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Board of Trustees

V. Raymond Ferrara  
Chairman
Eric Obeck  
Vice Chair
Jim Cantonis  
Secretary/Treasurer
Thomas Whiddon  
Immediate Past Chair
Ed Armstrong

Alan Bomstein
John Capasso
Rick Colón
Kurt Erickson, MD
Tracy Halme, MD
Tommy Inzina
Jon Jennewein
Vic Krauze

Gay Lancaster
Michael Mikurak
Dewey Mitchell
Andrew Samuel
Steve Smith, MD
Sr. Patricia Shirley, OSF
Charles Weniger
Michael Williamson, MD

To view a multimedia presentation of this report, go to HumanityAtWorkStories.org
Welcome to our 2016 Report to the Community.

This is truly an exciting time for BayCare. 2016 was a busy year for us, and we created a very clear picture of what we need to do to make health care better for the communities we serve in the Tampa Bay and West Central Florida regions.

We started the year by adopting a new strategic plan and a new Vision statement to guide our work for the next three to five years. We set specific goals around:

- **Driving clinical excellence** in everything we do
- Creating and providing an exceptional **customer experience**
- Providing **high-value care** for all we serve
- Creating the most **accessible and comprehensive network** of services

In order to accomplish those goals, we kicked off a renewed focus on working closely with our physicians and sharing the sense of pride we feel for being part of the BayCare team. We also set a goal to create the happiest and most engaged workforce in health care.

**As you can tell, we set the bar high.**

That's because we understand that health care is a noble and personal endeavor. We know the care we deliver within our walls matters. It matters to our patients. And it definitely matters to us.

We also want you to know that BayCare, at its core, is community-owned. To us, that means we believe everyone in the community owns BayCare. Our friends and neighbors own BayCare. The people we take care of own BayCare. And our team members and physicians own BayCare. And because of that, we feel a deep sense of accountability to provide this annual report on how we’re using the community’s assets.

What you’ll find in these pages is that we’re very much a work in progress. But we believe we’re off to a great start, and we have the most extraordinary team of team members, physicians and board members looking forward to tackling the meaningful work that we have in front of us.

Thank you for taking a few moments to learn about BayCare and what makes us a unique and successful organization.

Sincerely,

Tommy Inzina  
President/CEO

V. Raymond Ferrara  
Board Chairman
ABOUT US

BayCare is a leading not-for-profit health care system that connects individuals and families to a wide range of services at 14 hospitals and hundreds of other convenient locations throughout the Tampa Bay and West Central Florida regions. Inpatient and outpatient services include acute care, primary care, imaging, laboratory, behavioral health, home care and fitness centers. BayCare is also one of the largest private employers in the region, with 26,900 employees—called “team members”—and 5,400 physicians who are employed, credentialed and community based.

Our Network

BayCare Behavioral Health
BayCare Fitness Centers
BayCare HomeCare
BayCare Laboratories
BayCare Life Care
BayCare Medical Group
BayCare Outpatient Imaging
BayCare Pharmacy
BayCare Surgery Centers
BayCare Urgent Care

Hospitals

Bartow Regional Medical Center
Founded 1925
72 Beds

Mease Countryside Hospital
Founded 1985
311 Beds

Mease Dunedin Hospital
Founded 1937
120 Beds

Morton Plant Hospital
Founded 1916
687 Beds

Morton Plant North Bay Hospital
Founded 1965
150 Beds

St. Anthony’s Hospital
Founded 1931
393 Beds

St. Joseph’s Children’s Hospital
Founded 1990
186 Beds

St. Joseph’s Women’s Hospital
Founded 1976
108 Beds

St. Joseph’s Hospital-North
Founded 2010
108 Beds

St. Joseph’s Hospital-South
Founded 2015
114 Beds

South Florida Baptist Hospital
Founded 1953
147 Beds

Winter Haven Hospital
Founded 1926
468 Beds

Winter Haven Women’s Hospital
Founded 1987
61 Beds
MISSION, VISION AND VALUES

BayCare’s Mission, Vision and Values aren’t just words on a website. They’re the guiding forces that drive BayCare.

**BayCare’s Mission clearly states why BayCare exists.**

**Mission:** Improve the health of all we serve through community-owned services that set the standard for high-quality, compassionate care.

**BayCare’s Vision describes what the organization is working toward for the next three to five years.**

**Vision:** BayCare is an extraordinary team leading the way to high-quality care and personalized, customer-centered health.

**BayCare’s Values describe how we treat people, both inside and outside the organization.**

**Values:** The values of BayCare are *trust, respect* and *dignity*, and reflect our *responsibility* to achieve health care *excellence* for our communities.
Developed when the health system was formed in 1997, BayCare’s Quality Model, shown here, has stood the test of time. Our commitment to this Quality Model is one of the primary reasons why the organization has remained successful the past 20 years.

The foundation of BayCare’s Quality Model is the three horizontal bars on the bottom half of the triangle. These three concepts create the model’s philosophy and serve as a constant reminder for the organization to remain centered on customer needs, process focus and continuous improvement.

Every year, BayCare celebrates this commitment during an event known as “Quality Sharing Day.” In 2016, more than 900 team members packed the Tampa Convention Center to participate in the event, and learn more about innovations and process improvements throughout the organization.

The event provided three feature presentations explaining how teams:

- Improved patient, caregiver and team member satisfaction by identifying and implementing 19 major process improvements at BayCare HomeCare
- Improved the early identification and treatment of patients with sepsis, leading to improvements in compliance rates, overall mortality rates and the number of nurses educated in early detection and treatment of sepsis
- Implemented the Pharmacy Transitions of Care Program, reducing readmissions for target populations by more than 35 percent

The event also featured more than 100 storyboards on other quality projects and process improvements, and nine breakout sessions on projects that, for example, found ways to reduce chronic obstructive pulmonary disease (COPD) readmissions, improve bathing techniques to reduce central line-associated bloodstream infections, and speed communication of lab results to patients who visit the emergency department.
**BayCare used almost half of its revenue in 2016 to pay for the salary and benefits of its team members.**

### Our Resources

<table>
<thead>
<tr>
<th>Service</th>
<th>2016</th>
<th>2015</th>
</tr>
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<tbody>
<tr>
<td>Acute care, behavioral health and rehab services</td>
<td>$3.1 billion</td>
<td>$2.79 billion</td>
</tr>
<tr>
<td>Physician services</td>
<td>$230 million</td>
<td>$199 million</td>
</tr>
<tr>
<td>Ambulatory services</td>
<td>$285 million</td>
<td>$273 million</td>
</tr>
<tr>
<td>Continuing care services</td>
<td>$29 million</td>
<td>$29 million</td>
</tr>
<tr>
<td>All other services</td>
<td>$39 million</td>
<td>$44 million</td>
</tr>
<tr>
<td>Nonoperating income or (loss) primarily from investing activities</td>
<td>$293 million</td>
<td>($46 million)</td>
</tr>
</tbody>
</table>

**Total Resources** .........................................................$3.97 billion $3.28 billion

### How Our Resources Were Used

<table>
<thead>
<tr>
<th>Service</th>
<th>2016</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Salaries and benefits</td>
<td>$1.86 billion</td>
<td>$1.69 billion</td>
</tr>
<tr>
<td>Medical supplies</td>
<td>$618 million</td>
<td>$532 million</td>
</tr>
<tr>
<td>Other supplies and services</td>
<td>$557 million</td>
<td>$507 million</td>
</tr>
<tr>
<td>Contracted physician services</td>
<td>$80 million</td>
<td>$94 million</td>
</tr>
<tr>
<td>Financing costs</td>
<td>$60 million</td>
<td>$53 million</td>
</tr>
<tr>
<td>Funding for replacement capital</td>
<td>$207 million</td>
<td>$197 million</td>
</tr>
<tr>
<td>Funding for future community health care needs, technology, new programs and facilities</td>
<td>$589 million</td>
<td>$216 million</td>
</tr>
</tbody>
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**Total Resources Used** .........................................................$3.97 billion $3.28 billion
COMMUNITY BENEFIT

When BayCare was formed in July 1997, the leading not-for-profit hospitals in the Tampa Bay region decided to come together and work for a greater cause: Ensure that community-based, not-for-profit health care would not only survive, but thrive, into the future.

And that's exactly what has happened.

BayCare's financial stability and organizational strength have helped ensure that its hospitals can stay true to their not-for-profit roots of serving the health care needs of all residents, regardless of ability to pay.

Every year, BayCare provides charity care to uninsured and underinsured residents. Many of these residents might not receive the care they need without the safety net that BayCare offers. BayCare also provides free services, such as health screenings and classes, and other types of contributions to community groups and services.

2016 Total Community Benefit: $346 million

Community Benefit figures include charity care, Medicaid, and other income-based programs and unbilled community services. All of these are measured in unreimbursed costs.

- Medicaid/Income-Based Programs – $217 million:
  Underinsured—Patients with some insurance, but not enough to cover their medical bills

- Charity Care – $110 million: Underinsured and uninsured—Patients with no insurance

- Unbilled Community Services – $19 million:
  Health professional education, community health services, cash and contributions to community groups, and other services
Graphs and charts can paint an impressive picture of BayCare’s community benefit. But behind those numbers, real lives are touched with a profound understanding of what it means to have BayCare’s commitment to not-for-profit health care in their communities.

Here are some of those stories.

To view a multimedia presentation of these stories, go to HumanityAtWorkStories.org
Mark Palmeri had been suffering with worsening abdominal pain for weeks, but he didn’t go to the doctor. He couldn’t afford it.

Mark, 56, had been battered by several emotional and financial blows since moving to Clearwater from Illinois three years earlier. His father died from cancer. His beloved companion, a 12-year-old Yorkie named JC, died during gall bladder surgery. And as a general contractor during a downturn in the economy, Mark was struggling to survive financially, able to pick up only a short-term job here and there. His life seemed to be in a downward spiral.

One day Mark’s abdominal pain was so bad that he went to the emergency room at BayCare’s Morton Plant Hospital in Clearwater, where doctors found a blockage in his colon and a severe case of diverticulitis, an intestinal condition. There was talk of an extended hospitalization.

Mark felt desperate. He was in terrible pain, but he had no money. He didn’t have health insurance because he couldn’t afford the premiums. How would he pay hospital bills?

Then Kathy Bell walked into his hospital room. Kathy is a caseworker in BayCare’s Financial Assistance department, which identifies hospital patients who are uninsured or underinsured, assesses their financial situation and, if they qualify, helps them with their hospital bills. She knew BayCare could help Mark.

For 15 years, Kathy has sat at patients’ bedsides listening to their stories during their most vulnerable moments. Hearing about people’s struggles and how quickly their fortunes can change has made her a better person, she says—less judgmental, more understanding about life’s ups and downs.

When she first meets with patients, they are scared. “They know you know they don’t have insurance. They’re worried they won’t get good care.”

She assures patients that BayCare provides quality care to all, regardless of their ability to pay. She collects financial information from them, and before she leaves, always asks what else she can do for them—adjust their TV or perhaps summon a nurse? Helping them feel more comfortable is a simple act of kindness. The Financial Assistance department regularly gets letters and calls from patients thanking its team members for their empathy.

After a week in the hospital, Mark was discharged feeling much better. His hospital bill was waived, and most of his doctors also waived their bills. Mark calls Kathy Bell “an angel.” He’s grateful for the care and compassion he received from her and everyone he encountered at BayCare and Morton Plant Hospital.

“I’m just so blessed and thankful they were there. They treated me like a Rockefeller,” he said. “And they treated everyone that way.”
It’s an awesome program. She’s been worth her weight in gold,” he said.

BayCare’s robust Faith Community Nursing program, founded in 1991, now has 319 volunteer nurses who in 2016 put in 66,433 hours working with 171 congregations. Some nurses work in medical clinics in underserved communities.

At NorthRidge Church, it’s easy to find folks who say they feel blessed to have Barb, and how the more they ask of her, the more she gives. But to hear Barb tell it, the blessings flow to her.

“Being a faith community nurse blesses me beyond measure,” she said, as tears welled up. “After 40-plus years of nursing, I wanted to give back, and BayCare’s Faith Community Nursing program allowed me to find that path where I could serve others and give God the glory.”
Two years ago, Richard Helvey, a 51-year-old Detroit native, took stock of his life and knew something had to change. He had lost his parents. He and his girlfriend had split up. And plagued by job layoffs, he and his sister hadn’t been able to keep up the payments on the family home their parents left them.

Richard got in his car—about the only thing of value he still owned—and turned south, toward sunny Florida and what he hoped would be a fresh start.

He landed in Largo, but without a job. Soon he was living in his car. Worse, his health was deteriorating. Diagnosed with diabetes years earlier, he could no longer afford his medications. Now he was crippled by kidney pain, numbness in his feet and other effects of uncontrolled diabetes.

Then he discovered a place that helped people like him.

Jan Humphreys is the long-time nurse practitioner at the Clearwater Free Clinic (CFC), though some patients respectfully call her “Dr. Jan.” She remembers the day Richard came in. He had several chronic conditions and his blood sugar level was sky high. She sent him to BayCare for lab tests and assistance through its Morton Plant Mease Diabetic Education Program. The CFC gave him the medications he needed to get better. All that care, and more that followed, was free.

Most CFC patients are low-income working people who can’t afford health insurance or whose employers don’t offer it. They qualify for CFC care if they make no more than 200 percent of the federal poverty level, are legal U.S. residents and live in mid- or north Pinellas County.

Richard came to the clinic sick, overwhelmed and embarrassed by his circumstances, but soon he felt better. He began working three part-time jobs and rented a small apartment, though he had to sleep on the floor because his only furnishings were a TV and one folding metal chair.

These days, Richard’s smile is bigger, his shoulders straighter and his spirit joy-filled. His medical conditions are under control. In February he got a promotion to manager of the men’s clothing store in Largo where he had been a part-time employee. Friends helped him furnish his apartment. “It looks like home now,” he said.

Without the Clearwater Free Clinic and BayCare, “I probably would have crawled up somewhere and died,” he said. Instead, he’s counting his blessings.
MOBILE MEDICAL CLINIC

Myra Simpson and her husband were settled into an Apollo Beach home that they thought would be a peaceful retreat in a few years when they retired, but life threw them a curve. Myra’s troubled adult daughter could no longer properly care for her two young children, a boy, age 3, and a girl, 21 months. The Simpsons took the children in, determined to give them a stable, loving home.

But Myra was quickly overwhelmed. Her grandson had developmental delays, didn’t speak clearly and had physical problems. The children hadn’t received regular medical care and were behind on their shots. They needed potentially expensive health care, but they’d arrived in Apollo Beach without health insurance. The Simpsons couldn’t add them to their policy because they didn’t yet have permanent custody of the children.

Then Myra heard about the Mobile Medical Clinic, operated by BayCare’s St. Joseph’s Children’s Hospital. The blue bus travels Hillsborough County delivering free well-child care, immunizations, vision and hearing screenings, and more to children who are uninsured or on Medicaid.

“Being a child of poverty myself, I know firsthand how important a service like this is,” said Jimmy Baumgartner, who oversees the mobile clinic at BayCare. “Without our existence, many children wouldn’t have another option. We’re the last stop.”

Funding the mobile clinic, which is staffed by BayCare team members and volunteer physicians, takes a village. The Philanthropic Women of St. Joseph’s paid $150,000 for the bus. The Children's Board of Hillsborough County covers many operating costs. BayCare pays overhead and some staff salaries. Specialty health care providers offer free or reduced-cost care beyond the clinic's capability.

At their first visit, Myra’s grandchildren got physicals, screenings and shots at no charge. The family also met Luis Enrique Diaz, a BayCare child development specialist who determines whether children who visit the clinic have delays in development and need help to catch up.

The clinic staff referred Myra’s grandchildren to services that gave them the intensive help they needed. Luis recently saw them again. “It was a happy moment,” he said, smiling. The children, now 7 and 9, are doing great in school and socializing well with others.

“The Mobile Medical Clinic,” said a grateful Myra, “made such a big difference in our lives.”

Luis Diaz, child development specialist
BayCare’s 2016 Economic Impact in West Central Florida

Community owned and mission driven: BayCare helps power the regional economic engine

**Total BayCare Economic Impact**
$6.62 billion

**Number of BayCare Employees**
26,900

**BY COUNTY**
- Pinellas: $2.6 billion
- Hillsborough: $2.2 billion
- Polk: $541 million
- Pasco: $263 million

**BY HOSPITAL**
- Morton Plant North Bay Hospital: $164 million
- Mease Dunedin Hospital: $149 million
- Mease Countryside Hospital: $462 million
- Morton Plant Hospital: $941 million
- St. Anthony’s Hospital: $490 million
- South Florida Baptist Hospital: $171 million
- Winter Haven Hospital**: $429 million
- Bartow Regional Medical Center: $71 million
- St. Joseph’s Hospitals*: $1.26 billion
- St. Joseph’s Hospital-North: $187 million
- St. Joseph’s Hospital-South: $196 million
- Mease Dunedin Hospital: $149 million

**FUTURE CAPITAL IMPROVEMENTS**
- $1.76 billion
- Planned Capital Expenditures 2017–2021

- $5.21 billion
  - BayCare Hospitals
- $644 million
  - BayCare Medical Group
- $469 million
  - Ambulatory Services
- $169 million
  - Patient Care and Support Services
- $129 million
  - BayCare Behavioral Health
In addition to the lives that are impacted by BayCare’s commitment to not-for-profit health care, a major study by the Washington Economics Group, Inc., confirmed that BayCare also plays an important role as an economic engine for the Tampa Bay region and Florida.

The study showed that BayCare’s size and economic impact attract other high-skilled industries and jobs to the region. According to the study, BayCare:

- Generates a **$6.6 billion impact** on the region and state
- Is the **second largest private employer** in the Tampa Bay region, with 26,900 team members
- Supports **$2.4 billion in household income** annually
- Is financially sound and plans **$1.76 billion in capital expenditures** on equipment and facilities over the next five years

**BayCare plays an important role as an economic engine for the Tampa Bay region and Florida.**
The organization’s community-based Board of Trustees has made achieving clinical excellence BayCare’s top priority. As a result, the health system created clear goals around this effort in 2016 and included those initiatives in its comprehensive strategic plan.

BayCare's definition of clinical excellence includes achieving top scores for its individual hospitals and the overall health system when compared with their national peer groups, as measured by Truven Health Analytics' balanced scorecard rating. Truven is a national analytics and benchmarking company focused on the health care industry. In that effort, BayCare has made solid progress.

Mease Countryside Hospital achieved a balanced scorecard in the top 10 percent when compared to its national peer group. Morton Plant Hospital and South Florida Baptist Hospital achieved a balanced scorecard in the top 20 percent. BayCare's other hospitals are also trending in the right direction to achieve this top designation. In November 2016, Truven also named Morton Plant Hospital to its annual list of 50 Top Cardiovascular Hospitals in the United States—for the 15th time.

But Truven rankings are just part of the picture.

There are also numerous publicly reported measures available in health care. With the goal of clinical excellence in mind, BayCare set the ambitious goal in 2016 to move its performance within the top 25 percent, known as top-quartile, when compared to similar-sized hospitals and health systems around the country.

Specifically, BayCare is focused on getting top-quartile performance on 75 percent of selected, nationally recognized metrics in the areas of Ambulatory/Post-Acute Care, Hospitals and Medical Offices.

Currently, BayCare has achieved top-quartile performance for:

- Thirty-five percent of publicly reported measures for its ambulatory/post-acute care
- Ten percent of publicly reported measures for its hospitals
- Forty-eight percent of publicly reported measures for its medical offices

The bottom line is that BayCare has made good progress on this goal, but still has important work ahead.

BayCare's HomeCare division, the second largest in Florida, also has been the repeat recipient of the HomeCare Elite™ designation, an annual compilation of the most successful home services providers in the United States. BayCare HomeCare also is accredited by The Joint Commission, the highest standard of quality within the industry, and ranked in the top 25 percent of all home care agencies in the nation, based on quality outcomes, quality improvement and financial performance.
BayCare believes that the organization needs to meaningfully engage physicians in all significant clinical-operational decisions that impact care in order to consistently deliver clinical excellence.

As such, BayCare’s Board of Trustees approved a set of leadership principles outlining key elements of physician engagement to emphasize participation at all levels. BayCare also created a leadership institute to help develop physicians into more effective leaders, and more than 100 physicians have graduated from this program to date.

BayCare also saw a marked increase in its physician engagement and alignment scores, and set a major goal to position the health system so that it will be known as the best place to practice medicine.

BayCare’s 2016 Press Ganey survey showed that the health system’s overall engagement and alignment scores for hospital-based physicians approached the top quartile, or top 25 percent, when compared to similar-sized health systems around the country. Press Ganey is one of the country’s leading opinion research firms focused on health care.

BayCare Medical Group (BMG) also significantly improved its overall physician engagement and alignment scores in 2016. BMG is Tampa Bay’s leading multi-specialty group with over 500 providers practicing in more than 160 locations in 45 specialties.
At 1,400 physicians strong, BayCare Physician Partners (BPP) marked its second year of operation, and met or exceeded all quality and financial measures for its accountable care organization (ACO) and clinically integrated network (CIN).

ACOs are groups of doctors, hospitals and other health care providers, that come together voluntarily to give coordinated, high-quality care to their Medicare patients. Similarly, a CIN is a collection of health care providers, such as physicians, hospitals and post-acute care providers, that come together to improve patient care and reduce overall health care costs.

- In 2015, BPP’s ACO saved Medicare more than $12 million on its attributed Medicare lives.
- In 2015, BPP’s CIN had $1.87 million in shared savings.

Underpinning this success was the substantial maturation of its care management capabilities and physician-specific primary care reporting analytics. BPP also conducted over 3,000 physician-related activities including Medicare Access and CHIP Reauthorization Act (MACRA) training, clinical documentation training, dashboard reporting and gaps-in-care dashboard distributions.
TEAM MEMBER SATISFACTION

BayCare was named one of “America’s Best Employers 2016” by Forbes magazine. Among the 500 companies that received the distinction, BayCare ranked 75th. The Forbes list was based on an online survey of approximately 30,000 employees of large and mid-size companies and institutions.

BayCare also was recognized in the Tampa Bay Times’ seventh annual “100 Top Workplaces” report. This is the second time BayCare has made the list, ranking 12th among large companies with more than 500 employees.

The health system also announced it would make a strategic investment in its workforce by increasing the minimum wage to $10.50 in 2017. The minimum wage rate in Florida is $8.10. BayCare’s analysis determined that by increasing rates of pay to a minimum of $10.50, the organization can strengthen its ability to attract and retain a happy and engaged workforce.
BayCare has reached Stage Six of seven in the electronic medical record (EMR) adoption model developed by the Healthcare Information and Management Systems Society (HIMSS), signifying that the health system has achieved a full EMR. HIMSS is a global organization known for thought leadership on improving health care through information technology.

The HIMSS adoption model identifies and scores hospitals using an eight-step scale (0–7) that charts the path to a fully paperless environment. Less than 20 percent of U.S. hospitals and health systems tracked by HIMSS Analytics have reached Stage Six as they convert to a fully automated/paperless medical records system.
In 2016, BayCare once again maintained its top credit rating of Aa2, which reflects the organization’s strong financial performance and leading market position in its four-county service area. BayCare has retained its Aa2 rating since 2012.

Credit agencies have noted that BayCare’s measured and strategic approach to growth has helped the organization stay strong despite competition from other large, for-profit and not-for-profit systems in the area. With 26,900 employees and annual operating revenue of $3.7 billion, BayCare is the second largest private employer in the region.
2016 MILESTONES

January

- BayCare assumed ownership of Bartow Regional Medical Center in Polk County, the health system’s 14th hospital.
- BayCare continued plans to expand its Urgent Care locations throughout the year.

February

BayCare continued moving forward with plans to build a new, $25 million Wellness Campus in the heart of the Bloomingdale and Valrico communities.

April

South Florida Baptist Hospital opened a new 17-bed intensive care unit.

May

Tommy Inzina became BayCare president/CEO.
August
BayCare opened its second, three-story, 150,000-square-foot building for 600 team members at its system headquarters in Clearwater.

July
Morton Plant Hospital held a topping out ceremony on construction of its 200,000-square-foot, four-story Doyle Tower, which includes new private rooms, an additional main entrance to the hospital, and new surgical, women’s and orthopedic platforms.

November
Morton Plant Hospital celebrated its 100th anniversary with events and activities highlighting the hospital’s rich history.

BayCare launched its telemedicine service, BayCareAnywhere™, providing customers with 24/7 access to a physician via smartphone, mobile device or computer.

October
BayCare opened its new 210,000-square-foot BayCare Integrated Service Center (BISC) in Temple Terrace to provide much-needed space to meet the health system’s growing supply needs. BayCare currently distributes monthly more than $20 million in medical and office supplies to its hospitals and facilities.

December
Morton Plant North Bay Hospital opened a new main entrance located on the north side of the hospital. The relocation of its main entrance ended the first phase of the hospital’s two-year, $24.7 million expansion and renovation.
Leadership
Chief Executive Officer
Tommy Inzina
President/CEO

System Support
Ronald Colaguori
VP, Supply Chain and Hospital Operations Support

Jeffrey Durham
VP, Audit Services and Corporate Responsibility

Lynda Gorken
VP, Patient Financial Services

Scott Harding
VP, Facilities and Construction

Cynthia Jones
VP, Information Services Applications

Operations
Lou Galdieri
President, Mease Hospitals

Victor Hruszczyk
VP, Laboratory

Karen Kerr
President, South Florida Baptist Hospital

Carol Koeppel-Olsen
VP, Patient Care Services/Chief Nursing Officer – Polk

Mike Magee
VP, Pharmacy Services

Arlene McGannon
VP, Mission Services, St. Joseph's-Baptist Health Care

Paula McGuiness
President, St. Joseph's Hospital-North

Sr. Mary McNally
VP, Mission, St. Anthony's Hospital

Diane Kazmierski
VP, Managed Care

Scott Patterson
VP, Infrastructure, Chief Technology Officer

Janice Polo
VP, Finance

Carl Tremonti
VP, Chief Financial Officer, BayCare Hospital Division

Glenn Waters
EVP, Chief Operating Officer

Jim Cote
SVP, Ambulatory Services

Kimberly Guy
SVP, Hillsborough County Market Leader, President of St. Joseph's Hospital

Kris Hoce
SVP, Pinellas County/West Pasco Market Leader, President of Morton Plant Hospital

Lisa Johnson
SVP, Chief Nursing Officer

Pat Donnelly
VP, Patient Care Services/Chief Nursing Officer – East

Tom Doria
VP, Patient Care Services/Chief Nursing Officer – West

Philip Minden
President, Bartow Regional Medical Center

Steve Nierman
President, Winter Haven Hospitals

Matthew Novak
President, St. Joseph's Hospital-South

Gail Ryder
VP, Behavioral Health Services

Donna St. Louis
VP, Outpatient Imaging and Surgical Services

Patricia Sizemore
VP, Nursing Systems and Resources

Scott Smith
President, St. Anthony's Hospital

Daniel Sweeney
VP, BayCare HomeCare

William Ulbricht
SVP, Chief Administrative Officer, BayCare Medical Group
Bruce Flareau, MD  
EVP, Chief Medical Officer

Andrew Fink, MD  
SVP, Chief Medical Officer, BayCare Medical Group

Jeffrey Held, MD  
VP, Chief Medical Officer, Ambulatory Services

Physician Executives

Greg Hindahl, MD  
VP, Chief Medical Information Officer

Jeffery Jensen, DO  
VP, Physician Services, Morton Plant Hospital

Khurram Kamran, MD  
VP, Physician Services, Winter Haven Hospitals and Bartow Regional Medical Center

James McClintic, MD  
VP, Physician Services, St. Anthony’s Hospital

Tony Schuster, MD  
VP, Physician Services, Mease Hospitals

Mark Vaaler, MD  
VP, Physician Services, St. Joseph’s-Baptist Health Care
By the Numbers

340
Number of locations in four counties

26,900
Team Members

5,400*
Physicians

14
Hospitals

3,511**
Hospital Beds

171,650
Discharges

658,191
ER Visits

60,820
Outpatient Surgeries

15,178
Births

11.8 million
Laboratory Tests

1.4 million
BayCare Medical Group Physician Visits

855,106
BayCare HomeCare Visits

13
BayCare Urgent Care Centers

27
BayCare Outpatient Imaging Centers

27
BayCare Laboratories

4
BayCare Surgery Centers

*Includes employed, credentialed and community-based physicians

**Includes beds at St. Joseph’s Hospital Behavioral Health Center and Morton Plant North Bay Hospital Recovery Center