

Jana Grant:

This landscape of healthcare is about figuring out what works, and I think that's what we're doing here at Northern Light and that's what we're doing at Island Commons is figuring out outside the box, not everyone fits into the cookie-cutter model and how do we make it work? How do we say yes? And that's what makes it right for Mainers really.

Announcer:

Maine's long and rocky coastline is dotted with many islands and residents of those islands who understand access to many of life's necessities, including healthcare, can be a challenge. On this episode of Tim Talk, we'll talk about solutions.

Tim Dentry:

Welcome back, loyal listeners, for another season of Tim Talk for Northern Light Health. This year we thought we would share some wonderful stories. We would like to paint pictures of sensitive patient-centered care that our wonderful care teams deliver, most specifically in let's call it outlying areas that while maybe a little effort needs to go into reaching those communities that you're going to hear some about today, the rewards are great of caring for those who really need and appreciate what Northern Light staff offer.

Our conversation today will be quintessential Maine as we talk about the ways we are addressing the challenge of healthcare access in one of our many Maine island communities, Chebeague Island in Casco Bay.

To frame this conversation, let me bring in our first guest, Christina Sawtelle, resident care manager of Island Commons, an assisted living home on Chebeague Island.

Now, let me say first before I introduce Christina, that my Northern Light team sings the praises from the rooftop of how Christina is such a special person. For those who want to find true meaning in healthcare, they express a eureka moment when they arrive from the ferry at Chebeague Island. Christina, thank you for joining us today.

Christina Sawtelle:

Thank you for having me.

Tim Dentry:

Absolutely. Will you first describe for our listeners, Chebeague Island, the location, the people, the community, the environment, and island life, what are some of the benefits and drawbacks?

Christina Sawtelle:

Oh, dear. All right. Well, first we are one of the largest islands in Casco Bay. We are about four miles long, mile and a half wide. Our population in the summer is somewhere around 3,500 to 4,000, but year-round we have right around 350 to 400. Everybody waves to each other in the cars. We all know each other. Driving by, you wave.

Our ferry is a 50-minute ferry ride if you're taking Chebeague Transportation Company. If you're taking Casco Bay Lines, you see all of the islands in the bay, and that one's a little longer. Our islanders tend to take the shorter one for convenience obviously, and so that is a huge plus. It is our ferry system, Chebeague Transportation Company.

A drawback to that would just be it's winter and it's cold and you have to take a ferry to get home. So you can't just go home. Your life does revolve around a ferry schedule. Summer we have a little more boats, so that makes it a little better.

A drawback, if I'm going to stay in the realm of our conversation with elderly care, is to try and get our elderly population on and off the island. We have a boat ramp. It's steep when it's low tide, some of them are wheelchairs, some of them have walkers, and so we do try and the ferry company helps us out, they put a schedule out with boat help, which means the deckhand can come up and help you wheel that person on or wheel that person off the ferry, and they go from mid-tide to high tide.

And so every month then our calendar, that schedule is all laid out to help us at the Island Commons where I have worked the past 10 years to help us get our residents over or anyone else who asks for that resource.

Healthcare is obviously a drawback over here on the island. To try and find companies who are willing to send their nurses or PTs or OTs over, it takes some calling around. But Northern Lights has done a great job being available and helping us find other things to come out here for our residents and our elderly population, but that is always a concern to get someone out here.

We have a full rescue department too, so that is a huge plus. 911 is a call away, and half the time they arrive without the ambulance because someone's closer. And so you're getting a person probably at least, I don't even know how quick it is in town because I haven't lived there for so long, but in four or five minutes we have someone at the building assessing a person or anywhere really on the island, and that is made up of all volunteers.

Tim Dentry:

Well, that's amazing. You just gave our listeners a really good flavor of the healthcare services and the particularly challenging needs, especially as you described them, our aging residents.

Let me just ask you a question along those lines before we bring in our Northern Light colleagues, and that is can you recall what comes to mind when you say those words about particularly challenging for aging residents and taking them to the pier and that kind of thing, does a particular instance come to mind, particular person come to mind or a particular comment or that kind of thing? Anything come to mind like a story that would really paint that picture well?

Christina Sawtelle:

Yeah, so I don't know how many years ago this was. It was a larger person trying to get onto the boat, and this was before they had a schedule for mid-tide to high tide, and this person had an appointment and they had to go.

If their family was on the other side and we were bringing or I guess I was bringing this person to the ferry, and it was low tide, and you do have to turn the wheelchair backwards and you have to ensure the wheelchair is a large-wheeled wheelchair. It can't be a transfer chair with the smaller wheels, so you have the big wheels. And you have to tip that person back and go backwards, because if you're going forward down a ramp, it feels like you're going to fall out.

So I had to do that by myself because the deck hand was just a little older. So I'm wheeling my larger person down the ramp, and I also had to wheel this person up the other side too, which is also backwards and tilted up too onto the big wheels, because the ramp has grips and little bumps to ensure people don't slip and fall on them. And they were a really good sport about it being just me. And yeah, she did comment that, she was like, "How are you doing that?"

Tim Dentry:

That's great.

Christina Sawtelle:

It's just got to.

Tim Dentry:

That's great. Thank you. That's the kind of visceral thing when people talk about demographics or numbers or whatever, it's the people that come to mind, right? So that's terrific. Thanks for sharing that.

I'd like to now bring in two other people to our conversation. Dr. Anthony Pastore is the medical director of Northern Light Home Care and Hospice, and additionally provides care in the chronic care program.

And Jana Grant has been caring for patients at Northern Light Hospice for more than 13 years. Currently, she coordinates care for patients in the chronic care program. Welcome to you both.

Anthony Pastore:

Thank you very much. Excited to be here.

Jana Grant:

Yes, thank you.

Tim Dentry:

Wonderful. Dr. Pastore, let me start by asking you from your perspective, what challenges are there in caring for patients who may live in difficult-to-reach areas such as island communities?

Anthony Pastore:

I think Christina nailed a lot of the ones that come to mind initially with either economical ones, whether it's the logistics behind transportation or even the caregivers who can help facilitate that. So I think that those are two very large barriers that are sometimes limiting patients to accessing healthcare.

Tim Dentry:

Yeah, absolutely. And are there also, do you have a visual image of how that's presented itself at times for you when you're called upon to do miracles because of resource shortages or what have you?

Anthony Pastore:

I think, and kind of getting back to what I think is the beautiful part of this podcast, it is Christina. It's the people who are the advocates, the managers, the caregivers, the people who are really making healthcare happen in areas that face so many other barriers or where there's no real access to care. It's just these are the people that are in our community, how do we make it work?

So I think that it's really close communication with all of the Christina's of our community and of our state, and really thinking about in a case-by-case basis, what's our barrier? How do we get there? And what could next steps look like?

Tim Dentry:

That's great. And how do you make it work?

Anthony Pastore:

We can use several different things. Leigh Ann Howard in our organization came up with a great, robust remote patient monitoring program, and it's something that she has started from scratch and now we have over 800 units that are used to deliver probably the majority of our patient care.

But sometimes it is trying to get different services out to whether it's islands, or I think in our pre-recording you were talking about the deserts in our state as well, and really just thinking about how can we get consistent care? How can we have more regular monitoring? But how can we get people care that they need, whether it's in person or what we could do via telehealth?

Tim Dentry:

And 800 people we provide on a day-by-day basis, right?

Anthony Pastore:

And it's growing. Yeah.

Tim Dentry:

And it's growing. That's amazing. And probably what, five years ago, did it exist? How many people then do you think?

Anthony Pastore:

Started as a one-person department about 10 years ago.

Tim Dentry:

10 years ago.

Anthony Pastore:

Yeah, slowly but surely, and it's growing exponentially.

Tim Dentry:

Yeah.

Anthony Pastore:

I think it's the coolest thing that we do.

Tim Dentry:

Yeah, that's awesome. That's awesome. And 800, that would be 800 people that if we didn't do that?

Anthony Pastore:

Yes.

Tim Dentry:

What would the care be? For sure. Yeah.

Jana, I understand the technology doesn't just allow you to have remote conversations, there's also remote monitoring technology. So can you tell us about that and the role that plays in providing patient care?

In other words, listeners, that means it's not just a voice kind of connection, but there's actually clinical data that's being gathered that our clinicians can have a good understanding of the sciences going on with the patients, as well as other needs that they would have. So Jana, please.

Jana Grant:

Yeah, we use very specific equipment. It looks like a mini iPad basically. So when we come and install this in your home, it's a little mini iPad that plugs right into the wall for power charging. It uses cellular service. You can use wifi if you have it, but if you don't have internet, like many of our rural places in the islands, we can use a 5G cell service anywhere there's cellular service.

And then it also has the options for blood pressure monitoring, oximeter monitoring, and a scale that we can plug into it that patients can use on a daily basis or a weekly basis to check their vital signs that gets sent into electronically to our team that takes a look at that and just kind of reads through every day to make sure that things are on track, no one's gained too much weight, no one's blood pressure is too low, and can notify us to get in contact if needed.

It's a really, really cool thing that we can, and it's hospital-grade vital signs, it's equipment that we can put into somewhere that may not have access to that.

Tim Dentry:

That's really amazing. And having that kind of information on a regular basis has got to be just really reassuring too when our staff cares so much about quality and patient safety and as well as the fact that Dr. Pastore said earlier that this is homegrown as well. So that's our innovation by our staff. I just think that's a really wonderful aspect of all of this.

So Christina, if I could ask you, how have listening to what just heard from our colleagues, how have residents responded to this kind of service?

Christina Sawtelle:

So our residents, a lot of even now their primary care physician, if we have a need, can be telehealth if it's quicker just because it takes so much less time to organize on the primary care provider's part.

And if it's just a simple question or I have to show you on video this scratch, I'm not sure what's up with that, it is a lot easier for the resident. At first they're like, "Who's there on the screen?" And so you're introducing again.

But the only thing that some of them have a hard time with is hearing, but we either have headphones or we actually had a USB portable speaker that made it bigger, not bigger, louder so they can hear it.

Otherwise, they're just look at the screen and I'm usually there with them just to make sure if they can't hear, to make sure they heard the question right. And if they forget to mention something that is ailing them, I will usually do the mentioning of the ailment. So they took to it rather well, especially during COVID, and all of those challenges that that brought.

Tim Dentry:

You mentioned COVID, and I was thinking of that as I was listening to you describe how it's applied in people's lives and that kind of thing.

And I was thinking back to the days, the early days of COVID when a lot of the offices, medical offices closed down across the state and we had our medical residents, our family practice residents from EMMC just said, "Let's create this." So again, they created telehealth here.

And it really expanded. It was almost four out of 10 of our visits were provided by telehealth. And then as time went on, it sort of waned down and we still use it, but it's maybe one out of 10 kinds of things.

But what I love about this story is it sounds like it's a long-lasting connection in a way that you can really reach out to individuals and care for so many more people, keep our eyes and ears and medical tentacles on individuals so no one feels like they're lost or estranged from the healthcare.

Christina Sawtelle:

Yeah, it is. It's very beneficial. Especially as I said before, getting people off the island isn't always easy when they're wheelchair-bound. It makes transferring from cars to boats to everything that much more difficult.

And a lot of family members, they're also aging, so it's harder on the family member, it's harder on the resident going to be able to use weight-bearing assist to get them out of the wheelchair into the car seat and then reverse. And that's four times per trip that you would have your family member try and lift you and those things. So having a telehealth option for that type of a patient is very beneficial.

Tim Dentry:

Thank you. And Dr. Pastore and Jana, it's not just Maine's island communities of course that may feel isolated. And you're absolutely right, we did talk about some other areas of the state, other areas of the country that have a lot of gaps in access and outreach and services and that kind of thing. Maine of course is a very big rural state with plenty of remote, hard to physically reach areas, inland islands, so to speak. How are we reaching those communities too using this kind of model?

Anthony Pastore:

Jana, would you mind if I jumped in?

Jana Grant:

Go for it.

Anthony Pastore:

I think that one story that I've heard about just kind of the utilization of this technology was there was a very young patient, and I think last year on our patients served, our youngest was about a year old, and our oldest was in their hundreds. So there is a very wide range of ages that we can help care for.

And there was a baby or, I don't know, I always mess up the terms of baby or infant or toddlers, but there was a something-month-old who was inpatient at Eastern Maine, and we ultimately were able to facilitate a discharge to their home in Calais.

And out in Calais there was not any type of therapy services that they needed regularly, but through the remote patient monitoring, they were able to receive very regular PT, OT nurse visits via telehealth. The family was very excited about not only the ability to return home, to be back in a place of healing and somewhat normality, but also they thought that the care that they received was at par or better than what they might've gotten in an inpatient setting.

So helping really get the care that matters in the place that matters and really helping meet the patient where they want to be and making healthcare work for Mainers is something that I've heard here, but that's something that is very exciting and I think really aligns with Christina and what she does, really helping keep people where they want to be and have the healthcare that they need reach them.

Tim Dentry:

Wonderful. Jana, what are your thoughts?

Jana Grant:

Yeah, I think that this technology and these kind of initiatives have just helped us expand healthcare into those reaches. And one of the things that I think is nice is when we're talking about hospice, we're talking about quality of life and really trying to limit kind of what's strenuous and stressful for patients.

And one of the things that our putting these tablets sometimes in these homes is helpful is we can limit, like Christina said, limit trips off island, we can limit trips, hour-long trips to Bangor sometimes. I've done hospice and forming visits right on the tablet with patients.

I'm a therapist by trade, and during COVID I was able to visit a gentleman on another island out in Maine, [inaudible 00:20:50], but was on Long Island, which can be an hour-long ferry ride. And I was able to facilitate breathing exercises with him once a week to kind of get him over his anxiety and increase his breathing comfort through the tablet visits.

And that just brought a different level of comfort to them, knowing that could someone physically get out there, it was a strain. We were talking a hour-long ferry there, an hour-long ferry back. But knowing that I could pop on a video visit and do that with him for once a week for a while was helpful to that family.

Tim Dentry:

That is fabulous. Thank you for sharing that. So before we wrap up, I want to give each of you, Christina and Jana and Dr. Pastore, the opportunity if you have any other thoughts, any other closing comments, things you want to share with us. So why don't we go in the reverse order we just did and back to you again, Jana.

Jana Grant:

Yeah, for me, I think healthcare is now, this landscape of healthcare is about figuring out what works, and I think that's what we're doing here at Northern Light and that's what we're doing at Island Commons is figuring out outside the box, not everyone fits into the cookie-cutter model and how do we make it work? How do we say yes? How do we make it work for the patient?

And sometimes that's on video visits, sometimes that is on case management visits, sometimes it's doing different creative things that we have to come up with and it doesn't always fit into a little box and that's okay and that's what makes it right for Mainers really. That's why I'm here and that's what I think we're doing, which is important.

Tim Dentry:

That's beautiful. How do we say yes? And you do that all the time, so thank you so much for that, Jana. Dr. Pastore.

Anthony Pastore:

Yeah, I couldn't say that better or echo that loud enough, but really just helping care for our communities. Really one thing that I like the most about working here is that we are very focused on our state and our communities and our neighbors and being able to deliver whatever they need based off of their values. Where they want to be is really one of the more exciting parts of the job.

Tim Dentry:

Thank you for that. It's an honor to work with both of you, and it's an honor to work for people like you, Christina, and those on Chebeague Island. So you get the last word before I wrap up.

Christina Sawtelle:

All right. Well, obviously having access, we are just a tiny little seven-bed assisted living facility that's been open for 25 years. And if we didn't have access to a lot of even telehealth or Northern Lights people being able to coordinate sending their nurses or their PTs or their OTs out here, I don't think we would have survived as long as we have.

It's so important that we help our islanders age in place, which is what they want to do. And if we can, we actually keep all of our residents up to end of life as long as they're within our scope of care.

Tim Dentry:

Beautiful. Thank you so much. Christina Sawtelle, Jana Grant, Anthony Pastore, thank you, thank you, thank you.

And Christina, my commitment to you when we first met last week was that one of my New Year's resolutions is I'm going to get on that ferry and I'm going to come and visit you and the residents and your assisted living facility in Chebeague Island, so hope you'll be able to take me up on that.

Christina Sawtelle:

Oh, of course. We love visitors.

Tim Dentry:

That's great. That's great. So I'll see you later when it's ice flow time. Thank you again.

Christina Sawtelle:

Thank you.

Tim Dentry:

Thank you to our podcast listeners, one and all, those from even further away than the family in Maine and the family of Northern Light and those we serve.

Until next time, I'm Tim Dentry, encouraging you to listen and act to promote our culture of caring that starts with caring for one another. Thank you.

Announcer:

Thank you for listening. You can find new episodes on our website at northernlighthealth.org/healthyhappywise, and on YouTube, Apple and Spotify, making it easier for you to listen on the go on your favorite app.