

Massachusetts hospitals have a proud record of pursuing and delivering safe, high-quality patient care. In January 2005, Massachusetts hospitals began signing on to the “Patients First: Continuing the Commitment to Safe Care” initiative – a commitment to place high-quality care, patient safety, a replenished workforce, and increased openness about healthcare measures at the top of their agendas. The five-part commitment requires hospitals to:

- **Provide staffing that meets patient needs.** BH hospitals will voluntarily make staffing plans available to patients and the public and will voluntarily submit an annual patient staffing plan.
- **Promote a safe and supportive working environment for all those who provide care and in which patient safety is the top priority.** Interventions that have been shown to make a difference in safe care include manageable working hours and a commitment to eliminate mandatory overtime.
- **Provide the public with the hospital performance measures they need to make informed decisions about their care.** Use a common framework for measurement and reporting that is based on nationally agreed upon definitions and importance (i.e., Hospital Quality Alliance). At least three common nursing-sensitive measures will be publicly reported: patient fall with injury, hospital-acquired pressure ulcers, central line-related bloodstream infections, or ventilator-associated pneumonia.
- **Tackle the chronic problem of shortages of nurses and other caregiving professionals.** BH has committed to programs such as in-house education programs, career ladders, mentoring and preceptor opportunities, and scholarship programs. BH will also advocate for government support of educational opportunities for caregivers and other programs that advance the caregiving professions.
- **Educate the public about what hospitals are doing to ensure and improve safe care, and forge partnerships to promote access to high-quality, safe care for all.** Such efforts include expanding health insurance coverage, sustaining the capacity of the healthcare system to deliver care, and identifying ways to assist providers of care to obtain and deploy new technologies to advance patient safety.

Where we are now...

Staffing at BH hospitals is determined by volume and acuity of patients. We continuously review our patients’ needs so we can adjust our staffing to achieve low patient to RN ratios to provide superior quality. To view BH hospitals’ staffing plans and performance measures, please visit patientsfirstma.org.

BAYSTATE MEDICAL CENTER BMC has reported its staffing plans and has selected hospital-acquired pressure ulcers (BMC rate is 0 compared to Patients First rate of 1.0 per 1000 patient days), total number of falls (BMC is 2.0 per 1000 patient days compared to Patients First rate of 3.7), any fall with injury (BMC rate is 0.1 per 1000 patient days compared to Patients First rate of 1.0), as well as core measure performance for public reported information. Increased awareness, continued staff education, and ongoing open discussion of BMC’s progress with these measures have led to consistent and reliable application of interventions to prevent harm and improve associated patient outcomes.

BAYSTATE MARY LANE HOSPITAL BMLH has reported its staffing plans and has selected hospital-acquired pressure ulcers (BMLH rate is 0 compared to Patients First rate of 1.0 per 1000 patient days), total number of falls (BMLH is 5.2 per 1000 patient days compared to Patients First rate of 3.7), any fall with injury (BMLH rate is 1.7 per 1000 patient days compared to Patients First rate of 1.0), as well as core measure performance for public reported information. BMLH also participates annually in the Massachusetts Organization of Nurse Executives/Massachusetts Hospital Association (MONE/MHA) Staffing Needs Survey.

BAYSTATE FRANKLIN MEDICAL CENTER BFMC has reported its staffing plans and has selected hospital-acquired pressure ulcers (BFMC rate is 0.72 compared to Patients First rate of 1.0 per 1000 patient days), total number of falls (BFMC is 1.4 per 1000 patient days compared to Patients First rate of 3.7), any fall with injury (BFMC rate is 0.1 per 1000 patient days compared to Patients First rate of 1.0) as well as core measure performance for public reported information.