The one constant in health care is that change is inevitable. How we embrace, guide and adapt to the ever-changing political, technical, and social landscape of medicine is critical to fulfilling our mission to serve our community. In reviewing the past year, we see that change is neither good nor bad, but necessary.

The global and local economies ask us all to do more with less while national and state-level policy influence how we allocate those shrinking resources. Yet despite the challenges, I am proud to report our team never ceases to excel, innovate, and serve as champions for our patients.

For an unprecedented 10 years in a row, MDI Hospital received the Overall Best Performer Award from Avatar International and is the only hospital in the nation to hold that distinction. Our hospital was also one of only 10 critical access hospitals nationwide to earn the VHA Leadership Award for Clinical Excellence. Both of these accolades speak directly to the focus our team instills upon our patients at every opportunity.

We also marked an important milestone when our Prescription Assistance Program surpassed $1 million in free medications for those who would not otherwise have had access to them.

Within the year we expect to begin construction on our new Women’s Health Center, which will be a shining example of our community pulling together for the betterment of all. As the importance of outpatient care grows, this facility will be vital to meeting our current and future patient needs.

Technology, especially in medicine, is all around us and we have brought it directly to patient care. Each of our Health Center exam rooms is now equipped with a computer to provide instant access to a patient’s electronic medical record for improved accuracy and efficiency. We have also joined HealthInfoNet, Maine’s statewide health information exchange to give our team and other providers access to a patient’s vital information regardless of where they receive their care.

Our relationship with Penn Medicine and the University of Pennsylvania continues to evolve into a model on how to bring research-based innovation directly to rural medicine. This summer has brought expanded opportunities for training and collaboration in the Emergency Department, Behavioral Health Center, and throughout the organization.

Many of these innovative programs and facilities would not be possible were it not for the generous financial support that is bestowed upon this organization. Our Annual Fund continues to raise the bar higher, which in part, enables us to provide care for those who could not otherwise pay for it. Our new Women’s Health Center facility will be funded entirely through community support, with the Auxiliary kicking off formal fundraising with an inspiring $50,000 pledge!

Cooperation makes our community stronger – which is something all of us at MDI Hospital are proud to be a part of. We hope you enjoy learning more about our organization from the proceeding pages as we look back on 2011-2012 and welcome the challenges and successes that lie ahead.
Throughout his career, Dr. Haynes has embraced the quintessential country doctor lifestyle and methods.

Thank you, Dr. Haynes, for 36 years of service

Whenever said you can’t have your cake and eat it, too? When O. Lee Haynes, MD, arrived in Bar Harbor nearly four decades ago, he was looking to be “the modern equivalent of a country doctor” where he would truly know his patients and practice medicine at the highest levels.

For 36 years and four generations of patients numbering in the thousands, Dr. Haynes has been exactly that, finding the community of the greater Mount Desert Island area to be ideal for his personality and profession. In mid-2012, Dr. Haynes made the difficult decision to retire from his day-to-day internal medicine practice that connected him with so many families within the community.

“Really being part, the immersion in the community, is one of the best parts of the experience,” Dr. Haynes said about serving his community’s medical needs. “I have had the privilege of taking care of the same patients for decades and taking care of families of patients, and extended families and really getting into the community in that way. The real joy of it is taking care of folks long-term.”

Throughout his career, Dr. Haynes has embraced the quintessential country doctor lifestyle and methods. His patients give him photos to post in exam rooms, for example, and he makes house calls for those who cannot come to him. “There’s no better way to find out how someone lives than by visiting them in the home,” he said.

Known for his imposing stature, trademark baritone voice, and a passion for country music, Dr. Haynes discovered Bar Harbor during a visiting residency program and practically never left. “I don’t think I’ve ever regretted coming to Bar Harbor to work and staying here. Most physicians usually go through three during a visiting residency program and practically never left. “I don’t think I’ve ever regretted coming to Bar Harbor to work and staying here. Most physicians usually go through three programs offered by nearby Tufts University offered new doctors the chance to visit and practice in rural Maine hospitals for two weeks in the summer in hopes of attracting the fresh physician to the area permanently. Dr. Haynes’ first stop was in Rumford in western Maine. “I liked the doctors a lot, loved the patients. I had a wonderful time. They offered me a job but I wasn’t ready to settle down yet,” he said.

Dr. Haynes returned to Mass General in Boston for his final year of residency where he met Doug Collins, MD, who practiced in Caribou for 28 years before returning to Mass General. “Gosh, he was just the epitome of what you want to see as a doctor. He knew everything and he was great with patients. It was a real treat to see that you could go out and be in the community and maintain your skills,” Dr. Haynes said.

“I told him how much I enjoyed my time up in Rumford and Doug said, ‘Why don’t you go up to Bar Harbor. Ed Gilmore is up there and he’s having a real good time.’ So I went back to Tufts and said ‘Hey, can I do it again?’ Later that spring, Dr. Haynes, wife, and new baby traveled back to Maine. “At the end of the week they said ‘What would you think about coming to work here?’ And I said, In a minute!”

After completing his military service in 1976, Dr. Haynes and family moved to Bar Harbor where he joined medical school colleague Ed Gilmore, MD, in practice at what are now known as the Cooper-Gilmore Health Center and the Trenton Health Center. The two doctors quickly found that they connected professionally and personally. “In over 30 years, 15 years in the same office, we’ve never had as much as a cross word,” Dr. Gilmore said.

In contrast to his down home demeanor, Dr. Gilmore said Dr. Haynes is a brilliant medical practitioner who was often his collaborator on challenging diagnoses, which has greatly contributed to the quality of care patients receive.

Even though Dr. Haynes is retiring from internal medicine, his desire to help people is certain to continue into the next phase of his life. After taking some time off, perhaps traveling the country “in an old Toyota van,” to listen to some of his favorite country music artists, Dr. Haynes sees himself in a role where he can use his listening skills and vast interpersonal experiences to offer counsel to those in need, extending his interest in the well-being of the community into the foreseeable future.

He is also committed to the non-profit organization, Local Solutions, which he helped found to support children with developmental disabilities after they graduate from high school and lose the accompanying social, emotional and financial support. Created in 2000, the organization has plans to build a group home to provide a long-term, stable living situation for those who cannot live on their own.

Many country music fans may also be familiar with the popular concert series Dr. Haynes created with the Austin Acadia Connection. As a way of bringing artists to town that he wanted to see perform, Dr. Haynes booked and promoted concerts, often hosted at the Neighborhood House in Northeast Harbor. For several seasons, some of the top talent from Austin, Texas, would venture to MDI, stay at Dr. Haynes’ home, and perform. “We had a fabulous time,” Dr. Haynes said of his experiences with many of his favorite artists.

On behalf of the entire community, Thank You Dr. Haynes, for your contributions that continue to impact so many.
Diabetes management technology brings new confidence

Tina Smith, the manager of a medical office and a professional photographer, spent a couple of years feeling sluggish all the time. In April 2011, the Franklin resident was diagnosed with Type II diabetes. She was prescribed oral medication to control her blood sugar, and she radically changed her diet.

Still, she said, “One day, my doctor said, ‘If we don’t do something, you’re not going to make it. You’ll be lucky if you make it to age 42.’”

She began taking insulin shots four times a day. Because of her busy schedule, it was hard to keep up with the new routine. She constantly forgot to take the shots. Even when she did, and even with the change in diet, the treatment wasn’t entirely successful.

In March 2012, Mount Desert Island Hospital’s Diabetes Education Program offered Smith an alternative. She was prescribed an insulin pump with continuous glucose monitor. MDI Hospital is the only facility east of Bangor that is certified to offer these devices.

“I’ll tell you, it was the best thing I’ve ever done,” she said. “Now I can control my blood sugar and, when I’m starting to feel funny, I can check my sugar. Every five minutes, it gives me the most current number.”

At first, she said, she was nervous about the two devices, the pump and a separate “personal sensor” that beams the blood glucose results to the pump. Worn discreetly on her person, she thought they would be uncomfortable.

Instead, she found that the ability to check her sugars continuously, and to adjust her insulin if necessary, gave her great peace of mind. Data from the monitor also streams to her health care providers, who can analyze it for problems.

“For a long time, I was having trouble with my sugar spiking in the middle of the night,” she said. “They were able to tweak the levels. And now that my levels are better, I feel better and I sleep so much better.”

The small pump — made by Medtronic, specialists in technology for the treatment of diabetes — is worn externally and can be discreetly clipped to a belt, slipped into a pocket, or hidden under clothes. It delivers precise doses of rapid-acting insulin. The device consists of a cartridge connected to a reservoir that can hold enough insulin to last for two to three days.

Tina Smith of Franklin, enjoys a new sense of confidence with an insulin pump she received through MDI Hospital’s diabetes education program.

A new home for women’s health

“Twenty years ago when we started we didn’t have a patient population and we didn’t know how big we were going to get,” said Jane Tawney, PA-C, one of the founders of MDI Hospital’s Women’s Health Center, and a current provider there.

Since that day back in 1993, the Center’s success has followed the classic movie mantra “build it and they will come.” Over the years, the Center has served more than 5,000 women with compassionate, patient-centered care from the quaint little house on Wayman Lane.

“This seemed like the perfect little house,” Tawney said. “It met all the needs of hominess and all the things that women wanted.”

For many patients and staff alike, the Wayman Lane house was the perfect place. Today, it simply cannot accommodate the volume or the personalization of patient care that is at the very core of the Center’s success.

To turn the page and step into a new chapter, the Women’s Health Center needs a new, larger home — one that addresses the physical shortfalls of the old one. More space, bigger exam rooms, storage, better privacy, functional offices, and integration of technology are all on the architect’s list, but only if a new building continues to foster the openness, comfort, and safety that women have coveted for two decades.

“We all love the little house in so many ways, it has such a great spirit,” Tawney said. “We want to keep that spirit and just bring it to a new place and I think we can do that.”

The new Women’s Health Center will be sited on Main Street where the Cadillac Building once stood and feature nearly three times the space, accommodate more outpatient services, and embrace the technological evolution that is ever-present in modern health care.

At the same time, the new Center will recognize the fact that women are different and require a different kind of care. Women are not just bodies but people whose lives and relationships — with families, partners, mothers, and daughters — all impact their physical being.

The Hospital has pledged its full support to the project, rallying friends and neighbors to acquire the land and building site. Design and engineering details are now in the final stages. Funding for construction is being sought directly from the island community to ensure the right medical services are available to all who live and visit here.

As of late July more than a third of the $1.1 million goal has been pledged, including a $50,000 donation from the MDI Hospital Auxiliary. Fundraising is anticipated to be complete by the end of 2012, which would enable construction to begin in Spring 2013.

The new Center will recognize the fact that women are different and require a different kind of care.
**Summary of Revenues and Expenses**

**MOUNT DESERT ISLAND HOSPITAL** Year ending April 30, 2012  
Including Health Centers and Birch Bay Retirement Village

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amounts billed to our patients for services at Mount Desert Island Hospital and Health Centers</td>
<td>$72,846,216</td>
</tr>
<tr>
<td>Amounts that we did not receive from the Federal Medicare Program and the State of Maine Medicaid Program and other insurance companies that do not pay the full amount of their patients' bills</td>
<td>$17,969,253</td>
</tr>
<tr>
<td>Amounts provided to our patients at Mount Desert Island Hospital and Health Centers whose bills partially or wholly exceeded their ability to pay</td>
<td>$863,129</td>
</tr>
<tr>
<td>Other revenues received to support operations</td>
<td>$2,934,849</td>
</tr>
<tr>
<td>Our total revenues were</td>
<td>$56,548,683</td>
</tr>
<tr>
<td>Our total operating expenses for salaries, benefits, supplies, interest, depreciation costs, and uncollected charges were</td>
<td>$58,934,485</td>
</tr>
<tr>
<td>Which resulted in an operating loss of</td>
<td>($2,385,802)</td>
</tr>
</tbody>
</table>

**MDI Hospital Board and Committees**

Chosen for their special talents, Board and Committee members are volunteers and receive no compensation for the time they give to the hospital. Thousands of hours are devoted yearly by men and women who serve on MDI Hospital’s Board and Committees.

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**FINANCIAL HIGHLIGHTS FOR THE FISCAL YEAR**  
The MDI Hospital Organization provided 575 jobs and maintained a payroll of $26,019,018.  
Total capital expenditures $828,086  
Free and uncompensated care $3,954,414  
Unrestricted and restricted gifts received by the MDI Hospital Organization $1,623,146  

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Erwin Soule  
Helmut Weber  

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Diabetes management, continued from page 5

MDI Hospital's recent training and certification in the use of the device means the area's patients no longer have to travel to Bangor, said Linda Beaudoin, RN, MDI Hospital's diabetes education coordinator. Diabetes specialists provide training and follow-up for patients, who aim for a better quality of life and better control of their blood sugar.

“We showed them the pump would be easier,” Beaudoin said. “They just need to know how to fill up the syringe with insulin and pop it into the pump.”

Smith said the pump has freed her from much of her fear of diabetes. “I feel confident with controlling it,” she said. “Before, just by doing the injections, I didn’t feel like it was making a difference. The pump, for me, makes a difference, because I get to see the results quickly.”

That sense of control has even allowed her to pursue new activities. She recently joined the fire department, doing support and photography. “I don’t feel like diabetes is hanging over my head anymore,” she said. “I feel sort of like I’m walking hand in hand with it now. I have more understanding.”
Rose Iuro-Damon of Northeast Harbor has had pain in her knees, due to arthritis, for many years. The condition was treated with steroid injections and other therapies that provided symptomatic relief. But by late summer of 2011, the pain in her right knee was “screaming,” as she said, and caused a precipitous decline in mobility.

“What happened was, the things I enjoy doing, I couldn’t do,” she said. “Last year, I didn’t get out in my kayak as much because it was an ordeal to load the kayak.”

She had always been the type of person who would choose stairs over elevators, and she enjoyed hiking. But all of that had become excruciating. She realized she had to go for the knee replacement surgery that she had been putting off.

She had the surgery in early March and promptly began physical therapy and has continued PT at home since then. “Now, my mobility is really good,” she said. “I feel like it’s a new lease on life. My favorite thing to do is go up and down stairs.”

According to Stuart Davidson, MD, the orthopedic specialist who performed Iuro-Damon’s surgery, “When all conservative therapies have failed to give patients relief, and the problem with their joint interferes with activities of daily living or recreational activities or gainful employment, then we take the next step, which is to do the surgical procedure.”

Dr. Davidson is with MDI Orthopedics, which provides assessment, medical and surgical treatment of the joints, bones and connective tissue. Surgical procedures include adult reconstruction, sports medicine and arthroscopy, and trauma care.

The patient spectrum spans infants to geriatrics.

Joint replacement is often appropriate for “wear and tear” osteoarthritis and for other inflammatory diseases such as rheumatoid and psoriatic arthritis, Dr. Davidson said.

The procedure involves chamfering bone that is no longer healthy and resurfacing the joint with metal or plastic components. The surgery can be performed as a partial or a total knee replacement.

Knee replacement technology continues to evolve, he said. “Incisions are getting smaller. The instrumentation we use allows for less invasive approaches for putting the joints in place. The materials have improved so that joints last a little longer. And there have been design changes; they function better than joints in years previous,” he said.

Dr. Davidson said the key to the success of the surgery is the time and effort that patients invest afterward in physical therapy.

After two months, Iuro-Damon was well back into her work as a nurse at MDI Hospital and an independent massage therapist, and was back to kayaking and swimming. Her left knee is getting worse, and she plans to have that one replaced in the fall.

Her affiliation with the hospital, and her acquaintance with the staff, made her choice of MDI for treatment a given, she said. But, she said, that makes her all the more aware of the excellent service and attention to patients to MDI provides.

“They’re our neighbors, our friends and, in this case, our co-workers taking care of us,” she said. “I’ve always liked that about the community hospital. It’s the personal piece.”

Knee replacement: Getting back to enjoying life

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The EMR
What’s in it for patients and providers

If you’ve had an office visit at any of MDI Hospital’s Health Centers in the past few weeks, you may have noticed the addition of a computer in the exam room.

Moving patient files to an electronic medical record or EMR is part of a national initiative to improve access to lifesaving information, reduce errors based on misinterpreted handwriting, and ultimately improve efficiency and lower costs throughout a medical practice. And while few would dispute the accuracy of the EMR, some thought it could depersonalize the patient experience. In reality, the exact opposite is occurring.

Kathleen Kotas, MD, is a family physician at Trenton Health Center who, after 30 years of practicing medicine using a paper file and a clipboard, was hesitant about the EMR at first. Today, she appreciates how quickly she can see details about the whole person, beyond the specific ailment or injury that brought the patient to the health center. “From a patient point of view, it collects important information (such as lifestyle, hobbies, employment, family, etc.) That makes my job of taking care of the patient easier because it’s a more thorough history. I’m a family doctor. We’re taught to look at the whole person, not just an ear or other problem area,” Dr. Kotas said. “I even like to know if they have pets because to me that’s a medical thing. People who have pets tend to have less depression and live longer.”

Kathleen Kotas, MD, has found that the EMR gives her a more complete picture of her patients’ health.
Using the body’s own resources to promote healing

Deb Suter, of Seal Cove, can now “do just about anything” after Platelet Rich Plasma therapy for a shattered patella.

In 2010, Suter, who is a long-time nurse case manager at The Jackson Laboratory’s on-site clinic, was in Chicago for a case management conference. That evening, she went to the theater. It was pretty dark and, as she walked back to her hotel room, she tripped over an uneven edge of the sidewalk, fell, and couldn’t get up. Her knee was in extreme pain.

She managed to get back to the hotel, where a lot of folks worked hard to get her back home to MDI. Met at the Trenton airport by her son’s girlfriend, she was in tears by the time she arrived at the emergency room at Mount Desert Island Hospital. “I’d gone from the night before and I couldn’t walk, I couldn’t put any pressure on my leg at all,” she said.

She immediately started treatment for a left fractured patella. “The patella was shattered,” she said. “It was awful.” She was in a cast for six months, and then was told she needed a knee replacement.

“I didn’t want a knee replacement,” she said.

Still, she was desperate. So her physician, Mark Kandutsch, MD, started her on Platelet Rich Plasma (PRP) therapy. Since about a week or so from the first injection, Suter, who at 53 is an active person who loves to hike and be on the water, has had no symptoms of the injury at all.

“I can go up and down stairs, I don’t have a limp, I can do just about everything,” she said. “To date, I have not had any symptoms. No pain, no swelling, no trouble hiking. I don’t have any problems. I’m feeling like I was really lucky.”

At MDI Hospital’s Cadillac Family Practice, Dr. Kandutsch has a particular interest in sports medicine and orthopedic medicine.

Among the practice’s services — which include family medicine, sports medicine, orthopedic medicine, osteopathic manipulation, pediatric services, preventative health care, and routine OB/GYN services — PRP is a type of injection therapy that was relatively recently introduced into the mainstream treatment of musculoskeletal problems. Cadillac was one of the first practices in Maine to adopt PRP therapy, Dr. Kandutsch said.

The treatment involves using the patient’s own blood, taken from the arm, then concentrating the platelets via centrifuge. The concentrated platelets are injected into the site of a chronic injury of the joint, tendon or ligament.

PRP therapy has made it possible for Deb Suter to get back into her garden without the need for additional surgery.

“The reason it works is interesting,” Dr. Kandutsch said. “Platelets of the blood are involved in clotting. But what is less well known is that, aside from clotting factors, platelets also contain tissue growth factors.”

Injecting the platelet concentration stimulates a process in the damaged tissue that he called “remodeling.”

“I like to call it remodeling because all our connective tissues are constantly undergoing a remodeling, where a new substance is created all the time in response to chronic wear and tear,” he said. “But in certain types of tissues, it’s slower than others — for example, in the cartilage. That’s why those tissues heal slowly. They don’t have much in the way of blood supply.”

Certain types of “wear and tear” problems and certain body areas are amenable to PRP therapy, he said. These tend to be areas where tendons or ligaments become overloaded and people have chronic problems such as tennis elbow, Plantar fascitis, and Achilles tendinitis. It’s useful for osteoarthritis of the joints but not indicated for inflammatory conditions such as rheumatoid arthritis or gout.

“And the actual improvement is quite slow, measured in months, because we’re talking about remodeling tissues,” said Dr. Kandutsch. “So it’s not a quick fix.”

But unlike quick fixes, such as cortisone shots that mainly treat symptoms, PRP’s unique remodeling process actually stimulates repair and regeneration of the tissue for long-lasting benefits.

The use of PRP therapy was a natural extension of Dr. Kandutsch’s interest in musculoskeletal medicine. The ability to practice PRP was cinched when the practice obtained its own ultrasound scanner, which allows practitioners to see where to place the injection.

“Just this past year, we were given a brand new one by a very generous donor,” said Dr. Kandutsch. Ultimately, the portable scanners will be shared with the hospital’s Women’s Health Center.

For Suter, returning to MDI for treatment was the only way to go.

“I really wanted to come home,” she said of her push to return, rather than stay in Chicago for treatment.
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Annual Fund and Campaign Support
Penn Medicine brings innovative care techniques for sepsis to MDI Hospital

When a patient arrives at any hospital emergency room with a gunshot wound, the response is immediate, aggressive and choreographed to address the most critical aspects of the injury. Taking that same kind of approach to treating patients without obvious trauma or injury may seem overzealous but in cases of sepsis, it can often mean the difference between life and death.

A new protocol for sepsis treatment was developed in part at Penn Medicine and brought to Mount Desert Island Hospital through a groundbreaking partnership. MDI Hospital’s physicians and nurses, along with paramedics from all ambulance services on the Island, are learning the techniques and protocols as part of this year’s specialized training component of the MDI Hospital-Penn Medicine collaboration. The program enables MDI medical providers to receive training in specialized topics that come out of research at Penn Medicine.

“The similarities between trauma and sepsis care are really important,” said Rakesh Mistry, MD, a Penn Medicine pediatric emergency physician and researcher. “Most of us recognize with trauma the sooner you get to it and the sooner you fix it, the better the outcome.” Approaching sepsis in the same manner can improve outcomes. Nationally, as many as 25 percent of patients with sepsis are seen every week, according to JR Krevans, Jr., MD, MDI Hospital’s Emergency Department medical director. Starting this aggressive treatment early could mean the difference between a few hours in the emergency room or days in the hospital.

The goal-based treatment establishes a set of benchmarks for a patient’s vital signs such as blood pressure, oxygen saturation, and other blood chemistry and attaches appropriate actions to achieve and maintain those levels. It also calls for many patients to receive large amounts of intravenous fluids and antibiotics at the earliest indications of sepsis.

In some cases, this technique departs from conventional wisdom and training, especially when it comes to the extremely high volumes of fluids that are given. “It is a paradigm shift and change in mentality across all of medicine,” Dr. Mistry said. “I think that the fear you have to overcome is that it’s still the right thing to do even though it’s out of the usual spectrum of care that people have had ingrained in their memory for many, many years. What you learned in medical school doesn’t apply anymore.”

A second component of the paradigm is to consider this type of treatment as a resuscitation as opposed to an evaluation. This provides “an almost algorithmic approach so that the patient gets the immediate care they need,” Dr. Perman said.

The importance of early intervention makes this training especially valuable in rural areas that are distant from a trauma station.

The importance of early intervention makes this training especially valuable in rural areas that are distant from a trauma center. At MDI Hospital, patients with varying degrees of sepsis are seen every week, according to JR Krevans, Jr., MD, MDI Hospital’s Emergency Department medical director. Starting this aggressive treatment early could mean the difference between a few hours in the emergency room or days in the hospital.

The MDI Hospital-Penn Medicine collaboration is a privately funded initiative that provides a direct link to leading-edge medical practices as they emerge from academia. Additionally, the program enables professional exchanges between staffs at both organizations. For July and August Penn physicians, resident physicians, and nurses travel to Bar Harbor to work in MDI Hospital’s Emergency Department to enhance their skills and knowledge of rural health care delivery. During the winter months, registered nurses join the Penn staff in one of their facilities in Philadelphia to advance their knowledge in topics such as trauma and emergency care in a high patient volume setting. The program is currently in year two of a three-year pilot program.
MDI Hospital prescription assistance provides $1 million in free medication

Shelia Hall of Southwest Harbor has her eyesight today not as a result of a cutting-edge medical procedure but because of a creative approach to paying for her prescriptions. “I’d go blind if I didn’t have it” she said of Mount Desert Island Hospital’s Prescription Assistance Program that connects patients with a variety of pharmaceutical assistance programs.

Hall and many others in the community receive their prescriptions free or charged directly from pharmaceutical manufacturers. Since its inception in 2007, 1,959 prescriptions have been acquired through the program with a wholesale value of $1,001,525. The retail value of these prescriptions is estimated to two at three times the wholesale value for a total retail savings to patients of $2.3 million.

MDI Hospital’s prescription assistance program helps patients navigate free or discounted drug programs at more than 400 pharmaceutical manufacturers and retailers. Because each manufacturer has different eligibility and application requirements, the process to receive free medication can be daunting for patients. That’s where MDI Hospital’s prescription assistance coordinator Pat Buccello can help. “It’s a very paper-intensive program,” she said. “We work with the patient and their doctor to find medications that are covered by a free program.” According to Buccello, many of her clients might ship their medications, split pills, or take less than the prescribed amount because of the cost of the drugs, which could have dire effects on their health. “If some of these patients didn’t take their medication, they could end up in the emergency room,” she said. “This program helps keep them healthier.” In Sheila Hall’s case, the medications she receives through the program help prevent her vision and other health maladies from worsening.

Many patients in the program are referred by their primary care physicians, as was the case for Hall. The program was just getting off the ground, she said, when her physician, Dr. Lee Hayes, gave her an application. “Dr. Hayes realized that I may be eligible and I appreciate it so much,” she said. “When it happened I actually cried. It’s just wonderful.”

In addition to referrals from patients’ primary care physicians, Buccello meets with groups and individuals at area churches and food pantries and is a frequent presenter at community organizations to help get the word out about options for eligible patients. She guides them through the process to complete insurance, income, and other eligibility requirements. Once accepted, patients typically are mailed for one year. After that time she helps patients coordinate refills, which may or may not be through the free program. “If we can’t get it through the free program we can direct them to the best price.”

To learn more about MDI Hospital’s prescription assistance program, contact Pat Buccello at 801-5111.
An isolette is a clear plastic enclosed crib that maintains a warm environment for a new baby and can also provide oxygen therapy if needed. It is primarily used at MDI Hospital to provide phototherapy by way of bili lights to treat babies with jaundice, a common condition in newborns which occurs when there is a build-up of a naturally occurring substance in the blood called bilirubin.

“The bili lights have to hit as much skin as possible, so babies are just in diapers with eye shields on and need to be in a thermo-regulated environment—thus the isolette provides a comfortable, warm place for the babies getting this treatment,” says Bourque. Without treatment, babies with higher levels of bilirubin can develop serious complications, ranging from cerebral palsy to hearing and sight problems. “For all of our babies born at MDI Hospital and their families, this donor is most definitely their hero,” says Bourque. “We can continue providing the best care possible, close to home.” That is a precious gift, indeed.

Baby gift provides baby care

Philotropy plays a critical and unique role in a hospital. Nobody knows this more than Pam Bourque, MDI Hospital Obstetrics Senior Charge Nurse.

“Our only isolette, which we use to treat newborn jaundice, was becoming obsolete,” Bourque said. “We had taken such good care of it that it lasted us for over 25 years, but we found we could no longer get parts for it. I knew time was running out and it needed to be replaced.” With a new isolette costing upwards of $12,000, Bourque knew replacing the current one would be a challenge. “It was not an item we budgeted.”

Then, something miraculous happened. An anonymous donor with family ties to MDI Hospital stepped forward to fund the isolette and other equipment. “We were all so excited when we got the news,” Bourque said.

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A REASON TO SMILE

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The birth of a child is a celebration of life and something that Mount Desert Island Hospital obstetrics nurse Susan Abbott Christie dearly loved being a part of. When cancer took her prematurely last April, her daughter, Julia, felt the need to continue to be a part of the celebration.

Julia, who graduated from MDI High School in June, decided to combine her mother’s passions—working with mothers and their newborn children, and flower arranging—as a way of honoring her mother’s legacy. As a result most newborn babies and their mothers receive a small bouquet of flowers that Julia arranges and delivers to the Obstetrics Department at MDI Hospital. “It helps me cope [with the loss of my mother] just by seeing how much mothers appreciate it,” she said.

Over the past few months, this small, yet heartfelt, token of remembrance has allowed Julia to grieve her mother’s passing and now makes sure Julia’s flowers get to every new mother.

Teen honors her mother’s memory by sharing smiles.

BIRCH BAY
RETIREMENT VILLAGE
25 Village Inn Road
Bar Harbor | 288.8004

THE BREAST CENTER
AT MDI HOSPITAL
10 Wyanan Lane
Bar Harbor | 288.8435

CADDICEL FAMILY PRACTICE
322 Main Street
Bar Harbor | 288.5119

COMMUNITY HEALTH CENTER
16 Community Lane
Southwest Harbor | 244.5630

COOPER GILMORE
HEALTH CENTER
17 Hancock Street
Bar Harbor | 288.5024

DOWN EAST DERMATOLOGY
322 Main Street
Bar Harbor | 288.4177

FAMILY HEALTH CENTER
9 Hancock Street
Bar Harbor | 288.5606

MDI BEHAVIORAL HEALTH CENTER
322 Main Street
Bar Harbor | 288.8604

MDI HOSPITAL
MEDICAL IMAGING
10 Wyanan Lane
Bar Harbor | 288.5081

Teens listed in this report were photographed by Kelton Hallett. Additional photos by Laurie Schreiber. Designed by Z Studio.

MDI Hospital OB nurse Ellen DaCorte, RN, left, worked with Julia’s mother, Susan Abbott Christie, and now makes sure Julia’s flowers get to every new mother.

Brenda Sprague, and Laurie Schreiber.

Edited by Bill Swain, MDI Hospital Public Affairs Officer.

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The Community Health Center