

MORE PATIENTS.

BETTER CARE.

BAYSTATE HEALTH MAXIMIZES RESOURCES THROUGH CENTRALIZATION

Care delivery at any health system is complex. It's a delicate balancing act of managing capacity between a system's main, tertiary facility and its community hospitals. When you add on simultaneously making sure every patient receives the care they need, when they need it, the complexity mounts. This is what Baystate Health, a not-for-profit, integrated healthcare system serving over 800,000 people throughout western New England was facing—while trying to manage an increase in volume with a patient management system that was being phased out and a manual transfer center.





THE VOLUME IS SIGNIFICANT. WITH A WORKFORCE OF NEARLY 12,000, AND MORE THAN 980 BEDS ACROSS OUR FIVE HOSPITALS, THE ANNUAL IMPACT INCLUDES:

- * Over 1.8 million outpatient visits, providing comprehensive sick and preventive care
- * Over 197,000 emergency and urgent care visits
- * More than 36,600 surgeries performed
- * More than 4,000 babies born at Baystate Health hospitals

“We knew we needed to do something to maximize our resources and provide the best care possible to the greatest number of patients. That is why we decided to embark on a journey to centralize care and use all of our beds—not just those at our tertiary facility. And while we had worked on several process improvement initiatives, we were still lacking a system that could give us that one simple snapshot of volume and available beds across Baystate Health,” said Alicia Meacham RN, BSN, Program Director for Transfer Center. “That’s when we discovered TeleTracking and what it could do to help us move from a tedious, labor-intensive system (Microsoft® Excel to manage our transfer center, and a patient flow system that forced us to toggle between 25 units) to a streamlined system that lets us see in a couple seconds the beds we have open and available, while also giving us the ability to effectively manage our discharge process.”

VISIBILITY AND WORKING AS A SYSTEM

The visibility provided by a centralized approach to care marked a turning point between the Baystate hospitals working as individual facilities to Baystate working as a comprehensive system. The evolution started with Baystate Medical Center [BMC]—the largest tertiary care center—being the first facility to implement TeleTracking in September 2017 and a new facility going live every six months after that.

“This was a significant change for our community hospitals in particular. For example, they weren’t used to getting transfers. They were used to taking patients from providers, offices, but they had never really taken patients from another community hospital into their community hospital. The action was to always call the next biggest tertiary care center. We certainly experienced that at BMC, where we were consistently overburdened by volume—and yet we knew there were patients who could receive the care they needed at one of our community hospitals,” explained Meacham. “Visibility allowed us to start effectively load-balancing patient volume between our facilities.”

The ability to do this type of load-balancing begins with a three-way phone call between patient placement, the accepting physician and an emergency department physician. Nurses in patient placement start gathering information to make the correct placement, and by being able to determine the patient’s status, the provider is able to start placing orders. This call ensures that patients are booked appropriately, at the right status, 24 hours a day.

SYSTEM AND PATIENT GOALS

“Our system-wide goal is to keep patients local and provide their care as close to home as possible,” continued Meacham. “BMC is our tertiary center and a level one trauma center for when a patient truly needs to come here. However, if a service can be provided elsewhere within one of our community hospitals, we want to place the patient there. This is where we engage our community hospitals to take patients more readily instead of automatically thinking they’ll send them directly to Baystate Medical Center.”

This approach also impacts patient satisfaction because it’s always easier for a patient and their family to be closer to home. In 2020, one of the team’s main goals is to continue to optimize community hospitals and place patients there whenever possible.

LOCATION, LOCATION, LOCATION

A centralized approach is a commitment and the right location is critical to success. Baystate’s Command Center is in a large room within Baystate Medical Center, which includes both patient placement and transfer center functions. It is comprised of clinical, nursing staff and nonclinical staff, such as patient placement techs, environmental services managers, transport dispatch, admitting and external ambulance. Cohorting in one location has made it easier for everyone to be on the same page and work to effectively progress patients on their care journeys.

RELATIONSHIPS ARE KEY TO CHANGE

“The biggest challenge we faced with implementing our centralized approach to care was culture change,” said Meacham. “And the biggest part of that was encouraging our community hospitals to give up control and not feel like something was being taken away from them. It was important to help them understand that by centralizing all of patient placement, they could focus on being a nurse versus assigning beds.”

“Relationship building is an important part of cultural change and that’s why I encourage my staff to participate in different committees across the health system to see people, engage in conversation, and help break down barriers,” added Meacham.

One specific way Meacham works to engage the hospitals and nursing staffs is through a morning bed huddle, Monday through Friday. She also works closely with the floor staff, ensuring that their 24-hour work process is in TeleTracking and that they are consistently entering projected discharges.

Meacham also spearheads the operations committee—where leaders of the different service lines and community hospitals discuss opportunities, changes and challenges. The committee pulls people together in order to think differently about what they can do to make things better for both staff and patients.

“One example that came out of the committee is our work to predict discharges and send them as close to 24 hours out as possible,” shared Meacham. “We want to predict the right patients and make sure that we put that information into TeleTracking so that we have the data to continuously improve. That information gives us the ability to run reports, look at each floor, and home in on what they’re doing well or what they may need to work on.”

The team also recently launched an innovative approach to huddles with the implementation of a night huddle at 1:30 AM. This new tactic makes it possible to predict discharges further



in advance, and has discharges entered on the weekends as well—giving them a seven, not a five day a week, process. By encouraging people to make sure that they’re updating TeleTracking predicted discharges before 1:00 AM, everyone has a better understanding of who’s leaving for the day and if there are any barriers that need to be addressed.

SUCCESSFUL RESULTS LEAD TO RECOGNITION

Baystate’s centralized approach to care is generating results. From 2017 through the first part of 2019, patient transfer volume increased from 327 to 540 transfer requests a month. And in September 2019 alone, the team took on ED calls, and with their community work, the number of patient transfers jumped from 540 to 829. And they continue to grow.

“TeleTracking is so much more than just an application—it is a complete program because of the way it has been incorporated here at Baystate Health,” said Meacham.

CARE TRAFFIC CONTROL CERTIFIED™

The success of Baystate Health is being recognized as one of TeleTracking’s inaugural Care Traffic Control Certified health systems—which was announced at TeleCon19 in October.

For close to three decades, TeleTracking has recognized the benefits of a centralized approach to care—and how much effort goes into centralizing operations and integrating people, process and technology. That work is now being honored with the opportunity to become Care Traffic Control Certified™ [CTCC]. In addition to creating a standard set of criteria to measure centralization success, the program is also designed to foster collaboration, innovation and continuous performance improvement between centers.

“We’ve worked hard to create our program, are proud of what we’re achieving and are excited to help others achieve the same level of success as a Care Traffic Control Certified health system,” concluded Meacham.

Baystate Health is a not-for-profit integrated health system headquartered in Springfield, Massachusetts, serving Western Massachusetts and the Knowledge Corridor Region of Massachusetts and Connecticut. The system has four hospitals, over 80 medical practices, and 25 reference laboratories.