



LUNDER • DINEEN

Health Education Alliance of Maine

In collaboration with Massachusetts General Hospital



「 HEALTH EDUCATION IS POWERFUL MEDICINE 」

ANNUAL REPORT

2016



TO OUR
COLLEAGUES,
FRIENDS &
NEIGHBORS
ACROSS MAINE,

WE ARE PROUD to present you with the sixth annual report from the Lunder-Dineen Health Education Alliance of Maine (Lunder-Dineen). This report updates you on our progress and the impact that our strategic initiatives are making in the great state of Maine.

Our first update spotlights our Maine Nursing Preceptor Education Program that launches again in the spring of 2017. This premier, statewide, cost-free program strengthens the knowledge, skills and practices of nurse preceptors. It prepares them to orient and support nurses transitioning to new nursing positions, and by extension, helps to address the daunting nursing workforce challenges that Maine faces now and into the future. Our team built upon the early success of this program's pilot presentations and is focused on enhancing its content, outcomes and sustainability. We take pride in showing you on page 26 how widely this program is embraced by health care organizations across Maine.

We are also excited to share updates about two other impactful quality improvement programs on pages 30-33.

Our MOTIVATE oral health initiative recently launched its blended learning program of online modules and live teaching sessions. It is designed to address a public health need by improving oral health in long-term care settings. It has received support and acclaim from nationally recognized oral health organizations.

Our Time to Ask initiative is poised to begin the development of a practice transformation model in 2017. This program benefits from the frameworks, methodologies and lessons learned through the development of the Nursing Preceptor and MOTIVATE programs. It is designed to raise awareness about unhealthy alcohol use and empower and equip health care teams with the skills, knowledge, comfort and confidence to engage in meaningful conversations with patients about alcohol use and its impact.

The development of these two interprofessional quality improvement initiatives reflects sizeable efforts in terms of time, thought and action. We want to express our deep gratitude to and admiration for the stakeholders in Maine who play a pivotal role in these initiatives. This includes the hundreds of health care professionals we met with across the state to identify gaps in health education—the dozens of nurses, substance use and oral health experts in hospitals, private practices, and academia on our Pilot Advisory Teams; the administrators and caregivers who championed our initiatives and piloted our education in their organizations; and the Lunder-Dineen Advisory Committee, which is comprised of renowned, experienced Maine business leaders and philanthropists who provide strategic guidance. Their leadership and dedication are proving that Health Education is Powerful Medicine.

We acknowledge and are most appreciative of the pioneering vision and ongoing support of Peter and Paula Lunder, the Lunder family, and the Lunder Foundation. Their grant established Lunder-Dineen in collaboration with Massachusetts General Hospital more than six years ago.

Maine faces public health challenges similar to those seen elsewhere across the nation: aging populations, higher numbers of patients with multiple chronic conditions, uninsured populations struggling with access to affordable health care, and daily substance use tragedies. Yet Maine has some unique challenges as well—it is geographically large, predominately rural, and the least densely populated state east of the Mississippi.

Those reasons are what make Lunder-Dineen's ongoing work so important. We are working with stakeholder groups across the state to build networks and strategies that address these challenges and opportunities.

The Lunders were confident that our collaboration would harness expertise from within Mass General and Maine alike. Out of that synergy would come impactful and sustainable solutions to help address important public health issues.

We encourage you to get inspired by the Lunders' passion for Maine. We invite you to help us turn their vision for a healthier Maine into reality. Learn how you can join us on pages 22-23.

We look forward to the coming year and the progress and promise it holds.

James J. Dineen, MD

Jeanette Ives Erickson, RN, DNP

Robert J. Birnbaum, MD, PhD



ALL ORIGINAL PHOTOGRAPHY FROM LUNDER-DINEEN'S TRAVELS ACROSS MAINE AND AT MASS GENERAL

TABLE OF CONTENTS

<u>2</u>	<u>Welcome</u>	<u>30</u>	<u>Featured Education: MOTIVATE</u>
<u>6</u>	<u>Our Story</u>	<u>32</u>	<u>Featured Education: Time to Ask</u>
<u>10</u>	<u>Meet the Team</u>	<u>34</u>	<u>Community Outreach</u>
<u>14</u>	<u>Advisory Committee</u>	<u>36</u>	<u>Glimpse at 2017</u>
<u>16</u>	<u>Interprofessional Health Education</u>	<u>38</u>	<u>Where We've Been: Hospitals</u>
<u>18</u>	<u>Multigenerational Learning</u>	<u>40</u>	<u>Where We've Been: Other Organizations</u>
<u>22</u>	<u>Sustainability</u>	<u>42</u>	<u>Financials</u>
<u>24</u>	<u>Featured Education: Nursing Preceptor</u>		

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Design: Nancy Marshall Communications

OUR STORY

VISIONARIES

The Lunder-Dineen Health Education Alliance of Maine, founded in 2011, is the product of a shared vision between Peter and Paula Lunder of the Lunder Foundation and Massachusetts General Hospital—a vision based around the value of education to advance health and well-being.

EXECUTIVE LEADERSHIP

To support this unique program, Mass General has committed executive leadership from across the hospital to advise Lunder-Dineen. The executive team provides a broad base of expertise and dedication to the Lunder-Dineen mission.



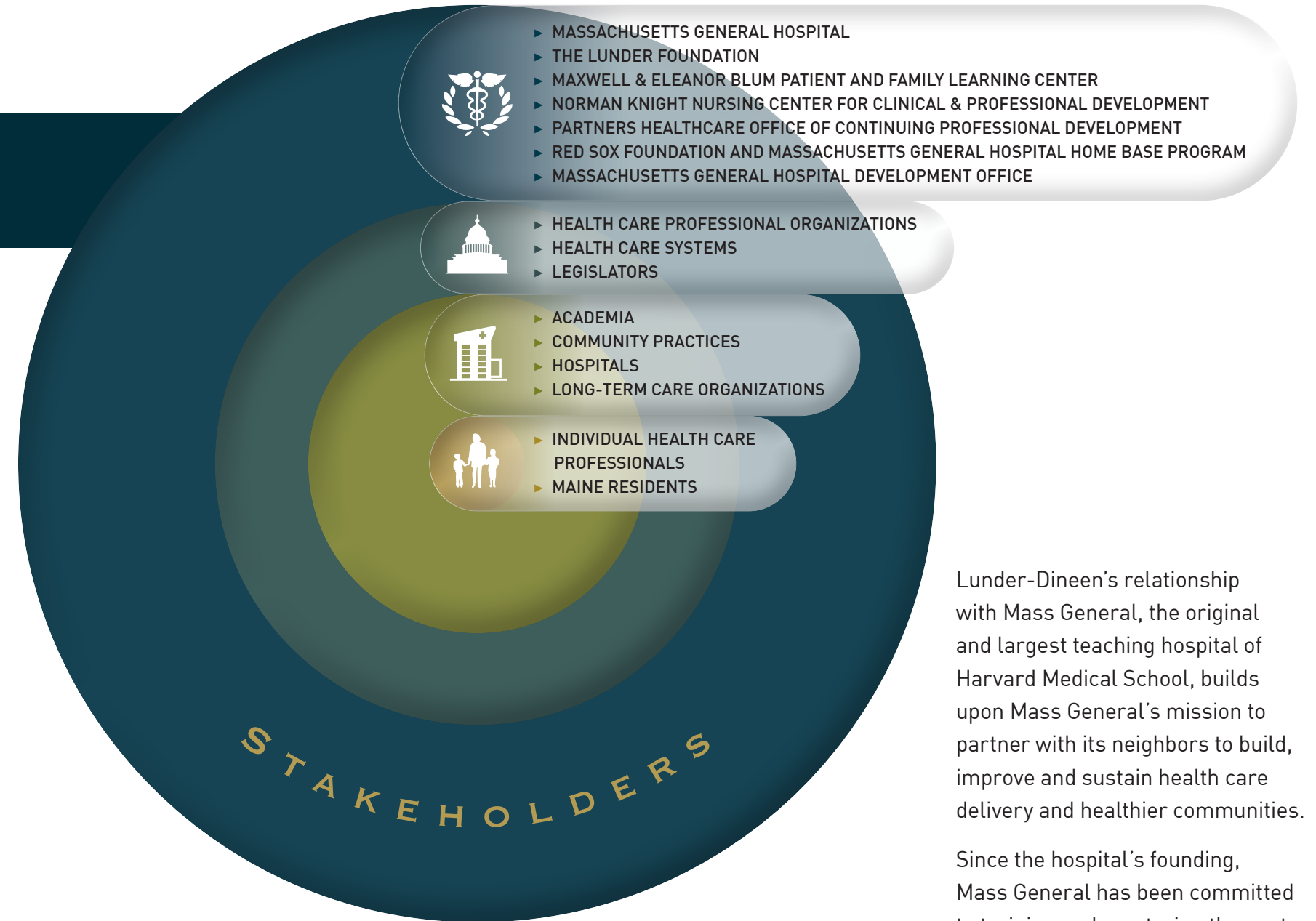
Standing: Robert J. Birnbaum, MD, PhD; R. Gino Chisari, RN, DNP

Sitting: James. J. Dineen, MD; Jeanette Ives Erickson, RN, DNP

THIS INNOVATIVE PROGRAM IS THE ONLY ONE OF ITS KIND NATIONWIDE BETWEEN A LARGE ACADEMIC MEDICAL CENTER AND A NEIGHBORING STATE.

MASSACHUSETTS GENERAL HOSPITAL

Lunder-Dineen Business Model



Lunder-Dineen's relationship with Mass General, the original and largest teaching hospital of Harvard Medical School, builds upon Mass General's mission to partner with its neighbors to build, improve and sustain health care delivery and healthier communities.

Since the hospital's founding, Mass General has been committed to training and mentoring the next generation of international leaders in science and medicine.

MEET THE TEAM



James J. Dineen, MD
Co-chair



Jeanette Ives Erickson, RN, DNP
Co-chair



Robert Birnbaum, MD, PhD
Co-chair



Gino Chisari, RN, DNP
Chief Learning Officer
— Nursing



Labrini Nelligan, MS
Executive Director



Denise O'Connell, MSW, LCSW, CCM
Senior Program Manager



Carole MacKenzie, RN, BSN, MEd
Professional Development
Specialist



Samantha Nock, BA
Program Coordinator

- ▶ Learn about all our team members and their expertise at: lunderdineen.org/meet-team

SINCE our founding in 2011, our success is due in large part to our dedicated team of employees and Massachusetts General Hospital's executive leadership. The Lunder-Dineen Operations Committee consists of Mass General employees, as well as volunteer support from an interdisciplinary team of executives from across Mass General who lend their time to advance our mission. This team convenes regularly to review overarching areas such as education, outreach, operations and sustainability. Specific topics include strategic planning, program evaluation and philanthropic outreach.

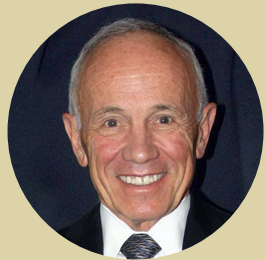




I'm very pleased to see how far we've come in such a short time from our initial concept to this full-fledged, health education program advancing these important initiatives. I know my home state of Maine is benefiting greatly from these efforts.

JEANETTE IVES ERICKSON, RN, DNP
*Lunder-Dineen Co-Chair
Senior Vice President for Patient Care and Chief Nurse
Massachusetts General Hospital*

ADVISORY COMMITTEE



George Campbell
President, University
of Southern Maine
Foundation



Jack Emory
Board of Directors,
The Lunder Foundation



Paul S. Goodof
Consultant to Nonprofits
and Private Trustee



**Admiral Gregory
Johnson**
USN-Ret.



Marjorie Lunder Goldy
The Lunder Foundation



Robert McAfee, MD
former President,
American Medical
Association, retired
Maine Medical Center
surgeon



**Noah Nesin, MD,
FAAFP**
Vice President of Medical
Affairs, Penobscot
Community Health Care



Mark Vogelzang
President & CEO,
Maine Public

WELCOME TO NEW ADVISORY COMMITTEE MEMBER

We are pleased to welcome Mr. Gillis to the Lunder-Dineen Advisory Committee. He attended Dartmouth College and graduated magna cum laude in 1976 with a degree in Government and Economics. After graduation from Cornell Law School in 1979, he returned to Portland, where he practiced law for more than 36 years. In 2016, he became president of the Lunder Foundation and currently runs the Peter and Paula Lunder family office in Portland.



KEVIN GILLIS
President
The Lunder Foundation

INTERPROFESSIONAL HEALTH EDUCATION

THE MODEL OF INTERPROFESSIONAL EDUCATION AND PRACTICE HELPS ALL TEAM MEMBERS

- learn about each other's roles
- learn with each other
- learn from each other

WITH THE SHARED GOAL OF IMPROVING HEALTH CARE OUTCOMES.

In 2016, Lunder-Dineen also partnered with the Maine Chapter, Society for Social Work Leadership in Health Care to provide cost-free online education for their members. We selected this partnership since social workers in Maine are required to participate in regular continuing education in order to maintain their licenses. The topic of ethics is a required content area.

During the chapter's Annual Ethics Conference, Lunder-Dineen recorded content from three sessions on ethics and developed three cost-free and on-demand online modules that offer continuing education credits. They are accessible on the Lunder-Dineen website at lunderdineen.org/socialwork.

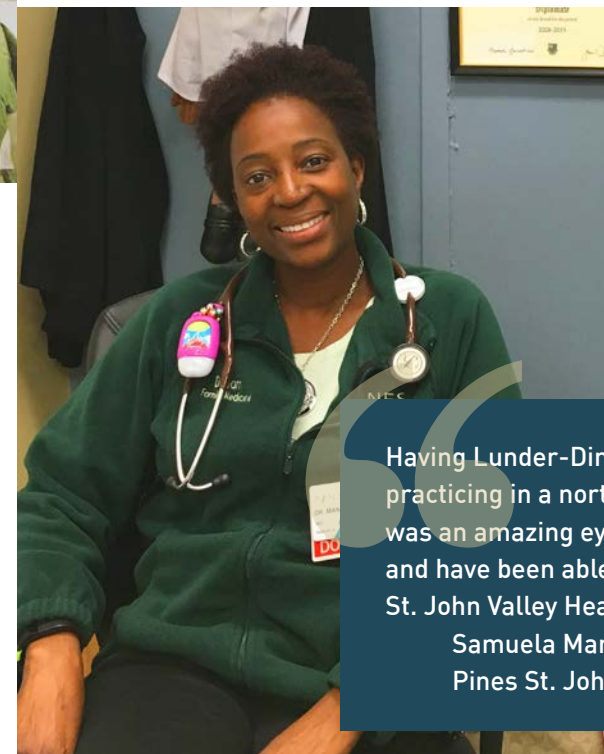
I have been able to apply the lessons learned to my direct patient care practice and I have been able to extend the education by sharing it with my team at Bucksport Regional Health Center. My administrative team is very excited about this new education for me and are supporting me to continue my education in substance use disorders to best meet the needs of our patients.

Angela Lyford, LCSW
Bucksport Regional Health Center

ALONG with the development of strategic, interprofessional educational initiatives, Lunder-Dineen supports interprofessional education and practice in several ways. In 2016, Lunder-Dineen sponsored two Time to Ask Pilot Advisory Team members

to attend the Massachusetts General Hospital Psychiatry Academy's conference Substance Use Disorders: A Comprehensive Review and Update in Orlando, Florida.

These key stakeholders were able to expand their knowledge, network with experts, and bring back best practices to benefit their colleagues, organizations and patients in Maine. As champions in their practices, they apply these new insights and provide sustainable value to everyone on their interprofessional teams.



Having Lunder-Dineen's support is extremely valuable to me as a physician practicing in a northern Maine rural primary care practice. The information I learned was an amazing eye opener. I have been able to apply this information multiple times and have been able to share it with others in my own interprofessional team at Pines St. John Valley Health Center in Van Buren, Maine.

Samuela Manages, MD
Pines St. John Valley Health Center



Lori Gramlich, LMSW



Ralph B. McPherson, LCSW

MULTIGENERATIONAL LEARNING

TRANSFORMING THE EFFECTIVENESS OF THE MULTIGENERATIONAL TEAM

THROUGHOUT our educational initiatives, Lunder-Dineen pays special attention to addressing the diverse needs of today's health care workforce, which spans five distinct generations.

Each generation has unique defining characteristics, strengths, values, outlooks, learning styles, and preferences. Therefore, distinctly different work skills and learning preferences must be considered when implementing professional development activities.

Within any multigenerational team, it is important to appreciate and utilize each generation's knowledge and skills to minimize team conflict, capitalize on team strengths, and advance a learning culture that supports a high-functioning team. By utilizing best-practice methodologies for teaching the 21st century workforce, Lunder-Dineen supports teamwork and advances cultural transformation that ensures each team member feels heard, respected and valued.

Our Maine Nursing Preceptor Education Program features a session on multigenerational learning, which is presented during all live workshops.

We were accepted to present a session on multigenerational learning during the Association for Nursing Professional Development Annual Meeting in 2017.

Nursing leaders at Spring Harbor Hospital consider ourselves extremely fortunate to have been able to take advantage of the Lunder-Dineen Nursing Preceptor Education Program. We are all too familiar with the high turnover rate and shortage of nurses that continue to beleague the nursing profession. In addition, research on attitudes of undergraduate nursing students towards psychiatric nursing has consistently shown that mental health is one of the least preferred areas of nursing for a potential career. It is essential that nursing students are exposed to positive role models and a nurturing environment starting at the time of their introduction to psychiatric nursing as students. We need to help promote a more appealing view of mental health nursing at the earliest opportunity.

It is also essential to ensure that all newly hired nurses to our hospital receive the highest quality and most effective on-boarding and precepting experiences we can offer. This is much more likely to happen when there are well-trained and highly competent nurse preceptors that support and guide these nurses as they transition into their new role within our free-standing, 100-bed psychiatric hospital. We sent several nurses to the preceptor program and they overwhelmingly felt like they received very useful education and fully understood the pivotal role of a nurse preceptor. Likewise they gained better awareness of the many hats a preceptor must wear including teacher, coach, socializer, role model, advocate and evaluator. Their enthusiasm has spread to their nursing colleagues, who have become more appreciative of the important role the preceptors fulfill. We witnessed a positive synergy where everyone is more engaged in doing their part to create a welcoming, patient-centered and team-oriented environment.

KAROLE JOHNSON, MSN, RN
Director Adults/ACT & ACNO
Spring Harbor Hospital





Although alcohol accounts for the vast majority of substance use disorders in the United States and in Maine, and is a major factor in the disease burden of all of our patient populations, primary care providers and their teams do not routinely engage patients in meaningful conversations about its use.

In fact, most health professionals have had little education about alcohol and substance use and how to best engage patients in the conversation.

The evidence tells us that having a meaningful conversation with patients about their alcohol use can oftentimes positively influence their behavior to reconsider their consumption as they learn about the effect of alcohol use on their overall health. Lunder-Dineen's Time To Ask initiative addresses that education gap by providing much-needed foundational education. The enhanced knowledge and confidence among health care providers that will likely result from this effort will benefit our patients and communities, allowing them to intervene early on to improve quality of life and reduce health care costs.

NOAH NESIN, MD, FAAFP
Vice President of Medical Affairs
Penobscot Community Health Care



HEALTH
EDUCATION
IS POWERFUL
MEDICINE





Lunder-Dineen Co-Chair James J. Dineen, MD, built a 41-year career at Massachusetts General Hospital as a primary care physician, mentor and pioneer in health policy.



Our work centers on the pressing health education needs that are likely to impact you, your family and your neighbors. I invite you to join us and mold the future of health care across our state.

JOIN US

LUNDER-DINEEN is charged with improving the health and well-being of residents in Maine by advancing the skills and expertise of health care professionals. We are using a multi-pronged approach to guide how practice changes can occur for individual health care professionals, interprofessional practice teams, and organizational leadership. It empowers them to provide the best possible care.

Left: Jeanette Ives Erickson, RN, DNP; Robert J. Birnbaum, MD, PhD; Gino Chisari, RN, DNP
Right: Dr. Dineen with Peter Lunder



Dr. Dineen is a Gardiner, Maine, native who actively drives progress and impact for Lunder-Dineen programs.

When a practice transforms how it provides care, that quality improvement goes hand in hand with consistent interprofessional education so that the change is not only lasting—it continues to grow and improve.

Our education is provided at no cost to all participants, yet there are ongoing and substantial costs involved in creating it. Please join with us and expand upon the generosity of the Lunder family and Massachusetts General Hospital to make high-quality health education a sustainable benefit.

Have questions about giving? Email Labrini Nelligan, executive director, at labrini@lunderdineen.org.

THE ATTACHED CARD LETS YOU MAKE A GIFT TO LUNDER-DINEEN RIGHT NOW.

FEATURED EDUCATION

NURSING
PRECEPTORSHIP

To my family, nurses are at the core of patient care. You provide continual care and updates, and are the lifeline for patients' families.

This preceptor program is designed to provide Maine nurses, health care professionals and the community with an opportunity for continuing education from a highly respected institution. We feel very fortunate to be able to provide this educational program for you today so that you, our Maine nurses, can assist in the care of the people of Maine.

Your participation in this program is inspiring; knowing of your pledge to nursing. We salute you for your commitment to excellence.

Marjorie Lunder Goldy
The Lunder Foundation

Marjorie Lunder Goldy welcomes participants to one of our live workshops in Fall 2016.

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Learn more about our curriculum, program schedule, advisory team and more at lunderdineen.org/preceptorship

THE AGING of Maine's nursing workforce is creating a shortage that will become more critical in the next few years, and important work is underway in Maine to forecast needs for the nursing workforce in the next five to ten years. A strong model for nursing preceptor education aligns with the goal of recruiting and retaining qualified nurses to meet these workforce needs going forward. Building leadership skills through preceptor education also supports the work underway for succession planning in nursing leadership.

In our 2015 Annual Report, we described the many reasons that our Maine Nursing Preceptor Education Program was being piloted. The goals for our pilot programs were to raise awareness about the importance of preceptor education and expand program participation across the continuum of care. We are very proud to share with you that we reached those goals and the pilot programs were very successful. Since 2015, more than 300 nurses from more than 50 organizations in Maine have completed the Lunder-Dineen Maine Nursing Preceptor Education Program.



MAINE NURSING PRECEPTOR EDUCATION PROGRAM

Inspire. Teach. Guide. Invest.

Listed here are the organizations that enrolled program participants. We are continuing to build on this success and are reviewing several program evaluation metrics from the 2015 and 2016 program pilots.

PARTICIPATING ORGANIZATIONS



- | | |
|---|--|
| Androscoggin Home Care and Hospice | Millinocket Regional Hospital |
| Barron Center | Mount Desert Island Hospital |
| Bridgton Hospital | Newton Center |
| Calais Regional Hospital | Northern Maine Medical Center |
| Cary Medical Center | Pen Bay Medical Center |
| Central Maine Medical Center | Redington-Fairview General Hospital |
| Down East Community Hospital | Riverview Psychiatric Center |
| Eastern Maine Home Care | Rumford Hospital |
| Eastern Maine Medical Center | Seaside |
| Franklin Memorial Hospital | Sebasticook Valley Health |
| Genesis Sandy River | Southern Maine Health Care |
| Home Health VNA | Spring Harbor Hospital/Maine Behavioral Health |
| Home Hope and Health | St Mary's Health System (D'Youville) |
| Hospice of Southern Maine | St. Joseph Hospital |
| Houlton Regional Hospital | St. Mary's Regional Medical Center |
| Ledgewood Manor | Stephens Memorial Hospital |
| LincolnHealth (Miles Memorial Hospital) | The Aroostook Medical Center |
| Maine Medical Center | VA Maine Healthcare System |
| Maine Veterans Homes | VNA Home Health & Hospice |
| MaineGeneral Home Care & Hospice | Waldo County General Hospital |
| MaineGeneral Medical Center | Westgate Center |
| Mayo Regional Hospital | York Hospital |
| Mercy Hospital | |
| Mid Coast Hospital | |

PROGRAM FACULTY

- Allyson Koenig, RN, BSN, Charge Nurse, Memory Care Unit, Maine Veterans Home – Scarborough
- Betsy Corrigan, MSN, RN-BC, Clinical Nurse Educator, Mount Desert Island Hospital
- Carole MacKenzie, RN, BSN, MEd, Professional Development Specialist, Lunder-Dineen Health Education Alliance of Maine
- Denise O'Connell, MSW, LCSW, CCM, CCP, Senior Program Manager, Lunder-Dineen Health Education Alliance of Maine
- Elizabeth Rolfe, RN, NE-BC, Vice President of Clinical Operations and Chief Nursing Officer, VNA Home Health Hospice
- Jaime Boyington Rogers, MSW, LCSW, MBA, Community Care Team Program Manager, Beacon Health
- Joseph Carter, RN, MS, MDiv., Associate Professor, Clinical Coordinator, University of New England
- Karole Johnson, MSN, RN, Associate Chief of Nursing, Spring Harbor Hospital and Director Adult Services SHH and ACT Services, Maine Behavioral Healthcare
- Kelly Wheeler, RN, MSN, CLC, Nurse Manager, Redington-Fairview General Hospital
- Labrini I. Nelligan, MS, Executive Director, Lunder-Dineen Health Education Alliance of Maine
- Michael Nozdrovicky, DNP, RN, NEA-BC, Associate Professor and Department Chair, Southern Maine Community College
- Starr Sweeney, BS, RN, BSN, Clinical Educator, Down East Community Hospital
- Susan Sepples, PhD, RN, Associate Professor of Nursing, University of Southern Maine
- Taffy Davis, MSN, RN-BC Clinical Instructor, Franklin Memorial Hospital
- Tania Dawson, RN, MSN, CHPN, Clinical Educator, Franklin Memorial Hospital

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 Learn more about our curriculum and see our infomercial with members of our advisory team at lunderdineen.org/preceptorship



CONGRATULATIONS



In September 2016, Lunder-Dineen presented Gloria Neault, RN, Program Manager, Clinical Services, MaineHealth Elder Care Services, with the first Maine Nursing Preceptor Award at the Annual OMNE/ANA meeting in Freeport, Maine.

It was Gloria's original vision and work that led to the initial pilot for blended learning preceptor education. Gloria's ongoing investment as a member of Lunder Dineen's Preceptor Advisory Team has been invaluable to this important initiative.

Based on recommendations and guidance from our Preceptor Advisory Team, for our 2017 program launch we are planning to further our work to inspire, teach, guide and invest in preceptor education and extend our work to additional interested stakeholders.

WELCOME TO THE NEW MEMBERS ON OUR PILOT ADVISORY TEAM



BETSY CORRIGAN,
 RN, MSN, Clinical Nurse Educator,
 Mount Desert Island Hospital



DONNA DeBLOIS,
 RN, BSW, MSB, MBA, AHCA,
 President/CEO, HomeHealth
 Visiting Nurses of Southern Maine



MICHAEL NOZDROVICKY,
 DNP, RN, NEA-BC, Associate Professor
 and Department Chair, Southern Maine
 Community College

THANK YOU FOR HOSTING
OUR LIVE WORKSHOPS

Husson University School of Nursing
in the College of Health and Education

University of New England Department of Nursing and
Westbrook College of Health Professions Dean's Office

This program is very well received by nurses in our three-region health care system. Nurses across our system who are precepting or assuming the preceptor role can attend and benefit from the program. Participants say the blended learning approach meets their needs. The on-demand online modules were engaging and fit their busy, individual schedules and the live workshop provides an opportunity to then apply the module content with peers from across the state.

It would be very difficult for most organizations to fully develop and maintain a well-researched program like the Maine Nursing Preceptor Education Program. Utilizing it allows us to use our limited resources on other important demands. This program is sure to have a ripple effect—promoting a learning culture by preparing and supporting preceptors who will then pass the knowledge and skills to those nurses they precept.

Cathy Cole | Regional Director, Education; LincolnHealth, Pen Bay Medical Center, Waldo County General Hospital

Read about the value of this program from a direct care provider, an educator, and a manager/nurse leader.

I am benefiting from the education that my preceptor received. Coming together is a beginning, keeping together is progress, working together is success. As my preceptor, Charlotte and I meet in the morning and plan our journey for the day. We tackle the needs of our patients as a team. We look forward to our next journey together.

Lisa Gashlin, RN | Preceptee



I've found that using the tools we received from the Maine Nursing Preceptor Education Program has enhanced the experience for me and my preceptees. It was helpful to learn to take the time to communicate with my preceptees; to explore their strengths and those areas needing improvement and to determine what they would like to work on. This information is used to devise a plan for my preceptees. Frequently checking in with them and getting feedback is an important part of the learning process for both of us! I am continuously considering what they need from me and how I can improve their experience.

Charlotte Jeannotte, RN | Mount Desert Island Hospital, Preceptor

Our experienced long-term care nurses who have attended the Maine Nurse Preceptor Program have become even more valuable members of our team. They are able to train our new nurses in a very comprehensive way that takes into account the uniqueness of every nurse. Strengths and challenges are identified much more quickly and our new nurses benefit from a preceptor who "gets" them. This program has really changed the lens through which our nurse preceptors view our new team members.

If I had to mention one thing that I noticed following our nurses completing the program with the day-long workshop is the fire it lit in them. They were given tools and empowered to be change agents; our nurses took our preexisting long-term care orientation program and rebuilt it into something that puts the focus on the individual nurse learning and less on checking boxes.

Allyson Miller, RN | Long Term Care, Maine Veterans' Homes

MOTIVATE

GOOD oral health is essential to healthy aging. The need for oral health care increases as we transition into older age. Poor oral health has sizeable social and economic consequences and an adverse impact on overall health. The goal of the MOTIVATE program is to improve the quality of oral health care and preserve the dignity and quality of life for older adults in long-term care settings. We are proud to share with you that our quality improvement program launched in August 2016!

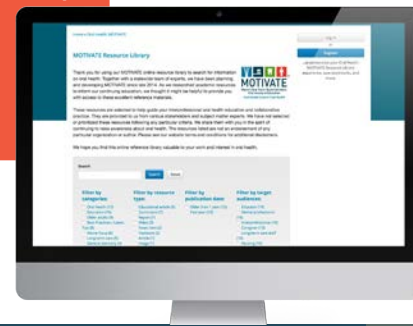
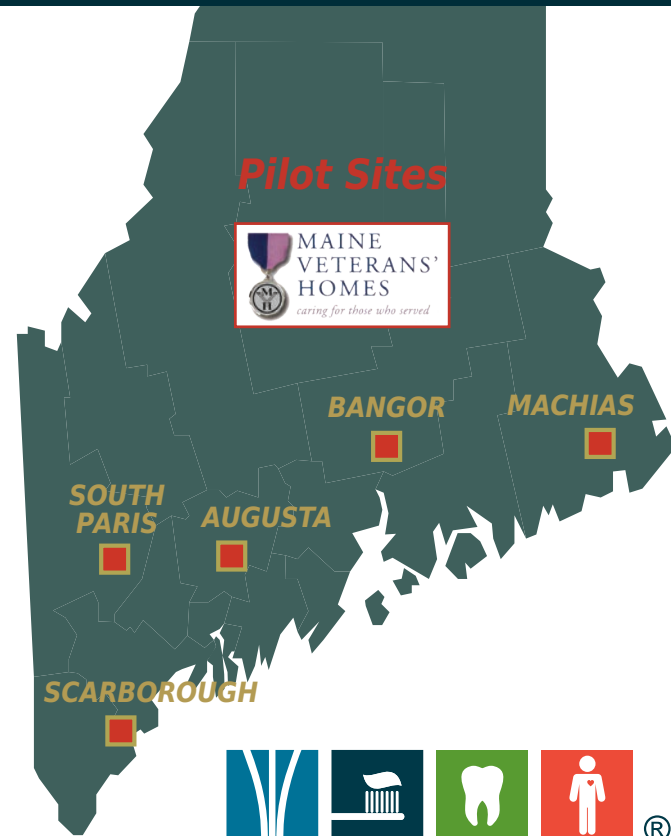
It consists of four online modules and live teaching sessions at each of our two pilot sites with Maine Veterans' Homes. More than 50 interprofessional staff participated across the two sites.

EACH MEMBER OF THE INTERPROFESSIONAL TEAM HAS A ROLE IN ENSURING GOOD ORAL CARE IS PROVIDED

Interprofessional team:
 Physician | Pharmacist | Nurse | Social Worker | Physical Therapist
 | Speech Language Pathologist | Dietician | Occupational Therapist
 | Nursing Assistant | Respiratory Therapist



Learn more about our curriculum, advisory team and more at lunderdineen.org/oral-health



In October 2016, we also launched the MOTIVATE Oral Health Resource Library to provide access to the resources reviewed and used in our education modules.

See the library now at lunderdineen.org/library

AWARENESS BUILDING

We recently launched a new educational video! It expands awareness about MOTIVATE, oral health disparities in older adults, the connection between oral health and overall health, and the benefits of good oral health.



During National Dental Hygiene Month in October 2016, members of our Pilot Advisory Team appeared on Maine Calling, an interactive radio program from Maine Public.

Members of our MOTIVATE Pilot Advisory Team presented our educational model to the Maine Dental Hygienists' Association.

Watch our video and learn more about our awareness building at lunderdineen.org/oral-health



BUILDING OUR TEAM
WELCOME TO THE NEWEST MEMBER ON OUR PILOT ADVISORY TEAM.

Nancy L. Foster, CDA, EFDA, RDH, EdM
 Assistant Professor-Dental Health Programs, University of Maine at Augusta, Bangor

Special thanks to our pilot site champions! Lunder-Dineen is fortunate to collaborate with these dedicated partners at Maine Veterans' Homes. They helped lay the groundwork and ensured that the launch of our education was successful at each location.



CATHI SERAPH, RN, SDC
 Staff Development Coordinator
 Maine Veterans' Homes
 Augusta



STACEY DUSSAULT, CNA, RDH
 Certified Nurse Assistant and Registered Dental Hygienist
 Maine Veterans' Homes
 Scarborough

TIME TO ASK

ALCOHOL is the number one misused substance in Maine. Despite its prevalence, most health care professionals receive very little education in alcohol use and how to engage in conversations with patients and families about the short- and long-term consequences of unhealthy alcohol use. Time to Ask is designed to empower and equip health care professionals with the knowledge, skills, comfort, and confidence to engage in conversations with patients and families about the consequences of alcohol misuse. This makes it possible to properly identify, assess, and recommend treatment for patients affected by unhealthy alcohol use, and guide patients in making informed decisions about alcohol risk.



STEPHANIE CALKINS, MD



ANGELA LYFORD, LCSW



KIM COUSINS, NP, MSN

This year, we continued to meet with our statewide Pilot Advisory Team and our three primary care pilot sites. We plan to begin the development of this practice transformation program in 2017.



BUILDING OUR TEAM
WELCOME TO THE NEWEST MEMBER
ON OUR PILOT ADVISORY TEAM.

Malory Otteson Shaughnessy, MPPM
Executive Director, Alliance for Addiction and
Mental Health Services, Maine, and Maine
Behavioral Health Foundation



In June 2016, we held an event to raise community awareness and engage donors about the need for Time to Ask to address a critical public health issue in Maine and beyond. Speakers included renowned psychiatrist John Herman, MD, Associate Chief of Psychiatry and Distinguished Scholar for Medical Psychiatry at Massachusetts General Hospital; and Maine expert Noah Nesin, MD, FAAFP, Vice President of Medical Affairs, Penobscot Community Health Care.



We received considerable interest and positive feedback from our 2015 online learning activity featuring John Kelly, PhD. So in 2016, we launched a new, short-segment, online learning activity. It features Mark Publicker, MD, FASAM, a Maine-based addictions expert and immediate-past president of the Northern New England Society of Addiction Medicine.

To learn valuable alcohol health education information, see the activity at lunderdineen.org/more-impacts-unhealthy-alcohol-use

Lunder-Dineen presented a CME-certified professional development program on our Time to Ask initiative for members of the Maine Primary Care Association.



During Alcohol Awareness Month in April 2016, members of our Pilot Advisory Team appeared on Maine Calling, an interactive radio program from Maine Public.



COMMUNITY OUTREACH

IN 2016, THE LUNDER-DINEEN TEAM AND MEMBERS OF OUR PILOT ADVISORY TEAMS HELPED EDUCATE COLLEAGUES AND RAISE AWARENESS ABOUT OUR THREE PUBLIC HEALTH INITIATIVES ACROSS MAINE AND BEYOND.



In October, MOTIVATE Pilot Advisory Team member Leonard Brennan, DMD served as a panelist during a **Leadership Forum** held by the **Harvard School of Dental Medicine Initiative**. The forum was titled Putting Your Money Where Your Mouth Is 2.0 and Dr. Brennan shared information about our MOTIVATE oral health initiative.



Time to Ask Pilot Advisory Team member Mary Lindsey Smith, PhD, MSW presented a research poster in October at the **Addiction Health Services Research Conference**. The poster summarized Lunder-Dineen's context assessment research on provider attitudes, screening practices and barriers to intervention for unhealthy alcohol use in Maine.



York Hospital

In March, Lunder-Dineen Chief Learning Officer R. Gino Chisari, RN, DNP was invited to provide a day of consultation to the nurse leaders at York Hospital and present an educational program to nursing and leadership staff. See his presentation, Nurse Bullying: Enough is Enough, on our website at lunderdineen.org/video-gallery.

OMNE Nursing Leaders of Maine

Lunder-Dineen was selected to present in March at the 15th Annual OMNE Nursing Leaders of Maine Nursing Summit. Our team presented Advancing a Team-Based, Multigenerational Learning Culture to nurse leaders from across Maine.



Lunder-Dineen Professional Development Specialist Carole MacKenzie, RN, BSN, MEd and Lunder-Dineen Lead Course Instructor Taffy Davis, MSN, RN-BC presented in July at the annual **Association for Nursing Professional Development (ANPD) convention**. Their presentation, Best Practices in Developing a Statewide Collaborative Practice Model to Advance Nursing Preceptor Education, examined the impact of high-quality, evidence-based nursing preceptor programs in supporting and promoting the recruitment, integration, satisfaction, and retention of nurses.





GLIMPSE AT 2017

IN 2017, WE WILL CONTINUE TO WORK CLOSELY WITH OUR DEDICATED PILOT ADVISORY TEAMS TO ADVANCE OUR THREE STRATEGIC INITIATIVES TOWARD PROOF OF CONCEPT, SCALABILITY AND SUSTAINABILITY.

**PROOF OF CONCEPT
SCALABILITY
SUSTAINABILITY**

**PROGRAM GOAL IS MET.
PROGRAM IS PROVIDED TO RIGHT GROUP(S) AT THE RIGHT TIME(S).
PROGRAM HAS THE AVAILABLE RESOURCES TO BE CONTINUED.**

NURSING LEADERSHIP DEVELOPMENT

In spring 2017, we will relaunch our Maine Nursing Preceptor Education Program. Our interactive online modules and two live workshops will be available to a new group of nursing professionals from across Maine. The Lunder-Dineen team is conducting an ongoing review of our 2015 and 2016 programs with statewide educators, CNOs and nurse leaders to evaluate benchmarks and measures of success to date. Our goal is to determine how best to integrate this nurse leadership education into practice.

We also have other important plans for the Maine Nursing Preceptor Program in 2017:

- Develop conditions for participation for learners.
- Expand participation to include additional nursing specialty areas across the continuum.
- Enhance our evaluation process to understand how participants utilize what they learn.
- Connect with chief nursing officers, nursing directors and nurse educators across the state to help measure the impact of the program in their organizations.

ADVANCING ORAL HEALTH CARE FOR OLDER ADULTS

We plan to use the early months of 2017 to internally evaluate the launch of our initial MOTIVATE online modules and live teaching

sessions at the two pilot sites. We will refine the program based on evaluations and metrics with a goal of relaunching at additional sites within Maine Veterans' Homes.

We have other important objectives slated for MOTIVATE in 2017:

- Collaborate with the two pilot sites to empower their Champions and Oral Health Committees to develop oral health practices and procedures.
- Identify and build relationships with Champions at each of the remaining Maine Veterans' Home sites.
- Partner with key stakeholders such as the DentaQuest Foundation, the Maine Dental Association and the Maine Dental Hygienists' Association to advance our shared goals of access to oral health education and elimination of oral health disparities.
- Present on the MOTIVATE model at the 25th Annual NICHE (Nurses Improving Care for Healthsystem Elders) Conference in 2017.

We will also publish and share the Executive Summary of our initial needs assessment research with stakeholders across Maine. The data will highlight important national themes in oral health.

ADVANCING ALCOHOL CARE IN PRIMARY CARE PRACTICE

The primary goal for our Time to Ask initiative is to begin the development of the Quality Improvement/ Practice Transformation Model by simultaneously addressing educational curriculum, practice facilitation and consultation services at the pilot sites. We plan to work closely with our Pilot Advisory Team to establish a teaching and implementation plan that considers both the target audience and the learning environment in the primary care setting.

Our other goals for Time to Ask in 2017 include:

- Present to the Maine Osteopathic Association's 2017 Midwinter Symposium.
- Publish and share the Executive Summary of our initial context assessment research with stakeholders across Maine.
- Develop an educational design model.

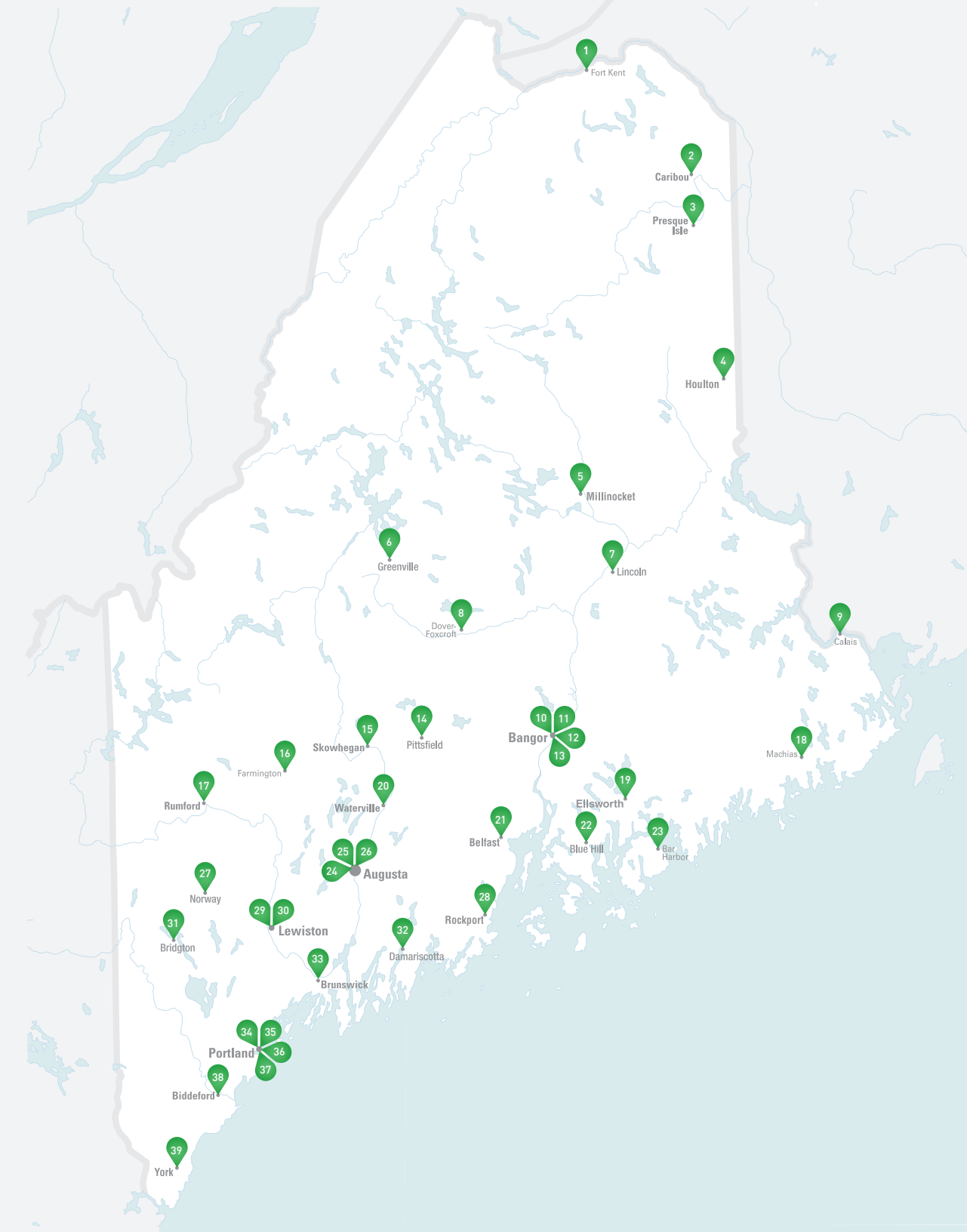
Lunder-Dineen joined a newly formed Massachusetts General Hospital task force on substance use disorders. Our plan is to share the best practices generated by this effort and explore opportunities to enhance our Time to Ask initiative.

Our Footprint

HOSPITALS

Over the last five years, we've met with every hospital in Maine—from frontline clinicians up to health system leadership, and from Fort Kent down to York. This ensures we have perspective from all over Maine and access to all kinds of experts as we develop health education programs tailored to the unique needs of Maine.

1. Northern Maine Medical Center
2. Cary Medical Center
3. The Aroostook Medical Center
4. Houlton Regional Hospital
5. Millinocket Regional Hospital
6. CA Dean Memorial Hospital
7. Penobscot Valley Hospital
8. Mayo Regional Hospital
9. Calais Regional Hospital
10. Eastern Maine Medical Center
11. Acadia Hospital
12. Dorothea Dix Psychiatric Hospital
13. St. Joseph Healthcare
14. Sebecook Valley Hospital
15. Redington-Fairview Hospital
16. Franklin Memorial Hospital
17. Rumford Hospital
18. Down East Community Hospital
19. Maine Coast Memorial Hospital
20. Inland Hospital
21. Waldo County General Hospital
22. Blue Hill Memorial Hospital
23. Mount Desert Island Hospital
24. Riverview Psychiatric Center
25. MaineGeneral Medical Center
26. VA Maine Healthcare
27. Stephens Memorial Hospital
28. Pen Bay Hospital
29. Saint Mary's Regional Medical Center
30. Central Maine Medical Center
31. Bridgton Hospital
32. LincolnHealth- Miles Campus
33. Mid-Coast Hospital
34. Spring Harbor Hospital
35. Mercy Hospital
36. Maine Medical Center
37. New England Rehab Hospital of Portland
38. Southern Maine Health Care
39. York Hospital



Our Footprint

OTHER ORGANIZATIONS

We have met with 90 health care organizations, advocacy groups, legislators, educators, and community-based health care professionals and practices who represent all regions of Maine.

■ Health Care Organizations

1. Case Management Society of New England, Maine Chapter*
2. Daniel Hanley Leadership Institute
3. Inland Hospital Medical Group
4. Maine Action Coalition*
5. Maine Disaster Behavioral Health
6. The Maine Healthcare Association
7. The Maine Hospital Association
8. Maine Medical Association
9. Maine Military and Community Network
10. Maine Osteopathic Association
11. Maine Partners in Nursing Education and Practice*
12. Maine Primary Care Association
13. Maine Quality Counts
14. Maine Resilience Building Network*
15. Maine Vets Centers
16. Mainely Girls
17. Martin's Point Health Care
18. National Association of Social Workers, Maine Chapter
19. OneMaine Health Collaborative*
20. Organization of Maine Nurse Executives
21. Society for Social Work Leadership in Healthcare

■ Long Term Care

22. Barron Center
23. D'Youville Pavilion
24. Edgewood Rehabilitation & Living Center
25. Evergreen Manor Rehabilitation & Living Center
26. Maine Veterans Homes*
27. Maple Crest Rehabilitation & Living Center
28. Marshall Health Care
29. Narraguagus Bay Health Care
30. Orchard Park Rehabilitation & Living Center
31. Rumford Community Home
32. Seaside Rehabilitation
33. Somerset Rehabilitation & Living Center
34. Sunrise Care Facility

■ Government

35. Congressman Mike Michaud
36. Maine Centers for Disease Control

37. Maine Department of Health & Human Services – Office of Substance Abuse and Mental Health Services, Office of Rural Health
38. Senator Angus King's Office
39. Senator Susan Collins' Office

■ Education

40. Maine Concussion Management Initiative
41. Maine Science Festival
42. Southern Maine Community College
43. University of Maine
44. University of Maine at Augusta
45. University of New England
46. University of Southern Maine

■ Philanthropic

47. The Betterment Fund
48. The Bingham Program
49. The Libra Foundation and Pineland Farms
50. Maine Health Access Foundation
51. Sam L. Cohen Foundation

■ Insurance

52. Maine Community Health Options

■ Older Adult Health

53. The Alzheimer's Association, Maine Chapter
54. Continuum Health
55. Dirigo-Maine Geriatric Society*
56. Dirigo Pines Retirement Community
57. Elder Independence of Maine/SeniorsPlus
58. Maine Association of Area Agencies on Aging*
59. Maine Gerontological Society*
60. Penobscot Community Health Care: Community Care/Geriatrics
61. Spectrum Generations
62. University of Maine Center on Aging
63. University of New England Geriatric Education Center

■ Primary Care and Community-Based Programs

64. Bucksport Regional Health Center
65. Eastport Health Center
66. Penobscot Community Health Center

67. Pines Health Services
 68. Sacopee Valley Health Center
- Outpatient Mental Health Services**
69. Spurwink Adult Mental Health Services
 70. Sweetser Adult Mental Health Services

■ Substance Use Disorder Services

71. Mid Coast Addiction Resource Center
72. The National Drug Abuse Treatment Clinical Trials Network – Northeast Node**

■ Oral Health

73. Caring Hands of Maine Dental Center
74. Leonard Brennan, DMD
75. Maine Dental Association
76. Maine Dental Hygienists' Association
77. Maine Oral Health Coalition
78. Oral Health Program, Maine Centers for Disease Control
79. Penobscot Community Health Center: Dental Center

■ EMS/Disaster Services

80. Boothbay Region Ambulance Service
81. Maine Disaster Behavioral Health
82. Maine Emergency Management Agency

■ Family Practice

83. Four Seasons Family Practice
84. Redington-Farview Family Practice and Occupational Medicine

■ Indian Health Services

85. Pleasant Point Tribal Health Center

■ Public Health Services

86. City of Portland, Department of Health & Human Services
87. India Street Public Health Program

■ Home Health Care

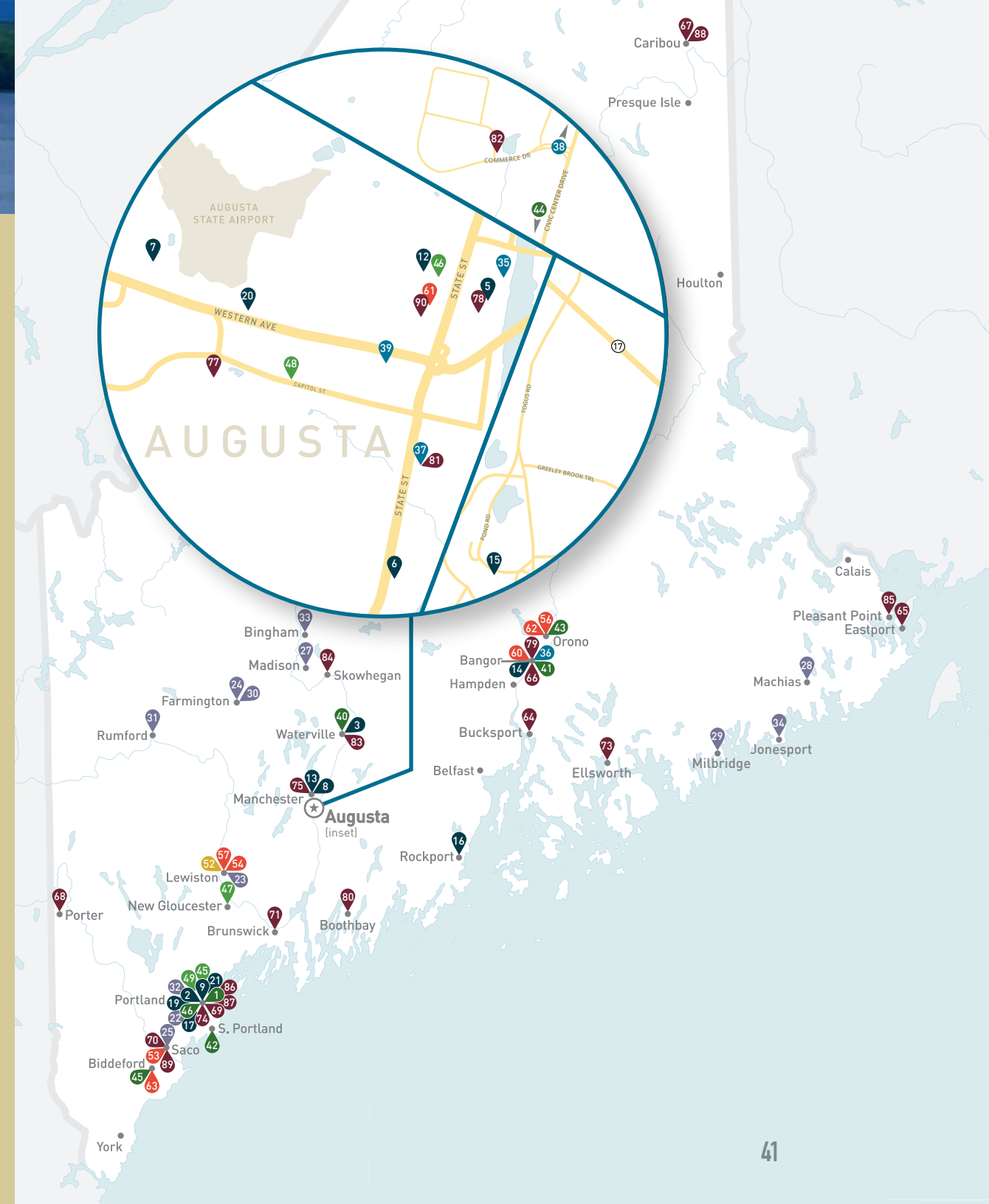
88. Eastern Maine Home Care
89. Home Health Visiting Nurse of Southern Maine

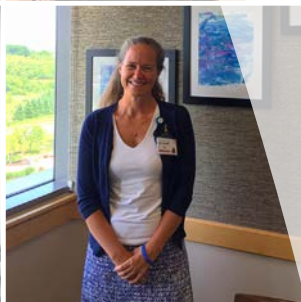
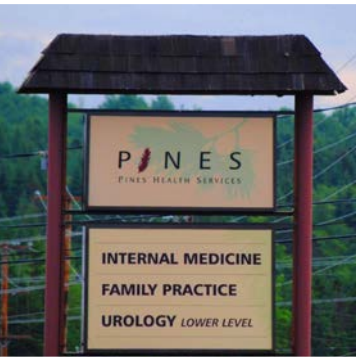
■ Legal

90. Pine Tree Legal

*Comprises groups of health care professionals from various employers, stakeholders, roles and practice settings across Maine

**Located outside of Maine







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