BAYSTATE FRANKLIN MEDICAL CENTER

2017 Hospital Profile

Greenfield, MA
Community High Public Payer Hospital
Western Massachusetts

Baystate Franklin Medical Center is a mid-size, non-profit community-High Public Payer (HPP) hospital located in the Western Massachusetts region. It is a member of Baystate Health. Between FY13 and FY17, the volume of inpatient discharges at the hospital increased by 19.2% compared to a median increase of 1.1% at cohort hospitals. Outpatient visits decreased by 31.8% for the hospital between FY13 and FY17, compared to a median increase of 2.3% for its peer cohort. Baystate Franklin Medical Center a loss in FY17 after three consecutive years of reporting a profit.

Overview / Size

Hospital System Affiliation	n:	Baystate Health
Change in Ownership (F)	Y13-17):	Not Applicable
Total Staffed Beds:		107, mid-size acute hospital
% Occupancy:		49.5%, < cohort avg. (66%)
Special Public Funding:		CHART^, ICB°
Trauma Center Designati	ion:	Not Applicable
Case Mix Index:	0.82, < cohort a	vg. (0.92); < statewide (1.12)

Financial

Inpatient NPSR per CMAD:	\$9,393
Change FY16-FY17:	-5.8%
Inpatient:Outpatient Revenue in FY17:	29%:71%
Outpatient Revenue in FY17:	\$53,354,690
Change FY16-FY17:	3.3%
Total Revenue in FY17:	\$99,597,000
Total Surplus (Loss) in FY17:	(\$209,000)

Payer Mix

Public Payer Mix:	69.2% (HPP* Hospital)
CY16 Commercial Statewide	e Relative Price: 0.97
Top 3 Commercial Payers:	Blue Cross Blue Shield of Massachusetts
	Health New England, Inc.
	Harvard Pilgrim Health Care

Utilization

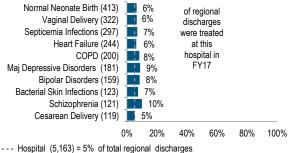
Inpatient Discharges in FY17:	5,163
Change FY16-FY17:	1.5%
Emergency Department Visits in FY17:	24,407
Change FY16-FY17:	-6.0%
Outpatient Visits in FY17:	31,390
Change FY16-FY17:	-35.2%

Quality

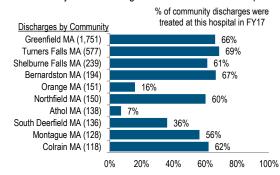
Readmission Rate in FY16:	14.9%
Change FY12-FY16 (percentage points):	0.0
Early Elective Deliveries Rate:	0.0%

What were the most common inpatient cases (DRGs) treated at the hospital in FY17? What proportion of the region's cases did this hospital treat for each service?

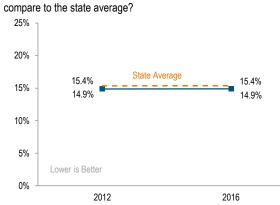
Discharges by DRG



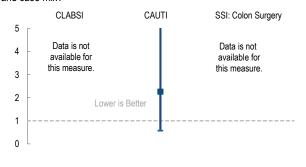
Where did most of the hospital's inpatients reside? What proportion of each community's total discharges was attributed to this hospital?



What proportion of adult patient discharges from this hospital resulted in a readmission at any hospital within 30 days, and how does this compare to the state average?



How many central line-associated blood stream infections (CLABSI), catheter-associated urinary tract infections (CAUTI), and surgical site infections (SSI) after colon surgery did patients get at this hospital compared to what was expected based on the hospital's characteristics and case mix?



For descriptions of the metrics, please see the technical appendix.

2017 HOSPITAL PROFILE: BAYSTATE FRANKLIN MEDICAL CENTER

Cohort: Community High Public Payer Hospital

2013

\$16,000

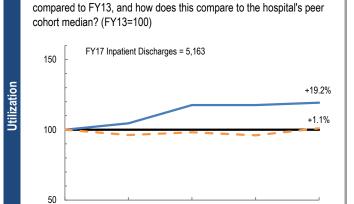
\$12,000

\$8,000

\$4,000

Patient Revenue Trends





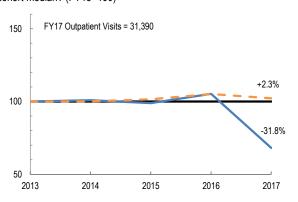
2015

2016

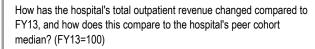
2017

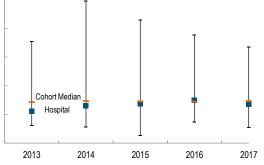
How has the volume of the hospital's inpatient discharges changed

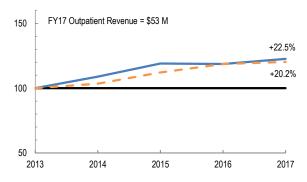
How has the volume of the hospital's outpatient visits changed compared to FY13, and how does this compare to the hospital's peer cohort median? (FY13=100)



2014





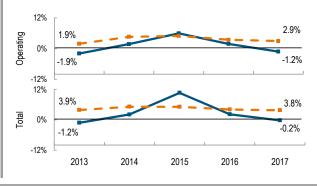


How have the hospital's total revenue and costs changed between FY13 and FY17?

Revenue, Cost, & Profit/Loss (in millions)

FY	2013	2014	2015	2016	2017
Operating Revenue	\$ 77.6	\$ 83.5	\$ 94.5	\$ 98.2	\$ 98.6
Non-Operating Revenue	\$ 0.6	\$ 0.3	\$ 4.7	\$ 0.4	\$ 1.0
Total Revenue	\$ 78.2	\$ 83.8	\$ 99.3	\$ 98.6	\$ 99.6
Total Costs	\$ 79.1	\$ 82.0	\$ 88.6	\$ 96.4	\$ 99.8
Total Profit (Loss)	\$ (0.9)	\$ 1.8	\$ 10.6	\$ 2.2	\$ (0.2)

What were the hospital's total margin and operating margins between FY13 and FY17, and how do these compare to the hospital's peer cohort medians?



For descriptions of the metrics, please see the technical appendix.

^{*} High Public Payer Hospitals (HPP) receive a minimum of 63% of gross patient service revenue from public payers.

[^] For more information on Community Hospital Acceleration, Revitalization and Transformation (CHART) special funding, please contact the Health Policy Commission (HPC).

[°] For more information on Infrastructure and Capacity Building (ICB) special funding, please contact the Massachusetts Executive Office of Health and Human Services (EOHHS).