Baystate Medical Practices
2015 Annual Report
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Cover photos from top to bottom:  
A BMP Physician with a patient on the ACE Unit.  
Anna Symington and Grace Makari-Judson, MD reviewing breast cancer risk grant.  
Meghan Hickey, MD with a patient at Baystate Neurology.  
Jonathan Martin, MD reviewing a case at Baystate Pediatric Neurosurgery.  
Pranay Parikh, MD and team briefing for surgery.  
The BMC Emergency Department performs a bed-side clinical ultrasound.
This has been a remarkable year for Baystate Medical Practices (BMP) and Baystate Health (BH). Changes in the health care environment continue to accelerate and present new challenges, as well as robust opportunities.

**Lessons from the year past**
Despite a variety of curve balls thrown at BMP and BH this past year, our clinicians continue to prove themselves to be talented innovators, who care. From the continued awards for our cardiovascular services, to ranking in US News as one of only two hospitals in the state for excelling in the management of common diagnoses, to the day-to-day passionate care of our patients, BMP physicians and advanced practice providers stand out. It’s a remarkable team that I think has not yet tapped all we can do clinically and academically.

**The challenges continue**
Our competitors continue to push west and now use saturation advertising to declare their presence. Our government payers continue to ratchet down what they wish to pay for care of patients. Our journey to population health and non-fee-for-service payments has accelerated. Despite these challenges, BMP and BH are uniquely poised to thrive. The focus on quality, our remarkable efficiency, value and the strong culture of patient centricity serves us very well compared to many other health systems.

**Remarkable improvements**
Despite the challenges to health care, BMP has made enormous strides this year in terms of improving access and productivity. In the past 24 months our third next available appointment availability hit record highs, and our provider schedules have been opened to become more available to see patients. The results of this work can be seen in the BMP Access Improvement and Growth graphs (below), which highlights our increased volume, RVUs and gross revenue. Routine meetings with the chairs, service line leaders, access services leaders and practice directors now occur and help solve operation issues and embrace changes required to serve our patients better. The corn silos truly have come down.

**Academics**
This year will go down in Baystate history as the year we became the first regional medical school campus of the University of Massachusetts Medical School (UMMS). This new regional medical school called UMMS-Baystate Health, will be a unique educational track in urban and rural primary care, with 25 students per year at Baystate. Other exciting academic news includes the arrival of Dr. Peter Friedmann from Brown University as our first Chief Research Officer. Dr. Friedmann is a national expert in addiction medicine, and will reinvigorate research at Baystate and continue to align our work with the needs of our patients and their communities. As we evolve into a regional medical school campus, we welcome Dr. Amy Gottlieb as the new UMMS-Baystate Health Associate Dean for Faculty Affairs and our BH leader of faculty development. Dr. Gottlieb will lead our efforts to create outstanding career paths for our faculty that fill the needs of the new medical school, enhance recruitment and retention, AND align with our patient care mission. Finally, our own Dr. Kevin Hinchey, a national expert in medical curriculum, will become the associate Dean of Curriculum for the new regional medical school and pioneer a unique urban and rural primary care curriculum.
Milestones

• Arrival of Baystate Noble into the Baystate family
• BH Ranked by US News and World Report as a high performer in five adult procedures/conditions along with only 34 hospitals in the USA
• 76% of specialty clinics achieve third next available appointment in 14 days
• Access Services joins BMP and embarks on the “one call solves the problem” journey
• The D’Amour Center for Cancer Care achieves record growth
• The Cardiovascular Program makes the US News top 50 list yet again!
• Our Culture of Safety Program is successfully launched
• Launch of the first BMP practice dashboard

A look to 2016

• Continued focus on access and reducing variability in our quality of care and patient satisfaction
• Continued pressure to perform in BOTH a fee for service world and a population-based risk and shared savings world
• Interviews of medical students applying to UMMS-Baystate Health begin in the fall!
• Enhancement of our clinical trials infrastructure and growth in clinical trials particularly in the Baystate Regional Cancer Program
• Access services launches Kyruus, a new platform, as the single source of truth for information about physicians
• Primary care continues to grow and integrate care for our regional population

Yes, it has been an exciting year with more to come in 2016. It is not possible to include all the achievements of the physicians and advanced practice providers in our annual report. We do, however, include some of the many stories of success at BMP. I invite you to look through our annual report and to enjoy our unique privilege in providing care to all our patients.

BMP Access Improves Along with Growth

John R. Schreiber, MD, MPH
President Baystate Medical Practices and
Chief Physician Executive of Baystate Health
OFFICERS

John R. Schreiber, MD, MPH
President,
Baystate Medical Practices

Dennis Chalke
Chief Financial Officer,
Baystate Health
Treasurer

Kristin Delaney
Clerk

Doug Muehlberg
Chief Operating Officer,
Baystate Medical Practices

Raymond McCarthy
Chief Financial Officer,
Baystate Medical Practices

MISSION STATEMENT
To improve the health of the people in our communities every day, with quality and compassion.

CLINICAL VISION
BMP will be the multispecialty group practice of choice, known for exceptional service, quality, value, and academic leadership.
Bundled payments are one of the Baystate Health strategies for increasing healthcare value and are being promoted by Health and Human Services as one of two major structures for moving away from fee for service, along with Accountable Care Organizations. The purpose of bundled payments programs is to align physician groups, hospitals and post-acute providers with the goal of delivering the highest quality care at the lowest costs for episodes of care over 90-days.

Baystate Health was an early adopter of bundled payments with successful pilots in hip replacement and bariatric surgery episodes in 2010 and 2013. This work was published in a leading quality and patient safety peer reviewed journal (Whitcomb WF, Lagu T, Krushell RJ et al, Experience with Designing and Implementing a Bundled Payment Program for Total Hip Replacement, Joint Commission Journal on Quality and Patient Safety; 41(9):406-13, 2015, Sep). Currently, Baystate Health is participating in the Centers for Medicare and Medicaid Innovation (CMMI) Bundled Payments for Care Improvement (BPCI) initiative for joint replacement surgery, coronary artery bypass graft surgery and small and large bowel procedures. We are also designing a perinatal bundle with Health New England and our obstetrics colleagues. Baystate Health is interested in expanding participation in the BPCI initiative and is exploring participation for cardiac valve replacement surgery and percutaneous transluminal coronary angioplasty (PTCA) procedures.

Baystate has been very successful in achieving better care at lower cost for the first two BPCI programs in the past year. The 90-day costs for episodes of Joint Replacement and CABG were reduced by 9% and 5% respectively. At the same time, quality of care as measured by multiple local and national measures improved. As a result, the medical center received almost $1 million in additional revenue over and above the expected fee for service payment had we not entered the bundle initiative. This work was recently honored as a finalist at the first MHA accountable care compass award for the bundle programs for total joint and CABG.

Success in bundled payments depends on interdisciplinary collaboration, physician engagement in redesigning and standardizing care and communication pathways, and improving the coordination of patient care with our post-acute partners.
Baystate Health and University of Massachusetts Medical School Launch Regional Campus in Springfield

In June 2015, Baystate Health announced that the University of Massachusetts Medical School (UMMS) and Baystate Health will open a regional campus of the medical school in Springfield. It will be known as UMMS-Baystate Health and begin operating in the 2017-18 academic year.

This first regional UMass Medical School will recruit students interested in rural and primary care. This new endeavor allows Baystate Health to address current and coming challenges of health care in a more contemporary and innovative model and to augment the pipeline of new primary care physicians in Western Massachusetts.

Through this partnership, UMass Medical School will replace Tufts University School of Medicine (TUSM) as our primary academic affiliate, and will expand their class size so that 25 new UMass students will enter the Baystate Health track each year. UMMS will create 10 new academic departments at BH, and each of our chairs will become UMMS-BH Chairs. BMP Physicians will become UMMS-BH faculty, although we will still have a small number of Tufts students at Baystate.

This relationship builds upon our academic medical center model at Baystate Medical Center, and will expand the teaching of MD students throughout Baystate Health. The new teaching model will incorporate our community hospitals and health centers in a more profound way, preparing medical students more holistically to be innovative and successful in addressing both the urban and rural challenges of health care. Baystate Health will use our integrated delivery system in order to train medical students in managing the health of both individuals and populations—how doctors will practice in a post health care reform world.

AREAS OF FOCUS

- **Affordable Medical Education:** In expanding the UMass Medical School campus to Springfield, UMMS and Baystate Health are significantly increasing opportunities for future physicians to receive an affordable medical education at a time when shortages of physicians, and particularly primary care physicians, are becoming a bigger problem, nationally and locally.

- **Primary Care Physician Pipeline:** This partnership will help Baystate Health address the region’s urgent need for physicians in western and central Massachusetts by building a pipeline of medical students more likely to remain in our health system or practice locally as physicians.

- **Research & Clinical Trials:** The expansion of UMMS to Springfield will create two new research enterprises. The first, an institute that studies ways to improve health care delivery and to reduce health care disparities among different Western Massachusetts populations. Second, a new center on clinical trials will expand access of patients in our community to cutting edge therapeutics. Baystate’s existing strength in comparative effectiveness, population health and outcomes research will complement the UMMS world class research portfolio.

Baystate Health is pleased to partner with a nationally recognized medical school to develop the first-ever regional medical school in Springfield, expand access to clinical trials for our region, and to participate in a dedicated effort to increase the availability of effective and efficient primary care in our community.
University of Massachusetts Medical School - Baystate Health Leadership

Terence Flotte, MD
Dean of the School of Medicine and Provost
Executive Deputy Chancellor of the University of Massachusetts Medical School

Deans
John R. Schreiber, MD, MPH  
President, BMP and  
Chief Physician Executive, BH  
Regional Executive Dean, UMMS-Baystate Health

Peter D. Friedmann, MD, MPH  
Chief Research Officer, BH  
Associate Dean for Research, UMMS-Baystate Health

Amy S. Gottlieb, MD  
Chief Faculty Development Officer, BH  
Associate Dean for Faculty Affairs, UMMS-Baystate Health

Kevin Hinchey, MD  
Chief Education Officer, BH  
Associate Dean for Education, UMMS-Baystate Health

Health Research Programs
Peter Lindenauer, MD  
Director, Institute for Integrated Health Care Development Research, UMMS-Baystate Health

Jay Steingrub, MD  
Director, Center for Clinical Trials, UMMS-Baystate Health

Chairs
Andrew Artenstein, MD  
Chair, Department of Medicine, UMMS-Baystate Health

Michael Bailin, MD  
Chair, Department of Anesthesia, UMMS-Baystate Health

Charlotte Boney, MD  
Chair, Department of Pediatrics, UMMS-Baystate Health

Edward Feldman, MD  
Chair, Department of Neurology, UMMS-Baystate Health

Richard Friedberg, MD, PhD  
Chair, Department of Pathology, UMMS-Baystate Health

Daniel R. Grow, MD  
Chair, Department of Obstetrics and Gynecology, UMMS-Baystate Health

Richard Hicks, MD  
Chair, Department of Radiology, UMMS-Baystate Health

Kevin Moriarty, MD  
Interim Chair, Department of Surgery, UMMS-Baystate Health

Niels Rathlev, MD  
Chair, Department of Emergency Medicine, UMMS-Baystate Health

Barry Sarvet, MD  
Chair, Department of Psychiatry, UMMS-Baystate Health
Nationally Recognized Addiction Medicine Expert, Dr. Peter David Friedmann, Named Baystate Health's First Chief Research Officer

In October of 2015, Baystate Health welcomed its first Chief Research Officer, Dr. Peter Friedmann, a nationally-recognized addiction medicine expert. In his new role, Dr. Friedmann will oversee research administration, programs and planning throughout Baystate Health. He will also focus his efforts on expanding patient-centered clinical and health services research throughout the health system. Dr. Friedmann also received Baystate Health’s first Endowed Chair for Clinical Research, and will serve as the UMMS-BH Associate Dean for Research.

2015 Baystate Health Research Initiatives

Research is essential to Baystate’s mission of improving the health of people in the communities it serves. Baystate Medical Center faculty and research staff conduct clinical and biomedical research in many medical and surgical specialties. Baystate receives over $11 million in annual funding and sponsored research and public service grants, which includes $8 million in federal funds.

Center for Quality of Care Research (CQCR)

Baystate’s interdisciplinary Center for Quality of Care Research (CQCR) was established in the fall of 2008, under the leadership of Peter Lindenauer, MD MSc MHM, to provide mentorship and research support to Baystate faculty with an interest in quality, safety, comparative effectiveness, and value. Over the past seven years the CQCR has grown to include a core group of seven physician-investigators spanning many BMP Departments and Divisions. Since its creation, CQCR investigators have competed successfully for approximately $10M in extramural funding, and have published nearly 200 peer-reviewed manuscripts in leading general medicine and specialty journals. 2015 was a very productive year, with a total of 63 peer-reviewed publications and several new grants. Sarah Goff received a four-year K23 mentored career development award from the National Institute of Child Health and Human Development to identify the factors and strategies associated with high quality ambulatory pediatric care across the Commonwealth of Massachusetts. She was also the recipient of a Eugene Washington Engagement Award from the Patient Centered Outcomes Research Institute (PCORI) to develop capacity for community engaged research within the Springfield area. Elizabeth Schoenfeld received an R03 from AHRQ to study the attitudes and practices of Emergency Department physicians towards shared decision making. And JoAnna Leyenaar from the Floating Hospital for Children in Boston, received a three-year K08 career development award from AHRQ to develop guidelines for direct admission for children requiring hospitalization.
2015 Federal Grant Awards

Centers for Medicare and Medicaid Innovation Grant
In 2014, Baystate Children’s Hospital and Boston Medical Center received a three-year $6.1 million Centers for Medicare and Medicaid Innovation grant that established the Massachusetts Alliance for Complex Care (MAAC) and the 4C Program (Collaborative Consultative Care Coordination) to achieve savings in health care costs through improved care and patient outcomes and reduced emergency room and hospital admissions for medically complex children and adolescents.

Initiated in 2015, the 4C Program at High Street Health Center employs two care teams, consisting of a Complex Care Pediatrician, Nurse Care Coordinator, Social Worker, Family Navigator, Psychologist and Nutritionist who design a comprehensive care plan for each patient that serves as a vital information sharing tool with targeted caregivers in the event of illness or other consultation. As of October 16th, the Baystate 4C Program has enrolled 56 patients from across western Massachusetts with a goal of 250 by 2017. Dr. Matthew Sadof is the Principal Investigator.

Effect of Environmental Chemicals on Breast Tissue
A consortium of clinicians and scientists at Baystate Medical Center (Drs. Makari-Judson, Crisi, Arenas), Pioneer Valley Life Sciences Institute (Dr. Schneider) and UMass Amherst (Dr. Jerry) have been awarded a five-year grant totaling more than $3.5M to study the effects of environmental chemicals on breast tissue. The objective is to determine if these compounds impair or alter cellular pathways that promote or prevent breast cancer. In addition, the project funds a Community Engagement program to increase awareness in choosing household and cosmetics among young women. The consortium includes six other sites involving universities and medical centers across the US.

A Nationally Funded Geriatrics Education Center
Baystate Health with Dr. Maura Brennan as Project Director, has been awarded a three-year $2.5 million Geriatric Workforce Enhancement grant from HRSA (Human Resource Services Administration) and is now a nationally funded Geriatrics Education Center. The three community health centers, Baystate Medical Center and the VNA and Hospice programs will develop geriatric and palliative care interprofessional educational and clinical programs emphasizing the care of frail elders and those with dementia. Community and educational collaborators include Partners for a Healthier Community, Mason-Wright, Commonwealth Care Alliance, the New North Citizens’ Council, Mason Square Health Task Force, Springfield and Our Lady of the Elms Colleges, as well as the University of Massachusetts and Bay Path University. This wide reaching and ambitious project will improve care for our most vulnerable patients, restructure care, provide expanded resources for front line clinicians and advance all the core strategic goals of the institution.

Therapeutic Hypothermia in the Recovery of Cardiac Arrest
Baystate Medical Center with Dr. Timothy Mader as Principal Investigator has been awarded $220,000 by NIH to study the use of therapeutic hypothermia in the recovery of cardiac arrest resuscitation. Whole body cooling, known as therapeutic hypothermia, has been used for nearly 10 years in adults recovering after cardiac arrest resuscitation, in an attempt to reduce brain damage and enhance functional recovery. Its effectiveness in patients 75 years of age and older has never before been studied. We are using existing data from the Cardiac Arrest Registry to Enhance Survival (CARES) consortium to compare survival and neurological outcomes for subgroups of elderly cardiac arrest survivors by whether or not they were provided cooling treatment. This research will help us to more clearly define the appropriate use of therapeutic hypothermia in elderly patients recovering from cardiac arrest.

Shared Decision-Making in the Emergency Department
Dr. Elizabeth Schoenfeld, an Assistant Professor of Emergency Medicine, received an R03 grant from AHRQ, along with Dr. Peter Lindenauer and Dr. Sarah Goff of the Center for Quality of Care Research, and Dr. Kathleen Mazor or UMass. The grant will examine Emergency Physicians’ Perspectives regarding the use of Shared Decision-Making in the Emergency Department, in the hopes of better understanding providers’ perspectives so that the use of Shared Decision-Making can be expanded in this clinical area. Shared Decision-Making is defined as a collaborative process that allows patients and their providers to make health care decisions together, taking into account the best scientific evidence available, as well as the patient’s values and preferences, and has been studied most extensively in outpatient and specialty encounters. This study will be the first of its kind in Emergency Medicine Physicians.
The first residency training programs in internal medicine and surgery, began at Springfield Hospital (renamed Baystate Medical Center) in 1948. As of June 30, 2015, Baystate Medical Center has 10 residency and 14 fellowship training programs accredited by the Accreditation Council for Graduate Medical Education (ACGME). In addition, there are six fellowships offered in a discipline for which ACGME accreditation is not available. Over the past quarter century, since 1985, the number of ACGME-accredited residency and fellowship programs has grown to 24, and to 354 trainees in 2014-2015.

We continue to contribute to peer-reviewed publications during the academic year (July 1 to June 30). Books, book chapters, and other types of publications and presentations are not shown. Most of these publications include authors who are members of Baystate Medical Practices, and many of these publications represent collaborations across departments (each publication is counted only once). In addition to the contribution to the discovery of new information, the scholarly work represented by these publications is also an important component of the residency and fellowship graduate medical education programs. Faculty can submit information and also review their individual publications using the institutional publication database, which is at http://scholarlypubs.org/pubdatabase/. Next year we will be measuring impact score of BH publications.

Extramural research funding (total, including both direct costs and indirect costs) for members of Baystate Medical Practices, by fiscal year (October 1 to September 30) from 2011 through 2015. The amounts shown are revenue for research. There is additional extramural funding to Baystate Medical Center for community service grants and contracts (not shown).
PRC 5 Star Awards

The Professional Research Consultants (PRC) recognizes physicians, advanced practitioners, and medical practices as “5 Star Performers” in patient experience for achieving the 90th percentile in patient experience. This recognition means that a high percentage of their patients surveyed rated their care as “excellent.”

Congratulations to the following providers and practices for their dedication to patient care and success in building positive patient experiences.

Providers

Richard Arenas, MD, was recognized as 5 Star and Top Performer for achieving the 100th percentile

Pamela Jean Behrens, NP   Dennis Oh, MD
Susan Cash, MD                John O’Reilly, MD
Glenda Flynn, NP          Alyssa Pawlowski, NP
Darius Greenbacher, MD    Jane Plager, NP
Deborah Hanks, PNP        Hugh Roberts, MD
Gary M. Hochheiser, MD    Catherine Tipton, NP
Sandra Hubbard, NP      Anna Tsirka, MD
Harvey M. Lederman, MD    Richard Wait, MD
Holly Mason, MD            Marci Yoss, MD
Kevin P. Moriarty, MD

Practices

Baystate Developmental Behavioral Pediatrics          Baystate Pediatric Pulmonary
Baystate Greenfield Sports and Exercise Medicine     Baystate Pulmonary Medicine
Baystate Maternal Fetal Medicine                    Baystate Breast Specialists
Baystate Medical Practice Northampton Cardiology    Baystate Thoracic Surgery
Baystate Pediatric Cardiology

IHI Learning Community: Better Health And Lower Costs

From July 2014 through June 2015, three health centers and three primary care service line practices, partnering with Health New England and Baycare Health Partners, participated in a collaborative with the Institute of Healthcare Improvement to implement comprehensive care designs to serve the needs of our most complex, high-risk, and costly patients. The goal was to achieve improved health outcomes, better care experience, and lower total costs. Interdisciplinary teams collaborated throughout the year to plan and test new models of care.

Accomplishments:

• Care Model developed
• Defined team care and roles
• Including patient as partner
• Standardized care management documentation templates
• Care plan developed with patient including treatment goals, self-management goals, and patient preferences

Results with pilot population:

• Decreased ED and inpatient utilization
• Improved adherence in taking medications
• Improved patient relations with healthcare team
• Established stronger relationship with Behavioral Health
• Home visits enhanced care and understanding of unique patient needs
Baystate Health’s prestigious President’s Quality Award annually recognizes the ongoing work of improving the care we provide to patients across Baystate. It aims is to: emphasize the importance of the safety, quality, patient experience and value of the care we provide, communicate best practices across our system that will sustain Baystate’s outstanding record and reputation for delivering outstanding care, encourage innovation and recognize individual commitment and teamwork. The awards are grouped into the four compass points of BH’s strategic plan: Safety, Quality, Patient Experience and Value.

This year the ACE-Acute Care for Elders Project team has won the overall 2015 President’s Quality Award for their work. The purpose of the team was a program tailored to the specific care needs of the hospitalized older adult known as an ACE unit (Acute Care for Elders). Please see the Innovator of Care story, The Acute Care for Elders (ACE), for details about this project.

Baystate Health’s President’s Quality Category

Twelve projects were nominated in the Quality category, including projects that used technology such as e-visits, e-referrals and projects around transitions of care remains a focus for improvement. The Category Winner went to Baystate Medical Center’s ACE-Acute Care for Elders Project.

Baystate Health’s President’s Safety Category

Twelve projects were nominated in the Safety category, including work on reducing Hospital Acquired Infections and Medication Errors. The category winner went to Baystate Medical Center Fecal Microbiota Transplant Team. This team composed of members from adult and pediatric gastroenterology, infectious diseases, infection control, risk management, and nursing collaborated to develop a program to provide patients at Baystate this investigational therapy to cure CDI.

Baystate Health’s President’s Patient Experience Category

Eleven projects were nominated in the Patient Experience category, including a focus on using interdisciplinary teams to make improvement in the patient experience including a lot of work on improving patient access and wait times including a new Patient Family Advisory Council (PFAC) was established for Baystate Medical Practices Outpatient Practices. The category winner went to Baystate Health “An Interdisciplinary Approach to Improve Pain Management” for the improvement of HCAHPS pain management scores was one of Baystate Health’s (BH) Level 1 patient experience strategic goals for 2015. A multidisciplinary team comprised of members across BH was developed to identify gaps and address opportunities to improve pain management and the patient experience. As the team generated momentum, other service areas across the organization became aware of the initiative and reached out to share their capabilities, scope and ongoing work targeted at pain management. Pain Management scores improved on Springfield 3 Oncology following the pharmacy student intervention, confirming that standardizing the patient communication is a key factor in improving the patient experience related to pain management. Development of an inter-professional BH Pain Care Committee that will use a system’s approach to improving the quality and safety of pain management across the continuum of care.

Baystate Health’s President’s Value Category

Twelve projects were nominated in the Value category, including looking for ways to redesign the model of care to have better outcomes, improved efficiency and lower costs such as two bundled payment projects and case-managing patients with chronic diseases. The Distinguished Performer Award went to the Baystate Medical Practices BMP Primary Care Service Line and Baystate Community Health Centers; IHI Collaboration “Better Health and Lower Costs”, which decreased ED and inpatient utilization, improved adherence in taking medications, and established stronger relationships with Behavioral Health. The category winner went to Baystate Medical Center Regulated Medical Waste Diversion: An Environmental Sustainability, Compliance and Cost Saving Initiative.
More than 50 years after ultrasound technology became available for widespread use in hospitals, Baystate Health continues to advance its capabilities for patients. Since 2008, emergency department leaders have fine-tuned the mobile bedside ultrasound model, significantly reducing transit time for critically ill patients. By quickly ruling out illnesses that are serious but medically simple to identify, bedside ultrasounds start patients down faster diagnostic and therapeutic paths. In fiscal year 2014 alone, emergency department physicians and residents performed 3,983 point-of-care ultrasounds, many times with potentially life-saving results.

Though not a substitute for stationary ultrasounds by radiologists, mobile ultrasounds are an extremely useful triage tool. Recently, an older male arrived at Baystate Mary Lane Hospital Emergency Department with a troubling set of symptoms: lower abdominal and back pain, high blood pressure and loss of consciousness. The attending physician was able to use the mobile bedside ultrasound to quickly determine a diagnosis of a ruptured abdominal aortic aneurysm and get the patient to emergency surgery.

“The beauty is we can make that diagnosis in 30 seconds and get the patient to the operating room,” says Niels Rathlev, MD, chair of the Emergency Department at Baystate Medical Center. “This patient went from getting in the door at Baystate Mary Lane Hospital to the operating room in 90 minutes. The average turnaround time for a pelvic ultrasound can be at least two hours. Now, the emergency physicians are both the technicians and the interpreters of the studies.”

Some of the more common indications for ultrasound that can be conducted at the bedside include pericardial tamponade, ruptured ectopic pregnancy, pulmonary embolism, shock of any cause, respiratory distress, and renal obstruction from a large kidney stone.

Emergency medicine physicians also use ultrasound to guide procedures such as central line placement, peripheral IV placement, transvenous pacemaker placement, nerve blocks (for painful injuries or procedures in the extremities), and cutaneous abscess drainage.

The clinical ultrasound initiative at Baystate Health has produced national and international teaching programs, and has drawn federal funding for additional study. It also has produced a fellowship program and is among only a very few that teaches medical students in clinical ultrasound. The training in the health system extends to all its community hospitals including Baystate Franklin Medical Center, Baystate Mary Lane Hospital, Baystate Wing Hospital and Baystate Noble Hospital.

“Here, it is unique that every single faculty member is trained in this and the goal brings the same standard to our community hospitals,” says Gavin Budhram, MD, leader of the ultrasound program in the Baystate Medical Center Emergency Department.

While clinical ultrasound has evolved at many major urban and teaching hospitals, Baystate Health is unique in that ultrasound training is a standard protocol for 100 percent of emergency department faculty and residents. Residents in various programs including trauma care will participate in month-long rotations in the Emergency Department simply to become facile in ultrasound technology, Budhram says.

The clinical ultrasound program pushes physicians to become increasingly adept at a fundamental skill that gets only better with practice and has a wide breadth of clinical usefulness.
Headaches plague millions of Americans each year, and sufferers represent a large proportion of patient complaints for the Baystate Health Neurology Division. Headache disorders can be not only a periodic distraction or prompt a rotten day, but can actually affect a person’s overall quality of life if the pain is intense or chronic—or both, in some instances. Successful treatment can be life changing for some patients.

“For some patients, their lives are just in complete disarray from these headaches,” says Meghan Hickey, MD, neurologist with Baystate Neurology and the point person for a pilot program aimed at improving care for headache patients. “They’re missing work or school. They say they don’t really have social lives. And, they feel like it really puts their family under a lot of strain too.”

Under the direction of Edward Feldmann, MD, vice president and medical director of Neurosciences for Baystate Health, the pilot program launched last year with 160 new patients presenting with headache complaints. After initial visits with advanced practitioners, these new patients were evaluated during weekly clinics at Baystate Medical Center to assess their pain; rule out any serious underlying “red flag” conditions such as aneurysm; and to discuss with patients lifestyle and dietary habits to identify potential headache triggers.

Many suffer from migraine headache, tension headache or analgesic headache brought on by overuse of over-the-counter pain relievers.

Hickey and her team then set these patients on initial paths for treatment which may include proactive medications, medications as needed and other medical advice to help avert future headaches or reduce their frequency. Historically, the average time for a follow-up visit could be up to three months.

“For some patients, they may experience side effects from a medication and stop taking it, then have to wait three months to try something else,” Hickey says.

Under the pilot program, however, patients and advanced practitioners engaged in every two-week follow-up discussions by telephone. Patients were able to easily report early successes or impediments in a shorter time span. In the future, program leaders hope to include videoconferencing as an option as the technology becomes more widely accessible.

While the model offers less “face time” with physicians, Hickey says patients have been overwhelmingly pleased with the more frequent and consistent communication via telephone and videoconferencing. She adds that telephone follow-ups also may ease secondary stressors for patients related to in-person appointments including taking time off from work or school, finding childcare or securing transportation.

In addition, Feldmann says the strategy frees up more time in physicians’ schedules to see new patients. He adds that he expects to expand the pilot program dramatically in 2016 and introduce it to patients with other diagnoses such as sleep disorders and seizure disorders that have been stabilized.
For the last several years, children needing very specialized surgery such as neurosurgery have been referred to other out-of-area hospitals, which can increase stress and hardship on families and patients. But, thanks to a new partnership between Baystate Children’s Hospital and Connecticut Children’s Medical Center, young patients now have access to state-of-the-art pediatric neurosurgical care at Baystate Children’s Hospital.

Jonathan Martin, MD, a board-certified pediatric neurosurgeon based out of Connecticut Children’s Medical Center, is now seeing patients at Baystate Medical Center. According to Charlotte Boney, MD, chair of Pediatrics at Baystate Health and physician-in-chief of Baystate Children’s Hospital, Martin brings specific pediatric neurosurgical expertise, including the management of complex hydrocephalus, spinal dysraphism and other malformations, craniofacial surgery, neuro-oncology, neurotrauma, and congenital and acquired spinal disease. Martin provides minimally invasive treatments for a number of these problems with particular experience in the surgical treatment of craniocervical abnormalities and complex spinal reconstruction.

“We’re doing something that really puts the patients at the center, which means bringing the service to the patient,” says Boney. The inter-hospital partnership is a rare one, and an example of a forward-thinking solution rooted entirely in using existing resources and cooperation to improve medical care for local patients.

The program has flourished since its inception over the summer, with Martin making first bi-monthly, and now, weekly visits to Baystate Children’s Specialty Center to see up to 15 patients per visit. Boney and Martin also credit positive relationships with nearly 100 pediatricians across the health system to bring value to patients, families and providers.

The ultimate success of the partnership will hinge on heightened awareness of Martin as a resource, and undoubtedly improve the level of services available for young patients in western Massachusetts in need of pediatric neurosurgical treatment.

Martin’s skills were initially honed in military hospitals; however, he has spent the last several years working exclusively on children. “All I do is take care of kids all the time. It allows me to provide a standard of care that is higher and better for the children of the Pioneer Valley,” Martin says.

While the partnership in the short and ambitious term has yielded a finite number of surgical options at the Springfield campus, the goal is to expand those services over the next three to five years, Martin said. As leaders, he and Boney are intent on working with the gamut of health care partners to develop a comfort level among clinicians, patients and families.

“We have worked diligently, and continue to work diligently, with our partners in adult neurosurgery; pediatric neurosurgery; ICU pediatric specialists; hospitalists; and pediatric nurses over the entire continuum of care to develop comfort and confidence in the delivery of care to the entire spectrum of pediatric neurosurgery,” Martin says.
Since its inception in 1994, the Rays of Hope Walk has helped launch a progressive new research project at Baystate Health. Bolstered by a five-year, $3.5 million grant, a study will address unanswered questions about breast cancer risk and environmental exposure to common chemicals.

The grant, funded jointly by the National Institute of Environmental Health Sciences (NIEHS) and the National Cancer Institute, was awarded to a consortium of investigators at Baystate Medical Center, the Pioneer Valley Life Sciences Institute and the Rays of Hope Center for Breast Cancer Research. Specifically, the study will focus on pregnancy as a protective period against breast cancer and whether exposure to certain additives may hinder that natural defense and alter pathways to breast cancer development.

The local study is one of six new projects launched by the NIEHS Breast Cancer and the Environment Research Program. This focused research will delve more deeply into environmental and genetic factors that may influence breast cancer risk throughout a lifetime.

Grace Makari-Judson, MD, co-director of the Rays of Hope Center for Breast Cancer Research, along with Joseph Jerry, PhD, director of the Pioneer Valley Life Sciences Institute, noted that a seed grant from Rays of Hope provided key funding to pursue the NIEHS award.

“These grants are extremely competitive; 90 percent of applications are rejected,” Makari-Judson says. “We’ve worked hard to develop the infrastructure to become competitive for these types of grants.”

The breast specialist said the burgeoning annual Rays of Hope Walk has not only united survivors and their supporters, but has raised enough money to fund projects including a breast tissue research registry where samples are stored. That registry, with approximately 536 participants, will be central to the study, Makari-Judson says.

Jerry, principal investigator for the study, said pregnancy can reduce the risk of breast cancer by up to 50 percent. However, additives common in household products and cosmetics may interfere with protective mechanisms. The study will test breast tissues to define levels of the compounds that may be safe, or whether the additives may render women more vulnerable to breast cancer. The compounds in question are found in sunscreens and cosmetics, which mimic estrogen-like activity.

“Importantly, the studies will determine whether there is a subgroup of women who may be exceptionally sensitive to the additives and pose a potential hazard, while the majority of women may be unaffected. In this way, we take an individualized approach to understanding the risk posed by the chemicals that we are exposed to in our daily lives,” Jerry says.

Researchers have partnered with La Esperanza and Girls Inc. of Holyoke to help young women make informed choices regarding cosmetics and household products. The researchers will, in turn, benefit from the insights and questions raised by community partners.

In addition to Makari-Judson, the team at Baystate includes pathologist Giovanna Crisi, MD, and surgeon Rick Arenas, MD, chief of Surgical Oncology. With Jerry at UMass Amherst are environmental health researcher Laura Vandenberg, PhD, in the School of Public Health and Health Sciences and Karen Dunphy, PhD, in the Department of Veterinary and Animal Sciences. At PVLSI, the lead investigator is cell biologist Sallie Schneider, PhD. Breast cancer activist and Rays of Hope volunteer Anna Symington is the community engagement coordinator for this new project.
Creating A Culture Of Safety

In 2015, Baystate Health is redefining teamwork. Through careful analysis and continued education, leaders of the “Culture of Safety” initiative are working hard to flatten the traditional hierarchy of medical and surgical teams and increase collaboration, with the ultimate goals of improving patient safety and the workplace experience. Under this model, each team member is assured “psychological safety.” Each has a voice, merits respect and is empowered to raise concerns or questions about patient care without fear.

Douglas Salvador, MD, vice president of Medical Affairs for Baystate Health, and his team have led the effort for more than 1,000 employees who answered surveys about their workplace experiences, interactions with colleagues, and a variety of other topics. What resulted was an eye-opener for leaders and administrators, he said. Two-thirds of those surveyed cited conflicts with coworkers as a frequent problem, at times, to the detriment of patients. Leaders set out to change the workplace culture, with a sharp focus on genuine teamwork, planning and conflict resolution.

The program initially launched in the Emergency Department, Surgery and the surgical floors after 1,300 employees received intensive training over five weeks. Currently, there are 60 coaches managing the roll-out. Salvador said it’s been hard work, but has yielded “amazing stories” as staff at all levels are being urged to reassess their potential contributions to each case.

In Surgery, teams are being asked to ensure that briefings and debriefings happen with every case. The operating rooms also have started using “learning boards” where staff can introduce ideas for improvement, and all can see how issues are being actively addressed. The aims are to break down barriers to frontline staff and demonstrate that these team structures will produce results.

“The Culture of Safety training has been a game changer for the operating room environment,” says Pranay Parikh, MD, plastic surgeon and the chief of hand surgery. “Besides the immediate win for patient care, I think we will see improvements in efficiency, team spirit and attitudes towards always striving to be better.”

Michael Albert, MD, medical director of the operating rooms and surgical floors, is one of the coaches shepherding the clinical staff through the daily work. “The way I see it, it’s changing our culture so we have respect and professionalism in the workplace,” Albert says, conceding that the program entails, at times, difficult but productive conversations.

Other staff echo the early results as a welcome change.

“Most importantly, I am encouraging others to never hesitate to speak up,” said Mindy Westermann, surgical technician in the Chestnut operating room.

In the Daly operating room, team members are seeing similar results.

“Since the Culture of Safety training I have witnessed an increase in briefings and debriefings even with the toughest surgeons. The training facilitates all members of the surgical team to be on the same level.” said Eric Grenier, Daly operating room nurse.

In addition to the operating rooms, Emergency Department physicians, advanced practice professionals, nurses and technicians joined in Culture of Safety training. In November, the department began starting shift changes with pod huddles where introductions and goal-setting occur.

“We are already seeing improved and better patient care as a result of our training.” said Niels Rathlev, MD, Chairman of Emergency Services. “Staff appear to be more comfortable speaking up and alerting us when they have a concern about anything.”
The Acute Care for Elders (ACE) Unit:

Improves Quality, Patient Experience, Lower Costs, and Professional Development

Our region’s elderly population, already among the highest in Massachusetts, is predicted to climb by nearly 15% by 2018. As this vulnerable, chronically ill population expands, hospitalizations and their deleterious consequences—delirium, functional decline, falls, and institutionalization—continue to rise. The ACE model, grounded in geriatrics principles and interprofessional team-based care, has the potential to improve outcomes in elders. The model has been applied to inpatients over the age of 70 on Springfield 3 (S3) since September 2014.

On the ACE Unit, an interdisciplinary team—including geriatrics providers, nurses, pharmacists, volunteers, therapists, and others—participates in the plan of care. It recommends drug adjustments, early mobilization, elimination of catheters, pain control measures, and other interventions to promptly identify delirium.

To date, 800 medication changes and 1,325 other care recommendations have occurred in 357 patients. Families are actively engaged in the process and assist with care planning. “All About Me” posters adorn S3, helping caregivers grasp important information about patient preferences and personal histories.

The results for patients have been dramatic:

- **Reduced falls**: ACE Unit patients fall less than half as often as adult BMC inpatients of all ages, 1.32/1,000 patient days vs. 2.74/1,000 patient days
- **Reduced antipsychotic drug usage**: 56% less ACE patients were treated with new antipsychotics, compared with other geriatric med-surg patients. Because these drugs increase mortality for cognitively impaired elders, this reduction represents a significant marker of improved quality
- **Delirium reduction**: ACE Unit rates declined by 30%
- **More discharges to home**: 13% more ACE patients were discharged to the community compared to national averages for elders, a favorable impact on quality of life
- **Less restraint use**: Only one ACE patient was restrained, a nearly 50-fold lower rate than other adult medical patients. Despite avoidance of restraints, constant companion use was rare

The benefits to Baystate also have been dramatic:

- **Reduced length of stay (LOS)**: average LOS was 0.8 days shorter than for elders on other medical floors (4.6 days vs. 5.4 days)
- **Reduced readmissions**: 30-day readmissions were 6% lower
- **Reduced costs**: average direct cost of care for ACE Unit patients was 23% less than comparator group ($5,916 vs $7,713 per case)
- **Higher margin**: contribute a favorable margin of $1,515 per case over that of age and diagnosis-matched controls
- The ACE pilot, S3, won the annual Award for Nursing Team Excellence
- The ACE Unit was identified as a pillar supporting BMC’s recent third Magnet recertification
- HCAHPS (patient experience) scores have improved dramatically on S3 since launch
- The ACE initiative won the 2015 President’s Quality Award

The data provides compelling evidence that the ACE Unit favorably impacts the four compass points of the BH strategic plan: quality, safety, patient experience, and value. The ACE Unit has changed the outlook for frail hospitalized elders and their families at Baystate Medical Center, preventing complications that can result in irreversible morbidity while improving the quality of lives.

Elegant, yet simple, team-based interventions and geriatrics principles contribute to “a higher state of caring,” transforming care for these patients.
Quality Leadership
The Department of Anesthesiology is a full-service, academic department with board-certified and fellowship-trained specialists in interventional and chronic pain management, cardiac anesthesiology, acute pain management, pediatrics, and echocardiography. Three anesthesiologist champions lead Culture of Safety initiatives in the perioperative arena. In the past year, the department has instituted electronic anesthesia records, incorporated national “Choosing Wisely” anesthesiology guidelines to enhance the value of our care, and participate in the National Anesthesiology Clinical Outcomes Registry and Anesthesia Quality Institute. Members of the Department serve on local, regional and national committees as members and officers of committees of the Massachusetts Society of Anesthesiologists, American Society of Anesthesiologists, Hampden District Medical Society, and the Western Massachusetts Opioid Task Force.

Growth and Financial Stewardship
The Baystate Health Department of Anesthesiology (SAS) is expected to perform more than 60,000 anesthetics in 2015. The department recruited and on-boarded several anesthesiologists with specialty training, and SAS is on track to have ten board-certified pediatric anesthesiologists by the end of 2015. Decreasing utilization of preoperative chest radiographs and lab testing prior to surgery, and using evidence based algorithms has reduced the overall cost of care for surgical patients. By implementing a new, state-of-the-art electronic record keeping system, we facilitated greater efficiency and improved clinical processes. The system has already identified cost saving opportunities and improved charge capture systems. The Baystate Pain Management Center continues to provide interdisciplinary comprehensive care to approximately 12,000 patients yearly.

Care Innovation and Integration
Department of Anesthesiology members participate on various hospital committees including Medical Staff Executive Committee, Credentials Committee, Pharmacy and Therapeutics, Behavioral Event Reporting Committee, and the Surgery Anesthesia Executive Committee.

We continue to develop and improve hospital wide protocols and clinical pathways to treat postoperative nausea and vomiting, developing enhanced pain management order sets, and perform consults for complex obstetric patients. Teaming with the new Baystate Spine Program, we offer expertise in the management and treatment of acute and chronic spinal disorders, and our nine physicians are board certified in pain medicine and also treat chronic regional pain syndrome, cancer pain, migraines, musculoskeletal pain, arthritic knee and other joint pain, compression fractures and neuropathic pain conditions.

Academic Innovation
Our leadership role continues in the BHIC funded first Trauma Services Peer Support Pilot Training Program. Several educational and clinical poster presentations were presented at two national meetings during 2015. The department offers a highly regarded ACGME accredited pain fellowship with three fellows on a yearly basis, and we successfully matched seven residency program applicants. Our department leads the effort to teach and provide guidance to the hospital medicine lumbar puncture team, and we have created and implemented a new patient hand-off tool in Pediatric PACU, cardiac surgical ICU and Adult PACU to increase safety for our patients and efficiency and satisfaction for our providers. The department faculty have authored and edited several book chapters and serve as reviewers and editors for peer reviewed medical journals.

Organizational Engagement
By the nature of our service commitment to multiple departments and affiliated hospitals, our anesthesiologists engage in multiple domains. We are developing clinical decision support and rule-based alerts to optimize utilization management and meet regulatory needs. In the 2015 national ACGME Survey, the Department of Anesthesiology Residency Program ranked above the national mean score in 28 out of 41 domains. We work together with Heart and Vascular and the Gastrointestinal Surgeons to advance and improve models of care. The Department of Anesthesiology provides care as part of the award-winning nationally recognized cardiac surgical and total joint replacement programs recognized by U.S. News and World Report.
Quality Leadership
The department’s quality performance remains strong with respect to numerous clinical measurements such as sepsis and pneumonia care, and catheter-associated urinary tract infections. The same is true for door-to-balloon time for ST elevation myocardial infarction (STEMI) where thus far in CY 15 we are meeting the goal 100% of the time. Our false positive STEMI activation rate has dropped to 19% with a goal of 15%. We have deployed practice guidelines for many of the most common ED diagnoses to encourage the safe discharge of appropriate patients. Moreover, we are decreasing the utilization of CT angiography for pulmonary embolus using institutional guidelines. ED opioid prescriptions for patients with chronic pain have significantly decreased with the implementation of electronic care plans for these patients. This was demonstrated with a randomized, controlled trial.

Growth and Financial Stewardship
Our annual emergency department (ED) visits are projected to reach 116,000 patients which is the highest number in the state; the Pediatric ED is projected to see 27,000 patients, which is a 6% increase over last year. In the past five years, our admission rate has risen from 23% to 29% and at the same time, our ambulance arrivals have increased from 31% to 38%. Meanwhile, the lowest triage category patients have decreased from 21% to 14% in the same time period. These trends reflect a significant increase in the acuity of our patients. The ED remains a profit center for the system with an estimated annual contribution margin of over $6M.

Care Innovation and Integration
The ED walk-out rate declined from 7.23% in FY14 to 5.58% in FY15. Via the Culture-of-Safety program, we are emphasizing team-based care and require direct face-to-face communication between providers and nurses at least once for every patient. The number of patients we see each day is approaching an average of 300 in the last several months of 2015.

Academic Innovation
Two Emergency Medicine investigators secured NIH R awards this past year. Dr. Elizabeth Schoenfeld obtained an R03 for $88,000 to study “Shared Decision-Making in the ED” under the mentorship of Dr. Peter Lindenauer in the Center of Quality Care and Research. Dr. Tim Mader was awarded $220,000 for an R21 award to study “Therapeutic Hypothermia in the Elderly.” The faculty members continue to be productive in writing and publishing both peer-reviewed and non peer-reviewed publications. During the academic year 2014-2015, we published 28 peer-reviewed publications and presented numerous scientific lectures and abstracts at regional, national, and international meetings. The department obtained more than $300,000 in external grant funding in the past academic year from sources that included the Tufts CTSI, MA Department of Public Health, and the NIH. Dr. Bill Soares joined the faculty as a junior investigator upon the completion of his Research Fellowship at Baystate in June 2015. Dr. Niels Rathlev joined the Editorial Board of the Western Journal of Emergency Medicine and was voted “Top Editorial Board Member” of the year.

We again recruited a very competitive class of 14 new residents from a terrific crop of applicants. We saw an increase in the number of applicants to our residency program and filled our class from across the country and from the top 8% of applicants. We have implemented a residency training program in emergency medicine for physicians’ assistants and recruited two outstanding trainees this year.

Organizational Engagement
The engagement in our Patient Progress initiative has been excellent from a provider perspective. As a result of the Patient Progress initiative, we have made substantial changes in the management structure in the ED. The Pod Lean RN will work collaboratively with the attending physician and they will, as a team, manage patient flow in each Pod. Our Gallup Engagement scores have remained strong since the previous survey six months ago. In addition, we are will emphasize public recognition of the faculty and their achievements; this was seen as a significant opportunity during the previous survey.
Quality Leadership
In the first quarter the department held a leadership retreat through which a set of “Guiding Principles of Operations” was established. These set the tone for our strategic vision, and were also featured in the May edition of Trustee Magazine. In Hospital Medicine, we’ve also established geographic cohorting of physicians with their patients, as a foundational support for patient progress and interdisciplinary plan-of-care (IPOC) daily bedside rounds. A new leadership triad of Unit Medical Director/Nurse Manager/Case Manager has also been key to establishing local ownership of medical units, catalyzing a culture change for true interdisciplinary collegiality and collaboration.

Patient Experience
In the outpatient practices, new patient access lag time was reduced across subspecialty practices by over three days (12% improvement), while new patient visit volume increased 14%. All subspecialties implemented a “PCP Direct Clinical Advice Line” for direct access to an attending physician for curbside consults during business hours; and Pulmonary Medicine received a PRC 5-star award for excellence in patient experience. For inpatients, discharge orders by noon have been sustained around 50%, where we’ve seen a continued improvement since 2012.

Growth and Financial Stewardship
Gross practice revenue was up over 11%, and contract revenues were up 46%, led by Infectious Diseases and Geriatrics & Palliative Care who provide their subspecialty expertise to external entities. Department total net income finished FY15 favorable to budget by $44,000. The department hired 25 new providers in FY15, some as replacements, but notably we have increased the size of the Gastroenterology division to better cover patient needs across the region.

Care Innovation and Integration
Diabetes/Endocrinology has pioneered the use of eConsults and is piloting remote patient monitoring with Dell through a collaboration with TechSpring. Several specialties also continue their participation with phase 2 of the CHART telemedicine grant.
A new leadership team was appointed to oversee our three Community Health Centers (CHCs), spearheading better operational alignment, and re-energizing the HNE Enhanced Primary Care model, centered around addressing the top three health issues of our patient population.
We also began a unique arrangement with MassMutual, managing their Employee Health Service. This relationship put BMP into Connecticut for the first time, has laid the groundwork for a unique employer-based population health program, and has provided exposure to many specialties including Neurosciences, Sports Medicine and Women’s Health.

Academic Innovation
In addition to an array of scholarly publications and faculty promotions, several divisions received accolades for academic innovation this year: 1) The Division of Geriatrics, Palliative Care, and Post-Acute Medicine received a three-year, $2.5M HRSA grant to train and educate a new generation of providers in caring for elders; 2) Pulmonary and Critical Care Medicine received a multimillion dollar NIH ‘Center’ grant to coordinate a network of clinical investigation in the area of acute lung injury; 3) three investigators were funded by NIH career development (i.e. “K” awards); 4) General Medicine & Community Health, in collaboration with Infectious Diseases received a three-year, $1.5M SAMHSA grant to expand treatment capacity for racial/ethnic minority populations at high risk for HIV/AIDS; 5) “Mentors Matter,” the Department of Medicine peer mentoring program, graduated its first class and announced the second group of participants.

Organizational Engagement
A notable example of aligning multiple strategic initiatives across the organization is the ACE (Acute Care for Elders) pilot. The ACE pilot on S3, directed by Geriatrics, Palliative Care and Post-Acute Medicine, demonstrated reductions in LOS, cost of care, falls, use of restraints, use of constant companions, incidence of delirium, and readmissions. Concurrently, patients discharged from the ACE Unit were more likely to go home rather than to a nursing home. As a result, a permanent ACE Unit is being established at BMC and we are evaluating expansion of mobile ACE Units to our community hospitals.
Quality Leadership
The departmental commitment to quality remains strong. Recently recognized as a top 50 gynecology hospital by USNWR, we have mature Obstetrics, Gynecology and subspecialty divisions that provide outstanding regional care. Our IVF program leads the U.S. in percentage of patients electing single embryo transfer, allowing the lowest multiple pregnancy rate in New England, and high pregnancy rates. We are piloting an Obstetrical care bundle with HNE that will focus on improving antepartum and intra-partum care. Our primary cesarean section rate is in the low 20% range, and is favorable or comparable to programs with similar risk stratification. Our rate of exclusive breast feeding has doubled over the last year, a tribute to our excellent lactation counseling team. As our program grows to provide women’s care across the region, we are redesigning our approach to inpatient care, forming collaborative relationships between physicians, midwives and nurses to provide a safe, 24/7 patient-centered inpatient experience.

Growth and Financial Stewardship
Obstetric and Gynecologic volumes remain strong at both BMC and BFMC. Our practice in Northampton allows an option for Hampshire County patients to deliver at BMC, thanks to a successful King Street practice. Our LOS and Cost index are stable and on target. We have recently added a Chief of Gynecologic Oncology, allowing us to regionalize our services, and expand clinical trial offerings. Most gynecologic cancers are treated with minimally invasive surgery, decreasing postoperative infections and minimizing readmissions.

Care Innovation and Integration
We have taken a fresh approach to team-based care in our Labor and Delivery Unit. Team STEPPS is being rolled out to all of our physicians, midwives and nurses. There is a culture of safety survey underway. We have embraced a new educational system, GNOSIS, which allows all caregivers to utilize the same mental model for electronic fetal monitoring, shoulder dystocia, and other high risk obstetrical situations. We have initiated twice daily safety rounds at 10 AM and 10 PM, led by nursing, to build teamwork and highlight care priorities.

Academic Innovation
The Department graduates six OBGyn residents/year, five-six midwifery students/year, and educates 48 Tufts medical students/year. Seventy-six peer review papers were published by our faculty over the same time period. The department attracted nearly $300K in extramural funding last year. Dr’s Myers and Kawar serve the Gynecologic Oncology Group on National Cervical and Breast cancer committees. Dr’s Burkman, Sankey, and Harmanli lead significant educational efforts on national panels. We are the principal clinical site for two NIH sponsored clinical trials on lifestyle modification during pregnancy, and have an NIH K award for the study of sperm DNA methylation and early life development.

Organizational Engagement
Patient satisfaction scores in our inpatient units, in WETU, and in select faculty practices exceed the 75th percentile. Maternal Fetal Medicine and Pamela Behrens, CNP, have been honored by PRC 5 star awards. Our Gallup scores indicate some opportunities for improved teamwork, and this is being carefully studied. A large group of new nurses is helping us build on recent success to keep patients and quality as our most important priority.
Quality Leadership
The Department of Pathology has been extremely busy with the acquisition of both Baystate Wing and Baystate Noble laboratories, leading us to hire a new Medical Director, Dr. Cynthia Bowman, to integrate their labs with Baystate Medical Center. We are proud to announce Dr. Franklin Moore is now certified as a Diplomate of the American Board of Medical Microbiology (ABMM). ABMM certification is the highest credential that a doctoral-level clinical microbiologist can earn. Dr. Richard Friedberg was sworn in as the President of The College of American Pathologists (CAP). CAP is the leading organization of board-certified pathologists, serves patients, pathologists, and the public by fostering and advocating excellence in the practice of pathology and laboratory medicine worldwide. Dr. Friedberg will serve as president for two years.

Growth and Financial Stewardship
Our department is creating and implementing a Test Utilization Program to optimize the use of lab services, support improved patient care, and reduce expenses. Dr. Vandita Johari is coordinating the Test Utilization Program with the collaboration of Mayo Medical Reference Laboratories and the Department of Health Quality.

Care Innovation and Integration
The department continues to move forward with integrating BWH and BNH laboratories; microbiology, histology, molecular/genetics, and transfusion medicine services. When successfully integrated the Department of Pathology should have system wide expense reductions and enhanced standardization of care. Our Blood Bank/Apheresis Transfusion Medicine Service team realized significant improvements in blood utilization management and blood donor recruitment with efforts resulting in over $500K in expense reductions related to blood products from FY14 to FY15.

Academic Innovation
Our pathologists have been busy in research this year resulting in 18 Peer Reviewed Articles; 2 Book Chapters; 12 Abstracts; and 58 Invited Presentations nationally and internationally. Our residents presented the 2014 Teacher of the Year Award to Dr. Vandita Johari. We are proud to announce the promotion of Dr. Giovanna Crisi to Associate Professor, Department of Anatomic and Clinical Pathology, Tufts University School of Medicine. Our Department successfully hosted the 33rd Annual Cytopathology Symposium in Northampton, MA “Screening for Cervical Cancer with HR-HPV Testing: Are There Pitfalls?” It was well attended by pathologists, residents and Cytology Technicians from around New England. Dr. Richard Friedberg was requested to join the Editorial Boards for Executive Advisory Board, Archives of Pathology & Laboratory Medicine.

Organizational Engagement
The department has been diligently working on our faculty and resident engagement scores, which have shown a significant improvement and the residency program increased 0.43 and the physicians increased 0.35. The department showed its appreciation to its blood donors by holding the 1st annual blood donor appreciation event resulting in enhanced staff engagement and pride in blood donor program and significant positive feedback from donors and their families, as well as several recipients of blood products.

Major Challenges/Initiatives in FY 2016
In the coming year we will be working on challenges or opportunities such as system-wide integration of lab services for all hospitals and creating a single branding/marketing strategy, capital planning, quality and performance metrics, overall management, and financial management and cost accounting. We continue to strive towards an establishment of “virtual” Baystate Reference Laboratories (BRL) entity within BH. BRL continues to establish ways to grow and expand into new markets (physicians’ offices, hospital collaborations, Mayo Medical Laboratories partnerships, etc.). One of the biggest challenges is IT enhancements, integrations, and implementations (system-wide) as well as with new clients. We are also seeking improvements implementing specimen tracking systems, document control and interfacing with other EMRs, i.e. BWH and BNH, implementing new Blood Bank/TMS application system partially due to lack of IT personnel and funding. We have increased our Anatomic Pathology volume with no additional net MD to assist.
Quality Leadership
Baystate Children Hospital (BCH) joined Solutions for Patient Safety (SPS), a network of 80+ children’s hospitals which shares data and strategies so that no child will ever experience serious harm while in our hospitals. BCH has had ZERO ventilator-acquired pneumonias (VAP) in NICU since March of 2010 and PICU since July of 2010. Another successful inpatient quality initiative launched in August 2014 was the Pediatric Antibiotic Stewardship Program. In just over one year, this program reviewed over 600 inpatient antibiotic prescriptions resulting in a cost savings of over $45,000 in inpatient hospital days. Improvement in patient experience was demonstrated through the PRC “5 Star” Awardees who achieved or exceeded the 90th percentile for Overall Quality of Care as measured through the patient satisfaction surveys administered by Professional Research Consultants (PRC). Awardees included three individual pediatricians and three clinical divisions (Cardiology, Pulmonology and Developmental-Behavioral Pediatrics). Finally, both primary care practices maintained recognition by the National Committee for Quality Assurance as Patient-centered Medical Homes: High Street Pediatrics (Level 3) and BPA General Pediatrics (Level 2).

Growth and Financial Stewardship
Breadth and depth of pediatric specialty expertise increased through new faculty who joined the department, including Charlotte M. Boney, MD, Chair of Pediatrics and pediatric endocrinologist; Laura Madore, MD, neonatologist; Kathleen Ventre, MD, pediatric critical care; Ricardo Villalba, MD, genetics and metabolism; Ronnelle King, MD, newborn hospitalist; and Katie Krone, MD, pediatrician in Pediatric Pulmonary. Efforts to improve appointment access resulted in 70% of our specialty practices offering new patient appointments below the BMP standard of 14 days. We are also trialing same day/next day access in Pediatric Gastroenterology. A new pediatric outpatient clinic was established at Berkshire Medical Center staffed by pediatric cardiology, pediatric endocrinology and pediatric gastroenterology.

Care Innovation and Integration
In partnership with Connecticut Children’s Medical Center, Dr. Jonathan Martin opened a new pediatric neurosurgery practice at the Baystate Children's Specialty Center. This partnership will enhance the pediatric neurosurgery we can provide our patients in the pioneer valley. The Division of Newborn Medicine established a program in newborn hospital medicine at BFMC. Four new multi-disciplinary specialty clinical programs were established: Transgender Care in Northampton, and based at Baystate Children's Specialty Center: Hyperlipidemia; Transition Clinic for Adolescents with IBD; and Metabolic Disorders.

Academic Innovation
Extra-mural funding included two grants awarded to the Family Advocacy Center funded by the Massachusetts Office of Victims Advocacy as part of the Victims of Crime Act (VOCA): “Trauma Focused Services Grant” and “Homicide Bereavement Services Grant,” and two new clinical research grants awarded to the Division of Newborn Medicine: “Improving Outcome in Neonatal Abstinence Syndrome (NAS)” from the NIH (NIDA) and the FDA and “Efficacy of Recombinant Human Clara Cell 10 KDA Protein (CC10) Administered to Premature Neonates with Respiratory Distress Syndrome” from Therabron and the FDA. Two new clinical trial agreements were secured with Pediatric Endocrinology (Versartis 14VR4 and Genentech ML29543). Academic productivity improved this year with pediatric faculty publishing nine book chapters, 21 scholarly articles and numerous abstracts at national meetings. Seven faculty members have leadership roles in national organizations and four faculty received academic promotions at TUSM to Associate or full Professor. Residents from the pediatric residency program presented seven abstracts at national meetings. The residency received 1,023 applications for the 2015 intern class, interviewed 184 candidates and matched 12 terrific new physicians. Finally, in order to improve the quality of investigator-initiated projects, the department created a Research Executive Committee which serves as the department's scientific review team for all intramural and extramural research grant applications and advises the Chair on research strategy and resource allocation.

Organizational Engagement
BCH had its most successful community fundraising campaign to date in March 2015 with its partner, WMAS, for the Children’s Miracle Network Radiothon, which produced pledges totaling $325,465. We have increased our services to community pediatricians through enhancement of the monthly BCH Newsletter, which now includes “Practical Pearls,” a clinical overview of a different medical condition every month that focuses on tips for the busy practitioner, when to refer and best practice advice with a link to the published evidence. BCH is an active member of the “St Damien's Consortium,” a group of eight academic medical centers which supports Haiti’s only free-standing Children’s Hospital by collaborating on medical education, quality improvement, and research to benefit the children and future doctors of Port-au-Prince, Haiti. BCH sent a team of four physicians to St Damien’s in February 2015.
Quality Leadership
Dr. Barry Sarvet became the new Chair of the Psychiatry in 2015. The psychiatry department continues to have strong performance on a wide array of quality indicators. Measures of safety for inpatient psychiatric care include rates of restraint and seclusion, patient falls, and medication errors well below state and national benchmarks. Ongoing enhancements in clinical programming, interdisciplinary coordination of care, and patient monitoring were noted to be exemplary in a recent MA Department of Mental Health site visit. The department has been intensively engaged in process improvement work associated with the system-wide Patient Progress Initiative. As a result, there has been significant improvement in efficiency in the discharge process, with the result that discharges occur earlier in the day, allowing new patients to be admitted more rapidly from the ED. The department is continuing to advance its Integrated Behavioral Health program, an innovative approach for improving access to behavioral health care within the primary care practices across BMP. An initiative within this program aimed at preventing opioid abuse among patients with chronic pain has been designated a finalist for an “Fostering Effective Integration” grant award from the Blue Cross Blue Shield Foundation of MA.

Growth and Financial Stewardship
Although revenue for the department is lower than budget as a result of a midyear adjustment in the hiring plan for staff in the expanding Integrated Behavioral Health Program, this variance was offset by reduction in salary expense. As a result of a strategic planning process completed this year, the department has begun to implement strategies aligned with system-wide goals associated with improving the health of populations across the regions served by Baystate facilities. These include efforts to coordinate the use of our approximately 100 inpatient psychiatry beds in order to improve timely patient access and facilitate patient progress from ED and medical units. Daily phone huddles with all four Baystate inpatient psychiatry units promote in-system referrals to relieve pressure on BMC ED’s psych crisis bed holds.

Care Innovation and Integration
The department continues to be a leader in the development of innovative clinical programs to serve communities of western MA. Massachusetts Child Psychiatry Access Project (MCPAP) enters its 11th year under the statewide leadership of Dr. Barry Sarvet. The program was originally launched at Baystate and has spread to 28 states across the US. This year a new “MCPAP for Moms” has been added to the program, targeting post-partum depression. The department has designed and received approval to implement a new Enhanced Emergency Psychiatry Services program in collaboration with the ED in an effort to improve the care for psychiatric patients in the ED and to improve patient progress. Child Psychiatry has collaborated with Behavioral Health Network, a local community mental health agency, to launch a new Community Based Acute Treatment facility (CBAT) in Springfield.

Academic Innovation
Graduating residents have maintained a 100% pass rate on the certification exam for the American Board of Psychiatry and Neurology Residents published several papers in peer reviewed journals and posters for national academic meetings and received citations for excellence in teaching from the medical students. Members of the psychiatry faculty have completed 10 academic publications this year, 22 presentations at national academic meetings, and 10 invited presentations. Dr. Sarvet was awarded the Simon Wile Leadership Award from the American Academy of Child and Adolescent Psychiatry and invited to present his work on integrated care in child psychiatry at an Institute of Medicine/National Research Council. Dr. Lew Cohen was awarded the Hackett Award by the Academy of Psychosomatic Medicine and also received a Rockefeller Foundation Bellagio Scholars Residency Award for the second time. Dr. Stuart Anfang was appointed Associate Editor for the Journal of American Academy of Psychiatry and the Law, and was appointed chair of the AAPL Task Force to update psychiatric disability evaluation guidelines.

Organizational Engagement
The department is advancing towards a service line organizational structure for psychiatry and behavioral health services in order to promote clinical standards, coordinate activities across Baystate regional entities, and collaborate to address staffing shortages. Through various clinical initiatives, the department is focused on efforts to add value to population health initiatives and address behavioral health issues in primary care service delivery and treatment of patients with complex health conditions.
Quality Leadership
Dr. Richard Hicks was named Chair and Medical Director of Interventional Radiology in December, 2014 after a national search. Dr. Stephen O’Connor was named Vice-Chair of the Radiology Department in 2015. The Baystate Breast and Wellness Center received the Platinum Achievement Award from PRC as the best national example of continued excellence in customer service. Six Utilization Management projects were performed. The first, assessing the appropriateness of MRI of the brain and spine performed during the new 12 midnight to 7am shift (in conjunction with the department of Neurology), showed positive results. The second project, assessing appropriate use of CTA for PE in the ER, continues. A third project concerning CTA of the head and neck is now underway jointly with the Department of Neurosciences. Additional projects, concerning use of MRI of the lumbar spine in the ER, and preoperative chest x-rays, are in the planning stages. A project resulting in reduced use of multiple techniques for pelvic Ultrasound, was performed in conjunction with the Ob-Gyn Department.

Growth and Financial Stewardship
A system-wide value analysis program was instituted and a sizeable system savings on contrast purchases was achieved. Radiopharmaceuticals are now being studied with an anticipated significant savings of $86K across Baystate Health. Radiology volumes continue to grow—overall 5% ahead of last year through July, output/ER up 18%, MRI up 11%; inpatient volume was also up—notably 17% in CT and 14% in MRI over the prior year. Positive variances to the budget were achieved for most areas. The Baystate Breast & Wellness Center (BBWC) is down 6% in volume, in conjunction with new, more conservative screening guidelines. We made significant progress towards full integration of the joint venture of Baystate Radiology and Imaging’s outpatient sites into Baystate Health, including Access Services, IT, RIS and PACS. As a first step, all BRI images are now available in BMC Synapse PACS. Full integration is expected in April of 2016.

Care Innovation and Integration
The multidisciplinary LDCT lung cancer screening program has scanned over 400 patients during the pilot phase and will be formally opened and marketed in the coming months. This is the first real integration of BMC, BF, and BRI into one program. Cryoablation under CT or ultrasound guidance has become available as an additional technique for tumor ablation and has a particular role in renal tumors. The Yttrium-90 Radioembolization Program for treatment of liver tumors, in conjunction with Radiation Oncology and with support from Medical Oncology and Oncologic Surgery, continues to grow. This regionally unique program has treated eighteen patients to-date.

The new Culture of Safety Committee was formed with a focus on keeping our patients safe while in radiology, with emphasis on falls and identification. Their work resulted in a 30% reduction in falls within Radiology, and also led to placing ID bracelets on outpatients in Radiology at BMC and BBWC with the goal of reducing incorrect patient events.

Academic Innovation
We successfully fully matched the Radiology Residency Program in 2015 for 2016 entry. Five peer reviewed articles were published, with an additional seven invited publications and 11 abstracts or educational exhibits. Dr. Richard Hicks was promoted to Clinical Associate Professor in March 2015.

Dr. Katherine Lameka joined the Radiology Department as Assistant Professor in October 2014. Dr. George Hartnell joined the Radiology Department in 2015 and will become a Professor of Radiology at UMMS. His Academic rank of Professor is pending reinstatement. Dr. Vivian Miller was promoted to Assistant Professor on July 6, 2015. Jason Newmark, VP of Diagnostic Service, became President-Elect of the American Hospital Radiology Association.

Organizational Engagement
The “Spirit of Radiology” committee continues to engage technologists, administrative support staff and physicians by hosting numerous activities, including a successful fundraiser for the Children’s Miracle Network, blood drives, a donation of blankets to the Infants and Children’s Department, team building activities for collaboration of employees, as well as “Radiology Technologist Week” events at BMC, BBWC and BRI offices. Current Events and Patient Satisfaction Bulletin Boards were created to enhance communication within the department. The BBWC took part in both the Rays of Hope Breast Cancer Walk and the Rays of Hope Survivors Day. The Baystate Breast and Wellness Center won two awards for the “Seeds of Excellence” display created by the staff. Medical Directors are attending monthly staff meetings for each modality.
Quality Leadership
Under the leadership of Dr. Kevin Moriarty (Interim Chair), Department of Surgery practices continue to exceed the overall BMP community for Overall Quality of Care Excellent Rating Goals achieving >63%; with most recent rank average at 75.6%. We saw improvement in Access to Care with average NPV appointment lag improvement of 3%. Surgery adopted “Choosing Wisely” guidelines to promote prudent use of medical testing to enhance the value of patient care.
Numerous divisions and surgeons were recognized for providing superior patient experiences. Surgical Breast Specialists, Thoracic Surgery and Greenfield Sports Medicine received PRC 5-Star Awards in Patient Experience. The following received PRC 5-Star awards for Overall Quality of Care: Neurosurgery (Dennis Oh, MD), Thoracic Surgery (Gary Hochheiser, MD, Rose Ganim, MD), Surgical Oncology (Richard Arenas, MD, Richard Wait, MD, PhD), Urogynecology (Pamela Behrens NP), Breast & Wellness (Glenda Flynn, NP, Catherine Tipton, MP, Holly Mason, MD, Susan Cash, MD), Pediatric Surgery (Kevin Moriarty, MD) and Sports Medicine (Darius Greenbacher, MD).

Growth and Financial Stewardship
Dr. Savitri Rambissoon, General Surgeon, joined BMFC, along with two advanced practitioners, Tammy Bonavita, PA-C and Maggie Ryan, PA-C. In addition, the following providers where recruited this year: Dr. Holly Sheldon, Colorectal Surgeon, Dr. Ugwuji Maduekwe, Surgical Oncologist, Dr. Elena Ziarnik, Thoracic Surgeon, Dr. Savitri Rambissoon, General Surgeon, Northern Region, Daniel Reilly, PA-C, Thoracic Surgery, Dr. Jacqueline Wu, General Surgeon, Dr. Enrique Lopez, Surgical Critical Care Fellow, and Dr. Mersadies Martin, MIS Fellow.
Dr. Kelly Tyler became a member of the BMC Endoscopy Services Steering Committee, providing oversight and analysis of endoscopy services at BMC and affiliates.

Care Innovation and Integration
Surgery integration at BFMC has resulted in a unified department, with Integrated System Surgery Teams implemented at BFMC, including: Surgery & Anesthesia Executive, OR & BMP Practice Operations, and Surgery PI & QA Teams. Residents continue to rotate at BFMC for community experience in a rural track rotation. Subspecialties are being integrated at Noble and the Eastern Region, including Thoracic and General Surgery services. Additionally, Culture of Safety Team training has been instituted for OR and perioperative lead teams, with several faculty assisting with education and implementation as coaches/mentors. Dr. Richard Alexander, a senior urologist from the University of Maryland, joined the department in 2015. Dr. Alexander will develop a system wide urology service, with BFMC as the central community hub.

Academic Innovation
Dr. Richard Arenas with a consortium of clinicians and scientists at Baystate Medical Center (Drs. Makari-Judson, Crisi), Pioneer Valley Life Sciences Institute (Dr. Schneider) and UMass Amherst (Dr. Jerry) have been awarded a five-year grant totaling more than $3.5M to study the effects of environmental chemicals on breast tissue. The objective is to determine if these compounds impair or alter cellular pathways that promote or prevent breast cancer.
During 2014-2015, the department published 19 peer-reviewed publications and presented numerous lectures and abstracts at regional, national and international meetings. Surgery residency fully matched for AY -2015. Several research awards fostering innovation include: Baystate Surgery Research Fund awarded Dr. Michael Tirabassi $25,000 for “Laparoscopic Pediatric Inguinal Hernia Repair: Guinea Pig Model” and $35,000 for “Rhodiola Crenulata Extract: Novel Adjunctive Therapy for Neuroblastoma.” The NIH awarded $206,000 to Dr. John Romanelli “Bariatric Surgery Telemedicine Phase-I.” Dr. Holly Mason expanded research on metabolic factors regulating p53-mediated surveillance in breast epithelium. In residency, faculty have participated in implementation of a formal QI curriculum (based on IHI national curriculum), development of a Chief Resident Leadership curriculum (associated with SCORE curriculum) and contribution to the new ABS/SAGES Fundamentals of Endoscopy curriculum. Additionally, our ACS-accredited Simulation Center, a productive FLS-testing center, was granted FES (Fundamentals of Endoscopic Surgery) testing site status. This Center also participates in evaluation of technical skills for a national Advanced Laparoscopic Skills (ALS) curriculum.

Organizational Engagement
As part of a Culture of Safety initiative, surveys and educational workshops as well as numerous working team debriefings have been conducted for the Emergency Department, Surgery and Critical Care staff. This initiative will be critical to creating an OR environment second to none in outstanding outcomes. Judi Bush, Practice Director of Surgery, is leading the development of a Medical Leader and Practice Manager Partnership workshop, as well as a new structural and plan for access services.

Kevin Moriarty, MD
Interim Chair,
Department of Surgery,
Surgeon-in-Chief,
Baystate Children’s Hospital
Quality Leadership

The Heart and Vascular Program continues to provide outstanding outcomes across types of care both from a patient safety, as well as quality metrics perspective. In the safety realm, hospital acquired infection rates (CLABSI, VAP, Extubation, and CAUTI), were consistently below NHSN means. From the quality vantage, key care areas, CABG and CHF were part of BMC’s receiving the US News and World Reports Top 34 Hospital for Common Care. CABG and aortic valve replacement surgery remain STS 3 star (benchmark). Likewise, we achieved top decile performance for composite effectiveness scores in acute MI, CHF, and CABG. Also, acute MI and PCI 30 day readmission rates were CMS designated “Better than Expected” (top 2%), nationally. Locally, the BHS President’s Quality Award winner was the HVC “Telemetry utilization and alarm management” submission, with “CMMI CABG Bundle Payment Initiative” designated a “Distinguished Performer.” The American Heart Association provided BMC with a Silver Plus Rating for STEMI performance. Additionally, the HVCC won the coveted Gold level Beacon Award for critical care nursing. Access and patient satisfaction met or exceeded goals in 2015. New patient appointments (14 day, 3rd next available appointment) were available 100% of the time for both cardiology and vascular services. Northampton Cardiology achieved a PRC top 10% designation. On the inpatient services side, M6 met/exceeded PRC 90% “excellent” targets, while M5 achieved that at 75% “excellent” target.

Growth and Financial Stewardship

The HVP continued to increase procedural and medical volume while actively managing cost. Procedural volume (cath lab, IR, EP, OR) increased between 7-27% depending on activity. Accordingly, service line gross revenue exceeded the “flex budget” by $4MM, while expenses were $3MM below “flex budget.” In addition, a cardiovascular out of network (OON) referral system was initiated with Health New England to further reduce “payor” costs, while enhancing center revenue. The HVP remains a “profit center” for the system with an estimated annual contribution margin of over $36M.

Care Innovation and Integration

The HVP implemented a variety of new care management programs for identified cardiovascular patient populations. A multidisciplinary outpatient adult congenital heart disease (ACHD) started, with visits exceeding projections. Likewise, an outpatient atrial fibrillation management program opened, targeting this large and heterogeneous population. Inpatient pharmacy delivery services were initiated for patients on M5, M6 and M7. Also, formal contracting with Brigham and Women’s Hospital for education and support for ventricular assist devices (VAD) and other advanced CHF management were finalized. Regionally, early integration efforts around cardiovascular imaging, invasive cardiology, and patient transfers commenced with Baystate Wing, while collaborative call coverage models with Baystate Noble were implemented.

Academic Innovation

Dr. Quinn Pack received a KL2 training award from the Tufts/CTSA program. The faculty members continue to be productive in writing and publishing peer-reviewed articles. In FY2015, the HVP faculty published 33 peer-reviewed manuscripts, three book chapters, and 19 peer reviewed abstracts. Additionally, the faculty provided 21 lectures and research presentations at national and international meetings. Dr. Kugelmass was named Associate Editor of CardiologyPlus, and several faculty continue to serve on a variety of journal editorial boards.

We recruited a very competitive group three new general cardiology fellows, while retaining three of our own fellows for special training in interventional cardiology. Cardiology fellow board exam pass rates remain 100% for seven years running.

Organizational Engagement

In a year of surprise physician reorganization and re-alignment in the Northern region, we actively recruited and hired six dynamic new cardiovascular physicians to maintain and expand our services (comprehensive CHF) in Hampshire and Franklin counties. These recruits include: Drs. T. Calkins, S. Sivalingam, J. Chou, H. Wassif, Z. Razza, and J. Hernandez-Montfort. Additionally, our longstanding cardiac surgeons (Drs. Rousou, Engelman, Deaton, and Flack) joined BMP employment, and this was accompanied by the hiring of Dr. Stamou. Dr. J. Cook was promoted to Full Professor, while Dr. A. Lotfi was promoted to Associate Professor. Dr. G. Valania completed the Physicians Leadership Academy, and Dr. T. Egan was appointed Director of Cardiology at Baystate Franklin Medical Center.
Quality Leadership

The Quality Oncology Practice Initiative, (QOPI®), an affiliate of the American Society of Clinical Oncology (ASCO), was launched in 2009 to recognize hematology/oncology practices that are committed to delivering the highest quality of cancer care. Baystate Regional Cancer Program (BRCP) has been participating in the QOPI survey since the fall of 2009, becoming certified in 2011. Since the journey began, the Medical Oncology division has consistently remained above the certification target in addition to the overall score for individual clinical quality metrics.

Via Oncology Pathways was implemented by the Oncology division in January 2015, to ensure quality and consistency of care across a network of oncology experts. This pathway was designed to enable oncologists to stay abreast of changes in national accountable care practices while providing value to patients, payers and referring physicians. The Via Network includes over 1,150 oncology providers from 28 practices in 20 states which include a range of independent, hospital-based and academic cancer centers. Physician led disease committees collaborate to define the stages of disease for which a pathway is needed as well as common patient scenarios for which an alternate therapy is required. Since commencing with this pathway in January 2015, the BRCP has consistently performed above target on both treatment and plans.

Growth and Financial Stewardship

The Cancer Center had remarkable growth in volume in 2015. Cancer Services is $2.3 million favorable to budget overall YTD FY15 in gross revenue and 12,000 visits favorable in total volume YTD, this results in a 10.6% increase over FY14 volumes. FY15 Second Quarter HBI Margin reports also reflect an increase in Cancer Services net margin over FY14 Actual performance which was at the highest level since opening the Cancer Center. Due to the new cases volume increase, chemotherapy volume also rapidly increased, despite strict guideline adherence and successful efforts to reduce unnecessary care, with D’Amour Center for Cancer Care generating 180 doses of antineoplastic and supportive care drugs per day.

Care Innovation and Integration

Regional Integration: The Hematology Oncology Division began oversight at Baystate Wing Oncology in January 2015, with the goal to transfer all patients from UMass Memorial providers and incorporate Baystate Regional Cancer Program Oncology practices into this newest member of the Eastern Region. Successful recruitment was completed in early FY15, acquiring a part-time Baystate Wing, Hematologist Oncologist, Jonathan Marsh, MD, who arrived in April, 2015. Chemotherapy infusions were transferred to the Baystate Mary Lane Oncology satellite in 2015 to enhance Eastern region integration and efficiency. This full transition was implemented by July, 2015 securing compliance with all current pharmacy regulations maximizing optimum quality, safety and financial stewardship for Cancer Care in the Eastern Region’s 10-mile corridor. The replacement of four Linear Accelerator is well along with the first recovery completion in 2015.

Academic Innovation

BRCP has been a participating institution with NCI-designated cooperative group trials for over 25 years. Enrollment of clinical trials continues to increase in complexity due to regulatory changes, insurance requirements, and increased cost and resources that are not covered by the study when participating in NCI funded research. This past year, due to Dr. John McCann’s high enrollment (in excess of 20%) of Einstein/Montefiore’s total accrual, he will be listed as an author on the primary manuscript for E5508-Randomized Phase III Study of Maintenance Therapy with various chemotherapy regiments for Advanced Non-Squamous NSCLC.

Adult Hematology Oncology fellowship program continues to successfully recruit high-quality fellow candidates, and in-training examinations for both hematology and oncology place our performance in the top 25% of programs. All recent fellow trainee’s successful in graduation and subsequent position placement to include academic centers.

A consortium of clinicians and scientists at Baystate Medical Center (Drs. Makari-Judson, Crisi, Arenas), Pioneer Valley Life Sciences Institute (Dr. Schneider) and UMass Amherst (Dr. Jerry) have been awarded a five-year grant totaling more than $3.5M to study the effects of environmental chemicals on breast tissue. The objective is to determine if these compounds impair or alter cellular pathways that promote or prevent breast cancer.

Organizational Engagement

Mid-year Gallup survey results reflected sustained Cancer Services participation at over 80% and the overall rollup was 4.24, physician scores are also in the top quartile; Adult Hematology Oncology 4.89; Overall physicians 4.55.
Quality Leadership
The Neuroscience Service line achieved the top decile performance for composite effectiveness score for stroke as well as reducing the third next available new appointments for BMP Neurology and PM&R to 14 days. A broad variety of quality improvement initiatives are underway in neurosciences. A hospitalist medical director appointed to D5A and interdisciplinary care rounds have been initiated. MIDAS outcomes database was created for sleep, epilepsy, spine and telemedicine. Sleep diagnostics at BMC, BFMC and BMLH achieved ASSM accreditation. Remote long-term EEG monitoring in BMC Children’s Hospital and EEG services in pediatric procedure unit have been expanded. Finally, we joined the ASA Mission Lifeline to support regional stroke network of care and have been invited to join the new statewide Coverdell project pilot for stroke. With a robust serviceline PI structure in place, achievements have been made in the reduction of neurosurgical SSI, and stroke readmission.

Growth and Financial Stewardship
The Neuroscience Serviceline is creating a broad collaborative care model for across BH. The serviceline annualized gross revenue is $680,000, above the flex budget while keeping expenses at $230,000, below the annualized flex budget. A significant cost savings ($240,000) was achieved through neuro value analysis process (spinal implants and neuro modulation). A referral system for Neurosciences out of network (OON) was initiated with our HNE partners. New collaborations were formed with local companies (Springfield Falcons, Golds Gym, Conca Sport and Fitness) and a 6% growth in outpatient rehabilitation volume secondary to marketing campaign was realized.

Care Innovation and Integration
The Neurosciences/Rehab Access team developed and expanded with the embedded nurse navigator to match the best physician for the patient’s needs. We gained HNE approval for a three year medical management pilot program to optimize sleep screening and appropriate testing. We have implemented various regional telemedicine programs (chart 2 telehealth, teleconsulting, telestroke, phone based headache clinic, chart 2 teleswallow. For rapid access to a neurologist, a neurology PCP hotline has been implemented and frequently used. The sleep diagnostics program integrated the Eastern Region (BMLH & BWH) with BMC for common standards. BMC rehabilitation initiated a pet therapy program. An intraoperative neuronavigation system to allow performance of complex spine and cranial procedures was installed.

Academic Innovation
A new Department of Neurology at the University of Massachusetts Medical School-Baystate Health has been created with Dr. Ed Feldmann designated as the Chairman. Edward Feldmann, MD, participates as a core leader of a Multicenter NIH/NINDS grant. Rob Hayden, Director of the Neuroscience Serviceline, received 2015 BMC Excellence in Teaching Award. We hosted the second annual Neurosciences Symposium with over 125 participants involving many of our newly hired physicians as well as partners from University of Connecticut School of Medicine and Berkshire Medical Center, additional community lecture series were initiated over four weekends with a total attendance over 500. For another year, we sponsored Pioneer Valley Stroke Forum to support the local chapter of American Stroke Association with over 600 in attendance. A falls prevention “The Balancing Act” seminar was held for senior class members. Publications from the group included six peer review abstracts, six published book chapters, five referred papers in addition to four National meeting presentations; we have one national committee member.

Organizational Engagement
Ed Feldmann, MD, completed the BH Leadership Academy. Adding to the growth of the neurosciences service line includes new hires Jonathan Moldover, MD, Medical Director of Regional Spine Program; Mohamed Khaled, MD neurosurgeon; Rachel Hamlet, PA, Matt Kele, PA; Oleg Yermakov, PA; Katherine Swan, PA. Anthony Shamoun RN, NP, CNS and Allison Kostrzewa, RN were hired as clinical educators for Neurosciences Program and Jaime Caron, RN accepted the position of Assistant Nurse Manager, D5A. To improve the continuity of care for both surgical and medical patients in the neuroscience units (intensive care, step down, or the neuroscience floor) a Neuroscience AP network was developed and is continuing to grow.
Quality Leadership
In June 2015, BMP-Wilbraham and East Longmeadow Adult Medicine practices kicked off their first Patient and Family Advisory Council (PFAC). Patients, staff, and providers met and shared real life experiences. Plans are underway to roll out PFAC to all PCSL practices.

The Professional Research Consultants (PRC) recognizes providers as 5 Star Performers in patient experience for achieving the 90th percentile in the overall quality of provider care. Congratulations to the following providers for their dedication: Harvey M. Lederman, MD and Marci Yoss, MD of BMP Pioneer Valley Family Medicine; Hugh Roberts, MD and Jane Plager, NP of BMP Greenfield Family Medicine.

This past year, BMP East Longmeadow Adult Medicine and BMP Northern Edge Adult Medicine were recognized for providing high-quality care to their patients and having the highest clinical effectiveness scores in the service line.

Growth and Financial Stewardship
The primary care service line continues to grow and over 4,800 patients were added this year as we expanded access for our communities. The primary care providers of BMP care for over 65,000 adults and over 9,000 children in the Pioneer Valley. In addition, we are on track to drive over $27M in hospital contribution margin to Baystate Health.

Care Innovation and Integration
Primary care partnered with the Department of Psychiatry at Baystate Health to embed behavioral health resources in the primary care practices in order to drive innovative population health-based models. We also participated in a collaborative with the Institute of Healthcare Improvement and Health New England to implement comprehensive care designs to serve the needs of our most complex, high-risk, and costly patients.

Academic Innovation
In June 2015, Baystate Health announced that the University of Massachusetts Medical School (UMMS) and Baystate Health will open a regional campus of the medical school in Springfield. This first regional UMass Medical School will recruit students interested in rural and primary care. The primary care practices in the service line look forward to help train these students. This partnership will help Baystate Health address the region’s urgent need for physicians in western and central Massachusetts by building a pipeline of students more likely to remain in our health system or practice locally as physicians.

Organizational Engagement
The PCSL showed improvement in our Gallup Employee Engagement survey. In West Springfield, Westside Adult Medicine was expanded to support regional new patient access AND critical Advanced Practitioner training needs for the service line. In Springfield, Northern Edge Adult Medicine expanded to a new facility at 3400 Main that supports expanded primary care, integrated behavioral health, lab services, and urgent care. With the continued national stress on primary care provider supply, BMPs approach for growth is to meet community need by leveraging team-based care.
Region Highlights

BAYSTATE HEALTH EASTERN REGION, BAYSTATE MARY LANE HOSPITAL & BAYSTATE WING HOSPITAL

Quality Leadership
Both regional hospitals continue to provide high quality care in their respective communities. Baystate Wing Hospital (BWH) received a Gold Plus award for stroke care from the American Stroke Association, received a Healthgrades safety award for 2015, and underwent a successful CAP (College of American Pathologists) survey in the laboratory. Baystate Mary Lane Hospital (BMLH) received an “A” rating from the Leapfrog group, had one of the lowest re-admission rates in the State of MA, and received a Gold award from the Health Resources and Services Administration (HRSA) for organ donation. Mary Lane also continues to lead the health system for inpatient patient experience scores (HCAHPS). Both facilities received Top Performer awards from the Joint Commission for pneumonia and surgical care, and also received accreditation in CT scan and mammography from the American College of Radiology (ACR).

Growth and Financial Stewardship
Baystate Wing Hospital was successfully acquired by Baystate Health in 2014, with a number of integration efforts that are completed and many in progress. A number of financial and human resource systems have been successfully converted. We were able to successfully convert the ambulatory electronic medical record from the Allscripts platform to the Baystate’s Cerner electronic medical record. BWH received a $1.1M grant from the state via the CHART program in order to help reduce readmissions. Both BWH and BMLH are taking part in a $900K joint system level grant to help reduce transfers to the tertiary care center via telemedicine. Further Eastern Region integration will occur as the hospitals move to a single license.

Care Innovation and Integration
Over the course of the year, Baystate Medical Practices has been successfully transitioning employment for physicians employed by BWH. Additionally, a number of new providers started working in the region in the past year. BWH successfully brought on three new primary care physicians in order to serve populations in multiple ambulatory sites (Monson, Palmer, and Wilbraham). BWH was also successful in recruiting a new part-time dermatologist and a new full-time hospitalist. BWH also started sharing services with the GI division at Baystate Medical Center, and increased coverage at the hospital. The anesthesia service was converted at BWH and is now serviced by Springfield Anesthesia Services. At BMLH, one new Emergency Medicine physician was hired in addition to a new pediatric nurse practitioner in the Quabbin Pediatrics practice. The BMLH Emergency Department continues to offer a successful “30-Minute Pledge” that is met close to 90% of the time. The Baystate Regional Cancer program merged both chemotherapy programs into one campus at BMLH.

Organizational Engagement
Both campuses have been working hard to increase Gallup employee engagement scores over the years before and were met with significant improvement during the most recent survey. A new employee engagement committee was initiated at BWH, and nearly all of the BWH leaders participated in a local leadership development course over the year and attended the BH Essentials of Management training program. Noting the need to provide more efficient and coordinated care, a great deal of work has been done to help merge the two campuses by creating regional leadership roles throughout the organization. This aided in completing a number of local projects related to integrating BWH into BH and BWH with BMLH.
BAYSTATE HEALTH NORTHERN REGION & BAYSTATE FRANKLIN MEDICAL CENTER

Quality Leadership
Baystate Franklin Medical Center (BFMC) continues to excel in our emergency department. BFMC ER performance in Acute MI and Stroke care continues to be recognized at a state and national level. Included: One hundred percent for ED specific measures for aspirin at arrival and thrombolysis ≤ 30 minutes of arrival; 100% for ‘aspirin at arrival’ and ‘transfer to acute coronary intervention’ in less than 90 minutes in the outpatient AML/Chest pain study; 100% Door to needle in less than 60 minutes of arrival for patients in the window to receive IV TPA; BFMC ER achieved 96% of patients have had a Bed to Doc time <30 minutes; BFMC ED physicians completed the NIH Stroke Scale on 100% of ED stroke patients, becoming one of only five hospitals in the state to achieve this perfect score. BMP 48 Sanderson Street Practices & BMP Deerfield Family Medicine reported; maintained an average of 75% Excellence for PRC Overall Doctor Rating, and a 95% patient satisfaction rate for Courteous & Helpful Staff from October 2014 through August 2015.

Growth and Financial Stewardship
The Northern Region and BFMC recruited 15 providers in 2015. Maggie Ryan and Tammi Bonavita, Physician Assistants, were added to the surgical team to improve access to care for patients by working to eliminate a second surgeon being a first assist in routine cases. This will lead to more office hours for the surgeons for consults as well as potentially open up more surgeons for the OR; Susan Plant, CNS began working at Partial Hospitalization and will be the primary provider in the outpatient setting as well as share in the consult service at FMC; Laura Sassi, NP for Greenfield Family Medicine, started September 2015; Benjamin Schalet, MD, Plastic Surgeon from BMC is seeing patients in the BMP Greenfield Surgery office twice a month, along with performing surgeries at BFMC.

Care Innovation and Integration
We are merging the Deerfield Adult and Pediatric practices which will allow for more fluid onsite management by the office manager as well as the medical director.

Dr. Holly Mason, Director Breast & Wellness Program at BMC has begun plans to develop at Breast Program in the Northern Region. The Breast General Surgeons along with Holly Mason MD have met with the Connecticut River Internists & Valley Medical Group practices to discuss the Northern Region Breast Program.

Academic Innovation
Several articles were publications with BMP authors in academic year 2015, these include:

- Promoting high value inpatient care through a coaching model of structured interdisciplinary team rounds. Br. J Hosp Med 2015; 76 (1) 41-45. DOI 10.12968/hmed.2015.76.1.41

Organizational Engagement
One hundred percent provider participation for BFMC ER was observed for both FY15 Gallup Surveys. When the BMP Greenfield Adult Medicine & BMP Greenfield Pediatrics merged, the entire office staff helped with their ideas to improve the suite. When patients walk into the BMP Greenfield Family Medicine practice now, they are greeted by a welcoming reception area, with warm welcoming colors and plenty of seating along with a children’s play area.
On July 1, 2015, Baystate Health was pleased to announce the transition of Noble Hospital to Baystate Health. Team members from both Noble and Baystate ensured a smooth transition for patients, providers and team members.

Quality Leadership/Awards & Accreditations
Baystate Noble Hospital (BNH) received a “B” rating from the Leapfrog group and received a Gold award from the Health Resources and Services Administration (HRSA) for promoting enrollment in organ donation registries. BNH was given National Quality Approval by The Joint Commission through 2015.

Baystate Noble Hospital was awarded a $1.2 million CHART Grant from the Massachusetts Health Policy Commission to improve patient care and help reduce re-admissions in Greater Westfield. The Community Hospital Acceleration, Revitalization and Transformation Investment Program (CHART) is a two-year long initiative to focus attention on avoidable hospital re-admissions, celebrate how hospitals and communities are working together to improve care transitions, and help patients and families understand the role they can play in their healthcare. The Massachusetts Health Policy Commission initiated a formal kick-off ceremony in December 2015, and awarded the funds to BNH. Baystate Noble Hospital is one of 30 community hospitals in Massachusetts sharing the $60 million in CHART grant awards.

Noble Visiting Nurse and Hospice received a 100% deficiency-free rating for excellence in hospice care from the Department of Public Health in 2015.

Growth and Financial Stewardship
Baystate Noble Hospital was successfully acquired by Baystate Health in July 2015, with a number of integration efforts that are completed and many in progress.

Care Innovation and Integration
Over the course of the year, Baystate Noble has been successfully transitioning employment for medical providers employed to Baystate Medical Practices. A number of new providers started practicing in the area in the past year, including comprehensive services from BMC providing:
• Access to surgical consultation appointments at 57 Union Street in Westfield
• More comprehensive Cardiology emergency call and consultative services in collaboration with the Chief of Heart and Vascular Services
• Regionalizing and standardizing the hospital medicine program with the Chief of Medicine
• Expanded Neurology emergency call and consultative services together with the Chief of Neuroscience to improve stroke care and access to Neurological services
• 24/7 infectious disease (ID) consulting availability and an onsite ID clinic once a week (no ID services prior to April 1, 2015)
• Integrating our cancer program with the Baystate Regional Cancer Program
Over the past two years, BNH has expanded the number of primary care physicians to serve the greater Westfield community. In order to provide health services to the Feeding Hills/Agawam area, a new Primary and Urgent Care facility will be opening in Feeding Hills.

Organizational Engagement
Employees completed the SCORE Culture Survey with a 96% participation rate. Employees participated in the BH orientation program, and Leadership completed the management and LGBTQIA diversity training programs. Other programs implemented include organizational engagement and a culture of safety initiatives. Included in these programs are patient safety rounds, leadership walk-arounds, and daily clinical safety huddles.

Development
The 51st Noble Ball was held in October, raising $250,000 for the front lobby access renovation project. Money raised was added to the $250,000 raised at the 2014 Noble Ball, as well as $150,000 from the Commonwealth of Massachusetts and $30,000 in grant funds.

Community involvement included a collaboration with Westfield State University’s Nursing Program and WSKB radio show (major sponsor), Building Bridges community health fairs and screenings, blood donor drives with the Westfield Police/Fire and YMCA/Boys & Girls Club, Dementia-friendly community training in collaboration with Armbrook Village, Pink in the Rink with the Springfield Falcons to promote screenings for breast cancer, and a grant from the Community Foundation of Western Massachusetts for new patient furniture.
New Physicians and Advanced Practice Clinicians
JANUARY 2015–DECEMBER 2015

Khaled Abdelkader, MD
Baystate Wing Hospital–Palmer Medical Center

Ezra Acholonu, PA-C
Baystate Hospital Medicine–Baystate Medical Center

Alfred Adegbuyegun, MD
Baystate Cardiac Surgery

Richard Alexander, MD
Medical Director, Division of Urology, Department of Surgery

Fadi Alkhatib, DO
Baystate Hospital Medicine–Baystate Medical Center

Sik Kim Ang, MD
Baystate Geriatric Medicine

Lilia Bacu, CNP
Baystate Heart & Vascular Program–Cardiac Surgery

Rebeca Bell, MD
Baystate Mason Square Neighborhood Health Center

Gerald Beltran, DO
Baystate Emergency Medicine–Baystate Medical Center

Tammi Bonavita, PA-C
Baystate Medical Practices–Greenfield Surgery

Charlotte Boney, MD
Chair, Department of Pediatrics

Cynthia Bowman, MD
Baystate Pathology

Meredith Brown, PA-C
Baystate High Street Health Center–Pediatrics

Laurie Butler, PA-C
Baystate Medical Practices–Wilbraham Adult Medicine

Charles Cavagnaro, MD
President, Baystate Health Eastern Region

Matthew Chabot, MD
Baystate Brightwood Health Center & Baystate Mason Square Neighborhood Health Center

Josephine Chou Catanzaro, MD
Baystate Medical Practices–Northampton Cardiology

Christina Collins, CNP
Baystate Wound Care & Hyperbaric Medicine–Baystate Medical Center

Dennies Cuevas-Rivera, MD
Baystate Wing Hospital–Wilbraham Medical Center

Nicholas Daniel, DO
Baystate Emergency Medicine–Baystate Medical Center
Anna Japaridze, MD
Baystate Hospital Medicine–Baystate Franklin Medical Center

Amelia Jaworek, MD
Baystate Wing Hospital–Palmer Medical Center, Infectious Diseases

Mark Kassis, MD
Baystate Urgent Care

Matthew Kele, PA-C
Baystate Neurosciences & Rehabilitation

Mohamad Khaled, MD
Baystate Neurosurgery

Mohammad Khan, MD
Baystate Wing Hospital–Palmer Medical Center

Walter Kilpatrick III, DO
Baystate Behavioral Health–Psychiatry Consultation Service

Ronnelle King, MD
Baystate Newborn Medicine

Anthony Kitchen, MD
Baystate Emergency Medicine–Baystate Franklin Medical Center & Baystate Medical Center

Jeffrey Korff, MD
Baystate Endocrinology & Diabetes

Katie Krone, MD
Baystate Pediatric Pulmonary Medicine

Susan Landry, DO
Medical Director, Workplace Health & Wellness Programs–MassMutual

Erin Leahy, MD
Baystate Geriatric Medicine

Narayana Lebaka, MD
Baystate Hospital Medicine–Baystate Noble Hospital

Talya Leopold, MD
Baystate Wing Hospital–Belchertown Medical Center

Eva Lewin, MD
Baystate Medical Practices–Northern Edge Adult & Pediatric Medicine

Aiswarya Madanam Sampath, MD
Baystate Hospital Medicine–Baystate Franklin Medical Center

Laura Madore, MD
Baystate Newborn Medicine

Ugwui Maduekwe, MD
Baystate Regional Cancer Program–Surgical Oncology

Dinesh Mainali, MD
Baystate Hospital Medicine–Baystate Noble Hospital

Neha Malhotra, MD
Baystate Endocrinology & Diabetes

Jonathan Marsh, MD
Baystate Regional Cancer Program–Hematology Oncology

Susan Megas, PCNS
Baystate Geriatric Medicine

Caitlin Miller, CNM
Baystate Medical Practices–Pioneer Women’s Health

Jonathan Moldover, MD
Baystate Physical Medicine & Rehabilitation
Maura Munoz, MD  
Baystate Mason Square  
Neighborhood Health Center

Eilean Myer, MD  
Baystate Wesson Women’s Group

Finlay Oguku, CNP  
Baystate Medical Practices—West Side Adult Medicine

Charlene Patenaude, MD  
Department of Psychiatry—Baystate Medical Center

Emily Patno, CNP  
Baystate Heart & Vascular Program

T. Britton Percy, MD  
Chief, Baystate Hospital Medicine—Baystate Noble Hospital

Victor Pinto-Plata, MD  
Chief, Division of Pulmonary & Critical Care, Department of Medicine

Susan Plante, PCNS  
Baystate Franklin Medical Center—Partial Hospitalization Program

Kalyan Pundla, MD  
Baystate Medical Practices—West Side Adult Medicine

Vidya Ramasamy, MD  
Baystate Hospital Medicine—Baystate Medical Center

Savitri Rambissoon, MD  
Baystate General Surgery—Baystate Franklin Medical Center

Zohair Raza, MD  
Baystate Medical Practices—Northampton Cardiology

Kathleen Reccord, PA-C  
Baystate Hospital Medicine—Baystate Medical Center

Daniel Reilly, PA-C  
Baystate Thoracic Surgery

Tamela Rodrigues, CNP  
Baystate Medical Practices—West Side Adult Medicine

John Rousou, MD  
Chief, Baystate Cardiac Surgery

Racquel Rowe, CNP  
Baystate Heart & Vascular Program

Maggie Ryan, PA-C  
Baystate Medical Practices—Greenfield Surgery

Heather Ryng, PA-C  
Baystate Hospital Medicine—Baystate Medical Center

Golien Safain, MD  
Baystate Emergency Medicine—Baystate Medical Center

Laura Sassi, CNP  
Baystate Medical Practices—Greenfield Family Medicine

Sarah Scarselletta, MD  
Baystate Urgent Care

Ira Schmelkin, MD  
Baystate Gastroenterology—Baystate Noble Hospital

Elena Schneider, PA-C  
Baystate Endocrinology & Diabetes

Steven Schonholz, MD  
Department of Surgery, Division of Surgical Oncology—Baystate Noble Hospital
New Physicians and Advanced Practice Clinicians continued

Linda Schoonover, MD
Baystate Wing Hospital–Wilbraham Medical Center

Abou-Kacem Sekkal, MD
Baystate General Surgery–Baystate Noble Hospital

Holly Sheldon, MD
Baystate General Surgery

Alina Sibley, CNP
Baystate Geriatric Medicine

Asha Sindwani, MD
Baystate Wing Hospital–Wilbraham Medical Center

Joseph Smith, MD
Baystate Behavioral Health, Adult Inpatient Psychiatry–Baystate Franklin Medical Center

Bart Soar, MD
Baystate Wing Hospital–Belchertown Medical Center

William Soares III, MD
Baystate Emergency Medicine–Baystate Medical Center

Myat Soe, MD
Baystate Hospital Medicine–Baystate Medical Center

Thet Soe, MD
Medical Director, Baystate Hospital Medicine–Baystate Franklin Medical Center

Sotiris Stamou, MD
Baystate Cardiac Surgery

Jennifer Starr, CNP
Baystate Quabbin Pediatrics

Zofia Stec, CNP
Baystate Medical Practices–Northampton Cardiology

Katherine Swan, PA-C
Baystate Neurosciences & Rehabilitation

Rachel Szczur, PA-C
Baystate Emergency Medicine–Baystate Medical Center

Elizabeth Tomasino, CNP
Baystate Regional Cancer Program–Pediatric Hematology Oncology

Lori Trask, MD
Baystate Wing Hospital–Monson Medical Center

Rene Umanzor, MD
Baystate Endocrinology & Diabetes–Baystate Wing Hospital

Shreekant Vasudhev, MD
Baystate Hospital Medicine–Baystate Franklin Medical Center

Kathleen Ventre, MD
Baystate Pediatric Critical Care
Ricardo Villalba Lopez, MD
Baystate Medical Genetics

Lan Vu, PA-C
Baystate Hospital Medicine–Baystate Medical Center

Deborah Waite, CNP
Baystate Regional Cancer Program–Hematology Oncology

Heba Wassif, MD
Baystate Medical Practices–Northampton Cardiology

Sarah Workman, MD
Baystate Hospital Medicine–Baystate Medical Center

Jacqueline Wu, MD
Baystate General Surgery

John Wysocki, MD
Baystate Gastroenterology

Oleg Yermakov, PA-C
Baystate Neurosciences & Rehabilitation

Elena Ziarnik, MD
Baystate Thoracic Surgery

Zachry Zichittella, MD
Baystate Cardiology–Eastern Region

Kathleen Zoltowski, MD
Baystate Emergency Medicine–Pediatrics
Baystate Franklin Medical Center (BFMC) - Greenfield
Baystate Mary Lane Hospital (BMLH) - Ware
Baystate Medical Center (BMC) - Springfield
Baystate Noble Hospital (BNH) - Westfield
Baystate Wing Hospital (BWH) - Palmer

Baystate Visiting Nursing and Hospice
Non-Baystate Hospital
**EASTERN REGION**
- Baystate Emergency Medicine
- Baystate Hospital Medicine
- Baystate Mary Lane Hospital
- Baystate Medical Practices – Mary Lane Gastroenterology
- Baystate Medical Practices - Mary Lane Ob/Gyn
- Baystate Medical Practices - Mary Lane Orthopedics
- Baystate Medical Practices - Mary Lane Surgery
- Baystate Medical Practices - Quabbin Adult Medicine - Ware & Belchertown
- Baystate Regional Cancer Program
- Baystate Regional Sleep Program
- Baystate Urgent Care
- Baystate Wing Hospital

**NORTHERN REGION**
- Baystate Behavioral Health
  - Mental Health Unit
    - Partial Hospitalization Program
- Baystate Emergency Medicine
- Baystate Franklin Medical Center
- Baystate Hospital Medicine
- Baystate Medical Practices - Cardiology & Baystate Vascular Services
- Baystate Medical Practices - Deerfield Adult & Pediatric Medicine
- Baystate Medical Practices - Greenfield Family Medicine
- Baystate Medical Practices - Greenfield Gastroenterology
- Baystate Medical Practices - Greenfield Neurology
- Baystate Medical Practices - Greenfield Pulmonary & Sleep Medicine
- Baystate Medical Practices - Greenfield Surgery
- Baystate Medical Practices - Northampton Endocrinology
- Baystate Medical Practices - Northampton Obstetrics & Gynecology
- Baystate Medical Practices - Pioneer Valley Family Medicine
- Baystate Medical Practices - Pioneer Women’s Health
- Baystate Medical Practices - Sports and Exercise Medicine
- Baystate Medical Practices - Urology
- Baystate Medical Practices - Valley Orthopedic Surgery & Sports Medicine
- Baystate Regional Cancer Program
- Baystate Regional Sleep Program
- Baystate Urgent Care
- Baystate Wound Care & Hyperbaric Medicine

**SPRINGFIELD/METRO REGION**
- Baystate Adolescent Medicine
- Baystate Adult Weight Management
- Baystate Behavioral Health
  - Adult Inpatient Psychiatry
  - Adult Outpatient Psychiatry
  - Child & Adolescent Outpatient Psychiatry
  - Integrated Behavioral Health
- Baystate Brightwood Health Center/ Centro de Salud
- Baystate Cardiac Surgery
- Baystate Cardiology
- Baystate Developmental Behavioral Pediatrics
- Baystate Emergency Medicine
- Baystate Endocrinology & Diabetes
- Baystate Family Advocacy Center
- Baystate Gastroenterology
- Baystate General Pediatrics
- Baystate General Surgery
  - General, Bariatric, Colorectal, Endocrine
  - Minimally Invasive & Surgical Oncology
- Baystate Geriatric Medicine
- Baystate Hand & Wrist Surgery
- Baystate High Street Health Center - Adult Medicine
- Baystate High Street Health Center - Pediatrics
- Baystate Hospital Medicine
- Baystate Infectious Diseases
- Baystate Mason Square Neighborhood Health Center
- Baystate Maternal Fetal Medicine
- Baystate Medical Center
- Baystate Medical Genetics
- Baystate Medical Practices - East Longmeadow Adult Medicine
- Baystate Medical Practices - Northampton Cardiology
- Baystate Medical Practices - Northern Edge Adult & Pediatric Medicine
- Baystate Medical Practices - South Hadley Adult Medicine
- Baystate Medical Practices - West Side Adult Medicine
- Baystate Medical Practices - Wilbraham Adult Medicine
- Baystate Midwifery & Women’s Health
- Baystate Neurology
- Baystate Neurosurgery
- Baystate Newborn Medicine
- Baystate Noble Hospital
- Baystate Pain Management
- Baystate Pathology
  - Diagnostic Medicine Services
- Baystate Pediatric Cardiology
- Baystate Pediatric Critical Care
- Baystate Pediatric Endocrinology
- Baystate Pediatric Gastroenterology & Nutrition
- Baystate Pediatric Hospital Medicine
- Baystate Pediatric Infectious Diseases
- Baystate Pediatric Neurology
- Baystate Pediatric Psychology
- Baystate Pediatric Pulmonary Medicine
- Baystate Pediatric Surgery
- Baystate Physical Medicine & Rehabilitation
- Baystate Plastic & Reconstructive Surgery
- Baystate Pulmonary & Critical Care Medicine
- Baystate Regional Cancer Program
  - Gynecologic Oncology
  - Hematology & Oncology
  - Pediatric Hematology & Oncology
  - Surgical Oncology
- Baystate Reproductive Medicine
- Baystate Thoracic Surgery
- Baystate Trauma & Acute Surgery
- Baystate Urgent Care
- Baystate Urology
- Baystate Vascular Services
- Baystate Wesson Women’s Group
- Baystate Wesson Women’s Clinic
- Baystate Wound Care & Hyperbaric Medicine
Baystate Health 2020

Mission
To improve the health of the people in our communities every day, with quality and compassion.

Caring Values
Quality
Compassion
Service
Teamwork
Innovation

GOALS

Together, we will create a culture of safety with the shared goal to consistently provide safe, timely reliable care.

Every patient will be free from harm.
Top 20 safest health systems in the nation.

Together, we will achieve today's best practices while setting the standard for tomorrow.

Setting the national standard for clinical excellence.
Top 20% in performance in outcomes and processes of care.

Together, we will listen to our patients and their families, and partner with them to meet their needs and improve their lives.

Every patient recommends Baystate Health as the best for care.
Top 20% in patient satisfaction scores.

Together, we will create a sustainable health system that provides outcomes that matter to patients at affordable cost to society.

Recognized as the system that provides care that matters at a cost that is affordable.
Top 20% nationally for affordable cost.

Baystate Medical Practices
Springfield, MA 01199 | baystatehealth.org