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Baystate Medical Center | Baystate Franklin Medical Center | Baystate Mary Lane Hospital  
Baystate Visiting Nurse Association & Hospice | Baystate Medical Practices | Baystate Children's Hospital



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 Morsi*

Deborah Morsi, 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



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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, based on superior quality and safety outcomes.



SDI, “Top 100 Integrated Healthcare Networks,” Baystate Health.



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



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



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.

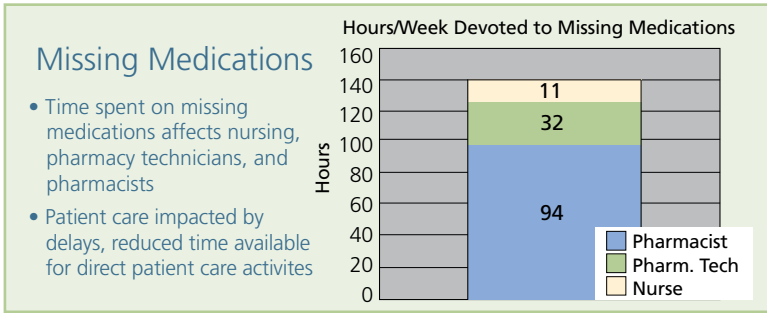


Thomson Reuters: “100 Top Hospitals: 15 Top Health Systems,” Baystate Health for having better survival rates, fewer patient complications, shorter hospital stays, and better long-term outcomes and patient safety standards.

MEDICATION MANAGEMENT INCREASES SAFETY

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 work flow and communication needed to be improved between Nursing and Pharmacy.



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.

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, pressure ulcers 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 care, 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.

"With purposeful hourly rounding, 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."



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

CHANGE-OF-SHIFT REPORT ENHANCES COMMUNICATION

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 to the patients 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.

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.



Nurses on Daly 6A at Baystate Medical Center conduct a change-of-shift report at the patient bedside.

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: "knowledge, competence, and safe practice." These 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 routine 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 self 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.

RNs 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.



## CREATING EXCELLENCE IN PATIENT EXPERIENCES

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 hospital's 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 Cowdery (third from left) shares her experiences with leaders.

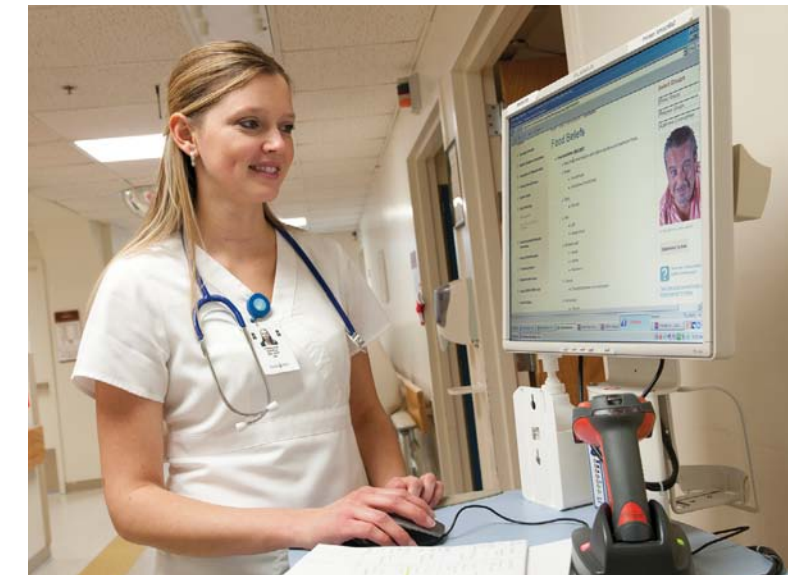
## SETTING NEW STANDARDS FOR CULTURALLY COMPETENT PRACTICE

Baystate Health's over 125 year legacy of providing quality care to communities could only be possible with nurses who continue not only to set new standards for excellence but also embrace culturally competent care. "Cultural competence for nurses as well as all medical professionals is a journey, not a destination," says Jennifer Silvestri, RN, MSN, unit manager and co-chair of the Baystate Health Diversity Council.

Silvestri says nurses and other disciplines are working collaboratively to develop cultural competencies to better drive patient satisfaction and address the unique needs of our changing populations. Here are some achievements to advance culturally competent practice in 2010 – 2011:

- Baystate Health achieved a perfect score on the 2011 Healthcare Equality Index which defines the national standard for equal treatment of lesbian, gay, bisexual, and transgender patients and families.
- Baystate Medical Center, Springfield 2 unit was recognized for effectively putting to use information gained through learning opportunities regarding transgender patients.
- Ninety-two percent of nurse leaders participated in "Cultural Competence in Health Care," and "Appreciating Differences," programs to help nurse leaders gain a greater understanding of diversity, inclusion, and cultural competence and how to harness differences to continue to improve patient outcomes.
- Generational diversity educational opportunities were offered to nurses across Baystate Health to help improve communication and collaboration.
- Nurses' Week events included a lecture titled "Delivering Culturally Competent in Health Care" by Howie Schaffer, founder and chief learning officer, CookRoss.

- Nurses' Week poster presentations offered learning opportunities for nurses and other health care providers by highlighting populations frequently served at Baystate Health.
- "CultureVision," a web-based, searchable educational tool and database that provides on-site cultural information regarding clinical care, was implemented as a resource available to clinical staff.
- The Nursing Diversity Team was launched to focus on diversity and cultural competence in nursing units.



Caroline Bianca, RN, Daly 6A, Baystate Medical Center utilizes CultureVision as a cultural information resource in caring for her patients.



## 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 Bev Siano, 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 Ostrander, MS, RN, manager of the HV Care Unit have also lead planning efforts with their clinical teams.

*"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 workflow(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."*

- Carlo Reale, RN

"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."



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



A 5th floor patient room in the Davis Family Heart & Vascular Center at Baystate Medical Center.

### 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?'"

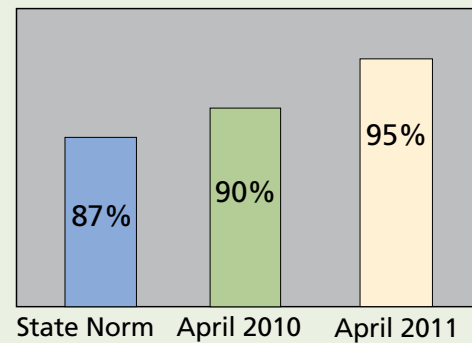


## EXCELLENT WOUND CARE IN THE HOME

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.

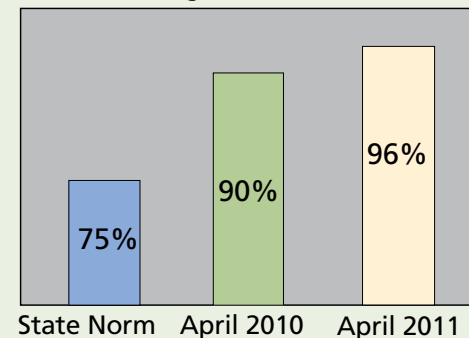
For example, BVNAH's trended process measures for Pressure Ulcer Prevention in Plan of Care (as measured by Outcome Concept Systems, Inc.) show a positive increase of five percent from the previous year and was above the state norm by eight percent.

**Pressure Ulcer Prevention in Plan of Care**  
(higher is better)



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**  
(higher is better)



Program development also included the implementation of a formulary as well as algorithms to guide staff in recommended best practice treatments, both of which have proved to provide substantial financial savings. Additionally, the new program has allowed BVNAH to cut their weekend visits for wound care in half, providing additional financial savings.

With health care reform focused on containing costs without sacrificing quality, BVNAH's Wound Care program provides an excellent example of improving quality of care while decreasing costs.



Baystate Visiting Nurse Association & Hospice nurse Cristina Ribeiro, RN, provides wound care in a patient's home.

## BAYSTATE HIGH STREET IMPROVES CARE DELIVERY

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.

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.

## ENHANCING CARE FOR HEART FAILURE PATIENTS

Baystate Medical Center's participation in the State Action on Avoidable Rehospitalizations (STAAR) initiative began in September of 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, Teach-back Methodology and "Ask Me Three" have become driving indicators and help to support a

patient's educational needs. Relationships have been established with all post-discharge acute care providers and collaborative working relationships developed with visiting 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.



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 PRC 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 Amir 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.



Lisa Buckley, RN, Daly 5A, assists a patient in early ambulation to improve pain management.

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.

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, the job took her out 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.



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 SATISFACTION INCREASES  
IN THE EMERGENCY DEPARTMENT

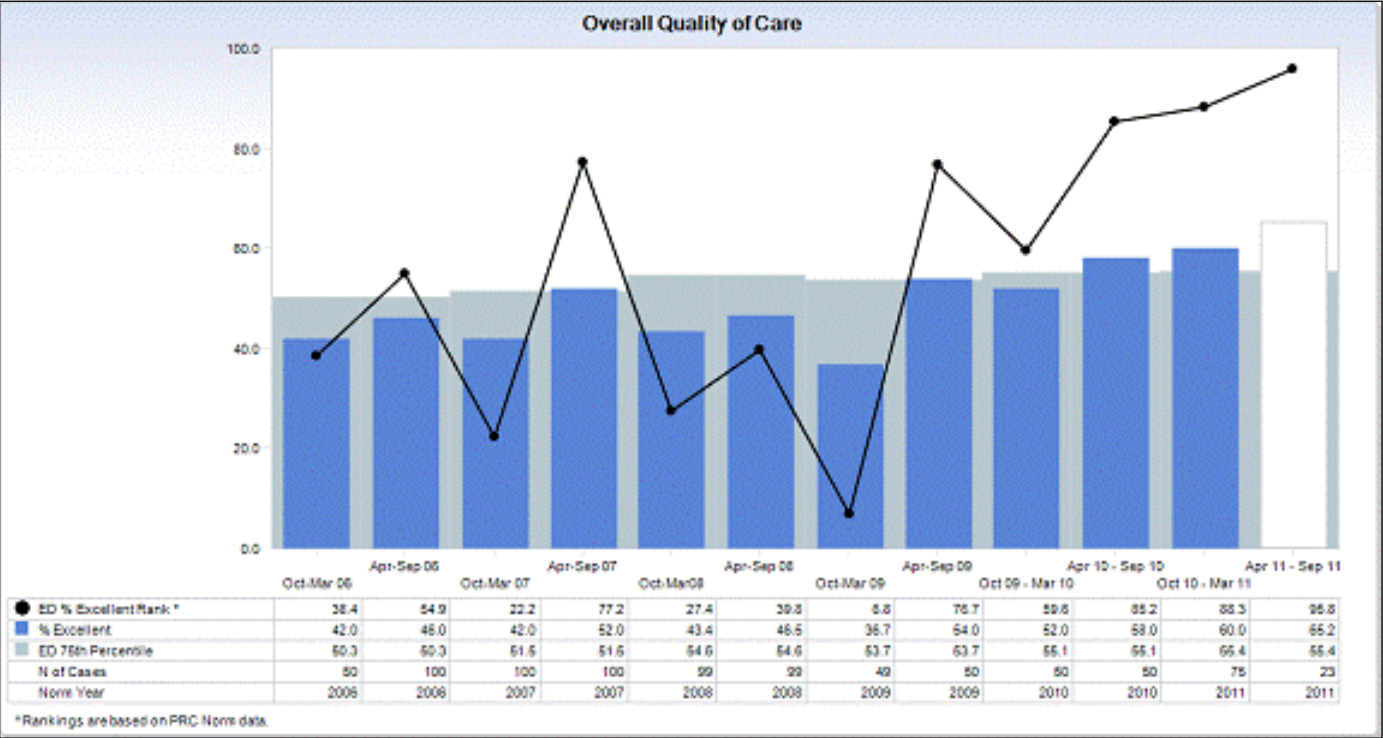
Patient care is a continuum of events, actions, and interactions that culminate in an experience. Patient satisfaction is not always tied to a diagnosis or treatment plan but is most often grounded in something much more basic, such as compassion, kindness, and understanding. In the emergency setting, 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 Research Consultant (PRC) scores. Measured against 238 emergency departments across the country, Baystate Mary Lane reached top decile excellence ratings in overall quality of care. This success is attributed to the efforts of the nursing and

medical staff and is firmly rooted in Baystate Health's operating principles of trust, communication, integrity collaboration, and respect.



Mary Gravel, RN, Emergency Department, Baystate Mary Lane Hospital, has contributed to the increase in the department's patient satisfaction scores.



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/inpatient 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.



Nurses (from left to right) Mary Beth Collins, RN; Karen Johnson, RN; and Diane Russell, RN, attend a lean facilitator meeting to review progress of lean activities.

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 Nrsg. 105, 40-51*).

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.

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



Members of the Nursing Research Council assist nursing research that increase quality patient care.



## CASE MANAGEMENT: MORE THAN DISCHARGE PLANNING

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 drive 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.

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.”



Nurse case managers (left to right) Brenda Krumpholz, RN, and Cheryl Gregory, RN.

## 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.



Security Manager Joe Zukowski and Program Manager of Behavioral Health Janet Curley, LICSW, work with nurses on threat assessment and co-chair the Workplace Violence Committee at Baystate Franklin Medical Center.

## NURSING IN CLINICAL INFORMATICS

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.



Clinical Informatics coordinator Steven Downs gets input from nursing staff at a Clinical Informatics meeting.

## 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, nurses formed a Documentation Committee to review, update, and streamline electronic formats to reduce documentation duplication for inpatient care, surgical services, cardiovascular, and emergency services.

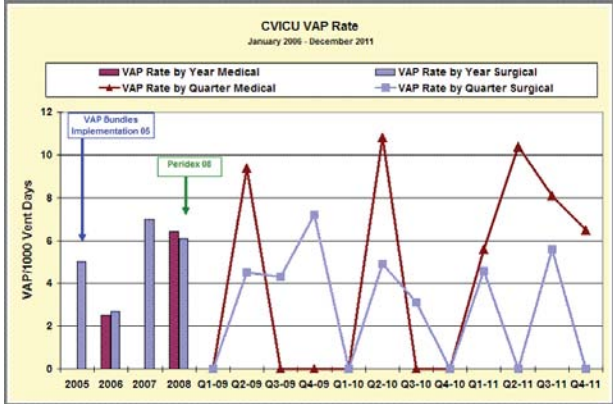
Comprised of nurses from all three Baystate Health hospitals, the committee is working to:

- 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.

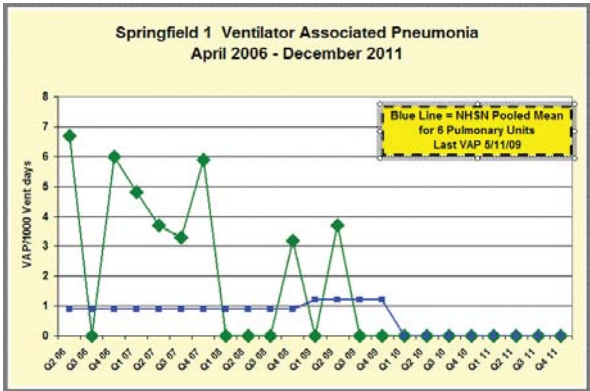


CVICU VAP Rate



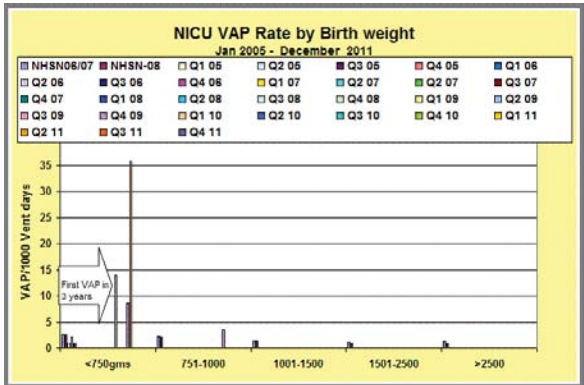
Cardiovascular Intensive Care Unit, Ventilator Associated Pneumonia (VAP) rate by patient population type for the last five years. Lower is better.

Springfield 1 Ventilator Associated Pneumonia



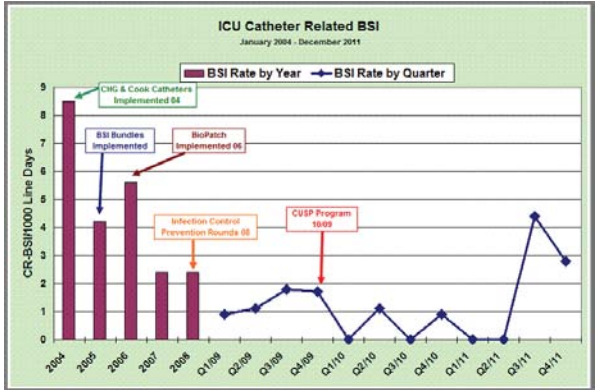
Springfield 1 Ventilator Associated Pneumonia (VAP) rate for the last five years. Lower is better.

NICU VAP Rate by Birth Weight



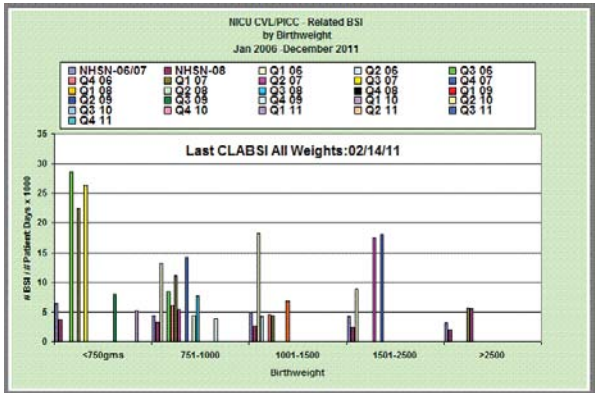
Neonatal Intensive Care Unit, Ventilator Associated Pneumonia (VAP) rate broken down by birth weight for the last five years. Lower is better.

ICU Catheter Related BSI



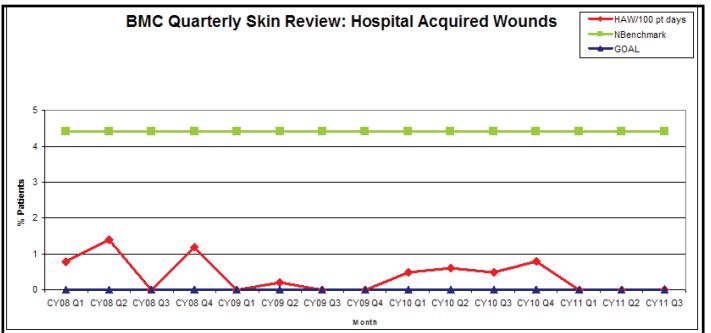
Adult Intensive Care Unit, Central Catheter Related Blood Stream Infection (CRBSI) rate for the last seven years with associated interventions. Lower is better.

NICU CVL/PICC-Related BSI by Birthweight



Neonatal Intensive Care Unit, Central Catheter Related Blood Stream Infection (CRBSI) rate for the last five years. Types of catheters include umbilical, central, and percutaneous-inserted central catheters. Lower is better.

BMC Quarterly Skin Review: Hospital Acquired Wounds



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



MARCHESE SCHOLARSHIPS

Anthony Afanasiew  
Sharon Asher, RN  
Christina Farrell  
Shannon Griffin  
Lindsay Hunter  
Jamie Neureuter  
Patricia Perkins  
Laura Spinner

FORGIVABLE LOAN  
SCHOLARSHIPS

Karen Benard, RN  
Carolyn Bensley, RN  
Diane Cody, RN  
Maureen Couture  
Alyssa Dawson, RN  
Erin DellaGuistina, RN  
Tanya Dwyer, RN  
Pamela Fisk, RN  
Judith Fleurent, RN  
Lynn Garreffi, RN  
Shirley Hamill, RN

Hasna Hakim, RN  
Erica Jones, RN  
Leticia Kennedy, RN  
Tenielle Langevin, RN  
Lisa Ledoux, RN  
Carla Lindsay, RN  
Caryn Mastalerz, RN  
Katherine Murphy  
Leslie Murphy, RN  
Kathleen Nevins, RN  
Brianna Perry  
Tricia Porter, RN  
Christine Pouliot, RN  
Charles Redd, RN  
Maureen Redmond, RN  
Nancy Rines, RN  
Kimberly Ritter, RN  
Nancy Sams  
Neomi Seidell, RN  
Donna Stafilarakis, RN  
Eileen Theroux, RN  
Hua Wang, RN  
Matthew Wisley  
Diahann Wimmer, RN

CLINICAL NURSING  
EXCELLENCE AWARDS

Tina Benoit, RN  
Cheryl Brown, RN  
Janice Canegallo, RN  
Kim Coache, RN  
Alison Colburn, RN  
Ann Farrell-Cournoyer, RN  
Margaret Delaney, RN  
Lisa Desrochers, RN  
Bill Drost, RN  
Gretchen Dubbs, RN  
Leeanne Fenney, RN  
Helen Fortier, RN  
Kathy Frodema, RN  
Marta Golasinski, RN  
Laura Guyette, RN  
Gail Hansmann, RN  
Jean Kievra, RN  
Cynthia Koziol, RN  
Tenielle Langevin, RN  
Patricia Luchessi, RN  
Gail Lyons, RN  
Jennifer Marion, RN

Tanya Martin, RN  
Kaitlin Methot, RN  
Amanda Miller, RN  
Elaine Murry, RN  
Deborah Narreau, RN  
Grace O'Strander, RN  
Rachel Paciorek, RN  
Susan Powell, RN  
Christina Raco, RN  
Kathleen Reed, RN  
Victoria Renaud, RN  
Pamela Rivera, RN  
Ana Rosario, RN  
Jessilia Santiago, RN  
Beverly Scagliarini, RN  
Kathleen Schwede, RN  
Cynthia Shelly, RN  
Julie Sheperd, RN  
Amanda Stebbins, RN  
Alice Taylor, RN  
Stacey Thomas, RN  
Pamela Tietze, RN  
Alicia Whyte, RN

RESEARCH & PUBLICATIONS

- Blank FS, Tobin J, Macomber S, Jaouen M, Dinoia M, Visintainer P. A “Back to Basics” approach to reduce ED medication errors. J Emerg Nurs 2011;37:141-147.
- Caglar S, Henneman PL, Blank FS, Smithline HA, Henneman EA. Emergency department medication lists are not accurate. J Emerg Med 2011;40:613-616.
- Henneman EA, Gawlinski A, Blank FS, Henneman PL, Jordan D, McKenzie JB. Strategies used by critical care nurses to identify, interrupt, and correct medical errors. Am J Crit Care 2010;19:500-509.
- Nathanson BH, Henneman EA, Blonaisz ER, Doubleday ND, Lusardi P, Jodka PG. How much teamwork exists between nurses and junior doctors in the intensive care unit? J Adv Nurs 2011;67:1817-1823.
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- Avrunin G, Clarke L, Osterweil L, Christov S, Chen B, Henneman E, Henneman P, Cassells L, Mertens W. Experience modeling and analyzing medical processes: UMass/Baystate Medical safety project overview. IHI’10 - Proceedings of the 1st ACM International Health Informatics Symposium 2010;;316-325.
- Caglar S, Henneman PL, Blank FS, Smithline HA, Henneman EA. Emergency department medication lists are not accurate. J Emerg Med 2011;40:613-616.
- Henneman EA, Gawlinski A, Blank FS, Henneman PL, Jordan D, McKenzie JB. Strategies used by critical care nurses to identify, interrupt, and correct medical errors. Am J Crit Care 2010;19:500-509.
- Fernandez GL, Lee PC, Page DW, D'Amour EM, Wait RB, Seymour NE. Implementation of full patient simulation training in surgical residency. J Surg Educ 2010;67:393-399.
- Nathanson BH, Henneman EA, Blonaisz ER, Doubleday ND, Lusardi P, Jodka PG. How much teamwork exists between nurses and junior doctors in the intensive care unit? J Adv Nurs 2011;67:1817-1823.
- Blank FS, Tobin J, Macomber S, Jaouen M, Dinoia M, Visintainer P. A “Back to Basics” approach to reduce ED medication errors. J Emerg Nurs 2011;37:141-147.
- Haessler S, Scales M, Fitzgerald J, Connelly N. In response [Letter]. Anesth Anal 2011;112:737.
- Stambovsky M. A personal reflection: the slippery slope of hope [Print Journal Article]. Dimens Crit Care Nurs 2011;30:196-197.
- Lusardi, P. The Going Home Initiative: Getting Critical Care Patients Home with Hospice. (in press) Critical Care Nurse.
- Lusardi, P. So you want to change practice: recognizing practice issues and channeling those ideas (in press) Critical Care Nurse.
- Nathanson, B., Henneman, E., Bloniarz, E., Doubleday, N., Lusardi, P, Jodka, P. How Much Teamwork Exists Between Nurses and Residents in the Intensive Care Unit? (in press). J. of Advanced Nursing.
- Lusardi, P. Changing Practice: Finding the Time and Sustaining the Commitment (in review). Critical Care Nurse.
- Lusardi, P & Gryglik, C.: Stimulating Interest in Changing Practice at the Bedside: An Organizational Mentoring Program for Staff Nurses. (in review). Critical Care Nurse.
- Lusardi, P & Taylor, E. (in press). Contributor to Kaplow, R & Hardin, SR. (in press). Pharmacology Nursing Essentials. Sudbury, MA: Jones and Bartlett
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- Deary, L. Roche, J, Plotkin, K, Zahourek, R. (In revision) Intentionality and Hatha Yoga: An Exploration of the Theory of Intentionality, the Matrix of Healing A Growth Model Holistic Nursing Practice.

CERTIFICATIONS  
JULY 2010 - DECEMBER 2011

William Allsop, RN  
Susan Barnard, RN  
Kristen Blais, RN  
Gail Bordua, RN  
Virginia Brown, RN  
Carol Bruno, RN  
Mary Brunton, RN  
Donn Bulan, RN  
Lynette Buley, RN  
Natalie Burack, RN  
Jennifer Chmura, RN  
Victoria Ciano, RN  
Jonathan Clark, RN  
Denise Connor, RN  
Christine Curylo, RN  
Debra DePoutot, RN

Joanne DeStasio, RN  
Deborah DiCarlo, RN  
Tanya Dwyer, RN  
Sheila Elliott, RN  
Joyce Fiorentino, RN  
Maura Fordyth, RN  
Jeanne Gagliarducci, RN  
Deana Gasperini, RN  
Lynn Garreffi, RN  
Michelle George, RN  
Nancy Greco, RN  
Eileen Grunwald, RN  
Traci Heacock, RN  
Gayle Hellyar, RN  
Carol Hesketh, RN  
Kim Hoy-Kennedy, RN  
Bonnie Kasal, RN  
Deb Kinsey, RN

Mary Ann Kleeberg, RN  
Patricia Little, RN  
Pamela Lucas, RN  
Sheila Lucas, RN  
Lisa Lukasik, RN  
Paula Lusardi, RN  
Janice Niedziela, RN  
Kimberly O'Neill, RN  
Sally Panto, RN  
Joanne Punderson, RN  
Donna Putman, RN  
Sean Robinson, RN  
Lori Sgueglia, RN  
Dorinne Rodriguez, RN  
Cheryl Smith, RN  
Crystal Smith, RN  
Donna Stafilarakis, RN  
Janice Sullivan, RN

Grace Ostrander, RN  
Lindsay Palazzi, RN  
Diane Surprenant, RN  
Susan Sweeney, RN  
Katie Szpila, RN  
Angela Tauer, RN  
James Terapane, RN  
Sandra Turgeon, RN  
Jaime Walker, RN  
Julie Walko, RN  
Dusti Wells, RN  
Mary Ann Westcott, RN  
Michelle Whitney, RN  
Crystal Wilson, RN  
Janice Wood, RN



PRESENTATIONS

- Kardong-Edgren, S, Reed, S, Sweeney, L, Roche, J, Calhoun, (24 January, 2011). “Update on tools for simulation evaluation” A. Eleventh International Meeting of Simulation in Healthcare, New Orleans, LA.
- Brunton, M & Roche, J. (October 19, 2010). “The Structure, Process, and Outcomes of a Nine-Year Service Practice Partnership to Enhance Nursing Education and Clinical Practice.” RWJ Conference on Enhancing Nursing Undergraduate Teaching and Learning in the Clinical Setting: What we know and how do we move forward?”. Alexandria, VA.
- Deary, L, Roche, J, & Zahourek, R. (July 13, 2010). “Intentionality, The Matrix of Healing, A Symposium. Theory Development and Testing in a Clinician Mentor Context” Sigma Theta Tau International Research Congress, Orlando, Florida.
- Kardong-Edgren, S, Anderson, M., Reed, S, Manz, J, Sweeney, N, Arnold, J, Roche, J, Hogan, M., Ravert, P, Rizzolo, M.A. (June 17, 2010). “Developing tools for simulation evaluation.” International Association of Clinical Simulation and Learning, 9th Conference, Las Vegas.
- 15th Annual New England Regional Society for Academic Emergency Medicine Conference. Goodman I, Langlois G, Spirko B, Smithline H, Blank F, Fernandez G. Teaching pediatric code leadership skills: Integrated vs. stand alone curriculum. Hartford, CT. Apr 6, 2011.
- 23rd Annual Meeting of the Eastern Society of Pediatric Research. Goodman I, Langlois G, Spirko B, Smithline H, Blank F, Fernandez G. Teaching pediatric code leadership skills: Integrated vs. stand alone curriculum. Philadelphia, PA. Mar 25-Mar 27, 2011.
- Annual New England Region Society for Academic Emergency Medicine Research Forum. Rathlev N, Blank F, Osborne B, Kellogg A, Li H, Blanchet J, Conway R, Durkin L, Gerstein R, Strzempko S, Vig M, Santoro J, Visintainer P. The moratorium on ambulance diversion in Western Massachusetts. Hartford, CT. Apr 16, 2011.
- Joint meeting of the Pediatric Academic Societies and Asian Society for Pediatric Research. Goodman I, Langlois G, Spirko B, Smithline H, Blank F, Fernandez G. Teaching pediatric code leadership skills: Integrated vs. stand alone curriculum. Denver, Co. Apr 30-May 3, 2011. Published abstract online at [www.abstracts2view.com/pas/view.php?nu=PAS11L1\\_541](http://www.abstracts2view.com/pas/view.php?nu=PAS11L1_541).
- Society for Academic Emergency Medicine Annual Meeting. Goodman I, Langlois G, Spirko B, Smithline H, Blank F, Fernandez G. Teaching pediatric code leadership skills: Integrated vs. stand alone curriculum. Boston, MA. Jun1-Jun 5, 2011. Published abstract in Acad Emerg Med 2011 18(5) Suppl 1:Sxxx.
- Society for Academic Emergency Medicine Annual Meeting. Rathlev N, Blank F, Osborne B, Kellogg A, Li H, Blanchet J, Conway R, Durkin L, Gerstein R, Strzempko S, Vig M, Santoro J, Visintainer P. The moratorium on ambulance diversion in Western Massachusetts. Boston, MA. Jun 1-Jun 5, 2011. Published abstract in Acad Emerg Med 2011 18(5) Suppl 1:Sxxx.
- 1st ACM (Association for Computer Machinery) International Health Informatics Symposium. Avrunin GS, Clarke LA, Osterweil LJ, Christov SC, Chen B, Henneman EA, Henneman PL, Cassells L, Mertens W. Experience modeling and analyzing medical processes: UMass/Baystate Medical Safety Project Overview. Arlington, VA, 2010. Published abstract online at [www.cs.umass.edu/~christov/pubs/experienceModelingAndAnalyzingMedicalProcessesUmassBaystateProjectOverview.pdf](http://www.cs.umass.edu/~christov/pubs/experienceModelingAndAnalyzingMedicalProcessesUmassBaystateProjectOverview.pdf).

NATIONAL POSTER PRESENTATIONS

- Yale School of Nursing Alumnae Reunion ‘10 The 21st Century Practitioner: Staying Relevant in a Fast Changing World. Funk M, Calcasola S. The PULSE Trial: Improving ECG monitoring in hospitals. New Haven, CT. Oct 1-Oct 2, 2010.
- Nursing Grand Rounds: Lisa Buckley and team (Clinical Research Scholar), 6/11
- Posters from the Clinical Research Scholars; Nurses’ Week and Research day (S. Powell and Lisa Buckley)
- Necrotizing Pancreatitis: What is Really Happening? Lusardi, P. NTI, Chicago, Ill (May, 2011)
- Staff Nurses’ Perspectives on Changing Practice: Utilizing the Best Evidence on Sedation and Delirium! Manning, C., Lusardi, P, (representing the ICU Delirium Team) NTI, Chicago, Ill (May, 2011)
- Changing Practice: Utilizing the Best Evidence on Sedation and Delirium! Manning, C, Lusardi, P, (representing the ICU Delirium Team) Sigma Theta Tau, Holyoke, MA (April, 2011)
- Utilizing the Best Evidence: Staff Nurses’ Drive to Change Unit Practice on Pain Assessment and Management! Bolow, M., Lusardi, P, Graziano, S. (representing the ICU Pain Team) Sigma Theta Tau, Holyoke, MA. (poster) (April, 2011)
- The ICU Delirium Project: Changing Practice. Lusardi, P, Manning, C, Baker, D, Connley, K, O’Brien, K, Pesaturo, A, Mailloux, P. Nursing Grand Rounds, Baystate Medical Center. Springfield, MA (10/10)
- Posters from 2 Clinical Research Scholars (S. Powell and R. Cronin), Nurses’ Week and Research Day
- Self-destruction, Abscesses and More: Necrotizing Pancreatitis. Lusardi, P. NTI, Washington DC. (5/10)
- So Your Patient’s Last Wish is to Go Home to Die: “The Going Home Initiative”. Plouffe, D, Lusardi, P. (representing the ICU Palliative Care Team), NTI, Washington, DC (5/10)
- Baystate Medical Center Intensive Care Unit, Four Time Beacon Award Winner: A Step Ahead! Lusardi, P, Scott, S. Elliott, S., Tillman, D. ICU Multidisciplinary Team. AACN Horizons, Burlington, VT (4/10)
- Nursing Grand Rounds: Susan Powell and Robin Cronin (Clinical research Scholars)



“Baystate Health nurses inspire. They are national leaders in practice, and continually look for ways to improve care for our patients and families. It’s their steadfast dedication that makes us a better organization, allows us to provide the best care, and helps fulfill our mission.”

Greg Harb, FACHE  
Executive Vice President and Chief Operating Officer, Baystate Health



“The quality of collaboration between Baystate Health nurses and physicians is exceptional. Nurses are our partners in clinical innovation through our team approach to quality and safety improvements. They further clinical integration through care coordination and communication and are at the heart of individualized approaches to care that take into account the patient’s culture, education, and past experiences.”

Mark Keroack, MD, MPH  
Chief Physician Executive, Baystate Health and President, Baystate Medical Practices

Invest in Baystate Health Nurses

Philanthropic gifts play an important role in supporting nursing education and the development of nursing leaders at Baystate Health. If you would like to make a gift, contact the Baystate Health Foundation at 413-794-5444 to learn more.

Based in Springfield, Massachusetts, Baystate Health is a not-for-profit, multi-institutional, integrated health care delivery organization serving a population of 750,000 people in western New England.