

## View from the PURCH

Last winter I met with a dozen or so BMP physicians and advanced practice providers over dinner to discuss provider exhaustion—“burn-out”—and the broader concept of provider wellness. The dinner group comprised BMP members from distinct clinical disciplines who work in various environments of care delivery throughout BH. I invited these folks to the dinner because of comments or suggestions they made to me at all-faculty meetings, by emails, or on my visits throughout our enterprise. At that event, I charged this Task force group (and they accepted the charge) with developing a comprehensive set of recommendations—a “roadmap”—to prevent and mitigate provider burn-out and to optimize provider wellness at BMP.



**Andrew W. Artenstein, M.D.**

Provider wellness must be a high priority for us for several reasons: it impacts our collective ability to deliver on the BH 2020 strategic goals (i.e. our “compass points”) around safety, quality, patient experience, and value; it is central to our ability to recruit and retain the best clinical and academic talent that will enable us to achieve our Vision and adhere to our Mission; and perhaps most importantly, we all need to feel that we can give our best effort to our teams and patients; to do this we need to be energized and engaged and not chronically exhausted.

A growing body of evidence suggests that provider burn-out permeates all realms of health care delivery and is an accelerating problem. I have just received the Task force’s recommendations and am beginning the process of reviewing them first with the Chairs and Service Line leaders in a process that will ultimately need to be determined and driven by those closest to the work—the providers. You will be hearing much more about this in the coming months. There has been a great deal of interest to this point, and I am hoping that many of you will choose to participate in developing approaches and solutions to improve provider wellness here. I want this process to be broad-based, transparent, focused, and deliberate and most importantly, successful. As always, I welcome your thoughts.

### *Please Welcome Our New BMP Providers Who Joined Us In June!*

Veda Chau, PA-C    Neurosciences  
Larisa Altman, CNP    Hospital Medicine BMC  
Jaime Broussard, PA-C    ED BMC PA Residency  
Caeli Russell, PA-C    ED BMC PA Residency  
Jemimah Jurado, CNP    NICU  
Julia Lustick, MD    Psychiatry – APTU  
Aaron Stupple, MD    Hospital Medicine BMC  
Sheldon Lyons, MD    Primary Care – Cardiology & Internal Medicine Associates

## The Interview:

During a busy summer, *The BMP VOICE* pup reporter Abby Jaxson talked with Dr. Jennifer Schimmel from the Division of Infectious Diseases and Erica Housman, clinical pharmacy specialist about the “Baystate Health Antimicrobial Stewardship Program” and to get answers to burning questions like why Baystate uses extended-infusion piperacillin-tazobactam or who compiled the Baystate Health Empiric Antibiotic Guideline?

**Abby Jaxson:** So, why does Baystate use extended-infusion of piperacillin-tazobactam and who did compile the BH Empiric Antibiotic Guideline?

**Schimmel:** These were two of the earliest initiatives of the Baystate Antimicrobial Stewardship Program (ASP), a collaborative effort between the BH Division of Infectious Diseases and Pharmacy that commenced in 2010.

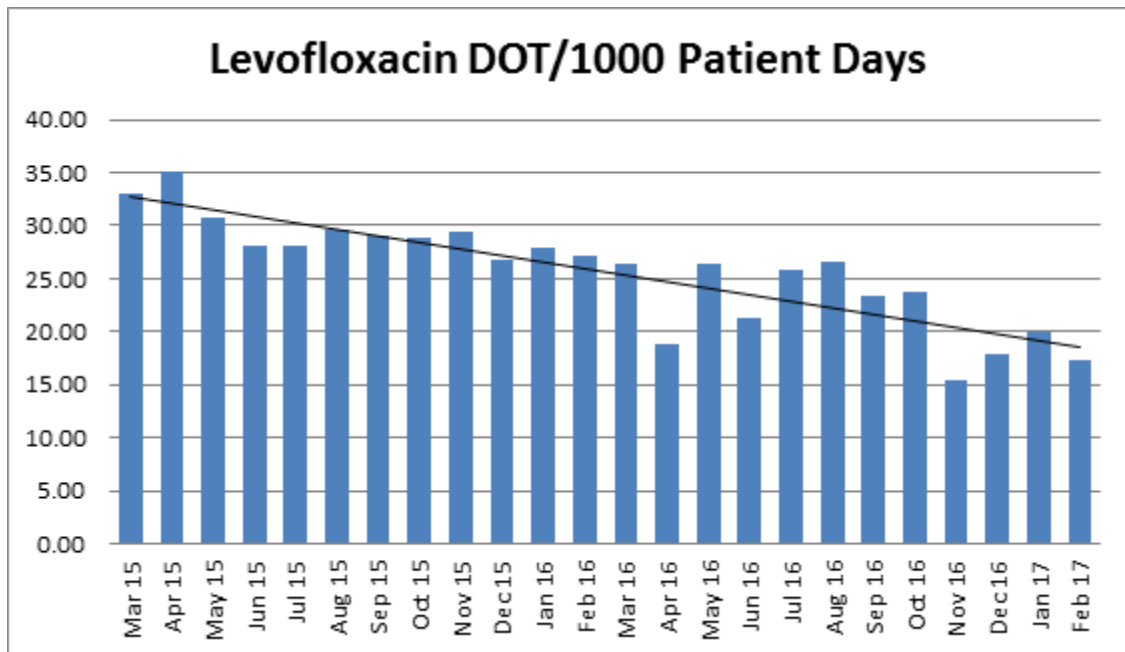
**Abby Jaxson:** What is “antimicrobial stewardship”?

**Schimmel:** Antimicrobial stewardship programs promote the appropriate use of antimicrobials, with the goals of improving patient outcomes and reducing antimicrobial resistance, often resulting in cost savings. National data have shown that about 50% of hospitalized patients receive antibiotics, representing a massive burden of pharmacy costs for the health care system and leading to a large number of short-term adverse events (e.g. allergic reactions, *Clostridium difficile* disease) as well as longer-term, societal-level events (e.g. multi-drug resistant bacterial infections). In more than one-third of cases that potentially warrant antimicrobials, assistance from an Antimicrobial Stewardship team can result in optimization of the antibiotic (i.e. drug choice, route, dose or duration) or culture attainment.

## The Interview cont'd:

**Abby Jaxson:** How does this group promote appropriate antimicrobial use?

**Housman:** As of 2017, all hospitals are required to have Antimicrobial stewardship programs to meet Joint Commission and CMS standards. Baystate Health is fortunate to have a well-established, mature program. The Antimicrobial Stewardship Program holds monthly meetings of the Antimicrobial Subcommittee with representatives of the key stakeholders from several departments and clinical service areas including pharmacy, adult and pediatric Infectious Diseases, Surgery, critical care, hospital medicine, infection control, and the Microbiology Lab. Among other tasks, the committee reviews new antimicrobial agents, formulates policies regarding appropriate use of antimicrobials, and reviews the hospital formulary. In addition to the Empiric Antibiotic Guidelines, several other BMC Practice Guidelines have been developed including guidelines for *Clostridium difficile* infection, Uncomplicated Cellulitis Management, and the Perioperative Antibiotic Guideline, all of which can be found on eWorkplace. With guidance from the ID pharmacist, clinical pharmacists now manage all aminoglycoside dosing, renal dose adjustment/dose optimization, and a new initiative to do the same for vancomycin. On a daily basis, the stewardship pharmacist reviews all patients on broad spectrum antibiotics (including vancomycin, piperacillin-tazobactam, cefepime, and levofloxacin) for at least 48 hours to identify opportunities for improvement; we often help with de-escalation or cessation of antibiotics. In recent years, as the risk of *C. difficile* and other adverse events of fluoroquinolones have become more apparent, we have increased our surveillance related to these drugs, which has resulted in a decrease in their use (see Graph).



## The Interview cont'd.

The Stewardship team also reviews patients with *C.diff* daily to make sure management is optimal. Another one of our newest initiatives is a collaborative with the Microbiology Lab for rapid blood culture identification, which allows more rapid organism identification and antibiotic streamlining. We are also working with pharmacy and prescribers to incorporate an “antibiotic time-out” daily into routine patient care rounds.

**Abby Jaxson:** Does the Program extend to pediatrics?

**Schimmel:** Yes, the newest addition to the Baystate antimicrobial stewardship program portfolio is the pediatric ASP. Aligned with the Baystate ASP, the pediatric ASP performs reviews on pediatric patients maintained on antibiotic agents for  $\geq 48$  hours. Objectives of the Pediatric ASP include fostering clear and collegial communications with pediatric providers along with simultaneous optimization of both hospital resources and patient care. For situations in which ASP team consensus dictates that antibiotic optimization is warranted, they present recommendations to primary attending physicians while concurrently discussing the rationale underlying those suggestions. Since August 2014, the program has performed over 1,400 antibiotic reviews for more than 1,000 pediatric patients, with > 650 days of antibiotic therapy averted.

**Abby Jaxson:** How do providers contact the Program?

**Housman:** A representative of the Baystate Adult ASP is available weekdays on pager #95376 (Antimicrobial Approval Pager) for adult restricted drug approvals and antibiotic advice; overnights and on weekend, the ID physician on call is available for urgent issues. For the Pediatric ASP, pediatric clinical pharmacists are available during weekdays to provide guidance regarding proper antibiotic selection, dosing and management, and can be reached by calling #40011 (followed by stating “Pedi Pharmacist”). For pediatric restricted drug approvals, overnights, on weekends, and for urgent issues, the pediatric ID physician on call is available.

We look forward to continuing to provide education, on-line resources, and to work with providers in real-time to optimize antibiotic use and improve the quality and safety of patient care across the Baystate Health System.

## Meet the Department of Psychiatry Leaders



Barry Sarvet, MD, DFAPA, FAACAP  
Chair of Psychiatry, Baystate Health  
Professor and Chair, Department of Psychiatry, UMMS-Baystate

A graduate of the Northwestern University's Honors Program in Medical Education, a six-year combined Bachelor of Science/MD program, Dr. Sarvet's education was initially narrowly focused. However, during his undergraduate years, he discovered a passionate interest in the humanities and consequently modified his curriculum to include an additional year of study in philosophy and literature at the University of Texas at Austin. Convinced that psychiatry would be the best path for him to combine his interests in humanism and medicine, Dr. Sarvet went on to complete his residency in psychiatry and a fellowship in child and adolescent psychiatry at Yale University.

He joined Baystate Health in 1999 as the chief of child psychiatry. In this role, Dr. Sarvet led the transformation of the service from a very small traditional outpatient clinic into a robust multifaceted division nationally recognized for clinical innovation. Dr. Sarvet's accomplishments in this role included the development of MCPAP, a statewide program delivering child psychiatry consultation to primary care providers. MCPAP has become a national model and spread to 28 states. He also led the development of the mental health section of the Baystate Family Advocacy Center, now a regional leader in the provision and dissemination of evidence-based psychotherapy for traumatized children with a large portfolio of federal and state grants. With a broadening scope of activity in the department, Dr. Sarvet also led the design and implementation of the Integrated Behavioral Health program within our primary care service line.

Dr. Sarvet received the American Academy of Child and Adolescent Psychiatry Simon Wile Leadership Award for his scholarship and contributions to the profession in 2014. He is chair of the AACAP Committee on Healthcare Access and Economics, co-chair of the Mental Health Task Force for the Massachusetts Chapter of the American Academy of Pediatrics, and serves on the APA Scientific Program Committee and Task Force on Integrated Care. He has contributed numerous publications and academic presentations in the areas of mental health service delivery, integrated care, and health information technology. He has consulted with state mental health policy leaders throughout the US and recently presented his work on collaborative care in child psychiatry at the National Academy of Sciences.

In 2015, Dr. Sarvet was appointed to be the chair of the department of psychiatry. Over the course of his career, he has been on the forefront of a movement to improve the integration of psychiatry within healthcare systems toward the goal of improving access to care and reducing the stigmatization of individuals with mental illness.

He and his wife Deena Sarvet have been married for 29 years and they're extremely proud of their 3 grown children Aaron, Samantha, and Galit. In his spare time, he enjoys playing the fiddle, practicing yoga, making fermented foods, and being in the outdoors.

## Meet the Department of Psychiatry Leaders cont'd.



Matthew Haas, LICSW, LADC-I  
Senior Director of Behavioral Health, BH

Matt Haas received his B.A. from St. Olaf College in Northfield, MN, and MSW from Smith College School for Social Work in Northampton, MA. Prior to coming to Baystate in 2012, Matt worked at Holyoke Medical Center for 19 years, where he was Director of Behavioral Health for ten years and also Executive Director of the affiliated River Valley Counseling Center, an \$8.5M community mental health and social service agency that saw an 80% increase in volume to over 65,000 outpatient visits/year and a 45% increase in revenue under his seven years of leadership.

At Baystate, Matt oversees the Behavioral Health Service Line under the leadership of Psychiatry Chair Dr. Barry Sarvet. This includes BMC's 28-bed Adult Psychiatric Treatment Unit, Behavioral Resource Team, 36-seat Child Partial Hospitalization Program (PHP), 18-seat Adult PHP, and Adult and Child Outpatient Behavioral Health clinics, as well as BMP Psychiatry's inpatient and outpatient divisions, the Family Advocacy Center, the Massachusetts Child Psychiatry Access Project, the Psychiatry Consultation Service and Integrated Behavioral Health Services in nine primary care practices. Over the last year, Matt and Dr. Sarvet have assumed Service Line leadership for the behavioral health services in Baystate's three regional hospitals, which include 69 inpatient psychiatric beds in four units, two adult PHPs, and outpatient behavioral health services serving more than 25,000 visits/year.

Matt says, "I came to Baystate because of the greater opportunities in a much larger system, but also because I was impressed with how the organization's values and principles clearly grounded and inspired the work of the people I met. Since I've been here, my first impression has been proven accurate again and again. There's a collaborative culture that really facilitates productive partnerships across the system."

Matt has co-led or participated in multidisciplinary teams that developed Integrated Behavioral Health in Primary Care, an integrated model of Enhanced Emergency Psychiatric Services in the ED and the Behavioral Resource Team supporting med/surg nursing in the care of behaviorally challenging patients. Just this fall, he and his team partnered with Facilities and Real Estate to facilitate the move of the Child PHP from 140 High Street to a beautiful, centrally accessible new site in Holyoke.

Matt and his wife Deborah, a school nurse, have lived in Northampton for nearly 30 years. They have two daughters, 27-year-old Hallie, a comedian and actor in New York City, and 20-year-old Isabelle, a junior at the University of Cincinnati's Conservatory of Music studying ballet. Matt and Deb enjoy hiking, biking and taking advantage of the Valley's rich arts scene.

## Supporting Scholarship Among Junior Faculty (SSJF)

*Small opportunities are often the beginning of great enterprises*

Demosthenes

In fiscal year 2018, UMMS-Baystate will launch a new program to encourage the academic career development of our junior faculty. *Supporting Scholarship among Junior Faculty (SSJF)* will provide a standardized financial mechanism to help fund regional and national scholarly activities of Assistant Professors and Instructors within the first decade of academic appointment. Senior leadership at UMMS-Baystate created this initiative in response to feedback from faculty about financial challenges to disseminating their clinical, educational, and investigative contributions beyond Springfield. Such national and regional endeavors are critical to individual academic career advancement and also provide a platform to highlight Baystate Health's achievements and innovations within health care.

SSJF awards are up to \$4,000 each and will cover costs of registration, travel, and/or clinical time relief necessary to present scholarly work. Applicants must be physicians at the junior faculty level, defined as Instructor or Assistant Professor rank, and within 10 years of training (residency, fellowship, post-doctorate). Oral presentations on educational innovations or IRB-approved research delivered in regional or national fora at recognized meetings or venues are eligible for financial support. Additionally, junior faculty within 3 years of initial academic appointment may qualify for SSJF funding for first-author, peer-reviewed posters presented at a national meetings. The first request for applications (RFA) will take place in December 2017. Chairs and Service Line Leaders will be asked to nominate candidates and complete brief applications on their behalf. Interested faculty should contact these individuals. For general questions about the SSJF Program, please email Dr. Tara Catanzano, Associate Director of Academic Career Development, Office of Faculty Affairs at UMMS-Baystate ([Tara.Catanzano@baystatehealth.org](mailto:Tara.Catanzano@baystatehealth.org)).

Submitted by: Amy S. Gottlieb, MD, FACP  
Chief Faculty Development Officer, BH

### Announcement

January 23, 2018  
**BMP Annual Meeting**  
Log Cabin