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2011-2012 Nursing Report
Baystate Health Nurses
Leaders in Practice, Partners in Care
“LEADERS IN PRACTICE, PARTNERS IN CARE” — this is the vision that guides Baystate Health nurses.

Caregivers. Educators. Partners. Researchers. Volunteers. Leaders. Advocates...all words which could easily be used to describe Baystate Health nurses. I've often said, when you meet a Baystate Health nurse, be prepared to be “wowed.”

Throughout this report you will see why through evidence of their exemplary work and compassionate care.

As we celebrate all that our nurses have accomplished, we also plan ahead for continued success. Looking at the environmental trends that will affect nursing in the coming years, the Division of Nursing embarked on a five-year Baystate Health Nursing Strategic Plan. In 2011, our four major priorities are: transformation of the nursing care delivery model to create seamless coordinated care across the continuum; ensuring quality and providing safe, clinically excellent care that optimizes the patient and family experience; delivering high quality care in an efficient and responsive manner; and, engaging, educating, and preparing a high performing workforce to take on the changing role of nursing in the future.

This is an exciting and rewarding time for our nurses as we take the next steps to build on Baystate Health’s nationally recognized reputation in nursing. In 2011, the Adult Medical Surgical Trauma ICU at Baystate Medical Center was one of only 16 hospital units nationwide to receive a Beacon Award for Excellence from the American Association of Critical-Care Nurses. The Beacon Award recognizes hospital units that exemplify excellence in professional practice, patient care, and outcomes. Baystate Medical Center has received this award six years in a row.

Since 2005, Baystate Medical Center has been named a Magnet® hospital for excellence in nursing services by the American Nurses Credentialing Center, a distinction that places the hospital’s nursing staff among the finest in the nation. You will find the tenets of the Magnet model used to showcase the year’s achievements.

Join me in celebrating Baystate Health nurses and their commitment to patients and families.

Deborah Morel, PhD, RN, NEA-BC
Vice President, Patient Care Services, Baystate Medical Center
Chief Nursing Officer, Baystate Health

“Nurses at Baystate Health deliver compassionate care to patients and families during some of the most challenging times of their lives. Whether our nurses are working in the hospital, in a patient’s home, in an outpatient setting, or supporting care in other ways—they make an incredible difference. On behalf of all of our employees and the communities we serve, thank you.” ~ Mark R. Tolosky, JD, FACHE
President and Chief Executive Officer, Baystate Health

Cover, Baystate Health nurses (left to right): Christine Pollock, RN, Baystate Mary Lane Hospital; Marcus Barrows, RN, Baystate Visiting Nurse & Hospice; Victoria Hall, RN, Baystate Franklin Medical Center; Peg Delaney, RN, Baystate Maternal Fetal Medicine; LaShanda Lewis, RN, Baystate Medical Center.

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American Nurses Credentialing Center (ANCC) “Magnet Hospital for Nursing Excellence,” Baystate Medical Center. Designated in 2005 and redesignated in 2010.

The Leapfrog Group, “2011 Top Hospitals,” Baystate Medical Center, for quality and safety and efficiency.

Thomson Reuters, “Top 100 Hospitals,” Baystate Medical Center, for superior quality and safety outcomes.

SDI, “Top 130 Integrated Healthcare Networks,” Baystate Health

American Association of Critical-Care Nurses, “Beacon Award for Critical Care Excellence,” Silver Award, Baystate Medical Centers Adult Medical Surgical Trauma ICU.

Thomson Reuters, “Top 50 Cardiovascular Hospitals,” Baystate Medical Center, for achievement in the best performance on the scorecard of performance measures.

National Committee for Quality Assurance (NCQA), Level 3 Patient-Centered Medical Home recognition, Baystate Medical Practices, for team-based approach to care focusing on coordination of care, quality, safety, and preventive care.

Thomson Reuters, “100 Top Hospitals 15 Top Health Systems,” Baystate Health for having better survival rates, fewer patient complications, shorter hospital stays, and better long-term outcomes and patient safety standards.
The change-of-shift report is a critical transition in patient care when important patient care information is exchanged. During this meeting the off-going nurse discusses with the on-coming nurse the condition of each patient and any changes that may have occurred on the patient care units during the shift. According to the Joint Commission, an estimated 80 percent of serious medical errors involve miscommunication between caregivers when patients are transferred or handed-off. Knowing the importance of the change-of-shift report, Patient Care Services at Baystate Medical Center created a 2011 strategic goal to standardize the hand-over process and to have this process take place at the patient’s bedside. The bedside report not only enables the patient and family to be more involved and know the plan of care, but nurses have found this real-time exchange of information improves quality of care, increases patient safety, increases accountability, and strengthens teamwork.

One issue in the past had been a lack of a standard format in the hand-over communication. A structured, scripted process was developed which included an introduction of the on-coming nurse, a brief patient history, performing a “safe start” hands-on assessment, questions, and verification, with sensitive content discussed outside the room as needed.

For direct patient care activities

### Birthplace Program “LISTENING TO NEWBORNS” wins National Recognition

When asked to consider what they value in daily practice, nurses at the Birthplace at Baystate Franklin Medical Center replied “Lullabies by 14 percent, frequency of call lights by 37 percent, and improve pain management.

During hourly rounding, the nurse or PCT checks with the patient about the following: repositioning, pain management, oral, and toileting. In addition, she/he checks the room for safety issues, makes sure water and personal items are within reach, and asks if there is anything else the patient needs. The staff also assures the patient that someone will be back within an hour unless they need something sooner.

“The purposeful hourly rounds, we are working to proactively respond to patient needs,” says Debra Meyer, RN, nurse manager, Springfield 1 and Outpatient Pulmonary Rehab. “The goal is to provide high quality, safe patient care, and create positive health care experiences.”

### Missed Medications

- Time spent on missed medications affects nursing, pharmacy technicians, and pharmacists
- Patient care impacted by delays, reduced time available for direct patient care activities

The team successfully implemented the following strategies in June of 2011 on pilot units:

- A dedicated telephone line for missing medications
- Posting pharmacy round times on the screen of the medication dispensing machine
- Adjusting pharmacy “stock out” reports to implement when medication falls below par level, not when the bin is empty

These strategies were very successful and plans are to implement them in other areas of the hospital where needed.

### Change-of-Shift Report Enhances Communication

This new standardized bedside report has made this communication more informative, more individualized, and more patient and family-centered. There has been no increase in overtime on units performing bedside report, nursing and patient satisfaction have increased.

Nurses at Baystate Franklin Medical Center have also begun to implement a change in their hand-over process with both nurses going into each patient room. This has allowed both nurses to put eyes on the patient and address any issues that may be found and patients know that the information needed to care for them has been passed along. Nurses say it is a more effective way of communication, involving the patient in the process.

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The Medication Safety Team at Baystate Medical Center is an interdisciplinary group of nurses and other clinicians who enhance safe medication use. The work of this team reduces the potential for medication errors and improves the medication management process. The committee identifies and corrects inefficient and unsafe work processes and this has improved relationships between departments and disciplines.

One issue the team addressed was a concern around missing medications. Missing medications impact staff, patient care, and is costly. They found nurses, pharmacy technicians, and pharmacists were devoting a combined 137 hours per week tracking down missing medications. One issue they discovered was there were multiple pathways to send medications to patient floors and multiple areas to find medications on those floors. There was no standardization of the pharmacy technician’s workflow and communication needed to be improved between Nursing and Pharmacy.

### Rounding With A Purpose And Responding To Patient Needs

Purposeful hourly rounding was implemented in patient care areas at Baystate Health to improve patient care outcomes and patient satisfaction.

Purposeful hourly rounding is checking in with patients every hour asking about, and responding to, patients’ personal, safety, and health care needs. Nurses and patient care technicians (PCT) share this responsibility. Purposeful hourly rounding has been shown to reduce falls by 50 percent, frequency of call lights by 37 percent, and improve pain management.

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### Chart of Hours/Week Devoted to Missing Medications

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On one of her purposeful rounds in Baystate Children’s Hospital Danielle Petrolati, RN, BSN (right), checks in with a mother of one of her young patients.

Birthplace values coupled with the use of the Association of Women’s Health, Obstetric, and Neonatal Nurses’ (AWHONN) standards for Professional Nursing Practice have inspired passion and commitment to quality and two exceptional, innovative programs.

The first, “Listening to Newborns” promotes critical thinking to assess newborn transitions to life utilizing low-intervention birth techniques such as delayed cord clamping, no tone suctioning, skin-to-skin contact, and self-attachment. Current Birthplace statistics reveal delayed cord clamping at 91 percent, a bulb suction rate of 17 percent, 92 percent of infants are placed skin-to-skin, and 89 percent of breastfed infants are offered soft attachment. Infants with little to no intervention displayed equivalent apgar scores, temperature, respiratory, and cardiac adaptation. The program won the “Outstanding Innovative Program” award at the 2011 national AWHONN conference and will be presented at the 2011 Lamaze International Conference.

RN’s also inspired the development of a Community Coalition working with local agencies and care providers to implement a comprehensive screening program for women experiencing postpartum depression and anxiety. The program is one of the first in the state to address the new American Academy of Pediatric guidelines to screen women throughout the first year postpartum.

**Nurses on Daily floor at Baystate Medical Center conduct a change-of-shift report at the patient bedside.**
At Baystate Health, the patient and family are viewed as equal members of the health care team with their voices heard at each level of care; at the bedside, on committees, and especially as they bring their vision for improvement to each Patient and Family Advisory Council meeting. Patient and Family Advisory Councils (PFAC) are in place at each Baystate Health hospital and include people who live in communities Baystate Health serves with Baystate health care professionals. The councils meet regularly to talk about issues relevant to the patient experience including quality, safety, and patient satisfaction.

Baystate Health PFAC materials have been published by the Massachusetts Hospital Association and by the Premier Accountable Care Organization workgroup on patient engagement as a best practice example for other hospitals nationally. The work and recommendations of the Advisory Councils have created remarkable change at each hospital. Some of the major initiatives are:

Baystate Children’s Hospital
• Creation of the “Principles of Partnership” document which defines the commitment of each team member.
• Speak Up Campaign to encourage participation of families as members of the health care team.
• Tiered membership opportunities.
• NICU’s “Early Edition” newsletter.

Baystate Medical Center
• Collaboration in defining “Principles of Partnership.”
• Finalized Visitation and Family Presence policy.
• Member participation at Academic Affairs orientation and welcome for new interns and residents.
• Providing input to groups on Baystate Medical Center wayfinding master plans, visual cues project, and reducing health care acquired infection rates.

Baystate Mary Lane Hospital
• The installation of a television in the laboratory to accommodate the three-hour glucose tolerance testing patients.
• Collaboration with the signage sub-committee to assist in developing sign design, location, and verbiage for the hospital’s new interior signage.

Baystate Franklin Medical Center
• Implementation of a process to involve patients and families in patient equipment selection.
• Creating education to patients about hospital bed features upon hospital admission and implementing a process to adjust the mattress to meet the comfort needs of patients.
• Updating information for patients and families on needed documents and patient items for admission to a skilled nursing facility.
• Providing feedback on the resurfacing of the hospitals front parking lot, focusing on safety and ease of access for patients and visitors to the hospital.

Baystate Franklin Medical Center Patient and Family Advisory Council member Doris Covedley (third from left) shares her experiences with leaders.

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Baystate Franklin Medical Center Patient and Family Advisory Council member Doris Covedley (third from left) shares her experiences with leaders.
NURSES PARTNER TO HELP DESIGN
DAVIS FAMILY HEART & VASCULAR CENTER

In March of 2012, a new building at Baystate Medical Center opens with a new state-of-the-art Davis Family Heart & Vascular Center (HVC); replacement of existing rooms with patient- and family-centered private accommodations; and, later in the year, a new larger Emergency Department. “For the past seven years, nurses have played a key role in the strategic planning, design, and implementation of the heart and vascular center,” says Bve Stano, MS, RN, director of Adult Hospital Care and Operations and of the new building’s operational planning team. The perspective and expertise of Baystate’s nurses helped design innovative new patient care units that support state-of-the-art nursing practice.

“Nurses have partnered with colleagues across disciplines and departments to design innovative care with contemporary technology in an environment that supports privacy, healing, and the psychosocial needs of patients and families,” says Betty LaRue MS, RN, vice president, Heart & Vascular, Neurosciences, and Rehabilitation Services, Baystate Health.

The HVC is phase one of a multi-phased project with the first phase including the replacement of 96 existing medical/surgical beds on Baystate Medical Center’s Springfield 4 and 5 units, a new 30-bed CVICU/PCU, the addition of six cardiovascular operating/procedure rooms and a 20 bed pre- and post-operative and extended recovery area, and associated support spaces including Central Sterile Processing, Materials Management, locker rooms, on-call sleep rooms, Clinical Engineering, and building infrastructure.

The new building’s Nursing Clinical Operations Team lead by Gini Staubach, RN, MBA director of Cardiac, Critical Care, and Respiratory Services and Jennifer Stebbins MS, RN, the new building’s Operations Project Manager, is one of many clinical teams that have met weekly since Fall 2010 to design room and workstation layouts to enhance patient care, select furniture and clinical equipment, develop efficient and effective work flows, and tour the new facility. Laura Currie, MS, RN, manager HV Surgery and Grace Ostrender, MS, RN, manager of the HV Care Unit have also lead planning efforts with their clinical teams.

“Nurses have a great understanding of the holistic needs of patients so their participation has been crucial in this process,” says LaRue. “The HVC is in a beautiful, contemporary building that we have been fortunate to design based on our patients’ and clinicians’ feedback. However, exceptional care delivery within that building is the cornerstone that will set us apart and put us on the map nationally.”

Carlo Reale, RN

“Nursing staff played a key role in the design, planning, and implementation of the Davis Family Heart & Vascular Center.”

“Nurses have a great understanding of the holistic needs of patients so their participation has been crucial in this process.”

By going through the planning phases together, nurses had the unique opportunity to conceptualize and experience the new center.”

“Nurses have a great understanding of the holistic needs of patients so their participation has been crucial in this process.”

It has been a fascinating learning experience to be involved in all aspects of this project, from selection of furniture to Nursing and Ancillary Department workfl(o(u(s). It’s amazing to be involved and to be able to contribute to a project that has such far-reaching impact to our patients, staff, and community.”

Jennifer Stebbins, MS, RN

“In a very short period of time we will walk through those doors with our patients with a sense of pride and excitement knowing that we were such a great part of providing the most advanced care for our patients and their families.”

Maria Giordano, RN

“When we started this project, I thought we were building a building, as we have moved forward, I realized that we are creating a foundation for delivering patient- and family-centered care.”

Christine Dutton, RN

“It is truly an honor to take part in a project that will serve a vital role in creating, sustaining, and promoting high quality health for many decades to come.”

NURSING’S GIFT

In 2011, Baystate Health Foundation conducted an employee campaign for the new hospital being built on the Baystate Medical Center campus. Employees were inspired to participate in the campaign by hearing stories from their colleagues, 16 of who were registered nurses, volunteering to be fundraising ambassadors.

The Foundation has a long history of being committed to raising funds for nursing education. In response, nurses shared their resources in support of the new replacement facility, where the design will greatly enhance their work environment.

Concetta Jez, RN, BMC Emergency Department, says “My father was the inspiration to my donation. While speaking with him about it, and why employees should donate, he was quite clear and kept it simple. Why wouldn’t you want to contribute to the institution that helped educate you, provides you with a wonderful job, and works to do all that you believe is right—community care, top medical and surgical care to all who need it, research in many areas, all to make people’s lives better?”

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In Fall 2010, Baystate Visiting Nurse Association & Hospice (BVNAH) developed a Wound Care program focusing on consistent implementation of clinical best practice. An in-service was developed and presented to BVNAH clinical staff in October 2010. BVNAH also has wound care certified nurses on staff to assist with the assessment and treatment of wounds. In addition to working with staff, the wound care nurse specialists work closely with referring physicians to identify the best options for providing wound care in the home. The program has helped clinical staff make a positive impact on the quality of care for patients as well as improve patient satisfaction.

For example, BVNAH’s trended process measures for Pressure Ulcer Prevention in Plan of Care (as measured by Outcome Concept Systems, Inc.) show a positive increase of five percent from the previous year and was above the state norm by eight percent.

**For Diabetic Foot Care and Patient Caregiver Education, BVNAH’s trended process measure shows a positive increase of six percent from the previous year and was above the state norm by 21 percent.**

### Diabetic Foot Care & Patient Caregiver Education

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<thead>
<tr>
<th>State Norm</th>
<th>April 2010</th>
<th>April 2011</th>
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<td>75%</td>
<td>90%</td>
<td>96%</td>
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Baystate High Street Adult Medicine is one of 46 practices participating in the Massachusetts Patient-Centered Medical Home (PCMH) and has received NCQA (National Committee for Quality Assurance) recognition in 2012.

Patient-centered medical homes are defined as physician practices that seek to strengthen the patient/physician relationship and provide comprehensive primary care by promoting coordinated care and long-term healing relationships. The standards emphasize the use of systematic, patient-centered, coordinated care that supports access, communication, and patient involvement. Several Baystate practices have become PCMH recognized and have experienced improvements in access, team-based care, and better coordination and follow-up.

Changes are being made in the care delivered to patients with diabetes and asthma. Care for patients who are due for recommended testing/exams or with ongoing issues are monitored closely and contacted as appropriate to schedule office visits, testing, and provide support and education. The care team (including the attending physician, residents, and an advanced practitioner, team nurse, and medical assistant) all play a key role to ensure the patient has the appropriate follow-up, and services are in place to limit inpatient stays and re-admissions.

### Enhancing Care for Heart Failure Patients

Baystate Medical Center’s participation in the State Action on Avoidable Rehospitalizations (STARR) initiative began in September 2009. This initiative is endorsed by the Institute for Healthcare Improvement (IHI) whose goal is to help create new designs that accomplish three critical objectives: improve the health of the population, enhance the patient experience of care, and reduce or control the per capita cost of care.

The tenets of the initiative have proved successful in caring for heart failure patients of unit Springfield 4.

A dedicated team conducts daily rounds. These rounds are formal and truly multidisciplinary in that they are attended by physician champions, hospitalists, nursing staff, case managers, pharmacists, social workers, and other supportive entities such as dietary, physical therapy and students. This team rigorously reviews each patient daily and together arrives at decisions and care plans that best and most efficiently drive care. Under the direction of a Heart Failure Coordinator, a Team of Case Managers, nurses, extended care facilities, Baystate Medical Center’s Heart Failure Clinic, and cardiologists. Sharing of vital information, where appropriate, is carried out in all cross continuum transitions. Calls are made to all discharged heart failure patients to assist with appointments and clarify issues that ensure greater success in managing their chronic illness.

Recognizing the etiology and prognosis associated with a diseased heart, a pronounced respect for end-of-life decisions has been embodied with an enhanced palliative care protocol for patients on the unit.

The cumulative success of the initiative has been a reduction of thirty percent in the readmission rate of heart failure patients which continues to trend out. The Heart Failure team exercises an ongoing effort to identify problems and interventions that will improve the quality of life for these patients.

Baystate High Street Improves Care Delivery

Overall the goals are to:

- Provide patient-centered care
- Improve access to care
- Ensure optimal operational efficiency
- Ensure every member of the team is performing at the highest level of their licensure or training

The care team participates in a brief “huddle” to identify patients who may require extra time or additional interventions. A plan of care is explained to each patient during each visit. As successful processes are identified, they are shared with all Baystate High Street care teams who provide care for about 7,500 patients.
Exemplary Professional Practice

EARLY AMBULATION AND IMPROVING PATIENT SATISFACTION
Staff on Daly 5A, a 37-bed heart and vascular telemetry and interventional unit at Baystate Medical Center, discovered their PCR score relating to pain was one of the lowest in the hospital. In addition, the interventional coordinator who regularly called patients post-discharge would receive feedback about back pain related to the patient’s length of time in bed post-procedure. As a result, Lisa Buckley, RN, nursing research intern, Maria Giordano, RN, Carol Hesketh, RN, Grace Ostrander, RN, Paula Lusardi, RN, and Amr Lotfi, MD, have been researching the effect of early ambulation on diagnostic heart catheterization patients to improve their hospital stay experience.

Research demonstrates that pain has negative effects on the body. Pain can increase heart rate and blood pressure resulting in increased myocardial workload and need for oxygen. These effects can cause or increase the risk of myocardial ischemia and infarction (Rezaei-Adaryani et al, 2009).

The team’s Early Ambulation research proposal was accepted by the Institutional Review Board in January 2011. The team has been collecting data and look forward to improving their patients’ comfort and experience.

COMMUNITY HEALTH NURSING IN HIV/AIDS CARE
When Maripat Toye, RN, MS, program director in Pediatric Infectious Disease, started in Pediatric HIV/AIDS Community Health Nursing and the Pediatric Ambulatory clinics, she took her unit into Springfield, MA, and the surrounding cities of Chicopee, Holyoke, Pittsfield, Northampton, Ware, Worcester, and other communities. Outreach to communities to provide education and resources about access to care and treatments for HIV/AIDS for pregnant women and their infants she found was limited and frustrating due to lack of medications and available formulations for infants and children.

Today her role has expanded to share her experience and expertise in pediatric/perinatal and adolescent HIV/AIDS nursing care and clinical trials work in communities in India, China, Thailand, Vietnam, Brazil, and Africa. The global explosion of the HIV/AIDS epidemic has provided Toye with the opportunity to share her clinical nursing knowledge and research expertise with nurses from around the globe. She describes her journeys as “amazing opportunities to share nursing practices with new colleagues and special families around the world.” Baystate Health has encouraged and supported Toye as she travels in her expanded community health nursing role. “It has taught me so many aspects of culture and diversity and the unique effects every patients culture has upon their perceptions of nursing and health care,” she says. “I appreciate everyday the resources we have in our health care systems and have learned the importance of culture and compassion when dealing with families facing difficult crises. We can all make a difference listening to the patient.”

Toye has received NIH Clinical Trials grants to support her work in teaching and training physicians and nurses in clinical trials implementation.

SECURE WELCOME TEAM WINS SAFETY HONOR
The Baystate Children’s Hospital and Women’s Service Secure Welcome Team was named a Safety Champion at the 2011 Baystate Health President’s Safety Awards. The cross-departmental team, led by nurse managers, included Security, Engineering, Facilities, and Communications employees. They planned and implemented locked doors on each patient care unit, carefully attending to all of the operational and relational issues that arose. Their efforts helped to enhance security for patients and families, as well as staff. This change took planning, education, equipment installation, and signage development. It also requires on-going work of unit staff to manage visitor calls and is an important effort toward improving safety and security.

The Secure Welcome Team was named a Safety Champion at the 2011 President’s Safety Awards.

Toye (far right) in the pediatric ward at Siriraj Hospital, Bangkok, Thailand where she assisted in training nurses in a pediatric clinical research trial.

Here Toye is with members of the Labor & Delivery staff at Siriraj Hospital in Thailand. Toye was on a team that trained the Pediatric and Perinatal staff in implementing HIV/AIDS clinical trials on their units.
Patient care is a continuum of events, actions, and interactions that culminate in an experience. Patient satisfaction is not always tied to a diagnosis or treatment plan but is most often grounded in something much more basic, such as compassion, kindness, and understanding. In the emergency setting, keeping the patient and family informed as to their status in the care process, so they don’t feel as though they have been forgotten, makes a huge difference. Putting this basic principle into action over the last year has resulted in Baystate Mary Lane Hospital’s emergency department achieving outstanding Patient satisfaction scores. Mary Gravel, RN, Emergency Department, Baystate Mary Lane Hospital, has contributed to the increase in the department’s patient satisfaction scores.

Patient Satisfaction Increases in the Emergency Department

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Thinking Lean at Baystate Health

Applying “lean” tools to identify and eliminate waste in processes is a major initiative at Baystate Health. Baystate nurses have been at the forefront of this initiative. There are currently six value streams focusing on sterile processing, hospital medicine/patient care, revenue capture, OB observation patients, and access to outpatient care. Nurses have facilitated, lead, and participated in value stream analysis, rapid improvement events, and ongoing sustainment of this work. The results include improved processes for discharging patients to sub-acute care by eliminating steps in the process, improving care for obstetrical patients by providing clear expectations of the hospital stay and a defined discharge time, and improved processes to provide instrumentation and supplies to the OR. The SPD team won the 2011 President’s Quality Award for their lean work. In the coming year lean work will expand to include more areas and more processes. The continued support and leadership from Baystate nurses will be a key contribution to the ongoing success of lean improvements.

Nursing Research Council: Changing Practice at the Bedside

Practice changes that increase quality patient care and safety are the highest priority for today’s health care professionals. Applying the results of nursing research to guide nursing care allows the practitioners to provide safe, high quality patient care to meet this end. While identifying a patient care problem comes easily to bedside nurses, clarifying the problem and then channeling those ideas to a practice change can be intimidating. Studies suggest that nurses at the bedside lack the resources and knowledge necessary to change the traditional nursing culture to a culture of inquiry with the daily application of the best evidence (Pravikoff DS, Yanner AB, Pierce ST. (2005) Readiness of US nurses for evidence-based practice. Am J of Nursing. 105, 40-51).

The Baystate Health Nursing Research Council (NRC), a clinical nurse specialist guided and staff nurse driven committee, is changing the culture of inquiry at Baystate Health by providing a structure and educational offerings to utilize the best evidence at the patient’s bedside. The NRC launched the Clinical Research Scholar, a unique evidence-based practice mentorship program, to assist the bedside nurses to become aware, excited, and comfortable in the application of research findings to improve patient care. This year-long, partially funded mentorship, provides one-on-one guidance for the selected bedside nurse. The Clinical Research Scholar proposal is selected by NRC staff nurse reviewers, and, with the support of the clinician’s manager and colleagues, the scholar’s challenge is to translate his/her brilliant idea to improve patient care onto paper and into practice.

Presently, there are four Clinical Research Scholars developing and implementing their ideas and changing practice. Sue Powell, RN, fervently committed to pain relief, is focused on the benefits of pre-emptive analgesia. Robin Cronin, RN, believes that a hypoglycemia algorithm will assist the bedside nurse in improving the treatment of hypoglycemic episodes. Lisa Buckley, RN, proposes early versus later ambulation following cardiac catheterization. Kathy Frodema, RN, is exploring a unique approach of pre-operative education for day stay surgery patients.
Baystate Health nurse case managers are considered among the best in the nation. In April 2011, Dorland Health placed the Baystate Health Case Management Department in the top category of teams in the United States that successfully drove positive care coordination outcomes.

How was this accomplished? Nurse case managers recognized the critical need for partnerships, both within the hospital and across transitions of care. By managing the trajectory of care in the hospital from the time of admission, ensuring ongoing communication with patients and families, and working with physicians, nurses, and ancillary partners, the case managers partnering with social workers, are an integral part of the health care team. Baystate case managers have forged professional relationships with care manager partners in the Baystate Medical Practices to maintain positive health outcomes for patients in the community.

### BFMC Threat Assessment Team

The BFMC Mental Health Unit (MHU) Clinical Practice Committee was directed by the unit leadership to develop a standard response to address threats made to staff by patients. Responses in the past had been variable based on the individual risk assessment of various responders.

An article in Campus Safety magazine called “3 Heads are Better than 1” outlined a proposal wherein a multi-disciplinary team made up of three people is immediately convened to objectively assess the threat. The MHU adapted this model with the existing Rapid Response Team model to develop their own threat assessment team (TAT) available 24 hours a day. The multi-disciplinary team brings a breadth of experience and an objective assessment of the threat to make recommendations.

A six-month pilot was conducted on the MHU between July and December 2010. Security, MHU staff, and nursing supervisors were trained on the process. We had six TATs called. Overall, the response was quite positive. The process was predictable and there were no assaults on staff in those instances. The TAT process has since been brought to senior leadership for review with the intent of expanding its scope.

Collaborative care rounds, complex care rounds, Utilization review and management, and daily huddles with Social Work partners have contributed to the nationally recognized excellence of Baystate Health nurse case managers, whose patients remain their “true north.”

### CASE MANAGEMENT: More Than Discharge Planning

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NURSES ENHANCE ELECTRONIC DOCUMENTATION

Nurses at Baystate Health were asked what would allow them to have more time at the bedside in caring for their patients. Their answer is probably a familiar one to nurses working today in the computer age of health care—eliminating duplication in electronic documentation. To work on this issue, nursing formed a Documentation Committee to review, update, and streamline electronic formats to reduce documentation duplication for inpatient care, surgical services, cardiovascular, and emergency services.

Comprised of nurses from all three Baystate Health hospitals, the committee is working to:

- Improve compliance with nursing documentation by examining workflow, usefulness, and reducing redundancy
- Capture documented nursing interventions relevant to core measures, Performance Improvement projects, and research that does not add to a nurse’s workload
- Create ease of interdisciplinary communication

Working with Nursing Informatics, Healthcare Quality, and Risk Management, the committee continues to seek out ways to improve the electronic method of documenting care provided to patients.

Clinical Informatics focuses on the capture, communication and use of patient data and clinical knowledge by clinical professionals and the development and implementation of electronic tools to support the delivery of patient care. Baystate Health is recognized by HIMSS Analytics as a Stage 6 Hospital, which places the health system in the top two percent of hospitals in the country for its electronic health record development. This recognition highlights the accomplishments and exceptional collaboration of many talented and dedicated colleagues across disciplines.

The Baystate Health Clinical Informatics Council, which assists Clinical Informatics, is widely represented by clinical nursing staff and ancillaries. Since nursing workflows are integral in re-engineering and transforming care, nursing plays a significant role, partnering effectively on patient safety, patient satisfaction and clinical quality conversion initiatives. This shared focus by nursing and the interdisciplinary team has transformed care in important ways.

The team works with Information Services to redesign work processes and guide clinical implementations, assist with testing, serve as super-users and champions for clinical implementations. The commitment, knowledge and innovation of the nursing staff work have been key components in the success of the implementation of the Clinical Information System.
Cardiovascular Intensive Care Unit, Ventilator Associated Pneumonia (VAP) rate by patient population type for the last five years. Lower is better.

Springfield 1 Ventilator Associated Pneumonia (VAP) rate for the last five years. Lower is better.

Neonatal Intensive Care Unit, Ventilator Associated Pneumonia (VAP) rate broken down by birth weight for the last five years. Lower is better.

Adult Intensive Care Unit, Central Catheter Related Blood Stream Infection (CRBSI) rate for the last seven years with associated interventions. Lower is better.

Adult patients at Baystate Medical Center who have hospital acquired skin breakdown. Lower is better.
Marcia's Scholarships

Anthea Almasew
Sharon Asher, RN
Christina Farrell
Shannon Griffin
Lindsay Hunter
Jami Euine Neureuter
Patricia Perkins
Laura Spinmer

Forgivable Loan Scholarships

Shirley Hamill, RN
Judith Fleurent, RN
Pamela Fisk, RN
Tanya Dwyer, RN
Erin DellaGuistina, RN
Alyssa Dawson, RN
Maureen Couture
Diane Cody, RN
Carolyn Bensley, RN
Karen Benard, RN
Laura Spinner
Patricia Perkins
Jamie Neureuter
Lindsay Hunter
Shannon Griffin
Christina Farrell
Sharon Asher, RN

Research & Publications


