As 2021 nears an end, we approach 2022 with renewed hope, more resilience, and stronger community partnerships. Those partnerships have proven vital as the pandemic encumbered the gains we had made in Maine and nationally to address the opioid epidemic. Unemployment and food insecurity remain higher than pre-pandemic levels too.

The pandemic taught us to become even better at working together. We have renewed commitment to improving the social determinants of health, and we have better ways to reach people than ever before.

In 2019, Northern Light Health partnered with three healthcare systems and the Maine Center for Disease Control and Prevention to create a Community Health Needs Assessment. We used that assessment and public input to develop a three-year strategy to improve the health and well-being of the communities that we serve.

This report is an update on the progress of our community health strategy for fiscal year 2021, representing the second year of our three-year health improvement plan. In addition to the extraordinary outreach and collaborative efforts during the coronavirus pandemic, Northern Light Mercy Hospital continues to engage in priority areas of work, including:

- Social determinants of health
- Substance use
- Access to care
- Mental health
- Older adult health/Healthy aging

At Mercy, we know that our neighbors are looking for trusted places where they can go for personalized care that is exceptional—and we want them to choose us. We are determined to be the best option for them while continuing to collaborate with our community partners. I look forward to what we can accomplish in the months ahead.

Sincerely,

Charlie Therrien
President, Northern Light Mercy Hospital
Progress report update

FY 2021 Progress Report
Priority #1: Social Determinants of Health

Objective: Increase the number of sites implementing screening and referral for health-related social needs from zero to four by 9/30/21.

Status: In progress

Strategy (approaches taken, and resources used) and highlights from this effort: In fiscal year 2021 (FY21), Northern Light Mercy Hospital participated in the Northern Light Social Determinants of Health (SDOH) system workgroup, which met bi-weekly through November 2020. The workgroup suspended meetings after this date to accommodate new system-level SDOH efforts. In January 2021, Northern Light activated four critical path project teams to plan and operationalize a system approach to identifying patients with social health needs. These groups oversaw standardization of the Cerner Social History Tool in the medical record, which will ensure patient demographics and health history are documented in a consistent fashion across all Northern Light member hospitals. The existing “Food Insecurity” form in Cerner was then updated to include six additional evidence-based questions to assess patients’ housing status and safety, transportation, utilities, daily activities, and isolation. The updated screening form aligns with most of the recommendations developed by the SDOH workgroup members. Both the “SDOH Screening” form and the updated Social History Tool went live in Cerner on 5/18/21 and are now available for use. Additional efforts during this year included foundational work to operationalize the Social Vulnerability Index and developing recommendations for implementation of a social care network platform (called Aunt Bertha). These additional Cerner functions are slated to go live in fiscal year 2022 (FY22) and will provide Northern Light with enhanced ability to understand social needs by populations and geographic location and provide seamless patient referrals to community-based organizations for assistance with social needs. Moving forward, the SDOH workgroup will be re-established in FY22 as the “SDOH Team” and report to Northern Light’s Quality Council and will be responsible for developing, implementing, monitoring, and evaluating the effectiveness of the system’s implementation of SDOH screening and intervention.

Partners engaged: Mercy Hospital partnered with the following Northern Light entities on this priority:

Acadia Hospital
AR Gould Hospital
Beacon Health
Blue Hill Hospital
CA Dean Hospital
Eastern Maine Medical Center
Home Care & Hospice
Inland Hospital
Maine Coast Hospital
Mayo Hospital
Sebasticook Valley Hospital
Information Systems
Clinical Informatics
Clinical Standards Group
Outcome measure: In FY21, Mercy and other member hospitals were unable to initiate SDOH screening and meet the projected targets. This was an accepted outcome of the Northern Light system-led SDOH efforts, which were initiated after the FY20 community health improvement plan’s activities and targets had been established. Ultimately, several key system outcomes were met during this period, including standardization of how and where SDOH information is documented within the electronic health record and adoption of a standard SDOH screening form. This provides a successful foundation for SDOH efforts moving forward. While screening has occurred, as a result of inclusion on standard rooming workflows, the reporting capability screening rates and/or results will be completed by Information Systems following additional auditing and mapping of appropriate Cerner concepts and data.

Project leads: Katie Kerr, Director of Mission; Melissa Skahan, Vice President of Mission.

Next steps: In fiscal year 2022 (FY22), Mercy Hospital will participate in SDOH system workgroup efforts to operationalize SDOH screening within practice locations, as well as contribute to development of the metrics that will be used to report and evaluate SDOH screening reach and effectiveness. Member hospitals will have a key role in supporting the implementation of Aunt Bertha, primarily through completing an inventory of existing community resources and referral partners and conducting a community resource gap analysis to identify potential weaknesses in their local community services networks. These activities are proposed Key Performance Indicators in the FY22 Annual System Goal and will inform the development of the resource directory within Aunt Bertha. Additionally, member hospitals will have an opportunity to participate in SDOH quality improvement initiatives as part of a recent award to Northern Light Health. This grant, provided through a collaboration between Pfizer, Inc., and the Institute for Healthcare Improvement, will support discrete quality improvement projects to understand and improve SDOH screening and referral workflows.

Priority #2: Substance Use

Objective: Increase the number of medication-assisted treatment (MAT) options for opioid use readily available in local communities from four to seven by 9/30/21.

Status: Completed

Strategy (approaches taken, and resources used) and highlights from this effort: In FY21, Northern Light Mercy Hospital advanced internal as well as external efforts to allow seamless access to MAT. These efforts include the training for Mercy employed providers and planned transition of prescribing to primary care physicians. This strategy also includes the expansion of McAuley Residence in Bangor with a third site planned for Mercy Hospital’s campus redevelopment, participation in the MaineMOM effort for mothers with opioid use disorder, and the continued efforts of the Greater Portland Addiction Collaborative.

Partners engaged: Northern Light Mercy Hospital partnered with the following entities on this priority:
- Amistad
- Community Housing of Maine
- Cumberland County Jail
- Greater Portland Health
- Maine Behavioral Health
- Maine State Housing Authority, Director of Opioid Response
- Milestone
- Northern Light Acadia Hospital
Outcome measure: In FY21, Mercy Hospital facilitated the ongoing work of the Greater Portland Addiction Collaborative, which included the addition of four new partners with added sites for MAT to include Spurwink, Sweetser, Maine Health’s Maternal Health, and Cumberland County Jail’s MAT Coordinator. Significant training for providers in the Birthplace and in Primary Care was delivered as new providers began to prescribe and provide care to persons with substance use disorder. The expansion of McAuley Residence in Bangor was highly successful with ten families in FY21 and planning underway for a third location in Portland for fiscal year 2023. In January 2021, Mercy Hospital began to offer enhanced services for mothers with opioid use disorder in Women’s Health as part of the MaineMOM project ensuring coordination of care for both mother and child.

Project lead: Melissa Skahan, Vice President of Mission Integration

Next steps: In FY22, Mercy Hospital will continue to expand McAuley Bangor, facilitate the work of the Greater Portland Addiction Collaborative, and participate in the MaineMOM Echo and roll out.

Priority #3: Access to Care

Objective: Increase the number of local housing authority developments that offer health promotion clinics to include health education, financial counseling, primary care access, and preventive screening from zero to seven by 9/30/21.

Status: In progress

Strategy (approaches taken, and resources used) and highlights from this effort: In FY21, Northern Light Mercy Hospital provided onsite universal COVID-19 testing and vaccination for vulnerable persons. This required clinical and non-clinical staff to travel to homeless shelters, Cumberland County Jail, housing authority developments, and other area low-income elderly housing facilities to offer both testing and vaccination. Mercy also launched a mass vaccination clinic at the Portland Exposition Building with special attention to New Mainers. This required the engagement of informal and formal leaders, the creating of multiple multilingual videos to promote vaccination, and the development of alternative pathways to registration and scheduling vaccination appointments.

Partners engaged: Mercy Hospital partnered with the following entities on this priority:
- 100 State Street
- Burundi Community
- Cambodian Community Association of Maine
Outcome measure: In FY21, Mercy Hospital responded to multiple requests for universal testing and vaccination clinics. This effort included universal testing at all local homeless shelters on two or more occasions, universal testing at housing authority developments and the county jail and operating a mass vaccination clinic creating ease of access with special attention to New Mainers.

Project lead: Melissa Skahan, VP of Mission Integration

Next steps: In FY22, Mercy Hospital will continue to seek opportunity to respond to COVID-19 outbreaks and provide a variety of options for vaccination for both adult and pediatric populations.

Priority #4: Mental Health

Objective: Increase educational programs to raise awareness, readiness, and access to mental health services from one to three by 9/30/21.

Status: Completed

Strategy (approaches taken, and resources used) and highlights from this effort: In FY21, Northern Light Mercy Hospital delivered multiple trainings to clinical teams, community, and emergency medical services (EMS) for increased understanding of patients with co-occurring disorders. A panel of women with polysubstance use disorder, who were pregnant or post-partum was held on January 21st for clinical teams. A presentation by Sadie Knott, PMHNP and lead provider for medication-assisted treatment (MAT) around prevalent street drugs was delivered on May 19th. Mercy’s two Recovery Coaches have started to attend staff meetings to provide education around lived experience and opportunity for their support of hospitalized patients and those in the outpatient practices.

Melissa Skahan, VP of Mission Integration provided a presentation for Maine MOMS ECHO titled Improving Outcomes for Families. Attendees were primarily clinical teams across Maine and state leaders. Melissa Fernald, LCSW delivered training for EMS around Substance Use Disorders on August 10th. This was an
interactive presentation for EMS to tour a staged teenage risky behavior room, receive training on current
drug and alcohol trends, and learn techniques for communicating with teens. The intent was to increase
awareness, promote early detection, and intervention of teenage risky behavior. Presentations are planned
with community partners around Stimulant Use Disorder and the role of Family in Behavioral Health.

**Partners engaged:** Mercy Hospital partnered with the following entities on this priority:
- Amistad
- EMS
- Spurwink

**Outcome measure:** In FY21, Mercy Hospital delivered four trainings with clinical teams in the acute setting,
EMS from surrounding communities, and health system partners across Maine.

**Project leads:** Melissa Skahan, VP of Mission Integration; Melissa Fernald, LCSW; Sadie Knott, PMHNP.

**Next steps:** In FY22, Mercy Hospital will continue to deliver quarterly education programs to raise awareness
and understanding of persons with co-occurring disorders.

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**Priority #5: Older Adult Health/Healthy Aging**

**Objective:** Increase initiatives to promote end-of-life and palliative care options from one to two by 9/30/21.

**Status:** Completed

**Strategy (approaches taken, and resources used) and highlights from this effort:** In FY21, Northern Light
Mercy Hospital delivered four presentations to increase awareness of end of life and palliative care options.

**Partners engaged:** Mercy Hospital partnered with Northern Light Health’s Palliative care director and medical
director on this priority.

**Outcome measure:** In FY21, Mercy Hospital delivered four presentations to increase awareness of end of life
and palliative care options. This included two education sessions delivered by Northern Light Health’s
Palliative Care director and medical director for clinical teams, Ethics Committee presentation for members
and Board of Director’s presentation on Burdensome Care from a Catholic perspective.

**Project lead:** Melissa Skahan, VP of Mission Integration

**Next steps:** In FY22, Mercy Hospital will partner with Northern Light’s Palliative Care, Ascension Health, and
local experts to continue the education efforts.
Conclusion

Northern Light Mercy Hospital continues work on identified priorities through the Community Health Strategy and is thankful for the participation and support of our community members and many area organizations for contributing their knowledge of local community health needs related to our priorities of action. Through existing and future partnerships, collaborative efforts are essential in addressing the identified community health strategies prioritized within.