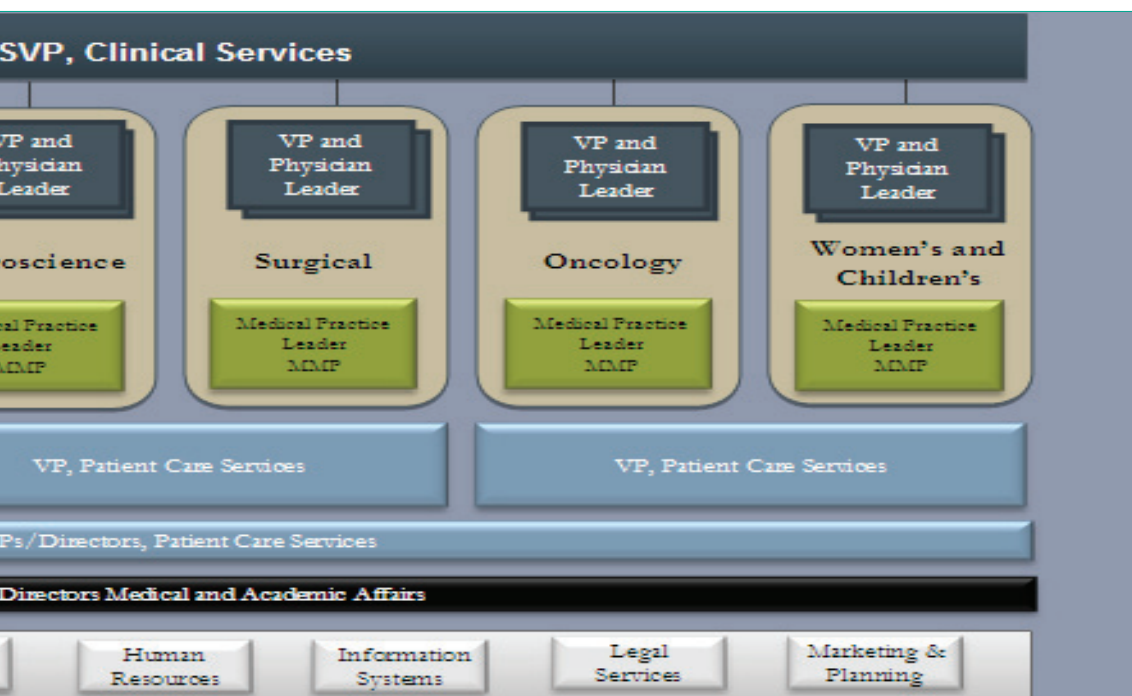
Thank you for your continued support of Maine Medical Center.

Respectfully,



Richard W. Petersen

President and Chief Executive Officer



Patient and Family-Centered Framework Summary

The changes in the organizational structure are designed to accomplish the organizational priorities outlined in the Strategic Plan:

Enhance the patient experience by having a management team structured around and focused on care, education, and research from a patient-centered perspective.

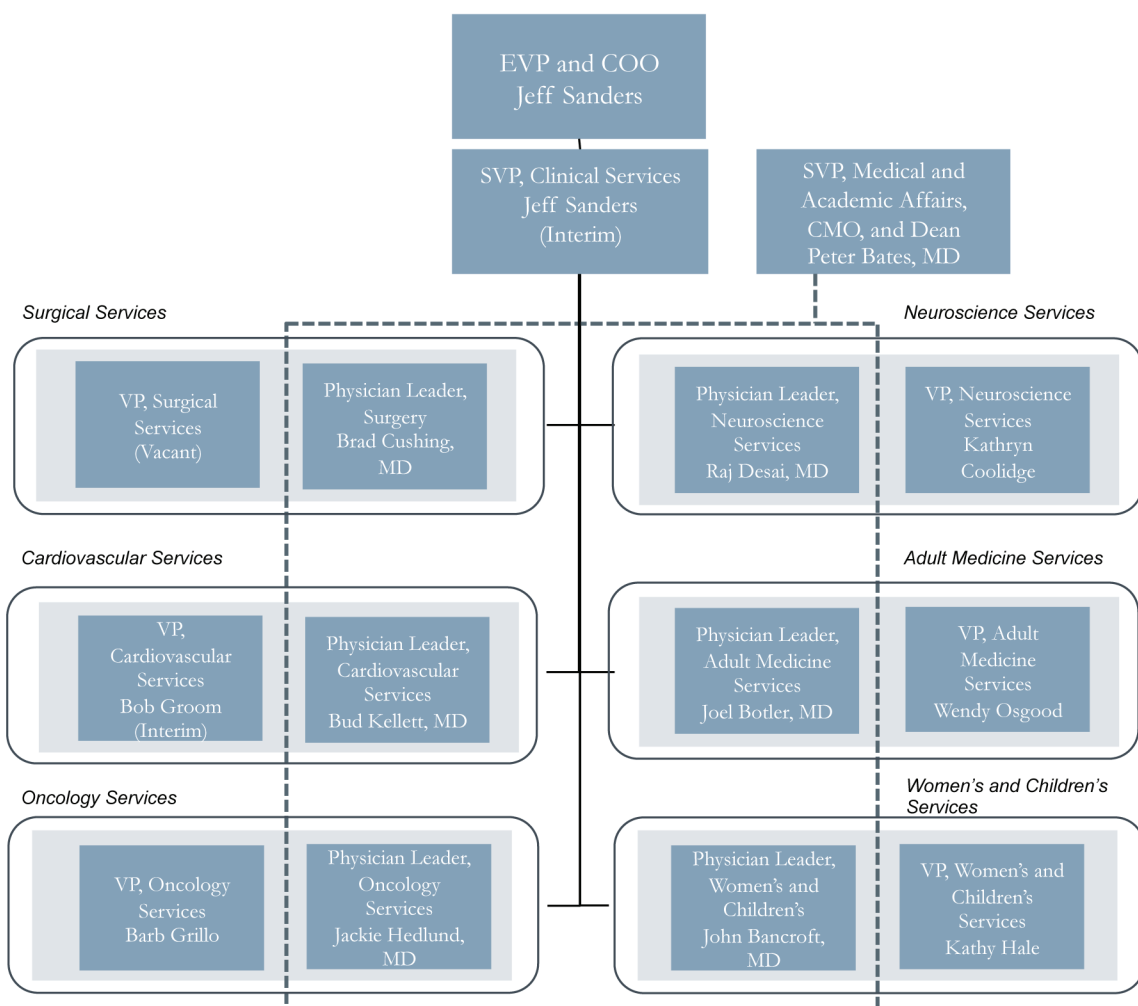
Deliver value by providing the highest-quality services possible at the optimal cost by aligning responsibility for those outcomes with the accountable leader or leadership team.

Improve our service quality by employing a patient and family-centered care model and clearly assigning accountability for how care is delivered within the new, integrated divisions.

Provide a focus on people and culture by implementing a structure that provides enhanced opportunities for interprofessional development and career advancement and a stronger culture of patient/customer-centered quality in everything we do.

Prepare us to manage the health of a defined population by implementing a structure that will coordinate and manage care, education, and research across the continuum of care.

Clinical Services Organizational Structure



Service lines are accountable to the Senior Vice President of Clinical Services for clinical activities and to the Senior Vice President of Medical and Academic Affairs, CMO, and Dean, for academic activities.

NEW ORGANIZATIONAL STRUCTURE

FREQUENTLY ASKED QUESTIONS (FAQ)

Q. WHAT IS THE NEW ORGANIZATIONAL STRUCTURE?

- A. The new structure organizes MMC's services and functions into patient and family-centric units, or service lines. These service lines include: Adult Medicine, Cardiovascular, Neuroscience, Oncology, Surgical Services, and Women's and Children's services. This new structure will help our organization remain competitive with other similar high-performing academic medical centers and provide integrated and high-quality patient care, education, and research from the patient's perspective.

Q. WHAT ARE THE SPECIFIC CHANGES IN ORGANIZATIONAL STRUCTURE AND REPORTING FOR PATIENT CARE ACTIVITIES?

- A. The new organizational structure has three divisions that will coordinate and collaborate on all patient-focused activities. The specific changes for patient care activities include:

+ All patient care activities will be consolidated into three new divisions.

— **Clinical Services**, which will comprise six service lines, each of which will be led by a "dyad" that consists of a physician leader and an administrative vice president (VP). Each of these dyads will report to a new position, the senior VP (SVP) for Clinical Services, who will report to the Executive VP (EVP) and Chief Operating Officer (COO), Jeff Sanders. Recruitment for the SVP, Clinical Services, position will begin immediately. During the recruitment process for this new position, Jeff Sanders will fill this role on an interim basis.

— **Patient Care Services**, which will consolidate patient care activities dispersed across the organization and components of which are currently managed by Nursing, Operations, or Medical Affairs. This division will be led by an SVP for Patient Care Services. Marge Wiggins, the current VP and CNO, will assume this role, retain the current functions in Nursing and will continue to report to the EVP and COO, Jeff Sanders.

— **Maine Medical Partners (MMP)**, which consolidates all physician activities into a single physician group practice, and which has already been in place for several months. This division will be led by a new President of MMP, who will report to the President and CEO of MMC, Rich Petersen. Recruitment for this position is under way, and Peter Bates is serving as the interim MMP President. Steve Kasabian will remain in his position as VP, Physician Practices, and Chief Administrative Officer of MMP.

+ Non-patient care staff functions (Finance, Human Resources [HR], IS, Marketing and Planning, Quality, and so forth) will maintain current reporting relationships but may be internally reorganized (within each department) to support the new structure. Facilities and plant operations will report to a new position titled the Associate Vice President of Facilities. Recruitment for this position will begin immediately. On an interim basis, this position will report to the Senior Vice President, Human Resources.

+ The academic and research enterprises will continue to reside in Academic Affairs and will foster continued excellence in education and research activities and will continue to report to Peter Bates.

Q. WHAT ARE THE SPECIFIC CHANGES IN MEDICAL STAFF FUNCTIONS?

- A. The functions of the Office of the Medical Staff, including the Medical Staff President, such as accreditation requirements, appointments to the medical staff, and physician relations, remain unchanged.

Q. WHAT ARE THE SPECIFIC CHANGES TO RESEARCH AND EDUCATION?

- A. The academic and research enterprises will continue to reside in academic affairs. Research functions will continue to provide cutting-edge discoveries and support our clinical enterprise. Education services will continue to train the next generation of medical clinicians, researchers, and educators. We expect that the improved coordination among various MMC functions will only enhance research and education programs.

Q. WHAT ARE THE SPECIFIC CHANGES TO NON-PATIENT CARE SERVICES AND BUSINESS FUNCTIONS?

- A. Non-patient care staff functions (Finance, HR, IS, Marketing and Planning, Quality, and so forth) will maintain current reporting relationships but may be internally reorganized (within each department) to support the new structure. Facilities and plant operations will report to the Associate Vice President of Facilities.

Q. WHY DID WE UNDERTAKE THIS EFFORT?

- A. Several changes in the healthcare environment made it necessary for us to assess our organizational structure and make appropriate changes:
- + Our industry is changing at a rapid pace. The primary drivers are an increased focus on and transparency toward patient care quality, outcomes, and service; skyrocketing costs; and the recently passed healthcare reform legislation, which mandates a greater coordination of services within and among provider organizations.
 - + Our peer group of high-performing academic centers is characterized by having a clear strategy, as well as an organizational structure that makes it easier to execute that strategy.
 - + Therefore, we conducted a thorough assessment of our organization, with the objective of developing an administrative and clinical leadership organization that will support a high-quality clinical and academic enterprise that will foster the implementation of the goals and objectives outlined within our strategic plan.

Q. WHO WAS INVOLVED IN CREATING THIS NEW ORGANIZATIONAL STRUCTURE?

- A. The project was led by a Steering Committee composed of Rich Petersen, Chair; Jeff Sanders, executive sponsor; Judy West, hospital staff; and Parker Roberts, physician adviser. We also sought input from a broad base of representatives from MMC, including physicians, staff, and community members.

In addition, we studied several peer organizations to learn about the improvements they have either already made or are in the process of making to successfully manage environmental changes similar to those faced by MMC.

Q. DID WE CONSIDER A VARIETY OF ORGANIZATIONAL ALTERNATIVES?

- A. Yes. We conducted a survey of peer organizations to study their organizational structures. The organizations studied included: Baystate Medical Center, Carle Foundation Hospital, Carolinas Medical Center, Carilion Roanoke Memorial Hospital, Iowa Methodist Medical Center, Norton Hospital, and Swedish Medical Center.

While other structures still exist, the majority of peer organizations are organizing themselves around patient and family-centric units (i.e., service lines).

Q. WHAT IS THE DIFFERENCE BETWEEN OUR CURRENT STRUCTURE AND THE NEW STRUCTURE?

A. Our new operational structure is focused on the delivery of care by service line, which will improve coordination of services, quality, and overall care delivery to our patients while working to control (or decrease) the cost of that care. These service lines are Adult Medicine, Cardiovascular, Neurosciences, Oncology, Surgical, and Women's and Children's.

Q. WHY ARE WE DOING THIS? WHAT IS WRONG WITH THE WAY WE ARE STRUCTURED TODAY?

A. While there is nothing inherently wrong with our current structure, there are certain aspects of our design that are hampering our ability to achieve our goals. As we look to better organize ourselves for the future, we have concluded that a structure focused on the delivery of care by service line is the best way to improve quality and overall care to our patients while working to control (or decrease) the cost of that care.

Q. HOW WAS THE DECISION MADE TO IDENTIFY THESE SPECIFIC SERVICE LINES?

A. A well-vetted process was used to select the service lines, which included a review of how other academic medical centers are organized. We then analyzed a number of criteria, which included volume, market position, costs, quality, and service metrics.

Q. WHEN WILL THIS REORGANIZATION BEGIN? HOW LONG WILL IT TAKE?

A. The new structure, all named positions, and the council structure are effective immediately. Some new or enhanced positions have been appointed. For selected other positions, we plan to recruit. The duration of the recruitments will vary. In the interim, Jeff Sanders will assume the role of SVP, Clinical Services, and Peter Bates will assume the role of President, MMP, in addition to their permanent roles.

Q. HOW WILL THIS IMPACT PATIENT CARE?

A. We anticipate a positive impact on patient care. This new organizational structure will allow better collaboration between medical, nursing, and administrative leadership. It enhances our clinical strengths and will help to improve clinical outcomes, financial and operating performance, and service quality. It will also encourage better operational connection to manage and coordinate the functions within the continuum of care.

Q. WHICH ORGANIZATIONAL COMMITTEES WILL BE AFFECTED?

A. The following changes will take place with the committees to streamline the decision-making process and improve internal communication:

- + The President's Council will be reorganized. This committee will address enterprise-wide, high-level strategic issues that require the direction of key senior leaders.
- + The Operations Leadership Team will be restructured and named the Operations Council. This team will address the operating requirements of MMC and will have authority over quality, financial performance, new programs and planning information, marketing initiatives, and facility plans.
- + The Quality Committee will focus on improving and monitoring clinical outcomes. Rich Petersen, President and CEO, will be tasking a small group to evaluate the quality initiatives of the organization and will then determine the priorities of the Quality Council and its membership accordingly.

- + The Leadership Meeting will include directors and above and will serve as a primary means of direct internal communication throughout the organization. This group will replace Full Management.
- + The Service Line Executive Council will oversee the Service Line Leadership Councils for all clinical and patient care activities.
- + The Leadership Council will be eliminated.

Q. WHY HAS THIS ORGANIZATIONAL ASSESSMENT TAKEN SO LONG?

A. Two reasons. First, we wanted to make sure that we received input and insights from a number of organizations that were similar to MMC. This process included several peer organizations from around the country. Understanding these organizations and how they are aligned was important, and we wanted to take as much time as necessary to fully understand how they are structured. And, second, we wanted to be sure we were aligning our organization with MaineHealth and MMC's strategic plan (and this plan was only approved by the Board of Trustees in early October).

Q. WHAT ARE THE NEXT STEPS?

- A. The new structure and all named positions are effective immediately.
- + Some new or enhanced positions have been appointed.
 - + For selected other positions, we plan to recruit. The duration of the recruitments will vary. Jeff Sanders will assume the role of SVP, Clinical Services, and Peter Bates will assume the role of President, MMP, on an interim basis, in addition to their permanent roles.
 - + Upon implementation, some minor changes within each division, support departments, or service lines may occur based upon division-specific requirements.
 - + Our goal is to make the transition as smooth and seamless as possible. We will address issues as they develop.
 - + We will continue to communicate with all stakeholders as the implementation of this structure is finalized.
 - + If you have questions regarding your specific area, please ask your supervisor.

Q. WHAT ARE THE FINAL TAKEAWAY POINTS FOR STAFF DISCUSSIONS?

- A. The new organizational clinical/patient care structure:
- + Focuses services on the patient, with all clinical, professional, and administrative services designed to support the patient care experience.
 - + Is designed to foster the implementation of the strategic plan and our ability to accomplish the strategic priorities of the organization.
 - + Streamlines committee structures and functions with clear decision-making authority.
 - + Positions the organization to successfully navigate the complex healthcare environment.
 - + Fosters the organization's ability to continue to provide excellent clinical care to the community, supported by robust research and educational programs.



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What's Happening is published monthly at Maine Medical Center for members of the hospital community and for friends of the institution throughout Maine and northern New England.

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