We’re making healthcare work for you.
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All around us in today’s world are people who challenge the status quo and aim to do more. History remembers those who have created changes that make our world a better place. Where would we be today if Alexander Graham Bell hadn’t invented the telephone? Or, Thomas Edison didn’t find a way to harness electricity to make light? Or, Marie Curie didn’t discover the radioactive compounds that would lead to the use of radiation therapy to treat cancer?

Of course, not all change is so grand, and not all changemakers are so iconic, but even small changes over time make a big difference. Here at Northern Light Health, among our thousands of dedicated employees, valued patients, generous donors, and committed community partners, we are grateful to have changemakers who work every day to improve the lives of people across our great state. In our 2019 Annual Report, we will introduce you to some of these changemakers. They are improving their communities, their workplaces, and themselves. They are finding better ways to treat people with Alzheimer’s disease. They are taking on extraordinary physical challenges to further cancer research. And, they are looking to make meaningful changes to how patients are cared for during their stays in our hospitals and healthcare facilities. At Northern Light Health, our purpose is to make healthcare work for you, and one way that we are doing that is by raising quality through innovation, teamwork, and efficiency. You will see examples of this throughout the pages of this year’s report. I am truly inspired by the great work that is happening here, and I know you will be inspired too.

Sincerely,

M. Michelle Hood, FACHE
President and CEO, Northern Light Health

Ordinarily, Michelle and I co-author the introductory letter to our annual report, but this year, I felt it was important to add a few additional thoughts of my own. This will be the final annual report of Michelle’s 14-year tenure with Northern Light Health as she is moving on to an exciting new opportunity with the American Hospital Association to serve as executive vice president and chief operating officer. I think it is fitting that the theme of this year’s report is changemakers because Michelle has been a positive agent of change for our healthcare system. During her time as CEO, Northern Light Health has grown from a loosely organized confederation of hospitals to an integrated healthcare system that is poised to serve people across Maine for generations to come. I speak on behalf of our Board of Directors when I congratulate Michelle on her exciting new opportunity. She can feel proud of all that she has accomplished for Northern Light Health and the people of Maine.

Sincerely,

Barry McCrum
Northern Light Health, Board Chair
We are Hopeful
When Memory Fades: Northern Light Alzheimer’s Research Program

As Bill Doak runs a wooden board under a scroll saw in the woodworking shop behind his home, he pushes too hard, the board jumps, and the saw blade breaks. Bill’s wife, Nina, is standing nearby with a nervous look. There’s sawdust on the floor and projects in various stages of production and repair, including a chest of drawers. “Bill has made thousands of dovetail joints but when he started this project for his grandson, he couldn’t remember how to make a dovetail joint,” explains Nina. Instead, Bill is fastening the drawers together with screws.

For Nina, it’s a good sign that Bill is still problem-solving, but this scenario is just one of the many new realities they are learning to deal with since Bill has been living with Alzheimer’s disease. “I built several boats over the years, and I’ve built many pieces of furniture. The work gave me a sense of comfort,” explains Bill, “And, now, not so much. It takes a lot of time.”

Bill takes long walks on the roads near his coastal home in Surry, reads books, and solves crossword puzzles. He does these things to keep both his mind and body fit. As she’s done for 40 years, Nina is at his side supporting him. As the disease progresses, so does her worry. She and Bill cared for Bill’s parents, who both had Alzheimer’s disease.

“Bill is a very bright man who has held important administrative positions at the National Institutes of Health. He was great with numbers, and that’s not there anymore,” says Nina, “Bill says that I’m angry. Yes, I am angry, but not at him. This disease is slowly taking away my best friend.”

Bill is doing all he can to slow the disease’s progression. He is part of a clinical research trial offered through Northern Light Acadia Hospital’s Mood and Memory Clinic, in which he is a patient of Clifford Singer, MD, chief of Geriatrics and principal investigator for Northern Light’s Alzheimer’s Disease Research Program. Acadia Hospital, together with the University of California San Diego and the National Institute on Aging is testing a drug currently used to treat ALS to see if it slows Alzheimer’s disease. Bill is part of that trial. “There is a critical public health need. Because of our aging society, there is a doubling of the numbers of people with Alzheimer’s disease nationally and in Maine. The best hope we have of coping is to either prevent or at least slow the disease down,” Dr. Singer explains.

Northern Light Acadia Hospital is also partnering with Jackson Laboratory, a world-class genetics research institute. The hospital has clinicians and access to potential research study participants while Jackson

Bill and Nina Doak give each other a supportive embrace.
Gareth Howell, PhD, associate professor at Jackson Laboratory, and his team of researchers are studying the effects of Alzheimer’s disease on mice at the genetic level.

Laboratory has state-of-the-art genetics laboratories, grant writing expertise, and researchers. Gareth Howell, PhD, associate professor at Jackson Laboratory, and his team of researchers are studying the effects of Alzheimer’s disease on mice at the genetic level. Dr. Howell says collaborating with a clinician with a national reputation such as Dr. Singer allows them to not only enhance research but also attract grants. “Our partnership with Dr. Singer allows us to go backward and forward between human patients and mouse models. You can understand more about the disease in the mouse if you have mouse models that look like the human condition. And so, there are benefits of having a close partnership with somebody studying the disease in humans,” Dr. Howell explains.

Northern Light Acadia Hospital also collaborates with the University of Maine and Activas Diagnostics, an Orono-based company, co-founded by Marie Hayes, PhD. Dr. Hayes is the principal investigator and project director for an NIH grant-funded research project. She was instrumental in securing a $1 million grant to develop and test technology that allows researchers to study sleeping patterns on a group of 120 study participants at their homes. “What if disruption of sleep is the earliest signs of neurodegeneration—not just Alzheimer’s disease, but Parkinson’s disease and other kinds of diseases associated with sleep disorders?” asks Dr. Hayes, “Early detection is the secret to treatment that’s successful.”

Ali Abedi, PhD, U Maine professor of Electrical and Computer Engineering, and his team are collaborating with Activas, of which he is also co-founder, to help develop and test the home-based sleep diagnostics technology that Dr. Hayes and he patented. They created a prototype sleep monitoring device that looks like a mattress pad, but it has 32 sensors that can measure respiration and movement during sleep.
Clifford Singer, MD is Chief of Geriatrics and Principal Investigator for Northern Light’s Alzheimer’s Disease Research Program, Northern Light Acadia Hospital, which is a joint effort with the Northern Light Eastern Maine Medical Center Clinical Research Center.

Ali Abedi, PhD, UMaine Professor of Electrical and Computer Engineering, and his team are collaborating with Activas, of which he is also co-founder, to help develop and test the home-based sleep diagnostics technology that Dr. Hayes and he patented.

Northern Light Acadia Hospital also collaborates with the University of Maine and Activas Diagnostics, an Orono-based company, co-founded by Marie Hayes, PhD. Dr. Hayes is the principal investigator and project director for an NIH grant-funded research project.

Want to learn more about what we do?
MAINAH (Maine Initiative for Neurologic Aging and Health) offers healthy brain aging tips. You can sign up for our newsletter or join a study. Visit https://northernlighthealth.org/Acadia/HealthyBrainAging

“And it’s much easier to operate because it’s in people’s homes. It’s not invasive; it’s in your own comfortable home. The idea is we create sets of signals that indirectly measure what’s going on inside your brain in terms of cognitive impairment,” explains Dr. Abedi.

Whether it’s studying sleep patterns, conducting genetic research on mice, or attracting human clinical trials to Maine, the best and brightest research, engineering, and clinical minds in Maine are coming together to find a cure for a brain disease that is affecting Bill Doak and many thousands of other people in Maine.

“I hope there can be a pill that would stop the progression and, if possible, help me gain back some of the things that I’ve lost, that’s what I hope,” explains Bill, “I also hope the clinical trials I’m involved in can help find a cure for future generations.”

*Northern Light Acadia is also exploring opportunities to collaborate with Massachusetts General Hospital on Alzheimer’s Research.
We are Motivated
The Heart of a Friar:
Northern Light Cardiovascular Care

As the sun rises over the Franciscan Friars’ monastery on Orcutt Mountain on a warm summer morning, Brother Donald Paul is already heading into a small clapboard outbuilding that houses the friar’s microbrewery. He’s carrying a bag of barley malt on his shoulder and is dressed in a brown robe and sandals. Between his pastoral duties, his beer brewing operation, and the friar’s waterfront restaurant in Bucksport, this 61-year-old friar is always on the go. A typical day starts with morning prayers at 6 am, followed by hours baking breads, making soups, and preparing special items for the restaurant. He’s at the restaurant until 7 pm, and wraps up with evening prayers at 9 pm.

Then, about a year ago, he started slowing down, “It was progressive. I’d come home from work and have swelling in my ankles or my hands were sore, and I’d write it off to the fact I’d been on my feet all day, or that I’ve been a baker for 40 years,” explains Brother Don. Then, one weekend last winter, he developed flu-like symptoms. Fellow friar, Brother Kenneth Leo, took him to the emergency department at Northern Light Eastern Maine Medical Center. Much to his surprise, Brother Don learned he’d had a heart attack. Following emergency room treatment, he met the Northern Light Cardiovascular Care team, including cardiologist, Matthew McKay, MD.

“Dr. McKay came in with a sketch of my heart covered with pencil marks, and he said, ‘Do you see those pencil marks? They represent blockages in your arteries.’ And, all four were blocked,” recalls Brother Don. He needed quadruple bypass surgery.

Next, Brother Don met David Pantino, MD, a cardiothoracic surgeon. “In walks this young man who looks like Tom Brady’s younger brother, and I said, ‘You’re not my surgeon!’” recalls Brother Don, “I was taken aback by his youthful appearance, but that probably says more about my age than his. And he said, ‘We’ll take good care of you,’ and he did take excellent care of me.”

As a cardiothoracic surgeon who’s performed hundreds of surgeries, Dr. Pantino, is like the ‘Tom Brady’ or quarterback of the surgery team, but he points out that many people play a role in caring for the patient.“It’s a multidisciplinary team that involves our cardiology colleagues and surgery team, as well as the emergency room and other physicians involved in his care,” explains Dr. Pantino.

Northern Light Cardiovascular Care’s team approach naturally evolved as technology paved the way for newer, less invasive forms of cardiac surgery. Now instead of open-heart surgery, some patients could be candidates for minimally invasive surgeries involving catheter-based technology.

Brother Donald Paul salutes Dr. Pantino for the care he gives.
“The technology drove cooperation between cardiologists and heart surgeons to participate in shared decision making and have face-to-face time together with patients to help decide if they should be treated with open heart procedures or minimally invasive techniques,” says Dr. McKay.

The medical center acts as the hub of Northern Light Cardiovascular Care. Its physicians and surgeons have trained at the leading cardiac centers in the world and perform more than 220,000 cardiac procedures and tests each year. Northern Light Health’s other acute care hospitals provide this same high standard of care for less intensive cardiology and support the smaller critical access hospitals in their region. Patients requiring heart surgery can seamlessly transition to Northern Light Eastern Maine Medical Center and then return to their local hospitals for follow-up care.

Brother Don is grateful for his care. One week after open-heart surgery, he was starting to walk. After three weeks, he was exercising on his treadmill. And after eight weeks,
he was back at the restaurant. He also hopes to start competing in sprint triathlons again, a hobby he started when he turned 55. “When it comes to recovery, it’s all about attitude. I got up every morning; I showered, I got dressed. I wanted to move; I didn’t want to lie around in my bathrobe. So, I think it really is an attitude.”

Dr. Pantino eventually made a trip down to the Friar’s Taphouse restaurant to visit Brother Don and have a meal. Dr. Pantino shares, “It’s gratifying. It’s good to see Brother Don get back to doing what he loves doing.”

Cardiologist Matthew McKay, MD (above) and cardiothoracic surgeon David Pantino, MD, (left) are both part of the Northern Light Cardiovascular Care team. As a cardiothoracic surgeon who’s performed hundreds of surgeries, Dr. Pantino is like the quarterback of the surgery team, but he points out that many people play a role in caring for the patient. “It’s a multidisciplinary team that involves our cardiology colleagues and surgery team, as well as the emergency room and other physicians involved in his care,” explains Dr. Pantino.
A Speedier Recovery: Rapid Access Treatment

Lester Gilkey knows about the crippling effects of opioid use disorder. The first time he got high, he was just 12 years old. Now, he’s 50 years old and has been in recovery for the past six years. He’s lived through some tough times. “I fight hard for my recovery. I’ve used lots of drugs. I’ve been in and out of prison and jail, and I don’t want to go back to that life. I’ve done a lot of stuff, but I’ve also forgiven myself for it,” Lester says.

Now, he spends his time helping others break the cycle of opioid misuse as they come through the emergency room doors at Northern Light Mercy Hospital. Lester is a recovery coach. When someone has overdosed on opioids, Mercy calls Lester to the emergency department to help patients begin their recovery. Mercy’s Rapid Access Treatment program allows doctors to give patients a medication called Suboxone, which eases withdrawal symptoms. Then Northern Light Mercy initiates ongoing support to increase a patient’s chance for recovery. This ongoing support begins with Lester. “I usually tell them I’m no different than you. You can do this, and I’m just here to help,” he says.

As a patient leaves the emergency department, they are referred to Northern Light Internal Medicine in Portland to set up an appointment with Sadie Knott, a board-certified psychiatric mental health nurse practitioner. Often, Lester will go with a patient to that appointment. Sadie can prescribe medication to help with withdrawal symptoms as well as underlying mental health conditions.

“Most of the people we’re working with haven’t received basic medical care for several years due to past negative experiences they’ve had. We work hard to reduce any stigma. When someone comes in here for an office visit, it’s no different than any other patient. This helps build that relationship with patients to get them back into medical care,” explains Sadie.

Patients are also referred to a social worker and a primary care provider at Northern Light Internal Medicine where they receive primary care that can include routine physical exams, immunizations, vaccinations, cancer screenings, or hepatitis C screenings. Patients receive primary care, behavioral health care, and peer support all under one roof.

“At Mercy, our pillars include working for the community and supporting the underserved population. It’s gratifying and wonderful to see people who have been homeless for long periods, not having any regular support or primary care for years, coming to see you regularly, and managing their medical problems. You can see how their quality of life is improving over time. That’s rewarding for me,” says Megan Black, Nurse Practitioner.

Lester Gilkey reflects on his past and changes the future for others.
We are Helpful
The program is still in its early stages, but its reputation is growing. Lester says people he sees on the streets ask how they can enter the program. They’re not waiting until they end up in the emergency department from an overdose. “I wish they had a program like this when I was using drugs. I think it’s pretty cool,” says Lester.

Lester Gilkey (above) is a recovery coach. When someone has overdosed on opioids, Northern Light Mercy calls Lester to the emergency department to help patients begin their recovery.

As a patient leaves the emergency department, they are referred to Northern Light Internal Medicine in Portland to set up an appointment with Sadie Knott (left), a board-certified psychiatric mental health nurse practitioner.
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- Megan Black, NP
Healing Babies, Empowering Moms: Treating Neonatal Abstinence Syndrome

Since arriving in Bangor 13 years ago, neonatologist Mark Brown, MD, MSPH, has headed the Neonatal Intensive Care Unit (NICU) and helped develop a comprehensive program for babies born exposed to opioids. Babies born to mothers with substance use disorder develop Neonatal Abstinence Syndrome or NAS. “We see tremors; we see irritability and discomfort,” explains Dr. Brown when describing the symptoms of babies with NAS. Dr. Brown says they saw about 200 babies born with NAS at the peak of the opioid crisis in 2015. That number dropped to 135 in 2018. Recent advancements in assessment and treatment of babies with NAS involve using fewer medications and adopting a new assessment tool called Eat, Sleep, Console, or ESC, which was developed by researchers at Yale and Dartmouth Hitchcock. It is similar to a philosophy Dr. Brown and the NICU team began practicing about four years ago. “If the baby can’t eat, can’t sleep, and can’t be consoled, this becomes the threshold to use medication treatment,” Dr. Brown explains.

The goal is to use less medication so the baby can be discharged sooner and cared for at home. The other part of this treatment philosophy is to allow the birth mother to take a more proactive role in the treatment of her child. To facilitate this approach, Dr. Brown has worked in a partnership with Penobscot Community Health Care to create an outpatient clinic where mothers bring their babies for checkups every two weeks and get prescription refills for treatment. “To say to the mom that we feel you’re responsible enough to help us take care of your baby with withdrawal and allow them to participate in the solution is huge,” he says.

Dr. Brown explains that in about 15 percent of cases the mother is not ready for this responsibility. In such cases, a support network is essential. This is where Lauri Legere comes in. As a foster parent who has taken in 15 children born with NAS over the last 20 years, Lauri has always welcomed the biological mom to be involved because she feels that this is important for the child and mom.

“I look at the bigger picture. I look at this amazing start I can give to this child and their parent—establishing a foundation that the biological parent can build upon. For two years, I work side-by-side with the biological parent, giving support, love, encouragement, and all those things that maybe they’ve never had,” explains Lauri.

Lauri says all her foster children’s biological moms love their children, but some have just not been capable of taking care of a child until they could take care of themselves. While most of the children she fostered were...
We are Supportive
able to return to their parents or other relatives, she is an adoptive parent to six of the children she took into foster care, including two sets of siblings. Those children range in age from 3 to 20. They have all faced health challenges but have thrived by being raised in a loving and nurturing home.

“We cannot grow as a community and society if we believe people can’t change. The biological parents may be dealing with substance use disorder or mental health issues, but we must believe that they can change. We have to believe that we can support their journey,” concludes Lauri.

Dr. Brown says that’s the most significant part of what he tries to teach and the key to helping mom and child both succeed, and to helping end the cycle of opioid misuse.

Beginning in 2020, Northern Light Health will share in a $5.3M federal grant to improve care for pregnant and postpartum women with opioid use disorder.

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- Lauri Legere

Above: Lauri Legere, her husband Jeffrey, biological daughter, Erica St. Peter (top back row) and five of their six adopted children. From left to right, Nathan, Naliyah, Olivia, Karlee, and Michael.
For more information and treatment options for opioid use disorder, visit: https://northernlighthealth.org/Maine-Opioid-Crisis
We are Nurturing
A Careful Touch: Pediatric Home Care

Cecelia Corey gently picks up her four-month-old grandson Fionn from a crib, which sits in the middle of the living room of the Clinton home where she lives with her husband, Jerry. It’s an old Victorian farmhouse with wooden floors. A pouch on the side of the crib is filled with wipes, gauze, a jar of petroleum jelly and a bottle of olive oil. Cecelia is cooing at Fionn and rocking him in her arms. His face lights up with a smile. “He’s a very friendly baby. He’s not shy or reticent or afraid of strangers at all. I think he’s going to be a social butterfly,” says Cecelia.

Jerry and Cecelia Corey are proud grandparents to young Fionn, who at first glance appears to be a happy and healthy baby. But Fionn has a rare medical condition called epidermolysis bullosa—meaning that even the well-intentioned, loving touch of a grandparent to his bare skin can cause painful blisters if that touch creates any friction. To prevent the blisters from growing, the Coreys have to carefully pierce them with a sterile needle, gently and carefully dab any liquid with a sterile nonwoven sponge, and go through a multi-step bandaging process that includes application of petroleum jelly, a frictionless silicone strip, nonstick gauze, and another stretchy material to hold everything in place.

Preventing Fionn from getting blisters poses several challenges. Changing soiled diapers is a two-person job. “One of us will hold his legs while the other cleans, and you can use wipes, but you have to dab. And if it’s really bad, you use a squirt bottle with water. After he’s clean, you must reapply white petroleum jelly with a sponge. It can be quite a process,” explains Jerry.

Fionn can also cause himself to blister by rubbing his own skin. “Well, of course, a baby will start grasping things to put in their mouths. It’s all a part of that neurological development,” explained Cecelia. The Coreys are prepared to wrap his hands in mitts, but so far, he hasn’t caused himself any blisters. “There’s a lot of trial and error with him. You know, as time goes on, we’re learning what he can tolerate,” explains Jerry. The Coreys are nearing retirement age and find themselves caring for an infant who, because of his medical condition, has a lot of extra needs.

Thankfully, they have help.

Northern Light Home Care and Hospice has a pediatric home care program. Home Care Nurse Theresa Phillips comes by twice a week. She chats with the Coreys about questions or concerns they might have, she checks Fionn’s vital signs, weighs him, and listens to his lungs to make sure he’s developing as he should. She’s also there to help them coordinate care. “Parents and grandparents of health challenged kids are trying to manage and juggle their daily lives, and we’re that bridge; we’re their resource. We’ll take it one step at a time, and find ways to help,” explains Theresa.

Cecelia Corey gives her four-month-old grandson Fionn a loving kiss.
Northern Light Home Care and Hospice offers a range of services for pediatric patients, from home care to palliative care, to hospice care. “Home care” covers patients who are acutely ill, while palliative care is a program for those who are critically ill or have a chronic condition. Hospice is end-of-life care, which is focused on providing comfort and symptom management.

Greg Burns, RN, is launching a pediatric program in the northern half of Maine for Northern Light Home Care and Hospice. Through educational materials and clinical experiences, Greg provides specialized training in pediatric home care, palliative care, and hospice care to home care clinicians and providers throughout the system. “Kids aren’t little adults. I think the effect on the family unit and the

Right: Home Care Nurse Theresa Phillips visits Cecelia Corey who is holding her grandson Fionn. Theresa comes by twice a week. She chats with them about questions or concerns they might have, she checks Fionn’s vital signs, weighs him, and listens to his lungs to make sure he’s developing as he should. She’s also there to help them coordinate care.

Top: Greg Burns, RN, is launching a pediatric program in the northern half of Maine for Northern Light Home Care and Hospice.
wider community is exponentially greater because kids aren’t supposed to be sick or die. When you have kids who are critically ill there is this much bigger ripple effect within communities,” he says.

In the Corey’s situation, while there is no cure for Fionn’s disease, his case is not fatal, and there’s hope it might improve through medical discovery. But until there’s a cure, managing the disease will require wraps, bandages, constant care, and a lot of love.

Cecelia adds, “Prince charming—that’s what we call him. He’s a very sweet baby.” Jerry chimes in, “I’m smitten with him. He’s wonderful. He’s so lovable. He really is.”
We are Proactive
Patsy Manson, RN, started in healthcare as a medical assistant but wanted more interaction with patients. She went back to school and became a registered nurse and now works in the Medical/Surgical unit at Northern Light Sebasticook Valley Hospital. “I enjoy talking to patients. I’m maybe overly talkative at times, but I like getting to know all of them,” she says with a smile. Getting to know her patients helps Patsy provide better care and make sure her patients remain safe. “We want people to go home feeling better, doing better, and not having any injuries,” she says.

But every year in the United States, hundreds of thousands of patients are injured in hospitals due to falls. Injured patients require additional treatment and sometimes prolonged hospital stays. Now front-line nurses, physical therapists, and nurse leaders at Sebasticook Valley have dedicated themselves to reduce the likelihood of falls.

“We started this journey to prevent patient harm through our Comprehensive Unit-based Safety Program (CUSP),” explains Tracy Bonney-Corson, RN, vice president, Nursing and Patient Care Services. Tracy took some initiative after attending a course on CUSP at Johns Hopkins University. Following the toolkit provided by Johns Hopkins, she asked staff, “How do you think the next patient is going to be harmed?” The answer was unequivocal—falls.

Physical therapist Kristy Fogler joined the CUSP team and added her expertise on ways to reduce falls and tailored it to a hospital environment, “We noticed was that there was a difference of language between disciplines. Nurses spoke a certain language, therapists spoke a different language, yet we worked with the same patient. We worked on a way to standardize that language,” she explains.

In addition to standardizing language, the CUSP team implemented a post-fall huddle where they asked several key questions. What was the patient doing when the fall happened? What was staff doing? When was the last time staff did rounds? They used the answers from these post-fall huddles to identify gaps in their safety preparedness. They determined that there were improvements they could make as simple as ensuring that items were in reach, cords were out of the way, and call buttons were within arm’s length of patients. By moving a computer station at the nurses desk, they also addressed issues with nurses having trouble hearing fall alarms and they put whiteboards by the patient’s bed with the patients mobility needs identified and color-coded. Now at shift change, when nurses meet to do a handoff at the patient’s bedside, they go over the whiteboard.

Physical Therapist Kristy Fogler and Patsy Manson, RN help Mike Glencross stand up safely.
The program is producing results. “We have observed a reduction in falls in our Medical-Surgical unit. As a result of the program, we’ve seen increased awareness for fall prevention interventions and a renewed excitement among our staff to do what it needs to keep patients safe,” explains Tracy.

These same programs that are leading to improved results at SVH are now being implemented at other Northern Light Health institutions. “We record the number of days we don’t have a fall,” explains Patsy, “and what we’d like to see is the number of days get bigger and bigger, and when it does get bigger, it is great for morale.”

At the printing of this publication, the ED had gone 143 days without a fall and the Medical/Surgical Unit has had periods as long as 62 days without a fall.

Tracy Bonney-Corson, RN, Vice President, Nursing and Patient Care Services (lower left) and Physical Therapist Kristy Fogler (right) are both part of the Comprehensive Unit-based Safety Program (CUSP) at Northern Light Sebasticook Valley Hospital.

“We started this journey to prevent patient harm through our Comprehensive Unit-based Safety Program (CUSP).”
- Tracy Bonney-Corson, vice president, Nursing and Patient Care Services
We noticed that there was a difference of language between disciplines. Nurses spoke a certain language, therapists spoke a different language, yet we worked with the same patient. We worked on a way to standardize that language.

- Kristy Fogler, Physical Therapist
We are Giving
Sail for a Cure: Advancing Cancer Research

Bangor attorney Jeff Silverstein is best known for his passion inside the courtroom, but he’s also passionate about sailing Maine’s coastal waters. This past summer, he embarked on a journey to sail a 16-foot trimaran sailboat from Kittery to Lubec to honor his late friend, Julio DeSanctis. “Julio championed the underdog all the time, and he was pro-rights, especially for those who didn’t have the power to advance their rights,” recalls Jeff.

Like Jeff, Julio was a defense lawyer. They both cared deeply about navigating their clients through the criminal justice system. And, they both enjoyed navigating Maine’s coast, until Julio became sick with cancer. “Jeff taught Julio about sailing,” says Joan DeSanctis, Julio’s widow, “Julio always loved being out on a sailboat, but Jeff introduced him to a different level of sailing.”

Julio passed away in 2011 following a nine-year battle with cancer. As he prepared his end-of-life plan, he gave his sailboat to Jeff. “That was very generous of him. I’ve kept it over the years and conceived of this plan to sail his boat in tribute to him. Then I did a little research, and I learned his chosen charity was Northern Light Cancer Care,” explains Jeff.

And that’s how it began.

Jeff plotted a course and planned to sail Julio’s boat to raise money for cancer research. He started his journey at the boat launch at Odiorne Point State Park in New Hampshire on a sunny day in early July with a boatload of camping supplies, clothing, and food. He had a solar panel to help charge his battery, cellular phone, and electronics. In addition to sail power, he had a small electric trolling motor. He named the boat “Julio,” and had Julio’s name painted in blue across the side. Joan and some of her family members drove to New Hampshire to see Jeff off. Jeff’s wife, Gayle, was also there. They waved to Jeff as he departed under calm winds and fair skies. “Julio is right on Jeff’s shoulder out there enjoying every single wave and being appreciative beyond words for what Jeff has done in his name,” commented Joan, as she fought tears.

Jeff’s journey wasn’t easy. Some days, he spent long hours in the sun waiting for the wind. On other days, he faced some treacherous landings. In addition to those hardships, Jeff also experienced tremendous inspiration and support in people he met along the voyage. “A good friend, Dale Canning, fixed my electrical problems. Craig, let me camp out in his yard on Matinicus (Island) and gave me coffee in the morning. Robert Johnson and Rebecca Beal hosted me on Great Wass Island, helped fix my boat, and towed me out in the morning. Bill and Julie Corbett from Cutler took me in for the night too.” He said there were many other unnamed boaters and fishermen from Saco to Cutler who helped him in some way. “Most importantly, my wife Gayle gave me the love, emotional, and

Jeff Silverstein reflects on his journey while sitting on his boat in Lubec.

“ I hope to advance the cause through this small monetary gesture or, more importantly, to inspire other people to take their challenge.

-Jeff Silverstein
shore support to do this. She met me three or four times and brought necessary supplies.”

When Jeff sailed into Lubec on July 16, Gayle was there, and so was Joan. Jeff had sailed 300 miles in 13 days and raised nearly $11,000 for Northern Light Cancer Care. “I am fortunate to have good health to be able to accomplish this. The struggles I had along the way pale in comparison to what people who are afflicted with cancer are dealing with. I hope to advance the cause through this small monetary gesture or, more importantly, to inspire other people to take their challenge.” Joan, who is happy that her husband’s memory lives on through this cause, also sees the bigger picture. “We know that people are living longer, healthier lives because of the research that has happened in the last eight years since he has passed. We’re going to beat it someday. I do not doubt that,” she says.

Sail for the Cure is one of many events led by community members that support Champion the Cure Challenge, the region’s largest cancer fundraiser. Every dollar that Jeff raised stayed in Brewer to support treatment and research, including clinical trials that help bring the newest, next-generation cancer treatments to Maine.

For more information visit: www.ctcchallenge.org
Tele-anemia brings care to people close to home

Kael Mikesell, DO, medical director of the Northern Light Patient Blood Management program evaluates patients with anemia everyday, while also overseeing the Northern Light Anemia Care practice at the Lafayette Family Cancer Institute in Brewer where patients can have their anemia treated. Once every other week, he also hops on a video screen and sees patients at Northern Light Inland Hospital who have benign forms of anemia. Up until the fall of 2019, patients from the Waterville area where Inland Hospital is located, would have had to travel more than an hour each way to Brewer to have that appointment. Now they can consult with Dr. Mikesell via a telemedicine video conference. According to Dr. Mikesell, once he receives a referral, he will review a patient’s charts, develop a tentative treatment plan and schedule a tele-anemia conference.

“I’m sitting here in this office at the Lafayette Family Cancer Institute. They’re down at Inland, and we’re using video to discuss back and forth with one another,” explains Dr. Mikesell, “If we determine that an infusion for their anemia is needed, that occurs down at the Inland Infusion Clinic.”

Dr. Mikesell says he’s already getting positive feedback about the program from patients living in the Waterville area. “This program provides us the opportunity to see them where they’re at, treat them where they live, and keep them in their own community,” he concludes. Currently, tele-anemia services are offered to patients at Northern Light Inland Hospital, and the program will likely be expanded to other member hospitals in the future.

From Emergency Care to Home Care, we’re there for you

Dick Whittaker, 79, was playing pickleball at a gym not far from his home in Orland when he fell and hit his head, resulting in brain bleeding and swelling, and requiring an ambulance ride to the Emergency Department at Northern Light Eastern Maine Medical Center. He would spend 11 days in the ICU, followed by two weeks in Neurology, and two weeks in rehab to regain his speech, manual dexterity, and balance. When he was well enough, Dick was transferred to Northern Light Maine Coast Hospital, where he could received inpatient physical therapy close to home. One week later, he was discharged home and received outpatient physical therapy provided by Northern Light Home Care and Hospice. This is a prime example of how our integrated healthcare system uses the full resources of our entire system to provide seamless high-quality care for the people we serve.

“The care was wonderful every step of the way. I always felt I was in good hands from the moment I woke up in the hospital through my in-home physical therapy appointments. I’m about 90 percent better than where I was and hope to make a full recovery.”

– Dick Whittaker, Patient
Certificate of Need Granted by DHHS for Northern Light Health – Mayo Regional Hospital Merger

Following years of work and planning, Northern Light Health received state approval for Mayo Regional Hospital to join Northern Light Health as its newest member hospital. Following a thorough review process that included a variety of public hearings, the Maine Department of Health and Human Services (DHHS) granted a Certificate of Need for the proposed merger.

The merger of Mayo into Northern Light Health is viewed as an important and positive outcome for both organizations. Leaders at Mayo sought to join Northern Light Health to preserve local access to healthcare for people in the Piscataquis County region. “By joining Northern Light Health and taking advantage of its expertise in so many areas that we could not feasibly duplicate, we are confident that we can fulfill our mission to provide high-quality, compassionate healthcare to those who live and work in our communities,” explained Marie Vienneau, president and CEO of Mayo Regional Hospital. Northern Light Health sees the merger as an opportunity to better

Consolidated Balance Sheets
Years Ended September 30, 2019 and 2018 (in thousands of dollars)

<table>
<thead>
<tr>
<th>ASSETS</th>
<th>2019</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total current assets</td>
<td>$487,570</td>
<td>$472,741</td>
</tr>
<tr>
<td>Assets limited as to use:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Capital replacement and other designated uses</td>
<td>381,785</td>
<td>359,123</td>
</tr>
<tr>
<td>Self insurance funds and other trusts</td>
<td>55,993</td>
<td>57,721</td>
</tr>
<tr>
<td>Donor restricted gifts</td>
<td>85,195</td>
<td>86,927</td>
</tr>
<tr>
<td>Total assets limited as to use</td>
<td>522,973</td>
<td>503,771</td>
</tr>
<tr>
<td>Property and equipment, net</td>
<td>745,950</td>
<td>758,450</td>
</tr>
<tr>
<td>Other long-term assets</td>
<td>22,469</td>
<td>21,261</td>
</tr>
<tr>
<td><strong>Total assets</strong></td>
<td><strong>$1,778,962</strong></td>
<td><strong>$1,756,223</strong></td>
</tr>
</tbody>
</table>

| LIABILITIES                      |            |            |
| Total current liabilities        | $223,099   | $245,581   |
| Accrued post-employment benefits | 237,979    | 194,438    |
| Long-term debt                   | 520,645    | 532,853    |
| Other long-term liabilities      | 8,398      | 8,960      |
| Total liabilities                | 990,121    | 981,832    |
| Total net assets                 | 788,841    | 774,391    |
| **Total liabilities and net assets** | **$1,778,962** | **$1,756,223** |
coordinate healthcare services in Piscataquis County and to improve access to care by freeing up capacity at Northern Light Eastern Maine Medical Center for care that can be provided at Mayo. “We know that consolidation reduces costs and improves quality,” explained Matt Weed, chief strategy officer, Northern Light Health, “We already have a long-standing relationship with Mayo Regional Hospital, and we can build upon that relationship by coming together in this newly formed relationship.”

## Consolidated Statements of Operation
**Years Ended September 30, 2019 and 2018**  
(in thousands of dollars)

<table>
<thead>
<tr>
<th></th>
<th>2019</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Net operating revenue</td>
<td>$1,744,455</td>
<td>$1,672,060</td>
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<tr>
<td>Operating expenses:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Salaries and employee benefits</td>
<td>1,000,110</td>
<td>991,524</td>
</tr>
<tr>
<td>Supplies and other</td>
<td>712,197</td>
<td>674,590</td>
</tr>
<tr>
<td>Total expenses</td>
<td>1,712,307</td>
<td>1,666,114</td>
</tr>
<tr>
<td>Income from operations</td>
<td>32,148</td>
<td>5,946</td>
</tr>
<tr>
<td>Investment gains and losses</td>
<td>3,200</td>
<td>3,570</td>
</tr>
<tr>
<td>Excess of revenue over expenses before noncontrolling interest</td>
<td>35,348</td>
<td>9,516</td>
</tr>
<tr>
<td>Noncontrolling interest</td>
<td>(276)</td>
<td>(666)</td>
</tr>
<tr>
<td><strong>Excess of revenue over expenses</strong></td>
<td><strong>$35,072</strong></td>
<td><strong>$8,850</strong></td>
</tr>
<tr>
<td>Operating margin</td>
<td>1.84%</td>
<td>0.36%</td>
</tr>
<tr>
<td>Total margin</td>
<td>2.01%</td>
<td>0.53%</td>
</tr>
<tr>
<td>Reinvestment in clinical equipment, technological advancements, and facilities</td>
<td>$59,421</td>
<td>$67,062</td>
</tr>
</tbody>
</table>
A week at summer camp

Growing up, every youngster wants to go to summer camp. When children and their families face a diagnosis like cancer, enjoying exciting activities that others take for granted may be far from their minds. Northern Light Eastern Maine Medical Center and the Bangor YMCA recognize the importance of giving children a real summer camp experience through a partnership called Camp Hope.

Held at the YMCA Wilderness Center at Camp Jordan in Ellsworth, kids learn new skills and crafts and participate in swimming, hiking, and building campfires. They stave off mosquitoes and sunburns with grins on their faces, as they play and learn with other kids in the same boat. With a healthcare team on hand from Northern Light Cancer Care, no one has to worry about medication schedules, or thinking about being sick.

Camp Hope is offered at no cost to kids thanks to the generous support of Heroes · Hope · Healing McDonald’s Golf Classic participants and sponsors as well as an anonymous donor.
### Total Community Investment by Category

<table>
<thead>
<tr>
<th>Category</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community Health Improvement Services</td>
<td>$2,420,155</td>
</tr>
<tr>
<td>Health Professions Education</td>
<td>$1,352,386</td>
</tr>
<tr>
<td>Research</td>
<td>$1,833,726</td>
</tr>
<tr>
<td>Cash and In-Kind Contributions</td>
<td>$297,404</td>
</tr>
<tr>
<td>Community Building Activities</td>
<td>$632,701</td>
</tr>
<tr>
<td>Community Benefit Operations</td>
<td>$1,876,934</td>
</tr>
<tr>
<td>Traditional Charity Care</td>
<td>$19,742,227</td>
</tr>
<tr>
<td>Unrecoverable Interest Income</td>
<td>$2,130,334</td>
</tr>
</tbody>
</table>

**Unrecoverable Interest Income from funds used to subsidize state MaineCare/Medicaid underpayment on $52.1M**

### Unpaid Cost of Public Programs:

<table>
<thead>
<tr>
<th>Program</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicaid</td>
<td>$65,253,749</td>
</tr>
<tr>
<td>Medicare</td>
<td>$125,447,301</td>
</tr>
</tbody>
</table>

### Total Systemwide

$220,986,917

---

### Member Community Benefit to our Communities

<table>
<thead>
<tr>
<th>Hospital</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acadia Hospital</td>
<td>$15,224,438</td>
</tr>
<tr>
<td>AR Gould Hospital</td>
<td>24,516,870</td>
</tr>
<tr>
<td>Blue Hill Hospital</td>
<td>$1,583,272</td>
</tr>
<tr>
<td>CA Dean Hospital</td>
<td>$1,353,882</td>
</tr>
<tr>
<td>Eastern Maine Medical Center</td>
<td>$108,848,260</td>
</tr>
<tr>
<td>Home Care &amp; Hospice</td>
<td>$652,914</td>
</tr>
<tr>
<td>Inland Hospital</td>
<td>$7,411,080</td>
</tr>
<tr>
<td>Maine Coast Hospital</td>
<td>$12,839,475</td>
</tr>
<tr>
<td>Mercy Hospital</td>
<td>$45,793,378</td>
</tr>
<tr>
<td>Northern Light Health</td>
<td>$687,371</td>
</tr>
<tr>
<td>Sebasticook Valley Hospital</td>
<td>$2,075,977</td>
</tr>
</tbody>
</table>
Who we are

- 1 Homecare and hospice organization
- 1 Integrated physician organization
- 5 Emergency transport members
- 8 Nursing homes
- 8 Joint ventures
- 9 Hospitals
- 38 Primary care locations
- 42 Primary care practices
- 169 Available nursing home beds
- 585 Nursing home/Joint venture care beds
- 770 Available acute care beds
- 12,008 Employees

What we do

- 632 Heart surgeries
- 3,070 Births
- 6,839 Observation Admissions
- 31,147 Inpatient and outpatient surgeries
- 33,299 Inpatient admissions
- 117,458 Emergency department visits
- 205,384 Hospice & telehealth home health visits
- 361,481 Imaging procedures
- 425,461 Primary care/clinic visits
- 2,253,909 Outpatient visits
Joint Ventures
County Physical Therapy, LLC
LifeFlight of Maine, LLC
New Century Healthcare, LLC
Rosscare Nursing Homes, Inc.
Advanced Collections Services, LLC
MedComm, LLC
Uniship Courier Services, LLC
Penobscot Logistics Solutions, LLC

LifeFlight of Maine
134  Towns Responded to for Scene Calls
219  Total Scene Calls
280  Fixed Wing Air Transports
400  Traumatic Injury Transports
551  Ground Transports
1,406  Helicopter Air Transports

Northern Light Medical Transport
128  Towns/townships/unorganized territories in response area
5,098  Wheelchair van transports
10,055  Inter-hospital and interfacility transports
11,837  911 calls responded to
21,892  Patients Transported

Our mission, vision, and values

Our Mission
We improve the health of the people and communities we serve.

Our Vision
Northern Light Health will be a national leader in healthcare excellence.

Our Values
To accomplish its mission and vision, Northern Light Health will embrace these values:

Integrity:
We commit to the highest standards of behavior and doing the correct thing for the right reasons.

Respect:
We respect the dignity, worth, and rights of others.

Compassion:
We deliver care focused on the needs of each person and guide families and individuals through the experience with kindness and professionalism.

Accountability:
We take a responsible and disciplined approach to achieving our priorities and responding to an ever-changing environment.
Member Map

1. **Presque Isle**
   - Northern Light AR Gould Hospital
   - Northern Light Home Care & Hospice
   - Work Health

2. **Greenville**
   - Northern Light CA Dean Hospital

3. **Pittsfield**
   - Northern Light Sebasticook Valley Hospital
   - Work Health

4. **Bangor**
   - Northern Light Acadia Hospital
   - Northern Light Eastern Maine Medical Center
   - Northern Light Health Foundation
   - Northern Light Home Care & Hospice
   - Northern Light Laboratory
   - Northern Light Pharmacy
   - Work Health
   - Work Force

5. **Brewer**
   - Beacon Health
   - Northern Light Eastern Maine Medical Center
   - Northern Light Health
   - Northern Light Laboratory
   - Northern Light Pharmacy

6. **Waterville**
   - Northern Light Home Care & Hospice
   - Northern Light Inland Hospital
   - Work Health

7. **Ellsworth**
   - Northern Light Maine Coast Hospital
   - Northern Light Home Care & Hospice

8. **Blue Hill**
   - Northern Light Blue Hill Hospital

9. **Portland**
   - Northern Light Home Care & Hospice
   - Northern Light Mercy Hospital
   - Northern Light Laboratory
   - Northern Light Pharmacy
   - Work Force

*Northern Light Laboratory also has a location in Rutland Vermont.*
Receive Northern Light Health news all year.