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Announcer:

Ahead on Pathways.

Dawn Stone:

We service a vast area. It's pretty large, and we're a tourist town, so a lot of need for our services in this area. I can't imagine patients having to travel an hour for much needed life-saving services.

Announcer:

Maine is considered one of the most rural states in the nation, and its hospitals are much the same. Here are the unique characteristics associated with rural nursing.

Emily Tadlock:

Thanks for joining us on Pathways, part of our new Healthy, Happy, and Wise podcast series. I'm your host, Emily Tadlock. You could hear lots of things happening in the background because I'm at a rather busy place. I made my way up to Greenville, Maine, a very rural area of the state, to talk with Northern Light Health nurses about what it's like working at a rural hospital. So I am joined by Vice President of Nursing and Operations Brad Gilbert, and Director of Quality and Risk, also a nurse, Dawn Stone. Thank you guys for joining me today.

Brad Gilbert:

Thank you for having us, Emily.

Dawn Stone:

Thank you.

Emily Tadlock:

Okay. So first off, tell me a little bit... For our listeners, tell me about Greenville.

Dawn Stone:

Greenville is a small rural town that we're blessed to have an amazing lake, a ski resort, but we have a very small population, maybe around 1,800, and in the summer it grows substantially.

Brad Gilbert:

And we're really fortunate to have a wonderful hospital. In fact, one of the top 20 hospitals in the country in 2023. So we're really blessed to have that in the heart of the Moosehead Lake region.

Emily Tadlock:

So it's a little bit different, though, having a hospital in a place that's so rural with a fluctuating population, we'll say it that way, because you go from so little to so many so quickly. What is it like working here? Have you worked anywhere else other than this hospital?

Dawn Stone:

I started my career at Mayo Regional Hospital, so down in the Dover-Foxcroft area. So also a small critical access hospital.

Brad Gilbert:

So for me, I started in Lewiston, and over the years I've worked in Hawaii and Colorado and here as well, both as a traveler, a leader, an ED, ICU nurse, and a paramedic. So varying experience, but I've been here since January of 2020, and the experience here has just been wonderful and this is the smallest facility I've ever worked in, but it's also the most powerful facility. We often refer to it as the little hospital that could.

Emily Tadlock:

Oh, I like that. I'm a Thomas the Train Engine fan, so I really do like that. Brad, since you have the experience working in larger areas versus smaller areas, what are some of the differences that you'd recognize?

Brad Gilbert:

Well, if I was comparing it to a place like Honolulu, the differences are drastic. But for here, in this small hospital, it's a 25 bed hospital transitioning to 15 physical beds with our new construction, differences here are our nurses, our registered nurses and LPNs and our aides and our EMS providers, anyone that works here, we all have a blended team approach. So we're generalists in nursing care in what we do, we have to provide care across all age levels and spectrums of the healthcare field, and we have to do a lot of the work together that you wouldn't necessarily do in a specialized nursing unit. Specialized nursing units have big amounts of depth, they have a lot of resources that are available to the team. So one of the things we have here is very limited resources, especially at night, where it's not uncommon to only have five people on the shift serving the entire hospital.

Emily Tadlock:

So that's a little bit different for sure. What would you say is one of the most unique things about a rural hospital here, Dawn?

Dawn Stone:

The community is part of our family. So I think when we service our patients, we are servicing our family as well.

Emily Tadlock:

Oh, that's an interesting way to look at it. I grew up in a small town, we were talking about this before we got started, and I know how important that community feeling is, so I can only imagine what it's like to walk into the hospital here and say, "Hey Brad, I saw you out last week. How's your kids? How's your life? How's everything?" Because they know you.

Brad Gilbert:

Right, and I think some of those relationships when you're serving patients from the community in this small hospital, the interviews and the interventions and just the way we communicate go a lot quicker than if you were working in a larger city, even compared to let's say Lewiston, Auburn, and Bangor. Those relationships really help to expedite the level of care we provide. We help to meet needs quicker. The nurses here get to spend a lot of time with patients, and that's truly important to the continuum of their healthcare, whether it's emergent or whether it's an inpatient visit, or maybe a primary care visit in one of our three locations. So considering that, the individuals who access our services, it's kind of a two-part story, the story of the healthcare provider and the story of the patient. And really there's a high level of engagement heading for quality outcomes and a dedication to doing the right thing at the right time and for the right reasons.

Emily Tadlock:

That's great. And this all kind of goes back to a point that you brought up earlier about the accolades that this hospital has received. Tell me a little bit about that and how that has come to happen.

Dawn Stone:

We received one of the top 20 critical access hospitals in the nation for quality last year. I think it's a test to what our staff does on a daily basis, how they take care of their patients and having that relationship with them.

Emily Tadlock:

Nurses are in such high demand. You could work anywhere, at any hospital. I have no doubt it's that easy. Why here?

Brad Gilbert:

So for me, I love the rural environment. I grew up in Turner, Maine, but I've had the opportunity to travel all over the country, except for Alaska, and I love rural Maine, and I really enjoy living in this type of an environment. My home is five miles down the street, it's a wonderful community. But this little hospital has connectivity for human type interactions that you can't get at larger facilities, even facilities that are slightly bigger than ours. This is the smallest hospital in Maine, both by volume and by physical size, and considering that these interactions are really what makes you want to be a good nurse.

For me, specifically working in nursing leadership for a long period of time in both clinical ED and ICU settings, and also as a paramedic in the transport setting, for me, my day is always something that changes. I'm a type of person, even as the vice president of nursing, in scrubs every day, assisting patients every day, cleaning facilities, doing different things that we have to do, and that's really why I'm here, is because it really takes a really big team effort with a short list of players to get big things done. And every day is a new experience here, and the four plus years I've been here, it's been just amazing every day. There's not a day that I come to work and say, "Ooh, I hate to walk in the door." And a lot of days I hate to leave because it's that wonderful here.

Emily Tadlock:

That is so great to hear.

Brad Gilbert:

It's the truth.

Emily Tadlock:

You don't hear that about people in their jobs and work much anymore. It's a get in and get out kind of a thing, but not for you. What about for you, Dawn?

Dawn Stone:

I love my job. I love the people I work with. We have a really great team. The nurses are stellar. I think getting back to the basics of nursing is why we all came into this profession to take care of people, and I think working here, you're able to do that in the way you want to. And we also can take care of families just the same way that we take care of our patients, and that's important to give quality care.

Emily Tadlock:

You mentioned getting into nursing. So Dawn, I'm going to probe you now. How did you get into nursing? What made you become an RN?

Dawn Stone:

I actually lived in this area for a little while, and I always wanted to go to nursing school when I was younger. And when I came up here, I realized that there wasn't much opportunity for jobs and I decided to go back to nursing school. So I went back to nursing school in my 30s and became a nurse.

Emily Tadlock:

Now you've kind of worked your way up, so tell me a little bit about your pathway in nursing and how you've come to do quality.

Dawn Stone:

So I started my career as a graduate nurse at Mayo on the med surg unit, and then I took a position here in the OR when we did surgery for my family, basically, so I didn't have to travel as much. And then I also moonlighted back to Mayo in the ICU, or the SCU now. And then I also worked on the floor here a little bit. And the quality position came open as the OR phased out, so I applied for it and received that position. And then as our old VP of nursing retired, I assumed the risk role along with the quality.

Emily Tadlock:

So a path that's led you into several different areas of nursing, and we've been talking about that on this podcast and we'll continue to talk about it, that there are so many different facets to nursing. There's so many different paths your career can take depending on what you want to do, what you like and what you don't like. So what made you want to take on this role of quality and risk?

Dawn Stone:

Well, quality is extremely important to nursing. I think it elevates our nurses to do better when they know better, and that's part of quality. How can we improve this process. That is quality. So it's just another step, a different outlook into nursing.

Emily Tadlock:

And what about you, Brad? You've been all over the place, so what in the world, and I feel like this path is windy and twisty and turny.

Brad Gilbert:

Absolutely. It's been a journey for sure. I first became interested in the healthcare field when I was 16. I was a junior in high school and there was an opportunity to take an EMT class my senior year of high school, so I decided to do that at Central Maine Community College. It was actually my aunt and uncle who encouraged me to go into EMS and to start a healthcare journey. My uncle was a paramedic and still is, and they were living in South Carolina at the time, and my aunt was a respiratory therapist, and on a family visit, they encouraged me to explore that, as I really wasn't sure what I really wanted to do. I kind of wanted to be a teacher possibly and decided to try that out for a little bit, but came back to healthcare.

But when I turned 18 in my senior year of high school, I actually got a job working in Lewiston at United Ambulance, and I was there for well over 17 years and climbed the ranks in EMS. But while I was there I also went to nursing school and I had obtained my paramedic license in 2003 and was climbing the ranks in that realm. But in 2007, I took a bridge class from paramedicine to RN and got my ADN for nursing, and from there progressed and got my BSN and was working basically full-time hours as a nurse up in

Farmington and also working full-time in Lewiston as a manager for EMS. And from there kind of gravitated out to Hawaii for a few years, working for several different hospitals out in those systems as a traveler while keeping a remote risk job based in Maine.

And through the years, developed nurse manager, nurse director roles in Farmington for the Maine Health Hospital, Franklin Memorial Hospital, and from there jumped to the next phase, which was travel leadership, and did some travel leadership and eventually made my way out to Colorado for another stint and came back here in the summer of 2019 without a job, without looking at the hospital, just trying to stabilize our homes here in Greenville on Lower Wilson Pond and thought, "Maybe I should look at a job at the hospital and see if there's something that's available." And I looked on their website and there was no PRN jobs, and we just happened to be at the laundromat while our house was under construction, and they said, "Let's make a call for you."

So they called, and by the end of the day, there was a per diem nursing job on the website for the ED here, and that just transitioned to education, and then the director of nursing units, and then finally to this role as the vice president of nursing and operations. This is my first senior level nursing role. Before this, I did have a role for a period of a few years as the lead nursing director for a 65 bed hospital and loved that. So this seemed like the obvious next step.

The reason I love this particular role with this organization is because, back to the quality point that Dawn was making, yes, we focus on quality, but here we can actually put the quality initiatives in place very, very quickly because of our size, and the monitoring of the quality initiatives and the patient experience can be monitored very quickly just because of the time we have to spend with our patients. So that's kind of my history and in a nutshell. I love nursing, I love leadership, and I am really thankful to be in my early 40s and to have this type of an opportunity with both Northern Light and Northern Light CA Dean Hospital. I'm very grateful and I intend to end my career right here in this position. I love it.

Emily Tadlock:

That is just awesome. Wow, what an interesting way to make this happen. It's one that I haven't heard yet in this podcast, going from an EMT to paramedic to RN. So again, yet another pathway for people to work their way into nursing.

Brad Gilbert:

Yeah, absolutely. There's so many pathways for nursing, and we have all kinds of learn to grow programs in which we train people and help them get through school and licensure. It's not just nursing. We have all kinds of programs that can help people excel their careers. I always tell people the more you get involved, the more of a difference you make, and the more self-development you can make to help patients. And sometimes people just need that little nudge to get going forward. And we've seen that here locally, I've seen it over the course of my career, and it's these small conversations that you have with people that get them into the role of healthcare, but specifically nursing. A lot of people think they can't do it. I'll be honest, sophomore in high school, it was basically discouraged from becoming a nurse. "You're not great at pre-calculus. You can't do this high complex math. That's not going to work as a nurse. You should be a teacher."

And that was not what I was thinking. And it took me years as a young adult to transition and say, "You know what? I can be a nurse. I'm a good paramedic. I'm in the top of my field as far as what I can learn and the scope and it's time to learn more." And I knew that nursing had all these avenues. For me specifically, I feel there's more avenues in a small hospital than there are in a large hospital. They both have pluses and minuses, but the real heart of nursing or the art of nursing is in these smaller facilities that are spending time with people getting to know their families and the coworkers. So perfect job, perfect world situation. It all happens for the right reasons. And all those skills you pick up on the way, they all blend into nursing, which is why I love it so much.

Dawn Stone:

And I think to Brad's point about the Grow Your Own program is so vital to our area. We can take our locals and train them in the fields that our greatest needs are, and then they become part of our team.

Emily Tadlock:

Which is awesome, and getting to work in their own community with the people that they know. So rural hospitals are super important, and I think we're seeing more and more of them disappear, which I think is sad, and I would assume that you guys would absolutely agree with that. Can either of you just talk a little bit about the importance of little hospitals?

Dawn Stone:

We service a vast area. It's pretty large. And we're a tourist town, so a lot of need for our services in this area. I can't imagine patients having to travel an hour for much needed lifesaving services.

Brad Gilbert:

Yeah, I would add that the landscape of healthcare across the country is grim in a lot of areas, and there is a lot of financial challenges and struggles that organizations do face, but the service area that we have is just under 2,900 square miles, as I understand it, which I think the state of Rhode Island is smaller than our coverage area. It's not just the mileage, it's the ragged and rugged terrain that we have, and then also the wintery type conditions, the windy type conditions when you can't necessarily get things out here quickly. And that makes it challenging. We do struggle with trying to move patients out of the hospital in those conditions, and I can only imagine without the local hospital here able to provide stabilization to these patients, with all the things we have to include, ventilatory support, CAT scan technology that's state-of-the-art, and all the other things we have here, including our board certified emergency physicians, if we didn't have that, then we probably would be challenged as a community.

I would be remiss if I didn't mention our primary care, because a lot of this stems from good primary and preventative care that happens in our community. We have access, we have three locations that provide walk-in hours Monday through Friday. We have a lot of telehealth type services that are both in the hospital and through the practices to include behavioral health, telehealth visits. We're just a really robust hospital. And when I mentioned earlier, we often say it's the little hospital that could, that was actually coined by our president, Marie Vienneau, who came up with that. And I've been repeating it because I believe it, I see it. We flex up when we need to. We flex down when we have to. But we really help a lot of patients with positive outcomes. Not always perfect, not always pretty. Can't be, that wouldn't be realistic. But we're getting it right, and we have high hopes for the future, especially with the state-of-the-art hospital, that we're really just moving into the second phase, which is Tuesday the 25th. Really excited about that.

Emily Tadlock:

So we haven't talked about it yet, but we're sitting in a brand new, shiny, beautiful office. This hospital has gotten a big facelift. Tell me about it.

Dawn Stone:

Not just a facelift, a whole new face. For me, it's amazing to see the transition that has happened over the last year. Going from an old a hundred year old building to this brand new building with state-of-the-art equipment is going to be wonderful for our patients, our staff.

Emily Tadlock:

It really is great. And it's fascinating too, you just mentioned the flow. A lot of planning went in to making this hospital the best that it could be for this community.

Brad Gilbert:

Yeah, this hospital was in need of replacement probably decades ago. It really was. Highly challenged with physical space, regulatory requirements that weren't being met in a variety of instances. And that's not unlike other infrastructure that's around the country, where they have these types of opportunities for physical space improvements. But thankfully our board of directors, our senior leadership, our senior system leaders, all supportive of this even in times of financial crisis in healthcare, especially during a pandemic. We're committed to doing the right things here, and this hospital was the necessary right step. It's not just for patients, but it's for recruitment and retention and hopefully maintaining health within the Moosehead Lake region to the best of our ability. It's really our goal. And we're still working out the kinks, we're still working on plans, we have goals, but we're kind of going from that construction and transition phase to more of that maintenance and operations transition.

So the future is bright for us, and within a few months things will start to stabilize a little bit more. Our goal is by Halloween that everything will be planted and new driveways will be in place, and we can start getting to the real heart of what we're doing here within this building. It's amazing that we scored in the highest percentiles for our Press Ganey categories for so many years considering our lack of up-to-date equipment and our poor physical space that we had in our old hospital. So it really is nice to see and to think about what really could happen in the state-of-the-art medical facility out here in the woods of Greenville.

It was like we were camping and now we're in a state-of-the-art situation, and it was not necessarily the equipment or the physical space that made the difference for the patient outcomes, the patient experience and satisfaction, it was the people that work here. They're the highest dedicated group of individuals I've ever worked with in the past 26 years of healthcare right here in Greenville, and that's an accurate statement on my experience, and I really think others have shared that level of experience over the course of their careers here.

Emily Tadlock:

Okay, so what would you say to all those professionals out there who are either interested in getting into healthcare or already in healthcare in some capacity or already a nurse about coming to work in a rural location? How would you encourage them to do that?

Dawn Stone:

I think it has to be part of who you are. I think nursing, there's so many different avenues that you can travel, and rural nursing, it's personal. So you get to have that time with your patients that we all go into nursing for. And I think that gets you back to the basics and it gets you thinking about, "Why did I become a nurse?" And this is why, working in rural healthcare.

Brad Gilbert:

Absolutely. And we talked about a blended nursing team before, but if you were looking for opportunities, maybe you're a med-surg nurse who wasn't excited to jump and float down to an emergency department that could be big and scary, and you don't really see what's happening in there on a day-to-day basis. Because it's not all high acuity patients sometimes. Sometimes just patients who need access quickly that can't be scheduled otherwise for emergent conditions, especially in these types of environments that we're living. So in our particular new facility, we share a nurses station with our med-surg nurses and our ED nurses. And within that same area, they can see what's happening on the inpatient telemetry unit and within our emergency department, and they can back each other up.

And that's really expedited our cross-training, it's expedited our interest from people who are newer nurses who may want to make the leap into emergency department nursing, or maybe an emergency department nurse who never really worked on an inpatient unit before and decided that they want more scheduled work activities, so then they can look at the inpatient unit and say, "Wow, that's what my day could look like," versus the unknowns of what could happen. So that teamwork and that opportunity to share and job share and look at experiences and teach each other things, I think is something that you cannot replicate anywhere. We can't do it in the classroom, we can't do it through formalized training or hallway conversations. You have to live it. And our teams are highly successful by living it and by demonstrating their commitment to both the values of the organization, but the ethical standards of professional nursing.

Emily Tadlock:

Wow, how unique. What a cool thing for nurses to get to experience. Thank you so much for sharing that, Brad, and I appreciate both of you hopping on this podcast with me today to enlighten all of us about rural nursing and about this awesome hospital here at Northern Light CA Dean in Greenville, Maine. And yes, thank you so much for your time.

Dawn Stone:

Thank you.

Brad Gilbert:

Thank you, Emily, for your time. Appreciate it.

Announcer:

Thank you for listening to this episode of Pathways. Please join us next time for a new episode. There are several ways you can tune in on our website northernlighthealth.org/healthyhappywise. We are also on Apple, YouTube, and Spotify, which makes it easy for you to listen on the go on your favorite app.