

BAYSTATE WING HOSPITAL

2017 Hospital Profile

Palmer & Ware, MA
Community High Public Payer Hospital
Western Massachusetts

Baystate Wing Hospital is a non-profit community-High Public Payer (HPP) hospital located in the Western Massachusetts region. It is among the smaller acute hospitals in Massachusetts. Baystate Wing Hospital joined Baystate Health effective September 1, 2014. Baystate Mary Lane Hospital merged with Baystate Wing Hospital effective September 10, 2016. Baystate Wing Hospital was responsible for 3% of regional discharges but accounted for 33% of the regions Organic Mental Health Disturbance discharges. Baystate Wing Hospital reported a profit in FY13 and FY14 but reported losses in FY15-FY17.

Overview / Size

Hospital System Affiliation:	Baystate Health
Change in Ownership (FY13-17):	Merged w Mary Lane 9/10/16
Total Staffed Beds:	74, among the smaller acute hospitals
% Occupancy:	61.6%, < cohort avg. (66%)
Special Public Funding:	CHART [^] , ICB [°]
Trauma Center Designation:	Not Applicable
Case Mix Index:	0.93, > cohort avg. (0.92); < statewide (1.12)

Financial

Inpatient NPSR per CMAD:	\$7,881
Change FY16-FY17:	0.9%
Inpatient:Outpatient Revenue in FY17:	25%:75%
Outpatient Revenue in FY17:	\$57,437,441
Change FY16-FY17:	8.8%
Total Revenue in FY17:	\$87,645,000
Total Surplus (Loss) in FY17:	(\$9,057,000)

Payer Mix

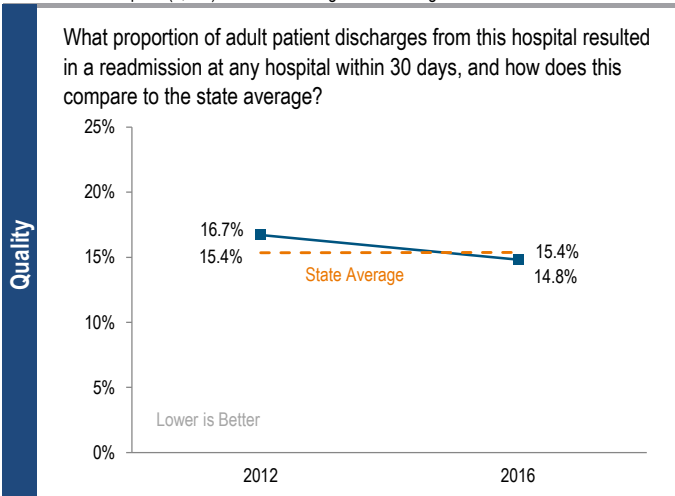
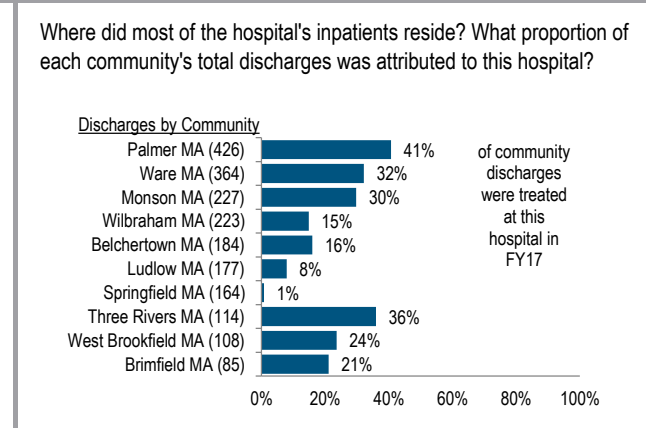
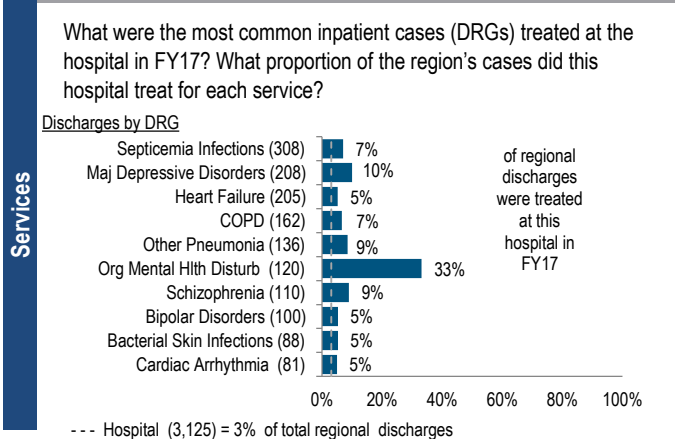
Public Payer Mix:	70.3% (HPP* Hospital)
CY16 Commercial Statewide Relative Price:	0.75
Top 3 Commercial Payers:	Blue Cross Blue Shield of Massachusetts Health New England, Inc. UniCare Life and Health Insurance Co.

Utilization

Inpatient Discharges in FY17:	3,125
Change FY16-FY17:	11.1%
Emergency Department Visits in FY17:	31,571
Change FY16-FY17:	47.5%
Outpatient Visits in FY17:	134,604
Change FY16-FY17:	-11.4%

Quality

Readmission Rate in FY16:	14.8%
Change FY12-FY16 (percentage points):	-1.9
Early Elective Deliveries Rate:	Not Available



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?

Data is not available for these measures.

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

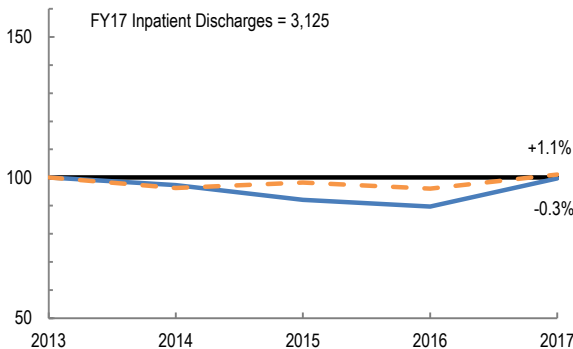
2017 HOSPITAL PROFILE: BAYSTATE WING HOSPITAL

Cohort: Community High Public Payer Hospital

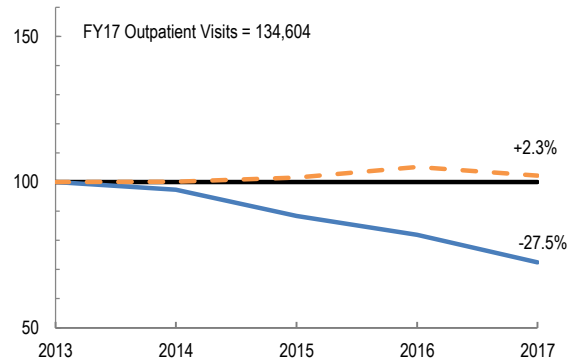


Utilization

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

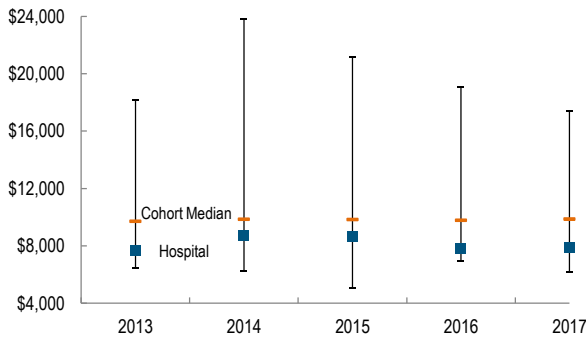


How has the volume of the hospital's outpatient visits changed compared to FY13, and how does this compare to the hospital's peer cohort median? (FY13=100)

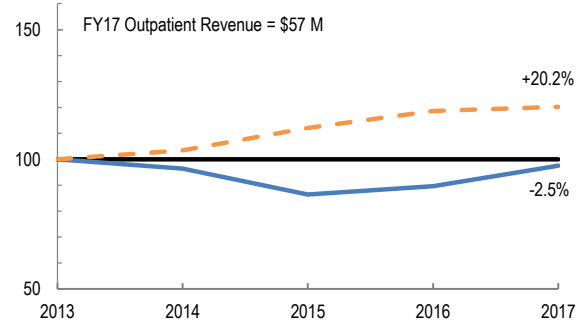


Patient Revenue Trends

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY13 and FY17, and how does this compare to the hospital's peer cohort median?



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



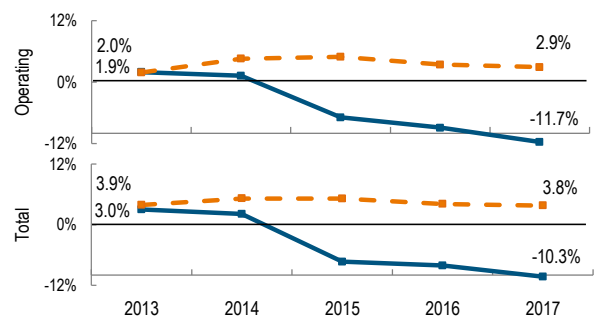
Financial Performance

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	\$ 92.2	\$ 87.4	\$ 74.6	\$ 75.7	\$ 86.4
Non-Operating Revenue	\$ 1.0	\$ 0.8	\$ (0.3)	\$ 0.6	\$ 1.2
Total Revenue	\$ 93.2	\$ 88.1	\$ 74.2	\$ 76.4	\$ 87.6
Total Costs	\$ 90.4	\$ 86.3	\$ 79.7	\$ 82.6	\$ 96.7
Total Profit (Loss)	\$ 2.8	\$ 1.9	\$ (5.4)	\$ (6.2)	\$ (9.1)

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).