I am proud to say that when we asked a group of community members to tell us what MDI Hospital meant to them, they said things like attentive, compassionate, professional, neighborly, trusted, and home-like, to name just a few. We are the first to admit that a small hospital like ours cannot possibly offer every kind of medical care. At MDI Hospital, our Health Centers and Birch Bay Village, we believe in doing the right things, the right way to ensure our community has access to the care we all need close to home.

The stories in the proceeding pages illustrate some of the things our organization is adopting in order to continue to foster our connection to the community. The Patient Centered Medical Home is not a building, but a structure that achieves its strength through the people who comprise the team. In many ways, the medical home model is more of a reinforcement of the values that this organization is built upon: to serve our community on personal and meaningful levels, as our patients and residents have described on many occasions.

In the past year, MDI Hospital collected five national awards for the quality of our care and the satisfaction of our patients, including being ranked among the top 20 rural hospitals in the nation by the National Rural Health Association. We are proud to be the first hospital in the nation to receive the Diagnostic Imaging Centers of Excellence recognition from the American College of Radiology as well as recognition as a Breast Center of Excellence. These achievements demonstrate our commitment to the most rigorous standards in all phases of medical imaging.

The continued financial support of the community also marked new milestones. In all, more than $2 million was pledged to our organization to fund the upcoming construction of our new Lisa Stewart Women’s Health Center and through our Annual Fund.

We are pleased to introduce three new physicians who joined our team and community: general surgeon Kendra Blount, DO, pediatrician/internist Michelle Kinbrook, MD, and family physician Tanya Hanke, DO.

Our success in implementing the medical home model earned us an early invitation to participate in the Beacon Health Pioneer Accountable Care Organization (ACO), which will enable our organization to remain at the forefront of health care delivery in a rapidly changing landscape.

Awards, grants, donations, and public praise tell only a fraction of our story. We are most proud to serve our community in ways that often go unnoticed every day, providing routine, emergency and continuing care to the Mount Desert Island family.

It is our hope that providing you this look back at our successes of the past year will provide insight and inspiration into the year that lies ahead as we continue to fulfill the health care needs of our community.

On behalf of the entire MDI Hospital Organization, we offer our sincere thanks to our community for your unwavering commitment and dedication to this wonderful institution.
The term “medical home” is relatively new to the health care vernacular, but what does it really mean? In essence, the medical home is a team based health care delivery model that focuses on improving wellness outcomes through coordination of care, patient partnerships and a whole person orientation. Under the medical home model, practitioners advocate for their patients and strive to provide the kind of compassionate, quality, patient-centered care that Mount Desert Island Hospital has always been known for. In a practice that operates as a medical home, primary care providers team with behavioral health providers, social workers and care managers to deliver well-rounded, coordinated care in all aspects of patients’ lives. Each patient is a member of their wellness team, and plays an active role in their treatment and recovery. We asked Julian Kuffler, MD, MPH, medical director of the Community Health Center and an early champion of the medical home model, to talk to us about what the medical home means to MDI Hospital. Four years ago, his practice began a medical home pilot program, today, that pilot program has expanded into three other MDI Hospital health centers.

**Question:** What does the term “medical home” mean to you as a primary care physician?

**JK:** It’s the idea that the patient can come to their primary care practice and get not only their biological medical problems addressed, but all the other components of primary care. There’s a psychological component to health that can really improve outcomes or that can impede healing. There is a whole social component to illness and health that also will need to be addressed. If you can’t afford the medications, if you don’t have insurance, we’ve got a problem. We want to be able to have a social work component so that people have access to the resources they need. It’s all of those services under one roof.

**Question:** How have you seen that work with your patients? Is it as good as it sounds?

**JK:** It really can be when people buy into the idea. We’ve had really good success with complicated patients who have high risks and needs, because what we’re really talking about is a team-based approach to health care. When you’re an in-patient, there’s a lot of coordination going on. For example, in morning rounds you can order lab tests, scans, therapies and they all happen fairly quickly and the providers talk and review those results. The Patient Centered Medical Home aims to do that in an out-patient setting.

**Question:** Is this the kind of primary care you thought you would practice when you went into family medicine?

**JK:** It has always been the practice of family medicine to look at the whole person. I got good clinical training in medical school, but I also got a master’s in public health. I get to look back at what I did to see what was successful, what could have been done differently and more efficiently as a team or in groups. We have great doctors here who know how to do everything, but it’s an unaffordable situation to have doctors doing all the counseling, all the educating, all the coordinating— as opposed to setting the standards and building a team that helps them accomplish those goals. Not only is it a better use of time, but once you get into small groups, it turns out the group educates itself. It’s efficient and it’s also a really good learning tool.

**Question:** Overall, would you say the model is successful?

**JK:** This sort of coordinated care and close follow-up really does change utilization patterns in chronic disease. We have really nice examples of people who were in and out of this hospital for years until they received a coordinated effort that works in concert with in-patient care.

Read more about Dr. Kuffler and the medical home at [www.mdihospital.org](http://www.mdihospital.org).

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**Residents sing a Swan’s song to diabetes**

“The best gifts come in small packages.” “It’s the little things that make a big difference.” These old adages are often words we live by, and they ring true when it comes to preventing diabetes. Small changes, little details, baby steps, however you refer to it, the results can be life-altering and the proof is on Swan’s Island.

In May, the inaugural group of participants recruited on Swan’s Island completed MDI Hospital’s 16-week core diabetes prevention program with impressive results. Eighteen people with prediabetes, a condition in which blood glucose levels are higher than normal but not yet high enough to be diabetes, enrolled in the program. Twelve came to nearly every class and five came to enough classes to have an impact. Together they lost more than 150 pounds. “We’ve seen amazing changes, not just in weight loss but in attitudes,” said Donna Wiegle, a Swan’s Island resident and the group’s community coach.

The community on Swan’s Island was selected to pilot the program locally because of its geographic isolation and the fact that a high percentage of its residents lack health insurance. The program consists of meetings once a week for 16 weeks followed by six monthly meetings where participants see how small successive changes in diet, adding physical activity and...
Two Ziploc bags full of freshly caught fish might not be an obvious measure of how successful a medical strategy is, but for Michael and Mary Clark, catching those trout represent a part of their lives Michael would have missed without the team approach to his chronic health issues. “It seemed like every time I turned around, I was going to the hospital,” Mike said.

For the Clarks, the Patient Centered Medical Home is far more than a concept, it’s a model for success. Today they are hiking trails they’ve never been down, fishing, and spending more time with their children and grandchildren.

The medical home strives to view each patient as a whole. It is based on the logic that improving overall wellness will have a more lasting impact than focusing on one aspect of a patient’s care. It brings together primary care providers for physiological needs, counselors and social workers to offer education and support, and behavioral health providers to address mental health issues; because for many, depression can impede the progress of physical recovery.

Mike’s breathing issues, including asthma, meant that even a common cold could quickly lead to an infection requiring hospitalization. Diabetes further complicates his condition. “The medications that worked for my breakfast drove my blood sugar sky-high,” he said.

It was clear that if Mike was going to reduce his visits to the hospital, something had to change. With his primary care provider, Julian Kuffler, MD, MPH, at the helm, Mike and Mary charted a path to better health. They started by establishing an emergency kit at home that meant Mike didn’t have to wait until Monday to see his doctor. A plan he and his doctor established could be initiated by the provider on-call at any time. This has been empowering to both Mike and Mary. “It gave me confidence in myself to be able to handle any situation with Mike,” Mary said.

Next up was improving Mike’s overall wellness. This meant improving the management of diabetes through diet, physical activity, and stress management. With the full circle of medical and wellness services under the proverbial “roof” of the medical home, Mike began consulting with nurse educators, coaches, behavioral health specialists and members of the Coastal Care Team. Through diet changes and regular exercise, Mike has lost 24 pounds and cut his cholesterol in half, not to mention the increase in energy. “I used to get up, have breakfast and then want to go take a nap,” he said. “Now I feel like I’ve got to get up and go do something.”

The Clarks rely on relatively simple tools such as keeping track of everything they eat in a notebook, reading food labels, cutting back on fat and carbs, and increasing the amount of fresh vegetables they eat. “If my mother only knew what I eat now,” Mike joked about the variety of vegetables he now enjoys. They attribute their success not to one single element but the entire package that comes from the power of both the medical and family team.

Many of Mount Desert Island Hospital’s health centers are Patient Centered Medical Homes, and plans are in place to enable all of the organization’s primary care health centers to offer the services of the medical home in the near future.

Meetings, led by a community coach and nurse, offer a support system for participants to share their successes and manage their setbacks. “You learn that if you eat four éclairs one day, okay, oops. You saddle up, you get back on, you don’t go down that road again. You don’t quit,” Wiegle said.

From switching to fat-free half-and-half in coffee to cutting back on sugary drinks, the group uses simple techniques that let participants see how small changes can add up to big results. One is a booklet that participants use to log what they eat each day. Reading food labels is often something that is new to participants.

“I’m 60 years old and I never knew anything about counting fat grams,” said Joanna, one of the Swan’s participants. “Now I do and it’s been successful. I was convinced I could never lose weight on my own and I have. I can’t believe it’s working, but it is.”

Physical activity that burns calories is also key to the participants’ success. “I walk a mile five times a week. It was hard to start with, but you get used to it,” said Spencer, a 59-year-old lobsterman.

While the amount of weight lost and exercise gained is impressive in itself, program organizers are most proud of how participants have increased what they get out of life. One participant, a self-described hermit, launched her boat and put five lobster traps in the water, something she hasn’t done in two years.

For project manager Deb Turner, RN, the support and simplicity of the program “has brought hope to some people who were feeling kind of hopeless about their ability to lose weight and improve their health.” Her next goal in the three-year project is to bring that hope to more people on Mount Desert Island.

A group is in progress at the Jackson Laboratory, and her team is currently screening potential participants at the MDI YMCA and in the Southwest Harbor area. “We’ve made MDI Hospital the leader in this initiative in this region,” Turner said. In time, the program, which is funded by a $450,000 grant from the Health Resources Services Administration, a division of the U.S. Department of Health and Human Services, will be expanded into communities throughout Hancock and Washington counties.

To learn more about the program, contact care manager Elise O’Neil, RN, at 207.284.4418 ext. 8215 or elise.oneil@mdihospital.org.
Summary of Revenues and Expenses

MOUNT DESERT ISLAND HOSPITAL Year ending April 30, 2013

including Health Centers and Birch Bay Retirement Village

Amounts billed to our patients for services at:
Mount Desert Island Hospital and Health Centers $73,598,602

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 $21,556,936

Amounts provided to our patients at Mount Desert Island Hospital
and Health Centers whose bills partially or wholly exceeded
their ability to pay $1,152,435

Other revenues received to support operations $3,158,267
our total revenues were $54,027,498

Our total operating expenses for salaries, benefits, supplies,
interest, depreciation costs, and uncollected charges were $55,462,230

Which resulted in an operating loss of ($1,434,752)

WE RECEIVED NON-OPERATING REVENUES
FROM THE FOLLOWING:

Gains from investment activities $658,667
Other non-operating revenue $1,048,524
Which resulted in a gain of $272,259

FINANCIAL HIGHLIGHTS FOR THE FISCAL YEAR

The MDI Hospital Organization provided 565 jobs and maintained a payroll of $26,759,339
Total capital expenditures $1,448,988
Free and uncompensated care $4,309,389
Unrestricted and restricted gifts received by the MDI Hospital Organization $1,873,784

Your Medical Home
is built on trust and communication.
Anticoagulation clinic offers service with a smile

Susan Kelley, RN, is one of the friendly faces patients see when they visit the Cooper Gilmore anticoagulation clinic in Bar Harbor. As a care manager specializing in anticoagulation therapy, Kelley helps patients on blood thinning medications monitor their clotting time to ensure that they are within normal range. Patients of Mount Desert Island Hospital benefit from anticoagulation clinic services in three locations: Southwest Harbor, Bar Harbor and Trenton. The staff at each of the Hospital’s clinics are specially trained to monitor a patient’s clotting time and to provide them with immediate test results.

Kelley enjoys providing personal, attentive care to her patients. “The best part about my job is that I have a relationship with my patients. While we talk about their health, I learn about their families and their daily lives,” she says. “Getting to know my patients provides me with insight into how to best provide their care. They know that I will advocate on their behalf if they have any questions or concerns. I feel they trust me to assist them in making educated choices about their health care.”

Anticoagulation therapy is used to treat a variety of conditions. Patients that are at risk for heart attack, stroke and pulmonary embolism are often prescribed blood thinning medications, as are those with genetic clotting disorders and artificial heart valves. When a physician determines a patient’s need for blood thinners, their clotting time needs to be closely monitored so that if something changes, their medication dosage can be altered, Kelley explains. “Since many types of food and even over-the-counter medications can reduce the efficacy of blood thinners, the patient and I discuss their diets and their current medication list.”

Kelley tries her best to make her patients feel comfortable. Homebound patients and those who live on outer islands are taught how to test their own clotting levels with a home meter. They call Kelley with their results and if there has been a change, she advises them to adjust accordingly. “I may recommend increasing, decreasing, or maintaining the same dose of blood thinner,” she says. If a patient’s clotting time is too far out of normal range, Kelley contacts their physician for further instruction.

Currently, there are over 200 patients that use the Hospital’s anticoagulation clinics on a year-round basis. The clinics provide seasonal care to summer residents and visitors as well. Kelley strives to provide her patients with knowledgeable, compassionate care and education.

“Improving the health of our patients by helping them to take an active role in managing their care - it’s important to our patients and it’s important to us,” she says with a smile.

Childhood obesity prevention program finds a home at MDI Hospital

When Rick Robinson and Michael Heniser, DO of the Community Health Center started seeing children in physical therapy with weight related orthopedic issues, they knew that they had to do something. So began the FIT4ME program at MDI Hospital. “We want to make a positive impact on those kids that are dealing with weight issues and feeling helpless in attaining their person goals and happiness through peer interaction, exercise, sports participation and general self-esteem,” says Robinson.

Based on the statewide Let’s Go model, the FIT4ME program promotes healthy eating habits and increased physical activity through a combination of primary care, physical therapy, nutrition counseling, exercise and family and community involvement. The program follows the 5-2-1-0 model, which represents 5 servings of fruits and vegetables per day; no more than 2 hours of recreational screen time; at least 1 hour of physical activity per day and 0 sodas and sugary drinks.

“The primary focus of FIT4ME is to empower kids to make the changes they need and want to be happy. Body image is a big part of that,” Robinson says. “Not everyone is going to be a supermodel and quite frankly—that is not a healthy body image. Kids need to learn how to move, exercise, increase their heart rates and make healthy choices when it comes to food or snacks.”

The Hospital’s first FIT4ME event, a community cooking class and open house, brought children and adults of all skill levels together on Friday, May 17 to celebrate Chef Jamie Oliver’s International Food Revolution Day and to prepare and share a healthy meal made from locally sourced ingredients donated by local farmers, growers and businesses. Local chef Sam Keene donated his time to teach a hands-on demonstration in fresh pasta-making, and to talk about and share his recipes for fiddlehead pesto, rustic buckwheat bread, seared scallops with oven-dried tomatoes and a unique Maine cider braised pork dish with a rhubarb beet jam. Participants were able to help build each dish on site while Chef Keene

Your Medical Home provides care in the right place, at the right time.

continued on next page

Bar Harbor residents Eddaejia and London learn how to till a garden bed in preparation for MDI Hospital’s Food Revolution Day event, held to celebrate the launch of the Organization’s new FIT4ME childhood obesity prevention program.
Katherine Murray, RN, is passionate about women’s health. As the Nurse Navigator at the Breast Center, she guides each of her patients and their families through screening, diagnosis and treatment, offering a coordinated, supportive continuum of care. Now in her third year at the Breast Center, Murray greatly enjoys her work as a Nurse Navigator. “My passion in nursing has always been in women’s health and oncology. I care about my patients and strive to enhance their quality of life,” she says.

The first thing you notice about Murray is that she is both very gentle and very self-assured. She has the kind of steady confidence that can only come from seeing women through what may be the most frightening ordeal of their lives. Her extensive women’s health background includes certification as a nurse practitioner and a massage therapist. As a health care practitioner, Murray seeks to provide care to the whole person, not just to treat a condition or symptom. It is for this reason that she is at home at the Breast Center, where the entire care team, headed by Medical Director John Benson, MD, FACC, embraces the same philosophy.

Together, Murray, Breast Center Supervisor Roberta Wessel and the Breast Center team have supported women through difficult circumstances with a seemingly inexhaustible supply of kindness and grace. “I don’t care who you are—this is fear,” says Wessel.

The Breast Center Team wouldn’t be complete without receptionist Lois Wade, who is the first kind, friendly face that patients see, says Murray. Each member of the team strives to provide top-quality, personal care. Because of their efforts, the facility has been recognized by the American College of Radiology for excellence in breast imaging. The team’s whole-person orientation and Nurse Navigator program fit seamlessly into MDI Hospital’s efforts to be the community’s medical home, where wellness outcomes are improved through a team-based approach and comprehensive, patient-centered care.

The Breast Center team regularly goes above and beyond to care for their patients. Because of this, they are beloved by the women they care for and often receive thank you letters conveying this. “We are all blessed by your work and your compassion,” Wessel reads aloud from one of her many thank you cards. “I get kind of teary reading these because Wessel.

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Patients benefit from having a Nurse Navigator at the Breast Center because it provides them with a central point of contact that is there for them during the biopsy, diagnosis and treatment phase of their care, explain Wessel and Murray. The role of a Nurse Navigator is to provide the patient and family with educational, emotional and social support. With the help of a Nurse Navigator, patients at the Breast Center have a greater understanding of the process and are encouraged to have an interactive relationship with their care team. Murray takes pride in her work as an advocate and a guide for women undergoing breast health screenings. Regardless of the diagnosis, screenings can be “a petrifying ordeal to go through,” she says.

In addition to the highly personalized, supportive care provided by the Nurse Navigator program, the center offers the latest in breast imaging options, such as the upright stereotactic biopsy, where a woman can be biopsied while sitting - a far more comfortable option than laying prone. The stereotactic biopsy allows physicians to sample questionable areas without requiring surgery, says Murray. The center also offers full-field digital mammography, which provides superior image quality and less radiation than traditional mammography units, and enhanced diagnostic screenings such as Breast-Specific Gamma Imaging (BSGI) and breast ultrasound. “Dr. Benson has been instrumental in making sure that we have the latest technology,” says Wessel.

As a Nurse Navigator, Murray follows her patients through each phase of their continuum of care, from breast exams and breast health education to surgery and chemotherapy. The most rewarding part of her position is being an advocate and a guide during a difficult time in a person’s life that has been diagnosed with breast cancer or is in fear of being diagnosed, she says. “The Nurse Navigator program is about having women be a part of their health care process, and high-tech, personal, compassionate care.”

Your Medical Home

has a care team available 24/7

if you need them.
The devotion and consistent support of our donors makes many of MDI Hospital’s accomplishments possible. In order to do the incredible job of meeting both the physical and emotional health needs of our community, the trusted community resource has long depended on the generosity of others.

As a donor, you are our partner in caring for our community. Whether you give $10 a month, $100 a year or make a major gift to a capital project, your support and friendship mean the world to us.

The Circle of Care Society recognizes our generous friends whose dedication to the health and wellness of their community is expressed through gifts of $1,000 or more to MDI Hospital each year. Leadership gifts are critical to our ongoing efforts to provide the finest quality of care for everyone in our community, supporting a variety of initiatives that enhance the mission and vision of MDI Hospital. We are profoundly grateful to the following for their support:

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Annual Fund and Campaign Support

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Every effort is made to ensure accuracy in preparing all donor lists. If a mistake has been made, or your name has been omitted, please notify David Allman, Office of Advancement at 207.288.5082 ext. 1422.

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Annual Fund and Campaign Support

In 2012, MDI Hospital undertook a capital campaign to fund a new home for our Women’s Health Center. MDI Hospital employees wanted to help and together raised over $27,000 for the new facility, once renamed the Lisa Stuart Women’s Health Center, which is slated to open in the spring of 2014. We thank the many employees who generously contributed to the campaign:

- Jennifer Abbott
- Ronda Alley
- David R. Alman
- Domingo Alvarado
- Lynne M. Asaf
- Arthur J. Blank
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- Franco Collela
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- Taylor Peterson
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- Marty Pennartz
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- Roberta Wesel
- Jay White
- Mark White

Your Medical Home believes in doing the right things, the right way.
ACO care model improves care for Medicare patients

Helping patients avoid unnecessary trips to the hospital, increasing patient satisfaction and promoting better overall health while lowering the cost of care are just a few of the reasons Mount Desert Island Hospital is participating in Eastern Maine Health System’s pioneer Accountable Care Organization (ACO), Beacon LLC. The invitation to join the pioneer ACO was extended to MDI Hospital in large part because of the Organization’s success in developing the Patient Centered Medical Home model of care.

“Our providers see the value, not just in terms of health care dollars, but in improved health among our patients who participate in these programs,” said Arthur J. Blank, MDI Hospital’s president/CEO. “The ACO relationship enables our providers to expand the team approach to more patients for better health at a lower cost.”

Like the medical home model, the ACO model encourages a team approach to health care in which hospitals, physicians, and patients work together to set and achieve health care goals. Unlike traditional Medicare reimbursement models, the ACO model rewards physicians and health care providers for keeping patients well, clearly improving health care outcomes, and reducing the overall cost of health care. Under both the medical home and the ACO models, patients at MDI Hospital with more involved medical needs often receive regular calls from our beautiful Island.

ANNUAL FUND AND CAMPAIGN SUPPORT

Annual Fund and Campaign Support

Anonymous
Mr. and Mrs. Charles Benore
Mr. and Mrs. David R. Billings
Mr. and Mrs. Harry Brawley
Dr. and Mrs. William C. Bronson
Mr. and Mrs. William D. Eisel
Ms. Lauren E. Fernald
Mr. and Mrs. Thomas J. Fernald
Mrs. Mary-Anna Fox
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Mr. and Mrs. C.W. Elor Horton
Ms. and Mrs. Dean S. Read
Mr. Paul S. Richardson
Mrs. Nancy L. Sawyer
Mrs. Edith V. Sostag
Stephen and Brenda Spang instead the beautiful Island.

1897 SOCIETY MEMBERS

Named for the year MDI Hospital was conceived, the 1897 society was established to continue the early resolve of those who founded our Hospital and to preserve the quality of life on our unique and beautiful Island. The 1897 Society honors those who have made a planned gift to MDI Hospital. Their gifts go into our permanent endowment, securing a bright and healthy future for generations to come and ensuring that there will always be a first-class facility on MDI.

Mrs. Lory Andrews
Les and Barbara Brewer
Mrs. Martie Gogolish
Dr. and Mrs. Julius R. Krevans, Sr.
Mrs. Eleanor Raynes

MDI HOSPITAL AUXILIARY

Jackie Agnew
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Jean Young
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DONORS OF 10+ CONSECUTIVE YEARS
We recognize and honor the generosity and commitment of our donors who have given continuously over the past 10 or more years. These champions have enabled MDI Hospital to continue its important work in the community. We gratefully acknowledge these donors and thank them for their continued years of support.

Mr. and Mrs. Alan R. Amendt

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Mrs. Edith V. Sostag
Stephen and Brenda Spangue
Mr. and Mrs. Leslie W. Thurston
Mr. and Mrs. Raymond Williams

GREEN GIVING SUSTAINING MEMBERS
The following members of our new Green Giving program support the hospital with an automatic monthly gift made with their credit or debit card. These gifts support the hospital’s daily operations, providing a consistent, reliable source of income. They also have an environmental impact—removing many of paper, checks, envelopes, stamps and printer ink from the waste stream. We thank our Green Giving program members for contributing to the sustainability of the hospital and our beautiful Island.

Mr. Richard Pierson
Gloria McLean
Dorothea Mead
Mr. and Mrs. David R. Billings
Mr. and Mrs. Charles Benore
Mr. and Mrs. Robert W. Mitchell
Mr. and Mrs. C.W. Elor Horton
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Ms. Constance A. Jordan
Dr. and Mrs. Arthur Kohman
David W. Lind
Stephen W. Magar
Dorothea Mead
Dr. and Mrs. Richard Pierson
•Deceased

Your Medical Home provides comprehensive primary care for children, youth and adults.
To Jackson Laboratory Senior Staff Veterinarian Peggy Danneman, the care that she receives at Mount Desert Island Hospital is a gift. “When I go to see Mary (Dudzik) or Lou (Ingrisano) or visit the Breast Center, it’s kind of like seeing a member of the family or a neighbor,” she says. It is because of this that Danneman has been a donor and champion of the Hospital for more than a decade.

Before moving to Bar Harbor in 1997, she had an unremarkable relationship with her medical community. “Medical care in my experience tended to be very impersonal. Here I feel that they know me, know what’s important to me, and what my priorities are,” she says. “That personal connection makes you not only more comfortable, but you end up with better medical care.”

When Danneman learned about the Hospital’s new Green Giving program, she signed up right away. As a sustaining member of the Hospital’s monthly giving program, she chooses her gift level for the year and the Hospital automatically charges her debit card a simple monthly payment. With no checks to send in, no reminder mailings, and the ability to cancel at any time, the process is as convenient as it is economic and environmentally friendly. “I first started doing this with MPBN,” says Danneman. “I have a handful of causes that for me are high priorities, things that I know I want to support,” she explains. “For these causes, this is the way to do it.”

As a champion of the MDI Hospital Organization, Danneman doesn’t just enjoy the Hospital’s services, she participates in focus groups and events designed to improve and enhance those services. “There is a feeling when I participate, that this is part of home—it’s very important to me,” she says. “As a resident of Bar Harbor, I believe the Hospital is integral to this community.”

The fact that her monthly gift supports an organization she wholeheartedly believes in is only enhanced by the fact that by making this gift, she is helping to remove reams of paper, envelopes, checks and printer ink from the waste stream. This is a very important thing, Danneman says, and one that she believes the MDI community cares very much about.

“Like a lot of people around here, I make an effort to recycle, to cut down on energy use and to live sustainably,” she says. “Anything that cuts down on waste is very important. In every way this is the ideal way of going.”

“Health care has gotten to the point for most people that it’s a very impersonal thing. People aren’t being treated as a whole person, but as a symptom,” she says. At MDI Hospital, Danneman receives a personal level of care that she has come to trust and rely on. “As I get older there is a comfort there,” she says. “It would be awful hard to go back.” Would she recommend the green giving program to a friend? “For something that you truly care about, this is clearly the way to go. I emphatically, absolutely would recommend this.”