

Fiscal Year 2021

PROGRESS REPORT TO OUR COMMUNITY

Addressing community health needs



Northern LightSM

C.A. Dean Hospital

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Marie Vienneau, FACHE
President and CEO
CA Dean Hospital

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 (CHNA). 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 CA Dean Hospital continues to engage in priority areas of work, including:

- Social determinants of health
- Substance use
- Access to care

At CA Dean, 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,

Marie Vienneau, FACHE
President, Northern Light CA Dean 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 one 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 CA Dean Hospital participated in the Northern Light Health 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: CA Dean Hospital partnered with the following Northern Light members on this priority:

- Acadia Hospital
- AR Gould Hospital
- Beacon Health
- Blue Hill Hospital
- Eastern Maine Medical Center
- Home Care & Hospice
- Inland Hospital
- Maine Coast Hospital
- Mayo Hospital
- Mercy Hospital
- Sebasticook Valley Hospital
- Information Systems
- Clinical Informatics
- Clinical Standards Group

Outcome measure: In FY21, CA Dean 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 patient 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 lead: Megan Ryder, director of Practice Management

Next steps: In fiscal year 2022 (FY22), Northern Light CA Dean 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 Goals 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 partnerships with community-based substance use prevention efforts from zero to two by 9/30/21.

Status: Completed

Strategy (approaches taken, and resources used) and highlights from this effort: In FY21, Northern Light CA Dean Hospital established relationships with local and county law enforcement in order to offer an alternate site for disposal of expired or unneeded medications during scheduled federal drug takeback days.

Partners engaged: CA Dean Hospital partnered with the following entities on this priority:

- Northern Light Mayo Hospital
- Piscataquis County Sheriff's Department
- Greenville Police Department

Outcome measure: In FY21, Northern Light CA Dean Hospital created two partnerships with law enforcement as well as partnering with Northern Light Mayo Hospital for increased advertising around the takeback events.

Project lead: Deidre Gilbert, director of Pharmacy

Next steps: In FY22, Northern Light CA Dean Hospital will be shifting focus to our partnership with the Drug Free Communities coalition in Piscataquis County, with hopes to have our school nurse participating in meetings and events on a regular basis.

Priority #3: Access to Care

Objective: Increase the number of sites participating in discharge planning using the LACE tool (Length of stay, Acuity of admission, Comorbidities, and Emergency department visits) from zero to three by 9/30/21.

Status: Not started

Strategy (approaches taken, and resources used) and highlights from this effort: In FY21, Northern Light CA Dean Hospital was not able to complete this work due to the extreme staffing shortages at the practices as well as the high demand for COVID testing and vaccination.

Outcome measure: In FY21, Northern Light CA Dean Hospital was not able to complete this work due to the pandemic and the extreme staff shortages that we experienced during FY 21. In addition, staff were redeployed to work at testing sites and vaccination sites.

Project leads: Megan Ryder, director of Practice Management and Mindy Hanson, Case Manager/RN

Next steps: In FY22, Northern Light CA Dean Hospital will engage hospital and practice staff in this work.

Conclusion

Northern Light CA Dean 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.

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