

Community Health Strategy

Mercy
Hospital

Addressing Community Health Needs

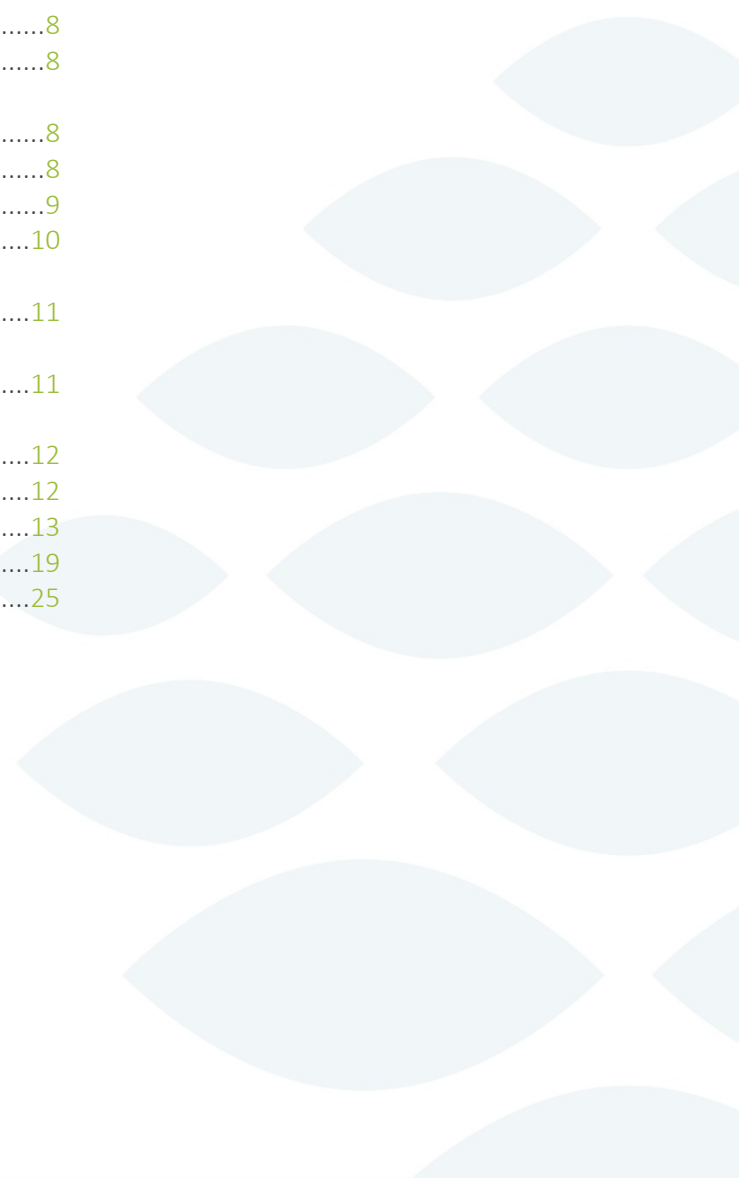
Fiscal Year 2023-2025



Northern Light HealthSM

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Letter from the President and Board Chair

We believe in providing Mainers with what they truly deserve—the absolute best in healthcare. This means actively engaging in our communities and working with partners to reduce external barriers that may prevent our neighbors from living their healthiest life.

Every three years, through the Maine Shared Community Health Needs Assessment (CHNA), Northern Light Health collaborates with Central Maine Healthcare, MaineGeneral Health, MaineHealth, and the Maine Center for Disease Control and Prevention to work with local organizations to engage communities to help identify priority health needs through a statewide assessment of community health needs. The data collected informs our community health improvement strategy for the next three years, resulting in this Community Health Strategy report—our road map towards building healthier, thriving communities. Within, you will find our identified data-driven areas of priority, rationale for each selected area, and intended actions to address the need.

We hope that you will take a moment to review the content within and please reach out with any questions or ideas you may have at communitybenefits@northernlight.org. We believe Maine will become one of the healthiest states in the nation, but that starts with collaboration and a shared conviction that we can make a difference. By addressing priority areas of need, breaking down barriers, and promoting health equity for all Maine people, we are well on our way towards a brighter future.



Debra Taylor
Chair, Board of Trustees
Northern Light Mercy Hospital



Charlie Therrien, FACHE
President, Northern Light Mercy Hospital
Senior Vice President, Northern Light Health

Introduction

Northern Light Health and our more than 12,000 employees care deeply about our neighbors and communities. Our member organizations work hard to understand and address priority needs. We meet regularly with community partners to plan and implement local solutions that make it possible for people in our communities to lead healthier lives. By working together, we promote a culture of stewardship and foster vibrant communities.

Northern Light Mercy Hospital is committed to shaping health improvement efforts in its service area based on sound data, personal and professional experience, and community need. Through collaborative efforts, Northern Light Mercy Hospital creates healthier communities through the provision of services, resources, and programs within and beyond the walls of the hospital.

About Northern Light Health

At Northern Light Health, we're building a better approach to healthcare because we believe people deserve access to care that works for them. As an integrated health delivery system serving Maine, we're raising the bar with no-nonsense solutions that are leading the way to a healthier future for our state. Our more than 12,000 team members are committed to making healthcare work for you: our patients, communities, and employees.

We provide care to people from Portland to Presque Isle and from Blue Hill to Greenville. We are comprised of ten member hospitals and 585 long-term beds, a single physician-led medical group, eight nursing homes, six emergency transport members, and 41 primary care locations.

About Northern Light Mercy Hospital

Northern Light Mercy Hospital, an acute care, non-profit hospital in Portland, Maine, is a sponsored ministry of the Sisters of Mercy of the Americas. We advocate for a society in which all can realize their full potential and achieve the common good. We give priority to those that society ignores.

The greater Portland community has come to rely on the personal care and healing focus that Northern Light Mercy Hospital provides. All of our hospital rooms are private to enhance a speedy recovery and a more restful, less stressful stay for you.

Through our doors, you'll find the latest medical technology and a team of highly skilled doctors, nurses, physician assistants, therapists, and support staff. Alongside all of this technology and expertise, you'll find care that recognizes each patient as an individual – body, mind, and spirit.

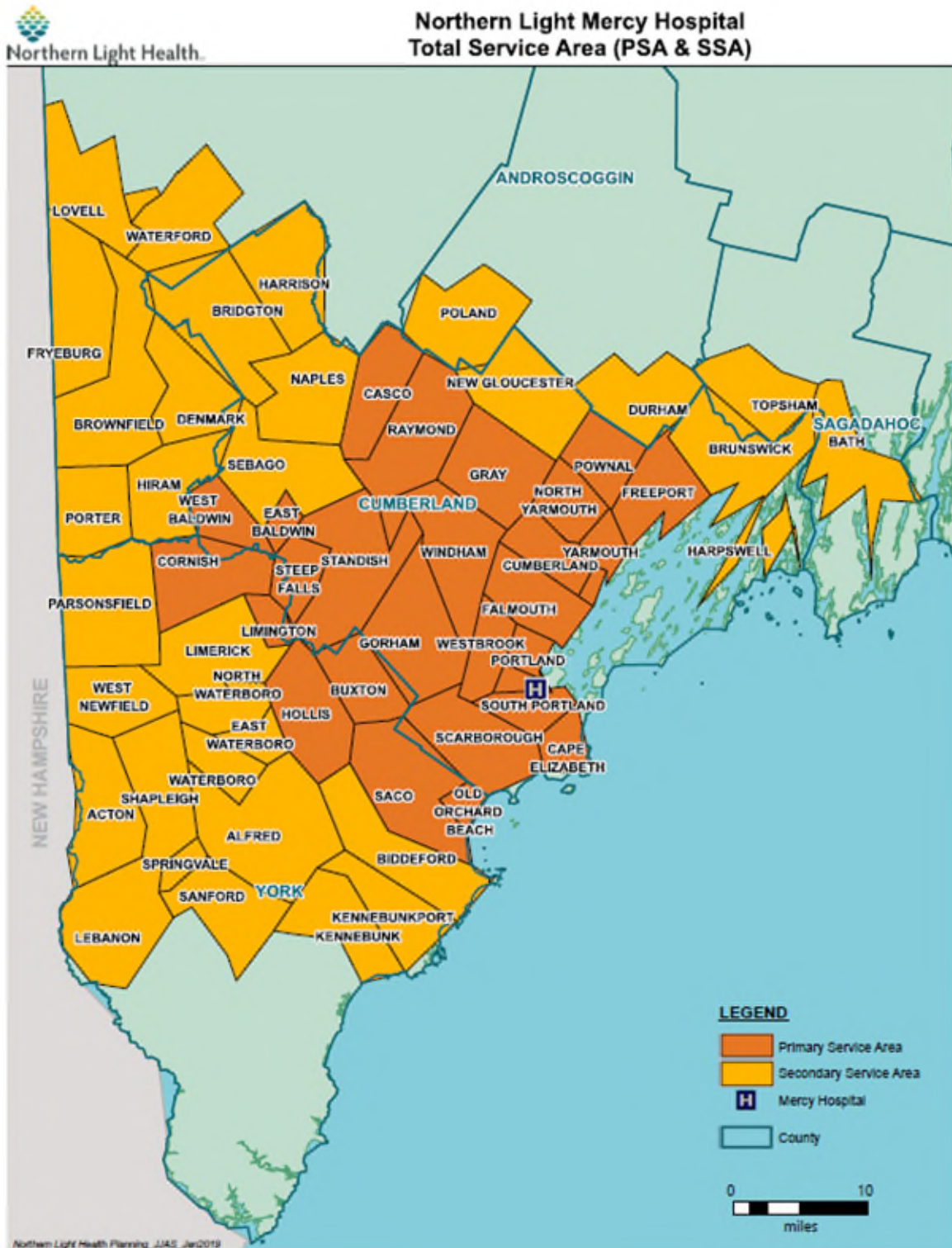
Our community contributions amounts to nearly \$12 million in benefits annually. These benefits range from unreimbursed and pro-bono medical services to community education and prevention outreach.

In 2018, we celebrated 100 years of serving the greater Portland community, and we invite you to learn more about our rich history. Explore the historical photos and essays that have been added to the Maine Historical Society's Maine Memory Network or read fascinating excerpts from the diaries of Sister Mary Annunciata, our first hospital administrator. An interactive flipbook was created in 2021 to highlight the history of our State Street hospital as we prepared to move all operations to our Fore River Parkway campus.

We look forward to serving you in our next century of care.

Definition of Community Served

Located in Portland, Maine, Northern Light Mercy Hospital has a service area comprised of both primary and secondary service areas, together referred to as the total service area. Total service areas (TSA's) are developed by the Northern Light Health Planning department based on neighboring zip codes from which a majority of a hospital's inpatient admissions originate. TSA's can sometimes overlap due to hospital locations or because of the specialty services provided by the hospitals.



Demographic Data

| CUMBERLAND COUNTY | | |
|---|---------|---------|
| | Percent | Number |
| American Indian/Alaskan Native | 0.2% | 578 |
| Asian | 2.2% | 6,350 |
| Black/African American | 3.0% | 8,863 |
| Native Hawaiian or Pacific Islander | 0.0% | 34 |
| White | 91.7% | 268,151 |
| Some other race | 0.4% | 1,091 |
| Two or more races | 2.5% | 7,240 |
| Hispanic | 2.1% | 6,061 |
| Non-Hispanic | 97.9% | 280,185 |
| County population | 286,246 | |
| Veterans | 7.2% | |
| Gay, lesbian, and bisexual (high school students) | 12.1% | |
| Gay, lesbian, and bisexual (adults) | 4.4% | |
| Transgender youth (high school students) | 1.7% | |
| Persons with a disability | 11.4% | |

Social Determinants of Health Data

| CUMBERLAND COUNTY | |
|-------------------------------|----------|
| Median household income | \$73,072 |
| Unemployment rate | 5.3% |
| Individuals living in poverty | 9.0% |
| Children living in poverty | 9.2% |
| 65+ living alone | 29.8% |

Addressing Community Health Needs

Shared Community Health Needs Assessment

In 2022, Maine’s four largest healthcare systems – Northern Light Health, Central Maine Healthcare, MaineGeneral Health, and MaineHealth – as well as the Maine Center for Disease Control and Prevention partnered to research and publish a shared Community Health Needs Assessment (Shared CHNA). The Shared CHNA provides a comprehensive review of health data and community perspective on a broad set of health issues in Maine.

The Shared CHNA data was made widely available to the public, as county-level community engagement forums were held across the state, gathering additional feedback on priority issues and opportunities for community health improvement. New this cycle was an expanded effort to reach those who may experience systemic disadvantages and therefore experience a greater rate of health disparities. Two types of outreach were piloted in this effort. One effort included nine community sponsored events hosted by organizations having statewide reach representing the following communities: Black or African Americans; people who are homeless or formerly homeless; older adults; people who are deaf or hard of hearing; people who define themselves or identify as lesbian, gay, bisexual, transgender, and queer and/or questioning (LGBTQ+); people with a disability; people with a mental health diagnosis; people with low income; and youth. In addition to these events, 1,000 oral surveys were conducted in collaboration with eight ethnic-based community organizations’ community health workers in order to better reach Maine’s immigrant population. These reports and the community input received are fundamental to achieving our goal of being a trusted and valued partner to improve the health of the people and communities we serve.

Results of the 2022 Shared CHNA along with community input were used to inform the development of this three-year Community Health Strategy by Northern Light Mercy Hospital. The efforts identified within help demonstrate our commitment to our community, as we provide benefits reflective of our mission and tax-exempt status. These benefits include a focus on the clinical, social, and environmental factors that influence the ability of people to lead healthier lives.

Community Health Strategy

This Community Health Strategy was developed with input from community stakeholders including those who serve priority populations, district public health liaisons, business leaders, and community advocates.

Priorities were selected after weighing the severity of each priority area, availability of known and effective interventions, determination that the priority area was un-addressed or under-addressed, and community collaborations underway with Northern Light Mercy Hospital.

Northern Light Mercy Hospital reserves the right to amend this Community Health Strategy as circumstances warrant. For example, certain community health needs may become more pronounced and require enhancements or a refocus to the selected priorities of focus.

Process and Methods for Priority Selection

As a member of a partnering healthcare system in the Maine Shared Community Health Needs Assessment (Shared CHNA) effort, Northern Light Health's Community Health Council recognized the value, reach, and influence of aligned engagement efforts with a shared purpose. Review of the county CHNA forum priority voting revealed that mental health, social determinants of health, and substance use were among the top four priorities in almost every county CHNA forum. These three priority areas were adopted as shared priorities where Northern Light Health member organizations would engage in common strategy to achieve greater statewide effect.

Northern Light Mercy Hospital's community health strategy was developed to include our systemwide shared priority areas of work reflecting upon the quantitative health profile indicators and qualitative prioritization derived from the Shared CHNA's community engagement process. We also considered local readiness and capacity to address these needs in partnership with our local communities. Our planning team included representatives with knowledge and insight of the communities we serve.

Members of Mercy Hospital's Community Health Strategy team included individuals representing the following positions:

- Dr. Su-Anne Hammond, Primary Care Medical Director
- Kristine Jenkins, CDC District Public Health Liaison
- Sadie Knott, PMHNP, Integrated Behavioral Health Provider
- Karen Waycott, Director of Primary Care
- Katie Kerr, Director of Mission Integration
- Dawn MacFarland, Manager of Cancer Care
- Kristen, Lehman, Nurse from Medical Group
- Ruby Spicer, Quality Improvement
- Lisa Carr, Specialist Program
- Mela Haggett, Director of McAuley Residence
- Melissa Skahan, VP, Mission Integration

The following criteria were used for the health need selection process:

- Shared CHNA prioritization: How the health priority rank in the Shared CHNA
- Systemwide priority areas of work as determined by the Community Health Council
- Health equity: Which populations are disproportionately affected by the priority's area of focus; which populations may be experiencing unique barriers to resolve the issue; and what data or themes emerged from the CHNA Forums and County Health Profile that reinforce selecting one or more populations of focus
- Ability to leverage local community assets: Identification of potential community partnerships to engage in order to address the priority need, or to build on current programs, emerging opportunities, or other community assets
- Expertise: Northern Light Mercy Hospital experts and local partnership experts in various priority areas

- Feasibility: Northern Light Mercy Hospital has the ability to have an effect given the community benefit resources available

Annually, our internal team will convene to determine if changes need to be considered to best address the priority health needs of our community.

NOTE: There were no written comments received related to the most recently conducted Shared CHNA and Community Health Strategy for inclusion in this report.

Evaluation Efforts

Northern Light Mercy Hospital will monitor and evaluate the strategies related to this priority area of work for the purpose of tracking the implementation of those strategies as well as to document the anticipated effect. Through internal quarterly reporting practices, we plan to document and track measures, approaches and resources used, partners engaged, and highlights related to this priority area of work. These quarterly reports will inform our fiscal year-end Progress Report to Our Community that will be made publicly available on our community health strategy webpage.

Feedback Opportunity

Contact communitybenefits@northernlight.org with feedback on this report.

Approval from Governing Board

Northern Light Mercy Hospital's Community Health Strategy and Community Health Needs Assessment (CHNA) were reviewed by the hospital's governing board and a resolution was made to approve and adopt both the Shared CHNA and the Community Health Strategy on April 21, 2022.

Selected Priorities of Focus

Priority 1: Mental Health (also referred to as Behavioral Health)

Rationale

Mental health conditions, including depression, are leading causes of injury, illness, and disability in the United States and around the world. These illnesses are common and are caused by a complex combination of biological, psychological, and environmental factors. Untreated mental illness can result in severe health problems, including but not limited to heart disease and other chronic conditions, weakened immunity, social isolation, legal and financial problems, self-harm and harm to others, poverty, and homelessness. Mental health can affect an individual's ability to practice good health behaviors and seek care or resources when needed. There is also a strong connection between mental illness and substance use, with more than one in four adults experiencing these co-occurring disorders. Limited healthcare options, lack of support, and fear of stigma may prevent individuals from seeking help, indicating an ongoing need to increase mental health awareness and address barriers to accessing mental healthcare. Lastly, the COVID-19 pandemic has pushed demand for mental health services to an all-time high.

Northern Light Mercy Hospital's Community Health Strategy team recognizes that addressing mental health needs is a priority for our community with a focus on health equity especially for those who may be experiencing health

disparities. There are substantial local community assets and Mercy Hospital has resources available to be leveraged in support of this need. Furthermore, there are many options for evidence-based mental health interventions and services that promote appropriate and effective prevention, identification, and treatment for mental illnesses.

Intended actions to address the need

Goal: Provide children and families with the mental and behavioral health resources they need to thrive.

Strategy: Partner with schools and other community organizations to ensure children and their families have improved access to mental health prevention, early intervention, and treatment services.

Objective: Educate and empower others to recognize, support and respond to mental and behavioral health needs of children.

Tactic: Mercy Hospital will form, strengthen, and engage in trusted partnerships with schools, afterschool programs, district public health councils and community-based organizations to expand youth mental health services.

Anticipated impact of these actions/expected outcomes

With health centers in Windham and Gorham and the increased suicidality of youth in Cumberland County, Mercy Hospital will support prevention and treatment interventions in Lakes Region Schools in partnership with the Lakes Region Collective Action Network, Northern Light Acadia Hospital, and local schools.

Programs and resource allocation

Mercy Hospital will partner with Northern Light Acadia Hospital and engage our Integrated Behavioral Health providers to advance prevention and treatment options.

Planned collaborations

Mercy Hospital will partner with Northern Light Acadia Hospital, Lakes Region Collective Action Network, Integrated Behavioral Health providers, and local schools.

Population of focus

Youth

Priority: Social Determinants of Health

Rationale

A community's health can be determined in part by access to social and economic opportunities, the safety and cleanliness of environments, and the resources available in homes, neighborhoods, and communities. These social determinants of health are the conditions in which people are born, live, work, and play, and affect a wide range of health and quality of life outcomes. Examples of social determinants include socioeconomic status, availability of safe and affordable housing, reliable transportation, access to healthcare services, and food security. Over the past two decades, a large and compelling body of evidence has revealed that these factors play a powerful role in shaping health. This has resulted in a greater understanding that medical care is not the only influence on health and suggests that traditional healthcare models may not be enough to adequately improve health outcomes or reduce health disparities without also addressing a person's social and environmental factors.

Northern Light Mercy Hospital's Community Health Strategy team has identified Social Determinants of Health as a priority need for our community with a focus on health equity, especially for those who may be experiencing health disparities. There are substantial local community assets and Mercy Hospital has assets available to be leveraged in support of this need. Also, there are many evidence-based or promising approaches to address the need for interventions on the many facets of Social Determinants of Health. Finally, Social Determinants of Health rated as a high priority to the community and Northern Light Health.

Intended action to address the need

Goal: Improve health outcomes for vulnerable populations.

Strategy: Partner with community to improve equitable access to social supports, community resources and healthcare services.

Objective: Connect patients with community resources they need to improve their health and well-being.

Tactic: Mercy Hospital will establish partnerships with community organizations to support and facilitate their enrollment in FindHelp.org directory.

Mercy Hospital will partner with community-based organizations to secure, distribute, or otherwise connect resources to patients that have identified as being in need through Social Determinants of Health screening. Examples include but are not limited to:

- Transportation vouchers or gas cards
- Toiletry kits or other essential items
- Food, either through bag distribution, on-site food pantry or grocery gift cards

Anticipated impact of these actions/expected outcomes

Mercy Hospital will expand the food bag resources and increase partnership with local food pantries to ensure both inpatients and outpatients have timely access to food resources as evidenced by the Findhelp.org, closed loop referral platform and our social determinants of health screening.

Programs and resource allocation

Mercy Hospital will donate food to local food pantries and expand our partnership with Good Shepherd Food Bank and other non-profits who provide food to vulnerable persons.

Planned collaborations

Mercy Hospital will partner with local faith communities who offer food pantries such as St. Luke's Cathedral and Sacred Heart Church, Good Shepherd Food Bank, diverse organizations, and local social service agencies who distribute food.

Population of focus

Vulnerable persons

Priority: Substance Use

Rationale

Substance use, including opioids, alcohol, tobacco, and other drugs, have a major influence on individuals, children, other family members, and communities. Alcohol misuse, smoking, and tobacco use cause or increase risk of many diseases, such as cancer, heart disease, diabetes, and respiratory conditions. The effects of substance use often result in social, physical, mental, and public health problems, including domestic violence, child abuse, accidents, crime, and suicide. Substance use is now understood to be a complex disease of the brain and body, requiring long-term attention and treatment just like any other chronic illness. There are many effective evidence-based strategies that communities, including healthcare organizations and providers, may employ to prevent, identify, and treat substance use disorders.

Northern Light Mercy Hospital's Community Health Strategy team determined it was feasible to address this need with a focus on health equity, especially for those who may be experiencing health disparities. There are substantial local community assets and Mercy Hospital has assets available to be leveraged in support of this need. Also, there

are many evidence-based or promising approaches to address the need for substance use interventions. Finally, substance use rated as a high priority to the community and Northern Light Health.

Intended action to address the need

Goal: Reduce deaths, disability and suffering associated with substance use disorder.

Strategy: Leverage community partnerships to reduce barriers and improve access to and availability of substance use prevention, treatment, recovery, and harm reduction services. Optimize relationships with partners who can help us engage effectively with populations in need.

Objective: Improve pathways to prevention, treatment, and recovery for individuals with substance use disorder.

Tactic: Mercy Hospital will link primary care providers and their office staff with resources, training and educational supports needed to deliver Medication Assisted Treatment (MAT) to patients.

Anticipated impact of these actions/expected outcomes

In 2022, Northern Light Mercy Hospital expanded Medication Assisted Treatment (MAT) to every health center. Training for all office staff with continued support will improve engagement and retention outcomes of patients with polysubstance use disorder.

Programs and resource allocation

Mercy Hospital will allocate resources associated with Rapid Access MAT to include Sadie Knott, PMHNP, lead provider, Portland Recovery Community Center, and our Recovery Coaches.

Planned collaborations

Mercy Hospital will partner with Portland Recovery Community Center, Spurwink, OPTIONS, Sweetser, Maine Behavioral Health, Milestone Recovery, Amistad, and the Recovery Community.

Population of focus

Vulnerable population

Health Priorities Not Addressed

Northern Light Mercy Hospital considered all priorities identified in the Shared CHNA, as well as other sources, through an extensive review process. Priorities not selected, due to a variety of reasons are listed below:

- Access to care: Access to care was not selected as an independent priority of focus as many of our efforts identified in our strategy are connected to access issues. In addition, our hospital has current initiatives that are ongoing and part of our continual mission to improve access to care such as provider recruitment, engagement of navigators or the equivalent, and other efforts that support this priority.

Conclusion

Northern Light Mercy Hospital is thankful for the participation and support of our community members and many area organizations in the Shared CHNA process and for contributing their knowledge of local community health needs. Through existing and future partnerships, collaborative efforts will be essential in addressing the identified community health strategies prioritized within.

Northern Light Mercy Hospital will engage in another Shared CHNA in 2025 and looks forward to ongoing community participation in these important efforts.

Appendix

Evaluation of Impact

Progress report on selected priorities from Northern Light Mercy Hospital's last (2019) Community Health Needs Assessment.

Northern Light Health and Northern Light Mercy Hospital are committed to promoting a culture of community stewardship and partnering together with community stakeholders to address high priority health issues. To do so effectively, we regularly monitor the effect of our community health efforts and make this information widely available to our communities in the form of annual Community Benefit statements, and this triennial Community Health Strategy report. The following annual Progress Report to Our Community provides a summary evaluation of impact of the actions taken by Mercy Hospital to address community health priorities adopted in 2019.

Measuring and reporting on progress is critical to making a difference in the communities we serve, and in the lives of those we care for. The following annual Progress Reports to Our Community are provided for:

- Progress Report to Our Community Fiscal Year 2020
- Progress Report to Our Community Fiscal Year 2021
- Progress Report to Our Community Fiscal Year 2022

For additional information, visit <https://northernlighthealth.org/2019-Community-Health-Strategy>

Fiscal Year 2020

PROGRESS REPORT TO OUR COMMUNITY

Addressing community health needs



Progress report update

FY 2020 Progress Report

Priority #1: Social Determinants of Health

Objective: Increase the number of sites implementing screening and referral for health-related social needs from 0 to 2 by 9/30/20.

Status: Foundational work started

Strategy to achieve the objective (approaches taken, and resources used): In fiscal year 2020 (FY20), Northern Light Mercy Hospital participated on a Northern Light Health (NLH) systemwide Social Determinants of Health (SDOH) workgroup responsible for developing, implementing, and monitoring the effectiveness of a system approach to SDOH screening and intervention inclusive of food security and other social needs. To date, the workgroup's focus has been on the identification of the SDOH screening and referral process, local resource development, provider training and education requirements for the screening tool's implementation, quality review and management of these efforts. NLH system defined SDOH screening and intervention as a strategic priority to improve the health of the patients it serves.

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

- 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

Highlights: In FY20, Northern Light Mercy Hospital, as part of the NLH SDOH workgroup, engaged in literature reviews and outreach efforts to other healthcare system's efforts in this realm to learn about the successes and challenges related to this type of screening effort that will ultimately help to inform how we will operationalize this effort throughout our system.

Outcome measure: In FY20, Northern Light Mercy Hospital's identified individual targets were not met for this priority area of work due to the deliberate approach by Northern Light Health as a system, to define a standard process for SDOH screening and intervention. As a result, this year's efforts have primarily been foundational. To date, the efforts of this workgroup have resulted in increased support for this initiative and the development of a screening tool for identifying patients in need.

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

Next steps: In FY21, Northern Light Mercy Hospital will continue participating in the SDOH workgroup through NLH. The group will proceed with identifying the specific social needs to be recommended for inclusion in the

system screening process. The group will also continue discussions and planning for provider education efforts to increase understanding of SDOH and current development of NLH screening and intervention protocol. We anticipate roll-out implementation of the SDOH screening efforts to take place in the coming year. In addition, we'll also continue to consider COVID-related changes to primary care and how these may impact feasibility and provider/patient receptiveness of SDOH screening and referral

Priority #2: Substance Use

Objective: Increase the number of Medication-Assisted Treatment options for opioid use readily available in local communities from 5 to 6 by 9/30/20.

Status: Completed

Strategy to achieve the objective (approaches taken, and resources used): In FY20, Northern Light Mercy Hospital continues to partner with Cumberland County Jail through the Bridges to Community effort, which has launched MAT with suboxone at the jail and continues to broaden the scope of services. Currently, the jail's medical service provides Suboxone or Methadone to inmates with an existing prescription. The goal is to add nursing and counseling services to complement the existing services. Mercy Hospital allocates .5 FTE Recovery Coach to provide support and assist with navigation to maintenance care, counseling, housing, recovery-oriented supports, and employment.

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

- Cumberland County Jail
- Milestone Recovery
- City of Portland
- Portland Recovery Community Center
- Maine Pretrial Services
- Maine Probation and Parole
- Amistad

Highlights: In FY20, discussions are underway for Northern Light Mercy Hospital to provide virtual visits while patients are incarcerated, and a MAT Coordinator has been hired.

Outcome measure: In FY20, Northern Light Mercy Hospital participated in a group effort to launch MAT with suboxone in the local jail and participation in ongoing treatment and recovery-oriented services for persons with Substance Use Disorders, along with substance use treatment provider partners.

Project lead: Melissa Skahan, Vice President of Mission

Next steps: In FY21, Northern Light Mercy Hospital will be prepared continue with medication assisted treatment in primary care with virtual intakes occurring with incarcerated persons.

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 0 to 1 by 9/30/20.

Status: Completed

Strategy to achieve the objective (approaches taken, and resources used): In FY20, Northern Light Mercy Hospital provided health education, financial counseling, and outreach on October 17 to eight active participants, providing follow up outreach to residents and ongoing health care services. At the onset of COVID-19 community spread in Cumberland County, efforts to engage residents in Portland Public Housing increased markedly and Northern Light Mercy Hospital provided prevalence testing and education about infection prevention practices at three sites and provided universal testing at another location in response to an outbreak of COVID-19. Patients who tested positive for COVID-19 were followed by our Virtual COVID Clinic and the Nurse Triage Line to ensure they had continuous monitoring, access to care, and support. Northern Light Health's homecare nurses provided care in the home if patients required that level of support.

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

- Portland Housing Authority
- City of Portland
- Interpreters
- Maine's Center for Disease Control

Highlights: In FY20, Northern Light Mercy Hospital held three prevalence testing events in Portland Housing Authority's neighborhoods to ensure all communities had access to adequate testing and universal testing at another facility in response to an outbreak. Teams of providers and staff led by Francine Wilbur, NP, Lead Provider for Walk-In Care, provided testing for residents of Portland Housing Authority neighborhoods.

Outcome measure: In FY20, Northern Light Mercy Hospital provided health education, financial counseling, and outreach efforts on October 17 with eight active participants with follow up outreach. Northern Light Mercy Hospital held three prevalence testing events in Portland Housing Authority's neighborhoods to ensure all communities had access to adequate testing. Teams of providers and staff led by Francine Wilbur, NP, Lead Provider for Walk-In Care, provided testing for residents of Portland Housing Authority neighborhoods. Testing was provided to over 450 people, who may not have had other options for testing.

Project leads: Melissa Skahan, Vice President of Mission Integration; Katie Kerr, Director of Mission Services; Francine Wilbur, NP, Lead Provider for Walk-in Care; Robyn McDevitt, AVP of Ancillary Services; Wesley Sands, Manager of Laboratory

Next steps: In FY21, Northern Light Mercy Hospital will continue to seek opportunity for formal partnership with Portland Housing Authority to promote health and well-being for vulnerable persons

Priority #4: Mental Health

Objective: Increase educational programs to raise awareness, readiness, and access to mental health services from 0 to 1 by 9/30/20.

Status: Completed

Strategy to achieve the objective (approaches taken, and resources used): In FY20, Northern Light Mercy Hospital's Behavioral Health Team delivered training for clinical teams to raise awareness and foster improved patient retention and engagement in healthcare services. An additional Recovery Coach, who is also a Certified Intentional Peer Support Specialist, was added to serve patients in both the acute and outpatient environments. An additional Licensed Clinical Social Worker was also hired to ensure timely access to counseling for our patients.

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

Amistad

Governor Mills and Gordon Smith's Conference

Senator Angus King

Highlights: In FY20, Northern Light Mercy Hospital was chosen as one of eight breakout sessions to highlight the work of McAuley Residence with approximately 1300 conference participants.

Outcome measure: In FY20, Northern Light Mercy Hospital's Melissa Fernald, LCSW/LDAC presented a workshop titled - *Addiction and Mental Health: the inside scoop* that was attended by 30 nurses and providers. Melissa Skahan, Vice President of Mission Integration and Kiely Foley, PMH-NP delivered a breakout session at the Governor's Opioid Summit around McAuley Residence's comprehensive two-generational approach for families affected by substance use disorder. This breakout session was attended by over 800 participants. Melissa Skahan participated in Senator Angus King's Podcast on Recovery on September 21st that was shared on WGAN NewsRadio's Inside Maine and promoted via a Press Release by Senator King's office.

Project leads: Melissa Skahan, Vice President of Mission Integration; Kiely Foley, PMH-NP, Integrated Behavioral Health; Kelly Cignoli, PMH-NP, Director of Behavioral Health Consult Service.

Next steps: In FY21, Northern Light Mercy Hospital will continue to expand training to include outpatient primary and specialty care practices.

Priority #5: Older Adult Health/Healthy Aging

Objective: Increase initiatives to promote end-of-life and palliative care options from 0 to 1 by 9/30/20.

Status: Completed

Strategy to achieve the objective (approaches taken, and resources used): In FY20, Northern Light Health's Director of Palliative Care, Robin Hirsh-Wright and Dr. James Van Kirk, MD Medical Director of Palliative delivered an education session for clinical teams at Mercy Hospital. Handouts were distributed to all primary care practices.

Partners engaged: Northern Light Mercy Hospital partnered with the following entities on this priority:
Robin Hirsh-Wright, Director of Palliative Care
Dr. James Van Kirk, MD Medical Director of Palliative

Highlights: In FY20, Robin Hirsh-Wright, LCSW and Dr. Jim VanKirk are excellent presenters and a wonderful resource for our community.

Outcome measure: In FY20, Northern Light Mercy Hospital provided one education session for clinical teams to highlight the importance of critical conversations in both outpatient and inpatient areas.

Project leads: Melissa Skahan, Vice President of Mission; Dr. Mike Duffy, Senior Physician Executive

Next steps: In FY21, a follow up presentation will be delivered at a primary care leadership meeting to ensure this education and vital resource is well understood by all.

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.

Fiscal Year 2021

PROGRESS REPORT TO OUR COMMUNITY

Addressing community health needs



Northern LightSM

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
- OPTIONS

Penobscot Community Health Care
Penquis
Portland Recovery Community Center
Preble Street
Spurwink, City of Portland
Sweetser
The Opportunity Alliance
Wellspring

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
- Catholic Charities
- City of Portland

Congolese Community
Cumberland County Jail
Family Shelter
Maine Center for Disease Control
Maine Immigrant Rights Coalition
Milestone Recovery
New England Arab American Organization
Oxford Street Shelter
Portland Housing Authority
Portland Police Department
Preble Street
Presente
Rwandan Community
Spurwink
Unified Asian Communities

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.

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.

Fiscal Year 2022

PROGRESS REPORT TO OUR COMMUNITY

Addressing community health needs



Northern LightSM

Mercy Hospital

Progress report update

FY 2022 Progress Report

Priority #1: Social Determinants of Health

Objective: Increase the number of sites implementing screening and referral for health-related social needs from one to six by 9/30/22.

Status: In progress

Strategy: In fiscal year 2022 (FY22), Northern Light Health made significant progress in Social Determinants of Health (SDOH) screening and intervention. The Northern Light Health SDOH team defined “completed” SDOH screening and established a system policy for minimum SDOH screening standards to provide consistency in screening guidelines. During the course of FY22, the SDOH team worked with Information Systems to continually improve the SDOH screening tool based on user recommendations and will continue to manage user requests moving forward. SDOH team leaders worked with members of Northern Light Health Quality to develop an SDOH screening dashboard that provides real-time screening rates by member organization, practice, provider, and payor type, as well as prevalence of SDOH need from positive screening results. The dashboard is undergoing validation and is anticipated to be available in FY23. Northern Light Health achieved a significant milestone in responding to social health needs when the Findhelp platform went live on September 13, 2022. Findhelp is a national social care network that will make it easier for patients and providers to find and connect with local resources. The platform is embedded within our electronic health record so that care teams can find and refer patients to resources. Community members can also access Findhelp at any time via a public portal.

Partners engaged: Northern Light Mercy Hospital partnered with the following Northern Light members 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

Outcome measure: System data for SDOH screening became available in December 2021 and revealed that 2.6% of patients had a completed SDOH screening within the past 12 months. By September 2022, this rate had increased to 8.2% with minimal education or promotion from the system. Among the five practices participating in the Institute for Healthcare Improvement/Pfizer, Inc. quality improvement project, average completed SDOH screenings increased from 4.2% to 22.1%. This project demonstrated the benefit of a quality improvement approach to increasing SDOH screening rates and lessons learned will inform best practices to be shared in fiscal year 2023 (FY23).

Project lead: Melissa Skahan, Vice President, Mission Integration

Next steps: The Northern Light Health SDOH team will continue to monitor and support improvements to SDOH screening and support efforts to increase availability of accurate and timely SDOH screening and results data. In FY23, Northern Light Health will focus on optimizing the Northern Light Health Findhelp platform by increasing community partner awareness of and engagement with the platform. A Community Engagement Workgroup has been convened and will meet regularly to discuss and plan community outreach and engagement as part of the FY23 Community Health Improvement Plan goal of increasing community partner use of the platform.

Priority #2: Substance Use

Objective: Increase the number of Medication-Assisted Treatment options for opioid use readily available in local communities from one to four by 9/30/22.

Status: Completed

Strategy: In FY22, Northern Light Mercy Hospital delivered training that allows primary care providers to obtain their x-waiver and prescribe Suboxone for opioid use disorder. This commitment ensures that all five primary care sites at Northern Light Mercy Hospital are well prepared to serve patients with substance use disorder.

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

- Sadie Knott, PMHNP Northern Light Mercy Hospital
- Dr. Su-Anne Hammond, Medical Director Primary Care
- Lester Gilkey, Recovery Coach
- Patrick Metro, Recovery Coach
- Melissa Skahan, VP of Mission Integration

Outcome measure: In FY22, Northern Light Mercy Hospital provided x-waiver training for all providers to ensure all five primary care centers were poised to care for persons with substance use disorder. This activity increases our capacity to provide Medication-Assisted Treatment at five primary care centers instead of one.

Project leads: Sadie Knott, PMHNP Northern Light Mercy Hospital; Dr. Su-Anne Hammond, Medical Director Primary Care; Lester Gilkey, Recovery Coach; Patrick Metro, Recovery Coach; Melissa Skahan, VP of Mission Integration.

Next steps: In fiscal year 2023 (FY23), Northern Light Mercy Hospital will continue to prescribe Suboxone and deliver trauma-informed care training at all primary care locations to ensure that all patients with substance use disorder are well received by staff and providers who understand the mental and physical effects of trauma, as well as their individual and collective role in patient engagement and health outcomes.

Priority #3: Access to Care

Objective: Increase the number of housing developments that offer access to COVID education, vaccine, and testing, as well as health promotion activities to include preventative tests from seven to nine by 9/30/22.

Status: In progress

Strategy: In FY22, Northern Light Mercy Hospital continued to support work at local housing authorities with outreach activities at 100 State Street and testing and vaccination at the Fore River Campus Pharmacy and within primary care offices. A survey was administered at 100 State Street to ensure that transportation was not a barrier to services offered at the Fore River Campus. Health Promotion Clinics and Urgent Care Services were offered for New Mainers at local hotels in South Portland and Yarmouth with follow up care occurring in Primary Care, Women's Health, Pediatrics, and Specialty Care. Transportation, access to medication, housing insecurity, and lack of case management added complexity for Mercy's care teams.

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

- City of Portland
- Maine Immigrant Rights Coalition
- Spurwink
- Housing Manager at 100 State Street
- Public Health Nurses

Outcome measure: In FY22, Northern Light Mercy Hospital offered weekly clinics at three local hotels for a minimum of two days per week for 12 weeks. Staff also worked with public health nurses and ethnic based organizations to welcome pregnant women, who are seeking asylum and are homeless.

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

Next steps: In FY23, Northern Light Mercy Hospital will continue to work with public housing authorities with health promotion clinics and the City of Portland to ensure that new Mainers, who are seeking asylum, have access to care and other necessary services to ensure that basic needs are met.

Priority #4: Mental Health

Objective: Increase educational programs to raise awareness, readiness, and access to mental health services from two to four by 9/30/22.

Status: In progress

Strategy: In FY22, Northern Light Mercy Hospital provided trainings for nurses and providers specific to tactics to successfully engage patients with severe and persistent mental illness. These trainings were developed in response to requests from nursing staff, who were seeking greater insight, expected behaviors, proven engagement tactics, and treatments available for persons with complex trauma, personality disorders, and substance use disorders. This has promoted dialogue and ongoing requests for education resources and training for clinical teams.

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

Lisa Barry, PMHNP, Lead Provider, Behavioral Health Consult Team
Kelly Bickmore, LCSW, Director, Behavioral Health

Outcome measure: In FY22, Northern Light Mercy Hospital delivered two trainings for nurses and providers regarding complex trauma, substance use disorder, and personality disorders. These trainings help to raise awareness and readiness for clinical teams to successfully engage patients with severe and persistent mental illness in the acute setting for improved health outcomes, treatment adherence, and overall patient experience at Mercy Hospital.

Project leads: Lisa Barry, PMHNP Lead Provider, Behavioral Health Consult Team; Kelly Bickmore, LCSW Director, Behavioral Health

Next steps: In FY23, Northern Light Mercy Hospital behavioral health staff will be trained as trainers for Mental Health First Aid. Staff will learn risk factors and warning signs for mental illness and addiction concerns, strategies to offer support, and next steps for professional healthcare or other services. Behavioral health staff will provide mental health first aid training for staff and providers at Mercy and be available to offer presentation for the community.

Priority #5: Older Adult Health/Healthy Aging

Objective: Increase initiatives to promote end-of-life and palliative care options from one to two by 9/30/22.

Status: In progress

Strategy: In FY21, Northern Light Mercy Hospital offered training for all primary care practices with medical leaders of Northern Light Health's Palliative Care Program on advance care planning and palliative care. In FY22, each practice was provided educational materials and specific tools to engage patients and families in advance care planning conversations. Northern Light Mercy Hospital also acquired a geriatrics practice that increased our capacity to provide care for older adults and medical direction for local nursing homes.

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

- Northern Light Health Palliative Care
- Dr. Su-Anne Hammond, Primary Care Medical Director
- Katie Kerr, Director of Mission Integration and Patient Advocate

Outcome measure: In FY22, Northern Light Mercy Hospital distributed educational resources to all five primary care centers with specific tools to engage patients in advance care planning. This activity builds on training provided to all primary care sites by palliative care providers.

Project leads: Dr. Su-Anne Hammond, Primary Care Medical Director; Katie Kerr, Director of Mission Integration and Patient Advocate.

Next steps: In FY23, Northern Light Mercy Hospital remains committed to ensuring that primary and specialty care providers have the resources to support advance care planning for patients and families throughout the care continuum. In FY23, Mercy Hospital will expand resources in geriatrics and palliative care for improved health and wellbeing of older adults in greater Portland.

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.